

NATIONAL MEDICAL COMMISSION
Postgraduate Medical Education Board

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National Medical Commission

**GUIDELINES FOR COMPETENCY
BASED
POSTGRADUATE TRAINING
PROGRAMME FOR
POSTGRADUATE DIPLOMA IN
PSYCHIATRY (PSYCHOLOGICAL
MEDICINE) - DPM**

GUIDELINES FOR COMPETENCY BASED POSTGRADUATE TRAINING PROGRAMME FOR POSTGRADUATE DIPLOMA IN PSYCHIATRY (PSYCHOLOGICAL MEDICINE) - DPM

Preamble

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training.

A postgraduate specialist having undergone the required training should be able to recognize the health needs of the community, should be competent to handle medical problems effectively and should be aware of the recent advances pertaining to his specialty. The post graduate student should acquire the basic skills in teaching of medical/para-medical students. She/he is also expected to know the principles of research methodology and modes of consulting library.

The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment. This document was prepared by various subject-content specialists. The Expert Group of National Medical Commission has attempted to render uniformity without compromise to purpose and content of the document. Compromise in purity of syntax has been made in order to preserve the purpose and content. This has necessitated retention of “domains of learning” under the heading “competencies”.

SUBJECT SPECIFIC LEARNING OBJECTIVES

The primary **goal** of the **POSTGRADUATE DIPLOMA IN PSYCHIATRY (PSYCHOLOGICAL MEDICINE) - DPM** is to produce a post graduate clinician able to provide health care in the field of Psychiatry. A physician qualified in Psychiatry, at the end of the course, should be able to diagnose and treat psychiatric disorders, take preventive and curative steps for the disease in the community at all levels of health care and qualify as a consultant and teacher in the subject.

At the end of the DPM course in Psychiatry, the student should have able to:

- Understand the relevance of mental health in relation to the health needs of the country,
- Ethical considerations in the teaching and practice of Psychiatry,
- Identify the social, economic, biological and emotional determinants of mental health,
- Identify the environmental causes as determinants of mental health,
- institute appropriate diagnostic, therapeutic and rehabilitative procedures to the mentally ill patient,
- Take detailed history, conduct appropriate ethically valid physical examination and institute appropriate evaluation procedures to make a correct clinical diagnosis,
- Perform relevant investigative and therapeutic procedures for the psychiatric patient,
- Recommend appropriate laboratory and imaging examinations and interpret the results correctly,
- Plan and deliver comprehensive treatment of a psychiatric patient using principles of rational drug therapy,
- Plan rehabilitation of psychiatric patient suffering from chronic illness,
- Clinically manage psychiatric emergencies efficiently,
- Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities,
- Demonstrate communication skills of a high order in explaining management and prognosis, providing counselling and giving health education messages to patients, families and communities,
- Develop appropriate skills to practice evidence-based psychiatry,
- Demonstrate competence in basic concepts of research methodology and epidemiology,
- Be aware of and take appropriate steps in the implementation of national mental health programs, effectively and responsibly,
- Be aware of the concept of essential drugs and rational use of drugs,
- Be aware of the legal issues in the practise of Psychiatry,
- Be aware of the special requirements in the practice of Child and adolescent Psychiatry and Geriatric Psychiatry.

- Be aware of the role of sex and gender in the practice of psychiatry
- Be able to determine the capacity and capability of the individual (especially children and adolescents) to identify and articulate a gender identity
- **Research:** The student should be able to interpret research findings and apply these in clinical practice. The student should know how to access and utilize information resources and should have basic knowledge of statistics. The student may learn basics of research methodology.
- **Teaching:** The student should learn the basic methodology of teaching and develop competence in teaching medical/paramedical students, health professionals, members of allied disciplines (e.g. behavioural sciences), law enforcement agencies, families and consumers and members of the public.

SUBJECT SPECIFIC COMPETENCIES

By the end of the course, the student should have acquired knowledge (cognitive domain), professionalism (affective domain) and skills (psychomotor domain) as given below:

A. Cognitive domain

By the end of the course, the student should demonstrate knowledge in the following:

1. General topics:

1. The student should be able to demonstrate knowledge of basic sciences (Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology) as applied to Psychiatry.
2. The student should be able to explain aetiology, assessment, classification and management and prognosis of various psychiatric disorders (including psychiatric sub-specialities including Neuroanatomy, Neurophysiology, Neurochemistry, Neuroimaging, Electrophysiology, Psychoneuroendocrinology, Psychoneuroimmunology, Chronobiology and Neurogenetics).
3. Acquire knowledge of delirium, dementia, and amnestic and other cognitive disorders and mental disorders due to a general medical condition.
4. The student should be able to discuss long term care of persons with chronic mental

health problems

5. The student should acquire knowledge of emergency measures in acute crisis arising out of various psychiatric illnesses including drug detoxification and withdrawal.
6. The student should acquire knowledge of pharmacokinetics & pharmacodynamics of drugs involved in psychiatric management of patients.
7. The student should acquire knowledge of (a) normal child development and adolescence (b) neurodevelopmental disorders, intellectual disability and specific learning disability and their management
8. The student should acquire knowledge and be able to explain mechanisms for rehabilitation of psychiatric patients.
9. The student should acquire knowledge of substance related disorders and their management.
10. The student should acquire knowledge of psychotic disorders, mood disorders, and anxiety disorders and their management
11. The student should understand difference between sex and gender/ biological and social construction of personhood; sexual/gender identity; transgender, gender non-conformity, and other gender diverse identities, sexual/sexuality identity, sexual orientation, sexual desire; the wide variety, and cultural presence of various sexual orientations and desires; gender dysphoria and its management.
12. The student should acquire knowledge of eating disorders and sleep disorders and their management
13. The student should be conversant with recent advances in Psychiatry.
14. The student should be conversant with routine bedside diagnostic and therapeutic procedures and acquire knowledge of latest diagnostics and therapeutics procedures available.
15. The student should be conversant with various policy related aspects of Psychiatric practice in India (e.g. Mental Health Act, National Mental Health Programmes etc.).
16. The student should be conversant with research methodologies.
17. Student should be conversant with the role of Yoga and Meditation in the management of psychiatric disorders.

B. Affective Domain:

1. The student should be able to function as a part of a multidisciplinary team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.
2. The student should always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information, confidentiality and second opinion.
3. The student should develop communication skills to prepare reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

C. Psychomotor domain

At the end of the course, the student should acquire the following clinical skills and be able to:

1. Obtain a proper relevant history and perform thorough clinical examination including detailed mental state examinations using proper communication skills.
2. Able to do risk assessment and mental capacity assessment.
2. Provide a clinical formulation, arrive at a logical working diagnosis and differential diagnosis after clinical examination.
3. Order appropriate investigations keeping in mind their relevance and cost effectiveness and obtain additional relevant information from family members to help in diagnosis and management.
4. Identify psychiatric situations calling for urgent or early intervention and refer at the optimum time to appropriate centres.
5. Write a complete case record with all necessary details.
6. Write a proper discharge summary with all relevant information.
7. Obtain informed consent for any examination/procedure.
8. Perform clinical audit.
9. Must be able to perform modified Electroconvulsive therapy (ECT).
10. Should have the following skills in relation to gender related issues:

- Demonstrate the ability to assess the gender identity of an individual and distress caused (if any) due to the individual's own gender identity in simulated environment.
- Describe and understand how to discuss sexual orientation, sexuality identity, gender identity, as well as intersex identity (differences in sex development) as part of routine history taking.
- Demonstrate the ability to educate and counsel individuals or family members about intersex variations, sexual orientations, sexuality identities, gender incongruence, gender dysphoria, and gender identities. Demonstrate ability to identify when a mental health referral is needed for the above.
- Demonstrate knowledge that conversion therapy practices for sexual orientation or gender identity or on people with intersex variations is unethical.
- Describe differences between Gender Incongruence and Gender Dysphoria.
- Describe and understand gender identity, the biological and gender binaries, rejection of gender binary, gender non-conforming, gender non-binary, androgynous, and other identities.
- Demonstrate the ability to educate an individual and family members that Gender Incongruence by itself is not a disorder and does not require clinical intervention. Any form of conversion therapy is unethical.
- Discuss situations where there is a role for mental health support in Gender Dysphoria i.e., discussing with family, deciding on hormonal treatments or Sex Reassignment Surgery (Gender Affirming Care or Gender Affirmative Therapies or Gender Confirmation Surgery).

The student, at the end of the course should be able to perform independently, the following:

1. Conduct psychiatric assessment (history and mental status examination), reach a diagnosis and develop management plan.
2. Able to manage common psychiatric emergencies including delirium and emergencies related to psychotropic drugs like acute dystonia, lithium toxicity and neuroleptic malignant syndrome.
3. Management of patients with substance use disorders.
4. Common mental disorders in specific age groups like children and adolescents, and the elderly.
5. Psychological treatments like supportive psychotherapy, psychoeducation and crisis intervention.
6. Modified ECT and non-invasive neuromodulation.
7. Clinical IQ assessment.

The student must be able to assess a patient with following symptoms:

1. Psychotic symptoms
2. Seizures, true and pseudo seizure
3. Anxiety symptoms
4. Affective symptoms
5. Cognitive symptoms
6. Catatonia
7. Delirium
8. Malingering
9. Behavioral symptoms of developmental disorders

The student, at the end of the course should be able to perform under supervision, the following:

1. Behaviour therapy
2. Family therapy
3. Interpersonal therapy
4. Cognitive behaviour therapy and other newer therapies
5. First level psychological intervention for sexual abuse, sexual assault and domestic violence
6. Genetic counselling

Syllabus

Course Contents:

No limit can be fixed and no fixed number of topics can be prescribed as course contents. The student is expected to know the subject in depth; however emphasis should be on the diseases/health problems most prevalent in that area. Knowledge of recent advances and basic sciences as applicable to his/her specialty should get high priority. Competence in managing behavioural problems commensurate with the specialty must be ensured.

The student must acquire knowledge in the following:

Theoretical concepts:

1. History of Psychiatry
2. Epidemiology of mental disorders

3. Neurophysiology and Neuro-chemistry
4. Functional and behavioural neuroanatomy
5. Genetics
6. Psychoneuroendocrinology
7. Psychoneuroimmunology
8. Electrophysiology and cognitive neuroscience
9. Neuro-imaging
10. Memory
11. Sleep and circadian rhythm
12. Learning – Theories
13. Theory of personality
14. Clinical Psychology including Psychometry and Psychodiagnostics
15. Transcultural Psychiatry
16. Research Methodology and Statistics
17. Psychodynamics
18. Psychiatric assessment (including History Taking, Neurological Examination, Mental Status Examination, Investigations, Use of rating scales, etc.).
19. Classification in Psychiatry
20. Organic Psychiatry (including Psychological Features and Clinical Assessment of Cerebrovascular Disorders, Delirium, Epilepsy, Head Injury, Headache, HIV – AIDS, Infections, etc.)
21. Movement Disorders (including Medication-Induced Movement Disorders, etc)
22. Substance Related Disorders (including Alcohol-Related Disorders, Amphetamine-Related Disorders, Caffeine-Related Disorders, Cannabis-Related Disorders, Cocaine-Related Disorders, Hallucinogen-Related Disorders, Inhalant-Related Disorders, Nicotine-Related Disorders, Opioid-Related Disorders, Phencyclidine-Related Disorders, Sedative-, Hypnotic-, or Anxiolytic-Related Disorders, etc.)
23. Psychosis (including Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, Delusional Disorder, Brief Psychotic Disorder, Shared Psychotic Disorder, etc).
24. Mood Disorders (including Depressive Disorders, Bipolar Disorders, Cyclothymic Disorder, etc.)
25. Anxiety Disorders (including Panic Disorder, Agoraphobia, Phobias, Obsessive-Compulsive Disorder, Generalized Anxiety Disorder, etc).
26. Stress and related disorders (Posttraumatic Stress Disorder, Acute Stress Disorder Adjustment Disorder etc.)

27. Somatoform Disorders (including Somatization Disorder, Undifferentiated Somatoform Disorder, Conversion Disorder, Pain Disorder, Hypochondriasis, Body Dysmorphic Disorder, etc.)
28. Factitious Disorders
29. Dissociative Disorders (including Dissociative Amnesia, Dissociative Fugue, Dissociative Identity Disorder, Depersonalization Disorder, etc.)
30. Personality disorders
31. Gender issues in psychiatry, Sexual disorders, gender dysphoria and psychological issues among LGBTQIA+ groups (including Sexual Desire Disorders, Sexual arousal Disorders, Orgasmic Disorders, Sexual Pain Disorders, Vaginismus, Paraphilias, etc)
32. Eating Disorders (including Anorexia Nervosa, Bulimia Nervosa, etc.)
33. Sleep Disorders (including Insomnia, Narcolepsy, Breathing-Related Sleep Disorders, Circadian Rhythm Sleep Disorders, Parasomnias, Nightmare Disorder, Sleep Terror Disorder, Sleepwalking Disorder, etc.)
34. Impulse-Control Disorders (including Intermittent Explosive Disorder, Kleptomania, Pyromania, Pathological Gambling, Trichotillomania, etc)
35. Psychosomatic Disorders including Consultation Liaison psychiatry
36. Miscellaneous: Non-compliance, Malingering, Antisocial Behaviour, Borderline Intellectual Functioning, Age-Related Cognitive Decline, Bereavement [including Death], Academic Problems, Occupational Problems, Identity Problems, Religious or Spiritual Problems, Acculturation Problems, Phase of Life Problems, Chronic Fatigue Syndrome, etc.)
37. Abuse (Physical / Sexual) or Neglect of Child /Adult
38. Culture Bound Syndromes
39. Pre-Menstrual Dysphoric Disorder
40. Perinatal Psychiatry
41. Emergencies In Psychiatry including suicide, its management and medico-legal aspect
42. Psychotherapy
43. Psychopharmacology
44. Electro-Convulsive Therapy, Other brain stimulation methods (rTMS, DBS, tDCS and others) and Neurosurgery
45. Child and Adolescent Psychiatry (including Learning Disorders, Motor Skills Disorder, Communication Disorders, Pervasive Developmental Disorders (Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder), Attention-Deficit/Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, Pica, Tic Disorders, Elimination Disorders, Separation Anxiety Disorder, Selective Mutism,

Reactive Attachment Disorder of Infancy or Early Childhood, Stereotypic Movement Disorder, etc.)

46. Intellectual disability
47. Geriatric Psychiatry (including dementia, legal and ethical issues, positive psychiatry in aging, psychiatric aspects of long term care)
48. Community psychiatry
49. Rehabilitation of psychiatric patients
50. Ethics In Psychiatry
51. Forensic and Legal Psychiatry (including Mental Health Care Act, Persons with Disability Act, Narcotic Drugs and Psychotropic Substance Act etc.)

TEACHING AND LEARNING METHODS

Teaching methodology

1. **Lectures:** Lectures are to be kept to a minimum. They may, however, be employed for teaching certain topics. Lectures may be didactic or integrated. Didactic lectures are of least importance; small group discussion such as seminars, journal clubs, symposia, reviews and guest lecturers should get priority for theoretical knowledge. Bedside teaching, grand rounds, structured interactive group discussions and clinical demonstrations should be the hallmark of clinical/practical learning. The student should have hands-on training in performing various procedures and ability to interpret various tests/investigations. Exposure to newer specialized diagnostic/therapeutic procedures concerning the subject should be given. Self learning tools like assignments and case base learning may be promoted.

The post graduate student should have knowledge of:

- Psycho-pharmacology and broadening the treatment options using medicines.
- Neuro-imaging techniques to understand behaviour and psychiatric illness.
- Community-Psychiatry.
- Functioning of psychiatric hospital.

Community Psychiatry should go beyond familiarization with the National Mental Health Programme. The post graduate student should have hands on experience with:

- Training programmes for primary care physicians
 - Organizing Mental Health Camps
 - Carrying out Health Education Activities
 - Forensic /Legal Psychiatry
 - Integration of Mental Health Care with General Health Care
2. **Teaching skills:** The post graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
 3. **Continuing Medical Education Programmes (CME):** Each student should attend at least two CME programmes, in 2 years.
 4. **Conferences:** The student should attend courses, conferences and seminars relevant to the specialty, and encouraged to make presentation in conferences.
 5. **Seminars:** There should be a weekly seminar in which the PG students present material on assigned topics in rotation. It should be followed by discussion in which all trainees are supposed to participate. Generally, the topics covered should be those that supplement the formal teaching programme.
 6. **Case Conference:** A case conference should be held every week where a PG student prepares and presents a case of academic interest by rotation and it is attended by all the members of the Department.
 7. **Psychosomatic Rounds:** This is a presentation of a case of psychosomatic illness, or a medical illness with pronounced psychiatric problems. It should be held weekly in collaboration with various departments and attended by the faculty and the PG students of psychiatry and the concerned Department.
 8. **Journal Club:** A monthly meeting of Journal club should be held in which a senior PG student presents a critical evaluation of a research paper from a journal. All PG students are expected to attend.
 9. **Case presentations:** All new in-patient and outpatient cases should be routinely reviewed with one of the Consultants. In addition, the PG student is required to

present case material at routine rounds and other case conferences. Senior PG students will conduct evening classes on clinical topics.

10. **Extra-mural activities:** The post graduate students are encouraged to attend certain academic activities in allied subjects held outside parent department e.g. seminars/lectures held at Departments of Clinical Psychology, (Psychiatric) Social Work, Medicine, Neurology etc.
11. **Psychotherapy tutorials:** These should be held in small groups supervised by a consultant, in which a case is presented by a PG student and psychotherapeutic management discussed.

12. Rotation:

Clinical Postings

- A major tenure of posting should be in General Psychiatry. It should include care of in-patients, out-patients, special clinics and maintenance of case records for both in and out patients.
- Exposure to the following areas should be given :-

Schedule of clinical postings for Diploma in Psychiatry (DPM) *(24 months)

Area/ Specialty

| | |
|--|-------------|
| Ward and OPD (concurrent) | - 15 months |
| Neurology | - 1 months |
| Emergency Medicine/ Internal Medicine | - 1 month |
| Consultation Liaison Psychiatry | - 2 months |
| Psychiatric hospital and Forensic Psychiatry | - 1 month |
| Clinical Psychology | - 1 month |
| Addiction Psychiatry | - 1 month |
| Child and Adolescent Psychiatry | - 1 month |
| Community psychiatry | - 1 month# |

* The stated duration can be subjected to minor modifications depending on available resources

Exposure to community-based services should be integral to various postings.

Applicable only for trainees in General Hospital Psychiatric units: Facilities for these need to be arranged.

Exposure to community based services should be integral part of various postings. The post graduate student shall be given full responsibility for patient care and record keeping under the supervision of the senior PG students and consultants. The post graduate student shall also take patients for psychological interventions in an individual as well as group setting. The student must complete a minimum of 100 hours of supervised psychological interventions.

Sub- speciality postings: The peripheral postings should be kept in 2nd-3rd semester.

13. Clinical meetings:

There should be intra - and inter - departmental meetings for discussing the uncommon / interesting medical problems.

14. Log book:

Each student must be asked to present a specified number of cases for clinical discussion, perform procedures/present seminars/review articles from various journals in inter-unit/interdepartmental teaching sessions. They should be entered in a Log Book and signed by the authorized teacher and Head of Department.

15. The Department should encourage e-learning activities.

During the training programme, patient safety is of paramount importance, therefore, skills are to be learnt initially on the models, later to be performed under supervision followed by performing independently. For this purpose, provision of clinical skills laboratories in medical colleges is mandatory. Objective structured clinical examination (OSCE) modules may be developed and used in teaching.

ASSESSMENT

FORMATIVE ASSESSMENT, ie., assessment during the training

Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.

Quarterly assessment during the DPM training should be based on:

1. Journal based / recent advances learning
2. Patient based /Laboratory or Skill based learning
3. Self-directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and Outreach Activities / CMEs
6. Professionalism and teamwork

The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I).

SUMMATIVE ASSESSMENT, ie., at the end of training

The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

The examination shall be in two parts:

1. Theory Examination:

There shall be three papers each of three hours duration.

Paper I: Basic Sciences as related to Psychiatry

Paper II: Clinical Psychiatry

Paper III: Psychiatric Specialties

2. Clinical/Practical and Oral/viva voce examination should consist of:

- Presentation of long case of Psychiatry
- Neurology short case
- A short case Psychiatry
- Viva –voce

Due importance should be given to Log Book Records and day-to-day observation during the training.

Recommended Reading

Books (latest edition)

1. Textbook of Psychiatry Publisher: Lippincott Williams and Wilkins, Editors: Benjamin James Sadock, Virginia Alcott Sadock, Pedro Ruiz
2. Kaplan and Sadock's Synopsis of Psychiatry, Editor: RJ Boland, ML Verduin, P Ruiz; Publisher: Wolters Kluwer India
3. Introduction to Psychology by Clifford T. Morgan Editors: Clifford T Morgan, Richard A King, John R Weiss, John Schopler, Publisher: MC Graw Hill
4. New Oxford Textbook of Psychiatry Edited by: John R. Geddes, Nancy C. Andreas and Guy M. Goodwin, Publisher: Oxford
5. Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications, Editor: Stephen M Stahl, Publisher: Cambridge
6. Forensic Psychiatry: RC Jiloha, D Kataria, P Kukreti (Jaypee)
7. ECT administration manual, NIMHANS Editors: Bangalore N Gangadhar, A Shyam Sundar, Jagadisha Thirthalli, Shivarama Varambally, Kesavan Muralidharan, C Naveen Kumar, Preeti Sinha, Biju Viswanath, Publisher: NIMHANS
8. Community Psychiatry in India (Eds Chavan, Gupta, Arun, Sidana, Jadav) Jaypee.
9. Fish's Clinical Psychopathology – Signs and Symptoms In Psychiatry By Patricia Casey, Editor: Patricia Casey, Brendan Kelly, Publisher: Tree Life Media
10. Sims Symptoms in the Mind: Textbook of Descriptive psychopathology, Editor: Femi Oyeboode, Publisher: Elsevier
11. Bickerstaff's Neurological Examination in Clinical practice, Editor: Kameshwar Prasad, Ravi Yadav, John Spillane, Publisher: Wiley
12. Maudsley's Prescribing Guidelines in Psychiatry, Editors: Author: David M. Taylor, Thomas R. E. Barnes, Allen Young, Publisher: Wiley
13. Lishman's Organic Psychiatry Editor: Anthony S. David, Simon Fleminger, Michael D. Kopelman, Publisher: Wiley Blackwell
14. Kaufman's Clinical Neurology for Psychiatrists, Elsevier.

Journals

03-05 international Journals and 02 national (all indexed) journals.

Annexure 1

| Student appraisal form for Diploma in Psychiatry (Psychological Medicine)- DPM | | | | | | | | | | | |
|--|--|------------------------|---|---|--------------|---|---|------------------------|---|---|----------|
| | Element | Less than Satisfactory | | | Satisfactory | | | More than satisfactory | | | Comments |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 1 | Scholastic Aptitude and Learning | | | | | | | | | | |
| 1.1 | Has Knowledge appropriate for level of training | | | | | | | | | | |
| 1.2 | Participation and contribution to learning activity (e.g., Journal Club, Seminars, CME etc) | | | | | | | | | | |
| 1.3 | Conduct of research and other scholarly activity assigned (e.g. Posters, publications etc.) | | | | | | | | | | |
| 1.4 | Documentation of acquisition of competence (eg Log book) | | | | | | | | | | |
| 1.5 | Performance in work based assessments | | | | | | | | | | |
| 1.6 | Self- directed Learning | | | | | | | | | | |
| 2 | Care of the patient | | | | | | | | | | |
| 2.1 | Ability to provide patient care appropriate to level of training | | | | | | | | | | |
| 2.2 | Ability to work with other members of the health care team | | | | | | | | | | |
| 2.3 | Ability to communicate appropriately and empathetically with patients families and care givers | | | | | | | | | | |
| 2.4 | Ability to do procedures appropriate for the level of training and assigned role | | | | | | | | | | |
| 2.5 | Ability to record and document work accurately and appropriate for level of training | | | | | | | | | | |
| 2.6 | Participation and contribution to health care quality improvement | | | | | | | | | | |
| 3 | Professional attributes | | | | | | | | | | |
| 3.1 | Responsibility and accountability | | | | | | | | | | |
| 3.2 | Contribution to growth of learning of the team | | | | | | | | | | |

| | | | | | | | | | | | |
|-----|---|-----|----|--|--|--|--|--|--|--|--|
| 3.3 | Conduct that is ethically appropriate and respectful at all times | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 | Space for additional comments | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Disposition | | | | | | | | | | |
| | Has this assessment been discussed with the trainee? | Yes | No | | | | | | | | |
| | If not explain | | | | | | | | | | |
| | | | | | | | | | | | |
| | Name and Signature of the assesse | | | | | | | | | | |
| | | | | | | | | | | | |
| | Name and Signature of the assessor | | | | | | | | | | |
| | Date | | | | | | | | | | |

National Medical Commission

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