COMPETENCY BASED DYNAMIC CURRICULUM FOR THIRD BHMS PROFESSIONAL COURSE

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

(Community Medicine)

HOMOEOPATHY EDUCATION BOARD

NATIONAL COMMISSION FOR HOMOEOPATHY

MINISTRY OF AYUSH, GOVERNMENT OF INDIA

JAWAHAR LAL NEHRU BHARTIYA CHIKITSA AVUM HOMOEOPATHY ANUSANDHAN BHAVAN

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Subject name: - Community Medicine

Subject code: HomUG-CM -I

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1. Preamble

Community medicine identifies different bio-psycho-social-cultural-economical-environmental-occupational and climatic factors, that determine health and influence the human body, and derange it if the adaptation to these factors gets deviated. These influence the quality of life and predispose individuals to disease. Several genetic, nutritional, and microbiological factors, if taken care of in early stages, not only prevent diseases but also help in the promotion of health and enhance the quality of life. Behavioural factors play a key role in keeping a man healthy and maintaining better adaptation to other factors. Many lifestyle illnesses and preventable diseases are on the rise which need better understanding for their prevention. The main goal of community medicine/public health is to improve the health of the community.

Homoeopathic practitioners' responsibility is not only to restore the sick to health with their basic clinical skills but also to analyse the community health problem, prevent diseases at the community level as well as promote good health. To improve community health homoeopathic community medicine practitioners are required to work beyond their medical knowledge, they should possess knowledge of other sub-disciplines such as biostatistics, social and behavioral health, environmental health, healthcare management, public health nutrition, health economics, health financing, health informatics, and other related disciplines.

Clinical specialists are generally confined to clinics or hospitals, whereas the scope of community medicine practitioners extends from clinic/hospital to community to provide their preventive, promotive curative, rehabilitative, and palliative services. The Homoeopathic physician, as directed in aphorism 4, is the preserver of health and helps the community to live for the higher purpose of existence

Homoeopathic physicians as Community medicine practitioners should be able to identify and prioritize the health problems, as well as the health needs of the community. He/she must identify the determinants provide appropriate intervention and also educate the community about prevention and maintaining good health. This will require early exposure to community posting so that the student understands the multifactorial causes and preserves health when derailed.

Community medicine deals with prevention at the individual and community levels and integration of it with Organon will equip the homoeopathic physician better to manage them. Homoeopathic physicians should become a holistic healer and leaders in all caring disciplines. The current concept of prevention and promotion will become clear through the integration of homoeopathic subjects such as Organon, Materia Medica, and other medical courses with community medicine. It would enable the students to render their duties and responsibilities efficiently, effectively, and sustainable way. To accomplish this Community Medicine CBDC curriculum is aptly designed.

2. Program outcomes (PO)

i. **PO1: Community Health Expertise**
Demonstrate a comprehensive understanding of community health issues and apply homoeopathic clinical knowledge to effectively assess, manage, and resolve them.

ii. **PO2: Preventive and Social Medicine Application**
Integrate knowledge of health and disease determinants to develop strategies for disease prevention, health promotion, and control measures at the individual and population levels.

iii. **PO3: Public Health Surveillance and Response**
Identify and prioritise public health problems, initiate timely interventions, and contribute to disease surveillance and reporting systems at local, regional, and national levels.

iv. **PO4: Epidemic and Outbreak Management**
Understand and participate in the investigation and management of epidemics and outbreaks using standard public health tools and homoeopathic principles.

v. **PO5: Community-Based Screening and Intervention**
Engage in screening programs for early detection of diseases and provide relevant homoeopathic interventions at individual and community levels.

vi. **PO6: Community Engagement and Empowerment**
Promote and facilitate active community involvement in health-related decision-making and implementation of disease prevention and health promotion strategies.

vii. **PO7: Socio-behavioral Health Interventions**
Recognize the role of community behaviors and socio-cultural factors in health and disease and plan suitable health education and behavioral interventions.

viii. **PO8: Epidemiology and Research Proficiency**
Apply epidemiological methods in identifying, analyzing, and interpreting public health data; contribute to the planning and execution of health studies.

ix. **PO9: National Health Program Implementation**
Participate in the planning, execution, and monitoring of national and state health programs tailored to the needs of specific communities.

x. **PO10: Research Methodology in Homoeopathy**
Select and apply appropriate research study designs to conduct ethical, evidence-based research in community-oriented homoeopathy practice.

3. Course outcomes

At the end of the Community Medicine course, the student shall be able to

i. Recognise community health problems, apply clinical skills, and manage the problems using homoeopathic principles.

ii. Identify determinants of health and disease, and use the knowledge for prevention, and control of diseases and promote good health in the community.

iii. Identify, prioritise, manage, and report diseases of public health importance at the appropriate levels.

iv. Outline the process of epidemics/outbreak investigation and manage them with a homoeopathic approach.

v. Participate in screening of diseases at individual and community levels.

vi. Promote community participation in disease prevention and control; and promotion of health.

vii. Identify community behaviours associated with health problems and provide interventions.

viii. Factor in epidemiological principles while conducting studies /research; collect, collate, analyse, and report public health problems.

ix. Plan and participate in implementing national health programs in the community.

x. Select an appropriate research study design to conduct research in homoeopathy.

4. Learning objectives (LO)

The learning objectives for this course are to-

i. Define the concept of community medicine and describe the growth and development of public health in India
ii. Explain the concept of health, disease and causation from a public health point of view and specifically from the homoeopathic science perspective.
iii. Explain the Community Health, Healthcare of the Community, and Healthcare Delivery Systems in India
iv. Summarise the Social and Behavioural Health issues and their Relevance to Homoeopathy.
v. Detect the role of Nutrition for Community Health.
vi. Evaluate the role of environmental factors on health.
vii. Illustrate the mental health issues in the community in general and those arising due to addiction.
viii. Determine the reproductive, maternal, newborn, child, adolescent health, geriatric health, and communicable and occupational health issues.
ix. Compile the Demography, and Vital Statistics.

5. Course content and its term-wise distribution

SI. No.	List of Topics	Term
1.	**Fundamental Concepts of Community Medicine, Public Health, and History of Community Medicine.** 1.1. Basic definitions 1.2. Public health 1.3. History of public health 1.4. History of public health in India 1.5. Importance of community medicine for Homoeopath 1.6. Role of homoeopaths in public health	I

2.	**Concepts of Health, Disease Causation & Prevention and Homoeopathy** 2.1. Concept of health 2.2. Health 2.3. Disease causation 2.4. Biomedical Model of Health 2.5. Web of Causation 2.6. Natural history of disease 2.7. Levels of prevention 2.8. Determinants of health 2.9. Iceberg phenomenon 2.10. Spectrum of health 2.11. Disease elimination and control 2.12. Concept of health and disease from a Homoeopathic perspective 2.13. Concept of well-being 2.14. Indicators of health and disease 2.15. Mortality Rates 2.16. Morbidity Rates 2.17. Disability rates 2.18. Summary measures 2.19. Health status of India	I
3.	**Community Health, Healthcare of the Community, and Healthcare Delivery Systems in India** 3.1. Health System 3.2. Types of health systems 3.3. Health systems framework 3.4. Healthcare of the community 3.5. Healthcare Levels in India 3.6. Healthcare Delivery Systems in India	I
4.	**Social and Behavioural Health and its Relevance to Homoeopathy** 4.1. Social and Behavioural Health 4.2. Health Behaviour 4.3. Medical Sociology 4.4. Social Determinants of Health	I

	4.5. Community 4.6. Family in Health and Disease 4.7. Social Stratification: Socioeconomic status, social class, Poverty, and Health 4.8. Health promotion, Behavioural health theories, and Behaviour Change Communication (BCC) 4.9. Clinical, social-cultural, and demographic assessment of individual, family, and community (Medico social case workup) 4.10. Family Health Record	
5.	**Nutrition for Community Health** 5.1. Nutrition: General concepts 5.2. Dietary standards: Recommended Dietary Allowance (RDA and Estimated Average Requirement (EAR) 5.3. Energy 5.4. Proximate Principles of Food, Protein, Fats, Carbohydrates 5.5. Dietary fibre 5.6. Vitamins 5.7. Minerals 5.8. Nutritional requirements of special groups 5.9. Nutritional problems of public health importance 5.10. Milk and Meat 5.11. Nutritional assessment, surveillance, education and rehabilitation 5.12. Food Safety, Food Hygiene, Food Processing, Food Additives, Food preservatives, Food Fortification, Food adulteration and food toxicants. 5.13. National Nutritional Programs	I
6.	**Environment and Health** 6.1. Basic introduction to environmental health 6.2. Water and Health 6.3. Sanitation, Solid Waste, Human Excreta and Sewage disposal 6.4. Disposal of Solid waste and wastewater 6.5. Excreta Disposal 6.6. Bio-medical waste and its management 6.7. Temperature and health	I

	6.8. Noise and health 6.9. Environmental Pollution 6.10. Air and health 6.11. Ventilation and health 6.12. Radiation and health 6.13. Light and Health 6.14. Housing and Health 6.15. Laws of environmental pollution 6.16. Medical Entomology	
7.	**Mental Health** 7.1.Mental Health 7.2.Health problems due to tobacco, alcohol, and drug abuse.	II
8.	**Reproductive, Maternal, Newborn, Child and Adolescent Health and related National Health Programmes** 8.1.RMNCHA Introduction 8.2.Maternal Health 8.3.Gender issues and women's empowerment 8.4.Care of Newborn 8.5.Infant and Child Healthcare 8.6.Under-Five Children 8.7.Growth and Development of Child 8.8.Adolescents Health 8.9.Reproductive health 8.10. Immunisation	II
9.	**Geriatric Health and Health of Specially Abled Population** 9.1. Definitions 9.2. Concept of Geriatric Services 9.3. Prevention and Control of Health Problems of the Elderly 9.4. National Health Programs 9.5. End-of-Life Care and Palliative Care of the Elderly 9.6. Comprehensive Geriatric Assessment 9.7. Disability / Healthcare of Specially abled population	II

10.	**Demography, Vital Statistics, Family Welfare Planning and Contraception** 10.1. Definition 10.2. Demographic Cycle/Transition 10.3. Population statistics 10.4. Demographic Profile 10.5. Vital Statistics 10.6. Measures of Fertility 10.7. Vital Statistics: Sources of information /vital statistics 10.8. Family Welfare 10.9. Contraception 10.10. MTP Act 10.11. PC PNDT Act	II
11.	**Communicable Diseases and Relevant National Health Programmes** 11.1. Definitions 11.2. Classification of Infectious Diseases 11.3. General epidemiology of airborne diseases 11.4. Respiratory Infections 11.5. Intestinal Infections 11.6. Arthropod Infections 11.7. Zoonoses Diseases 11.8. Surface Infection 11.9. Hospital-Acquired Infections / Nosocomial Infections	II
12.	**Occupational Health** 12.1. Occupational Health 12.2. Ergonomics 12.3. Health Hazards in Agriculture 12.4. Health Hazards in Healthcare Professionals 12.5. Health Hazards in other sectors 12.6. Occupational Diseases 12.7. Occupational Lung Diseases 12.8. Occupational industrial accidents 12.9. Occupational Dermatitis	II

	12.10. Lead poisoning 12.11. Occupational burnout and stress 12.12. Working condition 12.13. Occupational health assessment	

6. Teaching Hours

6.1. Gross division of teaching hours

Community Medicine		
Year	**Teaching hours- Lectures**	**Teaching hours- Non-lectures**
III BHMS	100	60

6.2 Teaching hours theory

S. no.	List of Topics	Hours
1	Fundamental Concepts of Community Medicine, Public Health, and History of Community Medicine.	02
2	Concepts of Health, Disease Causation & Prevention and Homoeopathy	05
3	Community Health, Healthcare of the Community, and Healthcare Delivery Systems in India	08
4	Social and Behavioural Health and its Relevance to Homoeopathy	08
5	Nutrition for Community Health	10
6	Environment and Health	10
7	Mental Health	04
8	Reproductive, Maternal, Newborn, Child and Adolescent Health and related National Health Programmes	10
9	Geriatric Health and Health of Specially Abled Population	05
10	Demography, Vital Statistics, Family Welfare Planning and Contraception	06
11	Communicable Diseases and Relevant National Health Programmes	24
12	Occupational Health	08
	Total	**100**

6.3 Teaching hours: Non-lecture

Sr. No.	Non–Lecture Activity	Term	Time Allotted per Activity (Hours)
A.	**Practical:**		**42**
1.	Balanced Diet	I	3
2.	Growth Chart (RMNCHA+)	II	3
3.	Menstrual Hygiene	II	3
4.	Family Planning & Contraceptive Methods	II	3
B.	**Field Visits:**		
1.	Water treatment plant	I	3
2.	Milk Pasteurization Plant	I	3
3.	Primary Health Centre/Sub-Centre/Anganwadi Centre	I	6
4.	Infectious Disease Hospital Visits	II	6
5.	Industrial units	II	6
6.	Old age home, Rehab centre for physical and mental disabilities, Mental health facility including remand home, asylum, child care centre	II	6
C.	**Demonstration:**		**18**
1.	Water Quality & Purification	I	5
2.	Air Quality Assessment	I	4
3.	Food & Beverage Adulterations: Milk	I	4
4.	Nutritional Assessment	II	5
	Total Hours		**60**

7. Content mapping (competencies tables)

7.1. Topic: Fundamental Concepts of Community Medicine, Public Health, and History of Community Medicine

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment	Integration
								Formative	Summative
Hom UG CM I-T 1.1	KS	K	Basic definitions	Define the terms "Community Medicine", "Preventive Medicine", "Social Medicine", "Preventive Medicine", and "Public Health".	C-I	NK	Lecture Library Reference	Viva MCQ	NA
Hom UG CM I-T 1.2	KS	KH	Public health	Discuss the functions of public health Differentiate between preventive medicine and public health	C-II	NK	Lecture, Library Reference	Viva MCQ	NA
Hom UG CM I-T 1.3	KS	KH	History of public health	Discuss the evolution of public health globally	C-II	NK	Lecture, Library Reference	Viva MCQ	NA
Hom UG CM	KS	KH	History of public health in India	Discuss the evolution of public health in India	C-II	NK	Lecture, Library Reference	Viva MCQ	NA

I-T 1.4									
Hom UG CM I-T 1.5	KS	KH	Importance of community medicine for Homoeopath	Discuss the need to study community medicine in BHMS	C-II	NK	Lecture, Library Reference	Viva MCQ	NA
Hom UG CM I-T 1.6	KS	KH	Role of homoeopaths in public health	Recognize the role of homoeopathic practitioners in public health.	C-II	NK	Lecture, Library Reference	Viva MCQ	NA

7.2. **Concepts of Health, Disease Causation & Prevention and Homoeopathy**

SI No	**Domain Competency**	**Miller**	**Content**	**Specific Learning Objectives**	**Bloom/ Gilbert**	**Priority**	**T-L M/M**	**Assessment**		**Integration**
								Formative	**Summative**	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
2.2										
Hom UG CM I-T 2.3	KS	KH	Disease causation	Describe theories of disease causation in the Primitive and Middle Ages.	C-II	DK	1. Lecture 2. Small Group Discussion	MC Q Viva Quiz	MCQ, SAQ	Organon of medicine- Vital force, and miasms
				Describe the Germ Theory of disease.	C-II	MK	1. Lecture 2. Small Group Discussion	MC Q Viva Quiz	MCQ, SAQ	
Hom UG CM I-T 2.4	KS	KH	Biomedical Model of Health	Describe the characteristics of agent, host, and environmental factors in health and disease in the epidemiological triad	C-II	MK	1. Lecture 2. Small Group Discussion	MC Q Viva Quiz	MCQ, SAQ	Organon of Medicine - Vital Force
Hom UG CM I-T 2.5		KH	Web of causation	Describe the multifactorial aetiology of disease. & "BEINGS" Model	C-II	MK	1. Lecture 2. Small Group Discussion	MC Q Viva Quiz	MCQ, SAQ	Organon of Medicine- Hahnemann's classification of causation
				Discuss predisposing, enabling, precipitating,	C-II	MK	1. Lecture 2. Small	MC Q	MCQ, SAQ	Organon of Medicine-

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				reinforcing, and risk factors in disease causation			Group Discussion	Viva Quiz		
Hom UG CM I-T 2.6	KS	KH	Natural history of the disease	Discuss the natural history & Evolution of the disease.	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine-
	KS	KH		Describe the incubation and latent period of disease .	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine-
Hom UG CM I-T 2.7	KS, PC	KH	Levels of preventio n	Describe various levels of prevention. Discuss the application of intervention at various levels of prevention.	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	
Hom UG CM I-T 2.8	KS, PC	KH	Determina nts of health	Describe the determinants of health	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM	KS, PC	KH	Iceberg phenomen on	Explain the concept of the iceberg phenomenon in human	C-II	DK	1. Lecture 2. Small Group	MCQ Viva	MCQ, SAQ	

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
I-T 2.9				diseases.			Discussion	Quiz		
Hom UG CM I-T 2.10	KS, PC	KH	Spectrum of health	Discuss the spectrum of health and disease	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	
Hom UG CM I-T 2.11	KS, PC	KH	Disease elimination and control	Discuss the concept of disease control, elimination, and eradication.	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ LAQ	
Hom UG CM I-T 2.12	KS, PC, HO	KH	Concept of health disease from a Homoeopathic perspective	Compare and contrast the concept of health and disease according to Hahnemann.	C-II	DK	1. Lecture 2. Small Group Discussion 3. Flipped Classroom	MCQ Viva Quiz	MCQ, SAQ	
		K		Discuss the concept of classification of disease.	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine- Hahnemann's classification of disease.
		K		Discuss the concept of the International	C-II	NK	1. Lecture 2. Small Group	MCQ Viva	Not Assessed in Exams	

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				Classification of Disease-11.			Discussion	Quiz	(NA)	
Hom UG CM I-T 2.13	KS, PC,	K	Concept of well-being	Discuss the components of the Standard of living as per the WHO.	C-I	NK	1. Lecture 2. Small Group Discussion	MC Q Viva Quiz	NA	
	KS	KH		Describe the various indices to measure quality of life. (Physical quality of life, Human Development Index)	C-II	NK	1. Lecture 2. Small Group Discussion	MC Q Viva Quiz	NA	
Hom UG CM I-T 2.14	KS	KH	Indicators of health and disease	Discuss the Rate, Ratio and Proportions,	C-II	NK	1. Lecture 2. Small Group Discussion	MC Q Viva Quiz	NA	
Hom UG CM I-T 2.15	KS	KH	Mortality Rates	Describe mortality rates and their types. (Crude Rates, Specific Rates, Adjusted rates)	C-II	MK	1. Lecture 2. Small Group Discussion	MC Q Viva Quiz	MCQ, SAQ	

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS	KH		Demonstrate the application of indicators of mortality: Crude Death Rate, Specific Mortality rates, Case Fatality Rate, Proportional Mortality Ratio,	C-II	MK	1. Lecture 2. Small Group Discussion 3. Blended learning	MCQ Viva Quiz	MCQ, SAQ	Obstetrics and Gynaecology, Pediatrics
Hom UG CM I-T 2.16	KS	KH	Morbidity Rates	Describe the application of Iincidence and prevalence	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	
Hom UG CM I-T 2.17	KS	KH	Disability rates	Describe the application of indicators of disability (DALYs)	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	
Hom UG CM I-T 2.18	KS	KH	Summary measures	Describe the application of indicators of summary measures of population health: YPLL, PQLI, HDI, Sullivan's indicator	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.19	KS,	KH	Health status of India	Describe the current Health status of India as per various indicators	C-II	NK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	NA	

7.3. Community Health, Healthcare of the Community, and Healthcare Delivery Systems in India

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 3.1	KS,	K	Health System	Define the term "Health system"	C-I	NK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	NA	
Hom UG CM I-T 3.3	KS, PBL,	KH	Types of health systems	Describe the types of healthcare systems.	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 3.3	KS, PBL	KH	Health systems framework	Describe the structure & function of the health systems framework as per the WHO	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	
Hom UG CM I-T 3.4	KS, CS, PBL, PRF, PC	KH	Healthcare of community	Describe the concept of healthcare in the community.	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	
		K		Explain health as a fundamental right under the constitution of India.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	
Hom UG CM I-T 3.5	KS, CS, PBL,	KH	Healthcare Levels in India	Describe the Levels of Healthcare in India.	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	
				List the components of primary healthcare	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				Describe the principles of primary healthcare.	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	
Hom UG CM I-T 3.6	KS, CS, PBL,	K	Healthcare Delivery Systems in India	Outline the organization, and functions of health administration at the national level, State, District level	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	
		KH		Discuss the functions of the Union Ministry of Health and Family Welfare. and responsibilities & Functions of the Director General of Health services, Central Bureau of Health Intelligence,	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	
		KH								

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				Describe the organization, functions, services, and staffing at the center level & PHC, Ayushman Bharat Health and Wellness Centers, Community Health Center (CHC) (male and female)	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	
		KH		Describe the concept of the First Referral Unit (FRU)	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	
		KH		Describe the Basic Emergency Obstetric Care (BEmOC) and Comprehensive Emergency Obstetric Care (CEmOC)	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
		KH		Describe the Concept, Structure, functions, activities, and staffing pattern of Taluk and District Hospitals	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ LAQ	

7.4. Social and Behavioural Health and its Relevance in Homoeopathy

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 4.1	KS, PC, HO, CS, PBL, PRF	KH	Social and Behavioural Health	Recognize the need for social and behavioural health for homoeopathic practice	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS	K		Define the terms "Sociology", and "Community". "Culture". "Customs", "Acculturation",	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
Hom UG CM I-T 4.2	KS	K	Health Behaviour	Define the terms "health behaviour", "Illness behaviour", "Sick role behaviour", and "Health risk behaviour".	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, CS, PBL, PC	KH		Discuss the principles of behaviour change	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ , SAQ	
	KS, CS, PC, PBL, PRF	KH		Define the terms "health-seeking behaviour". Discuss factors influencing health-seeking behaviour.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ , SAQ	
	KS, CS, PBL, PRF,	KH		Discuss barriers to good health-seeking behaviour.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain	MCQ Viva Quiz	MCQ , SAQ	

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							Storming			
	KS, CS, PBL, PRF	KH		Identify methods to overcome the barriers to good health-seeking behaviour.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	
Hom UG CM I-T 4.3	KS	K	Medical Sociology	Define the term "medical sociology".	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS, CS, PBL, PRF, HO, PC	KH		Recognize the importance of medical sociology in Homoeopathic Practice.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ, SAQ	
	KS, CS, PBL, PRF, HO, PC	KH		Define the term "social psychology". Discuss the role of social psychology in community medicine and homoeopathic medical practice at the community level.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ, SAQ	
Hom	KS, CS, PBL,	KH	Social	Discuss social	C-II	MK	1. Lecture	MCQ	MCQ	

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
UG CM I-T 4.4	PRF, PC		Determinants of Health	determinants of health and disease			2. Small group discussion 3. Brain Storming	Viva Quiz	, SAQ	
	KS, CS, PBL, PRF, PC	KH		Describe the role of social-cultural factors in health and disease	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ , SAQ	
Hom UG CM I-T 4.5	KS	K	Community	Define the term "community".	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS,	KH		Classify community as per Brint. Discuss the types of community.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ , SAQ	
	KS	K		Define the term "community behaviour".	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the importance of community behaviour discipline for community medicine/public health/ homoeopathic practice at the community level.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ , SAQ	
	KS	K		Define the term “community relationship. / Community engagement”.	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS, CS, PBL, PRF, HO, PC	KH		Justify the need and importance of community relationships for health interventions in the community.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ , SAQ	
	KS, CS, PBL, PRF, PC	KH		Explain community participation in health management and development.	C-III	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ , SAQ	
	KS, CS, PBL,	KH		Discuss the types of	C-II	MK	1. Lecture	MCQ	MCQ	

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	PRF, PC			community participation in managing the healthcare of the community.			2. Small group discussion 3. Brain Storming	Viva Quiz	, SAQ	
	KS, CS, PBL, PRF, PC	KH		Demonstrate how Rogi Kalyan Samiti enhances community participation.	C-II	DK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ , SAQ	
Hom UG CM I-T 4.6	KS	K	Family in Health and Disease	Define the term "family"	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ , SAQ	
	KS,	KH		Discuss the types of family.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ , SAQ	
	KS	KH		Classify families based on (a) Authority or nature of residence.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ , SAQ	

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				(b) Marriage pattern (c) Sanctions of marriage or nature of relation (d) size and structure (e) ancestry			3. Brain Storming			
	KS, CS, PBL,	KH		Discuss broken family, problem family, symmetrical family, reconstituted family.	C-II	DK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	
	KS,	KH		Discuss the functions of the family.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	
	KS, CS, PBL,	KH		Outline the role of family in health and illness.	C-II	DK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	
Hom	KS, CS, PBL,	KH	Social	Discuss social	C-II	DK	1. Lecture	MCQ	MCQ	

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
UG CM I-T 4.7			Stratification: Socioeconomic status, social class, Poverty and Health	stratification. Recognize how social stratification influences health and disease.			2. Small group discussion	Viva Quiz	, SAQ	
	KS, CS, PBL, PRF, PC	KH		Enumerate the application of social stratification in public health/community medicine.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ , SAQ	
	KS, CS, PBL, PRF, PC	KH		Analyse socioeconomic status as a determinant of health and illness.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ , SAQ	
	KS, CS, PBL, PRF, PC	SH		Demonstrate the assessment of socioeconomic status according to the Kuppuswamy scale and Prasad's scale.	P-II	DK	Demonstration	Viva, DOPS	NA	
	KS, CS, PBL, PRF, PC	SH		Demonstrate calculation of wealth index.	P-II	DK	Demonstration	Viva DOPS	NA	
	KS	K		Define the term "poverty", "Below Poverty Line" (BPL),	C-I	NK	1. Lecture 2. Small group	MCQ Viva Quiz	NA	

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							discussion			
	KS, CS, PBL, PRF, PC	KH		Compare the Multidimensional Poverty Index (MPI) with the Kuppuswamy scale and Prasad scale.	C-II	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS	K		Define the term "Social security".	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS, CS, PBL, PRF, PC	KH		Describe the relationship of social security to health and disease.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ, SAQ	
	KS, CS, PBL, PRF, PC	K		Outline the social security scheme of the Government of India.	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ, SAQ	
Hom UG CM I-T 4.8	KS	K	Health promotion, Behavioural health theories,	Define the term "health promotion"	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ, SAQ	

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, CS, PBL, PRF, PC, HO	KH	and Behaviour Change Communication (BCC)	Discuss the application of behaviour health theories in community medicine and homoeopathic practice at individual and community levels.	C-III	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	Psychology
	KS, CS, PBL, PRF, PC, HO	KH		Describe the Behavioural Model of Health Services and its application in Homoeopathic practice.	C-III	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	Psychology
	KS, CS, PBL, PRF, PC, HO	KH		Discuss the constructs and application of The Health Belief Model to predict health promotion behaviour.	C-III	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	Psychology
	KS, CS, PBL, PRF, PC, HO	KH		Describe individual motivation and readiness to change behaviour using the Transtheoretical Model/ Stages of Change.	C-III	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	Psychology

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, CS, PBL, PRF, PC, HO	KH		Examine the relations between an individual belief, attitude, intentions, behaviour, and perceived control over that behaviour using the theory of planned behaviour.	C-III	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	Psychology
	KS, CS, PBL, PRF, PC, HO	KH		Explain the stages in an individual's journey from lack of awareness to change of behaviour using the Precaution Adoption Process model.	C-III	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	Psychology
	KS, CS, PBL, PRF, PC, HO	KH		Explain how the Diffusion of Innovation theory addresses the new ideas or social practices in a community/society.	C-III	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	Psychology
	KS, CS, PBL, PRF, PC, HO	KH		Explain the application of the socioecological model in managing	C-III	MK	1. Lecture 2. Small group	MCQ Viva Quiz	MCQ, SAQ	Psychology

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				/controlling diseases			discussion 3. Brain Storming			
	KS	K		Outline behaviour change technique	C-I	NK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ , SAQ	
Hom UG CM I-T 4.9	KS, CS, PBL, PRF, PC, HO	KH	Clinical, social-cultural, and demographic assessment of individual, family, and community (Medico social case workup)	Illustrate the steps in the clinical, social-cultural, and demographic assessment of individuals, families, and communities.	C-III	MK	Demonstration	DOPS	NA	Organon of Medicine
	KS, CS, PBL, PRF, PC, HO	SH		Perform the medico-social case workup and plan appropriate intervention	P-II	MK	Demonstration	DOPS	NA	Organon of Medicine
Hom UG	KS, CS, PBL, PRF, PC, HO	SH	Family Health	Create a family health record	P-II	MK	Demonstration		NA	Organon of Medicine

SI No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
CM I-T4.10			Record							

7.5. Nutrition for Community

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 5.1	KS	K	Nutrition: General concepts	Define the terms “nutrition”, “food”, “diet”, and “nutrients”.	C-I	NK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	NA	
	KS	KH		Classify nutrients,	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	LAQ SAQ MCQ Viva	
	KS	KH		Enumerate functions of food	C-II	MK	1. Lecture 2. Small Group	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							Discussion 3. Seminar		Viva	
	KS, CS, PBL, PRF, PC	KH		Discuss the significance of nutrition for individuals and community	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MC Q	
	KS, PBL,	KH		Classify food based on origin, chemical composition, major function, and nutritive value.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	LAQ SAQ MC Q	
	KS	KH		Describe common sources of nutrients.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	LAQ SAQ MC Q Viva	
	KS, CS, PBL, PC	KH		Identify nutritional requirements by age and sex.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ , MC Q	
	KS	KH		Define references for Indian men and women.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	SAQ MC Q	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							3. Seminar			
Hom UG CM I-T 5.2	KS, CS, PBL, PRF, PC	KH	Dietary standards: Recommended Dietary Allowance (RDA and Estimated Average Requirement (EAR)	Describe Recommended Dietary Allowance. Calculate RDA for children and adults.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ, MCQ	
	KS, CS, PBL, PRF,PC	KH		Discuss the reference man and woman	C-II	DK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ	
	KS,	KH		Describe the estimated average requirement.	C-II	DK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I-T 5.3	KS	K	Energy	Recall the energy requirement for adults	C-I	DK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM	KS, CS, PBL, PRF,	KH	Proximate Principles of food :	Describe the sources and functions of	C-II	MK	1. Lecture 2. Small Group	MCQ Viva Quiz	LAQ SAQ MC	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
I-T 5.4			Protein, Fats and Carbohydrate	protein, Fat & Carbohydrates.			Discussion 3. Seminar		Q viva	
	KS, CS, PBL, PRF, PC	KH		Identify the RDA and EAR of protein, Fat & Carbohydrate age-wise and sex-wise.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MC Q	
	KS, CS, PBL,	KH		Discuss the deficiency of protein, Fats and carbohydrates and its control.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MC Q Viva	Materia Medica, Practice of Medicine, Paediatrics
Hom UG CM I-T 5.5	KS	KH	Dietary fibre	Classify dietary fibers. Discuss the functions of dietary fiber and its advantages. Identify the dietary fiber in common foods.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	LAQ SAQ MC Q	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 5.6	KS, CS, PBL, PRF, HO, PC	KH	Vitamins	Describe the sources, functions, dietary requirements, features /signs, and symptoms of deficiency and prevention of Vit A, Thiamin (B1), riboflavin (Vitamin B_2), Niacin (Nicotinic Acid and Nicotinamide) (Vitamin B_3),folic acid (folate or pteroyl glutamic acid) (Vitamin B_9), cyanocobalamin (Vitamin B_{12}), ascorbic acid (Vitamin C), Vitamin D, Vitamin E, Vitamin K.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	LAQ SAQ MCQ Viva	Materia Medica, Practice of Medicine, Paediatrics

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 5.7	KS, CS, PBL, PRF, PC	KH	Minerals	Describe macronutrients and micronutrients.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ	
	KS, CS, PBL, PRF, HO, PC	KH		Describe the sources, functions, dietary requirements, features /signs, and symptoms of deficiency & toxicity of calcium, Phosphorus, Iron, iron toxicity, iodine, iodine toxicity, fluoride, Zinc	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	LAQ SAQ MCQ Viva	Materia Medica, Practice of Medicine, Paediatrics
	KS, CS, PBL, PRF, HO, PC	KH								
	KS, CS, PBL, PRF, HO, PC	KH		Classify major foodstuffs into various food groups.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ	
	KS, CS, PBL, PRF, HO, PC	KH		Identify and describe the nutritive relevance	C-II	MK	1. Lecture 2. Small Group	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				of common food items used in the Indian diet with examples such as rice, wheat, maize, millets, ragi, bajra, pulses, animal foods, milk and milk products, eggs, common vegetables, roots and tubers, fruits and nuts, oils, sugar, jaggery,			Discussion 3. Seminar			
	KS, CS, PBL, PRF, PC	K KH		Define the term balanced diet. Suggest a balanced diet for age-wise and sex-wise.	C-I C-III	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I-T 5.8	KS, CS, PBL, PRF, HO, PC	KH	Nutritional requirements of special groups	Discuss dietary requirements for women during pregnancy and lactation. Plan a suitable nutritious diet for	C-II C-III	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	LAQ SAQ MCQ Viva	Materia Medica, Practice of Medicine, Paediatrics OBG

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				women during pregnancy and lactation.						
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the age-related nutritional needs of infants, children, and adolescents.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	LAQ SAQ MCQ	Materia Medica, Practice of Medicine, Paediatrics
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the composition and advantages of breastfeeding.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	LAQ SAQ MCQ	Materia Medica, Practice of Medicine, Paediatrics OBG
	KS, CS, PBL, PRF, HO, PC	KH		Discuss complementary feeding.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ Viva	Materia Medica, Practice of Medicine, Paediatrics OBG
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the importance of colostrum milk. Identify the myths related to colostrum milk.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ Viva	Materia Medica, Practice of Medicine, Paediatrics OBG

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, CS, PBL, PRF, HO, PC	KH		Counsel and educate the mother and community on best practices of colostrum and complementary feed.	A-I	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	Viva	Materia Medica, Practice of Medicine, Paediatrics OBG
	KS, CS, PBL, PRF, HO, PC	KH		Discuss dietary and nutritional requirements for geriatric groups.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	ME Q SAQ MC Q Viva	Materia Medica, Practice of Medicine, Paediatrics OBG
	KS, CS, PBL, PRF, HO, PC	KH		Plan and appropriate diet advice for respective age groups based on local availability of food and, the economic status of the population.	A-I	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	LAQ ME Q SAQ MC Q Viva	Materia Medica, Practice of Medicine, Paediatrics
Hom UG CM I-T	KS, CS, PBL, PRF, HO, PC	KH	Nutritional problems of public health importance	Describe the epidemiology of malnutrition (both undernutrition and	C-II	MK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	LAQ ME Q SAQ	Materia Medica, Practice of Medicine,
	KS, CS, PBL, PRF, HO, PC	KH								

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
5.9				over nutrition), Protein Energy Malnutrition (PEM), nutritional anaemia, iodine deficiency disorder, Vitamin A, fluorine worldwide and in India.			3. Seminar		MCQ Viva	Paediatrics
	KS, CS, PBL, PRF, PC	KH		Discuss the types of malnutrition.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	LAQ MEQ SAQ MCQ Viva	Materia Medica, Practice of Medicine, Paediatrics
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the methods to measure malnutrition.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	LAQ MEQ SAQ MCQ Viva	Materia Medica, Practice of Medicine, Paediatrics

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the prevention and control measures for malnutrition.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	LAQ MEQ SAQ MCQ Viva	Practice of Medicine, Paediatrics
Hom UG CM I-T 5.10	KS, CS, PBL, PRF, HO, PC	KH	Milk and Meat	Discuss milk and meat hygiene.	C-II	DK	1. Lecture 2. Seminar	MCQ Viva Quiz	SAQ MCQ	
	KS, CS, PBL, PRF, HO, PC	KH		Describe the process of pasteurization. Explain various methods.	C-II	DK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ	
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the various laboratory tests to ensure the safety of milk	C-II	NK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	NA	
Hom	KS, CS, PBL,	KH	Nutritional	Enumerate	C-II	MK	1. Lecture	MCQ	SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
UG CM I-T 5.11	PRF, HO, PC		assessment, surveillance, education and rehabilitation	objectives and methods of nutritional assessment			2. Small Group Discussion 3. Seminar	Viva Quiz	MC Q Viva	
	KS, CS, PBL, PRF, HO, PC	KH		Discuss various anthropometric measurements for nutritional assessment.	C-II P-I	MK	1. Lecture 2. Small Group Discussion 3. Demonstration	MCQ Viva Quiz	SAQ MC Q Viva	
	KS, CS, PBL, PRF, HO, PC	KH		Classify and interpret the nutritional status of infants, children, and adolescents based on anthropometric parameters. Describe the terms stunting, wasting, and underweight.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MC Q Viva	
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the assessment of nutritional status	C-II	MK	1. Lecture 2. Small Group	MCQ Viva Quiz	SAQ MC Q	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				using clinical signs.			Discussion 3. Seminar		Viva	
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the dietary assessment methods for nutritional status.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ Viva	
	KS, CS, PBL, PRF, HO, PC	KH		Describe 24-hour recall and food frequency methods in nutritional assessment.	C-II	DK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ Viva	
	KS, CS, PBL, PRF, HO, PC	KH		Discuss nutritional surveillance and steps in nutritional surveillance.	C-II P-I	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ Viva	
	KS, CS, PBL, PRF, HO, PC	KH		Discuss assessment of the nutritional status using biochemical and laboratory methods.	C-II	MK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ Viva	
	KS, CS, PBL, PRF, HO, PC	K		Describe nutritional rehabilitation.	C-1	NK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	NA	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 5.12	KS	K	Food Safety, Food Hygiene, Food Processing, Food Additives, Food preservatives, Food Fortification, Food adulteration and food toxicants.	Define the terms "food safety", and "food hygiene".	C-1	NK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	NA	
	KS, CS, PBL, PRF, PC	KH		Describe food safety, food hygiene, and the five keys of WHO for safe food.	C-II	DK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ Viva	
	KS, CS, PBL, PRF, PC	KH		Describe food processing and methods of food processing. Discuss the objectives, advantages, and disadvantages of food processing. Enumerate a few common food processing techniques.	C-II	DK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ Viva	
	KS, CS, PBL, PRF, PC	KH		Describe food fortification. Identify the need	C-II	DK	1. Lecture 2. Small Group	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				and benefits of food fortification. Debate the Government Program on food fortification (Food fortification initiative.)			Discussion 3. Seminar		Viva	
	KS, CS, PBL, PRF, PC	KH		Describe food additives. Classify food additives	C-II	DK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ Viva	
	KS, CS, PBL, PRF, PC	KH		Interpret the law related to food additives.	C-II	DK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ Viva	
	KS, CS, PBL, PRF, PC	KH		Describe the principles and methods of food preservation. Discuss the health effects of food preservatives.	C-II	DK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	SAQ MCQ Viva	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, CS, PBL, PRF, PC	KH		Outline the Food Safety and Standards Authority of India (FSSAI)	C-II	NK	1. Lecture 2. Small Group Discussion 3. Seminar	MCQ Viva Quiz	NA	
	KS,	K		Describe Food toxicants	C-I	NK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	NA	
Hom UG CM I-T 5.13	KS,	K	National Nutritional Programs	Enumerate the salient features of the National Nutrition Policy of India.	C-I	NK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	NA	
	KS,	KH		Discuss the nutritional programmes of the Government of India such as Poshan Abhiyan, ICDS. Mid-day Meal Program.	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MC Q	

7.6. Environment and Health including Medical Entomology

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UGCM I-T 6.1	KS	K	Basic introduction to environmental health	Define the term "environment".	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS	KH		Discuss the environment as a determinant of health.	C-II	DK	1. Lecture 2. Small Group Discussion 3. Self-directed learning	MCQ Viva Quiz	SAQ MCQ	
	KS	K		Define the term "environmental health"	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS	KH		Enumerate the components of environmental health.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ	
Hom UGCM	KS	K	Water and Health	Define the terms "Safe and wholesome water", "improved drinking water", "water-borne diseases",	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
I-T 6.2				"water-washed diseases", "water-based diseases", "water-related diseases",						
	KS	KH		Describe the sources of water, their characteristics/qualities, advantages and disadvantages.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Describe the concept of safe and wholesome water.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Indicate the uses and daily requirements of water for various purposes for an individual and family.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Discuss the natural methods of water purification	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS	KH		Discuss the methods of water purification on a small-scale level (household water treatment) and safe storage and large-scale level (Community-based water supply and treatment)	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Describe the water quality criteria and standards	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Enumerate the guidelines of drinking water quality recommended by WHO.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Describe the components and steps of surveillance of drinking water quality.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Recognize fluoridation of	C-II	DK	1. Lecture	MCQ	SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				water			2. Small group discussion	Viva Quiz	MCQ	
	KS	KH		Describe the process of sanitation of the swimming pool.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Discuss the concept of water conservation	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Recognize the sources of water pollution	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Identify the salient features of the National Program for supplying drinking water and sanitation.: national rural drinking water program, Jal Jeevan Mission,	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MEQ SAQ MCQ	
	KS	KH		Enumerate waterborne diseases and their prevention.	C-II	MK	1. Lecture 2. Small group	MCQ Viva Quiz	LAQ MEQ SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							discussion		MCQ	
Hom UG CM I-T 6.3	KS	KH	Sanitation, Solid Waste, Human Excreta and Sewage disposal	Define the term "Sanitation",	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS	KH		Relate the importance of sanitation to health.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ	
	KS	K		Enumerate the steps of handwashing.	C-I	DK	1. Lecture 2. Small group discussion 3. Demonstration	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I-T 6.4	KS	KH	Disposal of Solid waste and wastewater	Define the terms "Solid Waste", "biodegradable waste", "non-biodegradable waste", "e-waste",	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ SAQ	
	KS	KH		Classify solid waste	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS	KH		Discuss the environmental impact of solid waste disposal	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ	
	KS	KH		Differentiate biodegradable and non-biodegradable waste	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Discuss the solid waste management in urban & rural areas from collection, sorting, storage, transportation, and disposal.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Discuss the types of disposals of solid waste with their advantages and disadvantages.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS	KH		Enumerate various methods of composting	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Recognize the laws related to solid waste management.	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS	KH		Describe the disposal methods of wastewater at the household level.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Describe solid waste management during disasters and special events.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Discuss the sanitary waste disposal	C-II	MK	1. Lecture 2. Small group	MCQ Viva Quiz	LAQ MEQ SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							discussion		MCQ	
	KS	KH		Discuss the salient features of Swachh Bharat Abhiyan/ Mission.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
Hom UG CM I-T 6.5	KS	KH	Excreta Disposal	Enumerate the methods of disposal of human excreta.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Describe the sanitary barrier and hygiene barrier.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Differentiate between unsanitary and sanitary methods of excreta disposal.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Discuss the sanitary methods of excreta disposal in unsewered & sewered areas through the waste carriage (sewerage) system	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Discuss the principles behind functioning of	C-II	MK	1. Lecture 2. Small	MCQ Viva	SAQ MCQ	
	KS	KH								

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				sanitary latrines and other methods			group discussion	Quiz		
	KS	KH		Classify the sewerage system.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Enumerate the components & composition of the sewerage system	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Describe Biochemical Oxygen Demand and Chemical Oxygen Demand	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Describe the process involved in the sewerage treatment plant.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Enumerate the	C-II	MK	1. Lecture	MCQ	LAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				effects/hazards of open defecation on health			2. Small group discussion	Viva Quiz	MEQ SAQ MCQ	
	KS	K		Recognize disposal of animal excreta.	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
Hom UGCMI-T 6.6	KS	K	Bio-medical waste and its management	Define the terms “bio-medical waste”, “hospital waste”,	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Discuss the components of biomedical waste /	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Classify the types of hospital waste / hazardous waste as per WHO	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Discuss the consequences/types of hazards while handling bio-medical waste/hazardous waste.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Enumerate the steps in the	C-II	MK	1. Lecture	MCQ	LAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				management of biomedical waste			2. Small group discussion	Viva Quiz	MEQ SAQ MCQ	
	KS	KH		Describe the various technologies and standards for the treatment of hospital waste/biomedical waste.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH								
	KS	K		Outline the bio-medical waste management rules as per the Government of India.	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
Hom UGCMI-T 6.7	KS	K	Temperature and health	Define the term “thermal stress”	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS	KH		Describe the adverse effects of a hot environment on health including heat stroke, heat exhaustion, and others.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Discuss the prevention of health illness.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, HO	KH		Enumerate the immediate first aid management of heat stroke. Discuss Homoeopathic management	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine
	KS	KH		Describe the adverse effects of a cold environment on health including hypothermia, frostbite, and other cold injuries.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine
	KS	KH		Discuss the prevention of cold illness.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Practice of Medicine
	KS, HO	KH		Enumerate the immediate first aid management of cold illness. Discuss Homoeopathic management	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine
	KS	KH		Discuss the adverse effects of a high-altitude environment.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine
	KS	KH		Enumerate prevention of	C-II	MK	1. Lecture	MCQ	LAQ	Practice of

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				adverse effects of high altitude.			2. Small group discussion	Viva Quiz	MEQ SAQ MCQ	Medicine
	KS, HO	KH		Enumerate the immediate first aid measures for managing the adverse effects of high altitude. Discuss Homoeopathic management	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine
Hom UG CM I-T 6.8	KS	KH	Noise and health	Discuss the health effects of noise	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine
Hom UG CM I-T 6.9	KS	KH	Environmental Pollution	Define environmental pollution. Enumerate various types of environmental pollution.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
Hom UG CM	KS	KH	Air and health	Discuss the acute and chronic ill effects of health due to air pollution.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
I-T 6.10	KS	KH		Describe the major causes of air pollution.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Describe the various components of air pollution.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Describe monitoring of air pollution and AQI	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Discuss the prevention and control of air pollution	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
Hom UGCM I-T 6.11	KS	KH	Ventilation and health	Describe the effects of inadequate ventilation on the health of the community	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Discuss the types of ventilation.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Enumerate the norms and	C-II	MK	1. Lecture	MCQ	LAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				standards of adequate ventilation.			2. Small group discussion	Viva Quiz	MEQ SAQ MCQ	
Hom UGCM I-T 6.12	KS	KH	Radiation and health	Enumerate the sources of radiation exposure	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Discuss the types of radiation	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine
	KS	KH		Describe the effects of radiation on health.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine
	KS	KH		Describe the measure for prevention and protection against radiation exposure.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
Hom UGCM I-T 6.13	KS	KH	Light and Health	Classify types of light.	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS	KH		Discuss the biological effects of light	C-II	DK	1. Lecture 2. Small	MCQ Viva	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							group discussion	Quiz		
	KS	KH		Discuss the types of light pollution	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I-T 6.14	KS	KH	Housing and Health	Describe healthful housing.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Recognize the housing standards.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MEQ SAQ MCQ	
	KS	KH		Enumerate the factors affecting healthful housing.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MEQ SAQ MCQ	
	KS	KH		Enumerate the problems experienced in poor housing.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Describe the hazards of overcrowding	C-II	DK	1. Lecture 2. Small group	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							discussion			
	KS	KH		Describe the impact of climate change and the global greenhouse effect on health	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Practice of Medicine
Hom UG CM I-T 6.15	KS	K	Laws of environmental pollution	List the laws in dealing with environmental pollution in India	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
Hom UG CM I-T 6.16	KS	K	Medical Entomology	Define the terms “medical entomology”, “arthropod”	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	Parasitology
	KS	K		Enumerate the arthropods of medical importance and the diseases transmitted by them.	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ	
	KS	KH		Describe the principles of vector control.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MEQ SAQ MCQ	Parasitology

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS	KH		Enumerate the personal protective measures from vectors.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MEQ SAQ MCQ	
	KS	KH		Describe integrated vector control	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MEQ SAQ MCQ	Parasitology
	KS	KH		Describe the life cycle of vectors of public health importance (mosquitoes, house fly, sandflies, fleas, human lice, ticks, mites, scabies)	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ	Parasitology
	KS	KH		Describe the various vector control measures	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MEQ SAQ MCQ	
	KS	K		Enumerate the diseases transmitted by rodents and, the mode of spread.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MEQ SAQ MCQ	Practice of Medicine,
	KS	KH		Discuss the prevention and control measures of rodents.	C-II	MK	1. Lecture 2. Small group	MCQ Viva Quiz	MEQ SAQ MCQ	Parasitology

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							discussion			
	KS	KH		Enumerate the hazards of injudicious use of insecticides.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Describe the salient features of the National Vector Borne Diseases Control Program.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MEQ SAQ MCQ	

7.7. **Mental Health**

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM	KS	K	Mental Health	Define the term “mental health” as per	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
I- T 7.1				WHO.						
	KS	KH		Describe the concept of mental health.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Discuss the epidemiology of mental health disorders.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Compare the disease burden of mental health globally and in India.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Enumerate the early warning signs of mental health disorders	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Enumerate the types of mental disorders according to	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				ICD 10/11						
	KS	KH		Discuss the risk factors of mental health disorders.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, , CS, PBL, PRF	KH		Describe prevention and control of mental health problems.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, , CS, PBL, PRF	KH		Interpret mental illness and stigma.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Discuss the objectives, strategy, and components of the National Mental Health Programme.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	K		Recognize the Mental Health Care Act 2017.	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS	K		Recognize the	C-I	NK	1. Lecture	MCQ	NA	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				National Mental Health Policy of India			2. Small group discussion	Viva Quiz		
Hom UG CM I-T 7.2	KS	KH	Health problems due to tobacco, alcohol, and drug abuse.	Describe the disease burden due to tobacco, alcohol, and drug abuse in India and worldwide.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Enumerate tobacco, alcohol, related diseases.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH								
	KS, , CS, PBL, PRF	KH		Discuss prevention and control of tobacco and alcohol abuse in the community.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	K		Define the term “drug abuse” or	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				"substance use.						
	KS	KH		Enumerate the risk factors of drug abuse.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Enumerate the common classes of abused drugs in India.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Enumerate the adverse outcomes of drug abuse.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, , CS, PBL, PRF	KH		Discuss the strategies for prevention and control of drug abuse.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	K		Recognise the Tobacco control legislation in India	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS	K		Discuss the objectives, and	C-I	DK	1. Lecture 2. Small group	MCQ Viva	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				components of the National Tobacco Control Programme.			discussion	Quiz		
	KS, PC, CS, PBL, PRF	S		Prepare health education materials for prevention and control of tobacco and alcohol abuse in the community. Create awareness	P-II	MK	Demonstration	DOPS	NA	

7.8. **Reproductive, Maternal, Newborn, Child and Adolescent Health and related National Health Programmes**

Competenc	Domian	Mille	Content	Specific Learning	Bloom	Priorit	T-L M/M	Assessment	Integratio

y No	Competency	r		Objectives	/Gilbert	y		Formative	Summative	n
Hom UG CM I-T 8.1	KS,	KH	RMNCHA Introduction	Describe the components of RMNCHA	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Describe the current status of Reproductive, Maternal, Newborn, Child, and Adolescent health in India.	C-II	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
Hom UG CM I-T 8.2	KS, PC, CS	KH	Maternal Health	Enumerate the major health problems of women	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	OBG
	KS, PC	KH		Discuss the objectives, frequency, and components of antenatal care.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PC, PRF, PBL, HO, CS	KH		Describe history taking, and laboratory tests required to be conducted during antenatal checkup.	CII P-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PC, PRF, PBL, CS, HO	KH		Describe the services provided in Antenatal Care.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PC, PRF,	KH		Describe the intra-natal	C-II	MK	1. Lecture	MCQ	LAQ	OBG

Competency No	Domian Competency	Miller	Content	Specific Learning Objectives	Bloom /Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	PBL, CS			care.			2. Small group discussion	Viva Quiz	MEQ SAQ MCQ	
	KS, PC, PRF, PBL, CS	KH		Discuss domiciliary intranatal care. Describe the role of the birth attendant/midwife.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PC, PRF, PBL, CS	KH		Enumerate the prerequisites for safe home delivery. Describe the Dos and Don'ts of home delivery.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PRF, PBL,	KH		Identify the danger signs in the mother and child to be referred to FRU.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PC, PRF, PBL, HO, CS	KH		Enumerate the objectives of post-natal care. Describe post-natal care. Discuss Homoeopathic approach	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PC, PRF, PBL, HO, CS	KH		Identify the complications of the	C-II	MK	1. Lecture 2. Small	MCQ Viva	LAQ MEQ	OBG

Competency No	Domian Competency	Miller	Content	Specific Learning Objectives	Bloom /Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				postnatal period /puerperium.			group discussion	Quiz	SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss high-risk pregnancies and their interventions. Discuss homoeopathic approach	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PC, PRF, PBL, HO, CS	KH		Describe Essential Obstetric Care.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PC, PRF, PBL, HO, CS	KH		Describe Emergency Obstetric Care.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PC, PRF, PBL, HO, CS	KH		Enumerate the indicators of maternal health	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS,	K		Define the term “maternal mortality rate” (MMR)	C-I	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG,
	KS,	KH		Enumerate the maternal mortality indices. Compare the magnitude	C-II	DK	1. Lecture 2. Small group	MCQ Viva Quiz	LAQ MEQ SAQ	OBG

Competency No	Domian Competency	Miller	Content	Specific Learning Objectives	Bloom /Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				of MMR in different states of India.			discussion		MCQ	
	KS	KH		Enumerate the risk factors/causes of MMR in India.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PC, PRF, PBL, HO, CS	KH		Enumerate the prevention of MMR.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, , PRF, PBL, CS	KH		Discuss the Maternal Death Review	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PC, PRF, PBL, HO, CS	KH		Discuss verbal autopsy as a tool for the review of maternal and child deaths.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	OBG
Hom UG CM I-T 8.3	KS, PC, PRF, PBL, CS	KH	Gender issues and women's empowerment	Discuss gender inequality in India.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	OBG
	KS, PC, PRF, PBL, HO, CS	KH		Enumerate the government policies and schemes for women's	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	OBG

Competency No	Domian Competency	Miller	Content	Specific Learning Objectives	Bloom /Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				empowerment.						
	KS, PC, PRF, PBL, HO, CS	KH		Enumerate the Maternal Health programs in India	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	OBG
	KS, PC, PRF, PBL, CS	K		Discuss the salient features of Janani Shishu Suraksha Karyakram (JSSK)	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL, CS	K		Discuss the salient features of the Janani Suraksha Yojana (JSY)	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL, CS	K		Discuss the salient features of Pradhan Mantri SurakshitMatritva Abhiyan (PMSMA)	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL,CS	K		Discuss the salient features of SurakshitMatritvaAashwasan (SUMAN)	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I-T 8.4	KS, PC, PRF, PBL, HO, CS	KH	Care of Newborn	Enumerate the essential newborn care.	C-II	MK	1. Lecture 2. Small group	MCQ Viva Quiz	LAQ MEQ SAQ	Paediatrics

Competency No	Domian Competency	Miller	Content	Specific Learning Objectives	Bloom /Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							discussion		MCQ	
	KS, PC, PRF, PBL, HO, CS	KHS		Examine newborns for malformation, injuries, and other risk factors.	C-II P-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Describe routine care at birth, early neonatal care, immediate neonatal care,	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Describe risk identification in the newborn	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Discuss Kangaroo Mother Care (KMC)	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Describe the procedure of breastfeeding. Enumerate the advantages of breastfeeding	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the principles of artificial feeding.	C-II	MK	1. Lecture 2. Small group	MCQ Viva Quiz	SAQ MCQ	Paediatrics

Competency No	Domian Competency	Miller	Content	Specific Learning Objectives	Bloom /Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							discussion			
	KS,	KH		Define the term "neonatal mortality rate".	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL,CS	KH		Discuss the prevention of neonatal mortality.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Paediatrics
	KS,	K		Define the term "Perinatal mortality".	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	Paediatrics
	KS, PC, PRF, PBL,, CS	KH		Discuss the prevention of perinatal mortality.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MEQ SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, CS	KH		Discuss the concept of home-based newborn care. Enumerate the components and advantages of home-based newborn care.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Discuss Mother and Child Tracking System	C-II	DK	1. Lecture 2. Small	MCQ Viva	SAQ MCQ	

Competency No	Domian Competency	Miller	Content	Specific Learning Objectives	Bloom /Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				(MCTS)			group discussion	Quiz		
Hom UG CM I-T 8.5	KS,	K	Infant and Child Healthcare	Define the term "Infant Mortality Rate" (IMR), Under-Five Children mortality, and "Low Birth Weight Babies".	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the burden of infant mortality in India and globally.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the determinants of Infant mortality	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Describe the preventive measures of infant mortality.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the burden of Low Birth Weight (LBW) babies in India and globally.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Classify low birth weight babies.	C-II	MK	1. Lecture 2. Small group	MCQ Viva Quiz	SAQ MCQ	Paediatrics

Competency No	Domian Competency	Miller	Content	Specific Learning Objectives	Bloom /Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							discussion			
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the causes of preterm births.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the management and preventive measures for LBW babies. Discuss the homoeopathic approach in managing LBW	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, CS	KH		Discuss government initiatives to reduce low birth weight babies.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
Hom UG CM I-T 8.6	KS, PC, PRF, PBL, HO, CS	KH	Under-Five Children	Describe the objectives and functions of Under-Five Clinics (Well Baby Clinic).	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the magnitude, causes, prevention, and control of childhood infections. Discuss the	C-II	MK	1. Lecture 2. Small group discussion 3. Case	MCQ Viva Quiz	SAQ MCQ	Paediatrics

Competency No	Domian Competency	Miller	Content	Specific Learning Objectives	Bloom /Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				homoeopathic approach to managing childhood infections			study			
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the risk factors of congenital birth defects.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the prevention of birth defects.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Identify the common childhood disabilities.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Describe the prevention of childhood disabilities.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the cause of mortality among children and associated factors.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Enumerate the factors associated with child mortality.	C-II	MK	1. Lecture 2. Small group	MCQ Viva Quiz	SAQ MCQ	Paediatrics

Competency No	Domian Competency	Miller	Content	Specific Learning Objectives	Bloom /Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							discussion			
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the national strategies and interventions to reduce IMR and U5MR	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
Hom UG CM I-T 8.7	KS, PC, PRF, PBL, HO, CS	KH	Growth and Development of Child	Enumerate the various growth indicators and monitor the development of the child.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the features of the growth chart.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the importance of the growth chart.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
Hom UG CM I-T 8.8	KS, PC, PRF, PBL, HO, CS	KH	Adolescents Health	Describe the health issues of adolescents. Discuss the homoeopathic approach in managing the health issues of adolescents	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics

Competency No	Domian Competency	Miller	Content	Specific Learning Objectives	Bloom /Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss adolescent reproductive and sexual health problems. Discuss the homoeopathic approach to managing reproductive and sexual health problems	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Enumerate adolescent-friendly health services.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
Hom UG CM I-T 8.9	KS, PC, PRF, PBL, HO, CS	KH	Reproductive health	Discuss the concept of reproductive health.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Enumerate the 12 pillars of reproductive health	C-II		1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the burden of infertility in India	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics
	KS, PC, PRF, PBL, HO, CS	KH		Describe the methods of Assisted	C-II	MK	1. Lecture 2. Small	MCQ Viva	SAQ MCQ	OBG

Competency No	Domian Competency	Miller	Content	Specific Learning Objectives	Bloom /Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				Reproductive Technology Discuss the homoeopathic approach to managing infertility			group discussion	Quiz		
	KS, PC, PRF, PBL, HO, CS	KH		Trace the Reproductive and Child health phases 1 and 2 in India.	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the essential features of the RMNCHA+ Approach	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I-T 8.10	KS, PC, PRF, PBL, HO, CS	KH	Immunisation	Discuss the child immunisation program and immunisation schedule.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Paediatrics

7.9. Geriatric Health and Health of Specially Abled Population

SI.	Domain	Miller	Content	Specific Learning	Bloom/Gilbert	Priority	T-L M/M	Assessment	Integration

No	Competency			Objectives				Formative	Summative	
Hom UG CM I-T 9.1	KS	K	Definitions	Define the terms “Aging Population”, “Geriatrics”, “Old Age”, “Elderly”, and “Gerontology”	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
Hom UG CM I-T 9.2	KS, PC, PRF, PBL,	KH	Concept of Geriatric Services	Describe the concept of geriatric services.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL, CS	KH		Discuss the demography and importance of the aging/elderly population in public health.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL, CS	KH		Discuss the indicators or signs of aging	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL,	KH		Discuss the physiological and structural changes of aging	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Physiology
	KS	K		Relate the theories of aging	C-I	NK	1. Lecture 2. Small group	MCQ Viva Quiz	NA	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							discussion			
	KS, PC, PRF, PBL, HO, CS	KH		Describe the health problems of the elderly population, elderly females, and elderly males.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Practice of Medicine Materia Medica
	KS, PC, PRF, PBL, HO, CS	KH		Discuss early diagnosis, treatment, and prevention of the problems of the elderly. Discuss Homoeopathic approach in managing problames of elderly.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Practice of Medicine Materia Medica
Hom UG CM I-T 9.3	KS, PC, PRF, PBL, HO, CS	KH	Prevention and Control of Health Problems of the Elderly	Describe the guiding principles or approaches of elderly care.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Practice of Medicine
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the medical measures for prevention and control of health problems of the elderly.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Enumerate the social security measures for the elderly population.	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, PC, PRF, PBL, HO, CS	K		Discuss the legal measures for the prevention and control of health problems of the elderly population	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS, PC, PRF, PBL, HO, CS	K		Discuss the engineering measures prevention and control of health problems of the elderly population.	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the role of the community, government, and NGOs in managing the health of the elderly.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I-T 9.4	KS, PC, PRF, PBL, HO, CS	KH	National Health Programs	Describe the salient features of the National Program for the Healthcare of Elderly (NPHCE)	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL,	K		Trace the salient features of National Policy on older persons.	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
Hom	KS, PC,	KH	End-of-Life	Discuss the end-of-life	C-II	DK	1. Lecture	MCQ	SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
UG CM I-T 9.5	PRF, PBL, HO, CS		Care and Palliative Care of the Elderly	care and Palliative care in the Elderly			2. Small group discussion	Viva Quiz	MCQ	
Hom UG CM I-T 9.6	KS, PC, PRF, PBL, HO, CS	KH	Comprehensive Geriatric Assessment	Discuss various geriatric assessment tools and Instruments.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I-T 9.7	KS, PC, PRF, PBL, HO, CS	KH	Disability / Healthcare of Specially abled population	Discuss disability as a public health problem.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the determinants of disabilities in India.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the epidemiology of disability	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS,	K		Classify disability according to the International Classification of	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				Functioning, Disability, and Health						
	KS	K		Discuss the salient features of "The Right to Health of Persons with Disabilities in India"	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS, PC, PRF, PBL, HO, CS	KH		Outline the community-based rehabilitation	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Analyse access to healthcare for the disabled population.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the role of Homoeopathy in Physical disability and Mental disability disorders.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	Organon of medicine and Materia Medica

7.10. **Demography, Vital Statistics, Family Welfare Planning and Contraception**

SI.	Domain	Miller	Content	Specific Learning	Bloom/Gilbert	Priority	T-L M/M	Assessment	Integration

No	Competency			Objectives				Formative	Summative	
Hom UG CM I-T 10.1 Hom UG CM I-T 10.2	KS,	K	Definition	Define the term "Demography",	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH	Demographic Cycle/Transition	Describe demographic cycle	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Discuss the demographic cycle and population dynamics in the Indian context.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS,	KH		Discuss the importance of demography in public health or community medicine.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Recognize demographic transition.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PBL,	KH		Examine the population trend of the world and	C-II	NK	1. Lecture 2. Small group	MCQ Viva Quiz	NA	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				India.			discussion			
	KS, PBL,	KH		Recognise the population trend state-wise in India.	C-II	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS, PBL,	KH		Discuss the causes and consequences of the population explosion in India.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PBL,	KH		Discuss demographic dividend in the Indian context.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PBL,	KH		Discuss population stabilization and population momentum.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I-T 10.3	KS	KH	Population statistics	Discuss Age and Sex composition	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Define the terms “Sex ratio”, “Child Sex Ratio”, “Sex Ratio at Birth”,	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS	KH		Compare the trends in the Sex ratio	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PBL	KH		Enumerate the causes, implications, and preventive measures for low sex ratio.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PBL	KH		Compare various types of population pyramids.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I-T 10.4	KS	KH	Demographic Profile	Discuss the demographic profile of India.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PBL	KH		Explain the impact of population growth on the health of the population.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Define the term "Density of	C-I	DK	1. Lecture 2. Small	MCQ Viva	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				Population"			group discussion	Quiz		
	KS	KH		Discuss India's demographic achievement.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
Hom UG CM I-T 10.5	KS	KH	Vital Statistics	Discuss the term "Dependency Ratio" and its importance	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Identify the current literacy rate in India and its importance in healthcare.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	K		Define the terms "Birth Rate", "Death Rate"	C-I	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Discuss the interstate birth rate differentials in India and its determinants.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Discuss the growth	C-II	MK	1. Lecture	MCQ	SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				rate of the population in India.			2. Small group discussion	Viva Quiz	MCQ	
	KS, PBL,	KH		Calculate crude and specific mortality rates.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
Hom UG CM I-T 10.6	KS	K	Measures of Fertility	Define the terms "General Fertility Rate", and "Age Specific Fertility Rate".	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PBL,	KH		Calculate the General Fertility Rate. Discuss its significance.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	OBG
	KS, PBL,	KH		Discuss the implications of the fertility rate.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	OBG
	KS	KH		Define the term "General Marital Fertility Rate".	C-I	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PBL,	KH		Discuss the						OBG

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				implications of the general marital fertility rate.						
	KS	KH		Define the term "Age Specific Fertility Rate".	C-I	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PBL,	KH		Discuss the implications of the age-specific fertility rate.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS	KH		Define the terms "Gross Reproduction Rate, Net Reproduction Rate, eligible couple, Couple Protection Rate, and their importance.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PBL, PC	KH		Discuss parity, birth interval, and child-women ratio.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PBL,	KH		Calculate and	C-II	MK	1. Lecture	MCQ	LAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				interpret demographic indices such as birth rate, death rate, and fertility rates.			2. Small group discussion	Viva Quiz	MEQ SAQ MCQ	
	KS, PBL, PC	KH		Enumerate the methods of population control.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS,	KH		Discuss the salient features of National Population Policy 2000	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
Hom UG CM I-T 10.7	KS	KH	Vital Statistics: Sources of information /vital statistics	Enumerate the various sources of data or health information/ vital statistics	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS	KH		Describe the process of the census.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Enumerate the various data	C-II	MK	1. Lecture 2. Small	MCQ Viva	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				collected in the census.			group discussion	Quiz		
	KS	KH		Discuss the key findings in the previous Census in India.	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Discuss Sample Registration System. Discuss the uses and importance of SRS in Healthcare.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Discuss the National Family Health Survey, its objectives, and its uses.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ SAQ MCQ	
	KS, PBL	KH		Compare the last two National Family Health Surveys.	C-II	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	NA	
	KS	KH		Describe National Sample Survey	C-II	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS	KH		Discuss the Civil Registration System.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS	KH		Discuss the National and International Disease Notification.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PBL	KH		Discuss disease registries.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PBL	KH		Discuss epidemiological surveillance data	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
	KS, PBL	KH		Discuss records of hospitals and health services.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I-T	KS	K	Family Welfare	Define the term “Family Planning”	C-I	NK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	OBG

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
10.8	KS, PBL, PC, CS	KH		Enumerate the objectives of family planning	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PBL, PC, CS	KH		Discuss the salient feature of the National Family Welfare Program.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PBL, PC, CS	KH		Classify family planning methods	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
Hom UG CM I-T 10.9	KS, PBL, PC, CS, PRF	KH	Contraception	Describe the various family planning / contraceptive methods, and their advantages and disadvantages.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
	KS, PBL, PC, CS, PRF	S		Demonstrate the use of family methods using mannequins/model	P-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	Viva DOPS	OBG
	KS, PBL,PC, CS, PRF	S		Counsel and educate couples on	A-II	MK	1. Lecture 2. Small	MCQ Viva	SAQ MCQ	OBG

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				appropriate contraceptive methods			group discussion	Quiz		
Hom UG CM I-T 10.10	KS	K	MTP Act	Trace the MTP Act in India	C-I	DK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	OBG
	KS, PBL, PRF	KH		Discuss the features/provisions of the ACT including the amendments (1971 and 2021)	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG
Hom UG CM I-T 10.11	KS, PBL, PRF	KH	PC PNDT Act	Discuss the Pre-Conception and Pre-Natal Diagnostic Techniques Act 1994 and its amendments. (PC PNDT Act)	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	OBG

7.11. **Communicable Diseases and Relevant National Health Programmes**

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 11.1	KS, PC, PRF, PBL, HO, CS	K	Definitions	Define the terms "Infection", "Infectious disease", "Infectious Agent", "incubation period", "infectivity", "Communicable diseases",	C-I	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Differentiate between infection and infectious diseases	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I-T	KS, PC, PRF, PBL, HO, CS	KH		Differentiate between communicable diseases	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
11.2				and infectious diseases.						
	KS, PC, PRF, PBL, HO, CS	KH	Classification of Infectious diseases	Classify infectious diseases	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I T 11.3	KS, PC, PRF, PBL, HO, CS	KH	General epidemiology of airborne diseases	Discuss the modes of transmission, measures of prevention, and control of airborne diseases.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I T 11.4	KS, PC, PRF, PBL, HO, CS	KH	Respiratory Infections (Chickenpox, Measles, Rubella, Mumps, Influenza, Diphtheria, Whooping Cough, Meningococcal Meningitis, Acute Respiratory Infections, SARS, COVIID19, Tuberculosis)	Describe the disease burden (worldwide and India) epidemiology, agent factors, host factors, clinical features, diagnosis, essential laboratory test, types, complications, mode of transmission, prevention, and control measures of Respiratory Infectious	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology , Biochemistry

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the global and Indian strategies for the prevention and control of Respiratory infections at the community level	C-II	DK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the home-based care of Respiratory Infections	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PC, PRF, PBL, HO,	KH		Discuss the adverse reactions to	C-II	MK	1. Lecture 2. Small group	MCQ Viva Quiz	LAQ MEQ SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	CS			Respiratory Infections Vaccine			discussion 3. Seminar 4. Library Reference		MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss homoeopathic prophylaxis and management of Respiratory infections at the community level	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology , Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Enumerate the risk factors for tuberculosis.	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							Reference			, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the epidemiological indices of Tuberculosis.	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology , Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the case definitions for tuberculosis.	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine,
	KS, PC, PRF, PBL, HO, CS	KH		Enumerate the treatment regimen of newly diagnosed,	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				previously treated, drug-resistant tuberculosis cases.			4. Library Reference			Microbiology, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Discuss treatment outcome definition, MDR and XDR	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the global and Indian strategies / public health measures for the prevention and control	C-II	DK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				of Tuberculosis.						
	KS, PC, PRF, PBL, HO, CS	KH		Discuss homoeopathic prophylaxis and management of Tuberculosis at the community level	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Trace the history of the National Tuberculosis Control Program	C-I	NK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	NA	
	KS, PC, PRF, PBL, HO,	KH		Discuss the National Tuberculosi	C-II	MK	1. Lecture 2. Small group	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	CS			s Elimination Program			discussion 3. Seminar 4. Library Reference			
	KS, PC, PRF, PBL, HO, CS	KH		Describe Directly Observer Treatment (DOTs)	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the Revised National Tuberculosis Control Program.	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the diagnosis of tuberculosi	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				s under RNTCP			3. Seminar 4. Library Reference			
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the Nikshay program	C-II	DK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the relationship of Tuberculosis and HIV/AIDS	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
Hom UG CM I T 11.5	KS, PC, PRF, PBL, HO, CS	KH	Intestinal Infections (Polio Myelitis, Viral Hepatitis, Acute Diarrhoeal	Describe the disease burden (worldwide and India)	C-II	MK	1. Lecture 2. Small group discussion 3.	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
			Diseases, Cholera, Thyphoid Fever, Food Poisoning, Amoebiasis, Ascariasis, Shigellosis, Anthrax, Hookworm Infections, Dracunculiasis	epidemiology, agent factors, host factors, clinical features, diagnosis, essential laboratory test, types, complications, mode of transmission, prevention, and control measures of Intestinal Infections			Seminar 4. Library Reference			Medica Microbiology, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the global and Indian strategies for the	C-II	DK	1. Lecture 2. Small group discussion 3.	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				prevention and control of Intestinal Infections at the community level			Seminar 4. Library Reference			
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the home-based care of Intestinal Infections	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the adverse reactions to the Intestinal Infections	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PC,	KH		Discuss	C-II	MK	1. Lecture	MCQ	LAQ	Practice of

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	PRF, PBL, HO, CS			homoeopathic prophylaxis and management of Intestinal Infections at the community level			2. Small group discussion 3. Seminar 4. Library Reference	Viva Quiz	MEQ SAQ MCQ	Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the objectives and steps of Acute Flaccid Paralysis (AFP) surveillance.	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry
				Discuss the polio eradication strategy.	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine,

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
							3. Seminar 4. Library Reference			Materia Medica Microbiology, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the National Diarrheal Diseases Control Program	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Describe the steps of preparation of ORS.	C-II P-I	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry
	KS, PC, PRF,	KH		Discuss the causes of	C-II	MK	1. Lecture 2. Small	MCQ Viva	LAQ MEQ	Practice of Medicine,

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	PBL, HO, CS			food poisoning			group discussion 3. Seminar 4. Library Reference	Quiz	SAQ MCQ	Organon of Medicine, Materia Medica Microbiology, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Describe the investigation of an outbreak of food poisoning.	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry
Hom UG CM I T 11.6	KS, PC, PRF, PBL, HO, CS	KH	Arthropod Infections (Dengue Syndrome, Malaria, Lymphatic Filariasis, Zika Virus Disease)	Describe the disease burden (worldwide and India) epidemiology, agent factors, host	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				factors, clinical features, diagnosis, essential laboratory test, types, complications, mode of transmission, prevention, and control measures of Arthropod Infections						
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the global and Indian strategies for the prevention and control of Arthropod	C-II	DK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				Infections at the community level						
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the home-based care of Arthropod Infections	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the adverse reactions to Arthropod Infections Vaccine	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss homoeopathic prophylaxis	C-II	MK	1. Lecture 2. Small group discussion	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine,

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				and management of Arthropod Infections at the community level			3. Seminar 4. Library Reference			Materia Medica Microbiology, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the Dengue &Malaria surveillance /epidemiological survey	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Describe the epidemiological indices for dengue: larval	C-II	DK	1. Lecture 2. Small group discussion 3. Seminar 4. Library	MCQ Viva Quiz	SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				survey, pupae survey,			Reference			, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Describe indices related to parasite: Annual Parasite Index, Annual Blood Examination Rate, Slide positivity rate, vector indices, larval surveys.	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology , Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the objectives, features, and activities of	C-II	MK	1. Lecture 2. Small group discussion 3.	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				the National Vector Borne Disease Control Programme.			Seminar 4. Library Reference			Medica Microbiology, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Trace the history of the National Malaria Control Program in India.	C-II	NK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	NA	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the salient features of the National Framework for Malaria Elimination in India.	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the National Filariasis Control Program and NVBDCP.	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	SAQ MCQ	
Hom UG CM I T 11.7	KS, PC, PRF, PBL, HO, CS	KH	Zoonoses Diseases - Viral (Rabies, Yellow Fever, Nipah virus infection, Japanese Encephalitis, Ebola, Kyasanur Forest diseases) - Bacterial (Chikungunya, Brucellosis, Leptospirosis, Plague, Human Salmonellosis) - Rickettsial	Describe the disease burden (worldwide and India) epidemiology, agent factors, host factors, clinical features, diagnosis, essential laboratory test, types, complicatio	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
			Disease (Rickettsial disease, Scrub Typhus, Murine Typhus, Q-Fever - Parasitic Zoonosis (Taeniasis, Hydatid Disease, Leishmaniosis)	ns, mode of transmission, prevention, and control measures of Zooneses Diseases						
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the global and Indian strategies for the prevention and control of Zooneses Diseases at the community level	C-II	DK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the home-based care of Zooneses Diseases	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the adverse reactions to Zooneses Diseases Vaccine	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss homoeopathic prophylaxis and management of Zooneses Diseases	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				at the community level						
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the National Program for Prevention and Control of Japanese Encephalitis and NVBDCP.	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry
Hom UG CM I T 11.8	KS, PC, PRF, PBL, HO, CS	KH	Surface Infections (Trachoma, Tetanus, Leprosy, STD, YAWS, AIDS)	Describe the disease burden (worldwide and India) epidemiology, agent factors, host factors, clinical	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				features, diagnosis, essential laboratory test, types, complications, mode of transmission, prevention, and control measures of Surface Infections						
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the global and Indian strategies for the prevention and control of Surface Infections at the	C-II	DK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	SAQ MCQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				community level						
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the home-based care of Surface Infections	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the adverse reactions to Surface Infections	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	
	KS, PC, PRF, PBL, HO, CS	KH		Discuss homoeopathic prophylaxis and manageme	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				nt of Surface Infections at the community level			4. Library Reference			Microbiology, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the National Program for Prevention and Control of Surface Infections	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry
Hom UG CM I-T 11.09	KS, PC, PRF, PBL, HO, CS	KH	Hospital Acquired Infections / Nosocomial infections.	Define the term "Nosocomial infection"	C-I	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	MCQ	Practice of Medicine,
	KS, PC,	KH		Describe	C-II	MK	1. Lecture	MCQ	LAQ	Practice of

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	PRF, PBL, HO, CS			the magnitude, impact, epidemiology-agent factors, Host /patient factors, and environmental factors for Nosocomial infections.			2. Small group discussion 3. Seminar 4. Library Reference	Viva Quiz	MEQ SAQ MCQ	Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Enumerate the types of Hospital Acquired Infections	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology, Biochemistry
	KS, PC, PRF,	KH		Discuss the prevention	C-II	MK	1. Lecture 2. Small	MCQ Viva	LAQ MEQ	Practice of Medicine,

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	PBL, HO, CS			and control of Hospital Acquired Infections.			group discussion 3. Seminar 4. Library Reference	Quiz	SAQ MCQ	Organon of Medicine, Materia Medica Microbiology , Biochemistry
	KS, PC, PRF, PBL, HO, CS	KH		Discuss the Universal Precautions .	C-II	MK	1. Lecture 2. Small group discussion 3. Seminar 4. Library Reference	MCQ Viva Quiz	LAQ MEQ SAQ MCQ	Practice of Medicine, Organon of Medicine, Materia Medica Microbiology , Biochemistry

7.12. **Occupational Health**

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 12.1	KS, CS, PBL, PRF, PC	K	Occupational Health	Define the term "Occupational Health"	C-I	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	
	KS, CS, PBL, PRF, PC	KH		Discuss the objectives of occupational health	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
	KS, CS, PBL, PRF, , PC	KH		Classify Occupational Hazards	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
	KS, CS, PBL, PRF, PC	KH		Discuss the magnitude of occupational health in India	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	
	KS, CS,	KH		Discuss the	C-II	MK	1. Lecture	MCQ	LAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	PBL, PRF, PC			Engineering, Medical, Personal Protective Equipment, and Legislative measures of prevention and control of occupational diseases.			2. Small group discussion 3. Brain Storming	Viva Quiz	MEQ MCQ, SAQ	
	KS, CS, PBL, PRF, PC	KH		Discuss the scope and benefits of The Factories Act 1948.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the scope and benefits of The ESI Act 1948	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
Hom UG CM I-T 12.2	KS, CS, PBL, PRF, , PC	KH	Ergonomics	Define the term “Ergonomics”.	C-I	DK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, CS, PBL, PRF, PC	KH		Discuss the principles and benefits of ergonomics.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
	KS, CS, PBL, PRF, PC	KH		Discuss sickness absenteeism.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
Hom UG CM I-T 12.3	KS, CS, PBL, PRF, PC	KH	Health Hazards in Agriculture	Describe the occupational health hazards in agriculture.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the prevention and control of health hazards in agriculture Discuss Homoeopathic management	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	Organon Materia Medica
Hom	KS, CS,	KH	Health	Describe the biological,	C-II	MK	1. Lecture	MCQ	LAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
UG CM I-T 12.4	PBL, PRF, PC		Hazards in Healthcare Professionals	ergonomic, chemical, physical, psychosocial, and emotional hazards in healthcare professionals.			2. Small group discussion 3. Brain Storming	Viva Quiz	MEQ MCQ, SAQ	
	KS, CS, PBL, PRF, PC	KH		Discuss the prevention and control of health hazards in healthcare professionals	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
Hom UG CM I-T 12.5	KS, CS, PBL, PRF, HO, PC	KH	Health Hazards in other sectors	Describe the occupational health hazards in other sectors such as IT, Education, Mechanical, etc.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the prevention and control of health hazards Discuss Homoeopathic management	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
Hom UG	KS, CS, PBL, PRF,	KH	Occupational Diseases	Discuss the causes of occupational diseases	C-II	MK	1. Lecture 2. Small	MCQ Viva	MCQ, SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
CM I-T 12.6	PC						group discussion 3. Brain Storming	Quiz		
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the risk factors and prevention of occupational cancers. Discuss Homoeopathic management	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
Hom UG CM I-T 12.7	KS, CS, PBL, PRF,	KH	Occupational Lung Diseases	Enumerate the occupational lung diseases	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	MCQ, SAQ	
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the causes, prevention, and control of pneumoconiosis, silicosis, asbestosis, anthracosis, and byssinosis. Discuss Homoeopathic management	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 12.8	KS, PBL, PRF,	KH	Occupational industrial accidents	Discuss the host, agent, and environmental factors of industrial accidents.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
	KS, PBL, PRF	KH		Enumerate the types of occupation injuries /accidents	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
	KS, CS, PBL, PRF, PC	KH		Discuss the prevention of occupational industrial accidents.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
Hom UG CM I-T 12.9	KS, CS, PBL, PRF, HO, PC	KH	Occupational Dermatitis	Discuss the causes, management, prevention, and control of occupational dermatitis. Discuss Homoeopathic	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
				management						
Hom UG CM I-T 12.10	KS, CS, PBL, PRF, PC	KH	Lead poisoning	Discuss the risk factors, manifestation, prevention, and control of lead poisoning.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
Hom UG CM I-T 12.11	KS, CS, PBL, PRF, PC	KH	Occupational burnout and stress	Enumerate the causes of occupational burnout and stress.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
	KS, CS, PBL, PRF, HO, PC	KH		Discuss the prevention of occupational burnout and stress Discuss Homoeopathic management	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
Hom UG CM I-T 12.12	KS, CS, PBL, PRF,	KH	Working condition	Discuss the strategies to improve working condition	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	

SI. No	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/Gilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
	KS, PBL, PRF, PC	KH		Discuss occupational health safety.	C-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	
Hom UG CM I-T 12.13	KS, CS, PBL, PRF, PC	S	Occupational health assessment	Assess occupation health conditions	P-II	MK	1. Lecture 2. Small group discussion 3. Brain Storming	MCQ Viva Quiz	LAQ MEQ MCQ, SAQ	

7.13. **Practical /Lab work / Field Visits / Demonstration:**

Competency No	Content	Competency/ Outcome	Entry Behaviour	Specific Learning Objectives	Learner Activity	Assessment
Hom UG CM I-P 13.1	Balanced Diet	• Explain the daily nutritional requirements for different age groups, genders, and	• Define a balanced diet and its components (carbohydrates, proteins, fats, vitamins, minerals, water,	• Interpreting deficiencies/disease caused by an imbalanced diet.	• **Plan a balanced diet**using locally available and culturally acceptable foods • **Interpret food**	• Problem-solving exercises • Viva • MCQs • OSPE

Competency No	Content	Competency/ Outcome	Entry Behaviour	Specific Learning Objectives	Learner Activity	Assessment
		physiological states (e.g., pregnancy, lactation, adolescence) • Correlate nutrition with public health programs like ICDS, Mid-Day Meal Scheme, and Poshan Abhiyaan.	and fiber).		**composition tables**and assess dietary adequacy using recall methods	
Hom UG CM I-P 13.2	RMNCHA+	Prepare a growth chart for a child	• Importance and application of growth chart.	• Plot growth chart • Interpret the growth chart	• Plot a growth for a minimum of 5 children. • Interpret growth charts. • Enumerate the uses of the growth chart.	• MCQ • Checklist • Viva • OSPE • Problem-solving exercises
Hom UG CM I-P 13.3	Menstrual Hygiene	Awareness of various menstrual hygiene practices and products	• Discuss the Hygiene practices during Menstruation	• Explain various menstrual hygiene practices. • Identify menstrual hygiene products, mention their	• Identify menstrual hygiene products. • Conduct a menstrual	• MCQ • Checklist • Viva

Competency No	Content	Competency/ Outcome	Entry Behaviour	Specific Learning Objectives	Learner Activity	Assessment
				advantages and disadvantages	hygiene health education program	
Hom UG CM I-P 13.4	Family Planning and Contraception	Orientation about appropriate family methods at the community level using Information, Education, and communication material.	Describe the contraceptive types and devices.	• Discuss the Scope, objectives, and benefits of family planning. • Differentiate Types of contraceptives • Describe the use of contraceptive devices.	• Identification of contraceptive devices • Preparing Information, Education, and communication material about family planning	• Viva • MCQs • Spot Identification
Hom UG CM I-P 13.5	Water Treatment Plant	Orientation about the water treatment plants in real-world settings.	Describe the stages and methods of water purification at large-scale water treatment plant	• To observe the equipment and procedures used at water treatment plant • To learn about the different stages of water purification	• To write a report of the field visit	• Report Writing
Hom UG CM I-P 13.6	Milk Pasteurization Plant	Orientation about the Milk Pasteurization Process, and food safety – Quality measures in the dairy industry	Describe the method of Milk Pasteurization	To witness the entire milk production process, from raw milk to the final product, and gain a practical understanding of the steps involved.	• To write a report of the field visit	• Report Writing
Hom UG CM I-P 13.7	Primary Health Centre/Sub-	Understand the organization of		• To observe services like outpatient care,	• To write a report of the field visit	• Report Writing

Competency No	Content	Competency/ Outcome	Entry Behaviour	Specific Learning Objectives	Learner Activity	Assessment
	Centre/Anganwadi Centre	Government Healthcare Delivery Centre facilities, and staff roles.		maternal and child health, immunization, and health promotion. • To learn respective centres' role in providing healthcare to rural or underserved areas. • To witness practical aspects of ANC, such as examination, lab tests, and counselling. • To interact with patients and observe their health-seeking behaviors.		
Hom UG CM I-P 13.8	Infectious Hospital Visits	Observing healthcare professionals protocols for infection prevention and control	• Recall Hospital – acquired infectious diseases • Recall the hand-wash steps	• To witness hand wash hygiene, proper use of personal protective equipment (PPE), and environmental disinfection. • To understand the Bio-Medical waste management system	• To write a report of the field visit	• Report Writing

Competency No	Content	Competency/ Outcome	Entry Behaviour	Specific Learning Objectives	Learner Activity	Assessment
				in the Hospital set-up		
Hom UG CM I-P 13.9	Industrial Units	Understanding the health consequences of Occupational Hazards and its prevention measures	Recall the Occupational Diseases inthe Physical and Psychological areas	• To gain knowledge of physical injuries, psychological trauma, and long-term health problems among industrial employees	• To write a report of the field visit	• Report Writing
Hom UG CM I-P 13.10	Geriatric or Disability – Rehab Centre visit	To sensitize the challenges faced by the Geriatric or Disabled patients	Recall important health issues in Geriatric or Disabled patients	• Understand the physical, mental, and emotional challenges of residents. • Learn the specific medical and nutritional needs. • Gain insight into the social isolation and loneliness experienced.	• To write a report of the field visit	• Report Writing
Hom UG CM I-P 13.11	Milk Adulteration	Demonstrate the use of the Lactometer to measure the water content in Milk	• Describe food adulteration • Name one common adulterant in Milk • Remember the household	• Perform the correct technique of assessing Milk adulteration. • Interpret the results of the experiments to determine the milk adulterations.	• Perform the procedure as per the methodology • Make entries into the pathology practical record	• MCQ • Checklist • Viva • OSPE

Competency No	Content	Competency/ Outcome	Entry Behaviour	Specific Learning Objectives	Learner Activity	Assessment
			methods for identifying milk adulteration.			
Hom UG CM I-P 13.12	Nutritional Assessment	Explain the significance in estimating body mass index, body fat percentage and nutritional status.	• Recall the interpretation of BMI as per WHO guidelines • Recall the definitions of Malnutrition, Overweight, and Obesity in Children and Adults	To demonstrate the use of adult and infant weighing scales, height measurement tools, Body Mass Index (BMI) calculation, Mid-Upper Arm Circumference (MUAC) tape, and skinfold calliper for assessing nutritional status in community health	• To use of adult weighing scale and an infant weighing scale to record the weight accurately. • To measure the standing height in adult and recumbent length in Infants • To calculate BMI and interpretation as per the WHO guidelines. • To measure MUAC accurately. • To measure the body fat percentage using Hyperdense	• Problem-solving exercises • Viva • MCQs • OSPE

Competency No	Content	Competency/ Outcome	Entry Behaviour	Specific Learning Objectives	Learner Activity	Assessment
					Skinfold Caliper.	
Hom UG CM I-P 13.13	Water Quality & Purification	• Compare results with BIS/WHO standards for drinking water quality. • Recognise importance of water quality monitoring in community settings	• Explain the basic principles of water purification at community and household levels. • Recall any two pollutants of water.	• To check Water Quality: By demonstrating the use of a Total Dissolved Solids (TDS) meter and Chloroscope • To demonstrate small-scale water purification methods (Water Purifier Apparatus, Choloscope, and Horrocks Meter Apparatus)	• Measure total dissolved solids in drinking water with a TDS Meter. • Test for free residual chlorine using a Chloroscope. • Demonstrate the Water Purifier Apparatus (gravity filter, RO, UV units). • Conduct the Horrocks Test to determine the bleaching powder dosage for water disinfection.	• MCQ • Checklist • Viva • OSPE • Problem-solving exercises
Hom UG CM I-P 13.14	Air Quality	Interpret barometric readings and understand their influence on weather	Recall safe and hazardous air quality levels as per CPCB or WHO standards.	• To demonstrate the use of the Barometer and Air Quality Meter, and to understand their relevance in assessing	• Demonstrate the use of a Barometer to measure atmospheric pressure.	• MCQ • Checklist • Viva

Competency No	Content	Competency/ Outcome	Entry Behaviour	Specific Learning Objectives	Learner Activity	Assessment
		conditions and respiratory health.		environmental conditions and their impact on public health.	• Use an Air Quality Meter to assess the gaseous pollutants.	

8. Teaching learning methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lectures	Practical /Lab work
Small group discussion	Field Visits
Integrated lectures	Community-Based Activity
Structured interactive sessions	Clinical /Hospital Posting
	Problem based discussion
	Case based learning
	Tutorials
	Seminars
	Video clips
	Assignments

9. Details of assessment

9.1. Overall Scheme of Assessment (Summative)

Sr. No	Professional Course	Term I (1-6 Months)		Term II(7-12 Months)		
1	Third Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		10 Marks Viva	50 Marks Practical/ Viva 1. Viva voce -25 marks 2. Practical– 25 marks*	10 Marks Viva	100 marks theory	100 marks (Clinical/practical+ Viva+ IA)

PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; IA: Internal Assessment

*** Details of practical assessment at TERM I (OSPE Stations will remain the same as point 9.6):**

Sr. No.	Headings	Total Marks	Time
1.	**Viva Voce**	**25 Marks**	
2.	**Experiment: (One)** i. Measuring anthropometric measurements of a simulated patient ii. Measuring specified adulteration using appropriate Instruments (Water & Milk Adulteration)	5 marks × 1 Experiment = **5 marks**	**15 mins**
3.	**Case Study: (One)** i. Calculating Morbidity, Mortality, and Disability Rate ii. Plotting of the Growth Chart iii. Identifying infectious disease from the given Case description iv. Identifying Deficiency disease from the given Case	5 marks × 1 Case Study = **5 marks**	**15 mins**

	description		
4.	**Spotting (5):**	**10 Marks**	**15 mins**
	ANY FIVE SPOTTINGS (Health Definitions/ Disease Definitions/ Vital Statistics Formulae/ Behavioural Health/ Food spots & RDA values/ Food Nutritional values/ Food Safety & Adulteration tests)	2 marks X 5 Spotters = 10 marks	3 minutes for each spotting=15 minutes
5.	Journal or Practical Record Book	**5 marks**	
Total		**50 marks**	

9.2. Number of papers and Marks Distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Practical/ Clinical	Viva Voce	Internal Assessment*	Grand Total
1	HomUG-CM I	01	100 marks	50 marks**	40 marks	10 marks (Marks of PA I + TT I + PA II)	200marks

***Method of Calculation of Internal Assessment Marks for Final University Examination:**

Marks of IA- **(**Marks of PA-1 + Marks of TT + Marks of PA-2) / 70 X 10

**** Details of practical assessment at FUE (OSPE Stations will remain the same as point 9.6):**

Sr. No.	Headings	Total Marks	Time
1.	**Experiment / Case Study: (One) Examples** iii. Measuring anthropometric measurement of simulated patient iv. Segregation of Bio Medical waste v. Measuring specified adulteration using appropriate Instruments (Water & Milk Adulteration)	5 marks × 1 Experiment = 5 marks	**15 mins**
2.	**Case Study: (One)** v. Plotting of the Growth Chart vi. Identifying infectious disease from the given Case description vii. Identifying Deficiency disease from the given Case description	5 marks × 1 Case Study = 5 marks	**15 mins**
3.	**Spotters (5)** ANY FIVE SPOTTERS (Instruments/ Equipment/ Specimens / Models)- •Identify the spot •List the characteristic features/ utility of the spot	3 marks X 5 Spotters = 15 marks	**3 minutes for each spotting=15 minutes**

4.	**Spotting (5):** ANY FIVE SPOTTINGS (Food Items / Family Planning contraceptive devices/growth cycle of infective agents / Formula of vital statistics/calculations of BMI percentile growth charts)- •Identify the spot •List the characteristic Features/ utility of the spot	3 marks X 5 Spotters = 15 marks	3 minutes for each spotting=15 minutes
5.	Journal or Practical Record Book	10 marks	
6.	**Viva-voce**	40 marks	
7.	Internal assessment (IA)	10 marks	
Total		**100 marks**	

9.3. Paper Layout

Summative assessment(FUE):

Theory- 100 marks

MCQ	**10 marks**
SAQ	**40 marks**
LAQ	**50 marks**

9.4. Theme-wise distribution of questions for theory paper:

Theme	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A.	Fundamental Concepts of Community Medicine, Public Health, and History of Community Medicine.	I	0	0	0	0
B.	Concepts of Health, Disease Causation & Prevention and Homoeopathy	I	11	01	0	10
C.	Community Health, Healthcare of the Community, and Healthcare Delivery Systems in India	I	06	01	05	0
D.	Social and Behavioural Health and its Relevance to Homoeopathy	I	05	0	05	0
E.	Nutrition for Community Health	I	16	01	05	10
F.	Environment and Health	I	16	01	05	10
G.	Mental Health	II	06	01	05	0
H.	Reproductive, Maternal, Newborn, Child and Adolescent Health and related National Health Programmes	II	11	01	0	10
I.	Geriatric Health and Health of Specially Abled Population	II	01	01	0	0
J.	Demography, Vital Statistics, Family Welfare Planning and Contraception	II	06	01	05	0
K.	Communicable Diseases and Relevant National Health Programmes	II	16	01	05	10
L.	Occupational Health	II	06	01	05	0

9.5. Question paper blueprint

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 8.16 for themes)
Q1	Multiple choice Questions (MCQ) 10 Questions 1 mark each All compulsory Must know part: 6 MCQ Desirable to know: 2 MCQ. Nice to know:2MCQ	1. Theme B 2. Theme C 3. Theme E 4. Theme F 5. Theme G 6. Theme H 7. Theme I 8. Theme J 9. Theme K 10. Theme L
Q2	Short answer Questions(SAQ) 8Questions 5 Marks Each All compulsory Must know part:7 SAQ Desirable to know: 1 SAQ Nice to know: Nil	1. Theme C 2. Theme D 3. Theme E 4. Theme F 5. Theme G 6. Theme J 7. Theme K 8. Theme L
Q3	Long Answer Questions (LAQ) 5 Questions 10 Marks each All compulsory	1. Theme B 2. Theme E 3. Theme F 4. Theme H 5. Theme K

9.6. OSPE STATIONS:

STATION # 1: EXPERIMENT (Observed Station)

For Organizer:
TOPIC SPECIFICATION: Assessing Practical Skills
SAMPLE MATERIAL: Instruments or materials required to perform the Experiment

For Candidate:
Max. Marks: 5 Marks
Time Allowed: 15 minutes
Task:
1. Demonstrating the Practical skills in the given Experiment
2. Writing the results and conclusion of the experiment

For Examiner:

Sr. No.	Key	Allotted Marks
1.	Assessing Practical Skills as per the checklist (procedure)	3
2.	Assessing the Result section as per the checklist (quality of written result)	2

STATION # 2: CASE STUDY (Unobserved Station)

For Organizer:
TOPIC SPECIFICATION: Case-based identification
SAMPLE MATERIAL: Case study (Caselets)

For Candidate:
Max. Marks: 5 Marks
Time Allowed: 15 minutes
Task:
1. Assessment of the Problem: Identification of Disease& Deficiency / Disease & Infectious Agent
2. Result & Conclusion: Preventive Approach / Dietary or Community Interventions / Assessment Parameters

For Examiner:

Sr. No.	Key	Allotted Marks
1.	Assessing the Problem (checklist for correct diagnosing and identifying the factors)	3
2.	Assessing the Result section as per the checklist (quality of written solutions to identified Problem)	2

STATION # 3: SPOTTERS (Unobserved Station)

For Organizer:
TOPIC SPECIFICATION: Identification of the spotters and its characteristics
SAMPLE MATERIAL: Instruments/ Equipment/Specimens / Models

For Candidate:
Max. Marks: 15 Marks
Time Allowed: 15 minutes
Task:
1. Identify the spot
2. List the characteristicfeatures/ utility of the spot

For Examiner:

Sr. No.	Key	Allotted Marks
1.	Assessment of the identification of the spotter (correct answer key)	1
2.	List the characteristic features/utility of the spot (based on the checklist)	2

STATION # 4: SPOTTING (Unobserved Station)

For Organizer:
TOPIC SPECIFICATION: Identification of the spotting and its characteristics
SAMPLE MATERIAL: Food Items / Family Planning contraceptive devices/growth cycle of infective agents / Formula of vital statistics/calculations of BMI percentile growth charts

For Candidate:
Max. Marks: 15 Marks
Time Allowed: 15 minutes
Task:

3. Identify the spot
4. List the characteristicfeatures/ utility of the spot

For Examiner:

Sr. No.	Key	Allotted Marks
1.	Assessment of the identification of the spot (correct answer key)	1
2.	List the characteristic features/utility of the spot (based on the checklist)	2

10. List of recommended Books

Basic Books

- Bhalwar, R. (2024). *Textbook of community medicine*. Wolters Kluwer India Pvt Ltd.
- Kadri, A. M. (2024). *IAPSM's Textbook of Community Medicine*. Jaypee Brothers Medical Publishers.
- Lal, S., Adarsh, P., & Pankaj. (2024). *Textbook of community medicine: Preventive and social medicine*. CBS.
- Park, K., & Park, K. (2024). *Preventive and social medicine*. m/s. BanarsidasBhanot, Jabalpur.
- Gupta, M. C., & Mahajan, B. K. (2013). *Textbook of preventive and social medicine*. New Delhi: Jaypee Brothers, 2005. Fourth edition
- Suryakantha, A. H. (2009). *Community Medicine:(with Recent Advances)*. Jaypee Bros
- Hahnemann .S, *Organon of Medicine*,6th Edition, B.Jain Publishers, New Delhi, Reprint 2010.

Reference

- Kishore, J. (2023). National health programs of India: national policies and legislations related to health. *Peer-reviewed, Official Publication of the Indian Academy of Geriatrics*, 165.
- Detels, R., Beaglehole, R., Lansang, M. A., & Gulliford, M. (2011). *Oxford textbook of public health*. Oxford University Press.

- Bhalwar, R., Vaidya, R., Tilak, R., Gupta, R., & Kunte, R. (2009). *Textbook of Public Health and Community Medicine AFMC*. Pune WHO India Country Office.
- Kothari, C. R. *Research methodology: Methods and techniques*. New Age International.
- Rao NSN, Murthy NSN, *Applied Statistics in Health Sciences*, JP Brothers Medical Publishers.
- Hersh, W. R., & Hoyt, R. E. (2018). *Health Informatics: Practical Guide* Seventh Edition. Lulu. com.
- Stuart Close, The Genius of Homoeopathy, Lectures and Essay on Homoeopathic Philosophy B. Jain Publishers Pvt. Ltd.

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COMPETENCY BASED DYNAMIC CURRICULUM FOR THIRD BHMS PROFESSIONAL COURSE

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

(Essentials of Pharmacology)

HOMOEOPATHY EDUCATION BOARD

NATIONAL COMMISSION FOR HOMOEOPATHY

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JAWAHAR LAL NEHRU BHARTIYA CHIKITSA AVUM HOMOEOPATHY ANUSANDHAN BHAVAN

No.61-65, Institutional Area, opp. 'D' block, Janak Puri, New Delhi-110 058

Course: Essentials of Pharmacology

Course Code: HomUG-Mod.Phar

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1. Preamble

Welcome, homeopathy students, to the world of pharmacology! This course will delve into the fascinating realm of medicines and their interactions with the human body. While homeopathy focuses on stimulating the body's natural healing response, understanding conventional medications is crucial for several reasons:

Complementary Care: Homeopathy can sometimes be used alongside traditional medications

Drug Interactions: Being aware of potential interactions between homeopathic remedies and conventional drugs is essential for safe patient care.

Patient Education: Many patients will be taking other medications and understanding how they work can empower you to better educate and guide them.

This course will equip you with a foundational knowledge of pharmacology, covering key areas such as:

Drug classifications and mechanisms of action

Pharmacokinetics: How drugs are absorbed, distributed, metabolized, and excreted

Pharmacodynamics: How drugs produce their effects on the body

Common medications used in various therapeutic areas

By the end of this course, you'll gain a deeper appreciation for the science of pharmacology and its valuable role in healthcare. We'll explore how this knowledge can complement your understanding of homeopathy and ensure you provide the safest and most informed care to your future patients.

Please note: This course is designed to provide a general overview of pharmacology. It is not intended to replace the knowledge and expertise of medical doctors or pharmacists.

2. Course outcomes

Upon successful completion of this pharmacology course, homeopathy students will be able to:

i. Demonstrate a foundational knowledge of major drug classifications and their mechanisms of action.
ii. Apply a scientific foundation to their understanding of medication and therapeutics, aligning with core principles of homeopathy.
iii. Demonstrate a comprehensive understanding of major drug classifications and their mechanisms of action.
iv. Explain the pharmacokinetics and pharmacodynamics of medications, including how drugs are absorbed, distributed, metabolized, excreted, and produce their effects in the body.
v. Identify common medications used in various treatment areas.
vi. Apply their understanding of Pharmacology to assess potential interactions between homeopathic remedies and conventional medications to ensure patient safety.
vii. Communicate medication information effectively to patients, empowering them to make informed decisions about their healthcare.
viii. Provide safe and complementary care to their patients by understanding conventional medications.
ix. Educate patients about potential interactions between medications.
x. Collaborate effectively with other healthcare providers when necessary.
xi. Treat and solve the adverse drug reactions of the patients with the homeopathy drugs.

Disclaimer: This course is designed to provide a general foundation in pharmacology. It is not a substitute for the expertise of medical doctors or pharmacists.

3. Course content

I. Module 1: Pharmacology

i. Introduction to Pharmacology
ii. Definition and Scope of Pharmacology
iii. Drug Nomenclature and Classification Systems
iv. Routes of Drug Administration

II. Module 2: Pharmacokinetics

i. Absorption, Distribution, Metabolism, and Excretion of Drugs (ADME)
ii. Factors Affecting Pharmacokinetics

III. Module 3: Pharmacodynamics

i. Mechanisms of Drug Action on Body Systems
ii. Dose-Response Relationships
iii. Factors Modifying Drug Action

IV. Module 4: Major Drug Classifications

A. ANS AND AUTACOID

i. Cholinergic and Anticholinergic drugs,
ii. Adrenergic and Antiadrenergic Drugs, T/t of Glaucoma
iii. Autacoids: Serotonin and drugs acting or Serotonergic System+ T/t of Migraine,
iv. Histamine and Antihistaminic

B. NSAID- Drugs used in RA and Gout

C. CNS

i. Anxiolytics
ii. Antiepileptics
iii. Antipsychotics and Antidepressants
iv. Opioid Analgesics

D. Respiratory system

i. Drugs for cough
ii. Bronchial asthma and COPD

E. Hormones

i. Insulin and oral Hypoglycemic drugs
ii. Adrenocortical steroids
iii. Estrogens, Progesterone and OCPs
iv. Vitamin D, Calcium and Drugs affecting Calcium Balance

F. CVS

i. T/t of Hypertension
ii. Angina, MI
iii. Cardiac Glycosides and Drugs for Heart failure
iv. Hypolipidemic drugs

G. Renal system- Diuretics and Antidiuretics

H. Blood- Hematinics, T/t of Iron deficiency anaemia and Megaloblastic anemia

I. GIT

i. Drugs for Peptic Ulcer and GERD
ii. Drugs for constipation and diarrhea
iii. Antiemetics

J. Chemotherapy

i. Sulfonamides and Cotrimoxazole,
ii. Quinolones,
iii. Beta Lactam Antibiotics,
iv. Tetracyclines, Chloramphenicol
v. Aminoglycosides
vi. Ant tubercular drugs and Antileprosy drugs
vii. Antimalarial drugs

K. Miscellaneous

i. Disinfectants
ii. Vitamins

4. Teaching hours

Year/Subject	Teaching hours- Lectures
III BHMS/ Essentials of Pharmacology	45

4.1.Term-wise teaching hours division:

Sr. No	Topics	Teaching Hours
	Term I	
1	**Module 1: Pharmacology (Introduction)**	**5**
2	**Module 2: Pharmacokinetics**	**5**
3	**Module 3: Pharmacodynamics**	**5**
4	**Module 4: Major Drug Classifications**	
i	ANS AND AUTACOIDS	4
ii	NSAID, Drugs used in RA and Gout	2
iii	CNS	2
iv	Respiratory System	3
	Term II	
v	Hormones	4

vi	CVS	2
vii	Renal System	2
viii	Blood	1
ix	GIT	4
x	Chemotherapy	4
xi	Miscellaneous	2
Total		**45**

5. Content mapping (Competencies tables):

Module 1: Pharmacology-

Sl.No.	Duration of Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-Mod.Phar 1.1	Knowledge and scholarship	K	Introduction to Pharmacology	Explain the fundamental principles of pharmacokinetics (absorption, distribution, metabolism, excretion). Define key pharmacodynamic terms (agonists, antagonists, therapeutic index).	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	
				Recognize drug classifications and their mechanisms of action	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	

				Participate in clinical settings, reviewing patient medications under supervision	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	
HomUG-Mod.Phar 1.2	Knowledge and scholarship	K	Definition and Scope of Pharmacology	States the primary components of pharmacology (drug actions, mechanisms, therapeutic uses)	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
				Lists the subdivisions of pharmacology and their relevance.	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
				Explains how pharmacokinetics and pharmacodynamics influence drug therapy.	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
				Describes how adverse effects or drug interactions impact patient care.	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
				Interprets drug concentration-time curves or other pharmacokinetic data.	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
HomUG-Mod.Phar	Knowledge and scholarship	K	Drug Nomenclature and Classification Systems	**olol**: Beta-blockers (e.g., propranolol, atenolol)	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
				pril: ACE inhibitors (e.g., lisinopril, enalapril)	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
				Es-: Refers to an S-enantiomer (e.g., esomeprazole)	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
				Levo-: Refers to a levorotatory isomer (e.g., levothyroxine)	C1	MK	Lecture, Group	Quiz, Written	SAQ, MCQ	Physiology

1.3							discussion	test, MCQ		
				cillin: Penicillin derivatives (e.g., ampicillin)	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
				statin: HMG-CoA reductase inhibitors (e.g., atorvastatin)	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
HomUG-Mod.Phar 1.4	Knowledge and scholarship	K	Routes of Drug Administration	**<u>Drug-Related Factors:</u>** Can the drug survive the environment of the GI tract (e.g., oral vs. IV)? Is the drug lipid or water-soluble? Does the drug require bypassing the liver (e.g., sublingual, parenteral)? Does the drug require rapid action (IV) or sustained release (transdermal)? **Consciousness**: Is the patient conscious and cooperative (oral vs. IV/IM)?	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	
				<u>Patient-Related Factors:</u> **Age**: Pediatrics and geriatrics may require specific routes (e.g., rectal for children) **Physical Condition**: Difficulty swallowing (requires non-oral routes like IV, SC). **Preferences and Compliance**: Does the patient prefer certain methods for better adherence (e.g., patches over injections)? **Vomiting/NPO (Nil Per Os)**: Oral route is contraindicated	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	

				Disease or Condition Factors: **Site of Action**: Does the drug act locally (topical, inhalational) or systemically (oral, IV)? **Urgency**: Emergency conditions often require IV for rapid effect **Target Organ**: Routes like intrathecal are used for CNS delivery due to the blood-brain barrier.	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	

Module 2: Pharmacokinetics

Sl.No.	Duration of Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom UG-Mod.	Absorption, Distribution, Metabolism, and Excretion of Drugs (ADME)	K	Knowledge and scholarship	**Physicochemical Properties of the Drug** • Lipophilicity enhances crossing of cell membranes and distribution into fatty tissues. • Polarity limits drug penetration into lipid-rich	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
				Route of Administration	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
				Gastrointestinal Factors:	C1	MK	Lecture,	Quiz,	SAQ, MCQ	Physiolog

Phar **2.1**				• pH of the stomach or intestine (affects ionization and solubility). • Gastric emptying time and motility. • Presence of food (may enhance or reduce absorption).			Group discussion	Written test, MCQ		y
				Drug Formulation: Immediate-release vs. sustained-release forms. Coating to protect against stomach acid (e.g., enteric-coated tablets).	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
				Blood Flow to Tissues: 1.Highly perfused organs (e.g., brain, liver, kidneys) get more drug initially. 2.Poorly perfused tissues (e.g., fat, bone) show slower distribution.	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
				Plasma Protein Binding: • Albumin binds acidic drugs; α1-acid glycoprotein binds basic drugs. • Only free (unbound) drug is pharmacologically active. **Tissue Binding**: • Some drugs accumulate in specific tissues (e.g., tetracyclines in bones/teeth, lipophilic drugs in adipose tissue) **Special Barriers**: • Blood-brain barrier: Permits lipophilic and small molecules; restricts polar drugs. • Placental barrier: Filters certain drugs, but not all.	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

				• Environments. **Site of Metabolism**: • Liver (primary site): Phase I and Phase II reactions. • Other tissues: Kidneys, lungs, intestines. **Phase I Reactions**: • Oxidation, reduction, hydrolysis. • Primarily mediated by cytochrome P450 enzymes. **Phase II Reactions**: • Conjugation reactions (e.g., glucuronidation, sulfation). • Make drugs more water-soluble for excretion. **First-Pass Metabolism**: • Drug is metabolized by the liver before reaching systemic circulation. • Reduces bioavailability (e.g., nitroglycerin, propranolol). **Enzyme Induction/Inhibition**: • Induction (e.g., rifampin, phenobarbital): Increases metabolism, reducing drug levels. • Inhibition (e.g., grapefruit juice, ketoconazole): Decreases metabolism, increasing drug levels. **Genetic Polymorphisms**: • Variability in enzyme activity (e.g., CYP2D6, CYP2C19) affects metabolism rates. • Primary Routes of Excretion **Hepatic (bile)**:						

				• Drug Ionization and Solubility • Renal Function						
Hom UG-Mod. Phar **2.2**	Factors Affecting Pharmacokinetics		Knowledge and scholarship	**<u>Factors Affecting Absorption</u>** **Drug-Related Factors**: • **Solubility**: Lipophilic drugs absorb better through cell membranes. • **Ionization**: Non-ionized forms cross membranes more easily. • **Molecular Size**: Smaller molecules are absorbed more rapidly. • **Formulation**: Liquid > Capsule > Tablet (for speed of absorption). • **Chemical Stability**: Drugs degraded by gastric acid or enzymes have reduced absorption (e.g., insulin). **Route of Administration**: • Oral absorption depends on GI environment, while parenteral routes bypass it. **Gastrointestinal (GI) Factors**: • **pH**: Affects drug ionization (e.g., acidic drugs absorb better in the stomach, basic drugs in the intestine). • **Gastric Emptying**: Faster emptying enhances absorption. • **Presence of Food**: Some	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

				drugs require food (e.g., fatty meals enhance lipophilic drug absorption), while others are inhibited. **Drug Transport Mechanisms**: • Passive diffusion, active transport, facilitated diffusion, or endocytosis. **Physicochemical Properties**: • Lipid solubility and polarity affect drug penetration into tissues. **Blood Flow to Tissues**: • Highly perfused organs (brain, liver, kidneys) receive drugs faster than less perfused areas (e.g., fat, bone). **Plasma Protein Binding**: • Bound drugs are pharmacologically inactive; only free drugs can act. • Albumin binds acidic drugs; α1-acid glycoprotein binds basic drugs. **Tissue Binding**: • Drugs like tetracyclines bind						

				to calcium in bones/teeth. **Special Barriers**: • **Blood-Brain Barrier (BBB)**: Limits polar and large molecules; favors lipophilic drugs. • **Placental Barrier**: Provides partial protection to the fetus but allows passage of some drugs. **Site of Metabolism**: Liver is the primary organ (Phase I and Phase II reactions), but other tissues (kidneys, lungs, intestines) also contribute. • **Phase I (Functionalization Reactions)**: o Oxidation, reduction, hydrolysis (e.g., CYP450 enzymes). • **Phase II (Conjugation Reactions)**: o Glucuronidation, sulfation, acetylation (make drugs water-soluble for excretion).						
				<u>Factors Affecting Metabolism</u> **Enzyme Activity**: • **Induction**: Enzyme inducers	C1	MK	Lecture, Group discussio	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

				(e.g., rifampin, carbamazepine) increase metabolism and reduce drug efficacy. • **Inhibition**: Enzyme inhibitors (e.g., ketoconazole, grapefruit juice) decrease metabolism and increase drug levels. **Genetic Variability**: • Polymorphisms in CYP enzymes (e.g., CYP2D6, CYP2C19) cause individual variability in drug metabolism. **First-Pass Metabolism**: • Drugs extensively metabolized in the liver or gut wall before reaching systemic circulation (e.g., propranolol, nitroglycerin). **Age**: • Neonates have immature metabolic enzymes; elderly have reduced enzyme activity.			n			
				<u>Factors Affecting Excretion</u> **Route of Excretion**: **Renal Excretion (Primary)**: • **Glomerular Filtration**: Free drugs filtered based on molecular size.	C1	MK	Lecture, Group discussio n	Quiz, Written test, MCQ	SAQ, MCQ	Physiolog y

				• **Tubular Secretion**: Active process for drug elimination (e.g., penicillin). • **Tubular Reabsorption**: pH-dependent (acidic drugs excreted faster in alkaline urine). **Biliary Excretion**: • High molecular weight drugs excreted via bile; may undergo enterohepatic recycling. **Other Routes**: • Lungs (volatile drugs, e.g., anesthetics), sweat, saliva, breast milk. **Drug Properties**: • Lipophilic drugs require metabolism to water-soluble forms for excretion. • Ionized drugs are excreted more readily in urine. **Renal Function**: • Impaired kidney function (e.g., in elderly or renal disease) reduces drug clearance. **Hepatic Function**:						

				• Liver dysfunction reduces biliary excretion and metabolism. **Age**: • Neonates have immature kidneys; elderly may have reduced renal function **Age**: • Neonates and elderly patients have reduced metabolic and excretory capacity. **Gender**: • Hormonal differences can influence metabolism and excretion. **Genetic Variations**: • Pharmacogenetics impacts enzyme activity (e.g., poor vs. ultra-rapid metabolizers). **Disease States**: Liver disease, kidney disease, heart failure, or other conditions affect ADME processes						
				<u>Patient-Related Factors</u> **Drug-Drug Interactions**:	C1	MK	Lecture, Group discussio	Quiz, Written	SAQ, MCQ	Physiology

				• Competition for enzymes, protein-binding sites, or transporters. **Lifestyle Factors**: • Diet (e.g., grapefruit juice inhibits CYP enzymes). • Smoking or alcohol use (induces enzymes like CYP1A2).			n	test, MCQ		

Module 3: Pharmacodynamics

Sl.No.	Duration of Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom	Mechanisms of Drug Action on Body Systems	K	Knowledge and scholarship	**Receptor Interaction** Agonists, antagonists (e.g., β-blockers, opioids) **Enzyme Modulation** Inhibition, activation (e.g., statins, aspirin). **Ion Channel Modulation**	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

UG-Mod. Phar **3.1**				Blockers, openers (e.g., calcium channel blockers, sodium channel blockers). **Neurotransmitter Systems** Reuptake inhibitors, enzyme inhibitors (e.g., SSRIs, MAO inhibitors). **Hormonal Systems** Agonists, antagonists, synthesis inhibitors (e.g., insulin, tamoxifen) **Immune Modulation** Vaccines, monoclonal antibodies (e.g., rituximab) **DNA/RNA Interaction** Anticancer agents, antivirals (e.g., cyclophosphamide, AZT). **Physical/Chemical Action** Osmotic agents, antacids (e.g., mannitol, sodium bicarbonate)						
Hom UG-	Dose-Response Relationships	K	Knowledge and scholarship	**<u>Agonists, Antagonists, and Modulators</u>** **Full Agonist**: • Produces the maximum possible response (e.g., epinephrine on beta-adrenergic receptors). **Partial Agonist**: • Produces a submaximal	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

Mod. Phar **3.2**				response, even at full receptor occupancy (e.g., buprenorphine). **Antagonist**: • Binds to receptors but does not activate them, blocking agonist effects (e.g., naloxone for opioid overdose). **Inverse Agonist**: • Produces the opposite effect of an agonist (e.g., propranolol as a beta-blocker). **Allosteric Modulators**: • Bind to a site other than the active site and modify receptor activity (e.g., benzodiazepines on GABA-A receptors).						
				<u>Variability in Dose-Response</u> **Inter-Individual Variability**: • Genetics, age, gender, disease states, and drug interactions can alter responses. **Tachyphylaxis**: • Rapid decrease in drug response with repeated doses	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

				(e.g., nitrates for angina). **Tolerance**: • Gradual decrease in drug effect over time, requiring higher doses (e.g., opioids). **Hypersensitivity**: • Exaggerated response to a small dose.						
				<u>Drug Toxicity and Overdose</u> Indicators: **Toxic Dose (TD50)**: • Dose at which 50% of individuals experience toxic effects. **Lethal Dose (LD50)**: • Dose that is lethal to 50% of the population (typically studied in animals). **Margin of Safety**: • Difference between the therapeutic dose and the toxic dose. **Dose Adjustments**: • Based on individual patient	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

				responses (e.g., warfarin dosing guided by INR levels).						
				<u>Applications in Clinical Practice</u> **Monitoring Therapeutic Effect**: • Measuring drug levels to ensure they are within the therapeutic range (e.g., digoxin, lithium). **Avoiding Toxicity**: • Monitoring for signs of toxicity and adjusting doses as needed.	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
Hom UG-Mod. Phar 3.3	Factors Modifying Drug Action	K	Knowledge and scholarship	**<u>PhysiologicalFactors</u>** **Age**:**Neonates**: • Immature liver enzymes affect metabolism (e.g., chloramphenicol toxicity leads to "gray baby syndrome"). • Reduced renal clearance in newborns (e.g., aminoglycoside toxicity). **Elderly**: • Decreased liver and kidney function reduces drug clearance (e.g., accumulation of digoxin) **Gender**: • Hormonal differences	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

				influence drug metabolism (e.g., women metabolize benzodiazepines slower than men). **Body Weight**: • Dosage adjustments are based on weight or body surface area (e.g., chemotherapy drugs).						
				<u>Pathological Factors</u> **Genetic Factors**: • Genetic polymorphisms affect drug metabolism (e.g., slow acetylators for isoniazid). **Liver Disease**: • Reduced metabolism of drugs (e.g., prolonged half-life of warfarin in hepatic dysfunction). **Kidney Disease**: • Impaired excretion of renally eliminated drugs (e.g., accumulation of aminoglycosides or lithium). **Cardiovascular Disease**: • Reduced perfusion delays drug distribution and elimination	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

				(e.g., digoxin in heart failure). **Thyroid Function**: • Hyperthyroidism increases drug metabolism (e.g., rapid clearance of β-blockers). • Hypothyroidism decreases drug metabolism (e.g., longer half-life of digoxin)						
				<u>Pharmacogenetic Factors</u> **Indicators**: **Cytochrome P450 Enzymes**: • Variants like CYP2D6 or CYP3A4 alter drug metabolism (e.g., poor metabolizers of codeine may have reduced analgesic effects). **Drug Transporters**: • Genetic variations in P-glycoprotein (e.g., altered absorption of digoxin). **Enzyme Deficiency**: • Glucose-6-phosphate dehydrogenase (G6PD) deficiency leads to hemolysis with certain drugs (e.g., sulfonamides).	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

				<u>Environmental Factors</u> **Indicators**: **Diet** • Grapefruit inhibits CYP3A4, increasing levels of drugs like statins. • High-fat meals delay drug absorption (e.g., delayed effect of antacids). **Smoking**: • Induces CYP1A2, increasing clearance of drugs like theophylline. **Alcohol**: • Acute alcohol use inhibits drug metabolism (e.g., potentiates sedatives). • Chronic alcohol use induces enzymes, accelerating metabolism (e.g., warfarin). **Temperature**: • Heat increases peripheral blood flow, enhancing drug absorption.	C1	MK	Lecture, Group discussio n	Quiz, Written test, MCQ	SAQ, MCQ	Physiolog y
				<u>Drug Interactions</u> **Indicators**:	C1	MK	Lecture, Group discussio	Quiz, Written test, MCQ	SAQ, MCQ	Physiolog y

				Pharmacokinetic Interactions: **Absorption**: • Antacids reduce absorption of tetracyclines. **Metabolism**: • Enzyme inducers like rifampin increase clearance of oral contraceptives. • Enzyme inhibitors like ketoconazole reduce metabolism of midazolam. **Excretion**: • Probenecid inhibits renal excretion of penicillin, prolonging its action. **Pharmacodynamic Interactions**: • Synergism (e.g., sulfonamides and trimethoprim). • Antagonism (e.g., naloxone reversing opioid effects).			n			
				<u>Tolerance and Dependence</u> **Indicators**: **Tolerance**: • Gradual decrease in drug effect with repeated use (e.g.,	C1	MK	Lecture, Group discussio n	Quiz, Written test, MCQ	SAQ, MCQ	Physiolog y

				opioids, nitrates). • Cross-tolerance (e.g., benzodiazepines and alcohol). **Dependence**: • Physical or psychological need for a drug (e.g., opioids, benzodiazepines).						
				<u>Route of Administration</u> **Indicators**: **Oral Route**: • First-pass metabolism reduces bioavailability (e.g., propranolol). **Intravenous Route**: • Rapid onset and complete bioavailability. **Intramuscular/Subcutaneous**: • Rate of absorption depends on blood flow and drug solubility	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology
				<u>Disease-Specific Factors</u> **Indicators**: **Infection and Inflammation**: • Alters drug distribution (e.g., reduced effectiveness of aminoglycosides in acidic	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

				abscesses). **Malnutrition**: • Reduced plasma proteins (e.g., hypoalbuminemia increases free drug levels of phenytoin).						
				Psychological Factors Indicators: **Placebo Effect**: • Positive therapeutic response due to patient belief in treatment. **Nocebo Effect**: • Negative outcomes due to patient expectations of adverse effects.	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

Module 4: Major Drug Classifications

HomUG-Mod.Phar– 4.1 (ANS AND AUTACOIDS)

Sl.No.	Duration of Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formativ	Summative	

								e		
Hom UG-Mod. Phar **4.1.1**	Cholinergic and Anticholinergic drugs	K	Knowledge and scholarship	**<u>Cholinergic Drugs</u>** • Define **Cholinergic and Anticholinergic Drugs:** Understand the pharmacological basis of these drugs, their receptors, and physiological actions. • Explain **Mechanisms of Action:** Describe how these drugs influence parasympathetic activity by either mimicking or blocking acetylcholine. • List **Clinical Applications:** Identify the therapeutic uses of cholinergic and anticholinergic drugs, such as in glaucoma, myasthenia gravis, COPD, or motion sickness. • Assess **Adverse Effects:** Recognize side effects such as dry mouth, tachycardia (anticholinergics), or diarrhea, bradycardia (cholinergics). • Compare **Drug Classes:** Differentiate between direct-acting, indirect-acting cholinergic drugs, and muscarinic antagonists.	C1	MK	Lecture, Group discussio n	Quiz, Written test, MCQ	SAQ, MCQ	Physiolog y
	Adrenergic and Antiadrenergic Drugs,	K	Knowledge and scholarship	**Miller Principles for Antiadrenergic Drugs:** • **Selective Blockade:** Selective	C1	MK	Lecture, Group discussio	Quiz, Written test, MCQ	SAQ, MCQ	Physiolog y

Hom UG-Mod. Phar **4.1.2**				α\alphaα or β\betaβ blockers minimize side effects and target specific conditions (e.g., β1\beta_1β1 blockers for heart conditions). • **Sympathetic Inhibition:** These drugs decrease heart rate, reduce cardiac output, and lower blood pressure by opposing SNS activity. • **Receptor Affinity and Potency:** Drugs with higher selectivity (e.g., atenolol for β1\beta_1β1) are preferred in specific populations to minimize adverse effects (e.g., bronchospasm). • **Clinical Uses:** Manage hypertension, arrhythmias, angina, heart failure, and conditions like pheochromocytoma. **Adverse Effects:** Monitor for bradycardia, hypotension, and fatigue, particularly in elderly or heart-compromised patients. **Antiadrenergic Drugs:** • Understand the roles of adrenergic receptors and how drugs modulate their activity. • Explain **Mechanisms of Action:** Describe how adrenergic drugs stimulate SNS activity, while antiadrenergic drugs inhibit it. • Classify **Adrenergic Agents:**			n			

				Differentiate between direct, indirect, and mixed-acting adrenergic agonists and selective/non-selective adrenergic blockers. • Identify **Therapeutic Applications:** Highlight uses in conditions such as asthma (β2\beta_2β2 agonists), hypertension (β1\beta_1β1 blockers), and shock (α\alphaα-agonists). • Discuss **Adverse Effects:** Recognize potential side effects like tachycardia (adrenergics) or bradycardia (antiadrenergics).						
Hom UG-Mod. Phar **4.1.3**	Autacoids: Serotonin and drugs acting or Serotonergic System+ T/t of Migraine,	K	Knowledge and scholarship	Selective Serotonin Reuptake Inhibitors (SSRIs): Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs): 5-HT1_11 Agonists 5-HT3_33 Antagonists: 5-HT4_44 Agonists: Serotonin Modulators: Understand **the Serotonergic System:** • Describe serotonin's role in neurotransmission and its physiological functions in the	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

				CNS and periphery. Classify **Serotonergic Drugs:** • Differentiate between SSRIs, SNRIs, triptans, serotonin receptor agonists/antagonists, and modulators. Explain **Mechanisms of Action:** • Discuss how drugs alter serotonin signaling to treat conditions like depression, migraines, and IBS. **Identify Clinical Applications:** • Match drug classes to appropriate therapeutic uses, such as SSRIs for depression or 5-HT1_11 agonists for migraines.						
Hom UG-Mod. Phar 4.1.4	Histamine and Antihistaminic	K	Knowledge and scholarship	Acute Treatments **Nonsteroidal Anti-Inflammatory Drugs (NSAIDs):** Ergot Alkaloids: Anti-Nausea Medications: Preventive Treatments Beta-Blockers	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

				Anticonvulsants: **Calcium Channel Blockers:** CGRP (Calcitonin Gene-Related Peptide) Antagonists: Tricyclic Antidepressants (TCAs) **Understand Pathophysiology:** • Explain the neurovascular basis of migraines and the role of serotonin and CGRP pathways. **Differentiate Migraine Types:** • Identify different migraine presentations (e.g., with aura, without aura) and their implications for treatment. **Classify Therapies:** • Categorize acute and preventive migraine treatments based on their mechanisms of action.						

HomUG-Mod.Phar– 4.2 (NSAID)

Sl.No.	**Duration of Competency**	**Miller**	**Content**	**Specific Learning Objectives**	**Bloom/ Guilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								Formative	Summative	

Hom UG-Mod. Phar **4.2.1**	Drugs used in RA and Gout	K	Knowledge and scholarship	*1. Rheumatoid Arthritis* 1. **Understand Pathophysiology:** Explain the autoimmune nature of RA and the role of cytokines (e.g., TNF-α\alphaα, IL-6) in joint destruction. 2. **Classify RA Drugs:** Differentiate between NSAIDs, corticosteroids, DMARDs, and biologics. 3. **Select Appropriate Therapies:** Design treatment plans based on disease severity and progression. 4. **Monitor for Adverse Effects:** Recognize side effects of DMARDs (e.g., hepatotoxicity with methotrexate) and biologics (e.g., infection risks). *2. Gout* 1. **Identify Pathophysiology:** Explain the role of hyperuricemia and urate crystal deposition in gout	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

				pathogenesis. 2. **Classify Gout Drugs:** Differentiate between acute (NSAIDs, colchicine) and chronic (xanthine oxidase inhibitors, uricosurics) treatments. 3. **Manage Comorbidities:** Incorporate renal and cardiovascular considerations into gout therapy.						

HomUG-Mod.Phar– 4.3 (CNS)

Sl.No.	Duration of Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom UG-Mod. Phar **4.3.1**	Anxiolytics	K	Knowledge and scholarship	➢ **Treatment should be individualized** ➢ Minimize long-term use ➢ Balance between efficacy and safety ➢ **Combination with other treatments** ➢ Educate patients on safe use. ➢ Understanding **the pharmacology of anxiolytics**: Learners should be able to explain the different types of anxiolytics (e.g.,	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Neorology Medicine Physiology

				benzodiazepines, selective serotonin reuptake inhibitors (SSRIs), buspirone), their mechanisms of action, and their clinical indications.						
Hom UG-Mod. Phar **4.3.2**	Antiepileptics	K	Knowledge and scholarship	• **Personalized Treatment** • Appropriate Monotherapy • Dose Titration and Monitoring • **Minimize Drug Interactions** • Long-Term Management and Monitoring • Consideration of Non-Pharmacological Treatments • Patient Education and Adherence • **Seizure-Free Goal** • **Discontinuation of AEDs**: i. Understanding **the pharmacology of AEDs**: Learners should be able to explain the mechanisms of action of various antiepileptic drugs, their pharmacokinetics, and how they control seizures in different types of epilepsy. ii. Identifying **appropriate drug choices**: Learners should be able to select the most appropriate AED for a given type of epilepsy or seizure disorder based on factors such as seizure type, patient age, comorbidities, and previous response to treatment. iii. Monitoring **drug levels and adjusting doses**: Learners should understand the	C1	MK	Lecture, Group discussio n	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiolog y

				iv. importance of therapeutic drug monitoring and how to interpret serum drug levels to adjust dosages of AEDs to maintain efficacy while minimizing toxicity. Recognizing **side effects and drug interactions**: Learners should be able to identify the common and serious side effects associated with AEDs, including those related to cognitive function, liver and kidney toxicity, and hematologic effects. They should also understand the potential for drug-drug interactions and how these affect treatment decisions.						
Hom UG-Mod. Phar **4.3.3**	Antipsychotics and Antidepressants	K	Knowledge and scholarship	• Early and Accurate Diagnosis • Choice of Medication • Personalized Treatment • Minimizing Side Effects • Non-Pharmacological Support • Ongoing Monitoring and Adjustments • Patient Education and Adherence • Consideration for Tapering • First-Line Use of SSRIs and SNRIs: Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) • Tailored Treatment • Start Low, Go Slow • Pharmacology **of**	C1	MK	Lecture, Group discussio n	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiolog y

				Antipsychotics and Antidepressants: Learners should understand the mechanisms of action, pharmacokinetics, and clinical indications for both antipsychotics and antidepressants, including the differences between various drug classes (e.g., atypical vs. typical antipsychotics, SSRIs vs. SNRIs).						
Hom UG-Mod. Phar **4.3.4**	Opioid Analgesics,	K	Knowledge and scholarship	Accurate Pain Assessment l: intensity, location, and underlying cause, is essential. Pain assessment tools, such as the Numeric Pain Rating Scale or Visual Analog Scale Appropriate Indications: • Acute pain (e.g., postoperative or trauma-related pain). • Chronic pain related to cancer or palliative care. • Severe pain unresponsive to non-opioid therapies. Individualized Treatment Plans: Risk Mitigation: Monitoring and Follow-Up Side Effect Management: • Constipation: Prophylactic use of laxatives. • Nausea/Vomiting: Use of antiemetics if needed. • Sedation: Adjust doses or switch medications if excessive.	C1	MK	Lecture, Group discussio n	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiolog y

				Avoiding Long-Term Use When Possible **Understanding Pharmacology**: Demonstrate knowledge of opioid receptor mechanisms, pharmacokinetics, and pharmacodynamics, including the differences between full agonists, partial agonists, and antagonists. • **Clinical Indications**: Identify appropriate clinical scenarios for opioid use and contraindications to their prescription. • **Recognizing Risks**: Understand the risks of opioid use, including tolerance, dependence, addiction, and respiratory depression. • Pain **Management**: Effectively assess and classify pain to guide the appropriate use of opioids. • Dosing **and Titration**: Accurately calculate and titrate opioid doses, ensuring adequate pain relief while minimizing side effects. • Side **Effect Management**: Develop strategies to anticipate, recognize, and manage opioid-induced side effects. • Naloxone **Use**: Educate patients and caregivers on the use of						

				naloxone for opioid overdose prevention. • Patient-**Centered Care**: Communicate effectively with patients about the benefits, risks, and goals of opioid therapy, fostering shared decision-making.						

HomUG-Mod.Phar– <u>4.4 (Respiratory System)</u>

Sl.No.	Duration of Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom UG-Mod. Phar **4.4.1**	Drugs for cough	K	Knowledge and scholarship	**<u>1. Accurate Diagnosis of the Cough's Underlying Cause</u>** • A thorough assessment is necessary to identify the underlying cause of the cough, such as a respiratory infection (e.g., viral or bacterial), asthma, post-nasal drip, or more severe conditions like chronic obstructive pulmonary disease (COPD) or heart failure. • Treatment should focus on the underlying cause when possible (e.g., antibiotics for bacterial infections,	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				bronchodilators for asthma), rather than merely masking the symptom. **2. Classification of Cough Type** • **Dry Cough**: Typically non-productive, can be treated with **antitussives** like **dextromethorphan** or **codeine**. • **Productive Cough**: Involves the production of mucus or phlegm and is usually treated with **expectorants** like **guaifenesin** to facilitate mucus clearance. • **Acute vs. Chronic Cough**: Coughs lasting less than three weeks are usually acute and often self-limited, whereas coughs persisting for more than eight weeks may indicate an underlying chronic condition. **3. Symptomatic Treatment** • Use **antitussives** for suppressing persistent dry cough that is uncomfortable or interfering with dailyactivities. Use **expectorants** or mucolytics for productive coughs to aid in the clearance of mucus.						

				<u>Knowledge-Based Outcomes</u> • **Pharmacological Understanding**: Demonstrate an understanding of the pharmacokinetics, pharmacodynamics, and mechanisms of action of drugs used for cough, including antitussives (e.g., dextromethorphan, codeine) and expectorants (e.g., guaifenesin). • **Cough Etiology**: Identify and differentiate the causes of acute and chronic cough and understand the role of drugs in treating these causes based on the type of cough (dry vs. productive). **Drug Safety and Side Effects**: Recognize the potential side effects and safety concerns of commonly used cough medications, such as opioids, and other non-opioid alternatives, ensuring safe use in different patient populations						
Hom UG-Mod. Phar **4.4.2**	Bronchial asthma and COPD	K	Knowledge and scholarship	*1. Accurate Diagnosis and Differentiation* • **Asthma** is typically characterized by reversible airway obstruction and inflammation, often triggered by allergens, irritants, or	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				exercise. • **COPD** is characterized by progressive, irreversible airflow limitation, most commonly caused by long-term exposure to smoking or environmental pollutants. • Early diagnosis, based on clinical symptoms, spirometry, and patient history, is essential for effective treatment. *2. Individualized Pharmacological Treatment* • **Asthma** treatment often involves controlling inflammation and bronchoconstriction, with a focus on symptom control and preventing exacerbations. • **COPD** treatment emphasizes symptom management, reducing exacerbations, and slowing disease progression. • The choice of medication should be tailored to the patient's age, disease severity, comorbidities, and frequency of exacerbations. *3. Stepwise Approach to Asthma Management* • **Step 1 (Mild Asthma)**: Use **short-acting beta-agonists (SABA)** like **albuterol** for						

				symptom relief. • **Step 2 (Persistent Asthma)**: Add **inhaled corticosteroids (ICS)** like **beclometasone** or **budesonide** to control inflammation. • **Step 3 (Moderate Asthma)**: Use **long-acting beta-agonists (LABA)** like **salmeterol** in combination with ICS to enhance bronchodilation and reduce inflammation. • **Step 4 (Severe Asthma)**: Add **leukotriene receptor antagonists (LTRAs)** like **montelukast** or consider **biologics** like **omalizumab** or **dupilumab** for severe cases. *4. COPD Pharmacological Management* • **Short-Acting Bronchodilators**: **SABA** (e.g., **salbutamol**) and **short-acting muscarinic antagonists (SAMA)** (e.g., **ipratropium**) provide quick relief for symptoms. • **Long-Acting Bronchodilators**: **LABA** (e.g., **formoterol**) and **long-acting muscarinic antagonists (LAMA)** (e.g., **tiotropium**) are used for long-term management of airflow obstruction.						

				• **Inhaled Corticosteroids (ICS)**: Used in combination with bronchodilators for patients with frequent exacerbations (e.g., **fluticasone**). *5. Monitoring and Adjusting Treatment* • Monitor **lung function** (using **spirometry**), symptoms, and exacerbation frequency to assess the efficacy of treatment and adjust medications accordingly. • For asthma, adjust treatment in response to symptom control or frequency of exacerbations, considering a **step-up** or **step-down** approach based on disease control. *For COPD, monitor symptoms, exacerbation history, and comorbidities to adjust the therapeutic regimen.* **Knowledge-Based Outcomes** • **Pathophysiology**: Demonstrate understanding of the underlying pathophysiological mechanisms of **asthma** and **COPD**, including inflammation, airway remodeling, and bronchoconstriction.						

				• **Pharmacological Principles**: Understand the classes of drugs used in asthma and COPD, including bronchodilators, corticosteroids, and other adjunctive therapies, and their mechanisms of action. • **Diagnosis and Differentiation**: Differentiate between asthma and COPD based on clinical presentation, diagnostic tests (spirometry, chest imaging), and patient history. • **Exacerbation Management**: Recognize the appropriate use of medications in managing asthma and COPD exacerbations, including the role of systemic corticosteroids, bronchodilators, and antibiotics. • **Inhaler Technique and Patient Education**: Educate patients on the proper use of inhalers, ensuring correct technique to maximize drug efficacy, and provide guidance on lifestyle modifications and non-pharmacological interventions.						

HomUG-Mod.Phar– 4.5 (Hormones)

Sl.No	Duration of Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-Mod.Phar 4.5.1	Insulin and oral Hypoglycemic drugs	K	Knowledge and scholarship	*1. Accurate Diagnosis and Classification of Diabetes* • **Type 1 Diabetes (T1D)**: An autoimmune disorder where the pancreas produces little to no insulin, requiring lifelong insulin therapy. • **Type 2 Diabetes (T2D)**: Characterized by insulin resistance and eventual pancreatic beta-cell dysfunction, managed with a combination of lifestyle changes and pharmacological therapy. *2. Insulin Therapy in Diabetes Management* **Insulin for Type 1 Diabetes**:	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				• **Basal Insulin**: Provides a constant level of insulin, mimicking the body's natural insulin secretion (e.g., **insulin glargine**, **insulin detemir**). • **Bolus Insulin**: Used to control postprandial blood glucose levels (e.g., **insulin aspart**, **insulin lispro**). • **Continuous Insulin Infusion (Insulin Pump)**: For some Type 1 diabetic patients, especially those who need more precise control of their blood sugar. **Insulin for Type 2 Diabetes**: • Initially, T2D patients may be managed with **oral hypoglycemic agents** but may eventually require insulin as the disease progresses and pancreatic function declines. • **Combination Therapy**: Insulin may be combined with **oral hypoglycemic drugs** like **metformin** or **sulfonylureas** for enhanced control. *3. Oral Hypoglycemic Agents (OHAs) in Type 2 Diabetes* **Biguanides (e.g., Metformin)**: • First-line therapy for T2D. • Works by decreasing hepatic						

				glucose production and improving insulin sensitivity, without increasing insulin secretion (reducing the risk of hypoglycemia). **Sulfonylureas (e.g., Glibenclamide, Glimepiride)**: • Stimulate the pancreas to secrete more insulin. • Typically used when metformin alone is not enough to control blood sugar. **Thiazolidinediones (TZDs) (e.g., Pioglitazone)**: • Improve insulin sensitivity by acting on the **peroxisome proliferator-activated receptor gamma (PPAR-γ)** in the muscles and adipose tissue. **Dipeptidyl Peptidase-4 Inhibitors (DPP-4 inhibitors) (e.g., Sitagliptin, Saxagliptin)**: • Enhance the action of incretin hormones, which increase insulin release and decrease glucagon secretion in a glucose-dependent manner. **SGLT2 Inhibitors (e.g.,**						

				Empagliflozin, Dapagliflozin): • Work by inhibiting sodium-glucose cotransporter 2 in the kidneys, leading to increased glucose excretion in the urine and lowering blood glucose levels. **GLP-1 Receptor Agonists (e.g., Exenatide, Liraglutide)**: • Increase insulin secretion in response to meals, reduce glucagon secretion, and delay gastric emptying, leading to weight loss. *4. Monitoring and Adjusting Treatment* • **Self-Monitoring of Blood Glucose (SMBG)**: Regular blood glucose testing is essential to assess treatment efficacy and guide adjustments. • **Hemoglobin A1c (HbA1c)**: A key long-term marker used to assess the effectiveness of treatment. The target for most diabetic patients is usually an A1c below 7%, but individual goals may vary. • **Renal Function**: Regularly monitor **renal function** in patients on drugs like **metformin**, **SGLT2**						

				inhibitors, or **insulin** to avoid complications, particularly in those with compromised kidney function. *5. Prevention and Management of Hypoglycemia* • **Insulin Therapy**: Hypoglycemia is a common risk, especially with **insulin** or **sulfonylureas**. Patients should be educated on recognizing early signs of hypoglycemia (e.g., sweating, dizziness) and how to correct it (e.g., consuming glucose). • **Oral Hypoglycemics**: Drugs like **SGLT2 inhibitors** and **DPP-4 inhibitors** are less likely to cause hypoglycemia compared to insulin or sulfonylureas. • **Patient Education**: Teach patients about diet, medication timing, and how exercise can affect blood sugar levels, helping them avoid hypoglycemic episodes. *6. Management of Comorbidities* • **Cardiovascular Disease**: Many diabetic patients have comorbid cardiovascular conditions. **SGLT2 inhibitors** and **GLP-1 agonists** have						

				shown cardiovascular benefits. • **Kidney Disease**: Monitor kidney function regularly, especially in patients receiving **metformin**, **SGLT2 inhibitors**, or **insulin**. *7. Long-Term Management and Lifestyle Support* • Diabetes is a chronic condition requiring long-term management. **Lifestyle support** (including diet, exercise, and weight management) should be integrated into therapy. Encourage patient engagement and regular follow-ups to ensure proper management and prevent complications. **Knowledge-Based Outcomes** 1. **Pharmacodynamics and Pharmacokinetics**: Demonstrate an understanding of the mechanisms of action, pharmacokinetics, and therapeutic use of **insulin** and **oral hypoglycemic drugs** such as **metformin**, **sulfonylureas**, **SGLT2 inhibitors**, and **GLP-1 receptor agonists**. 2. **Diabetes Classification and**						

				Pathophysiology: Understand the different types of diabetes (Type 1, Type 2) and the pathophysiological mechanisms underlying **insulin resistance** and **beta-cell dysfunction**. **Drug Safety**: Recognize the adverse effects, contraindications, and precautions of insulin and oral hypoglycemics, including the risk of **hypoglycemia** and **kidney impairment**						
Hom UG-Mod. Phar **4.5.2**	Adrenocortical and Androgenic steroids	K	Knowledge and scholarship	**Adrenocortical Steroids** *1. Differentiating Glucocorticoids and Mineralocorticoids* ***Glucocorticoids (e.g., Prednisone, Dexamethasone)**:* • Primary role: Anti-inflammatory and immunosuppressive effects. • Used for: Asthma, rheumatoid arthritis, autoimmune diseases, and allergies. • Adverse effects: Long-term use can lead to osteoporosis, diabetes, and adrenal suppression. **Mineralocorticoids (e.g., Fludrocortisone)**: • Primary role: Regulation of	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				electrolyte and water balance via actions on renal tubules. • Used for: Addison's disease and other conditions involving adrenal insufficiency. • Adverse effects: Sodium retention, hypokalemia, and hypertension. *2. Rational Use in Therapy* Select drugs based on their **potency**, **duration of action**, and **specific indications**: • **Short-acting glucocorticoids**: Hydrocortisone. • **Intermediate-acting**: Prednisone, Methylprednisolone. • **Long-acting**: Dexamethasone, Betamethasone. *3. Managing Adverse Effects* • Monitor for **iatrogenic Cushing's syndrome** with long-term glucocorticoid therapy. • Prevent complications such as **osteoporosis** by supplementing calcium and vitamin D. • Regularly check for **hypertension**, **hyperglycemia**, and						

				infections. *4. Anti-Inflammatory and Immunosuppressive Therapy* • Glucocorticoids are used to manage inflammatory and autoimmune diseases such as **lupus**, **rheumatoid arthritis**, and **inflammatory bowel disease**. • Their use in transplantation helps prevent graft rejection through immunosuppressive effects**for Androgenic Steroid Drugs** *1. Therapeutic Indications* • **Primary or Secondary Hypogonadism**: Use testosterone or its esters to restore normal androgen levels. • **Anabolic Effects**: Promote nitrogen retention and muscle growth in catabolic states such as severe burns or chronic illnesses. ***Other Uses**: Certain androgenic steroids are used for endometriosis, hereditary angioedema, or as part of hormone therapy in transgender men.*						

				Knowledge-Based Outcomes **Pharmacology**: Understand the **mechanism of action**, **pharmacokinetics**, and **therapeutic uses** of glucocorticoids, mineralocorticoids, and androgenic steroids.						
Hom UG-Mod. Phar **4.5.3**	Estrogens, Progesterone and OCPs	K	Knowledge and scholarship	**Estrogens and Progesterone** *1. Physiological Roles* **Estrogens** • Regulate the development of female secondary sexual characteristics. • Essential for the menstrual cycle and maintaining bone density. • Common examples:**Estradiol**, **Ethinyl Estradiol**, and **Conjugated Estrogens**. **Progesterone**: • Regulates the menstrual cycle and maintains pregnancy. • Plays a role in the endometrial transformation required for implantation. • Common examples: **Progesterone**, **Medroxyprogesterone**	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				acetate, and **Norethindrone**. *3. Therapeutic Applications* ***Estrogens**:* • Used for **hormone replacement therapy (HRT)** in menopausal women. • Management of **hypogonadism** in females. • Treatment of **osteoporosis** and certain cancers (e.g., prostate cancer in men). **Progesterone**: • Used in combination with estrogens in HRT to prevent **endometrial hyperplasia**. • Indicated for **abnormal uterine bleeding**, **amenorrhea**, and **endometriosis**. *3. Rational Use* • Combine estrogens and progestins in women with an intact uterus to prevent **endometrial carcinoma**. • Use the **lowest effective dose** for the shortest duration to minimize risks like thromboembolism or cancer. • For menopausal women, use HRT only for **vasomotor**						

				symptoms, vaginal atrophy, or osteoporosis prevention. *4. Monitoring and Adverse Effects* **Estrogens**: • Risks include **thromboembolism**, **breast cancer**, and **endometrial hyperplasia**. • Monitor liver function, lipid profile, and coagulation parameters. **Progesterone**: • Can cause **mood changes**, **weight gain**, and **irregular bleeding**. • Monitor for symptoms of depression and cardiovascular risks. **Oral Contraceptive Pills (OCPs)** *1. Types of OCPs* **Combined Oral Contraceptives (COCs)**: • Contain both estrogen (e.g., **Ethinyl Estradiol**) and a progestin (e.g., **Levonorgestrel**, **Drospirenone**). • Mechanism: Suppress						

				ovulation, thicken cervical mucus, and alter the endometrium. **Progestin-Only Pills (POPs)**: • Contain only progestins. • Mechanism: Thicken cervical mucus and inhibit ovulation. • Preferred for women who are breastfeeding or have contraindications to estrogens. *2. Therapeutic Applications* **Contraception**: • Primary use of OCPs to prevent pregnancy. **Non-Contraceptive Uses**: • Management of **menstrual disorders** like dysmenorrhea or menorrhagia. • Treatment of **endometriosis**. • Reduction in the risk of ovarian and endometrial cancers. *3. Selection of OCPs* Choose based on patient needs, medical history, and side effect profile. • **Low-dose COCs**: Preferred						

				for minimizing estrogen-related side effects. • **POPs**: Recommended for women with risk factors like thromboembolism. *4. Safety and Monitoring* Screen for contraindications to OCPs, including: • **Thromboembolic disorders**. • **Breast cancer** or other estrogen-dependent cancers. • **Uncontrolled hypertension** or **migraine with aura**. • Monitor for **breakthrough bleeding**, **mood changes**, and **weight gain**. *5. Managing Side Effects* • Adjust the estrogen or progestin dose for symptoms like **nausea**, **headaches**, or **irregular bleeding**. Educate on the importance of adherence and steps to take if a dose is missed. *Knowledge-Based Outcomes* 1. **Pharmacodynamics and Pharmacokinetics**: Understand the mechanisms of action, absorption,						

				metabolism, and elimination of estrogens, progesterone, and OCPs. **Indications and Contraindications**: Learn the therapeutic uses of these drugs, along with contraindications like a history of thromboembolism or breast cancer.						
Hom UG-Mod. Phar **4.5.4**	Vitamin D, Calcium and Drugs affecting calcium Balance	K	Knowledge and scholarship	**1.Physiological Roles** **Vitamin D**: • Regulates calcium and phosphate absorption from the gut. • Facilitates bone mineralization and remodeling. • Active forms: **Calcitriol** (1,25-dihydroxyvitamin D) and **Cholecalciferol** (Vitamin D3). **Calcium**: • Essential for bone structure, muscle contraction, nerve transmission, and blood clotting. • Daily requirement depends on age, gender, and physiological state (e.g., pregnancy, lactation).	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				2. Therapeutic Applications **Vitamin D**: • Treats **rickets**, **osteomalacia**, **hypocalcemia**, and **secondary hyperparathyroidism**. • Used for **osteoporosis prevention and treatment**. **Calcium**: • Supplementation for **hypocalcemia**, **osteoporosis**, and dietary insufficiency. • Adjunct in **cardiac arrest** (calcium chloride or calcium gluconate). **3. Rational Use** • Ensure adequate **calcium intake** (dietary or supplemental) alongside vitamin D therapy. • Use the **active form (Calcitriol)** in cases of **renal impairment**, where vitamin D activation is impaired. • Tailor dosage to patient needs, age, and comorbidities: o Vitamin D: Typically 400–800 IU/day for adults, higher doses for deficiency. o Calcium: 1,000–1,200 mg/day for						

				adults. **4. Monitoring and Adverse Effects** • Monitor **serum calcium** and **vitamin D levels** to avoid **hypercalcemia** and **toxicity**. • Watch for symptoms of excess, such as **nausea**, **constipation**, and **renal calculi**. In high-risk populations (e.g., elderly), ensure supplements do not exceed tolerable upper intake levels. **Knowledge-Based Outcomes** 1. **Mechanisms of Action**: Understand how vitamin D, calcium, and calcium-modulating drugs affect bone remodeling and calcium homeostasis. 2. **Indications and Dosage**: Learn the appropriate indications, dosages, and formulations for conditions like **osteoporosis**, **rickets**, and **hypercalcemia**. **Adverse Effects**: Recognize common side effects, including **hypercalcemia**, **renal complications**, and **osteonecrosis**.						

HomUG-Mod.Phar– 4.6 (CVS)

Sl.No	Duration of Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom UG-Mod. Phar 4.6.1	T/t of Hypertension	K	Knowledge and scholarship	**Hypertension Management** *1. Etiology and Pathophysiology* Identify the cause of hypertension: • **Primary (essential)** hypertension: Idiopathic but influenced by genetic and lifestyle factors. • **Secondary** hypertension: Caused by conditions such as renal artery stenosis, endocrine disorders, or	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				medication use. • Understand the pathophysiological mechanisms: • **Increased systemic vascular resistance**, **volume overload**, and **sympathetic nervous system activation**. *2. Therapeutic Goals* • The primary goal is to reduce blood pressure to recommended targets: o **<140/90 mmHg** for most adults. o **<130/80 mmHg** for patients with diabetes, chronic kidney disease, or a history of cardiovascular disease. • Prevent complications such as stroke, myocardial infarction, and organ damage. *3. Pharmacological Treatment Options* Hypertension treatment requires patient-specific drug selection based on comorbidities, age, and ethnicity: 1. **First-Line Agents**: • **Thiazide Diuretics** (e.g.,						

				Hydrochlorothiazide, Chlorthalidone): Reduce blood volume by increasing urinary excretion of sodium and water. • **ACE Inhibitors** (e.g., Enalapril, Ramipril): Inhibit the renin-angiotensin-aldosterone system (RAAS), reducing vasoconstriction and aldosterone secretion. • **Angiotensin II Receptor Blockers (ARBs)** (e.g., Losartan, Valsartan): Block angiotensin II receptors, reducing vasoconstriction. • **Calcium Channel Blockers (CCBs)** (e.g., Amlodipine, Nifedipine): Cause vasodilation by inhibiting calcium influx in vascular smooth muscle. 2. **Second-Line and Add-On Agents**: • **Beta-Blockers** (e.g., Metoprolol, Atenolol): Reduce heart rate and cardiac output. • **Aldosterone Antagonists** (e.g., Spironolactone, Eplerenone): Effective in resistant hypertension. • **Alpha-Blockers** (e.g., Doxazosin): Relax vascular smooth muscle						

				to lower BP. 3. **Other Agents**: • **Centrally Acting Drugs** (e.g., Clonidine, Methyldopa): Reduce sympathetic outflow. • **Direct Vasodilators** (e.g., Hydralazine, Minoxidil): Reserved for severe or refractory hypertension. --- *4. Non-Pharmacological Measures* Emphasize lifestyle modifications for all patients: • **Dietary Approaches to Stop Hypertension (DASH)** diet: Rich in fruits, vegetables, and low-fat dairy. • **Salt reduction**: <2.3 grams of sodium/day. • **Regular exercise**: At least 150 minutes of moderate-intensity aerobic activity per week. • **Weight loss**: Aim for BMI <25 kg/m². • **Smoking cessation** and limiting alcohol intake. **Knowledge-Based Outcomes** 1. **Understanding**						

				Pathophysiology: Describe the mechanisms contributing to hypertension and the pharmacological targets of antihypertensive drugs. 2. **Therapeutic Principles**: Understand the indications, mechanisms, and contraindications of different antihypertensive drugs. 3. **Risk Stratification**: Learn to assess cardiovascular risk and tailor treatment to reduce complications. **Skill-Based Outcomes** **Blood Pressure Measurement**: Accurately measure and interpret blood pressure values using standard techniques.						
Hom UG-Mod. Phar **4.6.2**	Angina, MI	K	Knowledge and scholarship	**Angina** *1. Types of Angina* • **Stable Angina**: Caused by a fixed coronary artery obstruction. • **Unstable Angina**: Part of acute coronary syndrome (ACS), often due to plaque rupture. • **Prinzmetal (Variant) Angina**: Caused by coronary	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				vasospasm. *2. Goals of Therapy* • Alleviate symptoms by improving oxygen supply-demand balance. • Prevent progression to MI or sudden cardiac death. • Improve quality of life and physical activity tolerance. *3. Drug Classes for Angina* 1. **Nitrates** (e.g., Nitroglycerin, Isosorbide Dinitrate): o Mechanism: Reduce preload and afterload by venodilation; improve coronary blood flow. o Indication: Acute relief (sublingual nitroglycerin) and long-term prophylaxis (oral or transdermal nitrates). o Adverse Effects: Headache, hypotension, reflex tachycardia. 2. **Beta-Blockers** (e.g., Metoprolol, Atenolol): o Mechanism: Reduce heart rate and contractility, lowering myocardial						

				oxygen demand. ○ Indication: First-line for stable angina; reduce mortality in post-MI patients. ○ Adverse Effects: Bradycardia, fatigue, bronchospasm. 3. **Calcium Channel Blockers (CCBs)** (e.g., Amlodipine, Verapamil): ○ Mechanism: Reduce afterload by vasodilation and decrease myocardial oxygen demand. ○ Indication: Prinzmetal angina, stable angina in patients intolerant to beta-blockers. ○ Adverse Effects: Hypotension, peripheral edema, constipation. 4. **Antiplatelet Agents** (e.g., Aspirin, Clopidogrel): ○ Mechanism: Prevent platelet aggregation and thrombus formation. ○ Indication: Prevent acute coronary syndromes. ○ Adverse Effects: Bleeding, gastrointestinal irritation. 5. **Ranolazine**:						

				○ Mechanism: Inhibits late sodium currents, reducing ischemia. ○ Indication: Chronic stable angina refractory to standard therapy. ○ Adverse Effects: QT prolongation. **Drugs Used in Myocardial Infarction (MI)** *1. Pathophysiology* • MI is caused by complete or partial coronary artery occlusion, leading to ischemia and myocardial necrosis. *2. Goals of Therapy* • Restore coronary perfusion and limit infarct size. • Prevent complications such as arrhythmias, heart failure, and reinfarction. • Reduce mortality and improve long-term outcomes. *3. Drug Classes for MI* 1. **Thrombolytics (Fibrinolytics)** (e.g., Alteplase, Streptokinase): ○ Mechanism: Dissolve thrombi by activating						

				plasminogen to plasmin. ○ Indication: STEMI when percutaneous coronary intervention (PCI) is unavailable. ○ Adverse Effects: Bleeding, intracranial hemorrhage. 2. **Antiplatelet Agents**: ○ **Aspirin**: Irreversible COX-1 inhibition reduces thromboxane A2, preventing platelet aggregation. ○ **P2Y12 Inhibitors** (e.g., Clopidogrel, Ticagrelor): Block ADP-mediated platelet activation. ○ Used in dual antiplatelet therapy (DAPT) for ACS and post-PCI. 3. **Anticoagulants** (e.g., Enoxaparin, Heparin): ○ Mechanism: Prevent clot propagation by inhibiting clotting factors. ○ Indication: Acute phase of MI to reduce thrombotic risk. ○ Adverse Effects: Bleeding, heparin-induced thrombocytopenia (HIT). 4. **Beta-Blockers**:						

				○ Reduce myocardial oxygen demand, preventing arrhythmias and infarct expansion. 5. **ACE Inhibitors/ARBs**: ○ Prevent ventricular remodeling and reduce afterload. ○ Indication: Post-MI with heart failure or reduced ejection fraction. ○ Adverse Effects: Cough (ACE inhibitors), hyperkalemia. 6. **Statins** (e.g., Atorvastatin, Rosuvastatin): ○ Mechanism: Lower LDL cholesterol and stabilize plaques. ○ Indication: All MI patients irrespective of baseline cholesterol levels. 7. **Nitrates**: ○ Relieve ischemic pain by improving coronary perfusion. 8. **Aldosterone Antagonists** (e.g., Spironolactone): Indication: Post-MI with heart failure or reduced ejection fraction. **Knowledge-Based Outcomes**						

				1. **Pathophysiology Understanding**: Describe the mechanisms underlying angina and MI, including the role of oxygen supply-demand mismatch and thrombosis. 2. **Drug Mechanisms and Indications**: Understand the mechanism of action, indications, and contraindications of drugs used in angina and MI. 3. **Guideline Awareness**: Familiarity with current guidelines for managing stable angina, unstable angina, and MI. **Skill-Based Outcomes** 4. **Drug Selection**: Select the most appropriate therapy for angina or MI based on patient-specific factors, such as comorbidities and contraindications. 5. **Acute Management Skills**: Administer appropriate acute therapies for MI (e.g., thrombolysis, dual antiplatelet therapy). 6. **Monitoring and Adjustment**: Monitor therapy effectiveness (e.g., relief of chest pain, BP control) and adjust based on patient response and side						

				effects. **Attitude-Based Outcomes** 7. **Patient-Centered Care**: Prioritize patient preferences and risk factors in designing treatment plans. 8. **Preventive Focus**: Educate patients on lifestyle changes (e.g., smoking cessation, diet, exercise) to prevent angina and recurrent MI. 9. **Ethical Prescribing**: Avoid polypharmacy and adhere to evidence-based practices for reducing cardiovascular morbidity and mortality.						
Hom UG-Mod. Phar **4.6.3**	Cardiac Glycosides and Drugs for Heart failure	K	Knowledge and scholarship	**Cardiac Glycosides** *1. Mechanism of Action* • **Digoxin**, the primary cardiac glycoside, works by: o Inhibiting the **Na^+/K^+-ATPase pump**, leading to increased intracellular sodium. o Increased sodium decreases calcium extrusion via the sodium-calcium exchanger, leading to	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				higher intracellular calcium and stronger myocardial contractions (positive inotropy). ○ Slowing conduction through the atrioventricular (AV) node and increasing vagal tone (negative chronotropy). *2. Indications* • Symptomatic relief in **chronic heart failure** (especially in patients with reduced ejection fraction). • Management of **atrial fibrillation** with rapid ventricular rates, especially in heart failure patients. *3. Adverse Effects* • **Cardiac**: Arrhythmias (e.g., ventricular tachycardia, AV block). • **Gastrointestinal**: Nausea, vomiting, diarrhea. • **Neurological**: Visual disturbances (e.g., yellow vision), confusion. • **Toxicity**: Narrow therapeutic index necessitates careful monitoring of drug levels						

				(normal range: 0.5–2 ng/mL). *4. Monitoring* • Regular assessment of digoxin levels, renal function, and electrolytes (hypokalemia and hypomagnesemia increase toxicity risk). **Drugs Used in Heart Failure** Heart failure management varies based on the type: • **Heart Failure with Reduced Ejection Fraction (HFrEF)**: EF ≤40%. • **Heart Failure with Preserved Ejection Fraction (HFpEF)**: EF >50%. *1. Goals of Therapy* • Alleviate symptoms (e.g., dyspnea, fatigue). • Reduce hospitalizations and mortality. • Prevent disease progression and improve quality of life. *2. Drug Classes* 1. **First-Line Drugs**: **Angiotensin-Converting Enzyme**						

				(ACE) Inhibitors (e.g., Enalapril, Ramipril): • Mechanism: Reduce afterload and preload by blocking the renin-angiotensin-aldosterone system (RAAS). • Benefits: Decrease mortality and slow disease progression. • Adverse Effects: Cough, hyperkalemia, angioedema. **Angiotensin II Receptor Blockers (ARBs)** (e.g., Losartan, Valsartan): • Alternative to ACE inhibitors in patients with intolerance. • **Beta-Blockers** (e.g., Bisoprolol, Carvedilol, Metoprolol): • Mechanism: Block sympathetic overactivation. • Benefits: Reduce mortality and improve left ventricular function. • Adverse Effects: Bradycardia, fatigue, hypotension. **Mineralocorticoid Receptor Antagonists (MRAs)** (e.g., Spironolactone, Eplerenone): • Mechanism: Block aldosterone, reducing fluid retention and fibrosis. • Benefits: Mortality reduction in HFrEF.						

				• Adverse Effects: Hyperkalemia, gynecomastia (spironolactone). **2.Symptomatic Relief**: **Loop Diuretics** (e.g., Furosemide, Torsemide): • Mechanism: Increase urinary excretion of sodium and water. • Indication: Relieve fluid overload symptoms (e.g., pulmonary congestion, peripheral edema). • Adverse Effects: Hypokalemia, hypovolemia. • **Thiazide Diuretics** (e.g., Hydrochlorothiazide): • Used in mild fluid retention or combination therapy. **3.Novel Therapies**: • **Sodium-Glucose Cotransporter-2 (SGLT2) Inhibitors** (e.g., Dapagliflozin, Empagliflozin): • Benefits: Mortality reduction, symptom improvement, regardless of diabetes status. **4.Other Agents**: **Ivabradine**:						

				• Mechanism: Reduces heart rate by inhibiting the If current in the sinoatrial node. • Indication: HFrEF with resting heart rate >70 bpm despite beta-blocker use. **Hydralazine and Isosorbide Dinitrate**: • Indication: HFrEF in African-American patients or those intolerant to ACE inhibitors/ARBs. **5.Anticoagulation and Antiplatelets**: Indicated in HF patients with atrial fibrillation or thromboembolic risk. **Knowledge-Based Outcomes** 1. **Understanding Mechanisms**: Describe the pharmacological actions of cardiac glycosides and other HF drugs. 2. **Pathophysiology**: Understand the role of neurohormonal dysregulation in HF and the impact of pharmacotherapy. 3. **Evidence-Based Practices**: Learn to apply current guidelines in the pharmacological management of HF.						

				Skill-Based Outcomes 4. **Drug Selection**: Select appropriate drugs for HFrEF, HFpEF, and symptom management. 5. **Toxicity Monitoring**: Identify and manage digoxin toxicity and other drug-related adverse effects. **Patient Counseling**: Educate patients on medication adherence, recognizing symptoms of fluid overload, and dietary restrictions.						
Hom UG-Mod. Phar **4.6.4**	Hypolipidemic drugs	K	Knowledge and scholarship	**1. Classes of Hypolipidemic Drugs** *A. HMG-CoA Reductase Inhibitors (Statins)* • **Examples**: Atorvastatin, Rosuvastatin, Simvastatin. • **Mechanism**: Inhibit HMG-CoA reductase, the rate-limiting enzyme in cholesterol synthesis, reducing LDL cholesterol. • **Benefits**: o Decrease LDL by 20–60%. o Modest increase in HDL and decrease in triglycerides. o Anti-inflammatory and plaque-stabilizing effects.	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				• **Indications**:
				  o Primary and secondary prevention of atherosclerotic cardiovascular disease (ASCVD).
				  o Hypercholesterolemia.
				
				B. Fibrates
				
				• **Examples**: Fenofibrate, Gemfibrozil.
				• **Mechanism**: Activate peroxisome proliferator-activated receptor-alpha (PPAR-α), increasing fatty acid oxidation and lipoprotein lipase activity, leading to reduced triglycerides.
				• **Benefits**:
				  o Decrease triglycerides by 30–50%.
				  o Modest increase in HDL.
				• **Indications**: Hypertriglyceridemia, prevention of pancreatitis.
				
				C. Bile Acid Sequestrants
				
				• **Examples**: Cholestyramine, Colestipol.
				• **Mechanism**: Bind bile acids in the intestine, preventing reabsorption and promoting						

				cholesterol excretion.
				• **Benefits**:
				  o Lower LDL by 10–20%.
				  o May slightly increase HDL.
				• **Indications**: Hypercholesterolemia, particularly in statin-intolerant patients.
				
				D. Cholesterol Absorption Inhibitors
				
				• **Example**: Ezetimibe.
				• **Mechanism**: Inhibits Niemann-Pick C1-Like 1 (NPC1L1) protein in the intestine, reducing dietary and biliary cholesterol absorption.
				• **Benefits**:
				  o Reduces LDL by 18–25%.
				  o Additive effect with statins.
				• **Indications**: Hypercholesterolemia, adjunct to statins.
				
				E. PCSK9 Inhibitors
				
				• **Examples**: Evolocumab, Alirocumab.
				• **Mechanism**: Monoclonal antibodies that inhibit PCSK9, increasing LDL receptor recycling and reducing LDL levels.						

				• **Benefits**:
				  ○ Lower LDL by 50–70%.
				  ○ Reduce cardiovascular events.
				• **Indications**: Severe hypercholesterolemia, familial hypercholesterolemia, and patients with ASCVD.
				
				F. Nicotinic Acid (Niacin)
				
				• **Mechanism**: Reduces hepatic synthesis of triglycerides and VLDL, increasing HDL.
				• **Benefits**:
				  ○ Reduces triglycerides and LDL.
				  ○ Significantly increases HDL.
				• **Adverse Effects**: Flushing, hyperglycemia, hepatotoxicity.
				• **Indications**: Mixed dyslipidemias.
				
				G. Omega-3 Fatty Acids
				
				• **Examples**: Eicosapentaenoic acid (EPA), Docosahexaenoic acid (DHA).
				• **Mechanism**: Reduce hepatic triglyceride synthesis.
				• **Benefits**:
				  ○ Decrease triglycerides.
				  ○ Anti-inflammatory						

				and anti-arrhythmic properties. • **Indications**: Hypertriglyceridemia. **2. Principles of Therapy** • **Lifestyle Modifications**: Emphasize diet, exercise, and smoking cessation alongside pharmacotherapy. **3. Monitoring and Safety** • **Lipid Levels**: Monitor baseline and follow-up lipid profiles to assess efficacy. • **Liver Function**: Regularly check liver enzymes, especially with statins and niacin. • **Muscle Toxicity**: Monitor for myalgia or rhabdomyolysis in statin-treated patients. • **Glycemic Control**: Be cautious of hyperglycemia in susceptible individuals on statins or niacin. **Adverse Effects of Hypolipidemic Drugs** • **Statins**: Myopathy, rhabdomyolysis, hepatotoxicity, increased diabetes risk. • **Fibrates**: Myopathy						

				(especially with statins), gallstones. • **Bile Acid Sequestrants**: Gastrointestinal discomfort, vitamin deficiencies (A, D, E, K). • **Niacin**: Flushing, pruritus, hepatotoxicity. • **PCSK9 Inhibitors**: Injection site reactions, rare hypersensitivity.						

HomUG-Mod.Phar– 4.7 (Renal System)

Sl.No	Duration of Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-Mod.Phar 4.7.1	Diuretics and Antidiuretics	K	Knowledge and scholarship	**Diuretics: Classes and Mechanism of Action** Diuretics are classified based on their site of action in the nephron and their mechanism of action. *A. Thiazide Diuretics* • **Examples**: Hydrochlorothiazide,	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				Chlorthalidone. • **Mechanism**: Inhibit sodium-chloride symporters in the distal convoluted tubule, promoting sodium and water excretion. • **Effects**: Decrease blood volume and lower blood pressure. • **Indications**: Hypertension, mild heart failure, edema due to kidney disease, and nephrolithiasis (calcium-containing stones). • **Adverse Effects**: Hypokalemia, hyponatremia, hyperglycemia, hyperuricemia. *B. Loop Diuretics* • **Examples**: Furosemide, Bumetanide, Torsemide. • **Mechanism**: Inhibit the sodium-potassium-chloride co-transporter in the thick ascending limb of the loop of Henle, preventing sodium reabsorption. • **Effects**: Cause significant diuresis, lowering fluid overload rapidly. • **Indications**: Acute heart failure, pulmonary edema, chronic kidney disease, severe edema. • **Adverse Effects**: Hypokalemia, dehydration,						

				hypotension, ototoxicity.
				
				C. Potassium-Sparing Diuretics
				
				• **Examples**: Spironolactone, Eplerenone, Amiloride, Triamterene.
				• **Mechanism**:
				  ○ **Aldosterone antagonists** (e.g., Spironolactone, Eplerenone) block the effects of aldosterone in the collecting ducts, preventing sodium retention and potassium excretion.
				  ○ **Epithelial sodium channel blockers** (e.g., Amiloride, Triamterene) inhibit sodium reabsorption in the collecting tubules.
				• **Effects**: Reduce sodium retention without causing significant potassium loss.
				• **Indications**: Hyperaldosteronism, heart failure (as adjunct), hypertension, and cirrhosis with ascites.
				• **Adverse Effects**: Hyperkalemia, gynecomastia (with spironolactone), metabolic acidosis.						

				D. Carbonic Anhydrase Inhibitors • **Examples**: Acetazolamide. • **Mechanism**: Inhibit carbonic anhydrase in the proximal convoluted tubule, preventing bicarbonate reabsorption and increasing urine output. • **Effects**: Mild diuresis, alkalinization of urine. • **Indications**: Glaucoma, metabolic alkalosis, altitude sickness. • **Adverse Effects**: Metabolic acidosis, kidney stones, hypokalemia. *E. Osmotic Diuretics* • **Examples**: Mannitol. • **Mechanism**: Increase osmolarity of the filtrate, preventing water reabsorption in the proximal tubule and descending loop of Henle. • **Effects**: Draw water into the renal tubules, promoting diuresis. • **Indications**: Cerebral edema, increased intraocular pressure, acute renal failure. • **Adverse Effects**: Dehydration, hyperkalemia, electrolyte imbalances. **2. Antidiuretics: Mechanism and Use**						

				Antidiuretics, or **diuretic inhibitors**, are used to reduce urine output, typically by increasing water reabsorption in the kidneys. *A. Antidiuretic Hormone (ADH) Analogs* • **Examples**: Desmopressin, Vasopressin. • **Mechanism**: Mimic the action of endogenous ADH, promoting water reabsorption in the collecting ducts by activating V2 receptors. • **Indications**: Diabetes insipidus, nocturnal enuresis. • **Adverse Effects**: Hyponatremia, water retention, hypertension. *B. Vasopressin Receptor Antagonists* • **Examples**: Tolvaptan, Conivaptan. • **Mechanism**: Block the V2 receptors, inhibiting water reabsorption and promoting diuresis. • **Indications**: Syndrome of inappropriate antidiuretic hormone (SIADH), hypervolemic hyponatremia. **Adverse Effects**: Hypernatremia, thirst, dehydration.						

HomUG-Mod.Phar– 4.8 (Blood)

Sl.No	Duration of Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom UG-Mod. Phar 4.8.1	Hematinics	K	Knowledge and scholarship	T/t of Iron deficiency anemia and Megaloblastic anemia	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Physiology

HomUG-Mod.Phar– 4.9 (GIT)

Sl.No	Duration of Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom UG-	Drugs for Peptic Ulcer and GERD	K	Knowledge and	**Peptic Ulcer Disease (PUD)** Peptic ulcers are lesions in the mucosal	C1	MK	Lecture, Group discussio	Quiz, Written	SAQ, MCQ	Gastro Depratment

Mod. Phar **4.9.1**			scholarship	lining of the stomach, duodenum, or esophagus caused by an imbalance between aggressive factors (e.g., gastric acid, pepsin) and protective factors (e.g., mucus, bicarbonate). Common causes include Helicobacter pylori infection, long-term NSAID use, and excess gastric acid production. **A. Drug Classes Used for PUD** 1. **Proton Pump Inhibitors (PPIs)** o **Examples**: Omeprazole, Lansoprazole, Esomeprazole, Pantoprazole, Rabeprazole. o **Mechanism**: PPIs irreversibly inhibit the H+/K+ ATPase (proton pump) in parietal cells, which reduces gastric acid secretion. o **Indications**: First-line therapy for peptic ulcers, H. pylori eradication (as part of combination therapy), GERD, Zollinger-Ellison syndrome. o **Adverse Effects**: Long-term use may lead to vitamin B12 deficiency,			n	test, MCQ		Medicine Physiology

				hypomagnesemia, osteoporosis, and increased susceptibility to Clostridium difficile infections. 2. **H2-Receptor Antagonists (H2RAs)** ○ **Examples**: Ranitidine, Famotidine, Cimetidine, Nizatidine. ○ **Mechanism**: H2RAs block histamine receptors (H2 receptors) on parietal cells, reducing gastric acid secretion. ○ **Indications**: Used in the treatment of mild to moderate PUD, GERD, and Zollinger-Ellison syndrome. They are also used in the prevention of stress ulcers in critically ill patients. ○ **Adverse Effects**: Headache, dizziness, fatigue, and gastrointestinal symptoms. Cimetidine has significant drug interactions due to its inhibition of cytochrome P450						

				enzymes. 3. **Antacids** ○ **Examples**: Magnesium hydroxide, Aluminum hydroxide, Calcium carbonate, Sodium bicarbonate. ○ **Mechanism**: Antacids neutralize gastric acid, increasing gastric pH and providing symptomatic relief. ○ **Indications**: Short-term relief of symptoms in PUD and GERD, as adjunctive therapy in combination with other agents. ○ **Adverse Effects**: Constipation (aluminum-based), diarrhea (magnesium-based), and metabolic alkalosis with overuse of sodium bicarbonate. 4. **Mucosal Protective Agents** ○ **Examples**: Sucralfate, Misoprostol. ○ **Mechanism**: Sucralfate forms a protective barrier over the ulcer, while Misoprostol, a						

				prostaglandin analog, increases mucus and bicarbonate secretion to protect the gastric mucosa. ○ **Indications**: Used in the healing of ulcers, particularly NSAID-induced ulcers (Misoprostol), and in combination with other drugs for H. pylori eradication. ○ **Adverse Effects**: Sucralfate can cause constipation and nausea, while Misoprostol may cause diarrhea, abdominal cramping, and is contraindicated in pregnancy due to its abortifacient effects. 5. **Antibiotics (for H. pylori infection)** ○ **Examples**: Amoxicillin, Clarithromycin, Metronidazole, Tetracycline. ○ **Mechanism**: Antibiotics target and eradicate Helicobacter pylori, which is a primary cause of peptic ulcers. ○ **Indications**: Used in						

				combination therapy with PPIs for the eradication of H. pylori in PUD. ○ **Adverse Effects**: Nausea, vomiting, diarrhea, and the risk of developing antibiotic resistance. **2. Gastroesophageal Reflux Disease (GERD)** GERD is a chronic condition where gastric contents, including acid, reflux into the esophagus, causing symptoms such as heartburn, regurgitation, and potential esophageal damage (e.g., esophagitis, Barrett's esophagus). **A. Drug Classes Used for GERD** 1. **Proton Pump Inhibitors (PPIs)** ○ **Indications**: First-line therapy for GERD to heal esophagitis, provide symptomatic relief, and prevent complications like strictures or Barrett's esophagus. ○ **Adverse Effects**: Similar to those seen in PUD therapy, including risk of long-term						

				complications like vitamin B12 deficiency and osteoporosis. 2. **H2-Receptor Antagonists (H2RAs)** o **Indications**: Used for mild GERD symptoms or in patients who do not require more potent acid suppression (PPIs). o **Adverse Effects**: As noted above, particularly with cimetidine due to its interaction with cytochrome P450 enzymes. 3. **Antacids** o **Indications**: Provide short-term relief from heartburn symptoms in GERD. o **Adverse Effects**: As noted in PUD treatment, particularly with overuse leading to metabolic alkalosis, constipation, or diarrhea. 4. **Prokinetic Agents** o **Examples**: Metoclopramide, Domperidone. o **Mechanism**: These drugs increase lower						

				esophageal sphincter tone and enhance gastric emptying, reducing acid reflux. ○ **Indications**: Used in GERD with delayed gastric emptying or in patients with esophageal motility issues. ○ **Adverse Effects**: Metoclopramide can cause extrapyramidal symptoms, tardive dyskinesia, and sedation. 5. **Alginate-based Products** ○ **Examples**: Gaviscon. ○ **Mechanism**: Alginate forms a gel-like barrier that floats on the stomach contents, preventing acid from refluxing into the esophagus. ○ **Indications**: Used for mild to moderate GERD and in combination with other agents. **Adverse Effects**: Typically well-tolerated but may cause bloating or discomfort. **Knowledge-Based Outcomes** 1. **Mechanisms of Action**:						

				Understand how PPIs, H2RAs, and other drugs reduce gastric acid secretion, promote ulcer healing, and protect the gastrointestinal mucosa. 2. **Indications and Contraindications**: Identify when to use PPIs, H2RAs, antacids, and mucosal protectants based on the underlying etiology of PUD or GERD. 3. **Adverse Effects and Drug Interactions**: Recognize the potential side effects of each class of drug (e.g., bleeding risks with mucosal protectants, infection risks with PPIs, or drug interactions with cimetidine). **Skill-Based Outcomes** 4. **Therapeutic Decision Making**: Select appropriate drug therapy based on the clinical scenario, balancing the severity of the condition with the potential for adverse effects and long-term complications. 5. **Monitoring and Adjustment**: Monitor patient progress, adjust therapy as needed based on symptom control, adverse effects, and response to treatment (e.g., for H. pylori						

				eradication or healing of ulcers). 6. **Patient Education**: Educate patients on the importance of adherence to therapy, lifestyle modifications (e.g., diet, weight management), and potential side effects. **Attitude-Based Outcomes** 7. **Patient-Centered Care**: Address patient concerns regarding long-term treatment (e.g., PPI use) and emphasize the importance of managing GERD and PUD to prevent complications. 8. **Rational Prescribing**: Prescribe drugs for PUD and GERD based on current guidelines, considering the risk of complications, especially with long-term therapy. 9. **Preventive Approach**: Advocate for preventive measures such as H. pylori screening and eradication, lifestyle modifications, and careful monitoring of patients at risk for complications.						
Hom UG-Mod.	Drugs for constipation and diarrhoea	K	Knowledge and scholarship	**Drugs for Constipation** Constipation is characterized by	C1	MK	Lecture, Group discussio	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

Phar **4.9.2**				infrequent, difficult, or painful bowel movements, often associated with hard stools. Treatment typically involves dietary and lifestyle changes, but pharmacotherapy is used in more severe or chronic cases. *A. Drug Classes Used for Constipation* 1. **Bulk-Forming Laxatives** ○ **Examples**: Psyllium, Methylcellulose, Polycarbophil. ○ **Mechanism**: These drugs increase stool volume by absorbing water, which softens the stool and promotes peristalsis. ○ **Indications**: First-line therapy for chronic constipation, especially in patients with low fiber intake. ○ **Adverse Effects**: Bloating, flatulence, and abdominal discomfort. Rarely, they can cause obstruction if not taken with adequate water. 2. **Stool Softeners** ○ **Examples**: Docusate sodium, Docusate calcium. ○ **Mechanism**: These agents increase the			n			

				water content of the stool, making it softer and easier to pass. ○ **Indications**: Used for mild constipation, particularly in patients with hemorrhoids or post-operative patients who should avoid straining. ○ **Adverse Effects**: Generally well tolerated but may cause mild abdominal cramping. 3. **Osmotic Laxatives** ○ **Examples**: Lactulose, Polyethylene glycol (PEG), Magnesium hydroxide. ○ **Mechanism**: These agents draw water into the colon through osmosis, softening the stool and promoting bowel movement. ○ **Indications**: Used in chronic constipation, fecal impaction, and in patients with hepatic encephalopathy (lactulose). ○ **Adverse Effects**: Bloating, flatulence, diarrhea, and						

				electrolyte imbalances (especially with magnesium-based agents). 4. **Stimulant Laxatives** ○ **Examples**: Bisacodyl, Senna, Castor oil. ○ **Mechanism**: These drugs stimulate the smooth muscle of the colon, enhancing peristalsis and accelerating bowel movements. ○ **Indications**: Used in cases of acute constipation or as a second-line treatment for chronic constipation. ○ **Adverse Effects**: Cramping, dehydration, and long-term use may lead to dependence or bowel atony. 5. **Chloride Channel Activators** ○ **Examples**: Lubiprostone, Linaclotide. ○ **Mechanism**: These agents increase chloride secretion into the intestinal lumen, enhancing water secretion and improving stool						

				consistency. ○ **Indications**: Used for chronic idiopathic constipation (CIC) and constipation-predominant irritable bowel syndrome (IBS-C). ○ **Adverse Effects**: Nausea, diarrhea, bloating, and abdominal discomfort. 6. **Guanylate Cyclase-C Agonists** ○ **Examples**: Plecanatide, Linaclotide. ○ **Mechanism**: These drugs increase cyclic GMP levels in the intestines, stimulating fluid secretion and promoting bowel motility. ○ **Indications**: Used for chronic constipation and IBS-C. ○ **Adverse Effects**: Diarrhea, flatulence, and abdominal pain. **2. Drugs for Diarrhea** Diarrhea is defined as the passage of loose or watery stools more than three times a day and can be caused by infections, medications, or						

				gastrointestinal disorders. The goal of treatment is to restore fluid balance, relieve symptoms, and treat the underlying cause. *A. Drug Classes Used for Diarrhea* 1. **Antidiarrheal Agents** ○ **Examples**: Loperamide, Diphenoxylate with atropine (Lomotil). ○ **Mechanism**: These drugs work by slowing intestinal motility, allowing more time for fluid absorption in the colon. ○ **Indications**: Used for acute diarrhea (including traveler's diarrhea), chronic diarrhea (e.g., in IBS), and to reduce the frequency of stool in conditions like inflammatory bowel disease (IBD). ○ **Adverse Effects**: Constipation, bloating, and abdominal cramps. Loperamide should be avoided in cases of dysentery or bacterial infections involving the gut.						

				2. **Adsorbents** ○ **Examples**: Activated charcoal, Kaolin, Pectin. ○ **Mechanism**: Adsorbents bind to toxins or pathogens in the gut, preventing them from causing diarrhea. ○ **Indications**: Used for mild diarrhea and toxin-related diarrhea (e.g., from bacterial infections). ○ **Adverse Effects**: Constipation, bloating, and reduced effectiveness of other medications if used concurrently. 3. **Bismuth Subsalicylate** ○ **Examples**: Pepto-Bismol. ○ **Mechanism**: It has antimicrobial, anti-inflammatory, and antacid properties, which help reduce diarrhea, nausea, and abdominal discomfort. ○ **Indications**: Used for acute diarrhea (including traveler's diarrhea), indigestion, and nausea. ○ **Adverse Effects**: Blackened stools,						

				tongue discoloration, and in large doses, salicylate toxicity. 4. **Probiotics** ○ **Examples**: Lactobacillus, Saccharomyces boulardii. ○ **Mechanism**: Probiotics restore the natural balance of gut flora, which can be disrupted in diarrhea. ○ **Indications**: Used for antibiotic-associated diarrhea, gastroenteritis, and inflammatory bowel disease (IBD). ○ **Adverse Effects**: Generally well tolerated but may cause bloating and gas in some individuals. 5. **Octreotide** ○ **Mechanism**: Octreotide is a somatostatin analog that inhibits the secretion of various gastrointestinal hormones, slowing motility and reducing secretions. ○ **Indications**: Used for diarrhea caused by neuroendocrine tumors,						

				chemotherapy, and certain gastrointestinal disorders. ○ **Adverse Effects**: Nausea, abdominal cramps, and flatulence. 6. **Antibiotics (for Infectious Diarrhea)** ○ **Examples**: Ciprofloxacin, Metronidazole, Rifaximin. ○ **Mechanism**: These drugs treat bacterial infections causing diarrhea by targeting the pathogen directly. ○ **Indications**: Used for diarrhea caused by specific bacterial infections, such as Salmonella, Shigella, or Clostridium difficile. ○ **Adverse Effects**: Diarrhea, nausea, and potential development of antibiotic resistance. **3. Monitoring and Safety** • **Constipation**: Regular monitoring for adverse effects with long-term laxative use, especially stimulant laxatives,						

				to avoid dependency and bowel atony. **Diarrhea**: Close monitoring of hydration status, especially in children and elderly patients, to prevent complications like electrolyte imbalances and dehydration. **Knowledge-Based Outcomes** 1. **Mechanisms of Action**: Understand how each class of drug for constipation and diarrhea works to alleviate symptoms and restore normal bowel function. 2. **Indications and Contraindications**: Recognize the appropriate use of bulk-forming agents, laxatives, antidiarrheals, and probiotics based on the underlying cause and clinical scenario. 3. **Adverse Effects and Drug Interactions**: Identify potential side effects and interactions of these drugs (e.g., electrolyte imbalances with osmotic laxatives, constipation with antidiarrheals). **Skill-Based Outcomes** 4. **Therapeutic Decision**						

				Making: Be able to select the appropriate pharmacotherapy based on the type of constipation or diarrhea and its underlying cause (e.g., osmotic laxatives for chronic constipation, loperamide for acute diarrhea). 5. **Monitoring and Adjustment**: Monitor patients for adverse effects, treatment response, and the resolution of underlying causes (e.g., adjusting therapy based on stool frequency and consistency). 6. **Patient Education**: Provide guidance on proper use of medications, potential side effects, and lifestyle modifications (e.g., increasing fluid and fiber intake for constipation). **Attitude-Based Outcomes** 7. **Patient-Centered Care**: Ensure that treatment decisions are tailored to the individual patient, taking into account their preferences, lifestyle, and specific medical conditions. 8. **Rational Prescribing**: Prescribe drugs for constipation and diarrhea based on the clinical severity,						

				while minimizing risks of adverse effects, especially in vulnerable populations (e.g., the elderly). 9. **Preventive Approach**: Advocate for preventive measures like diet modification (increasing fiber intake), hydration, and regular exercise for constipation, and proper sanitation to prevent infections that cause diarrhea.						
Hom UG-Mod. Phar **4.9.3**	Antiemetics	K	Knowledge and scholarship	**Mechanisms of Nausea and Vomiting** Nausea and vomiting are complex physiological processes that involve multiple pathways and brain regions, including: • **Central mechanisms**: Activation of the **vomiting center** in the medulla oblongata via signals from the chemoreceptor trigger zone (CTZ), vestibular system, and higher brain centers. • **Peripheral mechanisms**: Inflammation or irritation of the gastrointestinal tract, involving neurotransmitters like serotonin (5-HT), dopamine, and substance P. *Key Neurotransmitters Involved:* 1. **Serotonin (5-HT)**: Plays a central role in chemotherapy-	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				induced nausea and vomiting (CINV) and post-operative nausea. 2. **Dopamine (D2 receptors)**: Involved in motion sickness, CINV, and gastroparesis. 3. **Histamine (H1 receptors)**: Responsible for motion sickness and vestibular nausea. 4. **Substance P (NK1 receptors)**: Involved in chemotherapy-induced and post-operative nausea. **2. Drug Classes Used for Nausea and Vomiting (Antiemetics)** 1. **Serotonin (5-HT3) Antagonists** o **Examples**: Ondansetron, Granisetron, Dolasetron, Palonosetron. o **Mechanism**: These drugs block serotonin receptors in the central and peripheral nervous system, specifically 5-HT3 receptors, which are involved in triggering nausea and vomiting. o **Indications**: Primarily used for **chemotherapy-induced nausea and vomiting (CINV)**,						

				postoperative nausea, and **radiation therapy-induced nausea**. ○ **Adverse Effects**: Headache, constipation, dizziness, and potential QT prolongation. 2. **Dopamine (D2) Antagonists** ○ **Examples**: Metoclopramide, Prochlorperazine, Domperidone. ○ **Mechanism**: These drugs block dopamine receptors in the CTZ and gastrointestinal tract, which helps control nausea and vomiting. ○ **Indications**: Used for **gastrointestinal disorders** (e.g., gastroparesis), **postoperative nausea**, **motion sickness**, and **CINV**. ○ **Adverse Effects**: Extrapyramidal symptoms (EPS) like dystonia, parkinsonism, and tardive dyskinesia, sedation, and increased prolactin levels (domperidone is less likely to cause						

				EPS). 3. **Histamine (H1) Antagonists** ○ **Examples**: Diphenhydramine, Meclizine, Promethazine. ○ **Mechanism**: These drugs block histamine receptors in the vestibular system, helping prevent nausea related to motion sickness and vertigo. ○ **Indications**: Used for **motion sickness**, **vertigo**, **postoperative nausea**, and as adjunct therapy in **CINV**. ○ **Adverse Effects**: Sedation, dry mouth, blurred vision, and urinary retention. 4. **Neurokinin (NK1) Receptor Antagonists** ○ **Examples**: Aprepitant, Fosaprepitant, Rolapitant. ○ **Mechanism**: These drugs block substance P at the NK1 receptors in the brain, reducing the signal that triggers vomiting. ○ **Indications**: Mainly						

				used in combination with 5-HT3 antagonists and corticosteroids for **CINV**, especially for highly emetogenic chemotherapy regimens. ○ **Adverse Effects**: Fatigue, dizziness, diarrhea, and liver enzyme elevation. 5. **Corticosteroids** ○ **Examples**: Dexamethasone. ○ **Mechanism**: The exact mechanism of action is unclear, but corticosteroids may reduce inflammation and affect the central nervous system's response to nausea. ○ **Indications**: Used in combination with 5-HT3 antagonists and NK1 receptor antagonists for **CINV** and **postoperative nausea**. ○ **Adverse Effects**: Increased appetite, weight gain, insomnia, and elevated blood glucose levels. 6. **Cannabinoids** ○ **Examples**: Dronabinol,						

				Nabilone. ○ **Mechanism**: These agents act on the cannabinoid receptors in the brain, which play a role in the regulation of nausea and vomiting. ○ **Indications**: Used for **CINV** in patients who do not respond to standard antiemetics or in cases of **appetite stimulation** in patients with cancer or HIV/AIDS. ○ **Adverse Effects**: Euphoria, sedation, dizziness, dry mouth, and psychosis in susceptible individuals. 7. **Anticholinergic Agents** ○ **Examples**: Scopolamine. ○ **Mechanism**: These drugs block acetylcholine receptors in the vestibular system and gastrointestinal tract, helping prevent nausea and vomiting caused by motion sickness. ○ **Indications**: Used for **motion sickness** and **postoperative**						

				nausea. **Adverse Effects**: Dry mouth, blurred vision, urinary retention, and confusion. **Knowledge-Based Outcomes** 1. **Mechanism of Action**: Understand how different classes of antiemetic drugs act on the various pathways involved in nausea and vomiting, such as serotonin, dopamine, histamine, and substance P. 2. **Clinical Indications**: Recognize the appropriate indications for the use of specific antiemetic drugs, including **CINV**, **PONV**, **motion sickness**, and **gastrointestinal disorders**. 3. **Adverse Effects**: Identify the potential adverse effects and safety concerns associated with antiemetic drugs, such as sedation, extrapyramidal symptoms, and electrolyte imbalances. **Skill-Based Outcomes** 4. **Therapeutic Decision-Making**: Be able to select the most appropriate antiemetic						

				treatment based on the type of nausea/vomiting (e.g., **CINV**, **motion sickness**) and the patient's clinical condition. 5. **Combination Therapy**: Develop the ability to combine antiemetics (e.g., **5-HT3 antagonists** with **NK1 antagonists** and **corticosteroids**) to provide effective control of nausea and vomiting in complex conditions like **CINV**. 6. **Monitoring and Adjustment**: Monitor patients for adverse effects, especially in chemotherapy and postoperative settings, and adjust treatment based on the patient's response and side effects. **Attitude-Based Outcomes** 7. **Patient-Centered Care**: Ensure that antiemetic therapy is tailored to the individual patient's needs, considering factors such as chemotherapy regimens, comorbidities, and personal preferences. 8. **Rational Prescribing**: Prescribe antiemetics based on the severity and cause of nausea and vomiting, while minimizing side effects and drug interactions, especially in vulnerable populations.						

				9. **Patient Education**: Provide thorough education to patients about the appropriate use of antiemetics, potential side effects, and when to seek medical attention for any adverse reactions.						

HomUG-Mod.Phar– 4.10 (Chemotherapy)

Sl.No	Duration of Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom UG-Mod. Phar 4.10.1	Sulfonamides + Cotrimoxazole	K	Knowledge and scholarship	**Sulfonamides** *Definition* Sulfonamides are bacteriostatic agents that inhibit the synthesis of dihydropteroic acid, an essential precursor in the folate pathway of bacteria. *Mechanism of Action* • Sulfonamides act as **competitive inhibitors** of the enzyme **dihydropteroate synthase**. • They block the incorporation of para-aminobenzoic acid	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				(PABA) into folic acid, preventing bacterial replication. *Examples* 1. **Short-acting sulfonamides**: Sulfisoxazole. 2. **Intermediate-acting sulfonamides**: Sulfamethoxazole. 3. **Long-acting sulfonamides**: Sulfadoxine. 4. **Topical sulfonamides**: Sulfacetamide (eye infections), Silver sulfadiazine (burn infections). *Clinical Uses* • Urinary tract infections (UTIs). • Nocardiosis. • Trachoma. • Toxoplasmosis (in combination with pyrimethamine). • Burn wound infections (topical silver sulfadiazine). *Adverse Effects* • **Hypersensitivity reactions**: Rash, Stevens-Johnson syndrome. • **Hematologic effects**:						

				Hemolytic anemia (especially in G6PD-deficient patients). • **Kernicterus** in neonates due to bilirubin displacement. • **Crystalluria**: Formation of crystals in urine leading to renal damage. **2. Cotrimoxazole** *Definition* Cotrimoxazole is a combination of **sulfamethoxazole (SMX)** and **trimethoprim (TMP)** in a 5:1 ratio. The combination provides synergistic bactericidal activity. *Mechanism of Action* • **Sulfamethoxazole**: Inhibits dihydropteroate synthase, blocking folic acid synthesis. • **Trimethoprim**: Inhibits **dihydrofolate reductase**, further blocking folate metabolism. • Together, they inhibit two consecutive steps in folate synthesis, leading to bacterial cell death. *Clinical Uses* • **Respiratory infections**: Pneumocystis jirovecii pneumonia (PCP).						

				• **Urinary tract infections (UTIs)**: First-line treatment. • **Gastrointestinal infections**: Shigellosis, Traveler's diarrhea (caused by *E. coli*). • **Nocardiosis** and toxoplasmosis (alternative to sulfonamides and pyrimethamine). *Adverse Effects* • Same as sulfonamides (hypersensitivity, hematologic effects, crystalluria). • **Trimethoprim-specific effects**: Hyperkalemia (due to potassium-sparing effects), megaloblastic anemia, leukopenia (due to folate deficiency). **Knowledge-Based Outcomes** 1. **Mechanisms of Action**: o Understand how sulfonamides and trimethoprim target bacterial folate synthesis. 2. **Spectrum of Activity**: o Recognize the broad spectrum of sulfonamides and the synergistic effects of Cotrimoxazole. 3. **Therapeutic Applications**:						

				○ Know the specific indications for sulfonamides and Cotrimoxazole, including bacterial, parasitic, and opportunistic infections. 4. **Adverse Effects**: ○ Identify common side effects and contraindications, including their use in neonates, pregnant women, and G6PD-deficient individuals. **Skill-Based Outcomes** 5. **Rational Drug Selection**: ○ Select appropriate sulfonamide or Cotrimoxazole therapy based on infection type, organism susceptibility, and patient factors. 6. **Therapeutic Monitoring**: ○ Monitor for clinical efficacy and adverse effects, including renal function, electrolyte levels, and signs of hypersensitivity. 7. **Drug Interactions**: ○ Manage potential						

				interactions, such as the displacement of warfarin or methotrexate by sulfonamides, increasing their toxicity. **Attitude-Based Outcomes** 8. **Patient Education**: o Counsel patients on the importance of hydration to prevent crystalluria and adherence to therapy to avoid resistance. 9. **Antimicrobial Stewardship**: o Avoid unnecessary use to reduce the development of resistance, particularly with Cotrimoxazole in Pneumocystis infections. 10. **Holistic Care**: • Consider patient comorbidities (e.g., renal impairment, G6PD deficiency) and adjust therapy accordingly.						
Hom UG-Mod.	Quinolones	K	Knowledge and scholarship	**Quinolones** *Definition*	C1	MK	Lecture, Group discussio n	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiolog y

Phar **4.10.2**				Quinolones are synthetic antibiotics that inhibit bacterial DNA replication by targeting DNA gyrase (topoisomerase II) and topoisomerase IV. **2. Mechanism of Action** 1. **DNA Gyrase Inhibition**: o Primarily in gram-negative bacteria, it prevents the unwinding of supercoiled DNA, which is essential for replication. 2. **Topoisomerase IV Inhibition**: o Predominantly in gram-positive bacteria, it interferes with the separation of replicated DNA strands during cell division. **3. Classification and Examples** *First-Generation Quinolones* • **Examples**: Nalidixic acid. • **Spectrum**: Limited to gram-negative bacteria. • **Use**: Uncomplicated urinary tract infections (UTIs).						

				Second-Generation Fluoroquinolones • **Examples**: Ciprofloxacin, Norfloxacin, Ofloxacin. • **Spectrum**: Broad spectrum, effective against gram-negative bacteria and some gram-positive organisms. • **Use**: UTIs, gastroenteritis, prostatitis, bone/joint infections. *Third-Generation Fluoroquinolones* • **Examples**: Levofloxacin. • **Spectrum**: Improved activity against gram-positive bacteria (e.g., Streptococcus pneumoniae). • **Use**: Respiratory tract infections (e.g., community-acquired pneumonia, bronchitis). *Fourth-Generation Fluoroquinolones* • **Examples**: Moxifloxacin, Gemifloxacin. • **Spectrum**: Broad spectrum, effective against anaerobes and atypical pathogens. • **Use**: Respiratory tract infections, intra-abdominal infections. **4. Adverse Effects**						

				1. **Gastrointestinal**: o Nausea, vomiting, diarrhea. 2. **Central Nervous System (CNS)**: o Headache, dizziness, insomnia, seizures (rare). 3. **Tendinopathy**: o Risk of tendonitis and Achilles tendon rupture, especially in older adults or those on corticosteroids. 4. **QT Prolongation**: o Particularly with moxifloxacin, leading to arrhythmias. 5. **Photosensitivity**: o Increased sensitivity to sunlight. 6. **Resistance Development**: o Widespread use has led to significant bacterial resistance. **6. Contraindications and Precautions** 1. **Pregnancy and Breastfeeding**: o Contraindicated due to potential cartilage damage in the fetus or neonate. 2. **Children (<18 years)**: o Avoid unless benefits outweigh risks (e.g.,						

				severe infections like anthrax). 3. **Drug Interactions**: o Antacids, iron, and calcium reduce absorption. Increased risk of seizures with NSAIDs or theophylline. *Knowledge-Based Outcomes* 1. **Mechanisms of Action**: o Explain how quinolones inhibit bacterial DNA synthesis by targeting DNA gyrase and topoisomerase IV. 2. **Spectrum of Activity**: o Differentiate between generations and their bacterial targets (e.g., gram-negative, gram-positive, atypicals). 3. **Therapeutic Uses**: o Identify clinical conditions where quinolones are first-line or alternative treatments. 4. **Adverse Effects**: o Recognize side effects and the patient populations at higher risk. *Skill-Based Outcomes*						

				5. **Rational Drug Selection**: o Prescribe appropriate quinolones based on infection type, bacterial susceptibility, and patient factors. 6. **Therapeutic Monitoring**: o Monitor for adverse effects such as tendinopathy, QT prolongation, or photosensitivity. 7. **Resistance Management**: o Avoid overuse or inappropriate prescribing to minimize antimicrobial resistance. *Attitude-Based Outcomes* 8. **Patient Counseling**: o Educate patients on proper usage, adherence, and the need to avoid direct sunlight. 9. **Ethical Prescribing**: o Limit use to infections where quinolones are clearly indicated, reducing unnecessary exposure.						

				10. **Safety Awareness**: • Prioritize patient safety by considering contraindications and drug interactions. **8. Clinical Pearls** • Ciprofloxacin is highly effective for UTIs and gastrointestinal infections but has limited activity against gram-positive cocci. • Levofloxacin and moxifloxacin are preferred for respiratory infections due to better activity against *S. pneumoniae*. • Resistance is a growing concern; restrict use to confirmed or strongly suspected bacterial infections.						
Hom UG-Mod. Phar 4.10.3	Beta Lactam Antibiotics	K	Knowledge and scholarship	*Penicillins* • **Natural Penicillins**: Penicillin G, Penicillin V. ○ Spectrum: Gram-positive bacteria (*Streptococcus spp.*, *Treponema pallidum*). • **Penicillinase-Resistant Penicillins**: Methicillin, Nafcillin, Oxacillin. ○ Spectrum:	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				Penicillinase-producing *Staphylococcus aureus*.
				• **Aminopenicillins**: Amoxicillin, Ampicillin.
				  o Spectrum: Broader gram-negative activity (e.g., *E. coli*, *H. influenzae*).
				• **Extended-Spectrum Penicillins**: Piperacillin, Ticarcillin.
				  o Spectrum: Includes *Pseudomonas aeruginosa*.
				
				2. Cephalosporins
				
				• Classified into five generations:
				  o **1st Generation**: Cefazolin, Cephalexin (Gram-positive activity).
				  o **2nd Generation**: Cefuroxime (Broader gram-negative coverage).
				  o **3rd Generation**: Ceftriaxone, Ceftazidime (Expanded gram-negative activity, some penetrate CNS).
				  o **4th Generation**: Cefepime						

				(*Pseudomonas* coverage). ○ **5th Generation**: Ceftaroline (*MRSA* coverage). *3. Carbapenems* • Examples: Imipenem, Meropenem, Ertapenem. • Spectrum: Broadest among beta-lactams, covering gram-positive, gram-negative, and anaerobes. *4. Monobactams* • Example: Aztreonam. • Spectrum: Gram-negative aerobes, including *Pseudomonas*. *5. Beta-Lactamase Inhibitors* • Examples: Clavulanic acid, Sulbactam, Tazobactam. • Used in combination with beta-lactams to inhibit bacterial beta-lactamase enzymes. **4. Clinical Applications** *Gram-Positive Infections* • Penicillin: *Streptococcus*,						

				Enterococcus, *Listeria*. • Cephalosporins (1st generation): Skin infections caused by *Staphylococcus aureus*. *Gram-Negative Infections* • Aminopenicillins: *H. influenzae*, *E. coli*. • Cephalosporins (3rd and 4th generations): Severe gram-negative infections. • Carbapenems: ESBL-producing organisms. *Anaerobic Infections* • Carbapenems and penicillins with beta-lactamase inhibitors. *Special Cases* • Meningitis: Ceftriaxone or Cefotaxime (good CNS penetration). • *Pseudomonas* infections: Piperacillin-tazobactam, Ceftazidime, Cefepime. MRSA: Ceftaroline. *Knowledge-Based Outcomes*						

				1. **Mechanism of Action**: o Understand how beta-lactams inhibit bacterial cell wall synthesis. 2. **Spectrum of Activity**: o Differentiate between various classes and their antibacterial coverage. 3. **Resistance Mechanisms**: o Recognize common mechanisms of resistance and strategies to overcome them. 4. **Adverse Effects**: o Identify common and serious side effects associated with beta-lactams. *Skill-Based Outcomes* 5. **Rational Drug Selection**: o Prescribe appropriate beta-lactams based on infection type, organism susceptibility, and patient-specific factors. 6. **Therapeutic Monitoring**: o Monitor for signs of efficacy and toxicity, including hypersensitivity and						

				GI disturbances. 7. **Combination Therapy**: o Use beta-lactamase inhibitors appropriately to enhance the efficacy of beta-lactam antibiotics. *Attitude-Based Outcomes* 8. **Antimicrobial Stewardship**: o Avoid unnecessary or prolonged use to reduce resistance development. 9. **Patient Education**: o Counsel patients on completing the course of antibiotics and recognizing signs of adverse effects. 10. **Ethical Prescribing**: • Balance effective treatment with the need to minimize resistance and preserve antibiotics for future use. **8. Clinical Pearls** • Cephalosporins have a **generation-specific spectrum**, with newer generations covering more gram-negative organisms. • Carbapenems are **last-resort**						

				antibiotics, reserved for multidrug-resistant infections. • Avoid beta-lactams in patients with a history of **severe hypersensitivity** reactions. • Combining beta-lactams with beta-lactamase inhibitors significantly broadens their spectrum against resistant bacteria.						
Hom UG-Mod. Phar **4.10.4**	Tetracyclines, Chloramphenicol	K	Knowledge and scholarship	**Tetracyclines** **Mechanism of Action** Tetracyclines inhibit bacterial protein synthesis by binding to the **30S ribosomal subunit**, preventing the attachment of aminoacyl-tRNA to the mRNA-ribosome complex. This action halts bacterial growth, making them bacteriostatic. **Classification and Examples** 1. **Short-acting**: Tetracycline. 2. **Intermediate-acting**: Demeclocycline. 3. **Long acting**: Doxycycline, Minocycline. **Clinical Uses** 1. **Respiratory Infections**: o Atypical pathogens (*Mycoplasma*						

				pneumoniae, *Chlamydia pneumoniae*). 2. **Zoonotic Infections**: o Rickettsial diseases (e.g., Rocky Mountain spotted fever), Lyme disease (*Borrelia burgdorferi*). 3. **Sexually Transmitted Infections**: o Chlamydia, syphilis (alternative to penicillin). 4. **Acne**: o Long-term therapy for severe acne. 5. **Malaria Prophylaxis**: o Doxycycline. **Adverse Effects** 1. **Gastrointestinal**: o Nausea, vomiting, diarrhea. 2. **Photosensitivity**: o Increased sensitivity to sunlight. 3. **Teeth Discoloration**: o Avoid in children <8 years and pregnant women. 4. **Hepatotoxicity**: o Rare but severe in high doses. 5. **Fanconi Syndrome**: o Result of using						

				expired tetracycline. **Resistance Mechanisms** 1. **Efflux Pumps**: o Actively expel tetracyclines from bacterial cells. 2. **Ribosomal Protection Proteins**: o Prevent tetracycline binding. **2. Chloramphenicol** **Mechanism of Action** Chloramphenicol inhibits bacterial protein synthesis by binding to the **50S ribosomal subunit**, preventing peptide bond formation during translation. This action is primarily bacteriostatic but may be bactericidal at high concentrations against certain pathogens. **Clinical Uses** 1. **Serious Infections**: o Meningitis (*Haemophilus influenzae*, *Neisseria meningitidis*). o Typhoid fever (*Salmonella typhi*). 2. **Rickettsial Infections**: o Alternative for						

				tetracyclines in pregnant women or children. 3. **Topical Use**: o Eye infections (conjunctivitis). **Adverse Effects** 1. **Bone Marrow Suppression**: o Reversible suppression (dose-dependent). o Aplastic anemia (idiosyncratic and potentially fatal). 2. **Gray Baby Syndrome**: o In neonates due to immature liver enzymes, leading to toxicity. 3. **Gastrointestinal**: o Nausea, vomiting, diarrhea. **Resistance Mechanisms** 1. **Chloramphenicol Acetyltransferase**: o Inactivates the drug via acetylation. 2. **Efflux Pumps**: *Reduce intracellular drug concentration.* *Knowledge-Based Outcomes*						

				1. **Mechanisms of Action**: o Explain how tetracyclines target the 30S ribosome and chloramphenicol targets the 50S ribosome to inhibit protein synthesis. 2. **Spectrum of Activity**: o Recognize their broad-spectrum activity, covering gram-positive, gram-negative, atypical, and intracellular pathogens. 3. **Clinical Applications**: o Identify appropriate conditions for their use, such as rickettsial infections, typhoid fever, and acne. 4. **Adverse Effects**: o Understand the risks of bone marrow suppression, gray baby syndrome, and photosensitivity. *Skill-Based Outcomes* 5. **Rational Drug Selection**: o Select tetracyclines or chloramphenicol based on the infection type, pathogen						

				susceptibility, and patient factors. 6. **Therapeutic Monitoring**: o Monitor for toxicity, such as hepatotoxicity (tetracyclines) or bone marrow suppression (chloramphenicol). 7. **Resistance Management**: o Prescribe only when indicated to avoid resistance development. *Attitude-Based Outcomes* 8. **Antimicrobial Stewardship**: o Promote responsible use to prevent resistance. 9. **Patient Counseling**: o Educate patients on completing therapy, avoiding sunlight exposure (tetracyclines), and recognizing signs of adverse effects. 10. **Safety Considerations**: • Avoid use in vulnerable populations (e.g., pregnant women, neonates, and children) unless absolutely necessary.						

Hom UG-Mod. Phar **4.10.5**	Aminoglycosides	K		**Aminoglycosides Overview** **Mechanism of Action** • Aminoglycosides irreversibly bind to the **30S ribosomal subunit**, leading to: 1. Misreading of mRNA. 2. Production of defective proteins. 3. Disruption of bacterial cell membrane integrity, resulting in bactericidal activity. **Unique Feature** • Aminoglycosides exhibit a **concentration-dependent killing effect** and **post-antibiotic effect (PAE)**, meaning bacterial suppression continues even after drug levels drop below the minimum inhibitory concentration (MIC). Common Aminoglycosides **3. Clinical Applications** **1. Gram-Negative Infections** • Effective against						

				Enterobacteriaceae (e.g., *E. coli*, *Klebsiella*), *Pseudomonas aeruginosa*, and other gram-negative aerobes. **2. Combination Therapy** • Used synergistically with beta-lactams or glycopeptides for: 1. **Endocarditis**(*Enterococcus* spp., *Staphylococcus* spp.). 2. **Serious gram-positive infections** (e.g., MRSA). **3. Tuberculosis** • Streptomycin as a second-line agent. **4. Topical/Local Use** • Neomycin for skin infections. • Gentamicin in ophthalmic or otic preparations. **4. Adverse Effects** 1. **Ototoxicity** (Cochlear and Vestibular): o Irreversible damage to auditory and vestibular function. o Risk increases with prolonged therapy,						

				high doses, and renal impairment. 2. **Nephrotoxicity**: o Reversible renal tubular damage. o Risk factors include high trough levels, prolonged therapy, and co-administration with other nephrotoxic drugs. 3. **Neuromuscular Blockade**: Rare but can cause respiratory paralysis, especially in patients with myasthenia gravis. **Knowledge-Based Outcomes** 1. **Mechanism of Action**: o Explain how aminoglycosides disrupt bacterial protein synthesis by binding to the 30S ribosomal subunit. 2. **Spectrum of Activity**: o Recognize their primary activity against aerobic gram-negative bacteria and synergistic potential with other antibiotics. 3. **Pharmacokinetics**: o Understand their poor oral bioavailability, renal elimination, and concentration-						

				dependent killing. 4. **Adverse Effects**: o Identify key toxicities (ototoxicity, nephrotoxicity) and their risk factors. **Skill-Based Outcomes** 5. **Rational Prescribing**: o Select appropriate aminoglycosides based on infection type, pathogen susceptibility, and patient-specific factors. 6. **Therapeutic Monitoring**: o Use therapeutic drug monitoring (TDM) to maintain effective peak levels while minimizing toxic trough levels. 7. **Resistance Management**: o Apply appropriate combination therapy to minimize resistance. **Attitude-Based Outcomes** 8. **Patient-Centered Care**: o Educate patients on potential toxicities and monitor closely for early signs of adverse effects.						

				9. **Antimicrobial Stewardship**: o Avoid overuse or misuse of aminoglycosides aminoglycosides to prevent resistance and toxicity. 10. **Ethical Use**: • Reserve aminoglycosides for serious infections to preserve their efficacy. **Clinical Pearls** • Monitor renal function (serum creatinine, urine output) and auditory/vestibular function during therapy. • Avoid aminoglycosides in patients with pre-existing renal or auditory impairment unless absolutely necessary. • Use combination therapy for gram-positive infections to enhance efficacy and reduce resistance.						
Hom UG-Mod. Phar 4.10.6	Antitubercular drugs and Antileprosy drugs	K	Knowledge and scholarship	**Antitubercular Drugs** **Mechanism of Action and Classification** Antitubercular drugs are classified into **first-line** and **second-line agents** based on their efficacy, safety, and	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Medicine Physiology

				tolerability. *Second-Line Drugs* Used for multidrug-resistant TB (MDR-TB): • Fluoroquinolones (e.g., Levofloxacin, Moxifloxacin). • Aminoglycosides (e.g., Amikacin, Kanamycin). • Linezolid, Bedaquiline, Delamanid. **Clinical Uses** 1. **Active TB**: o Initial phase: Combination of 4 drugs (INH, RIF, PZA, EMB) for 2 months. o Continuation phase: Combination of 2 drugs (INH and RIF) for 4-7 months. 2. **Latent TB**: o Monotherapy (e.g., INH for 6-9 months) or combination (RIF + INH for 3 months). 3. **Drug-Resistant TB**: o Individualized regimens with second-line drugs. **Adverse Effects**						

				1. **Isoniazid**: Peripheral neuropathy (prevented with pyridoxine), hepatotoxicity. 2. **Rifampin**: Hepatotoxicity, red-orange body fluids, drug interactions (CYP inducer). 3. **Pyrazinamide**: Hyperuricemia, hepatotoxicity. 4. **Ethambutol**: Optic neuritis, reversible with discontinuation. 5. **Streptomycin**: Ototoxicity, nephrotoxicity. **Resistance Mechanisms** 1. Mutations in drug targets (e.g., katG for INH, rpoB for RIF). 2. Efflux pumps. 3. Enzymatic inactivation of drugs. **2. Antileprosy Drugs** **Mechanism of Action and Classification** Antileprosy drugs are used in combination therapy to prevent resistance and ensure effective eradication of *Mycobacterium leprae*. **Clinical Uses** 1. **Multibacillary Leprosy**						

				(MB): o Dapsone + Rifampin + Clofazimine for 12 months. 2. **Paucibacillary Leprosy (PB)**: o Dapsone + Rifampin for 6 months. 3. **Reactions in Leprosy**: o **Type I Reaction**: Use corticosteroids. o **Type II Reaction (Erythema Nodosum Leprosum)**: Use thalidomide or corticosteroids. **Adverse Effects** 1. **Dapsone**: Hemolysis (especially in G6PD deficiency), methemoglobinemia. 2. **Rifampin**: Hepatotoxicity, red-orange body fluids. **Clofazimine**: Skin pigmentation (reddish-brown), gastrointestinal symptoms. **Knowledge-Based Outcomes** 1. **Mechanisms of Action**: o Describe how antitubercular and antileprosy drugs target bacterial cell walls, protein						

				synthesis, and metabolic pathways. 2. **Drug Regimens**: o Understand standard treatment regimens for TB (e.g., DOTS strategy) and leprosy. 3. **Adverse Effects**: o Recognize potential toxicities and their prevention (e.g., pyridoxine for INH-induced neuropathy). 4. **Drug Resistance**: o Explain the mechanisms and management of drug-resistant TB. **Skill-Based Outcomes** 5. **Rational Prescribing**: o Prescribe appropriate combinations of drugs to avoid resistance and ensure efficacy. 6. **Monitoring**: o Monitor liver function (for hepatotoxicity), vision (ethambutol), and other toxicities during therapy. 7. **Public Health Implementation**: o Apply national TB control program						

				guidelines and strategies for leprosy eradication. **Attitude-Based Outcomes** 8. **Patient Education**: o Educate patients on the importance of adherence to long-term therapy to prevent resistance. 9. **Antimicrobial Stewardship**: o Promote the rational use of drugs in TB and leprosy management. 10. **Community Engagement**: Advocate for early diagnosis and treatment in endemic regions to reduce transmission.						
Hom UG-Mod. Phar **4.10.7**	Antimalarial drugs	K	Knowledge and scholarship	Classification of Antimalarial Drugs • Based on Mechanism of Action Blood Schizonticides Tissue Schizonticides Gametocides Sporontocides • Key Antimalarial Agents Chloroquine Artemisinin Derivatives Quinine/Quinidine						

				Mefloquine Primaquine Proguanil and Pyrimethamine Atovaquone **Clinical Applications** **Treatment of Malaria** 1. **Uncomplicated Malaria**: o *P. vivax* and *P. ovale*: Chloroquine + Primaquine. o *P. falciparum* (chloroquine-resistant): Artemisinin-based Combination Therapy (ACT). 2. **Severe Malaria**: o IV Artesunate is the drug of choice. o Alternatives: IV Quinine or Quinidine. 3. **Radical Cure**: o Primaquine or Tafenoquine to eradicate hypnozoites in relapsing malaria (*P. vivax* and *P. ovale*). **Prophylaxis of Malaria** 1. **Casual Prophylaxis** (prevents hepatic infection): Atovaquone-Proguanil.						

				2. **Suppressive Prophylaxis** (prevents blood-stage infection): Mefloquine, Doxycycline. **Drug-Resistant Malaria** • ACTs (e.g., Artemether-Lumefantrine, Artesunate-Mefloquine). **Mechanisms of Resistance** 1. **Chloroquine**: Mutations in the *PfCRT* (Plasmodium falciparum chloroquine resistance transporter) gene. 2. **Artemisinin**: Delayed parasite clearance due to mutations in the *K13* gene. 3. **Pyrimethamine/Proguanil**: Mutations in the dihydrofolate reductase (DHFR) enzyme Adverse Effects **Standard Learning Outcomes (SLO)** **Knowledge-Based Outcomes** 1. **Mechanisms of Action**: o Explain how antimalarial drugs target specific stages of the parasite lifecycle.						

				2. **Drug Selection**: o Describe first-line and alternative therapies for uncomplicated, severe, and relapsing malaria. 3. **Resistance Patterns**: o Understand mechanisms of resistance and how they influence therapy. 4. **Adverse Effects**: o Recognize common toxicities and preventive measures (e.g., testing for G6PD deficiency). **Skill-Based Outcomes** 5. **Rational Prescribing**: o Prescribe appropriate antimalarials based on species, resistance patterns, and patient factors. 6. **Monitoring and Safety**: o Monitor for adverse effects, such as QT prolongation and hemolysis. 7. **Preventive Strategies**: o Develop prophylactic regimens tailored to travel destinations						

				and patient risks. **Attitude-Based Outcomes** 8. **Patient Education**: o Counsel patients on the importance of adherence to treatment to prevent resistance. 9. **Global Health Awareness**: o Advocate for malaria prevention and treatment programs in endemic regions. 10. **Antimicrobial Stewardship**: Use antimalarials judiciously to avoid resistance development						

HomUG-Mod.Phar– 4.11 (Miscellaneous)

Sl.No	Duration of Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom UG-Mod.	Disinfectants,	K	Knowledge and scholarship	**Classification of Disinfectants** **Based on Chemical Composition**						

Phar **4.11.1**				Ethanol/Isopropanol Sodium Hypochlorite Glutaraldehyde Hydrogen Peroxide Quaternary Ammonium Compounds **Mechanism of Action** • **Targeting Microbial Structures**: Disinfectants act on cell walls, membranes, or intracellular components to inhibit or kill microbes. • **Broad-Spectrum Activity**: Effective against bacteria, viruses, fungi, and spores (depending on the type and concentration). Commonly Used Disinfectants and Applications **Principles of Disinfectant Use** **Selection Based on Purpose** 1. **High-Level Disinfection**: Required for medical instruments that contact mucous membranes (e.g., glutaraldehyde, peracetic acid). 2. **Intermediate-Level Disinfection**: For surfaces that come in						

				contact with intact skin (e.g., alcohols, chlorine compounds). 3. **Low-Level Disinfection**: Suitable for general cleaning of floors, walls, and furniture (e.g., QACs). **Concentration and Contact Time** • **Alcohols**: Effective at 60–90%, with optimal contact time of 10–15 minutes. • **Sodium Hypochlorite**: Typically used in 0.1–0.5% solutions for surface disinfection. • **Hydrogen Peroxide**: Usually applied in 3% solutions for general use. Adverse Effects and Precautions **Standard Learning Outcomes (SLO)** **Knowledge-Based Outcomes** 1. **Classification**: o Categorize disinfectants based on chemical composition and use. 2. **Mechanism of Action**: o Explain how disinfectants kill or inhibit microbes. 3. **Application**:						

				○ Recognize the appropriate disinfectant for specific situations (e.g., surgical instruments vs. general surfaces). **Skill-Based Outcomes** 4. **Preparation**: ○ Demonstrate correct preparation and dilution of disinfectants. 5. **Application Techniques**: ○ Apply disinfectants effectively to achieve optimal microbial control. 6. **Monitoring**: ○ Evaluate the effectiveness of disinfection and identify potential failures. **Attitude-Based Outcomes** 7. **Judicious Use**: ○ Encourage responsible use of disinfectantsdisinfectants to prevent resistance and environmental harm.						

				8. **Safety Practices**: Adhere to safety guidelines to protect users and patients.						
Hom UG-Mod. Phar **4.11.2**	Vitamins	K	Knowledge and scholarship	Vitamins Classification and Sources Fat-Soluble 1. Deficiency Disorders Vitamin A Vitamin D Vitamin E Vitamin K Vitamin C B-complex **Supplementation Principles** • **Deficiency-Based**: Supplementation is used to address deficiencies. • **Therapeutic Use**: High-dose vitamins for specific conditions (e.g., Vitamin D for osteoporosis). **Safety Considerations**: Avoid hypervitaminosis, particularly for fat-soluble vitamins.						

				Knowledge-Based Outcomes 1. Understand the role of vitamins in metabolism and disease prevention. 2. Identify deficiency disorders and their management. **Skill-Based Outcomes** 1. Prescribe appropriate vitamin supplements for specific needs. 2. Educate patients about dietary sources of vitamins. **Attitude-Based Outcomes** 1. Promote balanced nutrition to prevent deficiencies. Encourage responsible use of vitamin supplements.						

6.Teaching Learning Methods

- Lectures (including AV aid), Small group discussion, Integrated lectures, Library reference, Self directed learning etc.
- While lectures can provide a foundation, they shouldn't be the sole method Incorporate active learning strategies such as engage students through case studies, problem-based learning (PBL). PBL challenges students to solve real-world scenarios.
- Utilize online resources, explore online learning modules, simulations, and interactive quizzes to reinforce concepts at the student's pace.

7. Details of assessment

7.1. Overall Scheme of Assessment (Summative)

Sr. No	Professional Course	Term I (1-6 Months)		Term II(7-12 Months)		
1	Third Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		05 Marks Viva	25 Marks Viva voce	05 Marks Viva	50 marks theory	50 marks (Viva+ IA)

PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; IA: Internal Assessment

7.2.Number of papers and Marks Distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Viva Voce	Internal Assessment*	Grand Total
1	Hom.UG-Mod. Phar-I	01	50 marks	40 marks	10 marks (Marks of PA I + TT I + PA II)	100 marks

***Method of Calculation of Internal Assessment Marks for Final University Examination:**

Marks of IA- **(**Marks of PA-1 + Marks of TT + Marks of PA-2) / 35 X 10

7.3.Paper Layout
Summative assessment (FUE):
Theory- 50 marks

MCQ	**5 marks (5 questions each of 1mark)**
SAQ	**15 marks (3 questions each of 5 marks)**
LAQ	**30marks (3 questions each of 10 marks)**

7.4.Theme-wise distribution of questions for theory paper:

Theme	Topics	Marks	MCQ's	SAQ's	LAQ's
A	Introduction to Pharmacology	2	02	0	0
B	Pharmacokinetics	5	0	01	0
	Pharmacodynamics				
C	ANS and Autacoids	10	0	0	01
D	NSAID	2	02		
	CNS	10	0	0	01
	Respiratory system				
F	Renal system	1	01	0	0
G	Blood	5		01	
H	GIT	10	0	0	01
I	Hormones	5	0	01	0
	CVS				
	Chemotherapy				
	Miscellaneous				
	Total	50	05	03	03

7.5.Question paper blueprint

A Question Serial Number	B Type of Question	Question Paper Format (Refer Table 2 for themes)
Q.1	Multiple choice Questions (MCQ) 5 Questions 1 mark each All compulsory	Theme A Theme D Theme F
Q.2	Short Answer Questions (SAQ) 3 Questions 5 marks each All compulsory	Theme B Theme G Theme I
Q.3	Long Answer Questions (LAQ) 3 Questions 10 marks each All compulsory	Theme C Theme E Theme H

8. List of recommended Books

- Rang & Dale's Pharmacology
- Goodman & Gilman's The Pharmacological Basis of Therapeutics
- K.D. Tripathi – Essentials of Medical Pharmacology
- Katzung's Basic & Clinical Pharmacology

9. List of contributors :

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COMPETENCY BASED DYNAMIC CURRICULUM FOR

THIRD BHMS PROFESSIONAL COURSE

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

(Gynecology and Obstetrics)

HOMOEOPATHY EDUCATION BOARD

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Subject Name: Gynecology and Obstetrics

Subject Code: HomUG-ObGy-II

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1. Course outcomes (CO):

At the end of the III BHMS course the student shall able to:

i. Acquire knowledge and skill in applied anatomy, endocrinology and physiology including abnormality of female reproductive system during puberty, menstruation, and menopause and in different stages womanhood, integrate the knowledge with Anatomy, Physiology, Organon of medicine, Practice of medicine and Homoeopathic material medica to get a holistic understanding of disease evolution and approach to disease diagnosis and management.

ii. Acquire knowledge in the Developmental anomalies, Uterine displacements and Sex and intersexuality to understand the Predisposition including fundamental miasm, personality type known to develop particular disease, causation and modifying factors like exciting and maintaining factors.

iii. Acquire skill in case taking, clinical examination and common diagnostic modalities in Gynaecology and Obstetrics.

iv. Acquire knowledge in anatomical, physiological, endocrinological changes and minor ailments during pregnancy and skill in diagnosis of normal pregnancy, prenatal, antenatal, postnatal maternal and fetal surveillance, care of newborn, care of puerperium and integrate the knowledge with Organon of medicine and Homoeopathic Materia medica for eradicating genetic dyscrasias in the mother and fetus.

v. Acquire Knowledge in identification of causes related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques and skill in Homoeopathic management along with population dynamics and control of Conception.

vi. Develop Knowledge in identifying the indications of surgical procedures, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.

vii. Develop skill in identifying common problems during abnormal pregnancy and labour to manage it in Homoeopathic perspective including scope, limitations and timely referral.

viii. Acquire Knowledge and develop skill in postnatal, puerperal care, diseases of fetus, and newborn and medico legal aspects with Homoeopathic perspective.

ix. Acquire skill in General and Homoeopathic Management for the related conditions in this subject and to formulate the reportorial rubrics for repertorization to arrive at the common indicated remedies for the available clinical condition.

2. Learning Objectives (LO)-

At the end of the III BHMS course the student shall be able to:

i. Learning skills in case taking, physical examination, diagnostic procedures and managements of benign and malignant conditions, trauma, infections and inflammations related with female genitalia, and pre-malignancy screening procedures.

ii. Understanding the causes related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques and skill in Homoeopathic management along with population dynamics and control of Conception.

iii. Comprehending the indications of surgical procedures, their complications, after effects and indications for surgical intervention either as a life saving measure or for removing mechanical obstacles.

iv. Understanding common problems during abnormal pregnancy and labour to manage it through Homoeopathic perspective including scope, limitations and timely referral.

v. Comprehending postnatal, puerperal care, diseases of fetus, newborn and medico legal aspects with Homoeopathic perspective.

vi. Acquire skill in case taking, clinical examination and common diagnostic modalities in Gynaecology and Obstetrics.

vii. Learning general and homoeopathic management of common Gynecological and Obstetric conditions.

viii. Integrate the knowledge with Anatomy, Physiology, Organon of medicine, Practice of medicine and Homoeopathic materia medica to get a holistic understanding of disease evolution and approach to disease diagnosis and management.

3. Course content and its term-wise distribution:

3.1. Unit 1: Gynaecology and Homoeopathic Therapeutics

Sl. No.	List of topics	Term
1.a	Introduction to abnormal disease conditions in Gynaecology with Homoeopathic management related to causation, Clinico-pathological and miasmatic correlations with pathological end result. Review of the Homoeopathic literature, Therapeutics and Repertory source books	I
1.b	Infections & Ulcerations of the female genital organs, their Causation and modifying factors: exciting-maintaining causes from micro-organisms to environmental to climacteric to occupational etc. Psychosomatic aspect, Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result including Homoeopathic management	I
1.c	Injuries of the genital tract, Homoeopathic management - scope and limitations.	I
1.d	Disorders of Female genital tract - Abnormal vaginal discharge, Pelvic pain, Low backache, Vaginismus, Dyspareunia, Abdomino-pelvic lump, with Homoeopathic management	I
1.e	Urinary problems in gynaecology – Incontinence, retention, urinary tract infection, dysuria and urethral carbuncle with Homoeopathic management	I
1.f	Diseases of breasts with Homoeopathic management	I
1.g	Sexually transmitted diseases including Homoeopathic management	I
1.h	Endometriosis and Adenomyosis - scope and limitation of management in Homoeopathy	II
1.i	Etiological factors related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques, scope and limitation of Homoeopathic management along with population dynamics and control of Conception	II
1.j	Genital non-malignant growths - scope and limitation of management in Homoeopathy	II
1.k	Genital malignancy with scope of Homoeopathic treatment and its limitations	II
1.l	Identifying the indications of surgical procedures in Gynaecology, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing	II

	mechanical obstacles.	
1.m	Radiotherapy, Chemotherapy, Immunotherapy, Gene therapy, Tumour markers - utility and its complications	II
1.n **3.2 .**	General and Homoeopathic Management, repertorization, therapeutics, posology, Formulation of prognostic criteria, Prognosis and future advances of related topics in Gynaecology.	II

Unit 2: Obstetrics, new born care & Homoeopathic therapeutics

Sl. No.	List of topics	Term
2.a	Introduction to Abnormal pregnancy and labour with its scope and limitation in Homoeopathy Review of literature, Therapeutics and Repertory source books.	I
2.b	High risk labour,Dystocia Mal-positions and mal-presentation, Prolapse of cord and limbs, Abnormalities in the action of the uterus, Abnormal conditions of soft parts, Contracted pelvis, Obstructed labour, Complications of 3rd stage of labour, Preterm labour, Post maturity, Injuries of birth canal, Scope and limitation in Homoeopathy	I
2.c	Abnormal pregnancies:Haemorrhages during Antepartum, postpartum and early pregnancy, Multiple pregnancy, Hypertensive disorders, in identifying common problems during Abnormal pregnancy and to manage it in Homoeopathic perspective including scope, limitations and timely referral.	I
2.d	Common disorders and systemic diseases associated with pregnancy. A holistic understanding of disease evolution and approach to diagnosis, prognosis, Homoeopathic management, scope and limitations	I
2.e	Understanding Pre- natal diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994	II
2.f	Knowledge about the indication of common obstetrical operations, Medical termination of pregnancy, Criminal abortion, Caesarean section, Induction of labour, Episiotomy. etc and its complications, after effects and to refer for surgical intervention either as a life saving measure	II

	or for removing mechanical obstacles.	
2.g	Emergency obstetric care	II
2.h	Infant care : Neonatal hygiene, Common disorders of new-born, Breast feeding, Artificial feeding, Management of premature child, Asphyxia & Ophthalmia Neonatorum, Birth injuries, Neonatal infections, Congenital malformations of new-born Intrauterine growth retardation, Foetal anomalies including scope and limitation in Homoeopathy and timely referral.	II
2.i	Knowledge about Reproductive and child health care.(a) Safe motherhood and child survival (b) Risk approach – MCH care (c) Maternal mortality and morbidity (d) Perinatal mortality and morbidity (e)Diseases of foetus and new born.	II
2.j	Medico legal aspects in obstetrics	II
2.k	General and Homoeopathic Management, repertorization, Therapeutics, Posology, Formulation of prognostic criteria, Prognosis and future advances in Obstetrics and new-born care.	II

4. Teaching hours:

4.1 Gross division of teaching hours:

Total Teaching hours: 189 hours

Gynaecology and Obstetrics		
Year	**Teaching hours- Lectures**	**Teaching hours- Non-lectures**
III BHMS	110	79

4.2 Teaching hours theory:

4.2.1 Unit 1: Gynaecology and Homoeopathic Therapeutics

Sl. No.	List of topics	Lecture hours
1.a	• Introduction to abnormal disease conditions in Gynaecology with Homoeopathic management related to causation, • Clinico-pathological and miasmatic correlations with pathological end result. • Review of the Homoeopathic literature, • Therapeutics and Repertory source books	03 hrs
1.b	• Infections & Ulcerations of the female genital organs, their Causation and modifying factors: exciting-maintaining causes from micro-organisms to environmental to climacteric to occupational etc. • Psychosomatic aspect, Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result including Homoeopathic management	05 hrs
1.c	• Injuries of the genital tract, Homoeopathic management - scope and limitations.	02 hrs
1.d	• Disorders of Female genital tract - Abnormal vaginal discharge, Pelvic pain, Low backache, Veganismus, Dyspareunia, Abdomino-pelvic lump, with Homoeopathic management	03 hrs

1.e	• Urinary problems in gynaecology – Incontinence, retention, urinary tract infection, dysuria and urethral carbuncle with Homoeopathic management	03 hrs
1.f	• Diseases of breasts with Homoeopathic management	02 hrs
1.g	• Sexually transmitted diseases including Homoeopathic management	02 hrs
1.h	• Endometriosis and Adenomyosis - scope and limitation of management in Homoeopathy	04 hrs
1.i	• Etiological factors related with male and female Infertility, their diagnosis, • Artificial Reproductive Techniques, scope and limitation of Homoeopathic management along with population dynamics and control of Conception	03 hrs
1.j	• Genital non-malignant growths - scope and limitation of management in Homoeopathy	04 hrs
1.k	• Genital malignancy with scope of Homoeopathic treatment and its limitations	04 hrs
1.l	• Identifying the indications of surgical procedures in Gynaecology, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.	02 hrs
1.m	• Radiotherapy, Chemotherapy, Immunotherapy, Gene therapy, Tumour markers - utility and its complications	02 hrs
1.n	• General and Homoeopathic management • Repertorization, • Therapeutics, posology. • Formulation of prognostic criteria and • Prognosis of related topics in GYNAECOLOGY care	03 hrs. 03 hrs. 02 hrs. 02 hrs. 01 hr.
Total		**50 hrs**

4.2.2. Unit 2: Obstetrics, new born care & Homoeopathic therapeutics

Sl. No.	List of topics	Lecture hours
2.a	• Introduction to Abnormal pregnancy and labour with its scope and limitation in Homoeopathy Review of literature, Therapeutics and Repertory source books.	02 hrs
2.b	High risk labour, • Dystocia • Mal-positions and mal-presentation, Prolapse of cord and limbs, Abnormalities in the action of the uterus, Abnormal conditions of soft parts, Contracted pelvis, • Obstructed labour, • Complications of 3rd state of labour, Preterm labour, • Post maturity, • Injuries of birth canal, • Scope and limitation in Homoeopathy	10 hrs
2.c	Abnormal pregnancies: • Haemorrhages during Antepartum, postpartum and early pregnancy, Multiple pregnancy, • Hypertensive disorders, in identifying common problems during abnormal pregnancy and to manage it in Homoeopathic perspective including scope, limitations and timely referral.	06 hrs
2.d	• Common disorders and systemic diseases associated with pregnancy. • A holistic understanding of disease evolution and approach to diagnosis, prognosis, Homoeopathic management, scope and limitations	04 hrs
2.e	• Understanding Pre- natal diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994	03 hrs
2.f	• Knowledge about the indication of common obstetrical operations, • Medical termination of pregnancy, Criminal abortion, • Caesarean section, • Induction of labour, Episiotomy. etc and its complications, after effects and to refer for	04 hrs

	surgical intervention either as a life saving measure or for removing mechanical obstacles.	
2.g	• Emergency obstetric care	03 hrs
2.h	Infant care : • Neonatal hygiene, • Common disorders of new-born, • Breast feeding, • Artificial feeding, • Management of premature child, • Asphyxia & Ophthalmia Neonatorum • Birth injuries, • Neonatal infections, • Congenital malformations of new-born Intrauterine growth retardation, • Foetal anomalies including scope and limitation in Homoeopathy and timely referral.	10 hrs
2.i	• Knowledge about Reproductive and child health care. • Safe motherhood and child survival (b) Risk approach – MCH care • Maternal mortality and morbidity • Perinatal mortality and morbidity • (e) Diseases of foetus and new born.	02 hrs
2.j	• Medico legal aspects in obstetrics	02 hrs
2.k	• General and Homoeopathic management • Repertorization, • Therapeutics, posology. • Formulation of prognostic criteria and • Prognosis of related topics in OBSTETRICS AND NEW BORN care	03 hrs. 03 hrs. 03 hrs. 02 hrs. 03 hrs.
Total		**60 hrs**

4.3 Teaching hours Non-lecture:

S. NO.	Non lecture activity	Hours

1.	**CLINICAL / PRACTICAL**	**55 hrs**
A	Homoeopathic OPD postings	25 hrs
B	Homoeopathic case taking	
C	Homoeopathic management: • Repertorization • Potency and dose • Different remedies • Prescription, • General and auxiliary management	
D	Bedside IPD clinics	30 hrs
E	Gynaecological Case taking	
F	Gynaecological Examination- OSCE	
G	Obstetrical Case taking	
H	Obstetrical Examination- OSCE	
2.	**DEMONSTRATIVE -24 hours**	**24 hrs**
A	Small group teaching/seminars/tutorials/field visits/Problem based / Case based learning/ skill lab training /integrated learning/group discussion/ assignments	18 hrs.
B	Investigations, Diagnosis , D/D	02 hrs.
C	Instruments - demonstration	02 hrs
D	Models , charts & specimens	02 hrs
	TOTAL	**79 HRS**

5. **Content mapping (competencies tables)**

Unit 1: Gynaecology & Homoeopathic therapeutics

5.1. Introduction to abnormal disease conditions in Gynaecology with Homoeopathic management related to causation, Clinico-pathological and miasmatic correlations with pathological end result. Review of the Homoeopathic literature, Therapeutics and Repertory source books

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 1.1	K & S	K	Case taking & construction of portrait of disease	Construct the portrait of disease in gynaecological conditions with relevance to Hahnmeannian case taking	C1 A1	MK	Case based learning OSCE Small group learning	MCQ, Viva	MCQ, SAQ	Organon of medicine
Hom-UG ObGy-II 1.2	K & S	K	Miasmatic background	Derive at the miasmatic background of gynaecological conditions with help of clinico-pathological findings	C1 P1	MK	Case based learning OSCE Small group learning	MCQ, Viva	MCQ, SAQ	Organon of medicine
Hom-UG ObGy-II 1.3	K & S	K	Causation in Hahnemannian point of view	Identify the exciting causes in gynaecological conditions	C1 P1	MK	Case based learning OSCE Small group learning	MCQ, Viva	MCQ, SAQ	Organon of medicine
Hom-	K & S	K		Identify the maintaining causes in	C1	MK	Case based	MCQ,	MCQ,	Organon of

UGObGy-II 1.4				gynaecological conditions	P1		learning OSCE Small group learning	Viva	SAQ	medicine
Hom-UG ObGy-II 1.5	K & S	K	Selection of repertory and rubrics	Identify the clinical rubrics for the gynaecological symptoms.	C1 P1	MK	Case based learning OSCE Small group learning	MCQ, Viva	MCQ, SAQ	Repertory
Hom-UG ObGy-II 1.6	K & S	K		Perceive the symptomatology and derive the rubrics	C1 P1	MK	Case based learning OSCE Small group learning	MCQ, Viva	MCQ, SAQ	Repertory
Hom-UG ObGy-II 1.7	K & S	K		Explain the importance of clinical repertories including Minton's uterine therapeutics in gynaecological practice	C1	MK	Case based learning Small group learning	MCQ, Viva	MCQ, SAQ	Repertory
Hom-UG ObGy-II 1.8	K & S	K	Therapeutics	Distinguish the remedies having predominant action on female genital tract	C1	MK	Case based learning Small group learning	MCQ, Viva	MCQ, SAQ	Materia medica
Hom-UG ObGy-II 1.9	K & S	K	Therapeutics	Establish the physiological action of remedies indicated in gynaecological conditions	C1	MK	Case based learning Small group learning	MCQ, Viva	MCQ, SAQ	Materia medica

5.2 Infections & Ulcerations of the female genital organs, their Causation and modifying factors: exciting-maintaining causes from micro-organisms to environmental to climacteric to occupational etc. Psychosomatic aspect, Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result including Homoeopathic management

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 2.1	K & S	K	Infectious diseases of female genital tract	List the infectious diseases of female genital tract	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2.2	K & S	K		Classify vulvitis due to specific infection	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2.3	K & S	K		Describe the vulvo-vaginitis in childhood, C/F & investigation	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2.4	K & S	K		Describe the infections of Bartholin's gland	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2.5	K & S	K		Explain the vaginitis of childhood	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	

Hom-UG ObGy-II 2.6	K & S	K		Describe the diagnostic features of trichomonas vaginitis	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2.7	K & S	K		Elaborate the predisposing factors and diagnostic features of Moniliasis	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2.8	K & S	K		Describe the clinical features of atrophic vaginitis	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2.9	K & S	K		Explain the diagnostic features of Toxic shock syndrome	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2.10	K & S	K		Differentiate acute and chronic cervicitis	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2.11	K & S	K		Describe the various types of endometritis	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2.12	K & S	K		Mention the causes of pyometra	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2.13	K & S	K		Compare the features of gonococcal and pyogenic salpingitis	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-	K & S	K		Define parametritis	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	

UGObGy-II 2.14										
Hom-UG ObGy-II 2.15	K & S	K		Describe the etio-pathogenesis and diagnostic features of pelvic abscess	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2. 16	K & S	K	Ulcerative lesions of female genital tract	List the causes of vulval ulcers	C1	DK	Lecture, small group discussions	MCQ, Viva	SAQ	Surgery
Hom-UG ObGy-II 2.17	K & S	K		Describe the management of Bartholin's abscess	C1	DK	Lecture, small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2.18	P A	K H	Management of infectious diseases of female genital tract	Explain the management of monilial vaginitis	C1	DK	Lecture, small group discussions	MCQ Viva	SAQ	
Hom-UG ObGy-II 2.19	H O	K H	Homeopathic therapeutics	List the remedies indicated in infectious diseases of female genital tract	C2	MK	Lecture, seminar, case based learning	MCQ Viva	SAQ	Materia medica
Hom-UG ObGy-II 2.20	H O	K H		Compare and contrast the remedies indicated in infectious diseases of female genital tract	C1	MK	Lecture, Small group discussions	MCQ, Viva	SAQ	
Hom-UG ObGy-II 2.21	H O	K	Exciting & maintaining causes	Discuss the exciting causes for infectious diseases female genital tract	C2	MK	Lecture, small group discussions, case-based learning	MCQ Viva	SAQ	Organon of medicine
Hom-UG ObG	H O	K		Discuss the maintaining causes for infectious diseases female genital tract	C2	MK	Lecture, small group discussions, case-based	MCQ Viva	SAQ	Organon of medicine

y-II 2.22							learning			
Hom-UG ObGy-II 2.23	H O	K	Miasmatic background	Derive at the miasm based on the clinico- pathological features and pathological end results of the disease.	C2	MK	Lecture, small group discussions, case-based learning	MCQ Viva	SAQ	Organon of medicine

5.3 Injuries of the genital tract, Homoeopathic management - scope and limitations.

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 3.1	K S	K	Perineal tear	Define perineal tear	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 3.2	K S	K		Describe the classification of perineal tear	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 3.3	K S	K		Elaborate the risk factors and clinical features of perineal tear	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II	P C	K	Management of perineal tear	Describe the prevention and management of perineal tear	C1	DK	Lecture, small group learning	MCQ		

3.4										
Hom-UG ObGy-II 3.5	K S	K	Coital injuries	Explain coital Injuries	C1	NK	Lecture , small group learning	MCQ		Forensic medicine
Hom-UG ObGy-II 3.6	K S	K		Describe the forensic considerations in management of rape victims	C1	NK	Lecture , small group learning	MCQ		Forensic medicine
Hom-UG ObGy-II 3.7	K S	K	Instrumental injuries	Describe the Instrumental injuries, types & management	C1	DK	Lecture, small group learning	MCQ		Surgery
Hom-UG ObGy-II 3.8	Patient care	K	Foreign bodies	Discuss the effect of foreign bodies in female genital tract	C1	NK	Lecture, small group learning	MCQ		
Hom-UG ObGy-II 3.9	H O	K H	Scope and limitations	Determine the scope and limitations of homeopathy in management of complete perineal tear	C1	MK	Lecture, small group learning	Viva		Organon of medicine
Hom-UG ObGy-II 3.10	H O	K H	Homeopathic therapeutics	List the remedies indicated in injuries of genital tract	C1	MK	Lecture, small group learning	Viva, MCQ	SAQ	Materia medica
Hom-UG ObGy-II 3.11	H O	K H		Differentiate the remedies indicated in genital tract injuries	C1	MK	Lecture, small group learning	Viva, MCQ	SAQ	Materia Medica

5.4 Disorders of Female genital tract - Abnormal vaginal discharge, Pelvic pain, Low backache, Veganism's, Dyspareunia, Abdomino-pelvic lump, with Homoeopathic management

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 4.1	K S	K	Abnormal vaginal discharge	List the causes of abnormal vaginal discharge	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 4.2	K S	K		Define leucorrhea and mention its causes	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 4.3	K S	K		Define Pruritus vulva	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 4.4	K S	K		List the causes of pruritus vulva	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 4.5	K S	K	Pelvic pain &low backache	List causes of pelvic pain	C1	MK	Lecture Small group learning	MCQ, Viva		Surgery
Hom-UG ObG	K S	K		Mention the etiology of low back pain	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Surgery

y-II 4.6										
Hom-UG ObGy-II 4.7	K S	K	Vaginismus & dyspareunia	Define vaginismus	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 4.8	K S	K		Explain the etiology and management of vaginismus	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 4.9	K S	K		Define dyspareunia	C1	MK	Lecture Small group learning	MCQ, Viva		
Hom-UG ObGy-II 4.10	K S	K		Mention the causes of dyspareunia	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 4.11	K S	K		Outline the diagnosis and management of postmenopausal bleeding	C1	MK	Lecture Small group learning	MCQ, Viva		
Hom-UG ObGy-II 4.12	K S	K	Abdomino-pelvic pain	Differentiate the causes of abdomino - pelvic lump	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Surgery
Hom-UG ObGy-II 4.13	H O	K H	Homeopathic therapeutics	List the remedies indicated in leucorrhea	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica
Hom-UG ObGy-II	H O	K H		Compare the remedies indicated in leucorrhea	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica

4.14										
Hom-UG ObGy-II 4.15	H O	K H		Describe the indications of remedies in dyspareunia	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica
Hom-UG ObGy-II 4.16	H O	K H		Discuss the remedies indicated in pelvic pain	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica

5.5 Urinary problems in Gynaecology – Incontinence, retention, urinary tract infection, dysuria and urethral carbuncle with Homoeopathic management

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 5.1	K S	K	Urinary incontinence	Mention the anatomy of vesico urethral unit.	C1	MK	Lecture Small group learning	MCQ, Viva		Anatomy
Hom-UG ObGy-II 5.2	K S	K		Physiology of micturition storage & voiding of urine	C1	MK	Lecture Small group learning	MCQ, Viva		Physiology
Hom-UG ObGy-II	K S	K		Classify urinary incontinence	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Surgery

5.3										
Hom-UG ObGy-II 5.4	K S	K		Define genuine stress incontinence	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 5.5	K S	K		Differentiate between the clinical features of stress incontinence, urge incontinence and detrusor instability	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 5.6	K S	K		Classify genito-urinary fistula	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Surgery
Hom-UG ObGy-II 5.7	K S	K		List the causes of vesicovaginal fistula	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 5.8	K S	K		Explain the diagnosis and management of vesico-vaginal fistula	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 5.9	K S	K	Urinary retention	List the causes of retention of urine	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 5.10	K S	K	Urinary tract infection	Explain the etio-pathogenesis and clinical features of urinary tract infection	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Practice of medicine,Surgery
Hom-UG ObGy-II 5.11	K S	K		Define dysuria	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	

Hom-UG ObGy-II 5.12	K S	K		Mention causes of dysuria	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 5.13	K S	K		Explain urethral caruncle	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Surgery
Hom-UG ObGy-II 5.14	H O	K	Homeopathic therapeutics	List the remedies indicated in urinary tract infection	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica
Hom-UG ObGy-II 5.15	H O	K		Compare the indication of remedies in UTI	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica

5.6 Diseases of breasts with Homoeopathic management

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 6.1	K S	K	Mastalgia	List the causes of mastalgia	C1	DK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-	K S	K	Fibrocystic diseases of breast & fibro-adenoma	Describe the fibrocystic breast disease	C1	MK	Lecture Small group	MCQ, Viva	SAQ	

UGObGy-II 6.2							learning			
Hom-UG ObGy-II 6.3	K S	K		Explain the clinical features and diagnosis of fibro-adenoma of breast	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 6.4	K S	K	Breast cancer	Discuss the etio -pathology of breast cancer	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 6.5	K S	K		Mention the common causes of nipple discharge	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 6.6	K S	K		Explain the procedure of breast self-examination	C1 A1	MK	Lecture Small group learning OSCE	MCQ, Viva Demonstration		
Hom-UG ObGy-II 6.7	P C	S	Examination of breast	Demonstrate steps of clinical breast examination	P1	MK	Lecture Small group learning, bedside case based learning, DOPS, OSCE	MCQ, Viva Demonstration	SAQ	
Hom-UG ObGy-II 6.8	H O	K H	Scope & limitation	Describe the scope and limitation of Homeopathy in management of breast disorders	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Organon of medicine
Hom-UG ObGy-II 6.9	H O	K H	Miasmatic background	Formulate the miasmatic background of breast disorders from the clinico-pathological findings	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Organon of medicine
Hom-	H O	K H	Homoeopathy therapeutics	List the remedies indicated in breast	CI	MK	Lecture	MCQ,	SAQ	Materia

UGObGy-II 6.10				disorders			Small group learning	Viva		medica
Hom-UG ObGy-II 6.11	H O	K H		Differentiate the remedies indicated in carcinoma breast	C1	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica

5.7 Sexually transmitted diseases including Homoeopathic management

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 7.1	K S	K	Gonorrhoea	Describe the Clinical features diagnosis & treatment of Acute & chronic gonorrhoea	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	Materia Medica
Hom-UG ObGy-II 7.2	K S	K	Syphilis	Explain C/F & diagnosis of syphilis	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 7.3	K S	K	HIV	Discuss clinical Features,causative organisms, diagnosis & prevention of HIV	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	Microbiology
Hom-UG ObG	K S	K	Chlamydial infection	Describe clinical features & diagnosis of Chlamydial Infections	C1	DK	Lecture Small group learning	MCQ VIVA	SAQ	

y-II 7.4										
Hom-UG ObGy-II 7.5	K S	K	Bacterial vaginitis	Describe C/F & diagnosis of Bacterial vaginitis	C1	DK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 7.6	K S	K	STD's	Explain causes & clinical Features of Chancroid & Granuloma inguinale	C1	DK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 7.7	K S	K		Discuss clinical features & diagnosis Herpes genitalia	C1	DK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 7.8	K S	K	Molluscum contagiosum& scabies	Explain clinical features of Molluscum Contagiosum & scabies	C1	DK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 7.9	H O	K H	Therapeutics	List the remedies indicated in gonorrhoea	C2	MK	Lecture Small group learning	MCQ VIVA	SAQ	Materia Medica
Hom-UG ObGy-II 7.10	H O	K H	Therapeutics	Explain the remedies indicated in syphilis	C2	MK	Lecture Small group learning	MCQ VIVA	SAQ	Materia Medica

5.8 Endometriosis and Adenomyosis - scope and limitation of management in Homoeopathy

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 8.1	K S	K	Endometriosis	Define Endometriosis	C1	MK	Lecture Small group learning Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 8.2	K S	K		Describe the common sites of development of endometriosis	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 8.3	K S	K		Discuss the rarest sites for development of endometriosis	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 8.4	K S	K		Discuss the pathogenesis & theories of Endometriosis	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 8.5	K S	K		Describe the chocolate cyst of the ovary	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-	K S	K		Describe the etio-pathology of chocolate cyst of the ovary	C1	MK	Lecture Small group	MCQ VIVA	LA SAQ	

II 8.6							learning			
Hom-UG ObGy-II 8.7	K S	K		Describe the clinical features of endometriosis	C1	MK	Lecture Small group learning	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 8.8	K S	K		Discuss the diagnosis of Endometriosis.	C1	MK	Lecture Small group learning	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 8.9	K S	K		Discuss the complications of Endometriosis	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 8.10	K S	K		List the D/D of Endometriosis	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 8.11	K S	K	Adenomyosis	Define Adenomyosis	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 8.12	K S	K		Discuss the pathology of Adenomyosis	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 8.13	K S	K		Differentiate Adenomyosis & Fibroid uterus	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II	K S	K		Discuss the differential diagnosis of swelling in hypo gastric region	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	Surgery

8.14										
Hom-UG ObGy-II 8.15	K S	K		Discuss the clinical features of Adenomyosis	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 8.16	K S	K		Explain the investigations in Adenomyosis	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 8.17	P C	K	Homoeopathic Therapeutics	List the indications of homoeopathic remedies in endometriosis	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 8.18	H O	K		Discuss the characteristic features of indicated remedies in Adenomyosis	C1	MK	Lecture Small group learning	MCQ VIVA	SAQ	Materia medica

5.9 Etiological factors related with male & female Infertility, their diagnosis, Artificial Reproductive Techniques, scope and limitation of homoeopathic management along with population dynamics and control of Conception.

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II	K S	K	Infertility	Define Infertility	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	

9.1										
Hom-UG ObGy-II 9.2	K S	K	Sterility	Define Sterility	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 9.3	K S	K	Primary Infertility	Define Primary infertility	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 9.4	K S	K	Secondary infertility	Define Secondary infertility	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 9.5	K S	K	Safe period	Define safe period	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	Physio
Hom-UG ObGy-II 9.6	K S	K	Factors responsible for fertility	Discuss the factors responsible for fertility	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	Physio
Hom-UG ObGy-II 9.7	K S	K	Female infertility causes	Describe the female causes of infertility	CI	MK	Lecture Small group learning	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 9.8	K S	K	Mate infertility causes	Describe the male causes of infertility	CI	MK	Lecture Small group learning	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 9.9	K S	K	Combined factors	Discuss the combined factors of infertility	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	

Hom-UG ObGy-II 9.10	K S	K	Female infertility investigation	Discuss in detail the investigation in female infertility	CI	MK	Lecture Small group learning	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 9.11	K S	K	Male infertility investigations	Discuss in detail investigation in male infertility	CI	MK	Lecture Small group learning	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 9.12	K S	K	BBT	Explain BBT & its clinical importance	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	Physiology
Hom-UG ObGy-II 9.13	K S	K	Ovulatory test	Discuss the ovulatory tests for infertility	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 9.14	K S	K	Tubal patency test	Discuss the tubal patency test	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 9.15	K S	K	HSG	Describe the advantages of HSG (Hysterosalphigography)	CI	DK	Lecture Small group learning	MCQ VIVA		
Hom-UG ObGy-II 9.16	K S	K		Describe the disadvantage of HSG (Hysterosalphigography)	CI	DK	Lecture Small group learning	MCQ VIVA		
Hom-UG ObGy-II 9.17	K S	K	Semen analysis	Explain Semen analysis	CI	DK	Lecture Small group learning e	MCQ VIVA		

Hom-UG ObGy-II 9.18		K	ART	List the methods of ART (Assisted reproductive techniques)in infertility	CI	DK	Lecture Small group learning	MCQ VIVA		
Hom-UG ObGy-II 9.19	K S	K	IVF	Explain the indications of IVF	CI	DK	Lecture Small group learning	MCQ VIVA		
Hom-UG ObGy-II 9.20	K S	K	Artificial insemination	Define artificial insemination	CI	DK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 9.21	K S	K	Post coital test	Explain post-coital test	CI	DK	Lecture Small group learning	MCQ VIVA	SAQ	
Hom-UG ObGy-II 9.22	H O	K	Homoeopathic therapeutics	List the homoeopathic remedies in female infertility	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 9.23	H O	K		List the homoeopathic remedies in male infertility	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 9.24	H O	K		Discuss the characteristic features of indicated remedies in male & female infertility	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 9.25	P C	K	Scope & limitation Scope & limitation	Describe the prognosis of the case based on age and aetiological factors	CI	MK	Lecture Small group learning	MCQ VIVA	SAQ	

Hom-UG ObGy-II 9.26	P C	K		Discuss the scope and limitation of homoeopathy in infertility and timely referral	CI	MK	Lecture Small group learning0	MCQ VIVA	SAQ	Organon
Hom-UG ObGy-II 9.27	P C	K	Alternative methods for infertility	Discuss the alternative methods for infertility	CI	DK	Lecture Small group learning0	MCQ VIVA	SAQ	
Hom-UG ObGy-II 9.28	P C	K	Scope and limitation of homoeopathy for infertility	Discuss the Assisted Reproductive techniques	CI	NK	Lecture Small group learning0	MCQ VIVA		
Hom-UG ObGy-II 9.29	K S	K	Population control and dynamic contraception	Define contraception	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		Community medicine
Hom-UG ObGy-II 9.30	K S	K H		Discuss the aims and objectives of family planning	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		Community medicine
Hom-UG ObGy-II 9.31	K S	K H		Discuss the temporary methods of contraception	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 9.32	K S	K H		Explain the advantages of Cu-T	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-	K S	K H		Describe the Barrier methods of contraception	CI	MK	Lecture Small group discussion	MCQ VIVA	SAQ	

II 9.33							Tutorials			
Hom-UG ObGy-II 9.34	K S	K H		Discuss the natural methods of contraception.	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 9.35	K S	K H		Discuss the advantages of natural methods of contraception	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 9.36	K S	K H		Discuss the advantages of IUCD's	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 9.37	K S	K H		Discuss the disadvantages of IUCD's.	CI	MK	Lecture Small group discussion K STutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 9.38	K S	K H		Discuss the adverse effects of combined oral contraceptive pills	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	

5.10 Genital non-malignant growths - scope and limitation of management in Homoeopathy

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 10.1	Knowledge care &scholarship	Knows	Benign lesions of vagina	Describe the vulval cysts	C I	MK	Lecture Small group learning	MCQ, Viva		
Hom-UG ObGy-II 10.2	Knowledge care &scholarship	Knows		Describe the vaginal cysts	C I	MK	Lecture Small group learning	MCQ, Viva		
Hom-UG ObGy-II 10.3	Knowledge care &scholarship	Knows		List the vulval ulcers	C I	MK	Lecture Small group learning	MCQ, Viva		
Hom-UG ObGy-II 10.4	Knowledge care &scholarship	Knows		Explain the Nabothian cyst	C I	MK	Lecture Small group learning	MCQ, Viva		
Hom-UG ObGy-II 10.5	Knowledge care &scholarship	Knows		Discuss the clinical features of vaginal cyst	C I	MK	Lecture Small group learning	MCQ, Viva		
Hom-UG ObGy-II	Knowledge care &scholarship	Knows		Discuss the clinical features of vaginal cyst	C I	MK	Lecture Small group learning	MCQ, Viva		

10.6			Benign lesions of the vulva							
Hom-UG ObGy-II 10.7	Homoeopathic orientation	Knows		List the homoeopathic remedies for vaginal & vulval cysts	C I	MK	Lecture Small group learning	MCQ, Viva		Materia medica
Hom-UG ObGy-II 10.8	Homoeopathic orientation	Knows		Discuss the characteristic features of indicated remedies in vulval and vaginal cysts	C I	MK	Lecture Small group learning	MCQ, Viva		Materia medica
Hom-UG ObGy-II 10.9	Knowledge care &scholarship	Knows	Investigations	Discuss the differential diagnosis of vulval cysts	C I	MK	Lecture Small group learning	MCQ, Viva		
Hom-UG ObGy-II 10.10	Knowledge care &scholarship	Knows how		Discuss the investigations for Vulval & vaginal cysts	C I	MK	Lecture Small group learning	MCQ, Viva		
Hom-UG ObGy-II 10.11	Knowledge care &scholarship	Knows how	Scope & limitation	Discuss the scope and limitation of homoeopathy in vulval & vaginal cysts	C I	MK	Lecture Small group learning	MCQ, Viva		Organon of Medicine
Hom-UG ObGy-II 10.12	Knowledge care &scholarship	Knows how	Benign lesions of cervix	Explain the types of cervical cysts Explain endomeriotic cyst Explain the symptoms of cervical fibroid	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.13	Knowledge care &scholarship	Knows	Cervix	Define cervical Erosion	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-	Knowledge care	Knows		Describe the causes of cervical erosion	C I	MK	Lecture Small group	MCQ, Viva	SAQ	

II 10.14	&scholarship						learning			
Hom-UG ObGy-II 10.15	Knowledge care &scholarship	Knows		Discuss the Clinical features of cervical erosion	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.16	Knowledge care &scholarship	Knows		Discuss the investigations for cervical erosion	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.17	Knowledge care &scholarship	Knows	Benign lesions of ovary	Classify ovarian tumours	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.18	Knowledge care &scholarship	Knows		Explain Corpus luteum cyst	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.19	Knowledge care &scholarship	Knows		Explain serous cyst Adenoma	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.20	Knowledge care &scholarship	Knows		Define Lutein cyst	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.21	Knowledge care &scholarship	Knows		Define Mucinous cyst adenoma	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II	Knowledge care &scholarship	Knows		Define Brenner's tumour	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	

10.22										
Hom-UG ObGy-II 10.23	Knowledge care &scholarship	Knows		Discuss the features of follicular cyst	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.24	Knowledge care &scholarship	Knows		Discuss the clinical features of Benign ovarian tumour	C I	MK	Lecture Small group learning	MCQ, Viva	LA SAQ	
Hom-UG ObGy-II 10.25	Knowledge care &scholarship	Knows		Describe Meigs syndrome	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.26	Knowledge care &scholarship	Knows		Describe the origin & clinical features of Dermoid cyst	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.27	Knowledge care &scholarship	Knows		Discuss the D/D Ovarian tumour	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.28	Knowledge care &scholarship	Knows		Explain the non-neoplastic causes of ovarian enlargement	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.29	Knowledge care &scholarship	Knows		Explain the features of functional cyst	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II	Knowledge care &scholarship	Knows how		Explain the complication of Benign Ovarian tumour	C I	MK	Lecture Small group learning	MCQ, Viva	LA SAQ	

10.30										
Hom-UG ObGy-II 10.31	Knowledge care &scholarship	Knows how		Differentiate between Benign & Malignant ovarian tumours	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.32	Knowledge care &scholarship	Knows	Benign lesions of uterus	Define Leiomyoma / fibroid	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.33	Knowledge care &scholarship	Knows how		Classify different types of fibroids	C I	MK	Lecture Small group learning	MCQ, Viva	LA SAQ	
Hom-UG ObGy-II 10.34	Knowledge care &scholarship	Knows how		Describe the clinical feature of uterine fibroids	C I	MK	Lecture Small group learning	MCQ, Viva	LA SAQ	
Hom-UG ObGy-II 10.35	Knowledge care &scholarship	Knows how		Describe the causes of uterine fibroid	C I	MK	Lecture Small group learning	MCQ, Viva	LA SAQ	
Hom-UG ObGy-II 10.36	Knowledge care &scholarship	Knows how		Describe the secondary changes occurring in fibroid	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.37	Knowledge care &scholarship	Knows how		Explain red degeneration	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II	Knowledge care &scholarship	Knows how		Discuss the complications of uterine fibroid	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	

10.38										
Hom-UG ObGy-II 10.39	Knowledge care &scholarship	Knows how		Discuss the investigations in fibroid	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.40	Homoeopathic orientation	Knows how	Homoeopathic therapeutics	List the homoeopathic remedies for uterine fibroid	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica
Hom-UG ObGy-II 10.41	Homoeopathic orientation	Knows how		Distinguish the characteristic features of indicated remedies in fibroids	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica
Hom-UG ObGy-II 10.41	Patient care	Knows how		Discuss the surgical management in fibroids	C I	MK	Lecture Small group learning Tutorials	MCQ, Viva	SAQ	Surgery
Hom-UG ObGy-II 10.42	Patient care	Knows how		Discuss the scope & limitation in treating fibroids	C I	MK	Lecture Small group learning	MCQ, Viva		Organon
Hom-UG ObGy-II 10.43	Patient care	Knows how		Mention the life threatening complication of fibroid	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 10.44	Knowledge care &scholarship	Knows	Polyps	Define uterine polyps	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II	Knowledge care &scholarship	Knows		Discuss the types of polyps	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	

10.45										
Hom-UG ObGy-II 10.46	Homoeopathic orientation	Knows how		List the homoeopathic remedies for polyp	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica
Hom-UG ObGy-II 10.47	Homoeopathic orientation	Knows how		Discuss the characteristic features of indicated remedies in polyp	C I	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica

5.11 Genital malignancy with scope of Homoeopathic treatment and its limitations

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 11.1	Knowledge care &scholarship	Knows	Cervical cancer	Describe the pre-disposing risk factors of Ca Cervix	CI	MK	Lecture Small group learning	MCQ, Viva	LA SAQ	
Hom-UG ObGy-II 11.2	Knowledge care &scholarship	Knows		Describe the mode of spread of Ca Cervix	CI	MK	Lecture Small group learning	MCQ, Viva	LA SAQ	
Hom-UG ObGy-	Knowledge care	Knows		Describe the clinical features of Ca Cervix	CI	MK	Lecture Small group	MCQ, Viva	LA SAQ	

II 11.3	&scholarship						learning			
Hom-UG ObGy-II 11.4	Knowledge care &scholarship	Knows		Discuss the diagnosis of Ca Cervix	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.5	Knowledge care &scholarship	Knows		Discuss the per vaginal examination findings in ca cervix	CI P1	MK	Lecture Small group learning OSCE DOPS	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.6	Knowledge care &scholarship	Knows		Describe FIGO staging of Ca cervix	CI P1	MK	Lecture Small group learning OSCE	MCQ, Viva	LA SAQ	
Hom-UG ObGy-II 11.7	Knowledge care &scholarship	Knows		Discuss the D/D of Ca cervix	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.8	Knowledge care &scholarship	Knows		Discuss the complications of Ca cervix	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.9	Knowledge care &scholarship	Knows		Differentiate between Cervical erosion & Ca Cervix	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.10	Knowledge care &scholarship	Knows		Discuss the Primary & Secondary preventive management of Ca cervix	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II	Knowledge care &scholarship	Knows		Discuss the investigations for Ca cervix	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	

11.11										
Hom-UG ObGy-II 11.12	Homoeopathic orientation	Knows how		List the homoeopathic remedies in Ca cervix	CI	MK	Lecture Small group learning	MCQ, Viva	LA SAQ	Materia medica
Hom-UG ObGy-II 11.13	Homoeopathic orientation	Knows how		Describe the characteristic features of indicated remedies in Ca cervix	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica
Hom-UG ObGy-II 11.14	Knowledge care &scholarship	Knows	Ovarian malignancy	Classify the malignant ovarian tumours	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.15	Knowledge care &scholarship	Knows		Discuss the clinical features of ovarian cancer	CI	MK	Lecture Small group learning	MCQ, Viva	LA SAQ	
Hom-UG ObGy-II 11.16	Knowledge care &scholarship	Knows		Define Androblastoma	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.17	Knowledge care &scholarship	Knows		Discuss the clinical features of Androblastoma	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.18	Knowledge care &scholarship	Knows		Discuss the staging of ovarian cancer	CI P1	MK	Lecture Small group learning OSCE	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.19	Knowledge care &scholarship	Knows		Discuss the clinical features of Androblastoma	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	

Hom-UG ObGy-II 11.20	Knowledge care &scholarship	Knows		Discuss the clinical features of Granulosa cell tumour of the ovary	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.21	Knowledge care &scholarship	Knows		Describe Krukenburg cell tumour	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.22	Knowledge care &scholarship	Knows		Discuss the clinical features of Krukenburg cell tumour of the ovary	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.23	Knowledge care &scholarship	Knows		Discuss the clinical features of Epithelial cell tumour of the ovary	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.24	Knowledge care &scholarship	Knows		Discuss the clinical features of Sex cord stromal tumour of the ovary	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.25	Knowledge care &scholarship	Knows		Discuss the investigation in ca ovary	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.26	Homoeopathic orientation	Knows how		List the homoeopathic remedies for ovarian malignancies	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica
Hom-UG ObGy-II 11.27	Homoeopathic orientation	Knows how		Discuss the characteristic features of indicated remedy in ovarian tumours	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica

Hom-UG ObGy-II 11.28	Knowledge care &scholarship	Knows	Endometrial carcinoma	Describe FIGO staging of Endometrial Ca	CI P1	MK	Lecture Small group learning OSCE	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.29	Knowledge care &scholarship	Knows		Discuss the aetiology of endometrial cancer	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.30	Knowledge care &scholarship	Knows		Discuss the clinical features & diagnosis of Endometrial Cancer	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.31	Knowledge care &scholarship	Knows		Discuss the differential diagnosis of Ca Endometrium	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.32	Knowledge care &scholarship	Knows		Explain the preventive treatment in Ca Endometrium	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.33	Homoeopathic orientation	Knows how		List the homeopathic remedies in endometrial carcinoma	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica
Hom-UG ObGy-II 11.34	Homoeopathic orientation	Knows how		Discuss the characteristic features of indicated remedy in endometrial carcinoma	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica
Hom-UG ObGy-II 11.35	Knowledge care &scholarship	Knows	Vaginal & vulval cancer	Discuss the causes of vaginal & vulval cancer	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	

Hom-UG ObGy-II 11.36	Knowledge care &scholarship	Knows		Discuss the clinical features of vaginal & vulval cancer	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.37	Knowledge care &scholarship	Knows		Discuss the predisposing factors in vaginal & vulval carcinoma	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.38	Knowledge care &scholarship	Knows		Describe the stages of vaginal & vulval carcinoma	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	
Hom-UG ObGy-II 11.39	Homoeopathic orientation	Knows how		List the homeopathic remedies in vaginal & vulval carcinoma	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica
Hom-UG ObGy-II 11.40	Homoeopathic orientation	Knows how		Discuss the characteristic features of indicated remedy in vaginal & vulval carcinoma	CI	MK	Lecture Small group learning	MCQ, Viva	SAQ	Materia medica
Hom-UG ObGy-II 11.41	Patient care	Knows how	Scope & limitation	Discuss the scope and limitation of homoeopathy in genital malignancies	CI	MK	Lecture Small group learning	MCQ, Viva		Organon

5.12 Identifying the indications of surgical procedures in Gynaecology, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 12.1	Knowledge &scholarship	Knows how	Dilatation and curettage	Describe the preoperative & post-operative procedures in gynaecological surgeries	C1 P1	DK	Small group discussion Audio visual Instruments DOPS	MCQ Viva		
Hom-UG ObGy-II 12.2	Knowledge &scholarship	Knows how		Explain the instruments used in D & C	C1 P1	DK	Small group discussion Audio visual Instruments DOPS	MCQ Viva		
Hom-UG ObGy-II 12.3	Knowledge &scholarship	Knows how		List the indications of Dilatation and curettage	C1	MK	Small group discussion	MCQ Viva	SAQ	
Hom-UG ObGy-II 12.4	Knowledge &scholarship	Knows how		Explain the complications of D&C	C1	MK	Small group discussion	MCQ	SAQ	
Hom-UG ObGy-II 12.5	Knowledge &scholarship	Knows how		Mention the indications of D&E	C1	MK	Small group discussion	Viva	SAQ	
Hom-	Knowledge	Knows	HSG	Describe the indications	C1	MK	Small group	MCQ	SAQ	

UGObGy-II 12.6	&scholarship			of Hysterosalpingography			discussion Audio visual Instruments X-ray	Viva		
Hom-UG ObGy-II 12.7	Knowledge &scholarship	Knows		Describe the complications of Hysterosalpingography	C1	MK	Small group discussion Audio visual Instruments X-ray	MCQ Viva	SAQ	
Hom-UG ObGy-II 12.8	Knowledge &scholarship	Knows	Cervical biopsy	Discuss types of cervical biopsy	C1 P1	MK	Small group discussion DOPS	MCQ Viva		
Hom-UG ObGy-II 12.9	Knowledge &scholarship	Knows how	Hysterectomy	Differentiate indications of abdominal hysterectomy & radical hysterectomy	C1	MK	Small group discussion Lecture	MCQ Viva	SAQ	

5.13 Radiotherapy, Chemotherapy, Immunotherapy, Gene therapy, Tumor markers - utility and its complications

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II	Knowledge and scholarship	Knows	Radiotherapy	Explain the radiation reactions and their management	C1	NK	Small group discussion CBL	MCQ VIVA	SAQ	

13.1										
Hom-UG ObGy-II 13.2	Knowledge and scholarship	Knows	chemotherapy	Mention the indications of chemotherapy in gynaecological conditions	C1	NK	Small group discussion CBL	MCQ VIVA	SAQ	
Hom-UG ObGy-II 13.3	Knowledge and scholarship	Knows	immunotherapy	Describe the principles of immunotherapy in gynaecological practice	C1	NK	Small group discussion CBL	MCQ VIVA	SAQ	
Hom-UG ObGy-II 13.4	Knowledge and scholarship	Knows	Tumour markers	List the commonly used tumour markers in gynaecology	C1	NK	Small group discussion CBL	MCQ VIVA	SAQ	

5.14 General and Homoeopathic management, repertorisation, therapeutics, posology, Formulation of prognostic criteria, Prognosis and future advances of related topics in Gynaecology

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 14.1	Patient care	Knows how	General management	Describe the general management in infertility cases	C2	MK	CBL, Tutorial,	VIVA	SAQ	
Hom-UG ObGy-II 14.2	Patient care	Knows how		Describe the general management in STD's	C2	MK	CBL, Tutorial,	VIVA	SAQ	

Hom-UG ObGy-II 14.3	Patient care	Knows how		Describe the general management in infectious diseases	C2	MK	CBL, Tutorial,	VIVA	SAQ	
Hom-UG ObGy-II 14.4	Patient care	Knows how		Describe the general management in benign neoplastic growths	C2	MK	CBL, Tutorial,	VIVA	SAQ	
Hom-UG ObGy-II 14.5	Patient care	Knows how		Describe general management in genital malignancies.	C2	MK	CBL, Tutorial,	VIVA	SAQ	
Hom-UG ObGy-II 14.6	Homoeopathic orientation	Knows how	Homoeopathic materia medica & therapeutics	Distinguish the remedies having predominant action on female genital tract	C2	MK	CBL, Tutorial,	VIVA	SAQ	Materia medica
Hom-UG ObGy-II 14.7	Homoeopathic orientation	Knows how		Establish the physiological action of remedies indicated in gynaecological conditions	C2	MK	CBL, Tutorial,	VIVA	SAQ	Materia medica
Hom-UG ObGy-II 14.8	Homoeopathic orientation	Knows how		Co-relate Homoeopathic remedies with pathology and pathogenesis in gynaecological conditions	C2	MK	CBL, Tutorial,	VIVA	SAQ	Materia medica
Hom-UG ObGy-II 14.9	Homoeopathic orientation	Knows how		List the homoeopathic remedies in various specific gynaecological conditions	C2	MK	CBL, Tutorial,	VIVA	SAQ	Materia medica
Hom-	Homoeopathic	Knows how		Discuss the	C2	MK	CBL, Tutorial,	VIVA	SAQ	Materia

UGObGy-II 14.10	orientation			characteristic features of indicated remedies in specific gynaecological conditions						medica
Hom-UG ObGy-II 14.11	Homeopathic orientation	Knows how	Repertory	Discuss the selection of repertory based on symptoms in gynaecology	C2 P2	MK	CBL, Tutorial, OSCE	VIVA		Repertory
Hom-UG ObGy-II 14.12	Homoeopathic orientation	Knows how		Enlist the rubrics of various gynaecological conditions from different Repertory	C2 P2	MK	CBL, Tutorial, OSCE	VIVA		Repertory
Hom-UG ObGy-II 14.13	Homoeopathic orientations	Knows how	Posology	Discuss the selection of potency based on the symptomatology	C2 P2	MK	CBL, Tutorial, OSCE	VIVA		Organaon medicine
Hom-UG ObGy-II 14.14	Homoeopathic orientations	Knows how	Prognostic criteria	Discuss the prognosis of case based on the etio-pathogenesis and pathological end results	C2 P2	MK	CBL, Tutorial, OSCE	VIVA		Organaon medicine
Hom-UG ObGy-II 14.15	Homoeopathic orientation	Knows how		Formulate the prognostic criteria of case based on the symptomatology of the case	C2 P2	MK	CBL, Tutorial, OSCE	VIVA		Organaon of medicine

Unit 2: Obstetrics, Infant Care & Homoeopathic Therapeutics

5.15 Introduction to Abnormal pregnancy and labour with its scope and limitation in Homoeopathy Review of literature, Therapeutics and Repertory source books.

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 15.1	Knowledge care & scholarship	Knows	Abnormal labour	Define dystocia	C1	MK	Group discussions, seminar, tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 15.2	Knowledge care & scholarship	Knows		List the abnormalities of pregnancy	C1	MK	Group discussions, seminar, tutorials	VIVA		
Hom-UG ObGy-II 15.3	Knowledge care & scholarship	Knows	Abnormal puerperium	Define Puerperal pyrexia	CI	MK	Group discussions, seminar, tutorials	VIVA	SAQ	
Hom-UG ObGy-II 15.4	Knowledge care & scholarship	Knows		List the causes for puerpereal pyrexia	C1	MK	Group discussions, seminar, tutorials	VIVA	SAQ	
Hom-UG ObGy-II 15.5	Knowledge care & scholarship	Knows		Define Puerperal sepsis	CI	MK	Group discussions	VIVA	SAQ	
Hom-UG ObG	Knowledge care &	Knows		List any 3 predisposing factors	C1	MK	Group discussions,	VIVA	SAQ	

y-II 15.6	scholarship						seminar, tutorials			
Hom-UG ObGy-II 15.7	Knowledge care & scholarship	Knows		Describe the mode of spread, C/F investigation of puerperal sepsis	C1	MK	Group discussions, seminar, tutorials	VIVA	SAQ	
Hom-UG ObGy-II 15.8	Knowledge care & scholarship	Knows		Define acute mastitis	CI	MK	Group discussions	VIVA	SAQ	
Hom-UG ObGy-II 15.9	Knowledge care & scholarship	Knows		Discuss the clinical feature & complication of acute mastitis	C1	MK	Group discussions, seminar, tutorials	VIVA	SAQ	
Hom-UG ObGy-II 15.10	Knowledge care & scholarship	Knows		Discuss the prophylaxis for puerperal pyrexia	C1	MK	Group discussions, seminar, tutorials	VIVA	SAQ	
Hom-UG ObGy-II 15.11	Knowledge care & scholarship	Knows		Discuss the causes & treatment of cracked nipples	C1	MK	Group discussions, seminar, tutorials	VIVA	SAQ	
Hom-UG ObGy-II 15.12	Knowledge care & scholarship	Knows		Define sub-involution & discuss its clinical features	C1	MK	Group discussions, seminar, tutorials	VIVA	SAQ	
Hom-UG ObGy-II 15.13	Knowledge care & scholarship	Knows	Scope and limitation of homoeopathy	Discuss the scope and limitations of homeopathy in abnormal pregnancy	C1	MK	Group discussions, seminar, tutorials	VIVA		Organon of medicine
Hom-UG ObGy-II	Patient care	Know how		Discuss the scope and limitation of homeopathy in	C1	MK	Group discussions, seminar,	VIVA		Organon of medicine

15.14				abnormal labour			tutorials			
Hom-UG ObGy-II 15.15	Patient care	Know how		Discuss the scope and limitation of homoeopathy in abnormal puerperium	C1	MK	Group discussions, seminar, tutorials	VIVA		Organon of Medicine
Hom-UG ObGy-II 15.16	Patient care	Know how		Discuss the scope and limitation of homoeopathy in abnormalities of new-born	C1	MK	Group discussions, seminar, tutorials	VIVA		Organon of Medicine
Hom-UG ObGy-II 15.17	Knowledge care & scholarship	Knows	Homoeopathic materia medica with Obstetrics & new born care	Distinguish the remedies having predominant action on pregnancy & labour	C1	MK	Group discussions, seminar, tutorials	VIVA MCQ	SAQ	Materia Medica
Hom-UG ObGy-II 15.18	Knowledge care & scholarship	Knows		Distinguish the remedies having predominant action on new born care	C1	MK	Group discussions, seminar, tutorials	MCQ VIVA		Materia medica
Hom-UG ObGy-II 15.19	Homoeopathic orientation	Knows	Review of literature in therapeutics	Apply the knowledge of sources of drugs while selecting the medicines	C1	MK	Group discussions, seminar, tutorials	VIVA		Materia Medica
Hom-UG ObGy-II 15.20	Homoeopathic orientation	Knows		Co-relate Homoeopathic materia medica with pathology and pathogenesis of obstetrical conditions & new born	C1	MK	Group discussions, seminar, tutorials	MCQ VIVA		Materia medica, Paediatrics
Hom-UG ObGy-II	Homoeopathic orientation	Knows		Identify the remedies indicated in care of abnormal pregnancy	C1	MK	Group discussions, seminar,	MCQ VIVA		Materia medica

15.21							tutorials			
Hom-UG ObGy-II 15.22	Homoeopathic orientation	Knows		Identify the remedies indicated in care of abnormal deliveries	C1	MK	Group discussions, seminar, tutorials	MCQ VIVA		Materia medica
Hom-UG ObGy-II 15.23	Homoeopathic orientation	Knows		Identify the remedies indicated in care of new-born	C1	MK	Group discussions, seminar, tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 15.24	Homoeopathic orientation	Knows		Discuss the characteristic features of indicated remedies in care of abnormal pregnancy	C1	MK	Group discussions, seminar, tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 15.25	Homoeopathic orientation	Knows		Discuss the characteristic features of indicated remedies in care of abnormal delivery	C1	MK	Group discussions, seminar, tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 15.26	Homoeopathic orientation	Knows	Review of literature of repertory source books	Apply the knowledge of source books of repertory while selecting the medicine	C1	MK	Group discussions, seminar, tutorials	MCQ		Repertory
Hom-UG ObGy-II 15.27	Homoeopathic orientation	Knows		Select the repertory mediums to use in abnormal labour	C1	DK	Group discussions, seminar, tutorials	MCQ VIVA		Repertory
Hom-UG ObGy-II 15.28	Homoeopathic orientation	Knows		List the various rubrics of Obstetrical care from different repertories	C1 P1	DK	Group discussions, seminar, tutorials OSCE	MCQ VIVA		Repertory

Hom-UG ObGy-II 15.29	Homoeopathic orientation	Knows		Identify the ailments from rubrics in new born	C1 P1	DK	Group discussions, seminar, tutorials OSCE	MCQ VIVA		Repertory

5.16 High risk labour, Dystocia - mal-positions and mal-presentation, prolapse of cord and limbs, abnormalities in the action of the uterus, abnormal conditions of soft parts, contracted pelvis, obstructed labour, complications of 3rd stage of labour, preterm labour, post maturity, injuries of birth canal, scope and limitation in Homoeopathy

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MIM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 16.1	Knowledge & Scholarship	Knows	Obstructed labour Prolonged Labour	Define Pronged labour.	CI	MK	Lecture Small group discussion Tutorials CBL	MCQ VIVA		
Hom-UG ObGy-II 16.2	Knowledge & Scholarship	Knows		Define obstructed labour.	CI	MK	Lecture Small group discussion	MCQ VIVA		
Hom-UG ObGy-II 16.3	Knowledge & Scholarship	Knows		Describe the maternal causes of prolonged labour	CI	MK	Lecture Small group discussion	VIVA	SAQ	
Hom-UG ObGy-	Knowledge & Scholarship	Knows		Discuss the maternal causes of obstructed labour	C1	MK	Lecture Small group discussion	VIVA	SAQ	

II 16.4										
Hom-UG ObGy-II 16.5	Knowledge & Scholarship	Knows		Describe the Fetal causes of prolonged labour	CI	MK	Lecture Small group discussion Tutorials	VIVA	SAQ	
Hom-UG ObGy-II 16.6	Knowledge & Scholarship	Knows		Describe the Fetal causes of obstructed labour			Lecture Small group discussion	VIVA	SAQ	
Hom-UG ObGy-II 16.7	Knowledge & Scholarship	Knows		Describe the clinical features of Prolonged & Obstructed labour	CI	MK	Lecture Small group discussion Tutorials		SAQ	
Hom-UG ObGy-II 16.8	Knowledge & Scholarship	Knows		Discuss the diagnostic criteria's for prolonged & obstructed labour	CI	MK	Lecture Small group discussion Tutorials		SAQ	
Hom-UG ObGy-II 16.9	Knowledge & Scholarship	Knows		Discuss the maternal complication in obstructed & prolonged labour	CI	MK	Lecture Small group discussion Tutorials		SAQ	
Hom-UG ObGy-II 16.10	Knowledge & Scholarship	Knows		Discuss the foetal complications in obstructed & prolonged labour	CI	MK	Lecture Small group discussion Tutorials		SAQ	
Hom-UG ObGy-II 16.11	Knowledge & Scholarship	Knows how		Discuss the general management of prolonged labour& Obstructed labour	CI	MK	Lecture Small group discussion Tutorials CBL	MCQ	SAQ	
Hom-UG ObGy-	Knowledge &	Knows how		Discuss the scope & Limitation in	CI	MK	Lecture Small group	MCQ VIVA		

II 16.12	Scholarship			Homoeopathy for Prolonged and obstructed labour			discussion Tutorials			
Hom-UG ObGy-II 16.13	Knowledge & Scholarship	Knows	Mal presentation & Mal positions	Define Breech presentation	CI	MK	Lecture Small group discussion Tutorials Manikin	MCQ VIVA		
Hom-UG ObGy-II 16.14	Knowledge & Scholarship	Knows		Classify Breach presentation	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 16.15	Knowledge & Scholarship	Knows		Describe the types of breech presentation	CI	MK	Lecture Small group discussion Tutorials Manikin	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 16.16	Knowledge & Scholarship	Knows		Discuss the etiology of breech presentation	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 16.17	Knowledge & Scholarship	Knows		Discuss the clinical, per abdominal and vaginal findings for diagnosis of breech presentation	CI P1	MK	Lecture Small group discussion Tutorials DOPS	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.18	Knowledge & Scholarship	Knows		Describe the Mechanism of breech presentation	CI	MK	Lecture Small group discussion Tutorials Manikin	MCQ VIVA	LAQ SAQ	
Hom-UG ObGy-	Knowledge &	Knows		Discuss the management of breech presentation	CI	MK	Lecture Small group	MCQ VIVA	SAQ	

II 16.19	Scholarship						discussion Tutorials			
Hom-UG ObGy-II 16.20	Knowledge & Scholarship	Knows		Discuss the management of complicated breech presentation	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.21	Knowledge & Scholarship	Knows		Define Transverse lie	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.22	Knowledge & Scholarship	Knows		Describe the causes of transverse lie	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.23	Knowledge & Scholarship	Knows		Describe the per abdominal & vaginal examination findings in transverse lie	CI P1	MK	Lecture Small group discussion Tutorials DOPS	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.24	Knowledge & Scholarship	Knows		Define version	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.25	Knowledge & Scholarship	Knows		Discuss the indication for external cephalic version	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-	Knowledge &	Knows		Discuss the contraindications for	CI	MK	Lecture Small group	MCQ VIVA	SAQ	

II 16.26	Scholarship			external cephalic version			discussion Tutorials			
Hom-UG ObGy-II 16.27	Knowledge & Scholarship	Knows		Discuss the complications of version	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.28	Knowledge & Scholarship	Knows		Define Occipito posterior presentation	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.29	Knowledge & Scholarship	Knows		Define Face presentation	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.30	Knowledge & Scholarship	Knows		Define Compound presentation	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.31	Knowledge & Scholarship	Knows		Define Cord prolapse	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.32	Homoeopathic orientation	Knows		Discuss the Homoeopathic remedies for breech presentation	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-	Patient care	Knows		Discuss the management of breech presentation	CI	MK	Lecture Small group	MCQ VIVA	SAQ	

II 16.33							discussion Tutorials			
Hom-UG ObGy-II 16.34	Homoeopathi corientation	Knows how		Discuss the management of homoeopathy in transverse lie	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Organon Materia medica
Hom-UG ObGy-II 16.35	Homoeopathi corientation	Knows how		List the homoeopathic remedies in malpresentation & mal-position.	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 16.36	Homoeopathi corientation	Knows how		Discuss the characteristic features of indicated remedies in malpresentation & mal position			Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 16.37	Homoeopathi corientation	Knows how		Discuss the scope and limitation of Homoeopathy in Breech presentation	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		Organon
Hom-UG ObGy-II 16.38	Homoeopathi corientation	Knows how		Discuss the scope and limitation of Homoeopathy in Face & Brow presentation	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		Organon
Hom-UG ObGy-II 16.39	Homoeopathi corientation	Knows how		Discuss the scope and limitation of Homoeopathy in Compound presentation	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		Organon
Hom-UG ObGy-	Homoeopathi c orientation	Knows how		Discuss the scope and limitation of Homeopathy	CI	MK	Lecture Small group	MCQ VIVA		Organon

II 16.40				in Cord presentation & cord prolapse.			discussion Tutorials			
Hom-UG ObGy-II 16.41	Knowledge & Scholarship	Knows	Constriction & retraction ring	Define constriction ring	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.42	Knowledge & Scholarship	Knows		Differentiate constriction ring & retraction ring	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.43	Knowledge & Scholarship	Knows		Discuss the characteristic features for the diagnosis of constriction ring	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.44	Patient care	Knows how		Discuss the management of constriction ring	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.45	Homoeopathic orientation	Knows how		Describe the scope and limitation of Homoeopathy in constriction & contraction ring	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		Organon , Materia medica
Hom-UG ObGy-II 16.46	Knowledge & Scholarship	Knows how	Cervical dystocia-types Precipitate labor	Define Cervical dystocia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.47	Knowledge & Scholarship	Knows how		Discuss the types of Cervical dystocia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-	Knowledge	Knows		Define precipitate labour	CI	MK	Lecture	MCQ	SAQ	

UGObGy-II 16.48	& Scholarship						Small group discussion Tutorials	VIVA		
Hom-UG ObGy-II 16.49	Knowledge & Scholarship	Knows		Discuss the complications of precipitate labour	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.50	Patient care	Knows how		Discuss the management of precipitate labour	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.51	Patient care	Knows how		Discuss the management of cervical dystocia	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.52	Homoeopathi corientation	Knows how		Discuss the scope & limitation of Homoeopathy in Cervical dystocia	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		Organon, Materia medica
Hom-UG ObGy-II 16.53	Homoeopathi corientation	Knows how		Discuss the scope & limitation of Homoeopathy in Precipitate labour	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		Organon, Materia medica
Hom-UG ObGy-II 16.54	Knowledge & Scholarship	Knows	Uterine inertia-types & diagnosis	Define Uterine inertia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.55	Knowledge & Scholarship	Knows		Discuss the types of uterine inertia	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-	Homoeopathi corientation	Knows	Management	Discuss the management of uterine inertia	CI	DK	Lecture Small group	MCQ VIVA		

II 16.56							discussion Tutorials			
Hom-UG ObGy-II 16.57	Patient care	Knows how		Describe the scope and limitation Homoeopathy for uterine inertia	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		Organon, Materia medica
Hom-UG ObGy-II 16.58	Knowledge & Scholarship	Knows	Contracted pelvis	Define Cephalo-pelvic disproportion	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.59	Knowledge & Scholarship	Knows		Discuss the common causes of contracted pelvis	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.60	Knowledge & Scholarship	Knows		Discuss Muller –Munro 'kerr' method of pelvis assessment	CI P1	DK	Lecture Small group discussion Tutorials DOPS	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.61	Knowledge & orientation	Knows		Discuss the diagnostic features of contracted pelvis	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.62	Knowledge & orientation	Knows		Describe the different types of pelvis	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Anatomy
Hom-UG ObGy-II 16.63	Knowledge & orientation	Knows		Define X-ray pelvimetry	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II	Knowledge & orientation	Knows		Discuss the indications of X-ray pelvimetry	CI	DK	Lecture Small group discussion	MCQ VIVA		

16.64							Tutorials			
Hom-UG ObGy-II 16.65	Knowledge & orientation	Knows		Discuss the limitation of X-ray pelvimetry	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.66	Knowledge & orientation	Knows		Define Trial labour	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.67	Knowledge & Scholarship	Knows		Discuss the contraindications for trial labour	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.68	Homoeopathi corientation	Knows how		Discuss the management of contracted pelvis	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.69	Patient care	Knows how		Discuss the scope and limitation of contracted pelvis.	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.70	Knowledge & Scholarship	Knows		Define retained placenta	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.71	Knowledge & Scholarship	Knows		Discuss the causes for retained placenta	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.72	Knowledge & Scholarship	Knows		Define Placenta accreta	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		

Hom-UG ObGy-II 16.73	Knowledge & Scholarship	Knows how		Define inversion of uterus	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.74	Knowledge & Scholarship	Knows how		Discuss the causes for inversion of uterus	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.75	Knowledge & Scholarship	Knows how		Discuss the varieties of inversion of uterus	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.76	Patient care	Know how		Discuss the management of inversion of uterus	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.77	Patient care	Know how		Describe in detail the management of primary postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.78	Patient care	Know how		Discuss the management of Secondary postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.79	Homoeopathic orientation	Knows how		List the Homoeopathic remedies for postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		Materia medica
Hom-UG ObGy-II 16.80	Patient care	Know how		Discuss the scope & Limitation of homoeopathy in postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		Organon , Materia medica
Hom-	Knowledge	Knows	Preterm labour &	Define Pre-term labour	CI	MK	Lecture	MCQ		

UGObGy-II 16.81	& Scholarship		post maturity, IUD, PROM				Small group discussion Tutorials	VIVA		
Hom-UG ObGy-II 16.82	Knowledge & Scholarship	Knows		Define Full term	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.83	Knowledge & Scholarship	Knows		Discuss the etiology of preterm labour	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 16.84	Knowledge & Scholarship	Knows		Describe the clinical presentation of preterm labour	CI P1	MK	Lecture Small group discussion Tutorials OSCE	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 16.85	Knowledge & Scholarship	Knows		Discuss the maternal complication of preterm labour	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.86	Knowledge & Scholarship	Knows		Discuss the fetal complications of preterm labour	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.87	Knowledge & Scholarship	Knows		Define PROM	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.88	Knowledge & Scholarship	Knows		Discuss the symptom of PROM	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-	Knowledge &	Knows		Define Post maturity	CI	MK	Lecture Small group	MCQ VIVA	SAQ	

II 16.89	Scholarship						discussion Tutorials			
Hom-UG ObGy-II 16.90	Knowledge & Scholarship	Knows		Discuss the causes of post maturity	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.91	Knowledge & Scholarship	Knows		Discuss the maternal complications of post maturity	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.92	Knowledge & Scholarship	Knows		Discuss the fetal complications of post maturity	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.93	Knowledge & Scholarship	Knows		Define Intra uterine death (IUD)	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.94	Knowledge & Scholarship	Knows		Describe the diagnostic features of IUD	CI P1	MK	Lecture Small group discussion Tutorials OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.95	Patient care	Know how		Discuss the Ultrasonography & X-ray finding in IUD	CI P1	MK	Lecture Small group discussion Tutorials OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.96	Patient care	Know how		Discuss the management of IUD	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II	Knowledge & Scholarship	Knows		Discuss the complications of IUD	CI	DK	Lecture Small group discussion	MCQ VIVA	SAQ	

16.97							Tutorials			
Hom-UG ObGy-II 16.98	Patient care	Know how		Discuss the management of post maturity	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.99	Patient care	Know how		Discuss the scope and limitation of Homoeopathy in post maturity.	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Organon, Materia medica
Hom-UG ObGy-II 16.100	Knowledge & Scholarship	Knows	Injuries of birth canal	Discuss the common perineal injuries during birth	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Surgery
Hom-UG ObGy-II 16.101	Knowledge & Scholarship	Knows		Discuss the risk factors for third degree perineal tear	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.102	Knowledge & Scholarship	Knows		Describe the degrees of obstetric anal sphincter injuries	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.103	Knowledge & Scholarship	Knows		Discuss the causes for cervical tear	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.104	Knowledge & Scholarship	Knows		Define vulval hematoma	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.105	Knowledge & Scholarship	Knows		Discuss the causes of pelvic hematoma	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	

Hom-UG ObGy-II 16.106	Knowledge & Scholarship	Knows		Discuss the causes of vulval hematoma	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.107	Knowledge & Scholarship	Knows		Describe the clinical features of vulval hematoma.	CI P1	DK	Lecture Small group discussion Tutorials OSCE	MCQ VIVA		
Hom-UG ObGy-II 16.108	Knowledge & Scholarship	Knows		Describe the causes of rupture of the uterus	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.109	Knowledge & Scholarship	Knows		Discuss the complications of rupture of the uterus	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.110	Knowledge & Scholarship	Knows		Discuss the diagnosis of rupture of uterus	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.111	Patient care	Know		Discuss the management of rupture of uterus	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 16.112	Patient care	Know how		Discuss the scope and limitation of homoeopathy in ruptured uterus	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		Organon of medicine
Hom-UG ObGy-II 16.113	Homoeopathic orientation	Knows how		List the Homoeopathic remedies for perineal tears	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-	Homoeopathi	Knows		List the homoeopathic	CI	DK	Lecture	MCQ	SAQ	Materia

UGObGy-II 16.114	c orientation	how		remedies for pelvic hematoma			Small group discussion Tutorials	VIVA		medica
Hom-UG ObGy-II 16.115	Knowledge & Scholarship	Knows how		Discuss the characteristic features of indicated remedies in perineal tear	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 16.116	Patient care	Know how		Discuss the management for injuries to the birth canal	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 16.117	Patient care	Know how		Discuss the scope & limitation of homoeopathy in injuries to the birth canal	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Organon

5.17 Abnormal pregnancies - Hemorrhages during Antepartum, postpartum and early pregnancy, multiple pregnancy, hypertensive disorders, in identifying common problems during Abnormal pregnancy and to manage it in Homoeopathic perspective including scope, limitations and timely referral

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	

Hom-UG ObGy-II 17.1	Knowledge & Scholarship	Knows	Abortion	Define Abortion	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.2	Knowledge & Scholarship	Knows		Classify abortion	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 17.3	Knowledge & Scholarship	Knows		Define inevitable abortion	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.4	Knowledge & Scholarship	Knows		Define incomplete abortion	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.5	Knowledge & Scholarship	Knows		Define complete abortion	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.6	Knowledge & Scholarship	Knows		Define septic abortion	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.7	Knowledge & Scholarship	Knows		Describe the Aetiology of abortion	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.8	Knowledge & Scholarship	Knows		Define cervical incompetence	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	

Hom-UG ObGy-II 17.9	Knowledge & Scholarship	Knows		Discuss the causes of cervical incompetence	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.10	Knowledge & Scholarship	Knows		Describe the clinical feature, of abortion	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.11	Knowledge & Scholarship	Knows		Discuss the clinical feature & complications of missed abortion	CI P1	DK	Lecture Small group discussion Tutorials OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.12	Knowledge & Scholarship	Knows		Define threatened abortion	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.13	Knowledge & Scholarship	Knows		Discuss signs & symptoms, of threatened abortion	CI P1	DK	Lecture Small group discussion Tutorials OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.14	Knowledge & Scholarship	Knows		Describe in investigations in abortion	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.15	Knowledge & Scholarship	Knows		Discuss the causes, diagnosis of recurrent abortion	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.16	Knowledge & Scholarship	Knows		Discuss the general management of septic abortion	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	

Hom-UG ObGy-II 17.17	Knowledge & Scholarship	Knows		Define carneous mole	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.18	Knowledge & Scholarship	Knows		Discuss the causes of causes of septic abortion	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.19	Knowledge & Scholarship	Knows		Discuss the complications of septic abortion	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.20	Knowledge & Scholarship	Knows		Define hydatidiform mole	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.21	Knowledge & Scholarship	Knows		Describe the clinical feature of hydatidiform mole	CI P1	DK	Lecture Small group discussion Tutorials OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.22	Knowledge & Scholarship	Knows		Discuss the investigation of hydatidiform mole	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.23	Knowledge & Scholarship	Knows	Hydatidioform mole	Discuss the complications of hydatidiform mole	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.24	Knowledge & Scholarship	Knows		List the investigations in molar pregnancy.	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	

Hom-UG ObGy-II17.25	Knowledge & Scholarship	Knows	Ectopic pregnancy	List the D/D of molar pregnancy	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.26	Knowledge & Scholarship	Knows		Define Ectopic pregnancy	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.27	Knowledge & Scholarship	Knows		Describe the causes of Ectopic pregnancy	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.28	Knowledge & Scholarship	Knows		List the signs & symptoms of unruptured ectopic pregnancy	CI P1	DK	Lecture Small group discussion Tutorials OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.29	Knowledge & Scholarship	Knows		Discuss differential diagnosis of Sub acute ectopic pregnancy	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.30	Knowledge & Scholarship	Knows		List the investigations for diagnosis of tubal ectopic pregnancy	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.31	Knowledge & Scholarship	Knows		Discuss the immediate complications of MTP	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.32	Knowledge & Scholarship	Knows		Discuss the indications of termination of pregnancy under MTP Act	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Forensic medicine
Hom-	Knowledge	Knows		Discuss the indication for	CI	DK	Lecture	MCQ	SAQ	

UGObGy-II 17.33	& Scholarship			salpingectomy & salpingo-oophorectomy			Small group discussion Tutorials	VIVA		
Hom-UG ObGy-II 17.34	Homoeopathic orientation	Know how		List the homoeopathic remedies for abortion	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 17.35	Homoeopathic orientation	Know how		Discuss the characteristic features of indicated remedies in abortion	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 17.36	Homoeopathic orientation	Know how		List the homeopathic remedies for ectopic pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 17.37	Homoeopathic orientation	Know how		Discuss the characteristic features of indicated remedies in ectopic pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 17.38	Patient care	Knows how		Discuss the scope and limitation of homeopathy in ectopic pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		Organon
Hom-UG ObGy-II 17.39	Knowledge & Scholarship	Knows	Homoeopathic materia medica & therapeutics	Define Antepartum haemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.40	Knowledge & Scholarship	Knows		Discuss the causes for Antepartum haemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	LA SAQ	
Hom-	Knowledge	Knows		Define Abruptio-placenta	CI	MK	Lecture	MCQ	SAQ	

UGObGy-II 17.41	& Scholarship						Small group discussion Tutorials	VIVA		
Hom-UG ObGy-II 17.42	Knowledge & Scholarship	Knows		Define Placenta previa	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.43	Knowledge & Scholarship	Knows	Scope and limitation	Describe the clinical features of Abruptio-placenta	CI P1	MK	Lecture Small group discussion Tutorials OSCE	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 17.44	Knowledge & Scholarship	Knows		Describe the clinical features of Placenta previa	CI P1	MK	Lecture Small group discussion Tutorials OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.45	Knowledge & Scholarship	Knows		Classify abruptio placenta	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.46	Knowledge & Scholarship	Knows		Discuss the types of placenta previa	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.47	Knowledge & Scholarship	Knows	Antepartum haemorrhage	Differentiate Abruptio placenta and Placenta previa with clinical features	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 17.48	Knowledge & Scholarship	Knows how		Discuss the diagnostic features of abruption placenta	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-	Knowledge &	Knows how		Discuss the diagnostic features of placenta	CI	MK	Lecture Small group	MCQ VIVA	SAQ	

II 17.49	Scholarship			preavia			discussion Tutorials			
Hom-UG ObGy-II 17.50	Knowledge & Scholarship	Knows how		Discuss the investigations for Antepartum haemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.51	Knowledge & Scholarship	Knows		Define Couvelaire uterus	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.52	Patient care	Know how		Describe the management of antepartum haemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.53	Knowledge & Scholarship	Knows how		Discuss the complications of APH	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.54	Homoeopathic orientation	Knows how		List the Homoeopathic remedies for antepartum haemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 17.55	Homoeopathic orientation	Knows how		Describe the characteristic features of indicated remedies	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 17.56	Patient care	Know how		Describe the scope and Limitation of homoeopathy in APH	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II	Knowledge & Scholarship	Knows how	Postpartum hemorrhage	Define Postpartum hemorrhage	CI	MK	Lecture Small group discussion	MCQ VIVA	SAQ	

17.57							Tutorials			
Hom-UG ObGy-II 17.58	Knowledge & Scholarship	Knows how		Define Primary postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	AL SAQ	
Hom-UG ObGy-II 17.59	Knowledge & Scholarship	Knows how		Define secondary postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.60	Knowledge & Scholarship	Knows how		Discuss the causes of Primary postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.61	Knowledge & Scholarship	Knows how		Discuss the causes of secondary postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.62	Knowledge & Scholarship	Knows how		Discuss the complications of primary postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.63	Knowledge & Scholarship	Knows how		Discuss the complications of secondary postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.64	Patient care	Know how		Describe in detail the management of primary postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 17.65	Patient care	Know how		Discuss the management of Secondary postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	

Hom-UG ObGy-II 17.66	Homoeopathicorientation	Knows how		List the Homoeopathic remedies for postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 17.67	Homoeopathicorientation	Knows how		Discuss the characteristic features of the indicated remedies	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 17.68	Patient care	Know how		Discuss the scope & Limitation of homoeopathy in postpartum hemorrhage	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Organon
Hom-UG ObGy-II 17.69	Knowledge & Scholarship	Knows how	Multiple pregnancy	Define Multiple pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.70	Knowledge & Scholarship	Knows how		Discuss the varieties of multiple pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.71	Knowledge & Scholarship	Knows how		Discuss the diagnosis of multiple pregnancy	CI P1	MK	Lecture Small group discussion Tutorials OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.72	Knowledge & Scholarship	Knows how		Describe the maternal complications in multiple pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.73	Knowledge & Scholarship	Knows how		Describe the fetal complications in multiple pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-	Patient care	Knows how		Discuss the management	CI	MK	Lecture	MCQ	SAQ	

UGObGy-II 17.74				of multiple pregnancy during labour			Small group discussion Tutorials	VIVA		
Hom-UG ObGy-II 17.75	Patient care	Knows how		Discuss the Homeopathic scope and limitation and timely referral of case in multiple pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 17.76	Knowledge & Scholarship	Knows how	Hypertension in pregnancy	Define Pregnancy induced hypertension (PIH)	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.77	Knowledge & Scholarship	Knows		Define Pre-eclampsia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.78	Knowledge & Scholarship	Knows how		Discuss the classification of Preeclampsia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.79	Knowledge & Scholarship	Knows how		Describe the clinical features of preeclampsia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.80	Knowledge & Scholarship	Knows how		Discuss the complications of preeclampsia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.81	Knowledge & Scholarship	Knows		Define gestational hypertension	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-	Knowledge	Knows		Define eclampsia	CI	MK	Lecture	MCQ	SAQ	

UGObGy-II 17.82	& Scholarship						Small group discussion Tutorials	VIVA		
Hom-UG ObGy-II 17.83	Knowledge & orientation	Knows how		Discuss the types of eclampsia	CI	MK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.84	Knowledge & Scholarship	Knows how		Discuss the clinical features of eclampsia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.85	Knowledge & Scholarship	Knows how		Discuss the complications of eclampsia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.86	Knowledge & Scholarship	Knows how		Describe the management of preeclampsia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	LA SAQ	
Hom-UG ObGy-II 17.87	Patient care	Knows how		Discuss the management of eclampsia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 17.88	Homoeopathic orientation	Knows how		List the homoeopathic remedies for gestational hypertension	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 17.89	Homoeopathic orientation	Knows how		List the homoeopathic remedies for Preeclampsia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-	Homoeopat	Knows how		List the homoeopathic	CI	MK	Lecture	MCQ	SAQ	Materia

UGObGy-II 17.90	hic orientation			remedies for Eclampsia			Small group discussion Tutorials	VIVA		medica
Hom-UG ObGy-II 17.91	Homoeopathic orientation	Knows how		Discuss the characteristic features of indicated remedies.	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 17.92	Patient care	Knows how		Discuss the Homoeopathic scope and limitation and timely referral of the case.	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		Organon

5.18 Common disorders and systemic diseases associated with pregnancy. A holistic understanding of disease evolution and approach to diagnosis, prognosis, Homoeopathic management, scope and limitations

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 18.1	Knowledge & Scholarship	Knows how	Systemic diseases Anaemia, diabetes, asthma, tuberculosis, CVS, epilepsy, STD's	Define Anaemia in pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Physiology
Hom-UG ObGy-II 18.2	Knowledge & Scholarship	Knows how		Discuss the classification of anaemia	CI	MK	Lecture Small group discussion	MCQ VIVA	SAQ	Physiology

							Tutorials			
Hom-UG ObGy-II 18.3	Knowledge & Scholarship	Knows how		Define Sickle cell anaemia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA		Practice of medicine
Hom-UG ObGy-II 18.4	Knowledge & Scholarship	Knows how		Discuss the causes of anaemia in pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 18.5	Knowledge & Scholarship	Knows how		Discuss the causes of megaloblastic anaemia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of Medicine
Hom-UG ObGy-II 18.6	Knowledge & Scholarship	Knows how		Discuss the clinical features of anaemia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 18.7	Knowledge & Scholarship	Knows how		Discuss the maternal complications due to iron deficiency anaemia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 18.8	Knowledge & Scholarship	Knows how		Discuss the foetal complications due to maternal iron deficiency anaemia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 18.9	Knowledge & Scholarship	Knows how		Discuss the general management in iron deficiency anaemia	CI	MK	Lecture Small group discussion	MCQ VIVA	SAQ	Practice of medicine

							Tutorials			
Hom-UG ObGy-II 18.10	Homoeopathic orientation	Knows how		List the homoeopathic remedies for anaemia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 18.11	Homoeopathic orientation	Knows how		Discuss the characteristic features of indicated remedies for anaemia	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 18.12	Homoeopathic orientation	Knows how		List the homoeopathic remedies for STD's	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 18.13	Homoeopathic orientation	Knows how		List the homoeopathic remedies for asthma	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 18.14	Homoeopathic orientation	Knows how		List the homoeopathic remedies for cardiac complaints	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 18.15	Homoeopathic orientation	Knows how		Discuss the characteristic features of indicated remedies for asthma	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 18.16	Patient care	Knows how		Discuss the general management in severe anaemia	CI	MK	Lecture Small group discussion	MCQ VIVA	SAQ	Practice of medicine

							Tutorials			
Hom-UG ObGy-II 18.17	Knowledge & Scholarship	Knows how		Define gestational diabetes	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 18.18	Knowledge & Scholarship	Knows how		Discuss the causes for retention of urine	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Surgery
Hom-UG ObGy-II 18.19	Knowledge & Scholarship	Knows how		Discus the causes for increased frequency of micturition	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 18.20	Knowledge & Scholarship	Knows how		Discuss the complications of diabetes in pregnant mother.	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 18.21	Knowledge & Scholarship	Knows how		Discuss the foetal complications due to diabetic mother	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 18.22	Patient care	Knows how		Discuss the general management in diabetic mothers during pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 18.23	Homoeopathic orientation	Knows how		List the homoeopathic remedies for diabetes	CI	MK	Lecture Small group discussion	MCQ VIVA	SAQ	Materia medica

							Tutorials			
Hom-UG ObGy-II 18.24	Homoeopathic orientation	Knows how		Discuss the characteristic features of indicated remedies	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 18.25	Knowledge & Scholarship	Knows how		Discuss the complications of hyperthyroidism in pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 18.26	Knowledge & Scholarship	Knows how		Discuss the clinical features of cardio vascular disease in pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 18.27	Knowledge & Scholarship	Knows how		Discuss the complications of CVD in pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of Medicine
Hom-UG ObGy-II 18.28	Patient care	Knows how		Discuss the management of CVD in pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 18.29	Patient care	Knows how		Discuss the management of Asthma in pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practiceof medicine
Hom-UG ObGy-II 18.30	Homoeopathic orientation	Knows how		Discuss the homoeopathic scope and limitation in epilepsy.	CI	MK	Lecture Small group discussion	MCQ VIVA	SAQ	Organon

							Tutorials			
Hom-UG ObGy-II 18.31	Patient care	Knows how		Discuss the management of epilepsy in pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 18.32	Homoeopathic orientation	Knows how		List the homoeopathic remedies for epilepsy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 18.33	Homoeopathic orientation	Knows how		Discuss the characteristic features of indicated remedies for epilepsy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 18.34	Patient care	Knows how		Discuss the management of STD's in pregnancy	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 18.35	Patient care	Knows how		Discuss the investigations advised in STD's	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 18.36	Patient care	Knows how		Discuss the investigations advised in tuberculosis.	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 18.37	Patient care	Knows how		Discuss the management of tuberculosis in pregnancy	CI	MK	Lecture Small group discussion	MCQ VIVA	SAQ	

							Tutorials			
Hom-UG ObGy-II 18.38	Patient care	Knows how		Discuss the homoeopathic scope and limitations in severe cases of systemic diseases (Asthma, cardiac, tuberculosis and epilepsy) and timely referral of case	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Organon

5.19 Understanding Pre- natal diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994

Sl. No.	**Domain of Competency**	**Miller**	**Content**	**Specific Learning Objectives**	**Bloom/Guilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								Formative	**Summative**	
Hom-UG ObGy-II 19.1	Knowledge & scholarship	Knows how	Pre- natal diagnostic Techniques	Discuss the importance of prohibition of sex selection act before or after conception	CI	DK	Lecture Small group discussion Tutorials CBL	MCQ VIVA		Forensic medicine
Hom-UG ObGy-II 19.2	Knowledge & scholarship	Knows how		Discuss the indications to conduct the prenatal diagnostic test on mother	CI	DK	Lecture Small group discussion Tutorials CBL	MCQ VIVA		

5.20 Knowledge about the indication of common obstetrical operations, medical termination of pregnancy, criminal abortion, caesarean section, induction of labour, episiotomyEtc., and its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 20.1	Knowledge & scholarship	Knows	Version	Define version	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.2	Knowledge & scholarship	Knows how		Discuss the types of version	CI	DK	Lecture Small group discussion Tutorials Manikin	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.3	Knowledge & scholarship	Knows how		Discuss the indications for version	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.4	Knowledge & scholarship	Knows how		Discuss the contraindications for version	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.5	Knowledge & scholarship	Knows how		Discuss the complications of version	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II	Knowledge & scholarship	Knows	Episiotomy	Define Episiotomy	CI	DK	Lecture Small group discussion	MCQ VIVA	SAQ	

20.6							Tutorials			
Hom-UG ObGy-II 20.7	Knowledge & scholarship	Knows how		Explain the types of episiotomy	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.8	Knowledge & scholarship	Knows how		Discuss the complications of episiotomy	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.9	Homoeopathic orientation	Knows how		List the homoeopathic remedies for healing of episiotomy wound	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 20.10	Homoeopathic orientation	Knows how		Discuss the characteristic features of indicated remedies in episiotomy	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 20.11	Knowledge & scholarship	Knows	Caesarean section	Define caesarean section	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.12	Knowledge & scholarship	Knows how		Discuss the indications for absolute and relative indications for caesarean section	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.13	Knowledge & scholarship	Knows how		Describe the maternal complications of caesarean section	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.14	Knowledge & scholarship	Knows how		Discuss the management in caesarean section	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-	Knowledge &	Knows how		List the homoeopathic remedies for healing of	CI	DK	Lecture Small group	MCQ VIVA		Materia medica

UGObGy-II 20.15	scholarship			caesarean section wound and complications			discussion Tutorials			
Hom-UG ObGy-II 20.16	Knowledge & scholarship	Knows how		Discuss the characteristic features of indicated remedies in caesarean section wound healing	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 20.17	Knowledge & scholarship	Knows	Suction & evacuation	Define Suction and Evacuation	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA		
Hom-UG ObGy-II 20.18	Knowledge & scholarship	Knows	Forceps	Define Forceps	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.19	Knowledge & scholarship	Knows how		Explain the varities of forceps	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.20	Knowledge & scholarship	Knows how		Explain the prerequisite before applying forceps	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.21	Knowledge & scholarship	Knows how		Discuss the foetal complication of applying forceps	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.22	Knowledge & scholarship	Knows how		Discuss the maternal complications applying forceps	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.23	Knowledge & scholarship	Knows	D & C	Define D & C	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-	Knowledge	Knows		Discuss the indications of	CI	DK	Lecture	MCQ	SAQ	

UGObGy-II 20.24	& scholarship	how		D & C			Small group discussion Tutorials	VIVA		
Hom-UG ObGy-II 20.25	Knowledge & scholarship	Knows	Hysterotomy	Define hysterotomy	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.26	Knowledge & scholarship	Knows how		Discuss the indications of hysterotomy	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.27	Knowledge & scholarship	Knows	Induction of labour	Define Induction of labour	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.28	Knowledge & scholarship	Knows how		Discuss the indications of induction of labour	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.29	Knowledge & scholarship	Knows how		Explain the contraindication of induction of labour	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 20.30	Knowledge & scholarship	Knows how	ARM	Discuss the indications of Artificial rupture of the membrane	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	

5.21 Emergency obstetric care

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 21.1	Patient care	Knows how	Sub-involution	Discuss the management of sub-involution of uterus	P -1	DK	Small group discussion OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 21.2	Patient care	Knows how	Severe Hyperemmesis gravidarum	Discuss the management of severe hyperemesis gravidarum	P -1	DK	Role play Small group discussion OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 21.3	Patient care	Knows how	Puerpereal sepsis	Discuss the management of puerperal sepsis	P -1	DK	Small group discussion OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 21.4	Patient care	Knows how	Severe preeclampsia	Discuss the management of severe preeclampsia during pregnancy & labour	P -1	DK	Role play Small group discussion OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 21.5	Patient care	Knows how	Eclampsia	Discuss the management of eclampsia, during pregnancy, labour and postnatal period	P -1	DK	Role play Small group discussion OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II	Patient care	Knows how	Severe hypertension	Discuss the management of severe hypertension during pregnancy &	P -1	DK	Role play Small group discussion	MCQ VIVA	SAQ	Practice of medicine

21.6				labour			OSCE			
Hom-UG ObGy-II 21.7	Patient care	Knows how	Septic abortion	Discuss the management of septic abortion	P -1	DK	Small group discussion OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 21.8	Patient care	Knows how	APH	Discuss the management of labour in APH	P -1	DK	Role play Small group discussion OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 21.9	Patient care	Knows how	PPH	Discuss the management of labour in PPH	P -1	DK	Small group discussion Role play OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 21.10	Patient care	Knows how	Multiple pregnancy	Discuss the management of labour in Multiple pregnancy	P -1	DK	Small group discussion OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 21.11	Patient care	Knows how	Polyhydramnios	Discuss the management of labour with polyhydramnios	P -1	DK	Small group discussion OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 21.12	Patient care	Knows how	Oligohydramnios	Discuss the management of labour with oligohydramnios	P -1	DK	Small group discussion OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 21.13	Patient care	Knows how	Severe anaemia	Discuss the management of labour in severe anaemia	P -1	DK	Small group discussion Role play OSCE	MCQ VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 21.14	Patient care	Knows how	Severe asthma & cardiac and HIV	Discuss the management of Asthma, CVD, & HIV associated with pregnancy	P -1	DK	Small group discussion OSCE	MCQ VIVA	SAQ	Practice of medicine

Hom-UG ObGy-II 21.15	Patient care	Knows how	Elderly primigravida	Discuss the management of labour in elderly primigravia	P -1	DK	Small group discussion OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 21.16	Patient care	Knows how	Past bad obstetrical history	Discuss the management of labour with history of past bad obstetrical history	P -1	DK	Small group discussion OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 21.17	Patient care	Knows how	Pregnancy associated with uterine fibroids	Discuss the management of labour associated with uterine fibroids	P I	DK	Small group discussion OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 21.18	Patient care	Knows how	Pregnancy associated with prolapse of the uterus	Discuss the management of labour associated with uterine prolapse	P I	DK	Small group discussion OSCE	MCQ VIVA	SAQ	

5.22 Infant care - neonatal hygiene, common disorders of newborn, breast feeding , artificial feeding, management of premature child, asphyxia, birth injuries, neonatal infections, Congenital malformations of newborn intrauterine growth retardation, foetal anomalies including scope and limitation in Homoeopathy and timely referral.

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 22.1	Knowledge & Scholarship	Knows	Common disorders in new born	Define foetal distress	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	MCQ VIVA	SAQ

Hom-UG ObGy-II 22.2	Knowledge & Scholarship	Knows how		Discuss the causes of foetal distress	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 22.3	Knowledge & Scholarship	Knows how	Birth injuries in new born	Discuss the causes of birth injuries in new born	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of Medicine
Hom-UG ObGy-II 22.4	Knowledge & Scholarship	Knows	Asphyxia neonatorum	Define Asphyxia neonatorum	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 22.5	Knowledge & Scholarship	Knows how		Discuss the causes of asphyxia neonatorum	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 22.6	Knowledge & Scholarship	Knows		Define APGAR score	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 22.7	Knowledge & Scholarship	Knows how		Discuss the APGAR scoring	CI P1	MK	Lecture Small group discussion Tutorials OSCE	MCQ VIVA	SAQ	
Hom-UG ObGy-II 22.8	Homoeopathic orientation	Knows how		List the homoeopathic remedies for asphyxia neonatorum	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-	Homoeopathic	Knows how		Discuss the characteristic features of indicated	CI	MK	Lecture Small group	MCQ VIVA	SAQ	Materia medica

II 22.9	orientation			remedies in asphyxia neonatorum			discussion Tutorials			
Hom-UG ObGy-II 22.10	Knowledge & Scholarship	Knows how	Jaundice in new born	Discuss the causes of physiological neonatal jaundice	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Physiology
Hom-UG ObGy-II 22.11	Knowledge & Scholarship	Knows how		Discuss the pathological causes of neonatal jaundice	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Physiology
Hom-UG ObGy-II 22.12	Knowledge & Scholarship	Knows	Ophthalmia neonatorum	Define ophthalmia neonatorum	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Surgery(Ophalmology)
Hom-UG ObGy-II 22.13	Knowledge & Scholarship	Knows how		Discuss the causes of ophthalmia neonatorum	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Surgery (Ophthalmology)
Hom-UG ObGy-II 22.14	Homoeopathic orientation	Knows how		List the homoeopathic remedies for ophthalmia neonatorum	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 22.15	Homoeopathic orientation	Knows how		Discuss the characteristic features of indicated remedy in ophthamia neonaturm	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Materia medica
Hom-UG ObGy-II 22.16	Knowledge & Scholarship	Knows how	Care of the new born	Describe the characteristic features of new born baby	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of Medicine (Paediatrics)
Hom-	Knowledge	Knows		Describe the immediate	CI P1	DK	Lecture	MCQ	SAQ	

UGObGy-II 22.17	& Scholarship	how		care of the new born			Small group discussion Tutorials DOPS	VIVA		
Hom-UG ObGy-II 22.18	Knowledge & Scholarship	Knows how		Discuss the Neonatal hygiene	CI P1	DK	Lecture Small group discussion Tutorials DOPS	MCQ VIVA	SAQ	
Hom-UG ObGy-II 22.19	Knowledge & Scholarship	Knows how	Breast feeding	Describe the Weaning of infants	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 22.20	Knowledge & Scholarship	Knows how		Discuss the advantages of breast feeding	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 22.21	Knowledge & Scholarship	Knows how		Discuss the contraindications for breast feeding	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 22.22	Knowledge & Scholarship	Knows	Artificial feeding	Define artificial feeding	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 22.23	Knowledge & Scholarship	Knows how		Discuss the complications of artificial feeding	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-	Knowledge	Knows	Preterm baby	Define Preterm baby	CI	DK	Lecture	MCQ	SAQ	

UGObGy-II 22.24	& Scholarship						Small group discussion Tutorials	VIVA		
Hom-UG ObGy-II 22.25	Knowledge & Scholarship	Knows		Discuss the maternal and foetal causes of preterm baby	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 22.26	Knowledge & Scholarship	Knows	IUGR	Define IUGR baby	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of Medicine (Pediatrics)
Hom-UG ObGy-II 22.27	Knowledge & Scholarship	Knows how		Discuss the causes of IUGR baby	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine (Pediatrics)
Hom-UG ObGy-II 22.28	Knowledge & Scholarship	Knows	LBWB	Define low birth weight baby	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of Medine (Pediatrics)
Hom-UG ObGy-II 22.29	Knowledge & Scholarship	Knows how		Discuss the causes of low birth weight baby	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 22.30	Knowledge & Scholarship	Knows how		Describe the complications of preterm baby	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine (Pediatrics)
Hom-	Knowledge	Knows	Rh incompatibility	Define Rh incompatibility	CI	DK	Lecture	MCQ	SAQ	Physiology

UGObGy-II 22.31	& Scholarship						Small group discussion Tutorials	VIVA		
Hom-UG ObGy-II 22.32	Knowledge & Scholarship	Knows how		Discuss the complications of RH incompatibility	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Physiology
Hom-UG ObGy-II 22.33	Knowledge & Scholarship	Knows	Anencephaly	Define Anencephaly	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine(pediatrics)
Hom-UG ObGy-II 22.34	Knowledge & Scholarship	Knows how		Discuss the causes of Anencephaly	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine (pediatrics)
Hom-UG ObGy-II 22.35	Knowledge & Scholarship	Knows	Hydrocephalus	Define Hydrocephalus	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine (pediatrics)
Hom-UG ObGy-II 22.36	Knowledge & Scholarship	Knows how		Discuss the causes of Hydrocephalus	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	
Hom-UG ObGy-II 22.37	Knowledge & Scholarship	Knows	Exomphalos	Define Exomphalos	CI	DK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of medicine (Pediatrics)
Hom-	Knowledge	Knows		Discuss the risks of	CI	DK	Lecture	MCQ	SAQ	

UGObGy-II 22.38	& Scholarship	how		exomphalos			Small group discussion Tutorials	VIVA		
Hom-UG ObGy-II 22.39	Knowledge & Scholarship	Knows how		Discuss down's syndrome	CI	MK	Lecture Small group discussion Tutorials	MCQ VIVA	SAQ	Practice of Medicine (Pediatrics)

5.23 Knowledge about Reproductive and child health care (a) safe motherhood and child survival (b) Risk approach – MCH care (c) Maternal mortality and morbidity (d) Perinatal mortality and morbidity (e) Diseases of foetus and new born.

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 23.1	Knowledge & Scholarship	knows	Perinatal mortality	Define Perinatal mortality	CI	MK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	Community Medicine
Hom-UG ObGy-II 23.2	Knowledge & Scholarship	Knows how		Discuss the causes for perinatal mortality	CI	MK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	
Hom-	Knowledge	Knows how		Discuss the predisposing	CI	MK	Lecture	MCQ	SAQ	

UGObGy-II 23.3	& Scholarship		Still birth	factors of perinatal mortality			Small group discussion Tutorials CBL	VIVA		
Hom-UG ObGy-II 23.4	Knowledge & Scholarship	Knows how		Discuss the prevention of perinatal mortality	CI	MK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	Community medicine
Hom-UG ObGy-II 23.5	Knowledge & Scholarship	knows		Define still birth	CI	DK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	
Hom-UG ObGy-II 23.6	Knowledge & Scholarship	Knows how	Safe motherhood	Discuss the causes of still birth	CI	DK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	
Hom-UG ObGy-II 23.7	Knowledge & Scholarship	knows		Define neonatal deaths	CI	DK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	
Hom-UG ObGy-II 23.8	Knowledge & Scholarship	Knows how	Maternal mortality & morbidity	Discuss the safe motherhood	CI	DK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	Community medicine
Hom-UG ObGy-II 23.9	Knowledge & Scholarship	Knows how		Discuss the maternal morbidity	CI	DK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	Community medicine
Hom-	Knowledge	Knows how		Discuss the maternal	CI	DK	Lecture	MCQ	SAQ	Communi

UGObGy-II 23.10	& Scholarship			mortality			Small group discussion Tutorials CBL	VIVA		ty medicine
Hom-UG ObGy-II 23.11	Knowledge & Scholarship	Knows how		Discuss the causes of maternal mortality	CI	DK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	
Hom-UG ObGy-II 23.12	Knowledge & Scholarship	Knows how		Discuss the causes of maternal morbidity	CI	DK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	
Hom-UG ObGy-II 23.13	Knowledge & Scholarship	Knows how		Describe the steps to reduce maternal mortality	CI	DK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	Community medicine

5.24 Medico legal aspects in obstetrics

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-	Knowledge	Knows how		Discuss the areas of legal	CI	DK	Lecture	MCQ	SAQ	Forensic

UGObGy-II 24.1	& Scholarship		Medico-legal aspects in obstetrics	threat in Obstetrics			Small group discussion Tutorials CBL	VIVA		medicine
Hom-UG ObGy-II 24.2	Knowledge & Scholarship	Knows how		Discuss the methods to minimise the medico-legal problems	CI	DK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	Forensic medicine
Hom-UG ObGy-II 24.3	Knowledge & Scholarship	Knows how		Discuss the medico-legal importance of prohibition of sex selection act before or after conception	CI	DK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	Forensic medicine
Hom-UG ObGy-II 24.4	Knowledge & Scholarship	Knows how		Discuss the medico-legal indication for MTP act	CI	DK	Lecture Small group discussion Tutorials CBL	MCQ VIVA	SAQ	Forensic medicine

5.25 General and Homoeopathic Management, repertorization, therapeutics, posology, Formulation of prognostic criteria, Prognosis and future advances in Obstetrics and newborn care.

Sl. No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
Hom-UG ObGy-II 25.1	Patient care	Knows how	General management APH & PPH	Describe the general management in APH	C2	MK	CBL, Tutorial, Role play	VIVA		
Hom-UG ObGy-II 25.2	Patient care	Knows how		Describe the general management PPH	CI	DK	Tutorial CBL Role play	VIVA		
Hom-UG ObGy-II 25.3	Patient care	Knows how		Discuss the general management in gestational hypertension	CI	DK	Small group discussion Tutorials CBL role play	VIVA		Practice of medicine
Hom-UG ObGy-II 25.4	Patient care	Knows how	General management Gestation diabetes	Describe general management of gestational diabetes	CI	DK	Small group discussion Tutorials CBL	VIVA	SAQ	Practice of medicine
Hom-UG ObGy-II 25.5	Patient care	Knows how	General management in abortion Ectopic pregnancy &	Explain the general management of early weeks of pregnancy (In case of abortion, ectopic	CI	DK	Lecture Small group discussion	VIVA	SAQ	

			hydatidiform mole	pregnancy & hydatidiform mole)			Tutorials CBL			
Hom-UG ObGy-II 25.6	Patient care	Knows how	General management in Puerperal sepsis	Describe the general management in puerperal sepsis	CI	DK	Small group discussion Tutorials CBL	VIVA	SAQ	
Hom-UG ObGy-II 25.7	Patient care	Knows how	General management	Formulate the general management as per the requirement of the case, based on symptomatology and clinico-pathological findings	CI P1	DK	Small group discussion Tutorials CBL OSCE			Organon
Hom-UG ObGy-II 25.8	Patient care	Knows how	Homoeopathic management	Construct the totality based on the symptoms received from case taking	C2 A2	MK	CBL, Tutorial, OSCE			Organon of medicine,
Hom-UG ObGy-II 25.9	Patient care	Knows how	Therapeutics	Distinguish the remedies indicated in obstetrical cases based on symptomatology	C2	MK	CBL, Tutorial,			Materia medica
Hom-UG ObGy-II 25.10	Homeopathic orientation	Knows how	Repertory	Discuss the selection of repertory based on symptoms	C2	MK	CBL, Tutorial,			Repertory
Hom-UG ObGy-II 25.11	Homeopathic orientation	Knows how	Posology	Discuss the selection of potency based on the symptomatology	C2	MK	CBL, Tutorial,			Organaon medicine
Hom-UG ObGy-II 25.12	Knowledge and scholarship	Knows	Future advances in obstetrics & new born care	Mention the importance of audit in obstetrics	C1	NK	Seminar			
Hom-UG ObGy-II 25.13	Knowledge and scholarship	Knows		Explain prohibition of sex selection act	C2	NK	CBL, Tutorial,			Forensic medicine
Hom-UG ObGy-II	Knowledge and	Knows		Explain umbilical cord blood banking	C2	NK	CBL, Tutorial,			

25.14	scholarship									
Hom-UG ObGy-II 25.15	Knowledge and scholarship	Knows		State the role of stem cell therapies in obstetrics	C2	NK	CBL, Tutorial,			Practice of medicine

6. Teaching learning methods

Lectures (Theory)	**Non-lectures (Practical/Demonstrative)**
Lectures- black board, AV aids	Demonstration of charts, models, pelvis and dummy, birth simulators, neonatal manikin & resuscitation simulators, specimens, instruments, videos, simulator based learning, tutorials etc.
Small group discussion	Clinical demonstration, DOAP, DOPS,OSCE
Integrated lectures	Problem based learning/discussion- Case based learning, assignments, minor research projects
	Flipped classroom
	Participatory learning e.g. quiz, seminar etc.
	Library reference
	Self-learning

7. Details of assessment

7.1. Overall Scheme of Assessment (Summative)

Sr. No	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)		
1. 1 **Details of assessment**	Third Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		20 Marks Viva	100 Marks Practical/ Viva i) Viva voce - 50 marks ii) Practical* – 50 marks	20 Marks Viva	200 marks theory	200 marks Practical+ Viva+ IA

PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; IA: Internal Assessment

****Practical examinations TT I:***

Case taking: total 2 cases to be taken, one for each Gynaecological and Obstetrical condition-
Construct the portrait of disease in presenting Gynaec./Obs. condition with relevance to Hahnmeannian case taking**. (5 marks)**
Perceive the symptomatology and derive the rubrics **(5 marks)**
Derive at the miasmatic background of presenting gynaecological condition with help of clinico-pathological findings including Homoeopathic management **(5 marks)**
General physical/ Per abdominal/ per vaginal examination for the presenting complaint **(5 marks)**
Suggest the relevant lab investigations for the presenting condition **(5 marks)**

7.2 Number of papers and Mark Distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Practical/ Clinical**	Viva Voce	Internal Assessment*	Grand Total
1	Hom-UG ObGy-II	02	200 marks	100 marks	80 marks	20 marks (Marks of PA I + TT I + PA II)	400 marks

***Method of Calculation of Internal Assessment Marks for Final University Examination:**

Marks of IA (M) = S + T /2

S = Marks of IA in II BHMS

T = Marks of IA in III BHMS = (Marks of PA-1 + Marks of TT + Marks of PA-2) / 140 X 20

****Refer to the table 7.8 for the details of practical/clinical exam and marks distribution in FUE**

7.3 Paper Layout

Summative assessment (FUE):

Theory- 200 marks

Paper I (100 Marks) **Gynaecology & homoeopathic therapeutics**		
1.	LAQ	50
2.	SAQ	40
3.	MCQ	10
Paper II (100 Marks)		

Obstetrics, new born care & homoeopahic therapeutics		
1.	LAQ	50
2.	SAQ	40
3.	MCQ	10

7.4. Theme-wise distribution of questions for theory exam paper I:

Theme	Topics	Term		Marks	MCQ	SAQ	LAQ
		II BHMS	III BHMS				
A	• Introduction to Gynaecology with definition of Hahnemannian classification of disease. • Importance in the review of the Homoeopathic literature, Therapeutics and Repertory source books	**I**		**10**	**Yes**	**Yes**	**No**
	• A review of the applied anatomy of female reproductive system, Development and Developmental anomalies	**I**			**Yes**	**Yes**	**No**
	• Gynaecological Case taking, physical examination, investigation and approach to clinical diagnosis and Differential diagnosis.	**I**			**Yes**	**Yes**	**No**
	• Epidemiology -Predisposition including fundamental miasm: personality type known to develop particular disease	**I**			**Yes**	**Yes**	**No**
	• Sex & Intersexuality- Knowledge and scope to eradicate genetic Dyscrasias, predisposition, miasm and personality types known to develop particular diseases through Homoeopathic outlook.	**II**			**Yes**	**Yes**	**No**
	• Introduction to abnormal disease conditions in Gynaecology with Homoeopathic management related to causation, Clinico-pathological and miasmatic correlations with pathological end result. Review of the Homoeopathic literature, Therapeutics and Repertory source books		**I**		**Yes**	**Yes**	**No**
	• A review of the applied physiology of female reproductive systems, puberty, menstruation and its disorders including Menorrhagia,	**I**			**Yes**	**Yes**	**Yes**

B	Metrorrhagia, Dysfunctional uterine bleeding and menopause with related ailments and its scope and management in Homoeopathy and integrate Where ever necessary (Vertically and Horizontally) with other disciplines.			**20**			
	• Uterine displacements – Prolapse, Retroversion and inversion with its exciting and maintaining causes, disease manifestations, prognosis, management and scope in homoeopathic perspective	**II**			**Yes**	**Yes**	**Yes**
	• Urinary problems in gynaecology – Incontinence, retention, urinary tract infection, dysuria and urethral carungle with Homoeopathic management		**I**		**Yes**	**Yes**	**Yes**
C	• General and Homoeopathic Management, repertorization, therapeutics, posology, Formulation of prognostic criteria and Prognosis of related topics in Gynaecology	**II**		**20**	**Yes**	**Yes**	**Yes**
	• Infections & Ulcerations of the female genital organs, their Causation and modifying factors: exciting-maintaining causes from micro-organisms to environmental to climacteric to occupational etc. Psychosomatic aspect, Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result including Homoeopathic management		**I**		**Yes**	**Yes**	**No**
	• Injuries of the genital tract, Homoeopathic management - scope and limitations.		**I**		**Yes**	**Yes**	**No**
	• Etiological factors related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques, scope and limitation of Homoeopathic management along with population dynamics and control of Conception		**II**		**Yes**	**Yes**	**Yes**
	• General and Homoeopathic Management, repertorization, therapeutics, posology, Formulation of prognostic criteria, Prognosis and future advances of related topics inGynaecology.		**II**		**Yes**	**Yes**	**Yes**
D	• Disorders of Female genital tract - Abnormal vaginal discharge, Pelvic pain, Low backache, Veganism's, Dyspareunia, Abdomino pelvic lump, withHomoeopathic management		**I**	**15**	**Yes**	**Yes**	**No**

	• Sexually transmitted diseases including Homoeopathic management		I		Yes	Yes	No
E	• Genital non-malignant growths - scope and limitation of management in Homoeopathy		II	20	Yes	Yes	Yes
	• Diseases of breasts with Homoeopathic management		I		Yes	Yes	No
	• Endometriosis and Adenomyosis - scope and limitation of management in Homoeopathy		II		Yes	Yes	Yes
F	• Genital malignancy with scope of Homoeopathic treatment and its limitations		II	15	Yes	Yes	Yes
	• Identifying the indications of surgical procedures in Gynaecology, its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.		II		Yes	Yes	No
	• Radiotherapy, Chemotherapy, Immunotherapy, Gene therapy, Tumor markers - utility and its complications		II		Yes	Yes	No

7.5 Distribution of questions for theory exam paper II

Theme	Topic	II BHMS Term	III BHMS Term	Marks	MCQ'S	SAQ'S	LAQ'S
A	• Introduction to Obstetrics and Newborn care related with Homoeopathic Philosophy, Therapeutics and Repertorisation.	I		10	Yes	Yes	No
	• Fundamentals of reproduction	I			Yes	Yes	No
	• Development of intra uterine pregnancy	I			Yes	Yes	No
	• Diagnosis of pregnancy, investigations & examinations, applied anatomy & physiology, Normal pregnancy – physiological changes	I			Yes	Yes	No
	• Understanding Pre- natal diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994	II			Yes	Yes	No
B	• Antenatal care – aims, objectives, visits, advise, procedures, investigations, identifying high risk cases, scope and limitation of management in Homoeopathy	I		10	Yes	Yes	No
	• Common conditions such as Vomiting, backache, constipation in	I			Yes	Yes	No

	pregnancy and Homoeopathic management						
	• Important Investigations for diagnosis in Obstetrics	**II**			**Yes**	**Yes**	**No**
	• Knowledge about Reproductive and child health care. • Safe motherhood and child survival (b) Risk approach – MCH care • Maternal mortality and morbidity • Perinatal mortality and morbidity • (e) Diseases of foetus and new born.		**II**		**Yes**	**Yes**	**No**
	• Medico legal aspects in obstetrics		**II**		**Yes**	**Yes**	**No**
C	• Normal labour with its causes of onset, anatomy, physiology, mechanism, stages, events and clinical course in each stage, importance of Homoeopathic scope and management	**II**		**20**	**Yes**	**Yes**	**Yes**
	• Postnatal & puerperal cure - scope and limitation of management in Homoeopathy		**II**		**Yes**	**Yes**	**Yes**
	• Introduction to Abnormal pregnancy and labour with its scope and limitation in Homoeopathy Review of literature, Therapeutics and Repertory source books.		**I**		**Yes**	**Yes**	**No**
	• Common disorders and systemic diseases associated with pregnancy. • A holistic understanding of disease evolution and approach to diagnosis, prognosis, Homoeopathic management, scope and limitations		**I**		**Yes**	**Yes**	**No**
D	High risk labour, • Dystocia • Mal-positions and mal-presentation, Prolapse of cord and limbs, Abnormalities in the action of the uterus, Abnormal conditions of soft parts, Contracted pelvis, • Obstructed labour, • Complications of 3rd state of labour, Preterm labour, • Post maturity, • Injuries of birth canal, • Scope and limitation in Homoeopathy		**I**	**20**	**Yes**	**Yes**	**Yes**
	• Indication of common obstetrical operations, • Medical termination of pregnancy, Criminal abortion, • Caesarean section,		**II**		**Yes**	**Yes**	**No**

	• Induction of labour, Episiotomy. etc and its complications, after effects and to refer for surgical intervention either as a life saving measure or for removing mechanical obstacles.						
	• Emergency obstetric care		**II**		**Yes**	**Yes**	**No**
E	Abnormal pregnancies: • Hemorrhages during Antepartum, postpartum and early pregnancy, Multiple pregnancy, • Hypertensive disorders, in identifying common problems during Abnormal pregnancy and to manage it in Homoeopathic perspective including scope, limitations and timely referral.		**I**	**20**	**Yes**	**Yes**	**Yes**
	• General and Homoeopathic Management, repertorisation, therapeutics, posology, Formulation of prognostic criteria and Prognosis of related topics in Obstetrics and newborn care.	**II**			**No**	**Yes**	**Yes**
F	Infant care : • Neonatal hygiene, • Common disorders of newborn, • Breast feeding, • Artificial feeding, • Management of premature child, • Asphyxia &OphthalmiaNeonatorum • Birth injuries, • Neonatal infections, • Congenital malformations of newborn Intrauterine growth retardation, • Foetal anomalies including scope and limitation in Homoeopathy and timely referral.		**II**	**20**	**Yes**	**Yes**	**Yes**
	• Care of new born in homoeopathic point of view	**II**			**Yes**	**Yes**	**Yes**
	• General and Homoeopathic Management, • repertorisation, • Therapeutics, • Posology, • Formulation of prognostic criteria, Prognosis and future advances in Obstetrics and newborn care.		**II**		**No**	**Yes**	**Yes**

7.6 Question paper blue print Paper I- Gynaecology & Homoeopahic Therapuetics

A Question Serial Number	B Type of Question	C Theme (Refer table 7.4 for themes)
Q1	Multiple Choice Questions(MCQ) 10 Questions 1 mark each All compulsory	Theme A Theme B Theme C Theme D Theme E Theme F
Q2	Short answer Questions (SAQ) Eight Questions 5 Marks Each All compulsory	Theme A Theme B Theme C Theme D Theme E Theme F
Q3	Long answer Questions (LAQ) Five Questions 10 marks each All compulsory	Theme B Theme C Theme E Theme F

7.7 Question paper blue print Paper II- Obstetrics, New Born Care & Homoeopahic Therapuetics

A Question Serial Number	B Type of Question	C Theme (Refer table 7.5 for themes)
Q1	Multiple Choice Questions(MCQ) 10 Questions 1 mark each	Theme A Theme B Theme C Theme D

	All compulsory	Theme E Theme F
Q2	Short answer Questions(SAQ) Eight Questions 5 Marks Each All compulsory	Theme A Theme B Theme C Theme D Theme E Theme F Theme G
Q3	Long answer Questions(LAQ) Five Questions 10 marks each All compulsory	Theme C Theme D Theme E Theme F Theme G

7.8 Details of practical assessment

Clinical performance - Bedside case taking - ANC, PNC or Gynae with case analysis	15 marks
Diagnosis and D/D (in Gynaec case),	03 marks
Investigations	02 marks
Totality, Remedy selection, Potency selection, Repetition of dose, Repertorization etc.	20 marks
Identification of instruments, models and specimens	30 marks
Case Records to be maintained by each student (**10 Gynae cases + 10 Obs cases)**	20 marks
Log Book/ Problem based assignments/ Small project, clinical evaluation, DOPS/OSCE etc.	10 marks

Viva Voce -Theory (Obstetrics, Gynaecology and Infant care with Homoeopathic Therapeutics)	80 marks
Internal Assessment	20 marks
Total marks for viva & clinical exam	**200 Marks**

8. List of recommended text/reference books

- D.C. Dutta- Text book of Obstetrics -6th edition, New Central Book Agency Pvt. Ltd. (2004)
- D.C. Dutta -Text book of Gynaecology, 4th edition, New Central Book Agency Pvt. Ltd. (2007)
- Homoepathy for Mother and Child care – Volume 1
- Handbook on homeopathy for mother and child care
- Text book of Gynaecology by Cowperthwaite Reprint 2001B Jain Publishers (P) Ltd.
- Gynaecologic and Obstetric Therapeutics, KulkarniShrikant
- Uterine therapeutics by Henry Minton Reprint 2005B Jain Publishers (P) Ltd.
- Samuel Lilienthal- Homoeopathic Therapeutics, 5th Edition , B Jain Publishers (P) LTD. (Reprint 2003)

Reference books

- C. S. Dawn - Textbook of Obstetrics and Neonatology –15th edition 2001, Smt. Arati Dawn Books Kolkata.
- C. S. Dawn – Textbook of Gynaecology Contraception and Demography, 14th edition 2003, Smt. Arati Dawn &Debabrata Dawn
- Five Teachers text book of Gynaecology, Khan, Rashid Latif
- Gems of Obstetric and Gynecology With Homoeopathic Therapeutics, Patil,J.D
- Homoeopathy for Mother and Child Care Vol-III, Jalasa.S
- Principles & Practice of Homeopathy in Obstetrics& Pediatrics, Guernsey H.N
- Handbook of Homoeopathic Therapeutics on Obstetrics and Gynaecology
- Mudaliar and Menon's Clinical Obstetrics 12th Edition

9. List of contributors

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COMPETENCY BASED DYNAMIC CURRICULUM FOR

THIRD BHMS PROFESSIONAL COURSE

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

(Homoeopathic Materia Medica)

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Subject: Homoeopathic Materia Medica

Subject code: HomUG-HMM-III

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1. Course outcomes (CO)

At the end of BHMS III course, the students should be able to-

i. Correlate the knowledge of Surgery, Gynaecology and Obstetrics, Practice of medicine in better understanding of Homoeopathic Materia Medica.
ii. Construct the drug picture/portrait of remedy using the knowledge of symptomatology and interpretation of clinical subjects.
iii. Explore the depths of clinical dimensions of Materia Medica for better understanding of a given remedy.
iv. Discuss the importance of Group characters in better understanding of Homoeopathic Materia Medica.
v. Apply understanding of Materia Medica to evolve therapeutics.
vi. Explain the relevance of Comparative Materia Medica for differentiation of remedies.
vii. Relate the dimensions of clinical knowledge with drug proving to develop Regional Materia Medica.
viii. Correlate the understanding of Miasms with symptomatology of remedies.
ix. Explore the remedy relationship and concordances.
x. Relate the concept of diathesis with symptoms of remedies.
xi. Integrate knowledge of Organon of Medicine and Repertory in better understanding and application of Homoeopathic Materia Medica.
xii. Record both acute and chronic history in proper sequence as per guidelines given in Organon.
xiii. Construct the characteristic totality of the case to arrive at the Similimum.

2. Learning objectives (LO)

i. Discuss the importance of Group characters in better understanding of Homoeopathic Materia Medica.
ii. Describe the group characters of Sarcodes, Acids, and Noble metals, Natrum, Kali, Calcarea, Ophidia and Spiders.etc
iii. Discuss the concept of Diathesis in better understanding of the symptomatology of the remedies.
iv. Understand the Remedy relationship and Concordance for better application of Homoeopathic Materia Medica.
v. Understand the drug picture of the remedies of 3rd BHMS in context of its pharmacological data, Doctrine of Signature, Sphere of action, Pathogenesis, A/F, Constitution, Temperament, Diathesis, Miasmatic Background, Mentals, Physical Generals, Physical Particulars, Modalities, Remedy Relatioship, Comparison including Clinical Indications.

vi. Integrate the knowledge of Anatomy, Physiology, Pharmacy, Pathology, Toxicology, Organon of Medicine, Surgery, Obstetrics – Gynaecology, Practice of Medicine and Repertory for better understanding of the drug.
vii. Compare and contrast symptoms of similar remedies of 1st, 2nd and 3rd BHMS Syllabus.
viii. Record both Acute and Chronic history in proper sequence as per guideline given in Organon.
ix. Demonstrate the physical examination skills with reference to knowledge of Surgery, Obstetrics –Gynaecology and Practice of Medicine.
x. Recognize the importance of investigations in a case.
xi. Analyse the symptoms of a case to categorize as Mentals, Physical Generals and Physical Particulars.
xii. Evaluate the symptoms of the case.
xiii. Consruct the characteristic totality of the case to arrive at the similimum.
xiv. Arrive at indicated remedy with appropriate posology and auxiliary mode of treatment.
xv. Correlate the symptoms of the case to Repertorial Rubrics.

3. Course content and its term wise distribution

3.1. Content for Term I:

3.1.1. Assessment of entry behaviour for I and II BHMS syllabus
3.1.2. Explain the importance of group study in understanding Homoeopathic Materia Medica
3.1.3 Describe the group characters of Calcareas, Kali, Natrum and Noble Metals.
3.1.4 Integrating the knowledge of Surgery, Gynaecology and Obstetrics, Practice of medicine and Organon of medicine in a better understanding of Homoeopathic Materia Medica
3.1.5 Study the remedy relationship and concordance
3.1.6 Study the concept of diathesis in understanding the symptomatology of the remedies
3.1.7 Correlate knowledge of Miasms in understanding symptomatology of remedies

3.1.8 Homoeopathic Medicines:

1. ArgentumMetallicum	2. Collinsonia	3. Murex
4. AurumMetallicum	5. Conium	6. Muriatic Acid
7. Asafoetida	8. Crocus sativus	9. Nitric Acid
10. Asteriarubens	11. Cyclamen	12. Phosphoric Acid
13. Bismuth	14. Graphites	15. Picric Acid
16. Bovista	17. Helonias	18. Platina
19. Capsicum	20. Hydrastis	21. Raphanus Sativus
22. Carbolic Acid	23. Iodum	24. Ratanhia
25. Caulophyllum	26. Liliumtigrinum	27. Sulphuric Acid

3.2. Content of Term II

3.2.1. Group characters of and Acid group, Ophidia, Spiders and sarcodes

3.2.2. Homoeopathic Medicines:

1.Actea spicata	14.Lachesis	27.Tabacum
2.Adrenaline	15.Lithium Carbonicum	28.Taraxacum
3.Aranea Diadema	16.Millifolium	29.Tarentula Cubensis
4.Benzoic Acid	17.Naja Tripudans	30.Tarentula Hispanica
5. Bufo	18.Onosmodium	31.Terebinthina
6. Caladium	19.Oxalic acid	32.Thalapsi bursa pastoris
7. Clematis erecta	20.Physostigma	33.Theridion
8. Cholesterinum	21.Radium Bromatum	34.Thyroidinum
9. Coca	22.Sabal serrulata	35.Trillium pendulum
10.Crotalus Horridus	23.Sabina	36.Ustilago
11.Erigeron	24. Sarsaparilla	37.Vibernum opulus
12. Fluoric Acid	25. Selenium	38.X Ray
13. Kreosotum	26. Staphysagria	

4. Teaching hours

4.1. Gross division of teaching hours:

Homoeopathic Materia Medica		
Year	**Teaching hours- Lectures**	**Teaching hours- Non-lectures**
IIIBHMS	150	50

4.2. Teaching hours (Theory)

S. no.	**List of Topics**	**Hours**
1.	Assessment of entry behavior of I and II BHMS syllabus	2
2.	Explain the importance of group study, remedy relationship and concordance, concept of Diathesis	5
3.	Describe the group characters of Sarcodes, Calcarea, Ophidia and Spider group of remedies	8
4.	Describe the group characters of Acids, Noble metals, Natrum and Kali group of remedies	8
5.	Integrating the knowledge of Surgery, Gynaecology and Obstetrics, Practice of medicine and Organon of medicine in a better understanding of Homoeopathic Materia medica	2

6.	Study of Drugs (Term I)	62
7.	Study of Drug picture (Term II)	63
	Total	**150**

4.3. Teaching Hours Non-lecture: There shall be 50non lecture hours divided into activities as mentioned in table given below

Non-Lecture Activities (Practical)

Sr. No	**Non-Lecture Teaching Learning methods**	**Term**	**Time Allotted per Activity (Hours)**
1	Clinical(to be integrated with topics under Practice of Medicine, Surgery and ObGy)	I & II	35
2	Demonstrative	I & II	15
2(a)	Seminar / Tutorials		10
2(b)	Problem based learning/ Case Based Learning /Assignment/ Symposium / Group discussion/Role play or Drug picture presentation		5
	Total		**50**

5. Content mapping (competencies table)

5. 1. Competencies table-Theory ** to be used as per the requirements of a given drug

S. No.	Competency	Millers Level:	Content	SLO/ Outcome	Blooms Domain / Guilbert's Level	Priority	T-L Methods/media	Assessment		Integration
								Formative	Summative	
HomUG-HMM-III-1.1	**K & S PC HO**	KH K	Assessment of entry behaviour of I and II BHMS syllabus	Recall the knowledge of Iand IIBHMS syllabus for Materia Medica	C1	MK	Group Discussion Quiz	MCQ	MCQ SAQ LAQ Viva	**Spiralintegration**withHomoeopathic Materia medica **Vertical integration** with Anatomy,Physiology,Pharmacy, Psychology, Organon)Pathology,Toxicology
HomUG-HMM-III-1.2	**K & S PC HO**	KH K	Explain the importance of group study, remedy relationship and	Integrate knowledge of characteristic group symptoms in study of a remedy	C2	MK	Lecture PPT Library referen	MCQ Assignment Project	SAQ	Vertical integration with Organon Spiral integration

S. No.	Competency	Millers Level :	Content	SLO/ Outcome	Blooms Domain / Guilbert's Level	Priority	T-L Methods/media	Assessment		Integration
								Formative	Summative	
HomUG-HMM-III-1.3			concordance, Explain the concept of Diathesis	Correlate the knowledge of remedy relationship and concordances in understanding of the remedies			ces			with HMM
HomUG-HMM-III-1.4				Relate the concept of diathesis with symptoms of the remedy						
Hom UG-HMM III-1.5			Integrating the knowledge of Surgery, Gynaecology and Obstetrics, Practice of medicine and Organon of medicine in a better understanding of Homoeopathic	Justify the utility of knowledge of Surgery,GyOb,POM, Organonof medicine in better understanding of Homeopathic Materismedica.	C2	MK	Team teaching	MCQ Project	SAQ Viva	
Hom UG-HMM				Describe the totality of drug in given clinical condition.						

S. No.	Competency	Millers Level :	Content	SLO/ Outcome	Blooms Domain / Guilbert's Level	Priority	T-L Methods/media	Assessment		Integration
								Formative	Summative	
III-1.6			Materia medica							
Hom UG-HM III-1.7				Explore the therapeutic application of the drug in a given condition.						

Hom UG-HMM III-1.8		KH K	Describe the group characters of a given group	Recall the basic characters of a group from the knowledge of Chemistry, Botany and Zoology.	C 1	DK	Lecture PPT Library references	MCQ Assignment Project	SAQ LAQ Viva	Spiral integration with HMM Vertical integration with Organon
Hom UG-HMM III-1.9				Co-relate the basic character of a group with the symptomatology from the materia medica (Doctrine of Signature)	C2	MK				
Hom UG-HMM III-1.10				Indicate the Source, Family, Kingdom, Preparartion	C1	NK				
Hom UG-HMM				List the common ailments of a given group	C1	MK				

III-1.11										
Hom UG-HMM III-1.12				Mention the physical constitution of the given group.	C1	MK				
Hom UG-HMM III-1.13				Mention and justify the Diathesis	C2	MK				
Hom UG-HMM III-1.14				Mention and Justify the predominant Miasm	C2	MK				
Hom UG-HMM III-1.15				Enumerate the group characteristics	C1	MK				
Hom UG-HMM III-1.16				Describe the mentals symptoms of a given group. Co-relate the mental symptoms with doctrine of signature	C2	MK				
Hom UG-HMM III-1.17				Enumerate the common modalities of agiven group	C1	MK				
Hom UG-HMM III-1.18				List the clinical indications of a given group.						
Hom				Correlate the knowledge	C2	MK				

UG-HMM III-1.19				of group indication to individual remedy of the group and differentiate individual remedy in a given group.						
Hom UG-HMM III-1.20				Compare the contrast the given group with other group.	C2	MK				
HomUG-HMM-III-1.21	**K & S PC HO**	KH K	Individual Homoeopathic medicines	Mention the common name, Mention the source/ family/kingdom, the prover	C1	NK	Lecture / Specimen	MCQ Viva	MCQ Viva	**Vertical integration** with Pharmacy
HomUG-HMM-III-1.22				Correlate with doctrine of signature	C2	NK	Lecture / Specimen	MCQ Viva	MCQ Viva	**Vertical integration** with Pharmacy and Physiology
HomUG-HMM-III-1.23				List the sphere of action	C1	MK	Lecture Self – learning Small Group Discussion Black Board PPT	Assignment Project MCQ Viva	LAQ SAQ MCQ Viva	**Horizontal Integration** with Pathology, Toxicology, ObGy,PM, Surgery and Organon& Repertory **Vertical integration**
HomUG-HMM-III-1.24				Narrate the ailments from	C1					
HomUG-HMM-III-1.25				Describe the constitution and temprament	C1					
HomUG-HMM-III-1.26				Explain the mental symptoms	C1					

HomUG-HMM-III-1.27				Explain the physical generals	C1		Handouts Role play PBL			with Anatomy Pharmacy , Psychology and Physiology
HomUG-HMM-III-1.28				Outline the general modalities	C1					
HomUG-HMM-III-1.29				Describe the particular symptoms and modalities	C2					
HomUG-HMM-III-1.30				Describe the predominant miasm	C2					
HomUG-HMM-III-1.31				Mention the relationship of the remedy	C2					
HomUG-HMM-III-1.32				Correlate with rubrics from Repertory	C 2					
HomUG-HMM-III-1.33				Correlate the pathogenesis with knowledge of Practice of medicine , Surgery and Gynecology-obstetrics and miasm	C 2					

HomUG-HMM-III-1.34				Compare and contrast the related remedies of First, Second and Third BHMS syllabus	C 2					

5. 2 Competencies table- Practical/clinical

S. No.	Competency	Millers Level:	Content	SLO/ Outcome	Blooms Domain / Guilbert's Level	Priority	T-L Methods/ media	Assessment		Integration
								Formative	Summative	
HomUG-HMM-III-2.1	K & S PC HO CS PBLI Prf	SH KH	Case taking	Demonstrate the steps of case taking as per guidelines given in Organon of medicine.	P/A2	MK	Demonstration Checklist DOPS	DOPS CBD Small project	Clinical performance	**Horizontal Integration** with Pathology, ,ObGy,PM, Surgery Practice of Medicine, Organon&Repertory
HomUG-HMM-III-2.2			Clinical examination	Demonstrate the basic clinical examination skills	P/A2					
HomUG-HMM-III-2.3			Interpretation of investigation	Recognise the importance of interpretation of investigations.	C2					
HomU				Analyse the Case	C2					

G-HMM-III-2.4			Case analysis							
HomUG-HMM-III-2.5				Evaluate the case	C2					
HomUG-HMM-III-2.6				Construct the totality of the case	C2					
HomUG-HMM-III-2.7				Arrive at indicated remedy with appropriate posology and auxiliary line of treatment						
HomUG-HMM-III-2.8				Correlate the symptoms of case to repertorial rubrics						

6. Teaching learning methods

Lectures (Theory)	**Non-lectures (Practical)**
Lectures	Clinical demonstration
Small group discussion	Problem based discussion
Integrated lectures	Case based learning
Library reference	Tutorials
Self-learning	Seminars
	Symposium
	Role play
	Assignments

Different teaching-learning methods must be applied for understanding holistic and integrated Materia medica. There has to be classroom lectures, small group discussions, case discussion where case-based learning (CBL) and Problem-BasedLearning (PBL) are especially helpful. In the applied Materia medica, Case Discussion (CBL-PBL) method is beneficial for students. Audio visual (AV) methods for classroom teaching may be an innovative aid in order to demonstrate the related graphics and animations etc. In case of clinical demonstration – DOAP (Demonstration – Observation – Assistance – Performance) is very well applicable.

7. Details of assessment

7A - Scheme of overall assessment (Formative and Summative)

Sr. No	Professional Course	1st term (1-6 Months)		2nd Term (7-12 Months)		
1	Third Professional BHMS	1stPA	1ST TT	2nd PA	FUE	
		10 Marks Viva	50 Marks Practical/ Viva • Viva voce -25 marks • Case Taking, and Case Presentation (detailed case history, analysis, evaluation, repertorisation) – 25 marks	10 Marks Viva	100 marks theory	100 marks (Clinical/practical+ Viva+ IA)

PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations

7B- Number of papers and Marks Distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Practical/ Clinical	Viva Voce	Internal Assessment- Practical only (IA)**	Grand Total
1	HomUG-HMM-III	01	100 marks (*30 % of questions shall be from I &II BHMS syllabus and 70 % of questions shall be from III BHMS Syllabus*)	50 marks • Case taking and case presentation (detailed case history, analysis, evaluation, repertorisation, prescription) --- 40 marks • Journal -10 marks (Ten acute and Ten chronic cases)	40 marks	10 marks	200marks

****Method of Calculation of Internal Assessment Marks for Final University Examination:**

$$IA = \frac{\text{PA1 (Practical/Viva) +TT (Practical/ Viva) + PA2 (Practical/Viva)}}{\text{(10 Marks) + (50 Marks) + (10 Marks)}} \times \frac{10}{70}$$

7C - Paper Layout

Summative assessment:
Theory- 100 marks

MCQ	**10 marks**
SAQ	**40 marks**
LAQ	**50 marks**

7 D– I - Distribution of Theory exam

Sr. No	**Paper**			**D** **Type of Questions** **"Yes" can be asked.** **"No" should not be asked.**		
	A **List of Topics**	**B** **Term**	**C** **Marks**	**MCQ** **(1 Mark)**	**SAQ** **(5 Marks)**	**LAQ** **(10 Marks)**
1	BHMS I& IISyllabus	I	Refer to the 8E-II	Yes	Yes	Yes
2	Importance of Group Study	I		No	No	No

3	Describe the group characters of Sarcodes, Acids,Noble metals, Natrum, Kali, Calcarea, Ophidia and spider groupof remedies	I& II		Yes	Yes	Yes
4	Integrate the knowledge of Surgery, GyOb, Practice of Medicine, Organon and Repertory in a better understanding of Materia Medica	I & II		Yes	Yes	No
5	Study of remedy relationship and concordances	I & II		Yes	No	No
6	Study of diathesis in understanding symptomatology of remedies	I & II		No	Yes	No
7	Correlate knowledge of miasms in symptomatology of remedies	I & II		Yes	Yes	No
8	Correlate symptomatology of remedies to rubrics in repertory	I & II		No	No	No
9	Sixty five fiveHomoeopathic Medicines	I & II		Yes	Yes	Yes

7D– II - Theme table

Theme	**Topics**	**Term**	**Marks**	**MCQ's**	**SAQ's**	**LAQ's**
A-F	BHMS I& II Syllabus	-	30	Yes	Yes	Yes
G*	Importance of Group Study	I	-	No	No	No

H	Describe the group characters of Sarcodes, Acids,Noble metals, Natrum, Kali, Calcarea, Ophidia and spider groupof remedies	I & II	6	Yes	Yes	Yes
I	Integrate the knowledge of Surgery, GyOb, Practice of Medicine, Organon and Repertory in a better understanding of Materia Medica	I & II	6	Yes	Yes	No
J	Study of remedy relationship and concordances	I & II	1	Yes	No	No
K	Study of diathesis in understanding symptomatology of remedies	I & II	5	No	Yes	No
L	Correlate knowledge of miasms in symptomatology of remedies	I &II	6	Yes	Yes	No
M*	Correlate symptomatology of remedies to rubrics in repertory	I &II	-	No	No	No
N	Sixty five Homoeopathic Medicines	I&II	46	Yes	Yes	Yes

***Note : Theme G and Theme M are for conceptual understanding only**

7E- Question paper Blueprint

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 7D- II Theme table for themes)
Q1	Multiple Choice Questions(MCQ) 10 Questions 1 mark each All compulsory Must know part: 7 MCQ Desirable to know: 2 MCQ. Nice to know: 1 MCQ	1. Theme A-F 2. Theme A-F 3. Theme A-F 4. Theme A-F 5. Theme A-F 6. Theme H 7. Theme I 8. Theme J 9. Theme L 10. Theme N
Q2	Short answer Questions (SAQ) Eight Questions 5 Marks Each All compulsory Must Know part: 6 SAQ Desirable to Know: 2 SAQ	1. Theme A-F 2. Theme A-F 3. Theme A-F 4. Theme H 5. Theme I 6. Theme K 7. Theme L 8. Theme N
Q3	Long answer Questions (LAQ)	1. Theme A-F 2. Theme N

	Five Questions 10 marks each All compulsory All questions on Must Know No Questions on Nice to Know and Desirable to Know	3. Theme N 4. Theme N 5. Theme N

8. List of recommended text/reference books:

- Allen H.C.(2005). Keynotes Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes, (Reprint edition), B.Jain Publishers, New Delhi
- ChoudhuriN.M. (2006).A Study On Materia Medica Enriched with real case studies,(Reprint revised edn).B.Jain Publishers, New Delhi.
- Kent J.T. (2015). Lectureson Homoeopathic MateriaMedica (Reprint edn,) B.Jain Publishers, New Delhi.
- BoerickeW.(2015) , New manual of Homoeopathic MateriaMedica and Repertory. (Reprint ed.)B. Jain Publishers Pvt Ltd New Delhi
- Clarke JH (2008), A Dictionary of Practical MateriaMedica .B. Jain Publishers Pvt Ltd New Delhi.
- Burt W. (2009).Physiological MateriaMedica, (Third edn) B.Jain Publishers, New Delhi.
- NashE.B. (2007).Leaders in Homeopathic Therapeutics with Grouping and Classicfication, (Sixth edn.)B Jain Publishers, New Delhi.
- TylerM.L. (2007).Homoeopathic Drug Picture.(First edn), B Jain Publishers , New Delhi.
- FarringtonE.A. (2007) Lectures on Clinical Materia Medica in family order (Fourth edn.)B Jain Publishers PvtLtd, New Delhi.
- Lilienthal S. (2006) Homoeopathic Therapeutics.(Second edn), B.JainPublishersPvtLtd,NewDelhi.
- FarringtonE.A. (2005), Comparative Materia Medica. (Reprintedn.) B.Jain Publishers, New Delhi
- Lesser Otto(2019) Text book of Homoeopathic Materia Medica, B. Jain Publishers Pvt Ltd New Delhi
- Dewey W. A. (2009) Practical Homoeopathic Therapeutics(Third edition revised and enlarged)Medica, B. Jain Publishers Pvt Ltd New Delhi

- Phatak S. R.(2007)Materia Medica of Homoeopathic Medicines(Second edition Revised and Enlarged),B. Jain Publishers Pvt Ltd New Delhi
- Patil J. D.(2007)Group Study in Homoeopathic Materia Medica, B. Jain Publishers Pvt Ltd New Delhi
- BoerickeW.(2003) A compendium of the Principles of Homoeopathy,as taught by Hahnemann and verified by a Century of Clinical Application(First reprint edition), B. Jain Publishers Pvt Ltd New Delhi
- All source books.

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COMPETENCY BASED DYNAMIC CURRICULUM FOR

THIRD BHMS PROFESSIONAL COURSE

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

(Homoeopathic Repertory and Case-taking)

HOMOEOPATHY EDUCATION BOARD

NATIONAL COMMISSION FOR HOMOEOPATHY

MINISTRY OF AYUSH, GOVERNMENT OF INDIA

JAWAHAR LAL NEHRU BHARTIYA CHIKITSA AVUM HOMOEOPATHY ANUSANDHAN BHAVAN

No.61-65, Institutional Area, opp. 'D' block, Janak Puri, New Delhi-110 058

Subject name- Homoeopathic Repertory and Case Taking

Subject code- HomUG-R-III

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1. Course Outcomes (CO)-

At the end of BHMS course, the learner will be able to:

i. Explain the need and utility of repertory as a tool to find the simillimum and in the study of Materia Medica.
ii. Describe the philosophical backgrounds, construction, utility and limitation of Kent repertory, BTBP, BBCR, Boericke repertory, other clinical repertories and modern repertories.
iii. Able to describe the various dimensions of case taking and able to demonstrate case taking in moderate and difficult cases.
iv. Classify the symptoms, evaluate the symptoms according to their importance and construct the totality of symptoms-based on different philosophies (Dr. Kent, Dr. Boenninghausen, Dr. Hahnemann, Garth Boericke).
iv. Choose an appropriate approach for the case, construct the Repertorial Totality and select the appropriate rubrics and technique of repertorisation.
v. Identify the medium, method, process and technique of Repertorisation.
vi. Display empathy with the patient and family during case taking.
vii. Communicate to the patient and attendants the need for sharing patient related information for a complete homoeopathic case taking.
viii. Develop ability to apply different case taking skills.
ix. Search for the appropriate rubrics in different repertory.
x. Understanding and evolution of modern repertories, computerized repertories, operate and use software-based repertories for repertorization.

2. Learning objectives(LO)-

At the end of III BHMS, the learner will be able to:

i. Demonstrate case taking in Moderate acute and chronic cases.
ii. Classify symptoms, evaluate the symptoms according to their importance and construct the totality of symptoms as per the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
iii. Describe the philosophical background, construction, scope, limitation and utility of BTPB, Kent's repertory and BBCR.
iv. Choose appropriate repertory (BTPB, Kent's repertory, BBCR) and method of Repertorisation for construction of repertorial totality and selection of appropriate rubric

v. Identify the medium, method, process and technique of Repertorisation.

3. Course Content and its term-wise distribution

3.1 Term I- Case taking and case processing:

3.1.1 Demonstrate case taking in moderate acute and chronic cases
3.1.2 Classification of symptoms
3.1.3 Analysis of case according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
3.1.4 Evaluation of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
3.1.5 Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
3.1.6 Classification of repertory - need, basis of classification, advantage, disadvantage and adaptability of each type.
3.1.7 Steps of Repertorisation
3.1.8 Identify the medium, method, process and technique of Repertorisation
3.1.9 Construction of Repertorial Syndrome (RS) and Potential Differential Field (PDF) of a Repertorial Totality (RT).

3.2 Term II-Study of general repertories and their application:

3.2.1 Study of the philosophical background, construction, scope, limitation and utility of BTPB, Kent and BBCR Repertories.
3.2.2 Identify chapters and locate rubrics for symptoms / conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine.
3.2.3 Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent and BBCR Repertories.

4. Teaching Hours-

4.1 Gross division of teaching hours- lectures and non-lectures

Homoeopathic Repertory and Case Taking		
Year	**Teaching hour - lecture**	**Teaching hour - Non-lecture**
III BHMS	**100**	**50**

4.2 Teaching hour Lectures (Theory)

S. No.	**List of topics**	**Hours**
	Term 1	
1.	Demonstration of homoeopathic case taking in moderate acute cases	**02**
2.	Demonstration of homoeopathic case taking in moderate chronic cases	**03**
3.	Classification of symptoms	**03**
4.	Analysis of case according to the philosophy of Dr. Boenninghausen.	**02**

5.	Analysis of case according to the philosophy of Dr. Kent.	**02**
6.	Analysis of case according to the philosophy of Dr. Boger.	**02**
7.	Evaluation of symptoms according to the philosophy of Dr. Boenninghausen.	**02**
8.	Evaluation of symptoms according to the philosophy of Dr. Kent	**02**
9.	Evaluation of symptoms according to the philosophy of Dr. Boger.	**02**
10.	Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen.	**03**
11.	Construction of totality of symptoms according to the philosophy of Dr. Kent.	**03**
12.	Construction of totality of symptoms according to the philosophy of Dr. Boger.	**03**
13.	Classification of repertory - need, basis of classification, advantage, disadvantage and adaptability of each type.	**03**
14.	Steps of Repertorisation	**03**
15.	Identify the medium, method, process and technique of Repertorisation.	**08**
16.	Construction of Repertorial Syndrome and Potential Differential Field	**05**
Term 2		
17.	Study of the philosophical background, construction, scope, limitation and utility of Boenninghausen's Therapeutic Pocket Book (BTPB)	**15**

18.	Study of the philosophical background, construction, scope, limitation and utility of Repertory of Homoeopathic Materia Medica by J T Kent (Kent's Repertory)	**15**
19.	Study of the philosophical background, construction, scope, limitation and utility of Boger Boenninghausen's Characteristics and Repertory (BBCR).	**15**
20.	Identify chapters and locate rubrics for symptoms/ conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine.	**05**
21.	Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent and BBCR Repertories.	**02**
	TOTAL	**100**

4.3 Teaching hours Non-lecture (Clinical/practical/demonstrative activities)

S.No.	Non-lecture activity	Term	Time allotted per activity (hour)
1	**Clinical**	**I & II**	**35**
2	**Demonstrative**	**I & II**	**15**
	2.1 Seminar/ Tutorial		10
	2.2 Problem based/ Case based learning/Assignment/ Symposium/ Group Discussion/ Rubric hunting exercises		05
	TOTAL		**50**

5. Content Mapping (Competencies Table)

5.1 Topic - Demonstration of homoeopathic case taking in moderate acute cases

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-1.1	K/HO	Knows	Knowledge, skill and attitude about patient and doctor communication and examination in Moderate acute	Recall definition of acute case and Aphorisms dealing with Acute Case Taking	Cognitive/ Level -1 Remembers/ Recalls	Must know	Lecture Quiz Small Group Discussion	MCQ Viva	MCQ LAQ Viva	**Horizontal integration with Organon of Medicine**
HomUG-R-III-1.2	K/HO/ PC	Knows how		Explain the basic structure of case taking and list the steps of case taking	Cognitive/ Level -1 Remembers/	Must know	Lecture Clinical class Small Group	MCQ Viva Journal	MCQ LAQ Viva	**Spiral Integration**

			case	in moderate acute cases	Recalls		Discussion			**in IV** **BHMS**
HomUG-R-III-1.3	K/HO/ PC	Shows how		Demonstration of case taking in moderate chronic cases	Psychomotor Level -1 Interpret/ Decide/ Demonstrate	Desirable	Lecture/ Clinical Class Small Group Discussion Integrated discussion	MCQ Viva Journal	MCQ Viva	
HomUG-R-III-1.4	K/HO/ PC	Shows how		Observe the skills of clinical examination of moderate chronic case	Psychomotor Level -1 Interpret/ Decide/ Demonstrate	Desirable	Lecture/ Clinical Class Small Group Discussion Integrated	MCQ Viva Journal	MCQ Viva	

							Discussion			

5.2 Topic - Demonstration of homoeopathic case taking in moderate chronic cases

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-2.1	**K/HO**	**Knows**	Knowledge, skill and attitude about patient and doctor communication and examination	Recall the definition of chronic case and State the Aphorisms dealing with chronic Case Taking	Cognitive/ Level -1 Remembers / Recalls	Must know	Lecture Small Group Discussion Quiz	MCQ Viva	**LAQ**	**Horizontal integration with Organon of Medicine**
HomUG-R-III-	**K/HO/PC**	**Knows**		Discuss chronic case taking. List	Cognitive/ Level -1	Must know	Lecture Small	MCQ Viva	**LAQ**	

2.2		**how**	in Moderate chronic case	the steps of chronic case taking.	Remembers / Recalls		Group Discussion	Assignment Journal		**Spiral Integration in IV BHMS**
HomUG-R-III-2.3	**K/HO/PC**	**Shows how**		Demonstration of case taking in moderate chronic cases	Psychomotor Level -1 Interpret/ Decide/ Demonstrate	Desirable to know	Lecture/ Clinical Class Small Group Discussion Integrated discussion	MCQ Viva Assignment Journal		
HomUG-R-III-2.4	**K/HO/PC**	**Shows how**		Observe the skills of clinical examination of moderate	Psychomotor Level -1 Interpret/	Desirable to know	Lecture/ Clinical Class Small	MCQ Viva Journal		

				chronic case	Decide/ Demonstrate		Group Discussion Integrated Discussion			

5.3 Topic - Classification of symptoms

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-3.1	**K**	**Knows**	Acquiring knowledge and skill of	Define symptom & symptomato-	Cognitive/ Level -1	Must know	Lecture Small	**MCQ** **Viva**		**Horizontal** **integratio**

			understanding symptoms and their importance in patient care	logy	Remembers / Recalls		Group Discussion	**Assignment**		**n with Organon of Medicine Spiral Integration in III & IV BHMS**
HomUG-R-III-3.2	**K/HO**	**Knows how**		Enumerate various types of symptoms	Cognitive/ Level -1 Remembers / Recalls	Must know	Lecture Small Group Discussion	**MCQ Viva Assignment**	**SAQ**	
HomUG-R-III-3.3	**K/HO**	**Knows how**		Explain types of symptoms according to Hahnemann	Cognitive/ Understand and interpret Level II	Must know	Lecture Small Group Discussion Integrated discussion	**MCQ Viva Assignment**	**SAQ**	
HomUG-R-III-	**K/HO**	**Knows**		Explain types of symptoms according to	Cognitive/	Must know	Lecture Small	**MCQ**	**SAQ**	

3.4		**how**		Boenninghausen	Understand and interpret Level II		Group Discussion Integrated discussion	**Viva** **Assignment**		
HomUG-R-III-3.5	**K/HO**	**Knows how**		Explain types of symptoms according to Kent	Cognitive/ Understand and interpret Level II	Must know	Lecture Small Group Discussion Integrated discussion	**MCQ** **Viva** **Assignment**	**SAQ**	
HomUG-R-III-3.6	**K/HO**	**Knows how**		Explain types of symptoms according to Boger	Cognitive/ Understand and interpret	Must know	Lecture Small Group Discussio	**MCQ** **Viva** **Assignment**	**SAQ**	

					Level II		n Integrated discussio n			
HomUG-R-III-3.7	**K/HO**	**Knows** **how**		Explain types of symptoms according to Boericke	Cognitive/ Understand and interpret Level II	Must know	Lecture Small Group Discussio n Integrated discussio n	**MCQ** **Viva** **Assignment**	**SAQ**	
HomUG-R-III-3.8	**K/HO/PC**	**Shows** **how**		Analyze and demonstrate importance of various types of symptoms for totality creation and repertorisation	Psychomotor / Problem Solving	Must know	Lecture/ Clinical Class Small Group Discussio	**Viva** **Assignment**	**SAQ**	

					Level I		n Integrated Discussio n			

5.4 Topic - Analysis of case according to the philosophy of Dr. Boenninghausen.

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-4.1	**K/HO**	**Knows**	Acquiring knowledge and skill of understanding symptoms, analysis of symptoms according to the philosophy of	Identify group of symptoms as per the philosophy of Boenninghausen	Cognitive/ Level -II Understand & interpret	Must know	Lecture / Small Group Discussio n	**Viva** **Journal**	**SAQ**	**Horizontal integration with Organon of**
HomUG-R-III-	**K/HO**	**Knows**		Discuss analysis of symptoms of	Cognitive/	Must know	Lecture / Small	**Viva**	**SAQ**	

4.2		**how**	Boenninghausen	case according to the philosophy of Boenninghausen	Level -II Understand & interpret		Group Discussion	**Journal**		**Medicine** **Spiral Integration in IV BHMS**
HomUG-R-III-4.3	**K/HO**	**Shows how**		Demonstration of analysis of symptoms of case according to the philosophy of Boenninghausen	Psychomotor / observe Level I	Must know	Lecture / clinical class Small Group Discussion	**Viva** **Journal**	**SAQ**	
HomUG-R-III-4.4	**K/HO**	**Does**		Justify analysis of symptoms of case according to the philosophy of Boenninghausen	Affective/ Level I	Desirable to know	Lecture Clinical class Small Group Discussion Integrated	**Viva** **Journal**	**SAQ**	

							Discussion			

5.5 Topic - Analysis of case according to the philosophy of Dr. Kent

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-5.1	**K/HO**	**Knows**	Acquiring knowledge and skill of understanding symptoms, analysis of symptoms according to the philosophy of Kent	Identify group of symptoms as per philosophy of Kent	Cognitive/ Level -II Understand & interpret	Must know	Lecture / Small Group Discussion	**Viva Journal**	**SAQ**	**Horizontal integration with Organon of Medicine**
HomUG-R-III-5.2	**K/HO**	**Knows how**		Discuss analysis of symptoms of case according to philosophy	Cognitive/ Level -II Understand & interpret	Must know	Lecture / Small Group Discussio	**Viva Journal**	**SAQ**	

				of Kent			n			
HomUG-R-III-5.3	**K/HO**	**Shows how**		Demonstration of analysis of symptoms of case according to philosophy of Kent	Psychomotor / observe Level I	Must know	Lecture / clinical class Small Group Discussion	**Viva** **Journal**	**SAQ**	**Spiral Integration in IV BHMS**
HomUG-R-III-5.4	**K/HO**	**Does**		Justify analysis of symptoms of case according to philosophy of Kent	Affective/ Level I	Desirable to know	Lecture Clinical class Small Group Discussion Integrated discussion	**Viva** **Journal**	**SAQ**	

5.6 Topic - Analysis of case according to the philosophy of Dr. Boger

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-6.1	**K/HO**	**Knows**	Acquiring knowledge and skill of understanding symptoms, analysis of symptoms according to the philosophy of Boger	Identify group of symptoms as per philosophy of Boger	Cognitive/ Level -II Understand & interpret	Must know	Lecture / Small Group Discussion	**MCQ Viva Journal**	**SAQ**	**Horizontal integration with Organon of Medicine Spiral Integration**
HomUG-R-III-6.2	**K/HO**	**Knows how**		Discuss analysis of symptoms of case according to philosophy of Boger	Cognitive/ Level -II Understand & interpret	Must know	Lecture / Small Group Discussion	**MCQ Viva Journal**	**SAQ**	
HomUG-R-III-6.3	**K/HO**	**Shows how**		Demonstration of analysis of symptoms of case according to philosophy	Psychomotor / observe Level I	Must know	Lecture / clinical class Small	**MCQ Viva Journal**	**SAQ**	

				of Boger			Group Discussion			**in IV** **BHMS**
HomUG-R-III-6.4	**K/HO**	**Does**		Justify analysis of symptoms of case according to philosophy of Boger	Affective/ Level I	Desirable to know	Lecture Clinical class Small Group Discussion Integrated discussion	**MCQ** **Viva** **Journal**	**SAQ**	

5.7 Topic - Evaluation of symptoms according to the philosophy of Dr. Boenninghausen.

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-7.1	**K/HO**	**Knows**	Acquiring knowledge and skill of understanding value of symptoms according to the philosophy of Boenninghausen	Define evaluation of symptom	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**MCQ Viva Journal**	**MCQ SAQ**	**Horizontal integration with Organon of Medicine Spiral Integration**
HomUG-R-III-7.2	**K/HO**	**Knows how**		Discuss concept of value of symptoms according to the philosophy of Boenninghausen	Cognitive/ Level -II Understand & interpret	Must know	Lecture / Small Group Discussion	**MCQ Viva Journal**	**MCQ SAQ**	
HomUG-R-III-	**K/HO**	**Shows**		Demonstration of evaluation	Psychomotor / observe	Must know	Lecture / clinical	**MCQ**	**MCQ**	

7.3		**how**		of symptoms according to the philosophy of Boenninghausen	Level I		class Small Group Discussion	**Viva** **Journal**	**SAQ**	**in IV** **BHMS**
HomUG-R-III-7.4	**K/HO**	**Does**		Justify evaluation of symptoms according to the philosophy of Boenninghausen	Affective/ Level I	Desirable to know	Lecture Clinical class Small Group Discussion Integrated discussion	**MCQ** **Viva** **Journal**	**MCQ** **SAQ**	

5.8 Topic - Evaluation of symptoms according to the philosophy of Dr. Kent

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-8.1	**K/HO**	**Knows**	Acquiring knowledge and skill of understanding value of symptoms according to the philosophy of Dr. Kent	Discuss concept of value of symptoms according to the philosophy of Kent	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**MCQ Viva Journal**	**MCQ SAQ**	**Horizontal integration with Organon of Medicine Spiral Integration**
HomUG-R-III-8.2	**K/HO**	**Shows how**		Demonstration of evaluation of symptoms according to the philosophy of Kent	Psychomotor / observe Level I	Must know	Lecture / clinical class Small Group Discussion	**MCQ Viva Journal**	**MCQ SAQ**	
HomUG-R-III-	**K/HO**	**Does**		Justify evaluation of	Affective/	Desirable to know	Lecture Clinical	**MCQ**	**MCQ**	

8.3				symptoms according to the philosophy of Boenninghausen	Level I		class Small Group Discussion Integrated Discussion	**Viva** **Journal**	**SAQ**	**in IV** **BHMS**

5.9 Topic - Evaluation of symptoms according to the philosophy of Dr. Boger

S. No.	**Domain of competency**	**Millers**	**Content**	**SLO**	**Bloom/ Gilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								Formative	**Summative**	
HomUG-R-III-	**K/HO**	**Knows**	Acquiring knowledge and skill of	Discuss concept of value of	Cognitive/	Must know	Lecture / Small	**MCQ**	**MCQ**	**Horizontal**

9.1			understanding value of symptoms according to the philosophy of Dr. Boger	symptoms according to the philosophy of Boger	Level -I Remember & recall		Group Discussion	**Viva** **Journal**	**SAQ**	**integration** **with** **Organon of** **Medicine** **Spiral** **Integration** **in IV** **BHMS**
HomUG-R-III-9.2	**K/HO**	**Shows how**		Demonstration of evaluation of symptoms according to the philosophy of Boger	Psychomotor / observe Level I	Must know	Lecture / clinical class Small Group Discussion	**MCQ** **Viva** **Journal**	**MCQ** **SAQ**	
HomUG-R-III-9.3	**K/HO**	**Does**		Justify evaluation of symptoms according to the philosophy of Boger	Affective/ Level I	Desirable to know	Lecture Clinical class Small Group Discussion Integrated	**MCQ** **Viva** **Journal**	**MCQ** **SAQ**	

							discussion			

5.10 Topic - Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen.

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-10.1	**K/HO**	**Knows**	Acquiring knowledge and skill of construction of totality of symptom according to the philosophy of Boenninghausen	Define Totality of symptom according to Hahnemann	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**MCQ Viva Journal**	**SAQ LAQ**	**Horizontal integration with Organon of Medicine**
HomUG-R-III-10.2	**K/HO**	**Knows**		Define Totality of symptom according to Boenninghausen	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**MCQ Viva Journal**	**SAQ LAQ**	

HomUG-R-III-10.3	**K/HO**	**Knows how**		Enumerate and discuss symptoms in totality according to Boenninghausen	Cognitive/ Level -II Understand & interpret	Must know	Lecture Small Group Discussion	**MCQ Viva Journal**	**SAQ LAQ**	**Spiral Integration in IV BHMS**
HomUG-R-III-10.4	**K/HO/PC**	**Shows how**		Demonstration of totality according to Boenninghausen	Psychomotor / observe Level I	Must know	Lecture Clinical class Small Group Discussion	**MCQ Viva Journal**	**SAQ LAQ**	
HomUG-R-III-10.5	**K/HO/PC**	**Does**		Justification of construction of totality according to Boenninghausen	Affective/ Level I	Desirable to know	Lecture Clinical class Small Group Discussion	**MCQ Viva Journal**	**SAQ**	

5.11 Topic - Construction of totality of symptoms according to the philosophy of Dr. Kent.

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-11.1	**K/HO**	**Knows**	Acquiring knowledge and skill of construction of totality of symptom according to the philosophy of Dr. Kent	Define Totality of symptom according to Kent	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**MCQ Viva Journal**	**SAQ LAQ**	**Horizontal integration with Organon of Medicine Spiral Integratio**
HomUG-R-III-11.2	**K/HO**	**Knows how**		Enumerate and discuss symptoms in totality according to Kent	Cognitive/ Level -II Understand & interpret	Must know	Lecture Small Group Discussion	**MCQ Viva Journal**	**SAQ LAQ**	
HomUG-R-III-	**K/HO/PC**	**Shows**		Demonstration of construction	Psychomot	Must	Lecture	**MCQ**	**SAQ**	

11.3		**how**		of totality according to Kent	or / observe Level I	know	Clinical class Small Group Discussion	**Viva** **Journal**	**LAQ**	**n** **in IV** **BHMS**
HomUG-R-III-11.4	**K/HO/PC**	**Does**		Justification of construction of totality according to Kent	Affective/ Level I	Desirable to know	Lecture Clinical class Small Group Discussion	**MCQ** **Viva** **Journal**	**SAQ**	

5.12 Topic - Construction of totality of symptoms according to the philosophy of Dr. Boger.

S. No.	**Domain of competency**	**Millers**	**Content**	**SLO**	**Bloom/ Gilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								Formative	**Summative**	

HomUG-R-III-12.1	**K/HO**	**Knows**	Acquiring knowledge and skill of construction of totality of symptom according to the philosophy of Dr. Boger	Define Totality of symptom according to Boger	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**MCQ Viva Journal**	**SAQ LAQ**	**Horizontal integration with Organon of Medicine Spiral Integration in IV BHMS**
HomUG-R-III-12.2	**K/HO**	**Knows how**		Enumerate and discuss factors of totality according to Boger	Cognitive/ Level -II Understand & interpret	Must know	Lecture Small Group Discussion	**MCQ Viva Journal**	**SAQ LAQ**	
HomUG-R-III-12.3	**K/HO/PC**	**Shows how**		Demonstration of construction of totality according to Boger	Psychomotor / observe Level I	Must know	Lecture Clinical class Small Group Discussion	**MCQ Viva Journal**	**SAQ LAQ**	

HomUG-R-III-12.4	**K/HO/PC**	**Does**		Justification of construction of totality according to Boger	Affective/ Level I	Desirable to know	Lecture Clinical class Small Group Discussion	**MCQ** **Viva** **Journal**	**SAQ**	

5.13 Topic - Classification of repertory - need, basis of classification, advantage, disadvantage and adaptability of each type.

S. No.	**Domain of competency**	**Millers**	**Content**	**SLO**	**Bloom/ Gilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								Formative	**Summative**	
HomUG-R-III-13.1	**K/HO**	**Knows**	Classify repertories according to various groups to understand	Define repertory	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussio	**MCQ** Assignment	**MCQ** **SAQ**	**Horizontal** **integration**

			advantage, disadvantage and adaptability				n			**with Organon of Medicine Spiral Integration in IV BHMS**
HomUG-R-III-13.2	**K/HO**	**Knows**		Discuss need of classification of repertory	Cognitive/ Level -I Remember & recall	Nice to know	Lecture / Small Group Discussion	**MCQ** Assignment Viva	**MCQ SAQ**	
HomUG-R-III-13.3	**K/HO**	**Knows how**		Enumerate various types of repertories and basis of classification of repertories	Cognitive/ Level -II Understand & interpret	Must know	Lecture Small Group Discussion	**MCQ** Assignment	**MCQ SAQ**	
HomUG-R-III-13.4	**K/HO**	**Knows how**		Discuss advantages and disadvantages of each type of repertory	Cognitive/ Level -II Understand & interpret	Must know	Lecture Small Group Discussion Problem	**MCQ** Assignment Viva	**MCQ SAQ**	

							based learning			
HomUG-R-III-13.5	**K/HO/PC**	**Shows how**		Demonstrate adaptability of each type of repertory with examples	Psychomotor/ skill Level I	Desirable to know	Lecture Clinical class Small Group Discussion	**MCQ** Assignment	**MCQ** **SAQ**	

5.14 Topic - Steps of Repertorisation

S. No.	**Domain of competency**	**Millers**	**Content**	**SLO**	**Bloom/ Gilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								Formative	**Summative**	
HomUG-R-III-14.1	**K/HO**	**Knows**	Acquiring knowledge and skill to apply	Define repertorisation	Cognitive/ Level -I	Must know	Lecture / Small	**MCQ** Assignme	**LAQ**	**Horizontal** **integratio**

			steps of repertorisation in patient care		Remember & recall		Group Discussion	nt Viva		**n with Organon of Medicine Spiral Integration in IV BHMS**
HomUG-R-III-14.2	**K/HO**	**Knows**		List the steps of repertorisation	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**MCQ** Assignment Viva	**LAQ**	
HomUG-R-III-14.3	**K/HO**	**Knows how**		Discuss importance of each step of repertorisation to reach at simillimum	Cognitive/ Level -II Understand & interpret	Must know	Lecture Small Group Discussion	**MCQ** Assignment Viva	**LAQ**	

5.15 Topic - Identify the medium, method, process and technique of Repertorisation.

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-15.1	**K/HO**	**Knows**	**Identify the medium, method, process and technique of**	Define medium of repertorisation	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**Viva MCQ**	**MCQ SAQ**	**Horizontal integration with Organon of Medicine**
HomUG-R-III-15.2	**K/HO**	**Knows**		List the various mediums of repertorisation	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**Viva MCQ Assignment**	**MCQ SAQ**	
HomUG-R-III-15.3	**K/HO/PC**	**Knows how**		Discuss application of each type of medium of	Cognitive/ Level -II Understand	Desirable to know	Lecture / clinical class Small	**Viva MCQ Assignment**	**MCQ SAQ**	

			Repertorisation.	repertorisation	& interpret		Group Discussion Case based learning			**Spiral Integration in IV BHMS**
HomUG-R-III-15.4	**K/HO**	**Knows how**		Discuss advantage & disadvantage of each type of medium of repertorisation	Cognitive/ Level -II Understand & interpret	Desirable to know	Lecture / clinical class Small Group Discussion	**Viva** **MCQ** **Assignment**	**MCQ** **SAQ**	
HomUG-R-III-15.5	**K/HO**	**Knows**		Define method of repertorisation	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**Viva** **MCQ** **Assignment**	**MCQ** **SAQ**	

HomUG-R-III-15.6	**K/HO**	**Knows**		List the various method of repertorisation	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**Viva MCQ Assignment**	**MCQ SAQ**	
HomUG-R-III-15.7	**K/HO/PC**	**Knows how**		Discuss advantage & disadvantage of each method of repertorisation	Cognitive/ Level -II Understand & interpret	Desirable to know	Lecture / clinical class Small Group Discussion	**Viva MCQ Assignment**	**MCQ SAQ**	
HomUG-R-III-15.8	**K/HO**	**Knows**		Define process of repertorisation	Cognitive/ Level -I Remember & recall	Nice to know	Lecture / Small Group Discussion	**Viva MCQ Assignment**	**MCQ SAQ**	
HomUG-R-III-				Discuss types of processes of	Cognitive/ Level -I	Nice to know	Lecture / Small	**Viva MCQ**	**MCQ SAQ**	

15.9				repertorisation	Remember & recall		Group Discussion	**Assignment**		
HomUG-R-III-15.10	**K/HO**	**Knows**		Discuss advantage & disadvantage of each type of process of repertorisation	Cognitive/ Level -I Remember & recall	Nice to know	Lecture / Small Group Discussion	**Viva MCQ Assignment**	**MCQ SAQ**	
HomUG-R-III-15.11	**K/HO**	**Knows**		Define technique of repertorisation	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**Viva MCQ Assignment**	**MCQ SAQ**	
HomUG-R-III-15.12	**K/HO**	**Knows**		Discuss various techniques of repertorisation	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**Viva MCQ Assignment**	**MCQ SAQ**	

HomUG-R-III-15.13	**K/HO**	**Knows**		Discuss advantages & disadvantages of each type of techniques of repertorisation	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion Case based discussion	**Viva MCQ Assignment**	**MCQ SAQ**	

5.16 Topic - Construction of repertorial totality and Potential differential field

S. No.	**Domain of competency**	**Millers**	**Content**	**SLO**	**Bloom/ Gilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								Formative	**Summative**	
HomUG-R-III-16.1	**K/HO**	**Knows**	Acquiring knowledge and skill to construct repertorial totality and	Define conceptual images & repertorial Syndrome	Cognitive/ Level -I Remember & recall	Must know	Lecture / Small Group Discussion	**Viva MCQ Assignment**	**MCQ SAQ**	**Horizontal integration**

HomUG-R-III-16.2	**K/HO**	**Knows**	potential field	Define potential differential field	Cognitive/ Level -I Remember & recall	Nice to know	Lecture / Small Group Discussion	**Viva MCQ Assignment**	**MCQ SAQ**	**with Organon of Medicine**
HomUG-R-III-16.3	**K/HO**	**Knows how**		Correlation of Conceptual image with Repertorial totality	Cognitive/ Level -I Remember & recall	Nice to know	Lecture Small Group Discussion	**Viva MCQ Assignment**	**MCQ SAQ**	**Spiral Integration in III & IV BHMS**
HomUG-R-III-16.4	**K/HO**	**Knows how**		Discuss application of PDF in repertorisation and selection of medicine	Cognitive/ Level -II Understand & interpret	Desirable to know		**Viva MCQ Assignment**	**MCQ SAQ**	
And HomUG-R-III-16.5	**K/HO**	**Shows how**		Demonstrate construction of repertorial totality, RS and PDF	Psychomotor/ Level -II Skill	Desirable to know		**Viva MCQ Assignment**	**MCQ SAQ**	

5.17 Topic - Study of the philosophical background, construction, scope, limitation and utility of Boenninghausen's therapeutic Pocket Book (BTPB)

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-17.1	**K/HO**	**Knows**		Discuss the life history of Boenninghausen and its influence to his contributions to repertory	Cognitive/ Level -I Remember & recall	Nice to know know	Lecture	**Viva**	**Viva**	**Horizontal integration with Organon of Medicine**
HomUG-R-III-17.2	**K/HO**	**Knows**		Sources and history of publication of BTPB	Cognitive/ Level -I Remember	Nice to know	Lecture	**Viva MCQ**	**Viva MCQ**	

					& recall					**Spiral Integration in III & IV BHMS**
HomUG-R-III-17.3	**K/HO**	**Knows**		Discuss contribution of Allen and Robert in BTPB	Cognitive/ Level -I Remember & recall	Must know	Lecture Small Group Discussion	**Viva MCQ Assignment**	**MCQ SAQ LAQ Viva**	
HomUG-R-III-17.4	**K/HO**	**Knows**		Discuss philosophical background of BTPB	Cognitive/ Level -II Understand & interpret	Must know	Lecture Small Group Discussion	**Viva MCQ Assignment**	**MCQ SAQ LAQ Viva**	
HomUG-R-III-17.5	**K/HO**	**Knows**	Acquiring knowledge about Boenninghausen's therapeutic Pocket Book	Discuss plan & construction of BTPB	Cognitive/ Level -II Understand & interpret	Must know	Lecture Small Group Discussion	**Viva MCQ Assignment Journal**	**MCQ SAQ LAQ Viva**	

			(BTPB)							
HomUG-R-III-17.6	**K/HO**	**Knows how**		Correlate the construction of repertory and chapter arrangement with philosophical background of BTPB	Cognitive/ Level -II Understand & interpret	Must know	Lecture Small Group Discussion	**Viva MCQ Assignment Journal**	**MCQ SAQ LAQ Viva**	
HomUG-R-III-17.7	**K/HO**	**Shows how**		Identify rubrics from various chapters to explain concept complete symptom and analogy	Psychomotor / level II	Must know	Lecture Rubric hunting Case based learning	**Viva MCQ Assignment**	**MCQ SAQ LAQ Viva**	

HomUG-R-III-17.8	**K/HO**	**Knows how**		Mention the Scope, Limitation & utility of BTPB	Cognitive/ Level -2 Understands	Desirable	Lecture Rubric hunting Case based learning	**Viva Assignment**	**MCQ SAQ Viva**	

5.18 Topic - Study of the philosophical background, construction, scope, limitation and utility of Repertory of Homoeopathic Materia Medica by JT Kent (Kent's repertory)

S. No.	**Domain of competency**	**Millers**	**Content**	**SLO**	**Bloom/ Gilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								Formative	**Summative**	
HomUG-R-III-18.1	**K/HO**	**Knows**		Discuss the life history of Kent and its influence to his contributions to	Cognitive/ Level -I Remember & recall	Nice to know know	Lecture	**Viva**	**Viva**	

				repertory						
HomUG-R-III-18.2	**K/HO**	**Knows**		Sources and history of publication of Kent's repertory	Cognitive/ Level -I Remember & recall	Nice to know	Lecture	**Viva MCQ**	**Viva**	
HomUG-R-III-18.3	**K/HO**	**Knows**		Discuss philosophical background of Kent repertory	Cognitive/ Level -II Understand & interpret	Must know	Lecture Small Group Discussion	**Viva MCQ Assignment**	**LAQ Viva**	**Horizontal integration with Organon of Medicine**
HomUG-R-III-18.4	**K/HO**	**Knows**		Discuss plan and construction of Kent repertory	Cognitive/ Level -II Understand & interpret	Must know	Lecture Small Group Discussion	**Viva MCQ Assignment**	**LAQ Viva**	
HomUG-R-III-18.5	**K/HO**	**Shows how**	Acquiring	Identify rubrics from various chapters to	Psychomotor / level II	Must know	Lecture Rubric hunting	**Viva MCQ Assign**	**LAQ Viva**	**Spiral Integratio**

			knowledge about Repertory of Homoeopathic Materia Medica by JT Kent (Kent's repertory)	understand rubric arrangement			Case based learning	**ment** **Journal**		**n** **In IV** **BHMS**
HomUG-R-III-18.6	**K/HO**	**Knows** **how**		Mention the Scope, Limitation & utility of Kent's repertory	Cognitive/ Level -2 Understands	Desirable	Lecture Rubric hunting Case based learning	**Viva** **MCQ** **Assignment** **Journal**	**Viva**	
								Viva **MCQ** **Assignment**		

5.19 Topic - Study of the philosophical background, construction, scope, limitation and utility of Boger's Boenninghausen's Characteristics & Repertory (BBCR)

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-19.1	**K/HO**	**Knows**		Discuss the life history of Boger and its influences contributions to repertory	Cognitive/ Level -I Remember & recall	Nice to know know	Lecture	**Viva**	**Viva**	**Horizontal integration with Organon of Medicine**
HomUG-R-III-19.2	**K/HO**	**Knows**		Sources and history of publication of BBCR	Cognitive/ Level -I Remember & recall	Nice to know	Lecture	**Viva MCQ**	**Viva**	
HomUG-R-III-19.3	**K/HO**	**Knows**		Discuss philosophical background of BBCR	Cognitive/ Level -II Understand	Must know	Lecture Small Group	**Viva MCQ Assignmen**	**LAQ Viva**	**Spiral Integration**

					& interpret		Discussion	**t**		**in III & IV** **BHMS**
HomUG-R-III-19.4	**K/HO**	**Knows**		Discuss plan and construction of BBCR	Cognitive/ Level -II Understand & interpret	Must know	Lecture Small Group Discussion	**Viva** **MCQ** **Assignment**	**LAQ** **Viva**	
HomUG-R-III-19.5	**K/HO**	**Knows** **how**	Acquiring knowledge about Boger Boenninghausen's Characteristics & Repertory (BBCR)	Correlate the construction of repertory and chapter arrangement with philosophical background of BBCR	Cognitive/ Level -II Understand & interpret	Must know	Lecture Small Group Discussion	**Viva** **MCQ** **Assignment** **Journal**	**LAQ** **Viva**	
HomUG-R-III-19.6	**K/HO**	**Shows** **how**		Identify rubrics from various chapters to understand rubric	Psychomotor / level II	Must know	Lecture Rubric hunting Case based	**Viva** **MCQ** **Assignment**	**LAQ** **Viva**	

				arrangement			learning	**Journal**		
HomUG-R-III-19.7	**K/HO**	**Knows how**		Mention the Scope, Limitation & utility of BBCR	Cognitive/ Level -2 Understands	Desirable	Lecture Rubric hunting Case based learning	**Viva MCQ Assignment**	**Viva**	

5.20 Topic - Identify chapters and locate rubrics for symptoms/ conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine.

S. No.	**Domain of competency**	**Millers**	**Content**	**SLO**	**Bloom/ Gilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								Formative	**Summative**	
HomUG-R-III-20.1	**K/HO**	**Knows how**	Identify chapters and locate rubrics for symptoms/	Identify chapters and locate rubrics for symptoms/ conditions related to Gynaecology & Obstetrics	Cognitive/ Level -II Understand & interpret	Desirable to know	Lecture / clinical class Rubric hunting exercise	**MCQ Viva Assignment Rubric**	**MCQ Rubric hunting**	**Horizontal integration with Gynaecol**

			conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine from BTPB, BBCR, Kent's Repertory	from BTPB, Kent & BBCR				**hunting**		**ogy, Obstetrics, Surgery and Practice of Medicine.** **Spiral Integration in III & IV BHMS**
HomUG-R-III-20.2	**K/HO**	**Knows how**		Identify chapters and locate rubrics for symptoms/ conditions related to Surgery from BTPB, Kent & BBCR	Cognitive/ Level -II Understand & interpret	Desirable to know	Lecture / clinical class Rubric hunting exercise	**MCQ Viva Assignment Rubric hunting**	**MCQ Rubric hunting**	
HomUG-R-III-20.3	**K/HO**	**Knows how**		Identify chapters and locate rubrics for symptoms/ conditions related to Practice of Medicine from BTPB, Kent's repertory, BBCR	Cognitive/ Level -II Understand & interpret	Desirable to know	Lecture / clinical class Rubric hunting exercise	**MCQ Viva Assignment Rubric hunting**	**MCQ Rubric hunting**	

5.21 Topic - Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent's repertory and BBCR.

S. No.	Domain of competency	Millers	Content	SLO	Bloom/ Gilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-R-III-21.1	**K/HO**	**Knows**	Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent's repertory and BBCR.	Recall definition of fundamental cause	Cognitive/ Level -I Remember & recall	Must know	Lecture	**Viva MCQ**	**Viva**	**Horizontal integration with Organon of Medicine.** **Spiral Integratio**
HomUG-R-III-21.2	**K/HO**	**Knows**		Recall Hahnemann's concept of miasm	Cognitive/ Level -I Remember & recall	Must know	Lecture	**Viva MCQ**	**Viva**	
HomUG-R-III-21.3	**K/HO**	**Knows hows**		Explain characteristics of Psora, Sycosis & Syphilis	Cognitive/ Level -II Understand & interpret	Desirable to know	Lecture Small group discussion	**Viva MCQ**	**Viva**	

										n **in III & IV** **BHMS**
HomUG-R-III-21.4	**K/HO**	**Knows hows**		Identify the rubrics representing different Miasm and their symptoms from BTPB, Ken and BBCR Repertories.	Cognitive/ Level -II Understand & interpret	Desirable to know	Lecture Clinical class **Rubric hunting exercise**	**Viva** **MCQ** **Assignment** **Rubric hunting**	**MCQ** **Rubric hunting**	

6. Teaching-Learning methods-

Lectures (Theory)	**Non-lectures (Practical/Demonstrative)**
Lecture	Clinical Class
Small Group Discussion	Rubric hunting exercises
Integrated discussion with subjects of Organon of Medicine, Gynaecology, Obstetrics, Surgery and Practice of Medicine.	Case based learning
Assignments	Seminar
	Tutorial
	Group Discussion

7. Details of Assessment-

7.1 Overall Scheme of Assessment (Summative)

Sr. No	**Professional Course**	**Term I (1-6 Months)**		**Term II (7-12 Months)**		
1	**Third professional BHMS**	**PA I (end of 3 months)**	**TT I (end of 6 months)**	**PA II (end of 9 months)**	**FUE (end of 12 months)**	
		10 Marks Viva	50 Marks Clinical/Practical and Viva i) Viva voce -25 marks ii) Clinical/practical- 25 a. Recording of moderate acute case and analysis of case = 10 marks b. Recording of moderate chronic case and analysis of case = 15 marks	10 Marks Viva	100 marks theory	100 marks (Clinical/practical+ Viva+ IA)

PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; IA: Internal Assessment

7.2 Number of papers and Mark Distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Practical/ Clinical	Viva Voce	Internal Assessment*	Grand Total
1	HomUG-R-III	1	100	50 (30+10+10) a) Case taking and processing of moderate	40	10 (Marks of PA I	200

				acute & chronic case = 30 b) Rubric hunting = 10 c) Journal ** = 10		+ TT I + PA II)	

*__Method of Calculation of Internal Assessment Marks for Final University Examination:__

Marks of IA (M) = S + T /2

S = Marks of IA in II BHMS

T = Marks of IA in III BHMS = (Marks of PA-1 + Marks of TT + Marks of PA-2) / 70 X 10

***Journal with 10 cases needs to be maintained by the students which should include Case Taking, Case Processing -Analysis & Evaluation, Investigations, Probable Diagnosis, Totality, Repertorial Totality, repertorisation and repertorial result analysis*

Note- for the Internal assessment, only viva marks obtained in two PAs and practical/clinical + viva marks in one TT will be considered as and to be calculated as above. Theory marks shall not be considered for this purpose.

7.3 Paper Layout for Summative assessment-

Theory- 100 marks

MCQ	**10 marks**
SAQ	**40 marks**
LAQ	**50 marks**

7.4. Theme-wise distribution of questions for theory exam-

Theme table showing the distribution of topics distributed to different themes (named as theme A, B, C….), marks allotted to each type of questions (/to MCQ, SAQ and LAQ) and total marks allotted to each theme:

Theme	**Paper**	**B** **Term**	**C*** **Marks**	**D** **Type of Questions**		
	A **List of Topics** **(As per Course content & topics)**			**MCQ** **(1 Mark)**	**SAQ** **(5 Marks)**	**LAQ** **(10 Marks)**
A	Study of the philosophical background, construction, scope, limitation and utility of Boericke repertory	II BHMS CBDC TERM II	6	1	1	0

		Syllabus				
B	Demonstrate Case-taking in moderate acute and chronic cases	I	10	0	0	1
C	Classification of symptoms	I	6	1	1	0
D	Analysis of case according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.	I	10	0	0	1
E	Evaluation of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.	I	6	1	1	0
F	Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.	I	10	0	0	1
G	Classification of repertory - need, basis of classification, advantages, disadvantages and adaptability of each type.	I	6	1	1	0
H	Steps of Repertorisation	I	11	1	0	1
I	Identify the medium, method, process and technique of Repertorisation	I	6	1	1	0
J	Construction of Repertorial Syndrome (RS) totality and Potential Differential Field (PDF) of a	I	6	1	1	0

	Repertorial Totality (RT).					
K	Study of the philosophical background, construction, scope, limitation and utility of BTPB, Kent's repertory and BBCR Repertories.	II	11	1	0	1
L	Identify chapters and locate rubrics for symptoms / conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine.	II	6	1	1	0
M	Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent's repertory and BBCR Repertories.	II	6	1	1	0

7.5 Question paper blueprint-

Showing number of questions, types of questions, choices and distribution of themes to the questions:

A **Question Serial Number**	**B** **Type of Question**	**Question Paper Format** **(Refer table 7.4 for themes)**
Q 1 - Q 10	Multiple Choice Questions (MCQ) Questions = 10 in number 1 mark each question All compulsory Must know part: 7 Desirable to know: 2	Theme B Theme E Theme G Theme H Theme I Theme J

	Nice to know: 1	Theme K Theme L
Q 11 - Q 18	Short answer Questions (SAQ) Questions = 08 in number 5 Marks Each All compulsory Must Know part: 6 Desirable to Know: 2	Theme A Theme C Theme D Theme E Theme F Theme G Theme I Theme J Theme K
Q 19 - Q 23	Long answer Questions (LAQ) Questions = 05in number 10 marks each All compulsory All questions on Must Know	Theme B Theme F Theme H Theme K

8. List of recommended reference books
Standard textbooks:

- Bidwell GI.(1915). How to Use the Repertory.
- Boericke, W. (2003). New manual of homoeopathic materia medica and repertory.
- Hahnemann, S. (2014). Organon of Medicine.
- Kent, J. T. (2008). Lectures on Homeopathic Philosophy.
- Kent, J. T. (2016). Repertory of the homeopathic materia medica.

- Kent, J. T: How to study the Repertory, how to use the Repertory.
- Tiwari SK. (2007). Essentials of Repertorization.
- Allen TF (2016). The Principles & Practicability of Boenninghausen's Therapeutic Pocket Book
- Ahmed Munir R(2016). Fundamentals of repertories: Alchemy of homeopathic methodology.

- Boger (2019). Boger Boenninghausen's Characteristics & repertory

Reference texts

Textbooks and reference books indicated in the subjects of Materia Medica, Obstetrics & Gynecology, Surgery, Practice of Medicine, Organon of Medicine & Homoeopathic Philosophy.

9. List of contributors

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COMPETENCY BASED DYNAMIC CURRICULUM FOR THIRD BHMS PROFESSIONAL COURSE

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

(Organon of Medicine and Homoeopathic Philosophy)

HOMOEOPATHY EDUCATION BOARD

NATIONAL COMMISSION FOR HOMOEOPATHY

MINISTRY OF AYUSH, GOVERNMENT OF INDIA

JAWAHAR LAL NEHRU BHARTIYA CHIKITSA AVUM HOMOEOPATHY ANUSANDHAN BHAVAN

No.61-65, Institutional Area, opp. 'D' block, Janak Puri, New Delhi-110 058

Subject Name: Organon of Medicine and Homeopathic Philosophy

Subject Code: Hom UG-OM-III

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1. **Course Outcomes (CO)**

At the end of III BHMS the student should be able to

i. Correlate the clinicopathological understanding with evolution of disease and miasm in OPD / IPD Cases.
ii. Apply the Hahnemannian Classification of disease in the cases
iii. Understand the scope and limitations of Homeopathy
iv. Use the concept of susceptibility in the cases to determine the posology and the remedy reactions
v. Understand the remedy response after the prescription in follow up in various cases.
vi. Corelate the concept of palliation and suppression in Management of patient.
vii. Apply the concept of Miasms in Case solving and its management
viii. Apply the concept of ancillary management, diet and regimen in the OPD / IPD patients

2. Learning Objectives:

i. Correlation of clinicopathological understanding with evolution of disease and miasm
ii. Further enhancing the insight into the classification of disease
iii. Understanding the concept of susceptibility vis-a-vis clinicopathological dimension of the disease
iv. Developing further insight into case taking by correlating bio-psycho-social model of aetiopathogenesis and evolution of individual from predisposition to disposition to diathesis to disease
v. Understanding Surgical diseases- classification, scope and limitation
vi. Knowing Posology and its correlation with clinicopathological understanding of the disease
vii. Understanding remedy response by incorporating current concept of disease
viii. Understanding suppression in terms of current medical practices
ix. Further developing insight into the management of acute and chronic illness
x. Understanding the scope and limitation of homoeopathy
xi. Understanding Concept of palliation and correlation with susceptibility
xii. Knowing concept of chronic disease and miasm and current advances in the modern concept of causation, pathology and clinical expression, investigation.

xiii. Knowing Hering's law of cure and its correlation with clinical understanding of remedy response

xiv. Concept of ancillary treatment, education and diet as per Hahnemannian guidelines and current evolution.

3. Course content and its term –wise distribution

A. Content:

In addition to revision of Aphorisms studied in First B.H.M.S. and Second B.H.M.S., the following shall be covered, namely: -

1. Hahnemann's Preface and Introduction to Organon of Medicine.

2. Aphorisms 146 to 209, 231-294 of Hahnemann's Organon of Medicine, including foot notes (6^{th} Editions translated by R.E. Dudgeon and W. Boericke)

- 2.1 Actions of medicine- points necessary for the cure
- 2.2 Management and Treatment of various kind of diseases- acute/chronic/surgical/one sided/epidemic, etc.
- 2.3 Repetition, Follow up and Prejudice in Prescription
- 2.4 Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy.
- 2.5 Diet and Regimen, Ancillary-auxiliary measures.

3. Philosophy:

- 3.1 Susceptibility
- 3.2 Idiosyncrasy
- 3.3 Palliation and Suppression
- 3.4 Remedy Reaction and Second Prescription
- 3.5 Posology

4. Hahnemannian classification of diseases further insight and correlation with scope and limitation

- 4.1 Scope of Homeopathy
- 4.2 General Pathology of Homoeopathy

5. Chronic Diseases

- 5.1. Hahnemann's Theory of Chronic Diseases.
- 5.2. J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis.

Special directives:

(a) Emphasis should be given on the way in which each miasmatic state evolves, and the characteristic expressions are manifested at various levels and attempt should be made to impart a clear understanding of Hahnemann's theory of chronic miasms.

(b) The characteristics of the miasms need to be explained in the light of knowledge acquired from different branches of medicine.

(c) Teacher should explain clearly therapeutic implications of theory of chronic miasms in practice and this will entail a comprehension of evolution of natural disease from miasmatic angle, and it shall be correlated with applied Materia Medica.

Horizontal integration with HMM, Repertory,Community Medicine, Modern Pharmacology, Practice of Medicine, Gynaecology and Obstetrics and Surgery

B. Term-wise distribution of the content-

Sl. No.	Topic
	Term I
1.	Hahnemann's Preface and Introduction to Organon of Medicine
2.	Actions of medicine- points necessary for the cure (§ 146-149)
3.	Management and Treatment of various kind of diseases- acute/chronic/surgical/one sided/epidemic, etc. (§ 150-209)
4.	Revision of Aphorism 1-70
5.	Hahnemann's Theory of Chronic Diseases
	Term II
6.	Management and Treatment of various kind of diseases- (§ 231-244)
7.	Repetition, Follow up and Prejudice in Prescription (§ 245-258)
8.	Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy (§264-285)
9.	Diet and Regimen, Ancillary-auxiliary measures (§259-263, §285-291)
10.	Susceptibility, idiosyncrasy, suppression, palliation, remedy reaction, Second prescription, posology
11.	Hahnemannian classification of diseases further insight and correlation with scope and limitation
12.	J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis
13.	Revision of Aphorism 71-145

Table of Topics with reference list referring to Chapters from the Philosophy text books

Topic	**Kent J. T.** (Lectures on Homoeopathic Philosophy)	**Roberts H. A.** (The Principles and Art of Cure by Homoeopathy)	**Close Stuart** (The Genius of Homoeopathy)
Correlation of clinicopathological understanding with evolution of disease and Miasm	18-21	22-31	8
Further enhancing the insight into the classification of disease	18-21	22	8
Understanding the concept of susceptibility vis-a-vis clinic-pathological dimension of the disease	17	14	7
Surgical diseases classification scope and limitation	5	19	4
Posology and its correlation with clinical-pathological understanding of the disease	34, 35, 36	12,13	13, 14, 15
Understanding the remedy response by incorporating current concept of disease	34, 35, 36	14	13
Suppression in terms of current medical practices	37	18	6,9
Further developing insight in the management of acute and chronic illness	26	22, 19	8
Understanding the scope and limitation of homoeopathy	35,37	19	4
Concept of palliation and correlation with susceptibility	14, 37	19	7
Concept of chronic disease and Miasm and current advance in the modern concept of causation, pathology and clinical expression, investigation.	17-21	22-31	8
Second Prescription	36	16	
Hering's law of cure and its correlation with clinical understanding of remedy response	35,36	14	9,11

4. Teaching Hours

4.1 Gross division of teaching hours- lectures and non-lectures

Organon of Medicine and Homoeopathic Philosophy		
Year	**Teaching hours- Lectures**	**Teaching hours- Non-lectures**
III BHMS	150	50

4.2 Teaching hours theory

Sl. No	**List of Topics**	**Hours**
1.	Hahnemann's Preface and Introduction to Organon of Medicine	5
2.	Actions of medicine- points necessary for the cure (§ 146-149)	2
3.	Management and Treatment of various kind of diseases- acute/chronic/surgical/one sided/epidemic, etc (§ 150-209)	25
4.	Revision of Aphorism 1-70	10
5.	Hahnemann's Theory of Chronic Diseases	20
6.	Management and Treatment of various kind of diseases- (§ 231-244)	10
7.	Repetition, Follow up and Prejudice in Prescription (§ 245-258)	8
8.	Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy (§264-285)	8
9.	Diet and Regimen, Ancillary-auxiliary measures (§259-263, §285-291)	7
10.	Susceptibility, idiosyncrasy, suppression, palliation, remedy reaction, Secondprescription, posology	20
11.	Hahnemannian classification of diseases further insight and correlation with scope and limitation	5
12.	J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis	20
13.	Revision of Aphorism 71-145	10

	Total	**150**

The number of lectures is based upon the weightage but can be changed to suit the needs of the learning of the students as per the formative assessment conducted by the faculties from time to time.

4.3 Teaching hours Non-lecture

Sr. No	**Non-Lecture Activity**	**Term**	**Time Allotted per Activity (Hours)**
1	Clinical (to be integrated with topics under Pathology, Practice of Medicine, Surgery and Obstetrics-Gynae)	I & II	35
2	Demonstrative	I & II	15
2(a)	Seminar / Tutorials		10
2(b)	Problem based learning/ Case Based Learning		05
2(c)	Assignment/ Symposium / Group discussion		
	Total		**50**

5. Content Mapping

5.1. Hahnemann's Preface and Introduction to Organon of Medicine -Term I

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-III 1.1	K & HO	KH	Preface a) Translator	Discuss the changes from 5th to 6th edition	Cognitive Recall Understand and Interpret LevelI & II	DK	Lecture Small Group Discussion	MCQ SAQ	MCQSAQ, Viva	Organon (V)
HomUG-OM-III 1.2			b) James Krauss	Discuss 4 epochal figures in History of Medicine						
HomUG-OM-III 1.3				Define Tolle causam						
HomUG-OM-III 1.4				Discuss Cessat effectus cessat causa						
HomUG-OM-III 1.5				Describe Hahnemann's Experiment of Cinchona						
HomUG-OM-III 1.6			c) Author's Samuel Hahnemann	Discuss the advantages of Homeopathy						

HomUG-OM-III 1.7	K & HO	KH	Introduction to Organon	List the accidental homeopathic cures	Cognitive Recall Understand and Interpret LevelI & II	DK	Lecture Small Group Discussion	MCQ SAQ	MCQSAQ, Viva	Organon
HomUG-OM-III 1.8				Discuss the methods of treatment during and before Hahnemann						
HomUG-OM-III 1.9				Discuss materia peccans						
HomUG-OM-III 1.10				Discuss the criticism on blood letting and Duce naturae and the management of intestinal parasites						

5.2. Actions of medicine- points necessary for the cure (§ 146-149)

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG	K &	KH	**§ 146**	Discuss the	Cognitive	MK	Lecture	MC	MCQSAQ	Materia

-OM-III 2.1	HO		Appropriate therapeutic employment of medicines	reasons for most appropriate therapeutic employment of medicines	Understandandinterpret LevelII		Small Group Discussion	Q SAQ	, Viva	Medica (V) Repertory (V)
HomUG -OM-III 2.2	K & HO	KH	**§ 147-149**	Define specific remedy	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion	SAQ	SAQ, Viva	
HomUG -OM-III 2.3				Discuss the probable explanation of Homeopathic Cure						

5.3. Management and Treatment of various kind of diseases- acute/chronic/surgical/one sided/epidemic, etc (§ 150-209)&(§ 231-244)

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG -OM-III 3.1	K HO PC	KH	**§ 150** Indisposition	Define Indisposition Discuss cause and Management Illustrate with examples	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ, Viva	Organon (S)
HomUG	K	KH	**§151**	Discuss the	Cognitive	MK	Lecture	SAQ	SAQ	Organon

-OM-III 3.2	HO PC		Complete picture of disease	importance of detailed case taking	Understandandinterpret LevelII		Small Group Discussion		, Viva	(S)
HomUG -OM-III 3.3	K HO PC	KH	**§152** Remedy selection in acute disease	Define Antitype Summarise case taking in acute disease	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion	SAQ	SAQ , Viva	Organon (V) Materia Medica
HomUG -OM-III 3.4	K HO PC	KH	**§ 153** PQRS	List some *striking,singular, uncommon & peculiar symptoms* Discuss the difference between common and characteristic symptom	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion	SAQ	SAQ , Viva	Organon (V)
HomUG -OM-III 3.5	K HO	KH	**§154** Antitype and its response	Discuss the concept of Susceptibility and similarity between drug and disease	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion	SAQ Viva	SAQ , Viva	Oraganon (S)
HomUG -OM-III 3.6	K HO	KH	**§155-156** Homeopathic Cure	Discuss homeopathic cure without disturbance Discuss the	Cognitive Understandandinterpret LevelII	DK	Lecture Small Group Discussion	SAQ Viva	SAQ , Viva	

				cause for such freedom from disturbance						
HomUG-OM-III 3.7	K HO PC	KH	**§ 157-161** Remedy response in acute diseases	Discuss Homeopathic aggravation and its prognostic value	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion	SAQ Viva	SAQ, Viva	Organon (V)
HomUG-OM-III 3.8	K HO PC	KH	**§ 162-163** Partial Similimum	Discuss the concept of partial similimum Recognize the accessory symptom of not perfectly appropriate remedy	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion	SAQ Viva	MCQ SAQ, Viva	
HomUG-OM-III 3.9	K HO PC PBL CS	KH SH	**§ 164-167** Paucity of symptoms Accessory symptoms	Discuss the success and failure in case of Paucity of symptoms	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion Clinical demonstration	SAQ Viva SAQ Viva Case solving	MCQ SAQ, Viva	
HomUG-OM-III 3.10			**§ 168-171** Zigzag mode of treatment Change of remedies	State the rules for treatment in such cases						

HomUG-OM-III 3.11	K HO PC PBL	KH SH	**§ 172-184** One sided disease	Define One sided disease, List different types of one sided disease, Explain the reasons for one sidedness, State the rules for treatment & Identify one sided disease	Cognitive Understandandinterpret LevelII Psychomotor Level I	MK	Lecture Small Group Discussion Seminar Clinical demonstration	MCQ SAQ Viva Case solving	MCQ SAQ, Viva	Practice of Medicine Materia Medica (H)
HomUG-OM-III 3.12	K HO PC PBL	KH SH	**§ 185-203** Local maladies	Define local maladies, discuss their management& discuss the fallacy of labelling disease as local maladies &State the rules for treatment in one sided disease	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion Clinical demonstration	SAQ Viva SAQ Viva Case solving	MCQ SAQ, Viva	

				Compare the advantage of internal treatment vs Local applications.						
HomUG-OM-III 3.13	K HO PC PBL PBL PC PBL PBL CS	KH SH KH KH KH	**§ 204-209** Anti miasmatic management	Recognize the effect of miasm and the importance of vicarious local symptoms Discuss the management of these symptoms Discuss the management of complex miasmatic diseases Mention the importance of history of past treatments Identify the various factors	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion Clinical demonstration	SAQ Viva SAQ Viva Case solving	MCQ SAQ, Viva	Organon (S)

	PBL CS	KH SH KH SH		favouring or hindering treatment Discuss the importance of repeated conversations with the patients in treating miasmatic diseases Illustrate with examples						
HomUG-OM-III 3.14	K HO PC PBL	KH SH	**§ 231-234** Intermittent Diseases	Define & discuss Intermittent and Alternating diseases with examples	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion Clinical demonstration	SAQ Viva SAQ Viva Case solving	MCQ SAQ, Viva	
HomUG-OM-III 3.15	K HO PC PBL	KH SH	**§ 235-244** Intermittent Fevers	List the types of Intermittent fevers Discuss the methods of finding similimum in	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion Clinical demonstration	SAQ Viva SAQ Viva Case solving	MCQ SAQ, Viva	Practice of Medicine (V)

				intermittent fevers Discuss the time of administering the medicines in Intermittent fever with reasons Discuss the management of epidemic intermittent fevers Discuss the management of pernicious intermittent fevers Discuss the management of endemic intermittent fevers						

5.4. Hahnemann's Theory of Chronic Diseases

S.No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-III 4.1	K & S HO P C	K	Nature of Chronic Diseases	Appreciate Hahnemann's selfless motivation in sharing his discovery of homoeopathy Discuss Hahnemann's concern that contemporaries might not comprehend or follow his teachings	C-II	NK NK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	Organon (V)
HomUG-OM-III 4.2	K & S HO PC			Recognise the limitations of homoeopathy in treating non-venereal chronic diseases Discuss the events leading to discovery of chronic miasms	C-II	MK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	

				Analyse Hahnemann's discovery that Psora, a chronic miasmatic disease, is the root cause of most non-venereal chronic diseases Identify 4 characters which helped Hahnemann to discover Chronic miasms Discuss the history of occidental Psora Infer how Psora became the most universal mother of diseases Recall the 3					

				important moments in the origin of chronic maladies Define Latent Psora Identify and discuss the symptoms of Latent Psora						
HomUG -OM-III 4.3	K & S HO PC		Sycosis	Differentiate syphilis and sycosis Appreciate the consequences of suppressed sycosis Discuss the homeopathic treatment for sycosis Recognize the complexity of treating complicated	C-II	MK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	

				cases						
HomUG -OM-III 4.4	K & S HO PC		Syphilis	Distinguish the three states in cure of syphilis Discuss the nature and appearance of chancre Discuss the nature of syphilis its development Identify the dangers of conventional treatments for syphilis Describe the way to treat syphilis with homeopathy Discuss the treatment of Syphilis complicated with Psora	C-II	MK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	

HomUG -OM-III 4.5	K & S HO PC		Understanding Psora and Its Treatment	Discuss the nature of Psora Recognise the signs and symptoms of Psora Describe the dangers of suppressing the primary Psora eruption Identify the dangers of suppressing the primary Psora eruption Discuss the principles of homeopathic treatment for Psora Discuss the limitations and potential hindrances to the cure of Psora	C-II	MK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	

				Discuss the principles of a healthy lifestyle in the context of treating chronic disease Justify the appropriate use of adjuvants in anti-psoric treatment List the 3 chief errors in the cure of Chronic diseases Summarise the time of administration of anti psoric medicines						

5.5. Repetition, Follow up and Prejudice in Prescription (§ 245-258)

Sl.No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-III 5.1	K HO PC PBL	KH SH	**§ 245-251** Repetition of Dose	Discuss the reason and effect of deviated dose	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion Clinical demonstration	SAQ Viva SAQ Viva Case solving	MCQ SAQ, Viva	Organon (V)
HomUG-OM-III 5.2			**§ 246**	Compare the result of unchanged dose and deviated dose						
HomUG-OM-III 5.3			**§ 247**	Analyse the effect of repetition with unchanged dose						
HomUG-OM-III 5.4			**§ 248**	Explain the preparation of deviated dose						

HomUG-OM-III 5.5			**§ 249**	Discuss the repetition of deviated doses in various situations						
HomUG-OM-III 5.6			**§ 250**	Discuss the indication of antidote						
HomUG-OM-III 5.7			**§ 251**	Analyse the reasons for change of remedy& Recognize the conditions to repeat the unchanged dose of same medicine						
HomUG-OM-III 5.8	K HO PC PBL	KH SH	**§ 252-256** Follow up of cases	Analyse the reason for lack ofimprovement in a case, List the signs of improvement & aggravation &Discuss the	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion Clinical demonstration	SAQ Viva SAQ Viva Case solving	MCQ SAQ, Viva	Practice of Medicine (V)

				importance of detailed follow up						
HomUG-OM-III 5.9	K HO PC PBL	KH SH	**§ 257-258** Prejudice in prescriptions	Discuss the need of being unprejudiced towards selection of remedy with examples	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion Clinical demonstration	SAQ Viva SAQ Viva Case solving	MCQ SAQ, Viva	

5.6.Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy(§264-285)

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-III 6.1	K HO PC PBL	KH SH	**§ 264-265**	Differentiate between food and medicines	Cognitive Understandandinterpret LevelII	DK	Lecture Small Group Discussion Clinical demonstration	SAQ Viva	MCQ SAQ, Viva	Homoeopthic Pharmacy
HomUG-OM-III 6.2			**§ 267**	Describes the preparation of medicines (indigenous) from fresh plants						

HomU G-OM-III 6.3			**§ 268**	Describe the preparation of medicines (exotic) from dry vegetable substances						
HomU G-OM-III 6.4			**§ 269-271**	Describe the mode of preparing crude medicinal substances peculiar to Homeopathy						
HomU G-OM-III 6.5	K HO PC PBL	KH SH	**§ 272-273** Law of Simplex	Discuss the logic behind employing single medicine	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion Clinical demonstration	SAQ Viva	MCQ SAQ, Viva	
HomU G-OM-III 6.6			**§ 274**	Discuss the disadvantage of multiple remedies						
HomU G-OM-III 6.7	K HO PC PBL	KH SH	**§ 275-283** Posology	Analyse the suitableness of homeopathic medicine, ,Discuss the effect	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion	SAQ Viva	MCQ SAQ, Viva	Materia Medica

	PBL			of homoeopathically selected remedy in a chronic case ,Discuss homeopathic aggravation&Design the management of homeopathic aggravation&Discuss the use of large doses of specific remedies	Affective II		Clinical demonstration	Case solving	Case solving	
HomUG-OM-III 6.8	K HO PC PBL	KH SH	**§ 284-285**	Discuss the Routes of Administration	Cognitive Understandandinterpret LevelII	MK	Lecture Clinical demonstration	SAQ Viva	MCQ SAQ, Viva Case solving	

5.7.Diet and Regimen, Ancillary-auxiliary measures(§259-263, §285-291)

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-III 7.1	K HO PC PBL	KH SH	**§ 259** Diet and Regimen	Discuss the reason for proper Diet & Regimen during homeopathic treatment	Cognitive Understandandinterpret LevelII C-I & II	MK	Lecture Small Group Discussion Clinical demonstration	SAQ Viva Case solving	MCQ SAQ, Viva	Materia Medica Practice of Medicine
HomUG-OM-III 7.2	PC CS		**§ 260-261**	List the errors in diet & regimen forming obstacles to cure	C-II & III					Organon
HomUG-OM-III 7.3	PBL PC		**§ 262-263**	Discuss and plan Diet and Regimen for acute diseases						Community Medicine (S)

HomUG-OM-III 7.4	K HO PC PBL	KH SH	**§ 286-§ 291** Auxiliary modes of treatment	List the various auxiliary modes of treatment (Electricity, Galvanism, Minerals, Magnet, Mesmerism,Mineral baths); Discuss the modes of each and advantages of each	Cognitive Understand and interpret Level II	MK	Lecture Small Group Discussion Clinical demonstration	SAQ Viva SAQ Viva Case solving	MCQ SAQ, Viva	

5.8.1 Philosophy: Susceptibility

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	

Hom UG-OM-II 8.1.1	K & S HO PC PBL	K	**Susceptibility** Kent Chapter XIV	Analyse § 31-33	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion	SAQ Viva Case solving	MCQ SAQ, LAQ Viva Case solving	Organon (V)

Hom UG-OM-II 8.1.2			Roberts Chapter XVII	Analyse the rules of susceptibility Recognize the importance of normal susceptibility Infer the relation of susceptibility with immunity			Clinical demonstration			
Hom UG-OM-II 8.1.3			Stuart Close Chapter VII	Define Susceptibility Discuss how susceptibility is modified Define deficient and excessive reaction						Organon (V)

5.8.2. Philosophy: Idiosyncrasy

Sl.No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-III 8.2.1	K & S HO PBL	K HO	**Idiosyncrasy** Stuart Close Chapter VIII & Kent Chapter XXIX	List the types of Idiosyncrasy Discuss the relation between Idiosyncrasy &drug disease Differentiate between Idiosyncrasy and allergy	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion	SAQ Viva	MCQ SAQ, LAQ Viva	

5.8.3. Philosophy: Suppression and Palliation

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-III 8.3.1	K & S HO PC PBL	K	**Suppression** Robert Chapter XVIII	Define Suppression Discuss various types of Suppressio	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion	SAQ Viva Case solving	MCQ SAQ, LAQ Viva	

				n Detect suppression in modern practice			Clinical demonstration			
HomUG-OM-III 8.3.2			Stuart Close Ch. VI & IX	Describe the ill effects of Suppression			Lecture Clinical Demonstration	SAQ Viva Case solving	MCQ SAQ, LAQ Viva	
HomUG-OM-III 8.3.3	K & S HO P C	K SH	**Palliation** Kent Chapter XXXVII	Define Palliation Identify conditions where palliation is required	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion Clinical demonstration	MCQ SAQ Viva	MCQ SAQ, LAQ Viva	**Repertory (H)**
HomUG-OM-III 8.3.4	PBL CS		Roberts Chapter XIX	Discuss the law of Palliation and its application in daily practice						

5.8.4. Philosophy: Remedy Reaction and Second Prescription

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-III 8.4.1	K & S HO PC PBL CS	K KH SH SH	**Remedy reaction** Kent Chapter XXXIV & XXXV Roberts Chapter XIV	List the different Observations of Kent after the action of the remedy Discuss the prognosis of each of the observations Demonstrate these observations in the OPD Identify the most necessary attribute of the	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion Clinical demonstration	MCQ SAQ Viva	MCQ SAQ, LAQ Viva	

				homeopathic physician Recognise the significance of various aggravations and amelioration Identify the potential risks associated with the use of high potencies, particularly in patients with advanced or incurable diseases Determine the appropriate course of action based						

				on the patient's reaction to the remedy						
HomUG-OM-III 8.4.2	K & S HO PBL	K	**Second Prescription** Kent Chapter XXXVI	Define Second Prescription List the types of	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion	MCQ SAQ Viva	MCQ SAQ, LAQ Viva	Practice of Medicine (V) Gynae and Obst. (V) Surgery

	PC CS		Roberts Chapter XVI	Second prescription Identify the conditions requiring different second prescriptions Diagnose the conditions requiring antidote	C III		Clinical demonstration Clinical demonstration	Case solving Case solving	Case solving Case solving	(V) Materia Medica Repertory

5.8.5. Philosophy: Posology

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-III 8.5.1	K & S HO	K	**Posology** Robert Ch. XII, XIII	Summarise the historical context of homoeopathic dosage Explain the concept of the dynamic	Cognitive Understandandinterpret LevelII	MK	Lecture Small Group Discussion Clinical demonstration	MCQ SAQ Viva	MCQ SAQ, LAQ Viva	

				nature of disease and its implication for homoeopathic dosage Relate the principle of the minimum dose to the dynamic nature of disease Explain Hahnemann's observations on the primary and secondary actions of drugs and their relevance to homoeopathic dosage Describe the concept of homoeopathic						

				aggravation and its significance in dosage determination Illustrate the importance of individual susceptibility in determining the appropriate dose Interpret the relationship between potency and the degree of similarity between drug symptoms and disease symptoms Discuss the dangers of using large doses in homoeopathic						

				practice						
HomUG-OM-III 8.5.2			Stuart Close Chapter XIII	Estimate the importance of posology in homœopathy Define the concept of the minimum dose Distinguish between physiological, therapeutic, and pathogenetic doses List the factors that influence the choice of dose Explain how to assess the susceptibility of a patient						

				Describe how the stage and nature of the disease influence the choice of dose Describe the principles of dose repetition						

5.9. Philosophy : Hahnemannian classification of diseases further insight and correlation with scope and limitation

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 9.1	K & S HO PC	K	**Kent's Chapter XVII**	Distinguish between acute and chronic diseases Validate the impact of drug use on chronic diseases	C-II C-III	DK	Lecture Small Group Discussion Clinical Demonstration	MCQ SAQ	MCQ SAQ Viva	

HomUG -OM-II 9.2	K & S HO PC		**Kent's Chapter XVIII**	Discuss the concept of Psora as the fundamental cause of all chronic diseases Describe the evolution and progression of Psora Recognize the impact of suppressive treatments on Psora Explain the importance of observing the backward progression of disease Analyse the role of acute remedies in relation to Psora Differentiate between acute	C-II	DK	Lecture Small Group Discussion Clinical Demonstration	MCQ SAQ	MCQ SAQ LAQ Viva	

				and chronic miasms Justify the significance of detailed case taking in understanding Psora Recognize the value of homeopathic treatment in addressing Psora			Clinical Demonstration			
HomUG-OM-II 9.3	K & S HO PC		**Kent's Chapter XIX**	Explain the relationship between psora, syphilis, and sycosis Describe the historical development and progression of psora Analyse the	C-II	DK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	

				impact of allopathic treatment on the development of psora Identify the key symptoms and characteristics of psora						
HomUG -OM-II 9.4	K & S HO PC		**Kent's Chapter XX**	Describe the general characteristics of syphilis Recognise that syphilis, unlike acute miasms, has contagion in all its stages Analyse the challenges in immediately detecting syphilis infection	C-II	DK	Lecture Small Group Discussion	MCQ SAQ Viva Quiz	MCQ SAQ LAQ Viva	

				contracted in the secondary or tertiary stage Summarise how homoeopathic remedies act on syphilis in different stages Identify the common outward manifestations of early-stage syphilis			Clinical Demonstration			
HomUG-OM-II 9.5	K & S HO PC		**Kent's Chapter XXI**	Differentiate between acute and chronic gonorrhoea Recognise the serious consequences of suppressing chronic gonorrhoea Identify sycosis and distinguish it from other	C-II	DK	Lecture Small Group Discussion Clinical Demonstrati	MCQ SAQ	MCQ SAQ LAQ Viva	

				miasms Estimate the impact of sycosis on marriage and offspring			on			
HomUG -OM-II 9.6	K & S HO PC		**Scope and Limitations of Homeopathy**	Define the scope of homoeopathy and its limitations Discuss the significance of symptoms in homoeopathic practice Identify the different causes of disease and their relation to homoeopathic treatment	C-II	MK	Lecture Small Group Discussion Clinical Demonstration	MCQ SAQ	MCQ SAQ LAQ Viva	

				Argue the ethical and practical challenges of applying homoeopathic principles						
HomUG -OM-II 9.7	K & S HO PC		**General Pathology of Homeopathy**	Differentiate between homeopathic and conventional general pathology Analyse Hahnemann's classification of chronic diseases based on their causative factors Discuss the doctrine of latency in chronic diseases like syphilis, gonorrhea, and tuberculosis Discuss the role	C-II	DK	Lecture Small Group Discussion	MCQ SAQ Viva	MCQ SAQ LAQ Viva	

				of metastasis in disease manifestation and the potential dangers of symptom suppression Recognise and address idiosyncrasies and drug diseases in patients						

5.10. J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-III 10.1	K & S HO P C	K	Psora & Pseudo psora	Define and explain the concept of chronic miasms in homeopathy Discuss Hahnemann's concept of chronic diseases as stemming from miasms	C-II	MK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	

				Recognise the signs and symptoms of latent and developed psora Appreciate the dangers of suppressing the external symptoms of psora Illustrate the importance of treating the internal miasm for a complete cure						
HomUG -OM-III 10.2	K & S HO PC	K		Describe the process of infection and development of psora Discuss the concept of pseudo-psora and its relationship to the combination of different miasms Explain the importance of recognizing miasmatic	C-II	MK	Lecture Small Group Discussion	MCQ SAQ Viva	MCQ SAQ LAQ Viva	

				influences in case analysis and remedy selection Identify the limitations and errors that can arise in treating chronic miasmatic diseases Discuss the broader implications of miasmatic theory for understanding health, disease, and the human condition						
HomUG-OM-III 10.3	K & S HO PC	K	Miasms & their relation to pathology	Explain the difference between the two distinct schools of homeopathy Identify three points in Dr. Hughes' teachings that emphasize the value of the law of similars in homeopathy	C-II	MK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	

				Explain why Hahnemann rejected pathology in favour of symptomatology Discuss the relationship between pathology and miasms						
HomUG -OM-III 10.4	K & S HO PC	K	Secondary Diseases or Sequelae	Explain the concept of chronic miasms and their role in disease development Describe the impact of suppressing acute diseases on the underlying miasmatic state Analyze the relationship between acute miasmatic diseases and chronic miasms	C-II	MK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	

HomUG -OM-III 10.5	K & S HO PC	K	Bacteria & their relation to pathology	Explain the relationship between bacteria and pathology Analyze the limitations of focusing solely on the physical and chemical aspects of disease Discuss the limitations of cellular pathology in explaining the origin and development of disease Evaluate the contributions of Hahnemann and Virchow to the understanding of disease	C-II	MK	Lecture Small Group Discussi on	MCQ SAQ	MCQ SAQ LAQ Viva	

	K & S HO PC	K	The relationship of the miasms to abnormal growths	Explain the relationship between miasms and abnormal growths Describe the concept of potentiality in the context of miasms Analyze the progression of disease from a miasmatic perspective Evaluate the role of suppression in miasmatic disease	C-II	MK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	
HomUG-OM-III 10.6	K & S HO PC	K	Scrofula & its miasmatic basis	Define scrofula Explain the relationship between scrofula, syphilis, and psora Describe the symptoms and characteristics of scrofula	C-II	MK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	

				Discuss the miasmatic treatment of scrofula						
HomUG -OM-III 10.7	K & S HO PC	K	Basic symptoms of Psora	Identify the symptoms of Psora in various system	C-II	MK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	
HomUG -OM-III 10.8	K & S HO PC	K	Sycosis	Define and differentiate between Sycosis and gonorrhoea simplex Identify the primary, secondary, and tertiary stages of Sycosis and their accompanying symptoms Explain the dangers of suppressing Sycosis, particularly through local treatment and operative methods Describe the impact of Sycosis on various systems	C-II	MK	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	

				and organs, including the reproductive, urinary, respiratory, digestive, and nervous systems Discuss the homeopathic approach to treating Sycosis, including the use of anti-sycotic remedies and the importance of addressing the underlying miasm						

6. **Teaching Learning Methods for lectures (Theory) and non-lectures** (clinical/ practical/demonstrative)

Lectures (Theory)	**Non-lectures (Practical)**
Lectures	Clinical demonstration
Integrated lectures	Problem based group discussion, Symposium
Library reference	Case based learning
Self-learning	Tutorials
	Seminars
	Assignments

Different teaching-learning methods must be applied for understanding the subject.
There has to be classroom lectures, small group discussions, case discussion where case-based learning (CBL) and problem-based learning (PBL) are especially helpful.
Audio visual (AV) methods for classroom teaching may be an innovative aid to demonstrate the related graphics and animations etc. In case of clinical demonstration – DOAP (Demonstration – Observation – Assistance – Performance) is very well applicable.

Special attention to be paid for following during small group interactions

Project work with its presentations
Practicing evaluation & feedback system-after project work, assignment, and group discussion
Journal Entry -cases with emphasis on case taking, case processing

7. Details of assessment

7.1 Overall Scheme of assessment

<table>
<tr><td>Sr No</td><td>Professional Course</td><td colspan="2">Term I (1-6 Months)</td><td colspan="3">Term II (7-12 Months)</td></tr>
<tr><td rowspan="2">1.</td><td rowspan="2">Third Professional BHMS</td><td>PA I (end of 3 months)</td><td>TT I (end of 6 months)</td><td>PA II (end of 9 months)</td><td colspan="2">FUE (end of 12 months)</td></tr>
<tr><td>20 Marks
Viva
Practical / Viva</td><td>100 Marks
Practical / Viva
i. Viva voce 50 Marks
ii. Clinical Performance- 50 Marks
Case taking, Case solving Miasmatic Diagnosis</td><td>20 Marks
Practical / Viva</td><td>200 Marks
Theory</td><td>200 Marks
(Clinical/Practical +Viva+ IA)</td></tr>
</table>

8.2.(Summative) Number of Papers and Marks distribution

Sr No	Course Code	Paper	Theory	Practicals	Viva voce	Internal Assessment **	Grand Total
1	HomUG-OM-III	1	100 Marks	100 Marks i. Short Case-20 Marks ii. Long Case-50 Marks iii. Case presentation/ Communication Skills-10 Marks iv. Journal*-20 Marks	80 Marks	20 Marks	400 Marks
		2	100 Marks				

* Journals with 15 cases (10 long cases & 5 Short cases) needs to be maintained by the students which should include Case Taking, Case Processing-Analysis& Evaluation, Investigations, Probable and Differential Diagnosis (with ICD 11), Hahnemannian Classification of disease in that case, Susceptibility, Miasmatic understanding of the case, Remedy with reasons.

****Method of calculation of Internal assessment marks for Final University Examination**

Marks of IA- (Marks of PA-1 + Marks of TT + Marks of PA-2) / 140 X 20

7.3 Paper Layout

Summative Assessment (FUE):

Theory -200 Marks

Paper I and II: Each Paper will have distribution as follows

MCQ	**10 Marks**
SAQ	**40 Marks**
LAQ	**50 Marks**

7.4 Distribution of questions for theory exam

Sr. No	Paper I A	B	C	Type of Questions D		
	List of Topics	**Term**	**Marks**	**MCQ (1 Mark)**	**SAQ (5 Marks)**	**LAQ (10 Marks)**
1	Aphorisms 1-145	**I & II**	**17**	**2**	**1**	**1**
2	Actions of medicine- points necessary for the cure (§ 146-149)	I	**1**	**1**	**-**	**-**
3	Management and Treatment of various kind of diseases- acute/chronic/surgical/one sided/epidemic, etc (§ 150-209)	I	**22**	**2**	**2**	**1**
4	Management and Treatment of various kind of diseases- (§ 231-244)	II	**22**	**2**	**2**	**1**
5	Repetition, Follow up and Prejudice in Prescription (§ 245-258)	II	**15**	**-**	**1**	**1**
6	Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy (§264-285)	II	**17**	**2**	**1**	**1**
7	Diet and Regimen, Ancillary-auxiliary measures (§259-263, §285-291)	II	**6**	**1**	**1**	**-**
Sr. No	**Paper II**			**D Type of Questions**		
	A List of Topics	**B Term**	**C Marks**	**MCQ (1 Mark)**	**SAQ (5 Marks)**	**LAQ (10 Marks)**
1	Hahnemann's Preface and Introduction to Organon of Medicine	I	**6**	**1**	**1**	
2	Hahnemann's Theory of Chronic Diseases	I	**22**	**2**	**2**	**1**
3	Susceptibility, idiosyncrasy, suppression, palliation, remedy reaction, Secondprescription, posology	II	**33**	**3**	**2**	**2**

4	Hahnemannian classification of diseases further insight and correlation with scope and limitation	II	**22**	**2**	**2**	**1**
5	J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis	II	**17**	**2**	**1**	**1**

7.5 Theme-wise distribution

Paper I

No	Chapter / Topic	Term	Theme	Marks	LAQ	SAQ	MCQ
1	Aphorisms 1-145	I & II	A	**18**	**1**	**1**	**3**
2	Management and Treatment of various kind of diseases-acute/chronic/surgical/one sided/epidemic, etc (§ 150-209 & § 231-244)	I & II	B	**44**	**2**	**4**	**4**
3	Repetition, Follow up and Prejudice in Prescription (§ 245-258)	II	C	**15**	**1**	**1**	**-**
4	Pharmacy, Routes of Administration and some fundamental Laws of Homeopathy (§264-285)	II	D	**17**	**1**	**1**	**2**
5	Diet and Regimen, Ancillary-auxiliary measures (§259-263, §285-291)	II	E	**6**	**-**	**1**	**1**

Paper II

No	Chapter / Topic	Term	Theme	Marks	LAQ	SAQ	MCQ
1	Hahnemann's Preface and Introduction to Organon of Medicine	I	A	**6**	-	1	1
2	Hahnemann's Theory of Chronic Diseases	I	C	**22**	1	2	2
3	Susceptibility, idiosyncrasy, suppression, palliation, remedy reaction, Secondprescription, posology	II	B	**33**	2	2	3
4	Hahnemannian classification of diseases further insight and correlation with scope and limitation	II	D	**22**	1	2	2
5	J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis	II	E	**17**	1	1	2

7.6 Question Paper blueprint: Paper I

A Question Serial Number	B Type of Question	Question Paper Format (Refer Table 8.5 for themes)
Q.1	Multiple choice Questions (MCQ) 10 Questions 1mark each All compulsory	1. ThemeA 2. Theme A 3. Theme A 4. Theme B 5. Theme B 6. Theme B 7. Theme B 8. Theme D 9. Theme D 10. Theme E
Q.2	Short Answer Questions (SAQ) 8 Questions 5 marks each All compulsory	1. Theme A 2. Theme B 3. Theme B 4. Theme B 5. Theme B 6. Theme C 7. Theme D 8. Theme E
Q.3	Long Answer Questions (LAQ) 5 Questions 10 marks each All compulsory	1. ThemeA 2. Theme B 3. Theme B 4. Theme C 5. Theme D

Paper II

A **Question Serial Number**	B **Type of Question**	**Question Paper Format** **(Refer Table 8.5 for themes)**
Q.1	Multiple choice Questions (MCQ) 10 Questions 1mark each All compulsory	1. Theme A 2. Theme B 3. Theme B 4. Theme B 5. Theme C 6. Theme C 7. Theme D 8. Theme D 9. Theme E 10. Theme E
Q.2	Short Answer Questions (SAQ) 8 Questions 5 marks each All compulsory	1. Theme A 2. Theme B 3. Theme B 4. Theme C 5. Theme C 6. Theme D 7. Theme D 8. Theme E
Q.3	Long Answer Questions (LAQ) 5 Questions 10 marks each All compulsory	1. Theme B 2. Theme B 3. Theme C 4. Theme D 5. Theme E

8. **List of Recommended Books**

- Hahnemann Samuel,Organon of Medicine 6th edition translated By W. Boericke
- Hahnemann Samuel,Organon of Medicine 5th&6thcombined edition translated By R. E. Dudgeon
- Hahnemann Samuel, The Chronic Diseases, their peculiar Nature and their Homeopathic Cure, Second Edition, translated by Prof. Louis H. Tafel, Vol. I
- Allen J. Henry, The Chronic Miasms, Psora and Pseudo Psora, Vol. I and II
- Kent J.T. Lectures on Homoeopathic Philosophy
- Roberts H. A. The Principle and Art of Cure By Homoeopathy
- Close Stuart, The Genius of Homoeopathy Lectures and Essay on Homoeopathic Philosophy
- Sarkar B. K., Commentary on Organon
- Das A. K.,A Treatise on Organon of Medicine
- Schmidt Pierre, The Art of Case Taking and Interrogation
- Goel Sumit, A study on Organon of Medicine and Homoeopathic Philosophy

9. List of Contributors

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COMPETENCY BASED DYNAMIC CURRICULUM FOR THIRD BHMS PROFESSIONAL COURSE

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

(Practice of Medicine)

HOMOEOPATHY EDUCATION BOARD

NATIONAL COMMISSION FOR HOMOEOPATHY

MINISTRY OF AYUSH, GOVERNMENT OF INDIA

JAWAHAR LAL NEHRU BHARTIYA CHIKITSA AVUM HOMOEOPATHY ANUSANDHAN BHAVAN

No.61-65, Institutional Area, opp. 'D' block, Janak Puri, New Delhi-110 058

Subject: Practice of Medicine
Subject code: HomUG PM-II

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1. Preamble

Practice of Medicine with Homoeopathic therapeutics is concerned with study of clinical methods, clinical presentations of systemic diseases, differential diagnosis and prognosis, general management and integration with Homoeopathic principles to evolve homoeopathic therapeutics.

Homoeopathy has a distinct approach to the concept of disease. It recognizes the ailing individual by studying him as a whole rather than in terms of sick parts and emphasizes the study of the man, his state of health, state of Illness.The emphasis is on study of man in respect of health, disposition, diathesis, disease, taking all predisposing and precipitating factors, i.e. fundamental cause, maintaining cause and exciting cause. The study of the concept of individualization is essential so that the striking features which are characteristic to the individual become clear, in contrast to the common picture of the respective disease condition. Hahnemann's theory of chronic miasms provides us an evolutionary understanding of the chronic diseases: psora, sycosis, tubercular and syphilis, and acute manifestations of chronic diseases and evolution of the natural disease shall be comprehended in the light of theory of chronic miasms.

This will demand correlation of the disease conditions with basics of anatomy, physiology, biochemistry and pathology. Application of Knowledge of Organon of Medicine and Homoeopathic Philosophy, Materia Medica and Repertory in dealing with the disease conditions should be actively taught.

Lifestyle disorders have burgeoned in modern times. Homoeopathy has a great deal to offer through its classical holistic approach. There are plenty of therapeutic possibilities which Homoeopathy needs to exploit in the years to come.

2. Course outcomes (CO)

i. Develop as a sound homoeopathic clinician who can function indifferent clinical settings by applying knowledge, clinical skills and attitudes in studying the individual as a whole.

ii. Able to correlate the disease conditions with the basics of anatomy, physiology, biochemistry and pathology.

iii. Able to apply the knowledge of causation, pathophysiology, pathogenesis, manifestations, and diagnosis (including differential diagnosis) to understand the disease.

iv. Develop adequate knowledge for rational use of investigations and its interpretation to arrive at a final diagnosis of disease.

v. Ability to make a rational assessment of prognosis and general management of different disease conditions.

vi. Ability to understand and provide preventive, curative, palliative, rehabilitative and holistic care with compassion, following the principles of Homoeopathy.

vii. Able to integrate the clinical state of the disease with the concepts of Organon of Medicine and Homoeopathic Philosophy, Repertory and Homoeopathic Materia Medica for the management of the patient.

Study of Subject:

The study of the subject will be done in THREE years - in Second BHMS, Third B.H.M.S and Fourth B.H.M.S, but Final University Examination shall be conducted at the end of Fourth B.H.M.S.

3. Learning objectives (LO)

A. Pulmonary disorders:

i. **Understand Disease Processes**:Study **pathophysiology, clinical features, and outcomes** of common pulmonary disorders like asthma, COPD, pneumonia, tuberculosis, and occupational lung diseases.

ii. **Develop Diagnostic Skills**:Perform **respiratory examinations**, order and interpret relevant tests (e.g., blood, sputum, imaging, pulmonary function tests), and formulate **differential diagnoses**.

iii. **Integrate Homoeopathic Principles**:Correlate symptoms with structural/functional changes, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).

iv. **Therapeutic Competence**:Create **individualized treatment plans** using homoeopathic remedies and manage acute/chronic conditions. Incorporate **ancillary measures** like diet, lifestyle changes, and avoidance of triggers.

B. Diseases of the kidney

i. **Understand Renal Anatomy and Physiology**:Learn the structure and function of the kidneys, including their role in fluid balance, electrolyte regulation, acid-base balance, and waste excretion.

ii. **Understand Disease Processes**:Study the **pathophysiology, clinical features, and outcomes** of common renal disorders like acute kidney injury (AKI), chronic kidney disease (CKD), glomerulonephritis, nephrotic syndrome, and nephrolithiasis.

iii. **Develop Diagnostic Skills**:Take detailed histories, perform systemic examinations, order relevant tests (e.g., renal profile, urine analysis, imaging), and interpret results to diagnose and differentiate kidney disorders.

iv. **Integrate Homoeopathic Principles**:Correlate symptoms with structural/functional changes in the kidneys, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).

v. **Therapeutic Competence**:Create **personalized homoeopathic treatment plans** based on symptoms, manage acute and chronic conditions, and recommend **dietary changes, lifestyle interventions, and adjunctive therapies** (e.g., dialysis) to slow disease progression and optimize renal function.

vi. **Manage Complications**:Develop strategies to address complications like electrolyte imbalances, hypertension, anaemia, bone disease, and cardiovascular issues, aiming to prevent further kidney damage.

vii. **Preventive Measures**:Promote renal health by managing risk factors like hypertension, diabetes, obesity, and nephrotoxic drug exposure.

viii. **Patient Education**:Educate patients about their condition, treatment options, and self-care to empower them in managing their health.

ix. **Interdisciplinary Collaboration**:Collaborate with nephrologists, dieticians, and other healthcare professionals to provide comprehensive care for renal disorders.

C. Disorders of water & electrolyte balance:

i. **Understand Physiology**:Learn the mechanisms regulating water and electrolyte balance, including the roles of the kidneys, hormones, and fluid compartments.

ii. **Understand Imbalances and Disease Processes**: Identify and interpret common electrolyte imbalances (e.g., hyponatraemia, hypernatremia, hypokalaemia, hyperkalaemia) using clinical and lab findings, and study their pathophysiology, symptoms, and outcomes.

iii. **Integrate Homoeopathic Principles**:Correlate symptoms with water and electrolyte disturbances, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).

iv. **Therapeutic Competence**:Design personalized homoeopathic treatments based on symptoms, manage acute and chronic conditions, and use supportive measures like fluid and electrolyte therapy to restore balance and enhance health.

D. Diseases of the digestive system and peritoneum:

i. **Understand Disease Processes**:Learn the **pathophysiology, clinical features, and outcomes** of common digestive disorders like GERD, gastritis, peptic ulcers, IBS, malabsorption, IBD, and peritonitis.

ii. **Develop Diagnostic Skills**:Learn to take GI histories, perform exams, order tests (e.g., blood, imaging), and interpret results to diagnose and differentiate digestive disorders.

iii. **Integrate Homoeopathic Principles**:Correlate symptoms with structural/functional changes in the digestive system, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).

iv. **Therapeutic Competence**:Create personalized homoeopathic treatment plans based on symptoms, manage acute and chronic conditions, and recommend dietary, lifestyle, and adjunctive therapies.

E. Diseases of liver, gallbladder, and pancreas:

i. **Understand Disease Processes**:Study the **pathophysiology, clinical features, and outcomes** of diseases like viral hepatitis, cholelithiasis, pancreatitis, and hepatic cirrhosis.

ii. **Develop Diagnostic Skills**:Take detailed histories, perform systemic examinations, order relevant tests (e.g., blood, imaging), and interpret results to diagnose and differentiate liver, gallbladder, and pancreatic disorders.

iii. **Integrate Homoeopathic Principles**:Correlate symptoms with structural/functional changes, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).

iv. **Therapeutic Competence**:Create **personalized homoeopathic treatment plans** based on symptoms, manage acute and chronic conditions, and recommend **dietary, lifestyle, and adjunctive therapies**.

F. Endocrine diseases and metabolic disorders:

i. **Understand Disease Processes**:Study the **pathophysiology, clinical features, and outcomes** of endocrine disorders like thyroid, adrenal, and pituitary gland dysfunctions.

ii. **Develop Diagnostic Skills**:Take detailed histories, perform systemic examinations, order relevant tests (e.g., hormonal assays, imaging), and interpret results to diagnose and differentiate endocrine disorders.

iii. **Integrate Homoeopathic Principles**:Correlate symptoms with structural/functional changes, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).

iv. **Therapeutic Competence**:Create **personalized homoeopathic treatment plans** based on symptoms, manage acute and chronic conditions, and recommend **hormonal therapy, dietary changes, lifestyle interventions, and adjunctive therapies** to restore hormonal balance and improve health.

G. Bedside clinics / demonstrative activities:

i. Develop proficiency in conducting comprehensive patient assessments, including history-taking, physical examination, and formulation of differential diagnoses during bedside clinics.

ii. Apply critical thinking and diagnostic reasoning skills to interpret clinical findings, integrate patient history and examination findings and formulate accurate diagnoses in a clinical setting.

iii. Develop ability to integrate clinic-pathologio-miasmatic corelation to appreciate state of Susceptibility [Qualitative and Quantitative] in Homoeopathic practice.

iv. Develop effective communication skills with patients, including active listening, empathy during bedside clinics.

v. Exhibit professionalism and ethical conduct in all aspects of patient care during bedside clinics, including respect for patient autonomy, confidentiality, and cultural sensitivity.

vi. Practice accurate and thorough clinical documentation skills, including recording patient histories, examination findings, diagnostic results, and treatment plans in accordance with institutional standards and guidelines.

vii. Engage in self-reflection and self-assessment of clinical skills and knowledge gaps identified during bedside clinics, and demonstrate a commitment to lifelong learning and professional development.

4. Term-wise course content and teaching hours distribution:

4.1 Term-wise distribution of course content-

Terms	Topic
I	1) Pulmonary disorders
	2) Diseases of Kidney
	3) Disorders of Water & Electrolyte Balance
II	4) Diseases of Digestive System and Peritoneum
	5) Diseases of Liver Gallbladder and Pancreas
	6) Endocrine Diseases and Metabolic Disorders

Refer tables 4.3.1 – 4.3.6 for detailed content (topics breakup)

4.2 Gross division of teaching hours:

Sr No	Subject	Lecture	Non-lecture
1	HomUG-PM-II	120 Hours	100 Hours 1. Clinical 70 2. Demonstrative – 30

4.3 Teaching hours theory: 120 hours

4.3.1 Pulmonary disorders

Sr. No.	Topics	Hours
General	Approach Patient with Disease of RS	1
1	Upper respiratory tract infections: Rhinitis, Pharyngitis, Sinusitis	1
2	Bronchial Asthma and acute Bronchitis	2
3	Chronic Obstructive Lung Disease: Chronic Bronchitis, Emphysema	3
4	Pneumonia	2

5	Bronchiectasis	1
6	Lung abscess	1
7	Pulmonary Tuberculosis	1
8	Tropical pulmonary eosinophilia	1
9	Occupational & Environmental Lung Disorders	2
10	Sarcoidosis	1
11	Pulmonary Thromboembolism	1
12	Pleurisy & Pleural Effusion	1
13	Pneumothorax	1
14	Empyema	1
15	Atelectasis	1
16	Interstitial lung diseases	2
17	Cystic fibrosis of lung	1
18	Neoplasia	1
19	Hyperventilation Syndromes	1
20	SARS	1
21	Therapeutics related to RS	3
	Total	**30**

4.3.2. Urogenital tract diseases

Sr. No.	Topics	Hours
General	Symptomatology and clinical syndromes & Renal function tests	1
1	Urinary Tract Infections: Asymptomatic bacteriuria, Acute pyelonephritis, Renal abscess, Acute cystitis, Acute urethritis, Acute prostatitis, Septicaemia	2
2	Nephrotic Syndrome	1
3	Glomerulopathies	2

4	Renal failure: acute & chronic	2
5	Renal Vascular diseases	1
6	Nephrolithiasis/obstructive uropathy.	1
7	Tumours of Genito urinary tract	1
8	Tubulo-interstitial Diseases	1
9	Cystic Kidney diseases	1
10	Thera related to renal disorders	2
Total		**15**

4.3.3. Disorder of water & electrolyte balance

SR. NO.	TOPICS	HOURS
General	Approach to disorders of electrolyte imbalance	1
1	Hypo & Hypernatremia	1
2	Hypo & Hyperkalaemia	1
3	Hypo &Hyperphosphatemia	1
4	Metabolic Acidosis & Alkalosis	1
5	Respiratory Acidosis & Alkalosis	1
6	Therapeutics related to Disorder of water & electrolyte balance	1
Total		**7**

4.3.4. Diseases of digestive system and peritoneum

Sr. No.	Topics	Hours
General	Applied Anatomic and Physiology of GIT	1
1	Aphthous Ulceration, Stomatitis	1
2	Parotitis	1
3	Achalasia cardia	1

4	Hiatus hernia	1
5	GERD and Esophagitis	1
6	Gastritis: Acute & Chronic	2
7	Peptic Ulcers	1
8	Gastric carcinoma	1
9	Malabsorption Syndrome: Coeliac disease, lactose intolerance	2
10	Irritable Bowel Syndrome	1
11	Inflammatory Bowel Diseases: Ulcerative colitis, Crohn's disease	2
12	Abdominal Tuberculosis	1
13	Neoplasia of the bowel	2
15	Anorectal disorders	1
16	Diverticulitis	1
17	Thera related to GIT	3
Total		**23**

4.3.5. Disorder of liver, gall bladder & pancreas

Sr. No.	Topics	Hours
General	Hepatobiliary - Clinical approach to hepatobiliary and Pancreatic diseases	2
1	Acute Viral Hepatitis	2
2	Chronic hepatitis	2
3	Alcoholic Liver Diseases	1
4	Cirrhosis of Liver, Portal Hypertension & Hepatic Failure	3
5	Liver abscess& Cysts	1
6	Cholecystitis: Acute & Chronic	2
7	Cholelithiasis	1
8	Acute and Chronic Pancreatitis	2
9	Hepatocellular carcinoma	1

10	Thera related to Liver, Gall bladder & Pancreas disorders	3
Total		**20**

4.3.6. Endocrine and metabolic disorders

Sr. No.	Topics	Hours
General	Approach to Endocrine disorder	2
1	Hypothyroidism	2
2	Hyperthyroidism, Thyrotoxicosis – Grave's Disease	2
3	Autoimmune thyroid disease - Hashimoto's thyroiditis	1
4	Goitre: Simple and multi-nodular goitre - simple diffuse goitre, multinodular goitre	2
5	Hypo & Hyper Parathyroid disorders	2
6	Hypercalcaemia and Hypocalcaemia	1
7	Disorders of Adrenal Gland: Cushing's syndrome, Phaeochromocytoma, Addison's disease, Spontaneous hypoglycaemia	3
8	Dwarfism	1
9	Nelson's Syndrome	1
10	Acromegaly and Gigantism	1
11	Diabetes insipidus	1
12	Diabetes Mellitus	3
13	Therapeutics related to endocrine disorders	3
Total		**25**

4.4 Teaching hours Non-lecture:

Sr. No.	Non-lectures	Hours
	Clinical	
1	Case-taking and processing from the perspective of Practice of Medicine	**70**
2	DOPS- Direct observation of procedural skills, DOAP – Demonstration- Observation- Assistance-Performance (Focus on practical demonstrations of clinical skills, procedures, and patient interactions)	
3	OSCE – Objective Structured Clinical Examination (Structured clinical examination to evaluate students' clinical competence.)	
	Demonstrative	
4	Case Based / Problem Based Discussion on any of the topic of III BHMS Syllabus topic *[as per availability of the case material or patient]*	**30**
5	Skill lab training , Simulation – with mannequins (Hands-on practice of clinical skills and emergency scenarios using mannequins.)	
6	Seminars/ Tutorials/ Journal club meetings	
7	Role playing- Students act as doctors, patients, or family members to practice communication, history-taking, and empathy	
8	Projects, charts, models, assignments etc.	
Total		**100**

5. Content mapping (competencies tables)

5.1. Disorders of Respiratory System

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.1. Approach Patient with Disease of RS										
HomUG-PM II.1.1	Knowledge and Scholarship	K	Structure and function of the respiratory system	Describe the anatomy and physiology of the respiratory system.	C1	MK	Lecture, Visual aids	MCQs, SAQ	SAQ, LAQ	Anatomy, Physiology
HomUG-PM II.1.2			Common respiratory diseases and their symptoms	Identify common respiratory disorders and their symptoms.	C2	MK	Case-based learning, Simulation	MCQ, SAQ, Viva voce	SAQ, LAQ, Bedside exams, Viva	Pathology
HomUG-PM II.1.3		KH	Diagnostic tests in respiratory medicine	Explain diagnostic methods for respiratory disorders.	C2	MK	Lectures, Case studies, OPD/Clinical rounds	OSCE, SAQ	SAQ, LAQ, Bedside exams, Viva	Practice of Medicine
HomUG-PM II.1.4			Medications for respiratory disorders	Discuss pharmacological treatments for respiratory conditions.	C2	MK	Case-based learning, Problem-solving	Written assignments, Case studies	SAQ, LAQ, Bedside exams, Viva	Pharmacology, Materia Medica
HomUG-PM II.1.5	Homoeopathic Orientation	KH	Role of homoeopathy and when to refer/collaborate	(a) Explain the role of homoeopathy in respiratory care. (b) Identify its limitations.	C3	DK	Guest lectures	Team-based case management exercises	SAQ, LAQ	Organon, Homoeopathic Materia Medica, Homoeopathic Pharmacy

HomUG-PM II.1.6	Knowledge and Scholarship	KH	Non-pharmacological interventions	Describe non-pharmacological treatments for respiratory disorders.	C2	MK	Group discussions, Role play	Group projects, Presentations	Bedside Clinical assessments	Community Medicine
HomUG-PM II.1.7		SH	Educating and counselling patients	Educate and counsel patients on managing respiratory disorders.	A2	MK	Role play, Simulation	Direct observation in OPD, Role play	OSCE	Community Medicine
HomUG-PM II.1.8		KH	Applying research evidence in practice	Apply evidence-based guidelines to manage respiratory disorders.	C2	MK	Journal club, Online Research of Data Bases	Evidence-based treatment plan presentation	SAQ	Research Methodology, Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.2. Upper respiratory tract infections: Rhinitis, Pharyngitis, Sinusitis										
HomUG-PM II.2.1	Knowledge and Scholarship	K	Structure and function of the upper respiratory tract	(a) Describe the structures of the upper respiratory tract (nose, pharynx, sinuses). (b) Explain its functions (air filtration, humidification, warming).	C1	MK	Lecture, Visual aids	Quizzes, SAQ	MCQ, SAQ	Anatomy, Physiology

HomUG-PM II.2.2			Define Rhinitis, Pharyngitis, and Sinusitis	(a) Define Rhinitis, Pharyngitis, and Sinusitis. (b) Identify their causes (viral, bacterial, and allergic). (c) Explain the pathophysiology (e.g., inflammation in rhinitis).	C1	MK	Lectures	Case studies, Group discussions	MCQ, SAQ, LAQ	Pathology, Microbiology, ENT
HomUG-PM II.2.3			Signs and symptoms of URTIs	(a) Recognize signs and symptoms (nasal congestion, sore throat, facial pain). (b) Differentiate between acute and chronic forms.	C1	MK	Role play, Simulation	OSCE	SAQ, LAQ, Bedside Examinations, Viva	ENT, Practice of Medicine
HomUG-PM II.2.4		KH	Diagnostic tests for URTIs	(a) Describe diagnostic tests (nasal swabs, sinus imaging). (b) Demonstrate proper techniques (e.g., throat examination).	C2	MK	Lectures, Case studies, OPD/Clinical rounds	OSCE	SAQ, Bedside Examinations, Viva	Pathology, Microbiology, Surgery
HomUG-PM II.2.5			Medications for URTIs	(a) Discuss pharmacological treatments (antihistamines, decongestants, antibiotics). (b) Explain their mechanisms and side effects.	C2	MK	Case-based learning, Problem-solving	Written assignments	SAQ, Bedside Examinations, Viva	Pharmacology
HomUG-PM II.2.6	Homoeopathic Orientation		Homoeopathic principles and remedies for URTIs	(a) Identify homoeopathic principles for URTIs. (b) Select remedies based on symptoms. (c) Monitor and adjust treatment for optimal outcomes.	C2	MK	Lectures, OPD/Case discussions, Follow-up discussions	Written assignments, Case studies	SAQ, Bedside Examinations, Viva	Organon, Materia Medica, Homoeopathic Pharmacy
HomUG-PM II.2.7	Knowledge and Scholarship		Non-pharmacological interventions for URTIs	(a) Identify non-drug treatments (e.g., saline nasal irrigation). (b) Discuss lifestyle changes to prevent recurrence.	C2	MK	Group discussions, Role play	Group projects, Tutorials	SAQ, LAQ, Bedside Examinations, Viva	Pharmacology, Community Medicine

HomUG-PM II.2.8		SH	Educating and counseling patients with URTIs	(a) Educate patients on prevention (hand hygiene, avoiding close contact). (b) Counsel on medication and non-drug interventions.	A2	MK	Role play, Simulation	Direct observation, Self-assessment	Role play, OSCE	Community Medicine
HomUG-PM II.2.9		KH	Collaboration with healthcare professionals	Describe a multidisciplinary approach for comprehensive URTI care.	C2/3	MK	Guest Lectures, Team Based Learning	SAQ	SAQ, LAQ	Surgery, ENT
HomUG-PM II.2.10		KH	Applying research evidence in URTI management	(a) Apply evidence-based guidelines for URTI diagnosis and treatment. (b) Evaluate research to determine effective strategies.	C3	MK	Journal club, Online Research of Data Bases	Evidence-based treatment plan presentation	SAQ	Research Methodology
HomUG-PM II.2.11		K	Ethical and legal considerations in URTI care	(a) Discuss ethical principles (beneficence, non-maleficence). (b) Identify legal considerations (confidentiality, informed consent).	C2/3	DK	Guest Lectures, Role-playing, Patient counselling	SAQ	SAQ, LAQ, Viva	Forensic Medicine
HomUG-PM II.2.12	Homoeopathic Orientation	KH	Homoeopathic principles and remedies for URTIs	(a) Discuss homoeopathic principles for URTIs. (b) Select remedies based on symptoms. (c) Monitor and adjust treatment (d) Educate patients on homoeopathic rationale.	C2/3	MK	Case-based learning, Simulation	Written assignments, Case studies	SAQ, Viva	Organon and Homoeopathic Philosophy, Materia Medica and Homoeopathic Therapeutics, Homoeopathic Pharmacy,

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.3. Bronchial Asthma										
HomUG-PM II.3.1	Knowledge and Scholarship	K	Structural and functional changes in asthma	(a) Describe structural changes (airway remodelling, bronchoconstriction). (b) Explain physiological responses (inflammation, mucous production, hyper-responsiveness).	C1	MK	Lecture, Visual aids	Quizzes, SAQ	MCQ, SAQ	Anatomy, Physiology, Pathology
HomUG-PM II.3.2			Definition and mechanisms of asthma	(a) Define bronchial asthma and its variations. (b) Explain underlying mechanisms (inflammatory mediators, immune cells, and cytokines). (c) Describe processes leading to airway narrowing and symptoms.	C1	MK	Lectures	Case studies, Group discussions	MCQ, SAQ, LAQ	Physiology, Pathology
HomUG-PM II.3.3			Signs and symptoms of asthma	(a) Recognize signs and symptoms (wheezing, coughing, shortness of breath, chest tightness). (b) Differentiate between mild, moderate, and severe asthma exacerbations.	C2	MK	Role play, Simulation	OSCE	SAQ, LAQ, Bedside Examinations, Viva	Pathology, Practice of Medicine

HomUG-PM II.3.4		KH	Diagnostic tests for asthma	(a) Explain the use of spirometry and peak flow measurements. (b) Describe other tests (allergy testing, imaging) to assess severity and triggers.	C2/3	MK	Lectures, Case studies, OPD/Clinical rounds	OSCE	SAQ, Bedside Examinations, Viva	Physiology, Microbiology, Radiology, Practice of Medicine
HomUG-PM II.3.5			Medications for asthma	(a) Discuss mechanisms of action of asthma medications (bronchodilators, corticosteroids, leukotriene modifiers). (b) Explain principles of medication management (stepwise therapy, rescue vs. controller medications).	C2/3	MK	Case-based learning, Problem-solving	Written assignments	SAQ, Bedside Examinations, Viva	Pharmacology
HomUG-PM II.3.6		KH	Non-pharmacological interventions for asthma	(a) Identify non-drug interventions (allergen avoidance, smoking cessation, trigger education). (b) Discuss the role of pulmonary rehabilitation and physical activity.	C2	MK	Lectures, OPD/Case discussions, Follow-up discussions	Written assignments, Case studies	SAQ, Bedside Examinations, Viva	Community Medicine, Practice of Medicine
HomUG-PM II.3.7		SH	Educating and counselling patients with asthma	(a) Educate patients on proper inhaler use and techniques. (b) Counsel patients on self-management strategies and recognizing exacerbations.	A2	MK	Guest Lectures, Role play	SAQ	SAQ, LAQ	Community Medicine, Psychology
HomUG-PM II.3.8		KH	Collaboration with healthcare professionals	Discuss comprehensive asthma management plans.	C3	DK	Role play, Simulation	Direct observation, Self-assessment	Role play, OSCE	Practice of Medicine

HomUG-PM II.3.9			Applying research evidence in asthma management	(a) Apply evidence-based guidelines for asthma management. (b) Evaluate research to inform treatment decisions.	C3	MK	Journal club, Online Research of Data Bases	Evidence-based treatment plan presentation	SAQ	Research Methodology
HomUG-PM II.3.10	Homoeopathic Orientation	KH	Homoeopathic principles and remedies for asthma	(a) Discuss homoeopathic principles for asthma. (b) Select remedies based on symptoms. (c) Monitor and adjust treatment for optimal outcomes. (d) Educate patients on homoeopathic rationale.	C2/3	MK	Case-based learning, Simulation	Written assignments, Case studies	SAQ, Viva	Organon and Homoeopathic Philosophy, Materia Medica and Homoeopathic Therapeutics, Homoeopathic Pharmacy,
HomUG-PM II.3.11	Knowledge and Scholarship	K	Ethical and legal considerations in asthma care	(a) Discuss ethical principles (autonomy, beneficence, non-maleficence). (b) Identify legal considerations (confidentiality, informed consent).	C2/3	NK	Role-playing, Patient counselling	SAQ	SAQ, LAQ, Viva	Forensic Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.4. Acute Bronchitis										

HomUG-PM II.4.1	Knowledge and Scholarship	Knows	Structure and function in acute bronchitis	(a) Describe anatomical changes (inflammation in bronchial tubes causing cough and mucus). (b) Explain physiological changes (increased mucus, airway constriction).	C1	Must Know	Lecture, Visual aids	Quizzes, SAQ	MCQ, SAQ	Anatomy, Physiology, Pathology
HomUG-PM II.4.2		Knows	Definition, causes, and mechanisms of acute bronchitis	(a) Define acute bronchitis and its variants. (b) Identify viral and bacterial causes. (c) Explain the inflammatory response (role of immune cells, cytokines).	C2	Must Know	Lectures	Case studies, Group discussions	MCQ, SAQ, LAQ	Pathology, Microbiology
HomUG-PM II.4.3		Knows	Signs and symptoms of acute bronchitis	(a) Recognize common symptoms (cough, chest discomfort, fatigue). (b) Differentiate acute bronchitis from other respiratory conditions.	C2	Must Know	Role play, Simulation	OSCE	SAQ, LAQ, Bedside Examinations, Viva	Practice of Medicine
HomUG-PM II.4.4		Knows How	Diagnostic tests for acute bronchitis	(a) Explain the use of diagnostic tests (chest X-rays, sputum cultures). (b) Discuss the limitations of these tests.	C3	Must Know	Lectures, Case studies, OPD/Clinical rounds	OSCE	SAQ, Bedside Examinations, Viva	Practice of Medicine, Pathology, Microbiology, Radiology,
HomUG-PM II.4.5		Knows How	Medications for acute bronchitis	(a) Describe common medications (bronchodilators, cough suppressants). (b) Discuss the appropriate use of antibiotics.	C2/3	Must Know	Case-based learning, Problem-solving	Written assignments	SAQ, Bedside Examinations, Viva	Pharmacology

HomUG-PM II.4.6		Knows How	Non-pharmacological interventions for acute bronchitis	(a) Discuss lifestyle measures (rest, hydration, avoiding irritants). (b) Explain the role of self-care in managing symptoms and preventing complications.	C2/3	Must Know	Lectures, OPD/Case discussions, Follow-up discussions	Written assignments, Case studies	SAQ, Bedside Examinations, Viva	Practice of Medicine, Community Medicine
HomUG-PM II.4.7		Shows How	Educating and counselling patients with acute bronchitis	(a) Educate patients on self-care and when to seek medical attention. (b) Discuss prevention strategies (hand hygiene, avoiding close contact).	A2	Must Know	Role play, Simulation	Direct observation, Self-assessment	Role play, OSCE	Community Medicine
HomUG-PM II.4.8		Knows How	Applying research evidence in acute bronchitis management	(a) Apply evidence-based guidelines for acute bronchitis management. (b) Evaluate research to determine effective treatment approaches.	C2/3	Must Know	Journal club, Online Research of Data Bases	Critical appraisal, Written assignments	Written exams, Presentations	Research Methodology
HomUG-PM II.4.9	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for acute bronchitis	(a) Select homoeopathic remedies based on symptoms. (b) Monitor and adjust treatment for optimal outcomes.	C3	Desirable to know	Case-based learning, Simulation	Written assignments, Case studies	SAQ, Viva	Organon, Homoeopathic Philosophy, Materia Medica, Homoeopathic Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.5. COPD										
HomUG-PM II.5.1	Knowledge and Scholarship	Knows	Structural and functional changes in COPD	(a) Describe structural changes (airway and lung tissue damage). (b) Describe structural changes (airway and lung tissue damage).	C1	Must Know	Lecture, Visual aids	Quizzes, Short quizzes	Written exams	Anatomy, Physiology
HomUG-PM II.5.2		Knows	Clinical definition, causes, and mechanisms of COPD	(a) Define COPD as a chronic inflammatory lung disease. (b) Identify risk factors (smoking, pollutants, and genetics). (c) Explain disease progression (inflammation, mucus hyper secretion, airway remodelling).	C2	Must Know	Case-based learning, Simulation	Case studies, Group discussions	Written exams, Presentations	Pathology

HomUG-PM II.5.3		Knows	Signs and symptoms of COPD	(a) Recognize symptoms (dyspnoea, chronic cough, sputum production). (b) Differentiate COPD from other respiratory conditions.	C2	Must Know	Role play, Simulation	OSCE, Practical exams	Written exams, Clinical assessments	Practice of Medicine
HomUG-PM II.5.4		Knows How	Diagnostic tests for COPD	(a) Discuss diagnostic tests (spirometry, chest X-ray, arterial blood gas analysis). (b) Apply diagnostic criteria to confirm COPD and assess severity.	C2/3	Must Know	Demonstration, Role play	Practical exams, OSCE	Written exams, Case studies	Practice of Medicine, Radiology, Physiology, Biochemistry,
HomUG-PM II.5.5		Knows How	Medications for COPD	(a) Describe treatment options (bronchodilators, corticosteroids, oxygen therapy). (b) Explain treatment goals (symptom relief, preventing exacerbations).	C2/3	Must Know	Case-based learning, Problem-solving	Written assignments, Case studies	Written exams, Case presentations	Pharmacology
HomUG-PM II.5.6		Knows How	Non-pharmacological interventions for COPD	(a) Discuss lifestyle modifications (smoking cessation, exercise). (b) Explain the role of pulmonary rehabilitation in improving quality of life.	C3	Must Know	Group discussions, Role play	Group projects, Presentations	Oral exams, Clinical assessments	Preventive Medicine, Practice of Medicine
HomUG-PM II.5.7		Shows How	Educating and counselling patients with COPD	(a) Educate patients on self-management (medication adherence, recognizing exacerbations). (b) Address psychosocial issues (anxiety, depression) and provide support.	A2	Must Know	Role play, Simulation	Direct observation, Self-assessment	Role play, OSCE	Psychology, Practice of Medicine, Pharmacology

HomUG-PM II.5.8		Knows How	Applying research evidence in COPD management	(a) Apply evidence-based guidelines for COPD management. (b) Evaluate research to inform clinical decisions.	C3	Must Know	Journal club, Case-based learning	Critical appraisal, Written assignments	Written exams, Presentations	Research Methodology
HomUG-PM II.5.9	Homoeopathic Orientation	Knows	Homoeopathic principles and remedies for COPD	(a) Explain homoeopathic principles for COPD management. (b) Select remedies based on COPD symptoms.	C3	Must Know	Lecture, Visual aids	Quizzes, Short quizzes	SAQ, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.6. Pneumonia										
HomUG-PM II.6.1	Knowledge and Scholarship	Knows	Structural and functional changes in pneumonia	Describe anatomical and physiological changes in pneumonia.	C1	MK	Lecture, Visual aids	Quizzes, Short quizzes	Written exams	Anatomy, Physiology, Pathology

HomUG-PM II.6.2			Definition, causes, and mechanisms of pneumonia	(a) Define pneumonia based on its pathophysiology. (b) Explain causes (bacterial, viral, fungal) and mechanisms.	C2	MK	Case-based learning, Simulation	Case studies, Group discussions	Written exams, Presentations	Pathology, Microbiology
HomUG-PM II.6.3			Signs and symptoms of pneumonia	Identify clinical features (fever, cough, chest pain, dyspnea).	C2	MK	Role play, Simulation	OSCE, Practical exams	Written exams, Clinical assessments	Practice of Medicine
HomUG-PM II.6.4		Knows How	Diagnostic tests for pneumonia	Explain diagnostic methods (chest X-ray, sputum culture, blood tests).	C2/3	MK	Demonstration, Role play	Practical exams, OSCE	Written exams, Case studies	Practice of Medicine, Radiology, Microbiology
HomUG-PM II.6.5			Medications for pneumonia	Discuss pharmacological treatments (antibiotics, supportive care).	C3	MK	Case-based learning, Problem-solving	Written assignments, Case studies	Written exams, Case presentations	Pharmacology
HomUG-PM II.6.6			Non-pharmacological interventions for pneumonia	Describe non-drug management (rest, hydration).	C2/3	MK	Group discussions, Role play	Group projects, Presentations	Oral exams, Clinical assessments	Pharmacology, Preventive Medicine
HomUG-PM II.6.7		Shows How	Educating and counselling patients with pneumonia	Educate patients on self-management (medication adherence, follow-up care).	A2	MK	Role play, Simulation	Direct observation, Self-assessment	Role play, OSCE	Community Medicine, Psychology
HomUG-PM II.6.8		Knows How	Applying research evidence in pneumonia management	Apply evidence-based guidelines for pneumonia management.	C2/3	MK	Journal club, Online Research of Data Bases	Critical appraisal, Written assignment	Written exams, Presentations	Research Methodology

HomUG-PM II.6.9	Homoeopathic Orientation		Homoeopathic principles and remedies for pneumonia	(a) Explain homoeopathic principles for pneumonia. (b) Select remedies based on symptoms and homoeopathic principles.	C3	MK	Lecture, Visual aids	Quizzes, Short quizzes	SAQ, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative+	
HomUG-PM II.7. Bronchiectasis										
HomUG-PM II.7.1	Knowledge and Scholarship	Knows	(a) Definition of bronchiectasis (b) Pathogenesis and progression of bronchiectasis	(a) Define bronchiectasis as a chronic condition with abnormal airway widening and mucus accumulation. (b) Explain the underlying mechanisms and progression of bronchiectasis.	C1	MK	Lecture, Reading assignments	Quizzes, SAQs	MCQ, SAQ	Pathology, Physiology
HomUG-PM II.7.2		Knows How	Causes of bronchiectasis	List common causes of bronchiectasis.	C2	MK	Case studies	SAQ, Group discussions	OSCE, SAQ	Practice of Medicine, Paediatrics
HomUG-PM II.7.3			Signs and symptoms of bronchiectasis	Identify clinical features of bronchiectasis.	C2/3	MK	Lectures, OPD rotations, Simulation	Mini-CEX, Direct observation	OSCE, SAQ, LAQ	Practice of Medicine
HomUG-PM II.7.4			Radiological and laboratory findings	Analyze imaging and test results to confirm bronchiectasis.	C2/3	MK	Workshops, Interactive seminars	Case presentations, Quiz	SAQ, Bedside examination, Viva	Pathology, Radiology

HomUG-PM II.7.5		Does	Treatment options and management strategies	Formulate a comprehensive management plan for bronchiectasis.	P2	MK	Clinical seminars, Group Discussions	Treatment planning exercise	Bedside examination, Viva	Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.7.6		Shows How	Patient education and self-management	Provide clear and accurate information to patients and caregivers.	A2	DK	Role-playing, Patient counselling	SAQ	SAQ, LAQ, Viva	Practice of Medicine
HomUG-PM II.7.7		Knows How	Current research and future directions	Apply evidence-based guidelines to improve bronchiectasis management.	C3	NK	Journal clubs, Online research of data bases	Literature review, Written assignments	Participation in research projects	Research Methodology
HomUG-PM II.7.8	Homoeopathic Orientation		Homoeopathic principles and remedies for bronchiectasis	(a) Explain homoeopathic principles for bronchiectasis. (b) Select remedies based on symptoms and homoeopathic principles.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.8. Lung abscess										

HomUG-PM II.8.1	Knowledge and Scholarship	Knows	(a) Definition of lung abscess (b) Pathogenesis and development of lung abscesses	(a) Define lung abscess as a localized pus collection in the lung parenchyma caused by infection and tissue necrosis. (b) Describe the mechanisms leading to lung abscess formation.	C1	MK	Lecture, Reading assignments	Quizzes,SAQ	MCQ, SAQ	Pathology, Microbiology
HomUG-PM II.8.2		Knows How	Risk factors and causes of lung abscesses	List and explain factors predisposing individuals to lung abscesses.	C1	MK	Case studies	SAQ, Group discussions	OSCE, SAQ	Microbiology, Practice of Medicine
HomUG-PM II.8.3			Diagnostic criteria and tools	Discuss diagnostic evaluations to confirm lung abscess.	C2/3	MK	Lectures, OPD rotations, Simulation	Mini-CEX, Direct observation	OSCE, SAQ, LAQ	Practice of Medicine, Radiology
HomUG-PM II.8.4		Does	Treatment protocols and management strategies	Define a treatment plan for lung abscess patients.	P2	MK	Clinical seminars, Group Discussions	Treatment planning exercise	Bedside examination, Viva	Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.8.5		Knows How	Prevention and monitoring	Discuss strategies to prevent complications and monitor patient progress.	C3	MK	Lectures, Clinical seminars	Assignments, Tutorials	Bedside examination, Viva	Preventive Medicine, Practice of Medicine
HomUG-PM II.8.6		Shows How	Patient education and counselling	Communicate effectively about the nature, treatment, and lifestyle modifications for lung abscesses.	A2	DK	Role-playing, Patient counselling	SAQ	SAQ, LAQ, Viva	Practice of Medicine, Preventive Medicine
HomUG-PM II.8.7		Knows How	Emerging treatments and research	Apply evidence-based guidelines to improve lung abscess management.	C3	NK	Journal clubs, Online research of data bases	Literature review, Written assignments	Participation in research projects	Research Methodology

HomUG-PM II.8.8	Homoeooathic Orientation		Homoeopathic principles and remedies for lung abscess	(a) Explain homoeopathic principles for lung abscess management. (b) Select remedies based on symptoms and homoeopathic principles.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.9. Pulmonary Tuberculosis										
HomUG-PM II.9.1	Knowledge and Scholarship	Knows	(a) Definition of pulmonary tuberculosis (PT) (b) Global burden, risk factors, and transmission	(a) Define PT as a contagious bacterial infection caused by *Mycobacterium tuberculosis*, affecting the lungs. (b) Describe (1) prevalence, (2) risk factors, and (3) modes of transmission of PT.	C1	MK	Lecture	MCQs, SAQ	SAQ, LAQ	Epidemiology, Public Health
HomUG-PM II.9.2			Characteristics, culture, and diagnosis	(a) Explain microbiological features of *M. tuberculosis*. (b) Discuss diagnostic methods for PT.	C1	MK	Lectures, Case studies	SAQ	SAQ, LAQ	Microbiology, Clinical Laboratory
HomUG-PM II.9.3		Knows How	Signs, symptoms, and clinical assessment	Recognize clinical manifestations and physical exam findings of PT.	C2/3	MK	Lectures, OPD Clinical rotations	Case presentations	OSCE, Bedside examinations, Viva, SAQ	Internal Medicine, Clinical Skills
HomUG-PM II.9.4			Complications of PT (pleural effusion, miliary TB, bronchiectasis)	(a) List complications of PT. (b) Define management strategies for complications.	C2/3	MK	Simulation training	Case presentations, SAQ, MCQs	Bedside examinations, Viva, OSCE	Pulmonology, Internal Medicine
HomUG-PM II.9.5			Imaging, sputum, and other diagnostic tests	Discuss interpretation of chest X-rays, sputum smears, and other diagnostic tests.	C2/3	MK	Simulation training	MCQs, SAQ	SAQ, OSCE, Viva, Bedside examinations	Radiology, Clinical Laboratory

HomUG-PM II.9.6			Drug regimens and management strategies	Discuss treatment plans, including drug regimens, patient factors, and comorbidities.	C3	NK	Role-playing, Group Discussions	SAQ	SAQ, Bedside examination, Viva	Pharmacology, Therapeutics
HomUG-PM II.9.7			Prevention, isolation, and monitoring	Discuss infection control measures and educate patients to prevent TB transmission.	C3	MK	Patient education, Simulation training	SAQ	SAQ, Viva	Infection Control, Public Health
HomUG-PM II.9.8			Socioeconomic factors and patient support	Discuss socioeconomic factors affecting adherence and define solutions.	C3	DK	OPD Clinical Postings, Role playing	SAQ	SAQ, LAQ, Viva	Social Work, Patient Advocacy
HomUG-PM II.9.9			Interprofessional teamwork and communication	Define a multidisciplinary approach for optimal PT care.	C3	DK	Guest Lectures, team-based projects	Group assignments	SAQ, LAQ	Practice of Medicine
HomUG-PM II.9.10			Research updates and professional growth	Apply evidence-based guidelines to improve PT management outcomes.	C3	NK	Journal clubs, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.9.11	Homoeooathic Orientation		Homoeopathic principles and remedies for PT	(a) Explain homoeopathic principles for PT management. (b) Select remedies based on symptoms and homoeopathic principles.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

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								Formative	Summative	
HomUG-PM II.10. Tropical pulmonary eosinophilia										
HomUG-PM II.10.1	Knowledge and Scolarship	Knows	(a) Definition of Tropical Pulmonary Eosinophilia (TPE) (b) Epidemiology and causes of TPE	(a) Define TPE as a hypersensitivity reaction to parasitic infections, causing elevated eosinophils and respiratory symptoms. (b) Discuss the geographic distribution and prevalence of TPE. (c) Identify parasitic infections (e.g., filariae) linked to TPE and their role in disease pathology.	C1	MK	Lecture	Quizzes, Group discussions	Written examination	Pathology, Microbiology
HomUG-PM II.10.2			Pathophysiology	(a) Explain the immune response mechanisms leading to eosinophilia. (b) Discuss the effects of eosinophilic infiltration on lung and tissue function.	C1	MK	Lecture, Interactive map analysis	Quizzes, Interactive Q&A	Written examination	Preventive medicine
HomUG-PM II.10.3		Knows How	Symptoms and disease progression	List common symptoms of TPE (cough, dyspnoea, wheezing, nocturnal asthma-like features).	C2/3	MK	Lectures, OPD Clinical rotations	Clinical reasoning exercises	OSCE, Clinical competency exams	Practice of Medicine

HomUG-PM II.10.4			Blood tests, imaging, and serology	(a) Discuss laboratory and imaging findings for TPE diagnosis. (b) Explain the importance of differential diagnosis to avoid misdiagnosis.	C3	MK	Seminars, group discussions	Lab result interpretations	Practical exams, OSCE	Pathology, Radiology, practice of Medicine
HomUG-PM II.10.5		Does	Pharmacotherapy and monitoring plans	(a) Develop treatment strategies for TPE. (b) Discuss monitoring plans for TPE.	C3/P2	MK	Assignments, Workshops	Treatment plan assignments	Case-based examinations	Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.10.6		Knows How	Managing acute and chronic complications	Discuss common and severe complications of TPE.	C3	DK	Simulation, Group Discussions	Role-playing, Simulated patients	Clinical evaluations, OSCE	Practice of Medicine
HomUG-PM II.10.7		Does	Prevention techniques and community health	Teach patients and communities prevention and control strategies for TPE.	A2	DK	Community outreach, Patient education	Educational brochures, Community talks	Feedback from community engagement	Preventive Medicine
HomUG-PM II.10.8		Knows How	Research updates and professional growth	(a) Evaluate ongoing research and emerging treatments for TPE. (b) Discuss evidence-based practices in TPE management.	C3	NK	Journal clubs, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.10.9			Inter-professional teamwork and communication	Define a multidisciplinary approach for optimal TPE care.	C3	DK	Guest Lectures, team-based projects	Group assignments	SAQ, LAQ	Practice of Medicine

HomUG-PM II.10.10	Homoeopathic Orientation		Homoeopathic principles and remedies for TPE	(a) Explain homoeopathic principles for TPE management. (b) Select remedies based on symptoms and homoeopathic principles.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.11. Occupational & Environmental Lung Disorders										
HomUG-PM II.11.1	Knowledge and Scholarship	Knows	Types of diseases and exposure sources	(a) List major occupational lung diseases and their pathophysiological mechanisms. (b) Identify common environmental lung diseases, their causes, and health impacts.	C1	MK	Lectures, Reading assignments	Quizzes, Short essays	Written examination	Pathology, Preventive Medicine
HomUG-PM II.11.2			Workplace exposures and environmental risks	(a) Evaluate the role of environmental and occupational exposures in lung diseases. (b) Identify specific hazards (chemicals, dust, biological agents) contributing to lung disease.	C1	MK	Group discussions, Case studies	Group presentations	Multiple-choice exams	Preventive Medicine

HomUG-PM II.11.3		Shows How	Taking occupational histories and exposure assessment tools	(a) Demonstrate proficiency in taking occupational and environmental histories. (b) Correlate clinical findings with potential exposures.	P2/C2	MK	Workshops, Simulation training	Role-play exercises	OSCE	Practice of Medicine
HomUG-PM II.11.4			Diagnostic criteria, imaging, and pulmonary function tests	(a) Interpret clinical signs and symptoms of occupational/environmental lung disorders. (b) Analyze diagnostic test results (chest X-rays, CT scans, pulmonary function tests).	P2/3	Must Know	Lab sessions, Clinical rotations	Case studies evaluation	Practical exams, OSCE	Pathology, Radiology, Practice of Medicine
HomUG-PM II.11.5		Knows How	Treatment protocols and patient management plans	(a) Define individualized management plans (pharmacological and non-pharmacological). (b) Discuss workplace modifications and environmental interventions.	C3	MK	Problem-based learning, Clinical seminars	Treatment plan assignments	Clinical competency exams	Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.11.6			Preventive measures and workplace safety regulations	Discuss prevention strategies, incorporating guidelines and safety standards.	C3	DK	Guest lectures, Community outreach	Workplace safety plan proposals	Poster presentations	Preventive Medicine
HomUG-PM II.11.7		Does	Team coordination and inter-professional communication	Define a multidisciplinary approach for optimal patient care.	C3	DK	Guest Lectures, team-based projects	Group assignments	SAQ, LAQ	Practice of Medicine

HomUG-PM II.11.8		Knows How	Research methodologies and current studies	Apply evidence-based guidelines to improve outcomes in occupational/environmental lung disease management.	C3	NK	Journal clubs, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.11.9	Homoeopathic Orientation		Homoeopathic principles and remedies for occupational/environmental lung disorders	(a) Explain homoeopathic principles for managing these disorders. (b) Select remedies based on symptoms and homoeopathic principles.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.12. Sarcoidosis										
HomUG-PM II.12.1	Knowledge and Scholarship	Knows	(a) Definition of Sarcoidosis (b) Risk factors and pathogenesis	(a) Define sarcoidosis as a systemic granulomatous disease affecting the lungs and lymphatic system. (b) Explain immune responses and granuloma formation in sarcoidosis. (c) Describe genetic and environmental risk factors.	C1	MK	Lectures, Reading assignments	MCQ, SAQ	SAQ, LAQ	Pathology, Microbiology

HomUG-PM II.12.2			Symptoms and organ involvement	(a) Identify symptoms (cough, dyspnoea, skin lesions, eye inflammation). (b) Explain organ-specific manifestations (pulmonary, cardiac, neuro-sarcoidosis).	C1	MK	Lectures, Case studies, Visual aids	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Practice of Medicine
HomUG-PM II.12.3		Knows How	Diagnostic criteria, imaging, and biopsy	(a) Describe indications for imaging and biopsy. (b) Interpret imaging findings (bilateral hilar lymphadenopathy, lung nodules). (c) Discuss the role of biopsy in confirming non-caseating granulomas.	C3	MK	Simulations, OPD Clinical rotations	OSCE, SAQ	OSCE, Viva	Radiology, Pathology, Practice of Medicine
HomUG-PM II.12.4			Treatment protocols and follow-up care	(a) Define management plans (pharmacologic and non-pharmacologic therapies). (b) Discuss lifestyle and dietary recommendations.	C3	MK	Clinical seminars, group Discussions	Group assignments, Tutorials	SAQ, LAQ, Viva	Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.12.5			Long-term outcomes and complications	(a) Describe disease progression and variability in prognosis. (b) Discuss complications (pulmonary hypertension, cardiac/neurological involvement).	C3	DK	Patient counselling sessions, Role play, Simulations	OSCE	OSCE, Bedside examination, Viva	Preventive Medicine, Practice of Medicine
HomUG-PM II.12.6			Current research and new treatment modalities	(a) Discuss emerging research and clinical trials. (b) Describe evidence-based practices to improve treatment efficacy.	C3	NK	Journal clubs, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.12.7	Homoeopathic Orientation		Homoeopathic principles and remedies for sarcoidosis	(a) Explain homoeopathic principles for sarcoidosis management. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica

										&Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.13. Pulmonary Embolism										
HomUG-PM II.13. 1	Knowledge and Scholarship	Knows	Clotting cascade, risk factors, and impact of pulmonary embolism (PE)	(a) Explain the physiological process of clot formation (platelets, coagulation cascade). (b) Describe how clots travel to pulmonary arteries and affect circulation and gas exchange.	C1	MK	Lecture, Interactive Diagrams	Quizzes, Group Discussion	MCQ, SAQ, LAQ	Anatomy, Physiology, Pathology, Surgery
HomUG-PM II.13. 2		Knows How	Inherited and acquired risk factors for PE	(a) Identify common and less common risk factors (immobility, surgery, cancer, smoking, genetic predispositions). (b) Categorize risk factors based on epidemiological impact and mechanisms.	C2/3	MK	Case Studies, Group Discussion	Case Study Reviews	MCQ, SAQ, OSCE	Pharmacology, Critical Care

HomUG-PM II.13. 3		Shows How	Physical examination and risk assessment tools	(a) Perform a thorough history and physical exam, focusing on PE symptoms (shortness of breath, chest pain, and haemoptysis). (b) Discuss clinical scoring systems (e.g., Wells score) to assess PE probability.	P2/C2	MK	Simulation, Role-playing	Peer Review	Bedside Examination, Viva	Emergency Medicine
HomUG-PM II.13. 4		Knows How	Diagnostic tests for PE (D-dimer, CT angiography, V/Q scans, ultrasound)	(a) Discuss the role and limitations of D-dimer tests. (b) Analyze imaging studies (CT pulmonary angiography, V/Q scans) for normal and pathological findings.	C3/4	MK	Lecture, Workshops	Written Assignments, Presentations	MCQ, Viva	Radiology, Laboratory Medicine
HomUG-PM II.13. 5			Treatment options for PE (anticoagulation, thrombolysis, embolectomy)	(a) Discuss guidelines for anticoagulation therapy (dosing, renal function, bleeding risk). (b) Monitor patient responses to therapy (e.g., bleeding, thrombocytopenia). (c) Discuss indications for surgical interventions (e.g., embolectomy).	C3	MK	Clinical Rounds, Pharmacology Seminar	Simulation Exercises	MCQ, SAQ, Viva	Pharmacology, Surgery
HomUG-PM II.13. 6		Does	Patient education and follow-up care	(a) Instruct patients on medication adherence, lifestyle changes, and follow-up testing. (b) Educate patients on recognizing symptoms requiring immediate medical attention.	A3	DK	Patient Education Sessions, Role play	Group assignments, Tutorials	SAQ, Viva Voce	Family Medicine

HomUG-PM II.13. 7		Knows How	Staying updated with research and guidelines	(a) Discuss the latest research and guidelines on PE management. (b) Evaluate new studies for relevance and applicability to patient care.	C2/P2	NK	Journal clubs, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.13. 8	Homoeopathic Orientation		Homoeopathic principles and remedies for PE	(a) Explain homoeopathic principles and their limitations in PE management. (b) Select remedies based on PE symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.14. Pleurisy & Pleural Effusion										
HomUG-PM II.14.1	Knowledge and Scholarship	Knows	Definition of pleurisy and pleural effusion	(a) Define pleurisy as inflammation of the pleura causing sharp chest pain. (b) Define pleural effusion as fluid accumulation in the pleural space.	C1	MK	Lecture, Interactive Diagrams	MCQ, SAQ	SAQ, LAQ	Physiology, Pathology

HomUG-PM II.14.2		Knows How	Pathogenesis of pleural inflammation and fluid accumulation	(a) Explain the inflammatory response in the pleural space (role of cytokines, leukocytes, and prostaglandins). (b) Discuss factors disrupting pleural fluid dynamics (increased vascular permeability, impaired lymphatic drainage, altered hydrostatic/oncotic pressures).	C2	MK	Lectures	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Practice of Medicine
HomUG-PM II.14.3		Shows How	Causes of pleurisy and pleural effusion	Identify and categorize causes (infectious, inflammatory, neoplastic, and iatrogenic) and their pathophysiological mechanisms.	P2/3	MK	Lectures	OSCE, Case presentations	Bedside examination, Viva	Practice of Medicine, Community Medicine
HomUG-PM II.14.4		Knows How	Symptoms, physical examination, and diagnostic approach	(a) Elicit relevant medical history (chest pain, dyspnea, cough, risk factors). (b) Conduct a physical exam (percussion, palpation, auscultation) to identify signs (decreased breath sounds, pleural friction rub, dullness to percussion).	C3	MK	Workshops,	Written Assignments, Presentations	Multiple Choice Questions, Bedside examination, Viva	Pathology, Microbiology Practice+M209 of Medicine

HomUG-PM II.14.5			Diagnostic tests (chest X-rays, CT scans, ultrasound, pleural fluid analysis)	(a) Interpret chest X-rays (blunting of costophrenic angles, pleural-based densities). (b) Analyze CT scans and ultrasound findings (loculated effusions, pleural thickening). (c) Discuss pleural fluid analysis (cell count, protein, LDH, microbiological studies).	C3	MK	Clinical Rounds, Pharmacology Seminar	Simulation Exercises	Bedside examination, Viva	Pharmacology, Surgery
HomUG-PM II.14.6		Does	Medical and surgical treatment options	Discuss treatment plans (pharmacological therapies, surgical interventions) tailored to individual patients, including dosages, administration routes, and monitoring.	A2/3	DK	Patient Education Sessions	Role-playing	Viva Voce	Practice of Medicine, Community Medicine
HomUG-PM II.14.7		Knows How	Long-term effects, prognosis, and self-management strategies	Educate patients on prognosis, complications, and daily management strategies.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.14.8	Homoeopathic Orientation		Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.15. Pneumothorax										
HomUG-PM II.15.1	Knowledge and Scholarship	Knows	Definition and types of pneumothorax	(a) Define pneumothorax. (b) Identify types (spontaneous, traumatic, tension).	C1	MK	Lecture, Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Surgery
HomUG-PM II.15.2		Knows How	Mechanisms and lung dynamics	Explain the mechanisms and physiological changes (pleural pressure, lung collapse).	C2	MK	Lectures, Videos	Group discussions, Assignments	SAQ, LAQ, Viva	Physiology, Surgery
HomUG-PM II.15.3			Signs, symptoms, and differential diagnosis	(a) Differentiate signs and symptoms of pneumothorax from other respiratory conditions. (b) Conduct a focused patient history and examination.	C2/3	MK	Case studies, OPD Clinical Postings, DOAP	Observation checklists	OSCE, Bedside examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.15.4		Shows	Physical examination techniques	Demonstrate proper techniques for chest examination (inspection, palpation, percussion, auscultation).	P2/3	MK	Clinical simulations, Role-playing	Direct observation, Checklist	OSCE, Bedside examination	Surgery, Practice of Medicine
HomUG-PM II.15.5		Knows	Radiographic features and signs	(a) Recognize radiographic features of pneumothorax on chest X-rays. (b) Interpret imaging findings for diagnosis and management.	C2/P2	MK	OPD Clinical Postings, Case discussions, DOAP	Quizzes, Group Discussions, Assignments	Written exam, OSCE	Surgery, Practice of medicine

HomUG-PM II.15.6		Knows How	Treatment options, indications, and complications	Describe a comprehensive management plan, including treatment options, indications, complications, and patient-specific factors.	C3	MK	Case discussions, Problem-based learning	Tutorials, Group assignments	Bedside examination, Viva	Surgery, Practice of medicine
HomUG-PM II.15.7			Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.15.8	Homoeopathic Orientation		Homoeopathic principles and remedies for pneumothorax	(a) Explain homoeopathic principles and their limitations in managing pneumothorax. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.16. Empyema										
HomUG-PM II.16.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of empyema	(a) Define empyema. (b) Discuss its aetiology (common pathogens). (c) Identify risk factors (pneumonia, lung abscess, thoracic surgery).	C1	MK	Lecture, Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Microbiology, Surgery

HomUG-PM II.16.2		Knows How	Pathogenesis and inflammatory process	Describe the pathophysiology of empyema (infection, inflammation, and pus accumulation, complications like loculated effusion or pleural thickening).	C2	MK	Lectures, Videos	Group discussions, Assignments	SAQ, LAQ, Viva	Physiology, Pathology, Surgery
HomUG-PM II.16.3		Knows	Signs, symptoms, and differential diagnosis	(a) Recognize clinical signs and symptoms (fever, pleuritic chest pain, dyspnoea, systemic illness). (b) Distinguish empyema from other respiratory conditions.	C2/3	MK	Case studies, OPD Clinical Postings	Observation checklists	OSCE, Bedside examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.16.4		Shows	Physical examination techniques	Perform a focused physical exam to detect signs (decreased breath sounds, dullness to percussion, pleural friction rub).	P2/3	MK	Clinical simulations, Role-playing	Direct observation, Checklist	OSCE, Bedside examination	Surgery, Practice of Medicine
HomUG-PM II.16.5		Knows How	Radiographic features and ultrasound findings	Interpret imaging studies (chest X-rays, ultrasound) to identify findings (pleural effusion with loculations, pleural thickening, fibrin strands).	C3	MK	OPD Clinical Postings, Case discussions	Quizzes, Group Discussions, Assignments	Written exam, OSCE	Surgery, Practice of medicine
HomUG-PM II.16.6			Treatment options, drainage techniques, and antibiotic therapy	Discuss a management plan (antibiotic therapy, drainage techniques like thoracocentesis or chest tube insertion, adjunctive therapies, or surgical intervention).	C3	MK	Case discussions, Problem-based learning	Tutorials, Group assignments	Bedside examination, Viva	Surgery, Practice of medicine

HomUG-PM II.16.7			Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.16.8	Homoeopathic Orientation		Homoeopathic principles and remedies for empyema	(a) Explain homoeopathic principles and their limitations in managing empyema. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

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								Formative	Summative	
HomUG-PM II.17. Atelectasis										
HomUG-PM II.17. 1	Knowledge and Scholarship	Knows	Definition, types, and aetiology of atelectasis	(a) Define atelectasis. (c) Discuss underlying causes (airway obstruction, lung compression). (b) Identify types (obstructive, compressive, and adhesive). (d) Recognize associated risk factors.	C1	MK	Lecture Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Microbiology, Surgery
HomUG-PM II.17. 2		Knows How	Mechanisms and lung collapse	(a) Describe the pathophysiology of atelectasis (loss of surfactant, bronchial obstruction, pleural effusion). (b) Explain the physiological consequences (reduced ventilation and perfusion).	C2	MK	Lectures, Videos	Group discussions, Assignments	SAQ, LAQ, Viva	Physiology, Pathology, Surgery
HomUG-PM II.17. 3			Signs, symptoms, and differential diagnosis	(a) Recognize clinical signs and symptoms (decreased breath sounds, dullness to percussion, dyspnoea, tachypnoea). (b) Differentiate atelectasis from other respiratory conditions.	C2	MK	Case studies, OPD Clinical Postings	Observation checklists	OSCE, Bedside examination, Viva	Practice of Medicine, Surgery

HomUG-PM II.17. 4		Shows	Physical examination techniques	Perform a focused physical exam to detect signs (chest asymmetry, reduced chest expansion, abnormal breath sounds).	P2/3	MK	Clinical simulations, Role-playing	Direct observation, Checklist	OSCE, Bedside examination	Surgery, Practice of Medicine
HomUG-PM II.17. 5		Knows How	Radiographic features and CT findings	Interpret imaging studies (chest X-rays, CT scans) to identify findings (lung collapse, mediastinal shift, consolidation).	C2/P2	MK	OPD Clinical Postings, Case discussions	Quizzes, Group Discussions, Assignments	Written exam, OSCE	Surgery, Practice of medicine
HomUG-PM II.17. 6			Treatment options, lung re-expansion techniques, and prevention strategies	Discuss a management plan (bronchial hygiene, chest physiotherapy, incentive spirometry, mechanical ventilation) and prevention strategies.	C3	MK	Case discussions, Problem-based learning	Tutorials, Group assignments	Bedside examination, Viva	Surgery, Practice of medicine
HomUG-PM II.17. 7			Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.17. 8	Homoeopathic Orientation		Homoeopathic principles and remedies for atelectasis	(a) Explain homoeopathic principles and their limitations in managing atelectasis. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.18. Interstitial lung diseases										
HomUG-PM II.18.1	Knowledge and Scholarship	Knows	Definition and classification of ILD	(a) Define ILD. (b) Classify types based on aetiology, pathology, and clinical features. (c) Discuss the spectrum of ILD (idiopathic, connective tissue disease-associated, occupational).	C1	MK	Lecture, Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Physiology, Pathology, Practice of Medicine
HomUG-PM II.18.2		Knows How	Mechanisms and inflammatory process	(a) Explain the pathophysiology of ILD (inflammation, fibrosis, tissue remodelling). (b) Discuss how these processes impair gas exchange and lung function.	C2/3	MK	Lectures, Videos	Group discussions, Assignments	SAQ, LAQ, Viva	Physiology, Pathology, Practice of Medicine
HomUG-PM II.18.3			Signs, symptoms, and differential diagnosis	(a) Identify clinical signs and symptoms (exertional dyspnoea, dry cough, bibasilar crackles, clubbing, weight loss, fatigue). (b) Differentiate ILD from other respiratory conditions.	C2/3	MK	Case studies, OPD Clinical Postings	Observation checklists	OSCE, Bedside examination, Viva	Practice of Medicine

HomUG-PM II.18.4		Shows	Physical examination techniques	Perform a focused physical exam to detect signs (inspiratory crackles, digital clubbing, and respiratory distress).	P2/3	MK	OPD Clinical Postings, Clinical simulations, Role-playing	Direct observation, Checklist	OSCE, Bedside examination	Practice of Medicine
HomUG-PM II.18.5		Knows How	Radiographic features and HRCT findings	Interpret imaging studies (chest X-rays, HRCT) to identify features (reticular opacities, honeycombing, ground-glass opacities, traction bronchiectasis).	C2/P2	MK	OPD Clinical Postings, Case discussions	Quizzes, Group Discussions, Assignments	Written exam, OSCE	Clinical rounds, Simulation scenarios
HomUG-PM II.18.6			Treatment options and pulmonary rehabilitation	Discuss a management plan (pharmacotherapy, pulmonary rehabilitation, oxygen therapy, lung transplantation) tailored to ILD subtype and severity.	C3	NK	Case discussions, Problem-based learning	Tutorials, Group assignments	Bedside examination, Viva	Practice of Medicine
HomUG-PM II.18.7			Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.18.8	Homoeopathic Orientation		Homoeopathic principles and remedies for ILD	(a) Explain homoeopathic principles and their limitations in managing ILD. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.19. Cystic fibrosis of lung										
HomUG-PM II.19.1	Knowledge and Scholarship	Knows	Definition, genetics, and epidemiology of cystic fibrosis (CF)	(a) Define CF and its genetic basis (CFTR gene mutations). (b) Describe CF epidemiology (prevalence, inheritance patterns, and demographics). (c) Discuss multi-organ involvement (respiratory, gastrointestinal, endocrine systems).	C1	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Microbiology, Paediatrics
HomUG-PM II.19.2		Knows How	Molecular defects and organ involvement	(a) Explain molecular defects (CFTR protein dysfunction, ion transport issues). (b) Describe how CFTR mutations cause abnormal mucus, inflammation, and tissue damage in lungs, pancreas, and intestines. (c) Discuss CF-related complications (chronic infections, pancreatic insufficiency, and malabsorption).	C2	MK	Lectures, Molecular biology workshops	Group discussions, Assignments	SAQ, LAQ, Viva	Microbiology, Paediatrics, Practice of Medicine

HomUG-PM II.19.3			Signs, symptoms, and diagnosis	(a) Recognize signs and symptoms (chronic cough, wheezing, recurrent infections, steatorrhea, failure to thrive). (b) Describe diagnostic criteria (sweat chloride test, genetic testing, newborn screening). (c) Differentiate CF from other respiratory and gastrointestinal conditions.	C3	MK	Case studies, Clinical simulations, Paediatric OPD Postings	Observation checklists	OSCE, Bedside examination, Viva	Paediatrics, Practice of Medicine
HomUG-PM II.19.4			Sweat chloride test and genetic testing	(a) Interpret sweat chloride test results. (b) Discuss principles of genetic testing for CFTR mutations.	C3/P2/3	MK	Case studies	Direct observation, Checklist	OSCE, Bedside examination	Practice of Medicine, Paediatrics
HomUG-PM II.19.5			Pharmacotherapy and airway clearance	(a) Describe management plans based on disease severity and organ involvement. (b) Discuss pharmacotherapy options (antibiotics, mucolytics, bronchodilators, CFTR modulators). (c) Explain the importance of airway clearance, pulmonary rehabilitation, and nutritional interventions.	C3	MK	Lectures, Case discussions	Quizzes, Group Discussions, Assignments	Written exam, OSCE	Pharmacology, Practice of Medicine

HomUG-PM II.19.6		Shows	Disease education and self-management	(a) Communicate essential CF information to patients and families. (b) Provide guidance on self-management (airway clearance, medication adherence, nutrition, and lifestyle). (c) Offer psychosocial support and referrals to support services.	A2	NK	OPD Clinical postings, Role-playing, Patient counselling	Tutorials, Group assignments	Bedside examination, Viva	Practice of Medicine, Preventive Medicine, Psychology
HomUG-PM II.19.7		Knows How	Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.19.8	Homoeopathic Orientation		Homoeopathic principles and remedies for CF	(a) Explain homoeopathic principles and their limitations in managing CF. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

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								Formative	Summative	
HomUG-PM II.20. Pulmonary Neoplasia										
HomUG-PM II.20.1	Knowledge and Scholarship	Knows	Definition, types, and epidemiology of pulmonary neoplasia	(a) Define pulmonary neoplasia and its types (primary lung cancer, metastatic tumors). (b) Describe epidemiology (incidence, risk factors like smoking, environmental exposures, demographics). (c) Differentiate benign and malignant lung tumors based on histology, behaviour, and prognosis.	C1	MK	Lecture, Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Microbiology, Surgery, Preventive Medicine
HomUG-PM II.20.2		Knows How	Carcinogenesis and tumor progression	(a) Explain carcinogenesis and tumor progression (genetic mutations, cell proliferation, invasion, and metastasis). (b) Describe the role of risk factors (smoking, pollutants, and genetic predisposition). (c) Discuss molecular mechanisms of oncogenesis and implications for targeted therapy.	C2	MK	Lectures, Videos	Group discussions, Assignments	SAQ, LAQ, Viva	Pathology, Practice of Medicine, Surgery

HomUG-PM II.20.3			Signs, symptoms, and diagnostic approach	(a) Discuss signs and symptoms (persistent cough, hemoptysis, dyspnea, chest pain, weight loss, metastatic symptoms). (b) Describe the diagnostic approach (history, physical exam, imaging, biopsy). (c) Differentiate primary lung cancer from other pulmonary conditions.	C2	MK	Case studies, OPD Clinical Postings	Observation checklists	OSCE, Bedside examination, Viva	Practice of Medicine, Pathology, Surgery
HomUG-PM II.20.4			Imaging studies and biopsy techniques	(a) Interpret imaging studies (chest X-ray, CT scan) to identify lesions, tumor size, location, and metastasis. (b) Discuss indications, risks, and limitations of diagnostic procedures (bronchoscopy, EBUS, transthoracic biopsy, thoracoscopy).	C3/P2	MK	Clinical simulations, Role-playing	Direct observation, Checklist	OSCE, Bedside examination	Surgery, Practice of Medicine
HomUG-PM II.20.5			Surgical options, chemotherapy, and radiation therapy	(a) Discuss individualized treatment plans based on tumor histology, stage, and patient factors. (b) Explain treatment modalities (surgery, chemotherapy, radiation, immunotherapy, targeted therapy).	C2/3	NK	OPD Clinical Postings, Case discussions	Quizzes, Group Discussions, Assignments	Written exam, OSCE	Pharmacology, Surgery, Practice of Medicine

HomUG-PM II.20.6		Shows	Disease education and treatment options	(a) Communicate essential information about pulmonary neoplasia (prognosis, treatment options, side effects, supportive care). (b) Provide education on smoking cessation, symptom management, coping strategies, and end-of-life care.	A2/3	NK	Case discussions, Role play	Tutorials, Group assignments	SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.20.7		Knows How	Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.20.8	Homoeopathic Orientation		Homoeopathic principles and remedies for pulmonary neoplasia	(a) Explain homoeopathic principles and their limitations in managing pulmonary neoplasia. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

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								Formative	Summative	
HomUG-PM II.21. Hyperventilation Syndromes										
HomUG-PM II.21.1	Knowledge and Scholarship	Knows	Definition and pathophysiology of hyperventilation syndrome	(a) Define hyperventilation syndrome (excessive ventilation, hypocapnia, respiratory alkalosis). (b) Explain the pathophysiology (respiratory alkalosis, stress/anxiety response, feedback mechanisms).	C1	MK	Lecture, Reading, Discussions	Quizzes, Peer assessment	Written exam, OSCE	Respiratory physiology lectures, Psychiatry rotations
HomUG-PM II.21.2		Knows How	Clinical presentation and differential diagnosis	(a) Describe clinical symptoms (dyspnoea, chest tightness, dizziness, palpitations, and paraesthesia). (b) Recognize signs (rapid respiratory rate, normal oxygen saturation, absence of distress/cyanosis). (c) Differentiate hyperventilation syndrome from other respiratory/cardiovascular conditions.	C3	MK	Case studies, Clinical simulations	Observation checklists	OSCE, Clinical skills exam	Emergency department rotations, Pulmonary clinics

HomUG-PM II.21.3			Diagnostic tests and exclusion of other conditions	(a) Identify diagnostic criteria (self-reported symptoms, documented hyperventilation, and exclusion of other conditions). (b) Discuss the role of diagnostic tests (arterial blood gas, pulmonary function tests, cardiopulmonary exercise testing).	C3	MK	Case discussions, Problem-based learning	Oral presentations, Team projects	Clinical case write-ups	Pulmonary function testing sessions, Cardiology rounds
HomUG-PM II.21.4		Knows How/ Shows	Behavioral interventions and breathing exercises	(a) Discuss behavioural interventions (relaxation techniques, breathing retraining, and cognitive-behavioural therapy). (b) Teach breathing exercises (diaphragmatic breathing, paced breathing, pursed lip breathing). (c) Discuss stress management, lifestyle changes, and avoiding triggers.	C3/P2	NK	Role-playing, Patient counselling	Feedback, Reflection	OSCE, Patient education session	Psychiatry clinics, Stress management workshops
HomUG-PM II.21.5	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for hyperventilation syndrome	(a) Explain homoeopathic principles and their limitations in managing hyperventilation syndrome. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.22. SARS COV-2										
HomUG-PM II.22.1	Knowledge and Scholarship	Knows	Definition, virology, and epidemiology of SARS-CoV-2	(a) Define SARS-CoV-2 as the virus causing COVID-19. (b) Explain its virology (genetic structure, spike proteins, replication, and transmission). (c) Describe epidemiology (transmission modes, incubation period, and global distribution).	C1	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Microbiology, Preventive Medicine
HomUG-PM II.22.2		Knows How	Viral entry and immune response	(a) Explain viral entry via ACE2 receptors, replication, and host immune response. (b) Describe the role of cytokines, immune dysregulation, and hypercoagulability in severe COVID-19. (c) Discuss factors contributing to the spectrum of clinical manifestations.	C3	MK	Lectures, Videos	MCQ, SAQ	SAQ, Viva	Pathology, Microbiology, Practice of Medicine

HomUG-PM II.22.3			Signs, symptoms, and complications	(a) Discuss symptoms (fever, cough, dyspnoea, fatigue, anosmia, ageusia, gastrointestinal issues). (b) Describe the clinical course (mild to severe disease, ARDS, thromboembolism). (c) Differentiate COVID-19 from other respiratory infections.	C3	MK	Group Discussion, Presentations	Assignments, Tutorials	OSCE, Bedside Examination, Viva	Infectious disease clinics, Emergency medicine rotations
HomUG-PM II.22.4			Diagnostic tests (PCR, antigen tests, serology)	(a) Describe diagnostic tests (RT-PCR, antigen tests, serology, and imaging). (b) Discuss specimen collection, handling, and processing. (c) Discuss limitations, sensitivity, specificity, and turnaround time of tests.	C3	MK	Group Discussion, Presentations	SAQ	OSCE, Viva	Pathology, Microbiology, Practice of Medicine
HomUG-PM II.22.5			Pharmacotherapy and supportive care	(a) Discuss pharmacotherapy (antivirals, corticosteroids, immunomodulators, and anticoagulants). (b) Discuss prevention strategies (PPE, isolation, vaccination).	C3	MK	Case discussions, Problem-based learning	Oral presentations, Team projects	Clinical case write-ups	Pharmacology, Preventive Medicine, Practice of Medicine

HomUG-PM II.22.6		Shows	Disease education and preventive measures	(a) Communicate essential information about COVID-19 (transmission, prevention, vaccination). (b) Provide education on symptom recognition, self-isolation, and seeking care. (c) Engage in community outreach and public health campaigns.	A2	NK	Role-playing, Patient counselling		OSCE, Viva	Preventive Medicine
HomUG-PM II.22.7	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for SARS-CoV-2	(a) Explain homoeopathic principles and their limitations in managing SARS-CoV-2. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Sumative	
HomUG-PM II.23. Homoeopathic Therapeutics										

HomUG-PM II.23.1	Knowledge and Scholarship	Knows	Definition, types, and common symptoms of respiratory disorders	(a) Define respiratory disorders in homoeopathic medicine (acute/chronic, upper/lower respiratory tract). (b) Describe common symptoms (cough, dyspnoea, wheezing, chest tightness, and expectoration).	C2	MK	Lecture, Reading, Discussions	MCQ	SAQ, OSCE	Respiratory physiology, Practice of Medicine
HomUG-PM II.23.2	Homoeopathic Orientation	Knows How	Similia principle and individualization	(a) Explain homoeopathic principles (law of similars, individualization, vital force). (b) Discuss the holistic approach, dynamic nature of disease, and use of potentized remedies.	C3	MK	Lectures	Group discussions, Tutorials, Assignments	Viva	Organon
HomUG-PM II.23.3		Shows	Case-taking and repertorization techniques	(a) Demonstrate case-taking techniques (eliciting characteristic symptoms, modalities, concomitants). (b) Select remedies using repertory rubrics, software, and charts.	P2/3	MK	OPD Clinical Postings, Case discussions	SAQ	OSCE, Bedside Examination, Viva	Organon, Homoeopathic Repertory
HomUG-PM II.23.4		Knows How	Materia medica and repertory	(a) Identify key homoeopathic remedies for respiratory disorders based on symptomatology and modalities. (b) Utilize materia medica and repertory tools for remedy selection.	C3	MK	OPD Clinical Postings, Case studies	SAQ	OSCE, Bedside Examination, Viva	Homoeopathic clinics, Materia medica sessions

HomUG-PM II.23.5			Prescribing and potency selection	(a) Describe individualized treatment plans using homoeopathic principles (similars, potency selection, and posology). (b) Prescribe remedies based on symptom totality, constitution, and clinical progress.	C3/4/5	MK	OPD Clinical Postings	Group discussions, Tutorials, Assignments	OSCE, Viva	Homoeopathic Pharmacy, Organon, Homoeopathic Philosophy
HomUG-PM II.23.6		Shows	Patient education and therapeutic expectations	(a) Communicate effectively about homoeopathic treatment principles and expectations. (b) Provide education on lifestyle modifications, diet, and preventive measures.	A2/3	NK	OPD Clinical Postings, Role-playing		OSCE, Patient education session	Organon, Homoeopathic Philosophy, Materia Medica, Preventive Medicine

5.2. Renal Disorders

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to	T-L Methods	Assessment		Integration
								Formative	Summative	

						know				
HomUG-PM II.24. Symptomatology and clinical syndromes & Renal function tests										
HomUG-PM II.24.1	Knowledge and Scholarship	K	Symptomatology	Identify common symptoms of renal dysfunction	C2	MK	Lectures	MCQ	MCQ, SAQ	Practice of Medicine
HomUG-PM II.24.2		KH		Recognize the significance of symptoms such as hematuria, proteinuria, oliguria, dysuria, flank pain and edema	C3/4	MK	Lectures, Group Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Practice of Medicine
HomUG-PM II.24.3			Clinical Syndromes	Discuss the clinical presentation of renal syndromes such as acute kidney injury, nephrotic syndrome, chronic kidney disease, nephritic syndrome and renal calculi	C2	MK	Lectures, Group Discussions, Assignments	MCQ, SAQ, Tutorials	MCQ, SAQ, LAQ	Pathology, Practice of Medicine

HomUG-PM II.24.4			Renal Function Tests	Describe the common renal function tests including serum creatinine,blood urea nitrogen, estimated glomerular filtration rate (eGFR), urine analysis, and renal biopsy	C3/P2	MK	Lectures, Group Discussions, Lab Simulations	Test Result Analysis Exercises	Bedside Examination, Viva	Physiology, Biochemistry, Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.25. Urinary Tract Infections										
HomUG-PM II.25.1	Knowledge and Scholarship	K	Definition and classification of UTIs	(i) Define UTIs . (ii) Classify UTI into (a) asymptomatic bacteriuria, (b) acute pyelonephritis, (c) renal abscess, (d) acute cystitis, (e) acute urethritis, (f) acute prostatitis, and (g) septicaemia	C1	MK	Lectures, reading materials	Concept mapping exercise	Multiple-choice questions (MCQs)	Microbiology

HomUG-PM II.25.2			Risk factors, common pathogens	(a) Recognize the risk factors associated with UTIs. (b) List the common causative agents of UTI	C1	MK	Lectures, Case studies, literature review	Risk factor assessment quiz	SAQ	Microbiology, Practice of Medicine
HomUG-PM II.25.3		KH	Mechanisms of infection, host response	Explain the pathophysiological processes involved in UTIs, including (a) bacterial invasion, (b) host immune response, and (c) tissue damage	C2	MK	Lectures, Assignments, Diagrams, Chart making	Pathophysiology case studies	MCQ, SAQ, LAQ	Pathology, Practice of Medicine
HomUG-PM II.25.4			Symptoms, physical findings	List the clinical manifestations and physical exam findings associated with different types of UTIs	C2	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations, Bedside examinations	Practice of Medicine
HomUG-PM II.25.5			Urine analysis, culture, imaging	Interpret diagnostic tests for UTIs, including (a) urine analysis, (b) urine culture, and (c) imaging studies	P2	MK	Lectures, Lab demonstrations, virtual labs	Interpretation of test results	MCQ, SAQ	Physiology, Biochemistry, Pathology, Radiology
HomUG-PM II.25.6			Antibiotic therapy, supportive measures	Describe evidence-based treatment plans for various UTIs, considering antimicrobial resistance patterns and patient-specific factors	C3/4	MK	Case/Group discussions	Tutorials, SAQ	Case-based exams, SAQ, LAQ	Pharmacology, Practice of Medicine
HomUG-PM II.25.7		SH	Hygiene practices, lifestyle modification	Counsel patients on preventive measures to reduce the risk of UTIs recurrence	A2/3	DK	Patient education sessions, role-playing	Patient counselling assessment, Chart making	SAQ, LAQ	Community Medicine

HomUG-PM II.25.8		Does	Follow-up protocols, response assessment	(a) Monitor patients' response to treatment. (b) Define the management plans based on the response.	C4/5	DK	OPD/Clinical rounds	MCQ	Bedside case analysis, Viva	Pharmacology, Practice of Medicine
HomUG-PM II.25.9		SH	Sepsis, renal failure, urosepsis	(a) Identify the complications arising from UTIs. (b) Define the management strategy of sepsis, renal failure, and urosepsis	C3/4	DK	Lectures, Case studies, critical care simulations, Assignments	MCQ, SAQ	Bedside Examination, Viva	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.26. Nephrotic Syndrome										
HomUG-PM II.26.1	Knowledge and Scholarship	K	Definition, key features	(a) Define Nephrotic syndrome. (b) Describe the clinical presentations of Nephrotic syndrome.	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Practice of Medicine
HomUG-PM II.26.2		KH	Glomerular injury mechanisms	Explain the pathophysiological mechanisms underlying nephrotic syndrome, including glomerular injury	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ	SAQ, LAQ	Pathology

HomUG-PM II.26.3		SH	Edema, proteinuria, hypoalbuminemia	Recognize the clinical manifestations and physical exam findings associated with nephrotic syndrome	C3/P2	MK	OPD/Clinical rotations, patient simulations	OSPE	OSCE stations	Practice of Medicine
HomUG-PM II.26.4		KH	Urine analysis, serum albumin, kidney biopsy	List diagnostic investigations for nephrotic syndrome.	C3	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examinations, Viva	Physiology, Biochemistry, Practice of medicine
HomUG-PM II.26.5		SH	Pharmacotherapy, dietary modifications	Develop treatment plans for nephrotic syndrome, considering pharmacological and non-pharmacological interventions	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Pharmacology, Nutrition
HomUG-PM II.26.6			Medication adherence, lifestyle changes	Counsel patients and families on disease management, medication adherence, and lifestyle modifications	A2	DK	Role-playing, Chart making	Patient counselling assessment	SAQ, LAQ	Practice of Medicine
HomUG-PM II.26.7		Does	Serum albumin levels, urine protein	(a) Monitor patients' response to treatment. (b) Describe the management of Nephrotic syndrome based on response.	C3/P2	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examinations, Viva	Practice of Medicine
HomUG-PM II.26.8		SH	Thrombosis, infections, hyperlipidaemia	(a) List the complications of Nephrotic syndrome. (b) Define the management of complications associated with	C3/P2	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examinations, Viva	Practice of Medicine

				nephrotic syndrome						
HomUG-PM II.26.9		KH	Role of nephrologists, nurses, dietitians	Define multidisciplinary approach for optimal patient care in nephrotic syndrome	C4	DK	Guest Lectures, team-based projects	Group assignments	SAQ, LAQ	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.27. Glomerulopathies										
HomUG-PM II.27.1	Knowledge and Scholarship	K	Definition, types	(a) Define Glomerulonephritis. (b) Describe its classification into (i) Primary and (ii) Secondary	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Practice of Medicine
HomUG-PM II.27.2		KH	Immune mechanisms, glomerular injury	Explain the pathophysiological mechanisms underlying glomerulonephritis (including immune complex deposition and glomerular injury)	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ	SAQ, LAQ	Pathology
HomUG-PM II.27.3		SH	Hematuria, proteinuria, hypertension	Recognize the clinical manifestations and physical exam findings associated with glomerulonephritis	C3	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations	Practice of Medicine
HomUG-PM II.27.4		KH	Urine analysis, kidney biopsy, serology	List the diagnostic tests for glomerulonephritis.	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examinations, Viva	Physiology, Biochemistry, Practice of medicine

HomUG-PM II.27.5		SH	Pharmacotherapy, immunosuppression	Define treatment plans for glomerulonephritis, considering pharmacological and immunosuppressive interventions	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Pharmacology, Nutrition
HomUG-PM II.27.6			Medication adherence, dietary restrictions	Counsel patients and families on disease management, medication adherence, and dietary modifications	A3/4	DK	Role-playing, Chart making	Patient counselling assessment	SAQ	Practice of Medicine
HomUG-PM II.27.7		Does	Renal function tests, proteinuria levels	(a) Monitor patients' response to treatment. (b) Define the management based on response to treatment.	C3/4	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examinations, Viva	Practice of Medicine
HomUG-PM II.27.8		KH	Renal failure, infections, hypertension	Identify complications associated with glomerulonephritis	C4	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examinations, Viva	Practice of Medicine
HomUG-PM II.27.9		KH	Role of nephrologists, nurses, dietitians	Define multidisciplinary approach for optimal patient care in glomerulonephritis	C4	DK	Guest Lectures, team-based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.28. Renal Failure										
HomUG-PM II.28.1	Knowledge and Scholarship	K	Definition, types	(a) Define renal failure. (b) Describe its classification into acute and chronic types	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Practice of Medicine
HomUG-PM II.28.2		KH	Causes, mechanisms	Explain the pathophysiological mechanisms underlying renal failure (including ischemia, inflammation, and nephron loss).	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ,	SAQ, LAQ	Pathology
HomUG-PM II.28.3		SH	Oliguria, azotemia, fluid overload	Recognize the clinical manifestations and physical exam findings associated with acute and chronic renal failure	C2/3 P2	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations	Practice of Medicine
HomUG-PM II.28.4		KH	Serum creatinine, BUN, urinalysis	Define diagnostic tests for renal failure.	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examinations, Viva	Physiology, Biochemistry, Practice of Medicine
HomUG-PM II.28.5		SH	Fluid management, dialysis, transplant	Define treatment plans for renal failure (considering fluid management, dialysis, and transplantation options.)	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Pharmacology, Nutrition

HomUG-PM II.28.6		Shows How	Educate patients and families about the need of Dialysis, medication adherence	Counsel patients and families on disease management (including dialysis procedures, medication adherence, and lifestyle modifications.)	A3/4	DK	Role-playing, Chart making	Patient counselling assessment	SAQ	Practice of Medicine
HomUG-PM II.28.7		Does	Serum electrolytes, fluid balance	(a) Monitor patients' response to treatment (b) Describe the management based on response to treatment.	C3/4	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examinations, Viva	Practice of Medicine
HomUG-PM II.28.8		SH	Electrolyte imbalances, infection, hypertension	Identify the complications associated with renal failure (including electrolyte imbalances, infections, and hypertension.)	C3	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examinations, Viva	Practice of Medicine
HomUG-PM II.28.9		Knows How	Role of nephrologists, nurses, dietitians	Define multidisciplinary approach for an optimal patient care in renal failure	C4	DK	Guest Lectures, team-based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.29. Renovascular Diseases										
HomUG-PM II.29.1	Knowledge and Scholarship	K	Definition, aetiology	(a) Define renovascular disease and renovascular hypertension (b) Describe the aetiopathogenesis of Renovascular diseases.	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Practice of Medicine
HomUG-PM II.29.2		KH	Renal artery stenosis, systemic effects	Explain the pathophysiological mechanisms underlying renovascular disease (including renal artery stenosis and its systemic effects)	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ, Tutorials	SAQ, LAQ	Pathology, Surgery
HomUG-PM II.29.3		SH	Hypertension, renal bruits, renal function	Recognize the clinical manifestations and physical exam findings associated with renovascular disease and hypertension	C2/3 P2	MK	OPD/Clinical rotations, patient simulations	OSPE	OSCE stations	Practice of Medicine
HomUG-PM II.29.4		Does	Doppler ultrasound, angiography, renal scintigraphy	Define the diagnostic tests for renovascular disease and hypertension.	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examination, Viva	Practice of Medicine, Radiology

HomUG-PM II.29.5		KH	Revascularization, antihypertensive therapy	Define treatment plans for renovascular disease and hypertension (considering revascularization procedures and antihypertensive medications)	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Surgery, Pharmacology, Practice of Medicine
HomUG-PM II.29.6			Blood pressure monitoring, renal function tests	(a) Monitor patients' response to treatment. (b) Describe the management based on response to treatment.	C3/4	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examination, Viva	Pharmacology, Medicine
HomUG-PM II.29.7			Renal insufficiency, post-procedural complications	Identify the complications associated with renovascular disease and hypertension	C3	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.29.8			Role of nephrologists, interventional radiologists	Define multidisciplinary approach for an optimal patient care in renovascular disease and hypertension	C4	DK	Guest Lectures, team-based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.30. Obstructive Uropathy										

HomUG-PM II.30.1	Knowledge and Scholarship	Knows	Definition, aetiology	(a) Define obstructive uropathy (b) Describe the etiopathogenesis of obstructive uropathy.	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Internal Medicine, Surgery
HomUG-PM II.30.2		KH	Causes, mechanisms	Explain the pathophysiological mechanisms underlying obstructive uropathy (including urinary tract obstruction and its effects on renal function)	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ, Tutorials	SAQ, LAQ	Pathology
HomUG-PM II.30.3		SH	Flank pain, urinary retention, hydronephrosis	Recognize the clinical manifestations and physical exam findings associated with obstructive uropathy	C2/3 P2	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations	Internal Medicine, Surgery
HomUG-PM II.30.4		KH	Renal ultrasound, CT scan, urography	Define the diagnostic tests for obstructive uropathy.	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examinations, Viva	Laboratory Medicine
HomUG-PM II.30.5		SH	Relief of obstruction, supportive care	Define treatment plans for obstructive uropathy (considering relief of obstruction and supportive measures)	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Urology, Nephrology
HomUG-PM II.30.6			Self-catheterization, follow-up care	Counsel patients and families on disease management (including self-care techniques, follow-up appointments, and potential complications)	A3/4	DK	Role-playing, Chart making	Patient counselling assessment	SAQ	Surgery, Practice of Medicine

HomUG-PM II.30.7		KH	Renal function tests, imaging follow-up	(a) Monitor patients' response to treatment (b) Define the management plans based on response to treatment.	C3/4	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examinations, Viva	Practice of Medicine
HomUG-PM II.30.8			Infection, renal failure, electrolyte imbalances	Identify the complications associated with obstructive uropathy	C3	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examinations, Viva	Surgery, Practice of Medicine
HomUG-PM II.30.9			Role of urologists, radiologists, nurses	Define multidisciplinary approach for an optimal patient care in obstructive uropathy	C4	DK	Guest Lectures, team-based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.31. Tumors of Genito urinary tract										
HomUG-PM II.31.1	Knowledge and Scholarship	K	Definition, types	(a) Define tumours of the genitourinary tract. (b) Describe the classification of Tumours of GUT into various types (e.g., renal cell carcinoma, bladder cancer)	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Pathology, Surgery
HomUG-PM II.31.2		KH	Risk factors, molecular pathways	Explain the etiopathogenesis of genitourinary tract tumours (including common risk factors and molecular pathways involved in tumorigenesis)	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ, Tutorials	SAQ, LAQ	Pathology, Surgery
HomUG-PM II.31.3		SH	Haematuria, flank pain, urinary symptoms	Recognize the clinical manifestations and physical exam findings associated with genitourinary tract tumours	C2/3 P2	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations	Surgery, Practice of Medicine
HomUG-PM II.31.4		KH	Imaging studies, biopsy	Define the diagnostic tests for genitourinary tract tumours	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examinations, Viva	Radiology, Pathology, Surgery

HomUG-PM II.31.5		SH	Surgery, chemotherapy, radiation therapy	Define treatment plans for genitourinary tract tumours (surgical interventions, chemotherapy, and radiation therapy)	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Surgery, Practice of Medicine, Pharmacology

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.32. Tubulo-interstitial Diseases										
HomUG-PM II.32.1	Knowledge and Scholarship	K	Definition, aetiology	(a) Define tubulointerstitial nephritis. (b) List the causes of Tubulointerstitial Nephritis (including common causes such as drug reactions and autoimmune disorders)	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Physiology, Practice of Medicine
HomUG-PM II.32.2		KH	Immune mechanisms, tubular injury	Explain the pathophysiological mechanisms underlying tubulointerstitial nephritis (including immune-mediated damage and tubular injury)	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ, Tutorials	SAQ, LAQ	Pathology

HomUG-PM II.32.3		SH	Acute kidney injury, electrolyte disturbances	Recognize the clinical manifestations and physical exam findings associated with tubulointerstitial nephritis	C2/3 P2	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations	Practice of Medicine
HomUG-PM II.32.4		KH	Urinalysis, renal biopsy, imaging studies	Define the diagnostic tests for tubulointerstitial nephritis.	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examination, Viva	Physiology, Practice of Medicine, Biochemistry
HomUG-PM II.32.5			Discontinue offending agents, corticosteroids	Develop treatment plans for tubulointerstitial nephritis (including discontinuation of offending agents and corticosteroid therapy)	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Pharmacology
HomUG-PM II.32.6			Medication side effects, follow-up care	Counsel patients and families on disease management (including potential medication side effects, follow-up appointments, and lifestyle modifications)	C3/4	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examination, Viva	Pharmacology, Practice of medicine
HomUG-PM II.32.7			Renal function tests, symptom assessment	(a) Monitor patients' response to treatment. (b) define the management plans based on response to treatment.	C3	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examination, Viva	Physiology, Practice of medicine

HomUG-PM II.32.8			Renal failure, recurrent disease	List the complications associated with tubulointerstitial nephritis (including renal failure and recurrent disease)	C4	DK	Guest Lectures, team-based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine
HomUG-PM II.32.9			Role of nephrologists, pharmacists, nurses	Define multidisciplinary approach for an optimal patient care in tubulointerstitial nephritis	C4	Desirable to Know	Interprofessional education sessions, team-based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.33. Cystic Kidney diseases										
HomUG-PM II.33.1	Knowledge and Scholarship	K	Definition, types	(a) Define renal cystic disease (b) Describe its classification into various types (e.g., simple renal cysts, polycystic kidney disease)	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine
HomUG-PM II.33.2		KH	Genetic mutations, cyst formation	Explain the etiopathogenesis of renal cystic disease (including genetic mutations and the process of cyst formation)	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ, Tutorials	SAQ, LAQ	Pathology, Surgery, Practice of Medicine

HomUG-PM II.33.3			Abdominal pain, haematuria, hypertension	Define the clinical manifestations and physical exam findings associated with renal cystic disease	C2/3 P2	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations	Surgery, Practice of Medicine
HomUG-PM II.33.4			Ultrasound, CT scan, genetic testing	Define the diagnostic tests for renal cystic disease.	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examination, Viva	Radiology, Pathology
HomUG-PM II.33.5			Symptom management, surveillance	Describe the treatment plans for renal cystic disease (including symptom management and surveillance strategies for disease progression)	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Surgery, Practice of Medicine
HomUG-PM II.33.6			Disease progression, genetic counselling	Counsel patients and families on disease management (including disease progression, genetic counselling, and family planning options)	C3/4	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examination, Viva	Pathology, ObnG, Practice of Medicine
HomUG-PM II.33.7			Imaging follow-up, symptom assessment	(a) Monitor patients' response to treatment (b) Describe the management plans based on the response to treatment.	C3	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.33.8			Infection, renal failure, hemorrhage	Identify the complications associated with renal cystic disease (including infection, renal failure, and hemorrhage)	C4	DK	Guest Lectures, team-based projects	Teamwork assessment	SAQ	Surgery, Practice of Medicine

HomUG-PM II.33.9			Role of nephrologists, genetic counsellors, surgeons	Define multidisciplinary approach for an optimal patient care in renal cystic disease	C4	Desirable to Know	Interprofessional education sessions, team-based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.34. Homoeopathic concepts and Therapeutics										
HomUG-PM II.34.1	Homoeopathic orientation	KH	Understanding how miasmatic influences relate to renal disorders such as nephritis, nephrotic syndrome, and chronic kidney disease.	1. Identify miasmatic influences related to various renal disorders. 2. Evaluate how these miasms impact disease presentation. 3. Analyze treatment options based on miasmatic evaluation.	C2-3	MK	Lectures, group discussions, case studies	Group presentations on miasmatic influences	Written case analysis incorporating miasmatic evaluation	Pathology, Immunology, and Homoeopathic Philosophy
HomUG-PM II.34.2		KH	Application of homeopathic remedies for renal disorders based on miasmatic evaluation and individual symptomatology, Repertorisation	1. Select remedies using repertory rubrics, repertory software, and repertory charts. 2. Select appropriate remedies based on miasmatic evaluation and clinical presentation. 3. Develop individualized treatment plans for patients with renal disorders.	C2-3	MK	Practical demonstrations,	Practical assessments on remedy selection	Clinical exam involving case management	PM, Materia Medica, Homoeopathic philosophy, Repertory

5.3.Water and Electrolyte Imbalance

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.35. Approach to disorders of electrolyte imbalance										
HomUG-PM II.35.1	Knowledge and Scholarship	K	Overview of electrolyte functions and homeostasis; Clinical manifestations of imbalances	Identify the signs and symptoms of electrolyte imbalances	C1	MK	Lectures	Quizzes, Group discussions	MCQs	Physiology, Biochemistry, Pathology
HomUG-PM II.35.2		KH	Etiology and pathophysiology of common electrolyte disorders	Describe the causes and mechanisms of electrolyte imbalances	C2	MK	Case studies, Problem-based learning (PBL)	Written assignments, Case presentations	SAQ	Biochemistry, Pathology, Practice of Medicine
HomUG-PM II.35.3		SH	History taking, Physical examination, Interpreting laboratory tests	Perform clinical assessment and diagnosis of electrolyte disorders	P2	MK	Simulated patient labs, DOPS	OSCE, Peer feedback	OSCE, Clinical viva	Practice of Medicine
HomUG-PM II.35.4			Patient education strategies, Communication skills	Educate patients and caregivers on managing electrolyte imbalances	P2	DK	Workshops, Role-playing exercises	Chart making, Presentations		Community Medicine, Homoeopathic Philosophy
HomUG-PM II.35.5			Team dynamics, Roles of different healthcare professionals	Collaborate with an interprofessional team for comprehensive care	Application/Analysis	NK	Team-based learning	Team project presentations,	SAQ	Forensic Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.36. Sodium Imbalance										
HomUG-PM II.36.1	Knowledge and Scholarship	K	Explaining why Sodium is important in the body	Define the role of sodium in the body	C1	MK	Lecture, Discussion	MCQ	SAQ	Physiology, Biochemistry
HomUG-PM II.36.2		KH	Recognizing reasons for sodium levels being too high or too low	Identify causes of high and low sodium levels	C2	MK	Lecture, Discussion	MCQ	SAQ, Viva voce	Physiology, Practice of Medicine
HomUG-PM II.36.3			Understanding how the body manages sodium levels	Describe how sodium balance is regulated	C2	MK	Problem-based learning	Assignments, MCQ	SAQ, LAQ	Physiology, Biochemistry
HomUG-PM II.36.4			Knowing symptoms of high and low sodium levels	Recognize signs of sodium imbalance	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ, LAQ	Physiology, Practice of Medicine
HomUG-PM II.36.5			Knowing how to check for sodium problems	Discuss how sodium imbalance is diagnosed	C2	MK	Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine
HomUG-PM II.36.6			Description of treatment options for correcting sodium imbalance	Discuss ways to treat sodium imbalance	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ	Biochemistry, Practice of Medicine
HomUG-PM II.36.7		SH	Analysis of the physiological and clinical consequences of sodium disorders	Evaluate the impact of sodium imbalance	P1	DK	Lectures, Seminars	Assignments	OSCE	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.37. Potassium Imbalance										
HomUG-PM II.37.1	Knowledge and Scholarship	K	Explaining what potassium is and why it's important	Define potassium and its role in the body	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Physiology, Biochemistry
HomUG-PM II.37.2			Recognizing where potassium comes from and what it does	Identify sources and functions of potassium	C2	MK	Lecture, Discussion	Case presentations, MCQ	Viva voce	Physiology, Practice of medicine
HomUG-PM II.37.3		KH	Understanding how the body keeps potassium levels balanced	Describe the regulation of potassium levels	C2	MK	Problem-based learning	Assignments, MCQ	SAQ,	Physiology, Biochemistry
HomUG-PM II.37.4			Knowing symptoms of high and low potassium levels	Recognize signs of potassium imbalance	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ	Physiology, Practice of medicine
HomUG-PM II.37.5			Knowing how doctors check for potassium problems	Discuss how potassium imbalance is diagnosed	C2	MK	Problem-solving scenarios, Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine
HomUG-PM II.37.6			Talking about how doctors fix potassium levels	Discuss ways to treat potassium imbalance	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ	Biochemistry, Practice of Medicine
HomUG-PM II.37.7		SH	Analyzing how potassium problems affect patients	Evaluate the impact of potassium imbalance	P1	DK	Lectures, Seminars	Assignments	OSCE	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.38. Phosphate Imbalance										
HomUG-PM II.38.1	Knowledge and Scholarship	K	Explaining what phosphate is and why it's important in the body	Define the physiological significance of phosphate	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Physiology, Biochemistry
HomUG-PM II.38.2			Recognizing where phosphate comes from and its roles in the body	Identify sources and functions of phosphate	C2	MK	Lecture, Discussion	Case presentations, MCQ	Viva voce	Physiology, Practice of Medicine
HomUG-PM II.38.3		KH	Understanding how the body maintains phosphate balance	Describe the regulation of phosphate levels	C2	MK	Problem-based learning	Assignments, MCQ	SAQ,	Physiology, Biochemistry
HomUG-PM II.38.4			Identifying symptoms of high and low phosphate levels	Recognize signs of phosphate imbalance	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ	Physiology, Practice of Medicine
HomUG-PM II.38.5			Understanding diagnostic methods for assessing phosphate levels	Discuss how phosphate imbalance is diagnosed	C2	MK	Problem-solving scenarios, Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine
HomUG-PM II.38.6			Discussing approaches to correcting high or low phosphate levels	Discuss treatment options for phosphate imbalance	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ	Biochemistry, Practice of Medicine
HomUG-PM II.38.7		SH	Analyzing the effects of phosphate problems on patients	Evaluate the impact of phosphate imbalance	P1	DK	Lectures, Seminars	Assignments	OSCE	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.39. Metabolic Acidosis & Alkalosis										
HomUG-PM II.39.1	Knowledge and Scholarship	K	Explanation of metabolic acidosis and its etiology	Describe metabolic and its causes	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Physiology, Biochemistry
HomUG-PM II.39.2			Overview of conditions leading to metabolic acidosis such as renal failure, diabetic ketoacidosis, and lactic acidosis	Recognition of common etiologies of metabolic acidosis	C2	MK	Lecture, Discussion	Case presentations, MCQ	Viva voce	Physiology, Practice of Medicine
HomUG-PM II.39.3		KH	Explanation of mechanisms leading to decreased serum bicarbonate or increased acid production	(a) Define metabolic acidosis. (b) Describe the patho-physiological processes underlying metabolic acidosis	C2	MK	Problem-based learning	Assignments, MCQ	SAQ,	Physiology, Biochemistry
HomUG-PM II.39.4			Description of symptoms associated with metabolic acidosis such as Kussmaul breathing, nausea, and confusion	Identification of clinical features suggestive of metabolic acidosis	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ	Physiology, Practice of Medicine
HomUG-PM II.39.5			Explanation of laboratory tests and ABG interpretation in metabolic acidosis	Discuss the diagnostic approach to metabolic acidosis (including laboratory tests and arterial blood gas analysis)	C2	MK	Problem-solving scenarios, Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine

HomUG-PM II.39.6			Description of treatment options for correcting metabolic acidosis	Discuss management strategies for metabolic acidosis(including correction of underlying causes and administration of bicarbonate)	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ, LAQ	Biochemistry, Practice of Medicine
HomUG-PM II.39.7		SH	Analysis of the physiological and clinical consequences of metabolic acidosis	Evaluate the impact of metabolic acidosis on patient outcomes and prognosis	P1	DK	Lectures, Seminars	Assignments	OSCE	Practice of Medicine
HomUG-PM II.39.8		K	Explanation of metabolic alkalosis and its etiology	(a) Define metabolic alkalosis. (b) Describe the patho-physiological processes underlying metabolic alkalosis.	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Physiology, Biochemistry
HomUG-PM II.39.9			Overview of conditions leading to metabolic alkalosis such as vomiting, diuretic use, and excessive bicarbonate intake	Recognition of common etiologies of metabolic alkalosis	C2	MK	Lecture, Discussion	Case presentations, MCQ	Viva voce	Physiology, Practice of Medicine
HomUG-PM II.39.10		KH	Explanation of mechanisms leading to increased serum bicarbonate or decreased acid production	Discuss the patho-physiological processes underlying metabolic alkalosis	C2	MK	Problem-based learning	Assignments, MCQ	SAQ,	Physiology, Biochemistry
HomUG-PM II.39.11			Description of symptoms associated with metabolic alkalosis such as muscle cramps, tetany, and altered mental status	Identification of clinical features suggestive of metabolic alkalosis	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ	Physiology, Practice of Medicine

HomUG-PM II.39.12			Explanation of laboratory tests and ABG interpretation in metabolic alkalosis	Describe the diagnostic approach to metabolic alkalosis (including laboratory tests and arterial blood gas analysis)	C2	MK	Problem-solving scenarios, Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine
HomUG-PM II.39.13			Description of treatment options for correcting metabolic alkalosis	Discuss management strategies for metabolic alkalosis (including correction of underlying causes and administration of fluids and electrolytes)	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ, LAQ	Biochemistry, Practice of Medicine
HomUG-PM II.39.14		SH	Analysis of the physiological and clinical consequences of metabolic alkalosis	Evaluate the impact of metabolic alkalosis on patient outcomes and prognosis	P1	DK	Lectures, Seminars	Assignments	OSCE	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.40. Respiratory Acidosis & Alkalosis										
HomUG-PM II.40.1	Knowledge and Scholarship	K	Explanation of respiratory acidosis and its aetiology	(a) Define Respiratory acidosis. (b) List the causes of respiratory acidosis	C1	MK	Lecture, Discussion	MCQ	SAQ	Physiology, Biochemistry
HomUG-PM II.40.2			Overview of conditions leading to respiratory acidosis such as COPD, pneumonia, and opioid overdose	Recognition of common aetiologies of respiratory acidosis	C2	MK	Lecture, Discussion	Case presentations, MCQ	Viva voce	Physiology, Practice of Medicine

HomUG-PM II.40.3		KH	Explanation of mechanisms leading to increased PaCO2 and decreased pH	Discuss the physiological processes underlying respiratory acidosis	C2	MK	Problem-based learning	Assignments, MCQ	SAQ,	Physiology, Biochemistry
HomUG-PM II.40.4			Description of symptoms associated with respiratory acidosis such as dyspnea, confusion, and respiratory distress	Identification of clinical features suggestive of respiratory acidosis	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ	Physiology, Practice of Medicine
HomUG-PM II.40.5			Explanation of ABG interpretation and PFTs in respiratory acidosis assessment	Describe the diagnostic approach to respiratory acidosis (including arterial blood gas analysis and pulmonary function tests)	C2	MK	Problem-solving scenarios, Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine
HomUG-PM II.40.6			Description of treatment options for correcting respiratory acidosis	Discuss management strategies for respiratory acidosis (including correction of underlying causes and ventilator support)	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ, LAQ	Biochemistry, Practice of Medicine
HomUG-PM II.40.7		SH	Analysis of the physiological and clinical consequences of respiratory acidosis	Evaluate the impact of respiratory acidosis on patient outcomes and prognosis	P1	DK	Lectures, Seminars	Assignments	OSCE	Practice of Medicine
HomUG-PM II.40.8		K	Explanation of respiratory alkalosis and its etiology	(a) Define Respiratory alkalosis. (b) List the causes of respiratory alkalosis.	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Physiology, Biochemistry
HomUG-PM II.40.9			Overview of conditions leading to respiratory alkalosis such as hyperventilation, anxiety, and fever	Recognition of common etiologies of respiratory alkalosis	C2	MK	Lecture, Discussion	Case presentations, MCQ	Viva voce	Physiology, Practice of Medicine
HomUG-PM II.40.10		KH	Explanation of mechanisms leading to decreased PaCO2 and increased pH	Discuss the physiological processes underlying respiratory alkalosis	C2	MK	Problem-based learning	Assignments, MCQ	SAQ,	Physiology, Biochemistry

HomUG-PM II.40.11			Description of symptoms associated with respiratory alkalosis such as dizziness, tingling, and palpitations	Identification of clinical features suggestive of respiratory alkalosis	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ	Physiology, Practice of Medicine
HomUG-PM II.40.12			Explanation of ABG interpretation and respiratory function tests in respiratory alkalosis assessment	Describe the diagnostic approach to respiratory alkalosis (including arterial blood gas analysis and assessment of respiratory function)	C2	MK	Problem-solving scenarios, Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine
HomUG-PM II.40.13			Description of treatment options for correcting respiratory alkalosis and managing symptoms	Discuss management strategies for respiratory alkalosis (including addressing underlying causes and providing supportive care)	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ, LAQ	Biochemistry, Practice of Medicine
HomUG-PM II.40.14		SH	Analysis of the physiological and clinical consequences of respiratory alkalosis	Evaluate the impact of respiratory alkalosis on patient outcomes and prognosis	P1	DK	Lectures, Seminars	Assignments	OSCE	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.41. Therapeutics related to Disorder of water & electrolyte balance										

HomUG-PM II.41.1	Knowledge and Scholarship	K	History and philosophy of homoeopathy, Law of Similars, Minimum Dose, Totality of Symptoms	Discuss the basic principles of homoeopathy and their application	C1	MK	Lectures, Readings, assignments	MCQ	SAQ, LAQ	Organon & Philosophy, Materia Medica
HomUG-PM II.41.2		K	Signs and symptoms of imbalances in sodium, potassium, alkalosis and acidosis	Recognize symptoms of water and electrolyte imbalances	C1	MK	Symptomatology exercises	Assignments, MCQ	OSCE	Pathology, Practice of Medicine
HomUG-PM II.41.3		KH	Materia Medica relevant to electrolyte imbalances, Repertory usage for symptom matching	Select appropriate homoeopathic remedies for water and electrolyte imbalances based on symptom similarity	C2	MK	Repertory exercises, Materia Medica review	Case simulations, Assignments	Practical exams, Viva	Materia Medica, Repertory
HomUG-PM II.41.4		SH	Case taking, Remedy selection, Potency determination, Dose and repetition	Develop comprehensive treatment plans (including remedy, potency, and follow-up)	P2	MK	Interactive seminars	Treatment plan development, Reflective journals	Bedside examination, Viva	Materia Medica, Organon, Pharmacy
HomUG-PM II.41.5		SH	Importance of diet and hydration in managing electrolyte balance, Patient education techniques	Educate the patients about their lifestyle changes to support treatment	A2	DK	Role-playing, Workshop on communication skills	Patient counselling simulations	Patient education project, Oral exams	Community Medicine
HomUG-PM II.41.6		KH	Understanding the role of homoeopathy within the broader healthcare system, Referral protocols	(a) Explain how homeopathy can be used in the management of electrolyte disorders (b) Describe the limitations of Homoeopathy in managing electrolyte disorders	C3	DK	Guest lectures	SAQ	SAQ, LAQ	Medical Ethics

HomUG-PM II.41.7		KH	Research methodology, Critical appraisal of homoeopathic literature	Utilize principles of evidence-based medicine in clinical practice	C3	DK	Group Discussions, Online databases training	Article critiques, Assignments	SAQ	Research Methodology

5.4. Diseases of Digestive System and Peritoneum

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.42. Applied Anatomic and Physiology of GIT										
HomUG-PM II.42.1	Knowledge and Scholarship	Knows	Structural components, organization	(a) **Define** the anatomy of the GIT (mouth, oesophagus, stomach, small intestine, large intestine). (b) **Describe** the organization of the GIT (layers of the intestinal wall, blood/nerve supply, lymphatic drainage). (c) **Identify** anatomical landmarks and relationships with adjacent structures (liver, pancreas, spleen, abdominal vasculature).	C1	MK	Lecture, Reading, Discussions	MCQ, SAQ	SAQ, LAQ	Anatomy, Surgery

HomUG-PM II.42.2		Understands	Physiological processes in the GIT	(a) Explain digestion and absorption processes (ingestion, secretion, motility, digestion, absorption, excretion). (b) Describe the role of enzymes, hormones, and neurotransmitters in GIT function. (c) Identify nutrient absorption sites (small intestine, villi, microvilli).	C2	MK	Lectures	Concept maps, Group discussions	SAQ, Viva	Physiology
HomUG-PM II.42.3		Knows How	Etiology, pathogenesis, and clinical features of gastrointestinal disorders	(a) Identify the aetiology and pathogenesis of common gastrointestinal disorders (Crohn's disease, ulcerative colitis, GERD, peptic ulcer disease, gastrointestinal cancers). (b) Recognize clinical features and manifestations (abdominal pain, bloating, diarrhoea, constipation, weight loss, anaemia, jaundice). (c) Describe disease classification, staging, prognosis, and the impact of genetic, environmental, and lifestyle factors.	C2	MK	Lectures, Group Discussions	MCQ, SAQ	OSCE, Bedside Examination, Viva	Pathology, Practice of Medicine

HomUG-PM II.42.4		Knows How	Diagnostic investigations for gastrointestinal disorders	((a) Discuss investigations (endoscopy, colonoscopy, biopsy, imaging, laboratory tests). (b) Discuss indications, contraindications, risks, and limitations of diagnostic modalities. (c) Interpret test results in the context of clinical presentation.	C2/3	MK	OPD Clinical Postings, Case studies	Tutorials, assignments	OSCE, Bedside Examination, Viva	Pathology, Surgery, Practice of Medicine.

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.43. Aphthous Ulceration										
HomUG-PM II.43.1	Knowledge and Scholarship	Knows	Definition, aetiology, and types of aphthous ulcers	(a) Define aphthous ulcers as painful oral mucosal lesions with a yellowish-white pseudo membrane and erythematous margins. (b) Describe the aetiology (trauma, stress, hormonal changes, immune dysregulation, nutritional deficiencies, and genetic predisposition). (c) Classify aphthous	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine

				ulcers into minor, major, and herpetiform types.						
HomUG-PM II.43.2		Knows How	Symptoms, morphology and differential diagnosis	(a) Describe clinical symptoms (pain, difficulty eating/speaking, erythema, and swelling). (b) Recognize morphology (shallow, well-defined ulcers with a greyish/yellowish centre and erythematous halo). (c) Differentiate aphthous ulcers from other oral lesions (herpes labialis, traumatic ulcers, oral thrush, and oral malignancies).	C2/P2	MK	Lectures, OPD Clinical Postings, DOPS	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery

HomUG-PM II.43.3		Knows How	Predisposing factors and triggers	(a) Identify predisposing factors (dental trauma, orthodontic appliances, sharp food). (b) Discuss systemic factors (stress, hormonal changes, dietary allergies, autoimmune diseases). (c) Explain genetic susceptibility (HLA alleles, familial clustering).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Preventive Medicine
HomUG-PM II.43.4		Knows How	Similar lesions and oral manifestations of systemic diseases	(a) Discuss differential diagnosis of aphthous ulcers. (b) Differentiate from herpes labialis (lesion morphology, prodromal symptoms, HSV testing). (c) Recognize features of traumatic ulcers, oral thrush, erythema multiforme, and oral malignancies.	C2/3	MK	OPD Clinical Postings,	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine

HomUG-PM II.43.5		Knows How	Pharmacotherapy, topical agents and lifestyle modifications	(a) Discuss treatment options (topical corticosteroids, analgesics, antimicrobials, oral rinses). (b) Explain systemic medications (corticosteroids, immunomodulators, and vitamin/mineral supplements).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research Methodology
HomUG-PM II.43.6		Shows	Oral hygiene and dietary modifications	(a) Educate patients on preventive measures (oral hygiene, avoiding abrasive/acidic foods, minimizing trauma). (b) Counsel patients on stress management and lifestyle modifications.	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ,LAQ	Preventive Medicine, Practice of Medicine
HomUG-PM II.43.7	Homoeopathic Orientation	Knows How	Knowledge of homoeopathic principles and remedies for Aphthous Ulcers	(a) Explain homoeopathic principles for managing aphthous ulcers. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.44. Stomatitis										
HomUG-PM II.44.1	Knowledge and Scholarship	Knows	Definition, aetiology, and classification of stomatitis	(a) Define stomatitis as inflammation of the oral mucosa causing pain, redness, swelling, and ulceration. (b) Describe the aetiology (infectious agents, systemic diseases, allergic reactions, chemical irritants). (c) Classify stomatitis into subtypes (herpetic, aphthous, candidal, drug-induced).	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine

HomUG-PM II.44.2		Knows How	Symptoms, morphology and differential diagnosis	(a) Describe clinical symptoms (oral pain, burning sensation, difficulty eating/swallowing, altered taste). (b) Recognize lesion morphology (erythematous patches, vesicles, ulcers, pseudo membranes, plaques). (c) Discuss differential diagnosis (infectious, inflammatory, autoimmune, neoplastic, drug-related causes).	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery
HomUG-PM II.44.3		Knows How	Infectious agents, systemic diseases and irritants	(a) Identify common causes (viral, bacterial, fungal infections). (b) Discuss associations with systemic diseases (autoimmune, hematologic, gastrointestinal disorders). (c) Explain the role of allergic reactions, irritants, and medications in stomatitis.	C3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Practice of Medicine

HomUG-PM II.44.4		Knows How	Similar lesions and oral manifestations of systemic diseases	(a) Discuss differential diagnosis of stomatitis. (b) Differentiate between viral, bacterial, and fungal stomatitis. (c) Recognize allergic and drug-induced stomatitis.	C3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.44.5		Knows How	Pharmacotherapy, topical agents and systemic management	(a) Discuss treatment plans (pharmacotherapy, topical agents, and systemic medications). (b) Explain supportive care (analgesics, oral rinses, corticosteroids, oral hygiene).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research methodology
HomUG-PM II.44.6		Shows	Medication adherence, lifestyle modifications	(a) Educate patients on management (medication adherence, oral hygiene, dietary modifications). (b) Counsel patients on self-care measures (avoiding irritants, staying hydrated).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ,LAQ	Preventive Medicine, Practice of Medicine

HomUG-PM II.44.7	Homoeopathic Orientation	Knows How	Knowledge of homoeopathic principles and remedies for Stomatitis	(a) Explain homoeopathic principles for managing stomatitis. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.45. Parotitis										
HomUG-PM II.45.1	Knowledge and Scholarship	Knows	Definition, aetiology, and types of parotitis	(a) Define parotitis as inflammation of the parotid gland causing swelling, pain, and tenderness. (b) Describe the aetiology (viral, bacterial, fungal infections; obstructive factors like salivary stones). (c) Differentiate between acute and chronic parotitis and recognize complications (abscess, cellulitis, systemic spread).	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine
HomUG-PM II.45.2		Knows How	Symptoms, signs and complications	((a) Describe clinical symptoms (parotid swelling, pain with chewing/swallowing, fever, erythema). (b) Recognize signs of severe parotitis (trismus, purulent discharge, facial asymmetry, and lymphadenopathy). (c) Perform a systematic physical examination (inspection, palpation, salivary flow assessment).	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery

HomUG-PM II.45.3		Knows How	Infectious agents and obstructive factors	(a) Identify common infectious agents (mumps virus, *Epstein-Barr virus*, *Staphylococcus aureus*, *Streptococcus pyogenes*). (b) Discuss risk factors (age, immunocompromised status, poor oral hygiene, dehydration). (c) Explain the role of obstructive factors (salivary stones, strictures) and preventive measures (hydration, oral hygiene).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Preventive Medicine
HomUG-PM II.45.4		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (infectious, inflammatory, autoimmune, neoplastic, obstructive causes). (b) Differentiate between viral, bacterial, and other salivary gland disorders based on clinical findings and diagnostic tests.	C2/3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.45.5		Knows How	Pharmacotherapy and supportive care	(a) Discuss treatment plans (antibiotics, antivirals, analgesics, supportive care, and surgical interventions). (b) Select appropriate antimicrobial agents based on susceptibility patterns and patient factors.	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research Methodology

HomUG-PM II.45.6		Shows	Medication adherence and preventive measures	(a) Educate patients on management (oral hygiene, hydration, avoiding exacerbating factors). (b) Counsel patients on self-care measures (warm compresses, gland massage, analgesics).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ,LAQ	Preventive Medicine, Practice of Medicine
HomUG-PM II.45.7	Homoeopathic Orientation	Knows How	Knowledge of homoeopathic principles and remedies for Parotitis	(a) Explain homoeopathic principles for managing parotitis. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.46. Achalasia cardia										
omUG-PM II.46.1	Knowledge and Scholarship	Knows	Definition, epidemiology and pathophysiology	(a) Define achalasia cardia as a motility disorder with impaired LES relaxation and absent peristalsis. (b) Describe epidemiology (age distribution, gender predilection, familial/genetic predisposition).	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine

				(c) Explain pathophysiology (degeneration of myenteric plexus, loss of inhibitory neural input).						
HomUG-PM II.46.2		Knows How	Symptoms, signs and diagnostic criteria	(a) Describe clinical symptoms (dysphagia, regurgitation, chest pain, weight loss). (b) Recognize physical exam findings (epigastric mass, malnutrition signs). (c) Interpret diagnostic criteria (barium swallow, oesophageal manometry, EGD findings).	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.46.3		Knows How	Imaging modalities, manometry and endoscopy	(a) Discuss diagnostic tests (barium swallow, oesophageal manometry, EGD). (b) Explain the role of additional tests (HRM, pH monitoring).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Practice of Medicine

HomUG-PM II.46.4		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (GERD, oesophageal strictures, eosinophilic esophagitis, motility disorders, malignancies). (b) Differentiate achalasia from pseudoachalasia. (c) Recognize complications (oesophageal dilation, food impaction, aspiration pneumonia, Barrett's oesophagus, oesophageal carcinoma).	C2/3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.46.5		Knows How	Pharmacotherapy, endoscopic and surgical interventions	(a) Discuss treatment plans tailored to patient needs. (b) Explain pharmacotherapy options (calcium channel blockers, nitrates, phosphodiesterase-5 inhibitors). (c) Evaluate endoscopic and surgical interventions (pneumatic dilation, botulinum toxin injection, Heller myotomy, POEM).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Research Methodology

HomUG-PM II.46.6		Shows	Prognosis and lifestyle modifications	(a) Educate patients on disease management (chronic nature, symptom progression, follow-up). (b) Counsel patients on lifestyle modifications (dietary adjustments, behavioural changes, postural manoeuvres).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ,LAQ	Surgery, Practice of Medicine
HomUG-PM II.46.7	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for achalasia cardia	(a) Explain homoeopathic principles and their limitations in managing achalasia cardia. (b) Select remedies based on symptoms..	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.47. Hiatus hernia										
HomUG-PM II.47.1	Knowledge and Scholarship	Knows	Definition, types, and prevalence of hiatus hernia	(a) Define hiatus hernia as the protrusion of the stomach through the oesophageal hiatus. (b) Describe types (sliding, paraesophageal). (c) Discuss prevalence and complications	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine

				(incarceration, strangulation).						
HomUG-PM II.47.2		Knows How	Symptoms, signs and diagnostic criteria	(a) Describe clinical features (heartburn, regurgitation, chest pain, dysphagia, respiratory symptoms). (b) Recognize physical exam findings (epigastric tenderness, palpable masses, respiratory compromise). (c) Discuss diagnostic criteria (barium swallow, EGD, manometry)..	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.47.3		Knows How	Imaging modalities and endoscopy	a) Describe diagnostic tests (barium swallow, chest X-ray). (b) Discuss additional modalities (EGD with biopsy, pH monitoring, impedance testing).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Practice of Medicine

HomUG-PM II.47.4		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (GERD, oesophageal motility disorders, peptic ulcer disease, and cardiac conditions). (b) Differentiate between sliding and paraesophageal hernias. (c) Identify complications (volvulus, obstruction, haemorrhage).	C2/3	MK	OPD Clinical Postings,	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.47.5		Knows How	Pharmacotherapy, lifestyle modifications and surgical interventions	(a) Discuss treatment plans based on symptom severity and complications. (b) Explain pharmacotherapy options (PPIs, H2RAs, prokinetic agents). (c) Discuss lifestyle modifications and surgical interventions for refractory cases.	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Research Methodology

HomUG-PM II.47.6		Shows	Prognosis and preventive measures	(a) Educate patients on management (chronic nature, treatment goals, adherence to lifestyle changes and medications). (b) Counsel patients on dietary modifications (avoiding trigger foods, smaller meals, weight management).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Surgery, Practice of Medicine
HomUG-PM II.47.7	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for hiatus hernia	(a) Explain homoeopathic principles and their limitations in managing hiatus hernia. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.48. GERD and Esophagitis										
omUG-PM II.48.1	Define GERD and Esophagitis	Knows	Definition, pathophysiologyand aetiologyof GERD and esophagitis	(a) Define GERD as retrograde flow of gastric contents causing heartburn, regurgitation, and complications. (b) Explain pathophysiology (LES dysfunction, impaired oesophageal clearance, increased intra-abdominal pressure). (c) Describe esophagitis as inflammation of the oesophageal mucosa and differentiate erosive vs. non-erosive forms.	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine

HomUG-PM II.48.2	Describe Clinical Presentation	Knows How	Symptoms, signs and diagnostic criteria	(a) Describe clinical features of GERD (heartburn, regurgitation, dysphagia, chronic cough, chest pain). (b) Recognize physical exam findings (epigastric tenderness, respiratory signs, extraesophageal manifestations). (c) Interpret diagnostic criteria (endoscopy, pH monitoring, and symptom assessment tools).	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.48.3	Identify Diagnostic Tests	Knows How	Imaging modalities, endoscopy and pH monitoring	(a) Describe diagnostic tests (barium swallow, EGD with biopsy). (b) Discuss additional tests (pH monitoring, impedance testing, and oesophageal manometry).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Practice of Medicine
HomUG-PM II.48.4	Perform Differential Diagnosis	Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (peptic ulcer disease, biliary colic, pancreatitis, oesophageal motility disorders, and cardiac conditions). (b) Differentiate GERD from non-GERD causes of esophagitis (infectious,	C2/3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine

				eosinophilic, and drug-induced).						
HomUG-PM II.48.5	Develop Treatment Plans	Knows How	Pharmacotherapy, lifestyle modifications and surgical interventions	(a) Discuss treatment plans based on patient presentation and severity. (b) Explain pharmacotherapy options (PPIs, H2RAs, prokinetic agents). (c) Evaluate lifestyle modifications (dietary changes, weight loss, smoking cessation) and surgical interventions (fundoplication, LINX device).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Research Methodology
HomUG-PM II.48.6	Educate Patients about Management	Shows	Prognosis and preventive measures	(a) Educate patients on disease management (chronic nature, treatment goals, adherence to lifestyle changes and medications). (b) Counsel patients on dietary modifications (avoiding trigger foods, smaller meals, upright posture after eating).	A2	NK	Role-playing, Patient counseling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Surgery, Practice of Medicine

HomUG-PM II.48.7	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for GERD and esophagitis	(a) Explain homoeopathic principles and their application in managing GERD and esophagitis. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.49. Gastritis: Acute & Chronic										
HomUG-PM II.49.1	Knowledge and Scholarship	Knows	Definition, classification and aetiology	(a) Define gastritis as inflammation of the gastric mucosa. (b) Classify gastritis into acute and chronic forms. (c) Explain the aetiology (infectious, autoimmune, chemical, stress-related factors).	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine

HomUG-PM II.49.2		Knows How	Symptoms, signs and diagnostic criteria	(a) Describe clinical features of acute gastritis (abdominal pain, nausea, vomiting, and hematemesis). (b) Discuss chronic gastritis (asymptomatic or nonspecific symptoms like dyspepsia, bloating, anaemia).	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.49.3		Knows How	Imaging modalities, endoscopy and biopsy	(a) Describe diagnostic tests (barium swallow, abdominal USG). (b) Discuss additional tests (endoscopy with biopsy, H. pylori tests, serologic testing for autoimmune gastritis).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Practice of Medicine
HomUG-PM II.49.4		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (peptic ulcer disease, GERD, gastroparesis, biliary colic, pancreatic pathology). (b) Differentiate acute vs. chronic gastritis. (c) Recognize red flag symptoms (persistent vomiting, hematemesis, weight loss, and dysphagia).	C2/3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine

HomUG-PM II.49.5		Knows How	Pharmacotherapy, lifestyle modifications and dietary changes	(a) Describe treatment plans based on patient presentation and aetiology. (b) Discuss pharmacotherapy options (PPIs, H2-receptor antagonists, mucosal protectants, H. pylori eradication). (c) Explain lifestyle modifications (dietary changes, smoking cessation, and alcohol avoidance) and dietary supplements (vitamin B12, iron).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Practice of Medicine, Research Methodology
HomUG-PM II.49.6		Shows	Prognosis and preventive measures	(a) Educate patients on disease management (chronic nature, treatment goals, adherence to lifestyle changes and medications). (b) Counsel patients on dietary modifications (avoiding trigger foods, smaller meals, fiber-rich foods, probiotics).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Surgery, Practice of Medicine

HomUG-PM II.49.7	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for gastritis	(a) Explain homoeopathic principles and their application in managing gastritis. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.50. Peptic Ulcers										
HomUG-PM II.50.1	Knowledge and Scholarship	Knows	Definition and classification of peptic ulcers	(a) Define peptic ulcers as mucosal erosions in the stomach or duodenum. (b) Classify peptic ulcers based on aetiology (H. pylori, NSAIDs, stress, idiopathic).	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Surgery, Practice of Medicine,
HomUG-PM II.50.2		Knows	Aetiology and pathogenesis	Explain the pathophysiology of peptic ulcers (imbalance between aggressive factors and mucosal defence mechanisms).						
HomUG-PM II.50.3		Knows How	Symptoms, signs, and diagnostic criteria	(a) Describe clinical features (epigastric pain, dyspepsia, nausea, hematemesis, melena). (b) Differentiate gastric ulcers (postprandial pain, weight loss) from duodenal ulcers (nocturnal pain, weight gain). (c) Discuss diagnostic criteria (endoscopy, biopsy, and imaging).	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine

HomUG-PM II.50.4		Knows How	Imaging modalities, endoscopy, and biopsy	(a) Discuss investigations (endoscopy, biopsy, H. pylori tests). (b) Explain additional diagnostic modalities (barium studies, serologic tests, stool antigen tests, molecular assays).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Surgery, Practice of Medicine
HomUG-PM II.50.5		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (GERD, gastritis, biliary colic, pancreatic pathology, malignancy). (b) Differentiate gastric vs. duodenal ulcers. (c) Recognize red flag symptoms (persistent vomiting, weight loss, dysphagia, bleeding).	C2/3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.50.6		Knows How	Pharmacotherapy, lifestyle modifications, and dietary changes	(a) Discuss treatment plans based on clinical presentation and aetiology. (b) Explain pharmacotherapy options (PPIs, H2-receptor antagonists, mucosal protectants, H. pylori eradication). (c) Evaluate lifestyle modifications (dietary changes, smoking cessation, and alcohol avoidance) and surgical interventions.	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Research Methodology

HomUG-PM II.50.7		Shows	Prognosis and preventive measures	(a) Educate patients on disease management (chronic nature, treatment goals, adherence to lifestyle changes and medications). (b) Counsel patients on dietary modifications (avoiding trigger foods, smaller meals, fibre-rich foods, and probiotics). (c) Empower patients to explore alternative therapeutic options.	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Surgery, Practice of Medicine, Preventive Medicine
HomUG-PM II.50.8	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for peptic ulcers	(a) Explain homoeopathic principles and their application in managing peptic ulcers. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.51. Gastric carcinoma										

HomUG-PM II.51.1	Knowledge and Scholarship	Knows	Definition and classification of gastric carcinoma	(a) Define gastric carcinoma as a malignant tumor of the stomach. (b) Classify gastric carcinoma based on histological subtypes and anatomical location.	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Surgery, Practice of Medicine,
HomUG-PM II.51.2		Knows	Aetiology of gastric carcinoma	Explain the aetiology (H. pylori infection, dietary factors, smoking, alcohol, genetic predisposition, socioeconomic factors).	C2	MK	Lectures	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine
HomUG-PM II.51.3		Knows How	Symptoms, signs, and diagnostic criteria	(a) Describe clinical features (dyspepsia, epigastric pain, weight loss, dysphagia, gastrointestinal bleeding). (b) Recognize advanced-stage symptoms (ascites, jaundice, bone pain, neurologic deficits). (c) Interpret diagnostic criteria (endoscopy, imaging, tumor markers).	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.51.4		Knows How	Imaging modalities, biopsy, and staging	(a) Discuss investigations (endoscopy, biopsy, endoscopic ultrasound). (b) Explain additional diagnostic modalities (CT, MRI, molecular	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Surgery, Practice of Medicine

				profiling).						
HomUG-PM II.51.5		Knows How	Similar conditions and metastases	(a) Discuss differential diagnosis (peptic ulcer disease, gastritis, GERD, benign tumors, non-gastric malignancies). (b) Differentiate early-stage vs. advanced-stage gastric carcinoma. (c) Recognize red flag symptoms (persistent dyspepsia, weight loss, gastrointestinal bleeding).	C2/3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.51.6		Knows How	Surgery, chemotherapy, and radiotherapy	(a) Discuss treatment plans based on tumor characteristics, stage, and patient factors. (b) Explain multimodal approaches (surgery, adjuvant/neoadjuvant therapy, palliative care). (c) Evaluate targeted therapy, immunotherapy, and supportive care interventions.	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Research Methodology

HomUG-PM II.51.7		Shows	Prognosis and preventive measures	(a) Educate patients on disease management (treatment options, side effects, and prognosis). (b) Counsel patients on lifestyle modifications (dietary changes, smoking cessation, and alcohol avoidance). (c) Provide supportive care and psychological support.	A2	MK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Surgery, Practice of Medicine, Preventive Medicine
HomUG-PM II.51.8	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for gastric carcinoma	(a) Explain homoeopathic principles and their application in managing gastric carcinoma. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.52. Malabsorption Syndromes										
HomUG-PM II.52.1	Knowledge and Scholarship	Knows	Definition and classification of malabsorption syndromes	(a) Define malabsorption syndromes as disorders impairing nutrient absorption.	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Practice of Medicine,

				(b) Classify malabsorption syndromes based on aetiology (primary vs. secondary causes).						
HomUG-PM II.52.2		Knows	Aetiology and pathogenesis	Explain the pathophysiology of malabsorption syndromes (abnormalities in digestion, absorption, or transport mechanisms).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Practice of Medicine,
HomUG-PM II.52.3		Knows How	Symptoms, signs, and diagnostic criteria	(a) Describe clinical features (chronic diarrhoea, abdominal pain, bloating, weight loss, fatigue). (b) Recognize specific malabsorption disorders (celiac disease, pancreatic insufficiency, bile acid malabsorption). (c) Interpret diagnostic criteria (clinical history, lab tests, imaging, and endoscopy).	C3/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Physiology, Practice of Medicine
HomUG-PM II.52.4		Knows How	Laboratory tests and imaging modalities	(a) Describe investigations (blood tests, stool studies, serological markers). (b) Explain the role of imaging (USG, CT, MRI) in assessing structural abnormalities and inflammation.	C3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Physiology, Pathology, Practice of Medicine
HomUG-PM II.52.5		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (inflammatory bowel disease, infectious gastroenteritis, bacterial overgrowth, lactose	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine

				intolerance). (b) Differentiate primary vs. secondary malabsorption disorders. (c) Recognize red flag symptoms (severe diarrhoea, weight loss, gastrointestinal bleeding).						
HomUG-PM II.52.6		Knows How	Nutritional therapy, pharmacotherapy, and dietary changes	a) Discuss treatment plans based on aetiology and severity. (b) Explain nutritional therapy (dietary modifications, oral supplements, parenteral nutrition). (c) Evaluate pharmacotherapy options (immunosuppressants, antibiotics, bile acid sequestrants, anti-diarrheals).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research Methodology, Practice of Medicine, Research Methodology
HomUG-PM II.52.7		Shows	Prognosis and preventive measures	(a) Educate patients on disease management (chronic nature, adherence to treatment, nutritional optimization). (b) Counsel patients on dietary modifications and symptom management.	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Practice of Medicine, Preventive Medicine
HomUG-PM II.52.A. Malabsorption Syndromes - Coeliac disease										

HomUG-PM II.52.A.1	Knowledge and Scholarship	Knows	Definition, pathophysiology, and epidemiology of coeliac disease	(a) Define coeliac disease as a chronic autoimmune disorder triggered by gluten. (b) Describe the epidemiology (prevalence, age/gender distribution, geographic variation).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Practice of Medicine,
HomUG-PM II.52.A.2		Knows	Pathophysiology of coeliac disease	Explain the pathophysiology (immune response to gluten, T-cell activation, cytokine production, villous atrophy).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Practice of Medicine,
HomUG-PM II.52.A.3		Knows How	Symptoms, signs, and diagnostic criteria	(a) Describe clinical features (gastrointestinal symptoms, extra-intestinal manifestations). (b) Recognize atypical or silent coeliac disease. (c) Interpret diagnostic criteria (serological tests, intestinal biopsy).	C3/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Physiology, Practice of Medicine
HomUG-PM II.52.A.4		Knows How	Serological tests and intestinal biopsy	(a) Describe diagnostic tests (serological assays for tTG-IgA, EMA-IgA). (b) Explain the role of duodenal biopsy and histological assessment.	C3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Physiology, Pathology, Practice of Medicine

HomUG-PM II.52.A.5		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (inflammatory bowel disease, irritable bowel syndrome, malabsorption syndromes). (b) Differentiate classical vs. non-classical coeliac disease. (c) Recognize red flag symptoms (weight loss, severe diarrhea, anemia, failure to thrive).	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.52.A.6		Knows How	Gluten-free diet and nutritional support	(a) Discuss treatment plans (strict gluten-free diet, mucosal healing, and prevention of complications). (b) Explain nutritional therapy (vitamin and mineral supplementation). (c) Evaluate pharmacotherapy options.	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research Methodology, Practice of Medicine, Research Methodology
HomUG-PM II.52.A.7		Shows	Prognosis and preventive measures	(a) Educate patients on lifelong adherence to a gluten-free diet. (b) Counsel patients on dietary management (reading labels, avoiding cross-contamination, sourcing gluten-free alternatives).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Practice of Medicine, Preventive Medicine
HomUG-PM II.52.B. Malabsorption Syndromes - Lactose intolerance										

HomUG-PM II.52.B.1	Knowledge and Scholarship	Knows	Definition and epidemiology of lactose intolerance	(a) Define lactose intolerance as the inability to digest lactose due to lactase deficiency. (b) Explain the epidemiology (prevalence, genetic determinants, and age-related variations).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Practice of Medicine,
HomUG-PM II.52.B.2		Knows	Pathophysiology of lactose intolerance	Describe the pathophysiology (insufficient lactose hydrolysis, osmotic effects, bacterial fermentation).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Practice of Medicine,
HomUG-PM II.52.B.3		Knows How	Symptoms, signs, and diagnostic criteria	(a) Describe clinical features (abdominal cramps, bloating, flatulence, diarrhoea). (b) Recognize variability in symptom severity and onset. (c) Interpret diagnostic criteria (hydrogen breath test, lactose tolerance test).	C3/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Physiology, Practice of Medicine
HomUG-PM II.52.B.4		Knows How	Hydrogen breath test and lactose tolerance test	(a) Describe diagnostic tests (hydrogen breath test, lactose tolerance test). (b) Explain the principles, indications, and interpretation of diagnostic tests.	C3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Physiology, Pathology, Practice of Medicine

HomUG-PM II.52.B.5		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (IBS, IBD, SIBO, food allergies, infectious gastroenteritis). (b) Differentiate lactose intolerance from other gastrointestinal disorders. (c) Identify red flag symptoms (persistent diarrhoea, rectal bleeding, and weight loss).	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.52.B.6		Knows How	Dietary modifications and lactase supplementation	(a) Discuss treatment plans (lactose restriction, lactase enzyme supplementation). (b) Explain nutritional therapy strategies (lactose-free dairy, fortified foods, supplements). (c) Evaluate pharmacotherapy options (lactase enzyme supplements, prebiotics/probiotics).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research Methodology, Practice of Medicine, Research Methodology
HomUG-PM II.52.B.7		Shows	Prognosis and preventive measures	(a) Educate patients on dietary modifications to alleviate symptoms and prevent complications. (b) Counsel patients on practical dietary management (reading labels, avoiding hidden lactose, social situations).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Practice of Medicine, Preventive Medicine

HomUG-PM II.52.B.8	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for malabsorption syndromes	(a) Explain homoeopathic principles and their application in managing malabsorption syndromes. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.53. Irritable Bowel Syndrome										
HomUG-PM II.53.1	Knowledge and Scholarship	Knows	Definition, pathophysiology, and epidemiology of IBS	(a) Define IBS as a chronic functional gastrointestinal disorder. (b) Explain the epidemiology (prevalence, gender distribution, age of onset, impact on quality of life).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Practice of Medicine

HomUG-PM II.53.2		Knows	Pathophysiologyof IBS	Describe the pathophysiology (visceral hypersensitivity, altered gut motility, gut-brain axis dysregulation, psychosocial factors).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Practice of Medicine
HomUG-PM II.53.3		Knows How	Symptoms, signs and diagnostic criteria	(a) Describe clinical features (abdominal pain, bloating, altered bowel habits). (b) Classify IBS into subtypes (IBS-D, IBS-C, IBS-M, IBS-U). (c) Interpret diagnostic criteria (Rome IV criteria).	C2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Practice of Medicine
HomUG-PM II.53.4		Knows How	Rome criteria and exclusion of other conditions	(a) Discuss diagnostic tests and criteria (Rome IV criteria, patient history, and physical examination). (b) Explain the role of diagnostic tests to rule out other conditions (CBC, celiac screening, stool tests, colonoscopy).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Practice of Medicine

HomUG-PM II.53.5		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (inflammatory bowel disease, celiac disease, lactose intolerance, bacterial overgrowth, colorectal cancer). (b) Differentiate IBS from other gastrointestinal conditions. (c) Recognize red flag symptoms (weight loss, fever, nocturnal symptoms, and family history of colorectal cancer).	C3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.53.6		Knows How	Lifestyle changes, dietary modifications and homeopathic remedies	(a) Discuss treatment plans (lifestyle changes, dietary modifications, and pharmacotherapy). (b) Explain the role of homeopathic remedies in IBS management.	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research Methodology, Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Research Methodology

HomUG-PM II.53.7		Shows	Prognosis and preventive measures	(a) Educate patients on the chronic nature of IBS and the importance of lifestyle and dietary modifications. (b) Counsel patients on practical strategies (low FODMAP diet, avoiding triggers, regular bowel habits, over-the-counter medications).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Primary care clinics, Patient support groups

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.54. Inflammatory Bowel Diseases - Crohn's Disease, Ulcerative Colitis										
HomUG-PM II.54.1	Knowledge and Scholarship	Knows	Definition of IBD	Define IBD as chronic inflammatory disorders of the gastrointestinal tract (Crohn’s disease, ulcerative colitis).	C2	MK	Lecture, Reading, Discussions	SAQ	SAQ	Physiology, Practice of Medicine

HomUG-PM II.54.2		Knows	Definition and epidemiology of Crohn's Disease	(a) Define Crohn's disease as transmural inflammation affecting any part of the GI tract. (b) Explain the epidemiology (prevalence, age of onset, gender distribution, and geographical variation).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Practice of Medicine
HomUG-PM II.54.3		Knows	Pathophysiology of Crohn's Disease	Describe the pathophysiology (genetic susceptibility, immune dysregulation, environmental triggers, and microbial factors).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Practice of Medicine
HomUG-PM II.54.4		Knows how	Symptoms, signs and complications of Crohn's Disease	(a) Describe clinical features (chronic diarrhoea, abdominal pain, weight loss, fatigue, rectal bleeding). (b) Outline complications (fistulas, strictures, abscesses, extraintestinal manifestations). (c) Explain disease variability and impact on quality of life.	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Practice of Medicine

HomUG-PM II.54.5		Knows How	Endoscopy, imaging, lab tests, and biopsy for Crohn's disease	(a) Discuss diagnostic tests (endoscopy, MRI, CT enterography, lab tests, and biopsy). (b) Interpret findings (segmental involvement, cobblestone appearance, granulomas).	C3/P2	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Practice of Medicine
HomUG-PM II.54.6		Knows How	Similar conditions and distinguishing features of Crohn's Disease	(a) Discuss differential diagnosis (ulcerative colitis, IBS, infectious colitis, ischemic colitis, diverticulitis, colorectal cancer). (b) Differentiate Crohn's disease from other conditions. (c) Outline red flag symptoms requiring further evaluation.	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.54.7		Knows How	Medical management, surgical options, and homeopathic remedies for Crohn's disease	(a) Discuss treatment plans (pharmacotherapy, surgery, homeopathic remedies). (b) Explain nutritional therapy (enteral nutrition, dietary modifications, and supplementation).	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Research Methodology, Preventive Medicine

HomUG-PM II.54.8		Knows	Definition and epidemiology of ulcerative colitis	(a) Define ulcerative colitis as continuous mucosal inflammation limited to the colon and rectum. (b) Explain the epidemiology (prevalence, age of onset, gender distribution, and geographical variation).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Practice of Medicine
HomUG-PM II.54.9			Pathophysiology of Ulcerative Colitis	Describe the pathophysiology (immune dysregulation, genetic predisposition, environmental factors, and microbial influences).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Practice of Medicine
HomUG-PM II.54.10		Knows How	Symptoms, signs and complications of Ulcerative Colitis	(a) Describe clinical features (chronic diarrhoea, rectal bleeding, abdominal pain, urgency, tenesmus, weight loss). (b) Outline complications (toxic megacolon, perforation, colorectal cancer risk). (c) Explain disease course and impact on quality of life.	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Practice of Medicine
HomUG-PM II.54.11		Knows How	Endoscopy, imaging, lab tests, and biopsy for ulcerative colitis	(a) Discuss diagnostic tests (endoscopy, imaging, lab tests, and biopsy). (b) Explain the role of diagnostic tests in confirming diagnosis,	C3/P2	MK	Lectures, OPD Clinical Postings, DOAP	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Practice of Medicine, Surgery

				assessing severity, and monitoring treatment. (c) Interpret findings (continuous inflammation, crypt abscesses, and mucosal ulcers).						
HomUG-PM II.54.12		Knows How	Similar conditions and distinguishing features of ulcerative colitis	(a) Discuss differential diagnosis (Crohn's disease, IBS, infectious colitis, ischemic colitis, diverticulitis, colorectal cancer). (b) Differentiate ulcerative colitis from other conditions. (c) Outline red flag symptoms requiring further evaluation.	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.54.13		Knows How	Medical management, surgical options, and homeopathic remedies for ulcerative colitis	(a) Discuss treatment plans (pharmacotherapy, surgery, homeopathic remedies). (b) Explain nutritional therapy (enteral nutrition, dietary modifications, and supplementation).	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Research Methodology, Preventive Medicine

HomUG-PM II.54.14		Knows How	Lifestyle changes, medication adherence, prognosis of IBD	(a) Educate patients on the chronic nature of IBD, medication adherence, lifestyle changes, and regular follow-up. (b) Counsel patients on practical strategies (avoiding triggers, maintaining nutrition, coping with psychosocial impact).	C3/A2	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Practice of Medicine, Preventive Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.55. Abdominal Tuberculosis										
HomUG-PM II.55.1	Knowledge and Scholarship	Knows	Definition and epidemiology of abdominal tuberculosis	(a) Define abdominal tuberculosis as extrapulmonary TB affecting the GI tract, peritoneum, or abdominal organs. (b) Explain the epidemiology (prevalence, risk factors, and modes of transmission).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Surgery, Preventive Medicine, Practice of Medicine

HomUG-PM II.55.2		Knows	Pathophysiology	Describe the pathophysiology (granulomatous inflammation caused by Mycobacterium tuberculosis).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Surgery, Practice of Medicine
HomUG-PM II.55.3		Knows How	Symptoms, signs and complications	(a) Describe clinical features (abdominal pain, weight loss, fever, night sweats, anorexia, altered bowel habits). (b) Identify complications (intestinal obstruction, perforation, abscesses, and fistulae).	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.55.4		Knows How	Imaging, lab tests and biopsy, endoscopy	(a) Describe investigations (imaging, lab tests, endoscopy, and biopsy). (b) Interpret findings (thickened bowel loops, mesenteric lymphadenopathy, caseating granulomas).	C2-3/P2	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Surgery, Practice of Medicine

HomUG-PM II.55.5		Knows How	Similar conditions and distinguishing features	(a) Discuss differential diagnosis (Crohn's disease, ulcerative colitis, IBS, lymphoma, abdominal malignancies). (b) Differentiate abdominal tuberculosis from other conditions.	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.55.6		Knows How	Medical management, surgical options and homeopathic remedies	(a) Discuss treatment plans (anti-tubercular drugs, surgery for complications, homeopathic remedies). (b) Explain the role of nutritional support and dietary modifications.	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Research Methodology, Preventive Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.56. Neoplasia of the bowel										

HomUG-PM II.56.1	Knowledge and Scholarship	Knows	Definition and types of bowel neoplasia	(a) Describe bowel neoplasia as abnormal cell growth in the bowel (benign or malignant). (b) Differentiate between types (adenomas, adenocarcinomas).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Surgery, Practice of Medicine
HomUG-PM II.56.2		Knows How	Pathophysiology of bowel neoplasia	Describe the pathophysiology (cellular mutation, growth dysregulation, and metastasis).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Surgery, Practice of Medicine
HomUG-PM II.56.3		Knows How	Symptoms, signs, and complications	(a) Describe clinical features (changes in bowel habits, rectal bleeding, abdominal pain, weight loss, anaemia). (b) Recognize complications (bowel obstruction, perforation, and metastasis).	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.56.4		Knows How	Imaging, lab tests, biopsy, and endoscopy	(a) Describe investigations (imaging, lab tests, endoscopy, and biopsy). (b) Outline the role of diagnostic tests in diagnosis, staging, and monitoring. (c) Interpret findings (imaging features, histopathological results).	C2-3/P2	MK	Lectures, OPD Clinical Postings, DOAP	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Surgery, Practice of Medicine

HomUG-PM II.56.5		Knows How	Similar conditions and distinguishing features	(a) Discuss differential diagnosis (IBD, IBS, diverticulitis, gastrointestinal infections). (b) Differentiate bowel neoplasia from other conditions.	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.56.6		Knows How	Medical management, surgical options, and homeopathic remedies	(a) Discuss treatment plans (surgery, chemotherapy, radiotherapy, homeopathic remedies). (b) Explain the role of adjuvant therapies (nutritional support, managing side effects). (c) Evaluate treatment modalities based on patient needs.	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Preventive Medicine, Research Methodology

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.57. Anorectal disorders										
HomUG-PM II.57.1	Knowledge and Scholarship	Knows	Definition, types, and pathophysiology of anorectal disorders	(a) Define common anorectal disorders (haemorrhoids, anal fissures, abscesses, fistulas, rectal prolapse). (b) Explain the pathophysiology	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology,Surgery, Practice of Medicine

				(inflammation, infection, increased intra-abdominal pressure, and structural weaknesses).						
HomUG-PM II.57.2		Knows How	Symptoms, signs, and complications	(a) Discuss common symptoms (pain, bleeding, pruritus, discharge, palpable masses). (b) Describe complications (infection, chronic pain, incontinence, recurrent fistulas).	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.57.4		Knows How	Physical examination, imaging, and lab tests	(a) Enumerate diagnostic tools (physical exam, imaging, lab tests). (b) Explain how to interpret findings (haemorrhoids, fistulas, signs of infection/inflammation). (c) Describe the importance of histopathological examination when needed.	C3/P2	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Practice of Medicine, Surgery
HomUG-PM II.57.5		Knows How	Similar conditions and distinguishing features	(a) Discuss differential diagnoses (colorectal cancer, IBD, STIs, dermatological conditions). (b) Differentiate between anorectal disorders based on clinical history, symptoms, and	C3/4	MK	OPD Clinical Postings,	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine

				diagnostic findings.						
HomUG-PM II.57.6		Knows How	Medical management, surgical options, and homoeopathic remedies	(a) Discuss treatment plans (medical management, surgery, homoeopathic remedies). (b) Explain the role of lifestyle modifications (high-fiber diet, hydration, hygiene, avoiding straining).	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Preventive Medicine
HomUG-PM II.57.7		Knows How	Lifestyle changes, medication adherence, and prognosis	(a) Educate patients on early detection, treatment adherence, and follow-up. (b) Counsel patients on lifestyle modifications (high-fibre diet, hydration, exercise, anal hygiene).	C3/A2	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Practice of Medicine, Preventive Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.58. Diverticulitis										

HomUG-PM II.58.1	Knowledge and Scholarship	Knows	Definition and types of diverticulitis	(a) Describe diverticulitis as inflammation and infection of diverticula. (b) Differentiate between uncomplicated and complicated diverticulitis.	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine
HomUG-PM II.58.2		Knows	Pathophysiology of diverticulitis	(a) Discuss how diverticula form due to increased intraluminal pressure. (b) Explain how trapped faecal matter causes inflammation and infection.	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Surgery, Practice of Medicine
HomUG-PM II.58.3		Knows How	Symptoms, signs, and complications	(a) Outline common symptoms (lower abdominal pain, fever, changes in bowel habits, nausea, vomiting). (b) Describe complications (abscess, fistula, obstruction, peritonitis).	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.58.4		Knows How	Physical examination, imaging, and lab tests	(a) Enumerate diagnostic tools (physical exam, imaging, lab tests). (b) Explain how to interpret findings (thickened bowel walls on CT, elevated WBC, inflammatory markers).	C3/P2	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Practice of Medicine, Surgery

HomUG-PM II.58.5		Knows How	Similar conditions and distinguishing features	(a) List differential diagnoses (IBS, colorectal cancer, IBD, gynaecological conditions). (b) Differentiate diverticulitis from other conditions based on clinical history and diagnostic findings.	C4/5	MK	OPD Clinical Postings,	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.58.6		Knows How	Medical management, surgical options, and homeopathic remedies	(a) Enumerate treatment plans (antibiotics, pain relief, surgery, homeopathic remedies). (b) Discuss dietary modifications (high-fiber diet), lifestyle changes (exercise, hydration), and preventative measures (avoiding seeds/nuts).	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Preventive Medicine
HomUG-PM II.58.7		Knows How	Lifestyle changes, medication adherence, and prognosis	(a) Educate patients on early detection, treatment adherence, and follow-up. (b) Counsel patients on lifestyle modifications (high-fiber diet, hydration, exercise, avoiding triggers).	C3/A2	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Practice of Medicine, Preventive Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	

HomUG-PM II.59. Homoeopathic Therapeutics										
HomUG-PM II.59.1	Homoeopathic Orientation	Knows	Major homoeopathic remedies for GI disorders	(a) Identify major remedies (Nux Vomica, Lycopodium, Arsenicum Album, and Pulsatilla). (b) Describe remedy profiles (keynotes, modalities, characteristic symptoms). (c) Differentiate remedies based on specific indications and symptoms.	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	SAQ, Bedside Examination, Viva	Materia Medica, Homoeopathic Pharmacy, Homoeopathic therapeutics
HomUG-PM II.59.2		Knows	Indications, symptoms, and signs for remedy selection	(a) Recognize indications and symptomatology for remedies in GI conditions (gastritis, peptic ulcers, IBS, diverticulitis). (b) Correlate symptoms with appropriate remedies. (c) Explain modalities (aggravating and ameliorating factors) for remedy selection.	C2	MK	OPD Clinical Postings	MCQ, SAQ	SAQ, Bedside Examination, Viva	Materia Medica, Homoeopathic Therapeutics

HomUG-PM II.59.3		Knows How	Remedy selection based on symptoms, case-taking and repertorisation	(a) Discuss the importance of thorough case-taking (symptoms, medical history, individual characteristics). (b) Select remedies using repertory rubrics, software, and charts. (c) Analyze cases to match symptom pictures with remedy profiles. (d) Choose appropriate potency and dosage based on the condition and patient vitality.	C3	MK	OPD Clinical Postings	MCQ, SAQ	SAQ, Bedside Examination, Viva	Repertory, Organon, Materia Medica, Homoeopathic Pharmacy
HomUG-PM II.59.4		Knows How	Treatment plans, follow-up and prognosis	(a) Discuss individualized treatment plans (remedies, follow-up schedules). (b) Monitor patient progress and adjust treatment plans as needed. (c) Evaluate treatment outcomes (symptom changes, patient feedback, and overall health improvement).	C3	MK	Role-playing, OPD Clinical Postings	Feedback, Reflection	OSCE, Patient education session	Practice of Medicine, Organon

HomUG-PM II.59.5		Knows How	Patient education, lifestyle advice and preventive measures	(a) Educate patients on homoeopathic principles, expected outcomes, and adherence. (b) Advise on lifestyle and dietary changes (stress reduction, hydration, and dietary modifications). (c) Discuss preventive measures (balanced diet, exercise, avoiding triggers).	C3/A2	NK	Role-playing, OPD Clinical Postings	Feedback, Reflection	OSCE, Patient education session	Organon, Practice of Medicine, Preventive Medicine

5.5. Disorders of Liver, Gall Bladder and Pancreas

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.60. Clinical approach to Hepatobiliary and Pancreatic Diseases										
HomUG-PM II.60.1	Knowledge and Scholarship	Knows	Structure and function of the liver, gallbladder, and pancreas	(a) Outline the anatomical structure (liver, gallbladder, pancreas, blood supply, biliary tree). (b) Explain physiological functions (bile production, detoxification, digestion). (c) Identify key anatomical landmarks and	C1/2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	SAQ, LAQ	Anatomy and Physiology courses

				physiological processes.						
HomUG-PM II.60.2		Knows How	Symptoms and signs of hepatobiliary and pancreatic diseases	(a) Recognize common symptoms and signs (jaundice, abdominal pain, nausea, vomiting, and changes in stool/urine color). (b) Describe clinical manifestations of specific diseases (hepatitis, cholecystitis, pancreatitis, liver cirrhosis). (c) Interpret symptoms to identify underlying conditions.	C2	MK	OPD Clinical Postings	SAQ	OSCE, Bedside Exams	Internal Medicine, Gastroenterology classes
HomUG-PM II.60.3		Knows How	History taking and physical examination techniques	(a) Take a comprehensive patient history (risk factors, symptoms, medical history). (b) Perform a physical examination (inspection, palpation, percussion, auscultation). (c) Identify clinical signs (hepatomegaly, Murphy's sign, and Cullen’s sign) and their significance.	P2	MK	OPD Clinical Postings, Bedside clinical teachings, Simulation labs		OSCE, Bedside Examinations	Clinical rotations, Internships

HomUG-PM II.60.4		Knows How	Liver function tests, imaging studies, and biopsy techniques	(a) Enumerate diagnostic tests (liver function tests, imaging, and biopsy). (b) Interpret test results and correlate with clinical findings. (c) Discuss limitations and pitfalls of diagnostic tests.	C3/P2	MK	Lectures, Discussions	Tutorials, Group Presentations	SAQ, OSCE	Pathology and Radiology integration
HomUG-PM II.60.5		Knows How	Common differential diagnoses in hepatobiliary and pancreatic diseases	(a) Formulate differential diagnoses for common symptoms. (b) Analyze clinical and diagnostic data to narrow down diagnoses. (c) Apply diagnostic criteria and guidelines for decision-making.	C3/4/5	MK	Group Discussions	Tutorials, Group Presentations	Bedside Examinations, Biva	Multidisciplinary rounds, Clinical practice
HomUG-PM II.60.6		Knows How	Homoeopathic and conventional treatment options	(a) Describe treatment plans (homoeopathic and conventional strategies). (b) Analyze patient response and adjust treatment plans. (c) Integrate input from healthcare professionals for holistic management.	C3	MK	OPD Clinical Postings	Group Presentations	OSCE, Bedside Examinations	Clinical practice, Therapeutics sessions

Sl. No	Competenc	Millers	Content	SLO	Blooms	Priority -	T-L	Assessment	Integration

	y	Level: Does/Shows how/Knows how/ Knows			Domain/ Guilbert's Level	Must Know/ Desirable to know/ nice to know	Methods	Formative	Summative	
HomUG-PM II.61. Acute Viral Hepatitis										
HomUG-PM II.61.1	Knowledge and Scholarship	Knows	Definition, causes, and types of viral hepatitis	(a) Define hepatitis as liver inflammation caused by viruses, alcohol, toxins, etc. (b) Describe types of viral hepatitis (A, B, C, D, E) and their transmission routes. (c) Identify risk factors for acute viral hepatitis.	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Pathology, Microbiology
HomUG-PM II.61.2		Knows	Pathogenesis of acute viral hepatitis	Explain the pathogenesis (immune response, liver inflammation).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Pathology, Microbiology
HomUG-PM II.61.3		Knows How	Symptoms and signs of acute viral hepatitis	(a) Describe common symptoms (fatigue, jaundice, dark urine, and hepatomegaly).	C2	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine

				(b) Outline stages of acute viral hepatitis (incubation to convalescence). (c) Associate symptoms with specific types of viral hepatitis.						
HomUG-PM II.61.4		Knows How	Serological tests, liver function tests, and imaging studies	(a) List diagnostic tests (LFTs, viral serologies, imaging). (b) Interpret test results (LFTs, HBsAg, and anti-HCV). (c) Explain imaging findings (liver ultrasound, CT scan).	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Pathology and Laboratory Medicine integration
HomUG-PM II.61.5		Knows How	Differential diagnoses for jaundice and related symptoms	(a) Formulate differential diagnoses for jaundice (haemolytic anaemia, cholestasis, cirrhosis). (b) Analyze clinical data to narrow down diagnoses. (c) Apply diagnostic criteria to	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine

				distinguish between viral hepatitis and other liver diseases.						
HomUG-PM II.61.6		Shows How	Homoeopathic and conventional treatment options	(a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response and adjust treatment plans. (c) Integrate supportive care (hydration, nutrition, rest).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Practice of Medicine, Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.61.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on their condition, treatment options, and adherence. (b) Counsel on lifestyle changes (avoiding alcohol, hygiene, safe food handling). (c) Discuss preventive measures (vaccination,	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine

				avoiding virus exposure).						

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.62. Chronic Hepatitis										
HomUG-PM II.62.1	Knowledge and Scholarship	Knows	Types of chronic hepatitis (B, C) and transmission	(a) Identify types of chronic hepatitis (B, C) and their modes of transmission. (b) List risk factors for chronic hepatitis (viral persistence, alcohol use, co-infections).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Pathology, Microbiology
HomUG-PM II.62.2		Knows	Pathogenesis of chronic hepatitis	Explain the pathogenesis (liver injury, fibrosis).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Pathology, Microbiology

HomUG-PM II.62.3		Knows How	Symptoms and signs of chronic hepatitis	(a) Recognize common symptoms (fatigue, malaise, anorexia, jaundice). (b) Identify clinical signs (spider angiomas, palmar erythema, and ascites). (c) Describe stages and progression (asymptomatic phase, active inflammation, cirrhosis). (d) Correlate symptoms and findings with chronic hepatitis and complications.	C2	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine
HomUG-PM II.62.4		Knows How	Liver function tests, serological tests, and imaging studies	(a) List diagnostic tests (LFTs, viral serologies, liver biopsy, and imaging). (b) Explain imaging findings (liver ultrasound, CT scan, elastography).	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Practice of Medicine
HomUG-PM II.62.5		Knows How	Differential diagnoses of chronic liver disease	(a) Discuss differential diagnoses (autoimmune hepatitis, alcoholic liver disease). (b) Analyze clinical data to narrow down diagnoses. (c) Apply diagnostic criteria to distinguish between chronic hepatitis and other liver diseases.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine

HomUG-PM II.62.6		Knows How	Homoeopathic and conventional treatment options, supportive care	(a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response, assess side effects, and adjust treatment plans. (c) Integrate supportive care (dietary modifications, liver protection, regular monitoring).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Practice of Medicine, Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.62.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on their condition, treatment options, and adherence. (b) Counsel on lifestyle changes (avoiding alcohol, hygiene, safe food handling). (c) Discuss preventive measures (hepatitis B vaccination, avoiding virus exposure).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.63. Alcoholic Liver Diseases										

HomUG-PM II.63.1	Knowledge and Scholarship	Knows	Definition, causes and risk factorsof alcoholic liver disease (ALD)	(a) Define ALD as liver damage from excessive alcohol consumption. (b) Identify causes and risk factors (excessive alcohol, genetic predisposition). (c) Describe stages of ALD (fatty liver, alcoholic hepatitis, cirrhosis).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.63.2		Knows	Pathogenesis of Alcoholic Liver disease	Explain the pathogenesis (alcohol metabolism leading to steatosis, fibrosis, and cirrhosis).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.63.3		Knows How	Symptoms and signs of ALD	(a) Identify common symptoms (jaundice, fatigue, abdominal pain, and ascites). (b) Describe clinical signs (hepatomegaly, spider angiomas, palmar erythema). (c) Recognize complications (portal hypertension, ascites, varices, hepatic encephalopathy). (d) Assess severity using clinical scoring systems (Child-Pugh, MELD).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.63.4		Knows How	Liver function tests, imaging studies, and liver biopsy	(a) Discuss diagnostic tests (LFTs, CBC, imaging, liver biopsy). (b) Interpret LFT results (elevated AST/ALT ratio, GGT). (c) Explain imaging findings (ultrasound, CT, MRI) and biopsy results.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Practice of Medicine, Surgery

HomUG-PM II.63.5		Knows How	Differential diagnoses of liver diseases	(a) Discuss differential diagnoses (viral hepatitis, non-alcoholic fatty liver disease, autoimmune hepatitis). (b) Apply diagnostic criteria to differentiate ALD from other liver diseases.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.63.6		Knows How	Homoeopathic and conventional treatment options, supportive care	(a) Describe treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response, manage withdrawal, and assess side effects. (c) Discuss supportive care (nutritional support, vitamin supplementation, lifestyle modifications).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine
HomUG-PM II.63.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on ALD, abstinence, and treatment options. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding hepatotoxic substances). (c) Discuss preventive measures (monitoring, hepatitis vaccination, preventing liver damage).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine
HomUG-PM II.64.A. Cirrhosis of Liver										

HomUG-PM II.64.A.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of cirrhosis	(a) Define cirrhosis as late-stage liver scarring caused by diseases like hepatitis and chronic alcohol abuse. (b) Identify causes and risk factors (chronic alcohol use, viral hepatitis, non-alcoholic fatty liver disease). (c) Describe stages of cirrhosis (compensated to decompensated).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.64.A.2		Knows	Pathogenesis of Cirrhosis	Explain the pathogenesis (chronic liver injury leading to fibrosis, nodule formation, liver dysfunction).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.64.A.3		Knows How	Symptoms and signs of cirrhosis	(a) Identify common symptoms (jaundice, fatigue, pruritus, abdominal distension). (b) Describe clinical signs (spider angiomas, palmar erythema, ascites, and encephalopathy). (c) Recognize complications (portal hypertension, variceal bleeding, and hepatocellular carcinoma). (d) Assess severity using clinical scoring systems (Child-Pugh, MELD).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.64.A.4		Knows How	Liver function tests, imaging studies, and liver biopsy	(a) Discuss diagnostic tests (LFTs, CBC, imaging, and liver biopsy). (b) Interpret LFT results (elevated AST/ALT ratio, bilirubin, and albumin). (c) Explain imaging findings (ultrasound, CT, MRI) and biopsy results.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine

HomUG-PM II.64.A.5		Knows How	Differential diagnoses of liver diseases	(a) Discuss differential diagnoses (alcoholic liver disease, non-alcoholic fatty liver disease, autoimmune hepatitis). (b) Analyze clinical data, history, and test results to narrow down diagnoses. (c) Apply diagnostic criteria to differentiate cirrhosis from other liver diseases.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.64.A.6		Shows How	Homoeopathic and conventional treatment options, supportive care	(a) Describe treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response, manage complications, and assess side effects. (c) Integrate supportive care (nutritional support, ascites management, regular monitoring).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine

HomUG-PM II.64.A.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on cirrhosis, lifestyle modifications, and treatment options. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding hepatotoxic substances). (c) Discuss preventive measures (monitoring, hepatitis vaccination, preventing liver damage).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine
HomUG-PM II.64.B. Portal Hypertension										
HomUG-PM II.64.B.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of portal hypertension	(a) Define portal hypertension as increased blood pressure in the portal venous system. (b) Identify causes and risk factors (cirrhosis, hepatic vein obstruction, and schistosomiasis). (c) Describe physiological consequences (Porto systemic collaterals, varices).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.64.B.2		Knows	Pathogenesis of portal hypertension	Explain the pathogenesis (increased resistance to portal blood flow leading to elevated portal venous pressure).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery

HomUG-PM II.64.B.3		Knows How	Symptoms and signs of portal hypertension	(a) Identify common symptoms (splenomegaly, ascites, gastrointestinal bleeding). (b) Describe clinical signs (ascites, caput medusa, jaundice, and hepatic encephalopathy). (c) Recognize complications (oesophageal varices, hepatic encephalopathy, and hepatorenal syndrome).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.64.B.4		Knows How	Liver function tests, imaging studies, endoscopy, and HVPG	(a) List diagnostic tests (LFTs, CBC, ultrasound, CT, MRI, endoscopy, HVPG). (b) Explain the significance of endoscopic findings (varices, complications).	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine
HomUG-PM II.64.B.5		Knows How	Differential diagnoses of portal hypertension	Discuss differential diagnoses (other causes of splenomegaly and ascites).	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.64.B.6		Knows How	Homoeopathic and conventional treatment options, supportive care	(a) Describe treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response, manage complications, and assess side effects. (c) Integrate supportive care (nutritional support, ascites management, regular monitoring).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine

HomUG-PM II.64.B.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on portal hypertension, lifestyle modifications, and treatment options. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding hepatotoxic substances). (c) Discuss preventive measures (monitoring, hepatitis vaccination, preventing liver damage).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine
HomUG-PM II.64.C. Hepatic Failure										
HomUG-PM II.64.C.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of hepatic failure	(a) Define hepatic failure as loss of liver function with jaundice, coagulopathy, and encephalopathy. (b) Identify causes and risk factors (viral hepatitis, alcohol abuse, drug-induced injury, autoimmune diseases). (c) Describe stages (acute liver failure, chronic liver failure).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Practice of Medicine
HomUG-PM II.64.C.2		Knows	Pathogenesis of Hepatic failure	Explain the pathogenesis (liver cell injury leading to decreased liver function and systemic complications).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Practice of Medicine
HomUG-PM II.64.C.3		Knows How	Symptoms, signs, and complications of hepatic failure	(a) Identify common symptoms (jaundice, confusion, ascites, gastrointestinal bleeding). (b) Describe clinical signs (hepatic encephalopathy, asterixis, and coagulopathy). (c) Discuss complications (hepatorenal syndrome, variceal haemorrhage).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine

HomUG-PM II.64.C.4		Knows How	Liver function tests, imaging studies, and liver biopsy	(a) List diagnostic tests (LFTs, CBC, imaging, liver biopsy). (b) Discuss LFT results (elevated AST/ALT, bilirubin, INR, albumin). (c) Explain imaging findings (ultrasound, CT, MRI) and biopsy significance.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine
HomUG-PM II.64.C.5		Knows How	Differential diagnoses of hepatic failure	(a) List differential diagnoses (acute hepatitis, cirrhosis, metabolic liver diseases). (b) Discuss diagnostic criteria to differentiate hepatic failure from other liver diseases.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.64.C.6		Knows How	Homoeopathic and conventional treatment options, supportive care	(a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Integrate supportive care (nutritional support, ascites management, regular monitoring).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Practice of Medicine
HomUG-PM II.64.C.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on hepatic failure, lifestyle modifications, and treatment options. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding hepatotoxic substances). (c) Discuss preventive measures (monitoring, hepatitis vaccination, preventing liver damage).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.65. Liver abscess & Cysts										
HomUG-PM II.65.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of liver abscesses and cysts	(a) Define liver abscesses and cysts as localized collections of pus or fluid in the liver. (b) Identify causes and risk factors (bacterial, amoebic infections, trauma, obstruction). (c) Describe pathophysiological changes in the liver.	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.65.2		Knows	Pathogenesis of Liver Abscess and Cysts	Explain the pathogenesis (infection, inflammation, cyst formation).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.65.3		Knows How	Symptoms, signs and complications of liver abscesses and cysts	(a) Identify common symptoms (fever, right upper quadrant pain, jaundice). (b) Describe clinical signs (hepatomegaly, tenderness, systemic infection). (c) List complications (rupture, secondary infection, systemic spread).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery

HomUG-PM II.65.4		Knows How	Laboratory tests, imaging studies, and microbiological tests	(a) List diagnostic tests (LFTs, CBC, imaging, microbiological tests). (b) Discuss imaging results to identify and differentiate abscesses and cysts. (c) Explain microbiological findings for diagnosing causative organisms.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine
HomUG-PM II.65.5		Knows How	Differential diagnoses of liver abscesses and cysts	(a) Discuss differential diagnoses (other liver masses, infections). (b) Identify criteria to differentiate abscesses and cysts from other hepatic conditions.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.65.6		Knows How	Homoeopathic and conventional treatment options, drainage procedures	(a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Outline interventional procedures (percutaneous drainage, surgical approaches).	C2/3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine
HomUG-PM II.65.7		Does	Patient education, lifestyle advice and preventive measures	(a) Educate patients on liver abscesses and cysts, treatment adherence, and lifestyle modifications. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine

				hepatotoxic substances). (c) Discuss preventive measures (hygiene, avoiding contaminated food/water, regular check-ups).						

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.66. Cholecystitis: Acute & Chronic										
HomUG-PM II.66.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of acute and chronic cholecystitis	(a) Define cholecystitis as gallbladder inflammation, often caused by gallstones. (b) Identify causes and risk factors (gallstones, infections, biliary stasis).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.66.2		Knows	Pathogenesis of acute and chronic cholecystitis	(a) Explain the pathogenesis (inflammation, infection, biliary obstruction). (b) Describe pathophysiological changes in the gallbladder.	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery

HomUG-PM II.66.3		Knows How	Symptoms and signs of acute and chronic cholecystitis	(a) Identify common symptoms of acute cholecystitis (right upper quadrant pain, fever, nausea, vomiting). (b) Describe clinical signs (Murphy's sign, jaundice, palpable gallbladder). (c) Describe symptoms and signs of chronic cholecystitis (intermittent pain, bloating, and dyspepsia).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.66.4		Knows How	Laboratory tests, imaging studies, and liver function tests	(a) Discuss diagnostic tests (LFTs, CBC, ultrasound, HIDA scan). (b) Explain the significance of laboratory findings in differentiating acute and chronic cholecystitis.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine
HomUG-PM II.66.5		Knows How	Differential diagnoses of acute and chronic cholecystitis	(a) Discuss differential diagnoses (other causes of abdominal pain). (b) Apply diagnostic criteria to differentiate cholecystitis from other abdominal conditions.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery

HomUG-PM II.66.6		Knows How	Homoeopathic and conventional treatment options, surgical options	(a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Discuss surgical options (cholecystectomy for recurrent or complicated cases).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine
HomUG-PM II.66.7		Does	Patient education, lifestyle advice and preventive measures	(a) Educate patients on cholecystitis, treatment adherence, and lifestyle modifications. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding fatty foods). (c) Discuss preventive measures (healthy weight, avoiding rapid weight loss, regular check-ups).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.67. Cholelithiasis										

HomUG-PM II.67.1	Knowledge and Scholarship	Knows	Definition, Causes and risk factors of cholelithiasis	(a) Define cholelithiasis as gallstone formation in the gallbladder. (b) Identify causes and risk factors (genetic predisposition, obesity, rapid weight loss, medications).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.67.2		Knows	Pathogenesis of Cholelithiasis	(a) Explain the pathogenesis (cholesterol saturation, bile stasis, gallbladder motility issues). (b) Describe pathophysiological changes in the gallbladder and biliary system.	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.67.3		Knows How	Symptoms, signs& Complications of Cholelithiasis	(a) Identify common symptoms (right upper quadrant pain, biliary colic, nausea, vomiting). (b) Describe clinical signs (tenderness, positive Murphy's sign). (c) Discuss complications (acute cholecystitis, cholangitis, and pancreatitis).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.67.4		Knows How	Laboratory tests, imaging studies and liver function tests	(a) List diagnostic tests (LFTs, CBC, ultrasound, MRCP). (b) Explain the significance of laboratory findings in diagnosing cholelithiasis.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine

HomUG-PM II.67.5		Knows How	Differential diagnoses of Cholelithiasis	Discuss differential diagnoses (other causes of abdominal pain and biliary disorders).	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.67.6		Knows How	Homoeopathic and conventional treatment options, surgical options	(a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Discuss surgical options (laparoscopic cholecystectomy for symptomatic or complicated cases).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine
HomUG-PM II.67.7		Does	Patient education, lifestyle advice and preventive measures	(a) Educate patients on cholelithiasis, treatment adherence, and lifestyle modifications. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding high-fat foods). (c) Discuss preventive measures (healthy weight, avoiding rapid weight loss, regular check-ups).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.68. Acute and Chronic Pancreatitis										
HomUG-PM II.68.1	Knowledge and Scholarship	Knows	Definition, Causes and risk factors of acute and chronic pancreatitis	(a) Define pancreatitis as inflammation of the pancreas (acute or chronic). (b) Identify causes and risk factors (gallstones, alcohol use, hypertriglyceridemia, genetic factors).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.68.2		Knows	Pathogenesis of acute and chronic pancreatitis	(a) Explain the pathogenesis (pancreatic inflammation, autodigestion, and fibrosis). (b) Describe pathophysiological changes in the pancreas.	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery

HomUG-PM II.68.3		Knows How	Symptoms and signs of acute and chronic pancreatitis	(a) Identify common symptoms of acute pancreatitis (severe abdominal pain, nausea, vomiting, and fever). (b) Describe clinical signs (abdominal tenderness, jaundice, and malabsorption). (c) Identify symptoms and signs of chronic pancreatitis (persistent pain, weight loss, and steatorrhea).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.68.4		Knows How	Laboratory tests, imaging studies, and pancreatic function tests	(a) List diagnostic tests (serum amylase, lipase, LFTs, CT, MRI, ultrasound, pancreatic function tests). (b) Discuss imaging results to identify and differentiate acute/chronic pancreatitis and assess complications. (c) Explain the significance of laboratory findings in diagnosis and monitoring.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine
HomUG-PM II.68.5		Knows How	Differential diagnoses of acute and chronic pancreatitis	(a) Discuss differential diagnoses (other causes of abdominal pain, pancreatic disorders). (b) Define diagnostic criteria to differentiate pancreatitis from other conditions.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery

HomUG-PM II.68.6		Knows How	Homoeopathic and conventional treatment options, surgical options	(a) Describe treatment plans (homoeopathic and conventional strategies). (b) Discuss surgical options (endoscopic procedures, surgery for complications).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine
HomUG-PM II.68.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on pancreatitis, treatment adherence, and lifestyle modifications. (b) Counsel on lifestyle changes (balanced diet, avoiding alcohol, regular exercise). (c) Discuss preventive measures (healthy weight, managing hyperlipidaemia, avoiding triggers).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.69. Hepatocellular Carcinoma(HCC)										

HomUG-PM II.69.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of hepatocellular carcinoma (HCC)	(a) Define HCC as a primary malignant liver tumor often linked to chronic liver disease and cirrhosis. (b) Identify causes and risk factors (chronic hepatitis B/C, cirrhosis, aflatoxin exposure, metabolic disorders).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.69.2		Knows	Pathogenesis of HCC	(a) Explain the pathogenesis (hepatic cell transformation, genetic mutations, tumor growth). (b) Describe pathophysiological changes (tumor formation, local invasion, and metastasis).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.69.3		Knows How	Symptoms and signs of HCC	(a) Identify common symptoms (right upper quadrant pain, weight loss, jaundice, and ascites). (b) Describe clinical signs (hepatomegaly, liver tenderness, and chronic liver disease signs). (c) Discuss advanced HCC symptoms (portal hypertension, encephalopathy, variceal bleeding).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery

HomUG-PM II.69.4		Knows How	Laboratory tests, imaging studies, and tumor markers (AFP)	(a) List diagnostic tests (LFTs, serum AFP, CT, MRI, ultrasound, liver biopsy). (b) Discuss imaging results to identify HCC, differentiate from other lesions, and assess tumor staging/metastasis.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Pathology, Surgery, Practice of Medicine
HomUG-PM II.69.5		Knows How	Differential diagnoses of HCC	Discuss differential diagnoses (metastatic liver disease, cholangiocarcinoma, benign liver tumors).	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.69.6		Knows How	Homoeopathic and conventional treatment options, surgical options	(a) Describe treatment plans (homoeopathic and conventional strategies). (b) Discuss surgical options (resection, liver transplantation, palliative care).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine
HomUG-PM II.69.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on HCC, early detection, and treatment options. (b) Counsel on lifestyle changes (balanced diet, avoiding alcohol, managing liver conditions). (c) Discuss preventive measures (hepatitis B vaccination, regular screening, and avoiding hepatotoxic substances).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.70. Miasmatic Interpretation of Liver, Gall bladder & Pancreas disorders										
HomUG-PM II.70.1	Homoeopathic orientation	Knows How	Understanding miasms as underlying causes of chronic diseases affecting the liver, gallbladder, and pancreas.	1. Describe the concept of miasms in the context of liver, gallbladder, and pancreatic disorders. 2. Identify symptoms related to different miasms. 3. Discuss treatment approaches based on miasmatic understanding.	C2	MK	Lecture, case discussions, interactive workshops	MCQs, group presentations, case analysis	Written exam, project on miasmatic approaches	Homoeopathic Philosophy

HomUG-PM II.70.2			Analysis of liver disorders (e.g., hepatitis, cirrhosis) through the lens of miasms, such as psora, syphilis, and sycosis.	1. Analyze liver disorders in terms of psora, syphilis, and sycotic miasms. 2. Recognize clinical features and treatment methods.	C2	MK	Case studies, peer review, discussion forums	Case study presentations, reflective essays	Written report on miasmatic analysis of liver disorders	Homoeopathic Philosophy
HomUG-PM II.70.3			Analysis of gallbladder disorders (e.g., cholecystitis, gallstones) through miasmatic theories.	1. Analyze gallbladder disorders in relation to miasms. 2. Identify treatment strategies and lifestyle modifications based on miasmatic understanding.	C2	MK	Group discussions, role play, clinical scenarios	Case discussions, quizzes on gallbladder disorders	Practical exam on gallbladder disease management	Homoeopathic Philosophy
HomUG-PM II.70.4			Evaluation of pancreatic disorders (e.g., pancreatitis, pancreatic cancer) from a miasmatic perspective.	1. Evaluate pancreatic disorders in terms of miasms. 2. Discuss implications for treatment and prognosis.	C2	MK	Interactive lectures, seminars, research projects	Group presentations on case studies, peer feedback	Written exam on pancreatic disorders and miasms	Homoeopathic Philosophy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.71. Therapeutics related to Liver, Gall bladder & Pancreas disorders										
HomUG-PM II.71.1	Homoeopathic Orientation	Knows	Key remedies for liver diseases: Chelidonium, Carduus Marianus, Lycopodium, Nux Vomica, etc.	(a) Describe key homoeopathic remedies for liver disorders. (b) Explain the indications and symptoms that guide the selection of these remedies. (c) Describe the common therapeutic uses of remedies such as Chelidonium, Carduus Marianus, and Nux Vomica in liver conditions.	C1	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ, Bedside Examination, Viva	Materia Medica, Homoeopathic Pharmacy, Homoeopathic Therapeutics
HomUG-PM II.71.2		Knows How	Differential indications of remedies for liver disorders	(a) Differentiate between homoeopathic remedies based on their specific indications for liver disorders. (b) Explain the subtle differences in symptomatology that guide remedy selection for liver conditions.	C2	MK	Case studies, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside Examination, Viva	Practice of Medicine, Materia medica, Homoeopathic Therapeutics

HomUG-PM II.71.3		Knows	Key remedies for gall bladder diseases: Chelidonium, Carduus Marianus, Lycopodium, Nux Vomica, etc.	(a) Identify and describe key homoeopathic remedies for gall bladder disorders. (b) Explain the indications and symptoms that guide the selection of these remedies. (c) Describe the common therapeutic uses of remedies such as Chelidonium and Lycopodium in gall bladder conditions.	C1	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ, Bedside Examination, Viva	Materia Medica, Homoeopathic Pharmacy, Homoeopathic Therapeutics
HomUG-PM II.71.4		Knows How	Differential indications of remedies for gall bladder disorders	(a) Differentiate between homoeopathic remedies based on their specific indications for gall bladder disorders. (B) Explain the subtle differences in symptomatology that guide remedy selection for gall bladder conditions.	C2	MK	Case studies, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside Examination, Viva	Practice of Medicine, Materia medica, Homoeopathic Therapeutics
HomUG-PM II.71.5		Knows	Key remedies for pancreatic diseases: Phosphorus, Iris Versicolor, Lycopodium, Nux Vomica, etc.	(a) Identify and describe key homoeopathic remedies for pancreatic disorders. (b) Explain the indications and symptoms that guide the selection of these remedies. (c) Describe the common therapeutic uses of remedies such	C1	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ, Bedside Examination, Viva	Materia Medica, Homoeopathic Pharmacy, Homoeopathic Therapeutics

				as Phosphorus and Iris Versicolor in pancreatic conditions.						
HomUG-PM II.71.6		Knows How	Differential indications of remedies for pancreatic disorders	(a) Differentiate between homoeopathic remedies based on their specific indications for pancreatic disorders. (b) Explain the subtle differences in symptomatology that guide remedy selection for pancreatic conditions.	C2	MK	Case studies, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside Examination, Viva	Practice of Medicine, Materia medica, Homoeopathic Therapeutics

5.6. Endocrine and Metabolic Disorders

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.72. Approach to Endocrine Disorders										
HomUG-PM II.72.1	Knowledge and Scholarship	K	Basic endocrinology, hormone functions, and mechanisms of hormonal imbalances	Describe the physiological mechanisms leading to endocrine disorders	C1	MK	Lectures, Reading assignments	MCQ	MCQ, SAQ	Physiology, Biochemistry
HomUG-PM II.72.2			Common symptoms of endocrine dysfunction.	Identify the common symptoms associated with major endocrine disorders	C1	MK	Symptomatology exercises	Case presentations	OSCE, Viva voce	Pathology, Practice of Medicine

HomUG-PM II.72.3		SH	Self-monitoring techniques, importance of diet and exercise, stress management	(a) Educate patients on the importance of self-care in endocrine health (b) Educate patients on the importance of prevention in endocrine health.	P2	NK	Patient education workshops, Chart making	Patient education role-play	SAQ	Community Medicine.
HomUG-PM II.72.4		KH	Understanding the scope of homoeopathy and when to refer to or collaborate with other specialists	(a) Explain the role of homoeopathy in managing endocrine disorders. (b) Describe the limitations of homoeopathy in endocrine disorders.	C3	DK	Guest lectures	Team-based case management exercises	SAQ, LAQ	Organon, Homoeopathic Materia Medica
HomUG-PM II.72.5		KH	Psychoneuroendocrine Axis	(a) Define the components of the psychoneuroendocrine axis. (b) Explain its role in endocrine disorders. (c) Discuss feedback mechanisms.	C2	MK	Lectures, interactive discussions, multimedia presentations	Quizzes on axis components and functions	Written exam on PNE axis	Psychology, Physiology, PM
HomUG-PM II.72.6		KH	Clinical implications of the psychoneuroendocrine axis	(a) Identify how stress impacts endocrine function. (b) Evaluate case studies involving the psychoneuroendocrine axis.	C3	MK	Case studies, group projects	Case study presentations and discussions	Practical assessment on management strategies	Psychology, Physiology, PM

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.73. Hypothyroidism										

HomUG-PM II.73.1	Knowledge and Scholarship	K	Definition, epidemiology, causes, and risk factors of hypothyroidism	(a) Define hypothyroidism as insufficient thyroid hormone production. (b) Describe the prevalence of hypothyroidism. (c) List causes of hypothyroidism. (d) List risk factors for hypothyroidism.	C1	MK	Lecture, Reading	Quiz, Discussion	MCQ, SAQ	Practice of Medicne
HomUG-PM II.73.2			Signs and symptoms of hypothyroidism	Identify the common clinical manifestations of hypothyroidism	C1	MK	Case studies, Clinical shadowing	OSCE, Case presentation	OSCE, Clinical exam	Practice of Medicine, Pathology
HomUG-PM II.73.3		KH	Diagnostic criteria, lab tests (TSH, T4)	Interpret the results of laboratory tests for hypothyroidism diagnosis	C3	MK	Lab tutorials, Interactive lectures, DOAP	Lab result interpretation exercises	Lab test interpretation on exams	Physiology, Practice of Medicine
HomUG-PM II.73.4		SH	Treatment options, monitoring, and follow-up	Formulate a comprehensive management plan for a patient with hypothyroidism	P2	MK	Small group discussions, Clinical rotations	Treatment plan assignment	Case management exam	Pharmacology, Therapeutics
HomUG-PM II.73.5		Does	Patient education, lifestyle advice, medication adherence	(a) Educate patients on medication adherence. (b) Educate patients on lifestyle modifications.	A	MK	Role-playing, Patient education workshops	Patient counseling simulation	Oral exam	Community Medicine, Practice of meidicine
HomUG-PM II.73.6		KH	Complications, comorbidities, emergency conditions (myxedema coma)	Identify the common complications in hypothyroidism	C2	MK	Problem-based learning, Clinical seminars	Case studies analysis	Comprehensive clinical exam	Practice of Medicine
HomUG-PM II.73.7			Review of current guidelines and research	Utilize evidence-based research in the treatment of hypothyroidism	P2	DK	Journal club, Online research databases	Evidence-based treatment plan presentation	SAQ	Research Methodology

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.74. Hyperthyroidism										
HomUG-PM II.74.1	Knowledge and Scholarship	K	Definition, Pathophysiology and causes of hyperthyroidism	(a) Defined as a condition characterized by excessive production of thyroid hormones, resulting in accelerated metabolism. (b) Describe the pathophysiological evolution of hyperthyroidism. (c) State the causes for hyperthyroidism	C1	MK	Lecture, Reading assignments	MCQ	MCQ, SAQ	Physiology, Endocrinology
HomUG-PM II.74.2			Signs and symptoms	Identify the clinical manifestations associated with hyperthyroidism	C1	MK	Lecture, Video demonstartions	MCQ	MCQ, SAQ, OSCE	Practice of Medicine
HomUG-PM II.74.3		KH	Laboratory and imaging tests	Interpret the results of diagnostic tests for hyperthyroidism	C2/3	MK	Group Presnatation	Lab data interpretation exercises	Bedside examination, Viva	Pathology, Practice of Medicine
HomUG-PM II.74.4		SH	Pharmacotherapy, radioactive iodine therapy, surgery	Develop a management plan based on the latest evidence-based guidelines	P2	MK	Problem-based learning	Treatment planning assignment	Bedside examination, Viva	Pharmacology, Surgery

HomUG-PM II.74.5		Does	Disease education, lifestyle modifications, follow-up care	Educate patients on their (a) condition, (b) management plan (c) how to recognize complications	P2	MK	Role-playing	Patient counselling simulation, Chart making	Oral examination	Community Medicine
HomUG-PM II.74.6		KH	Coordination of care across specialties	Define the multidisciplinary approach to hyperthyroidism management	C4/5	DK	Guest lectures, workshops, Team-based learning	SAQ	SAQ, LAQ	Practice of Medicine
HomUG-PM II.74.7			Thyroid storm, osteoporosis, atrial fibrillation	Identify the complications of hyperthyroidism	C2	MK	Clinical simulations, Case studies	Assignments	Clinical resoning at bedside & Viva	Practice of Medicine
HomUG-PM II.74.8			Review of current guidelines and research	Utilize the evidence-based research in the treatment of hyperthyroidism	P2	DK	Journal club, Online research databases	Evidence-based treatment plan presentation	SAQ	Research Methodology

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.75. Thyroiditis										
HomUG-PM II.75.1	Knowledge and Scholarship	K	Definition, pathophysiology, and types of thyroiditis	(a) Define thyroiditis as inflammation of the thyroid gland. (b) Describe the pathophysiology of thyroiditis. (c) Describe types of thyroiditis (acute, subacute, chronic).	C1	MK	Lecture, Reading assignments	MCQ, SAQ	MCQ, SAQ	Pathology, Practice of Medicine

HomUG-PM II.75.2			Signs, symptoms, laboratory and imaging findings	(a) Identify clinical manifestations of thyroiditis. (b) Describe diagnostic criteria for thyroiditis.	C1	MK	Lectures, Clinical case discussions,	Diagnostic test interpretation exercises	OSCE	Practice of Medicine
HomUG-PM II.75.3		KH	Laboratory tests (e.g., TSH, T4, thyroid antibodies), imaging studies	Interpret the results of diagnostic tests to confirm thyroiditis	C2/3	MK	Interactive lectures	Lab data interpretation exercises	Bedside examination, Viva	Physiology, Pathology, Practice of Medicine, Radiology
HomUG-PM II.75.4		KH	Pharmacotherapy - symptomatic treatment, follow-up	Formulate a management plan tailored to the type and severity of thyroiditis	C3/P2	MK	Problem-based learning,	Assignments	Bedside examination, Viva	Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.75.5		Does	Disease education, lifestyle modifications, and follow-up care	(a) Educate patients on managing thyroiditis. (b) Educate patients on medication adherence. (c) Educate patients on recognizing complications.	A3	MK	Role-playing, Patient education seminars	Patient counselling simulation, Chart making	Viva	Community Medicine
HomUG-PM II.75.6		KH	Thyroid storm, hypothyroidism, goiter	Define the management for complications of thyroiditis	C2/3	DK	Lectures, Case studies	MCQ	MCQ, SAQ, LAQ	Practice of Medicine
HomUG-PM II.75.7			Coordination of care across specialties	Define the multidisciplinary approach to thyroiditis management	C4/5	DK	Guest lectures, workshops, Team-based learning	SAQ	SQ, LAQ	Practice of Medicine, Surgery
HomUG-PM II.75.8		Does	Incorporating patient preferences and values in care plans	Engage patients in their care plans, respecting their preferences and values	A2/3	Nk	Patient interviews	Patient engagement role-play	LAQ	Forensic Medicine

Sl. No	Competency	Millers Level:	Content	SLO	Blooms	Priority -	T-L Methods	Assessment	Integration

		Does/Shows how/Knows how/ Knows			Domain/ Guilbert's Level	Must Know/ Desirable to know/ nice to know		Formative	Summative	
HomUG-PM II.76. Goiters										
HomUG-PM II.76.1	Knowledge and Scholarship	K	Definition, causes, and pathophysiology of goiter	(a) Define goiter as abnormal thyroid gland enlargement. (b) List causes of goiter. (c) Describe pathophysiological mechanisms of goiter.	,	MK	Lecture, Reading assignments	Quiz, Short essays	MCQ, SAQ	Anatomy, Physiology, Surgery
HomUG-PM II.76.2		KH	Signs and symptoms of goiter	List the signs and symptoms of goiter	C2	MK	Lectures, Clinical case discussions	Peer teaching, quizzes	OSCE, SAQ	Practice of Medicine
HomUG-PM II.76.3		SH	Physical examination techniques and diagnostic tests	(a) Define the diagnosis of goiter through clinical examination. (b) List the diagnostic investigations for goiter.	P2	MK	Practical sessions, Lab tutorials	Role-play, Diagnostic test interpretation exercises	Bedside examination, OSCE, Viva	Surgery, Practice of Medicine
HomUG-PM II.76.4		KH	Selection of homoeopathic remedies	List the Homoeopathic remedies in the management of goiter	C3	MK	Seminars, Case-based learning	Case study analysis	SAQ, Bedside examination, Viva	Pharmacology, Materia Medica
HomUG-PM II.76.5			Importance of iodine in diet, avoidance of goitrogens	Advise patients on dietary and lifestyle modifications to support treatment and prevent recurrence	A2	DK	Interactive lectures, Patient education workshops	Patient counseling simulation, Chart making	Viva	Community Medicine, Practice of Medicine

HomUG-PM II.76.6			Regular monitoring and adjustment of treatment	((a) Define the need for regular monitoring. (b) Adjust treatment plans based on response and lab results.	P2/3	DK	OPD/Clinical rotations, Journal clubs	Treatment plan adjustment exercises	Viva, Follow-up case presentation	Practice of Medicine, Homoeopathic Therapeutics
HomUG-PM II.76.7		K	Public health strategies for goiter prevention	Define the role of public health measures (e.g., iodized salt, education on goitrogens).	C1	NK	Guest lectures, Community medicine rotations	Group projects on public health strategies	SAQ, LAQ, Viva	Community Medicine
HomUG-PM II.76.8		Does	Current research and advancements in goiter treatment	Engage in continuous learning about the latest research on goiter treatment modalities.	C4/5	NK	Journal clubs, Online resaerch and presentatons	Literature review assignment	SAQ	Research Methodology.

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.77. Parathyroid disorders										
HomUG-PM II.77.1	Knowledge and Scholarship	K	Anatomy and physiology of parathyroid glands, calcium homeostasis	Explain the role of parathyroid glands in calcium regulation	C1	MK	Lecture, Reading assignments	Quiz, Short essays	MCQ, SAQ	Physiology, Anatomy

HomUG-PM II.77.2			Definition, causes, and mechanisms of parathyroid disorders	(a) Define parathyroid disorders as conditions affecting PTH secretion and calcium balance. (b) Describe causes of parathyroid disorders. (c) List risk factors for parathyroid disorders. (d) Define pathophysiological processes of parathyroid disorders.	C2	MK	Lecture, Case studies, Chart making	Group discussions, Concept maps	MCQ, SAWQ, Viva	Pathology, Biochemistry, Practive of Medicine, Surgery
HomUG-PM II.77.3		KH	Signs, symptoms, laboratory tests, and imaging studies	(a) Define diagnosis of parathyroid disorders using clinical presentation. (b) List diagnostic investigations (calcium, PTH levels, imaging).	C3/4	MK	Clinical skills workshops, Lab tutorials	Role-playing, Lab results interpretation exercise	OSCE, Viva	Practice of Medicine
HomUG-PM II.77.4			Medical management and surgical treatment options	Define the management plan for patients with parathyroid disorders	P2	MK	Seminars, OPD/Clinical rotations	Treatment planning exercises, Assignments	Bedside examination, Viva	Surgery, Practice of Medicine, Pharmacology
HomUG-PM II.77.5			Patient education on disease impact and management strategies	Provide comprehensive patient education on the disorder and management plan.	A2	DK	Patient education workshops, Role-playing	Patient counseling simulation, Chart manking	SAQ	Practice of Medicine, Community Medicine
HomUG-PM II.77.6			Interdisciplinary approach to parathyroid disorders	Define the multidisciplinary approach (endocrinology, surgery, radiology, and nursing).	C3	DK	Team-based learning, Guest Lectures	Collaborative care plan development	Bedside examination, Viva	Surgery, Practice of Medicine, Pharmacology
HomUG-PM II.77.7			Homoeopathic remedies for parathyroid disorders	List homoeopathic remedies for adjunctive treatment of parathyroid disorders.	C3	NK	Lectures on therapeutics, Materia Medica study	Case study analysis with homoeopathic perspective	SAQ, Bedside examination, Viva	Homoeopathy, Materia Medica, Pharmacology

HomUG-PM II.77.8		Does	Current research trends and advances in diagnosis and treatment	Engage in continuous learning on advances in managing parathyroid disorders.	C4/5	Nk	Journal clubs, Online research and presentations	Literature review assignment	SAQ	Research Methodology

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.78. Hypo and Hypercalcemia										
HomUG-PM II.78.1	Knowledge and Scholarship	K	Calcium metabolism and functions of calcium in the body	Describe the importance of calcium in physiological processes.	C1	MK	Lecture, Reading assignments	Quiz, Short essays	MCQ, SAQ	Physiology, Biochemistry
HomUG-PM II.78.2			Dietary sourcesand absorption pathways	(a) List the sources of dietary calcium. (b) Define the mechanisms of absorption of Calcium.	C1	MK	Nutritional science lectures, Case studies	Chart making, Group discussions	OSCE, Viva	Physiology, Biochemistry
HomUG-PM II.78.3		KH	Hormonal regulation, bone turnover, and renal excretion	Describe mechanisms maintaining calcium homeostasis (PTH, calcitonin, vitamin D).	C1/2	MK	Endocrinology lectures, Lab tutorials	Problem-solving exercises, Case-based discussions	SAQ, LAQ	Physiology, Biochemistry
HomUG-PM II.78.4		K	Causes, mechanisms, and clinical significance of hypo- and	(a) List causes of hypo- and hypercalcemia. (b) Describe pathophysiological mechanisms of hypo- and hypercalcemia.	C2	MK	Lecture, Reading assignments	Quiz, Short essays	MCQ, Viva	Biochemistry, Pathology, Practice of Medicine

			hypercalcemia							
HomUG-PM II.78.5		KH	Signs, symptoms and laboratory findings	Recognize clinical manifestations of hypo- and hypercalcemia.	C3	MK	Clinical case discussions, Lab tutorials	Diagnostic test interpretation exercises	OSCE, Viva	Practice of Medicine
HomUG-PM II.78.6			Serum calcium levels, ionized calcium, and other laboratory tests	Interpret diagnostic tests to confirm hypo- and hypercalcemia.	P2	MK	Lab tutorials, Interactive lectures	Lab data interpretation exercises	Bedside examination, Viva	Practice of Medicine
HomUG-PM II.78.7			Treatment options, addressing underlying causes, and monitoring	Define a management plan based on the causes and severity of hypo- and hypercalcemia.	C4/5	MK	Seminars, OPD/Clinical rotations	Treatment planning assignment	Bedside examination, Viva	Pharmacology, Homoeopathy Therapeutics
HomUG-PM II.78.8		Does	Patient education on dietary modifications, medication adherence	(a) Educate patients on lifestyle changes for managing hypo- and hypercalcemia. (b) Describe the importance of treatment adherence.	A2	DK	Patient education workshops, Counseling sessions	Role-playing, Patient counseling simulations	SAQ, Viva	Community Medicine
HomUG-PM II.78.9		KH	Complications of hypo- and hypercalcemia	Identify complications (renal stones, cardiac arrhythmias, neurological symptoms).	C3	DK	Clinical simulations, Case studies	Assignments	SAQ, LAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.78.10			Coordination of care across specialties	Define a multidisciplinary approach to managing hypo- and hypercalcemia.	C2/3	DK	Guest lectures	Collaborative care plan development	SAQ, Viiva	Surgery, Practice of Medicine
HomUG-PM II.78.11			Current guidelines, research studies and clinical trials	Apply the latest evidence-based practices in managing hypo- and hypercalcemia.	C4/5	NK	Journal clubs, Online resaerch and presentatons	Evidence-based treatment plan presentation	SAQ, Viva	Research Methodology

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.79. Disorders of Adrenal Gland - Cushing Syndrome										
HomUG-PM II.79.1	Knowledge and Scholarship	K	Definition, Etiology and Pathophysiological mechanisms	(a) Describe Cushing Syndrome (b) Describe Cushing Syndrome's pathophysiology. (c) List the causes of Cushing's Syndrome.	C1	MK	Lectures, Readings	MCQ, SAQ	MCQ, SAQ	Biochemistry, Practice of Medicine
HomUG-PM II.79.2		KH	Signs, symptoms, and diagnostic tests	(a) Identify clinical manifestations of Cushing Syndrome. (b) List the diagnostic tests of Cushing Syndrome.	C2	MK	Lectures, Case studies, Clinical rounds	Diagnostic test interpretation exercises	OSCE, SAQ, LAQ, Viva	Practice of Medicine
HomUG-PM II.79.3			Dexamethasone suppression test, cortisol levels, imaging	Analyze diagnostic tests	C2/P2	MK	Lab tutorials, Interactive sessions	Assignments on Lab data interpretation	SAQ, Bedside examination, Viva	Practice of Medicine, Biochemistry, Radiology
HomUG-PM II.79.4			Treatment options, addressing underlying causes	Define management plans	C3	MK	Seminars, Case-based learning	Assignments treatment planning	SAQ, LAQ, Viva	Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.79.5		Does	Lifestyle modifications, medication adherence	Provide patient education	A2	DK	Role-playing, Patient counseling	Chart making	SAQ, LAQ, Viva	Community Medicine

HomUG-PM II.79.6		SH	Osteoporosis, hypertension, hyperglycaemia	(a) Identify the complications. (b) Define the management strategies.	C3	DK	Clinical simulations, Case discussions	Assignments on complication management	SAQ, LAQ, Bedside examination, Viva	Practice of Medicine, Pharmacology
HomUG-PM II.79.7		KH	Coordination across specialties	Define multidisciplinary approach to manage hypo- and hypercalcemia	C3/4	DK	Interprofessional education, Team-based learning	Assignments on Collaborative care planning	SAQ, LAQ	Internal Medicine, Pharmacology, Surgery
HomUG-PM II.79.8		Does	Current guidelines, research evidence	Utilize evidence-based approaches	C4/5	NK	Journal clubs, Research discussions	Evidence-based treatment plan	SAQ, LAQ	Clinical Research

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.80. Disorders of Adrenal Gland - Addison's disease										
HomUG-PM II.80.1	Knowledge and Scholarship	K	Definition, Causes, mechanisms, and clinical significance	(a) Describe Addison's Disease (b) Describe the pathophysiological mechanisms of Addison's Disease. (c) List the causes of Addison's Disease	C1	MK	Lectures, Readings	Quizzes, Concept maps	MCQ, SAQ	Pathology, Physiology, Practice of Medicine

HomUG-PM II.80.2		KH	Signs, symptoms, laboratory findings	(a) Identify clinical manifestations of Addison's Disease. (b) Interpret diagnostic tests of Addison's Disease	C2/P2	MK	Lectures, Case studies, Clinical rounds	Diagnostic test interpretation exercises	OSCE, SAQ, LAQ, Viva	Practice of Medicine, Pathology
HomUG-PM II.80.3			Serum cortisol, ACTH levels, imaging studies	Interpret diagnostic tests to confirm Addison's Disease diagnosis	C3/P2	MK	Lab tutorials, Interactive sessions	Assignments on Lab data interpretation	SAQ, Bedside examination, Viva	Biochemistry, Radiology
HomUG-PM II.80.4			Hormone replacement therapy, addressing underlying causes, monitoring	Formulate a management plan tailored to the underlying cause and severity of Addison's Disease	C3/P2	MK	Seminars, Case-based learning	Assignments treatment planning	SAQ, LAQ, Viva	Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.80.5			Medication regimen, recognition of emergency signs	Provide patient education on disease management and medication adherence	A2	DK	Role-playing, Patient counseling	Chart making	SAQ, LAQ, Viva	Practice of Medicine, Pharmacology
HomUG-PM II.80.6			Recognition,od acute adrenal crisis	Identify the symptoms of acute adrenal crises	C2/3	DK	Lectures, Case discussions	Assignments on complication management	SAQ, Bedside examination, Viva	Practice of Medicine
HomUG-PM II.80.7			Coordination across specialties	Define multidisciplinary approach to manage Addisons Disease	C3/4	DK	Guest lectures	Group Assignments	SAQ, LAQ	Practice of Medicine, Pharmacology
HomUG-PM II.80.8		Does	Current guidelines, research evidence	Utilize evidence-based approaches	C4/5	NK	Journal clubs, Research discussions	Evidence-based treatment plan	SAQ, LAQ	Clinical Research

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable	T-L Methods	Assessment		Integration
								Formative	Summative	

						to know/ nice to know				
HomUG-PM II.81. Disorders of Adrenal Gland - Pheochromocytoma										
HomUG-PM II.81.1	Knowledge and Scholarship	K	Definition, Causes, mechanisms, and clinical significance	(a) Describe Pheochromocytoma (b) Describe the pathophysiological mechanisms of Pheochromocytoma. (c) List the causes of Pheochromocytoma	C1	MK	Lectures, Readings	Quizzes, Concept maps	MCQ, SAQ	Pathology, Medicie
HomUG-PM II.81.2		KH	Signs, symptoms, laboratory findings	Identify clinical manifestations of Pheochromocytoma	C2/3	MK	Lectures, Case studies, Clinical rounds	Diagnostic test interpretation exercises	OSCE, SAQ, LAQ, Viva	Practice of Medicine, Biochemistry
HomUG-PM II.81.3			Plasma and urine metanephrines, imaging studies	Interpret diagnostic tests to confirm Pheochromocytoma diagnosis	C3/P2	MK	Lab tutorials, Interactive sessions,DOAP	Assignments on Lab data interpretation	SAQ, Bedside examination, Viva	Practice of Medicine, Biochemistry, Radiology
HomUG-PM II.81.4			Surgical resection, preoperative alpha-blockade, monitoring	Define the management strategy in treating the underlying cause and severity of Pheochromocytoma	C3/4	MK	Seminars, Case-based learning	Assignments on treatment planning	SAQ, LAQ, Viva	Pharmacology, Surgery, Homoeopathic Therapeutics
HomUG-PM II.81.5			Medication adherence, recognition of complications	Provide patient education on disease management and postoperative care	A2	DK	Role-playing, Patient counseling	Chart making	SAQ, LAQ, Viva	Community Medicine, Practice of Medicine
HomUG-PM II.81.6			Hemodynamic instability, electrolyte imbalances	Identify the complications during and after surgery	C3	DK	Lectures, Case discussions	Assignments on complication management	SAQ, LAQ, Viva	Practice of Medicine, Biochemistry

HomUG-PM II.81.7		Does	Current guidelines, research evidence	Utilize evidence-based approaches	C4/5	NK	Journal clubs, Research discussions	Assignments on evidence-based treatment plan	SAQ, LAQ	Clinical Research

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.82. Dwarfism										
HomUG-PM II.82.1	Knowledge and Scholarship	K	Definition, Types of dwarfism, genetic causes	(a) Define Dwarfism (b) Identify the different types of dwarfism	C1	MK	Lectures, Readings	Quizzes, Concept maps	MCQ, SAQ	Physiology, Biochemistry, Pediatrics
HomUG-PM II.82.2		KH	History taking, physical examination	Perform a clinical assessment of a patient with suspected dwarfism	C2/3 P/2	MK	Lectures, Case studies, Clinical rounds	Diagnostic test interpretation exercises	OSCE, SAQ, LAQ, Viva	Practice of Medicine, Pediatrics
HomUG-PM II.82.3			Genetic testing, imaging studies, hormone assays	Interpret diagnostic tests in the evaluation of dwarfism	C/3 P2	MK	Lab tutorials, Interactive sessions	Assignments on Lab data interpretation	SAQ, Bedside examination, Viva	Biochemistry, Pathology, Radiology
HomUG-PM II.82.4			Growth hormone therapy, orthopaedic interventions, psychological support	Define a comprehensive management plan (Addressing the medical, orthopaedic, and psychosocial needs)	C3/4	MK	Seminars, Case-based learning	Assignments treatment planning	SAQ, LAQ, Viva	Pharmacology, Orthopedics, Psychology

HomUG-PM II.82.5		Does	Effective communication, prognosis, treatment options	Counsel patients and families effectively regarding dwarfism	A2	DK	Role-playing, Patient counseling	SAQ	SAQ, LAQ, Viva	Forensic Medicine, Community Medicine
HomUG-PM II.82.6		Does	Current research, evidence-based practice	Utilize evidence-based approaches to improve patient care	C4/5	NK	Journal clubs, Research discussions	Assignments on evidence-based treatment plan	SAQ, LAQ	Clinical Research

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.83. Nelson Syndrome										
HomUG-PM II.83.1	Knowledge and Scholarship	K	Definition, Pathophysiology, cortisol regulation, role of ACTH	(a) Define Nelson Syndrome (b) Explain the underlying pathophysiological mechanisms of Nelson Syndrome	C1	MK	Lectures, Readings	Quizzes, Concept maps	MCQ, SAQ	Biochemistry, Pathology
HomUG-PM II.83.2		K	Clinical features, differential diagnosis	(a) List the signs and symptoms of Nelson Syndrome (b) Differentiate Nelson Syndrome from similar conditions	C2/4	MK	Lectures, Case studies, Clinical rounds DOAP	Diagnostic test interpretation exercises	OSCE, SAQ, LAQ, Viva	Practice of Medicine, Dermatology
HomUG-PM II.83.3		KH	Diagnostic criteria, imaging techniques, laboratory tests	Interpret lab and imaging results to diagnose Nelson Syndrome	C2/3 P2	MK	Lab tutorials, Interactive sessions	Assignments on Lab data interpretation	SAQ, Bedside examination, Viva	Biochemistry, Radiology

HomUG-PM II.83.4		KH	Surgical and medical management	Describe the treatment plan	C3/4	MK	Seminars, Case-based learning	Assignments on treatment planning, Tutorials	SAQ, LAQ, Viva	Pharmacology, Surgery
HomUG-PM II.83.5		Does	Patient education, prognosis, compliance with treatment	Educate patients about their condition, treatment plan and the importance of follow-up	A2	DK	Role-playing, Patient counseling	SAQ	SAQ, LAQ, Viva	Fornsic Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.84. Acromegaly and Gigantism										
HomUG-PM II.84.1	Knowledge and Scholarship	K	Definition, Pathophysiology, GH/IGF-1 axis	(a) Define gigantism and acromegaly (b) Describe the disturbances of hormone regulation in gigantism and acromegaly	C1	MK	Lectures, Readings	Quizzes, Concept maps	MCQ, SAQ	Physiology, Biochemistry, Surgery
HomUG-PM II.84.2			Signs and symptoms, complications	(a) Identify clinical manifestations (b) List the long-term complications	C2	MK	Lectures, Case studies, Clinical rounds	Diagnostic test interpretation exercises	OSCE, SAQ, LAQ, Viva	Practice of Medicine
HomUG-PM II.84.3		KH	Diagnostic criteria, laboratory and imaging tests	Interpret diagnostic tests to confirm gigantism or acromegaly	C2/3 P2	MK	Lab tutorials, Interactive sessions	Assignments on Lab data interpretation	SAQ, Bedside examination, Viva	Biochemistry, Radiology

HomUG-PM II.84.4			Medical, surgical, and radiotherapeutic management	Define management plan incorporating all possible therapeutic options	C3	Mk	Seminars, Case-based learning	Assignments on treatment planning, Tutorials	SAQ, LAQ, Viva	Surgery, Pharmacology
HomUG-PM II.84.5		Does	Psychological impact, quality of life	Provide holistic care that includes psychological support and counselling	A2	DK	Workshops	Assignments	SAQ, Viva	Psychology
HomUG-PM II.84.6		KH	Evidence-based treatment, clinical guidelines	Utilize current evidences in defining the treatment.	C4/5	NK	Journal club, workshops	Group discussion, presentation on recent articles	Written assignment on treatment guidelines	Research Methods
HomUG-PM II.84.7		Does	Patient education strategies	Effectively communicate with patients and their families about disease management and follow-up	A2	DK	Communication skill workshops, Chart making	Patient education plan,	SSQ	Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.85. Diabetes Insipidus										
HomUG-PM II.85.1	Knowledge and Scholarship	K	Definition, Pathophysiology of DI	(a) Define Diabetes Insipidus (b) Explain the underlying mechanisms of central and nephrogenic DI	C1	MK	Lectures, diagrams, Readings	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology

HomUG-PM II.85.2			Signs and symptoms	Identify the signs and symptoms indicative of DI	C2	MK	Lectures, patient history analysis	MCQ	OSCE, SAQ, LAQ	Practice of Medicine
HomUG-PM II.85.3		KH	Laboratory tests, water deprivation test, MRI	Interpret diagnostic tests to confirm DI	C3/4 P2	MK	Simulation labs, interactive online modules	Test result analysis exercises	Viva	Laboratory Medicine, Radiology
HomUG-PM II.85.4			Treatment options for central and nephrogenic DI	Define a management plan for patients with DI, including drug therapy and monitoring	C3/4	MK	Treatment planning workshops, Assignments	Treatment plan assignment	Bedside examination, Viva	Pharmacology, Endocrinology
HomUG-PM II.85.5		Does	Patient education, lifestyle adjustments	Provide effective counselling to patients and families for managing DI	A2	DK	Patient counseling role plays	Chart making	SAQ	Forensic Medicine
HomUG-PM II.85.6		KH	Relationship with other pituitary and hypothalamic disorders	Differentiate DI with other similar endocrine disorders	C3/4	NK	Integrated case studies, Assignments	Group discussion	SAQ, LAQ	Practice of Medicine
HomUG-PM II.85.7			Current research articles and guidelines	Utilize current evidence and guidelines to inform treatment decisions	C4/5	DK	Journal club, Workshops	Presentation on recent DI research	SAQ	Research Methods,

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.86. Diabetes Mellitus										

HomUG-PM II.86.1	Knowledge and Scholarship	K	Definition, Prevalence, risk factors	(a) Define DM (b) Describe the global and regional prevalence and risk factors of diabetes	C1	MK	Lectures, reading assignments	MCQ, SAQ	MCQ, SAQ, LAQ	Epidemiology, PSM
HomUG-PM II.86.2		KH	Type 1, Type 2, Gestational	Describe the pathophysiology of diabetes types	C2	MK	Lectures, Interactive modules, videos	MCQ, SAQ	SAQ	Physiology, Pathology
HomUG-PM II.86.3			Symptoms, signs	Recognize the clinical manifestations of diabetes	C2/3 P2	MK	Lectures, OPD teaching, patient simulations	MCQ, SAQ	OSCE, SAQ, LAQ	Practice of Medicine
HomUG-PM II.86.4			Blood glucose levels, HbA1c	Interpret diagnostic tests accurately	P2	MK	Lab simulations, Group discussions	Test result analysis exercises	Practical exam, viva	Laboratory Medicine
HomUG-PM II.86.5			Pharmacological treatments, Lifestyle modifications	Define the treatment options for diabetes	C3	MK	Problem-based learning, OPD teachings	Treatment plan assignments	Bedside examination, Viva	Pharmacology, Nutrition, PSM
HomUG-PM II.86.6			Diet, exercise, monitoring	Educate the patient and families for a better disease management	A3	DK	Workshops, role-playing, assignments	Chart making	SAQ, LAQ, Viva	PSM
HomUG-PM II.86.7		Does	Follow-up protocols, adjustment criteria	Adapt management plans based on patient progress	C4/5	DK	OPD/Clinical rotations	SAQ	SAQ, LAQ, Viva	Practice of Medicine
HomUG-PM II.86.8		KH	Acute and chronic complications	(a) Identify potential complications of DM. (b) Define the management of complications of DM.	C4/5/6	MK	OPD/Clinical rotations, Seminars	Complication case study	SAQ, LAQ, Viva	Endocrinology, Surgery

HomUG-PM II.86.9			Insulin pumps, CGMs (Continuous Glucose Monitors)	Integrate technology for effective disease monitoring and management	C3	NK	Tech demos, e-learning modules			Biomedical Engineering

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.87. Homoeopathic Concepts and Therapeutics										
HomUG-PM II.87.1	Homoeopathic Orientation	KH	Understanding the miasmatic influences on endocrine disorders such as diabetes, thyroid disorders, and adrenal issues.	1. Identify miasms related to endocrine disorders. 2. Evaluate how miasms influence clinical presentations. 3. Analyze treatment approaches based on miasmatic evaluation.	C2	High	Case studies, group discussions, interactive lectures	Group presentations on miasmatic influences	Written case analysis incorporating miasmatic evaluation	Homoeopathic Philosophy Materia Medica Homoeopathic Pharmacy
HomUG-PM II.87.2			Application of homeopathic remedies based on reprtorisation, miasmatic evaluation and individual symptomatology of endocrine disorders.	1. Select remedies using repertory rubrics, repertory software, and repertory charts. 2. Select appropriate remedies based on miasmatic evaluation. 3. Design individualized treatment plans for patients based on symptomatology.	C2	High	Role plays, practical demonstrations, simulation	Practical assessments on remedy selection	Clinical exam involving case management	Homoeopathic Philosophy Materia Medica Homoeopathic Pharmacy

6. Teaching learning methods

Lectures (Theory)	**Non-lectures (Practical/Demonstrative)**
Lectures- black board, AV aids	Clinical demonstration- DOAP, DOPS,OSCE
Small group discussion	Problem based learning/discussion- Case based learning.
Integrated lectures	Simulation – with mannequins
	Projects, charts, assignments
	Participatory learning e.g. tutorials, quiz, seminar, role play etc.
	Library reference
	Self-learning

7. Details of assessment

Note- ***The assessment in III BHMS shall be done only as Internal Assessment (IA) in terms of*** **Periodical Assessments** ***(PA) and*** **Term Tests (*TT)*** ***as detailed below. There shall not be any Final University Examination (FUE) at this level. The marks obtained in IA during III BHMS will be added to the marks of IA in the IV BHMS University Examination.***

Overall Scheme of Internal Assessment (IA)**

Professional Course/ Subject	**Term I (1-6 Months)**		**Term II (7-12 Months)**	
III BHMS/ Practice of Medicine	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	TT II (end of 12 months)
	20 Marks Viva- **A**	100 Marks Clinical/Practical and Viva - **E** i) Viva voce -40 marks ii) Clinical/practical*- 60marks : • Bedside- 25marks • Spotting – 15marks • Assignment 20marks	20 Marks Viva- **B**	100 Marks Clinical/Practical and Viva - **F** i) Viva voce -40 marks ii) Clinical/practical*- 60 • Bedside- 25marks • Spotting – 15marks • Assignment 20marks

Clinical/*Practical Examinations:

Sl.no.	**Practical/clinical activity**	**Marks**
	Clinical	
A.	**Detailed case-taking**	
a.	One case taking – detailed bedside case taking with case analysis and evaluation (include prescription in term II)	10 marks
b.	Demonstration of clinical examination of the case (OSCE)- general and systemic	10 marks
c.	Investigations, provisional diagnosis and differential diagnosis	05 marks
	Practical	
B.	**Spotters** (minimum 3 and maximum 5 spotters)	15 marks
C.	**Assignment**	
a.	Case report- detailed case, analysis, evaluation, investigations, diagnosis, differential diagnosis, homoeopathic management/prescription	10 marks
b.	Short review on a common disease with its homoeopathic therapeutics	10 marks
	Total	**60 marks**

****Method of Calculation of Internal Assessment Marks in III BHMS for Final University Examination to be held in IV BHMS:**

Marks of PA I	Marks of PA II	Periodical Assessment Average PA I+ PA II /2	Marks of TT I	Marks of TT II	Terminal Test Average TT I + TT II / 200 x 20	Final Internal Assessment Marks
A	**B**	**D**	**E**	**F**	**G**	**D+G/2**

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- Mehta, P. J. (2017). *Understanding ECG electrocardiography* (6th ed.). CBS Publishers and Distributors Pvt Ltd.
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- Thomas, J., & Monaghan, T. (2014). *Oxford Handbook of Clinical Examination and Practical Skills*. Oxford University Press, USA.

b. Homoeopathic Books References for Therapeutics:

- Allen, H. C. (1998). *Therapeutics of intermittent fever*. B. Jain Publishers
- Bell, J. B. (2016). *The homeopathic therapeutics of diarrhea, dysentery, cholera, cholera morbus, cholera infantum, and all other loose evacuations of the bowels (Classic reprint)*. Forgotten Books.
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COMPETENCY BASED DYNAMIC CURRICULUM FOR

THIRD BHMS PROFESSIONAL COURSE

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

(Surgery)

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MINISTRY OF AYUSH, GOVERNMENT OF INDIA

JAWAHAR LAL NEHRU BHARTIYA CHIKITSA AVUM HOMOEOPATHY ANUSANDHAN BHAVAN

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Subject name – Surgery

Subject code – HomUG-Sur-II

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1. Preamble

Surgery addresses acute and chronic injuries, deformities, and diseases that require physical intervention through the removal, repair, or reconstruction of specific organs or tissues. Specialties such as ENT, Ophthalmology, Dentistry, and Orthopaedics have gained prominence, alongside super specialties like Cardiac Surgery, Neurosurgery, and Oncosurgery. While homeopathic physicians are limited in performing surgical procedures, they must possess foundational knowledge of surgery to appropriately identify surgical cases, determine their scope, and understand their limitations. This knowledge equips the physician to diagnose surgical diseases accurately, identify early complications, and refer patients to higher centres when necessary. Moreover, this understanding aids in administering effective first aid and providing comprehensive care.

Experience demonstrates that Homeopathy can play a significant role in preventing certain surgical procedures when evolving conditions are diagnosed early and the similimum is administered at the appropriate time. Homeopathic physicians can utilize their training to manage early stages of conditions conservatively, thereby potentially avoiding invasive interventions. Additionally, they can judiciously use homeopathic medicines to alleviate symptoms, enhance recovery, and prevent complications. Ancillary management strategies, including proper hygiene, dietary advice, and physical support, further improve patient outcomes.

A thorough understanding of pathology is essential to accurately evaluate the state and stage of a disease. Knowledge of pathological processes enables homeopathic students to identify critical symptoms and signs, aiding in the early detection of complications and timely referrals to specialists. Incorporating the Hahnemannian classification of disease in the curriculum bridges surgical conditions with the fundamental tenets of homeopathic philosophy. Concepts such as chronic disease and susceptibility guide the application of correct posology and individualized treatment plans, ensuring effective and safe management. By understanding these principles, students learn to balance modern medical diagnostics with homeopathic therapeutic approaches.

The education and training of homeopathic students must include the management of surgical cases, integrating both modern medical approaches and the principles outlined in the Organon of Medicine. Training in surgical conditions enhances the physician’s ability to provide first aid effectively in emergencies, such as controlling bleeding, stabilizing fractures, and managing wounds. Homeopathic principles can also complement modern medicine by promoting natural healing, reducing inflammation, and improving post-surgical recovery. Additionally, students should be trained to advise on accessory measures such as physiotherapy, wound care, and dietary modifications, ensuring holistic management.

Advanced knowledge of homeopathic principles and a precise understanding of the Materia Medica can expand the application of homeopathy to a range of acute and chronic surgical conditions previously considered beyond its scope. This includes managing post-surgical complications, alleviating pain, and enhancing recovery. The integration of homeopathic therapeutics with modern surgical knowledge fosters a comprehensive approach, allowing the physician to play a supportive role in multidisciplinary care teams.

In conclusion, the integration of homeopathic philosophy with surgical knowledge equips the homeopathic physician to address surgical cases comprehensively. This training enhances their ability to diagnose and manage surgical conditions effectively, refer cases promptly when necessary, provide first aid, and utilize homeopathy judiciously. Such an approach ultimately contributes to delivering effective and holistic patient care.

2. Course outcomes (CO)–

At the end of III BHMS students shall able to

i) Understand the Management of Complex Surgical Cases

ii) Integrate Surgical Specialties with Pathological Principles

iii) Synthesize Homoeopathic and Surgical Concepts of Causation and Disease Expression

iv) Apply miasmatic Understanding to Surgical Cases. Analyse surgical cases through a miasmatic framework, utilizing homoeopathic philosophy to provide a comprehensive understanding and management of the disease process.

v) Correlate Patient Susceptibility with Posology in Surgical Management. Evaluate the relationship between a patient's susceptibility and the dosage (posology) of homoeopathic remedies, ensuring individualized and precise therapeutic interventions.

vi) Differentiate Remedies Based on Pathogenesis. Develop advanced skills in studying and differentiating homoeopathic remedies based on their pathogenesis to enhance treatment outcomes in surgical cases.

vii) Promote ancillary Measures and Patient Education for Improved Outcomes. Recognize the role of supportive measures and patient education in improving clinical outcomes, including post-operative recovery and long-term health maintenance.

viii) Address post-surgical complaints, complications, and their sequelae using Homoeopathic principles to support holistic recovery, alleviate post-operative issues, and improve the quality of life through comprehensive and integrative care.

ix) Evaluate and Manage Surgical Complications and Sequelae. Assess and address surgical complications and their sequelae through homoeopathic interventions, ensuring comprehensive and integrative patient care.

x) Provide Preventive Counselling and Emphasize Regular Screenings. Counsel patients on preventive strategies, the importance of regular health screenings, and appropriate management pathways to promote early detection and prevent disease progression.

xi) Deliver empathetic and comprehensible education to patients, enhancing their understanding of diagnoses, therapeutic options, and the importance of follow-up care for sustained health outcomes.

3. **Learning objectives (LO)-**

i. Understand the fundamental principles of diagnostic and therapeutic approaches for surgical and medical conditions.

ii. Demonstrate the ability to integrate knowledge of anatomy, pathology, surgery, and medicine to analyse complex clinical scenarios.

iii. Identify clinical signs and symptoms of surgical diseases through comprehensive history-taking and physical examination.

iv. Differentiate between conditions based on clinical findings, imaging results, and laboratory investigations with accuracy.

v. Conduct systematic and focused examinations for specific conditions such as breast lumps, abdominal masses, or dysphagia.

vi. Analyse patient presentations and correlate clinical findings to formulate accurate differential diagnoses.

vii. Interpret diagnostic results, including imaging studies, endoscopic findings, and biopsy reports, to guide clinical decision-making.

viii. Evaluate the effectiveness of treatment strategies and make necessary modifications to optimize patient outcomes.

ix. Effectively communicate examination findings and management plans to peers, the healthcare team, and patients.

x. Counsel patients on preventive measures, regular screening, and appropriate management strategies for various conditions.

xi. Educate patients about their diagnosis, treatment options, and follow-up care in an empathetic and comprehensible manner.

xii. Uphold ethical principles in patient interactions, ensuring respect, confidentiality, informed consent, and professionalism.

xiii. Apply theoretical concepts to practical situations, enhancing diagnostic and therapeutic decision-making in clinical practice.

xiv. Recognize the role of Homoeopathy in managing surgical cases and its integration with conventional medical approaches.

xv. Prescribe homoeopathic remedies based on a comprehensive understanding of pathogenesis and differentiation of remedies.

xvi. Identify red flag signs and symptoms and ensure timely referral of patients to specialized centres for advanced management.

xvii. Apply first aid principles effectively in emergency situations requiring immediate intervention.

xviii. Utilize homoeopathic medicines appropriately in pre-surgical preparation and post-surgical recovery phases.

xix. Use of Repertories and Materia Medica tools to identify the similimum in surgical cases, whenever indicated

xx. Incorporate the miasmatic background of surgical conditions through the integration of homoeopathic philosophy, enhancing the overall management of surgical pathologies

4. Course content and its term-wise distribution

Sl. No.	Topic
	Term I
1.	Diseases of Blood vessels and nerves – Arteries. Veins, Lymphatics & Peripheral nerves
2.	Diseases of Alimentary tract – Palate, cheek, Tongue, Floor of mouth, Oesophagus, Peritoneum, Retroperitoneal space, stomach and Duodenum, Small intestine, large intestine, Rectum and Anal canal
3.	Diseases of Liver, Gallbladder, Bile duct, Pancreas and Spleen
4.	Orthopedics
	Term II
5.	Diseases of Thorax, Heart and Pericardium
6.	Diseases of Urogenital system – Kidney, Urinary Bladder, Prostate, Urethra, Penis, Scrotum, Testes
7.	ENT, Thyroid and other Neck swellings
8.	Diseases of Breast
9.	Ophthalmology

10.	Dentistry

5. Teaching hours

5.1. Gross division of teaching hours

Surgery		
Year	**Teaching hours- Lectures**	**Teaching hours- Non-lectures**
III BHMS	120	100

5.2. Teaching hours theory

Sl. No.	**Topic**	**Teaching hours**
1.	Diseases of Blood vessels and nerves – Arteries. Veins, Lymphatics & Peripheral nerves	10
2.	Diseases of Alimentary tract – Palate, cheek, Tongue, Floor of mouth, Oesophagus, Peritoneum, Retroperitoneal space, stomach and Duodenum, Small intestine, large intestine, Rectum and Anal canal	20
3.	Diseases of Liver, Gallbladder, Bile duct, Pancreas and Spleen	7
4.	Diseases of Thorax, Heart and Pericardium, Breast	10
5.	Diseases of Urogenital system – Kidney, Urinary Bladder, Prostate, Urethra, Penis, Scrotum, Testes	20
6.	ENT, Thyroid and other Neck swellings	16
7.	Orthopedics	22

8.	Ophthalmology	10
9.	Dentistry	5
Total		**120**

5.3. Teaching hours Non-lecture

Sl. No	**Non-Lecture Activity -Clinical /Practical** **Total Time Allotted: 70 hours**	**Term**
1	Clinical examination of Gangrene	I
2	Clinical examination of the varicose vein	I
3	Clinical examination of the Lymphatic system	I
4	Clinical examination of the lesion of peripheral nerves.	I
5	Clinical examination of the Oral cavity/Tongue/Salivary Glands	I
6	Examination of a case of Dysphagia	I
7	Counselling patients with peptic ulcer on lifestyle modifications	I
8	Clinical examinations to identify signs of appendicitis	I
9	Clinical examination – Acute Abdomen /Chronic abdomen	I
10	Examination of Rectal case	I
11	Examination of abdominal lump	I
12	Examination of liver & Gall Bladder	I

13	Clinical Examination of spleen	I
14	Clinical examination of a case of low back pain	I
15	Clinical examination for shoulder injuries, and assess for humerus fractures	I
16	Clinical examination for upper limb injuries	I
17	Clinical examination to assess for pelvic fracture, including inspection, palpation, and stability tests	I
18	Clinical examination to assess for fracture of the neck of femur	I
19	Clinical examination of the knee joint	I
20	Clinical examination of the leg, ankle, and foot	I
21	Clinical examination of the spine	I
22	Clinical examination for traumatic paraplegia	I
23	Observe/ Perform emergency care of fractures, including immobilization techniques (e.g., splinting), managing open fractures (e.g., wound dressing), and assessing for neurovascular injury	I
24	Clinical examination to assess for pelvic fracture, including inspection, palpation, and stability tests	I
25	Clinical examination to assess for fracture of the neck of femur	I
26	Patient education and counselling on BOO management, including lifestyle modifications	II
27	Examination of urinary case	II
28	Urethral catheterisation	II
29	Examination of inguinoscrotal swelling	II
30	Examination of groin swelling	II

31	Examination of scrotal swelling	II
32	Examination of penis	II
33	Examination of disease of chest	II
34	Ear examination	II
35	Examination of case of Deafness	II
36	Examination of the case of Vertigo	II
37	Examination of Nose: Anterior Rhinoscopy & Posterior Rhinoscopy & paranasal sinus	II
38	Examination of Pharynx	II
39	Examination of Larynx	II
40	Examination of the thyroid gland	II
41	Examination of Neck swelling	II
42	Breast examination	II
43	Examination of Teeth and Gums	II
44	Examination of Eye/Vision – Visual acuity and Colour vision	II
Sl. No	**Non-Lecture Activity** **Demonstrative- Skill lab/Simulation training/Role play/ Seminar/Tutorial/Assignment** **Total Time Allotted: 30 hours**	**Term**
1	Case-based/problem based discussions	I/II

2	Observe/Perform ICD on a mannequin	II
3	Perform /Observe pericardiocentesis under supervision	II
4	X- ray, Instruments and Surgical items for demonstration	II
5	Seminars	I/II
6	Tutorials	I/II
7	Assignments	II
10	Role play	I /II

6. Content mapping (competencies tables)

.

Topic: Hom UG-Sur II – 1. Diseases of Transporting channels – Arteries, Veins, Lymphatics and Peripheral nerves -

Arterial System

Sl No	Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II-1.1	**KS**	**K**	**Disease of Arteries**	Describe Cause, Effects, pathology, symptoms and signs of lower limb arterial stenosis or occlusion	**C/2**	MK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Pathology**
	PBL	**KH**		Discuss the investigations indicated in arterial stenosis – doppler ultrasound, angiography	C/1	DK	Audiovisual Skill lab Simulation			

	KS	**K**		Discuss management of arterial occlusion – transluminal angioplasty & stenting & Bypass	C/1	NK				
Hom UG-Sur-II-1.2	**KS** **PBL** **HO**	**K** **KH** **KH**	Gangrene	Define Gangrene Describe types of gangrene Discuss management of gangrene Demonstrate clinical examination of Gangrene Discuss homoeopathic treatment for Gangrene	C/2 C/2 C/1 P/2 C/2	MK MK DK MK MK	Lecture Audiovisual mode Skill lab Simulation Case based clinical discussion OSCE	Viva	MCQ SAQ LAQ OSCE	**Pathology** **Materia Medica Repertory**
Hom UG-Sur-II-1.3	**KS**	**K**	Acute arterial occlusion	Discuss Types and causes of acute arterial occlusion Describe management of acute arterial occlusion Discuss homoeopathic treatment for acute arterial occlusion	C/1 C/1 C/1	DK DK DK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Pathology**
Hom	**KS**	**K**	Amputation	Discuss types and	C/1	DK	Lecture	Viva	MCQ	**Anatomy**

UG-Sur-II-1.4				indication of amputation			Audiovisual mode		SAQ	
Hom UG-Sur-II-1.5	**KS** **HO**	**K** **KH**	Aneurysm	Define Aneurysm Discuss Classification, types, investigations in Aneurysm Discuss management for Aneurysm Discuss homoeopathic treatment for Aneurysm	C/2 C/2 C/1	MK NK MK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Pathology**
Hom UG-Sur-II-1.6	**KS**	**K**	Arteritis &Vasospastic condition	Describe Cause, symptoms, investigation in Thrombo-angiitis obliterans (Buerger's disease), Raynaud's disease Discuss management of Burger's disease & Raynaud's disease	C/2 C/2	MK NK	Lecture Audiovisual mode	Viva	MCQ SAQ	
Hom UG-Sur-II-1.7	**KS** **HO**	**K** **KH**	Embolism	Discuss definition, aetiology, types, clinical sign and symptoms, investigation of Embolism Describe management of embolism Discuss homoeopathic	C/2 C/1 C/2	MK NK MK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Pathology** **Materia**

				treatment of the Embolism						**Medica Repertory**
Hom UG-Sur-II-1.8	**KS** **HO**	**K** **KH**	Thrombosis	Discuss definition, Aetiology, types, symptoms, investigation of thrombosis Describe management of Thrombosis Discuss homoeopathic treatment of the thrombosis.	C/2 C/1 C/2	MK MK MK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Pathology** **Materia Medica Repertory**

Venous system

Sl No	Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II-1.9	**KS** **PBL**	**K** **SH**	**Disease of Veins** **Varicose Vein**	Describe Anatomy of veins Discuss pathophysiology of venous disease Describe Epidemiology, classification, clinical features of varicose vein Demonstrate the physical examination of the varicose vein	**C/2** C/1 P/1	**MK** MK MK	Lecture Audiovisual mode Skill lab Simulation Cased based clinical discussion and demonstration OSCE Integrated teaching	Viva	MCQ SAQ OSCE	**Pathology**

	PBL	**KH**		Discuss the investigations indicated in varicose vein disease – ultrasound	C/2	MK				
				Discuss management of Varicose vein	C/1	NK				
	HO	**K**		Discuss homoeopathic treatment for the varicose vein	C/2	MK				**Repertory Materia Medica**
Hom UG-Sur-II-1.10	**KS**	**K**	**Venous thrombosis, DVT**	Describe aetiology, pathology, clinical features and diagnosis of Venous Thrombosis, DVT	C/2	MK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Pathology**
	PBL	**KH**		Describe Investigations indicated for the venous thrombosis, DVT	C/2	NK				
	KS	**K**		Discuss management of Venous thrombosis, DVT	**C/2**	NK				
	HO	**KH**		Discuss homoeopathic treatment for the venous thrombosis, DVT	**C/2**	MK				**Materia Medica Repertory**
Hom	**KS**	**K**	**Leg Ulcer**	Describe aetiology,	C/2	MK	Lecture	Viva	MCQ	**Pathology**

UG-Sur-II-1.11				pathology, clinical features and diagnosis of Leg Ulceration			Audiovisual mode		SAQ	
	PBL	**KH**		Describe Investigations indicated for the Leg Ulceration	C/2	NK				
	KS	**K**		Discuss management of Leg Ulceration	**C/2**	NK				
	HO	**KH**		Discuss homoeopathic treatment for the Leg Ulceration	**C/2**	MK				**Materia Medica Repertory**

Lymphatic system

Sl No	**Competency**	**Miller**	**Content**	**SLO**	**Bloom/ Guilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								F	**S**	
Hom UG-Sur-II-1.12	**KS**	**K**	**Disease of Lymphatics**	Describe Anatomy of Lymphatics and lymph node Discuss pathophysiology of Lymphatics Describe Epidemiology, classification, clinical features, management of acute lymphangitis	**C/2** C/1	MK MK	Lecture Audiovisual mode Skill lab Simulation OSCE Cased based clinical discussion and demonstration Integrated teaching	Viva	MCQ SAQ	**Pathology**

		K		Describe definition, aetiology, types, pathology, clinical sign and symptoms of Lymphoedema	C/2	MK				
	KS	**SH**		Demonstrate the physical examination of the Lymphatic system	P/1	MK			OSCE	
		KH		Discuss the investigations indicated in Lymphoedema: USG, CT, MRI, Lymphangiography	C/2	NK				
		K		Discuss management of Lymphoedema	C/1	NK				**Repertory Materia Medica**
		KH		Discuss homoeopathic treatment for the Lymphoedema	C/2	MK				
		K		Describe Cause, clinical features and diagnosis of	C/1	NK				

				Filariasis						
	HO	**KH**		Discuss Management of Filariasis Describe homoeopathic medicines of filariasis	C/1 C/1	NK MK				**Repertory Materia Medica**
Hom UG-Sur-II-1.13	**KS** **HO**	**K** **KH**		Discuss various types of acute and chronic lymphadenitis Discuss homoeopathic treatment of acute and chronic lymphadenitis	**C/1**	**MK**	Lecture Audiovisual mode	Viva	MCQ SAQ	**Repertory Materia Medica**
Hom UG-Sur-II-1.14	**KS**	**K**		Describe definition, types of reticuloses	**C/1**	**DK**	Lecture Audiovisual mode	Viva	MCQ SAQ	
Hom UG-Sur-II-1.15	**KS** **KS**	**K** **K**		Describe pathology, clinical features, staging, investigations in Hodgkin's disease Describe pathology, clinical features, investigation in Non hodgkin's lymphoma	**C/1** **C/1**	**DK** **DK**	Lecture Audiovisual mode	Viva	MCQ SAQ LAQ	
	KS	**K**		Discuss pathology and clinical features for the Burkitt tumor	**C/1**	**NK**				

	HO	**KH**		Discuss homoeopathic treatment for the Reticulosis, Hodgkin's lymphoma and non Hodgkin's lymphoma, Burkitt tumor	**C/2**	**DK**				**Repertory Materia Medica**
	KS	**K**		Discuss clinical features, pathology, investigation and diagnosis of Sarcoidosis	**C/1**	**NK**				
	HO	**KH**		Discuss homoeopathic treatment for the Sarcoidosis	**C/2**	**NK**				

Peripheral nerves

Sl No	**Competency**	**Miller**	**Content**	**SLO**	**Bloom/ Guilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								F	**S**	
Hom UG-Sur-II 1.16	**KS**	**K**	**Disease of Nerves**	Discuss the types, pathology, clinical features of nerve injury.	**C/2**	**MK**	Lecture Audiovisual mode Skill lab Simulation OSCE	Viva	MCQ SAQ	**Pathology**
	KS	**K**		Discuss management of the nerve injury: medical, suturing of nerves	C/1	**DK**				
	KS	**K**		Discuss injuries of	C/1	MK				

				brachial plexus, radial nerve, ulnar nerve, median nerve injuries.						
	KS	**K**		Discuss claw hand, foot drop, sciatic nerve injury, Carpel tunnel syndrome	C/1	MK				
	PBL	**SH**		Describe examination of the lesion of peripheral nerves.	P/1	MK			OSCE	
	HO	**KH**		Describe homoeopathic treatment for the peripheral nerve injury	C/2	MK				**Materia Medica Repertory**

Topic: Hom UG-Sur II – 2. Diseases of Alimentary Canal –

<u>Palate, Cheek, Tongue & Floor of the mouth</u>

Sl No	**Competency**	**Miller**	**Content**	**SLO**	**Bloom/ Guilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								F	**S**	
Hom UG-Sur-II-2.1	**KS**	**K**	**Disease of Mouth**	Describe classification, symptoms and signs of cleft lip	**C/1**	**DK**	Lecture Audiovisual mode	Viva	MCQ SAQ	**Pathology**
				Describe classification, clinical features of cleft palate	C/1	DK				

				Discuss management of cleft lip and cleft palate	C/1	NK				
				Discuss types, clinical features, investigation of stomatitis	C/2	MK				
	HO	**K**		Describe homoeopathic treatment for the stomatitis	C/1	MK				
	KS	**K**		Describe causes, clinical examination, investigations in ulcer of tongue, Ca tongue	C/2	MK				
	KS	**K**		Discuss homoeopathic medicines for the ulcer of tongue	C/1	MK	Lecture, Audiovisual Integrated Teaching Audiovisual Demonstration Clinical case discussion and demonstration			**Materia Medica Repertory**
	PBL	**SH**		Describe physical examination of the Oral cavity	P/2	MK				
	KS	**K**		Describe Ranula	C/1	DK				

Salivary Glands

Sl No	Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II- 2.2	**KS**	**K**	Disease of Salivary Glands	Discuss anatomy and physiological aspects of Salivary glands	C/1	DK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Pathology**
	KS	**K**		Describe investigations used for investigation of Salivary gland – USG, FNAC, PET, CT, MRI, Biopsy	C/1	DK				
	KS	**K**		Describe cause, types, Clinical features, diagnosis of cyst, tumor of salivary gland	C/1	MK				
	HO	**KH**		Discuss cause, clinical features, diagnosis of Sublingual gland & submandibular glands.	C/2	MK				
	KS	**K**		Discuss homoeopathic medicines for the salivary gland disease,	C/1	MK				**Materia Medica Repertory**

				sublingual glands & submandibular glands.						
Hom UG-Sur-II- 2.3	**KS** **KS** **KS** **KS** **HO** **PBL**	**K** **KH** **K** **K** **KH** **KH**	**Disease of parotid gland**	Discuss anatomical and physiological aspects of parotid gland. Describe investigations used for investigation of Parotid gland – USG, FNAC, PET, CT, MRI, Biopsy Describe cause, clinical features, investigation of parotitis Discuss cause, clinical features, investigation and diagnosis of Parotid gland tumor Discuss homoeopathic treatment for the parotitis and tumor of parotid gland Demonstrate physical examination of parotid gland and other salivary glands	C/1 C/2 C/2 C/1 C/2 P/1	MK DK DK NK MK MK	Lecture Audiovisual mode Clinical case discussion and demonstration	Viva	MCQ SAQ	Pathology Materia Medica Repertory **Materia Medica Repertory**

Oesophagus

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II-2.4	KS	K	Oesophagus	Review the concepts of applied anatomy of Oesophagus	C/2	MK	Lecture Audiovisual mode	Viva	MCQ SAQ	Anatomy
Hom UG-Sur-II-2.5	KS	K	Oesophagus	Review the concepts of functions of Oesophagus	C/2	MK	Lecture Audiovisual mode			Physiology
Hom UG-Sur-II-2.5	PC	SH	Oesophagus	Discuss various investigations used in disease of Oesophagus: X-ray, Barium Swallow, CT- Scan, Oesophagoscopy	P/1	DK	Observation, small group discussion	DOPS	--	
Hom UG-Sur-II-2.6	KS	K	Oesophagus	Describe aetiology, types, sign& symptoms, differential diagnosis, investigations in case of Dysphagia	C/1	MK	Lecture Audiovisual mode	Viva	MCQ SAQ	Anatomy

Hom UG-Sur-II-2.7	KS HO	K K	Oesophagus	Discuss aetiology, clinical features, investigations & treatment of stricture of Oesophagus, plummer vinson syndrome, achalasia cardia, carcinoma of oesophagus Describe homoeopathic treatment for the dysphagia, stricture of oesophagus	C/1 C/1	MK MK	Lecture Audiovisual mode	Viva	MCQ SAQ	Anatomy
Hom UG-Sur-II-2.8	KS	K K KH	GERD-Gastroesophageal reflux disease	Define GERD Describe the mechanisms of GERD, including lower oesophageal sphincter dysfunction, delayed gastric emptying, and oesophageal mucosal damage. Discuss the	C/1 C/1 C/2	MK DK MK	Lecture Audiovisual aids	Viva	SAQ	Practice of Medicine

				manifestations of GERD						
		KH		Explain indications, procedures, and findings of investigations like endoscopy, oesophageal pH monitoring, and manometry.	C/2	MK				
		KH		Recognize complications such as oesophageal stricture, Barrett's oesophagus, and oesophageal adenocarcinoma.	C/2	MK				
	HO	K		Discuss the Homoeopathic therapeutics for GERD	C/1	MK				
Hom UG-Sur-II-2.9	KS	K	Hiatus Hernia	Describe Hiatus Henia, types, Clinical presentations and management	C/2	MK	Lecture	Viva	SAQ	
Hom UG-Sur-II-2.10	KS/PBL	K	Examination of a case of Dysphagia	Define dysphagia and classify its causes	C/1	MK	Lecture Small group discussion	Viva	MCQ SAQ OSCE	

		KH		Identify the clinical features and history suggestive of dysphagia	C/1	MK	Case based learning DOPS			
		SH		Perform a systematic clinical examination for dysphagia	P/2	MK				
		KH		Differentiate between oropharyngeal and oesophageal dysphagia based on clinical findings	C/2	MK				
		KH		Discuss the red flag signs in dysphagia requiring urgent intervention	C/3	MK				

Diseases of Peritoneum

Sl No	Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II- 2.11	**KS**	**K**	Peritoneum - Peritonitis	Define peritonitis and classify its types (primary, secondary, tertiary)	C/1	MK	Lecture Audiovisual aids Case based discussion Case studies	Viva	MCQ SAQ LAQ	
		K		Explain the pathophysiology of peritonitis	C/2	MK				
		KH		Identify the clinical features of peritonitis, such as abdominal pain, tenderness, guarding, and systemic signs like fever and tachycardia	C/2	MK				
		KH		Discuss diagnostic investigations, including complete blood count (CBC), serum lactate,	C/2	DK				

				blood cultures, and imaging techniques like X-ray, ultrasound, and CT scan						
		KH		Describe the role of paracentesis in diagnosing peritonitis, including analysis of ascitic fluid	C/3	NK				
		KH		Discuss surgical management, including indications for laparotomy and source control of infection	C/2	NK				
		KH		Recognize complications of peritonitis, such as sepsis, abscess formation, and multi-organ failure	C/2	MK				
	HO	**K**		Discuss the homoeopathic therapeutics for peritonitis	C/1	MK				
Hom UG-Sur-	**KS**	**K**	Pelvic abscess	Define pelvic abscess and	C/1	MK	Lecture Audiovisual	Viva	SAQ	

II- 2.12				describe its etiological factors			aids Small group discussion			
		KH		Describe the clinical features of pelvic abscess	C/2	MK				
		KH		Discuss the diagnostic investigations, including blood tests (CBC, CRP), imaging techniques (ultrasound, CT, and MRI), and aspiration for culture	C/2	DK				
		KH		Recognize complications of pelvic abscess	C/2	NK				
Hom UG-Sur-II- 2.13	**KS**	**K**	Subphrenic abscess	Define subphrenic abscess and describe its etiological factors	C/1	MK	Lecture Audiovisual aids	Viva	MCQ SAQ	
		KH		List and recognize the clinical features of subphrenic abscess, such as fever, referred	C/2	MK				

				shoulder pain, and restricted diaphragm movement						
		KH		Discuss diagnostic investigations, including CBC, inflammatory markers, and imaging techniques such as ultrasound, CT, and X-rays	C/3	NK				
		KH		Explain the imaging findings typical of subphrenic abscess on X-ray, ultrasound, and CT scans	C/2	NK				
		KH		Discuss the indications for surgical drainage in cases of subphrenic abscess	C/2	DK				
		KH		Recognize potential	C/2	DK				

				complications of untreated or poorly managed subphrenic abscess						
Hom UG-Sur-II- 2.14	**KS**	**K**	Mesenteric cyst	Describe mesenteric cyst	C/1	DK	Lecture Audiovisual aid	Viva	SAQ	
Hom UG-Sur-II- 2.15	**KS**	**K** **K** **K** **KH**	Psoas abscess	Define psoas abscess Describe the anatomical relationship of the psoas muscle and its relevance in the spread of infection List and describe common aetiologies, such as tuberculosis, enteric infections, and post-surgical infections Recognize the clinical features of psoas abscess, including fever, flank pain and limp	C/1 C/1 C/1 C/2	MK DK MK MK	Lecture Audiovisual aid Case based discussion	Viva	MCQ SAQ	

		KH		Discuss diagnostic investigations, including blood tests (CBC, ESR, CRP), imaging techniques (ultrasound, CT, MRI), and aspiration for culture	C/2	DK				
		KH		Explain the findings of imaging modalities such as CT and MRI in identifying psoas abscess	C/2	DK				
		KH		Explain the indications and surgical approaches for abscess drainage in case of psoas abscess	C/2	NK				
		KH		Identify complications of untreated or poorly managed psoas abscess,	C/2	NK				

				such as sepsis, deep vein thrombosis, or vertebral osteomyelitis						
Hom UG-Sur-II- 2.16	**KS**	**K** **K** **K** **KH**	Diseases of stomach and duodenum-Gastritis	Define gastritis and classify it into acute and chronic types Explain the pathophysiology of gastritis, including the role of H. pylori, NSAIDs, and autoimmune processes Enumerate the etiological factors for gastritis, such as infections, medications, alcohol, and stress Recognize the clinical features of gastritis, including epigastric pain, nausea, vomiting, and loss of appetite	C/1 C/1 C/1 C/2	MK MK MK MK	Lecture Audiovisual aids Small group discussion Case discussion	Viva	MCQ SAQ LAQ	Practice of medicine Materia Medica

		KH		Discuss diagnostic investigations, including endoscopy, biopsy, and tests for H. pylori	C/2	DK				
		KH		Explain the findings of endoscopy in acute and chronic gastritis	C/2	NK				
		KH		Explain complications of chronic gastritis, such as gastric ulcers, atrophic gastritis, and increased risk of gastric carcinoma	C/2	MK				
	HO	**K**		Discuss the homoeopathic therapeutics for gastritis	C/1	MK				
Hom	**KS**	**K**	Peptic ulcer	Define peptic	C/1	MK	Lecture	Viva	MCQ	Practice of

UG-Sur-II- 2.17			– Gastric and Duodenal ulcer	ulcer and differentiate between gastric and duodenal ulcers			Audiovisual aids Clinical case discussion Radiological image interpretation Sessions Role play patient counselling session	Image interpretation session	SAQ LAQ OSCE on diagnosis and management planning	Medicine Materia Medica Repertory
		K		Explain the pathophysiology of peptic ulcer disease, including the role of acid, pepsin, and protective mechanisms	C/2	MK				
		K		Enumerate the etiological factors, including H. pylori infection, NSAID use, stress, and smoking	C/1	MK				
		KH		Describe the clinical features and its complications of peptic ulcer	C/2	MK				
		KH		Discuss diagnostic investigations for peptic ulcer such as upper GI endoscopy,	C/2	DK				

				biopsy, and tests for H. pylori						
		KH		Explain the endoscopic findings of gastric and duodenal ulcers	C/2	NK				
		KH		Discuss indications for surgical intervention in peptic ulcer complications	C/2	NK				
	PC	**S**		Explain preventive strategies, including lifestyle modifications, avoidance of NSAIDs, and prophylactic measures in high risk patients	A/2	NK				
	PC	**S**		Counsel patients on symptoms, treatment options, and dietary modifications for peptic ulcer disease	A/3	NK				

	HO	**K**		Discuss the Homoeopathic therapeutics for peptic ulcer	C/1	MK				
Hom UG-Sur-II- 2.18	**KS**	**K**	Pyloric stenosis	Define pyloric stenosis and differentiate between congenital and acquired forms	C/1	MK	Lecture Audiovisual aids Small groups discussion	Viva	MCQ SAQ	
		K		Explain the pathophysiology of pyloric stenosis, including hypertrophy and obstruction	C/2	MK				
		K		List the clinical features of pyloric stenosis, such as projectile vomiting and dehydration	C/2	MK				
		KH		Explain the complications such as metabolic alkalosis,	C/2	MK				

				dehydration, and malnutrition in pyloric stenosis						
		KH		Discuss diagnostic tools like ultrasound, upper GI contrast studies, and lab investigations for pyloric stenosis	C/3	DK				
		KH		Correlate clinical findings with imaging and lab results to confirm the diagnosis of pyloric stenosis	C/3	NK				
		KH		Describe surgical management of pyloric stenosis	C/3	NK				
Hom UG-Sur-II- 2.19	**KS**	**K**	Gastric outlet obstruction	Define gastric outlet obstruction and list its common causes	C/1	MK	Lecture Audiovisual aids Small group discussion	Viva	MCQ SAQ LAQ	
		K		Discuss the clinical features of Gastric outlet obstruction	C/2	MK	Radiology image interpretation sessions			
		K		Enumerate	C/1	MK				

				complications of Gastric outlet obstruction						
		KH		Discuss diagnostic tools, including upper GI endoscopy, barium meal, ultrasound, and CT in case of gastric outlet obstruction	C/2	MK				
		KH		Differentiate benign causes (peptic ulcer disease, pyloric stenosis) from malignant causes (gastric cancer, pancreatic tumours)	C/3	MK				
		KH		Describe surgical options, for Gastric outlet obstruction management	C/2	DK				
	HO	**K**		Discuss the scope of Homoeopathy along with relevant homoeopathic	C/2	MK				

				therapeutics in the management of gastric outlet obstruction						
Hom UG-Sur-II- 2.20	**KS**	**K**	Hematemesis	Define hematemesis	C/1	MK	Lecture Small group discussion	Viva	SAQ LAQ	Materia Medica Repertory
		K		List the common causes of hematemesis	C/1	MK				
		KH		Recognize the clinical features and associated symptoms	C/2	MK				
		KH		Explain the management of acute hematemesis	C/2	MK				
		KH		Describe the endoscopic techniques for managing hematemesis	C/3	NK				
	HO	**K**		Discuss the homoeopathic therapeutics for Haematemesis	C/2	MK				
Hom UG-Sur-	**KS**	**K**	Carcinoma of stomach (CA	Explain the epidemiology and	C/1	MK	Lecture Small group	Viva	MCQ SAQ	

II- 2.21			Stomach)/Gastric Carcinoma	risk factors of CA stomach			discussion Audiovisual aids		LAQ	
		K		List the etiological factors of gastric carcinoma	C/1	MK	Case discussion			
		K		Describe the pathological types of gastric carcinoma	C/1	DK				
		KH		Recognize the clinical features of gastric carcinoma, such as weight loss, anaemia, and epigastric pain	C/2	MK				
		KH		Explain diagnostic approaches, including endoscopy, biopsy, imaging (CT/MRI), and tumour markers	C/2	DK				
		KH		Outline the TNM staging of gastric carcinoma and its clinical significance	C/2	DK				

		KH		Recognize complications of gastric carcinoma, such as obstruction, perforation, and bleeding	C/3	DK				
		KH		Describe treatment options for Carcinoma of stomach	C/2	NK				
	HO	**K**		Discuss the homoeopathic therapeutics for Carcinoma of stomach	C/1	MK				
Hom UG-Sur-II- 2.22	**KS**	**K**	Ulcerative colitis	Define ulcerative colitis and differentiate it from other inflammatory bowel diseases (IBD)	C/1	MK	Lecture Small group discussion Audiovisual aid Case based discussion	Viva	MCQ SAQ LAQ	Practice of Medicine Materia Medica
		K		Describe the aetiology and risk factors of ulcerative colitis	C/1	MK				
		K		Explain the pathogenesis and pathology of	C/2	MK				

				ulcerative colitis						
		KH		Identify the clinical features of ulcerative colitis, such as diarrhoea, rectal bleeding, and abdominal pain	C/2	MK				
		KH		Discuss extra-intestinal manifestations of ulcerative colitis	C/2	MK				
		KH		Discuss the complications of ulcerative colitis, such as toxic megacolon, perforation, and colorectal cancer	C/2	MK				
		KH		Explain the role of diagnostic tools, including colonoscopy, histopathology, and imaging studies in ulcerative colitis	C/2	DK				
	HO	**K**		Discuss the homoeopathic therapeutics for	C/2	MK				

				ulcerative colitis						
Hom UG-Sur-II- 2.23	**KS**	**K**	Ischemic colitis	Define ischemic colitis	C/1	MK	Lecture Audiovisual aids Small group discussion	Viva	MCQ SAQ	
		K		Describe the etiological factors and risk factors for ischemic colitis	C/1	MK				
		KH		Recognize the clinical features of ischemic colitis	C/2	MK				
		KH		Discuss the classification of ischemic colitis, including transient, chronic, and gangrenous forms	C/2	MK				
		KH		Describe the differential diagnosis of ischemic colitis	C/2	DK				
		KH		Discuss complications of ischemic colitis	C/2	DK				

		KH		Outline diagnostic approaches in cases of ischemic colitis	C/2	DK				
Hom UG-Sur-II- 2.24	**KS**	**K** **K** **K** **KH** **KH** **KH**	Crohn’s disease	Define Crohn's disease and describe its epidemiology Explain the aetiology and risk factors for Crohn's disease Describe the pathophysiology of Crohn's disease Discuss the clinical manifestations of crohn’s disease Discuss extra-intestinal manifestations of crohn’s disease Outline the diagnostic methods for	C/1 C/1 C/2 C/2 C/2 C/2	MK MK DK MK MK DK	Lecture Small group discussion Audiovisual aid Case based discussion	Viva	MCQ SAQ LAQ	Practice of Medicine Materia Medica

				Crohn’s disease						
		KH		Differentiate Crohn's disease from ulcerative colitis and other causes of chronic diarrhoea	C/2	DK				
		KH		Recognize complications, such as abscess formation, obstruction, and increased colorectal cancer risk in Crohn’s disease	C/3	DK				
	HO	**K**		Discuss the Homoeopathic therapeutics for Crohn’s disease	C/1	MK				
Hom UG-Sur-II- 2.25	**KS**	**K**	Intussusception	Define intussusception and explain its epidemiology, including common age groups affected	C/1	MK	Lecture Small group discussion Audiovisual aid Case based discussion	Viva	MCQ SAQ	Materia Medica Repertory
		K		Explain the pathophysiology of intussusception	C/1	MK				

		KH		Identify the clinical features of intussusception, including intermittent abdominal pain, bloody stools, and palpable mass	C/2	MK				
		KH		Discuss the diagnostic approaches, including ultrasonography and other imaging studies	C/2	DK				
		KH		Explain complications of intussusception	C/2	DK				
	HO	**K**		Discuss the homoeopathic therapeutics for intussusception	C/1	MK				
Hom UG-Sur-II- 2.26	**KS**	**K**	Peutz-Jeghers syndrome	Describe Peutz-Jeghers syndrome	C/2	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II- 2.27	**KS**	**K**	Carcinoid tumour	Describe Carcinoid tumour	C/2	DK	Lecture	Viva	SAQ	
Hom UG-Sur-	**KS**	**K**	Small bowel malignancy	Classify small intestinal	C/1	MK	Lecture Small group	Viva	MCQ SAQ	

II- 2.28				malignancies			discussion Audiovisual		LAQ	
		K		Describe the epidemiology, including incidence and risk factors	C/1	MK	aid Case based discussion			
		K		Explain the pathophysiology of malignant tumours in the small intestine including tumour progression and metastasis	C/1	MK				
		KH		Discuss the clinical features of small intestine malignancies	C/2	MK				
		KH		Discuss diagnostic approaches, including imaging (CT, MRI, PET), endoscopy, and biopsy in small bowel malignancies	C/2	DK				
		KH		Describe complications	C/2	DK				

				associated with malignant tumours of the small intestine						
		KH		Discuss prognostic factors in small bowel malignancies	C/2	DK				
		KH		Outline the treatment options, including surgery in small bowel malignancies	C/2	NK				
Hom UG-Sur-II- 2.29	**KS**	**K**	Intestinal polyposis	Define intestinal polyposis and classify its types (Inflammatory, Metaplastic, Hamartomatous, Neoplastic)	C/1	MK	Lecture Small group discussion Audiovisual aid Case based discussion	Viva	MCQ SAQ LAQ OSCE on history-taking and symptom analysis	Practice of medicine Materia Medica
		K		Describe the epidemiology and risk factors of intestinal polyposis, including genetic conditions	C/1	MK				
				Describe the	C/2	MK				

		KH		clinical features of intestinal polyposis						
		KH		Discuss the diagnostic approaches, including colonoscopy, biopsy, and imaging techniques in intestinal polyposis	C/2	DK				
		KH		Outline the management strategies in intestinal polyposis	C/2	NK				
		KH		Describe the complications of untreated intestinal polyposis	C/2	NK				
	HO	**K**		Discuss the therapeutics for intestinal polyposis	C/2	MK				
Hom UG-Sur-II- 2.30	**KS**	**K**	Large intestinal malignancy	Describe the epidemiology and risk factors of	C/1	MK	Lecture Small group discussion	Viva	MCQ SAQ LAQ	Practice of medicine Materia

				large intestinal malignancies			Audiovisual aid Case based discussion		OSCE on history-taking and symptom analysis, patient education and screening	Medica
		K		Explain the pathology of large intestinal malignancy	C/1	MK				
		KH		Discuss the clinical features such as altered bowel habits, rectal bleeding, abdominal pain, and anaemia in colon cancer	C/2	MK				
		KH		Discuss diagnostic approaches of colon cancer including imaging studies and biopsy	C/2	DK				
		KH		Describe the staging systems (e.g., TNM) and their importance in prognosis and management large intestinal malignancy	C/3	NK				
		KH		Discuss complications of	C/2	NK				

				large intestinal malignancy such as obstruction, perforation, and metastasis						
		KH		Outline treatment modalities, including surgery for malignancies of large intestine	C/2	NK				
		KH		Explain preventive measures, including screening protocols (e.g., colonoscopy, faecal occult blood testing) for malignancies of large intestine	C/2	NK				
	HO	**K**		Discuss the homoeopathic therapeutics for large intestinal malignancies	C/1	MK				
Hom UG-Sur-II- 2.31	**KS**	**K**	Intestinal diverticula	Define intestinal diverticula and classify them	C/1	MK	Lecture Small group discussion	Viva	MCQ SAQ LAQ	Practice of medicine

		K		Describe the epidemiology and risk factors for diverticula	C/2	MK	Audiovisual aid Case based discussion		OSCE on history-taking and symptom analysis, patient education and diagnostic interpretations	
		KH		Explain the pathophysiology of diverticula formation and complications like diverticulitis and perforation	C/2	DK				
		KH		Discuss the clinical presentation and complications of diverticulitis, including abscess, fistula, and obstruction	C/2	MK				
		KH		Explain diagnostic approaches, including CT scan, colonoscopy, and contrast studies in detecting diverticula	C/2	DK				
		KH		Outline	C/2	NK				

				management of uncomplicated diverticula						
		KH		Describe surgical management of complicated diverticulitis	C/2	NK				
		KH		Discuss preventive strategies for diverticular disease, including lifestyle modifications and dietary recommendations	C/2	NK				
Hom UG-Sur-II- 2.32	**KS**	**K**	Meckel's diverticulum	Describe Meckel's diverticulum	C/1	DK	Lecture Audiovisual aid	Viva	SAQ	
Hom UG-Sur-II- 2.33	**KS**	**K**	Colostomy /Ileostomy	Define colostomy and describe its types (e.g., loop, end, and double-barrel colostomy)	C/1	DK	Lecture Audiovisual aids Small group discussion Clinical case scenarios and demonstration Skill lab simulation	Viva	SAQ	
		K		Explain indications for colostomy	C/2	NK				
		KH		Describe the surgical techniques for creating	C/2	NK				

				colostomy and stomas						
		KH		Discuss the complications of colostomy and stomas	C/3	NK				
	PC/KS	**KH**		Discuss the role of follow-up care and rehabilitation in colostomy patients	C/2	NK				
	PC/KS	**KH**		Outline post-operative care, including stoma care, appliance management, and infection prevention	C/3	NK				
Hom UG-Sur-II- 2.34	**PC/KS**	**K**	Barium enema	Understand the indications for performing a barium enema in gastrointestinal (GI) disorders	C/1	MK	Small group discussion Lecture Image interpretations Audiovisual aids	Spot test image interpretation	SAQ OSCE	Radiology
		K		Explain the	C/1	MK	Case based			

				contraindications, risks, and complications of a barium enema			learning			
		KH		Demonstrate knowledge of preparation protocols for patients undergoing a barium enema	C/2	DK				
		KH		Describe the step-by-step procedure of a barium enema, including equipment and contrast medium used	C/2	DK				
		KH		Identify normal and abnormal findings on a barium enema, including strictures, polyps, diverticula, volvulus, and malignancies	C/2	MK				
Hom UG-Sur-II- 2.35	**KS**	**K**	Intestinal obstruction	Define intestinal obstruction and classify it (e.g., mechanical vs. functional	C/1	MK	Lecture Audiovisual aids Small group discussion	Viva	MCQ SAQ LAQ OSCE on diagnostic	

				obstruction)			Clinical case scenarios		interpretation	
		K		Describe the common causes of intestinal obstruction (e.g., adhesions, hernias, tumours, volvulus, intussusception)	C/2	MK	Image interpretation sessions			
		K		Explain the pathophysiology of intestinal obstruction, including the consequences of bowel ischemia and perforation	C/2	MK				
		KH		Discuss the clinical features of intestinal obstruction	C/2	MK				
		KH		Describe the signs of strangulated obstruction and its urgency	C/2	MK				
		KH		Discuss the role of imaging (e.g.,	C/2	DK				

				X-ray, ultrasound, CT scan) in diagnosing intestinal obstruction						
		KH		Outline the initial management of intestinal obstruction, including resuscitation and decompression	C/2	MK				
		KH		Describe the indications for surgical intervention in intestinal obstruction	C/3	NK				
	HO	**K**		Discuss the homoeopathic treatment for intestinal obstruction	C/2	MK				
Hom UG-Sur-II- 2.36	**KS**	**K**	Volvulus	Define Volvulus and classify its types (Volvulus of small intestine, Caecal Volvulus, Sigmoid volvulus)	C/1	MK	Lecture Small group discussion	Viva	MCQ SAQ	
		KH		Describe the	C/2	MK				

				clinical features of volvulus						
		KH		Discuss the role of imaging techniques (e.g., abdominal X-ray, CT scan, contrast enema) in diagnosing volvulus	C/2	DK				
		KH		Explain the management of volvulus	C/2	Nice to know				
Hom UG-Sur-II- 2.37	**KS**	**K**	Paralytic ileus	Describe paralytic ileus, its causes clinical features and management	C/2	MK	Lecture Audiovisual aids	Viva	MCQ SAQ	
Hom UG-Sur-II-2.38	**KS**	**K**	Hirschsprung ’s disease	Describe Hirschsprung’s disease	C/2	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II- 2.39	**KS**	**K**	Abdominal tuberculosis	Describe the pathophysiology of abdominal TB, including its spread and effects on various organs	C/2	MK	Lecture Small group discussion Audiovisual aids	Viva	MCQ SAQ	Practice of Medicine Pathology Materia Medica Repertory
		KH		Explain the clinical features of abdominal tuberculosis	C/2	MK				
				Discuss the role						

		KH **KH** **HO**		of laboratory investigations in diagnosing abdominal TB Explain the imaging modalities used in abdominal TB diagnosis and management **K** Discuss the homoeopathic therapeutics for abdominal tuberculosis	C/2 C/2 C/1	DK NK MK				
Hom UG-Sur-II- 2.40	**KS**	**K** **K** **KH** **KH**	Appendicitis	Describe the epidemiology and aetiology of appendicitis Explain the pathology of appendicitis, including inflammation, infection, and perforation Describe the clinical features of appendicitis Describe the	C/1 C/2 C/2 C/2	MK MK MK MK	Lecture Audiovisual aids Small group discussion Clinical case scenarios Bedside demonstration DOPS	Viva	MCQ SAQ LAQ OSCE on clinical examination skills	Materia Medica Repertory

				clinical examination findings in appendicitis and signs to elicit in appendicitis (Pointing sign, Rovsing's sign, Psoas sign, Obturator sign)						
		SH		Perform clinical examinations to identify signs of appendicitis	P/2	MK				
		KH		Discuss the role of laboratory tests and imaging (ultrasound) in diagnosing appendicitis	C/2	MK				
		KH		Discuss the differential diagnoses for right iliac fossa pain	C/3	MK				
		KH		Describe the indications and techniques for surgical intervention in appendicitis	C/3	NK				

		KH		Recognize complications of appendicitis	C/2	MK				
	HO	**KH**		Discuss the scope of homoeopathic treatment in appendicitis with relevant therapeutics	C/2	MK				
Hom UG-Sur-II- 2.41	**KS/PC**	**K**	Clinical examination - Acute abdomen	Define acute abdomen and describe its causes	C/1	MK	Small group discussion Bedside teaching and demonstration DOPS session Case based discussion Image interpretation sessions	Viva Clinical examination skills	SAQ LAQ OSCE on abdominal examination	
		K		Understand the pathophysiology of pain in acute abdomen, including visceral and somatic pain	C/2	MK				
		KH		Take a detailed history, focusing on pain characteristics, associated symptoms, and relevant medical history	P/1	MK				
		SH		Perform a thorough physical	P/2	MK				

				examination, including inspection, palpation, percussion, and auscultation of the abdomen						
		SH		Recognize key clinical signs, including rebound tenderness, guarding, Murphy's sign, and Rovsing's sign	P/3	MK				
		KH		Formulate a differential diagnosis for acute abdomen based on clinical findings	C/3	MK				
		KH		Discuss the role of laboratory tests in evaluating acute abdomen	C/3	DK				
		KH		Describe the indications and interpretation of imaging studies (e.g., X-ray, ultrasound, CT	C/3	DK				

				scan) in acute abdomen						
		KH		Recognize red flags and indications for surgical intervention in cases of acute abdomen	C/3	NK				
Hom UG-Sur-II-2.42	**KS/PC**	**K**	Examination of chronic abdomen	Define chronic abdominal conditions and describe their common causes	C/1	MK	Lecture Bedside teaching and demonstration DOPS Case discussions Audiovisual aids Image interpretations	Viva Clinical examination feedback	MCQ OSCE on abdominal examination Bedside viva	
		KH		Obtain a comprehensive history for chronic abdominal conditions, including pain characteristics, duration, and associated symptoms	C/2	MK				
		SH		Perform a detailed abdominal examination, including inspection, palpation,	P/2	MK				

				percussion, and auscultation with a focus on chronic conditions						
		SH		Identify and interpret specific signs associated with chronic abdominal conditions (e.g., organomegaly, abdominal masses, ascites)	P/3	MK				
		KH		Formulate differential diagnoses for chronic abdominal pain based on clinical findings	C/3	MK				
		KH		Discuss the role of laboratory investigations (e.g., liver function tests, kidney function tests, haematological parameters) in chronic abdominal	C/2	DK				

				conditions						
		KH		Describe imaging modalities (e.g., ultrasound, CT scan, MRI) used in evaluating chronic abdominal conditions and their indications	C/2	DK				
		KH		Explain the importance of endoscopic evaluations (e.g., upper GI endoscopy, colonoscopy) in chronic abdominal conditions	C/2	NK				
Hom UG-Sur-II- 2.43	**PC/KS**	**K**	Examination of abdominal lump	List common causes of abdominal lumps	C/1	MK	Lecture Bedside teaching and demonstration	Viva Clinical examination feedback	MCQ OSCE on abdominal examination	
		K		Describe the anatomy relevant to abdominal lump examination (e.g., quadrants, planes, landmarks)	C/1	MK	DOPS Case discussions Audiovisual aids Image interpretations		Bedside viva	

		K		Classify abdominal lumps based on location and underlying pathology	C/2	MK				
		SH		Perform a systematic clinical examination of an abdominal lump	P/2	MK				
		KH		Distinguish between intra-abdominal and abdominal wall lumps	C/2	MK				
		KH		Identify features suggestive of malignancy in abdominal lump	C/2	MK				
		KH		Discuss the role of imaging modalities in evaluating abdominal lumps	C/2	DK				
		KH		Explain the laboratory investigations for abdominal lumps	C/2	DK				
		KH		Formulate a differential	C/2	MK				

				diagnosis of abdominal lumps based on their location in specific quadrants of abdomen and other clinical findings						
Hom UG-Sur-II- 2.44	KS	K K	Diseases of rectum & Anal Canal-Anatomy of rectum and anal canal-Structural components and vascular supply	Describe vascular and lymphatic supply of rectum and anal canal Explain anatomical relationships with surrounding structures	C/1 C/1	MK MK	Lecture, Diagrams, Audiovisual aids	Viva	MCQ	Anatomy
Hom UG-Sur-II- 2.45	KS	KH KH	Diseases of rectum & Anal Canal-Investigation : Proctoscopy, biopsy	Identify methods for rectal examination (e.g., DRE, proctoscopy). Explain examination techniques such as proctoscopy and anoscopy.	C/1 C/2	MK MK	Lecture, Demonstration , Simulation	OSCE, Clinical Case Study	OSCE	
Hom UG-Sur-II- 2.46	KS	KH	Diseases of rectum & Anal Canal-Investigation -Proctoscopy	Discuss the indications and contraindications Proctoscopy	C/2	MK	Demonstration , Simulation	OSCE, Clinical Case Study	OSCE	

Hom UG-Sur-II- 2.47	PBL/PC	SH K	Examination: Rectum and anal canal	Conduct thorough examination of rectum and anal canal Relate findings to rectal diseases	P/2 C/2	MK MK	Case-Based Learning Case Demonstration DOPS	Viva, OSCE	SAQ, OSCE	
Hom UG-Sur-II- 2.48	HO	K	Homeopathic therapeutics-Ano-rectal diseases	Homeopathic therapeutics for presenting conditions of common Ano-rectal diseases	C/1	MK	Lectures, case studies	Viva	MCQs, SAQ, LAQ	
Hom UG-Sur-II- 2.49	KS	K KH	Fissure in Ano	Discuss etiopathogenesis and clinical features Explain non-surgical and surgical treatments.	C/2 C/2	MK NK	Problem-Based Learning	Viva	SAQ, LAQ	
Hom UG-Sur-II- 2.50	KS	K K	Piles/ Haemorrhoids	Explain vascular anatomy of hemorrhoidal plexus Differentiate internal vs external haemorrhoids	C/1 C/2	MK MK	Lectures, Diagrams, Audiovisual aids	Viva	MCQ, SAQ	

		KH		Describe the etiopathogenesis, clinical features & management.	C/2	MK				
Hom UG-Sur-II- 2.51	PC/KS	K	Piles/ Haemorrhoids	Discuss interventions (banding, sclerotherapy)	C/2	NK	Lectures, Diagrams, Audiovisual aids	Viva	MCQ, SAQ	
Hom UG-Sur-II- 2.52	KS	K	Pruritus Ani	Identify causes such as infections, irritants, or systemic diseases	C/2	DK	Small Group Discussion	Viva	SAQ	
Hom UG-Sur-II- 2.53	PC	K	Pruritus Ani	- Explain diagnostic approaches and management strategies	C/2	DK	Small Group Discussion	Viva	SAQ	
Hom UG-Sur-II- 2.54	KS	K	Prolapse of Rectum	Classify rectal prolapse (partial vs complete)	C/2	MK	Lectures, Audio-visual aids	Viva	MCQ, SAQ	Anatomy
Hom UG-Sur-II- 2.55	PC	K	Prolapse of Rectum	Discuss surgical and non-surgical management options	C/2	DK	Lectures, Case Discussions	Viva	SAQ, Clinical Case Study	
Hom UG-Sur-II- 2.56	KS	K	Fistula in Ano	Discuss causes and clinical features of fistula in ano	C/2	MK	Lectures, Case discussions	Viva,	MCQ, SAQ	
Hom UG-Sur-II- 2.57	KS	K	Fistula in Ano	Explain diagnostic approaches and management strategies	C/2	MK	Problem-Based Learning	Viva	SAQ	Radiology
Hom	KS	K	Ano-rectal	Discuss	C/1	MK	Lecture, Case-	Viva	SAQ	

UG-Sur-II- 2.58			Abscess	etiopathogenesis and clinical features Relate lymphatic drainage to abscess spread	C/2	DK	Based Learning			
Hom UG-Sur-II- 2.59	PC	KH	Ano-rectal Abscess	Describe surgical drainage and post-operative care	C/2	DK	Simulation, Case-Based Learning	Viva	SAQ	

Topic: Hom UG-Sur-II-3. Diseases of Liver, Gallbladder, Bile duct, Pancreas, Spleen

Sl No	**Competency**	**Miller**	**Content**	**SLO**	**Bloom/ Guilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								F	**S**	
Hom UG-Sur-II-3.1	**KS**	**K**	Anatomy of liver	Describe the gross anatomy of the liver, including its lobes, surfaces, and segments	C/1	MK	Audiovisual aids Small group discussion	Viva	MCQ	Anatomy
Hom UG-Sur-II-3.2	**KS**	**K**	Anatomy of liver	Explain the blood supply to the liver, including the hepatic artery, portal vein, and hepatic veins	C/1	MK	Audiovisual aids Small group discussion	Viva	MCQ	Anatomy
Hom UG-Sur-II-3.3	**KS**	**K**	Anatomy of liver	interpret anatomical relationships of the liver with surrounding structures (e.g., diaphragm, gallbladder, stomach, pancreas)	C/1	MK	Audiovisual aids Small group discussion Anatomical model demonstration	Viva	MCQ	Anatomy

Hom UG-Sur-II-3.4	**KS**	**K**	Acute and Chronic live insufficiency / Acute liver failure & Chronic liver failure	Define liver insufficiency and distinguish between acute and chronic liver insufficiency	C/2	MK	Lecture Audiovisual aids Small group discussion Assignments	Viva	MCQ SAQ LAQ	
		KH		Describe the pathophysiology of Liver insufficiency	C/2	MK				
		KH		Interpret diagnostic tests (e.g., liver function tests, coagulation profile, imaging) used to assess liver insufficiency	C/3	DK				
		KH		Discuss complications of liver insufficiency, such as hepatic encephalopathy, variceal bleeding, and hepatorenal syndrome	C/2	DK				
	HO	**KH**		Discuss the Homoeopathic therapeutics for liver insufficiency	C/1	MK				
Hom UG-Sur-	**KS**	**KH**	Diseases of liver – imaging of	Explain the role of ultrasound in liver diseases, particularly for	C/2	DK	Lecture Small group discussion	Viva	MCQ SAQ OSCE	Radiology

II-3.5			the liver	detecting liver masses, fatty liver, and ascites Explain the role of CT and MRI in diagnosing liver pathologies, such as tumours, cirrhosis, and vascular abnormalities Interpret imaging findings from liver CT and MRI scans, including tumours, cysts, and vascular structures Explain the technique, indications, and complications of ERCP (Endoscopic Retrograde Cholangiopancreatography) and PTC (Percutaneous Transhepatic Cholangiography) Describe the role of angiography in liver diseases, particularly in assessing and managing hepatic artery and portal vein disorders	 C/2 P/1 C/2 C/2	 NK DK DK NK	Audiovisual aids Case based imaging studies			
Hom UG-Sur-II-3.6	**KS**	**K**	Diseases of liver – liver trauma	Understand the types of liver trauma, including blunt and penetrating injuries, and their	C/1	MK	Lecture Small group discussion Simulation	Viva Clinical skill assessment	MCQ SAQ OSCE	

				common causes (e.g., motor vehicle accidents, stab wounds)			based learning Case based discussions	using trauma scenarios		
		KH		Explain the clinical signs and symptoms of liver trauma	C/2	MK				
		KH		Interpret imaging modalities used in liver trauma, including Focused Assessment with Sonography for Trauma, CT scan, and angiography	C/3	NK				
		KH		Discuss the management of liver trauma	C/2	NK				
Hom UG-Sur-II-3.7	**KS**	**K**	Diseases of Liver- Portal hypertension and oesophageal varices	Define portal hypertension and oesophageal varices, and describe their common aetiologies	C/1	MK	Lecture Small group discussion Audiovisual aids	Viva	MCQ SAQ LAQ	
		KH		Explain the pathophysiology of portal hypertension and how it leads to oesophageal varices formation	C/2	DK				
		KH		Describe the clinical signs and symptoms related to	C/2	MK				

				portal hypertension						
		KH		Explain the role of diagnostic modalities in detecting oesophageal varices, including endoscopy, Doppler ultrasound, and cross-sectional imaging	C/2	DK				
		KH		Describe the management of variceal bleeding	C/2	NK				
Hom UG-Sur-II-3.8	**KS**	**K**	Diseases of Liver-Budd-Chiari Syndrome	Describe Budd-chiari syndrome	C/1	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-3.9	**KS**	**K**	Diseases of Liver-Caroli's disease	Describe Caroli's disease	C/1	NK	Lecture	Viva	SAQ	
HOM UG-SUR-II-3.**10**	**KS**	**K**	Diseases of Liver- Benign liver tumours	Understand the classification of benign liver tumours (e.g., haemangioma, focal nodular hyperplasia [FNH], hepatic adenoma)	C/1	MK	Lecture Audiovisual aids Small group discussion Hands-on imaging interpretation Case based discussions	Viva	MCQ SAQ LAQ OSCE	
		KH		Recognize the clinical features of benign liver tumours, including asymptomatic	C/2	MK				

				presentations, right upper quadrant pain, hepatomegaly etc						
		KH		Interpret imaging findings (ultrasound, CT, MRI) and differentiate benign liver tumours based on radiological characteristics (e.g., haemangioma with peripheral enhancement)	C/2	DK				
Hom UG-Sur-II-3.11	**KS**	**K**	Diseases of liver-Hepatocellular carcinoma (HCC)	Define hepatocellular carcinoma (Primary liver cancer)	C/1	MK	Lecture Audiovisual aid Small group discussion Clinical case presentations	Viva	MCQ SAQ LAQ	
		KH		Explain the risk factors for HCC, such as chronic hepatitis B and C infections, cirrhosis, alcohol use, aflatoxin exposure, and non-alcoholic fatty liver disease (NAFLD)	C/2	MK				
		KH		Explain the clinical features of HCC	C/2	MK				
		KH		Interpret diagnostic investigations for HCC, including liver function tests, alpha-fetoprotein	C/3	DK				

				(AFP), ultrasound, CT, MRI, and liver biopsy findings						
Hom UG-Sur-II-3.12	**KS**	**K**	Diseases of liver- Sclerosing Cholangitis	Describe primary sclerosing cholangitis	C/1	DK	Lecture	Viva	MCQ SAQ	
Hom UG-Sur-II-3.13	**KS**	**K**	Diseases of liver- Pyogenic liver abscess	Explain the pathophysiology of pyogenic liver abscess, including the routes of bacterial spread	C/1	MK	Lecture Audiovisual aids Bedside teaching	Viva	MCQ SAQ	
		KH		Discuss the clinical presentation of pyogenic liver abscess	C/2	MK				
		KH		Explain the diagnostic approach for pyogenic liver abscess including imaging techniques and laboratory tests	C/1	DK				
		KH		Explain the indications for percutaneous drainage, surgical intervention, and conservative management in the treatment of pyogenic liver abscess	C/2	NK				
		KH		Discuss the potential complications of pyogenic	C/2	DK				

				liver abscess						
	HO	**K**		Discuss the homoeopathic therapeutics for liver abscess	C/1	MK				
Hom UG-Sur-II-3.14	**KS**	**K**	Diseases of liver- Amoebic liver abscess	Discuss the epidemiology of amoebic liver abscess, including geographic distribution, transmission routes, and risk factors	C/2	MK	Lecture Audiovisual aids Small group discussion Integrated seminar	Viva	MCQ SAQ	Pathology
		KH		Describe the clinical features of amoebic liver abscess	C/2	MK				
		KH		Explain the diagnostic criteria for amoebic liver abscess, including laboratory investigations and imaging techniques	C/2	DK				
		KH		Compare the differential diagnosis of amoebic liver abscess with other liver diseases (e.g., pyogenic liver abscess, hydatid cyst)	C/2	MK				
		KH		Explain the role of drainage procedures in the management of amoebic liver	C/2	NK				

		KH		Discuss potential complications of untreated amoebic liver abscess, such as rupture, peritonitis, and pleuropulmonary involvement	C/2	DK				
Hom UG-Sur-II-3.15	**KS**	**KH**	Diseases of liver- Hydatid liver disease	Describe Hydatid liver disease	C/2	DK	Lecture Audiovisual aids	Viva	MCQ SAQ	
Hom UG-Sur-II-3.16	**KS**	**K** **KH**	Diseases of liver- Hepatomegaly	List the common causes of hepatomegaly Compare and contrast benign causes of hepatomegaly (e.g., simple hepatic cysts) with malignant causes (e.g., hepatocellular carcinoma, metastases)	C/1 C/2	MK MK	Lecture Small group discussion Case based learning	Viva	SAQ	
Hom UG-Sur-II-3.17	**PBL**	**K** **KH**	Examination of liver	Identify the anatomical location of the liver and its surface markings Describe the steps in the physical examination of the liver, including inspection, palpation,	C/1 C/2	MK MK	Lecture Demonstration Bedside clinical examination DOPS	Bedside clinical examination and feedback	Evaluation of bedside clinical skills	

				percussion, and auscultation						
		SH		Perform palpation of the liver to assess for liver size, tenderness, and surface texture	P/2	MK				
		KH		Correlate liver examination findings with potential liver diseases	C/3	MK				
Hom UG-Sur-II-3.18	**KS**	**KH**	Diseases of liver- Hydatid liver disease	Describe Hydatid live disease	C/2	DK	Lecture Audiovisual aids	Viva	MCQ SAQ	
Hom UG-Sur-II-3.19	**KS**	**K**	Diseases of Gallbladder and bile duct- Investigations for Gallbladder and biliary system diseases	Describe the basic anatomy and physiology of the gallbladder and biliary system	C/1	MK	Lecture Audiovisual aids Radiology workshop Case based discussion	Viva	SAQ Image interpretation	Radiology
		K		Explain the indications for imaging studies in suspected gallbladder and biliary disease	C/1	MK				
		K		Explain the role of liver function tests (LFTs) in assessing biliary obstruction and	C/1	DK				

				differentiating between hepatic and post-hepatic causes of jaundice						
		K		Explain the role of ERCP (Endoscopic Retrograde Cholangiopancreatography) and MRCP (Magnetic Resonance Cholangiopancreatography) in diagnosing and managing biliary obstruction	C/2	NK				
Hom UG-Sur-II-3.20	**KS**	**K**	Gallbladder and biliary system diseases-Gallstone	Define gallstones and describe the types (cholesterol stones, pigment stones, mixed stones) and their composition	C/1	MK	Lecture Audiovisual aids	Viva		
		K		Describe the risk factors for gallstone formation	C/1	MK				
		KH		Identify the clinical features of gallstones, such as biliary colic, jaundice, and nausea	C/2	MK				
Hom UG-Sur-II-3.21	**KS**	**KH**	Gallbladder and biliary system diseases-Cholecystitis	Describe the aetiology of cholecystitis, including gallstone-related and acalculous	C/2	MK	Lecture Audiovisual aids Demonstration Simulation-	Viva Feedback on counseling skills	MCQ SAQ	Materia medica Repertory

		K		Identify and describe clinical features of acute and chronic cholecystitis, including right hypochondrium pain, fever, jaundice, and Murphy's sign	C/2	MK	based learning			
	PBL	**SH**		Perform a clinical examination in suspected cholecystitis, focusing on abdominal examination and assessing Murphy's sign	P/2	MK				
		KH		Describe the diagnostic approach in cholecystitis, including lab tests (CBC, LFTs) and imaging (ultrasound as first-line modality)	C/1	DK				
	KS	**KH**		Outline the management of chronic cholecystitis, including elective cholecystectomy and lifestyle modifications	C/2	NK				
		KH		Describe potential complications of cholecystitis, such as gangrene, perforation, and biliary peritonitis	C/2	DK				

	HO	**KH** **K**		Counsel patients on lifestyle modifications and postoperative care following cholecystectomy for chronic cholecystitis Discuss the Homoeopathic therapeutics for Cholecystitis	C/2 C/1	NK MK				
Hom UG-Sur-II-3.22	**KS**	**K** **K** **KH**	Diseases of gallbladder and bile duct	Define choledocholithiasis and describe its types (primary vs. secondary stones) and composition Explain the aetiology and risk factors for choledocholithiasis, including gallstones, infections, and bile stasis Identify the clinical manifestations of bile duct stones, such as biliary	C/1 C/1 C/2	MK MK MK	Lecture Audiovisual aids Small group discussion	Viva	MCQ SAQ	

				colic, jaundice, and fever (Charcot's triad)						
		K		Explain the diagnostic approach in choledocholithiasis, including laboratory tests (LFTs) and initial imaging (ultrasound)	C/2	DK				
		K		Describe advanced imaging options like MRCP and ERCP for choledocholithiasis, and their indications in complex cases	C/3	NK				
		K		Describe the complications of choledocholithiasis	C/2	DK				
Hom UG-Sur-II-3.23	**KS**	**K**	Diseases of Gallbladder and bile duct	Describe the causes and risk factors for biliary strictures	C/1	MK	Lecture Audiovisual aid	Viva	MCQ SAQ	
		K		Explain the pathophysiology of biliary strictures and their effect on bile flow and liver function	C/2	DK				
		KH		Describe the clinical	C/2	MK				

				manifestations of biliary strictures						
		K		Explain the role of advanced imaging modalities like MRCP and ERCP in evaluating and diagnosing biliary strictures	C/2	DK				
		K		Discuss the therapeutic role of ERCP in biliary strictures, including stricture dilation and stent placement	C/2	NK				
		KH		Describe complications of untreated biliary strictures, such as cholangitis, liver abscess, and secondary biliary cirrhosis	C/2	DK				
Hom UG-Sur-II-3.24	**KS**	**K**	Diseases of gallbladder and bile duct – Surgical jaundice	Define surgical jaundice	C/1	MK	Lecture Audiovisual aids Small group discussion Clinical discussion	Viva	MCQ SAQ LAQ	
		K		Describe the causes of surgical jaundice	C/1	MK				
		K		Explain the pathophysiology of surgical jaundice, focusing on obstruction and cholestasis	C/1	MK				

		KH		Identify the clinical manifestations of surgical jaundice, including jaundice, pruritus, abdominal pain, and fever (in cases of cholangitis)	C/2	MK				
		KH		Describe **Courvoisier's Law** and explain its significance in differentiating causes of surgical jaundice, specifically between malignant and benign causes of bile duct obstruction	C/2	MK				
		KH		Describe the diagnostic workup, including liver function tests and basic imaging (ultrasound), and explain the role of advanced imaging like MRCP and CT in assessing biliary strictures and tumours in surgical jaundice	C/2	DK				
		KH		Describe complications of untreated surgical jaundice	C/2	DK				
Hom UG-Sur-II-	**KS**	**K**	Diseases of gallbladder and bile duct – Carcinoma	Describe the risk factors for gallbladder cancer, including gallstones, chronic inflammation, and	C/1	MK	Lecture Audiovisual aids Small group	Viva	MCQ SAQ LAQ	

3.25			of gallbladder	lifestyle factors			discussion			
		K		Explain the pathophysiology of gallbladder carcinoma and the stages of progression	C/2	MK				
		K		Describe the clinical manifestations of CA gallbladder	C/2	MK				
		KH		Describe initial diagnostic workup, including liver function tests and tumour markers	C/2	DK				
		KH		Explain the role of advanced imaging (USG,CT, MRI, MRCP, PET) in assessing tumour stage, spread, of the Gallbladder carcinoma	C/2	NK				
		K		Outline the TNM staging system for gallbladder carcinoma and its clinical significance	C/2	DK				
		KH		Recognize the complications and prognosis of gallbladder carcinoma	C/2	NK				

	HO	**K**		Discuss the Homoeopathic therapeutics for Carcinoma of gallbladder	C/1	MK				
Hom UG-Sur-II-3.26	**KS**	**K** **K** **KH** **KH** **KH**	Surgical diseases of spleen – Splenomegaly	Describe the anatomy and physiology of the spleen relevant to splenomegaly List the causes of splenomegaly Discuss the clinical manifestations and symptoms associated with splenomegaly, such as fullness, pain, and hypersplenism signs Describe the initial diagnostic workup, including CBC, liver function tests, and imaging (ultrasound, CT) Explain the role of advanced diagnostic tools like bone marrow biopsy, splenic biopsy, and MRI for further evaluation Perform a physical	C/1 C/1 C/2 C/2 C/2	MK MK MK DK NK	Lecture Audiovisual aids Small group discussion Demonstration Simulation-based learning	Viva	LAQ	Practice of Medicine

	PBL **HO**	**SH** **K**		examination of the abdomen, focusing on palpating and percussing an enlarged spleen Discuss the therapeutics for Splenomegaly	P/2 C/1	MK MK				
Hom UG-Sur-II-3.27	**KS**	**K** **K** **KH** **KH**	Diseases of spleen-Splenic artery aneurysm	List risk factors for splenic artery aneurysms Describe common clinical manifestations of splenic artery aneurysms Explain the diagnostic approach for splenic artery aneurysms Discuss the surgical and non-surgical management of splenic artery aneurysm	C/1 C/1 C/2 C/2	DK DK NK NK	Lecture Audiovisual aids	Viva	MCQ SAQ	
Hom UG-Sur-II-3.28	**KS**	**K** **K** **KH**	Diseases of spleen-Splenic infarction	List common causes and risk factors of splenic infarction Describe the clinical signs and symptoms associated with splenic infarction Describe diagnostic	C/1 C/2 C/2	DK DK NK	Lecture Audiovisual aids	Viva	MCQ SAQ	

				approaches, including lab tests and imaging techniques in splenic infarction						
		KH		Discuss the surgical indications in splenic infarction	C/1	NK				
Hom UG-Sur-II-3.29	**KS**	**K**	Diseases of spleen – splenic abscess	List the common causes and risk factors for splenic abscess, including infections, trauma, and immunocompromised states	C/1	MK	Lecture Audiovisual aids Small group discussion	Viva	MCQ SAQ	
		K		Describe the pathophysiology of abscess formation in the spleen	C/2	DK				
		KH		Identify clinical manifestations of splenic abscess, including fever, left upper quadrant pain, and systemic symptoms	C/2	MK				
		KH		Discuss the role of laboratory investigations and imaging modalities used in the diagnosis of splenic abscess	C/2	DK				

		KH **KH**		Discuss the management of splenic abscess including indications of surgical indications Identify complications of splenic abscess, including rupture, sepsis, and fistula formation	C/2 C/2	NK NK				
Hom UG-Sur-II-3.30	**HO**	**K**	Diseases of spleen – Homoeopathic therapeutics for diseases of spleen	Discuss the homoeopathic therapeutics for various affections of spleen	C/2	MK	Lecture Small group discussion Seminar	Viva	MCQ	Materia Medica Repertory
Hom UG-Sur-II-3.31	**KS**	**K** **K** **K**	Diseases of pancreas – investigations for pancreatic pathologies	Describe the anatomical and physiological aspects of the pancreas relevant to its diseases List common pancreatic diseases, including acute and chronic pancreatitis, pancreatic cysts, and neoplasms Explain the role of blood tests, including serum amylase, lipase, glucose, and tumour markers (e.g., CA 19-9), in diagnosing	C/1 C/1 C/2	MK MK DK	Lecture Small group discussion Audiovisual aids	Viva	MCQ	Radiology

				pancreatic diseases						
		K		Discuss the indications and limitations of imaging modalities like ultrasound (USG), CT scan, MRI, and endoscopic ultrasound (EUS) for pancreatic diseases	C/2	DK				
		K		Explain the utility of advanced techniques such as MRCP (Magnetic Resonance Cholangiopancreatography) and ERCP (Endoscopic Retrograde Cholangiopancreatography) in diagnosing pancreatic pathologies	C/2	NK				
Hom UG-Sur-II-3.32	**KS**	**K**	Diseases of pancreas – Acute pancreatitis	Define acute pancreatitis and describe its incidence, aetiology, and risk factors	C/1	MK	Lecture Small group discussion Audiovisual aids	Viva	MCQ SAQ LAQ	Materia medica Repertory
		K		Explain the pathophysiology of acute pancreatitis, including enzymatic autodigestion and inflammatory responses	C/2	MK	Clinical discussions			
		KH		Identify clinical features	C/2	MK				

				of acute pancreatitis, such as abdominal pain, nausea, vomiting, and systemic symptom						
		KH		Discuss laboratory investigations, including serum amylase, lipase, and inflammatory markers, in diagnosing acute pancreatitis	C/2	MK				
		KH		Describe the role of imaging modalities (e.g., USG, CT, MRI) in diagnosing and assessing complications of acute pancreatitis	C/2	MK				
		KH		Discuss the complications of acute pancreatitis, such as necrosis, pseudocyst formation, and organ failure	C/3	MK				
		KH		Describe indications for endoscopic interventions (ERCP), and surgical approaches in acute pancreatitis	C/3	DK				

Hom UG-Sur-II-3.33	**KS**	**K**	Diseases of pancreas – chronic pancreatitis	Define chronic pancreatitis and describe its epidemiology and risk factors	C/1	MK	Lecture Small group discussion Audiovisual aids	Viva	MCQ SAQ LAQ	Radiology Practice of Medicine
		K		Explain the pathophysiology of chronic pancreatitis, including recurrent inflammation, fibrosis, and loss of pancreatic function	C/1	MK	Clinical discussions Image interpreting sessions Case based learning			
		K		Explain the clinical features, including recurrent abdominal pain, malabsorption, and diabetes	C/2	MK				
		KH		Discuss laboratory investigations, such as serum amylase, lipase, faecal elastase, and blood glucose levels, in diagnosing chronic pancreatitis	C/2	DK				
		KH		Describe the role of imaging modalities, such as ultrasound, CT, MRI, and MRCP, in diagnosing structural changes in chronic pancreatitis	C/3	DK				

		KH **KH** **KH**		Explain the importance of endoscopic ultrasound (EUS) and ERCP in identifying ductal changes and complications of chronic pancreatitis Discuss the indications and techniques for endoscopic or surgical interventions, such as pancreatic duct stenting Recognize complications of chronic pancreatitis, including pseudocysts, biliary obstruction, and pancreatic cancer	C/3 C/3 C/3	NK NK MK				
Hom UG-Sur-II-3.34	**KS**	**K** **KH** **KH**	Diseases of pancreas – Carcinoma of pancreas	Describe its epidemiology, risk factors, pathology and progression of Carcinoma of pancreas Identify clinical features, including abdominal pain, jaundice, weight loss, and diabetes onset Discuss laboratory investigations, including tumour markers like CA 19-9, liver function tests, and blood glucose levels Describe imaging	C/1 C/2 C/2	MK MK DK	Lecture Small group discussion Audiovisual aids Clinical discussions Image interpreting sessions Case based learning	Viva	MCQ SAQ LAQ	Radiology Practice of Medicine

		KH		modalities such as ultrasound, CT, MRI, and PET-CT in diagnosing and staging pancreatic carcinoma	C/2	DK				
		KH		Outline the TNM staging system and its importance in pancreatic cancer prognosis	C/2	DK				
		KH		Describe surgical approaches, including the Whipple procedure and distal pancreatectomy, and their indications	C/2	NK				
		KH		Recognize complications of pancreatic carcinoma, such as biliary obstruction, duodenal obstruction, and metastasis	C/2	DK				

Hom UG-Sur-II-3.35	**HO**	**K**	Diseases of pancreas – Homoeopathic therapeutics for pancreatic diseases	Discuss the Homoeopathic therapeutics for Pancreatitis and Carcinoma of pancreas	C/1	MK	Lecture Small group discussion Inter departmental seminar	Viva	SAQ	Materia Medica Repertory

Topic: Hom UG-Sur-II-4. Diseases of the thorax

Sl No	Domain of Competency	Miller Level	Content	SLO	Bloom /Guilbert Level	Priority	Teaching-Learning Methods (TL)	Assessment		Integration
								F	S	
Hom UG-Sur-II-4.1	KS	K	Pleural effusion and pleural tapping	Describe the anatomy of the pleural cavity and its relevance	C/1	MK	Lectures, anatomical model demo Small group discussions Case discussions	Viva	MCQ, SAQ LAQ	Radiology Pathology
		K		Discuss the cause of pleural effusion	C/2	MK				
		KH		Explain indications, contraindications, and complications pleural tapping	C/2	DK				

		KH		Interpret pleural fluid findings for diagnosis	C/3	NK				
	HO	K		Discuss the homoeopathic management of pleural effusion	C/1	MK				
Hom UG-Sur-II-4.2	KS	KH	Bronchoscopy	Describe bronchial anatomy and its relevance	C/1	MK	Lecture Model demonstrations Case discussions	Viva	MCQ SAQ	Radiology
		K		Explain indications and contraindications	C/2	MK				
Hom UG-Sur-II-4.3	KS	KH	Flail chest and stove-in chest	Define and describe flail chest	C/1	MK	Lecture Audiovisual aids Simulation labs	Viva	MCQ SAQ OSCE	Radiology
		K		Explain biomechanics of paradoxical movement	C2/	MK				
		KH		Plan stabilization techniques	C/2	DK				
Hom UG-Sur-II-4.4	KS	K	Manage pneumothorax and tension pneumothorax	Define pneumothorax and its types	C/1	MK	Lecture Case discussions Audiovisual aids Skill-based training	Viva OSCE	MCQ SAQ LAQ OSCE	Radiology Practice of medicine
		KH		Explain pathophysiology of tension pneumothorax	C/2	MK				
		KH		Discuss the management of tension pneumothorax	C/2	MK				

Hom UG-Sur-II-4.5	KS	KH KH	Investigate and manage haemothorax	Describe pathophysiology and clinical presentation Plan treatment including intercostal drainage	C/1 C/3	MK DK	Lecture, imaging-based learning	Viva	MCQ SAQ SAQ	Radiology
Hom UG-Sur-II-4.6	KS	KH KH	Investigate and treat empyema thoracis	Explain stages of empyema development Discuss the management of empyema	C/1 C/2	MK DK	Interactive lecture Case-based learning	Viva	MCQ SAQ OSCE	
Hom UG-Sur-II-4.7	KS	KH K	Investigate and manage lung abscess	Explain pathogenesis and radiologic features Discuss indications for surgical drainage	C/2 C/2	MK DK	Lecture, Imaging workshops Case studies	Viva	MCQ SAQ	Radiology
Hom UG-Sur-II-4.8	KS	KH SH	Intercostal tube drainage (ICD)	Explain indications and steps of ICD Observe/Perform ICD on a mannequin	C/1 P/2	DK NK	Lecture Simulation training	Viva OSCE	MCQ SAQ OSCE	
Hom UG-Sur-II-4.9	KS	K K	ARDS	Define ARDS and its aetiology Explain ventilatory management strategies	C/1 C/2	MK DK	Lecture Case-based learning	Viva	MCQSAQ	Practice of Medicine-Critical Care Radiology

Hom UG-Sur-II-4.10	KS	K KH	Pulmonary embolism	Explain causes pathophysiology and clinical features Explain diagnostic modalities	C/1 C/2	MK MK	Lecture Imaging workshops	Viva	MCQ SAQ LAQ	Practice of Medicine-Critical Care Radiology
Hom UG-Sur-II-4.11	KS	KH KH	Surgical emphysema	Explain causes and imaging features Discuss the management of surgical emphysema	C/2 C/2	MK MK	Lecture Case discussions	Viva Case Studies	SAQ	Radiology
Hom UG-Sur-II-4.12	KS	KH KH	Lung cysts	Define types and explain radiologic features Discuss indications for resection	C/2 C/2	MK DK	Imaging-based learning Case discussions	Viva	MCQ SAQ	
Hom UG-Sur-II-4.13	KS	K KH KH	Classify and manage mediastinal tumours	Classify mediastinal tumours (thymoma, lymphoma, etc.) Describe diagnostic modalities & differential diagnosis (CT, biopsy) Outline treatment, including indications of surgery and chemotherapy	C/1 C/2 C/3	MK DK NK	Interactive lecture, audiovisual aids Imaging workshops Case discussions	Viva	MCQ, SAQ, LAQ Imaging Assessment	Radiology

Hom UG-Sur-II-4.14	KS	K KH KH	Pancoast tumours	Define Pancoast tumours and list clinical features Explain superior vena cava syndrome and its management Explain indications of surgical management	C/1 C/2 C/3	MK DK NK	Lecture, case discussions Audiovisual aids Skill-based learning	Viva Group Discussions	MCQ, SAQ	Radiology
Hom UG-Sur-II-4.15	KS	KH K	Classify and manage chest wall tumours	Classify chest wall tumours and describe clinical features Discuss indications of surgical management	C/1 C/2	MK NK	Interactive teaching Problem-based learning	Viva Group Case Discussions	MCQ, SAQ LAQ	Radiology
Hom UG-Sur-II-4.16	KS	K KH HO	Acute and chronic pericarditis	Define pericarditis and its types Explain complications &management Discuss the homoeopathic therapeutics for pericarditis	C/1 C/2 C/2	MK DK MK	Lecture Case discussions	Viva Case Studies	MCQ, SAQ	

Hom UG-Sur-II-4.17	KS/PC	KH	Cardiac tamponade	Describe pathophysiology and clinical features	C/2	MK	Lecture, audiovisual aids	Viva OSCE	SAQ, MCQ OSCE	Practice of Medicine-Critical Care
		SH		Perform /Observe pericardiocentesis under supervision	P/2	NK	Skill-based simulation			
Hom UG-Sur-II-4.18	KS	KH	Identify congenital cardiac anomalies	Explain ASD, VSD, PDA, Coarctation of Aorta and Tetralogy of Fallot	C/2	MK	Audiovisual learning Case-based teaching	Viva Group Discussion	MCQ, SAQ Case Analysis	Radiology
		KH		Discuss the complications, diagnostic and therapeutic approaches.	C/2	DK				
Hom UG-Sur-II-4.19	KS	KH	Valvular heart diseases	List common valvular disorders and their aetiology, pathophysiology, clinical features, & complications	C/2	MK	Lecture Audiovisual aids	Viva Group Discussion	MCQ SAQ LAQ	
		KH		Explain management including surgical interventions	C/2	DK				
	HO	K		Discuss the role of homoeopathy in the management of Valvular heart diseases	C/2	C/2				

Hom UG-Sur-II-4.20	KS	KH K	Diaphragmatic hernias	Describe congenital and acquired hernias Discuss the indications for surgical repair	C/2 C/3	MK MK	Lecture, case studies Problem-based discussions	Viva OSCE	MCQ SAQ	Radiology
Hom UG-Sur-II-4.21	KS/PBL/PC	K KH SH KH KH KH	Examination of disease of chest	Define and classify diseases of the chest Identify symptoms and clinical presentations associated with chest diseases Perform a systematic clinical examination of the chest, including inspection, palpation, percussion, and auscultation Correlate clinical findings with specific chest diseases Identify red flag signs in chest diseases requiring urgent intervention Propose an initial diagnostic and management plan for chest diseases	C/1 C/2 P/2 C/3 C/2 C/2	MK MK MK MK DK NK	Lecture Case demonstration DOPS	Viva	OSCE Case presentation	Practice of Medicine

Topic: Hom UG-Sur-II-5. Diseases of urogenital system.

Sl No	Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II-5.1	KS	K	Diseases of Urogenital system – investigations in urology	Define the indications of urine examination	C/1	MK	Lecture Small group discussion	Viva	MCQ SAQ	Pathology Biochemistry
		KH		Discuss urine examination – Microscopic, cytological, bacteriological, and biochemical examination	C/2	DK				
		KH		Discuss the clinical significance of abnormal urine findings	C/2	MK				
Hom UG-Sur-II-5.2	KS	K	Diseases of Urogenital system – investigations in urology	Describe the common renal function tests including creatinine, blood urea nitrogen	C/2	DK	Small group discussion Lecture	Viva	MCQ	Pathology Biochemistry
		KH		Interpret the creatinine and blood urea nitrogen	C/2	MK				

				levels and their clinical significance						
Hom UG-Sur-II-5.3	KS	K KH KH	Diseases of Urogenital system – investigations in urology	Define the purpose and indications of plain X-ray KUB examination Discuss the normal and abnormal findings on a plain X-ray KUB including identifying renal calculi, bowel gas pattern and organ size etc Interpret Plain X-ray KUB findings in clinical context such as renal calculi, urinary tract obstruction	C/2 C/2 C/2	MK MK MK	Small group discussion Lecture X-ray image interpretations Case based discussions	Viva OSCE	MCQ SAQ OSCE	Radiology
Hom UG-Sur-II-5.4	K	K KH	Diseases of Urogenital system – investigations in urology	Define the indications of intravenous urography Describe the procedure of intravenous urography Discuss the normal and abnormal radiological findings on a Intravenous urography examination	C/1 C/2 C/2	MK MK MK	Small group discussion Lecture Identification and interpretation of Intravenous urogram X-rays	Viva	SAQ	Radiology

Hom UG-Sur-II-5.5	KS	K K KH KH	Diseases of Urogenital system – investigations in urology	Define retrograde urogram Describe the indications of retrograde urogram Describe the technique of retrograde ureteropyelography (retrograde urogram) Describe the normal and abnormal findings on retrograde urogram including identifying urinary tract obstruction, calculi and anatomical abnormalities	C/1 C/2 C/2 C/2	MK MK NK DK	Small group discussion Lecture Image interpretation sessions	Viva	SAQ	Radiology
Hom UG-Sur-II-5.6	KS	K	Diseases of Urogenital system – investigations in urology	Discuss the importance of ultrasonography in the diagnosis of various diseases of urogenital system	C/2	NK	Small group discussion	Viva	SAQ	Radiology
Hom UG-Sur-II-5.7	KS HO	K K	Diseases of Urogenital system – Kidney & Ureter	Enumerate the causes of Haematuria Discuss the homoeopathic therapeutics for Haematuria	C/1 C/1	MK MK	Lecture Small group discussion	Viva	MCQ SAQ	Materia Medica
Hom	KS	K	Diseases of	Describe horseshoe	C/1	DK	Lecture	Viva	SAQ	

UG-Sur-II-5.8		K KH	Urogenital system – Kidney & Ureter	kidney Explain the clinical significance of horseshoe kidney Discuss the radiological modalities used in diagnosis of horseshoe kidney and radiological findings in horseshoe kidney	C/2 C/2	DK NK	Small group discussion Audiovisual aids			
Hom UG-Sur-II-5.9	KS	K K K KH K	Diseases of Urogenital system – Kidney & Ureter	Define polycystic kidney disease (PKD) Describe the pathophysiology of polycystic kidney disease Discuss the clinical features of polycystic kidney disease Discuss the diagnostic modalities for Polycystic kidney disease Discuss the management of Polycystic kidney disease	C/1 C/2 C/2 C/2 C/2	MK DK MK MK DK	Lecture Small group discussion	Viva	SAQ	

Hom UG-Sur-II-5.10	KS	K K KH KH KH KH	Diseases of Urogenital system – Kidney & Ureter	Describe the causes and risk factors of renal calculi Enumerate different type of renal stones Discuss the clinical manifestations of renal stones including symptoms and complications Explain the diagnostic approach to renal calculi including imaging studies, laboratory tests and urine analysis Discuss the management of renal stores including conservative measures and surgical interventions Discuss the long-term outcome of renal stones including stone passage, stone recurrence and impact on renal function	C/2 C/1 C/2 C/2 C/2 C/2	MK MK MK DK DK NC	Lecture Audiovisual aid Small group discussion Clinical case demonstration	Viva OSCE	MCQ SAQ LAQ	Materia Medica Repertory

	HO	KH		Discuss the homoeopathic therapeutics for Renal Calculi	C/2	MK				
Hom UG-Sur-II-5.11	KS	K K K K KH KH	Diseases of Urogenital system – Kidney & Ureter	Define Hydronephrosis Enumerate the causes of hydronephrosis Describe the pathology of hydronephrosis Explain the clinical features of hydronephrosis Discuss the diagnostic approach to hydronephrosis including imaging studies Discuss the management strategies for hydronephrosis	C/1 C/1 C/2 C/2 C/2 C/2	MK MK MK MK DK DK	Lecture Audiovisual aids Small group discussion Image interpretation session	Viva	MCQ SAQ LAQ	Radiology
Hom UG-Sur-II-5.12	KS	K	Diseases of Urogenital system – Kidney & Ureter	Discuss the pathophysiology of ureteric calculi Explain the clinical	C/2 C/2	MK MK	Lecture Small group discussion	Viva	MCQ SAQ LAQ	Radiology

		K KH KH		features of ureteric calculi Discuss the diagnostic approach to ureteric calculi including imaging studies Discuss the management of ureteric calculi	 C/2 C/2	 DK DK				

	KS	K	Diseases of Urogenital system – Kidney & Ureter	Define acute pyelonephritis	C/1	MK	Lecture Small group discussion	Viva	SAQ	Practice of Medicine Materia Medica
		KH		Discuss the etiology and pathology of acute pyelonephritis Explain the clinical features of acute pyelonephritis including symptoms, signs and complications	C/2	MK				
		KH		Discuss the diagnostic approach to acute pyelonephritis including laboratory tests, imaging studies and diagnostic criteria	C/2	MK				
	HO	K		Discuss the homoeopathic therapeutics for pyelonephritis	C/2	DK				
Hom UG-Sur-II-	KS	K	Diseases of Urogenital system – Kidney & Ureter	Describe the clinical features of chronic pyelonephritis	C/2	MK	Lecture Small group discussion	Viva	SAQ	Practice of Medicine

5.13		KH		Discuss the diagnosis and management of chronic pyelonephritis	C/2	DK				
Hom UG-Sur-II-5.14	KS	K K KH	Diseases of Urogenital system – Kidney & Ureter	Define pyonephrosis Discuss the clinical features of pyonephrosis Explain the diagnosis and management of pyonephrosis	C/1 C/2 C/2	DK MK DK	Lecture Audiovisual aids	Viva	SAQ	
Hom UG-Sur-II-5.15	KS	K K KH	Diseases of Urogenital system – Kidney & Ureter	Define renal carbuncle Discuss the clinical features of renal carbuncle Explain the diagnosis and management of renal carbuncle	C/1 C/2 C/2	DK DK NK	Lecture	Viva	SAQ	
Hom UG-Sur-II-5.16	KS	K K KH	Diseases of Urogenital system – Kidney & Ureter	Define Wilm's tumour Explain the pathology of Wilm's tumour Describe the clinical manifestation of Wilm's tumour including symptoms, and diagnostic findings Discuss the	C/1 C/2 C/2 C/2	MK DK MK DK	Lecture Audiovisual aid	Viva	SAQ	

		K		management of Wilm's tumour						
Hom UG-Sur-II-5.17	KS	K K KH KH	Diseases of Urogenital system – Kidney & Ureter	Define Grawitz's tumour Explain the pathology of Grawitz's tumour Describe the clinical manifestation of Grawitz's tumour including symptoms, and diagnostic findings Discuss the management of Grawitz's tumour	C/1 C/2 C/2 C/2	MK DK MK NK	Lecture	Viva	SAQ	
Hom UG-Sur-II-5.18	KS	K K K	Diseases of Urogenital system – Kidney & Ureter	Describe the etiology and risk factors of Renal cell carcinoma Explain the histopathological features of renal cell carcinoma Discuss the clinical presentation of renal cell carcinoma	C/1 C/2 C/2	MK DK MK	Lecture Audiovisual aid	Viva	MCQ SAQ LAQ	

		KH KH KH		Outline the diagnostic modalities used in Renal cell carcinoma Evaluate the treatment options for renal cell carcinoma Discuss the prognosis and long-term outcome of Renal cell carcinoma	C/2 C/2 C/2	DK DK NK				
Hom UG-Sur-II-5.19	HO	K	Diseases of Urogenital system – Kidney & Ureter	Discuss the Homoeopathic therapeutics for Ranal tumours	C/2	MK	Lecture Small group discussion	viva	SAQ	Materia Medica Repertory
Hom UG-Sur-II-5.20	KS	K K KH	Diseases of Urogenital system –Urinary bladder	Enumerate the causes of acute retention of urine Explain the clinical presentation of acute retention of urine Explain and interpret the diagnostic modalities and tests used to confirm acute urinary retention, including physical examinations	C/1 C/2 C/2	MK MK DK	Lecture Small group discussion Audiovisual aid	viva	MCQ SAQ LAQ	

		KH		and imaging studies Discuss the management strategies for acute retention of urine, including catheterization, and surgical interventions	C/2	DK				

Hom UG-Sur-II-5.21	KS PBL/PC KS	K SH K	Diseases of Urogenital system –Urethral catheterization	Discuss the indications of urethral catheterization Observe the correct technique of urethral catheterization Describe Foley's catheter, its size, uses in clinical practice	C/1 P/2 C/2	MK DK NK	Small group discussion Audiovisual aid DOPS Skill lab simulation	Viva	SAQ	
Hom UG-Sur-II-5.22	KS	KH K KH	Diseases of Urogenital system –Urinary incontinence	Explain the various types of urinary incontinence like stress incontinence, over active bladder, overflow incontinence, neurogenic bladder dysfunction etc Discuss the causes of incontinence of urine Interpret and analyse diagnostic tests	C/2 C/2 C/2	MK MK DK	Lecture Audiovisual aid Small group discussion	Viva	MCQ SAQ LAQ	Materia Medica

				commonly used in assessing urinary incontinence, such as urodynamic studies, cystoscopy, ultrasound, and pelvic floor electromyography (EMG).						
		KH		Discuss the management plan for urinary incontinence, including lifestyle modifications, behavioural therapies, and surgical options if necessary.	C/2	DK				
	HO	K		Discuss the homoeopathic therapeutics for urinary incontinence	C/2	MK				
Hom UG-Sur-II-5.23	KS	KH	Diseases of Urogenital system –Bladder stones	Describe the composition, formation process, and etiological factors of bladder stones	C/2	MK	Lecture Audiovisual aid Small group discussion	Viva	MCQ SAQ LAQ	

		K		Describe the clinical features and symptoms associated with bladder stones and its possible complications	C/2	MK				
		KH		Interpret and analyse diagnostic tests commonly used in assessing bladder stones, such as urinalysis, abdominal ultrasound, and cystoscopy findings	C/2	DK				
		KH		Discuss a management plan for bladder stones, including conservative measures medical therapy, and surgical interventions	C/2	NK				
	HO	K		Discuss the Homeopathic therapeutics for bladder stones	C/2	MK				
Hom UG-Sur-II-5.24	KS	K K	Diseases of Urogenital system – diverticulum of the bladder	Define bladder diverticulum Describe the pathology of bladder diverticulum	C/1 C/2	MK DK	Lecture	Viva	MCQ SAQ	

		KH		Discuss the clinical features and complications of bladder diverticulum	C/2	DK				
Hom UG-Sur-II-5.25	KS K	K K	Diseases of Urogenital system – Urinary fistulae	Describe Vesicovaginal fistulae Describe congenital urinary fistulae	C/2 C/2	MK NK	Lecture	Viva	SAQ	Gynecology
Hom UG-Sur-II-5.26	KS K HO KS	K K K K	Diseases of Urogenital system – urinary tract infection	Explain the predisposing factors of urinary tract infection Describe the clinical features of lower urinary tract infection Discuss the Homoeopathic therapeutics for Lower urinary tract infection Describe Interstitial cystitis (Hunner's ulcer)	C/1 C/2 C/2 C/2	MK MK MK NK	Lecture Audiovisual aid	Viva	MCQ SAQ	Gynecology Practice of Medicine Materia Medica
Hom UG-Sur-II-5.27	KS K	K K	Diseases of Urogenital system – Carcinoma of bladder	Discuss the aetiology of carcinoma of bladder Enumerate the different histological types of carcinomas of bladder	C/2 C/2	MK MK	Lecture Audiovisual aid Small group discussion Image	Viva	MCQ SAQ LAQ	

							interpretation sessions			
		K		Describe clinical features and TNM classification of Carcinoma of bladder	C/2	MK				
		KH		Interpret diagnostic tests commonly used in assessing bladder carcinoma, such as urinalysis, urine cytology, imaging studies (CT, MRI), cystoscopy findings (tumour location, appearance), and biopsy results (histopathology, immunohistochemistry).	C/2	DK				
		KH		Discuss the management of Carcinoma of bladder	C/2	NK				
	HO	K		Discuss the Homoeopathic therapeutics for Carcinoma of bladder	C/2	MK				

Hom UG-Sur-II-5.28	KS	K K K	Diseases of Urogenital system- Prostate and PSA	Explain the surgical anatomy of prostate gland Define PSA (Prostate Specific Antigen) Describe the physiological role of PSA and its significance as a biomarker for prostate health and disease.	C/1 C/1 C/2	DK DK NK	Lecture Audiovisual aid	Viva	MCQ SAQ	
Hom UG-Sur-II-5.29	KS	K K K KH	Diseases of Urogenital system- Benign Hypertrophy of Prostate- BHP / Benign Prostatic Hyperplasia -BPH	Discuss the pathophysiology of Benign Prostatic Hyperplasia Explain the clinical features of Benign Prostatic Hyperplasia Describe the digital rectal examination findings in BHP Interpret diagnostic tests commonly used in assessing BPH such as urinary flow rate measurements, urine analysis, and imaging	C/2 C/2 C/2 C/2	MK MK MK DK	Lecture Audiovisual aids Small group discussion	Viva	MCQ SAQ LAQ	Materia Medica Repertory

				studies (ultrasound)						
		K		Discuss the surgical management of BHP	C/2	NK				
	HO	K		Discuss the Homoeopathic therapeutics of BHP	C/2	MK				
Hom UG-Sur-II-5.30	KS	K	Diseases of Urogenital system-Carcinoma of prostate d	Describe the pathology and histological grading of carcinoma of prostate (Gleason Score)	C/2	MK	Lecture Audiovisual aid	Viva	MCQ SAQ LAQ	Materia medica Repertory
		KH		Describe the clinical features including digital rectal examination findings of Carcinoma of prostate.	C/2	MK				
		KH		Discuss the TNM staging for prostate cancer	C/2	DK				
		KH		Interpret diagnostic tests commonly used in assessing patients with suspected prostate cancer, such as PSA levels, imaging studies (MRI, CT), biopsy results, bone scans, and lymph node assessments	C/2	DK				

		KH		Discuss the management of carcinoma of prostate	C/2	NK				
	HO	K		Discuss the homoeopathic therapeutics for carcinoma of prostate	C/1	MK				
Hom UG-Sur-II-5.31	KS	K	Diseases of Urogenital system-Prostatitis	Discuss the aetiology of acute prostatitis	C/2	MK	Lecture	Viva	SAQ	Materia Medica Repertory
		K		Explain the clinical features of prostatitis	C/2	MK				
		K		Discuss the clinical features of chronic prostatitis	C/2	MK				
		K		Discuss the common diagnostic tests for prostatitis and their interpretations	C/2	DK				
	HO	K		Discuss the homoeopathic therapeutics for	C/2	MK				

				prostatitis						
Hom UG-Sur-II-5.32	KS	K K K KH KH	Diseases of Urogenital system-BOO (Bladder outflow obstruction)	Define BOO Enumerate the causes of BOO Explain the symptoms associated with BOO Interpret diagnostic tests commonly used in assessing patients with BOO, such as urinalysis, urine culture, post-void residual (PVR) volume measurement, uroflowmetry, cystoscopy, ultrasound, CT/MRI scans, and urodynamic studies Discuss the management plan for patients with BOO including conservative measures and surgical interventions	C/1 C/2 C/2 C/2 C/2	MK MK MK DK DK	Lecture Audiovisual aid Small group discussion Case based discussion Role play	Viva OSCE	MCQ SAQ LAQ	Radiology
	PC	SH		Provide patient	A/2	DK				

				education and counselling on BOO management, including lifestyle modifications (bladder training, pelvic floor exercises), importance of follow-up care (urodynamic studies, imaging), recognizing and managing complications (UTIs, urinary retention), and when to seek medical attention (red flags)						
Hom UG-Sur-II-5.33	KS PBL	K SH	Diseases of Urogenital system-Examination of urinary case	Define the purpose and importance of physical examination in renal cases, including the assessment of renal function, detection of abnormalities, identification of relevant signs and symptoms, and contribution to differential diagnosis. Demonstrate proficiency in performing an abdominal examination with a focus on kidney	C/1 P/2	MK MK	Lecture Audiovisual aid Small group discussion Skill lab simulation Bedside case demonstration DOAP session	Viva OSCE	SAQ	

				palpation, including techniques for assessing kidney size, tenderness, and presence of masses						
Hom UG-Sur-II-5.34	KS	K K K K	Diseases of Urogenital system- Diseases of Male Urethra and Penis – Congenital disorders	Describe posterior urethral valve Describe Hypospadias Describe Epispadias Describe Urethral diverticulum	C/1 C/1 C/1 C/1	DK DK DK NK	Lecture Audiovisual aids	Viva	SAQ	
Hom UG-Sur-II-5.35	KS	K K	Diseases of Urogenital system- Diseases of Male Urethra and Penis – Rupture of urethra	Discuss the aetiology and pathophysiology of rupture of bulbar urethra and membranous urethra Explain the clinical features and complications of rupture of bulbar urethra and membranous urethra	C/2 C/2	MK MK	Lecture Audiovisual aid	Viva	MCQ SAQ LAQ	

		KH K		Interpret diagnostic tests and imaging studies for urethral rupture diagnosis Discuss the management for urethral rupture	C/2 C/2	DK NK				
Hom UG-Sur-II-5.36	KS HO	K K KH K	Diseases of Urogenital system- Diseases of Male Urethra and Penis – Urethritis	Enumerate the aetiological factors for urethritis Explain the clinical features and complications of urethritis Interpret the diagnostic tests and laboratory findings used in the evaluation of urethritis Discuss the homoeopathic therapeutics for urethritis	C/2 C/2 C/2 C/2	MK MK DK MK	Lecture	Viva	MCQ SAQ	Materia Medica

Hom UG-Sur-II-5.37	KS	K	Diseases of Urogenital system- Diseases of Male Urethra and Penis –Peri urethral abscess	Describe the types and clinical features of periurethral abscess	C/2	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-5.38	KS	K K K KH KH	Diseases of Urogenital system- Diseases of Male Urethra and Penis – Urethral stricture	Enumerate the cause of stricture urethra Explain the pathophysiology of urethral stricture Describe the clinical features of stricture urethra Interpret the diagnostic tests and imaging studies used in the evaluation of stricture urethra, including urethroscopy, cystoscopy, retrograde urethrography, uroflowmetry, imaging studies like CT scan and MRI scan Discuss the management of urethral stricture Discuss the	C/1 C/2 C/2 C/2 C/2	MK MK MK DK NK	Lecture Audiovisual aid Small group discussion	Viva	MCQ SAQ LAQ	Radiology Materia Medica

	HO	K		homoeopathic therapeutics for urethral stricture	C/1	MK				
Hom UG-Sur-II-5.39	KS	K	Diseases of Urogenital system- Diseases of Male Urethra and Penis – Urethral calculi	Explain the clinical features and treatment of urethral calculi	C/2	MK	Lecture	Viva	SAQ	
Hom UG-Sur-II-5.40	KS HO	K K K KH K	Diseases of Urogenital system- Diseases of Male Urethra and Penis – Phimosis	Define phimosis Discuss the aetiology and pathophysiology of phimosis Explain the clinical features and complications of phimosis Discuss the management of phimosis Discuss the homoeopathic therapeutics for phimosis	C/1 C/2 C/2 C/2 C/2	MK MK MK DK MK	Lecture Audiovisual aid	Viva	MCQ SAQ	Materia Medica Repertory

Hom UG-Sur-II-5.41	KS	K	Diseases of Urogenital system- Diseases of Male Urethra and Penis – Paraphimosis	Describe paraphimosis, its clinical features and management	C/2	MK	Lecture	Viva	SAQ	
Hom UG-Sur-II-5.42	KS HO	K K	Diseases of Urogenital system- Diseases of Male Urethra and Penis – Balanoposthitis	Describe Balanoposthitis and its clinical features Discuss the Homoeopathic therapeutics for Balanoposthitis	C/2 C/2	MK MK	Lecture	Viva	SAQ	Materia Medica Repertory
Hom UG-Sur-II-5.43	KS	K K KH	Diseases of Urogenital system- Diseases of Male Urethra and Penis – Peyronie's disease	Define Peyronie's disease Explain the clinical features and diagnosis of Peyronie's disease Discuss the management of Peyronie's disease	C/1 C/2 C/2	DK DK DK	Lecture	Viva	MCQ SAQ	

Hom UG-Sur-II-5.44	KS	KH K KH	Diseases of Urogenital system- Diseases of Male Urethra and Penis – Priapism	Define priapism Discuss the aetiology and clinical features of priapism Discuss the treatment plan for priapism	C/1 C/2 C/2	DK DK NK	Lecture	Viva	MCQ SAQ	
Hom UG-Sur-II-5.45	KS	K K K KH	Diseases of Urogenital system- Diseases of Male Urethra and Penis – Carcinoma of Penis	Enumerate the causes of carcinoma of penis Explain the pathology and TNM staging of carcinoma of penis Discuss the clinical presentation of carcinoma of penis including precancerous , Bowen's disease and erythroplasia of Queyrat Discuss the treatment of carcinoma of penis	C/2 C/2 C/2 C/2	MK MK MK DK	Lecture Audiovisual aid	Viva	MCQ SAQ LAQ	

Hom UG-Sur-II-5.46	KS	K K	Diseases of Urogenital system-Diseases of Scrotum and Testes – Embryology and Anatomy	Describe the embryological development of testes Recognize the external anatomy of the testes and scrotum, including the position of the testes within the scrotal sac, the structure of the scrotal skin, cremaster muscle, dartos muscle, and spermatic cord	C/1 C/1	DK NK	Lecture Small group discussion	Viva	SAQ	Anatomy
Hom UG-Sur-II-5.47	KS	K K K KH	Diseases of Urogenital system-Diseases of Scrotum and Testes-undescended testes	Define undescended testes Explain the pathology of undescended testes Discuss the clinical features and consequence of undescended testes Discuss the surgical management of	C/1 C/2 C/2 C/2	MK MK MK NK	Lecture Audiovisual aid	Viva	MCQ SAQ	

				undescended testes						
Hom UG-Sur-II-5.48	KS	K	Diseases of Urogenital system-Diseases of Scrotum and Testes- Retractile testes	Describe Retractile testes	C/1	NK	Lecture	Viva	SAQ	
Hom UG-Sur-II-5.49	KS	K K KH KH	Diseases of Urogenital system-Diseases of Scrotum and Testes- Torsion of Testes	Describe the pathophysiology of torsion of testes Explain the signs and symptoms of torsion of testes Discuss the differential diagnosis of torsion of testes Describe the management of torsion of testes	C/2 C/2 C/2 C/2	MK MK DK NK	Lecture Audiovisual aids	Viva	MCQ SAQ	

Hom UG-Sur-II-5.50	KS	K K KH KH	Diseases of Urogenital system-Diseases of Scrotum and Testes- Varicocele	Define varicocele Discuss the aetiology and clinical features of varicocele Discuss the effect of Varicocele in spermatogenesis Enumerate the treatment options for varicocele	C/1 C/2 C/2 C/2	MK MK DK DK	Lecture Audiovisual aid	Viva	MCQ SAQ	
Hom UG-Sur-II-5.51	KS	K KH KH	Diseases of Urogenital system-Diseases of Scrotum and Testes- Hydrocele	Define hydrocele Describe the causes, types, clinical presentation and clinical examination findings of hydrocele Discuss the management options specific to each type of hydrocele	C/2 C/2 C/2	MK MK DK	Lecture Audiovisual aids Clinical case discussion	Viva	SAQ LAQ	

Hom UG-Sur-II-5.52	KS	K	Diseases of Urogenital system-Diseases of Scrotum and Testes- Fournier's gangrene	Define Fournier's gangrene	C/1	MK	Lecture Audiovisual aids	Viva	SAQ	
		K		Describe the etiology pathophysiology and rapid progression of Fournier's gangrene	C/2	MK				
		K		Recognize the clinical signs, and symptoms, of Fournier's gangrene	C/2	MK				
		KH		Evaluate the management strategies for Fournier's gangrene	C/2	DK				
Hom UG-Sur-II-5.53	KS	K	Diseases of Urogenital system-Diseases of Scrotum and Testes-Epididymo-orchitis	Define Epididymo-orchitis	C/1	MK	Lecture Audiovisual aids	Viva	MCQ SAQ	Materia medica Repertory
		KH		Enumerate the clinical signs, symptoms, and risk factors associated with epididymo-orchitis	C/2	MK				

	HO	K		Discuss the Homoeopathic therapeutics for Epididymo-orchitis	C/2	MK				
Hom UG-Sur.-II-5.54	KS	K	Diseases of Urogenital system-Diseases of Scrotum and Testes-Tumours of testes	Classify the testicular tumours according to their cellular type	C/1	MK	Lecture Audiovisual aids	Viva	MCQ SAQ LAQ	Materia medica Repertory
		K		Describe the pathophysiology and risk factors associated with testicular tumours	C/2	MK				
		K		Discuss the clinical features and differential diagnosis of testicular tumours	C/2	MK				
		KH		Interpret diagnostic tests (e.g., tumor markers, ultrasound, CT scans) for testicular tumours	C/3	DK				
		KH		Discuss the prognosis, follow-up care, and potential complications in patients with	C/2	NK				

				testicular tumours						
	HO	K		Discuss the homoeopathic therapeutics for testicular tumours	C/2	MK				
Hom UG-Sur-II-5.55	PC/KS	K	Examination of inguinoscrotal swelling	Understand the anatomy of the inguinal canal and scrotum	C/1	MK	Small group discussion Clinical skill assessment with simulated patients	Viva Skill assessment with simulated patients	LAQ OSCE	
		SH		Explain the common causes of inguinoscrotal swelling	C/2	MK				
		KH		Perform a systematic clinical examination of inguinoscrotal swelling, including inspection, palpation, and transillumination	P/2	MK	Case based clinical examination and demonstration			
		KH		Differentiate between types of inguinoscrotal swellings based on clinical examination findings	C/3	MK	Case discussion on imaging studies DOPS			
		KH		Interpret relevant diagnostic tests (e.g., ultrasound, Doppler studies) in the assessment of inguinoscrotal swelling	C/3	DK				

Hom UG-Sur-II-5.56	PC/KS	K K SH KH	Examination of groin swelling	Understand the anatomy of the groin region, including the inguinal canal, femoral triangle, and lymph nodes List and discuss the causes of groin swelling Perform a systematic clinical examination of a groin swelling, including inspection, palpation and specific manoeuvre Differentiate between the types of groin swellings (e.g., inguinal vs. femoral hernia, cysts, or masses) based on clinical examination findings	C/1 C/2 P/2 C/3	MK MK MK MK	Small group discussion Audiovisual aid Case based discussion DOPS	Viva Skill assessment with simulated patients	LAQ OSCE	

Hom UG-Sur-II-5.57	PC/KS	K	Examination of scrotal swelling	Understand the anatomy of the scrotum and its contents, including the testes, epididymis, and spermatic cord	`C/1	MK	Small group discussion Audiovisual aids Case based discussion Case discussion on diagnostic imaging DOPS	Viva Skill assessment with simulated patients	LAQ OSCE Interpretation of image findings	
		KH		List and explain common causes of scrotal swelling (e.g., hydrocele, varicocele, epididymo-orchitis, testicular torsion, tumors)	C/2	MK				
		SH		Perform a systematic clinical examination of scrotal swelling, including inspection, palpation, and transillumination	P/1	MK				
		SH		Differentiate between types of scrotal swelling (e.g., hydrocele vs. varicocele, testicular torsion, and tumours) based on clinical examination findings	P/2	MK				
		KH		Interpret relevant diagnostic tests (e.g., ultrasound, Doppler	C/3	NK				

				studies) in the assessment of scrotal swelling						
Hom UG-Sur-II-5.58	PC/KS	K KH SH KH	Examination of penis	Understand the anatomy of the penis, including the corpora cavernosa, corpus spongiosum, urethra, and associated vasculature Identify and explain common causes of penile conditions (e.g., phimosis, paraphimosis, Peyronie's disease, balanitis, trauma, STIs) Perform a comprehensive clinical examination of the penis, including inspection and palpation, assessing for lesions, deformities, and discharge Differentiate between conditions affecting the penis based on clinical examination findings	C/1 C/2 P/1 C/2	MK MK MK MK	Small group discussion Audiovisual aids Case based discussion DOPS	Viva Skill assessment with simulated patients	SAQ OSCE Interpretation of image findings	

				(e.g., Peyronie's disease, balanitis, penile cancer)						

Topic: Hom UG-Sur-II-6. Orthopedics

Sl No	Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II-6.1	KS	K	Infections of bones and joints – Acute osteomyelitis	Define osteomyelitis	C/1	MK	Lecture Audio video aids Small group discussion Case based discussion	Viva	MCQ SAQ LAQ	
		K		Discuss the etiopathogenesis of osteomyelitis	C/2	MK				
		K		Describe the clinical features of osteomyelitis	C/2	MK				
		KH		Explain the diagnostic workup for osteomyelitis	C/2	MK				
		KH		Discuss the principles of management of osteomyelitis	C/2	MK				
Hom	KS	K	Infections of	Discuss the	C/2	MK	Lecture	Viva		Materia

UG-Sur-II-6.2			bones and joints – chronic osteomyelitis	pathology and clinical features of chronic osteomyelitis			Audio video aids Small group discussion		MCQ SAQ LAQ	Medica Repertory
		K		Describe the diagnostic workup specific to chronic osteomyelitis	C/2	DK				
		K		Discuss the management of chronic osteomyelitis	C/2	DK				
	HO	K		Discuss the homoeopathic therapeutics for osteomyelitis	C/1	MK				
Hom UG-Sur-II-6.3		K	Infections of bones and joints	Define Garre's osteomyelitis	C/1	DK	Lecture Audiovisual aid	Viva	SAQ	
		K		Describe the clinical features and diagnosis of Garre's osteomyelitis	C/2	DK				
Hom UG-Sur-II-6.4	KS	K	Infections of bones and joints	Describe Brodies abscess	C/1	DK	Lecture	Viva	SAQ	
Hom	KS	K	Infections of	Explain the	C/2	MK	Lecture	Viva		

UG-Sur-II-6.5		K KH	bones and joints	etiopathology of septic arthritis Discuss the clinical features and diagnosis of septic arthritis Discuss the management of septic arthritis	 C/2 C/2	 MK DK			SAQ	
Hom UG-Sur-II-6.6	KS	K	Infections of bones and joints	Describe Tom Smith arthritis	C/1	NK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.7	KS	K K K KH	Infections of bones and joints	Define Pott's disease Describe the pathology of Pott's disease Discuss the clinical features of Pott's disease Identify radiological findings specific to Pott's disease in imaging studies like X-ray, MRI and CT scan	C/1 C/2 C/2 C/2	MK MK MK DK	Lecture Audiovisual aid Small group discussion	Viva	MCQ SAQ LAQ	Practice of Medicine Radiology

		KH		Discuss the management of tuberculosis of spine (Potts disease)	C/2	DK				
Hom UG-Sur-II-6.8	KS	K	Infections of bones and joints	Describe Pott's paraplegia	C/1	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.9	KS	K K K KH	Infections of bones and joints	Describe the pathology of Tb of hip joint Enumerate the stages of hip joint TB Explain the clinical features, diagnosis of TB of Hip joint Discuss the management of TB of Hip joint	C/2 C/2 C/2 C/2	MK MK MK DK	Lecture Audiovisual aid	Viva	SAQ LAQ	
Hom UG-Sur-II-6.10	HO	K	Infections of bones and joints	Discuss the Homoeopathic therapeutics for infections of bones and joints	C/2	MK	Lecture Small group discussion	Viva	SAQ	Materia Medica Repertory
Hom UG-Sur-II-	KS	K	Bone tumors	Describe osteomas	C/1	MK	Lecture	Viva	SAQ	

6.11										
Hom UG-Sur-II-6.12	KS	K	Bone tumors	Describe Osteoid osteoma	C/1	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.13	KS	K	Bone tumors	Describe osteoblstoma, chondroblastoma, adamantinoma and chordoma	C/1	NK	Lecture Small group discussion	Viva	SAQ MCQ	
Hom UG-Sur-II-6.14	KS	K	Bone tumors	Describe the clinical features and diagnosis of Osteoclastoma (Giant cell tumor)	C/1	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.15	KS	K	Bone tumors	Discuss the pathology, clinical features, diagnosis and management of osteosarcoma	C/1	MK	Lecture	Viva	SAQ LAQ	
Hom UG-Sur-II-6.16	KS	K	Bone tumors	Describe Ewing's sarcoma	C/1	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.17	KS	K	Bone tumors	Discuss the pathology and clinical features of multiple myeloma	C/1	DK	Lecture	Viva	SAQ	
Hom UG-Sur-	KS	K	Bone tumors	Describe Osteochondroma	C/1	NK	Lecture	Viva	SAQ	

II-6.18										
Hom UG-Sur-II-6.19	KS	K	Bone tumors	Describe Enchondromas	C/1	NK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.20	HO	KH	Bone tumors	Discuss the therapeutics of bone tumors	C/1	MK	Lecture	Viva	SAQ	Materia Medica Repertory
Hom UG-Sur-II-6.21	KS	K	Diseases of bones	Describe Paget's disease of bone	C/1	NK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.22	KS	K	Diseases of bones	Describe Osteopetrosis	C/1	NK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.23	KS	K	Diseases of bones	Describe Perthe's disease	C/1	NK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.24	KS	K KH	Diseases of bones	Explain the Causes of avascular necrosis bone. How to diagnosis of Avascular necrosis	C/1 C/2	DK DK	Lecture	Viva	SAQ	

Hom UG-Sur-II-6.25	KS	K	Miscellaneous regional orthopedic conditions	Define Torticollis (Wry neck). Discuss the causes of Torticollis	C/1	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.26	KS	K	Miscellaneous regional orthopedic conditions	Describe Cervical rib. Discuss the clinical features and differential diagnosis of cervical rib	C/2	NK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.27	KS	K K KH	Miscellaneous regional orthopedic conditions	Describe the relevant anatomy of arch of foot. Describe flat foot Discuss the causes of flat foot Discuss the management of Flat foot	C/1 C/1 C/1 C/2	NK NK NK NK	Small group discussion A V mode	Viva	SAQ	
Hom UG-Sur-II-6.28	KS	K KH	Miscellaneous regional orthopedic conditions	Define Knock knee (Genu Valgum) Discuss the causes and treatment of Genu Valgum	C/1 C/2	NK NK	Lecture	Viva	SAQ	

Hom UG-Sur-II-6.29	KS	K KH	Miscellaneous regional orthopedic conditions	Define Genu Varum Discuss the causes and treatment of Genu Varum	C/1 C/2	NK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.30	KS	K	Miscellaneous regional orthopedic conditions	Describe Hallux Valgus	C/1	NK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.31	KS	K	Miscellaneous regional orthopedic conditions	Disrobe Osteogenesis imperfecta	C/1	NK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.32	KS	K KH	Prolapsed intervertebral disc	Describe relevant Anatomy of Intervertebral disc Discuss the changes in the spine, clinical features and diagnosis of intervertebral disc prolapse	C/1 C/2	MK MK	Lecture Audiovisual aid	Viva	SAQ MCQ	
Hom UG-Sur-II-	KS	K KH	Spinal deformities	Define scoliosis Discuss the	C/1 C/2	MK MK	Lecture	Viva	MCQ SAQ LAQ	

6.33				causes, diagnosis and principles of management of Scoliosis						
Hom UG-Sur-II-6.34	KS	K KH	Spinal deformities	Define Kyphosis Discuss the causes, diagnosis and principles of management of Kyphosis	C/1 C/2	MK	Lecture	Viva	LAQ	
Hom UG-Sur-II-6.35	KS	K	Spinal deformities	Describe spondylolisthesis	C/1	MK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.36	KS	K	Spinal deformities - Low back pain	Discuss the various causes of low back pain	C/1	MK	Lecture Small group discussion	Viva	MCQ LAQ	
Hom UG-Sur-II-6.37	PBL	SH	Spinal deformities Low back pain	Examination of Spine Clinical examination of a case of low back pain	P/2	MK	Clinical demonstration Small group discussion Simulation	Viva Observation Demonstration	Clinical demonstration OSCE	

							based learning DOPS			
Hom UG-Sur-II-6.38	KS HO	K K K	Low back pain-Sciatica	Define Sciatica Discuss the causes of sciatica Discuss the therapeutics of sciatica	C/1 C/1 C/1	MK MK MK	Lecture Audiovisual aids Small group discussion	Viva	SAQ	Materia Medica Repertory
Hom UG-Sur-II-6.39	KS	Kh	Diseases of joints - Arthritis and related diseases	Discuss the etiopathology, stages, clinical features, diagnosis and management of Rheumatoid arthritis	C/2	DK	Lecture Small group discussion	Viva	SAQ	Practice of medicine
Hom UG-Sur-II-6.40	KS HO	KH K	Diseases of joints - Arthritis and related diseases	Discuss the etiology, pathology, clinical features investigation and management of Ankylosing Spondylitis Discuss the Homoeopathic therapeutics for Ankylosing spondylitis	C/2 C/1	MK	Lecture Small group discussion	Viva	MCQ SAQ LAQ	Practice of medicine Materia Medica
Hom UG-	KS	KH	Diseases of joints Arthritis	Describe the types, pathology,	C/2	MK	Lecture AV mode	Viva	MCQ SAQ	Materia Medica

Sur-II-6.41	HO	K	and related diseases	clinical features, diagnosis and management of Osteoarthritis Discuss the Homoeopathic therapeutics for osteoarthritis	C/1		Small group discussion		LAQ	
Hom UG-Sur-II-6.42	PBL/PC	S	Knee joint examination	Demonstrate the clinical examination of knee joint	P/2	MK	Clinical demonstration. AV mode	Clinical demonstration	Clinical demonstration	
Hom UG-Sur-II-6.43	KS HO	K K	Diseases of joints – spine	Discuss the pathology, clinical features, diagnosis and management of Cervical spondylosis Discuss the Homoeopathic therapeutics for cervical spondylosis	C/2 C/1	MK MK	Lecture A V mode Small group discussion	Viva	MCQ SAQ LAQ	
Hom UG-Sur-II-6.44	KS	K	Diseases of joints- spine	Discuss the pathology, clinical features, diagnosis and management of lumbar spondylosis	C/2	MK	Lecture A V mode Small group discussion	Viva	MCQ SAQ	Materia Medica

	HO	K		Discuss the Homoeopathic therapeutics for Lumbar spondylosis	C/1	MK				
Hom UG-Sur-II-6.45	KS	K	Affections of soft tissues – Tendons, fascia, muscles etc	Describe Dupuytren's contracture	C/1	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.46	KS HO	K K	Affections of soft tissues – Tendons, fascia, muscles etc	Describe Tennis elbow Discuss the homoeopathic therapeutics for tennis elbow	C/1 C/1	MK MK	Lecture Small group discussion	Viva	SAQ	Materia Medica
Hom UG-Sur-II-6.47	KS	K	Affections of soft tissues – Tendons, fascia, muscles etc	Describe Golfer's elbow	C/1	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.48	KS	K	Affections of soft tissues – Tendons, fascia, muscles etc	Describe De Quervain's Tenosynovitis	C/1	DK	Lecture	Viva	SAQ	
Hom UG-	KS	K	Affections of soft tissues –	Describe Trigger finger	C/1	DK	Lecture	Viva	SAQ	

Sur-II-6.49			Tendons, fascia, muscles etc							
Hom UG-Sur-II-6.50	KS HO	K K	Affections of soft tissues – Tendons, fascia, muscles etc	Define ganglion Discuss the Homoeopathic therapeutics for ganglion	C/1 C/1	DK DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.51	KS	K	Affections of soft tissues – Tendons, fascia, muscles etc	Describe Carpel tunnel syndrome	C/1	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.52	KS HO	K KH	Affections of soft tissues – Tendons, fascia, muscles etc	Describe Frozen shoulder Discuss the clinical features and management of Frozen shoulder Discuss the Homoeopathic therapeutics for Frozen shoulder	C/1 C/2 C/1	DK MK MK	Lecture	Viva	SAQ	
Hom UG-Sur-	KS	K	Affections of soft tissues – Tendons,	Describe Plantar fasciitis	C/1	DK	Lecture	Viva	SAQ	

II-6.53	HO	K	fascia, muscles etc	Discuss the homoeopathic therapeutics for plantar fasciitis	C/1					
Hom UG-Sur-II-6.54	KS	K	Affections of soft tissues – Tendons, fascia, muscles etc	Describe painful arc syndrome	C/1	DK	Lecture	Viva	SAQ	

Hom UG-Sur-II-6.55	KS	K	Fracture	Define fracture	C/1	MK	Lecture Audiovisual aids	Viva	MCQ SAQ LAQ	Radiology Materia Medica
		KS		Discuss the various stages of fracture healing	C/2	MK	Small group discussion			
		KS		Enumerate the factors affecting fracture healing	C/2	MK				
		KS		Describe the types of fractures (e.g., simple, compound, comminuted) and the basic principles of fracture management	C/1	MK				
		KS		Identify the signs and symptoms of a fracture (e.g., pain, swelling, deformity, loss of function)	C/2	MK				
	PBL	SH		Observe / Perform emergency care of fractures,	P/2	MK	Hands-on clinical simulation (skill lab)	OSCE on emergency management techniques	OSCE station on emergency fracture care	

				including immobilization techniques (e.g., splinting), managing open fractures (e.g., wound dressing), and assessing for neurovascular injury			Practical demonstrations			
		KH		Interpret imaging techniques (e.g., X-rays, CT scans) to diagnose fractures, assess fracture type	C/2	MK	Hands-on imaging interpretation			
	KS	KH		Explain various treatment plan for fractures, including conservative management (e.g., casting, traction) and surgical options (e.g., internal fixation,	C/2	MK	Lecture Small group discussion Clinical workshop			

				external fixation)						
	KS	KH		Describe the pathophysiology of immediate complications of fractures, such as haemorrhage, compartment syndrome, and fat embolism	C/1	MK	Lecture Audiovisual aids Small group discussion			
	PBL/KS	KH/S		Explain/Recognise early complications of fractures, including infection, DVT (deep vein thrombosis), and acute respiratory distress syndrome (ARDS), and understand their clinical features	C/1	MK	Lecture Audiovisual aids Hands-on clinical simulation, Case demonstrations			
	KS	KH		Discuss the management plans for immediate complications,	C/2	MK				

				such as compartment syndrome (fasciotomy), haemorrhage control, and fat embolism syndrome (supportive care)						
	KS	KH		Explain the late complications of fracture	C/2	MK	Lecture Audiovisual aids			
	HO	KH		Discuss the scope of Homoeopathy in fracture cases along with the indications Homoeopathic medicines for fracture	C/2	MK	Lecture Small group discussion			

Hom UG-Sur-II-6.56	KS	K	Fracture -	Describe compartment syndrome	C/1	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.57	KS	K	Fracture	Describe Sudeck's dystrophy	C/1	NK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.58	KS	K	Fracture	Describe Myositis ossificans (Post traumatic ossificans)	C/1	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.59	KS	K KH	Joint injury	Define dislocation and subluxation of joints Explain the clinical features of joint dislocation	C/1 C/2	MK MK	Lecture Audiovisual aid	Viva	SAQ	
UG-Sur-II-6.60	KS	K	Fracture of Clavicle	Recall the anatomy of the clavicle, including its ossification, vascular, and neurological relations.	MK	C/1	Lecture Audiovisual aid X-ray image interpretations	Viva	MCQ SAQ	

		K		Describe the mechanism of injury leading to clavicular fractures (direct trauma, fall on outstretched hand, etc.)	MK	C/1				
		K		Classify clavicular fractures based on anatomical location	MK	C/1				
		KH		Identify clinical features of clavicular fractures, including swelling, deformity, pain, and restricted shoulder movement.	MK	C/2				
		KH		Assess for complications such as brachial plexus injury, subclavian vessel injury, and non-union.	DK	C/2				

		KH KH		Interpret radiographic findings of clavicular fractures using standard X-ray views Describe the management of clavicular fracture	NK NK	C/3 C/3				
Hom UG-Sur-II-6.61	KS	K KH	Injury around shoulder and fracture of Humerus	Describe the anatomy of the shoulder joint and humerus, including the glenohumeral joint, rotator cuff, and neurovascular structures Classify different types of shoulder injuries (e.g., dislocations, rotator cuff tears, labral tears) and humeral fractures (e.g., proximal, mid-shaft, distal)	C/1 C/2	MK MK	Lecture Audiovisual aid Hands-on clinical simulation, Patient examinations Practical demonstrations, Simulation-based learning	Viva OSCE	MCQ SAQ LAQ OSCE	

		KH		Identify clinical signs and symptoms of shoulder injuries (e.g., limited range of motion, deformity) and humerus fractures (e.g., swelling, pain, deformity)	C/2	MK				
		KH		Outline the emergency management of shoulder dislocations (e.g., reduction techniques) and humeral fractures (e.g., splinting)	C/2	MK				
		KH		Explain the complications of shoulder injuries (e.g., recurrent dislocation, rotator cuff tear) and humerus fractures (e.g., malunion, nerve injury)	C/2	MK				

	PBL	SH		Perform a clinical examination for shoulder injuries, and assess for humerus fractures	P/2	MK				
Hom UG-Sur-II-6.62	KS	K	Injuries around the elbow	Describe the anatomy of the elbow joint, including bony structures (humerus, radius, ulna), ligaments (collateral ligaments), and neurovascular structures	C/1	MK	Lecture Audiovisual aid Hands-on clinical simulation, Patient examinations Practical demonstration Simulation-based learning Imaging interpretation sessions	Viva OSCE	MCQ SAQ LAQ OSCE	
		KH		Classify common elbow injuries, including fractures (e.g., supracondylar, radial head	C/2	MK				

				fractures, olecranon fracture), dislocations and soft tissue injuries						
		KH		Explain the mechanisms of injury for common elbow conditions (e.g., fall on an outstretched hand leading to supracondylar fracture, elbow hyperextension causing dislocation)	C/2	DK				
		KH		Identify the clinical signs and symptoms of elbow fractures	C/2	MK				
		KH		Interpret imaging studies, including X-rays	C/2	DK				
		KH		Describe the emergency management of elbow	C/2	DK				

		KH		dislocations and fractures, including immobilization, neurovascular assessment Recognize the complications of elbow injuries, such as stiffness, malunion, non-union, compartment syndrome, and nerve palsies	C/2	DK				
Hom UG-Sur-II-6.63	KS	K	Injuries around elbow	Describe pulled elbow	C/1	DK	Lecture	Viva	SAQ	
Hom UG-Sur-II-6.64	KS	K	Injuries of the forearm and wrist	Describe the anatomy of the forearm and wrist, including bones (radius, ulna, carpal bones), ligaments, muscles, tendons, and neurovascular structures	C/1	MK	Lecture Audiovisual aid Hands-on clinical simulation, Patient examinations Practical demonstrations, Simulation-based learning Imaging interpretation	Viva OSCE	MCQ SAQ LAQ OSCE	

		KH		Explain the common forearm and wrist injuries, including fractures (e.g, Colles' fracture, Monteggia fracture dislocation, Galeazzi fracture, Smith's fracture)	C/2	MK	sessions			
		KH		Interpret imaging studies (e.g., X-rays for fractures) to diagnose forearm and wrist injuries and assess the severity	C/2	DK				
		KH		Describe the emergency management of forearm and wrist injuries, including immobilization (splints or casts)	C/2	MK				

Hom UG-Sur-II-6.65	KS	KH	Injuries of hand	Explain Bennett's fracture dislocation, Rolando's fracture, fracture of metacarpals, and fracture of phalanges	C/2	DK	Lecture Audiovisual aid Hands-on clinical simulation, Patient examinations Practical demonstrations, Simulation-based learning Imaging interpretation sessions	Viva OSCE	MCQ SAQ LAQ OSCE	
		KH		Interpret imaging studies (e.g., X-rays for fractures) to diagnose hand injuries to assess the severity	C/2	NK				
		KH		Describe the management of hand injuries, including immobilization (splints or casts)	C/2	NK				

Hom UG-Sur-II-6.66	KS/PBL	K	Examination of Injuries of upper limb	Recall the anatomy of upper limb bones, including the shoulder girdle, humerus, radius, ulna, and hand bones	C/1	MK	Audiovisual aids Case based discussion and demonstration Small group discussion Simulated case scenarios	Viva	MCQ SAQ OSCE	
		K		Describe the mechanism of injury and types of fractures involving the upper limb (e.g., clavicle fractures, humeral fractures, forearm fractures, hand fractures)	C/1	MK	DOPS X-ray Interpretations OSCE			
		KH		Identify clinical features and signs of fractures, including swelling, deformity, pain, abnormal mobility, and functional impairment.	C/2	MK				

		SH		Perform a systematic examination of suspected fractures, including inspection, palpation, and range of motion assessment. Assess neurovascular status (e.g., brachial plexus, radial, ulnar, and median nerve function; vascular assessment). Interpret radiographic findings of fractures involving the upper limb.	P/1 P/2 P/2	MK MK DK				

Hom UG-Sur-II-6.67	KS	K	Pelvic fracture	Describe the anatomy of the pelvis, including its bones, ligaments, and major blood vessels	C/1	MK	Lecture Audiovisual aid Hands-on clinical simulation, Patient examinations	Viva OSCE	MCQ SAQ LAQ OSCE	
		KH		Understand the mechanism of injury in pelvic fractures (e.g., high-energy trauma, falls) and their classification (e.g., stable vs. unstable, Type A, Type B and Type C)	C/2	MK	Practical demonstrations, Simulation-based learning Imaging interpretation sessions			
		KH		Identify the clinical features of pelvic fractures, including pain, inability to bear weight, and associated injuries (e.g., genitourinary and vascular injuries)	C/2	MK				
	PBL	SH		Perform a clinical examination to assess for pelvic fracture, including inspection, palpation, and stability tests	P/2	MK				
	KS	KH		Interpret imaging studies	C/2	DK				

Hom UG-Sur-II-6.68	KS	K	Dislocation of Hip	Describe the anatomy of the hip joint, including bones, ligaments, muscles, and blood supply	C/1	MK	Lecture Audiovisual aid Hands-on clinical simulation, Patient examinations	Viva OSCE	MCQ SAQ LAQ OSCE	
		KH		Understand the mechanism of injury leading to hip dislocation and fracture, including trauma from high-energy impacts (e.g., road traffic accidents, falls)	C/2	MK	Practical demonstrations, Simulation-based learning Imaging interpretation sessions			
		KH		Recognize the clinical features of hip fracture dislocation, including pain, deformity, and inability to move the limb	C/2	MK				
		KH		Interpret imaging studies (X-rays, CT scans, MRIs) for the diagnosis of hip fracture	C/2	DK				

				dislocation						
		KH		Discuss the initial emergency and different treatment options for hip fracture dislocation	C/2	DK				
		KH		Discuss potential complications of hip fracture dislocation, such as avascular necrosis (AVN), nerve injury, osteoarthritis, and thromboembolism	C/2	MK				

Hom UG-Sur-II-6.69	KS	K	Fracture of neck of femur	Describe the anatomy of the femoral neck and its blood supply, including the role of the medial circumflex femoral artery	C/1	MK	Lecture Audiovisual aid Hands-on clinical simulation, Patient examinations Practical demonstrations, Simulation-based learning Imaging interpretation sessions	Viva OSCE	MCQ SAQ LAQ OSCE	
		K		Understand the mechanism of injury leading to femoral neck fractures, particularly in elderly patients with osteoporosis and in high-impact trauma	C/2	MK				
		K		Recognize the clinical features of femoral neck fractures, including hip pain, shortened leg, and external rotation of the limb	C/2	MK				
		KH		Interpret imaging studies,	C/2	DK				

				including X-rays and CT scans, for the diagnosis of femoral neck fractures						
		KH		Discuss the emergency management and different treatment options for femoral neck fracture	C/2	NK				
	PBL	SH		Perform a clinical examination to assess for fracture of the neck of femur, including inspection, palpation, and assessment of limb shortening	P/2	MK				

Hom UG-Sur-II-6.70	KS	K	Fracture shaft of femur	Describe the anatomy of the femur, focusing on the structure of the shaft, muscles, and blood supply	C/1	MK	Lecture Audiovisual aid Hands-on clinical simulation, Patient examinations Practical demonstration, Simulation-based learning Imaging interpretation sessions	Viva OSCE	MCQ SAQ LAQ OSCE	
		K		Understand the mechanisms of injury leading to femoral shaft fractures, including high-energy trauma like road traffic accidents and falls	C/2	MK				
		K		Recognize the clinical presentation of femoral shaft	C/2	MK				
		KH		Interpret imaging studies (X-rays, CT scans) for diagnosis and classification of femoral shaft fractures	C/2	DK				
		KH		Discuss the	C/2					

				initial emergency management and treatment options for femoral shaft fracture						
		KH		Discuss potential complications of femoral shaft fractures, including fat embolism syndrome, compartment syndrome, and delayed union/non-union	C/2					
Hom UG-Sur-II-6.71	KS	K	Injuries around the knee	Describe the anatomy of the knee joint, including bones, ligaments, menisci, and cartilage	C/1	MK	Lecture Audiovisual aid Hands-on clinical simulation, Patient examinations	Viva OSCE	MCQ SAQ LAQ OSCE	
		K		Understand the mechanisms of common knee injuries, including ligament tears, meniscal	C/2	MK	Practical demonstration, Simulation-based learning Imaging interpretation sessions			

				injuries, fractures, and dislocations			DOPS			
		K		Recognize clinical features of knee injuries such as swelling, pain, instability, locking, and reduced range of motion	C/2	MK				
		KH		Interpret imaging studies (X-rays, MRI, and CT scans) for diagnosing knee injuries, including fractures, ligament tears, and meniscal injuries	C/2	DK				
		KH		Discuss the initial emergency management of knee injuries and treatment options for knee injuries	C/2	NK				

		K		Discuss common complications of knee injuries, such as stiffness, chronic instability, post-traumatic arthritis, and ligament failure	C/2	DK				
	PBL	SH		Perform a clinical examination of the knee, including inspection, palpation, range of motion assessment, and special tests (e.g., Lachman's test, McMurray's test, Drawer test)	P/2	MK				
Hom UG-Sur-II-6.72	KS	K	Injuries to the Leg, Ankle and Foot	Describe the anatomy of the leg, ankle, and foot, including bones (tibia, fibula, tarsals, metatarsals, phalanges),	C/1	MK	Lecture Audiovisual aid Hands-on clinical simulation, Patient examinations	Viva OSCE	MCQ SAQ LAQ OSCE	

				ligaments, and muscles			Practical demonstration, Simulation-based learning Imaging interpretation sessions			
		K		Understand the mechanisms of common leg, ankle, and foot injuries, including fractures (e.g., tibia, fibula, calcaneum, talus, Metatarsal and Phalanges of toes), ligament sprains (e.g., ankle sprains), tendon injuries, and dislocations	C/2	MK				
		K		Recognize the clinical features of leg, ankle, and foot injuries, such as pain, deformity, swelling, instability, and difficulty bearing weight	C/2	MK				
		KH		Interpret imaging studies	C/2	DK				

				(X-rays, MRI, CT scans) for diagnosing fractures, ligament injuries, and dislocations in the leg, ankle, and foot						
		KH		Discuss the initial emergency management and treatment options of leg, ankle, and foot injuries	C/2	NK				
	PBL	SH		Perform a clinical examination of the leg, ankle, and foot, including inspection, palpation, range of motion, and special tests	P/2	MK				

Hom UG-Sur-II-6.73	KS	K	Spinal injuries	Describe the anatomy of the spine, including vertebrae, intervertebral discs, spinal cord, nerve roots, and ligaments	C/1	MK	Lecture Audiovisual aid Hands-on clinical simulation, Patient examinations Practical demonstrations, Simulation-based learning Imaging interpretation sessions DOPS	Viva OSCE	MCQ SAQ LAQ OSCE	
		K		Understand the mechanisms of spinal injuries, including trauma (e.g., road traffic accidents, falls), sports injuries, and pathologic fractures	C/2	MK				
		K		Recognize the clinical features of spinal injuries, such as neck or back pain, paralysis, sensory loss, and neurogenic shock	C/2	MK				
		KH		Interpret imaging studies (X-rays, MRI, CT scans) for	C/2	DK				

				diagnosing spinal fractures, dislocations, and cord injuries						
		KH		Discuss the initial emergency management including spinal immobilization, neuroprotection and treatment options for spinal injuries	C/2	DK				
		KH		Discuss common complications of spinal injuries, including spinal cord injury complications (e.g., paralysis), pressure sores, deep vein thrombosis (DVT), and respiratory issues	C/2	DK				
	PBL	SH		Perform a clinical examination of the spine,	P/2	MK				

				including inspection, palpation, neurological assessment, and special tests (e.g., straight-leg raise test)						
Hom UG-Sur-II-6.74	KS	K K	Traumatic paraplegia	Define traumatic paraplegia and describe its common causes, such as spinal cord injury due to trauma (e.g., road traffic accidents, falls, sports injuries) Recognize the clinical features of traumatic paraplegia, including motor and sensory deficits, autonomic dysfunction (e.g., bladder, bowel control),	C/1 C/2	MK MK	Lecture Audiovisual aids Small group discussion Case based discussion and demonstration Simulation based learning			

				and secondary complications						
		KH		Discuss the initial emergency management of traumatic paraplegia, including spinal immobilization, airway management, and prevention of secondary injury	C/2	MK				
		KH		Explain the definitive treatment options for traumatic paraplegia	C/2	NK				
		KH		Discuss the long-term complications of traumatic paraplegia, including	C/2	DK				
	PBL	SH		Perform a clinical	P/2	MK				

				examination for traumatic paraplegia, including neurological assessment (motor and sensory testing), deep tendon reflexes, and autonomic function assessment						
	HO	K		Discuss the Homoeopathic therapeutics for traumatic paraplegia	C/1	MK				

Topic: Hom UG-Sur-II.7. Diseases of Ear, Nose and Paranasal Sinuses, Throat (External/Internal) & Neck

Ear

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II.7.1	KS	K	Ear	Review the concepts of applied anatomy of Ear- External, middle, inner ear	C/2	MK	Lecture Audiovisual mode	Viva	MCQ SAQ	Anatomy
Hom UG-Sur-II.7.2	KS	K		Review the concepts of physiology of Ear: Hearing & Equilibrium	C/2	MK	Lecture Audiovisual mode	Viva	MCQ SAQ	Physiology
Hom UG-Sur-II.7.3	KS	K		Discuss the steps of case taking of Ear Case	C/2	MK	Lecture, small group discussion	Viva	--	Organon Repertory and case taking
Hom UG-Sur-II.7.4	PC	SH		Observe Ear examination	P/1	MK	Observation, small group discussion	DOPS	--	

Hom UG-Sur-II.7.5	KS	K	Disease of External Ear	Discuss Congenital defects, trauma & infections of external ear Management of Trauma of Ear Discuss Wax, Foreign bodies, Neoplasm Management of Wax & Foreign body removal	C/2 C/2 C/2 C/2	MK	Lecture, small group discussion Audiovisual aids		MCQ SAQ	Anatomy
Hom UG-Sur-II.7.6	HO	KH	Homoeopathic therapeutics of external ear	Describe the homeopathic remedies for diseases of external ear	C/1	MK	Lecture Small group discussion Inter departmental seminar		SAQ	Materia medica Repertory
Hom UG-Sur-II.7.7	KS	K	Disease of Middle ear	Discuss aetiology of ASOM Discuss Pathology of	C/1 C/1	MK MK	Lecture, small group discussion Audiovisual aids	Viva	MCQ SAQ LAQ	Anatomy

				ASOM Describe Clinical features of ASOM Discuss investigations in ASOM Describe the treatment of ASOM – procedure: Aural toilet & Surgical: myringotomy	 C/2 C/1 C/1	 MK MK NK				
Hom UG-Sur-II.7.8	HO	KH	Homoeopathic therapeutics of ASOM	Describe the homeopathic remedies for ASOM	C/1	MK	Lecture Small group discussion Inter departmental seminar	Viva	SAQ	Materia Medica Repertory
Hom UG-Sur-II.7.9	KS	K	Disease of Middle ear: Chronic suppurative otitis media	Describe the types of CSOM Discuss the etiology of CSOM Describe the pathology of CSOM	C/1 C/2 C/1	MK MK MK	Lecture Small group discussion Inter departmental seminar	Viva	MCQ SAQ LAQ	

				Describe the clinical features of CSOM Discuss investigations in CSOM	C/2	MK				
				Discuss the differential diagnosis CSOM	C/1	MK				
				Describe the management of CSOM: conservative and surgical – tympanoplasty, mastoidectomy	C/1	NK				
				Describe the complications of Otitis media: Mastoid infection, intracranial infection, extracranial infection	C/2	MK				
Hom UG-Sur-II.7.10	HO	KH	Homoeopathic therapeutics of CSOM	Describe homeopathic remedies for CSOM	C/1	MK	Lecture Small group discussion Inter departmental seminar	Viva	SAQ	Materia Medica Repertory
Hom UG-Sur-II.7.11	KS	K	Disease of middle ear: Chronic Non suppurative	Describe Eustachian catarrh, Serous otitis media, atelectasis of the tympanum, tympanosclerosis	C/2	DK	Lecture Small group discussion	Viva	SAQ	Anatomy

			otitis Media							
Hom UG-Sur-II.7.12	KS	K	Earache	Define Aetiology, investigation of Otalgia	C/2	MK	Lecture Small group discussion	Viva	SAQ	
Hom UG-Sur-II.7.13	HO	KH	Homeopathic Therapeutics of Earache	Describe homoeopathic remedies for earache	C/2	MK	Lecture Small group discussion Inter departmental seminar	Viva	SAQ	Materia Medica Repertory
Hom UG-Sur-II.7.14	KS	K	Otorrhea	Describe Aetiology, Features, Investigation and management of Otorrhea	C/2	MK	Lecture Small group discussion	Viva	SAQ	
Hom UG-Sur-II.7.15	HO	KH	Homeopathic Therapeutics Otorrhea	Describe homoeopathic remedies for Otorrhea	C/2	MK	Lecture Small group discussion Inter departmental seminar	Viva	SAQ	Materia Medica Repertory
Hom UG.Sur-II.7.16	KS	K	Deafness	Describe Types of Deafness Discuss Causes of Deafness Discuss Management of Deafness	C/2 C/2	MK MK	Lecture Small group discussion	Viva	SAQ	

				Hearing aids & Implants	C/2	NK				
Hom UG-Sur-II.7.17	PBL	SH		Demonstrate examination of case of Deafness – hearing test	P/2	MK	Clinical demonstration. AV mode	Clinical demonstration	Clinical demonstration	
Hom UG-Sur-II.7.18	HO	KH	Homeopathic Therapeutics Deafness	Describe homoeopathic remedies for Deafness	C/2	MK	Lecture Small group discussion Inter departmental seminar	Viva	SAQ	Materia Medica Repertory
Hom UG-Sur-II.7.19	KS	K	Tinnitus	Describe Types of Tinnitus Discuss Causes of Tinnitus Discuss Investigations and Management of Tinnitus	C/2 C/2 C/2	MK MK NK	Lecture Small group discussion	Viva	SAQ	
Hom UG-Sur-II.7.20	HO	KH	Homeopathic Therapeutics Tinnitus	Describe homoeopathic remedies for Tinnitus	C/2	MK	Lecture Small group discussion Inter departmental seminar	Viva	SAQ	Materia Medica Repertory
Hom UG-	KS	K	Vertigo	Describe Causes of Vertigo	C/2	MK	Lecture Small group	Viva	SAQ	

Sur-II.7.21				Discuss Investigations and Management of Vertigo	C/2	NK	discussion			
Hom UG-Sur-II.7.22	PBL	SH		Demonstrate examination of the case of Vertigo	P/2	MK	Clinical demonstration. AV mode	Clinical demonstration	Clinical demonstration	
Hom UG-Sur-II.7.23	HO	K	Homeopathic Therapeutics Vertigo	Describe homoeopathic remedies for Vertigo	C/2	MK	Lecture Small group discussion Inter departmental seminar	Viva	SAQ	Materia Medica Repertory
Hom UG-Sur-II.7.24	KS HO	K K		Discuss aetiology, pathology, clinical features, investigation, management of Menier's disease Discuss homoeopathic therapeutics of Menier's disease	C/2 C/1	MK MK	Lecture Small group discussion AV mode	Viva	MCQ SAQ	
Hom UG-Sur-II.7.25	KS	K		Discuss aetiology, pathology, clinical features, investigation, management of Benign positional vertigo, acoustic neuroma	C/2	MK	Lecture Small group discussion	Viva	MCQ SAQ	

	HO	K		Discuss homoeopathic therapeutics of Benign positional vertigo, acoustic neuroma	C/1	MK	AV mode			Materia Medica Repertory
Hom UG-Sur-II.7.26	KS HO	K K		Discuss aetiology, pathology, clinical features, investigation, management of Facial paralysis, Bell's Palsy Discuss homoeopathic therapeutics of Facial paralysis, Bell's Palsy	C/2 C/1	MK MK	Lecture Small group discussion AV mode	Viva	MCQ SAQ	Materia Medica Repertory

Nose and Paranasal sinuses

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II.7.27	KS	K	Nose & paranasal sinus	Review the concepts of applied anatomy of Nose and paranasal sinus	C/2	MK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Anatomy, Physiology**
Hom UG-Sur-II.7.26	KS	K		Review the concepts of functions of Nose and paranasal sinus	C/2	MK	Lecture Audiovisual mode			
Hom UG-Sur-II.7.28	KS	K	Case Taking	Discuss the steps of case taking of Case of Nose and Paranasal sinus	C/2	MK	Lecture, small group discussion	Viva	--	Organon Repertory and case taking
Hom UG-Sur-II.7.29	PC	SH	Examination of Nose and Paranasal sinus	Observe examination of Nose: Anterior Rhinoscopy & Posterior Rhinoscopy & paranasal sinus	P/1	MK	Observation, small group discussion	DOPS	--	
Hom UG-Sur-	KS	K	Disease of external nose	Discuss Deformity, fracture of nose, vestibulitis,	C/1	NK	Lecture Audiovisual mode	Viva	MCQ/SAQ/LAQ	

II.7.30										
Hom UG-Sur-II.7.31	KS	K	Deviated Nasal Septum	Describe Etiology of DNS	C/1	MK	Lecture Audiovisual mode	Viva	MCQ/SAQ	
				Discuss Pathology of the DNS	C/1	MK				
				Discuss the symptoms, complication, Differential diagnosis of DNS	C/1	MK				
				Discuss management of DNS	C/1	NK				
	HO	K		Discuss homoeopathic therapeutics of DNS	C/1	DK				**Materia Medica Repertory**
Hom UG-Sur-II.7.32	KS	K	Rhinitis	Discuss Types of Rhinitis	C/1	MK	Lecture Audiovisual mode	Viva	MCQ/SAQ	
Hom UG-Sur-II.7.33	KS	K	Rhinitis	Describe aetiology, clinical feature, D/D, Complications, treatment of Common cold	C/1	MK	Lecture Audiovisual mode	Viva	MCQ/SAQ/LAQ	
	HO	K		Discuss homoeopathic therapeutics of common cold	C/2	MK				**Materia Medica Repertory**

	KS	K		Describe different types of Chronic rhinitis e.g Chronic simple rhinitis, chronic hypertrophic rhinitis, Atrophic rhinitis, Rhinitis sciaa, Rhinosporidiosis, Rhinoscleroderma	C/2	NK				
Hom UG-Sur-II.7.34	KS	K	Allergic rhinitis	Discuss etiology of Allergic rhinitis Describe mechanism and pathology of Allergic rhinitis Discuss clinical types and symptoms of allergic rhinitis Describe diagnosis and treatment of allergic rhinitis	C/1 C/1 C/1 C/1	MK MK MK DK	Lecture Audiovisual mode Small group discussion	Viva	MCQ/SAQ/LAQ	
Hom UG-Sur-II.7.35	KS	K	Vasomotor Rhinitis	Describe aetiology, pathology, clinical features, treatment of Vasomotor rhinitis	C/1	DK	Lecture	Viva	MCQ/SAQ	
Hom UG-	HO	KH	Therapeutics of Rhinitis	Describe homoeopathic treatment of rhinitis	C/2	MK	Lecture AV	Viva	MCQ/SAQ/LAQ	**Materia Medica Repertory**

Sur-II.7.36							Small group discussion			
Hom UG-Sur-II.7.37	KS	K	Nasal Polyp	Define Nasal Polyp Describe types, etiology, pathology, clinical features, investigation of Nasal Polyp Describe management of nasal polyp	C/1 C/2 C/1	MK MK DK	Lecture Audiovisual mode	Viva	MCQ/SAQ/LAQ	
Hom UG-Sur-II.7.38	HO	KH	Therapeutics of Nasal polyp	Describe homoeopathic treatment for nasal polyp	C/2	MK	Lecture AV Small group discussion	Viva	MCQ/SAQ/LAQ	**Materia Medica Repertory**
Hom UG-Sur-II.7.39	KS	K	Miscellaneous disease of Nose and sinus	Discuss Cerebrospinal rhinorrhoea, Foreign body, rhinolith, choanal atresia, oroantral fistula, proptosis	C/1	NK	Lecture Audiovisual mode	Viva	MCQ/SAQ	
Hom UG-Sur-II.7.40	KS	K	Epistaxis	Describe Causes, site, clinical features, investigation and management of Epistaxis	C/1	MK	Lecture Audiovisual mode	Viva	MCQ/SAQ	
Hom UG-Sur-II.7.41	HO	KH		Describe homoeopathic treatment for epistaxis	C/2	MK	Lecture AV Small group discussion	Viva	MCQ/SAQ/LAQ	**Materia Medica Repertory**
Hom UG-Sur-	KS	K	Sinusitis	Describe cause, pathology, clinical features, investigation,	C/1	MK	Lecture Audiovisual mode	Viva	MCQ/SAQ/LAQ	

II.7.42				differential diagnosis, complication of Acute Maxillary sinusitis Discuss management of Acute Maxillary sinusitis	C/1	NK				
Hom UG-Sur-II.7.43	KS	K		Describe cause, pathology, clinical features, investigation, differential diagnosis, complication of Acute frontal sinusitis Discuss management of Acute frontal sinusitis	C/1 C/1	MK NK	Lecture Audiovisual mode	Viva	MCQ/SAQ/LAQ	
Hom UG-Sur-II.7.44	KS	K		Discuss Management of chronic maxillary sinusitis & chronic frontal sinusitis	C/1	NK	Lecture Audiovisual mode	Viva	MCQ/SAQ	
Hom UG-Sur-II.7.45	KS	K	Tumor, cyst of Nose and Sinus	Discuss benign tumor & Cyst & Malignant tumor of Nose & Sinus	C/1	NK	Lecture Audiovisual mode	Viva	MCQ/SAQ	
Hom UG-Sur-II.7.46	HO	KH	Therapeutics of Nose and paranasal sinus diseases	Describe homoeopathic treatment for Sinusitis Discuss homoeopathic treatment for the cyst and tumour of nose and sinus	C/2 C/2	MK NK	Lecture AV Small group discussion	Viva	MCQ/SAQ/LAQ	**Materia Medica Repertory**

Pharynx

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II.7.47	KS	K	Pharynx	Review the concepts of applied anatomy of pharynx	C/2	MK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Anatomy**
Hom UG-Sur-II.7.48	KS	K		Review the concepts of functions of Pharynx	C/2	MK	Lecture Audiovisual mode			**Physiology**
Hom UG-Sur-II.7.49	PC	SH	Examination of Pharynx	Observe examination of Pharynx	P/1	MK	Observation, small group discussion	DOPS	--	
Hom UG-Sur-II.7.50	KS	K	Tonsillits	Describe aetiology, types, sign& symptoms, differential diagnosis complication of acute and chronic tonsilitis Management of acute and chronic tonsilitis, tonsillectomy	C/1 C/1	MK NK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Anatomy**

Hom UG-Sur-II.7.51	KS	K	Adenoids	Describe aetiology, clinical features, diagnosis, differential diagnosis of adenoids Management of adenoids, adenoidectomy	C/2 C/2	MK NK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Anatomy**
Hom UG-Sur-II.7.52	HO	KH	Therapeutics of tonsilitis & Adenoids	Describe homoeopathic treatment for Acute and chronic tonsillitis and adenoids	C/2	MK	Lecture AV Small group discussion	Viva	MCQ/SAQ/LAQ	**Materia Medica Repertory**
Hom UG-Sur-II.7.53	KS	K	Diseases of pharynx	Describe aetiology, pathology, clinical features, differential diagnosis of acute and chronic pharyngitis Discuss Vincent's angina, diphtheritic pharyngitis, Thrush, Discuss Pharyngeal Abscess: Quinsy, acute & chronic retropharyngeal abscess, parapharyngeal abscess Discuss pharyngeal	C/2 C/2 C/2	MK NK NK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Anatomy Pathology**

				diverticulum, stylohyoid syndrome, Globus hystericus Describe types, aetiology, symptoms, diagnosis and treatment of pharyngeal tumours	C/2 C/1	NK NK				
Hom UG-Sur-II.7.54	HO	KH	Homoeopathic therapeutics for Pharynx	Describe homeopathic treatment for Acute & chronic pharyngitis Describe homoeopathic treatment for pharyngeal abscess, tumours other diseases	C/1 C/1	MK NK	Lecture AV Small group discussion	Viva	MCQ/SAQ/LAQ	**Materia Medica Repertory**

Larynx and Trachea

Sl. No.	**Domain of Competency**	**Miller**	**Content**	**SLO**	**Bloom/ Guilbert**	**Priority**	**TL MM**	**Assessment**		**Integration**
								F	**S**	
Hom UG-Sur-	KS	K	Larynx	Review the concepts of applied anatomy of	**C/2**	MK	Lecture Audiovisual	Viva	MCQ SAQ	**Anatomy**

II.7.55				Larynx			mode			
Hom UG-Sur-II.7.56	KS	K		Review the concepts of functions of Larynx	**C/2**	MK	Lecture Audiovisual mode			**Physiology**
Hom UG-Sur-II.7.57	PC	SH	Examination of Larynx	Observe examination of Larynx	P/1	MK	Observation, small group discussion	DOPS	--	
Hom UG-Sur-II.7.58	KS HO	K KH	Laryngitis	Describe aetiology, types, sign& symptoms, differential diagnosis complication of acute and chronic Laryngitis Management of acute and chronic Laryngitis Homoeopathic treatment for acute & chronic Laryngitis	C/1 C/1 C/2	MK NK MK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Anatomy**
Hom UG-Sur-II.7.59	KS HO	K KH	Disease of Larynx	Describe aetiology, types, sign& symptoms, differential diagnosis complication of Laryngeal Paralysis Discuss Homoeopathic treatment for the laryngeal paralysis	C/1 C/1	DK NK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Anatomy**

	KS	K		Discuss aetiology, symptoms, investigation & management of Laryngeal web, singer's nodes, Laryngocele, stridor	C/2	NK				
	KS	K		Discuss aetiology, symptoms, types, investigation & management of Laryngeal tumors	C/2	MK				
	HO	KH		Discuss Homoeopathic treatment for stridor, laryngeal web, tumors	C/1	NK				
	KS	KH		Discuss aetiology, mechanism, investigation & treatment of Hoarseness of voice & Disorder of voice	C/1	MK				
	HO	K		Discuss homoeopathic treatment for hoarseness of voice	C/1	MK	Hands-on imaging interpretation			
	PBL	KH		Interpret imaging techniques (e.g., X-rays, CT scans, MRI,) to diagnose Laryngeal	C/1	DK				

				disease						
Hom UG-Sur-II.7.60	KS PBL	K KH	Trachea	Describe classification, functions, indication, contraindication, complication and sequelae of tracheostomy Procedure of tracheostomy	C/1 C/2	MK NK	Lecture Audiovisual mode DOPS	Viva	MCQ SAQ	

Thyroid

Sl No	Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II.7.61	**KS** **KS**	**K** **K**	**Disease of Thyroid**	Discuss anatomy and physiological aspects of Thyroid Gland Describe investigations used for investigation of thyroid gland – USG, FNAC, PET, CT, MRI, Isotope scanning	**C/1** C/1	**DK** DK	Lecture Audiovisual mode	Viva	MCQ SAQ	**Pathology**

	KS	**K**		Describe cause, types, Clinical features, diagnosis of thyroid swelling (Goiter)	C/1	MK				
	HO	**KH**		Discuss homoeopathic medicines for the Goitre	C/2	MK				**Materia Medica Repertory**
	KS	**K**		Describe cause, clinical features, investigation of Hypothyroidism	C/1	MK				
	HO	**KH**		Discuss homoeopathic treatment for the hypothyroidism	C/2	MK				**Materia Medica Repertory**
	KS	**K**		Describe cause, clinical features, investigation of Hyperthyroidism, thyrotoxicosis	C/2	MK				
	HO	**KH**		Discuss homoeopathic treatment for the hyperthyroidism, thyrotoxicosis	C/2	MK				**Materia Medica Repertory**

	KS **HO** **PBL**	**K** **KH** **SH**		Describe aetiology, types, clinical features, investigation of Cancer of Thyroid Discuss homoeopathic treatment for the cancer of thyroid Describe the physical examination of the thyroid gland	C/1 C/2 P/2	NK DK DK	Lecture, Audiovisual Integrated Teaching Audiovisual Demonstration			**Materia Medica Repertory**
Hom UG-Sur-II.7.62	KS PBL/PC	K K S SH	Examination of Neck swelling	Describe the boundaries, triangles, and important anatomical landmarks of the neck. Classify neck swellings based on their location (Midline and lateral swellings) and pathology Obtain a detailed history focusing on onset, duration, progression, associated symptoms, and systemic Demonstrate thorough physical examination	C/1 C/1 P/1 P/2	MK MK MK MK	Lecture Audiovisual aids Simulated patients Case based discussion and demonstration DOPS	Viva Observation of Clinical demonstration	LAQ OSCE	

				of neck swelling including, inspection, palpation and auscultation						
		SH		Examine the lymph nodes, thyroid gland, and other structures to identify associated findings.	P/2	MK				
		KH		Correlate clinical findings with likely causes, including inflammatory lymphadenopathy, thyroid swellings, and neoplastic lesions.	C/3	MK				

Topic: Hom UG-Sur-II.8. Diseases of breast-

Sl No	Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II.8.1	KS	K	Describe the anatomy of the breast	Identify lobes, ducts, and connective tissue of the breast	C/1	MK	Lecture, Diagrams, Models, Audiovisual aids	Viva	MCQ, SAQ	Anatomy
Hom UG-Sur-II.8.2	KS	K	Anatomy: Vascular and lymphatic supply	Describe vascular and lymphatic supply	C/1	MK	Lecture, Diagrams, Models	Viva	MCQ, SAQ	Anatomy
Hom	KS	KH	Anatomy: Clinical	Relate anatomy to	C/2	MK	Lecture,	Viva	MCQ, SAQ	Anatomy

UG-Sur-II.8.3			relevance	common breast diseases			Diagrams, Models			
Hom UG-Sur-II.8.4	KS	K	Mammography: Diagnostic and screening utility	Interpret mammography findings	C/3	MK	Case-Based Learning	Viva	SAQ	Radiology
Hom UG-Sur-II.8.5	PC	KH	Mammography: Diagnostic and screening utility	Discuss indications and limitations of mammography Differentiate between screening and diagnostic mammography	C/3	DK	Case-Based Learning	Viva	SAQ	Radiology
Hom UG-Sur-II.8.6	KS KH	K KH	Aberration of Normal Development and Involution (ANDI) Pathophysiology, clinical features, and imaging	Define ANDI and its subtypes	C/1 C/2	MK MK	Lecture, Case Studies	Viva,	MCQ, SAQ	
Hom UG-Sur-II.8.7	PC	K	Aberration of Normal Development and Involution (ANDI) Clinical features and diagnostic tools including Imaging	Discuss clinical presentations and diagnostic tools	C/3	MK	Lecture, Case Studies	Viva,	MCQ, SAQ, LAQ	
Hom UG-Sur-II.8.8	HO	K	Aberration of Normal Development and Involution (ANDI)	ExplainHomeopathic therapeutics for ANDI	C/1	MK	Lecture, Case Studies	Viva,	MCQ, SAQ, LAQ	

			Homoeopathic management							
Hom UG-Sur-II.8.9	KS	K	Fibroadenosis and Fibrocystic Disease Etiopathogenesis	Define &Differentiate between fibroadenosis and fibrocystadenosis	C/2	MK	Lecture, Case Studies	Viva,	MCQ, SAQ, LAQ	
Hom UG-Sur-II.8.10	KS	K KH	Fibroadenosis and Fibrocystic Disease Clinical features& Investigations	Describe clinical features of Fibroadenosis and Fibrocystic Disease Describe investigations for Fibroadenosis and Fibrocystic Disease	C/2 C/2	MK	Lecture, Case Studies	Viva,	MCQ, SAQ, LAQ	
Hom UG-Sur-II.8.11	HO	K	Fibroadenosis and Fibrocystic Disease Homeopathic Therapeutics	Discuss management strategies, including homeopathy	C/2	MK	Lecture, Case Studies	Viva,	MCQ, SAQ, LAQ	
Hom UG-Sur-II.8.12	KS	K	Phyllodes Tumour -Tumour classification	Define &Classify phyllodes tumour	C/1	MK	Lecture	Viva	MCQ SAQ	
Hom UG-Sur-II.8.13	PC	K	Phyllodes Tumour - Clinical features& Investigations	Describe clinical features & investigations	C/1	MK	Lecture, Case Studies	Viva,	MCQ, SAQ, LAQ	
Hom UG-Sur-II.8.14	HO	K	Phyllodes Tumour Homeopathic Therapeutics	Discuss management strategies, including homeopathy	C/1	MK	Lecture, Case Studies	Viva,	MCQ, SAQ, LAQ	
Hom UG-	KS	K	Mastalgia: Types and	- Identify types of mastalgia (cyclical,	C/1	MK	Lecture, Case-Based	Viva,	MCQ, SAQ, LAQ	

Sur-II.8.15			pathophysiology	non-cyclical)			Learning			
Hom UG-Sur-II.8.16	PC	K KH	Mastalgia: Diagnosis and treatment	Correlate mastalgia with hormonal changes Explain treatment approaches	C/1 C/2	MK DK	Lecture, Small Group Discussion	Viva,	MCQ, SAQ, LAQ	
Hom UG-Sur-II.8.17	HO	K	Mastalgia: Homeopathic therapeutics	- Discuss homeopathic management for cyclical mastalgia	C/1	MK	Lecture	Viva,	MCQ, SAQ, LAQ	
Hom UG-Sur-II.8.18	KS	K	Traumatic Fat Necrosis: Aetiopathogenesis	Explain causes and clinical findings of fat necrosis	C/2	MK	Lecture, Small Group Discussion	Viva,	MCQ, SAQ	
Hom UG-Sur-II.8.19	PC	KH KH	Traumatic Fat Necrosis: Diagnosis and treatment	Discuss imaging findings and differential diagnoses Outline management strategies	C/2 C/2	DK DK	Case-Based Learning	Viva,	MCQ, SAQ	
Hom UG-Sur-II.8.20	HO		Traumatic Fat Necrosis: Homeopathic therapeutics	- Discuss homeopathic management for cyclical mastalgia	C/1	MK	Lecture, Case-Based Learning	Viva,	MCQ, SAQ	
Hom UG-Sur-II.8.21	KS	K KH	Galactocele: Etiology and imaging	Define galactocele Discuss clinical and imaging findings	C/1 C/2	MK MK	Lecture, Case-Based Learning	Viva,	MCQ, SAQ	
Hom UG-Sur-II.8.22	HO	K	Galactocele: Homeopathic therapeutics	Discuss the homeopathic treatments for galactocele	C/1	MK	Lecture, Case-Based Learning	Viva,	MCQ, SAQ	
Hom	KS	K	Mastitis&	Differentiate between	C/1	MK	Lecture, Case-	Viva,	MCQ, SAQ	

UG-Sur-II.8.23			Antibioma: Pathogenesis and classification	infective and non-infective mastitis Describe Antibioma	C/1	MK	Based Learning			
Hom UG-Sur-II.8.24	PC	KH	Mastitis: Diagnosis and treatment	Discuss diagnostic methods - Explain medical and surgical management options	C/2	MK	Lecture, Case-Based Learning	Viva,	MCQ, SAQ	
Hom UG-Sur-II.8.25	HO	K	Mastitis: Homeopathic therapeutics	- Discuss homeopathic options for mastitis management	C/1	MK	Lecture, Case-Based Learning	Viva,	MCQ, SAQ	
Hom UG-Sur-II.8.26	KS	K	Duct Ectasia: Pathogenesis and diagnosis	Identify clinical presentations and imaging findings	C/3	DK	Small Group Discussion	Viva,	MCQ, SAQ	
Hom UG-Sur-II.8.27	PC	K	Mondor's Disease: Clinical and management	Explain the management of superficial thrombophlebitis (Mondor's disease)	C/3	NK	Lecture, Case-Based Learning	Viva,	MCQ, SAQ	
Hom UG-Sur-II.8.28	KS	KH	Breast Cysts: Pathogenesis and classification	Differentiate simple and complex cysts	C/1	MK	Lecture, Case-Based Learning	Viva	MCQ, SAQ	
Hom UG-Sur-II.8.29	KS	K	Breast Cysts: Diagnosis and treatment	Explain imaging and aspiration techniques	C/2	MK	Case-Based Learning	Viva	MCQ, SAQ	
Hom UG-Sur-II.8.30	HO	K	Breast Cysts: Homeopathy	Discuss homeopathic treatments for breast cysts	C/1	MK	Lecture, Small Group Discussion	Viva	MCQ, SAQ	
Hom	KS	K	Galactorrhoea:	Explain hormonal	C/2	MK	Lecture, Small	Viva	MCQ, SAQ	

UG-Sur-II.8.31			Pathogenesis and endocrinology	and systemic causes of galactorrhoea			Group Discussion			
Hom UG-Sur-II.8.32	KS	K K KH	Gynaecomastia:	Define Gynaecomastia Enumerate the causes of Gynaecomastia Discuss surgical and medical treatment options	C/1 C/2	MK MK DK	Lecture, Case-Based Learning	Viva	MCQ, SAQ	
Hom UG-Sur-II.8.33	HO	K	Homeopathic management of Gynaecomastia	Outline homeopathic approaches to treating gynaecomastia	C/1	MK	Lecture	Viva	MCQ, SAQ	
Hom UG-Sur-II.8.34	KS	K	Mammary Fistula: Etiology and pathogenesis	Explain causes and clinical presentation of mammary fistula	C/3	DK	Lecture, Case-Based Learning	Viva	MCQ, SAQ	
Hom UG-Sur-II.8.35	KS	K K KH KH	Carcinoma Breast	Classify carcinoma of the breast Explain the risk factors and etiopathogenesis of breast cancer Identify the clinical features of breast cancer, including symptoms and signs Outline the role of	C/1 C/2 C/2 C/2	MK MK MK DK	Lecture Audiovisual aids	Viva	MCQ, SAQ, LAQ	Materia Medica Repertory

		KH KH KH		diagnostic tools such as Mammogram, Ultrasound and biopsy Explain the staging of breast cancer based on TNM classification Discuss the treatment options Discuss the complications of breast cancer and its treatments	C/2 C/2 C/3	MK DK NK				
Hom UG-Sur-II.8.36	HO	K	Carcinoma Breast: Homeopathic therapeutics	- Discuss homeopathic remedies for carcinoma breast	C/1	Must Know	Case-Based Learning	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.8.37	KS	K	Male Breast Carcinoma: Clinical presentation	Recognize symptoms and diagnostic signs	C/1	DK	Lecture, Small Group Discussion	Viva	MCQ, SAQ	
Hom UG-Sur-II.8.38	KS	K	Nipple Retraction: Diagnosis and treatment	Discuss causes, diagnostic techniques, and management	C/2	MK	Case-Based Learning	Viva	MCQ, SAQ	
Hom UG-Sur-	HO	K	Homeopathy: Male Breast Carcinoma	Outline homeopathic approaches to male breast carcinoma	C/1	MK	Lecture	Viva	MCQ, SAQ	

II.8.39										
Hom UG-Sur-II.8.40	KS/PBL	K	Breast examination	List common conditions affecting the breast both benign and malignant lesions	C/1	MK	Lecture Clinical demonstrations Audiovisual aids DOPS Case based learning Image interpretations Integrated case discussion and examination with Gynaecology department	Viva	SAQ OSCE (Examination skills, Case presentation)	Gynecology
		K		Describe the clinical features of breast diseases	C/1	MK				
		K		Explain the indications and techniques of breast examination	C/2	MK				
		S		Observe breast examination.	P/1					
		SH		Examine the axillary, supraclavicular, and infraclavicular lymph nodes	P/2					
		S		Identify clinical findings suggestive of malignancy	P/3	MK				
		KH		Correlate examination findings with imaging studies and biopsy results	C/3	MK				

Topic: HOM UG-SUR-II.9. Ophthalmology -

Sl No	Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II.9.1	**KS**	**K**	Describe the anatomy and physiology of vision	Identify the anatomy of the eye, including cornea, lens, retina, and optic nerve, orbit	C/1	MK	Lecture, Audiovisual aids	Viva	MCQ, SAQ	**Anatomy Physiology**
		K		Describe the physiology of vision, including accommodation, color vision, and adaptation Visual pathway	C/1					
		K		Explain reflex arcs like pupillary and corneal reflexes	C/1					
Hom UG-Sur-II.9.2	**KS**	**K**	Optics: Basics of refraction	Explain the principles of refraction, accommodation, and visual acuity	C/2	MK	Lecture, Audiovisual aids	Viva	MCQ, SAQ	**Physiology**
Hom UG-Sur-II.9.3	**KS**	**K**	Define, classify and describe the management of refractive errors.	Definition of myopia, hypermetropia and astigmatism	C/1	MK	Lecture, Audiovisual aids	Viva	MCQ, SAQ, LAQ	
		KH		Describe the etiopathogenesis, Types, Clinical	C/2	MK				

		KH		features, investigations & management of myopia, hypermetropia, astigmatism. Describe the indications and advantages, complications of contact lenses	C/2	DK				
Hom UG-Sur-II.9.4	**PC**	**SH**	Demonstrate the steps in performing the visual acuity assessment and colour vision	Assess visual acuity using Snellen's chart, pin hole testing and interpret the findings Assess near vision using Times new Roman charts. Assess color vision using Ishihara's color plates	P/2	MK	DOAP, Case study	Viva, DOAP	DOAP	
Hom UG-Sur-II.9.5	**HO**	**K**	Homeopathic management of refractive errors.	Discuss the Homeopathic management of refractive errors.	C/1	MK	Lecture	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.6	**KS**	**K**	Diseases of Conjunctiva	Discuss causes and clinical features of conjunctivitis	C/2	MK	Lecture, Small Group Discussion	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.7	**PC**	**K**	Diseases of Conjunctiva	Explain diagnostic and therapeutic approaches for bacterial, viral, and	C/2	DK	Lectures, Case-Based Learning	Viva	MCQ, SAQ, LAQ	

				allergic conjunctivitis						
Hom UG-Sur-II.9.8	**HO**	**K**	Homeopathic management of Diseases of Conjunctiva.	Discuss the Homeopathic management of Diseases of Conjunctiva.	C/1	MK	Lecture	Viva	MCQ, SAQ, LAQ	**Materia Medica Repertory**
Hom UG-Sur-II.9.9	**KS**	**K**	Diseases Of Cornea	Describe corneal anatomy and its role in refractive power	C/1	MK	Lecture, Audiovisual aids, Models	Viva	MCQ, SAQ	**Anatomy**
Hom UG-Sur-II.9.10	**KS**	**K** **KH**	Diseases Of Cornea	Discuss the aetiology, and clinical features of Keratitis, Corneal ulcers and Corneal abrasions Discuss management of keratitis, ulcers, and corneal abrasions	C/2 C/2	MK DK	Lecture, Small Group Discussion	Viva	MCQ, SAQ, LAQ	
1 Hom UG-Sur-II.9.11	**HO**	**K**	Homeopathic management of Diseases of Cornea.	Discuss the Homeopathic management of Diseases of Cornea.	C/1	MK	Lecture	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.12	**KS**	**K** **K**	Glaucoma	Define Glaucoma Differentiate types of glaucoma (open-angle, angle-closure)	C/1 C/2	MK MK	Lecture, Models, Case studies	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.13	**PC**	**KH**	Glaucoma: Clinical features, Diagnostic tools and treatment	Describe the clinical features of Glaucoma. Explain the use of	C/2	MK	Lectures, Simulation, Case Studies	Viva	MCQ, SAQ, LAQ	

				tonometry, perimetry, and OCT in diagnosis						
Hom UG-Sur-II.9.14	**HO**	**K**	Homeopathic management of Glaucoma	Discuss the Homeopathic management of Glaucoma.	C/1	MK	Lecture	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.15	**KS**	**K**	Retina: Structural and functional aspects	Explain retinal anatomy, including layers and blood supply	C/1	MK	Lecture, Models	Viva	MCQ, SAQ	**Anatomy**
Hom UG-Sur-II.9.16	**PC**	**K**	Retinal diseases	Recognize common retinal diseases (e.g., diabetic retinopathy, retinal detachment, ARMD)	C/1	MK	Lecture, Problem-Based Learning	Viva	MCQ, SAQ	
		K		Describe the clinical features and pathophysiology of retinal diseases.	C/2	MK				
		KH		Discuss management of common retinal diseases (diabetic retinopathy, AMD)	C/2	DK				
Hom UG-Sur-II.9.17	**HO**	**K**	Homeopathic management of Retinal diseases	Discuss the Homeopathic management of Retinal diseases	C/1	MK	Lecture	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.18	**KS**	**K**	Diseases of Sclera	Identify structural features and common disorders of the sclera	C/1	MK	Lecture, Models	Viva	MCQ, SAQ	

Hom UG-Sur-II.9.19	**PC**	**K**	Diseases of Sclera	Discuss scleritis and episcleritis and their management	C/2	MK	Lecture, Small Group Discussion	Viva	MCQ, SAQ	
Hom UG-Sur-II.9.20	**HO**	**K**	Homeopathic management of Diseases of Sclera	Discuss the Homeopathic management of Diseases of Sclera	C/1	MK	Lecture	Viva	MCQ, SAQ	
Hom UG-Sur-II.9.21	**KS**	**K**	Diseases of the uveal tract	Explain the structure and role of the uveal tract	C/1	MK	Lecture, Models	Viva	MCQ, SAQ	
Hom UG-Sur-II.9.22	**KS**	**K**	Diseases of the uveal tract	Discuss types of uveitis	C/2	MK	Lecture, Small Group Discussion	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.23	**HO**	**K**	Diseases of the uveal tract	Discuss the Homeopathic management of Diseases of the uveal tract	C/1	MK	Lecture	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.24	**KS**	**K**	Diseases of the lens	Explain lens structure and its role in focusing	C/1	MK	Lecture, Models	Viva	MCQ, SAQ, LAQ	**Anatomy**
Hom UG-Sur-II.9.25	**KS**	**K**	Diseases of the lens	Discuss types of cataract and surgical options	C/2	MK	Lecture, Small Group Discussion, Case based Learning	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.26	**HO**	**K**	Diseases of the lens	Discuss the Homeopathic management of Diseases of the lens	C/1	MK	Lecture	Viva	MCQ, SAQ, LAQ	
Hom	**KS**	**K**	Neuro-	Explain the	C/3	DK	Lecture, Small	Viva	MCQ,	**Physiology,**

UG-Sur-II.9.27			ophthalmological disorders	relationship between visual pathways and neurological disorders			Group Discussion,		SAQ,	**Practice of Medicine**
2 Hom UG-Sur-II.9.28	**PC**	**K**	Neuro-ophthalmological disorders	Discuss optic neuritis, papilledema, and cranial nerve palsies affecting vision	C/2	MK	Lecture, Small Group Discussion, Case based Learning	Viva	MCQ, SAQ,	**Practice of Medicine**
Hom UG-Sur-II.9.29	**HO**	**K**	Neuro-ophthalmological disorders	Discuss the Homeopathic management of Neuro-ophthalmological disorders	C/1	MK	Lecture	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.30	**KS**	**K** **K**	Strabismus and Nystagmus	Define Strabismus Explain types of strabismus (esotropia, exotropia)	C/1 C/2	MK MK	Lecture, Small Group Discussion,	Viva	MCQ, SAQ,	
Hom UG-Sur-II.9.31	**PC**	**K** **K**	Strabismus and Nystagmus	Define Nystagmus Discuss types of nystagmus and their clinical relevance	C/1 C/2	MK MK	Lecture, Small Group Discussion, Case based Learning	Viva	MCQ, SAQ,	
Hom UG-Sur-II.9.32	**HO**	**K**	Strabismus and Nystagmus	Discuss the Homeopathic management of Strabismus and Nystagmus	C/1	MK	Lecture	Viva	MCQ, SAQ, LAQ	
Hom UG-	**KS**	**K**	Diseases of the eyelids	Describe the anatomy of the	C/1	MK	Lecture, Diagrams	Viva	MCQ, SAQ	

Sur-II.9.33				eyelids and common disorders						
Hom UG-Sur-II.9.34	**PC**	**K**	Diseases of the eyelids	Discuss blepharitis, chalazion, and eyelid tumors and their management	C/2	MK	Lecture, Small Group Discussion, Case based Learning	Viva	MCQ, SAQ,	
Hom UG-Sur-II.9.35	**HO**	**K**	Diseases of the eyelids	Discuss the Homeopathic management of Diseases of the eyelids	C/1	MK	Lecture	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.36	**KS**	**K**	Diseases of the lacrimal apparatus	Explain the anatomy of the lacrimal glands and ducts	C/1	MK	Lecture, Diagrams, Models	Viva	MCQ, SAQ	
Hom UG-Sur-II.9.37	**PC**	**K**	Diseases of the lacrimal apparatus	Discuss acute & Chronic Dacryocystitis, dry eye syndrome, and their treatments	C/2	MK	Lecture, Small Group Discussion, Case based Learning	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.38	**HO**	**K**	Diseases of the lacrimal apparatus	Discuss the Homeopathic management of Diseases of the lacrimal apparatus	C/1	MK	Lecture	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.39	**KS**	**K**	Ocular injuries	Describe types of ocular injuries and their mechanisms	C/2	MK	Lecture, Simulation	Viva	MCQ, SAQ,	
Hom UG-Sur-II.9.40	**KS/PB**	**KH**	Ocular injuries	Discuss and understand emergency management of chemical burns, blunt	C/3	DK	Problem-Based Learning	Viva	MCQ, SAQ	**Emergency Medicine**

				trauma, and penetrating injuries						
Hom UG-Sur-II.9.41	**HO**	**KH**	Ocular injuries	Discuss the Homeopathic management of Ocular injuries	C/1	MK	Lecture	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.9.42	**KS**	**K**	Examination of the eye and vision	Describe techniques like visual acuity testing, fundoscopy, and slit-lamp examination	C/3	DK	Demonstration, Simulation	Viva	OSCE	
Hom UG-Sur-II.9.43	**KS/PC**	**KH**	Examination of the eye and vision-Diagnostic relevance	Interpret examination findings for various ocular conditions	C/3	MK	Simulation, Small Group Discussion	Viva	OSCE	

Topic: Hom UG-Sur-II.10. Dentistry-

Sl No	Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-II.10.1	KS	K	Describe dental anatomy Structural and functional aspects	Identify the anatomy of teeth, including enamel, dentin, pulp, and periodontal structures	C/1	MK	Lecture, Models, Audiovisual aids	Viva	MCQ, SAQ	Anatomy
Hom UG-Sur-II.10.2	KS	K	Dental Anatomy: Occlusion and alignment	Explain occlusal surfaces, alignment, and their functional relevance	C/1	MK	Lecture, Models, Audiovisual aids	Viva	MCQ, SAQ	Anatomy

Hom UG-Sur-II.10.3	KS	K	Jaw Tumours: Types and pathogenesis	Classify jaw tumours (benign and malignant)	C/2	MK	Lecture, Case-Based Learning	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.10.4	KH	KH KH	Jaw Tumours: Diagnosis and treatment	Explain clinical and radiographic features Discuss surgical and non-surgical options	C/2 C/2	MK NK	Lecture, Case-Based Learning Image interpretation session	Viva	MCQ, SAQ	
Hom UG-Sur-II.10.5	HO	K	Homeopathic therapeutics for Jaw tumors	Outline homeopathic remedies for managing jaw tumours	C/1	MK	Lecture, Case-Based Learning	Viva	MCQ, SAQ, LAQ	
Hom UG-Sur-II.10.6	KS	K	Epulis: Types and pathophysiology	Classify epulis (fibrous, granulomatous, giant cell)	C/1	MK	Lecture, Small Group Discussion	Viva	MCQ, SAQ	
Hom UG-Sur-II.10.7	KS	K	Epulis: Diagnosis and treatment	Discuss clinical presentations and histological findings	C/2	MK	Lecture Audiovisual aids Problem-Based Learning	Viva	MCQ, SAQ	
Hom UG-Sur-II.10.8	HO	K	Epulis: Homeopathy	Explain homeopathic approaches to epulis treatment	C/1	MK	Lecture	Viva	MCQ, SAQ	
Hom UG-Sur-II.10.9	KS	KH	Ameloblastoma: Pathogenesis and classification	Classify ameloblastoma subtypes (unicystic,	C/2	DK	Lecture, Case-Based Learning	Viva	MCQ, SAQ	

				multicystic)						
Hom UG-Sur-II.10.10	KS	K	Ameloblastoma: Surgical and non-surgical options	Explain treatment approaches, including enucleation and resection	C/2	NK	Small Group Discussion	Viva	MCQ, SAQ	
Hom UG-Sur-II.10.11	HO	K	Homeopathic therapeutics for ameloblastoma	Discuss homeopathic therapeutics for ameloblastoma	C/1	MK	Lecture	Viva	MCQ, SAQ	
Hom UG-Sur-II.10.12	KS	K	Dentigerous Cysts: Pathogenesis and diagnosis	Identify radiological and clinical findings of dentigerous cysts	C/2	MK	Lecture, Simulation	Viva	MCQ, SAQ	Radiology
Hom UG-Sur-II.10.13	KS	K	Dentigerous Cysts: Surgical management	Explain surgical enucleation and follow-up protocols	C/2	MK	Lecture Problem-Based Learning	Viva	MCQ, SAQ	
Hom UG-Sur-II.10.14	KS	KH	Dental Cysts: Pathogenesis and types	Classify dental cysts (radicular, residual, odontogenic keratocyst)	C/1	MK	Lecture, Small Group Discussion	Viva	MCQ, SAQ	
Hom UG-Sur-II.10.15	KS	K	Dental Cysts: Diagnosis and treatment	Discuss clinical presentations and radiological findings	C/2	MK	Problem-Based Learning	Viva	MCQ, SAQ	Radiology
Hom UG-Sur-II.10.16	KS	K	Alveolar Abscess: Etiology and diagnosis	Explain causes and clinical features of alveolar abscess	C/1	MK	Lecture, Small Group Discussion	Viva	MCQ, SAQ	
Hom UG-Sur-	KS	KH	Alveolar Abscess: Management	Discuss drainage techniques	C/2	DK	Lecture Case-Based Learning	Viva	MCQ, SAQ	

II.10.17										
Hom UG-Sur-II.10.18	HO	K	Homeopathic therapeutics for Alveolar Abscess	Outline homeopathic management for dental abscesses	C/1	MK	Lecture	Viva	MCQ, SAQ	
Hom UG-Sur-II.10.19	KS/PBL/PC	K	Examination of teeth and gums	Recall the anatomy of teeth and gums, including structure, types, and functions	C/1	MK	Lecture Case based learning Clinical demonstration DOPS Role play	Viva	MCQ SAQ OSCE	
		K		Identify normal dentition and gum appearance	C/1	MK	Small group discussion			
		K		Recognize common dental and gum conditions (e.g., caries, gingivitis, periodontitis)	C/2	MK				
		S		Perform inspection of the teeth for alignment, caries, discoloration, or damage	P/1	MK				
		S		Assess the gums for signs of inflammation, bleeding, recession, or any lesions	P/1	MK				

		S		Examine for malocclusion and jaw alignment abnormalities	P/1	MK				
		SH		Document and communicate findings effectively to the patient	P/2	MK				
		SH		Counsel the patient on oral hygiene practices and the importance of dental care	P/2	NK				

Topic: Hom UG-Sur-II.11.1. Instruments for demonstration-

Sl No	Domain of Competency	Miller Level	Content	SLO	Bloom/ Guilbert Level	Priority	Teaching-Learning Methods (TL)	Assessment		Integration
								F	S	
Hom UG-Sur-II.11.1	KS	SH/KH	*List of instruments: Allis tissueforceps	Identify the surgical instruments	P/1	MK	Lectures Small group discussions Demonstration	Viva	OSCE	
		KH	Curved allis Mosquito forceps Tooth forceps Chittal forceps	Describe the function of various surgical instruments	C/2	MK				
		SH	Needle holder Sponge holding	Handle basic surgical instruments appropriately	P/2	MK				

			forceps Simple forceps							
		KH	Rubber catheter Folley's catheter Cannula Tracheal tube Straight scissor	Identify the situations to select the appropriate instrument for specific procedures	C/3	DK				
		KH	Artery forceps Scissors Proctoscope Suture material Dressing material Ryle's tube Catheter Dressing tray Kidney tray Tray Dressing drum Auroscope Stethoscope Measuring tape Hammer Ophthalmoscope Tonometer Dental instruments ENT instruments Infant feeding tube Laryngoscope Retractor Sim's speculum *List of instruments and	Explain the maintenance and sterilization process for surgical instruments	C/2	NK				

			surgical items as per "The National Commission for Homoeopathy Minimum Essential Standards for Homoeopathic Medical Colleges and Attached Hospitals Regulation – 2024"							

For X-rays and Procedures please refer the Competency table under relevant sections

7. Teaching learning methods

Lectures (Theory)	**Non-lectures (Practical/Demonstrative)***
Lectures	Clinical demonstration- DOAP, DOPS
Audio visual aid	Problem based discussion, small group discussions, seminar, tutorials
Integrated lectures	Case based learning
	OSCE, Skill lab
	Radiology workshops
	Assignments
	Library reference
	Self-learning

***Training- Practical – Lab work – Field – Clinical Hospital work**

a.) Students should undergo clinical postings in General Surgery outpatient departments (OPDs) and surgery wards. Additionally, rotations should be arranged in ENT, Ophthalmology, Orthopedics, Dental Surgery units and Casualty, either within the collegiate hospital or in affiliated hospitals with which a Memorandum of Understanding (MOU) has been established for such training.

b.) OPD/ IPD posting of students: All students should have their clinical register.

CLINICAL REGISTER – 3RD BHMS

Name Of Student:_____ **Roll No:**_____ **Batch:**_____

<table>
<tr><td rowspan="3">Sr. No.</td><td rowspan="3">Date</td><td rowspan="3">Reg No.</td><td rowspan="3">Name of patient</td><td rowspan="3">Age/ Sex</td><td rowspan="3">Clinical Diagnosis</td><td>Treatment</td><td>OPD/ Rural</td><td>Department</td><td rowspan="3">Work advised</td><td>Working done</td><td rowspan="3">Sign of Teacher</td></tr>
<tr><td>Operation</td><td>IPD</td><td rowspan="2">Physician</td><td>Working checked</td></tr>
<tr><td>Procedure</td><td>Casualty</td><td>Feedback received</td></tr>
</table>

c.) The clinical register should be checked by teaching faculty.

d.) The topics already taught in the classroom should be demonstrated to students through clinical teaching.

e.) Students should be trained in proper history taking, clinical examination, advising relevant investigations, interpreting the results, and applying Homoeopathic management effectively.

f.) Journal/Record: Students should document 10 cases from General Surgery/Systemic surgery and 10 cases from each of the special surgery units, including Ophthalmology, ENT, Dental, and Orthopaedics, during the third year. It should be integrating the Surgery, Organon, Materia medica and repertory.

g.) Students should be posted in surgery wards of collegiate hospital and tie-up hospitals for exposure of minor surgical procedures.

8. Details of assessment

8.1 Overall Scheme of Assessment (Summative)

Sr. No	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)		
1	Third Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		20 Marks Viva	100 Marks Practical/ Viva Viva voce -50 marks Practical – 50 marks a) Surgical case taking, analysis and evaluation-30 marks. b) OSCE- 20 marks	20 Marks Viva	200 marks theory	200 marks (refer table 8.8) Practical+ Viva+ IA

PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; IA: Internal Assessment

8.2 Number of papers and mark distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Practical/ Clinical**	Viva Voce	Internal Assessment*	Grand Total
1	Hom-UG Sur-II	02	200 marks	100 marks	80 marks	20 marks (Marks of PA I + TT I + PA II)	400 marks

***Method of Calculation of Internal Assessment Marks for Final University Examination:**

Marks of IA (M) = S + T /2

S = Marks of IA in II BHMS

T = Marks of IA in III BHMS = (Marks of PA-1 + Marks of TT + Marks of PA-2) / 140 X 20

****Refer to the table 7.8 for the details of practical/clinical exam and marks distribution in FUE**

8.3 Paper Layout

Summative assessment (FUE):

<u>Theory- 200 marks</u>

Paper-1 **(100 marks)** General Surgery-with therapeutics ENT, Ophthalmic, dentistry and Orthopaedic with therapeutics		
1	LAQ	50 marks
2	SAQ	40 marks
3	MCQ	10 marks

Paper-2 (100 marks) Systemic Surgery (Peripheral vascular, Lymphatics, Nerve, GIT, GUT, Thorax, abdominal wall, umbilicus, breast, hernias, heart and pericardium along with therapeutics		
1	LAQ	50 marks
2	SAQ	40 marks
3	MCQ	10 marks

8.4 Theme-wise distribution of questions for theory exam paper I

Theme	Topics	Term	LAQ	SAQ	MCQ	Marks
A **Trauma /Injury**	Introduction to surgery, Scope and limitations of Homoeopathy in surgical conditions	I	NO	YES	No	20
	Injury – types Head injury; Road traffic accident; injury to chest, abdomen **Wound & wound healing** Scar, keloid Ulcers, Sinus and fistula Haemorrhage Blood transfusion Shock Fluid, electrolytes and acid-base balance Nutrition Burn, skin grafting **Homoeopathic Therapeutics** for – Injuries, Scar, Keloid, Ulcers, Sinus & Fistula, Haemorrhage, Shock, Burns	I	YES	YES	YES	
B-	**Common surgical infections** Boil, Carbuncle, Abscess, Cellulitis, and erysipelas,	I	NO	YES	YES	5

Concept of Infectious Disease and Host Response	Hidradenitis suppurativa, septicaemia, pyaemia **Homoeopathic Therapeutics**					
	Special infections- Tuberculosis, syphilis, acquired immunodeficiency syndrome, actinomycosis, leprosy, tetanus, infective gangrene **Homoeopathic therapeutics**	I	NO	YES	YES	
C- Concept of Swelling	Tumours: Benign, malignant; Carcinoma, sarcoma, fibrosarcoma; naevus, melanoma Lipoma, fibroma, adenoma, neuroma, Neurilemmoma, Neurofibroma, Haemangioma Cysts **Homoeopathic therapeutics**	I	YES	YES	YES	15
D- Orthopedics	Diseases of the bones, cranium, vertebral column, fractures and dislocations Diseases of the joints. Diseases of the muscles, tendons and fascia **Homoeopathic therapeutics** for orthopaedic conditions	II	YES	YES	YES	15
E- Ophthalmology	Applied Anatomy, Physiology of eye Examination of eye Identification of bitot spots, pallor, conjunctival injection, pupillary reactions, to identify systemic and eye conditions. Diseases of eyelids, eyelashes and lachrymal drainage system. Diseases of Eyes including injury related problems. Acuity of vision, visual field and vision defects Accommodation defects **Homoeopathic therapeutics** for diseases of Eyes	II	YES	YES	YES	15

F- ENT, Thyroid, Neck	Applied anatomy and applied physiology of ear Examination of ear Diseases of external, middle and inner ear Applied anatomy and physiology of nose and paranasal sinuses. Examination of nose and paranasal sinuses Diseases of nose and paranasal sinuses Applied Anatomy and applied Physiology of pharynx, larynx, tracheobronchial tree, Examination of pharynx, larynx, tracheobronchial tree, oesophagus Diseases of the Throat External/ and Internal, Thyroid **Homoeopathic therapeutics for Diseases** of Nose and Paranasal sinuses, Ear and Throat (External and Internal)	II	YES	YES	YES	20
G- Dentistry and diseases of oral cavity	Applied anatomy, physiology of teeth and gums; Milestones related to teething. Examination of Oral cavity Diseases of gums Diseases of teeth Problems of dentition Oral malignancies Oral hygiene Oral health in systemic disorders **Homoeopathic therapeutics** for diseases of Teeth and Gums	II	YES	YES	YES	10

8.5 Distribution of questions for theory exam paper II

Theme	Topics	Term	LAQ	SAQ	MCQ	Marks
A- Diseases of transporting channels	Diseases of blood vessels: **A. Arteries:** Arterial occlusion; Ischemic disease of arteries, Injury, Aneurysm, Embolism, Thrombosis, Atherosclerosis, Gangrene, Thrombo-angiitis obliterans (Burger's Disease), Raynaud's disease, **B. Veins:** Thrombosis: Thrombophlebitis, Deep Vein Thrombosis, Varicose veins, Venous ulcer **C. Lymphatics and lymph nodes:** - lymphangiography, lymphoedema, lymphomas, Hodgkin's lymphoma, non-Hodgkin's lymphoma, Burkitt's lymphoma, cutaneous T cell lymphoma, chylous ascites, chylothorax, sarcoidosis Acute lymphangitis, Acute lymphadenitis, chronic lymphadenitis **D. Diseases nerves** **E. Nerves: Peripheral nerves -** injury of Brachial plexus, Median nerve, Ulnar nerve, Radial nerve, axillary, common perineal, long thoracic, medial Popliteal, Carpal tunnel syndrome, claw hand, foot drop **F. Homoeopathic therapeutics** for diseases of Arteries, Veins, Lymphatics and Nerves	I & II	YES	YES	YES	20
B- Diseases of the alimentary	a. Diseases of palate, Cheek, Tongue, Floor of the mouth & Salivary Glands	I & II	YES	YES	YES	25

tract	b. Oesophagus: Esophagitis, investigations, Congenital abnormalities, Perforation, Injuries, GERD, Hiatus hernia, tumours c. Peritoneum: Peritonitis - Acute, Biliary, Postoperative; Pelvic abscess, Subphrenic abscesses, Mesenteric cysts d. Retroperitoneal Spaces: Fibrosis, Swelling, Tumours, Psoas Abscess e. Stomach & Duodenum: Test for gastric secretion, Gastritis, Peptic ulcer, gastric & duodenal ulcer, Hematemesis, Gastric outlet Obstruction, Pyloric stenosis, Neoplasm, duodenum diverticula, fistula f. Small intestine & Large intestine: Congenital, Diverticulum, ulcerative colitis, Ischemic colitis, Faecal fistula, Tumours, Barium enema, Intestinal obstruction, Intussusception, Adhesion and Bands g. Appendix: Appendicitis h. Abdominal Tuberculosis i. Rectum & anal canal: Investigation, examination, fissure in ano, piles, pruritus ani, prolapse of rectum, fistula in ano, ano-rectal abscess j. Abdominal hernias k. **Homoeopathic therapeutics** for diseases of alimentary tract , Hernias					
C- Diseases of liver, spleen, gall bladder	A) Liver: Liver Tumours: Benign, Primary malignant; Portal HTN - oesophageal varices, Ascites, Hepatic failure, Hepatic encephalopathy	I & II	YES	YES	YES	20

and bile duct	B) Liver: Liver insufficiency, investigations, injuries, Hepatomegaly, Infection of liver - Amoebic liver abscess, Hydatid cyst, Actinomycosis, Pyogenic C) Gall bladder & bile duct: Investigations, injuries, gall stone, Acute and chronic cholecystitis, stone in common bile duct, Biliary stricture, biliary fistula, Surgical jaundice, CA D) Spleen: Investigation, Injury, Splenomegaly, splenic artery aneurysm infarct & rupture, Cyst of spleen, TB, Abscess, Neoplasm E) Pancreas: investigations, Anomalies, Pancreatitis, Abscess, Calculus, Trauma, Fistula, Cyst, Tumours F) **Homoeopathic therapeutics** for diseases of Liver, Gallbladder, Pancreas and Spleen					
D. Thorax, heart and pericardium	Pleural tap, Bronchoscopy, Flail Chest and Stove in chest, Pneumothorax, Tension Pneumothorax, Haemothorax, Emphysema, Lung Abscess, Intercostal tube drainage, Shock lung (Stiff lung) Pulmonary embolism, Surgical emphysema, Lung cysts, Mediastinal tumour, Pancoast tumours, Chest wall tumours, , Diaphragmatic hernia, Pericardium & Heart: Cardiac tamponade, Congenital cardiac disease, valvular disease, Pericarditis **Homoeopathic therapeutics** for diseases of Thorax, Heart and Pericardium Diseases of Breast with Homoeopathic therapeutics	I & II	YES	YES	YES	10
E. Diseases of	A. Urology: Investigation- Urine, renal	II	YES	YES	YES	25

urogenital system.	function, urography, pyelography, cystography, USG B. **Kidney:** Haematuria, PCKD, Injuries to Kidney, Renal TB, Hydronephrosis, Pyonephrosis, Perinephric abscess, Renal calculus, Ureteric calculi, Wilm's tumour, Renal cell carcinoma, C. **Urinary Bladder:** Anomalies, Vesical calculus, Cystitis, Recurrent cystitis, Bladder tumour, Bladder injury, Neurogenic bladder, Vesicoureteric reflux, Urinary fistula D. **Prostrate:** BPH, Prostatitis, Ca prostrate E. **Urethra:** Injury, Stricture, Hypospadias, Urethral calculi, Urethritis, Retention of urine F. **Penis:** Phimosis, paraphimosis, Circumcision, Ca of Penis G. **Scrotum:** Hydrocele, Haematocele, Pyocele, Cyst of Epididymis, varicocele H. **Testis:** Undescended testis, Ectopic testis, Torsion of testis, Orchitis, epididymis I. **Homoeopathic therapeutics** for diseases Genitourinary system					

8.6 Question paper blue print Paper I

Question serial No	Type of Question	Theme Table for Framing Question paper - Refer Theme Table No 8.4 for themes
Q. 1	Multiple choice Question (MCQ) Total 10 questions – 1 Mark each Attempt all questions	Theme – A Theme – B Theme – C Theme – D Theme – E Theme – F Theme – G
Q.2	Short answer questions (SAQ) Total - 8 questions - 5 marks each Attempt all questions	Theme – A Theme – B Theme – C Theme – D Theme – E Theme – F Theme – G
Q.3	Long answer questions (LAQ) Total – 5 questions – 10 marks each Attempt all questions	Theme – A Theme – C Theme – D Theme – E Theme – F

8.7 Question paper blue print Paper I

Question serial No	Type of Question	Theme Table for Framing Question paper - Refer Theme Table No II: for themes
Q. 1	Multiple choice Question (MCQ) Total 10 questions – 1 Mark each Attempt all questions	Theme – A Theme – B Theme – C Theme – D Theme – E
Q.2	Short answer questions (SAQ) Total - 8 questions - 5 marks each Attempt all questions	Theme – A Theme – B Theme – C Theme – D Theme – E
Q.3	Long answer questions (LAQ) Total – 5 questions – 10 marks each Attempt all questions	Theme – A Theme – B Theme – C Theme – E

8.8 Details of practical assessment

Sl.no.	Practical/clinical activity	Marks
	Clinical	
A.	**Surgical case-taking**	
a.	One Surgical case taking – bedside case taking with case analysis	15 marks

b.	Demonstration of clinical examination of the surgical case- OSCE	15 marks
c.	Provisional diagnosis and differential diagnosis	10 marks
d.	Management General. Accessory, Surgical and Homoeopathic Therapeutics.	10 marks
	Practical	
B.	Identification of Instruments	15 marks
C.	X-ray interpretation	10 marks
D.	Journal/ Surgical case record	20 marks
E.	Clinical register maintenance	05 marks
F.	**Viva Voce -Clinical and therapeutics (Theory)**	**80 marks**
G.	**Internal assessment**	**20 marks**
	Total	**200 marks**

9. Recommended books

Text books

1. P. Ronan O'Connell, McCaskie, A. W., & Williams, N. S. (2018). *Bailey & Love's Short Practice of Surgery, 27th Edition*. CRC Press.
2. Somen Das. (2008). *A concise textbook of surgery*. Dr S. Das.
3. Chatterjee B.M, & Agarwal, L. P. (2008). *Handbook of Ophthalmology*
4. Dhingra, P. L., & Shruti Dhingra. (2017). *Diseases of ear, nose and throat*. Elsevier India.
5. J Maheshwari, & Mhaskar, V. A. (2019). *Essential orthopaedics: including clinical methods*. Jaypee Brothers Medical Publishers.

Clinical Examination skill books

1. Das, S. (2022). *A Manual on Clinical Surgery*. Jaypee Brothers Medical Publishers Pvt Limited.
2. Bailey, H., & Clain, A. *Hamilton Bailey's Demonstrations of Physical Signs in Clinical Surgery*.

Therapeutics books

1. Kulkarni, S. (2002). *Surgery Therapeutics*. B. Jain Publishers.
2. Lilienthal, S. *Homoeopathic Therapeutics*.
3. Dewey, W. A. (1997). *Practical homeopathic therapeutics*. B. Jain.

Reference books

1. *Sriram Bhat. (2019). SRB's manual of surgery. Jaypee Brothers.*
2. *Khurana, A., Khurana, A. K., & Khurana, B. P. (2023). Comprehensive Ophthalmology. Jaypee Brothers Medical Publishers Pvt Limited.*
3. *Sriram, B. M. (2019). SRB's clinical methods in surgery. Jaypee Brothers Medical Publishers.*
4. *Tandon, R. (2019). Parsons' Diseases of the Eye. Elsevier India.*
5. *Makhan Lal Saha. (2018). Bedside clinics in surgery : long and short cases, surgical problems, x-rays, surgical pathology, preoperative preparations, minor surgical procedures, instruments, operative surgery and surgical anatomy. Jaypee Brothers Medical Publishers.*

10. List of Contributors

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COMPETENCY BASED DYNAMIC CURRICULUM FOR

THIRD BHMS PROFESSIONAL COURSE

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

(Yoga for Health Promotion)

HOMOEOPATHY EDUCATION BOARD

NATIONAL COMMISSION FOR HOMOEOPATHY

MINISTRY OF AYUSH, GOVERNMENT OF INDIA

JAWAHAR LAL NEHRU BHARTIYA CHIKITSA AVUM HOMOEOPATHY ANUSANDHAN BHAVAN

No.61-65, Institutional Area, opp. 'D' block, Janak Puri, New Delhi-110 058

Subject: Yoga for Health Promotion

Subject Code: Hom UG-YOGA III

Program Outcome (PO): The student shall learn the application of Yoga and its philosophy. Special emphasis should be given on practical methods and clinical yoga therapy.

Course Outcome (CO): The student shall become competent enough in the application of Yoga in various disease conditions.

Teaching Hours: 20 hours of class (including Theory and Practical)

Course content: The topic and respective allotted hours are as follows:

S.No.	TOPIC	No. of hrs.
1.	Advance yoga practices	02 hrs
2.	Yoga therapy and application	02 hrs
3.	Teaching and practical skills	02 hrs
4.	Yogic management of lifestyle disorders	02 hrs
5.	Importance of yoga in homeopathy	05 hrs
6.	Indian culture and historical concept of yoga	02 hrs
7.	Concept of Prana and Vital force	01 hrs
8.	Guided meditation sessions	01 hrs
9.	Understanding the core concepts and principles of yoga	02 hrs
10.	Practical application of yoga principles in the context of homeopathic treatment	01 hrs

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