



**CURRICULUM
FOR
MEDICAL DEGREE PROGRAMME**

[Volume 2]

CLINICAL ROTATIONS

FACULTY OF MEDICINE

UNIVERSITY OF JAFFNA

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INTRODUCTION

The clinical course starts during the Phase II but introduction to clinical situations are provided in Phase I in the form of applied anatomy and applied physiology with the objective of showing the relevance of basic sciences for clinical practice. They go to the teaching Hospital for clinical studies in the morning and attend the para-clinical studies in the afternoons during Phases II and III. Students spend the entire day in the hospital during the professorial studies in the Phase IV.

The course starts with four weeks of introductory program. Then the students are posted for first appointment in Medicine of 6 weeks and Surgery of 6 weeks. This is followed by 4-week appointments in Paediatrics and Obstetrics & Gynaecology followed by one week appointments in Transfusion medicine, Venereology, Neurology and two week appointments in Pulmonology, cardiology, Radiology, Clinical Pathology, and Dermatology.

Students are then posted to two-week appointment in Orthopaedics, six-week appointment in Community Medicine and 4-week appointment in Psychiatry. Students are posted to second Paediatrics, second Obstetrics & Gynaecology and Forensic Medicine of four weeks and two-week appointments in Otolaryngology [ENT], Ophthalmology, Oncology, Family Medicine, Anaesthesia& Intensive Care is given 2 weeks.

Finally they go for the second appointment in Medicine for 6 weeks and second appointment in Surgery of 6 weeks. At the end of all the pre-professorial clerkships, the students are taken on educational tour of two weeks to visit important national institutions related to health and at the same time they will visit other Faculties of Medicine to improve social harmony.

Following the phase II examination at the end of all these rotations the students are sent for elective appointments of four weeks. Before the commencement of final year appointments, a Common OSCE will be conducted to ensure that the students have acquired the prescribed clinical knowledge, skills and attitudes during the pre-professorial appointments.

Finally, they go for eight weeks of professorial appointments in Medicine, Surgery, Paediatrics and Obstetrics & Gynaecology and Psychiatry.

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Criteria to qualify for the Final year:

- Passed the Second Examination for Medical Degrees.
- Completed all pre-professorial appointments.
- Completed the fourth year Common OSCE.
- Completed the research project
- Passed the examination in PPDS and completed the portfolio in PPDS.

All the major appointments and most of the short appointments are held in the Teaching Hospital. They will have to go to the Pulmonology appointment at Pannai, Oncology and Psychiatry appointments at BH Tellipallai. They may also visit various other institutions as need arise.

More appointments will be included as new units are developed in the Teaching hospital. However, patients related all subspecialties are exposed to students as those patients are managed in Medical or Surgical Units if no special unit is available.

Summary of Clinical Appointments

Subject	Appointment	Weeks
General	Introduction to clinical course	4
Medicine	First Medicine	6
	Dermatology	2
	Venereology	1
	Pulmonology	2
	Cardiology	2
	Rheumatology and rehabilitation	2
	Neurology	1
	Oncology	2
	Second Medicine	6
	Professorial Medicine	8
	Total	32
Surgery	First Surgery	6
	Second Surgery	6
	Orthopaedics	2
	Otolaryngology	2
	Ophthalmology	2
	Anaesthesiology & Intensive care	2
	Neurosurgery	1
	Accident and trauma	-
	Radiology	2
	Professorial Surgery	8
	Total	31
Paediatrics	First Paediatrics	4
	Second Paediatrics	4
	Professorial Paediatrics	8
	Total	16
Obstetrics and Gynaecology	First Obstetrics & Gynaecology	4
	Second Obstetrics & Gynaecology	4
	Professorial Obstetrics & Gynaecology	8
	Total	16
Community and Family Medicine	CM Appointment	6
	Family Medicine	4
	CM Educational Tour	-
	Total	10
Forensic Medicine	Forensic Medicine	4
Pathology	Clinical Pathology	2
Psychiatry	First Psychiatry	4
	Professorial Psychiatry	8
	Total	12
Electives	Student preference	4
	TOTAL	127

Fourth Year Common OSCE

The purpose of conducting the OSCE before admitting students into Professorial appointments is to ensure that they have acquired the prescribed clinical knowledge, skills and attitudes during the pre-professorial appointments. The OSCE is to be considered as a special examination and conducted under the examination rules and regulations.

As the name suggests, an OSCE is designed to be:

- **Objective** - all candidates are assessed using exactly the same stations (although if real patients are used, their signs may vary slightly) with the same marking scheme. In an OSCE, candidates get marks for their performance based on a marking scheme which minimises examiner bias.
- **Structured** - stations in OSCEs have a very specific task. Where simulated patients are used, detailed scripts are provided to ensure that the information that they give is the same to all candidates, including the emotions that the patient should use during the consultation. Instructions are carefully written to ensure that the candidate is given a very specific task to complete. The OSCE is carefully structured to include parts from all elements of the curriculum as well as a wide range of skills.
- **A clinical examination** - the OSCE is designed to assess application of clinical and related theoretical knowledge. Where theoretical knowledge is required the questions are standardised and the candidate is only asked questions that are on the examiners instruction sheet.

The format of the OSCE:

There will be 20 stations as follows: Medicine – 4, Surgery – 4, Paediatrics – 4, Obstetrics and Gynaecology – 4, Psychiatry – 4.

Timing for each station will be 5 minutes. The aspects to be examined are: History taking, physical examination, ward procedures, data interpretation, skills assessment and communication. The pool of examiners will include the senior academics, academics, consultants, registrars and senior registrars from the Faculty and the Extended Faculty.

Timing of the OSCE:

It will be conducted at the end of Phase III just before the commencement of the professorial appointments.

Marking:

The marks obtained for each subject will be calculated and the decision on the grade obtained will be given separately. The marks in each subject will be computed into the in course assessment mark for the subjects at the Final MBBS.

The students will have to obtain 50 % in each subject to pass the examination.

The marks from this OSCE will be added to the continuous assessment marks of the respective contributing subject

Introduction to Clinical Rotations

This is a four-week course of lectures on the first day and introduction to the four major disciplines during the following weeks concentrating on basic clinical skills.

Objectives of the course:

Medicine:

- Identify the Ward manners: getting permission to enter ward, consent before examining patients.
- Develop appropriate Attitude of students towards the patients and the staff in and outside the wards.
- Demonstrate the basic skills of History taking.
- Perform Examination of patients: general and systemic.
- Identify the documents used in clinical settings.
- Demonstrate prevention of cross infections.
- Identify the Causation of Medical diseases.
- Apply Basic principles of laboratory investigations.
- Identify the use of clinical equipment.
- Apply the role of outpatient department and clinics.
- Identify the various Referral systems.
- Classify the various levels of health care.

Obstetrics and Gynaecology

- List the names of common clinical problems
- Discuss the importance of labour room.
- Discuss the need for ante natal care
- Apply the knowledge of respect and privacy of Gynaecological patients
- List the names of surgeries done in Obstetrics & Gynaecology
- List the common instruments used in Obstetrics & Gynaecology
- List the names of emergencies in Obstetrics & Gynaecology

Paediatrics

- Develop the skill of interacting with a sick child confidently and communicating with parents (talk and console).
- Identify and respond to the needs of the child and the mother, and to build up a friendly but professional relationship with both the child and the parents.
- Develop the skill of obtaining a “system based” basic clinical history from the caregiver
- Develop the skill of interacting with a sick child confidently and communicating with parents (talk and console).

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- Apply the basic skill of examining children of different ages starting from the neonatal period onwards and differentiate normal from abnormal regarding the following aspects
- Distinguish the different areas of the Child Health Development Record (CHDR)
- Demonstrate universal precautions
- Identify ward procedures
- Discuss the function of the bed head ticket

Surgery

- Identify the Hospital arrangements: number of wards, administrative set up, clinics, operation theatre, DPM, pathology, radiology, etc.
- Identify the Ward manners: getting permission to enter ward, consent before examining patients.
- Develop proper attitude of students towards the patients and the staff in and outside the wards.
- Demonstrate the skill of History taking.
- Demonstrate the examination of patients: general and local.
- Demonstrate the Examination of a lump and an ulcer.
- List abdominal pain and examination of abdomen
- Identify the causation of surgical diseases. Congenital, inflammatory, traumatic, and malignancy.
- Apply the basic principles of investigations
- Identify asepsis, antisepsis, scrubbing, and theatre technique.

1. COMMUNITY AND FAMILY MEDICINE

Appointments related to Community Medicine and Family Medicine are described in this section. They are,

- A. Community Medicine Appointment
- B. Community and Family Medicine Field Attachment
- C. Family Medicine Appointment
- D. Educational Tour
- E. Professorial Appointment

1.1. Community Medicine Appointment

1	Consultant/supervisor	Head / Staff , Department of Community Medicine
2	Duration	6 weeks [6x6x4=144 hours]
3	Number of Students	1/4 of the batch
4	Usual time	8-12 noon
5	Additional time	Nil
6	Prerequisite	Completed one medicine, surgery, paediatrics and Obstetrics appointments Completed community and family medicine lectures of terms 5,6 and 7
7	Are patients allocated for clerking?	No
8	Places to visit	Department of Community and Family Medicine, clinics and health activities in the University Field Project area, related other public health institutions in Jaffna
9	Objectives / purpose of the appointment	As in the objectives (Annexed)
10	Knowledge students should acquire	As in the objectives (Annexed)
11	Skills students should develop	As in the objectives (Annexed)
12	Attitudes students to acquire	As in the objectives (Annexed)
13	Any other relevant information	
14	Assessment method	Presentations, learning log assessment and OSCE/OSPE examination at the end of the clerkship. Portfolio assessment combined with Field Health program.
15	Criteria to sign record book	Attendance and evaluation
16	References	Please refer clinical clerkship student guide

Introduction to Community Medicine Clinical Attachment

Curriculum at Faculty of Medicine University of Jaffna has been developed in accordance with Sri Lanka Medical Council's (SLMC) document. During these 6 weeks appointment the student gains experience in various aspects of community medicine.

The appointment is usually held during the third and fourth year.

General objectives

- Know the basic knowledge on the preventive health sector.
- Critically analyze the health problems, health programmes and health related organizations activities in the community.
- Practice skills in communication, health planning and management
- Develop positive attitudes towards health promotion in the community.

Introduction to the programme

Programme timing and duration

1. Timing: Third and Fourth year
2. Duration: Six weeks
3. Tutors: Staff from Department of Community and Family Medicine (DCFM), Medical Officer of Health (MOH) Nallur and other community tutors.

The teaching and assessment are shared among the staff of the Department of Community and Family Medicine (DCFM), Medical Officer of Health (MOH) Nallur and other community tutors. Community tutors are drawn from a wide variety of backgrounds, some will be working or have worked with a social care or health care (conventional or alternative) organisation, or with a voluntary organization providing support for people in need. Ideally, they will represent the sort of partnership and collaboration that can exist between the state and non-state sectors.

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Most of the teaching and course activities take place at the MOH Nallur, but sometimes community tutors meet students at their own place of work or arrange and accompany students on visits to local organisations. Both DCFM staff and MOH Nallur staff are involved in the assessment of the students.

Students are expected to be with the tutors from 8.00 am to 12.00 pm.

Learning methods

The objectives for each day are clearly set out in the student guide, with suggestions for activities for achieving them. Students will enjoy a variety of teaching methods.

These could include:

- Small group discussions
- Shadowing clinicians, other health professionals and non-clinical members of the health team
- Contact with patients
- Observation of health care professional (HCP)/patient interactions
- Reflections of all activities
- Clinical skills
- Self-directed learning and research
- Case studies
- Semi structured interviews

The role of the students

- Students should always approach the clients in pairs (male and female) and inform them of the purpose of the visit.
- Students should obtain the assistance of the tutors to choose an aspect of each day's activities.
- Students should maintain learning logs related to the activities of each day.
- Students should get support from the tutors to achieve their learning objectives. If the student feels that he/she has not met the learning objectives for the day, the student can seek the guidance.
- Student can get the support to select a topic for the health education.

Organization

- A group of 30 – 35 students will be attached to the Department of Community Medicine for 6 weeks during the third /fourth year. This group will be divided into 2 groups of 15 – 18 each.
- Group leaders will be selected from the groups and will be rotated during the appointment.
- Each student will be able to access an online available student guide for the Community Medicine Attachment
- An orientation on the Community Medicine attachment will be given on the first day at the DCFM.
- All students should maintain a portfolio and should submit it to the Department of Community Medicine at the end of the appointment for assessment.
- Transport facilities are provided for certain visits.

Student attendance Policy:

Attendance is mandatory for all attachment related activities and presentations delivered during the reviews of the clerkship. 100% attendance is required before they could be signed up the record book. Absence from a scheduled learning activity or scheduled examination requires medical certificate to be excused.

Assessment:

The clerkship assessment will take place during the appointment and after completion of the appointment. The assessment will comprise of the following

- | | |
|----------------------------------|-------|
| a. Attitude and application (AA) | (10%) |
| b. Presentation. | (15%) |
| c. OSCE/OSPE | (50%) |
| d. Portfolio Assessment | (25%) |

The total mark assigned is 20% at 2nd Examinations for Medical Degrees.

List of Activities:

1. Appointment with MOH (15 days)
 - 1.1. Introduction to MOH office and services
 - 1.2. Poly clinic
 - 1.3. Family planning clinic and Well women clinic
 - 1.4. Postnatal care
 - 1.5. Field visit to PHM office and weighing post
 - 1.6. School Health programme
 - 1.7. MOH conference and staff supervision
 - 1.8. NCD community prevention programme
 - 1.9. Community based communicable disease control activity and outbreak investigation
 - 1.10. Food sanitation (Food handling establishments, bakery, dairy and food factory) and PHI office visit
 - 1.11. Slaughter House, market sanitation, and refuse Disposal
 - 1.12. GBV and Child abuse divisional MDT meeting
 - 1.13. Occupational health
 - 1.14. EPI programme & AEFI surveillance
 - 1.15. Community empowerment (working with mothers' club)

2. Health system and public health institutions (8 days)
 - 2.1. Office of RDHS Jaffna
 - 2.2. Health information system
 - 2.3. Hospital administration set up
 - 2.4. Managing drugs and equipment and hospital infection control
 - 2.5. Surveillance system
 - 2.6. Malaria control activity
 - 2.7. TB control activities
 - 2.8. Visit to Water board

3. Care of persons with special needs (6 days)
 - 3.1. Nuffield School for Deaf & Blind
 - 3.2. Home for elders
 - 3.3. Jaffna Jaipur Centre for Disability Rehabilitation
 - 3.4. Sivapoomi/Home for mentally Handicapped (ARK)
 - 3.5. CANE
 - 3.6. Mental health services in the community

4. Clerkship reviews (6days)

Clerkship Programme

Poly clinic:

Antenatal clinic (ANC), Child Welfare Clinic (CWC) and Family Planning clinic are conducted during a poly clinic day of a clinic Centre of Nallur MOH. Students are expected to work in ANC and CWC during their poly clinic visit.

The students will work in small groups during their assigned visit to the poly clinic. During the ANC time a mother will be allocated to a student. Each student should follow up the mother from the time of registration at the clinic and take part in all clinic procedures in respect to this mother during her stay at the clinic. During this activity the student should observe the activities of the PHM, PHNS and the MOH in the clinic. The students should critically evaluate the activities in the clinic and prepare a report to be included in the portfolio.

Intended Learning Outcomes of ANC

- Identify the pregnancy record (H512 A and B) and its importance
- List the activities carried out to improve the health of pregnant mothers
- Apply health and social risk assessment in referral procedures
- Identify maternal immunization procedures
- Evaluate the strengths and weaknesses of ANC

During the CWC time a mother with a child will be allocated to a student. Each student should follow up the child from the time of registration at the clinic and take part in all clinic procedures in respect to this child during his/her stay at the clinic. During this activity the student should observe the activities of the PHM, PHNS and the MOH in the clinic. The students should critically evaluate the activities in the clinic and prepare a report to be included in the portfolio.

Intended Learning Outcomes of CWC

- List the activities carried out at the CWC
- Identify and describe the Child Health Development Record (CHDR)
- Identify the various sections of the CHDR and their purpose
- Interpret the data contained in the CHDR
- Identify growth faltering and interpret growth charts

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- Demonstrate the use of the CHDR as a tool to educate the mother on:
 - Successful breast feeding
 - Complementary feeding and its importance
 - Developmental stages of a child
 - Age-appropriate immunization

Family Planning clinic

The students should acquire the skills on counselling on contraception. The students will be briefed on how to advise a woman to select a contraceptive method available with national programme.

Students will be divided into groups and will follow the clients who attend the clinic.

Intended Learning Outcomes FPC

- Identify and describe the contraceptives methods available through the National Family Planning Programme
- Discuss the route of administration, dosages, and methods of delivery of contraceptives offered through the National Family Planning Programme
- List the indications, contraindications, and side effects of the available contraceptive methods
- Distinguish the advantages and disadvantages of each contraceptive method
- List and identify the equipment used for DMPA injection and insertion of IUCD and implants
- Discuss the steps involved in DMPA injection and insertion of IUCD and implants
- Evaluate the strengths and weaknesses of the family planning programme

Postnatal Care

Students will be posted with PHM. Initially tutor will discuss the objectives and the activities carried at postnatal clinic and postnatal home visit. Then students will be divided into two groups and will be carried the home visit. The students should discuss the postnatal care and involve in reflective writing. All the learning activities will be included in the portfolio

Intended Learning Outcomes of PNC

- List the activities taking place at a postpartum home visit
- Identify the records maintained during postpartum home visits
- Discuss return to fertility of postpartum women (lactating and non-lactating)
- Explain the benefits of healthy pregnancy spacing
- Discuss contraceptive methods appropriate for lactating women
- Demonstrate the ability to carry out health education for postpartum mothers

Well Women Clinic (WWC)

Students will be posted with MOH. Initially tutor will discuss the objectives and the activities carried at WWC. Each student should follow up the mother from the time of registration at the clinic and take part in all clinic procedures in respect to this mother during her stay at the clinic. During this activity the student should observe the activities of the PHM, PHNS and the MOH in the clinic.

The students should discuss the WWC clinic and involve in reflective writing. All the learning activities will be included in the portfolio

Intended Learning Outcomes of WWC

- List the objectives of Well Woman Clinics (WWC)
- Discuss the activities that are carried out in WWC
- List the records maintained by PHM in relation to WWC
- Distinguish the targeted non-communicable diseases (NCDs) and explain the rationale behind their selection
- Discuss the health education activities undertaken at WWC
- Define referral procedures followed in WWC
- Evaluate the strengths and weaknesses of WWC
- Demonstrate the ability to carry out basic clinical procedures performed at WWC

Field visit with PHM and weighing post

Students will be posted with PHM. Initially tutor will discuss the objectives and the importance of growth monitoring and nutrition. Then students will be divided into two groups and will be carried the home visit and growth monitoring and nutrition. The students should discuss the activities and write a reflective report on these activities. All the learning activities will be included in the portfolio

Intended Learning Outcomes of weighing post

- List the objectives of growth monitoring
- Identify and describe the different types of growth charts used to monitor the growth of children at weighing posts
- List the actions that should be taken depending on the results of the growth trends of the child
- List the records maintained by the PHM on growth monitoring at her office and at the weighing post
- Identify causes of growth faltering among children and ways to overcome them
- Evaluate the strengths and weaknesses of the weighing post

School Health programme:

Students will be posted with MOH and PHI. Initially tutor will discuss the components and the activities carried in School Health programme. Students will be divided into groups and evaluate the sanitary condition of the school. Then tutor briefly discuss the activities carried out during school medical inspection (SMI). Students will carry out the shadow SMI activity under the supervision of MOH. During this activity the student should observe the activities of the PHI, teachers and the MOH.

The students should discuss the school health programme and involve in reflective writing. All the learning activities will be included in the portfolio

Intended Learning Outcomes of SHP

- List the objectives of the School Health Programme
- List the components of the school sanitary survey
- Discuss the components of SMI and their importance
- Distinguish the role of teachers and health personnel at SMI

- List the records and other instruments used during SMI
- Demonstrate the ability to examine school children, identify common illnesses, and fill the SMI form
- Discuss referral pathways for children with problems that cannot be managed at SMI
- Apply health promotion activities relevant to the School Health Programme
- Discuss the importance of the School Canteen Policy
- Discuss the role and functions of a School Health Club

Staff supervision

Students will be posted with MOH. Initially tutor will discuss the objectives and importance of the supervision. Then tutor will explain the way to carry out supervision and using the findings of supervision to improve the performance of the programme. Then students will observe the supervision activity which is carried out by the MOH. Then MOH will discuss the issues related to the supervision. Finally, students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes of staff supervision

- Explain the difference between supervision and management
- Discuss the role of supervision in routine programme management
- Discuss the role of the MOH in supervision
- Evaluate supervision procedures at the MOH level

MOH conference

Students will be posted with MOH. Initially tutor will discuss the objectives and importance of the MOH conference. Students will observe the activities carried during the conference. Student will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes of MOH conferences

- List the objective(s) of the MOH Conference
- Apply monitoring and evaluation procedures at MOH level
- Discuss the importance of routine reporting in surveillance
- Explain the concept of teamwork
- Demonstrate a SWOT analysis of the MOH Conference

NCD community prevention programme

Students will be posted with the MOH. The tutor will discuss the objectives, importance and components of the NCD Screening Programme (NSP). Students will be divided into groups to carry out and observe the activities of the PHI and Medical Officers.

Intended Learning Outcomes of NCD programme

- Discuss health services available for prevention of NCDs at the community level
- List and describe components of the NSP and their importance
- List the records and other instruments used in the NSP
- Distinguish the materials and methods used to deliver health education in the NSP
- Discuss the roles of community leaders and health personnel in the NSP
- Identify common NCDs found among people by age group
- Discuss the prevention and control measures targeting each NCD
- Apply referral mechanisms available to manage NCDs
- Evaluate the strengths and weaknesses of NSP

Food sanitation (Food handling establishments, bakery, and dairy)

Students will be posted with PHI. Initially tutor will discuss the objectives, importance and components of the Food sanitation and Food act of Sri Lanka. Then students will be divided into groups. Groups will visit to food handling establishments, bakery and dairy with PHI and observe the activities of the PHI in different components of the food sanitation. Student will maintain the learning log to list and reflect the activities.

Finally, students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes of food sanitation

- Demonstrate familiarity with the Food Act No 26 of 1980
- Discuss the role of the PHI in the implementation of the Food Act
- List the legal standards that apply to eating houses in relation to food safety
- Distinguish health hazards associated with a food handling establishment
- List diseases spread by contaminated food and describe their routes of transmission and measures to be taken by food handling establishments to prevent transmission
- List the various forms/tools used during a field visit
- Discuss the examination and investigation procedures carried out at food handling establishments
- Evaluate the implementation of the Food Act in the Nallur MOH Area

Slaughterhouse, Market sanitation, and refuse Disposal

Students will be posted with Slaughterhouse PHI in the morning. Then students observe the activities of the PHI in different components of the food sanitation. Student will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes - Slaughterhouse

- Demonstrate familiarity with the Butchers' Ordinance
- Discuss the MOH's & PHI's role in maintaining slaughter house standards
- Explain the steps involved in cattle slaughter
- List the common diseases of cattle and describe their ante-mortem and postmortem features
- Distinguish hazards associated with slaughter house work in relation to disposal of waste products, water supply, and storage and transport of meat

Market sanitation and refuse disposal

Students will be posted with PHI. Initially tutor will discuss the objectives, importance and stakeholders of the market sanitation and refuse disposals. Then students observe the activities of the PHI in different market sanitation and refuse disposal. Student will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes of market sanitation and refuse disposal

- Discuss the Market and its location
- Distinguish the hazards, Market workers are exposed to.
- Explain the collection transport and final disposal of refuse
- Explain proper disposal and suggestion for improvements
- List the Health hazards of insanitary collection and disposal of refuse
- Discuss the occupational hazards of workers involved in refuse disposal

Visit to sewage treatment plant**

Intended Learning Outcomes

- Discuss the method used in the plant
- Explain how they are maintaining the continuous function
- Discuss the occupational hazards of workers involved in the plant

Gender Based Violence (GBV) and Child abuse divisional multi-disciplinary team (MDT) meeting

Students will be posted with MOH. Initially tutor will discuss the issues related to GBV and child abuse and various stakeholders who are working in GBV and child abuse at MOH and divisional secretary level. Then they will attend the MDT meeting at divisional secretary office and observe the case discussion. Each student should follow up acaseand write a report. All the learning activities will be included in the portfolio

Intended Learning Outcomes GBV and Child abuse

- Define GBV and child abuse
- Identify common risk factors of GBV and child abuse
- Discuss the infrastructure, services, and referral pathways available to address GBV and child abuse at the divisional level
- Discuss the role of field workers in the prevention of GBV and child abuse
- Discuss the role of community organizations in GBV/child abuse prevention.

Occupational health

Students will be posted with PHI. Initially tutor will discuss the objectives, importance and components of the occupational health of Sri Lanka. Then students will be divided into groups. Groups will visit to small scale work place and observe the activities of the PHI in different components of the occupational health. Student will maintain the learning log to list and reflect the activities.

Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes of Occupational health

- Discuss the legal standards governing occupational health in Sri Lanka
- Explain the MOH's and PHI's role in occupational health
- Identify occupational hazards and recommend preventive measures
- Demonstrate the ability to assess occupational health hazards at a small industry

EPI programme & AEFI surveillance

Students will be posted to the MOH Office. The tutor will introduce the students to the EPI programme and AEFI surveillance. They will be familiarized with the infrastructure and facilities available at the MOH Office to maintain the cold chain and deliver immunization services at the community level. The students will also observe the delivery of immunization services.

Intended Learning Outcomes of immunisation

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- List the objectives of EPI and AEFI
- Outline the national immunization schedule
- Discuss technical aspects of cold chain maintenance as relevant to a field setting
- Explain the importance of AEFI surveillance
- Apply the system in place for AEFI surveillance

Outbreak investigation

Students will be posted with PHI. Initially tutor will discuss the objectives, importance and components of the outbreak investigation. Then students will be divided into groups. Groups will visit to relevant places where infectious cases reported in the particular month and observe/ discuss the activity/activities carried out by the PHI. Student will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes of outbreak investigation

- Discuss the steps of outbreak investigation
- Explain the respective roles of members of the public health team in outbreak investigation and prevention

Community empowerment (working with mothers club)

Students will be posted with PHM. Initially tutor will discuss the objectives, importance and components of the community empowerment for the preventive health activities. Then students will be divided into groups. Groups will meet the mother's club members and discuss with them about their activities and community empowerment activities to improve the health status of the community. Student will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes of community empowerment

- Explain the role of PHM in community empowerment
- Discuss the role of community empowerment activities in public health
- Identify challenges associated with community mobilization for public health
- Evaluate the strengths and weaknesses of Mothers' Clubs

Visit to PHM office

Students will be posted with PHM. Initially tutor will discuss the objectives, importance and duties of the PHM for the maternal and child health activities. Then students will be divided into groups. Groups will review the registers, records and returns available in the PHM office and discuss with PHM about the usefulness of those items to improve the health status of the community. Student will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes of PHM office

- Discuss the Training received by the PHM
- List the duties of PHM
- List the charts, registers records and returns maintained by PHM and discuss their usefulness
- Identify the contents of the midwifery bag, partum box and other equipment in the PNM's office
- Discuss the role of public Health midwives in
 - Antenatal, natal& postnatal care
 - Child care
 - family planning
 - School health
 - Mental health
 - dental health
 - Nutrition
 - sanitation
 - Control of communicable disease
 - Working with volunteers

Visit to PHI office

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Students will be posted with a PHI. Initially tutor will discuss the objectives, importance and duties of the PHI for the different roles of duties. Then students will be divided into groups. Groups will review the registers, records and returns available in the PHI office and discuss with PHI about the usefulness of those items to improve the health status of the community. Student will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes of PHI office

- Discuss the training received by a PHI
- List the duties of PHI
- List the charts registers and records maintained by a PHI and discuss their usefulness
- Explain the role of PHI in
 - sanitation
 - control of communicable diseases
 - school health work
 - child care
 - Health education
 - Family planning
 - Organization for PHC, working with Volunteers and NGOs
- Explain the procedure of chlorination of well (a demonstration will included)
- List the returns originating from PHI and discuss their usefulness

Health system and care Institutions in the community (8 days)

2.1. Office of RDHS Jaffna

Students will be posted with Regional Director of Health Services (RDHS) Jaffna. Initially tutor will discuss the health system of Sri Lanka. Then students will be divided into groups. Groups will go to various section of the RDHS office and observe the activities. Student will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes of RDHS:

- Illustrate the structure of the health system at the central, provincial, district and divisional levels
- Discuss the structure and organization of the RDHS Office
- List the duties carried out by different categories of staff at the RDHS Office
- Distinguish the pros and cons of decentralization of a healthcare system
- Discuss the 5S organizational principles and their relevance for healthcare management.

2.2. Health information system (HIS)

Students will be posted to the Teaching Hospital Jaffna Statistical Unit. The tutor will first discuss the health information system (HIS) of Sri Lanka. Then the students will be divided into groups to observe the activities taking place at the Statistical Unit. Student will also maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes of Health Information system

- Discuss the HIS of Sri Lanka with references to Teaching Hospital Jaffna
- Discuss the strengths and weaknesses of the existing HIS
- Compare and contrast IMMR and E-IMMR
- Discuss the need for an electronic HIS and the required resources

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- Explain the role of standard medical classification tools for the maintenance of HIS (e.g. ICD-10)
- Describe the role of medical officers in maintaining the HIS

2.3. Hospital Infection control and waste management

Students will be posted with infection control nursing officer at Teaching Hospital Jaffna. Initially tutor will discuss the infection control activities carried out in an institution and the hospital waste management. Then students will be divided into groups and visit the wards, theatre, sterilizing unit and hospital waste management unit. Student will discuss the present status and the short comings compare to the national guide line produced by the Quality and Safety unit of Ministry of Health. Student will also maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes of Hospital infection control

- Explain the facilities available for infection control at Teaching Hospital Jaffna
- Distinguish the waste segregation/disposal methods followed for different hospital wastes
- List the activities carried out by the infection control nurse
- Evaluate the strengths and weaknesses of infection control activities and waste management at Teaching Hospital Jaffna

2.4. Hospital Administration set up

Students will be posted with Director of Teaching Hospital Jaffna. Initially director will discuss the administrative setup of an institution. Then students will be divided into groups. Groups will go and discuss the administrative and financial role with the accountant and administrative officer at the hospital. Students also will be introduced the Sri Lanka establishment code and financial regulations. Students will be requested to do the presentation on the information which they gather during the visit. Student will also maintain the learning log to list and reflect the activities. Finally students

should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes of hospital administration

- Discuss the administrative setup of a Teaching Hospital
- List the duties and responsibilities of the Director
- List the duties and responsibilities of the Administrative Officer and Accounting Officer
- List the registers & inventories maintained at the Administrative Unit and Financial Unit and describe their purpose
- Apply the financial regulations in place at healthcare institutions
- Explain the procedures involved in ordering and issuing equipment, consumables
- Discuss the challenges associated with hospital administration/management

2.5. Managing drugs and equipment

Students will be posted with Chief pharmacist and in charge nursing officer of Teaching Hospital Jaffna. Initially chief pharmacist will discuss the need assessment, ordering and getting drugs and equipment from the Medical Supplies Division, storage and distribution of drugs within the institution. Then students will visit to the drug stores and observe the facility, and then students will go to a ward where ward in charge nursing officer will explain how the drugs are ordered and maintained at ward level. Students will learn about the drug regulation in the country. Students will be requested to do the presentation on the information which they gather during the visit. Student will also maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes managing drugs

- List the duties and responsibilities of the Chief Pharmacist and In-Charge Nursing Officer in relation to managing drugs and equipment
- List the registers and inventories maintained by the Chief Pharmacist and In-Charge Nursing Officer and discuss their purpose

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- Explain the procedures of ordering, issuing, and balancing drugs and other items carried out by the Chief Pharmacist and In-Charge Nursing Officer
- Discuss the maintenance of surgical consumables, cold stores, etc.
- Distinguish the supportive role of Medical Officers in ensuring availability of drugs and equipment at ward and institutional level

2.6. Surveillance System

Students will be posted with Regional Epidemiologist. Initially tutor will discuss the objectives and importance of the different surveillance methods and strategies to control major diseases in the country. Students will also learn and discuss the notification system in Sri Lanka. Students in small groups will be attached to the paediatric or medical wards in which they should identify a child/adult who had been admitted to the ward with a notifiable disease for more than a week from Nallur MOH area. They are expected to follow up the notification procedures in the hospital and in the patient's PHI area and prepare a report for presentation. Student will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes managing drugs

- Explain the purpose of a surveillance system
- List the surveillance methods used to control communicable diseases
- Discuss surveillance procedures carried out in the field and in healthcare institutions
- List the notifiable diseases in Sri Lanka
- Fill a notification form accurately
- Discuss the role of medical officers in surveillance and notification

2.7.Malaria control activity

Students will be posted with Regional Medical Officer of Anti-Malaria Campaign (AMC) Jaffna at RDHS level. Initially tutor will discuss the objectives, importance and stakeholders of the AMC. Then students will go to the field with malaria field officer from AMC and observe the activities carried out by them. Student will maintain

the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes AMC

- List the objectives of the AMC
- Explain the structure and administration of the AMC
- Distinguish malaria parasites, vectors, and control measures with special reference to the Northern Province
- Explain malaria surveillance activities carried out in the Jaffna District
- Discuss malaria prophylaxis for adults and children
- List the role of the entomologist and entomological assistant in malaria control
- Discuss the key strategies used in the elimination of malaria from Sri Lanka
- Evaluate the activities being carried out to prevent re-introduction

2.8. TB control activity

Students will be posted with DTCO at MOH level. Initially tutor will discuss the objectives, importance and stakeholders of the TB control activity. Then students will go to the field with DTCO or TB PHI and observe the activities carried out by them. Student will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes NPTCCD

- List the objectives of the National Programme for Tuberculosis Control and Chest diseases (NPTCCD)
- Explain the structure and administration of the NPTCCD
- Discuss the epidemiology of TB in Sri Lanka with special reference to the Northern Province Describe the control measures carried out by the DTCO and other members of the TB control team
- List the registers and forms used in TB control in Sri Lanka
- Discuss and critically evaluate the DOTS programme
- Explain the WHO – Stop TB and WHO – End TB strategies.

2.9 Water sanitation

Students will be posted to the National Water Supply and Drainage Board, Pannai. Initially the tutor will discuss the objectives and importance of water sanitation, its various stakeholders, water contamination, and treatment processes. Then the students will visit the onsite laboratory.

Intended Learning Outcomes of water sanitation

- Discuss methods of water treatment used in Jaffna
- Distinguish the MOH's and PHI's role in ensuring a safe water supply to the community
- Demonstrate familiarity with laboratory analysis of water samples
- List the health hazards of contaminated water with special reference to Jaffna and the Northern Province
- Discuss constraints in water sanitation and suggest improvements

Care of persons with special needs (6 days)

3.1. Nuffield School for Deaf & Blind

Students will be posted with Director of the Nuffield School for deaf and blind. Initially tutor will discuss the organizational structure, facilities and activities of the school. Then students will be divided into groups and work with the children and teacher. They also observe the facilities available at the school and critically discuss the health-related issues. Students will be requested to prepare a report and will maintain the learning log to list and reflect the activities. Finally, students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes – Nuffield school

- Explain the organizational structure, educational facilities and activities at the Nuffield School
- Discuss the referral pathway and list the criteria for admission to the school
- Distinguish the challenges encountered by health administrators, managers and care givers in providing quality services for elders
- Demonstrate awareness about the communication skills used by people with hearing/visual impairment

- List the instruments and aids available for detection and correction of hearing impairment in Jaffna and Sri Lanka
- Analyse the service gap filled by the institution for children with hearing and visual impairment in Jaffna and Sri Lanka

3.2.Home for elders

Students will be posted with Director of home for elders Kaithady. Initially tutor will discuss the organizational structure, facilities and activities of the home. Then students will be divided into groups and work with the elders and care takers. Students will carry out the interviews with elders and care givers. They also will observe the facilities available at the home and critically discuss the health and social related issues. Students will be requested to prepare a report and also will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes – home for elders

- Explain the services provided by the government for elders in Sri Lanka
- Discuss the administrative set-up of the Elders' Home Kaithady
- List the criteria for admission to the Elders' Home Kaithady
- Distinguish the challenges encountered by health administrators, managers and care givers in providing quality services for elders
- List different systems of care for elders
- Identify and describe health and other social problems associated with aging
- Apply the tools available to assess health, social and emotional needs of institutionalized elders

3.3.Jaffna Jaipur Centre for Disability Rehabilitation

Students will be posted with Director of Jaffna Jaipur Centre for Disability Rehabilitation. Initially tutor will discuss the organizational structure, facilities and activities of the centre. Then students will be divided into groups and work with the clients and workers. Students will carry out the interviews with clients and workers. They also will observe the activities carried out in the centre. Students will be requested to prepare a report and also will maintain the learning log to list and reflect

the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes JJCDR

- Discuss the structure and administration of JJCDR
- List the services provided by JJCDR
- List eligibility criteria and referral processes relevant to JJCDR
- Discuss physical, psychosocial and economic rehabilitation of clients after fitting the prosthesis
- Discuss the challenges faced by the management in maintaining JJCDR
- Analyse critically on the service gap filled by JJCDR in Jaffna.

3.4 Sivapoomi school for children with special needs

Students will be posted with principal Sivapoomi School for children with special needs. Initially tutor will discuss the organizational structure, facilities and activities of the home. Then students will be divided into groups and work with the children and teachers. Students will carry out the interviews with teachers and observe the behavior of the children. They also will observe the facilities available at the school and critically discuss the health and social related issues. Students will be requested to prepare a report and also will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes – Sivapoomi school

- List the services offered by the institution
- List the criteria for admission and referral pathways to the institution
- Discuss the activities carried out at the institution
- Distinguish the challenges faced by administrators in maintaining the school
- Discuss teaching and learning activities in relation to special needs education
- Analyze critically the service gap filled by the institution

3.5 CANE

Students will be posted with President of the CANE. Initially tutor will discuss the organizational structure, facilities and activities of the hospice. Then students will be divided into groups and work with the patients and service providers. Students will carry out the interviews with patients and service providers. Students also will observe the facilities available at the CANE and critically discuss the health and social related issues. Students will be requested to prepare a report and also will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes CANE

- Explain the structure and organization of CANE
- List the services provided by CANE
- List the criteria and process of admission to the facility
- Discuss the activities carried out by CANE at the facility and in the field
- Discuss the challenges faced by the management in maintaining the facility
- Analyze the service gap filled by CANE in the health system

3.6. Mental health services in the community

Students will be posted with Director Shanthiham. Initially tutor will discuss the organizational structure, facilities and activities of the organization. Then students will be divided into groups and work with the service providers. Students will carry out the interviews with patients and service providers. Students also will observe the facilities available at the organization and critically discuss the psychosocial related issues. Students will be requested to prepare a report and also will maintain the learning log to list and reflect the activities. Finally students should involve in reflective writing. All the learning activities will be included in the portfolio.

Intended Learning Outcomes Shanthiham

- Explain the structure and administration of Shanthiham
- List the services provided by Shanthiham at the institution and in the field
- Discuss referral procedures to the organization
- Discuss challenges faced by the management in maintaining the organization
- Analyze the service gap filled by Shanthiham in the health system

1.2. Community Medicine Field Attachment Programme

Introduction

This field component intends to achieve the objectives of Family Attachment Program, Case Reports and Field Health Activity. Although there are many good features in these three components, several aspects for improvement were identified as part of feedback obtained from students and staff as part of the curriculum revision. There were no dedicated time allocated in the academic calendar for these activities, students were to find their own mode of transport to often very interior and deprived places, students were to face the challenge of going to the community when considerable proportion of men were under the influence of alcohol and there were female students who do not have male students to accompany them during visits.

Community Based care

Although students get adequate exposure in making diagnosis of individual cases, they also require skills in making a community diagnosis. This requires students to follow up a community. Students in a batch will be divided based on the clinical appointment groups. Students in each clinical appointment group will be paired, preferably with one male and female student whenever possible. Each pair of students will be allocated with five families. Faculty of Medicine will provide transport facility for students and staff from the faculty to community. The field visit will be organised in the afternoon. Half of the batch will have visit in a day and the other half will have the visit after two weeks of the visit of their counterpart. The group which had the field visit will have a review in the faculty after a fortnight from the field visit.

Preparation of Community Attachment Program

Preparation in the field

The Department of Community and Family Medicine will identify communities in easy access equivalent to number of clinical appointment groups in the batch concerned. The community should have at least one venue for the students to hold the field based discussions among the students and community members. Approval will be obtained from the Divisional Secretary and Medical Officer of Health. The grass route level workers will be made aware of the field visit. The Public Health Midwife will help in preparing list of families required for the followed up. The selected families will be informed that they will be followed up by medical students and they will be invited to attend an inauguration ceremony in their community hall.

Preparation of students

Each group will be allocated with at least one supervisor. Students will be given orientation on the Community Oriented Care. This orientation will cover the importance and relevance of community Oriented care in health, logistic arrangements and scenario based learning.

First visit

An inauguration ceremony will be organised in their community hall in an afternoon time of the first day of field visit. Students will be introduced to the families allocated to them. Students will focus of individual, family and community. Students will be provided with some equipment such as weighing scale, stadiometer and blood pressure apparatus. In relation to family, students will assess the habitable nature of the house, dietary practices and etc. In relation to community health, students will assess their community leadership, waste management practices and etc.

Students will carryout baseline assessment during the initial visits, identify the issues, SWOT analysis, prioritation of issues, indetifying aim, objectives, activities, monitoring and evaluation plan. They will provide a proposal for intervention. Students will be allocated to a defined community to follow up the community for a period.

Assessment

Assessment of this program includes field evaluation, assessment in communication skills and a submission of portfolio.

1.3. Family Medicine Appointment

1	Consultant/supervisor	Senior Lecturer/Lecturer Family Medicine / DMO / Head Community and Family Medicine Dept.
2	Duration	4 weeks[4x6x4=96 hours]
3	Number of Students	1/6 of the Batch
4	Usual time	8 A M -12 noon
5	Additional time	no
6	Prerequisite	First Medicine and Surgery appointments done
7	Are patients allocated for clerking?	Yes
8	Places to visit	Family Health Centre, Kondavil
9	Objectives / purpose of the appointment	To introduce model Family Medicine Unit To introduce the responsibilities of a doctor in small health institution in addition to patient care. To give an idea of the type of patients seen in smaller institution. To introduce the principles of management in primary health care setup with or without laboratory facilities
10	Knowledge students should acquire	Records kept in smaller institutions. Limitations of outpatients only institutions and procedures of referral to higher institutions Value of the first contact and Patient as a person
11	Skills students should develop	Record keeping, Adopt the appropriate consultation model and Management in primary health care setup
12	Attitudes students to acquire	Positive approach to identify the problems of the patients, To be patient with and to build confidence in patients, Consideration to ethical and economical aspects in patient management
13	Any other relevant information	
14	Assessment method	OSCE/OSPE Along with Community Medicine
15	Student record book	Attendance and competence signed off
16	References	Lecture notes in Family Medicine by Prof Nandini de Silva Murtagh, John. John Murtagh's general practice. McGraw-Hill Australia, 2007. Jones, Roger. Oxford textbook of primary medical care. Vol. 1. Oxford University Press, 2004.

Family Medicine Appointment

The activities of the students during the appointments are divided as follows.

First week - Observation phase

- Discussion about the future place of family medicine in the Sri Lankan health system
- Discussion about the WHO recommended primary health care center
- Observing in the medical records and its maintenance, prescription format, referral letter format, medical certificate format the appointment system
- Observe the importance of family in the management of health-related problem in the primary care
- Observe about the patient management in primary care set up
- Visit to the pharmacy familiar with the available drugs,
- Involving in the home visit
- Observe in rotation basis about the consultation process, discuss about it

Second-fourth week

Active participation phase

- Actively participate in the maintains of health records, appointment system
- Actively participate in health education, counselling
- Participate in the prescription of drugs and maintain the compliance

Teaching methodology

Lectures, small group discussion, Observation, Active participation, Encouragement, create new ideas regarding the new development of primary care and production of valuable material which will be useful for the medical education and patient care

Evaluation methods

1. In course assessment
2. Case study
3. Family study

1.4. Community Medicine Educational Tour

Educational Tour (14 days)(Including travelling)

Outcome: At the completion of the visit the student should be able to

1. List the activities carried out by the institutions
2. Assess the effectiveness of services rendered by each institutions
3. Describe the organisational setup of each institutions
4. Describe the different stakeholders involves with the institutions
5. Critically analyze the strength and weakness of each institutions
6. Compare the activities carried out by the similar type of institutions

Places / institutions to visit

- Sewage treatment plant
- Castle Maternity Hospital
- Ragama rehabilitation centre
- Industrial Factory
- Epidemiology and Family health Burea
- Colombo Faculty of Medicine
- Estate Medical Clinic
- Peradeniya Medical Faculty
- Port Health
- Filaria rehabilitation Unit
- Galle Medical Faculty
- Campaigns of Ministry of Health

1.5. Professorial Family Medicine

(Awaiting board and senate approval)

1	Consultant/supervisor	Head Community and Family Medicine
2	Duration	2 weeks
3	Number of Students	¼ the batch
4	Usual time	Full time
5	Additional time	
6	Prerequisite	Should have completed all pre – professorial appointments and elective. Pass in OSCE. Pass in all para clinical subjects
7	Are patients allocated for clerking?	Yes
8	Places to visit	Divisional Hospitals: Kopay, Kondavil, Chankanai and Manipay. General practices in Nullur MOH
9	Objectives / purpose of the appointment	<ol style="list-style-type: none"> 1. To identify the common medical problems and their managements at Primary Care settings. 2. To acquire the basic medical skills which are needed for the Primary Care Doctor 3. To understand the routine administrative works which are carried out by a Primary Care Doctor 4. To develop the skill in applying evidence based approach in Primary Care 5. To understand the role of the family & community in care of a patient at a Primary Care settings 6. To apply the appropriate preventive measures to maintain the good health of the people at Primary Care settings
10	Knowledge students should acquire	The knowledge to manage the common diseases which are handled by the primary care institutions
11	Skills students should develop	<p>Developing following procedural skill: Drawing blood, applying injections IM, IV, urinary catheterization, suturing and wound dressing.</p> <p>Providing Family Planning: IUCD, Jadale etc.</p> <p>Screening: Pap Smear.</p> <p>Writing referral letters, writing medical certificates, writing diagnosis and cause of death according to the ICD10 classification.</p> <p>Carry out audit in primary care setting.</p>

		Developing communication skill to manage and prevent the disease conditions
12	Attitudes students to acquire	Good attitudes and applying medical ethics in all aspects of the appointment
13	Any other relevant information	
14	Assessment method	Attendance during appointment, assessment of portfolio and audit report.
15	Criteria to sign Student record book	Attendance during appointment, submission of portfolio and audit report.
16	References	<p>Murtagh, John. John Murtagh's general practice. McGraw-Hill Australia, 2007.</p> <p>Jones, Roger. Oxford textbook of primary medical care. Vol. 1. Oxford University Press, 2004.</p> <p>Lecture notes in Family Medicine by Prof.Nandini de silva http://www.sign.ac.uk/methodology/checklists.html http://clinicalevidence.bmj.com/x/index.html http://www.ucl.ac.uk/ich/services/library/training_material/critical-appraisal http://www.nice.org.uk/newsroom/nicenewslettersandalerts/updateforprimarycare/update_for_primary_care.jsp</p>

2. FORENSIC MEDICINE

Details of appointment in Forensic Medicine are given in this section.

2.1. Forensic Medicine

1	Consultant/supervisor	Consultant JMO, in his absence, AJMO or MO Medico Legal
2	Duration	4 weeks [4x6x4=96 hours]
3	Number of Students	1/8 of the batch
4	Usual time	8 AM -12 noon
5	Additional time	Whenever time permits, for post-mortems and other important activities.
6	Prerequisite	Should have completed at least one Medicine, Surgery, Paediatrics and Gyn&Obs appointments. Acquired basic knowledge in Pathology and Forensic Medicine.
7	Are patients allocated for clerking?	Yes
8	Places to visit	All wards where medico-legal patients are admitted, ETU, ICU, OPD, clinics, theatre and learn about the duties of MO with respect to medico legal cases in the above departments. Coroner's court or any other court with supervisor. Visit seen of crime, exhumation and post-mortems.
9	Objectives / purpose of the appointment	Familiarize with duties of medical officer in medico-legal cases in different departments. Familiarize with medico-legal procedures and duties carried out by Medico-legal officer.
10	Knowledge students should acquire	Principles of examination of different medico-legal cases including assaults with different weapons, motor traffic accidents, child abuse, child sexual abuse, sexual abuse of adults, etc. Principles of post-mortem examination of natural, accidental and homicidal cases. Medico-legal duties of Medical officers.
11	Skills students should develop	Interviewing, Examination and reporting of different types of medico-legal patients. Post-mortem examination and reporting, including dissection of organs and different special dissections.
12	Attitudes students to acquire	Learn to apply medical ethics in medical practice-patient's rights, consent, confidentiality etc. Learn to prevent medical negligence.
13	Any other relevant information	

14	Assessment method	<p>Along with Examination in Forensic Medicine Clinical attachment will be assessed by,</p> <ol style="list-style-type: none"> 1. OSPE- a. description of specimen and writing medico legal opinions, b. knowledge of dissection techniques, c. opinion expressed on reports, photographs of cases and autopsies. 2. Assessment of completed medico legal report and post-mortem report. 3. Assessment of knowledge of medico legal duties of MO in different departments.
15	Criteria to sign Student record book	<p>More than 90 % attendance. Examine at least five patients with different types of medico-legal problems, complete their medico-legal examination reports. Eviscerate, dissect, and clerk any two autopsies. Observe and complete post-mortem report on accidental, homicidal, suicidal and natural death.</p>
16	References	<ol style="list-style-type: none"> 1. Shepherd R. Simpson's Forensic Medicine. 12th ed. Oxford University Press, London 2003 2. Knight B, Saukko P. Knight's Forensic Pathology 3rd ed. Oxford University Press. London 2004 3. De Maio DJ, De Maio VJ. Forensic Pathology. 2nd ed. CRC press. London 2001 4. Medico- Legal Aspects of Injuries. By, Dr. L.B.L. Alwis. Volume 1 & 2

Detail objectives for Clinical appointment

Management of a person for medico-legal purposes

- Identify external and internal injuries
- Document injuries by providing each injury with a separate number
- Diagram injuries on form Health 1135A
- Describe injuries in terms of nature, site, size, shape, disposition (site to be described in relation to bony landmarks)
- Complete a Medico-legal Examination Form
- Prepare a Medico-legal report for submission to Court.

Identify the duties of Medical Officers in the following roles

- A Medical Officer in the out-patient department
- A House Officer in charge of a ward in a hospital
- A Specialist in any field or a director of a hospital
- A District Medical Officer or Medical Officer (Medico-legal)
- A General Practitioner
- A Doctor working in any other capacity

Medico legal autopsy

- Witness at least 10 post-mortem examinations including death due to natural deaths, suicides, homicides, accidental causes.
- List the steps in carrying out a complete medico-legal autopsy with emphasis on the dissection technique of the:
 - (a) heart and coronary vessels
 - (b) Brain
 - (c) Neck (relevant to manual /ligature strangulation)
 - (d) Perineum (in cases of criminal miscarriage or rape).
 - (e) Identify the post-mortem changes.
 - (f) Describe the post-mortem findings in a routine post-mortem examination.
 - (g) Formulate COD according to WHO classification.
 - (h) Writing a PMR in Health 42.
 - (i) Identify, describe & formulate conclusions on, plant, soft tissue and bone specimens.
- List the steps in carrying out a perinatal autopsy (relevant to natural Deaths, infanticide, stillbirths, abortions)
 - (j) Prepare a Post-mortem Report for submission to Court

Specimens & Photographs

- Describe a specimen and photograph accurately
- Identify and provide answers to the pathological and medico-legal aspects connected with it.
- Skeletal productions
 - (1) Examine skeletal productions towards identifying
 - (a) Age
 - (b) Sex
 - (c) Stature
 - (d) Cause of death
 - (e) Time since death
- Other medico-legal issue
- **Sending specimens to the Government Analyst**
- Describe how you would collect, preserve, document and transport material for analysis by government analyst of the following
 - Poisons
 - Seminal fluid
 - Blood
 - GSR in firearm injuries (Gun Shot Residue)
 - Swabs for saliva
 - Hairs
 - Other contact trace material.

- **Sending specimens to the Microbiologist**

Describe how you would collect, preserve, document and transport material for analysis by microbiologist.

- **Sending specimens to the Histopathologist**

Describe how you would collect, preserve and transport tissues for histological Analysis.

- **Court visit**

Visit a court of law and witness doctor giving evidence or court proceedings.

- **Maintaining medico legal documents, confidentiality & chain of custody**

Describe how you would maintain documents, files and registers in relation to medico-legal work in the office. State the people who may have access to documents maintained by you.

Each Student must have following items in possession at ALL times during the Short Appointment (other than the standard set of medico-legal documents given by the Dept. on day 01)

Copies of **ALL** consent forms which are in current use at TH Jaffna

Information of Injury Sheet (H -1258)

GCS form

A copy of the Declaration of Death form (B 33)

Adequate number of copies of post-mortem reports (Health 42)

ALL relevant clinical tools required for patient examination: stethoscope, kneehammer, torch, measuring tape & disposable masks.

3. PATHOLOGY

Details of appointment in Clinical Pathology are given in this section.

3.1. Clinical Pathology

1	Consultant/supervisor	Clinical Pathologist
2	Duration	2 weeks [2x6x4=48 hours]
3	Number of Students	1/8 of the batch
4	Usual time	8 AM -12 noon
5	Additional time	
6	Prerequisite	Should have completed at least one medicine and surgery appointment
7	Are patients allocated for clerking?	no
8	Places to visit	All sections of the Pathology Laboratory in the Teaching hospital
9	Objectives / purpose of the appointment	Develop knowledge of Laboratory techniques
10	Knowledge students should acquire	Procedures in pathology laboratory Value of laboratory investigation Importance of proper collection, transport and labelling specimens
11	Skills students should develop	Haematological, biochemical and pathological investigations
12	Attitudes students to acquire	Precautions in handling specimen Confidentiality of results of investigations
13	Any other relevant information	
14	Assessment method	Along with Examination in Pathology
15	Criteria to sign Student record book	1. Attendance 2. Spot and oral examination
16	References	

4. MEDICINE

This section describes the appointments that are predominantly related to Medicine. They are,

1. Introductory clinical clerkship
2. General Medicine – First clerkship
3. Medicine related short appointments
 - 3.1 Dermatology
 - 3.2 Venereology
 - 3.3 Pulmonology
 - 3.4 Cardiology
 - 3.5 Neurology
 - 3.6 Rheumatology & rehab Medicine
 - 3.7 Nephrology
 - 3.8 Transfusion medicine
 - 3.9 Oncology
4. General medicine – Second clerkship
5. Professorial medicine

4.1. Introductory clinical clerkship in Medicine

This is executed by lecture demonstrations and inward group discussions under the guidance of consultants, senior medical officers and staff medical officers. Aim of this course is to prepare students to undertake further clinical clerkship in medicine.

Supervisor – Board certified specialists

Duration – One week

Clerkship hours – four

Places to visit – Lecturer hall, ward and medical units

Intended learning outcomes

- Demonstrate introducing self and getting consent to examine the patient.
- Demonstrate clinical history taking
- Apply fundamentals of clinical signs to physical examination
- List differential diagnosis
- Interpret basic laboratory and imaging investigations
- Apply principles of medical ethics and communication skills
- Distinguish health care system at a teaching hospital
- Compare and contrast inward and outpatient care
- Distinguish multiple specialties in clinical medicine and referral system
- Identify various assessment methods in clinical medicine
- Distinguish self-learning and continuous medical education
- Demonstrate the use of basic clinical equipment
- Demonstrate and practice infection control
- Identify the documents used in a clinical setting

4.2. First Medicine

1	Consultant/supervisor	All Physicians
2	Duration	8 weeks [8x6x4=192 hours]
3	Number of Students	1/6 of the batch subject to change
4	Usual time	8 A M -12 noon
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 AM. Casualty Sundays and all other available times.
6	Prerequisite	Completed Introductory course
7	Are patients allocated for clerking?	yes
8	Places to visit	Medical wards, EU, MICU, Diabetic centre, Clinics, Clinical Skill Laboratory
9	Objectives / purpose of the appointment	As in the "objects for clinical course in Medicine" Emphasis on learning to take history and perform examination in common diseases
10	Knowledge students should acquire	Features of common medical illness
11	Skills students should develop	Elicit signs and symptoms, examine urine, sputum, stools Basic procedures like venepuncture. Familiarise with ECGs and X' Rays.
12	Attitudes students to acquire	To learn patient welfare and to understand patient's concern. Learn to work as a team. To utilize the time to improve knowledge and skills.
13	Any other relevant information	Period for students to master the skills of communication including history taking
14	Assessment method	Formative
15	Criteria to sign Student record book	Attendance and end of the appointment assessment.
16	References	Hutchison's clinical Methods, Macleod's Clinical Examination

Intended Learning Objectives - First Medicine

Overall objectives

- Demonstrate and master the clinical skills (History taking and clinical examination)
- Choose diagnosis or differential diagnoses
- Apply the knowledge of basic management to common medical conditions

Attendance is compulsory: Minimum of 80% attendance is required for successful completion.

Upon successful completion of this clerkship, students should be able to:

Clinical skills (Medical Knowledge)

- Demonstrate the knowledge of history taking techniques based on
 - patient's presenting complaint,
 - history of present illness,
 - past medical history, social, family and occupational history
- Summarize the history and communicate it
- Perform a physical examination in a logical, organized and thorough manner
- Interpret clinical findings and apply the basic sciences.
- Comprehend the management plan of the patients with common medical problems
- Identify the common drugs in use
- List and interpret basic investigations.

Medical Procedures

- List and observe the common medical procedures done in the ward
- Identify the common medical equipment used in ward such as Pulse oximeter, multipara monitor, glucometer etc.
- Demonstrate basic medical procedures such as venepuncture

Patient Care

- Demonstrate health education to a patient related to health prevention

Interpersonal and communication skills

- Demonstrate effective communication with patient & their relatives
- Demonstrate effective communication with colleagues, ward staff and Doctors

Professionalism

- Demonstrate understanding of ethical principles, including integrity, operating in the healthcare environment and the medical profession

Attitudes

- Show awareness of the sense of responsibility in delivering healthcare
- Demonstrate respect for patients, health care professionals and other students

4.3. Medicine related short appointments

4.3.1. Dermatology

1	Consultant/supervisor	Consultant / MO Dermatology
2	Duration	2 weeks [2x6x4=48 hours]
3	Number of Students	1/8 of the batch
4	Usual time	8 AM -12 noon
5	Additional time	
6	Prerequisite	Should have completed at least one medicine and surgery appointment
7	Are patients allocated for clerking?	no
8	Places to visit	Skin clinic, skin ward
9	Objectives / purpose of the appointment	<ul style="list-style-type: none"> • Outline diagnosis and treatment of simple skin lesions • Identify conditions to be referred for specialized treatment
10	Knowledge students should acquire	<ul style="list-style-type: none"> • Skin lesions and their diagnosis. • Dermatological presentation of systemic illnesses.
11	Skills students should develop	Examination and diagnosis of skin lesions
12	Attitudes students to acquire	Care for patients with skin lesions and understand the cosmetic handicap of the patients.
13	Any other relevant information	
14	Assessment method	Formative and along with Examination in Medicine
15	Criteria to sign Student record book	Attendance
16	References	British Medical Journal- ABC of Dermatology by P. K. Buxton (1988) Illustrated Colour Text "Dermatology" by David J. Gawkrödger. Churchill Livingstone 2001. Davidson's Principle and Practice of Medicine Kumar and clerk's Clinical Medicine

4.3.2. Venereology

1	Consultant/supervisor	Consultant Venereologist
2	Duration	1 week[1x6x4=24 hours]
3	Number of Students	1/8 of the batch
4	Usual time	8 AM -12 noon
5	Additional time	
6	Prerequisite	Should have completed at least one medicine and surgery appointment
7	Are patients allocated for clerking?	Yes- clinic patients
8	Places to visit	STD clinic
9	Objectives / purpose of the appointment	Demonstrate obtaining relevant history, examination and treatment of sexually transmitted diseases. Apply the principles of tracing sexual contacts
10	Knowledge students should acquire	Pathophysiology, clinical features, transmission, evaluation and treatment of common STD
11	Skills students should develop	Obtain specimens for laboratory investigation
12	Attitudes students to acquire	Respect individual variation in sexual behaviour. Positive approach to facilitate proper treatment and stopping the spread of the infection
13	Any other relevant information	Using audio visual material for HIV/AIDS and STD awareness programs.
14	Assessment method	Formative and along with Examination in Medicine
15	Criteria to sign Student record book	Attendance
16	References	Chapter on Sexually Transmitted Diseases in, 1. Davidson's Principle and Practice of Medicine 2. Clinical Medicine by Kumar and Clerk

4.3.3. Pulmonology

1	Consultant/supervisor	Consultant chest physician
2	Duration	2 weeks [2x6x4=48 hours]
3	Number of Students	1/8 of the batch
4	Usual time	8 AM -12 noon
5	Additional time	
6	Prerequisite	Should have completed at least one medicine and surgery appointment
7	Are patients allocated for clerking?	no
8	Places to visit	Chest Clinic.
9	Objectives / purpose of the appointment	Know special features and problems of chest diseases with special emphasis on Tuberculosis.
10	Knowledge students should acquire	Clinical presentation of Tuberculosis and treatment. BCG vaccination. DOTS and Stop Tb strategy. BA, Community acquired pneumonia, COPD
11	Skills students should develop	History, clinical examination and health education
12	Attitudes students to acquire	Respect TB patient charter
13	Any other relevant information	Using IEC [information, education and communication] materials
14	Assessment method	Formative and along with Examination in Medicine
15	Criteria to sign Student record book	Strict attendance. Write one case report
16	References	Respiratory Medicine: chapter in Kumar and Clerk. International Standards for Tuberculosis Care Long title Option.

4.3.4. Cardiology

1	Consultant/supervisor	Consultant Cardiologist
2	Duration	2 weeks [2x6x4=48 hours]
3	Number of Students	1/8 of the batch
4	Usual time	8 AM -12 noon
5	Additional time	Tuesdays and Fridays 1.00 - 3.00 PM [clinics- if no lectures] Students are expected to come early enough to be ready for consultants by 8.00 AM. Casualty Sundays and all other available times.
6	Prerequisite	Should have completed at least one medicine and surgery appointment
7	Are patients allocated for clerking?	yes
8	Places to visit	Cardiology unit, Clinic, OPD and Rehabilitation clinic
9	Objectives / purpose of the appointment	Identify and refer appropriate patients to cardiologist Distinguish cardiac emergencies and management of cardiac diseases
10	Knowledge students should acquire	History taking and examination of CVS Management of cardiac diseases Prognosis of cardiac illnesses
11	Skills students should develop	Cardiac resuscitation, examination of CVS, identification of common abnormalities in ECG and reassuring and counselling cardiac patients
12	Attitudes students to acquire	Positive attitude about outcomes of cardiac illnesses and concern for quality of life of cardiac patients.
13	Any other relevant information	Students should be motivated towards problem oriented learning and self learning
14	Assessment method	Formative and along with Examination in Medicine
15	Criteria to sign Student record book	Assessment on cardiovascular system examination
16	References	1. Chapter on Cardiology in, Kumar & Clerk- Clinical Medicine 2. Chapter on Cardiology in, Davidson's Medicine 3. ECG Made Easy 4. Clinical examination of CVS in Hutchinson's Clinical Methods or Clinical examination of CVS in Macleoid's Clinical examination or Clinical examination of CVS in Tally and Conner – Clinical Examination.

4.3.5. Neurology

1	Consultant/supervisor	Consultant Neurologist
2	Duration	1 week [1x4x6= 24 hrs]
3	Number of Students	1/8 of the batch
4	Usual time	8 A M -12 noon
5	Additional time	
6	Prerequisite	Should have done first Medicine and Surgery appointments
7	Are patients allocated for clerking?	No
8	Places to visit	All wards with neurological patients
9	Objectives / purpose of the appointment	Demonstrate history taking and elicit physical signs List differential diagnosis and plan appropriate investigations Apply basic management strategies for common neurological disorders
10	Knowledge students should acquire	Common neurological problems in detail and rare problems in outline
11	Skills students should develop	History and examination of patients with neurological problems.
12	Attitudes students to acquire	Care for the psychological aspects of patients and relatives with neurological problems
13	Any other relevant information	
14	Assessment method	Formative and along with Medicine
15	Criteria to sign Student record book	Attendance and general performance during appointment
16	References	Chapter on neurology in Davidson. Neurological differential diagnosis by John Patten Illustrated Neurology by Kenneth W. Lindsay Ian Bone.

4.3.6. Rheumatology and Rehabilitation

1	Consultant/supervisor	Consultant Rheumatologist
2	Duration	Minimum 1 week (1 x 4 x 6 = 24 Hours)
3	Number of Students	1/8 of the batch
4	Usual time	8 AM to 12 Noon
5	Additional time	
6	Prerequisite	Should have completed first medicine appointment
7	Are patients allocated for clerking?	Yes
8	Places to visit	Rheumatology clinic, Medical wards, Rehabilitation unit
9	Objectives / purpose of the appointment	The basis of clinical rheumatology including common rheumatological diseases such as rheumatoid arthritis, SLE etc The concept of rehabilitation in clinical practice
10	Knowledge students should acquire	History taking skills in related to rheumatoid patient Examination of muscular skeletal system Formulating differential diagnoses and plan the diagnostic workup
11	Skills students should develop	History taking/Clinical examination of musculoskeletal system Observe joint aspiration & Rehabilitation
12	Attitudes students to acquire	To learn patient welfare and to understand patient's concern. Work as a team and understand rehabilitation
13	Any other relevant information	
14	Assessment method	Formative
15	Criteria to sign Student record book	Attendance and general performance during appointment
16	References	Relevant chapters from Kumar and Clerk's Clinical Medicine

4.3.7. Nephrology

At present, done along with appointments in Medicine

1	Consultant/supervisor	Consultant Nephrologist
2	Duration	Minimum 1 week (1 x 4 x 6 = 24 Hours)
3	Number of Students	1/8 th of the batch (subject to change)
4	Usual time	8:00am to 12:00noon
5	Additional time	
6	Prerequisite	Should completed the first medicine and first surgery appointment
7	Are patients allocated for clerking?	Yes
8	Places to visit	Nephrology clinic, medical ward, Dialysis unit
9	Objectives / purpose of the appointment	Define Acute kidney injury, chronic kidney disease and other common kidney diseases Systemic diseases with renal manifestations
10	Knowledge students should acquire	History taking skills in related to nephrology patient Basic principle of dialysis List investigations in a patient with kidney disease especially renal biopsy Basic principles of renal transplant
11	Skills students should develop	History taking and examination of a patient with kidney disease Observe renal biopsy, Haemodialysis
12	Attitudes students to acquire	To learn patient welfare and to understand patient's concern particularly to CKD. Learn to work as team
13	Any other relevant information	
14	Assessment method	Formative and examination in Medicine
15	Criteria to sign Student record book	Attendance and general performance during appointment
16	References	Relevant chapters of Kumar and Clerk's Clinical Medicine

4.3.8. Transfusion Medicine

1	Consultant/supervisor	Consultant transfusion Medicine/Medical officer Blood Bank
2	Duration	1 week [1x6x4=24 hours]
3	Number of Students	1/8 of the batch
4	Usual time	8 AM -12 noon
5	Additional time	Optional- outdoor blood collections- when no lectures
6	Prerequisite	Should have completed at least one medicine and surgery appointment
7	Are patients allocated for clerking?	no
8	Places to visit	Blood Bank, outdoor blood collections
9	Objectives / purpose of the appointment	Develop knowledge and skills on blood component transfusion services
10	Knowledge students should acquire	Blood grouping and cross matching Vein to vein procedures Blood components available and their usage. Preparation and storage of blood components
11	Skills students should develop	Screening donor and collecting the blood Grouping and cross matching
12	Attitudes students to acquire	Respect blood donors
13	Any other relevant information	
14	Assessment method	Along with Final Examination in all subjects
15	Criteria to sign Student record book	Attendance and satisfactory completion
16	References	

4.3.9. Oncology

1	Consultant/supervisor	Consultant Oncologist
2	Duration	2 weeks [2x6x4=48 hours]
3	Number of Students	1/8 of the batch
4	Usual time	8 AM -12 noon
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 AM. Casualty Sundays and all other available times.
6	Prerequisite	Should have completed at least one medicine and surgery and pathology appointment
7	Are patients allocated for clerking?	Yes- given patients- 2 per student
8	Places to visit	Oncology ward, BH Tellipallai Cancer treatment unit
9	Objectives / purpose of the appointment	Apply the treatment principles and importance of application of pathology knowledge
10	Knowledge students should acquire	Examination, principles of treatment, principles of follow up and appropriate referral for specialist care of cancer patients Care of terminally ill patients
11	Skills students should develop	Examination of cancer patients Reassure cancer patients
12	Attitudes students to acquire	Demonstrate a positive outlook for the life of cancer patients.
13	Any other relevant information	
14	Assessment method	Along with Examination in all subjects
15	Criteria to sign Student record book	MCQ examination at the end of appointment
16	References	

4.4. Second Appointment in Medicine

1	Consultant/supervisor	All Physicians
2	Duration	6 weeks (6 x 6 x 4 = 144 Hours)
3	Number of Students	1/6 of the batch, subject to change
4	Usual time	8 A M -12 noon
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 AM. Casualty Sundays and all other available times.
6	Prerequisite	Completed First appointment in Medicine
7	Are patients allocated for clerking?	yes
8	Places to visit	Medical wards, Clinics, Diabetic centre, Clinical Skill Laboratory and EU and ICU.
9	Objectives / purpose of the appointment	As in the "objects for clinical course in Medicine" For the First appointment at higher level
10	Knowledge students should acquire	Features of common medical illness and principles of management
11	Skills students should develop	Eliciting signs and symptoms, examine urine, sputum, stools History taking, basic procedures like venepuncture. Familiarise with ECG and X' Ray.
12	Attitudes students to acquire	Apply patient welfare and to understand patient's concern. Learn to work as a team. To utilize the time to improve knowledge and skills.
13	Any other relevant information	Student should master the examination skills
14	Assessment method	Refer assessment under Curriculum I
15	Criteria to sign Student record book	Attendance and assessment throughout the appointment
16	References	Macleods Clinical Examination Hutchison's clinical Methods Davidson's Principle and Practice of Medicine Kumar and clerk's Clinical Medicine

Intended learning Objectives - Second Appointment in Medicine

Clinical skills (Medical Knowledge)

- Demonstrate obtaining a comprehensive and structured medical history
- Summarize the history and communicate it
- Perform a physical examination in a logical, organized and thorough manner and able to interpret them in the context of the patient's medical condition
- Analyse the diagnosis/differential diagnoses and prepare summary and synthesize the problem list.
- Apply the rationale behind the investigations performed to arrive at a diagnosis and interpret them.
- Apply the principles of management plan of the patients with common medical problems
- Familiarize the common drugs used and their dosage and major side effects.
- Plan the management of the common medical emergencies and know the standard management.

Medical Procedures

- Observe the common medical procedures done in the ward
- Familiarise the common medical equipment used in ward such as Pulse oximeter, multipara monitor, glucometer, nebulizer etc. and learn to operate them.
- Practice basic medical procedures such as venepuncture, ABG

Patient Care

- Explain to the patient about their medical condition.
- Demonstrate health education to patient and relatives
- Apply the concept of a member of treating team and engage with management under guidance of consultant or senior medical officer.
- Demonstrate and assist in simple medical procedures.
- Practice monitoring the vitals of patients under supervision.
- Demonstrate basic life support.
-

Interpersonal and communication skills

- Demonstrate communication with patient & their relatives' efficiency.
- Demonstrate communication with colleagues, ward staff, Doctors and etc
- Demonstrate listening skills with probing and clarifying

Professionalism/ethics

Faculty of Medicine, UOJ

- Demonstrate understanding of ethical principles including integrity operating in the healthcare environment and the medical profession

Attitudes

- Develop sense of responsibility
- Demonstrate respect for patients, health care professionals and other students
- Apply knowledge on patient welfare and patient's concerns to health care

4.5. Professorial appointment in Medicine

- This is a full day programme. Students are expected to get involved in this programme in the wards from 7.30 AM to 5.30 PM on week days & Saturdays and casualty Sundays. On casualty days students are expected to stay till 10.0 PM in the wards and A&E. Lunch break will be from 12 Noon to 1.00 PM
- Attendance is compulsory. The register will be maintained by the monitor of the group. Students who absent themselves without prior permission should submit their explanation in writing to the consultant.
- Unsatisfactory performance during the course will necessitate extension of the period of appointment.
- The log book should be maintained and get signed weekly from relevant consultants. The log book should be submitted to the department at the end of the 7th week of the appointment.
- Students are also expected to do the following activities during this clerkship
 - Discussion of common medical emergencies
 - Discussion on common medical procedures (indications, contraindications, how to perform, expected complications and etc)
 - Discussion of common medical conditions - Seminars
 - Discuss the common medical problems during ward round
- Students are expected to do the shadow house officer placement for a week during this appointment.

Professorial Medicine

1	Consultant/supervisor	Staff of Department of Medicine
2	Duration	8 weeks [416 hours]
3	Number of Students	1/4 of the batch
4	Usual time	Full time
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 AM. Casualty Sundays and all other times requested by the teachers.
6	Prerequisite	Should have completed all pre-professorial appointments and elective. Completion of all 2 medicine assessments. Passed all para clinical subjects in the second examination for medical degrees
7	Are patients allocated for clerking?	yes
8	Places to visit	Professorial Medical ward/EU/MICU/Clinic
9	Objectives / purpose of the appointment	Demonstrate clerking patients, request basic investigations, give immediate treatment for emergency, treat common conditions
10	Knowledge students should acquire	As in the intended learning outcomes
11	Skills students should develop	As in the intended learning outcomes
12	Attitudes students to acquire	Understand socio-economic background of patients and respond to their level Think whether you can do better than what you have done to the patients Understand the limitations of prescribing
13	Any other relevant information	To appoint 2 students as assistant house officers on weekly rotation to clerk, write diagnosis card, procedures under supervision
14	Assessment method	Refer the assessment in Curriculum volume I
15	Criteria to sign Student record book	Attendance, completion of assessment
16	References	Davidson's Principle and Practice of Medicine Kumar and clerk's Clinical Medicine

Intended learning outcomes: Professorial medicine

Clinical skills (Medical Knowledge)

- Demonstrate comprehensive and structured medical history taking
- Perform a physical examination in a logical, organized and thorough manner and able to identify and interpret abnormal physical signs confidently
- Demonstrate the ability to record the history and physical in a legible and logical manner.
- Formulate a differential diagnosis based on the findings from the history and physical examination and use the differential diagnosis to help guide diagnostic test ordering and its sequence.
- Demonstrate the ability to construct an assessment and plan for an individual patient organized by problem, discussing the likely diagnosis and plan of treatment.
- Demonstrate communication on new patient's medical information in a focused manner, chronologically developing the present illness, summarizing the pertinent positive and negative findings as well as the differential diagnosis and plans for further testing and treatment.
- Apply the rationale behind the investigations performed to arrive at a diagnosis.
- Explain the results of the tests (complete blood count, blood smear, electrolyte panel, general chemistry panel, electrocardiogram, chest X-ray, urinalysis, pulmonary function tests, and body fluid cell counts and etc) commonly performed in terms of the related pathophysiology and clinical information.
- Apply the principles of management plan of the patients with common medical problems
- Familiarize about the common drugs used and their dosage, contraindications and major side effects.
- Demonstrate accurate documentation of prescriptions
- Familiarize with drug trolley, emergency trolley (including defibrillator), drug charts and monitoring charts (Eg Dengue fever chart, neuro observation charts, Fluid balance chart etc) and able to fill/complete of various medical documents such as pathology request form, X'Ray , ECG request forms, transfer forms, diagnosis card and etc
- Perform under direct supervision of medical officer in management of the common medical emergencies and learn the standard management.
- Demonstrate screening, diagnosing and commencing management of communicable and non-communicable diseases at the community level and engage in health promotion and health education activities

Medical Procedures

- List and observe the common medical procedures done in the ward
- Familiarise with the common medical equipment used in ward such as Pulse oximeter, multipara monitor, glucometer, nebulizer etc. and learn to operate them
- Perform basic medical procedures such as venepuncture, ABG etc under supervision.
- Explain the basics of bedside ultrasound scan and its clinical application.

Patient Care

- Explain in detail to the patient about their medical conditions and prognosis.
- Demonstrate health education to patient and relatives.
- Perform as a member of the treating team and engage with management under guidance of consultant or senior medical officer.
- Perform simple medical procedures under guidance of medical officer and should able to assist other medical procedures.
- Demonstrate monitoring the vitals and respond to treatment of patients under supervision.
- Demonstrate basic life support and advanced life support (CPR).
- Apply disease orientated counselling to patients under supervision

Interpersonal and communication skills

- Demonstrate communication with patient & their relatives efficiently concentrating on their medical problems.
- Demonstrate knowledge “breaking bad news” and getting informed (written) consent for various medical reasons (under supervision).
- Demonstrate ability to effectively and empathetically counsel patients on healthy behaviour, including lifestyle modifications related to tobacco, alcohol or drug use, obesity, medication compliance, etc.
- Demonstrate communication with colleagues, ward staff, Doctors and etc
- Demonstrate listening skills with probing and clarifying information.

Professionalism/ethics

- Practice being on time to all functions and dress and act in a professional manner.
- Demonstrate understanding of ethical principles operating in the healthcare environment and the medical profession
- Apply ethical principles to professional activities including the care of patients and interaction with peers
- Demonstrate awareness of how one's beliefs, values, and conflicts of interest which may impact patient care
- Demonstrate compassion and care towards others regardless of differences in beliefs, identity, race, and culture.
- Practice patient confidentiality must always be respected

Attitudes

- Develop sense of responsibility
- Demonstrate respect for patients, health care professionals and other students
- Practice respecting patient welfare and patient's concerns

5. OBSTETRICS AND GYNAECOLOGY

Appointments done in Obstetrics and Gynaecology are described in this section. They are,

- 1.1. First Obstetrics & Gynaecology
- 1.2. Second Obstetrics & Gynaecology
- 1.3. Professorial Obstetrics & Gynaecology

5.1. First Obstetrics & Gynaecology

1	Consultant/supervisor	All VOGs
2	Duration	4 weeks [4x6x4=96 hours]
3	Number of Students	1/8 batch / VOG
4	Usual time	8 A M -12 noon
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 AM. Casualty Sundays and all other available times.
6	Prerequisite	Completed Introductory course
7	Are patients allocated for clerking?	yes
8	Places to visit	O&G wards, Clinics, Clinical Skill Laboratory, Labour room theatres
9	Objectives / purpose of the appointment	Communicate with patient. History taking and physical examination. Responsibilities of students during clinical learning
10	Knowledge students should acquire	Normal labour, emergencies, ANC definitions, differential diagnosis Refer the objectives in volume 1
11	Criteria to sign Student record book	Attendance
12	Skills students should develop	Basic Obstetric and gynaecological examinations
13	Attitudes students to acquire	Mentioned in Objectives
14	Any other relevant information	
15	Assessment method	Attendance and Logbook
16	References	1.Obstetrics by Ten Teachers, 20th Edition by Louise Kenny, Helen Bickerstaff, Jenny Myers 2.Gynaecology by Ten Teachers, 20th Edition by Louise Kenny, Helen Bickerstaff, Jenny Myers 3.Oxford Handbook of Obstetrics and Gynaecology 3rd Edition by Sally Collins, Sabaratnam Arulkumaran, Kevin Hayes, Simon Jackson, and Lawrence Impey

**Intended Learning Objectives –
1st appointment in Obstetrics & Gynaecology**

- Demonstrate history taking from Obstetric patients
- Demonstrate history taking from Gynaecological patients
- Demonstrate an Obstetric examination
- Demonstrate vaginal examination
- Explain and manage normal labour.
- Observe the minor and major surgeries in Obstetrics and Gynaecology
- Outline the emergency conditions in Obstetrics and Gynaecology.
- Define the terminology related to Obstetrics and Gynaecology
- List the differential diagnosis for common Obstetric and Gynaecological Problems
- Apply the fundamentals of antenatal care to pregnant women
- Demonstrate suturing of episiotomy under supervision
- Explain normal puerperium.

5.2. Second Obstetrics & Gynaecology

1	Consultant/supervisor	All VOGs
2	Duration	4 weeks [4x6x4=96 hours]
3	Number of Students	1/8 batch / VOG
4	Usual time	8 A M -12 noon
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 AM. Casualty Sundays and all other available times.
6	Prerequisite	Completed first O&G appointment
7	Are patients allocated for clerking?	Yes
8	Places to visit	O&G wards, Clinics, Clinical Skill Laboratory, Labour room and theatres.
9	Objectives / purpose of the appointment	Communicate with patient. History taking and physical examination. Responsibilities of students during clinical learning Learn ward administration
10	Knowledge students should acquire	Common problems, abnormal labour, contraception, operations in O&G Problems associated with management of the word
11	Skills students should develop	Assisting in obstetric and gynaecological surgeries
12	Attitudes students to acquire	Keep the medical institution clean, respectable and reassuring.
13	Any other relevant information	
14	Assessment method	Attendance and Logbook.
15	Criteria to sign Student record book	Attendance.
16	References	1.Obstetrics by Ten Teachers, 20th Edition by Louise Kenny, Helen Bickerstaff, Jenny Myers 2.Gynaecology by Ten Teachers, 20th Edition by Louise Kenny, Helen Bickerstaff, Jenny Myers 3.Oxford Handbook of Obstetrics and Gynaecology 3rd Edition by Sally Collins, Sabaratnam Arulkumaran, Kevin Hayes, Simon Jackson, and Lawrence Impey

Objectives for second appointment in Obstetrics and Gynaecology

- Demonstrate history taking, examine and identify the problems of the patients in obstetrics and gynaecology
- Explain abnormal labour
- Demonstrate assisting in caesarean section and hysterectomies
- Outline the diagnosis and management of emergencies in Obstetrics and Gynaecology
- Outline the diagnosis, pathology and treatment of common conditions
- List abnormal conditions during puerperium
- List contraception and advice clients
- Outline surgeries done in Obstetrics & Gynaecology.

5.3. Professorial Obstetrics & Gynaecology

Professorial Appointment in Obstetrics and Gynaecology is a full time programme where patient centered clinical learning will take place mainly at the professorial wards - Teaching Hospital Jaffna.

Student who is doing the professorial appointment is expected to possess sound knowledge of basic history taking, examination techniques and to understand the pathophysiology of diseases and conditions.

Learning and teaching would be student centered rather than traditional lectures. Methods such as problem-based learning, skill based learning with regards to patient care and management with due consideration of ethics and values will be practiced.

During the appointment students are expected to improve their communication skills, organizational skills, presentation skills, leadership capacity, capacity to work as a team, cope with stress and to work effectively and efficiently.

Utmost importance will be given to the students' attitude towards patients, colleagues and support staff. The department of Obstetrics and Gynaecology has a policy of zero tolerance towards student misconduct.

Students will be provided with a log book intended for monitoring such learning process which will be helpful to the teachers as well as the student. It will be retained by the Department at the end of the Appointment

Students are expected to have clear knowledge in emergencies, common conditions, ante natal care, labour and puerperium when they come for the professorial appointment.

Intended Learning Outcome:

- Apply diagnostic skills and plan treatment for common problems
- Demonstrate managing normal pregnancy and labour and diagnose and plan treatment for high risk pregnancy and labour.
- Apply diagnostic skills and plan the management for emergencies.
- Demonstrate the preparatory steps and assist in and care post operatively in the Obstetric and Gynaecological operative procedures.
- Demonstrate writing operative notes and discharge cards.
- List the instruments used in Obstetrics and Gynaecological procedures.
- Apply the knowledge gained to give appropriate contraceptive advice.

Professorial Obstetrics &Gynaecology

1	Consultant/supervisor	Staff of Department of Obstetrics and Gynaecology
2	Duration	8 weeks [416 hours]
3	Number of Students	1/4 of the batch
4	Usual time	Full time
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 AM. Casualty Sundays and all other times requested by the teachers.
6	Prerequisite	Should have completed all pre-professorial appointments and elective. Pass the OSCE in O&G Passed all para clinical subjects in the second examination for medical degrees.
7	Are patients allocated for clerking?	Yes
8	Places to visit	Obstetrics and Gynecology wards, Clinics, A & E, Casualty and Routine operating theatres, Skill Laboratory, Andrology Laboratory, ICU and PBU
9	Objectives / purpose of the appointment	As in the objectives
10	Knowledge students should acquire	As in the objective
11	Skills students should develop	As in the objective
12	Attitudes students to acquire	As in the objective
13	Any other relevant information	As in the objective
14	Assessment method	Final examination
15	Criteria to sign Student record book	Continuous assessment and logbook interview
16	References	Obstetrics by Ten Teachers, 20th Edition by Louise Kenny, Helen Bickerstaff, Jenny Myers Gynaecology by Ten Teachers, 20th Edition by Louise Kenny, Helen Bickerstaff, Jenny Myers Oxford Handbook of Obstetrics and Gynaecology 3rd Edition by Sally Collins, Sabaratnam Arulkumaran, Kevin Hayes

6. PAEDIATRICS

Appointments done in Paediatrics are described in this section. They are,

- 1.1. Introductory clinical appointment
- 1.2. First Paediatrics
- 1.3. Second Paediatrics
- 1.4. Professorial Paediatrics

6.1. Introductory clinical appointment

1	Consultant/supervisor	All Paediatricians
2	Duration	1 week [4x6=24 hours]
3	Number of Students	1/4 batch
4	Usual time	8 A M -12 noon
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 AM.
6	Prerequisite	Completed the Phase 1 examinations
7	Are patients allocated for clerking?	yes
8	Places to visit	Paediatric wards and Post-natal wards
9	Objectives / purpose of the appointment	Refer text
10	Knowledge students should acquire	As in the objectives
11	Skills students should develop	As in the objectives
12	Attitudes students to acquire	As in the objectives
13	Assessment method	Formative assessment at the end of appointment and logbook
14	Criteria to sign Student record book	Attendance / assessment during the appointment

Introductory Paediatric appointment

- Develop the skill of interacting with a sick child confidently and communicating with parents (talk and console)
- Explain and respond to the needs of the child and the mother, and to build up a friendly but professional relationship with both the child and the parents.
- Develop the skill of obtaining a “system based” basic clinical history from the caregiver including;
 - Patient identification data and demographic data
 - Presenting complaint
 - History of the presenting complaint
 - Past medical and surgical history
 - Systemic inquiry
 - Birth history
 - Immunization history
 - Development history
 - Dietary history
 - Family history
 - Drug and allergic history
 - Social history – economic and education levels of family members, housing conditions, access to health care facilities, effect of disease on parents and siblings, parents’ understanding of the disease and outcome
- Show the ability of responding to the problems related to the impact of illness and hospitalization on the child and the family unit.
- Develop the basic skill of examining children of different ages starting from the neonatal period onwards and differentiate normal from abnormal regarding the following aspects,
 - General examination
 - Anthropometry
 - Cardiovascular system
 - Respiratory system
 - Abdominal examination
 - Introduction to development assessment

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Special emphasis should be given on

- Observation of the child/child-mother interaction
 - Approaching the child i.e 'getting down' to the level of the child
 - Being gentle
 - Methods of soothing crying/irritable child to allow examination
 - Leaves the unpleasant part of the examination at the last
-
- Familiarize with regards to the different areas of the Child Health Development Record (CHDR) to Identify the importance of each area and the process of documentation in the CHDR
 - Apply universal precautions:
 - Demonstrate 5 step hand washing technique.
 - Comprehend ward procedures:
 - Describe the function of the bed head ticket

6.2. First Paediatrics

1	Consultant/supervisor	All Paediatricians
2	Duration	4 weeks [4x6x4=96 hours]
3	Number of Students	1/8 batch / Paediatrician
4	Usual time	8 A M -12 noon
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 AM. Casualty Sundays and all other available times.
6	Prerequisite	Completed Introductory course
7	Are patients allocated for clerking?	yes
8	Places to visit	Paediatric wards, Clinics, Post natal wards, well baby clinic and Clinical Skill Laboratory
9	Objectives / purpose of the appointment	As in the objects for paediatric appointments
10	Knowledge students should acquire	Features of common paediatric illnesses. Symptoms, signs, investigations and differential diagnosis – as in the objectives.
11	Skills students should develop	Elicit physical signs, handle children, newborns, and do basic investigations
12	Attitudes students to acquire	To Care for and to be gentle with sick children and their mothers
13	Any other relevant information	
14	Assessment method	Log book
15	Criteria to sign Student record book	Attendance / assessment during the appointment
16	References	Illustrated Textbook of Paediatrics. Essential paediatrics.

First appointment in Paediatrics

The student is expected to be in the wards from 8 am to 12 noon and be punctual. 100% or 90% attendance with prior approval of leave is essential before they are signed up.

Students are expected to attend the casualty admissions in addition to the usual working hours.

Attitude in the wards:

- Sense of responsibility
- Aware of the problems of the patient and be kind to them
- Courteous towards patients and the staff attached to the ward and hospital
- Show keenness in improving their knowledge and skills and also in improving the quality of medical care
- Understand and respect the right of the patient

Intended Learning Objectives

- Demonstrate obtaining important positive and negative findings in a comprehensive “system based” clinical history and reach a diagnosis or differential diagnoses.
Students are expected to expand on the system based history learnt during their introductory appointment.
- Demonstrate the basic skills of examination of the following systems learnt during the introductory paediatric appointment
 - General examination
 - Cardiovascular system
 - Respiratory system
 - Abdominal examination
 - Neurological examination – motor system and cranial nerves examination
- Demonstrate basic skills of neonatal examination
- Perform growth assessment and interpret using growth charts
- Identify four areas in developmental assessment and show the ability of doing a basic developmental assessment in children.
- Demonstrate a dietary assessment and to make a basic assessment of breast feeding.
- Explain how to perform practical procedures in a safe manner
- Demonstrate basic skills of paediatric prescribing by
 - Describing the pharmacological basis of treatment prescribed.
 - Demonstrating the ability of using a paediatric formulary correctly.
- Develop basic skills and acquire knowledge in matters related to safeguarding children by

- appreciating the effects of family composition, socio-economic factors and poverty on child health.
- familiarising with issues related to child protection.
- identifying the organisations involved in maternal and child health.
- Demonstrate the correct technique of performing,
 - Pulse oximetry
 - Positioning the child with respiratory distress / shock
 - Oxygen administration – nasal prong / head box / mask
 - Nebulization
 - Collection of a mid-stream urine sample
 - Urine ward test for protein / reducing substances
- Demonstrate basic life support skills with an understanding the basic concept of life support.
- Demonstrate skills in the identification and management of common paediatric emergencies.
 - Anaphylaxis
 - Acute exacerbation of asthma
 - Stridor
 - Dehydration
 - Dengue haemorrhagic fever
 - Circulatory collapse
 - Convulsions
 - Choking
 - Poisoning
 - Snake bite
- Demonstrate monitoring of patients using relevant charts.
- Identify the importance of ambulatory paediatrics in the management of the following conditions:
 - At risk babies
 - Failure to thrive
 - Obesity
 - Urinary tract infection
 - Congenital heart defects
 - Asthma
 - Anaemia
 - Congenital hypothyroidism
 - Nephrotic syndrome
 - Epilepsy
- Develop and demonstrate effective communication skills in providing accurate information to the patient and the family.

6.3. Second Paediatrics

1	Consultant/supervisor	All Paediatricians
2	Duration	4 weeks [4x6x4=96 hours]
3	Number of Students	1/4 batch / Paediatrician
4	Usual time	8 A M -12 noon
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 AM. Casualty Sundays and all other available times.
6	Prerequisite	Completed first medicine, surgery and first Paediatric appointments
7	Are patients allocated for clerking?	yes
8	Places to visit	Paediatric wards, Clinics, PBU and Clinical Skill Laboratory
9	Objectives / purpose of the appointment	As in objectives for paediatric appointment Learn ward administration
10	Knowledge students should acquire	Investigation and management of common paediatric illnesses, emergency paediatrics and sick neonate. Problems associated with management of the word
11	Skills students should develop	Cannulation, blood letting, administering drugs, resuscitation
12	Attitudes students to acquire	As in first appointment Keep the medical institution clean, respectable and reassuring.
13	Any other relevant information	Students are expected to attend the casualty admissions in addition to the usual working hours.
14	Assessment method	Incourse assessment (MCQ, SBA, SEQ), OSCE and log book
15	Criteria to sign Student record book	Attendance, assessment during the appointment
16	References	Illustrated Textbook of Paediatrics. Essential paediatrics

Intended Learning Objectives

- Demonstrate the skill of presenting a “problem based” (not a system based) history with formulation of a problem list, analysis and arriving at a diagnosis / differential diagnoses, formulate a summary and state a plan of management and formulate discharge and follow up plans for patients.
- Demonstrate the competence in examination skills of the following systems
 - General examination
 - Cardiovascular system
 - Respiratory system
 - Abdominal examination
 - Neurological examination –motor system, cranial nerves, higher functions
 - Developmental examination
 - new-born examination
 - Ear nose throat examination
- Demonstrate the skills of nutritional assessment and breast-feeding assessment
- Apply the principles of management of the following common paediatric emergencies
 - Acute respiratory distress
 - Stridor
 - Dehydration
 - Dengue haemorrhagic fever
 - Circulatory collapse
 - Convulsion
 - Unconscious child
 - Poisoning
 - Snake bite
 - Haematemesis
 - Neonatal Emergencies

- Identify and manage the following conditions in an ambulatory paediatric setting
 - Urinary tract infection
 - Nephrotic syndrome
 - Asthma
 - Epilepsy
 - Cerebral palsy
 - Arthritis
 - Developmental delay
 - Diabetes mellitus
 - Heart disease

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- Headache
- Constipation
- Enuresis
- Abdominal pain

- Demonstrate skills in performing simple ward procedures
 - Measuring blood pressure in different age groups (infant / toddler / child) and interpretation of the values using charts
 - Simple laboratory techniques (at least one of each should be done)
 - In ward packed cell volume (PCV), capillary blood sugar (CBS), estimation of urine protein and urine sugar.

- Demonstrate communication in health education, getting consent for procedures.

- Discuss the importance of the following aspects in paediatric pharmacology.
 - Dispensing drugs including organizing the drug trolley, emergency tray
 - Maintenance of drug charts
 - Administration of drugs, challenges and ensuring compliance
 - Prescription writing
 - Storage of drugs and vaccines including the importance of cold chain
 - Advise patients regarding drug interactions and side effects

- Demonstrate the ability to perform the following skills
 - Keeping the neonate warm
 - Normal new-born care
 - Nursing the unconscious child
 - Positioning the convulsing child
 - Setting up an intravenous infusion

- Demonstrate accurate documentation in the following
 - Request forms to pathology and radiology departments
 - Request form for blood and blood products
 - Transfer forms
 - Medical certificate
 - Death certificate
 - Diagnosis cards
 - Notification form

- Observe and describe procedures and investigations carried out in the Paediatric ward giving emphasis to safe practice
 - Blood culture

- Urine culture
 - Intravenous and intramuscular injection
 - Lumbar puncture
 - Blood gas estimation
 - Blood transfusions
 - Urinary catheterisation
 - Mantoux test
 - Radiological procedures (eg.- MCUG)
 - Intercostal tube insertion
 - Pleural aspirations
 - Bone marrow biopsy
 - Liver / Renal biopsy
 - Exchange transfusions
 - Collection and transport of clinical samples
- Demonstrate knowledge and competency in safe prescribing
 - Be able to calculate drug doses accurately according to specific doses for weight / age / body surface area rationalise prescribing of antimicrobials and other medication
 - Describe the pharmacokinetics and pharmacodynamics of commonly prescribed drugs
- Distinguish the problems of children in the community
 - Deviations of development
 - Learning difficulties
 - Immunization failure
 - Autism and behavioral disorders

6.4. Professorial Paediatrics

1	Consultant/supervisor	Staff of Department of Paediatrics
2	Duration	8 weeks [416 hours]
3	Number of Students	1/5 of the batch
4	Usual time	Full time 7:30AM-4:30PM
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 AM. Casualty Sundays and all other times requested by the teachers.
6	Prerequisite	Should have completed all pre-professorial appointments and elective. Pass in OSCE Passed all para clinical subjects in the second examination for medical degrees.
7	Are patients allocated for clerking?	yes
8	Places to visit	Professorial Paediatric ward/ICU/PBU/Clinics
9	Objectives / purpose of the appointment	As in objectives
10	Knowledge students should acquire	As in objectives
11	Skills students should develop	Lumbar puncture, catheterization under supervision
12	Attitudes students to acquire	As in objective
13	Any other relevant information	Assist house officer in rotation to clerk, write diagnosis card – under supervision.
14	Assessment method	In course and continuous assessments
15	Criteria to sign Student record book	Attendance, assessment during appointment
16	References	

Professorial appointment in Paediatrics

The overall and specific learning objectives will be met by performance of assigned duties on inpatient and outpatient services, attendance at conferences, completion of assigned readings, and independent study.

Overall Objectives

At the completion of the required clerkship in Paediatrics a student will be expected to demonstrate an understanding of the ways children change from birth through adolescence and how these changes are reflected in physiology, pathology and growth and development (physical, psychosocial and behavioural). The overall objective will be met through participation in clerkship activities and with a program of self-directed learning which will result in the ability to perform each of the following at the completion of the Paediatric clerkship:

Professional Conduct and Attitudes

- Demonstrate attitudes and behaviours that ensure a successful clinical interaction. These include but are not limited to caring, compassion, empathy, personal honesty, and sensitivity.
- Demonstrate tolerance of parental and family difference in attitudes, behaviour and lifestyles, but recognize when a child or adolescent is at risk and know how and when to intervene.
- Relate and be sensitive to the influence of cultural, environmental and socioeconomic factors on the clinical interaction.
- Demonstrate respect for patient and family confidentiality.
- Function as part of the health care team and demonstrate respect for the individual members of the team.
- Demonstrate responsibility for self-directed learning

Ethical issues and confidentiality:

- Demonstrate awareness of the ethical issues of discussing details and prognosis with relatives and that such discussion should be undertaken with care and sensitivity.

Specific learning Objectives

- Analyze problems in children and adolescents in a holistic manner. They should be able to formulate a list of problems / differential diagnoses
- Formulate a plan of management
- Formulate a discharge summary
- Develop the skills of maintaining complete medical documentations.
- Demonstrate adequate knowledge in the common paediatric conditions
- Demonstrate delivery health promotional activities relevant to the following
 - Breast feeding
 - Immunisation
 - Nutrition
 - Growth monitoring

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- Early childhood care and development
- Healthy life style
- Reproductive health
- Analyse public health related issues pertaining to
 - Notification and prevention of communicable disease
 - Child safety
 - School health
 - Malnutrition
 - Teenage pregnancy
 - Environment
- Demonstrate the ability to actively participate in
 - Newborn resuscitation
 - Newborn examination
 - Managing newborn emergencies
 - Neonatal screening
 - Lactation management
 - The student should be competent to diagnose and manage the common neonatal conditions
- Perform a pubertal assessment and attend to adolescent health issues.
- Apply the principles of management in the following conditions
 - Dengue haemorrhagic fever
 - Cardiac arrest
 - Shock
 - Status epilepticus
 - Status asthmaticus
 - Child with impaired level of consciousness
 - Hypertensive encephalopathy
 - Acute renal failure
 - Diabetic ketoacidosis
 - Respiratory distress in the neonate
 - Acute upper airway obstruction
 - Cardiac arrhythmias
 - Snake bite and poisoning
- Demonstrate rational prescribing with special emphasis on
 - Writing appropriate prescriptions
 - Regular evaluation of drug charts
 - Knowing the doses of emergency drugs
 - Complying with the national guidelines for named diseases
- Distinguish child safeguarding in terms of home accident non accidental injury and poisoning in children.

- Apply and know the national guidelines and circulars related to health care.
- Demonstrate competence in ward procedures:
 - Admission and discharge process
 - Medical documentation
 - Transport within and out of hospital
 - Liaison with other health care professionals
 - Adverse event following immunisation
 - Issuing death certificate / medical certificate
 - Ordering an inquest
 - Conducting a case conference
 - Multi-Disciplinary Team discussions / meetings

- Demonstrate and perform the following procedures
 - Collection of blood for culture
 - Collection of urine for culture
 - Venepuncture
 - Setting up an IV infusion / blood transfusion
 - Peripheral blood glucose monitoring

- Demonstrate advanced paediatric and neonatal life support skills

- Demonstrate professional skills in relation to
 - Effective communication and team work
 - Presentation skills
 - Team work among students
 - Reflective practice

7. SURGERY

The students undergo the following clinical appointments in surgery and disciplines related to surgery.

- 8.1.Introductory clinical appointment in surgery
- 8.2.First surgical appointment
- 8.3.Orthopaedic appointment
- 8.4.Otolaryngology appointment
- 8.5.Ophthalmology appointment
- 8.6.Neurosurgery appointment
- 8.7.Anaesthesiology & Intensive care appointment
- 8.8.Radiology
- 8.9.Second surgical appointment
- 8.10. Professorial surgical appointment

Appointments done along with the general surgery

- Accident and Emergency surgery
- Genitourinary surgery
- Vascular surgery
- Paediatric Surgery

7.1. Introductory clinical appointment in surgery

Supervisor - consultants of professorial surgical unit

Duration - one week

Work period - 4 hours a day

Indented Learning Outcomes

- Identify the setup of a surgical ward
- Develop the skill of interacting with surgical patients
- Demonstrate professional relationship with patients and their care takers
- Develop the skill of obtaining a basic clinical history
- Develop the basic skill of examining a surgical patient
 - i. General examination
 - ii. Relevant loco-regional examination
 - iii. Examination of relevant system
 - iv. Other systems examination
- Demonstrate the ability of responding to the problems quarries related to surgical condition
- Apply and practice the importance of sterility in surgical practice

7.2. First clinical appointment in Surgery

1	Consultant/supervisor	Consultant Surgeon of the unit
2	Duration	6 weeks [4x6x6=144 hours]
3	Number of Students	1/6 batch
4	Usual time	8.00 a.m. – 12.00 noon
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 a.m. Casualty Sundays and all other available times.
6	Prerequisite	Completed introductory clinical appointment in surgery
7	Are patients allocated for clerking?	Yes
8	Places to visit	Surgical wards, Clinics, Clinical Skill Laboratory, operating theatre and Surgical Emergency Care Unit.
9	Objectives / purpose of the appointment	As in the "objectives of first clinical appointment in Surgery"
10	Knowledge students should acquire	Features of common surgical illnesses. Symptom analysis, differential diagnosis
11	Skills students should develop	Elicit physical signs
12	Attitudes students to acquire	Try to identify patients problems
13	Any other relevant information	Assist in simple surgical techniques
14	Assessment method	First in course assessment in Surgery
15	Criteria to sign Student record boo	More than 80% attendance and satisfactory completeness of log book

First Appointment in Surgery

Overall objective

- Recognize surgical conditions encountered commonly in surgery practice and be familiar with the general and specific treatments of those conditions
- Explain the pathophysiology of common surgical conditions

Intended Learning Outcomes – First surgery appointment

- Demonstrate taking a relevant history
- Perform an acceptable physical examination focusing on the relevant areas.
- Deduct an appropriate differential diagnosis
- Apply the principles of management of common surgical conditions
- Demonstrate communicate effectively with the patients and their care takers
- Demonstrate a basic knowledge and understanding of the following general areas and disease processes. The student's knowledge should be adequate for appropriate assessment, investigation, diagnoses and treatment.
 - Understanding and evaluating PAIN as a symptom
 - Hernias, scrotal lumps
 - Common lumps and bumps ie sebaceous cyst, lipoma, ganglion
 - Peri anal conditions- haemorrhoids, anal fissure, fistula in ano and perianal abscess
 - Acute abdomen-appendicitis, bowel perforation and obstruction
 - Peptic ulcer disease and Gastro oesophageal reflux disease (GORD)
 - Gall bladder diseases
 - Goiter and other neck swellings
 - Breast lump
 - Lower Urinary Tract Symptoms (LUTS)
- Outline the functions of Operating Theatre
- Demonstrate the practical procedures in a safer manner
 - Hand washing
 - Venepuncture
 - Intravenous cannulation
 - Setting up a drip
 - Suturing of wounds
 - Dressing of ulcers.
 - Intra muscular and sub-coetaneous injection.
 - Catheterization

7.3. Orthopaedic Surgery

1	Consultant/supervisor	Consultant Orthopaedic Surgeon
2	Duration	2 weeks [2x6x4=48 hours]
3	Number of Students	1/6 of the batch
4	Usual time	8.00 a.m. – 12.00 noon and afternoon theatre sessions
5	Prerequisite	Should have completed at least one medicine and one surgery appointment
6	Are patients allocated for clerking?	Yes
7	Places to visit	Orthopaedic clinic, Orthopaedic wards, Operating theatre and emergency surgical ward
8	Objectives / purpose of the appointment	Explain basic pattern of diseases in orthopaedics and trauma
9	Knowledge students should acquire	Basic orthopaedic theory
10	Skills students should develop	Relevant history in patients with orthopaedic conditions Basic orthopaedic examination. Assist in surgery in the theatre.
11	Attitudes students to acquire	View the bones, joints and connecting elements as active parts of the body. Appreciate the relevance of orthopaedic surgery in providing meaningful life to patients
12	Assessment method	Along with Examination in Surgery
13	Criteria to sign Student record book	Assist in 2 surgery, present minimum of 2 cases, done a presentation on selected topic

Intended Learning Outcomes - Orthopaedics

- Demonstrate ATLS principle and should have been involved in patient resuscitation
- Demonstrate and Perform history taking from trauma patients and recognise fractures, request appropriate investigations and interpret them.
- Demonstrate history taking from the patients with orthopaedic conditions (other than trauma),
- Demonstrate clinical examinations in orthopaedic problems
- Apply the principles of fixing splints, tractions and POP casts
- Explain various surgical options of fractures
- Identify common fractures in children and their management
- Distinguish common paediatric orthopaedic conditions and principle of management
- Outline management of patients with spinal injuries.
- Identify nerve injuries and tendon injuries
- Outline the management of infections of bones and joints
- List the aetiology, clinical presentation and concepts of management of bone tumors
- Demonstrate rational use of antibiotics in patients with orthopaedic conditions
- Apply the principles of rehabilitation of patients
- Apply the principles of trauma and ATLS in regard to the following
 - Fracture management principles
 - Immediate, early and Definitive Management
 - Basic techniques of application of POP, Back slab and splints
 - Dislocations management including reduction Techniques
 - Spinal injury including spinal cord injury
 - Rehabilitation; after trauma, soft tissue injury and spinal injuries
 - Paediatric fractures
 - Nerve injuries
 - Sports injuries
- Explain and manage Bone and Joint sepsis
- Explain the causes of Limping child, DDH, CTEV, Perthes & SUFE
- Apply the principles of management of Joint disorders
- List the causes and effects of Back pain and Spine
- Distinguish the causes of Shoulder pain
- Identify the Muscular Disorders
- Explain the basics of Tumours of bone and joint
- Define Tendinopathies

7.4. Otolaryngology (ENT Surgery)

1	Consultant/supervisor	Consultant ENT Surgeon
2	Duration	2 weeks [2x6x4=48 hours]
3	Number of Students	1/8 of the group
4	Usual time	8.00 a.m. – 12.00 noon
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 am..
6	Prerequisite	Anatomy and physiology of related structures- ear, nose, sinuses and throat.
7	Are patients allocated for clerking?	Yes
8	Places to visit	ENT clinic, theatre and ward
9	Objectives / purpose of the appointment	Explain common ENT conditions, their management and timely referral.
10	Knowledge students should acquire	Identification and treatment of common ENT problems Indications and care of tracheotomy Referring patients for specialized treatment
11	Skills students should develop	Identification of emergencies.
12	Attitudes students to acquire	Prompt action on emergencies and early referral of deserving patients
14	Assessment method	Along with Surgery
15	Criteria to sign Student record book	Attendance

Indented Learning Outcomes

- Apply the clinical relevance of anatomy and physiology of Ear, Nose, Throat and Sinuses
- Demonstrate history taking relevant to common conditions of otolaryngology.
- Demonstrate clinical examination of patients with common conditions of otolaryngology.
- Explain the management of common conditions of otolaryngology.
- Demonstrate simple procedures relevant to day to day practice of otolaryngology.
- Explain the pathophysiology, aetiology, clinical features and management of the conditions related to the nose
 - Epistaxis
 - Rhino sinusitis, Allergic rhinitis
 - Tumours/ Inverted papilloma/ SCC
 - Nasal polyps/ antrochoanal polyps
 - Rhinosporidiosis
 - Cosmetic problems
 - Congenital problems – choanal atresia, nasal encephalocele
 - Trauma
 - Foreign bodies in the nose
 - Hallitosis
 - Wegener's granulomatosis
- Explain the pathophysiology, aetiology, clinical features and management of the conditions related to the ear
 - **Outer ear**
 - Pinna - Congenital, Trauma, Inflammation, Tumours, cyst haematoma
 - External auditory meatus
 - Otitis externa, Malignant otitis externa, Ramsey Hunt syndrome
 - Wax, Keratosis, Foreign body – Animate, Inanimate, Hygroscopic, Non hygroscopic
 - Exostoses/Osteoma
 - **Middle ear**
 - Tympanic membrane perforation – Traumatic/Infective
 - Acute otitis media
 - Chronic otitis media/cholesteatoma
 - Secretory otitis - glue ear
 - Haemotympanum
 - Tympanosclerosis
 - Ossicular fixation or discontinuity
 - Glomus Tumour of middle ear & mastoid
 - **Inner ear**
 - Labyrinthitis - Viral, Bacterial
 - Presbycusis
 - Noise induced trauma
 - Peri-lymph leak

- Meniere's disease
 - Acoustic Neuroma
 - Ototoxicity
 - Hearing loss & Hearing assessment (PTA, BSER, OAE, Tympanogram)
 - Tinnitus & Vertigo
- Outline the pathophysiology, aetiology, clinical features and management of the conditions related to the Larynx, pharynx and oral cavity
 - Larynx
 - Congenital diseases- esopharyngomalacia
 - Trauma & Foreign bodies of larynx
 - Inflammations and Infections of Larynx Including LPR
 - Laryngeal diseases causing voice disorders – vocal cord nodule,
 - Vocal cord oedema
 - Vocal cord polyp & cyst,
 - Vocal cord paralysis
 - Tumours of larynx –benign & malignant
 - Other causes for Hoarseness of voice
 - Know the principles of Speech therapy
 - Pharynx
 - Foreign bodies
 - Inflammatory conditions: Adenoid hypertrophy
 - Pharyngitis
 - Tonsillitis/tonsillar keratosis
 - Peri-tonsillar abscess
 - Retropharyngeal abscess
 - Chronic pharyngitis
 - Tumours of pharynx: Nasopharyngeal, Oropharyngeal, Hypopharyngeal
- Elaborate Sleep disordered breathing & management
- Outline the pathophysiology, aetiology, clinical features and management of the conditions related to the oral cavity
 - Ludwig's angina, ranula, leukoplakia, malignancies
- Explain the pathophysiology, aetiology, clinical features and management of the conditions related to the head and neck
 - Thyroid, Salivary gland disorders
 - Neck lumps including CUP syndrome
 - Branchial sinus and fistula
- Apply the Role of imaging in ENT practice – radiology discussion
- Demonstrate following skills in *Skills sessions - to be practiced on dummies*
 - Otoscopy + Ear syringing
 - Tracheotomy care
 - Nasal packing

7.5. Ophthalmology

1	Consultant/supervisor	Consultant Ophthalmologist
2	Duration	2 weeks- [2x6x4=48 hours]
3	Number of Students	1/8 batch
4	Usual time	8.00 a.m. – 12.00 noon
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 a.m.
6	Prerequisite	Detail knowledge of ocular anatomy and physiology
7	Are patients allocated for clerking?	No
8	Places to visit	Eye clinic, ward, theatre
9	Objectives / purpose of the appointment	Learn to treat simple eye conditions and be able to refer appropriate patients for specialized treatment
10	Knowledge students should acquire	Basic conditions- identify and treat lesions in the eye and adnexa especially in anterior segment. Appropriate time to refer for specialized treatment.
11	Skills students should develop	Removal of any foreign matter, instillation of eye medications and eye dressings. Ophthalmoscopy.
12	Attitudes students to acquire	Importance of eye Importance of immediate / early action for preserving the eye Promotion of eye donation
14	Assessment method	MCQ in final examination in surgery
15	Criteria to sign the record book	Satisfactory attendance Satisfactory in spot test and viva.

Intended Learning Outcomes

- Apply the basic anatomy and the physiology of the eye and adnexa in health and in disease
- Demonstrate and master the skill of visual acuity testing (adults & children), pupillary examination, visual field assessments, extra ocular movement examination and assessing proptosis.
- Develop clinical skill to evaluate a patient with ocular symptoms
- Develop the skill of diagnosing common ophthalmological disorders
- Apply the knowledge in acute management of ophthalmic emergencies and refer appropriately
- Identify ocular conditions needing referral and referring patients to the appropriate institution/ specialty as a first contact physician
- Explain the preventive aspects of ophthalmic diseases and to reach the community
- Outline ocular manifestations of systemic disease and ocular side effects of systemic medications
- Outline the ophthalmological topics in respect to management, diagnosis and referral:
 - Conjunctiva - Ophthalmia Neonatorum, Conjunctivitis, Ciliary injection, Pterygium, Vit A deficiency, Naevus
 - Sclera – Episcleritis, scleritis
 - Cornea - Corneal abrasions, Corneal trauma / foreign bodies, Corneal ulcers
 - Lens – cataract, dislocation
 - Iris and pupils - Afferent pupillary defect, Efferent pupillary, Coloboma, aniridia, Light near dissociation
 - Ciliary body – Accommodation, Glaucoma
 - Choroid - Posterior uveitis, Sympathetic ophthalmitis
 - Retina – funduscopy, Hypertensive retinopathy, Diabetic Retinopathy, Venous occlusion, Retinal Detachment
 - Optic nerve – Papilloedema, Optic atrophy, Optic neuritis, Disc cupping, Visual field defects
 - Extra ocular - Concomitant squints, Non – Comitant squints, Cranial nerve palsies
 - Eye lids - Horner’s Syndrome, CN-3 Palsy, Myasthenia gravis, Congenital Ptosis
 - Lacrimal drainage – Epiphora, Dry eyes, Lacrimal adenitis, Acute dacro – cysto -adenitis
 - Ptosis/Enophthalmos - Thyroid eye disease, Cavernous sinus thrombosis, Carotido –cavernous fistula, Tumours of the optic nerve, Orbital cellulitis, Lymphangioma, haemorrhage, Orbital floor fractures
 - Trauma - Corneal abrasion, Subconjunctival haemorrhage, Intraocular foreign bodies, Chemical burns, Vitreous /Retinal haemorrhage
 - Miscellaneous - Legal definitions, Driving requirements, Rehabilitation of the blind

7.6. Neurosurgery

1	Consultant/supervisor	Consultant Neurosurgeon
2	Duration	2 weeks
3	Number of Students	1/8 batch
4	Usual time	8.00 a.m. -12.00 noon
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 a.m. Casualty Sundays and all other available times.
6	Prerequisite	Completed at least one surgical appointment
7	Are patients allocated for clerking?	Yes
8	Places to visit	Surgical wards, Neurosurgical wards & clinics, operating theatre, Surgical Intensive Care Unit
9	Objectives / purpose of the appointment	As in the "objects for Neurosurgery"
10	Knowledge students should acquire	As in objectives
11	Skills students should develop	As in objectives
12	Attitudes students to acquire	As in objectives
13	Assessment method	Final examination in surgery
14	Criteria to sign the record book	Satisfactory attendance

Intended Learning Outcomes

- Identify, evaluate and monitor a patient with head injury
- Investigate a patient with head injury appropriately
- Demonstrate preparing a patient for neurosurgical procedures
- Monitor patients following neurosurgical procedures
- Explain the pathophysiology and principle of treatment of tumors of central nervous system
- Apply the fundamentals of the following topics
 - **Head Injury**
 - Concept of primary versus secondary head injury
 - Preventive methods for primary head trauma and types of primary head trauma
 - Types of secondary head injury
 - Important of primary survey (**ABC....**) in **ATLS** protocol in terms of preventing secondary brain damage
 - Care to cervical spine during primary survey
 - Indication of CT scan in head trauma
 - Simple interpretation of CT brain
 - Indications for intubation in head trauma
 - When and how to refer patients to neurosurgical team
 - **Basics of Brain Tumours**
 - Pathology, presentation, diagnosis, imaging
 - Common paediatric neurosurgical conditions
 - Hydrocephalus, spinal meningocele
 - **Cervical & Lumber Spinal Pathologies**
 - Diagnosis of cervical myelopathy, radiculopathy,
 - Concept of early referral to neurosurgeons
 - Lumber sciatica, back pain, canal stenosis
 - Difference of vascular & neurogenic claudication
 - **Miscellaneous**
 - Normal pressure hydrocephalus
 - Benign intracranial hypertension
 - Pituitary tumours and their presentations

7.7. Anaesthesiology and Intensive Care

1	Consultant/supervisor	Consultant Anesthesiologist
w2	Duration	2 weeks [2x6x4=48 hours]
33	Number of Students	1/8 batch
44	Usual time	8.00 a.m. – 12.00 noon
55	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 a.m. Casualty Sundays and all other available times.
6	Prerequisite	Should have completed at least three major appointments [out of 2 medicine and 2 surgery appointment]
7	Are patients allocated for clerking?	No
8	Places to visit	Wards, Operating theatre, Intensive Care Unit
9	Objectives / purpose of the appointment	Pre-operative assessment and optimization of patients Recognition of post-operative complications and management Emergency care of critically ill patients & CPR Provision of pain relief and fluid therapy
10	Knowledge students should acquire	As in the objectives
11	Skills students should develop	As in the objectives
12	Attitudes students to acquire	Positive attitude about anaesthesia and pain relief and concern about critically ill patients
13	Assessment method	Along with final examination in Surgery
14	Criteria to sign Student record book	Satisfactory attendance, Obtain satisfactory points in OSCE at the end of appointment or short answer question paper.

Intended Learning Outcomes

- Demonstrate assessment of preoperative surgical patient
- Explain and manage the factors which have impact on preoperative preparation of surgical patients
- Demonstrate knowledge in premedication of surgical patients
- Demonstrate correct way of airway and ventilator management of patients undergoing surgery
- Apply the principles and practice of routine intraoperative monitoring of patients undergoing surgery
- Prescribe appropriate intra operative fluid and electrolyte therapy
- Demonstrate knowledge of local anaesthetic pharmacology appropriate to the practice of surgery
- Demonstrate postoperative pain management effectively
- Explain the principle of Obstetrical Anaesthesia
- Identify the life-threatening conditions during perioperative period and manage them effectively
- Outline the features of different organ failure and demonstrate the knowledge of managing them
- Outline the management patients in critical care
- Evaluate and monitor in critical care unit
- Demonstrate managing the patients in critical care unit effectively
- Develop respect, compassion and empathy towards patient and their families
- Develop team work and respect other healthcare professionals
- Perform the Skills to be done in operating theatre
 - Assessment of fluid balance
 - Safe disposal of sharps
 - Insertion of intravenous cannulas
 - Use of three-way taps
 - Use of local anaesthesia
 - Running through a bubble free IV line and care of line
 - Lumber puncture
 - Automatic BP measurement
 - ECG monitoring
 - Use of pulse oximetry
 - Assessment of unconscious patient
 - Recovery position
 - Use and insertion of oropharyngeal airway
 - Use and insertion of nasopharyngeal airway
 - Perform bag and mask ventilation
 - Endo tracheal intubation and checking the tube position

- Outline the principles of the skills in operating theatre

- Oxygen therapy –methods of administration and concentration
 - Use pressure bag infusion
 - Insertion of CVP lines
 - Measurement of CVP by water manometer
 - Measurement of CVP by pressure transducer
 - Patient lifting
 - Log rolling/ straight lifting
 - Manual in line immobilization of cervical spine
 - Use of defibrillator
- Outline the principles of the skills in Intensive care unit
 - Suctioning of the airway-rigid high flow catheter
 - Suctioning of the airway- non rigid – adult
 - Suctioning of a tracheostomy/ minitracheostomy
 - Setting up and care of infusion pumps and volumetric devices
- Develop attitudes to have in the operating theatre and ICU
 - Interaction with patient and their families with regards to respect, compassion and empathy
 - Politeness and respect for other healthcare professionals
 - Punctuality, reliability and the ability to take initiative and responsibility where appropriate
 - Ability to work effectively as part of a team
 - Motivation towards patient assessment, self- directed study and maximizing clinical Experience

7.8. Radiology

1	Consultant/supervisor	Consultant Radiologist
2	Duration	2 weeks
3	Number of Students	1/8 batch
4	Usual time	8.00 a.m. -12.00 noon
5	Prerequisite	Should have completed at least one medicine and surgery appointment
6	Are patients allocated for clerking?	No
7	Places to visit	Radiology unit
8	Objectives / purpose of the appointment	Outline the role of imaging in management of patients.
9	Knowledge students should acquire	Radiological techniques available Radiological appearances of common problems Risks, precautions and after care of patients subjected to radiography
10	Skills students should develop	Identify basic and common abnormalities
11	Attitudes students to acquire	Judicial use of imaging
12	Assessment method	Along with final examination in Surgery
13	Criteria to sign Student record book	Satisfactory attendance.

Intended Learning Outcomes

- Interpret the normal and abnormal radiographs
- Prepare the patients for common and special radiological investigations
- Apply the use of different imaging techniques in diagnosing the clinical conditions
- Outline the risks, precautions and after care of patients subjected to radiography

7.9. Second Surgery

1	Consultant/supervisor	Consultant Surgeon of the unit
2	Duration	6 weeks [4x6x6=144 hours]
3	Number of Students	1/4 batch
4	Usual time	8.00 a.m. – 12.00 noon
5	Additional time	Students are expected to come early enough to be ready for consultants by 8.00 a.m. Casualty Sundays and all other available times.
6	Prerequisite	Completed First Surgery appointment
7	Are patients allocated for clerking?	Yes
8	Places to visit	Surgical wards, clinics, operating theatre, Surgical Intensive Care Unit, Endoscopy and Ultra-sound room and Clinical Skill Laboratory
9	Objectives / purpose of the appointment	As in the "objectives for clinical second course in Surgery"
10	Knowledge students should acquire	Deeper knowledge about diseases Problems associated with management of the word
11	Skills students should develop	As in objectives
12	Attitudes students to acquire	As in objectives Keep the medical institution clean, respectable and reassuring.
13	Assessment method	Log book, in course assessment
14	Criteria to sign Student record book	More than 80% attendance and satisfactory completeness of log book

Intended Learning Outcomes

- Demonstrate proficiency in history taking and examination
- Identify the problems based on the clinical findings
- Analyse the clinical findings and arrive at a diagnosis / differential diagnosis
- Formulate a comprehensive summary of the clinical evaluation
- List the relevant investigations and interpret them
- Plan the appropriate management
- Apply the principle of treatment to common surgical conditions
- Demonstrate assessing and managing the patients with trauma
- Relate the knowledge in surgical conditions to practice
- Demonstrate communication skills with patients and their carers
- Explain health education to patients and their care takers about the relevant surgical conditions
- Demonstrate certain minor surgical procedures relevant to investigation and treatment of surgical patients
- Explain and understanding of the following surgical conditions;
 - Perioperative care
 - Nutritional management
 - Post-operative pyrexia
 - Post-operative oliguria
 - Care of critically ill patient (Organ support / ventilation / inotropes)
 - Care of patients with tracheostomy tubes / endotracheal tube
 - Care of patients with colostomy / ileostomy / feeding jejunostomy / gastrostomy.
 - Care of patients with amputation / prosthesis
- Outline the clinical features, pathophysiology and management of the following conditions:
 - Right hypochondrial pain / mass

- Obstructive jaundice
- Epigastric mass / vomiting / Loss of appetite
- Epigastric pain (GORD, PUD, acute and chronic pancreatitis)
- Right iliac fossa mass
- Lower urinary tract symptoms
- Colonic mass / Per-rectal bleeding / altered bowel habit
- Intermittent claudication
- Thyroid lump
- Breast lump
- Demonstrate bed side examination of the following:
 - Skin
 - Benign lumps – Sebaceous cyst / implantation dermoid cyst / Keloid & hypertrophic scar
 - Malignant - Basal cell carcinoma / squamous cell carcinoma / melanoma
 - Head and Neck – Lymph node enlargement / Submandibular lump / parotid lump / Congenital dermoid cyst / Thyroid / Thyroglossal cyst / Branchial cyst / cystic hygroma
 - Hand – Ganglion / implantation dermoid cyst / trigger finger / carpal tunnel syndrome
 - Varicose vein / lymphoedema
- Outline Common topics relevant to trauma
 - Assess and managet patients with multiple trauma
 - Head injury
 - Chest and abdominal injuries
 - Injury to Genito-Urinary tract
- Explain the need in maintaining the following charts.
 - Temperature chart
 - Fluid balance chart.
 - Pulse, blood pressure and respiratory chart.
 - Head injury observation chart
 - Blood sugar chart
 - Trauma / burn chart
- Interpret the following investigations.
 - Common haematological and biochemical investigations

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- Arterial blood gas analysis
- Chest, abdominal and bone X-rays
- NCCT brain, Contrast enhanced CT chest abdomen and pelvis
- Fluoroscopic studies
- Familiarize with the following procedures.
 - Urethral Catheterization
 - Intravenous Cannulation
 - Venepuncture for blood investigation
 - Insertion and removal of intercostal tube
 - Removal of drains
 - Suture removal
 - Wound dressing
 - Applying compression stocking / Bandage
 - Filling the request forms for investigations
 - Blood grouping / Transfusing the blood
 - Thermometry
 - Cardiopulmonary resuscitation
 - Proctoscopy / Rigid Sigmoidoscopy
 - UGIE / Colonoscopy / Flexible Sigmoidoscopy / cystoscopy / ERCP
 - Scrub up / wearing gown / assist for surgeries
- Demonstrate communication skills in the following aspects.
 - Informed consent
 - Breaking bad news
 - Health education / Surgical care advices (Diabetic foot care, stoma care, etc,)

7.11. Professorial Surgery

The student is expected to consolidate the competencies acquired during the introductory, the first and second clinical appointment in surgery and other surgical relevant clinical appointments while developing other competencies in order to work as a house officer in a surgical ward after passing out.

General guidelines

- This is a full-time appointment with one-hour lunch break. Students are expected to get involved in this clerkship from 7.00 AM to 5.00 PM on weekdays & casualty Saturdays and Sundays. On non-casualty Saturday's students are expected to stay in the hospital from 7.00 a.m. to 1.00 p.m. On casualty days students are expected to stay till 12.00 midnight in the emergency surgical ward and emergency operating theatre.
- Attendance is compulsory. The register will be maintained by the monitor of the group. Students who absent themselves without prior permission should submit their explanation in writing to the consultant.
- Unsatisfactory performance during the course will necessitate extension of the period of appointment.
- The logbook should be maintained and get signed by the supervisor who witnessed the procedures. The logbook should be submitted to the department at the end of the 7th week of the appointment.
- Students are expected to do the shadowing of house officer according to the roster

Professorial Surgery

1	Consultant/supervisor	Staff of Department of Surgery
2	Duration	8 weeks
3	Number of Students	1/4 of the batch
4	Usual time	Full time
5	Additional time	Students are expected to come early enough to be ready for consultants Casualty Sundays and all other times requested by the teachers.
6	Prerequisite	Should have completed all pre-professorial appointments and elective. Passed all subjects in the second examination for medical degrees
7	Are patients allocated for clerking?	Yes
8	Places to visit	Professorial Surgical wards, emergency surgical wards, A&E, Clinics, Operating theatre
9	Objectives / purpose of the appointment	As in the objective
10	Knowledge students should acquire	As in the objective
11	Skills students should develop	As in the objective
12	Attitudes students to acquire	As in the objective
13	Assessment method	Final examination in Surgery
14	Criteria to sign Student record book	Satisfactory attendance, Attitude and the requirements needed for Professorial appointment

Intended Learning Outcomes

- Develop the skill to obtain a comprehensive and structured history from surgical patients
- Demonstrate physical examination in a logical, organized and thorough manner and able to identify and interpret abnormal physical signs confidently
- Demonstrate the ability to record the history and physical in a legible and logical manner.
- Formulate a differential diagnosis based on the findings from the history and physical examination
- Explain the rationale behind the investigations performed to arrive at a diagnosis.
- Evaluate the results of the investigations commonly performed in terms of the related pathophysiology and clinical information.
- Apply the principles of management plan of the patients with common surgical problems.
- Familiarize about the common drugs used in surgical practice and their dosage, contraindications and major side effects.
- Demonstrate writing prescriptions accurately.
- Demonstrate competence in ward procedures
- Familiarize with drug trolley, emergency trolley, drug charts and monitoring charts and complete various medical documents such as pathology request form, X'Ray , ECG request forms, transfer forms, diagnosis card.
- Demonstrate involvement in the management of common surgical emergencies under direct supervision and practice standard management surgical emergencies
- Demonstrate preparing patients for common surgical operations
- Explain Optimizing the patients for emergency surgical operations
- Demonstrate minor surgical procedure at their level of competencies
- Demonstrate the interest and ability to participate academics meetings (e.g. Morbidity & mortality meeting, MDT)
- Choose health promotion and health education activities
- Apply and know national guidelines and circulars related to surgical conditions
- Demonstrate professional skills in relation to effective communication and teamwork
- Demonstrate and maintain confidentiality of the patients

- Outline the pathophysiology, clinical features and the management of the following conditions
 - **General Topics**
 - Cellulites, abscess
 - Wounds.
 - Ulcers, sinuses, fistulae.
 - Gangrene.
 - Burns.
 - Shock
 - Tetanus, gas gangrene and surgical infections.
- Explain the Fluid, electrolytes, acid, base balances, type of IV fluids & parenteral nutrition.
- Demonstrate the collection and transport of all haematology and bacteriological specimens (must know the bottles, time of collection, amount of blood and dispatch to laboratory).
- Perform cardio-pulmonary resuscitation.
- Explain the diseases of the GIT in respect to clinical presentations, differential diagnosis and management
 - Dysphagia
 - Gastric ulcer, carcinoma of stomach, and duodenal ulcer.
 - Haematemesis and malaena.
 - Acute abdomen- definition, causes and management.
 - Hepato-biliary diseases – liver abscess, liver tumours, gall bladder diseases and obstructive jaundice.
 - Diseases of the pancreas – acute and chronic pancreatitis and pancreatic malignancy.
 - Colo-rectal tumours, inflammatory bowel diseases and amoebiasis.
 - Anal conditions – fissures, haemorrhoids, fistulae, abscess and malignancy.
- Outline the different hernias and understand basis of management of Inguinal, umbilical, para umbilical, incisional and femoral
- Distinguish the trauma related surgical aspects in the following injuries
 - Multiple trauma and understanding ATLS
 - Head injury.
 - Chest and abdominal injuries
 - Injury to Genito-Urinary tract.
 - Common fractures
- Explain the diseases of the GUT in respect to clinical presentations, differential diagnosis and management
 - Urinary calculi.
 - LUTS – causes, investigation and management.

- Tumours – Renal cell carcinoma, transitional cell carcinoma, squamous cell carcinoma and prostate carcinoma.
 - Undescended testis, Epididymo-orchitis, Torsion, Hydrocele and Testicular tumours.
 - Penile conditions – Phymosis, balanitis, posthitis, sexually transmitted disease and carcinoma of the Penis.
- Elaborate the diseases of the Breast and endocrine system in respect to clinical presentations, differential diagnosis and management
 - Breast – benign and malignant conditions
 - Thyroid and parathyroid conditions
 - Adrenal tumours – especially pheochromocytoma
- Outline the diseases of the vascular system in respect to clinical presentations, differential diagnosis and management
 - Peripheral occlusive disease
 - Acute limb ischaemia
 - Varicose veins
 - Deep vein thrombosis
 - Lymphedema
 - Abdominal aortic aneurism

2.PSYCHIATRY

Appointments done in Psychiatry are described in this section. They are,

8.1. First Psychiatry

8.2. Professorial Psychiatry

8.1. First Psychiatry

1	Consultant/supervisor	Consultant Psychiatrist / Staff of Department of Psychiatry
2	Duration	4 weeks [4x6x4=96 hours]
3	Number of Students	1/6 batch
4	Usual time	7:30am – 11:30am
5	Additional time	Optional
6	Prerequisite	Completed first Medicine and Surgery appointments Completed psychopharmacology lectures
7	Are patients allocated for clerking?	Yes
8	Places to visit	Psychiatric ward at BH Tellippalai, Psychiatric Unit at TH Jaffna Institutions working with psychologically affected persons
9	Objectives / purpose of the appointment	Explain psychological distress of a patient. Formulate a psychological problem (based on systematic history taking and mental state examination) Outline selected psychological concepts
10	Knowledge students should acquire	Psychiatric history taking and mental state examination. Classification of mental illness Basic psychological principles Basic management principles in psychiatry
11	Skills students should develop	Psychiatric history taking and mental state examination. Effective communication Understanding and eliciting psychological symptoms Systematic follow up of a psychiatric patient
12	Attitudes students to acquire	Develop an understanding the psychological problems as part of the health problems. Acknowledging the psychological side of a person. Developing and maintaining a helping attitude. Developing a therapeutic relationship.
13	Any other relevant information	Tasks to be fulfilled during appointment- observing ECT sessions, relaxation exercises, counselling sessions, administering medications to psychiatric patients and participating in the management of aggressive / violent patients
14	Assessment method	Continuous assessment and feed back
15	Criteria to sign Student record book	Satisfactory attendance Present one short history Fulfilling the tasks given in the appointment
16	References	

During pre-professional years of training emphasis is on identification of normal psychological and social phenomena, deviations from the norm, concepts on mental health, personal development and elements of professional development.

Intended Learning Outcomes

- **Develop the Knowledge in**
 - Basics of psychology and social sciences
 - Stages of human life cycle and development across the life cycle
 - Concepts of health and mental health
 - Differences between health, disease and illness
 - Pathophysiology of stress
 - Psycho-social aspects of illness
 - The wide range of attitudes in relation to mental illnesses
 - Basic communication skills

- **Demonstrate the Skills and attitudes of empathy, teamwork and caring attitude and a professional conduct**

During the later part of clinical training knowledge on mental health and shaping of favorable attitudes for a productive doctor-patient relationship is also embedded. The first stage of psychiatry training shall commence at this stage. Along with theory based learning, practical training commences and is achieved by one month clinical training period. Combination of formative and summative assessments are used at this stage.

- **Develop the Knowledge in**
 - Psychopathology
 - Signs and symptoms of psychiatric disorders
 - Classification of mental and behavioral disorders
 - Aetiology of mental and behavioral disorders
 - Common psychiatric syndromes
 - Basics of specialized areas in psychiatry
 - Treatment methods in psychiatry
 - Good communication skills
 - Counseling skills for doctors
 - Psychiatric services of Sri Lanka
 - Human rights
 - Gender based issues

- **Demonstrate the Skills**
 - Taking a psychiatric history
 - Perform a mental state examination
 - Conduct a risk assessment
 - Define the patient's problems in holistic context.
 - Understand management principles of a patient

- Contribute to promotion of mental health
 - Identify ethical issues in relation to psychiatry
 - Establish a productive professional relationship
 - Communicate effectively with the patient and family
 - Work as a member and leader of a team
-
- **Develop the attitude of** continuous shaping of personal and professional development with special consideration given to ethics, legal aspects and patient care

8.2. Professorial Psychiatry

1	Consultant/supervisor	Consultant Psychiatrist / Staff of Department of Psychiatry
2	Duration	8 weeks
3	Number of Students	1/4 batch
4	Usual time	7:30am -5:00pm
5	Additional time	Optional
6	Prerequisite	All the pre-professorial appointments and lectures should be completed
7	Are patients allocated for clerking?	yes
8	Places to visit	<ul style="list-style-type: none"> • Psychiatric ward at BH Tellippalai, • Psychiatric Unit at TH Jaffna • Selected patient's home • Institutions working with psychologically affected persons
9	Objectives / purpose of the appointment	<ul style="list-style-type: none"> ▪ Knowledge to diagnose and manage the common psychiatric problems in primary care setting. ▪ Skill to handle the psychiatric emergencies and their managements ▪ Familiarize with psychotropic medications and management of their side effects. ▪ Familiarize with different mental health issues in children ▪ Demonstrate holistic approach ▪ Apply the principles and practice of rehabilitation ▪ Develop better communication skills
10	Knowledge students should acquire	<ul style="list-style-type: none"> ▪ Common psychiatric problems and their management ▪ Psychosocial dimension of psychiatric and other illnesses. ▪ ‘Clinical’ knowledge on psychotropic medications ▪ Principles of social mobilization and networking (with families, society and other health and other non health related organizations) ▪ Concepts of non medical management of psych illness and rehabilitation

11	Skills students should develop	<ul style="list-style-type: none"> ▪ Diagnosing common psychiatric problems ▪ Drawing management plan for common psychiatric problems ▪ Writing and presenting case histories ▪ Carrying out risk assessments ▪ Maintaining therapeutic relationship ▪ Motivational interview for clients with alcohol problems ▪ Application of psychometric scales (like CAGE, AUDIT, MMS etc.) ▪ Problem solving techniques ▪ Anger management techniques
12	Attitudes students to acquire	<ul style="list-style-type: none"> ▪ Understanding a patient's problem in a wider context (personality, family, culture, community etc.) ▪ Addressing the psychosocial and mental health issues of the patients. ▪ Understanding the doctor's limitations in patients' well being. ▪ Practicing professional ethics and etiquettes. ▪ Acknowledging the patient's rights.
13	Any other relevant information	<ul style="list-style-type: none"> ▪ Tasks to be performed during the appointment: ▪ Psycho education ▪ Managing suicidal patient ▪ Motivational interview ▪ Conducting family meeting
14	Assessment method	<ul style="list-style-type: none"> ▪ Continuous assessment with feedback ▪ OSCE, long case and short case - at the end of clinical appointment ▪ MCQ and SEQ along with other final year theory examinations
15	Criteria to sign Student record book	<ul style="list-style-type: none"> ▪ Satisfactory attendance ▪ Presenting a short case (to show the student's skills in diagnosing and management plan ▪ Submitting a long case (to show that the patient's problem has been understood in a wider context) ▪ Participating in group presentation ▪ Fulfilling the tasks given during the appointment.

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During the final year of training strengthening of all achieved at first four years shall take place while focusing on aspects of holistic patient care in psychiatric practice. Main training is in professorial psychiatric units with multi-disciplinary teams providing holistic care.

Variety of teaching and learning methods shall be used for e.g. case-based discussions, learning with MDT, home visits, observed therapies and conducting therapies under supervision, tutorials, drama, debates and posters.

Intended Learning Outcomes

- Demonstrate and be competent in proper history, perform a mental state examination, risk assessment and a relevant physical examination
- Explain common psychiatric clinical presentations and diagnosis
- Formulate a management plan including holistic care
- Explain and practice treatment methods in psychiatry
- Demonstrate good communication skills
- Demonstrate counseling skills in defined range of clinical conditions (DSH, alcohol, breaking bad news, grief counselling)
- Demonstrate the caring attitude, appreciating of the total picture of a patient
- Apply promotion of positive mental health in community context
- Apply ethics, legal issues, psycho-social issues and rehabilitation in relation to psychiatry
- Explain methods of dealing with psychiatric emergencies
- Outline the difficulties encountered in
 - teamwork, as a member and as a leader
 - doctor – patient relationship
 - conflict with his / her own attitudes, beliefs and obligations

3.ELECTIVES

Details of the elective appointment are given in this section. This is a student led learning.

9.1. Elective

1	Consultant/supervisor	Proposed by the Student, approved by the clinical teachers, Elective Appointment committee
2	Duration	4 weeks [192 hours]
3	Number of Students	Individual
4	Usual time	Depending on the unit selected
5	Additional time	
6	Prerequisite	Should have completed all other pre-professorial appointments.
7	Are patients allocated for clerking?	Depending on the unit selected
8	Places to visit	Depending on the unit selected
9	Objectives / purpose of the appointment	Demonstrate deeper knowledge and skills in the field of interest. Facilitate research / audit Identify carrier prospects for the student after graduation
10	Knowledge students should acquire	Further knowledge in the field of interest Disease pattern and medical practice in different areas
11	Skills students should develop	Adaptation to new environment Further the skill in the field of interest
12	Attitudes students to acquire	Self-study, deeper study in the field of interest
13	Any other relevant information	Students can undertake research project or clinical attachment
14	Assessment method	Report signed by the supervisor.
15	Criteria to sign Student record book	Attendance, report submitted
16	References	