



TEXILA AMERICAN UNIVERSITY
COLLEGE OF MEDICINE

CLINICAL SCIENCE PROGRAMME

HANDBOOK

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About the Handbook

This handbook is the official publication of Texila American University College of Medicine. It provides information clinical science program of TAUCOM. We hope that students find the contents interesting and useful as they begin their journey and progress through their medical education. Students are encouraged to keep this handbook accessible as it contains useful information.

This handbook has been compiled for the information and benefit of the students, the policies mentioned in this handbook must be adhered to, by all the students. The policies and procedures are reviewed and revised periodically. If and when such changes are made, the students will be provided with proper notification. Students will be bound by any change, amendment, revision, addition, or deletion of TAUCOM policies. Students are expected to be familiar with the most recent version of these policies and procedures. TAUCOM reserves the right to make any changes in this handbook when determined by the college to be in the best interest of the students and deemed necessary.

TAUCOM operates in an English-speaking country and English is the primary language of instruction and assessment.

The Clinical Handbook is an extension of the TAUCOM student handbook and includes specific information on clinical rotation. Students are required to familiarize with the student handbook and the policies contained therein.

This Clinical Handbook is a supplement to the TAUCOM Student Handbook and must be read in conjunction with it. The Student Handbook contains the institution's overarching policies on academic conduct, student affairs, grievance procedures, professionalism, and general student welfare. This handbook builds on those policies and provides specific guidance applicable to the clinical science programme. Where any matter is not addressed in this handbook, students should refer to the Student Handbook.

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Vision and Mission

Vision

To lead in advancing human health through the best clinical care, innovative research, and education of health professionals in modern medicine in a culture that supports diversity, inclusion, critical thinking, and creativity.

Mission & Goals

The mission of Texila American University College of Medicine is to advance the health and well-being of society by creating health professionals who are compassionate and committed to professional excellence, by creating a scholarly environment that fosters excellence in the lifelong goals of education, research activity, and compassionate patient care and by promoting curiosity and critical inquiry in an inclusive environment enriched by diversity.

Goals

- To create Health Professionals for excellence in the contemporary world of tomorrow.
- To create Doctors with compassion for the poor and rich alike.
- To instill excitement of health science in young minds.
- To generate awareness in the application of health science and wellness for the welfare of society.
- To provide a supportive global learning and research environment in Health and Allied sciences rising above the geographical and cultural boundaries

Clinical Program Objectives

Educational objectives are organized according to the six competency categories used for the MD Program Educational Objectives.

At the end of the clerkship, after attending the ambulatory clinics, small group discussion topics, workshops, standardized patient sessions and reading the assigned material the students should be able to:

Program Competencies	Educational Objectives
PC 1: Medical Knowledge Medical Graduates, must be able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient	1 Demonstrate understanding of current core knowledge of basic biomedical science through an interdisciplinary approach to the understanding of the processes that support normal development, structure and function of the human organism. 2 Demonstrate understanding of current core knowledge of normal and altered structure and function of organ systems, in order to apply that knowledge to the recognition and management of complex clinical conditions 3 Demonstrate the ability to evaluate patients and properly manage their medical problems by (a) completing comprehensive histories and physical examinations, (b) obtaining focused histories and perform relevant physical examinations (c) to correctly identify patients' medical

care.	problems through critical thinking and to formulate hypotheses as to etiology and solutions; (d) successful development of diagnostic strategies; and (e) formulation and implementation of management plan. 4 Apply knowledge of the scientific method in medical diagnosis and treatment and in research. The student should be able to evaluate published findings and to apply scientific evidence-based reasoning to the solution of medical problems. 5 Demonstrate understanding of the impact of the various stages of life, as well as the effects of gender, life style, socioeconomic status, nutritional factors, genetic characteristics, psychosocial and epidemiologic factors, and culture upon the quality of human health and the prevalence of disease, disease prevention and health maintenance. 6 Exhibit appropriate professional behavior in interactions with patient and their families, peers and other healthcare professionals to adhere to professional standards of ethical behavior, and to function harmoniously and respectfully as a member of a diverse health care team. 7 Demonstrate mastery of the curriculum essential to progress along the pathway toward licensure for the practice of medicine. 8 Display skills of independent, life-long, and progressive learning. 9 Manifest self-awareness, self-care, self-assessment, and personal growth sufficient to be a role model for others. 10 Show sensitivity toward the need to address and resolve health disparities at all levels.
PC 2: Professionalism Medical Graduates must be able to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.	1 Demonstrate the ability to evaluate patients and properly manage their medical problems by (a) completing comprehensive histories and physical examinations, (b) obtaining focused histories and perform relevant physical examinations (c) to correctly identify patients' medical problems through critical thinking and to formulate hypotheses as to etiology and solutions; (d) successful development of diagnostic strategies; and (e) formulation and implementation of management plan. 2 Demonstrate mastery of a variety of skills, such as effective communication during interviewing patients and educating patients about their diseases and communicating with their families. The student must also demonstrate appropriate skills during physical examinations (proper use of instruments; application of manual techniques) and in utilization of laboratory resources (ordering appropriate tests; interpreting values).

	3 Display skills of independent, life-long, and progressive learning.
PC 3: Patient Care Medical Graduates must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	1 Demonstrate the ability to evaluate patients and properly manage their medical problems by (a) completing comprehensive histories and physical examinations, (b) obtaining focused histories and perform relevant physical examinations (c) to correctly identify patients' medical problems through critical thinking and to formulate hypotheses as to etiology and solutions; (d) successful development of diagnostic strategies; and (e) formulation and implementation of management plan. 2 Demonstrate understanding of the impact of the various stages of life, as well as the effects of gender, life style, socioeconomic status, nutritional factors, genetic characteristics, psychosocial and epidemiologic factors, and culture upon the quality of human health and the prevalence of disease, disease prevention and health maintenance. 3 Demonstrate an understanding of the fundamental concepts of continuity of care (preventive, rehabilitative and end-of-life) in addition to the diagnosis of acute medical problems, and be able to apply these concepts to clinical practice on a local, regional, national or international level. 4 Demonstrate mastery of a variety of skills, such as effective communication during interviewing patients and educating patients about their diseases and communicating with their families. The student must also demonstrate appropriate skills during physical examinations (proper use of instruments; application of manual techniques) and in utilization of laboratory resources (ordering appropriate tests; interpreting values). 5 Display skills of independent, life-long, and progressive learning. 6 Show sensitivity toward the need to address and resolve health disparities at all levels. 7 Show mastery of the scholarly expectations of the medical faculty of the College of Medicine as determined by appropriately designed and applied assessment methodologies, including but not limited to written examination performance and practical clinical skills.
PC 4: Interpersonal and Communication Skills Medical Graduates, must be able to demonstrate interpersonal and	1 Demonstrate the ability to evaluate patients and properly manage their medical problems by (a) completing comprehensive histories and physical examinations, (b) obtaining focused histories and perform relevant physical examinations (c) to correctly identify patients' medical problems through critical thinking and to formulate hypotheses as to etiology and solutions; (d) successful

communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates.	development of diagnostic strategies; and (e) formulation and implementation of management plan. 2 Demonstrate mastery of a variety of skills, such as effective communication during interviewing patients and educating patients about their diseases and communicating with their families. The student must also demonstrate appropriate skills during physical examinations (proper use of instruments; application of manual techniques) and in utilization of laboratory resources (ordering appropriate tests; interpreting values). 3 Display skills of independent, life-long, and progressive learning.
PC 5: Systems-Based Practice Medical Graduates must be able to demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.	1 Demonstrate understanding of the impact of the various stages of life, as well as the effects of gender, life style, socioeconomic status, nutritional factors, genetic characteristics, psychosocial and epidemiologic factors, and culture upon the quality of human health and the prevalence of disease, disease prevention and health maintenance. 2 Demonstrate an understanding of the fundamental concepts of continuity of care (preventive, rehabilitative and end-of-life) in addition to the diagnosis of acute medical problems, and be able to apply these concepts to clinical practice on a local, regional, national or international level.
PC 6: Interprofessional Collaboration Medical Graduates, must be able to maintain an Interprofessional collaboration, is the process of developing and maintaining effective interprofessional working relationships with learners' practitioners, patients/clients/ families and communities to enable optimal health outcomes.	1 Demonstrate the ability to evaluate patients and properly manage their medical problems by (a) completing comprehensive histories and physical examinations, (b) obtaining focused histories and perform relevant physical examinations (c) to correctly identify patients' medical problems through critical thinking and to formulate hypotheses as to etiology and solutions; (d) successful development of diagnostic strategies; and (e) formulation and implementation of management plan. 2 Demonstrate mastery of a variety of skills, such as effective communication during interviewing patients and educating patients about their diseases and communicating with their families. The student must also demonstrate appropriate skills during physical examinations (proper use of instruments; application of manual techniques) and in utilization of laboratory resources (ordering appropriate tests; interpreting values). 3 Display skills of independent, life-long, and progressive learning.

PC 7: Practice-Based Learning and Improvement Medical Graduates must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.	1 Apply knowledge of the scientific method in medical diagnosis and treatment and in research. The student should be able to evaluate published findings and to apply scientific evidence-based reasoning to the solution of medical problems. 2 Manifest self-awareness, self-care, self-assessment, and personal growth sufficient to be a role model for others.
PC 8: Personal and Professional Development The aim of personal and professional development is to help Medical Graduates manage their own learning and growth throughout the career. It is important that Medical Graduates continue to learn and develop to keep their skills and knowledge up to date and ensure you continue to work safely, legally and effectively.	1. Demonstrate the ability to evaluate patients and properly manage their medical problems by (a) completing comprehensive histories and physical examinations, (b) obtaining focused histories and perform relevant physical examinations (c) to correctly identify patients' medical problems through critical thinking and to formulate hypotheses as to etiology and solutions; (d) successful development of diagnostic strategies; and (e) formulation and implementation of management plan. 2. Demonstrate mastery of a variety of skills, such as effective communication during interviewing patients and educating patients about their diseases and communicating with their families. The student must also demonstrate appropriate skills during physical examinations (proper use of instruments; application of manual techniques) and in utilization of laboratory resources (ordering appropriate tests; interpreting values). 3. Display skills of independent, life-long, and progressive learning.

TAUCOM Clinical Sites

Teaching Hospital Name	Family Medicine	Internal Medicine	Ob/Gyn	Pediatrics	Psychiatry	Surgery
Georgetown Public Hospital Corporation, GPHC, Guyana	X	X	X	X	X	X
Marana Health Center, Tucson, Arizona, USA	X	X	X	X	X	X

Clinical Science Program

Study in the Clinical Science Division encompasses the third and fourth year of the MD program. The clinical curriculum consists of 80 weeks of “clinical clerkships” during which students participate in patient care. While rotating through various medical specialties, in cooperating teaching hospitals or other approved health care facilities, students are under the guidance of clinical faculty, and under the general supervision of Texila American University’s Clinical Science department. USMLE Step 1 is a requirement for students to participate in clerkships for 80 weeks; this includes 48 weeks of required core clerkships and 32 weeks of elective clerkships. Faculty members in the Clinical Science Division are staff physicians at affiliated hospitals and health care facilities.

Core Clerkships (48 weeks)

1. Internal Medicine – 12 weeks
2. General Surgery – 12 weeks
3. Pediatrics – 6 weeks
4. Psychiatry – 6 weeks
5. Obstetrics/ Gynecology – 6 weeks
6. Family Medicine – 6 weeks

Elective Clerkships (32 weeks)

The electives offered by TAUCOM complements the core and expose the clerks to additional experiences in their discipline of choice. For the completion of credit requirement, the student must successfully complete any 7 elective clerkships.

The list of elective clerkships includes but is not limited to:

1. High Risk Obstetrics – 6 weeks (Mandatory)
2. Neonatology – 6 weeks (Mandatory)
3. Anesthesia – 4 weeks
4. Cardiology – 4 weeks
5. Critical Care/ICU – 4 weeks

6.Dermatology	– 4 weeks
7.Emergency Medicine	– 4 weeks
8.Orthopedics	– 4 weeks
9. Infectious Diseases	– 4 weeks
10. Ophthalmology	– 4 weeks
11. Radiology	– 4 weeks
12. Nephrology	– 4 weeks
13. Neurosurgery	– 4 weeks
14. Otorhinolaryngology (ENT)	– 4 weeks

To continue to the clinical program, students must complete the Basic Science Program, clear the Basic Science exit exams, and maintain good academic and financial standing.

Clinical rotations will be assigned to the students by the Clinical Coordinator. If students wish to change and/or cancel a clerkship rotation after it has been confirmed by TAUCOM, students must make a request for this change to the Department of Clinical Affairs at least thirty (30) days before the first day of the rotation. It is the student's responsibility to notify the school of any changes and not the hospital. Requests for cancellation and/or changes must be made in writing and sent to the Department of Clinical Affairs via email

1. Internal Medicine: 12 weeks

Internal Medicine is primarily an inpatient service experience in which students will apply concepts of diagnosis and management to hospitalized and ambulatory patients. Experiences will focus on areas traditionally identified and related to internal medicine; for example, the path physiology of non-surgical diseases, and the application of non-surgical diagnostic and therapeutic techniques. Internal Medicine experiences will take place primarily on general medical/surgical floors and specialty units. Any outpatient experiences will be designed to provide students with an understanding of routine care performed in the physician's office/clinic, and will be at the discretion of the Attending/Preceptor.

2. General Surgery: 12 Weeks

Surgery is primarily an inpatient service experience with some outpatient clinical experience in the surgeon's office where students will learn to recognize and assist in the treatment of disease during which surgery may play a role in a patient's treatment and recovery. Students will learn basic surgical procedures, asepsis, correct handling of tissue, and technical skills to assist the surgeon in the operating room. Students will assist in pre- and post-operative care to learn various surgical treatments and to recognize potential risks associated with respective treatments.

3. Pediatrics: 6 Weeks

The Pediatric clerkship experience introduces the student to a unique, complex, and challenging field of medicine. It emphasizes those aspects of general pediatrics important for all medical students, and will provide a foundation for those students who elect to further study the health care of infants, children, and adolescents. Students have the opportunity to participate in the clinical activities of both general and subspecialty pediatric services,

but the emphasis in all services is placed on basic issues and common illnesses. Subspecialists have the opportunity to emphasize aspects of their particular area of focus that are important for the education of the general physician.

4. Psychiatry: 6 Weeks

The goals of the Psychiatric Clerkship are to teach the students a scientific way of making a differential diagnosis and prescribing treatment. The students should learn that a mental illness, like other illnesses, can be treated and controlled. On the in-patient and out-patient services, the student should have a frontline responsibility for patient care under close supervision of the residents and attending physicians. That should include a full evaluation; students should take part in deciding appropriate treatment and testing. Students are encouraged to discuss their opinions with their instructors.

5. Obstetrics & Gynecology: 6 Weeks

Obstetrics and Gynecology clerkship experiences are integrated into the rotation to provide students with an understanding of routine OB/GYN care performed in both inpatient and outpatient setting and physician's office. The outpatient experiences may be met in a clinic or a preceptor's office. Students will be required to take call, attend conferences, and read suggested literature.

Students will perform selected technical skills necessary to provide ante-partum care, postpartum care, and pre- and post-op care of gyne-surgical patients. They will practice skills and techniques to do normal, uncomplicated deliveries and will participate in the management of more complex problems in obstetrics. Emphasis will be placed on pelvic exams and identifying pathology. Attention will be directed to the psychosocial impact of pregnancy and gynecologic disease on the female patient and the family unit.

6. Family Medicine: 6 Weeks

Family Medicine is a major part of general practice in the USA and is gaining more importance in the socio-economic climate of the United States. With the advent of managed care primary care physicians are the mainstay of the medical services which is responsible to deliver health care in a responsible, cost-effective manner. The concept of the healthy family is the goal of the department. The medical students should be able to address the healthcare issues in the context of family and the society. The department also is addressing all areas of prevention namely primary, secondary and tertiary as well as curative aspects of illness. The medical student should get exposure in all primary areas in medicine, both inpatient and outpatient settings. The student should be exposed to geriatrics, well-baby clinics, pre-natal and intra-partum care, etc.

ELECTIVE ROTATIONS:

Goal

The goals of the Elective Clerkships are exposed to the students to the specialty variation in the clinical practice in the specified specialty /subspecialty and to provide diagnostic skills to assist the future physicians in General Practice.

The student will be exposed to specialty practices and investigations pertinent to the particular specialty. The student will get a chance to experience the specific field helping him/her to choose a specialty if desired.

Learning Objectives

The students are expected to learn to:

- Conduct specialty evaluation related to the special field.
- Formulate a broad differential diagnosis.
- Plan a treatment and management of patients.
- Be familiar with major diseases in the particular field with the understanding of the physiology and pharmacotherapy.
- Recognize medical conditions which may exacerbate Furthermore, students are expected to read from the textbooks and the current journals on topics related to the clinical cases of their patients.

Approval of Electives

1. Electives are chosen at the discretion of the student, under the guidance of the Clinical Office (Associate Dean of Clinical Affairs), based on the student's academic and career goals. Pre-requisites for the desired elective must be completed prior to the enrollment
2. A student may choose to do any electives at any TAUCOM affiliated clinical, site as long as he/she meets the academic requisites required for the elective
3. Upon completion of the request for elective rotation approval must be taken from Associate Dean of Clinical Affairs.
4. No rotations will be offered at other hospitals without formally established relationships.
5. Special approval by the Associate Dean of Clinical Affairs is needed before the same elective rotation can be taken for the second time.
6. All electives are intended to last a minimum of four (4) weeks.

List of Elective Rotations at TAUCOM Clinical Sites includes:

Guyana:

1. Anesthesia
2. Cardiology
3. Dermatology
4. Emergency Medicine
5. Family Medicine
6. Infectious Diseases
7. Neurology
8. Nephrology
9. Nuclear Medicine
10. Ophthalmology

11. Orthopedics
12. Otorhinolaryngology
13. Physical Medicine and Rehabilitation
14. Pulmonology
15. Radiology
16. Neonatology
17. High-Risk Obstetrics
18. Internal Medicine
19. Surgery
20. Neurosurgery

USA:

1. Anesthesia
2. Cardiology
3. Critical Care
4. Dermatology
5. Emergency Medicine
6. Endocrinology
7. ENT
8. Family Medicine
9. Gastrointestinal
10. Geriatrics
11. Internal Medicine
12. Neonatology
13. Nephrology
14. Neurology
15. Neurosurgery
16. Nutrition
17. OB-GYN
18. Oncology
19. Ophthalmology
20. Orthopedic Surgery
21. Pain Management

- 22. Pediatric Cardiology
- 23. Pediatric Surgery
- 24. Pediatrics
- 25. Plastic Surgery
- 26. Primary Care
- 27. Psychiatry
- 28. Pulmonary Medicine
- 29. Radiation Oncology
- 30. Radiology
- 31. Sports Medicine
- 32. Surgery
- 33. Urology

Extramural Electives

Students may choose to perform electives at a hospital other than TAUCOM affiliated clinical sites. Students are required to contact the clinical office to initiate the process. There has to be a written contract between the Medical School (or teaching hospital) and TAUCOM which will define the relationship between the parties. All the logbooks and evaluation form requirements are same for extramural electives as the regular electives. Students are required to contact the clinical office at least two months in advance to initiate the extramural elective process.

The clinical site must be pre-approved by the Dean before the agreement is signed.

Following are the steps on taking extramural electives:

- Orientation regarding the guidelines of extramural electives will be given to the student
- The student will write a letter to the Dean's Office informing about the extramural elective rotation and its site. A maximum of 2 electives will be allowed to be done by the student.
- Students are obligated to find a teaching hospital that will cater to the elective they want, preferably a tertiary teaching hospital or an accredited teaching institution.
- The student will send the information regarding the hospital via email. They need to have the following details:
 - a. Name of the hospital.
 - b. Address of the hospital
 - c. Official Website of the hospital
 - d. Department name
 - e. Name and Designation of the Clinical HoD
 - f. Email and other contact details of HoD for the Rotation

- The Director of Clinical Program will release a copy of the SINGLE ELECTIVE AFFILIATION AGREEMENT to the student
- The student will get the agreement signed by the HoD of the extramural site Hospital and scan and email it back to the Director of Clinical Program.
- The Director of Clinical Program will forward it to the Dean for approval.
- Mutually signed single elective affiliation agreement sent back to the HoD of the hospital along with the elective curriculum and copies of assessment form and evaluation forms.
- Students are assigned to the elective rotation by the Director of Clinical Program.
- The Director of Clinical Program will release a logbook for the student and will explain the extramural elective guidelines
- Upon completion of the rotation the Evaluated logbook which is signed and sealed by the HoD and will be sent back to the Director of Clinical Program
- The Director of Clinical Program will print and deliver it to the Clinical Associate Dean for a signature.
- The Director of Clinical Program will upload the logbook on ERP.
- The students will provide feedback regarding the extra mural rotation.

The student will also present the significant features of the extra mural rotation to the future students interested in the same extra mural electives.

Visiting Students

TAUCOM has elective opportunities available at its clinical sites for students from other medical schools. To be eligible for consideration, students must meet the following criteria:

Visiting students must be a candidate for the M.D. degree in good standing in a recognized medical school. Electives will be assigned to visiting students only after all TAUCOM students have been scheduled.

All visiting students must meet all the requirements (given below) of a TAUCOM rotation before the start of rotations.

Visiting students must have completed instruction in the basic physical examination and have a working knowledge of general ward procedures. All electives require that the student has completed the basic Family Medicine, Internal Medicine, Pediatrics, Surgery, Psychiatry, and Obstetrics-Gynecology clerkships.

All students must have met the prerequisites of the clerkship to which they are applying

Pre-Placement Requirements and Clearance

Before a student may begin clinical rotations, all of the following requirements must be satisfied and supporting documentation submitted to the clinical office. A placement confirmation will be issued only once these requirements have been verified as complete.

Students are responsible for ensuring that all documentation remains current throughout the clinical programme. Expired documentation must be renewed and resubmitted without delay.

Academic and Administrative Requirements

- Successful completion of the Basic Science Programme
- Passing scores on all Basic Science exit examinations
- Good academic standing with no unresolved academic deficiencies
- Good financial standing with the university with no outstanding balances

Health and Safety Requirements

Requirement	Details
Measles and Rubella immunization	Documented proof of vaccination or titre confirming immunity
Hepatitis B vaccine series	Completed three-dose series; titre confirming immunity recommended
Tuberculosis (TB) screening	Skin test (TST) or IGRA blood test within the past 12 months
BLS/ACLS Certification	Current certification required at time of rotation commencement
Personal health insurance	Valid health insurance coverage for the full duration of clinical training
Criminal background check	To be completed prior to placement; initiated through the Director of Clinical Programme

Specific clinical sites may have different requirements other than what is listed above. These may vary by location and may change from time to time. Students are advised to contact the Director of Clinical Programme before commencing any rotation to confirm whether site-specific requirements apply to their placement.

Students who do not have current documentation on file will not receive a placement confirmation and will not be permitted to begin rotations. It is the student's responsibility to track expiry dates and submit updated documentation as required. Failure to maintain current documentation may result in a rotation being delayed or suspended until compliance is restored.

Student Health and Occupational Safety During Clinical Rotations

Health Insurance

Students are required to maintain valid personal health insurance throughout their clinical training. Students are not considered employees of their affiliated clinical site and are not entitled to occupational health services or employee health benefits at that institution. Students are responsible for all personal health care costs not covered by their insurance.

Needle-stick and Body Fluid Exposure

A needle-stick injury or mucous membrane exposure to a patient's blood or other body fluid requires immediate action. In the event of such an exposure, students must:

1. Follow the exposure management protocol of the clinical site. This will typically direct the student to the Emergency Department or the site's designated occupational health contact.
2. Inform the attending physician or supervising resident immediately.
3. Notify the Director of Clinical Programme as soon as practicable.

The Clinical Affairs office will support the student in navigating follow-up care and any documentation requirements. Initial medical care must not be delayed pending notification to TAUCOM.

Tuberculosis Exposure

Students who believe they may have been exposed to active pulmonary tuberculosis during a rotation must report this promptly to the supervising physician at the clinical site and to the Director of Clinical Programme. Follow-up testing and any further steps will be arranged in accordance with the site's protocols.

Psychological and Wellbeing Support

Clinical training is a demanding phase of medical education. Students who are experiencing personal difficulties, mental health concerns, or the effects of challenging clinical experiences are encouraged to seek support. Students may approach the Associate Dean of Clinical Affairs, the Dean of Student Affairs, or any trusted faculty member. Concerns will be handled with care and confidentiality, and referral to appropriate support services will be facilitated as needed.

Professional Liability Insurance

TAUCOM provides professional liability (malpractice) insurance coverage for all enrolled students undertaking clinical rotations at TAUCOM-affiliated sites as part of their required curriculum. This coverage applies at Georgetown Public Hospital Corporation (GPHC) in Guyana and Marana Health Center (MHC) and its affiliated hospitals in Tucson, Arizona.

Students undertaking extramural electives at non-affiliated sites are responsible for ensuring that adequate liability coverage is in place before the rotation begins. Coverage arrangements must be confirmed with the Director of Clinical Programme prior to the commencement of any extramural elective. Visiting students are required to carry their own malpractice coverage as set out in the Visiting Students section of this handbook.

Student Duty Hours and Workload

TAUCOM is committed to ensuring that the demands of clinical training do not compromise student welfare or the quality of learning. Students are expected to be present during regular hospital working hours Monday through Friday and to participate in on-call duties as scheduled by the clinical site for the relevant rotation.

The following principles apply to all students during clinical rotations:

- Students are not required to work hours in excess of those worked by postgraduate trainees at the same clinical site.
- Time for independent study and self-directed learning is a formal and protected part of the clinical curriculum and must not be routinely displaced by clinical duties.
- Prior to end-of-rotation examinations, students are entitled to protected study leave as follows: two days before all core clerkship examinations.

Students who consider their workload at a clinical site to be unreasonable, or who find that study time is consistently being displaced, should raise the matter with the Director of Clinical Programme.

Clinical Rotation:

Orientation

Orientation is provided to all students at the beginning of every rotation and at the beginning of their first clinical rotation. The orientation structure varies slightly based on the location but in general addresses course specific information and important policies relating to clinical rotations and documentation to be completed.

Schedule of Daily Activities

The regular hours of rotation shall be 8 hours between 7 am to 6 pm daily, Monday to Friday excluding oncall and duty status. Students should attend all scheduled didactic lectures, journal club, grand rounds and clinic-pathologic conference or any activities needing the active participation of the student.

The daily schedule shall include the following but not limited to:

- Morning teaching rounds, ward work, laboratory and diagnostic correlations.
- Afternoon teaching rounds and laboratory and diagnostic correlations; and ward work.
- Ambulatory care - Clinics/OPD, including Specialty Clinics, Out Patient Surgeries, endoscopy lab and special diagnostics.
- Didactic lectures – with small group discussions
- Surgical Suite* - applicable only in surgical specialties
- Admission/Handover Conference
- Discharge conference
- Grand Rounds*
- Journal Club*
- Morbidity & Mortality Conference*
- *Does not occur on a daily basis. Scheduling dependent on individual hospital and /or departmental policy.

Daily activities are governed by the nature of the rotation; however, each rotation will provide

a daily schedule to be followed that is updated periodically and incorporated into the rotation logbook. The dynamic nature of clinical practice is inherently understood and often dictated by patient needs.

Patient Exposure

Students shall be assigned to at least two to three new patients weekly in Core Rotations in the inpatient and ambulatory and emergency setting. In elective rotations, one new patient daily shall be seen in the in-patient, ambulatory or emergency care setting and similarly limited to a total of seven patients (wherever applicable).

The patient(s) are not limited to new admission or consults, and shall include a complete history and physical examination, such as in the cases of transfer of service and interdepartmental referrals. The clerks must, at the minimum, complete a comprehensive history, physical examination, progress notes, chart review (including diagnostic correlation and review of medicines), and discharge summary.

Class Contact Hours

To ensure maximum patient exposure, class contact hours shall be limited to no more than eight hours per week. These hours include but not limited to: didactic lectures, morbidity mortality conference, tumor board, article critique (journal club), clinic-pathologic conference and grand rounds.

Dress Code

Your personal appearance is the first statement you make about yourself and your profession to patients, other health professionals and to the public. Our programs are located both on our campus and in off-campus settings that will bring you in contact with patients, health professionals and other visitors. Dress is an outward reflection of your professional attitude. As health professional students you are seen as representatives of the profession of medicine.

- Scrubs permitted by the University should be always clean, neat without wrinkles. This should be in appropriate size and length, only black slacks are allowed and hemline not touching the floor, do not wear jeans or shorts. Scrubs tops that expose the chest or cleavage MUST be covered with undershirt. Students should wear solid white, grey or black crew neck t-shirts under scrub tops. Long sleeves in the same 3 colors allowed. Always bring your white coat. Your coat must be clean, pressed and worn at all times. Wear your name tag in an easily viewable location
- Students should wear appropriate clean shoes and socks with their scrubs. Shoes must be black, brown, grey or white with closed toe, non-skid sole, free from obvious colors and logos. Shoes must not be scuffed, dingy, unpolished or untied. No tennis shoes with mesh, boots, sandals, opened-toed shoes.
- Fingernails: Nails should be neat and clean. No artificial nails or extenders nails; natural nails must not be longer than ¼ inch long and polish is NOT allowed.
- Grooming/ Fragrance: Due to close contact with patients, guests and other members of the healthcare team, all medical students must be clean and maintain appropriate personal hygiene with regard to their body, hair and nails. Scented body lotions,

fragrances and colognes should not be used to excess and may not be worn in patient areas. Cosmetics, if worn, must be modest. Medical students must exhibit good personal hygiene at all times.

- **Hair:** Hair must be neat and not distracting (not, for example, fluorescent or neon colors or stripes.) Hair must not interfere with an employee's ability to provide patient care. When providing patient care. Hair longer than shoulder length for female must be contained and pulled back, male should have appropriate short and neat haircut. Short neatly trimmed beards no longer than half inch below the chin and mustaches are acceptable. Head coverings accepted when associated with professional, medical or religious rationale.
- **Tattoos:** Visible tattoos must be covered.
- **Jewelry:** Hand jewelry are not allowed. Only stud earring allowed for female. Jewelry should be small and in good taste and not interfere with job performance. Jewelry may not be worn in any other facial/tongue piercings during duty hours

Professional Conduct

All students are expected to exhibit professional behavior at ALL times during their time at the clinic and/or hospital. In addition, students are expected to dress appropriately and comport themselves in a manner that will demonstrate respect, inspire trust, and ensure patient comfort.

The student will show concern for the welfare of patients. He/she will:

- display a professional attitude in all interactions with patients
- act appropriately and respectfully in all verbal and nonverbal interactions with patients
- treat patients with respect and dignity, both in the presence of patients and in discussions with professional colleagues
- display concern and empathy for the patient.

The student will show concern for the rights of others. He/she will:

- demonstrate a considerate manner and cooperative spirit in dealing with professional staff, colleagues, and members of the health-care team
- treat all persons encountered in a professional capacity with equality regardless of race, religion, sex, handicap, or socioeconomic status
- assume an appropriate and equitable share of duties among his/her peers and colleagues.

The student will show responsibility to duty. He/she will:

- effectively and promptly undertake duties, follow through until completion,
- notify course and clinical clerkship directors (or other appropriate person) of

absence or inability to attend to duties

- interact with assigned patients regularly and, with appropriate supervision, assume responsibility for their care
- ensure that he/she can be promptly located at all times when on duty.

The student will be trustworthy. He/she will:

- be truthful and honest in all communications
- accept responsibility and establish priorities for meeting multiple tasks and completing necessary work for the optimal care of patients
- accurately discern when supervision or advice is needed before acting
- maintain confidentiality of all patient information.

The student will maintain a professional demeanor. He/she will:

- maintain appropriate standards of personal appearance, attire, and hygiene for the patient population served
- maintain emotional stability and equilibrium under the pressures of emergencies, fatigue, professional stress, or personal problems

The student will possess those individual characteristics required for the practice of medicine. He/she will:

- be capable of making logical diagnostic and therapeutic judgments
- communicate effectively with patients, their attendants, supervisors, and peers
- establish appropriate professional relationships with faculty, colleagues, and patients
- show evidence of the ability to be perceptive, introspective, and insightful in professional relationships

Training

The clinical students are expected to attend periodic trainings, seminars, and other CME events on medical education. This shall include career counselling sessions and workshops on various clinical topics.

Attendance

- Taking and updating of students' attendance falls under the purview of the Clinical preceptor(s)/faculty and the Clinical Head of Departments
- Attendance must be taken within 15 minutes at the onset of didactic classes or activity.

- A mandatory attendance of 90% is required to be eligible for End-Rotation Exams

90% attendance is mandatory in clinical rotations and students who fall short will have to repeat the entire rotation and will be responsible for the associated cost. Students can request excused absence depending on the nature of their situation however, if there are costs associated with cancellation or scheduling of rotation students will have to bear the expense.

Evaluation

Students are evaluated throughout their clerkships through direct observation of bedside manner, case presentations, clinical procedures, demonstrations, and OSCE performance.

Grading – Core Rotations

Component	Marks
Clinical Competence (End-Rotation Assessment)	20
Medical Knowledge (End-Rotation Theory NBME Exam)	40
Clinical Skills (End Rotation OSCE)	40
Total	100

Grading – Elective Rotations

Component	Marks
Clinical Performance	60
Medical Knowledge	40
Total	100

All scores are converted to a percentage for the final grade.

Cancellation and Change of Rotation Policy

At the start of the programme, students are informed of their clinical rotation assignment options and the processes for requesting changes. This is revisited at the end of the Basic Sciences phase to ensure students are fully aware of their options before entering the clinical years.

Students may request an alternative clinical site based on availability. The institution will facilitate reassignment where possible. To request an alternative assignment, students must submit a written request to the Office of Clinical Affairs. The Director of Clinical Programme will review the request for completeness and forward it to the Associate Dean of Clinical Affairs for a decision. The student will be notified of the outcome by the Director of Clinical Programme. Each request is evaluated based on the supporting documentation, educational considerations, site availability, and the potential impact on the student's

progression through the MD curriculum.

Students wishing to change or cancel an assigned rotation must submit a written request to the Director of Clinical Programme before the beginning of that rotation. Requests submitted after the beginning of rotation will not be accommodated.

Fees paid for a confirmed rotation are non-refundable. Students are encouraged to carefully consider their assignments before confirming, as no exceptions will be made except in emergency situations.

Requests for rotation change/cancellation must be submitted in writing with supporting documentation to the Associate Dean of Clinical Affairs.

Students must not contact the clinical site directly to cancel, change, or renegotiate a rotation assignment. All requests must be directed to the Office of Clinical Affairs.

Clinical Documentation

All clinical documentation, with the exception of the NBME shelf examination and OSCE, is completed and managed through the ELMS platform. Students are required to ensure that all entries are accurate, current, and submitted within the required timeframes. Faculty verify all documentation through ELMS.

Attendance

Students are required to maintain an attendance record in ELMS which is verified by the preceptor throughout the rotation.

Electronic Logbook and Required Clinical Experience

Electronic Logbook (ELMS)

Students are required to record all patient encounters and clinical activities on a daily basis in ELMS. Each entry must include the date, clinical setting, diagnosis or presenting condition, the student's level of responsibility, and any procedures observed or performed. Logbooks must be kept current throughout the rotation; retrospective bulk entry is not acceptable and may be treated as a documentation integrity issue.

The ELMS logbook is reviewed by the preceptor regularly, with feedback provided at the mid-rotation formative assessment and at the end-of-rotation evaluation. It is also monitored centrally by the Clinical Affairs office to ensure that students are accumulating the required clinical experience across all sites. An incomplete or poorly maintained logbook will be reflected in the student's professional behaviour assessment.

ELMS entries will not be accepted under the following circumstances:

1. When the student did not personally attend the encounter,
2. Where records have been falsified or tampered with,
3. Where signatures or verifications have been fabricated.

Students whose logbooks are found to contain any of the above may be required to repeat the rotation.

Levels of Student Responsibility

When recording an encounter in ELMS, students must select the level of responsibility that accurately reflects their involvement. The definitions below apply to both procedural and non-procedural cases.

The medical education program defines “level of student responsibility” as the degree of participation and engagement expected of a medical student during required clinical experiences, procedures, and skills. These levels are standardized across required clerkships and clinical learning environments to ensure consistency in expectations, supervision, and assessment. The following definitions are used:

Observe: The student observes patient care activities and/or a procedure being performed by a supervising physician, resident, or other qualified healthcare professional. The student may be present during the encounter and may discuss the case or procedure afterwards.

Participation (Assist): The student assists an attending physician, resident, or preceptor in providing patient care and/or performing a procedure. The student participates in aspects of the encounter or procedure under supervision, which may include obtaining portions of history, assisting with physical examinations, preparing equipment, documenting findings, or assisting with procedural tasks.

Perform: The student actively provides care to the patient and/or performs a clinical procedure under direct supervision by a qualified healthcare professional. The student is expected to demonstrate the appropriate knowledge, clinical reasoning, communication skills, and technical skills necessary to safely carry out the activity with direct supervision and feedback.

Required Clinical Experience

Each rotation has a defined set of Required Clinical Experience specifying the minimum number of non-procedural cases and procedures students are expected to encounter. These requirements are set by the Clinical Head of Department for each specialty and approved by the Dean. They are mapped to the rotation's learning objectives, the clerkship syllabus, and the common disease burden at TAUCOM's clinical sites.

Students must record all encounters relevant to these requirements in ELMS as they occur. At the end of the rotation, the preceptor will review the student's ELMS log against the required clinical experience set. This must be completed and accepted before the logbook can be signed off and the rotation considered complete. The students who are not exposed to any of the required cases in spite of being a regular student will be exposed to those cases in a different format.

Case Report

Students are required to submit one case report for each core rotation and one case report from any three selected elective rotations, for a total of nine case reports across the clinical

programme. Case reports are submitted through ELMS and must be evaluated and approved by the assigned preceptor within the platform.

Mid-Rotation Evaluation

The preceptor must complete and submit the Mid-Clerkship formative assessment through ELMS. This review provides students with structured feedback on their performance and identifies any areas requiring improvement before the end of the rotation.

End Rotation Evaluation

At the end of each rotation, preceptors are required to complete a final Clerkship Performance Evaluation for each student through ELMS. This evaluation reflects the student's overall clinical performance and clinical competence during the rotation.

Student Evaluations

Students are required to complete clerkship and preceptor evaluation forms through ELMS towards the end of each rotation. Evaluations must be completed prior to the start of the next rotation.

Completion and Submission

All clinical documentation must be completed and submitted through ELMS within five days of completion of the end-of-rotation examination.

Clinical Exam

For full details on examination policies, grading, promotion criteria, and licensing examinations, students should refer to the TAUCOM Student Handbook.

End Rotation Exam

At the end of each core rotation, students are required to complete an End Rotation Exam (ERE) which has three components:

- NBME subject shelf examination, which assesses theoretical knowledge for the rotation specialty
- OSCE, which assesses clinical skills relevant to the rotation specialty
- Clinical Competence Evaluation, which reflects the student's actual performance in the ward as assessed through direct observation

Clinical Exit Exam

All students are required to pass the Clinical Exit Exam to complete the MD programme. The exam comprises two components:

- OSCE
- NBME Comprehensive Clinical Science Examination (CCSE).

Licensing Exams

Caribbean Association of Medical Councils' (CAMC) Registration Exam

The Caribbean Association of Medical Councils (CAMC) administers a registration examination for trained medical practitioners who wish to practise within contributory CARICOM Member States. Successful completion of this examination fulfils the criteria for registration by Member Councils of CAMC and is necessary to practise in most CARICOM Member States.

The CAMC examination aims to assess the general body of medical knowledge and clinical skills of trained doctors whose basic medical qualifications are not recognised by regional Medical Councils. The successful candidate is registered to engage in safe, independent general practice throughout the Caribbean. Permission for independent practice is governed by the rules of individual Member Councils.

The examination consists of two components. Part 1 is an online multiple-choice examination covering the principles and practice of medicine across internal medicine including psychiatry and community medicine, obstetrics and gynaecology, general surgery, and paediatrics. Part 2 is a clinical examination in OSCE format assessing clinical competence, medical knowledge, and professional attitudes. Only candidates who are successful in Part 1 qualify to proceed to Part 2. The pass mark for the examination is 50%. The examinations are conducted twice a year. Candidates must register at least six weeks prior to the written examination date. For current examination dates and registration information, students should visit www.camcouncils.org.

United States Medical Licensing Examination (USMLE)

The USMLE is a multi-step examination programme leading to licensure to practise medicine in the United States. All TAUCOM students pursuing a career in the United States are required to complete the USMLE steps as part of the residency application process.

USMLE Step 1 assesses foundational medical science knowledge. Students are eligible to sit Step 1 after completion of the Basic Sciences programme including the Transition Semester. A passing score in the NBME CBSE or CCSE is required before sitting Step 1.

USMLE Step 2 CK assesses the ability to apply medical knowledge and clinical science to patient care under supervision, with an emphasis on health promotion and disease prevention. Students are eligible to sit Step 2 upon completion of all core and elective rotations. Passing the NBME CCSE is also required for eligibility for Step 2.

USMLE Step 3, the final step for licensure, is taken after graduation during or at the conclusion of residency training.

ECFMG Certification is required for all international medical graduates entering the US healthcare system and is a prerequisite for participating in the NRMP Main Residency Match. To be eligible for ECFMG Certification, IMGs must satisfy the medical science examination requirement by passing USMLE Step 1 and Step 2 CK, and must also satisfy the clinical skills and communication skills requirements. These requirements are currently met through completion of an ECFMG Pathway, which includes attaining a satisfactory score on the Occupational English Test (OET) Medicine. There are six ECFMG Pathways, and eligibility for each depends on the level of medical education completed, licensing examinations passed, and licensure status. All examination requirements for ECFMG Certification must be satisfied within a seven-year period beginning from the date the first examination is passed. ECFMG Certificates issued on the basis of a Pathway are subject to expiration unless

revalidated or made permanently valid.

The ECFMG Pathways requirements and deadlines are updated annually for each Match cycle. Students are strongly advised to consult the ECFMG website directly at www.ecfm.org for the most current Pathways requirements, application deadlines, and OET Medicine testing schedules, as these change from year to year.

TAUCOM graduates pursuing residency training in the United States must apply through the Electronic Residency Application Service (ERAS) and participate in the NRMP Main Residency Match. ECFMG Certification must be in place before the NRMP Rank Order List deadline in order to be eligible for the Match. For detailed guidance on the US residency application process, ERAS, NRMP, USMLE step requirements, and ECFMG Certification, students should refer to the TAUCOM US Residency Manual available in the Handbooks and Policies section of the institutional website.

Foreign Medical Graduate Examination (FMGE)

The Foreign Medical Graduate Examination (FMGE) is a mandatory licensing screening examination conducted by the National Board of Examinations in Medical Sciences (NBEMS) for Indian nationals and Overseas Citizens of India who have obtained a primary medical degree from outside India. Passing the FMGE is required to obtain provisional registration with the National Medical Commission (NMC) or State Medical Council and practise medicine in India.

Candidates must hold a primary medical qualification confirmed by the Indian Embassy in the country where the degree was obtained and must have obtained an eligibility certificate from NBEMS prior to registration. The examination consists of 300 multiple-choice questions in computer-based format and is conducted twice a year in June and December. The passing mark is 150 out of 300 (50%). There is no negative marking.

Students should note that the FMGE is expected to be replaced by the National Exit Test (NExT) in the near future. Students are advised to monitor the NBEMS website at www.natboard.edu.in for current examination dates, registration procedures, and any updates regarding the transition to NExT.

International Licensing

Students seeking information on licensing pathways not covered in this handbook, including licensing information specific to other countries or regions, are encouraged to contact the Office of Student Affairs for general guidance. However, students are reminded that licensing requirements, examination formats, eligibility criteria, and application processes are subject to frequent change by the respective regulatory authorities. It is the student's responsibility to conduct their own research and verify all information directly with the relevant licensing body before making any decisions. TAUCOM does not assume responsibility for the accuracy of licensing information obtained through third parties or informal channels.

Medical Student Performance Evaluation (MSPE)

The Medical Student Performance Evaluation (MSPE), also known as the Dean's Letter, is a formal document prepared by TAUCOM in support of a student's application for postgraduate (residency) training. It summarises the student's academic record, clinical performance across rotations, and professional conduct throughout the programme. Residency programmes use the MSPE alongside the application, transcripts, and letters of recommendation when making selection decisions.

Students intending to apply for residency training should contact the Associate Dean of Clinical Affairs during the year prior to their anticipated graduation to initiate the MSPE process. Students will be provided with an opportunity to review a draft of their MSPE for factual accuracy before it is finalised. The MSPE is submitted directly to residency programmes and matching services on the student's behalf.

The student's professional conduct record — including any documented concerns regarding behaviour, attendance, or integrity during clinical rotations — may be reflected in the MSPE. Maintaining a strong professional record throughout clinical training is therefore important not only for rotation performance but for postgraduate career prospects.

Direct Observation Policy

Direct observation is defined as an assessment based on the live performance of a medical trainee's clinical skills, designed to provide feedback on skills essential to the delivery of high-quality clinical care. TAUCOM's Direct Observation Policy establishes standards for direct supervision, student participation in patient care, and progressive responsibility under faculty oversight. TAUCOM is committed to patient safety, student safety, and a supportive clinical learning environment in which students assume progressively increasing responsibility consistent with their level of training and demonstrated clinical ability.

Supervision Expectations

At the beginning of each clerkship, the Associate Dean of Clinical Affairs and clinical Heads of Department communicate supervision expectations to clinical faculty and residents; review requirements for student oversight during clinical learning experiences. Students participate in patient care activities only under the supervision of qualified clinical Heads of Department, faculty, residents, and approved preceptors at affiliated teaching hospitals. Medical students may not provide patient care in an unsupervised fashion at any time.

Levels of Supervision

Students may be supervised at one of two levels, as determined by the supervising physician based on the student's level of training, demonstrated competence, and the acuity and risk of the clinical activity.

Direct Supervision

The supervising physician is physically present with the student and the patient. Direct supervision is required when performing any clinical activity that poses a risk to patient safety, and at all times during a student's initial clinical encounters in a new rotation.

Indirect Supervision

The supervising physician is not physically present with the student and patient but is immediately available on site to provide direct supervision upon request. Indirect supervision may be applied at the discretion of the supervising physician only where the student has demonstrated sufficient competence and the clinical activity does not pose a risk to patient safety.

Progressive responsibility is assigned by the supervising physician as the student demonstrates increasing competence throughout the clerkship.

Direct Observation Requirements

During clerkships, faculty members must directly observe student performance across the following competency areas during patient encounters:

- History taking and physical examination, interpretation of diagnostic tests, development of management plans, and collaboration with the clinical team.
- Documentation and presentation of patient information, and health and wellness education.
- Integrity, accountability, empathy, respect, and engagement with feedback.
- Application of medical knowledge to patient presentations and care plans.
- Recognition of limitations and appraisal of evidence-based practice.
- Awareness of cost and resource allocation, roles of team members, and community resources.

Students present their findings and recommendations to supervising physicians, who provide guidance and feedback to ensure patient safety and the achievement of clerkship objectives. Faculty members must document direct observation using the competency rubrics on the Clinical Competence Grade Sheet for both mid-rotation and end-of-rotation assessments.

Reporting Concerns

Students who have concerns about inadequate or inappropriate supervision are encouraged to report these through clerkship evaluations completed at the end of each rotation, directly to the clinical Head of Department, or to the Associate Dean of Clinical Affairs. All concerns related to inadequate supervision are promptly investigated and addressed.

Remedial Rotations

A remedial rotation is assigned to students who fail the OSCE or the Clinical Competency evaluation. A remedial rotation is not recorded as a failed grade. Students who successfully complete the remedial rotation and pass the failed component will have the initial failing result expunged from their academic record and the rotation recorded as satisfactorily completed.

Remedial Rotation Guidelines

Remedial rotations are structured differently from standard clinical rotations. Rather than regular ward duties, the focus is on addressing the specific weaknesses identified in the failed assessment. The following guidelines apply:

- In the case of a failed OSCE or clinical competency, the student will be scheduled for a remedial rotation in the next available slot or for a duration of four to six weeks, depending on the deficiency.
- In the case of a failed theory examination, the student must retake the examination without a remedial rotation.

Attendance

Students on remedial rotations are required to maintain 100% attendance. Students joining late are subject to a 90% attendance requirement for the remaining duration. Attendance is recorded by the preceptor within 15 minutes of the start of each session; students arriving after this point will be marked absent for that session but are required to remain for the full duration. A minimum of 90% attendance is required to sit the end-of-rotation examination.

Appendix 1. Internal Medicine Syllabi

Clerkship Objectives

At the end of the clerkship the student should be able to:

1. Demonstrate ethical, professional, and patient-centered conduct in clinical practice.
2. Identify the nature and extent of various health problems and medical diseases and disorders.
3. Demonstrate a holistic approach towards a patient and evaluate each patient as a person and not merely a collection of symptoms and signs.
4. Develop the art of medicine involving communication with patients and relatives, demonstrate empathy and a humane attitude, and understand the importance of the doctor-patient relationship in providing medical care at all levels, recognising the need for confidentiality in all dealings.
5. Elicit a complete clinical history from the patient and/or attendant, perform a thorough general physical examination, interpret findings, adopt a rational approach to investigations, and outline the principles of treatment.
6. Perform common bedside procedures.
7. Appreciate the impact of illness and loss of well-being on the individual with implications for the family and the community.
8. Recognise and initiate treatment of life-threatening medical emergencies.
9. Practise rational drug use and institute appropriate measures for adverse drug reactions with proper notification.
10. Be aware of the common medical problems complicating pregnancy and recognise the implications of ageing on health.
11. Interpret mortality and morbidity data and plan a strategy to deal with an epidemic.
12. Outline the principles of management of medico-legal problems and discharge statutory obligations of a registered medical practitioner.
13. Adapt to new ideas and situations, optimising patient care in resource-constrained environments.
14. Demonstrate an understanding of the ethical and legal implications of medical decisions.
15. Understand the concept and application of Evidence Based Medicine (EBM).

Prerequisites

- Temperature regulation
- Physiology of respiration
- Normal and abnormal heart sounds
- Pathophysiology of anaemias
- Pathophysiology of shock
- Formation of urine
- Physiology of micturition
- Fluid and electrolyte balance
- Regulation of gut motility
- Liver function tests
- Surface anatomy of liver and spleen
- Anatomical distribution of lymph nodes
- Nutrition and metabolism
- Cerebral circulation
- Physiology of cerebral, cerebellar, and vestibular systems
- Concept of upper and lower motor neuron lesions
- Locomotor system

- Neural electrophysiology
- Evidence Based Medicine (EBM)

Curriculum Content

Professionalism/Ethics

Topic

Professionalism, Ethics and Patient Safety

Learning Objectives

At the end of this section the student should be able to:

- Demonstrate respect, compassion, and professionalism during patient care.
- Maintain patient confidentiality and privacy in clinical settings.
- Obtain informed consent before clinical procedures under supervision.
- Recognize and respond appropriately to ethical issues encountered in patient care.
- Communicate honestly and respectfully with patients, families, and healthcare team members.
- Demonstrate effective communication with patients and their families in inpatient and outpatient clinical settings.
- Obtain focused and comprehensive histories while maintaining patient comfort, privacy, and dignity.
- Communicate clinical findings, diagnoses, investigations, and management plans in language appropriate to the patient's level of understanding.
- Engage patients and families in shared decision-making while respecting patient autonomy, cultural values, and confidentiality.
- Demonstrate effective communication during informed consent discussions and patient education activities under supervision.

Interprofessional Communication

Topic

Medical Error Disclosure

Learning Objectives

At the end of this section the student should be able to:

- Explain the principles of transparent, ethical, and patient-centered medical error disclosure within an interprofessional healthcare team.
- Demonstrate effective verbal and nonverbal communication skills when disclosing medical errors to patients and families in collaboration with other healthcare professionals.
- Apply structured communication tools to facilitate clear, respectful, and coordinated communication among interprofessional team members during medical error disclosure.
- Collaborate effectively with members of the healthcare team to ensure accurate and timely communication regarding patient care.

Common Symptoms and Signs of Disease

The student should be able to demonstrate a rational clinical approach to each of the following presentations, elicit relevant physical signs, recommend appropriate investigations, outline the principles of management, and maintain a comprehensive case record.

- Pain
- Fever

- Cough, expectoration, and haemoptysis
- Dyspnoea, tachypnoea, and orthopnoea
- Cardiac murmurs — functional and organic
- Pallor and cyanosis
- Haemorrhage, shock, and cardiovascular collapse
- Common urinary symptoms including dysuria, oliguria, nocturia, polyuria, incontinence, and enuresis
- Oedema and anasarca
- Anorexia, nausea, and vomiting
- Constipation, diarrhoea, and dehydration
- Haematemesis, melaena, and haematochezia
- Jaundice and hepatomegaly
- Enlargement of lymph nodes and spleen
- Abdominal swelling and ascites
- Obesity, weight loss, and weight gain
- Fainting, syncope, and seizures
- Headache, dizziness, and vertigo
- Disorders of movement and gait
- Paresis and paralysis
- Coma and disturbances of consciousness
- Joint pain, backache, and pain in the extremities
- Fluid and electrolyte disturbances
- Acid-base balance

Respiratory System

Prerequisites

- Pulmonary function tests
- Sputum examination
- Common micro-organisms of the respiratory tract
- Gram staining and ZN staining
- Pharmacology of antituberculosis drugs, bronchodilators, antitussives, and antihistamines
- Hazards of smoking
- Pathology of pulmonary neoplasms

Topics

- Tuberculosis
- Acute upper and lower respiratory infections
- COPD and cor pulmonale
- Acute respiratory distress
- Naso-bronchial allergies
- Suppurative lung disease
- Pleural diseases — pleural effusion, empyema, and pneumothorax
- Neoplasms of the lung
- Common occupational lung diseases

Learning Objectives

At the end of this section the student should be able to:

- Describe the clinical features, correlate with pathophysiology, arrive at a logical diagnosis, and outline principles of management of URI, pneumonias, pulmonary tuberculosis, bronchial asthma, acute and chronic bronchitis, pleural effusion, cor pulmonale, bronchiectasis, bronchogenic carcinoma, lung abscess, and respiratory failure.
- Diagnose and initiate treatment for the following respiratory emergencies: haemoptysis, pneumothorax, acute severe asthma, and acute respiratory distress due to other causes.
- Diagnose, provide initial treatment, and refer cases of lung collapse, neoplasms of lung, interstitial lung diseases, and common occupational lung diseases.
- Interpret chest X-ray and sputum reports with reference to common respiratory diseases.
- Recommend appropriate pulmonary function tests.

Cardiovascular System

Prerequisites

- Anatomy and physiology of the cardiovascular system
- Pathophysiology of cardiovascular diseases
- Pharmacology of drugs acting on the cardiovascular system
- Micro-organisms involved in rheumatic fever, rheumatic heart disease, and infective endocarditis

Topics

- Rheumatic fever, rheumatic heart disease, and infective endocarditis
- Hypertension and hypertensive heart disease
- Coronary artery disease
- Acute and chronic heart failure
- Common congenital heart diseases in adolescents and adults — ASD, VSD, PDA, TOF, and coarctation of aorta
- Common cardiac arrhythmias
- Acute and chronic pericarditis, pericardial effusion, cardiac tamponade, and cardiomyopathies
- Common aortic diseases and peripheral vascular disease — arterial and venous

Learning Objectives

At the end of this section the student should be able to:

- Describe the clinical features, correlate with pathophysiology, arrive at a logical diagnosis, and outline principles of management of rheumatic fever and RHD, infective endocarditis, common congenital heart diseases, coronary artery disease, congestive cardiac failure, hypertension, pericarditis, pericardial effusion, and common cardiac arrhythmias.
- Diagnose and initiate treatment for the following life-threatening cardiac emergencies: acute pulmonary oedema, acute MI, cardiogenic shock, thromboembolism, cardiac arrest, and cardiac tamponade.
- Diagnose, provide initial treatment, and refer cardiomyopathies, myocarditis, uncommon congenital heart diseases, aortic aneurysms, syphilitic cardiac complications, and peripheral vascular diseases.
- Interpret ECG, chest X-ray, and echocardiographic findings with reference to common cardiovascular diseases.

Gastrointestinal Tract

Prerequisites

- Anatomy of the GIT
- Physiology of GI secretions and motility

- Physiology of digestion and absorption
- Pathology of inflammatory and neoplastic disorders of the GIT
- Pharmacology of drugs acting on the GIT
- Microbial pathogens of the GIT

Topics

- Diarrhoea and dysentery
- Helminthiasis
- Food poisoning
- Constipation
- Malabsorption syndromes
- Acid peptic disease / GERD
- Tuberculosis of the GI tract
- Enteric fevers
- Upper and lower GI bleeding
- Acute abdomen
- Intestinal obstruction
- GI malignancies
- Inflammatory bowel disease — ulcerative colitis and Crohn's disease
- Functional disorders of the gut — irritable bowel syndrome

Learning Objectives

At the end of this section the student should be able to:

- Describe the clinical features, correlate with pathophysiology, arrive at a logical diagnosis, and outline principles of management of acute appendicitis, diarrhoea, helminthiasis, abdominal tuberculosis, enteric fever, ulcerative colitis, upper and lower GI malignancies, acute intestinal obstruction, and upper and lower GI haemorrhage.
- Diagnose and provide primary care for ulcerative colitis / Crohn's disease, malabsorption syndrome, peptic ulcer, and upper and lower GI malignancies, and refer for special investigations.
- Counsel the individual, family, and community about prophylactic measures.
- Interpret results of stool examination, endoscopy, and common radiological procedures with reference to common GI diseases.

Hepatobiliary System and Pancreas

Prerequisites

- Anatomy of the hepatobiliary system and pancreas
- Functions of the liver and liver function tests
- Aetiopathogenesis of hepatitis, cirrhosis, cholecystitis, and tumours of the liver and pancreas
- Micro-organisms causing hepatitis
- Drug metabolism in the liver and hepatotoxic drugs
- Exocrine pancreatic function tests

Topics

- Hepatitis — infective and autoimmune
- Jaundice
- Cholecystitis and cholelithiasis
- Pancreatitis

- Cirrhosis
- Liver abscess
- Portal hypertension
- Liver failure and ascites
- Hepatobiliary and pancreatic malignancies
- Alcoholic liver disease
- Primary and secondary tumours of the liver and hepatobiliary tree

Learning Objectives

At the end of this section the student should be able to:

- Describe the clinical features, correlate with pathophysiology, arrive at a logical diagnosis, and outline principles of management of acute hepatitis (viral, alcoholic, and drug-induced), liver abscess (pyogenic and amoebic), chronic liver disease, cirrhosis, portal hypertension, and pancreatitis.
- Diagnose and initiate primary care management for life-threatening emergencies: variceal bleeding, acute pancreatitis, acute hepatic encephalopathy, and acute cholecystitis.
- Diagnose, provide initial treatment, and refer cases of malabsorption syndrome, cholecystitis, cholelithiasis, hepatobiliary and pancreatic malignancies, and hydatid disease of liver.
- Counsel the individual, family, and community on prophylactic measures.

Nutrition

Prerequisites

- Energy and nutrient metabolism
- Nutritional requirements and sources
- Balanced diet

Topics

- Protein energy malnutrition (PEM)
- Nutritional anaemias
- Iodine deficiency
- Hypo- and hyper- vitaminoses
- Deficiencies of minerals and trace elements
- Obesity
- Hyperlipidemias
- Special diets

Learning Objectives

At the end of this section the student should be able to:

- Plan and advise on nutritional requirements in adults in different states of health and disease.
- Diagnose common nutritional disorders in adults with special reference to PEM, nutritional anaemias, iodine deficiency disorders, vitamin deficiency and excess, osteomalacia, and obesity.
- Counsel the individual, family, and community regarding prevention of nutritional disorders.

Metabolic, Endocrine, and Reproductive Disorders

Prerequisites

- Structure and functions of endocrine glands and the reproductive system
- Regulation of hormone synthesis and secretion
- Aetiopathogenesis of endocrine disorders

- Pharmacology of drugs used in endocrine disorders

Topics

- Diabetes mellitus — Type 1 and Type 2
- Thyroid disorders
- Disorders of the pituitary
- Disorders of sex organs
- Adrenal gland disorders — cortex (Cushing's and Addison's) and medulla (phaeochromocytoma)
- Metabolic bone disease
- Disorders of the parathyroid glands and calcium metabolism
- Neuroendocrine tumours
- Metabolic syndrome

Learning Objectives

At the end of this section the student should be able to:

- Describe the clinical features, correlate with pathophysiology, requisition investigations, interpret results, arrive at a logical diagnosis, and outline principles of management of diabetes mellitus, hypo- and hyperthyroidism, IDD, Cushing's syndrome, Addison's disease, acromegaly, gout, and metabolic bone disease.
- Diagnose and initiate primary care management of hypoglycaemic and hyperglycaemic coma.
- Diagnose and initiate primary care management and refer cases of Addisonian crisis, thyrotoxic crisis, and myxoedema coma.
- Describe the clinical features, diagnose, and refer appropriately cases of phaeochromocytoma, dwarfism, gigantism, hypopituitarism including Sheehan's syndrome, hypogonadism, impotence, and loss of libido.
- Interpret lab reports of glucose tolerance test and other common tests for the assessment of endocrine function.

Haemopoietic and Reticuloendothelial Systems

Prerequisites

- Anatomical distribution of haemopoietic, reticuloendothelial, and lymphoid tissues
- Haemopoiesis and haemostasis
- Iron, folic acid, and B12 metabolism
- Aetiology, classification, and morphological features of anaemias, leukaemias, and lymphomas
- Performance of basic haematological procedures — blood film, ESR, blood cross-match
- Parasitic diseases associated with anaemias
- Haem metabolism
- Drugs related to or causing haematological disturbances
- Pharmacology of haematinics and cytotoxic drugs
- Principles of blood grouping and cross-matching

Topics

- Anaemias — nutritional, aplastic, sequestration, blood loss
- Leukaemias

- Platelet disorders
- Polycythaemia
- Lymphomas — Hodgkin's and Non-Hodgkin's
- Bleeding disorders
- Lymphoreticular malignancies
- Disorders of the immune system
- Blood transfusion and component therapy

Learning Objectives

At the end of this section the student should be able to:

- Describe the clinical features, relate to pathophysiology, diagnose, treat, and advise prophylactic measures for deficiency anaemias, especially iron deficiency, folic acid, and vitamin B12 deficiency anaemias.
- Describe the clinical features, correlate with pathophysiology, investigate, arrive at a logical diagnosis, and outline principles of management of common haemolytic anaemias (thalassaemia, sickle cell anaemia, acquired haemolytic anaemias), hypoplastic and aplastic anaemias, agranulocytosis, bleeding and coagulation disorders, polycythaemia, leukaemias, lymphomas, and porphyria.
- Describe the clinical features, investigate, and diagnose immunocompromised states including those due to HIV infection.
- Diagnose, institute primary care management, and refer the following emergencies: acute intermittent porphyria, acute haemolytic crisis, and acute presentations of bleeding and coagulation disorders.
- Plan and undertake safe blood transfusion; outline concepts of transfusion and component therapy, indications, precautions, hazards, and safe handling of blood products.
- Perform and interpret common haematological investigations.

Fluid-Electrolyte and Renal Disorders

Prerequisites

- Structure and functions of the urinary system
- Fluid and electrolyte balance
- Acid-base balance
- Renal function tests
- Pathogens of the urinary system
- Immunopathology of renal diseases
- Pharmacology of drugs used in urinary disorders
- Nephrotoxic drugs
- Urinalysis

Topics

- Acute and chronic glomerulonephritis
- Acute and chronic pyelonephritis
- Renal failure
- Nephrotic syndrome
- Urinary tract infections
- Fluid and electrolyte disturbances

- Acid-base balance
- Haematuria
- Renal calculi
- Renal malignancies

Learning Objectives

At the end of this section the student should be able to:

- Describe the clinical features, correlate with pathophysiology, arrive at a logical diagnosis, and outline principles of management of acute and chronic glomerulonephritis, nephrotic syndrome, UTI, acute pyelonephritis, and acute and chronic renal failure.
- Identify common causes, arrive at a logical diagnosis, institute primary care treatment, and refer patients presenting with haematuria, acute renal failure, dehydration, acidosis, alkalosis, and renal colic.
- Outline the principles of peritoneal and haemodialysis and enumerate indications and possible complications.
- Perform and interpret routine urinalysis.
- Interpret common lab reports on urine examination, blood gas estimations, and serum electrolyte estimations.

Central Nervous System

Prerequisites

- Cerebral circulation
- Basic structures and connections of the central nervous system
- Motor and sensory tracts and concept of upper and lower motor neurons
- Blood-brain barrier and physiology of CSF
- CSF analysis and electroencephalogram (EEG)
- Bacteria and viruses causing meningitis and encephalitis
- Pathogenesis of common CNS disorders
- Pharmacology of drugs used in CNS disorders

Topics

- Migraine
- Meningitis
- Encephalitis
- Poliomyelitis
- Cerebrovascular accidents
- Seizure disorders
- Parkinsonism and movement disorders
- Guillain-Barré syndrome
- Peripheral neuropathies
- Paresis, paraplegia, hemiplegia, and quadriplegia
- Myasthenia gravis
- Common muscular dystrophies
- Degenerative and demyelinating diseases

- Cord compression
- Intracranial space-occupying lesions including brain abscess

Learning Objectives

At the end of this section the student should be able to:

- Take a complete history pertaining to the CNS, assess the mental functional status, speech, and level of consciousness in fully conscious, semiconscious, or unconscious patients, and initiate primary care for patients with different levels of consciousness.
- Describe the clinical features, relate to pathophysiology, requisition relevant investigations, arrive at a logical diagnosis, and outline principles of management of migraine, meningitis, seizure disorders, cerebrovascular accidents, polyneuropathy, parkinsonism, and movement disorders.
- Diagnose and institute primary care management for emergencies: cerebrovascular accidents, status epilepticus, coma, traumatic cord compression, and acute neuropathies.
- Diagnose, provide initial treatment, and refer cases of poliomyelitis, cord compression, intracranial SOL including brain abscess, encephalitis, myasthenia gravis, muscular dystrophies, motor neuron disease, and other degenerative and demyelinating cerebral and cerebellar diseases.
- Interpret lab reports on CSF.
- Interpret radiological and other common investigations related to the nervous system.

Musculoskeletal System and Collagen Vascular Disorders

Prerequisites

- Anatomy of the locomotor system
- Mechanical and electrical properties of skeletal muscle
- Immunopathogenesis of collagen-vascular diseases
- NSAIDs, corticosteroids, and other immunosuppressant drugs

Topics

- Rheumatoid arthritis
- SLE
- Systemic sclerosis
- Dermatomyositis and polymyositis
- Osteoarthritis
- Tetanus
- Vasculitides including giant cell arteritis, Takayasu's arteritis, polyarteritis nodosa, and polyangiitis

Learning Objectives

At the end of this section the student should be able to:

- Describe the clinical features, correlate with pathophysiology, arrive at a logical diagnosis, and outline principles of management of rheumatoid arthritis, osteoarthritis, and SLE.
- Diagnose and initiate supportive measures and refer cases of dermatomyositis, polymyositis, and acute presentations of vasculitides.
- Interpret common lab reports related to immune function.

Infectious and Tropical Diseases

Prerequisites

- Epidemiology of communicable diseases
- National health programmes
- Life cycles of protozoa and parasites
- Antimicrobial drugs and antihelminthic drugs
- Basic concepts of immunisation

Topics

- Malaria
- Kala-azar
- Filariasis
- Tuberculosis
- Enteric fever
- Amoebiasis and giardiasis
- Infectious hepatitis
- Peptic ulcer disease
- Viral haemorrhagic fevers including dengue fever and Ebola
- Diphtheria
- Tetanus
- Leprosy
- Plague
- HIV and AIDS
- Rabies
- Brucellosis
- Helminthiasis
- Cysticercosis
- Hydatid disease
- Toxoplasmosis
- Pneumocystis carinii infection
- Immunisation

Learning Objectives

At the end of this section the student should be able to:

- Describe the clinical features, relate to pathophysiology, arrive at a logical diagnosis, and outline principles of management of malaria, kala-azar, filariasis, tuberculosis, enteric fever, infectious hepatitis, viral fever including dengue fever, diphtheria, tetanus, leprosy, plague, HIV and AIDS, snake and insect bites, amoebiasis, giardiasis, brucellosis, and rabies.
- Diagnose and initiate primary care management for emergencies: cerebral malaria, tetanus, enteric encephalopathy, tuberculous meningitis, and diphtheria.
- Describe the clinical features, diagnose, and refer cases of toxoplasmosis, PCP, hydatid disease, cysticercosis, rabies, tetanus, plague, and leprosy.
- Counsel the individual, family, and community regarding prophylactic and rehabilitative measures.
- Interpret common investigations related to infectious diseases.

Poisoning, Environmental, and Occupational Disorders

Prerequisites

- Common poisons
- High-risk occupations

Topics

- Occupational lung diseases
- High altitude sickness
- Motion sickness
- Allergic disorders
- Heat and cold injuries
- Drowning
- Radiation hazards
- Common poisonings — acute (rodenticide, pesticides, insecticides, corrosives) and chronic (lead, arsenic, mercury)
- Smoking, alcohol, and drug abuse
- Snake and insect bite

Learning Objectives

At the end of this section the student should be able to:

- Describe the clinical features, correlate with pathophysiology, arrive at a logical diagnosis, and outline principles of management of common poisonings, heat and cold injuries, and motion sickness.
- Diagnose and initiate primary care for the following emergencies: heat stroke, hyperpyrexia, cold exposure, acute altitude sickness, and severe allergic conditions.
- Diagnose, provide first aid, and refer complicated cases.
- Explain the purpose, procedures, risks, and potential benefits of clinical and translational research in language understandable to patients.
- Demonstrate effective communication strategies when discussing research participation with patients and families.
- Describe the process and ethical principles of informed consent.
- Address patient concerns regarding confidentiality, privacy, and voluntary participation.
- Discuss the distinction between clinical care and research participation.
- Demonstrate cultural sensitivity and patient-centered communication when explaining research studies.

Evidence-Based Medicine

Prerequisites

- Basic Medical Sciences
- Clinical Reasoning
- Research Methods
- Basic Biostatistics
- Medical Literature and Information Literacy

Topics

- Clinical Research and Translational Research
- Research Ethics
- Informed Consent in Research
- Communicating Research Participation
- Clinical Care versus Research
- Patient-Centered Research Communication

Learning Objectives

At the end of this section the student should be able to:

- Explain the purpose, procedures, risks, and potential benefits of clinical and translational research in language understandable to patients.
- Demonstrate effective communication strategies when discussing research participation with patients and families.
- Describe the process and ethical principles of informed consent.
- Address patient concerns regarding confidentiality, privacy, and voluntary participation.
- Discuss the distinction between clinical care and research participation.
- Demonstrate cultural sensitivity and patient-centered communication when explaining research studies.
- Demonstrate cultural sensitivity and patient-centered communication when explaining research studies.

Learning Experiences

- Didactic lectures
- Integrated seminars
- Group discussions
- Outpatient postings
- Ward postings
- Bedside case demonstration and / or discussion
- Case presentations
- Clinico-pathological exercises
- Medical case studies
- Demonstration and / or performance of procedures under supervision

List of Clinical Skills

At the end of the programme the student should be able to:

- Obtain a proper and relevant history, perform a humane and thorough clinical examination including internal examination under supervision, and examine all organs and systems in adults.
- Use a stethoscope, BP apparatus, thermometer, weighing scales, percussion hammer, measuring tape, tuning fork, monofilaments, and hat pins.
- Interpret biochemical laboratory values of common diseases.
- Interpret chest and abdominal X-rays.
- Identify erroneous prescriptions and explain the errors.
- Interpret serological tests including VDRL, ASTO, Widal, HIV, rheumatoid factor, hepatitis, and TORCH infections.
- Interpret antimicrobial sensitivity reports.

- Interpret peripheral blood smear for common diseases.
- Write a complete case record with all necessary details.
- Adopt universal precautions for self-protection against HIV and hepatitis and counsel patients.
- Organise and carry out investigation of an epidemic and institute corrective and preventive measures.
- Record visual acuity.
- Perform lumbar puncture.
- Catheterise bladder in both males and females.
- Prepare oral rehydration solution (ORS).
- Advise on dietetic management in different diseases.
- Provide first aid to patients with peripheral vascular failure and shock.
- Manage acute anaphylactic shock.
- Manage diarrhoea and dysentery; assess dehydration; prepare and administer oral rehydration therapy (ORT).
- Manage drowning emergencies.
- Manage common poisonings.
- Interpret CBC results, CRP, ESR, RBC indices, and platelet count.
- Interpret stool examination for ova, cysts, and occult blood.
- Interpret Gram's stain, Albert's stain, and Ziehl-Neelsen or modified Ziehl-Neelsen stain.
- Record and interpret an ECG and identify common abnormalities such as myocardial infarction and common arrhythmias.
- Start IV line and infusion in adults.
- Give intradermal, subcutaneous, intramuscular, and intravenous injections.
- Perform CPR (cardiopulmonary resuscitation).
- Manage acute severe bronchial asthma.
- Institute primary care for epilepsy and status epilepticus.
- Institute primary care for comatose patients regarding airway, positioning, prevention of aspiration, and injuries.
- Manage hyperpyrexia.
- Manage snake bite.

Assessment

Formative Assessment

- Formal formative assessment conducted at mid-clerkship evaluation.
- Completion of ELMS logbook entries on a daily basis throughout the rotation.

Summative Assessment

- Theory examination (NBME subject shelf)
- Clinical Evaluation (Direct Observation) — assessed through the Clinical Competence Grade Sheet
- Objective Structured Clinical Examination (OSCE) — including interpretation of temperature charts, instruments, radiology, anatomical parts, and pathological specimens (macroscopic and microscopic)

Rotation Schedule

Day	7-8	8-9	10-11	11-12	1-2	2-3	3-4	4-5	5-6
Monday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	Admission Conference	OPD / Clinics	OPD / Clinics	OPD / Clinics	OPD / Clinics	Afternoon Endorsement Rounds & Ward Work	SDL
Tuesday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	OPD / Clinics	OPD / Clinics	Didactic Lectures	Didactic Lectures	Didactic Lectures	Didactic Lectures	SDL
Wednesday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	Journal Club	Didactic Lectures	OPD / Clinics	Didactic Lectures	Didactic Lectures	SDL	Afternoon Endorsement Rounds & Ward Work
Thursday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	OPD / Clinics	OPD / Clinics	Discharge / Handover Conference	Didactic Lectures	Didactic Lectures	SDL	Afternoon Endorsement Rounds & Ward Work
Friday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	Morbidity / Mortality	Didactic Lectures	Didactic Lectures	Didactic Lectures	OPD / Clinics	Afternoon Endorsement Rounds & Ward Work	SDL
Saturday	Ward Work	Ward Work							
Sunday	On Call	On Call	On Call	On Call	On Call	On Call	On Call	On Call	On Call

Didactic Lecture Schedule

Week	Lecture Topics
Week 1	● Basis ECG ● Basis ECG ● Arrhythmias ● IHD (AMI/Angina)
Week 2	● CCF ● HTN ● Hypertensive Crisis ● Rheumatic Fever / Subacute Endocarditis

Week	Lecture Topics
Week 3	● Bronchial Asthma ● COPD ● Pneumonia ● Pulmonary TB
Week 4	● Acute Hepatitis ● Chronic Hepatitis ● Acute Pancreatitis ● Chronic Pancreatitis
Week 5	● PUD ● Inflammatory Bowel Disease ● Liver Cirrhosis ● Liver Insufficiency
Week 6	● Pyelonephritis ● Renal Failure ● Alkalosis Disorders ● Acidosis Disorders
Week 7	● Na/K Disorders ● Type I/II DM ● Hypo/Hyperthyroidism ● Diabetes Insipidus
Week 8	● Cushing's / Addison Disease ● Obesity / Dyslipidemia ● Anaemias (Iron Deficiency / Vit B12 Deficiency) ● Sickle Cell Disease
Week 9	● Lymphomas ● Leukaemias ● Meningoencephalitis ● CVA (Strokes)
Week 10	● Seizures / Epilepsy ● Migraine ● Guillain-Barré Syndrome ● Common Endemic Infectious Disease I (Malaria and Dengue)
Week 11	● Common Endemic Infectious Disease II (Leptospirosis) ● Common Endemic Infectious Disease III (Typhoid Fever) ● Other Infectious Diseases (Zika and Chikungunya)
Week 12	● Common Poisoning (Panadol, Organophosphate and Gramaxone) ● Snake and Insect Bite ● SLE

Required Clinical Experience — Internal Medicine

The following minimum case and procedure requirements must be met and recorded in ELMS before the rotation can be considered complete. Where minimum thresholds are not met, a written clinical case study must be submitted for each deficient area.

Non-Procedural Cases							
#	Non-Procedural Cases	Obs Min.	Obs Actual	AP Min.	AP Actual	Mgd Min.	Mgd Actual
1	Coronary Artery Disease and MI	5		5		5	
2	Primary Hypertension	5		5		5	
3	Heart Failure	2		2		2	
4	Asthma	3		3		5	
5	COPD	2		2		2	
6	Respiratory Tract Infection	5		5		5	
7	GERD	5		5		5	
8	Acute Gastritis / Peptic Ulcer Disease	5		5		5	
9	Metabolic Syndrome	5		5		5	
10	Diabetes Mellitus	5		5		5	
11	Obesity and NAFLD	2		2		2	
12	Cirrhosis and Liver Failure	1		1		1	
13	Leukaemias	1		1		1	
14	RBC Dyscrasias and Anaemias	3		3		3	
15	Acute and Chronic Renal Failure	1		1		0	
16	Nephrolithiasis, UTI, and Acute Pyelonephritis	3		3		3	
17	Nephrotic and Nephritic Syndrome	1		0		0	
18	Cerebrovascular Diseases	5		5		5	
19	Seizure Disorder	2		0		0	
20	Autoimmune Disorder	1		1		1	
21	Atopic Disorders (excluding Asthma)	5		5		5	
22	Dermatomycoses	5		5		5	
23	Substance Abuse	3		3		0	

Procedural Cases							
#	Procedural Cases	Obs Min.	Obs Actual	Asst Min.	Asst Actual	Perf Min.	Perf Actual
1	Lumbar Puncture	2		1		0	
2	Bone Marrow Aspiration Biopsy	1		1		0	
3	Foley's Catheter Insertion	5		5		3	
4	Endotracheal Intubation	5		5		0	

5	Gastric Lavage	2		2		1	
6	Fine Needle Aspiration	2		2		1	
7	Arterial Phlebotomy	2		2		1	
8	ECG Recording and Interpretation	5		5		5	

Appendix 2. General Surgery Syllabi

Clerkship Objectives

At the end of the clerkship the student should be able to:

1. Identify common surgical problems and understand their surgical management.
2. Obtain a proper and relevant history from patients.
3. Perform general, systemic, and local examinations.
4. Arrive at a logical diagnosis and consider differential diagnoses.
5. Know the possible complications of disease.
6. Requisition relevant, cost-effective investigations to establish diagnosis and plan treatment.
7. Interpret laboratory investigation results and skiagrams of common surgical diseases.
8. Plan and institute treatment.
9. Employ life-saving measures in life-threatening conditions.
10. Develop a habit of rational use of drugs including antibiotics.
11. Provide first aid and refer patients with complicated surgical problems to appropriately equipped centres.
12. Obtain informed consent for any examination or procedure.
13. Develop a cordial attitude towards patients, colleagues, and other staff.
14. Act in a manner befitting a doctor and communicate sympathetically when dealing with incurable disease and/or a dying patient.
15. Demonstrate leadership qualities, promote team spirit, and play a meaningful role in disaster preparedness and management.
16. Adopt universal precautions for self-protection against HIV and hepatitis and counsel patients.
17. Give subcutaneous, intramuscular, and intravenous injections and start IV lines and infusions.
18. Implement sterilisation and antiseptic measures.
19. Control external haemorrhage in emergencies.
20. Perform debridement, wound toilet, suturing, and different types of dressings.
21. Pass a nasogastric tube, administer enemas, and insert a flatus tube.
22. Maintain airway, conduct cardiopulmonary resuscitation, and provide first aid.

Curriculum Content

General Surgery — Principles and Infection

Prerequisites

- Pathophysiology of inflammation, repair, and shock
- Physiology of acid-base and fluid electrolyte balance
- Pathology of neoplasia
- Common microbial pathogens and rational use of drugs
- Medico-legal aspects of burns and scalds

Topics

- Shock
- Fluid and electrolyte therapy including blood transfusion
- Burns
- Tetanus
- Gas gangrene
- Swelling, ulcer, sinus, fistula, lymphadenopathy

- Cellulitis, abscess, erysipelas, carbuncle
- AIDS and hepatitis in surgical practice
- Principles of organ transplantation

Learning Objectives

At the end of this section the student should be able to:

- Diagnose and initiate primary management in different types of shock.
- Define burns and scalds and identify degrees of burns.
- Institute resuscitative measures and primary care of burns and prevent complications.
- Outline the principles of fluid and electrolyte imbalance in surgical cases.
- Enumerate the indications and complications of blood transfusion.
- Manage different types of wounds.
- Take preventive measures against tetanus and gas gangrene, and diagnose and outline the principles of management of each.
- Diagnose swelling, ulcer, gangrene, sinus, fistula, and lymphadenopathy by history and physical examination and outline principles of management.
- Diagnose and manage cellulitis, abscess, erysipelas, and carbuncle.

Diseases of the Lymphatic System, Arteries, and Veins

Prerequisites

- Gross anatomy and micro-anatomy of blood vessels and lymphatics
- Concept of inflammation
- Physiology of blood coagulation

Topics

- Lymphadenitis
- Lymphomas
- Lymphangitis
- Lymphoedema
- Arterial injury
- Buerger's disease
- Arterial occlusive disease
- Thoracic outlet obstruction
- Aneurysm
- Varicose veins and ulcer
- Deep vein thrombosis, superficial thrombophlebitis

Learning Objectives

At the end of this section the student should be able to:

- Take relevant history, conduct physical examination, and elicit relevant physical signs.
- Correlate complaints and physical signs to arrive at a logical diagnosis with justification.
- Consider differential diagnoses.
- Requisition relevant investigations.
- Outline the principles of management.

Breast and Thyroid

Prerequisites

- Anatomy of breast and thyroid, their relations, blood supply, and lymphatic drainage
- Physiology of lactation
- Thyroid function, synthesis of thyroxine, and control mechanisms

Topics

- Breast abscess, mastalgia, and nipple discharge
- Benign and malignant breast diseases
- Developmental anomalies of breast and thyroid
- Thyroid disorders — diagnosis, surgery, and complications (thyroglossal cyst, goitre, thyrotoxicosis, thyroid cancer, thyroiditis)

Learning Objectives

At the end of this section the student should be able to:

- Diagnose common surgical conditions associated with breast and thyroid swelling.
- Correlate clinical features with pathophysiology of thyroid disorders.
- Request specific investigations relevant for breast and thyroid diseases.
- Outline the principles of management of common disorders of breast and thyroid.
- Describe epidemiology and prevention of goitre.
- Identify and enumerate possible complications of thyroid swelling including those following surgery.
- Prescribe antithyroid drugs and identify their toxic and side effects.

Chest

Prerequisites

- Anatomy of chest wall, tracheo-bronchial tree, and pleura
- Physiology of blood gas exchange

Topics

- Chest injury, pneumothorax, haemothorax
- Cardiac tamponade
- Empyema
- Lung abscess

Learning Objectives

At the end of this section the student should be able to:

- Diagnose and outline the principles of management in cases of chest injury, pneumothorax, haemothorax, empyema, and lung abscess.
- Relieve tension pneumothorax.
- Request investigations relevant to the diseases.
- Outline the steps of chest tube insertion.

Neurosurgery

Prerequisites

- Anatomical layers of scalp, gross anatomy of brain and its coverings
- Anatomy and surgical diseases of the spine and spinal cord
- Blood supply of brain and spinal cord

Topics

- Head injury, malformations, meningocele, meningomyelocele, encephalocele

Learning Objectives

At the end of this section the student should be able to:

- Control scalp bleeding.
- Protect and immobilise the spine in patients with head and neck injuries.
- Maintain airway and assess other injuries which may need priority.
- Describe the pathophysiology of head injury.
- Perform neurological examination, request relevant investigations, and arrive at a diagnosis.
- Describe the clinical features of acute extradural, subdural, and intracerebral haematomas.
- Refer appropriately to specialists.

Face, Oral Cavity, and Salivary Glands

Prerequisites

- Anatomy of parotid and submandibular salivary glands and their relations
- Surgical disease of the salivary glands
- Gross embryology of development of face
- Muscles of face, their nerve and blood supply, and venous drainage

Topics

- Leukoplakia, submucous fibrosis
- Ranula
- Oral cancers (cheek, tongue, floor of mouth)
- Cleft lip and cleft palate
- Cysts and superficial tumours (sebaceous cyst, dermoid, lipoma, haemangioma), AV fistula of face and scalp
- Basal and squamous cell carcinoma of face
- Preauricular sinus
- Inflammation, abscess, tumour, calculus, and fistula of salivary glands

Learning Objectives

At the end of this section the student should be able to:

- Take relevant history, perform local examination, and elicit relevant physical findings.
- Correlate complaints and physical signs to arrive at a logical diagnosis with justification.
- Consider differential diagnoses.
- Outline the principles of management.

Gastrointestinal System

Prerequisites

- Gross anatomy, blood supply, lymphatic drainage, nerve supply, congenital anomalies, and functions of the oesophagus, stomach, duodenum, intestines, appendix, rectum, anal canal, hepatobiliary organs, portal venous system, pancreas, and spleen
- Peritoneal reflection in relation to the various abdominal viscera
- Bilirubin metabolism and hepatobiliary function tests
- Pathology of liver abscess, portal hypertension, gallstone, and tumours of liver
- Drugs used in gallstone disease, drug metabolism in liver, and hepatotoxic drugs

Topics

Oesophagus

- Dysphagia, corrosive burns

Stomach and Duodenum

- Upper gastrointestinal bleeding
- Acid-peptic diseases and complications
- Gastric outlet obstruction
- Tumours of the stomach

Intestines

- Intestinal obstruction in adults and children
- Intussusception
- Congenital megacolon
- Meckel's diverticulum
- Diverticular diseases and polyposis
- Intestinal amoebiasis
- Typhoid and tuberculous ulcers
- Malignant tumours of colon
- Ulcerative colitis / Crohn's disease
- Colostomy and ileostomy
- Irritable bowel syndrome

Appendix

- Acute appendicitis
- Carcinoid tumour

Rectum

- Proctitis
- Carcinoma rectum
- Rectal polyp
- Prolapse

Anus and Anal Canal

- Perianal abscess
- Fissure
- Haemorrhoid
- Fistula in ano
- Anal canal cancer
- Anal wart

Peritoneum, Mesentery, Retroperitoneum, and Abdominal Wall

- Peritonitis
- Subphrenic abscess, pelvic abscess
- Mesenteric adenitis and cysts
- Retroperitoneal masses
- Malignant ascites

Hepatobiliary System and Pancreas

Topics

- Obstructive jaundice
- Liver abscess, portal hypertension, liver tumours, hydatid cyst
- Acute cholecystitis, chronic cholecystitis, cholelithiasis, and choledocholithiasis
- Tumours of gallbladder, bile ducts, and pancreas
- Acute and chronic pancreatitis

Spleen

- Trauma of spleen
- Splenomegaly
- Splenectomy — indications and complications

Learning Objectives

At the end of this section the student should be able to:

- Enumerate causes of dysphagia, their clinical features and complications, and outline the principles of management.
- Assess acute abdomen — causes, clinical features, investigations, diagnosis, treatment, and complications.
- Take relevant history, perform clinical examination, and correlate clinical features with pathophysiology to reach a logical diagnosis for abdominal and retroperitoneal conditions.
- Enumerate the causes of jaundice, take relevant history, perform clinical examination, and outline the principles of management.
- Define and enumerate the causes of constipation and intestinal obstruction and outline the principles of management.
- Define upper and lower gastrointestinal bleeding, institute resuscitative measures in emergencies, and outline the principles of management.
- Diagnose common biliary conditions, interpret liver function tests, ultrasound findings, and outline the principles of management.
- Diagnose common anorectal conditions, perform digital and proctoscopic examination, and outline the principles of management.
- Enumerate the indications and complications of ileostomy and colostomy.

Abdominal Wall and Hernias

Prerequisites

- Anatomy of the abdominal wall and their nerve and blood supply
- Anatomy of inguinal and femoral canals
- Pathway of testicular descent

Topics

- Ventral hernia
- Umbilical sepsis and discharge
- Inguinal hernia
- Femoral hernia
- Umbilical and paraumbilical hernia

Learning Objectives

At the end of this section the student should be able to:

- Identify different types of hernia.

- Enumerate the underlying predisposing conditions.
- Diagnose, outline the principles of management, and identify complications of inguinal, femoral, umbilical, paraumbilical, incisional, and ventral hernias.
- Enumerate different causes of umbilical discharge.

Genitourinary System

Prerequisites

- Development of kidney, ureter, bladder, and external genitalia
- Anatomy of kidney, ureter, bladder, and external genitalia
- Physiology of micturition
- Metabolism of uric acid and calcium
- Normal values of BUN, creatinine, and creatinine clearance

Topics

- Renal stones
- Renal, bladder, prostate, and testicular malignancy
- Urinary retention
- Painful testis
- Hydronephrosis
- Haematuria
- Urinary tract infection
- Polycystic kidney
- Urinary tract injury
- Scrotal and testicular swellings
- Phimosis and paraphimosis

Learning Objectives

At the end of this section the student should be able to:

- Take proper history of the genitourinary system.
- Palpate the distended urinary bladder and examine the kidney bimanually.
- Perform rectal examination and describe the state of the prostate.
- Correlate clinical findings with pathophysiology to arrive at a diagnosis.
- Obtain relevant history in patients with inguino-scrotal swellings and perform clinical examination.
- Diagnose, request relevant investigations, and outline the principles of management of: congenital abnormalities of kidney, ureter, bladder, and urethra; trauma of kidney, bladder, and urethra; specific and non-specific infections of kidney, bladder, testes, and prostate; renal, ureteric, vesical, and urethral calculi; testicular and scrotal swellings; undescended testes and torsion of testes; benign enlargement of prostate; carcinoma of kidney, bladder, prostate, testes, and penis; phimosis and paraphimosis; obstructive uropathy.
- Enumerate causes of haematuria, acute retention of urine, and hydronephrosis and outline the principles of management.
- Describe the steps of circumcision, suprapubic cystostomy, hydrocelectomy, and vasectomy.

Learning Experiences

- Didactic lectures

- Integrated seminars
- Group discussions
- Outpatient postings
- Ward postings
- Bedside case demonstrations and/or discussions
- Case presentations
- Clinico-pathological exercises
- Surgical case studies
- Procedural demonstrations and/or performance under supervision
- Experience with emergencies

Integrated Seminars

- **Thyrotoxicosis in Pregnancy**
Medicine, Surgery, Gynaecology, Pharmacology
- **Surgery in Diabetes**
Medicine, Surgery
- **Acute Abdomen in Pregnancy**
Surgery, Gynaecology
- **Surgery in Cardiovascular Conditions**
Pharmacology, Medicine, Surgery
- **Surgery in COPD Patients**
Physiology, Anaesthesiology, Medicine, Surgery
- **Antimicrobial Therapy in UTI, Upper Tract Infection, and Biliary Tract Infection**
Microbiology, Surgery, Pharmacology

Assessment

Formative Assessment

- Formal formative assessment conducted at mid-clerkship evaluation.
- Completion of ELMS logbook entries on a daily basis throughout the rotation.

Summative Assessment

- Theory examination (NBME subject shelf)
- Clinical Evaluation (Direct Observation) — assessed through the Clinical Competence Grade Sheet
- Objective Structured Clinical Examination (OSCE) — including interpretation of temperature charts, instruments, radiology, anatomical parts, and pathological specimens (macroscopic and microscopic)

Rotation Schedule

Day	7-8	8-9	10-11	11-12	1-2	2-3	3-4	4-5	5-6
Monday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	Admission Conference	OPD / Clinics	Didactic Lectures	Didactic Lectures	OPD / Clinics	Afternoon Endorsement Rounds & Ward Work	SDL
Tuesday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	OPD / Clinics	OPD / Clinics	Journal Club	OR	OR	Afternoon Endorsement Rounds & Ward Work	SDL
Wednesday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	Pre-Op Conference	OPD / Clinics	Didactic Lectures	Didactic Lectures	OPD / Clinics	SDL	Afternoon Endorsement Rounds & Ward Work
Thursday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	OPD / Clinics	OPD / Clinics	Discharge / Handover Conference	OR	OR	SDL	Afternoon Endorsement Rounds & Ward Work
Friday	Morning Teaching / Endorsement Rounds & Ward Work	Morbidity / Mortality*	Morning Teaching / Endorsement Rounds & Ward Work	OPD / Clinics	Didactic Lectures	Didactic Lectures	OPD / Clinics	Afternoon Endorsement Rounds & Ward Work	SDL
Saturday	Ward Work / On Call	Ward Work / On Call	On Call	On Call	On Call	On Call	On Call	On Call	On Call
Sunday	On Call	On Call	On Call	On Call	On Call	On Call	On Call	On Call	On Call

* Tumour Board may be held in this slot on a twice-monthly basis.

Didactic Lecture Schedule

Week	Lecture Topics
Week 1	- Shock, Fluid & Electrolyte Therapy, Blood Transfusion - Burns
Week 2	Surgical Infections: Tetanus, Gas Gangrene, Cellulitis, Abscess, Erysipelas, Carbuncle, AIDS and Hepatitis in Surgical Practice
Week 3	- Wound Healing and Management - Arterial, Venous and Lymphatic Diseases and Disorders
Week 4	- Breast Diseases - Thyroid Disorders
Week 5	- Chest Trauma and Diseases - Head Injuries and Raised Intracranial Pressure

Week	Lecture Topics
Week 6	• Maxillofacial Disorders and Trauma • Dysphagia and Oesophageal Cancer
Week 7	• Peptic Ulcer Disease, Gastric Cancer and Upper GI Bleeding
Week 8	• Intestinal Obstruction, IBD, Colon Cancer • Appendicitis and Carcinoid Tumors
Week 9	• Anorectal Cancers, Perianal Disorders • Abdominal Trauma
Week 10	• Biliary Diseases and Disorders, Cholecystitis and Gallstones • Pancreatitis and Cancer
Week 11	• Hernias • Haematuria, Renal Calculi, GU Cancers
Week 12	• Prostatomegaly / Prostate Cancer • Penile and Scrotal Disorders

Required Clinical Experience

The following minimum case and procedure requirements must be met and recorded in ELMS before the rotation can be considered complete. Where minimum thresholds are not met, a written clinical case study must be submitted for each deficient area.

Major Procedures							
#	Major Procedures	Obs Min.	Obs Actual	Asst Min.	Asst Actual	Mgd Min.	Mgd Actual
1	Exploratory Laparotomy	3		0		0	
2	Mastectomy	2		0		0	
3	Colorectal Cancer — Colectomy / Colostomy	1		0		0	
4	Gastric Surgery	1		0		0	
5	Splenectomy	1		0		0	
6	Hepatobiliary / Cholecystectomy	3		0		0	
7	Head and Neck Procedure	1		0		0	
8	Laparoscopic Surgery	1		0		0	
9	Adhesiolysis	1		1		0	
10	Amputation	2		2		0	
11	Thyroidectomy	1		0		0	

Minor Procedures							
#	Minor Procedures	Obs Min.	Obs Actual	Asst Min.	Asst Actual	Perf Min.	Perf Actual

1	Appendectomy	2		1		0	
2	Cholecystectomy	2		1		0	
3	Excision / Incision Biopsy	3		1		1	
4	Haemorrhoidectomy	2		1		0	
5	Herniorrhaphy	3		1		0	
6	Wound Debridement	3		1		1	
7	Incision and Drainage	3		2		1	
8	Circumcision / Hydrocelectomy	2		1		1	
9	Haemostasis and Wound Suturing	5		2		1	
10	Medicolegal Cases / Post Mortem	2		0		0	

Appendix 3: OB/GYN Syllabi

Clerkship Objectives

At the end of the clerkship the student should be able to:

1. Participate in all national health programmes and policies related to reproductive health and safe motherhood.
2. Define terms commonly used in obstetrics and gynaecology.
3. Demonstrate skills of history taking and performing obstetric and gynaecological examination in order to arrive at a logical diagnosis.
4. Recognise clinical features of common obstetric and gynaecological disorders, correlate these with aetiopathology, and institute primary management.
5. Diagnose pregnancy and provide antenatal, natal, postnatal, and essential newborn care.
6. Identify high-risk pregnancy, provide primary care, and refer to appropriate medical centres.
7. Prescribe drugs judiciously during pregnancy and lactation.
8. Screen women for genital and breast cancer for early diagnosis and prevention.
9. Counsel and guide patients and family regarding illness, care, possible complications, and prognosis.
10. Counsel couples and provide fertility regulation.
11. Acquire and practise communication skills required for taking informed consent and providing reproductive health care to women.
12. Handle medico-legal and ethical issues related to obstetrics and gynaecology.
13. Diagnose and provide primary care of common obstetric and gynaecological emergencies.
- 14.

Curriculum Content

Introduction to Obstetrics and Gynaecology

Prerequisites

- Definition of maternal, perinatal, neonatal, and infant mortality
- Birth rate, death rate, growth rate, and net reproduction rate
- Available health care infrastructure

Topics

- Terms used in obstetrics, gynaecology, and fertility regulation
- Demography
- National health policy for reproductive health care and safe motherhood

Learning Objectives

At the end of this section the student should be able to:

- Define obstetrics, gynaecology, safe motherhood, and reproductive health.
- List the components and goals of national health policy with reference to reproductive health and safe motherhood.
- Identify socio-cultural, economic, and demographic factors influencing reproductive health of women.
- List causes of maternal and perinatal mortality in order of relative importance.
- Describe current mortality and morbidity status of the nation.

Learning Experiences

- Clinical posting in the department and community posting
- Integrated seminar with the Department of Community Medicine
- Case assignment and follow-up

- Case presentation
- Family study, diagnosis and management, and referral

Management of Normal Pregnancy

Prerequisites

- Physiology of ovulation, menstruation, fertilisation, and conception
- Early development of fetus and placenta
- Nutritional requirements during pregnancy and lactation

Topics

- Development of placenta and fetal growth
- Maternal adaptation to pregnancy
- Diagnosis of pregnancy
- Screening for high-risk pregnancy
- Fetal surveillance for growth and well-being

Learning Objectives

At the end of this section the student should be able to:

- Explain the process of conception.
- Describe placental and fetal development and growth.
- Enumerate abnormal development of placenta and fetus.
- List metabolic, endocrinal, cardiovascular, haematological, respiratory, urogenital, and breast changes during pregnancy and lactation.
- Diagnose pregnancy by history, clinical examination, laboratory investigations, and ultrasonography.
- Identify high-risk factors in pregnant women and make appropriate referrals.
- Provide periodic antenatal care and immunisation.
- Define commonly used terminology in pregnancy.
- Enumerate drugs which are safe during pregnancy, adverse effects of commonly used drugs, and drugs to be avoided during pregnancy and lactation.
- Monitor fetal growth and well-being and identify deviations from normal.

Learning Experiences

- Clinical posting in outpatient and inpatient departments, minor operation theatre, and labour room
- Laboratory diagnosis of pregnancy (urinary β -hCG)
- Problem-based learning
- Integrated seminar with Radiology Department
- Use of gravidogram
- History taking, examination, and follow-up of normal pregnancy
- Lectures

Management During Labour

Prerequisites

- Anatomy of pelvis including different types of pelvises

Topics

- Mechanism of normal labour
- Intrapartum monitoring and use of partogram and cardiotocography (CTG)
- Pain relief during labour

- Management of normal delivery
- Management of third stage

Learning Objectives

At the end of this section the student should be able to:

- Describe various fetal presentations, positions, and diameters of fetal skull in relation to maternal pelvis.
- Describe the physiology of initiation of labour.
- Describe the mechanism of labour in vertex presentation.
- Diagnose true labour and monitor progress of labour using a partogram.
- Identify deviations from normal and conduct pelvic examination during labour.
- Identify different stages of labour.
- Describe measures for pain relief during labour.
- Conduct normal delivery with or without episiotomy.
- Manage the third stage of labour.

Learning Experiences

- Perform and stitch episiotomies
- Plot partogram for five normal labour and five abnormal labour cases
- Conduct normal deliveries and assist in abnormal deliveries
- Pelvic examination under supervision
- Labour room posting
- ELMS logbook recording
- Problem-based learning
- Seminar and group discussion

Menstrual Function and Dysfunction

Prerequisites

- Developmental anatomy of genital tract
- Physiology of ovulation, menstruation, menarche, and menopause
- Endocrinology of menstrual cycle and menopause

Topics

- Menstrual disorders
- Dysmenorrhoea
- Abnormalities of menarche and menopause

Learning Objectives

At the end of this section the student should be able to:

- Define primary and secondary amenorrhoea, menorrhagia, polymenorrhagia, metrorrhagia, oligomenorrhoea, and dysmenorrhoea.
- List causes of primary and secondary amenorrhoea and other menstrual dysfunctions.
- Diagnose and manage a patient with menstrual dysfunction.
- List indications of and assist in endometrial biopsy, cervical dilatation and curettage, cervical biopsy, and endometrial aspiration.
- Describe abnormalities of puberty and menopause.
- Prepare a slide for assessment of hormonal status for vaginal cytology.

Learning Experiences

- Outpatient, minor operation theatre, and gynaecology ward posting
- Integrated seminar
- Perform endometrial biopsy and endometrial aspiration under supervision
- Lectures, handouts, and reading assignments
- Small group discussion
- Case presentation
- Problem-based learning (menstrual dysfunction)

Common Gynaecological Symptoms

Prerequisites

- Anatomy of abdominal and pelvic organs
- Microbiology of normal vaginal flora
- Common pathogens of the female urogenital tract
- Supports of the uterus and vagina
- Antibacterial, antifungal, and antiviral drugs

Topics

- Vaginal discharge
- Pain abdomen
- Abdominal mass
- Utero-vaginal prolapse

Learning Objectives

At the end of this section the student should be able to:

- List the causes of vaginal discharge, pain abdomen, abdominal mass, and utero-vaginal prolapse.
- Correlate clinical findings and investigation results with symptomatology.
- Initiate primary management and identify conditions needing referral.

Learning Experiences

- Clinical posting in gynaecology ward and outpatient department
- Preparation of wet smear for trichomonas, monilial, and gonococcal infection
- Integrated seminar with microbiology, pharmacology, and anatomy departments
- Case presentation

Complications in Pregnancy

Topics

Complications of Early Pregnancy

- Abortions
- Ectopic pregnancy
- Gestational trophoblastic tumours
- Hyperemesis gravidarum
- Retention of urine

Obstetric Complications

- Multiple pregnancy
- Malpresentations

- Antepartum haemorrhage
- Pregnancy-induced hypertension and eclampsia
- Preterm labour and premature rupture of membranes
- Intrauterine growth retardation
- Rh isoimmunisation
- Intrauterine fetal death
- Repeated pregnancy loss

Medical Complications

- Anaemia
- Hypertensive disorders
- Renal disorders
- Cardiovascular disorders
- Diabetes mellitus
- Jaundice

Surgical Complications

- Appendicitis
- Intestinal obstruction
- Acute abdomen
- Twisted ovarian cyst

Infections During Pregnancy

- Malaria
- Tuberculosis
- Syphilis
- TORCH infections
- AIDS

Prerequisites

- Normal physiology of pregnancy
- Nutrition during pregnancy
- Intrauterine development and growth of fetus
- Blood groups and isoimmunisation
- Bacterial, parasitic, and viral infections
- Initiation of labour
- Pharmacology of commonly used drugs

Learning Objectives

Complications of Early Pregnancy — at the end of this section the student should be able to:

- List causes of bleeding during early pregnancy.
- Define, diagnose, and describe management of ectopic pregnancy.
- Diagnose and outline the principles of management of different types of abortions including septic abortions.

- Diagnose and outline the principles of management of gestational trophoblastic neoplasms.
- List causes of hyperemesis, assess hydration, and replace fluid and electrolytes as required.
- List causes of urinary retention in early pregnancy.

Obstetric Complications — at the end of this section the student should be able to:

- List the causes, diagnose, and institute primary management in patients with multiple pregnancy, malpresentations, antepartum haemorrhage, pregnancy-induced hypertension, eclampsia, preterm labour, premature rupture of membranes, intrauterine growth retardation, Rh isoimmunisation, intrauterine fetal death, and repeated pregnancy loss.

Medical Complications — at the end of this section the student should be able to:

- Diagnose and classify anaemia, hypertension, cardiovascular diseases, diabetes, and jaundice in pregnancy.
- Indicate primary care management of a patient with medical disorders in pregnancy and refer appropriately.

Surgical Complications — at the end of this section the student should be able to:

- List causes of acute abdomen during pregnancy.
- Diagnose acute surgical problems such as intestinal obstruction, acute appendicitis, and twisted ovarian cyst during pregnancy.
- Institute primary management and refer appropriately.

Infections During Pregnancy — at the end of this section the student should be able to:

- Diagnose and manage patients suffering from malaria and tuberculosis during pregnancy.
- Screen for, diagnose, and manage syphilis during pregnancy.
- List components of TORCH infections and their effects on pregnancy and fetal outcome.
- Screen and manage HIV-positive patients and patients with AIDS during pregnancy, labour, and puerperium.

Learning Experiences

- Clinical posting in outpatient, inpatient, maternity ward, emergency ward, and obstetric operating theatre
- Problem-based learning in cases of hydatidiform mole, all types of abortion, heart disease with pregnancy, PIH, diabetes, and jaundice
- Integrated seminar with radiology, pathology, medicine, surgery, and microbiology departments
- Case presentation and group discussion
- Clinical bedside grand rounds
- Lectures

Abnormal Labour

Prerequisites

- Stages of normal labour
- Mechanism of normal labour
- Anatomy of genital organs
- Placental separation

Topics

- Prolonged labour

- Obstructed labour
- Assisted delivery
- Breech delivery
- Forceps delivery
- Ventouse and caesarean section
- Version (IPV)
- Destructive operations
- Post-partum haemorrhage
- Manual removal of placenta
- Birth canal injuries

Learning Objectives

At the end of this section the student should be able to:

- Define prolonged and obstructed labour.
- Assist in operative deliveries including breech, forceps, and vacuum extraction.
- List indications, contraindications, and steps of caesarean section.
- Assist in versions and destructive operations.
- Define primary and secondary post-partum haemorrhage, identify causes clinically, and manage appropriately.
- Assist in manual removal of placenta.
- Identify and manage perineal and cervical injuries after delivery.

Learning Experiences

- Clinical posting in labour room
- Assistance in elective and emergency surgery
- Problem-based learning in labour and post-partum haemorrhage

Puerperium

Prerequisites

- Physiology of puerperium
- Physiology of lactation
- Microbiology
- Basic drug therapy

Topics

- Normal puerperium
- Puerperal sepsis
- Lactation and breast feeding
- Puerperal contraception and sterilisation
- Psychological disturbances
- Neonatal care

Learning Objectives

At the end of this section the student should be able to:

- Define puerperium and puerperal sepsis and list their causes.

- Diagnose and institute primary management in a case of puerperal sepsis.
- Describe the process of lactation and the importance of breast feeding and lactation management.
- List the psychiatric disorders during puerperium.
- Advise on puerperal contraception.

Learning Experiences

- Clinical posting in outpatient department and maternity ward
- Case discussion
- Practical demonstration on breast care and breast feeding
- Demonstration of contraception on mannequins
- Assist in puerperal sterilisation, vasectomy, Norplant insertion and removal, and injectable contraceptives
- Lectures

Infertility

Prerequisites

- Anatomy of female and male genital tract and their developmental disorders; physiology of ovulation, menstrual cycle, fertilisation, conception, and spermatogenesis

Topics

- Causes, investigations, and management of infertile couples

Learning Objectives

At the end of this section the student should be able to:

- List causes of infertility in females and males.
- Obtain history from a couple suffering from infertility including psychosexual history and perform initial evaluation.
- Outline a plan of investigation and management.
- List indications, contraindications, and describe procedures for cervical mucus scoring, post-coital test, endometrial biopsy, tubal insufflation test, and hysterosalpingogram.
- Interpret results of investigations in female and male.
- Counsel regarding fertile period, basal body temperature recording, and adoption.

Learning Experiences

- Problem-based learning in secondary infertility
- Case discussion
- Clinical posting in gynaecology outpatient department
- Perform cervical mucus scoring and post-coital test
- Lectures

Genital Infections

Prerequisites

- Common microbial pathogens of the urogenital tract
- Physiology of wound healing
- Physiology of micturition
- Changes in vagina during different phases of menstrual cycle and pregnancy

Topics

- Upper genital tract infection
- Lower genital tract infection
- Urinary tract infection
- Post-operative infection

Learning Objectives

At the end of this section the student should be able to:

- List common organisms responsible for lower and upper genital tract, urinary tract, and post-operative infections.
- Diagnose clinically common types of vaginitis.
- Define and outline clinical features and management of pelvic inflammatory disease.
- Describe clinical features and management of genital tuberculosis.
- List causes of adnexal masses.
- Describe causes, clinical features, and treatment of urinary tract infection.
- Explain diagnosis, management, and principles of prevention of post-operative infection.

Learning Experiences

- Clinical posting in gynaecology ward and outpatient department
- Case discussion
- Integrated seminar with Department of Microbiology
- Lectures

Gynaecological Malignancies

Prerequisites

- Pathogenesis of genital precancer
- Pathology of neoplasia
- Classification of different genital cancers
- Pharmacology of anticancer drugs
- Principles of radiotherapy
- Tumour markers in gynaecological malignancies

Topics

- High risk factors
- Screening and early diagnosis
- Staging
- Principles of management

Learning Objectives

At the end of this section the student should be able to:

- List high-risk factors for cervical, uterine, endometrial, ovarian, and breast cancer.

- Screen women for presence of high-risk factors.
- Prepare a slide for pap smear and interpret the result of cytological diagnosis.
- Carry out breast examination.
- Diagnose genital cancer and stage according to FIGO classification.
- Outline principles of management based on cancer type and stage including chemotherapy and radiotherapy.

Learning Experiences

- Clinical posting
- Problem-based learning in carcinoma of cervix and ovary
- Case presentation
- Integrated seminar with pathology, radiotherapy, and oncology departments
- Lectures

Fertility Regulation

Prerequisites

- Anatomy of genital tract
- Physiology of ovulation and conception
- Pharmacology of hormonal contraception
- Mechanism of action of contraceptives

Topics

- Medical termination of pregnancy (MTP)
- Contraception (barrier methods)
- Sterilisation and vasectomy (permanent methods)
- Emergency contraception

Learning Objectives

At the end of this section the student should be able to:

- List the temporary and permanent methods of male and female contraception.
- List merits and demerits of different methods.
- Counsel eligible couples regarding appropriate fertility regulation methods.
- Assist in intrauterine device insertion, suction evacuation, tubal ligation, vasectomy, and Norplant insertion and removal.
- Know the legal issues related to abortion, contraception, and sterilisation.

Learning Experiences

- Clinical posting in gynaecology ward and family planning centre
- Practical experience of various contraceptives on mannequin
- Lectures

Emergency Obstetrics and Gynaecology

Prerequisites

- Physiology of menstruation
- Anatomy of abdominal and pelvic organs
- Aetiopathogenesis and primary management of convulsions, coma, and shock
- Principles of haemostasis

Topics

- Excessive vaginal bleeding
- Acute abdomen
- Convulsions
- Coma
- Obstetric shock
- Injuries and accidents of genital tract

Learning Objectives

At the end of this section the student should be able to:

- List the causes of excessive vaginal bleeding in different age groups.
- Correlate clinical findings with specific clinical conditions.
- Resuscitate the patient and initiate primary treatment.
- Refer emergency cases appropriately.
- List causes of genital injuries, describe clinical features, and institute primary management.

Learning Experiences

- Clinical posting
- Integrated seminar with anaesthesia, surgery, and medicine departments

Miscellaneous

Prerequisites

- Pharmacology of substance abuse
- Medico-legal and ethical issues

Topics

- Drugs and substance abuse
- Preoperative and post-operative care
- Medico-legal and ethical issues

Learning Objectives

At the end of this section the student should be able to:

- Recognise cases for medico-legal registration, counsel, and practise medical ethics as related to obstetrics and gynaecology.
- Recognise, counsel, and manage patients with substance abuse.

Learning Experiences

- Clinical posting in gynaecology outpatient department and casualty
- Integrated seminar with forensic medicine department
-

Assessment

Formative Assessment

- Formal formative assessment conducted at mid-clerkship evaluation.
- Completion of ELMS logbook entries on a daily basis throughout the rotation.

Summative Assessment

- Theory examination (NBME subject shelf)
- Clinical Evaluation (Direct Observation) — assessed through the Clinical Competence Grade Sheet
- Objective Structured Clinical Examination (OSCE) — including interpretation of temperature charts, instruments, X-rays, anatomical parts, and pathological specimens (macroscopic and microscopic)

Rotation Schedule

Day	7–8	8–9	10–11	11–12	1–2	2–3	3–4	4–5	5–6
Monday	Independent Rounds & Ward Work	Morning Hand Over	Admission Conference	OPD / Clinics	Didactic Lectures	Didactic Lectures	OPD / Clinics	SDL	Afternoon Endorsement Rounds & Ward Work
Tuesday	Independent Rounds & Ward Work	Morning Hand Over	OPD / Clinics	OPD / Clinics	Journal Club	OR / Labor / DR	OR / Labor / DR	Afternoon Endorsement Rounds & Ward Work	SDL
Wednesday	Independent Rounds & Ward Work	Morning Hand Over	Pre-Op Conference	OPD / Clinics	Didactic Lectures	Didactic Lectures	OPD / Clinics	Afternoon Endorsement Rounds & Ward Work	SDL
Thursday	Independent Rounds & Ward Work	Morning Hand Over	OPD / Clinics	OPD / Clinics	Discharge / Handover Conference	OR / Labor / DR	OR / Labor / DR	SDL	Afternoon Endorsement Rounds & Ward Work
Friday	Independent Rounds & Ward Work	Morning Hand Over	Morbidity / Mortality*	OPD / Clinics	Didactic Lectures	Didactic Lectures	OPD / Clinics	SDL	Afternoon Endorsement Rounds & Ward Work
Saturday	On Call	On Call	On Call	On Call	On Call	On Call	On Call	On Call	On Call
Sunday	On Call	On Call	On Call	On Call	On Call	On Call	On Call	On Call	On Call

* Tumour Board scheduled in the same slot on different weeks.

Didactic Lecture Schedule

Week	Lecture Topics
Week 1	• Orientation, Introduction and Placement • Assessment of the Fetus • Malaria in Pregnancy • Normal Labor • History & Physical Examination (Gynaecology) • Maternal Physiology • Vulval Lesions • Obstetric Anatomy
Week 2	• History & Physical Examination (Gynaecology) • Anaemia • Diagnosis of Pregnancy and Ectopic Pregnancy • Abortion • Abnormalities of Menstruation • Placenta Abruption • Embryology, Anatomy and Physiology of the Reproductive Tract
Week 3	• Antenatal Care • Gestational Trophoblastic Disease • Endometriosis • Vomiting in Pregnancy • Abnormal Labour • IUGR • Post-Partum Haemorrhage • Cervical Cancer
Week 4	• Infertility • Placenta Praevia • Ultrasound in Pregnancy • Uterine Leiomyomas • Pelvic Organ Prolapse • Family Planning: Sexuality and Contraception • Gynaecological Infection • Endometrial Cancer
Week 5	• UTI in Pregnancy • Ovarian Cancer • Hypertension in Pregnancy • Thyroid Disease in Pregnancy • Preterm Premature Rupture of Membranes (PPROM) • Abnormal Uterine Bleeding and Vital Statistics • Rhesus Incompatibility • Renal Disease in Pregnancy
Week 6	• Menopause • Diabetes Mellitus in Pregnancy

Week	Lecture Topics
	- Clinical Case Presentation and Revision - Amenorrhoea - Revision

Required Clinical Experience

The following minimum case and procedure requirements must be met and recorded in ELMS before the rotation can be considered complete. Where minimum thresholds are not met, a written clinical case study must be submitted for each deficient area.

OB-Gyn Procedural Cases							
#	OB-Gyn Procedural Cases	Obs Min.	Obs Actual	Asst Min.	Asst Actual	Mgd Min.	Mgd Actual
1	Spontaneous Vaginal Delivery (with episiotomy / perineal support)	5		5		5	
2	Spontaneous Vaginal Delivery (without episiotomy / with perineal support)	5		5		5	
3	Caesarean Section	5		1		0	
4	Dilatation and Curettage	5		5		0	
5	Bilateral Tubal Ligation	2		2		0	
6	TAH-BSO	2		0		0	
7	Ectopic Pregnancy	2		0		0	
8	Gynaecologic Oncology Procedure	2		0		0	
9	PAP Smear	5		5		5	
10	Obstetric and Gynaecologic Imaging	5		5		1	
11	Cardiotocography (CTG) Administration and Interpretation	5		5		5	

OB-Gyn Medical Cases (Non-Procedural)							
#	OB-Gyn Medical Cases (Non-Procedural)	Obs Min.	Obs Actual	AP Min.	AP Actual	Mgd Min.	Mgd Actual
1	Pre-Eclampsia / Eclampsia	2		1		0	
2	Abortion (Threatened, Imminent, Missed)	3		3		0	
3	Induction and Augmentation of Labour	2		2		0	
4	Post-Partum Haemorrhage	2		2		0	
5	Diabetes / Gestational Diabetes	2		2		1	
6	Placental Abnormalities	1		1		0	
7	DUB / AUB	3		3		1	
8	Infertility (Primary and Secondary)	2		2		1	
9	Neoplasia (other than Cervical Cancer)	3		2		0	

10	Cervical Cancer	1		1		0	
11	Pelvic Inflammatory Disease and STD	3		3		0	
12	Prenatal and Post Natal Consults	10		5		5	
13	Family Planning	2		0		0	
14	Medicolegal Cases	5		5		5	

Appendix 4: Pediatrics Syllabi

Clerkship Objectives

At the end of the clerkship the student should be able to:

1. Take a proper paediatric history and understand the differences in obtaining a medical history from a paediatric patient as compared to an adult.
2. Demonstrate a general approach to the physical examination of a child and document physical findings accordingly.
3. Use the database and history and physical findings to diagnose and manage common neonatal and childhood diseases and problems that require primary care.
4. Identify neonatal and childhood illness problems that require referral and refer them appropriately.
5. Diagnose and provide primary care in acute paediatric and neonatal emergencies.
6. Provide emergency cardiopulmonary resuscitation to newborns and children.
7. Counsel and guide patients, parents, and relatives regarding illness, care, possible complications, and prognosis.
8. Participate in national programmes related to child health.

Prerequisites

- Physiology and biochemistry of nutrients; nutritive value of common food items; nutritional requirements at different ages; ability to use growth charts; anthropometry.
- Developmental milestones.
- Immunisation schedule.
- Definition of terms: IMR, NMR, PNMR, UFMR, MMR.

Curriculum Content

History Taking, Physical Examination, and General Assessment

Learning Objectives

At the end of this section the student should be able to:

- Elicit and record relevant history with special reference to antenatal, natal, and postnatal periods, nutrition, immunisation, and growth and development.
- Conduct physical examination and elicit relevant signs.
- Correlate complaints and physical signs to arrive at a logical diagnosis with justification.
- Assess nutritional status of children at different age groups.
- Recognise nutritional disorders with special reference to protein-energy malnutrition, childhood overweight and obesity, vitamin A deficiency, nutritional anaemias, iodine deficiency disorders, and rickets.
- Plan and advise on nutritional requirements of infants and children.
- Record and assess growth patterns in terms of weight, height, head circumference, dentition, and body proportions, and identify deviations from normal using growth charts.
- Recognise disorders of growth with special reference to short stature and failure to thrive, and institute appropriate management.
- Assess the developmental status of a child with special reference to milestones in gross motor, fine motor, social-emotional, and language skills, and identify deviations from normal.

- Recognise disorders of development with special reference to intellectual disability, cerebral palsy, global developmental delay, pervasive developmental disorders, and ADHD, and institute appropriate management.
- Counsel parents about childhood symptoms that cause undue anxiety.
- Describe the national immunisation schedule and administer vaccines in community and hospital settings.
- List the national programmes of maternal and child health.
- State current IMR, NMR, PNMR, UMR, and MMR, and enumerate common causes of perinatal, neonatal, infant, and under-five mortality and morbidity.
- List preventive measures for the reduction of childhood morbidity and mortality.
- Recognise childhood disabilities and counsel parents for the rehabilitation of the disabled child.

Paediatric Emergencies

Learning Objectives

The student should be able to diagnose and institute primary care management and possible preventive measures for the following emergencies:

- Breathlessness and respiratory distress
- Convulsions
- Shock
- Dehydration and hypertensive crises
- Haemorrhages
- Cyanotic spells
- Congestive cardiac failure
- Poisoning with kerosene, insecticides, paracetamol, iron, and other common agents
- Scorpion stings
- Snake bite

Infectious Diseases

Prerequisites

- Microbiology of infective agents
- Pathological changes in respective infections

Learning Objectives

The student should be able to recognise clinical features, relate them to pathophysiology, diagnose, and institute primary care management and prophylactic measures for the following:

Viral infections:

- Mumps, measles, rubella, poliomyelitis, chickenpox, hepatitis, and HIV; respiratory viruses (influenza, parainfluenza, rhinovirus, RSV, coronavirus, adenovirus); enteroviruses (EV-D68, HFMD, Coxsackievirus B3/B5, poliovirus); Zika, dengue, West Nile, and chikungunya.

Bacterial infections:

- Tuberculosis, leprosy, pertussis, diphtheria, typhoid, pyoderma, leptospirosis, and furunculosis.

Parasitic infections:

- Malaria, kala-azar, giardiasis, amoebiasis, filariasis, intestinal helminthiasis, taeniasis, scabies, and pediculosis.

Fungal infections:

- Common cutaneous and systemic infections including candidiasis and dermatophytosis.

Neonatology

Prerequisites

- Physiology of fetal circulation
- Changes in circulation at birth
- Mechanisms of thermoregulation

Learning Objectives

At the end of this section the student should be able to:

- Examine neonates, elicit and interpret neonatal reflexes, and provide care for a normal newborn.
- Detect birth trauma and hypoxic ischaemic encephalopathy (HIE) and provide emergency cardiopulmonary resuscitation.
- Identify neonates with congenital malformations, institute primary care management, and refer appropriately.
- Assess the gestational age of a neonate and identify preterm neonates and those with IUGR; manage with special reference to maintenance of body temperature, feeding, prevention of complications, and appropriate transfer.
- Recognise and manage high-risk infants and neonates with hypoglycaemia, hypocalcaemia, hypothermia, anaemia, jaundice, respiratory distress, septicaemia, haematological diseases of the newborn, feeding difficulties, and infants of diabetic mothers.
- Perform neonatal screening.
- Recognise and differentiate the different types and causes of neonatal seizures.

Haematology

Prerequisites

- Haemopoiesis and normal haematological values in children
- Morphological features of different anaemias
- Hepato-portal circulation

Learning Objectives

The student should be able to recognise clinical features, relate them to pathophysiology, diagnose, institute primary care management, and describe prophylactic measures for the following:

- Nutritional, haemolytic, hypoplastic, and aplastic anaemias
- Bleeding and coagulation disorders
- Leukaemias
- Plan and undertake safe blood transfusion and recognise hazards of transfusion.

Gastrointestinal System

Prerequisites

- Structure of the gastrointestinal tract
- Physiology of digestion and absorption
- Pathophysiology of diarrhoea
- Microorganisms causing diarrhoea and dysentery
- Physiology of gut motility
- Pathophysiology of oedema

Learning Objectives

The student should be able to identify common causes, arrive at a logical diagnosis, and institute primary care for the following:

- Acute diarrhoea
- Chronic and persistent diarrhoea

- Dysentery
- Acute abdomen
- Paralytic ileus
- Chronic constipation
- Recurrent vomiting
- Ascites
- Gastrointestinal bleeding
- Inflammatory bowel disease
- Malabsorption

Hepatobiliary System

Prerequisites

- Liver function tests
- Pathology of hepatitis and cirrhosis; microbiology of hepatitis viruses
- Drug metabolism in liver and hepatotoxic drugs

Learning Objectives

The student should be able to recognise clinical features, relate them to pathophysiology, diagnose, and institute primary care management and prophylactic measures for the following:

- Viral hepatitis
- Cirrhosis of liver
- Portal hypertension
- Liver abscess
- Hepatic failure

Cardiovascular System

Prerequisites

- Haemodynamics
- Electrocardiography
- Measurement of blood pressure
- Fetal circulation
- Pulmonary circulation
- Pathology of rheumatic heart disease
- Pharmacology of decongestants and antibiotics

Learning Objectives

The student should be able to recognise clinical features, relate them to pathophysiology, diagnose, and institute primary care management and prophylactic measures for the following:

- Acute rheumatic fever and rheumatic heart disease
- Congenital acyanotic heart diseases — ASD, VSD, PDA
- Congenital cyanotic heart diseases — Tetralogy of Fallot
- Cyanotic spells
- Infective endocarditis
- Congestive cardiac failure

- Hypertension
- Childhood connective tissue diseases — Kawasaki disease, juvenile idiopathic arthritis, SLE, Henoch-Schönlein purpura

Central Nervous System

Prerequisites

- Microbiology of poliovirus and other common CNS pathogens
- Physiology of CSF circulation
- Biochemistry of CSF

Learning Objectives

The student should be able to recognise clinical features, relate them to pathophysiology, diagnose, and institute primary care management and prophylactic measures for the following:

- Meningitis, encephalitis, and meningoencephalitis
- Intracranial space-occupying lesions
- Hydrocephalus
- Peripheral nerve diseases including muscular dystrophies, floppy infant syndrome, and progressive demyelinating diseases

The student should also be able to identify common causes, arrive at a logical diagnosis, and institute primary care for:

- Comatose child
- Seizure disorders
- Raised intracranial tension

Genitourinary System

Prerequisites

- Functions of kidney and renal function tests
- Formation of urine
- Fluid, electrolyte, and acid-base balance
- Microbiology of common urinary pathogens
- Drug metabolism in renal failure

Learning Objectives

The student should be able to recognise clinical features, relate them to pathophysiology, diagnose, institute primary care management, and describe prophylactic measures for the following:

- Urinary tract infection
- Acute glomerulonephritis
- Nephrotic syndrome and nephritic syndromes
- Acute renal failure

The student should also be able to identify common causes, arrive at a logical diagnosis, and institute primary care for haematuria.

Respiratory System

Prerequisites

- Microbiology of common respiratory pathogens
- Respiratory physiology
- Pulmonary function tests
- Pathology of common acute respiratory infections
- Pharmacology of common antibiotics and bronchodilators

Learning Objectives

The student should be able to recognise clinical features, relate them to pathophysiology, diagnose, institute primary care management, and describe prophylactic measures for the following:

- Acute respiratory infections
- Bronchial asthma
- Pneumonia
- Bronchiolitis
- Otitis media
- Foreign body aspiration

Endocrine System

Prerequisites

- Physiology and biochemistry of thyroid and islet cells of pancreas
- Pharmacology of insulin and thyroxine

Learning Objectives

The student should be able to recognise clinical features, relate them to pathophysiology, diagnose, institute primary care management, and describe prophylactic measures for the following:

- Hypothyroidism and goitre
- Diabetes mellitus
- Ambiguous genitalia
- Investigation of short stature

Chromosomal and Genetic Disorders

Prerequisites

- Normal karyotype
- Morphology of chromosomes
- Patterns of inheritance

Learning Objectives

At the end of this section the student should be able to suspect, investigate, and refer appropriately for the following:

- Down's syndrome
- Turner's syndrome

Oncologic Disorders

Prerequisites

- Basic concepts of neoplasia
- Pharmacology of chemotherapeutic agents

Learning Objectives

At the end of this section the student should be able to suspect, investigate, and refer appropriately for the following:

- Lymphomas
- Leukaemias
- Wilms' tumour
- Sarcomas

Musculoskeletal System Disorders

Learning Objectives

At the end of this section the student should be able to suspect, investigate, and refer appropriately for the following:

- Duchenne and Becker muscular dystrophy
- Dermatomyositis

Behavioural Paediatrics

Learning Objectives

The student should be able to recognise clinical features, diagnose, institute primary care management, and describe prophylactic measures for the following common childhood behavioural disorders:

- Attention deficit disorder
- Conversion reactions
- Conduct disorders
- Learning disabilities and ADHD
- Autism spectrum disorders
- Depression

Adolescence

Learning Objectives

The student should be able to identify common problems, institute primary care management, and counsel adolescents and their parents on the following:

- Problems of puberty
- Sexuality in adolescence
- Adjustments during adolescence
- Substance abuse

Learning Experiences

- Orientation of students to hospital services.
- Allocation of beds for clinical work and follow-up.
- Case presentation by students including history, physical findings, and progress of the patient.
- Student/faculty seminars on clinical problems.
- Problem-solving discussions based on specific patients in the wards, ORT centre, and outpatient department, or on given case reports.
- Lecture-discussion sessions.
- Field visits to MCH clinics including demonstration and practice of vaccine administration and counselling of mothers on future vaccination.

Assessment

Formative Assessment

- Formal formative assessment conducted at mid-clerkship evaluation.
- Completion of ELMS logbook entries on a daily basis throughout the rotation.

Summative Assessment

- Theory examination (NBME subject shelf)
- Clinical Evaluation (Direct Observation) — assessed through the Clinical Competence Grade Sheet
- Objective Structured Clinical Examination (OSCE) — including interpretation of temperature charts, instruments, X-rays, anatomical parts, and pathological specimens (macroscopic and microscopic)

Rotation Schedule

Day	7–8	8–9	10–11	11–12	1–2	2–3	3–4	4–5	5–6
Monday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	Admission Conference	OPD / Clinics	OPD / Clinics	Didactic Lectures	Didactic Lectures	Didactic Lectures	SDL
Tuesday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	OPD / Clinics	OPD / Clinics	Didactic Lectures	Didactic Lectures	OPD / Clinics	Afternoon Endorsement Rounds & Ward Work	SDL
Wednesday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	Journal Club	Didactic Lectures	Didactic Lectures	Didactic Lectures	OPD / Clinics	Afternoon Endorsement Rounds & Ward Work	SDL
Thursday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	OPD / Clinics	OPD / Clinics	Discharge / Handover Conference	OPD / Clinics	OPD / Clinics	SDL	Afternoon Endorsement Rounds & Ward Work
Friday	Morning Teaching / Endorsement Rounds & Ward Work	Morning Teaching / Endorsement Rounds & Ward Work	Morbidity / Mortality*	Didactic Lectures	Didactic Lectures	Didactic Lectures	OPD / Clinics	SDL	Afternoon Endorsement Rounds & Ward Work
Saturday	Ward Work	Ward Work							
Sunday	On Call	On Call	On Call	On Call	On Call	On Call	On Call	On Call	On Call

* Tumour Board scheduled in the same slot on different weeks.

Didactic Lecture Schedule

Week	Lecture Topics
Week 1	• Meningitis / Encephalitis • Malaria

Week	Lecture Topics
Week 2	- Acute Gastroenteritis - Asthma
	- Bronchiolitis - Pneumonia - Congestive Heart Failure - Anaemia
Week 3	- Hepatitis / Jaundice (including Neonatal Jaundice) - Seizures - Well-Baby Care - Prematurity
Week 4	- Birth Asphyxia and Neonatal Resuscitation - Meconium Aspiration Syndrome - Neonatal Infections - Neonatal Hypoglycaemia - Diabetes and Diabetic Ketoacidosis
Week 5	- Leukaemia - Lymphoma - Shock - Nephrotic Syndrome - Glomerulonephritis
Week 6	- Paediatric Fluid, Electrolyte, and Nutrition Management - Malnutrition - Paediatric Toxicology - Bleeding in the Paediatric Patient

Required Clinical Experience

The following minimum case and procedure requirements must be met and recorded in ELMS before the rotation can be considered complete. Where minimum thresholds are not met, a written clinical case study must be submitted for each deficient area.

Non-Procedural Cases							
#	Non-Procedural Cases	Obs Min.	Obs Actual	AP Min.	AP Actual	Mgd Min.	Mgd Actual
1	Peri/Neonatal Assessment and Care	5		5		0	
2	Well Baby Check-up and Breastfeeding	10		5		5	
3	Neonatal Sepsis	2		1		0	
4	Congenital and Acquired Heart Disease	2		2		2	
5	Reversible Obstructive Airway Disease (Asthma)	5		3		3	
6	Malnutrition (including Obesity)	2		2		2	

7	Respiratory Tract Infection	5		5		5	
8	Diarrhoeal Diseases	5		1		0	
9	Tuberculosis	5		5		5	
10	Atopic Disorders (excluding Asthma)	5		5		5	
11	WBC Neoplasm	1		1		1	
12	RBC Dyscrasias and Anaemias	3		3		3	
13	Nephrotic Syndrome and Nephritides	1		0		0	
14	Seizure Disorder	2		0		0	
15	Autoimmune Disorder	1		1		1	
16	Dermatomycoses	5		5		5	
17	Substance Abuse	3		3		0	

Procedural Cases							
#	Procedural Cases	Obs Min.	Obs Actual	Asst Min.	Asst Actual	Perf Min.	Perf Actual
1	Lumbar Puncture	2		1		0	
2	Umbilical Catheterisation	1		1		0	
3	Venoclysis and IVF Therapy	5		5		3	
4	Neonatal Screening Test	5		5		0	
5	Arterial Phlebotomy	2		2		0	

Appendix 5: Family Medicine Syllabi

Clerkship Objectives

At the end of the clerkship the student should be able to:

1. Describe how illnesses present at an early undifferentiated stage in the Family Medicine environment compared to other clinical settings.
2. Demonstrate effective communication skills in carrying out a patient-centred interview, exploring the patient's illness experience, personal history, and social context.
3. Perform a physical examination that is accurate and appropriate to the presenting problem, sensitive to patient comfort, and interpret the findings.
4. Describe the indications for, risks of, and methods used in common investigations, diagnostic and interventional procedures in a Family Medicine setting, and interpret results.
5. Demonstrate clinical problem-solving skills, including the ability to diagnose and initiate management (both non-pharmacological and pharmacological) under supervision for common problems in a Family Medicine setting.
6. Communicate effectively both orally and in writing, including documenting in patient records, making case presentations, writing prescriptions and referrals, and negotiating and summarising management plans with patients in a patient-centred manner.
7. Demonstrate an understanding of common ethical issues in practice including confidentiality, consent, and patient autonomy.
8. Recognise the importance of personal health on one's ability to care for others.
9. Introduce health promotion and disease prevention activities appropriate to the patient population.
10. Demonstrate self-directed lifelong learning and use evidence-based resources to provide patient care.

Part I — The Principles of Family Medicine

1. The Biopsychosocial Model

Patient-Centred Communication Skills

At the end of this section the student should be able to:

- Demonstrate an empathic response to patients using active listening skills.
- Set a collaborative agenda with the patient during any patient encounter.
- Elicit, prioritise, and attend to the patient's specific concerns.
- Review patient history, physical examination, and test results using terminology the patient can understand.
- Clarify information obtained by a patient from popular media, friends, family, or the internet.
- Validate a patient's feelings by naming emotions and expressing empathy.
- Effectively incorporate psychological issues into patient discussions and care planning.
- Use empathy and active listening skills to improve patient adherence to medications and lifestyle changes.
- Explain treatment plans for prevention and management of acute and chronic conditions to the patient.
- Reflect on personal frustrations and the patient's situation to better understand why patients do not adhere to offered recommendations.

Psychosocial Awareness

- Explain why physicians face difficulties in situations such as patient requests for disability documentation, non-adherence, and chronic narcotic use.

- Describe the influence of psychosocial factors on a patient's ability to provide a history and carry out a treatment plan.

Patient Education

- Describe mechanisms to improve adherence to and understanding of screening recommendations.
- Provide patient education materials that account for literacy and cultural factors.
- Describe patient education protocols for core chronic illnesses at assigned clerkship sites.
- Identify resources in the local practice community that support positive health outcomes for diverse patients and families.
- Promote the use of support groups and other community resources to assist patients with mental health needs.
- Identify and distribute current resources for patients with substance abuse problems at assigned clinic sites.
- Communicate effectively with family members and caregivers while maintaining appropriate confidentiality and professional boundaries.
- Demonstrate professionalism, empathy, and respect during all patient and family interactions and incorporate feedback to improve communication performance.

2. Comprehensive Care

Information Gathering and Assessment

- Apply critical appraisal skills to assess the validity of resources.
- Formulate clinical questions important to patient management.
- Conduct an appropriate and comprehensive literature search to effectively answer clinical questions.
- Apply evidence-based medicine to determine cost-effective use of diagnostic imaging in the evaluation of acute presentations.
- Discriminate between high and low-quality evidence when searching the medical literature.
- Utilise high-quality internet sites as resources for caring for patients with core conditions.
- Curate a set of high-quality mobile applications for quick reference when delivering patient care.

Lifelong Learning

- Demonstrate appropriate meta-cognitive skills to assess and remediate one's own learning needs.
- Describe an individualised, evidence-based process for keeping current with preventive services recommendations.
- Create an evolving set of learning goals and measures of success that address areas for improvement.

3. Contextual Care

Person in Context of Family

- Conduct an encounter that includes patients and families in the development of screening and treatment plans.
- Demonstrate caring and respect when interacting with patients and their families even when confronted with atypical or emotionally charged behaviours.
- Demonstrate interpersonal and communication skills that result in effective information exchange with patients of all ages and their families.
- Demonstrate an awareness of a patient's broader family context when delivering care.

Person in Context of Community

- Incorporate knowledge of local community factors that affect the health of patients into daily patient care.
- Demonstrate awareness of local, regional, and national health disparities and their impact on patient care.
- Practise interpersonal and communication skills that result in effective information exchange between patients of all ages and professionals from other disciplines and specialties.

Person in Context of Culture

- Communicate effectively with patients and families from diverse cultural backgrounds.
- Identify areas where a patient's cultural context can impact their health through comprehension, cultural perspective, and access to and utilisation of health care.
- Describe one's own cultural influences and biases as they impact one's ability to effectively deliver patient care.

4. Continuity of Care

Barriers to Access

Define social determinants of health and their role in continuity of care. The student should be able to describe social determinants that affect a patient's ability to access and utilise the health care system at the following levels:

Individual patient barriers:

- Disadvantaged minority populations including refugees, LGBTQ+, and incarcerated individuals
- Unemployment
- Lack of education
- Lack of traditional family support
- Inadequate access to transportation
- Personal beliefs about health and wellness
- Language and cultural barriers

Community barriers:

- Inadequate number of healthcare providers
- Inadequate availability of social services
- Inadequate access to referral-based health services outside the community
- Increasing ethnic diversity of the population not matched by the health care workforce

Health care system barriers:

- High cost of healthcare
- High numbers of uninsured and under-insured individuals
- Insufficient capacity of mental health services
- Inadequate number and distribution of primary care providers
- Inadequate coordination of chronic disease care and management across health care disciplines

5. Coordination and Complexity of Care

Team Approach

- Describe the benefits of interdisciplinary health care teams in patient care.
- Demonstrate skills in effective teamwork.

Quality and Safety

- Describe the use of a quality improvement protocol within a practice and how it might improve health care.
- Describe methods of monitoring compliance with preventive services guidelines.
- Describe how one of the core chronic diseases is monitored in the assigned clerkship site.
- Describe how narcotic use is managed and monitored in the assigned clerkship site.
- Present patient histories, examination findings, and management plans accurately to supervising physicians and healthcare team members.
- Appreciate the contribution of non-physician health professionals in comprehensive, community-based health care delivery.
- Communicate effectively with primary care team members, including nurses, health workers, and other allied health professionals during patient care.
- Demonstrate collaborative practice by participating in interprofessional patient care activities.

- Participate effectively in interdisciplinary team discussions to support patient care.
- Document and verbally communicate patient information accurately while maintaining confidentiality.

Complexity of Care

- Identify diagnostic uncertainty and the role of multi-systemic influence on a patient's condition.
- Adapt to changing patient presentations and needs.
- Utilise effective patient care management strategies for patients presenting with complex conditions.
- Describe the use of health information technology to enhance care coordination.
- Summarise the importance of linking resources with patient and population needs.

Part II — Clinical Care

The student should be able to demonstrate and explain the key characteristics of family physicians, including prior knowledge of the patient, care for a diverse population, provision of care in a community setting, multipurpose visits, a staged diagnostic approach, and the opportunity for follow-up care.

1. Acute Care

Learning Objectives

- Differentiate among common aetiologies based on the presenting symptom.
- Recognise conditions that must not be missed in any presenting symptom.
- Demonstrate performance of a focused history and physical examination.
- Interpret information from a patient's history and physical examination to determine the most likely diagnosis.
- Discuss the importance of a cost-effective approach to diagnostic work-up.
- Describe the initial management of common and dangerous diagnoses presenting with a particular symptom.
- Document an acute care visit.
- Communicate effectively during ward rounds, handovers and consultations using structured communication techniques.
- Demonstrate professional, respectful, and timely communication with physicians, residents, nurses, and other healthcare professionals.
- Incorporate feedback from supervising physicians and other healthcare professionals to improve communication and teamwork skills.

Core Topics — Acute Presentations

- Abdominal pain — common versus emergent conditions
- Abnormal vaginal bleeding
- Chest pain
- Skin lesions — benign versus neoplastic conditions
- Rashes
- Cough
- Dementia (acute symptoms)
- Depression (initial presentation)
- Dizziness
- Dysuria
- Fever
- Headache
- Joint pain and injuries
- Leg swelling
- Low back pain

- Male genitourinary symptoms
- Diagnosis of pregnancy
- Breathlessness / wheezing
- Upper respiratory symptoms
- Vaginal discharge

2. Chronic Care

Learning Objectives

- Find and apply diagnostic criteria.
- Find and apply surveillance strategies.
- Elicit a focused history that includes information about adherence, self-management, and barriers to care.
- Perform a focused physical examination that includes identification of complications.
- Assess improvement or progression of chronic disease.
- Describe major treatment modalities.
- Propose an evidence-based management plan that includes pharmacological and non-pharmacological treatments, appropriate surveillance, and tertiary prevention.
- Communicate appropriately with other health professionals involved in the patient's care.
- Document a chronic care visit.
- Communicate respectfully with patients who do not fully adhere to their treatment plan.
- Educate a patient about an aspect of their disease using language the patient understands and confirm their understanding.

Core Topics — Chronic Care

- Multiple chronic diseases
- Anxiety
- Arthritis
- Asthma / COPD
- Coronary artery disease
- Chronic back pain
- Depression
- Diabetes mellitus
- Heart failure
- Hyperlipidaemia
- Hypertension
- Obesity
- Osteoporosis / osteopenia
- Substance use, dependence, and abuse

3. Health Promotion and Preventive Care

Key features of preventive care by family physicians: evidence-based, individualised, opportunistic, and prioritised.

Learning Objectives

- Define wellness as a concept that is more than the absence of sickness.
- Define primary, secondary, and tertiary prevention.

- Identify risks of specific illnesses and behaviours that affect screening and treatment strategies.
- Develop a health promotion plan for a patient of any age or gender.
- Identify and perform recommended age-appropriate screenings.
- Describe the core components of paediatric preventive care — health history, physical examination, immunisations, screening and diagnostic tests, and anticipatory guidance.
- Identify paediatric developmental stages and detect deviations from anticipated growth and developmental levels.
- Elicit a gynaecological and obstetric history for appropriate screening and treatment.
- Conduct a physical examination on a child and recognise normal and abnormal physical findings in various age groups.
- Apply the stages of change model and use motivational interviewing to encourage lifestyle changes to support wellness.
- Provide counselling related to health promotion and disease prevention.
- Provide paediatric patients and their families with anticipatory guidelines based on developmental stage and health risks.
- Discuss an evidence-based, stepwise approach to counselling for behaviour change including tobacco cessation.
- Find and apply current guidelines for immunisations including protocols to catch up a patient with incomplete prior immunisations.
- Communicate effectively with children, teenagers, and families.
- Document a health maintenance visit.

Core Topics — Health Promotion

Children and Adolescents:

- Abuse and neglect
- Diet and exercise
- Family and social support
- Growth and development
- Hearing
- Heavy metal exposure
- Nutritional deficiency
- Potential for injury
- Sexual abuse
- Substance use
- Tuberculosis
- Vision

Adults:

- Breast cancer
- Cervical cancer
- Colon cancer
- Coronary artery disease
- Diabetes mellitus
- Fall risk in the elderly
- Intimate partner and family violence
- Obesity
- Osteoporosis
- Prostate cancer
- STDs

- Substance use and abuse

Part III — The Role of Family Medicine

The value and provision of primary care by family physicians is incorporated into acute symptom, chronic illness, and prevention encounters throughout the clerkship.

Learning Objectives

- Outline the role of the family physician and the specialty of family medicine in the structure and function of the health care system.
- Compare medical outcomes between countries with and without a primary care base.
- Compare per-capita health care expenditures across countries.
- Define the relationship between access to care and health disparities.

Interprofessional Communication

Topic

Medical Error Disclosure

Learning Objectives

At the end of this section the student should be able to:

- Recognize the roles and responsibilities of physicians, nurses, pharmacists, and other healthcare professionals in preparing for, participating in, and following up on medical error disclosure.
- Collaborate with interprofessional team members to develop a unified disclosure plan that ensures accurate information, shared accountability, and consistent messaging to patients and families.

Assessment

Formative Assessment

- Formal formative assessment conducted at mid-clerkship evaluation.
- Completion of ELMS logbook entries on a daily basis throughout the rotation.

Summative Assessment

- Theory examination (NBME subject shelf)
- Clinical Evaluation (Direct Observation) — assessed through the Clinical Competence Grade Sheet
- Objective Structured Clinical Examination (OSCE)

Rotation Schedule

Day	7–8	8–9	10–11	11–12	1–2	2–3	3–4	4–5
Monday	Enrolment of Newborns	Enrolment of Newborns	Post Natal Clinics	Post Natal Clinics	Enrolment of Chronic Disease Patients	Family Planning	Didactic Lectures / Home Visit	SDL
Tuesday	Antenatal Clinic	Antenatal Clinic	Lab Services	Voluntary Counselling and Testing (VCT)	OPD	VCT	Didactic Lectures / Welfare Services	SDL
Wednesday	Chronic Disease Clinic	Chronic Disease Clinic	Lab Services	Didactic Lectures	Chronic Disease Clinic	Chronic Disease Clinic	Didactic Lectures	SDL
Thursday	Well Child	Well Child	VCT	Didactic Lectures /	Chronic Disease	VCT	Didactic	SDL

Day	7–8	8–9	10–11	11–12	1–2	2–3	3–4	4–5
	Clinic	Clinic		Welfare Services	Clinic		Lectures / Welfare Services	
Friday	Well Child Clinic	Well Child Clinic	Well Child Clinic	Didactic Lectures	OPD	OPD	OPD	SDL

Note: Empty spaces may be customised according to site-specific activities and locale.

Didactic Lecture Schedule

Week	Lecture Topics
Week 1	• Characteristics and Functions of the Family Physician • Well Adult Examination • Preventive Health Care — Family Medicine, Prevention and its Definition; Evidence-Based Practice; Assessment of Screening Tests and Counselling; Four-Way Approach of Practice; Family Physician as Foundation of the Public Health System • Well Child Examination and Immunisations
Week 2	• Evidence-Based Medicine as Foundation for Prevention • Diagnosis of Pregnancy • Gastrointestinal — Acute Gastroenteritis; PUD and GERD
Week 3	• Endocrinology — Diabetes Mellitus; Thyroid (Goitre, Hypo/Hyperthyroidism); Alcohol-Related Diseases • Respiratory — Pharyngitis; Asthma; Respiratory Infections • Cardiac — Chest Pain; Hypertension; Congestive Heart Failure
Week 4	• Musculoskeletal — Back Pain; Joints (Gout, Osteoarthritis, Infectious) • Dermatology — Dermatitis (including Acne); Cellulitis • Women's Health — Family Planning; Vaginitis; Dysmenorrhoea; STIs
Week 5	• Male Reproductive Health — Benign Prostatic Hypertrophy; Prostate Cancer; Erectile Dysfunction; Digital Rectal Examination • Nephrology — UTI; Nephrolithiasis • Diagnosis of Malnutrition (including Obesity)
Week 6	• Child Abuse • Substance Use and Abuse

Required Clinical Experience

The following minimum case and procedure requirements must be met and recorded in ELMS before the rotation can be considered complete. Where minimum thresholds are not met, a written clinical case study must be submitted for each deficient area.

Non-Procedural Cases

#	Non-Procedural Cases	Obs Min.	Obs Actual	AP Min.	AP Actual	Mgd Min.	Mgd Actual
1	Iron Deficiency Anaemia	5		5		5	
2	Well Baby	5		5		5	
3	Prenatal	5		5		5	
4	Pneumonia	5		5		3	
5	Benign Prostatic Hypertrophy	3		3		0	
6	Diabetes	5		5		5	
7	Hypertension and CAD	5		5		5	
8	Malnutrition	5		5		5	
9	Depression	5		5		5	
10	Dermatitis	5		5		5	
11	Smoking Cessation Counselling / Intervention	5		5		5	
12	Substance Abuse Counselling / Intervention	5		5		0	

Procedural Cases							
#	Procedural Cases	Obs Min.	Obs Actual	Asst Min.	Asst Actual	Perf Min.	Perf Actual
1	Immunisation	10		10		0	
2	VIA (Visual Inspection with Acetic Acid)	5		3		0	
3	Aspiration	3		1		1	
4	Wound Irrigation / Dressing	3		1		1	
5	IUDs, SubQ, Injectables, Cervical Cap	5		5		0	
6	Compressive Bandaging	2		2		1	
7	Suturing / Removal of Sutures	5		5		5	
8	Breastfeeding Support	5		5		5	
9	Digital Rectal Examination	5		5		0	
10	Breast Examination	5		5		0	

Appendix 6: Psychiatry Syllabi

Clerkship Objectives

At the end of the clerkship the student should be able to:

1. Outline the scope of psychiatry.
2. Recognise differences between normal and abnormal behaviour.
3. Develop a positive attitude towards mentally ill patients.
4. Recognise clinical manifestations of and diagnose common psychiatric disorders.
5. Plan the management of common psychiatric disorders.
6. Practise rational use of different modes of therapy in psychiatric disorders.
7. Diagnose acute psychiatric emergencies and institute immediate remedial measures.
8. Assess psychosocial determinants of medical disorders.
9. Contribute to the promotion of positive mental health and prevention of psychiatric disorders.
10. Provide mental health care to the community and participate in community mental health programmes.
11. Request and interpret relevant investigations related to psychiatry.
12. Counsel, guide, and explain the prognosis of psychiatric disorders to the patient and their attendants.

Curriculum Content

General Psychiatry

Learning Objectives

Introduction to Psychiatry — at the end of this section the student should be able to:

- Differentiate between normal and abnormal behaviour.
- Classify psychiatric disorders.

Clinical Evaluation — at the end of this section the student should be able to:

- Perform a psychiatric interview.
- Take a detailed psychiatric case history and conduct a mental status examination.
- Refer for relevant investigations including psychological testing.
- Describe psychopathology.
- Diagnose psychiatric disorders in a rational and systematic manner.

Community Psychiatry — at the end of this section the student should be able to:

- Diagnose and manage common psychiatric disorders in the community.
- Refer difficult cases to secondary or tertiary care centres.

Unit I — Clinical Psychiatry

Psychiatric Disorders

The student should be able to describe the aetiology, epidemiology, and clinical manifestations, and outline the principles of management of the following psychiatric disorders:

- Organic mental disorders
- Schizophrenia and related disorders
- Mood disorders
- Anxiety disorders — generalised anxiety disorder, panic disorder, phobic disorder
- Dissociative and somatoform disorders

- Obsessive compulsive disorder
- Reaction to severe stress and adjustment disorders
- Neurasthenia and depersonalisation-derealisation syndrome
- Non-organic sexual dysfunction
- Psycho-physiological disorders — gastrointestinal disorders, obesity, anorexia nervosa, cardiovascular disorders, respiratory disorders, endocrine disorders, skin disorders, rheumatoid arthritis, headache, immune disorders, chronic pain
- Personality disorders
- Drug abuse
- Alcohol abuse
- Psychiatric disorders in childhood and adolescence
- Psychiatric disorders in geriatrics
- Emergency psychiatry

Management

At the end of this section the student should be able to:

- Describe the pharmacology of commonly used psychotropic medicines.
- Describe indications, contraindications, and procedure of electroconvulsive therapy (ECT).
- Apply counselling skills.
- Describe non-pharmacological methods of treatment in psychiatry and in medical disorders.

Unit II — Psychiatry and Other Specialties

Forensic Psychiatry

- The student should be able to describe legal and ethical issues in psychiatry.

Consultation-Liaison Psychiatry

- The student should be able to utilise consultation-liaison psychiatry in a multidisciplinary clinical setting.

Rehabilitation

- The student should be able to plan rehabilitation for patients with chronic mental illness, intellectual disability, and substance abuse.

Learning Experiences

- Clinical case presentations.
- Small group case discussions.
- Structured interaction sessions (lectures).
- Demonstration of skills including psychiatric interview skills, skills to elicit psychopathology, and counselling skills.
- Role play.
- Integrated seminars.

Assessment

Formative Assessment

- Formal formative assessment conducted at mid-clerkship evaluation.

- Completion of ELMS logbook entries on a daily basis throughout the rotation.
- Weekly quizzes as indicated in the classroom activities schedule.

Summative Assessment

- Theory examination (NBME subject shelf)
- Clinical Evaluation (Direct Observation) — assessed through the Clinical Competence Grade Sheet
- Objective Structured Clinical Examination (OSCE)
- Student Presentations — scheduled in Weeks 5 and 6

Rotation Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00–9:00	Ward Rounds	Ward Rounds	Ward Rounds	Ward Rounds	Ward Rounds
9:00–12:00	Clinic (Adult)	Clinic (Paediatric)	Clinic (Adult)	Clinic (Adult)	Teaching Activities
12:00–13:00	Lunch / SDL	Lunch / SDL	Lunch / SDL	Lunch / SDL	Lunch / SDL
13:00–15:00	Case Revision	Conference	Case Discussion	Conference	Quiz / Exam

Weekly Classroom Activities

The following schedule outlines the structured classroom activities for each week of the rotation. Case revision sessions, case discussions, and conferences are held during the afternoon slot (13:00–15:00) on allocated days.

Week	Mon (Case Revision)	Tue (13:00–15:00)	Wed (Case Discussion)	Thu (13:00–15:00)	Fri (Quiz / Exam)
Week 1	Case Revision	Mental Status Examination	Case Discussion	Psychotic Disorders	Quiz — Mental Status Examination
Week 2	Case Revision	Personality Disorders	Case Discussion	Mood Disorders / Adjustment Disorder	Quiz — Psychotic Disorders
Week 3	Case Revision	Anxiety Disorders / Eating Disorders	Case Discussion	Substance-Induced Psychotic Disorders	Quiz — Personality Disorders
Week 4	Case Revision	Psychopharmacology 1	Case Discussion	Psychopharmacology 2	Quiz — Mood Disorders
Week 5	Case Revision	Suicide	Student Presentation	Student Presentation	Quiz — Psychopharmacology
Week 6	Student Presentation	Student Presentation	Student Presentation	Student Presentation	Final Examination

Didactic Lecture Schedule

Week	Lecture Topics
Week 1	• Introduction and Classification of Psychiatric Disorders • Neurophysiology and Neuroanatomy • Aetiology of Psychiatric Disorders
Week 2	• The Psychiatric History and Mental Status Examination • Schizophrenia and Other Psychotic Disorders

Week	Lecture Topics
Week 3	- Bipolar Disorders - Depression
	- Anxiety Disorders - Personality Disorders - Somatoform and Factitious Disorders
Week 4	- Alcohol and Substance-Related Disorders - Suicidal Behaviour - Psychiatric Disorders of Childhood and Adolescence - Psychological Testing
Week 5	- Intellectual Disability - Psychological and Biological Therapies - Stress Management
Week 6	- Clinical Psychopharmacology - Forensic Psychiatry - Ethics in Psychiatry

Required Clinical Experience

The following minimum case and procedure requirements must be met and recorded in ELMS before the rotation can be considered complete. Where minimum thresholds are not met, a written clinical case study must be submitted for each deficient area.

Non-Procedural Cases							
#	Non-Procedural Cases	Obs Min.	Obs Actual	AP Min.	AP Actual	Mgd Min.	Mgd Actual
1	Major Depressive Disorder / Episode / Dysthymia	5		5		5	
2	Anxiety Disorders	5		5		5	
3	Eating Disorder	2		2		0	
4	Bipolar Disorder	3		3		3	
5	Substance Abuse Disorder	5		5		5	
6	Schizophrenia	3		3		3	
7	Mood Disorder — NOS and Secondary	2		2		2	
8	Attention Deficit and Disruptive Behaviour Disorder and Learning Disorders	2		2		2	
9	Dementia and Alzheimer's Disease	1		1		1	
10	Personality Disorder	1		1		1	
11	Intellectual Disability	1		1		1	

Procedural Cases

#	Procedures	Obs Min.	Obs Actual	Asst Min.	Asst Actual	Perf Min.	Perf Actual
1	Mental Status Examination	5		5		5	
2	Treatment Plan	5		5		5	

APPENDIX 7: Clinical Forms

Clinical Rotation Documentation Checklist

All documentation is submitted electronically through ELMS. This checklist is provided for reference only.

Clinical Documentation	When	Responsible
Attendance is recorded daily in ELMS and verified by the preceptor	Throughout rotation	Preceptor
Rotation Log all clinical activities recorded daily in ELMS	Throughout rotation	Student
ELMS Logbook daily case entries current and complete	Throughout rotation	Student
Required Clinical Experience — minimum case and procedure thresholds met as recorded in ELMS	End of rotation	Student
Clinical Competence Grade Sheet — Mid-Rotation Assessment	Mid-rotation	Preceptor
Clinical Competence Grade Sheet — End-Rotation Assessment	End of rotation	Preceptor
Clinical Case Studies (submitted through ELMS)	End of rotation	Student
End Rotation Course Evaluation	End of rotation	Student
End Rotation Student Evaluation of Preceptor	End of rotation	Student

Students are responsible for completing all of the above requirements with integrity and honesty. Failure to submit complete and accurate documentation will result in a poor grade for the rotation on the transcript. All documentation must be submitted through ELMS within five days of completion of the end-of-rotation examination.

Clinical Competence Grade Sheet — Mid-Rotation Assessment

This form is completed by the preceptor in ELMS at the mid-point of the rotation. It is provided here for student reference. Any Educational Programme Objective with a rating of Does Not Meet Expectations indicates a significant concern and should be discussed with the preceptor.

Student Name: _____ Rotation: _____

Clinical Competence Grade Sheet — Mid-Rotation Assessment				
PATIENT CARE (PC1)				
Educational Programme Objective	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Not Observed
Demonstrate History and Physical Examination	Obtains inaccurate or incomplete history. Performs an unorganised or incomplete physical examination.	Obtains an accurate history that includes most information. Performs an organised, complete examination.	Obtains an accurate history that includes all information. Performs an organised, complete examination in a timely manner.	
Explain and interpret diagnostic tests	Unable to identify or explain clinically relevant tests or diagnostic procedures. Incorrectly interprets results.	Identifies and explains clinically relevant tests and diagnostic procedures. Correctly interprets results.	Obtains and interprets results with precision. Explains clinical relevance clearly and accurately.	
Create a management plan	Develops a non-patient-centred management plan.	Develops a patient-centred management plan.	Develops a patient-centred management plan and explains the rationale.	
Collaborate with team members (PC4, PC7)	Works in isolation; collaborates only when requested.	Effectively communicates and collaborates with team members.	Provides coordinated care centred on the individual patient.	
COMMUNICATION (PC4)				
Educational Programme Objective	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Not Observed
Document and present patient information	Provides inaccurate and unorganised presentation of findings; written notes are unclear.	Provides accurate and organised presentation of findings; written notes are clear.	Presentation of findings is succinct; notes have limited errors.	
Encourage health and wellness; create ethical relationship	Is inattentive or provides unclear instructions and explanations to patients and families.	Is attentive and provides clear instructions and explanations to patients and families.	Checks for patient and family understanding by asking open-ended questions.	
PROFESSIONALISM (PC5)				
Educational Programme Objective	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Not Observed
Show integrity, accountability, responsiveness, and balance of self-care	Is unaccepting of responsibility for own actions or unable to balance time commitments. Ignores duty hour limits and self-care.	Accepts responsibility for own actions; balances time commitments. Complies with patient handoff expectations and duty hour limitations.	Completes responsibilities without reminders or explicit directions. Acknowledges contributions of others.	
Demonstrate sensitivity, empathy, and respect for others	Is insensitive or not empathetic. Displays disrespectful behaviour and is not accepting of others.	Is sensitive and empathetic. Displays respectful behaviour and conveys acceptance of others.	Considers patients' beliefs, values, and cultural practices in patient care plans.	
Maintain a teachable attitude; be prepared and engaged	Responds defensively to feedback or is unwilling to	Responds openly to feedback; is willing to learn.	Initiates giving and receiving feedback. Incorporates	

	learn. Is unprepared, arrives late, or does not obtain approval for absences.	Is prepared, arrives on time, or obtains approval for tardiness.	feedback for improvement. Is consistently on time.	
QUALITY IMPROVEMENT (PC8)				
Educational Programme Objective	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Not Observed
Recognise limitations and admit errors	Struggles rather than acknowledging limitations. Unable to identify a plan to change.	Acknowledges limitations and obstacles. Identifies a plan to address limitations or resources needed.	Demonstrates improvement in self-identified areas.	
Access and appraise evidence (PC6, PC3)	Considers non-evidence-based findings in approach to patients.	Appraises evidence-based findings in approach to patients.	Applies evidence-based findings to patient care plans.	
Narrative Comment — Quality Improvement:				
MEDICAL KNOWLEDGE (PC1, PC8)				
Educational Programme Objective	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Not Observed
Application of medical knowledge	Demonstrates limited medical knowledge for a clerkship student; relies heavily on resources.	Demonstrates appropriate medical knowledge for a clerkship student; relies somewhat on resources.	Applies medical knowledge by interpreting patient symptoms to formulate a care plan.	
SOCIETAL AWARENESS (PC3, PC6)				
Educational Programme Objective	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Not Observed
Aware of cost and resource allocation	Is unaware of external factors that may influence utilisation and act as barriers to cost-effective care.	Is aware of external factors that may influence utilisation and act as barriers to cost-effective care.	Actively works to identify and mitigate barriers.	
Recognise roles and responsibilities of all team members (PC7, PC5)	Is unaware of physician and others' roles and responsibilities in offering preventive care.	Identifies physician and others' roles and responsibilities in offering preventive care.	Recognises the roles of other team members and seeks their input.	
Acquire knowledge about community resources; educate others	Is unaware of relevant community-based resources.	Is knowledgeable of or seeks information about relevant community-based resources.	Helps identify relevant community-based resources and educates others.	
Narrative Comment — Overall:				

Clinical Competence Grade Sheet — End-Rotation Assessment

This form is completed by the preceptor in ELMS at the end of the rotation. It is provided here for student reference. Any Educational Programme Objective with a rating of Does Not Meet Expectations indicates a significant concern and should be discussed with the preceptor.

Student Name: _____ Rotation: _____

Clinical Competence Grade Sheet — End-Rotation Assessment				
PATIENT CARE (PC1)				
Educational Programme Objective	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Not Observed
Demonstrate History and Physical Examination	Obtains inaccurate or incomplete history. Performs an unorganised or incomplete physical examination.	Obtains an accurate history that includes most information. Performs an organised, complete examination.	Obtains an accurate history that includes all information. Performs an organised, complete examination in a timely manner.	
Explain and interpret diagnostic tests	Unable to identify or explain clinically relevant tests or diagnostic procedures. Incorrectly interprets results.	Identifies and explains clinically relevant tests and diagnostic procedures. Correctly interprets results.	Obtains and interprets results with precision. Explains clinical relevance clearly and accurately.	
Create a management plan	Develops a non-patient-centred management plan.	Develops a patient-centred management plan.	Develops a patient-centred management plan and explains the rationale.	
Collaborate with team members (PC4, PC7)	Works in isolation; collaborates only when requested.	Effectively communicates and collaborates with team members.	Provides coordinated care centred on the individual patient.	
COMMUNICATION (PC4)				
Educational Programme Objective	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Not Observed
Document and present patient information	Provides inaccurate and unorganised presentation of findings; written notes are unclear.	Provides accurate and organised presentation of findings; written notes are clear.	Presentation of findings is succinct; notes have limited errors.	
Encourage health and wellness; create ethical relationship	Is inattentive or provides unclear instructions and explanations to patients and families.	Is attentive and provides clear instructions and explanations to patients and families.	Checks for patient and family understanding by asking open-ended questions.	
PROFESSIONALISM (PC5)				
Educational Programme Objective	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Not Observed
Show integrity, accountability, responsiveness, and balance of self-care	Is unaccepting of responsibility for own actions or unable to balance time commitments. Ignores duty hour limits and self-care.	Accepts responsibility for own actions; balances time commitments. Complies with patient handoff expectations and duty hour limitations.	Completes responsibilities without reminders or explicit directions. Acknowledges contributions of others.	
Demonstrate sensitivity, empathy, and respect for others	Is insensitive or not empathetic. Displays disrespectful behaviour and is not accepting of others.	Is sensitive and empathetic. Displays respectful behaviour and conveys acceptance of others.	Considers patients' beliefs, values, and cultural practices in patient care plans.	
Maintain a teachable attitude; be prepared and engaged	Responds defensively to feedback or is unwilling to	Responds openly to feedback; is willing to learn.	Initiates giving and receiving feedback. Incorporates	

	learn. Is unprepared, arrives late, or does not obtain approval for absences.	Is prepared, arrives on time, or obtains approval for tardiness.	feedback for improvement. Is consistently on time.	
QUALITY IMPROVEMENT (PC8)				
Educational Programme Objective	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Not Observed
Recognise limitations and admit errors	Struggles rather than acknowledging limitations. Unable to identify a plan to change.	Acknowledges limitations and obstacles. Identifies a plan to address limitations or resources needed.	Demonstrates improvement in self-identified areas.	
Access and appraise evidence (PC6, PC3)	Considers non-evidence-based findings in approach to patients.	Appraises evidence-based findings in approach to patients.	Applies evidence-based findings to patient care plans.	
Narrative Comment — Quality Improvement:				
MEDICAL KNOWLEDGE (PC1, PC8)				
Educational Programme Objective	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Not Observed
Application of medical knowledge	Demonstrates limited medical knowledge for a clerkship student; relies heavily on resources.	Demonstrates appropriate medical knowledge for a clerkship student; relies somewhat on resources.	Applies medical knowledge by interpreting patient symptoms to formulate a care plan.	
SOCIETAL AWARENESS (PC3, PC6)				
Educational Programme Objective	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Not Observed
Aware of cost and resource allocation	Is unaware of external factors that may influence utilisation and act as barriers to cost-effective care.	Is aware of external factors that may influence utilisation and act as barriers to cost-effective care.	Actively works to identify and mitigate barriers.	
Recognise roles and responsibilities of all team members (PC7, PC5)	Is unaware of physician and others' roles and responsibilities in offering preventive care.	Identifies physician and others' roles and responsibilities in offering preventive care.	Recognises the roles of other team members and seeks their input.	
Acquire knowledge about community resources; educate others	Is unaware of relevant community-based resources.	Is knowledgeable of or seeks information about relevant community-based resources.	Helps identify relevant community-based resources and educates others.	
Narrative Comment — Overall:				

TEXILA AMERICAN UNIVERSITY

COLLEGE OF MEDICINE

Student Evaluation of Clerkship

Student Name:		Student ID:	
Clerkship:		Rotation Period:	
Evaluator:		Date:	

Clinical Competency	Outstanding	Competent	Satisfactory	Need to Improve	Inadequate	N/A
1. Clinical Knowledge & Diagnostic Skills						
Identify the common surgical problems.	☐	☐	☐	☐	☐	☐
Obtain a proper relevant history.	☐	☐	☐	☐	☐	☐
Perform general, systemic and local examinations.	☐	☐	☐	☐	☐	☐
Consider the differential diagnosis and complications.	☐	☐	☐	☐	☐	☐
Arrive at a logical provisional diagnosis.	☐	☐	☐	☐	☐	☐
Requisition relevant cost effective investigations in order to establish the diagnosis and plan treatment.	☐	☐	☐	☐	☐	☐
Interpret laboratory investigation results, skiagram of common surgical diseases.	☐	☐	☐	☐	☐	☐
2. Clinical Management & Patient Care						
Plan and institute line of treatment.	☐	☐	☐	☐	☐	☐
Employ life saving measures in life threatening conditions.	☐	☐	☐	☐	☐	☐
Develop habit of rational use of drugs including antibiotics.	☐	☐	☐	☐	☐	☐
Provide first aid and refer patients with complicated surgical problems to centres equipped to handle them.	☐	☐	☐	☐	☐	☐
3. Professionalism & Ethics						
Obtain informed consent for any examination / procedure. Carry out medical examination of a female in presence of lady attendant/another patient/husband.	☐	☐	☐	☐	☐	☐
Develop cordial attitude towards patients, colleagues and other staff. Practise soft skills with patients, colleagues and other staff.	☐	☐	☐	☐	☐	☐

Clinical Competency	Outstanding	Competent	Satisfactory	Need to Improve	Inadequate	N/A
Act in a manner befitting a doctor and communicate sympathetically while dealing with an incurable disease and/or a dead/dying patient.	☐	☐	☐	☐	☐	☐
4. Leadership & Public Health Awareness						
Demonstrate leadership qualities, promote team spirit, and be able to play a meaningful role in disaster preparedness and management.	☐	☐	☐	☐	☐	☐
Adopt universal precautions for self-protection against HIV and hepatitis and counsel patients.	☐	☐	☐	☐	☐	☐
Received Mid-Clerkship Feedback	Strongly Agree ☐	Agree ☐	Disagree ☐	Strongly Disagree ☐		

Evaluator Comments:

Evaluator Signature

Student Signature

TEXILA AMERICAN UNIVERSITY
COLLEGE OF MEDICINE
Student Evaluation of Preceptor

Student Name:		Student ID:	
Preceptor Name:		Clerkship:	
Rotation Period:		Date:	

Instructions: Please rate your preceptor by circling the appropriate response for each statement below. Your responses are confidential and will be used to improve the quality of clinical education.

Evaluation Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The clinical faculty/preceptor stimulated my interest in the subject.	☐	☐	☐	☐	☐
2. The clinical faculty/preceptor managed hospital time and pace well.	☐	☐	☐	☐	☐
3. The clinical faculty/preceptor is regular in reporting to class.	☐	☐	☐	☐	☐
4. The clinical faculty/preceptor was organized and prepared for every clinical activity.	☐	☐	☐	☐	☐
5. The clinical faculty/preceptor encouraged discussions and responded to questions.	☐	☐	☐	☐	☐
6. The clinical faculty/preceptor communicates clearly in oral and written forms that I could understand his point.	☐	☐	☐	☐	☐
7. The clinical faculty/preceptor demonstrated in-depth knowledge of the subject/procedure.	☐	☐	☐	☐	☐
8. The clinical faculty/preceptor used a variety of instructional methods to reach the course objectives (e.g. group discussions, student presentations, etc.).	☐	☐	☐	☐	☐
9. The clinical faculty/preceptor was accessible throughout the rotation.	☐	☐	☐	☐	☐
10. Information about the assessment was communicated clearly.	☐	☐	☐	☐	☐
11. Clinical faculty/preceptor gave guidance on where to find resources.	☐	☐	☐	☐	☐
12. Clinical faculty/preceptor explained the grading criteria of the course.	☐	☐	☐	☐	☐

Open-Ended Question

How can your clinical faculty/preceptor further improve the delivery of the course content?

Student Signature

Date