

COMPETENCY BASED DYNAMIC CURRICULUM FOR THIRD BHMS PROFESSIONAL COURSE

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

(Practice of Medicine)



**HOMOEOPATHY EDUCATION BOARD
NATIONAL COMMISSION FOR HOMOEOPATHY
MINISTRY OF AYUSH, GOVERNMENT OF INDIA**

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AIM Homoeopathy

Subject: Practice of Medicine

Subject code: HomUG PM-II

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AIM Homoeopathy

1. Preamble

Practice of Medicine with Homoeopathic therapeutics is concerned with study of clinical methods, clinical presentations of systemic diseases, differential diagnosis and prognosis, general management and integration with Homoeopathic principles to evolve homoeopathic therapeutics.

Homoeopathy has a distinct approach to the concept of disease. It recognizes the ailing individual by studying him as a whole rather than in terms of sick parts and emphasizes the study of the man, his state of health, state of Illness. The emphasis is on study of man in respect of health, disposition, diathesis, disease, taking all predisposing and precipitating factors, i.e. fundamental cause, maintaining cause and exciting cause. The study of the concept of individualization is essential so that the striking features which are characteristic to the individual become clear, in contrast to the common picture of the respective disease condition. Hahnemann's theory of chronic miasms provides us an evolutionary understanding of the chronic diseases: psora, sycosis, tubercular and syphilis, and acute manifestations of chronic diseases and evolution of the natural disease shall be comprehended in the light of theory of chronic miasms.

This will demand correlation of the disease conditions with basics of anatomy, physiology, biochemistry and pathology. Application of Knowledge of Organon of Medicine and Homoeopathic Philosophy, Materia Medica and Repertory in dealing with the disease conditions should be actively taught.

Lifestyle disorders have burgeoned in modern times. Homoeopathy has a great deal to offer through its classical holistic approach. There are plenty of therapeutic possibilities which Homoeopathy needs to exploit in the years to come.

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2. Course outcomes (CO)

- i. Develop as a sound homoeopathic clinician who can function in different clinical settings by applying knowledge, clinical skills and attitudes in studying the individual as a whole.
- ii. Able to correlate the disease conditions with the basics of anatomy, physiology, biochemistry and pathology.
- iii. Able to apply the knowledge of causation, pathophysiology, pathogenesis, manifestations, and diagnosis (including differential diagnosis) to understand the disease.
- iv. Develop adequate knowledge for rational use of investigations and its interpretation to arrive at a final diagnosis of disease.
- v. Ability to make a rational assessment of prognosis and general management of different disease conditions.
- vi. Ability to understand and provide preventive, curative, palliative, rehabilitative and holistic care with compassion, following the principles of Homoeopathy.
- vii. Able to integrate the clinical state of the disease with the concepts of Organon of Medicine and Homoeopathic Philosophy, Repertory and Homoeopathic Materia Medica for the management of the patient.

Study of Subject:

The study of the subject will be done in THREE years - in Second BHMS, Third B.H.M.S and Fourth B.H.M.S, but Final University Examination shall be conducted at the end of Fourth B.H.M.S.

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3. Learning objectives (LO)

A. Pulmonary disorders:

- i. **Understand Disease Processes:** Study **pathophysiology, clinical features, and outcomes** of common pulmonary disorders like asthma, COPD, pneumonia, tuberculosis, and occupational lung diseases.
- ii. **Develop Diagnostic Skills:** Perform **respiratory examinations**, order and interpret relevant tests (e.g., blood, sputum, imaging, pulmonary function tests), and formulate **differential diagnoses**.
- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Create **individualized treatment plans** using homoeopathic remedies and manage acute/chronic conditions. Incorporate **ancillary measures** like diet, lifestyle changes, and avoidance of triggers.

B. Diseases of the kidney

- i. **Understand Renal Anatomy and Physiology:** Learn the structure and function of the kidneys, including their role in fluid balance, electrolyte regulation, acid-base balance, and waste excretion.
- ii. **Understand Disease Processes:** Study the **pathophysiology, clinical features, and outcomes** of common renal disorders like acute kidney injury (AKI), chronic kidney disease (CKD), glomerulonephritis, nephrotic syndrome, and nephrolithiasis.
- iii. **Develop Diagnostic Skills:** Take detailed histories, perform systemic examinations, order relevant tests (e.g., renal profile, urine analysis, imaging), and interpret results to diagnose and differentiate kidney disorders.
- iv. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes in the kidneys, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).

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- v. **Therapeutic Competence:** Create personalized homoeopathic treatment plans based on symptoms, manage acute and chronic conditions, and recommend **dietary changes, lifestyle interventions, and adjunctive therapies** (e.g., dialysis) to slow disease progression and optimize renal function.
- vi. **Manage Complications:** Develop strategies to address complications like electrolyte imbalances, hypertension, anaemia, bone disease, and cardiovascular issues, aiming to prevent further kidney damage.
- vii. **Preventive Measures:** Promote renal health by managing risk factors like hypertension, diabetes, obesity, and nephrotoxic drug exposure.
- viii. **Patient Education:** Educate patients about their condition, treatment options, and self-care to empower them in managing their health.
- ix. **Interdisciplinary Collaboration:** Collaborate with nephrologists, dieticians, and other healthcare professionals to provide comprehensive care for renal disorders.

C. Disorders of water & electrolyte balance:

- i. **Understand Physiology:** Learn the mechanisms regulating water and electrolyte balance, including the roles of the kidneys, hormones, and fluid compartments.
- ii. **Understand Imbalances and Disease Processes:** Identify and interpret common electrolyte imbalances (e.g., hyponatraemia, hypernatremia, hypokalaemia, hyperkalaemia) using clinical and lab findings, and study their pathophysiology, symptoms, and outcomes.
- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with water and electrolyte disturbances, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Design personalized homoeopathic treatments based on symptoms, manage acute and chronic conditions, and use supportive measures like fluid and electrolyte therapy to restore balance and enhance health.

D. Diseases of the digestive system and peritoneum:

- i. **Understand Disease Processes:** Learn the **pathophysiology, clinical features, and outcomes** of common digestive disorders like GERD, gastritis, peptic ulcers, IBS, malabsorption, IBD, and peritonitis.

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- ii. **Develop Diagnostic Skills:** Learn to take GI histories, perform exams, order tests (e.g., blood, imaging), and interpret results to diagnose and differentiate digestive disorders.
- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes in the digestive system, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Create personalized homoeopathic treatment plans based on symptoms, manage acute and chronic conditions, and recommend dietary, lifestyle, and adjunctive therapies.

E. Diseases of liver, gallbladder, and pancreas:

- i. **Understand Disease Processes:** Study the **pathophysiology, clinical features, and outcomes** of diseases like viral hepatitis, cholelithiasis, pancreatitis, and hepatic cirrhosis.
- ii. **Develop Diagnostic Skills:** Take detailed histories, perform systemic examinations, order relevant tests (e.g., blood, imaging), and interpret results to diagnose and differentiate liver, gallbladder, and pancreatic disorders.
- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Create personalized **homoeopathic treatment plans** based on symptoms, manage acute and chronic conditions, and recommend **dietary, lifestyle, and adjunctive therapies**.

F. Endocrine diseases and metabolic disorders:

- i. **Understand Disease Processes:** Study the **pathophysiology, clinical features, and outcomes** of endocrine disorders like thyroid, adrenal, and pituitary gland dysfunctions.
- ii. **Develop Diagnostic Skills:** Take detailed histories, perform systemic examinations, order relevant tests (e.g., hormonal assays, imaging), and interpret results to diagnose and differentiate endocrine disorders.

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- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Create **personalized homoeopathic treatment plans** based on symptoms, manage acute and chronic conditions, and recommend **hormonal therapy, dietary changes, lifestyle interventions, and adjunctive therapies** to restore hormonal balance and improve health.

G. Bedside clinics / demonstrative activities:

- i. Develop proficiency in conducting comprehensive patient assessments, including history-taking, physical examination, and formulation of differential diagnoses during bedside clinics.
- ii. Apply critical thinking and diagnostic reasoning skills to interpret clinical findings, integrate patient history and examination findings and formulate accurate diagnoses in a clinical setting.
- iii. Develop ability to integrate clinic-pathologic-miasmatic correlation to appreciate state of Susceptibility [Qualitative and Quantitative] in Homoeopathic practice.
- iv. Develop effective communication skills with patients, including active listening, empathy during bedside clinics.
- v. Exhibit professionalism and ethical conduct in all aspects of patient care during bedside clinics, including respect for patient autonomy, confidentiality, and cultural sensitivity.
- vi. Practice accurate and thorough clinical documentation skills, including recording patient histories, examination findings, diagnostic results, and treatment plans in accordance with institutional standards and guidelines.
- vii. Engage in self-reflection and self-assessment of clinical skills and knowledge gaps identified during bedside clinics, and demonstrate a commitment to lifelong learning and professional development.

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4. Term-wise course content and teaching hours distribution:

4.1 Term-wise distribution of course content-

| Terms | Topic |
|-------|--|
| I | 1) Pulmonary disorders |
| | 2) Diseases of Kidney |
| | 3) Disorders of Water & Electrolyte Balance |
| II | 4) Diseases of Digestive System and Peritoneum |
| | 5) Diseases of Liver Gallbladder and Pancreas |
| | 6) Endocrine Diseases and Metabolic Disorders |

Refer tables 4.3.1 – 4.3.6 for detailed content (topics breakup)

4.2 Gross division of teaching hours:

| Sr No | Subject | Lecture | Non-lecture |
|-------|-------------|-----------|--|
| 1 | HomUG-PM-II | 120 Hours | 100 Hours 1. Clinical 70 2. Demonstrative – 30 |

4.3 Teaching hours theory: 120 hours

4.3.1 Pulmonary disorders

| Sr. No. | Topics | Hours |
|---------|--|-------|
| General | Approach Patient with Disease of RS | 1 |
| 1 | Upper respiratory tract infections: Rhinitis, Pharyngitis, Sinusitis | 1 |
| 2 | Bronchial Asthma and acute Bronchitis | 2 |
| 3 | Chronic Obstructive Lung Disease: Chronic Bronchitis, Emphysema | 3 |
| 4 | Pneumonia | 2 |

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| | | |
|--------------|---|-----------|
| 5 | Bronchiectasis | 1 |
| 6 | Lung abscess | 1 |
| 7 | Pulmonary Tuberculosis | 1 |
| 8 | Tropical pulmonary eosinophilia | 1 |
| 9 | Occupational & Environmental Lung Disorders | 2 |
| 10 | Sarcoidosis | 1 |
| 11 | Pulmonary Thromboembolism | 1 |
| 12 | Pleurisy & Pleural Effusion | 1 |
| 13 | Pneumothorax | 1 |
| 14 | Empyema | 1 |
| 15 | Atelectasis | 1 |
| 16 | Interstitial lung diseases | 2 |
| 17 | Cystic fibrosis of lung | 1 |
| 18 | Neoplasia | 1 |
| 19 | Hyperventilation Syndromes | 1 |
| 20 | SARS | 1 |
| 21 | Therapeutics related to RS | 3 |
| Total | | 30 |

4.3.2. Urogenital tract diseases

| Sr. No. | Topics | Hours |
|---------|---|-------|
| General | Symptomatology and clinical syndromes & Renal function tests | 1 |
| 1 | Urinary Tract Infections: Asymptomatic bacteriuria, Acute pyelonephritis, Renal abscess, Acute cystitis, Acute urethritis, Acute prostatitis, Septicaemia | 2 |
| 2 | Nephrotic Syndrome | 1 |
| 3 | Glomerulopathies | 2 |

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|--------------|---------------------------------------|-----------|
| 4 | Renal failure: acute & chronic | 2 |
| 5 | Renal Vascular diseases | 1 |
| 6 | Nephrolithiasis/obstructive uropathy. | 1 |
| 7 | Tumours of Genito urinary tract | 1 |
| 8 | Tubulo-interstitial Diseases | 1 |
| 9 | Cystic Kidney diseases | 1 |
| 10 | Thera related to renal disorders | 2 |
| Total | | 15 |

4.3.3. Disorder of water & electrolyte balance

| SR. NO. | TOPICS | HOURS |
|--------------|---|----------|
| General | Approach to disorders of electrolyte imbalance | 1 |
| 1 | Hypo & Hypernatremia | 1 |
| 2 | Hypo & Hyperkalaemia | 1 |
| 3 | Hypo & Hyperphosphatemia | 1 |
| 4 | Metabolic Acidosis & Alkalosis | 1 |
| 5 | Respiratory Acidosis & Alkalosis | 1 |
| 6 | Therapeutics related to Disorder of water & electrolyte balance | 1 |
| Total | | 7 |

4.3.4. Diseases of digestive system and peritoneum

| Sr. No. | Topics | Hours |
|---------|--|-------|
| General | Applied Anatomic and Physiology of GIT | 1 |
| 1 | Aphthous Ulceration, Stomatitis | 1 |
| 2 | Parotitis | 1 |
| 3 | Achalasia cardia | 1 |

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| | | |
|--------------|--|-----------|
| 4 | Hiatus hernia | 1 |
| 5 | GERD and Esophagitis | 1 |
| 6 | Gastritis: Acute & Chronic | 2 |
| 7 | Peptic Ulcers | 1 |
| 8 | Gastric carcinoma | 1 |
| 9 | Malabsorption Syndrome: Coeliac disease, lactose intolerance | 2 |
| 10 | Irritable Bowel Syndrome | 1 |
| 11 | Inflammatory Bowel Diseases: Ulcerative colitis, Crohn's disease | 2 |
| 12 | Abdominal Tuberculosis | 1 |
| 13 | Neoplasia of the bowel | 2 |
| 15 | Anorectal disorders | 1 |
| 16 | Diverticulitis | 1 |
| 17 | Thera related to GIT | 3 |
| Total | | 23 |

4.3.5. Disorder of liver, gall bladder & pancreas

| Sr. No. | Topics | Hours |
|---------|--|-------|
| General | Hepatobiliary - Clinical approach to hepatobiliary and Pancreatic diseases | 2 |
| 1 | Acute Viral Hepatitis | 2 |
| 2 | Chronic hepatitis | 2 |
| 3 | Alcoholic Liver Diseases | 1 |
| 4 | Cirrhosis of Liver, Portal Hypertension & Hepatic Failure | 3 |
| 5 | Liver abscess& Cysts | 1 |
| 6 | Cholecystitis: Acute & Chronic | 2 |
| 7 | Cholelithiasis | 1 |
| 8 | Acute and Chronic Pancreatitis | 2 |
| 9 | Hepatocellular carcinoma | 1 |

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| | | |
|----|---|-----------|
| 10 | Thera related to Liver, Gall bladder & Pancreas disorders | 3 |
| | Total | 20 |

4.3.6. Endocrine and metabolic disorders

| Sr. No. | Topics | Hours |
|----------------|---|-----------|
| General | Approach to Endocrine disorder | 2 |
| 1 | Hypothyroidism | 2 |
| 2 | Hyperthyroidism, Thyrotoxicosis – Grave's Disease | 2 |
| 3 | Autoimmune thyroid disease - Hashimoto's thyroiditis | 1 |
| 4 | Goitre: Simple and multi-nodular goitre - simple diffuse goitre, multinodular goitre | 2 |
| 5 | Hypo & Hyper Parathyroid disorders | 2 |
| 6 | Hypercalcaemia and Hypocalcaemia | 1 |
| 7 | Disorders of Adrenal Gland: Cushing's syndrome, Phaeochromocytoma, Addison's disease, Spontaneous hypoglycaemia | 3 |
| 8 | Dwarfism | 1 |
| 9 | Nelson's Syndrome | 1 |
| 10 | Acromegaly and Gigantism | 1 |
| 11 | Diabetes insipidus | 1 |
| 12 | Diabetes Mellitus | 3 |
| 13 | Therapeutics related to endocrine disorders | 3 |
| | Total | 25 |

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4.4 Teaching hours Non-lecture:

| Sr. No. | Non-lectures | Hours |
|--------------|--|------------|
| | Clinical | |
| 1 | Case-taking and processing from the perspective of Practice of Medicine | 70 |
| 2 | DOPS- Direct observation of procedural skills, DOAP – Demonstration- Observation- Assistance- Performance (Focus on practical demonstrations of clinical skills, procedures, and patient interactions) | |
| 3 | OSCE – Objective Structured Clinical Examination (Structured clinical examination to evaluate students' clinical competence.) | |
| | Demonstrative | |
| 4 | Case Based / Problem Based Discussion on any of the topic of III BHMS Syllabus topic <i>[as per availability of the case material or patient]</i> | 30 |
| 5 | Skill lab training , Simulation – with mannequins (Hands-on practice of clinical skills and emergency scenarios using mannequins.) | |
| 6 | Seminars/ Tutorials/ Journal club meetings | |
| 7 | Role playing- Students act as doctors, patients, or family members to practice communication, history-taking, and empathy | |
| 8 | Projects, charts, models, assignments etc. | |
| Total | | 100 |

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5. Content mapping (competencies tables)

5.1. Disorders of Respiratory System

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
|---|---------------------------|---|---|---|------------------------------------|--|---|--------------------------------------|-------------------------------|---|
| | | | | | | | | Formative | Summative | |
| HomUG-PM II.1. Approach Patient with Disease of RS | | | | | | | | | | |
| HomUG-PM II.1.1 | Knowledge and Scholarship | K | Structure and function of the respiratory system | Describe the anatomy and physiology of the respiratory system. | C1 | MK | Lecture, Visual aids | MCQs, SAQ | SAQ, LAQ | Anatomy, Physiology |
| HomUG-PM II.1.2 | | | Common respiratory diseases and their symptoms | Identify common respiratory disorders and their symptoms. | C2 | MK | Case-based learning, Simulation | MCQ, SAQ, Viva voce | SAQ, LAQ, Bedside exams, Viva | Pathology |
| HomUG-PM II.1.3 | | KH | Diagnostic tests in respiratory medicine | Explain diagnostic methods for respiratory disorders. | C2 | MK | Lectures, Case studies, OPD/Clinical rounds | OSCE, SAQ | SAQ, LAQ, Bedside exams, Viva | Practice of Medicine |
| HomUG-PM II.1.4 | | | Medications for respiratory disorders | Discuss pharmacological treatments for respiratory conditions. | C2 | MK | Case-based learning, Problem-solving | Written assignments, Case studies | SAQ, LAQ, Bedside exams, Viva | Pharmacology, Materia Medica |
| HomUG-PM II.1.5 | Homoeopathic Orientation | KH | Role of homoeopathy and when to refer/collaborate | (a) Explain the role of homoeopathy in respiratory care. (b) Identify its limitations. | C3 | DK | Guest lectures | Team-based case management exercises | SAQ, LAQ | Organon, Homoeopathic Materia Medica, Homoeopathic Pharmacy |

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|---------------------|------------------------------|----|--|--|----|----|---|--|------------------------------|--|
| HomUG- PM II.1.6 | Knowledge and Scholarship | KH | Non-pharmacological interventions | Describe non-pharmacological treatments for respiratory disorders. | C2 | MK | Group discussions, Role play | Group projects, Presentations | Bedside Clinical assessments | Community Medicine |
| HomUG- PM II.1.7 | | SH | Educating and counselling patients | Educate and counsel patients on managing respiratory disorders. | A2 | MK | Role play, Simulation | Direct observation in OPD, Role play | OSCE | Community Medicine |
| HomUG- PM II.1.8 | | KH | Applying research evidence in practice | Apply evidence-based guidelines to manage respiratory disorders. | C2 | MK | Journal club, Online Research of Data Bases | Evidence-based treatment plan presentation | SAQ | Research Methodology, Community Medicine |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/Knows | Content | SLO | Blooms Domain/Guilbert's Level | Priority - Must Know/Desirable to know/nice to know | T-L Methods | Assessment | | Integration |
|--------|------------|--|---------|-----|--------------------------------|---|-------------|------------|-----------|-------------|
| | | | | | | | | Formative | Summative | |

HomUG-PM II.2. Upper respiratory tract infections: Rhinitis, Pharyngitis, Sinusitis

| | | | | | | | | | | |
|---------------------|------------------------------|---|---|--|----|----|----------------------|--------------|----------|---------------------|
| HomUG- PM II.2.1 | Knowledge and Scholarship | K | Structure and function of the upper respiratory tract | (a) Describe the structures of the upper respiratory tract (nose, pharynx, sinuses). (b) Explain its functions (air filtration, humidification, warming). | C1 | MK | Lecture, Visual aids | Quizzes, SAQ | MCQ, SAQ | Anatomy, Physiology |
|---------------------|------------------------------|---|---|--|----|----|----------------------|--------------|----------|---------------------|

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|------------------|---------------------------|--|--|----|----|---|------------------------------------|---------------------------------------|--|
| HomUG -PM II.2.2 | KH | Define Rhinitis, Pharyngitis, and Sinusitis | (a) Define Rhinitis, Pharyngitis, and Sinusitis. (b) Identify their causes (viral, bacterial, and allergic). (c) Explain the pathophysiology (e.g., inflammation in rhinitis). | C1 | MK | Lectures | Case studies, Group discussions | MCQ, SAQ, LAQ | Pathology, Microbiology, ENT |
| HomUG -PM II.2.3 | | Signs and symptoms of URTIs | (a) Recognize signs and symptoms (nasal congestion, sore throat, facial pain). (b) Differentiate between acute and chronic forms. | C1 | MK | Role play, Simulation | OSCE | SAQ, LAQ, Bedside Examinations , Viva | ENT, Practice of Medicine |
| HomUG -PM II.2.4 | | Diagnostic tests for URTIs | (a) Describe diagnostic tests (nasal swabs, sinus imaging). (b) Demonstrate proper techniques (e.g., throat examination). | C2 | MK | Lectures, Case studies, OPD/Clinical rounds | OSCE | SAQ, Bedside Examinations , Viva | Pathology, Microbiology, Surgery |
| HomUG -PM II.2.5 | | Medications for URTIs | (a) Discuss pharmacological treatments (antihistamines, decongestants, antibiotics). (b) Explain their mechanisms and side effects. | C2 | MK | Case-based learning, Problem-solving | Written assignments | SAQ, Bedside Examinations , Viva | Pharmacology |
| HomUG -PM II.2.6 | Homoeopathic Orientation | Homoeopathic principles and remedies for URTIs | (a) Identify homoeopathic principles for URTIs. (b) Select remedies based on symptoms. (c) Monitor and adjust treatment for optimal outcomes. | C2 | MK | Lectures, OPD/Case discussions, Follow-up discussions | Written assignments , Case studies | SAQ, Bedside Examinations , Viva | Organon, Materia Medica, Homoeopathic Pharmacy |
| HomUG -PM II.2.7 | Knowledge and Scholarship | Non-pharmacological interventions for URTIs | (a) Identify non-drug treatments (e.g., saline nasal irrigation). (b) Discuss lifestyle changes to prevent recurrence. | C2 | MK | Group discussions, Role play | Group projects, Tutorials | SAQ, LAQ, Bedside Examinations , Viva | Pharmacology , Community Medicine |

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|-------------------|--------------------------|----|--|---|------|----|---|--|-----------------|---|
| HomUG -PM II.2.8 | | SH | Educating and counseling patients with URTIs | (a) Educate patients on prevention (hand hygiene, avoiding close contact). (b) Counsel on medication and non-drug interventions. | A2 | MK | Role play, Simulation | Direct observation, Self-assessment | Role play, OSCE | Community Medicine |
| HomUG -PM II.2.9 | | KH | Collaboration with healthcare professionals | Describe a multidisciplinary approach for comprehensive URTI care. | C2/3 | MK | Guest Lectures, Team Based Learning | SAQ | SAQ, LAQ | Surgery, ENT |
| HomUG -PM II.2.10 | | KH | Applying research evidence in URTI management | (a) Apply evidence-based guidelines for URTI diagnosis and treatment. (b) Evaluate research to determine effective strategies. | C3 | MK | Journal club, Online Research of Data Bases | Evidence-based treatment plan presentation | SAQ | Research Methodology |
| HomUG -PM II.2.11 | | K | Ethical and legal considerations in URTI care | (a) Discuss ethical principles (beneficence, non-maleficence). (b) Identify legal considerations (confidentiality, informed consent). | C2/3 | DK | Guest Lectures, Role-playing, Patient counselling | SAQ | SAQ, LAQ, Viva | Forensic Medicine |
| HomUG -PM II.2.12 | Homoeopathic Orientation | KH | Homoeopathic principles and remedies for URTIs | (a) Discuss homoeopathic principles for URTIs. (b) Select remedies based on symptoms. (c) Monitor and adjust treatment (d) Educate patients on homoeopathic rationale. | C2/3 | MK | Case-based learning, Simulation | Written assignments, Case studies | SAQ, Viva | Organon and Homoeopathic Philosophy, Materia Medica and Homoeopathic Therapeutics, Homoeopathic Pharmacy, |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/nice to know | T-L Methods | Assessment | | Integration |
|--|---------------------------|--|---|---|------------------------------------|--|-----------------------|---------------------------------|--------------------------------------|---------------------------------|
| | | | | | | | | Formative | Summative | |
| HomUG-PM II.3. Bronchial Asthma | | | | | | | | | | |
| HomUG-PM II.3.1 | Knowledge and Scholarship | K | Structural and functional changes in asthma | (a) Describe structural changes (airway remodelling, bronchoconstriction). (b) Explain physiological responses (inflammation, mucous production, hyper-responsiveness). | C1 | MK | Lecture, Visual aids | Quizzes, SAQ | MCQ, SAQ | Anatomy, Physiology, Pathology |
| HomUG-PM II.3.2 | | | Definition and mechanisms of asthma | (a) Define bronchial asthma and its variations. (b) Explain underlying mechanisms (inflammatory mediators, immune cells, and cytokines). (c) Describe processes leading to airway narrowing and symptoms. | C1 | MK | Lectures | Case studies, Group discussions | MCQ, SAQ, LAQ | Physiology, Pathology |
| HomUG-PM II.3.3 | | | Signs and symptoms of asthma | (a) Recognize signs and symptoms (wheezing, coughing, shortness of breath, chest tightness). (b) Differentiate between mild, moderate, and severe asthma exacerbations. | C2 | MK | Role play, Simulation | OSCE | SAQ, LAQ, Bedside Examinations, Viva | Pathology, Practice of Medicine |

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|------------------------|----|--|---|---|----|---|-----------------------------------|-------------------------------------|---|
| HomUG -PM II.3.4 | KH | Diagnostic tests for asthma | (a) Explain the use of spirometry and peak flow measurements. (b) Describe other tests (allergy testing, imaging) to assess severity and triggers. | C2/3 | MK | Lectures, Case studies, OPD/Clinical rounds | OSCE | SAQ, Bedside Examinations, Viva | Physiology, Microbiology, Radiology, Practice of Medicine |
| HomUG -PM II.3.5 | | Medications for asthma | (a) Discuss mechanisms of action of asthma medications (bronchodilators, corticosteroids, leukotriene modifiers). (b) Explain principles of medication management (stepwise therapy, rescue vs. controller medications). | C2/3 | MK | Case-based learning, Problem-solving | Written assignments | SAQ, Bedside Examinations, Viva | Pharmacology |
| HomUG -PM II.3.6 | | Non-pharmacological interventions for asthma | (a) Identify non-drug interventions (allergen avoidance, smoking cessation, trigger education). (b) Discuss the role of pulmonary rehabilitation and physical activity. | C2 | MK | Lectures, OPD/Case discussions, Follow-up discussions | Written assignments, Case studies | SAQ, Bedside Examinations, Viva | Community Medicine, Practice of Medicine |
| HomUG -PM II.3.7 | | SH | Educating and counselling patients with asthma | (a) Educate patients on proper inhaler use and techniques. (b) Counsel patients on self-management strategies and recognizing exacerbations. | A2 | MK | Guest Lectures, Role play | SAQ, LAQ | Community Medicine, Psychology |
| HomUG -PM II.3.8 | | KH | Collaboration with healthcare professionals | Discuss comprehensive asthma management plans. | C3 | DK | Role play, Simulation | Direct observation, Self-assessment | Role play, OSCE |

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|-------------------|---------------------------|----|---|--|------|----|---|--|----------------|---|
| HomUG -PM II.3.9 | | | Applying research evidence in asthma management | (a) Apply evidence-based guidelines for asthma management. (b) Evaluate research to inform treatment decisions. | C3 | MK | Journal club, Online Research of Data Bases | Evidence-based treatment plan presentation | SAQ | Research Methodology |
| HomUG -PM II.3.10 | Homoeopathic Orientation | KH | Homoeopathic principles and remedies for asthma | (a) Discuss homoeopathic principles for asthma. (b) Select remedies based on symptoms. (c) Monitor and adjust treatment for optimal outcomes. (d) Educate patients on homoeopathic rationale. | C2/3 | MK | Case-based learning, Simulation | Written assignments, Case studies | SAQ, Viva | Organon and Homoeopathic Philosophy, Materia Medica and Homoeopathic Therapeutics, Homoeopathic Pharmacy, |
| HomUG -PM II.3.11 | Knowledge and Scholarship | K | Ethical and legal considerations in asthma care | (a) Discuss ethical principles (autonomy, beneficence, non-maleficence). (b) Identify legal considerations (confidentiality, informed consent). | C2/3 | NK | Role-playing, Patient counselling | SAQ | SAQ, LAQ, Viva | Forensic Medicine |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.4. Acute Bronchitis | | | | | | | | | | |

AIM Homoeopathy

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| HomUG -PM II.4.1 | Knowledge and Scholarship | Knows | Structure and function in acute bronchitis | (a) Describe anatomical changes (inflammation in bronchial tubes causing cough and mucus). (b) Explain physiological changes (increased mucus, airway constriction). | C1 | Must Know | Lecture, Visual aids | Quizzes, SAQ | MCQ, SAQ | Anatomy, Physiology, Pathology |
| HomUG -PM II.4.2 | | Knows | Definition, causes, and mechanisms of acute bronchitis | (a) Define acute bronchitis and its variants. (b) Identify viral and bacterial causes. (c) Explain the inflammatory response (role of immune cells, cytokines). | C2 | Must Know | Lectures | Case studies, Group discussions | MCQ, SAQ, LAQ | Pathology, Microbiology |
| HomUG -PM II.4.3 | | Knows | Signs and symptoms of acute bronchitis | (a) Recognize common symptoms (cough, chest discomfort, fatigue). (b) Differentiate acute bronchitis from other respiratory conditions. | C2 | Must Know | Role play, Simulation | OSCE | SAQ, LAQ, Bedside Examinations , Viva | Practice of Medicine |
| HomUG -PM II.4.4 | | Knows How | Diagnostic tests for acute bronchitis | (a) Explain the use of diagnostic tests (chest X-rays, sputum cultures). (b) Discuss the limitations of these tests. | C3 | Must Know | Lectures, Case studies, OPD/Clinical rounds | OSCE | SAQ, Bedside Examinations , Viva | Practice of Medicine, Pathology, Microbiology, Radiology, |
| HomUG -PM II.4.5 | | Knows How | Medications for acute bronchitis | (a) Describe common medications (bronchodilators, cough suppressants). (b) Discuss the appropriate use of antibiotics. | C2/3 | Must Know | Case-based learning, Problem-solving | Written assignments | SAQ, Bedside Examinations , Viva | Pharmacology |

AIM Homoeopathy

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| HomUG -PM II.4.6 | | Knows How | Non-pharmacological interventions for acute bronchitis | (a) Discuss lifestyle measures (rest, hydration, avoiding irritants). (b) Explain the role of self-care in managing symptoms and preventing complications. | C2/3 | Must Know | Lectures, OPD/Case discussions, Follow-up discussions | Written assignments, Case studies | SAQ, Bedside Examinations, Viva | Practice of Medicine, Community Medicine |
| HomUG -PM II.4.7 | | Shows How | Educating and counselling patients with acute bronchitis | (a) Educate patients on self-care and when to seek medical attention. (b) Discuss prevention strategies (hand hygiene, avoiding close contact). | A2 | Must Know | Role play, Simulation | Direct observation, Self-assessment | Role play, OSCE | Community Medicine |
| HomUG -PM II.4.8 | | Knows How | Applying research evidence in acute bronchitis management | (a) Apply evidence-based guidelines for acute bronchitis management. (b) Evaluate research to determine effective treatment approaches. | C2/3 | Must Know | Journal club, Online Research of Data Bases | Critical appraisal, Written assignments | Written exams, Presentations | Research Methodology |
| HomUG -PM II.4.9 | Homoeopathic Orientation | Knows How | Homoeopathic principles and remedies for acute bronchitis | (a) Select homoeopathic remedies based on symptoms. (b) Monitor and adjust treatment for optimal outcomes. | C3 | Desirable to know | Case-based learning, Simulation | Written assignments, Case studies | SAQ, Viva | Organon, Homoeopathic Philosophy, Materia Medica, Homoeopathic Therapeutics, Homoeopathic Pharmacy |

AIM Homoeopathy

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.5. COPD | | | | | | | | | | |
| HomUG -PM II.5.1 | Knowledge and Scholarship | Knows | Structural and functional changes in COPD | (a) Describe structural changes (airway and lung tissue damage). (b) Describe structural changes (airway and lung tissue damage). | C1 | Must Know | Lecture, Visual aids | Quizzes, Short quizzes | Written exams | Anatomy, Physiology |
| HomUG -PM II.5.2 | | Knows | Clinical definition, causes, and mechanisms of COPD | (a) Define COPD as a chronic inflammatory lung disease. (b) Identify risk factors (smoking, pollutants, and genetics). (c) Explain disease progression (inflammation, mucus hyper secretion, airway remodelling). | C2 | Must Know | Case-based learning, Simulation | Case studies, Group discussions | Written exams, Presentations | Pathology |

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| HomUG -PM II.5.3 | | Knows | Signs and symptoms of COPD | (a) Recognize symptoms (dyspnoea, chronic cough, sputum production). (b) Differentiate COPD from other respiratory conditions. | C2 | Must Know | Role play, Simulation | OSCE, Practical exams | Written exams, Clinical assessments | Practice of Medicine |
| HomUG -PM II.5.4 | | Knows How | Diagnostic tests for COPD | (a) Discuss diagnostic tests (spirometry, chest X-ray, arterial blood gas analysis). (b) Apply diagnostic criteria to confirm COPD and assess severity. | C2/3 | Must Know | Demonstration, Role play | Practical exams, OSCE | Written exams, Case studies | Practice of Medicine, Radiology, Physiology, Biochemistry, |
| HomUG -PM II.5.5 | | Knows How | Medications for COPD | (a) Describe treatment options (bronchodilators, corticosteroids, oxygen therapy). (b) Explain treatment goals (symptom relief, preventing exacerbations). | C2/3 | Must Know | Case-based learning, Problem-solving | Written assignments, Case studies | Written exams, Case presentations | Pharmacology |
| HomUG -PM II.5.6 | | Knows How | Non-pharmacological interventions for COPD | (a) Discuss lifestyle modifications (smoking cessation, exercise). (b) Explain the role of pulmonary rehabilitation in improving quality of life. | C3 | Must Know | Group discussions, Role play | Group projects, Presentation s | Oral exams, Clinical assessments | Preventive Medicine, Practice of Medicine |
| HomUG -PM II.5.7 | | Shows How | Educating and counselling patients with COPD | (a) Educate patients on self-management (medication adherence, recognizing exacerbations). (b) Address psychosocial issues (anxiety, depression) and provide support. | A2 | Must Know | Role play, Simulation | Direct observation, Self-assessment | Role play, OSCE | Psychology, Practice of Medicine, Pharmacology |

AIM Homoeopathy

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| HomUG -PM II.5.8 | | Knows How | Applying research evidence in COPD management | (a) Apply evidence-based guidelines for COPD management. (b) Evaluate research to inform clinical decisions. | C3 | Must Know | Journal club, Case-based learning | Critical appraisal, Written assignments | Written exams, Presentations | Research Methodology |
| HomUG -PM II.5.9 | Homoeopathic Orientation | Knows | Homoeopathic principles and remedies for COPD | (a) Explain homoeopathic principles for COPD management. (b) Select remedies based on COPD symptoms. | C3 | Must Know | Lecture, Visual aids | Quizzes, Short quizzes | SAQ, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.6. Pneumonia | | | | | | | | | | |
| HomUG -PM II.6.1 | Knowledge and Scholarship | Knows | Structural and functional changes in pneumonia | Describe anatomical and physiological changes in pneumonia. | C1 | MK | Lecture, Visual aids | Quizzes, Short quizzes | Written exams | Anatomy, Physiology, Pathology |

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| HomUG -PM II.6.2 | | Definition, causes, and mechanisms of pneumonia | (a) Define pneumonia based on its pathophysiology. (b) Explain causes (bacterial, viral, fungal) and mechanisms. | C2 | MK | Case-based learning, Simulation | Case studies, Group discussions | Written exams, Presentations | Pathology, Microbiology |
| HomUG -PM II.6.3 | | | Signs and symptoms of pneumonia | Identify clinical features (fever, cough, chest pain, dyspnea). | C2 | MK | Role play, Simulation | OSCE, Practical exams | Written exams, Clinical assessments |
| HomUG -PM II.6.4 | | Knows How | Diagnostic tests for pneumonia | Explain diagnostic methods (chest X-ray, sputum culture, blood tests). | C2/3 | MK | Demonstration, Role play | Practical exams, OSCE | Practice of Medicine, Radiology, Microbiology |
| HomUG -PM II.6.5 | | | Medications for pneumonia | Discuss pharmacological treatments (antibiotics, supportive care). | C3 | MK | Case-based learning, Problem-solving | Written assignments, Case studies | Pharmacology |
| HomUG -PM II.6.6 | | | Non-pharmacological interventions for pneumonia | Describe non-drug management (rest, hydration). | C2/3 | MK | Group discussions, Role play | Oral exams, Clinical assessments | Pharmacology, Preventive Medicine |
| HomUG -PM II.6.7 | | Shows How | Educating and counselling patients with pneumonia | Educate patients on self-management (medication adherence, follow-up care). | A2 | MK | Role play, Simulation | Direct observation, Self-assessment | Community Medicine, Psychology |
| HomUG -PM II.6.8 | | Knows How | Applying research evidence in pneumonia management | Apply evidence-based guidelines for pneumonia management. | C2/3 | MK | Journal club, Online Research of Data Bases | Critical appraisal, Written assignment | Research Methodology |

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| HomUG-PM II.6.9 | Homoeopathic Orientation | | Homoeopathic principles and remedies for pneumonia | (a) Explain homoeopathic principles for pneumonia. (b) Select remedies based on symptoms and homoeopathic principles. | C3 | MK | Lecture, Visual aids | Quizzes, Short quizzes | SAQ, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.7. Bronchiectasis

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| HomUG-PM II.7.1 | Knowledge and Scholarship | Knows | (a) Definition of bronchiectasis (b) Pathogenesis and progression of bronchiectasis | (a) Define bronchiectasis as a chronic condition with abnormal airway widening and mucus accumulation. (b) Explain the underlying mechanisms and progression of bronchiectasis. | C1 | MK | Lecture, Reading assignments | Quizzes, SAQs | MCQ, SAQ | Pathology, Physiology |
| HomUG-PM II.7.2 | | Knows How | Causes of bronchiectasis | List common causes of bronchiectasis. | C2 | MK | Case studies | SAQ, Group discussions | OSCE, SAQ | Practice of Medicine, Paediatrics |
| HomUG-PM II.7.3 | | | Signs and symptoms of bronchiectasis | Identify clinical features of bronchiectasis. | C2/3 | MK | Lectures, OPD rotations, Simulation | Mini-CEX, Direct observation | OSCE, SAQ, LAQ | Practice of Medicine |
| HomUG-PM II.7.4 | | | Radiological and laboratory findings | Analyze imaging and test results to confirm bronchiectasis. | C2/3 | MK | Workshops, Interactive seminars | Case presentations, Quiz | SAQ, Bedside examination, Viva | Pathology, Radiology |

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| HomUG- PM II.7.5 | | Does | Treatment options and management strategies | Formulate a comprehensive management plan for bronchiectasis. | P2 | MK | Clinical seminars, Group Discussions | Treatment planning exercise | Bedside examination, Viva | Pharmacology, Homoeopathic Therapeutics |
| HomUG- PM II.7.6 | | Shows How | Patient education and self-management | Provide clear and accurate information to patients and caregivers. | A2 | DK | Role-playing, Patient counselling | SAQ | SAQ, LAQ, Viva | Practice of Medicine |
| HomUG- PM II.7.7 | | Knows How | Current research and future directions | Apply evidence-based guidelines to improve bronchiectasis management. | C3 | NK | Journal clubs, Online research of data bases | Literature review, Written assignments | Participation in research projects | Research Methodology |
| HomUG- PM II.7.8 | | Homoeopathic Orientation | Homoeopathic principles and remedies for bronchiectasis | (a) Explain homoeopathic principles for bronchiectasis. (b) Select remedies based on symptoms and homoeopathic principles. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.8. Lung abscess

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| HomUG-PM II.8.1 | Knowledge and Scholarship | Knows | (a) Definition of lung abscess (b) Pathogenesis and development of lung abscesses | (a) Define lung abscess as a localized pus collection in the lung parenchyma caused by infection and tissue necrosis. (b) Describe the mechanisms leading to lung abscess formation. | C1 | MK | Lecture, Reading assignments | Quizzes, SAQ | MCQ, SAQ | Pathology, Microbiology |
| HomUG-PM II.8.2 | | Knows How | Risk factors and causes of lung abscesses | List and explain factors predisposing individuals to lung abscesses. | C1 | MK | Case studies | SAQ, Group discussions | OSCE, SAQ | Microbiology, Practice of Medicine |
| HomUG-PM II.8.3 | | | Diagnostic criteria and tools | Discuss diagnostic evaluations to confirm lung abscess. | C2/3 | MK | Lectures, OPD rotations, Simulation | Mini-CEX, Direct observation | OSCE, SAQ, LAQ | Practice of Medicine, Radiology |
| HomUG-PM II.8.4 | | Does | Treatment protocols and management strategies | Define a treatment plan for lung abscess patients. | P2 | MK | Clinical seminars, Group Discussions | Treatment planning exercise | Bedside examination, Viva | Pharmacology, Homoeopathic Therapeutics |
| HomUG-PM II.8.5 | | Knows How | Prevention and monitoring | Discuss strategies to prevent complications and monitor patient progress. | C3 | MK | Lectures, Clinical seminars | Assignments, Tutorials | Bedside examination, Viva | Preventive Medicine, Practice of Medicine |
| HomUG-PM II.8.6 | | Shows How | Patient education and counselling | Communicate effectively about the nature, treatment, and lifestyle modifications for lung abscesses. | A2 | DK | Role-playing, Patient counselling | SAQ | SAQ, LAQ, Viva | Practice of Medicine, Preventive Medicine |
| HomUG-PM II.8.7 | | Knows How | Emerging treatments and research | Apply evidence-based guidelines to improve lung abscess management. | C3 | NK | Journal clubs, Online research of data bases | Literature review, Written assignments | Participation in research projects | Research Methodology |

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| HomUG- PM II.8.8 | Homoeopathic Orientation | | Homoeopathic principles and remedies for lung abscess | (a) Explain homoeopathic principles for lung abscess management. (b) Select remedies based on symptoms and homoeopathic principles. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.9. Pulmonary Tuberculosis | | | | | | | | | | |
| HomUG -PM II.9.1 | Knowledge and Scholarship | Knows | (a) Definition of pulmonary tuberculosis (PT) (b) Global burden, risk factors, and transmission | (a) Define PT as a contagious bacterial infection caused by <i>Mycobacterium tuberculosis</i> , affecting the lungs. (b) Describe (1) prevalence, (2) risk factors, and (3) modes of transmission of PT. | C1 | MK | Lecture | MCQs, SAQ | SAQ, LAQ | Epidemiology, Public Health |
| HomUG -PM II.9.2 | | | Characteristics, culture, and diagnosis | (a) Explain microbiological features of <i>M. tuberculosis</i> . (b) Discuss diagnostic methods for PT. | C1 | MK | Lectures, Case studies | SAQ | SAQ, LAQ | Microbiology, Clinical Laboratory |
| HomUG -PM II.9.3 | | Knows How | Signs, symptoms, and clinical assessment | Recognize clinical manifestations and physical exam findings of PT. | C2/3 | MK | Lectures, OPD Clinical rotations | Case presentations | OSCE, Bedside examinations, Viva, SAQ | Internal Medicine, Clinical Skills |
| HomUG -PM II.9.4 | | | Complications of PT (pleural effusion, miliary TB, bronchiectasis) | (a) List complications of PT. (b) Define management strategies for complications. | C2/3 | MK | Simulation training | Case presentations, SAQ, MCQs | Bedside examinations, Viva, OSCE | Pulmonology, Internal Medicine |
| HomUG -PM II.9.5 | | | Imaging, sputum, and other diagnostic tests | Discuss interpretation of chest X-rays, sputum smears, and other diagnostic tests. | C2/3 | MK | Simulation training | MCQs, SAQ | SAQ, OSCE, Viva, Bedside examinations | Radiology, Clinical Laboratory |

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| HomUG -PM II.9.6 | | Drug regimens and management strategies | Discuss treatment plans, including drug regimens, patient factors, and comorbidities. | C3 | NK | Role-playing, Group Discussions | SAQ | SAQ, Bedside examination, Viva | Pharmacology , Therapeutics |
| HomUG -PM II.9.7 | | Prevention, isolation, and monitoring | Discuss infection control measures and educate patients to prevent TB transmission. | C3 | MK | Patient education, Simulation training | SAQ | SAQ, Viva | Infection Control, Public Health |
| HomUG -PM II.9.8 | | Socioeconomic factors and patient support | Discuss socioeconomic factors affecting adherence and define solutions. | C3 | DK | OPD Clinical Postings, Role playing | SAQ | SAQ, LAQ, Viva | Social Work, Patient Advocacy |
| HomUG -PM II.9.9 | | Interprofessional teamwork and communication | Define a multidisciplinary approach for optimal PT care. | C3 | DK | Guest Lectures, team-based projects | Group assignments | SAQ, LAQ | Practice of Medicine |
| HomUG -PM II.9.10 | | Research updates and professional growth | Apply evidence-based guidelines to improve PT management outcomes. | C3 | NK | Journal clubs, Online database research | Literature review assignments | SAQ | Research Methodology |
| HomUG -PM II.9.11 | Homoeopathic Orientation | Homoeopathic principles and remedies for PT | (a) Explain homoeopathic principles for PT management. (b) Select remedies based on symptoms and homoeopathic principles. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

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| Sl. No | Competency | Millers Level: Does/Sho ws how/Know s how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirabl e to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.10. Tropical pulmonary eosinophilia | | | | | | | | | | |
| HomU G-PM II.10.1 | Knowledge and Scolarship | Knows | (a) Definition of Tropical Pulmonary Eosinophilia (TPE) (b) Epidemiology and causes of TPE | (a) Define TPE as a hypersensitivity reaction to parasitic infections, causing elevated eosinophils and respiratory symptoms. (b) Discuss the geographic distribution and prevalence of TPE. (c) Identify parasitic infections (e.g., filariae) linked to TPE and their role in disease pathology. | C1 | MK | Lecture | Quizzes, Group discussions | Written examination | Pathology, Microbiology |
| HomU G-PM II.10.2 | | | Pathophysiology | (a) Explain the immune response mechanisms leading to eosinophilia. (b) Discuss the effects of eosinophilic infiltration on lung and tissue function. | C1 | MK | Lecture, Interactive map analysis | Quizzes, Interactive Q&A | Written examination | Preventive medicine |
| HomU G-PM II.10.3 | | Knows How | Symptoms and disease progression | List common symptoms of TPE (cough, dyspnoea, wheezing, nocturnal asthma-like features). | C2/3 | MK | Lectures, OPD Clinical rotations | Clinical reasoning exercises | OSCE, Clinical competency exams | Practice of Medicine |

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| HomU G-PM II.10.4 | | Blood tests, imaging, and serology | (a) Discuss laboratory and imaging findings for TPE diagnosis. (b) Explain the importance of differential diagnosis to avoid misdiagnosis. | C3 | MK | Seminars, group discussions | Lab result interpretations | Practical exams, OSCE | Pathology, Radiology, practice of Medicine |
| HomU G-PM II.10.5 | Does | Pharmacotherapy and monitoring plans | (a) Develop treatment strategies for TPE. (b) Discuss monitoring plans for TPE. | C3/P2 | MK | Assignments, Workshops | Treatment plan assignments | Case-based examinations | Pharmacology, Homoeopathic Therapeutics |
| HomU G-PM II.10.6 | Knows How | Managing acute and chronic complications | Discuss common and severe complications of TPE. | C3 | DK | Simulation, Group Discussions | Role-playing, Simulated patients | Clinical evaluations, OSCE | Practice of Medicine |
| HomU G-PM II.10.7 | Does | Prevention techniques and community health | Teach patients and communities prevention and control strategies for TPE. | A2 | DK | Community outreach, Patient education | Educational brochures, Community talks | Feedback from community engagement | Preventive Medicine |
| HomU G-PM II.10.8 | Knows How | Research updates and professional growth | (a) Evaluate ongoing research and emerging treatments for TPE. (b) Discuss evidence-based practices in TPE management. | C3 | NK | Journal clubs, Online database research | Literature review assignments | SAQ | Research Methodology |
| HomU G-PM II.10.9 | | Inter-professional teamwork and communication | Define a multidisciplinary approach for optimal TPE care. | C3 | DK | Guest Lectures, team-based projects | Group assignments | SAQ, LAQ | Practice of Medicine |

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| HomU G-PM II.10.10 | Homoeopathic Orientation | | Homoeopathic principles and remedies for TPE | (a) Explain homoeopathic principles for TPE management. (b) Select remedies based on symptoms and homoeopathic principles. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |
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| Sl. No | Competency | Millers Level: Does/Sho ws how/Know s how/ Knows | Content | SLO | Blooms Domain/ Guilbert' s Level | Priority - Must Know/ Desirabl e to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.11. Occupational & Environmental Lung Disorders

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| HomU G-PM II.11.1 | Knowledge and Scholarship | Knows | Types of diseases and exposure sources | (a) List major occupational lung diseases and their pathophysiological mechanisms. (b) Identify common environmental lung diseases, their causes, and health impacts. | C1 | MK | Lectures, Reading assignments | Quizzes, Short essays | Written examination | Pathology, Preventive Medicine |
| HomU G-PM II.11.2 | | | Workplace exposures and environmental risks | (a) Evaluate the role of environmental and occupational exposures in lung diseases. (b) Identify specific hazards (chemicals, dust, biological agents) contributing to lung disease. | C1 | MK | Group discussions, Case studies | Group presentations | Multiple-choice exams | Preventive Medicine |

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| HomU G-PM II.11.3 | Shows How | Taking occupational histories and exposure assessment tools | (a) Demonstrate proficiency in taking occupational and environmental histories. (b) Correlate clinical findings with potential exposures. | P2/C2 | MK | Workshops, Simulation training | Role-play exercises | OSCE | Practice of Medicine |
| HomU G-PM II.11.4 | | Diagnostic criteria, imaging, and pulmonary function tests | (a) Interpret clinical signs and symptoms of occupational/environmental lung disorders. (b) Analyze diagnostic test results (chest X-rays, CT scans, pulmonary function tests). | P2/3 | Must Know | Lab sessions, Clinical rotations | Case studies evaluation | Practical exams, OSCE | Pathology, Radiology, Practice of Medicine |
| HomU G-PM II.11.5 | | Treatment protocols and patient management plans | (a) Define individualized management plans (pharmacological and non-pharmacological). (b) Discuss workplace modifications and environmental interventions. | C3 | MK | Problem-based learning, Clinical seminars | Treatment plan assignments | Clinical competency exams | Pharmacology, Homoeopathic Therapeutics |
| HomU G-PM II.11.6 | | Preventive measures and workplace safety regulations | Discuss prevention strategies, incorporating guidelines and safety standards. | C3 | DK | Guest lectures, Community outreach | Workplace safety plan proposals | Poster presentations | Preventive Medicine |
| HomU G-PM II.11.7 | | Team coordination and inter-professional communication | Define a multidisciplinary approach for optimal patient care. | C3 | DK | Guest Lectures, team-based projects | Group assignments | SAQ, LAQ | Practice of Medicine |

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| HomU G-PM II.11.8 | | Knows How | Research methodologies and current studies | Apply evidence-based guidelines to improve outcomes in occupational/environmental lung disease management. | C3 | NK | Journal clubs, Online database research | Literature review assignments | SAQ | Research Methodology |
| HomU G-PM II.11.9 | Homoeopathic Orientation | | Homoeopathic principles and remedies for occupational/environmental lung disorders | (a) Explain homoeopathic principles for managing these disorders. (b) Select remedies based on symptoms and homoeopathic principles. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.12. Sarcoidosis

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| HomU G-PM II.12.1 | Knowledge and Scholarship | Knows | (a) Definition of Sarcoidosis (b) Risk factors and pathogenesis | (a) Define sarcoidosis as a systemic granulomatous disease affecting the lungs and lymphatic system. (b) Explain immune responses and granuloma formation in sarcoidosis. (c) Describe genetic and environmental risk factors. | C1 | MK | Lectures, Reading assignments | MCQ, SAQ | SAQ, LAQ | Pathology, Microbiology |
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AIM Homoeopathy

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| HomU G-PM II.12.2 | | Symptoms and organ involvement | (a) Identify symptoms (cough, dyspnoea, skin lesions, eye inflammation). (b) Explain organ-specific manifestations (pulmonary, cardiac, neuro-sarcoidosis). | C1 | MK | Lectures, Case studies, Visual aids | MCQ, SAQ | MCQ, SAQ, LAQ | Pathology, Practice of Medicine |
| HomU G-PM II.12.3 | Knows How | Diagnostic criteria, imaging, and biopsy | (a) Describe indications for imaging and biopsy. (b) Interpret imaging findings (bilateral hilar lymphadenopathy, lung nodules). (c) Discuss the role of biopsy in confirming non-caseating granulomas. | C3 | MK | Simulations, OPD Clinical rotations | OSCE, SAQ | OSCE, Viva | Radiology, Pathology, Practice of Medicine |
| HomU G-PM II.12.4 | | Treatment protocols and follow-up care | (a) Define management plans (pharmacologic and non-pharmacologic therapies). (b) Discuss lifestyle and dietary recommendations. | C3 | MK | Clinical seminars, group Discussions | Group assignments, Tutorials | SAQ, LAQ, Viva | Pharmacology, Homoeopathic Therapeutics |
| HomU G-PM II.12.5 | | Long-term outcomes and complications | (a) Describe disease progression and variability in prognosis. (b) Discuss complications (pulmonary hypertension, cardiac/neurological involvement). | C3 | DK | Patient counselling sessions, Role play, Simulations | OSCE | OSCE, Bedside examination, Viva | Preventive Medicine, Practice of Medicine |
| HomU G-PM II.12.6 | | Current research and new treatment modalities | (a) Discuss emerging research and clinical trials. (b) Describe evidence-based practices to improve treatment efficacy. | C3 | NK | Journal clubs, Online database research | Literature review assignments | SAQ | Research Methodology |
| HomU G-PM II.12.7 | Homoeopathic Orientation | Homoeopathic principles and remedies for sarcoidosis | (a) Explain homoeopathic principles for sarcoidosis management. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica |

AIM Homoeopathy

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| Sl. No | Competency | Millers Level: Does/Sho ws how/Know s how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirabl e to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.13. Pulmonary Embolism | | | | | | | | | | |
| HomU G-PM II.13. 1 | Knowledge and Scholarship | Knows | Clotting cascade, risk factors, and impact of pulmonary embolism (PE) | (a) Explain the physiological process of clot formation (platelets, coagulation cascade). (b) Describe how clots travel to pulmonary arteries and affect circulation and gas exchange. | C1 | MK | Lecture, Interactive Diagrams | Quizzes, Group Discussion | MCQ, SAQ, LAQ | Anatomy, Physiology, Pathology, Surgery |
| HomU G-PM II.13. 2 | | Knows How | Inherited and acquired risk factors for PE | (a) Identify common and less common risk factors (immobility, surgery, cancer, smoking, genetic predispositions). (b) Categorize risk factors based on epidemiological impact and mechanisms. | C2/3 | MK | Case Studies, Group Discussion | Case Study Reviews | MCQ, SAQ, OSCE | Pharmacology, Critical Care |

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| HomU G-PM II.13. 3 | Shows How | Physical examination and risk assessment tools | (a) Perform a thorough history and physical exam, focusing on PE symptoms (shortness of breath, chest pain, and haemoptysis). (b) Discuss clinical scoring systems (e.g., Wells score) to assess PE probability. | P2/C2 | MK | Simulation, Role-playing | Peer Review | Bedside Examination, Viva | Emergency Medicine |
| HomU G-PM II.13. 4 | Knows How | Diagnostic tests for PE (D-dimer, CT angiography, V/Q scans, ultrasound) | (a) Discuss the role and limitations of D-dimer tests. (b) Analyze imaging studies (CT pulmonary angiography, V/Q scans) for normal and pathological findings. | C3/4 | MK | Lecture, Workshops | Written Assignments, Presentations | MCQ, Viva | Radiology, Laboratory Medicine |
| HomU G-PM II.13. 5 | | Treatment options for PE (anticoagulation, thrombolysis, embolectomy) | (a) Discuss guidelines for anticoagulation therapy (dosing, renal function, bleeding risk). (b) Monitor patient responses to therapy (e.g., bleeding, thrombocytopenia). (c) Discuss indications for surgical interventions (e.g., embolectomy). | C3 | MK | Clinical Rounds, Pharmacology Seminar | Simulation Exercises | MCQ, SAQ, Viva | Pharmacology, Surgery |
| HomU G-PM II.13. 6 | Does | Patient education and follow-up care | (a) Instruct patients on medication adherence, lifestyle changes, and follow-up testing. (b) Educate patients on recognizing symptoms requiring immediate medical attention. | A3 | DK | Patient Education Sessions, Role play | Group assignments, Tutorials | SAQ, Viva Voce | Family Medicine |

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| HomU G-PM II.13. 7 | | Knows How | Staying updated with research and guidelines | (a) Discuss the latest research and guidelines on PE management. (b) Evaluate new studies for relevance and applicability to patient care. | C2/P2 | NK | Journal clubs, Online database research | Literature review assignments | SAQ | Research Methodology |
| HomU G-PM II.13. 8 | Homoeopathic Orientation | | Homoeopathic principles and remedies for PE | (a) Explain homoeopathic principles and their limitations in PE management. (b) Select remedies based on PE symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.14. Pleurisy & Pleural Effusion

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| HomU G-PM II.14.1 | Knowledge and Scholarship | Knows | Definition of pleurisy and pleural effusion | (a) Define pleurisy as inflammation of the pleura causing sharp chest pain. (b) Define pleural effusion as fluid accumulation in the pleural space. | C1 | MK | Lecture, Interactive Diagrams | MCQ, SAQ | SAQ, LAQ | Physiology, Pathology |
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| HomU G-PM II.14.2 | Knows How | Pathogenesis of pleural inflammation and fluid accumulation | (a) Explain the inflammatory response in the pleural space (role of cytokines, leukocytes, and prostaglandins). (b) Discuss factors disrupting pleural fluid dynamics (increased vascular permeability, impaired lymphatic drainage, altered hydrostatic/oncotic pressures). | C2 | MK | Lectures | MCQ, SAQ | MCQ, SAQ, LAQ | Pathology, Practice of Medicine |
| HomU G-PM II.14.3 | Shows How | Causes of pleurisy and pleural effusion | Identify and categorize causes (infectious, inflammatory, neoplastic, and iatrogenic) and their pathophysiological mechanisms. | P2/3 | MK | Lectures | OSCE, Case presentation s | Bedside examination, Viva | Practice of Medicine, Community Medicine |
| HomU G-PM II.14.4 | Knows How | Symptoms, physical examination, and diagnostic approach | (a) Elicit relevant medical history (chest pain, dyspnea, cough, risk factors). (b) Conduct a physical exam (percussion, palpation, auscultation) to identify signs (decreased breath sounds, pleural friction rub, dullness to percussion). | C3 | MK | Workshops, | Written Assignments , Presentation s | Multiple Choice Questions, Bedside examination, Viva | Pathology, Microbiology Practice+M2 09 of Medicine |

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| HomU G-PM II.14.5 | | | Diagnostic tests (chest X-rays, CT scans, ultrasound, pleural fluid analysis) | (a) Interpret chest X-rays (blunting of costophrenic angles, pleural-based densities). (b) Analyze CT scans and ultrasound findings (loculated effusions, pleural thickening). (c) Discuss pleural fluid analysis (cell count, protein, LDH, microbiological studies). | C3 | MK | Clinical Rounds, Pharmacology Seminar | Simulation Exercises | Bedside examination, Viva | Pharmacology, Surgery |
| HomU G-PM II.14.6 | | Does | Medical and surgical treatment options | Discuss treatment plans (pharmacological therapies, surgical interventions) tailored to individual patients, including dosages, administration routes, and monitoring. | A2/3 | DK | Patient Education Sessions | Role-playing | Viva Voce | Practice of Medicine, Community Medicine |
| HomU G-PM II.14.7 | | Knows How | Long-term effects, prognosis, and self-management strategies | Educate patients on prognosis, complications, and daily management strategies. | C3 | NK | Journal Club, Seminars, Online database research | Literature review assignments | SAQ | Research Methodology |
| HomU G-PM II.14.8 | Homoeopathic Orientation | | Updates on treatment protocols and diagnostic advancements | Integrate latest research findings into clinical practice to improve patient outcomes. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

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| Sl. No | Competency | Millers Level: Does/Sho ws how/Know s how/ Knows | Content | SLO | Blooms Domain/ Guilbert' s Level | Priority - Must Know/ Desirabl e to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.15. Pneumothorax | | | | | | | | | | |
| HomU G-PM II.15.1 | Knowledge and Scholarship | Knows | Definition and types of pneumothorax | (a) Define pneumothorax. (b) Identify types (spontaneous, traumatic, tension). | C1 | MK | Lecture, Discussions | MCQ, SAQ | MCQ, SAQ, LAQ | Surgery |
| HomU G-PM II.15.2 | | Knows How | Mechanisms and lung dynamics | Explain the mechanisms and physiological changes (pleural pressure, lung collapse). | C2 | MK | Lectures, Videos | Group discussions, Assignments | SAQ, LAQ, Viva | Physiology, Surgery |
| HomU G-PM II.15.3 | | | Signs, symptoms, and differential diagnosis | (a) Differentiate signs and symptoms of pneumothorax from other respiratory conditions. (b) Conduct a focused patient history and examination. | C2/3 | MK | Case studies, OPD Clinical Postings, DOAP | Observation checklists | OSCE, Bedside examination, Viva | Practice of Medicine, Surgery |
| HomU G-PM II.15.4 | | Shows | Physical examination techniques | Demonstrate proper techniques for chest examination (inspection, palpation, percussion, auscultation). | P2/3 | MK | Clinical simulations, Role-playing | Direct observation, Checklist | OSCE, Bedside examination | Surgery, Practice of Medicine |
| HomU G-PM II.15.5 | | Knows | Radiographic features and signs | (a) Recognize radiographic features of pneumothorax on chest X-rays. (b) Interpret imaging findings for diagnosis and management. | C2/P2 | MK | OPD Clinical Postings, Case discussions, DOAP | Quizzes, Group Discussions, Assignments | Written exam, OSCE | Surgery, Practice of medicine |

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| HomU G-PM II.15.6 | Knows How | Treatment options, indications, and complications | Describe a comprehensive management plan, including treatment options, indications, complications, and patient-specific factors. | C3 | MK | Case discussions, Problem-based learning | Tutorials, Group assignments | Bedside examination, Viva | Surgery, Practice of medicine |
| HomU G-PM II.15.7 | | Updates on treatment protocols and diagnostic advancements | Integrate latest research findings into clinical practice to improve patient outcomes. | C3 | NK | Journal Club, Seminars, Online database research | Literature review assignments | SAQ | Research Methodology |
| HomU G-PM II.15.8 | | Homoeopathic principles and remedies for pneumothorax | (a) Explain homoeopathic principles and their limitations in managing pneumothorax. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.16. Empyema | | | | | | | | | | |
| HomUG-PM II.16.1 | Knowledge and Scholarship | Knows | Definition, causes, and risk factors of empyema | (a) Define empyema. (b) Discuss its aetiology (common pathogens). (c) Identify risk factors (pneumonia, lung abscess, thoracic surgery). | C1 | MK | Lecture, Discussions | MCQ, SAQ | MCQ, SAQ, LAQ | Pathology, Microbiology, Surgery |

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| HomUG- PM II.16.2 | Knows How | Pathogenesis and inflammatory process | Describe the pathophysiology of empyema (infection, inflammation, and pus accumulation, complications like loculated effusion or pleural thickening). | C2 | MK | Lectures, Videos | Group discussions, Assignments | SAQ, LAQ, Viva | Physiology, Pathology, Surgery |
| HomUG- PM II.16.3 | Knows | Signs, symptoms, and differential diagnosis | (a) Recognize clinical signs and symptoms (fever, pleuritic chest pain, dyspnoea, systemic illness). (b) Distinguish empyema from other respiratory conditions. | C2/3 | MK | Case studies, OPD Clinical Postings | Observation checklists | OSCE, Bedside examination, Viva | Practice of Medicine, Surgery |
| HomUG- PM II.16.4 | Shows | Physical examination techniques | Perform a focused physical exam to detect signs (decreased breath sounds, dullness to percussion, pleural friction rub). | P2/3 | MK | Clinical simulations, Role-playing | Direct observation, Checklist | OSCE, Bedside examination | Surgery, Practice of Medicine |
| HomUG- PM II.16.5 | Knows How | Radiographic features and ultrasound findings | Interpret imaging studies (chest X-rays, ultrasound) to identify findings (pleural effusion with loculations, pleural thickening, fibrin strands). | C3 | MK | OPD Clinical Postings, Case discussions | Quizzes, Group Discussions, Assignments | Written exam, OSCE | Surgery, Practice of medicine |
| HomUG- PM II.16.6 | | Treatment options, drainage techniques, and antibiotic therapy | Discuss a management plan (antibiotic therapy, drainage techniques like thoracocentesis or chest tube insertion, adjunctive therapies, or surgical intervention). | C3 | MK | Case discussions, Problem-based learning | Tutorials, Group assignments | Bedside examination, Viva | Surgery, Practice of medicine |

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| HomUG- PM II.16.7 | | Updates on treatment protocols and diagnostic advancements | Integrate latest research findings into clinical practice to improve patient outcomes. | C3 | NK | Journal Club, Seminars, Online database research | Literature review assignments | SAQ | Research Methodology |
| HomUG- PM II.16.8 | Homoeopathic Orientation | Homoeopathic principles and remedies for empyema | (a) Explain homoeopathic principles and their limitations in managing empyema. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.17. Atelectasis | | | | | | | | | | |
| HomUG-PM II.17. 1 | Knowledge and Scholarship | Knows | Definition, types, and aetiology of atelectasis | (a) Define atelectasis. (c) Discuss underlying causes (airway obstruction, lung compression). (b) Identify types (obstructive, compressive, and adhesive). (d) Recognize associated risk factors. | C1 | MK | Lecture Discussions | MCQ, SAQ | MCQ, SAQ, LAQ | Pathology, Microbiology, Surgery |
| HomUG-PM II.17. 2 | | Knows How | Mechanisms and lung collapse | (a) Describe the pathophysiology of atelectasis (loss of surfactant, bronchial obstruction, pleural effusion). (b) Explain the physiological consequences (reduced ventilation and perfusion). | C2 | MK | Lectures, Videos | Group discussions, Assignments | SAQ, LAQ, Viva | Physiology, Pathology, Surgery |
| HomUG-PM II.17. 3 | | | Signs, symptoms, and differential diagnosis | (a) Recognize clinical signs and symptoms (decreased breath sounds, dullness to percussion, dyspnoea, tachypnoea). (b) Differentiate atelectasis from other respiratory conditions. | C2 | MK | Case studies, OPD Clinical Postings | Observation checklists | OSCE, Bedside examination, Viva | Practice of Medicine, Surgery |

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| HomUG- PM II.17. 4 | Shows How Updates Homoeopathic Orientation | Physical examination techniques | Perform a focused physical exam to detect signs (chest asymmetry, reduced chest expansion, abnormal breath sounds). | P2/3 | MK | Clinical simulations, Role- playing | Direct observation, Checklist | OSCE, Bedside examination | Surgery, Practice of Medicine |
| HomUG- PM II.17. 5 | | Knows How | Radiographic features and CT findings | Interpret imaging studies (chest X-rays, CT scans) to identify findings (lung collapse, mediastinal shift, consolidation). | C2/P2 | MK | OPD Clinical Postings, Case discussions | Quizzes, Group Discussions, Assignments | Written exam, OSCE |
| HomUG- PM II.17. 6 | | Treatment options, lung re- expansion techniques, and prevention strategies | Discuss a management plan (bronchial hygiene, chest physiotherapy, incentive spirometry, mechanical ventilation) and prevention strategies. | C3 | MK | Case discussions, Problem- based learning | Tutorials, Group assignments | Bedside examination, Viva | Surgery, Practice of medicine |
| HomUG- PM II.17. 7 | | Updates on treatment protocols and diagnostic advancements | Integrate latest research findings into clinical practice to improve patient outcomes. | C3 | NK | Journal Club, Seminars, Online database research | Literature review assignments | SAQ | Research Methodology |
| HomUG- PM II.17. 8 | | Homoeopathic principles and remedies for atelectasis | (a) Explain homoeopathic principles and their limitations in managing atelectasis. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.18. Interstitial lung diseases | | | | | | | | | | |
| HomUG -PM II.18.1 | Knowledge and Scholarship | Knows | Definition and classification of ILD | (a) Define ILD. (b) Classify types based on aetiology, pathology, and clinical features. (c) Discuss the spectrum of ILD (idiopathic, connective tissue disease-associated, occupational). | C1 | MK | Lecture, Discussions | MCQ, SAQ | MCQ, SAQ, LAQ | Physiology, Pathology, Practice of Medicine |
| HomUG -PM II.18.2 | | Knows How | Mechanisms and inflammatory process | (a) Explain the pathophysiology of ILD (inflammation, fibrosis, tissue remodelling). (b) Discuss how these processes impair gas exchange and lung function. | C2/3 | MK | Lectures, Videos | Group discussions, Assignments | SAQ, LAQ, Viva | Physiology, Pathology, Practice of Medicine |
| HomUG -PM II.18.3 | | | Signs, symptoms, and differential diagnosis | (a) Identify clinical signs and symptoms (exertional dyspnoea, dry cough, bibasilar crackles, clubbing, weight loss, fatigue). (b) Differentiate ILD from other respiratory conditions. | C2/3 | MK | Case studies, OPD Clinical Postings | Observation checklists | OSCE, Bedside examination, Viva | Practice of Medicine |

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| HomUG -PM II.18.4 | | Shows | Physical examination techniques | Perform a focused physical exam to detect signs (inspiratory crackles, digital clubbing, and respiratory distress). | P2/3 | MK | OPD Clinical Postings, Clinical simulations, Role-playing | Direct observation, Checklist | OSCE, Bedside examination | Practice of Medicine |
| HomUG -PM II.18.5 | | Knows How | Radiographic features and HRCT findings | Interpret imaging studies (chest X-rays, HRCT) to identify features (reticular opacities, honeycombing, ground-glass opacities, traction bronchiectasis). | C2/P2 | MK | OPD Clinical Postings, Case discussions | Quizzes, Group Discussions, Assignment s | Written exam, OSCE | Clinical rounds, Simulation scenarios |
| HomUG -PM II.18.6 | | | Treatment options and pulmonary rehabilitation | Discuss a management plan (pharmacotherapy, pulmonary rehabilitation, oxygen therapy, lung transplantation) tailored to ILD subtype and severity. | C3 | NK | Case discussions, Problem-based learning | Tutorials, Group assignments | Bedside examination , Viva | Practice of Medicine |
| HomUG -PM II.18.7 | | | Updates on treatment protocols and diagnostic advancements | Integrate latest research findings into clinical practice to improve patient outcomes. | C3 | NK | Journal Club, Seminars, Online database research | Literature review assignments | SAQ | Research Methodology |
| HomUG -PM II.18.8 | Homoeopathic Orientation | | Homoeopathic principles and remedies for ILD | (a) Explain homoeopathic principles and their limitations in managing ILD. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination , Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

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| HomUG-PM II.19. Cystic fibrosis of lung | | | | | | | | | | |
| HomUG -PM II.19.1 | Knowledge and Scholarship | Knows | Definition, genetics, and epidemiology of cystic fibrosis (CF) | (a) Define CF and its genetic basis (CFTR gene mutations). (b) Describe CF epidemiology (prevalence, inheritance patterns, and demographics). (c) Discuss multi-organ involvement (respiratory, gastrointestinal, endocrine systems). | C1 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ, LAQ | Pathology, Microbiology, Paediatrics |
| HomUG -PM II.19.2 | | Knows How | Molecular defects and organ involvement | (a) Explain molecular defects (CFTR protein dysfunction, ion transport issues). (b) Describe how CFTR mutations cause abnormal mucus, inflammation, and tissue damage in lungs, pancreas, and intestines. (c) Discuss CF-related complications (chronic infections, pancreatic insufficiency, and malabsorption). | C2 | MK | Lectures, Molecular biology workshops | Group discussions, Assignments | SAQ, LAQ, Viva | Microbiology, Paediatrics, Practice of Medicine |

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| HomUG -PM II.19.3 | | Signs, symptoms, and diagnosis | (a) Recognize signs and symptoms (chronic cough, wheezing, recurrent infections, steatorrhea, failure to thrive). (b) Describe diagnostic criteria (sweat chloride test, genetic testing, newborn screening). (c) Differentiate CF from other respiratory and gastrointestinal conditions. | C3 | MK | Case studies, Clinical simulations, Paediatric OPD Postings | Observation checklists | OSCE, Bedside examination , Viva | Paediatrics, Practice of Medicine |
| HomUG -PM II.19.4 | | Sweat chloride test and genetic testing | (a) Interpret sweat chloride test results. (b) Discuss principles of genetic testing for CFTR mutations. | C3/P2/3 | MK | Case studies | Direct observation, Checklist | OSCE, Bedside examination | Practice of Medicine, Paediatrics |
| HomUG -PM II.19.5 | | Pharmacotherapy and airway clearance | (a) Describe management plans based on disease severity and organ involvement. (b) Discuss pharmacotherapy options (antibiotics, mucolytics, bronchodilators, CFTR modulators). (c) Explain the importance of airway clearance, pulmonary rehabilitation, and nutritional interventions. | C3 | MK | Lectures, Case discussions | Quizzes, Group Discussions, Assignments | Written exam, OSCE | Pharmacology , Practice of Medicine |

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| HomUG -PM II.19.6 | Homoeopathic Orientation | Shows | Disease education and self-management | (a) Communicate essential CF information to patients and families. (b) Provide guidance on self-management (airway clearance, medication adherence, nutrition, and lifestyle). (c) Offer psychosocial support and referrals to support services. | A2 | NK | OPD Clinical postings, Role-playing, Patient counselling | Tutorials, Group assignments | Bedside examination , Viva | Practice of Medicine, Preventive Medicine, Psychology |
| HomUG -PM II.19.7 | | Knows How | Updates on treatment protocols and diagnostic advancements | Integrate latest research findings into clinical practice to improve patient outcomes. | C3 | NK | Journal Club, Seminars, Online database research | Literature review assignments | SAQ | Research Methodology |
| HomUG -PM II.19.8 | | | Homoeopathic principles and remedies for CF | (a) Explain homoeopathic principles and their limitations in managing CF. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination , Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.20. Pulmonary Neoplasia | | | | | | | | | | |
| HomUG-PM II.20.1 | Knowledge and Scholarship | Knows | Definition, types, and epidemiology of pulmonary neoplasia | (a) Define pulmonary neoplasia and its types (primary lung cancer, metastatic tumors). (b) Describe epidemiology (incidence, risk factors like smoking, environmental exposures, demographics). (c) Differentiate benign and malignant lung tumors based on histology, behaviour, and prognosis. | C1 | MK | Lecture, Discussions | MCQ, SAQ | MCQ, SAQ, LAQ | Pathology, Microbiology, Surgery, Preventive Medicine |
| HomUG-PM II.20.2 | | Knows How | Carcinogenesis and tumor progression | (a) Explain carcinogenesis and tumor progression (genetic mutations, cell proliferation, invasion, and metastasis). (b) Describe the role of risk factors (smoking, pollutants, and genetic predisposition). (c) Discuss molecular mechanisms of oncogenesis and implications for targeted therapy. | C2 | MK | Lectures, Videos | Group discussions, Assignments | SAQ, LAQ, Viva | Pathology, Practice of Medicine, Surgery |

AIM Homoeopathy

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| HomUG- PM II.20.3 | | Signs, symptoms, and diagnostic approach | (a) Discuss signs and symptoms (persistent cough, hemoptysis, dyspnea, chest pain, weight loss, metastatic symptoms). (b) Describe the diagnostic approach (history, physical exam, imaging, biopsy). (c) Differentiate primary lung cancer from other pulmonary conditions. | C2 | MK | Case studies, OPD Clinical Postings | Observation checklists | OSCE, Bedside examination, Viva | Practice of Medicine, Pathology, Surgery |
| HomUG- PM II.20.4 | | Imaging studies and biopsy techniques | (a) Interpret imaging studies (chest X-ray, CT scan) to identify lesions, tumor size, location, and metastasis. (b) Discuss indications, risks, and limitations of diagnostic procedures (bronchoscopy, EBUS, transthoracic biopsy, thoracoscopy). | C3/P2 | MK | Clinical simulations, Role-playing | Direct observation, Checklist | OSCE, Bedside examination | Surgery, Practice of Medicine |
| HomUG- PM II.20.5 | | Surgical options, chemotherapy, and radiation therapy | (a) Discuss individualized treatment plans based on tumor histology, stage, and patient factors. (b) Explain treatment modalities (surgery, chemotherapy, radiation, immunotherapy, targeted therapy). | C2/3 | NK | OPD Clinical Postings, Case discussions | Quizzes, Group Discussions, Assignments | Written exam, OSCE | Pharmacology, Surgery, Practice of Medicine |

AIM Homoeopathy

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| HomUG- PM II.20.6 | Homoeopathic Orientation | Shows | Disease education and treatment options | (a) Communicate essential information about pulmonary neoplasia (prognosis, treatment options, side effects, supportive care). (b) Provide education on smoking cessation, symptom management, coping strategies, and end-of-life care. | A2/3 | NK | Case discussions, Role play | Tutorials, Group assignments | SAQ, Bedside examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.20.7 | | Knows How | Updates on treatment protocols and diagnostic advancements | Integrate latest research findings into clinical practice to improve patient outcomes. | C3 | NK | Journal Club, Seminars, Online database research | Literature review assignments | SAQ | Research Methodology |
| HomUG- PM II.20.8 | | | Homoeopathic principles and remedies for pulmonary neoplasia | (a) Explain homoeopathic principles and their limitations in managing pulmonary neoplasia. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

AIM Homoeopathy

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.21. Hyperventilation Syndromes | | | | | | | | | | |
| HomUG-PM II.21.1 | Knowledge and Scholarship | Knows | Definition and pathophysiology of hyperventilation syndrome | (a) Define hyperventilation syndrome (excessive ventilation, hypocapnia, respiratory alkalosis). (b) Explain the pathophysiology (respiratory alkalosis, stress/anxiety response, feedback mechanisms). | C1 | MK | Lecture, Reading, Discussions | Quizzes, Peer assessment | Written exam, OSCE | Respiratory physiology lectures, Psychiatry rotations |
| HomUG-PM II.21.2 | | Knows How | Clinical presentation and differential diagnosis | (a) Describe clinical symptoms (dyspnoea, chest tightness, dizziness, palpitations, and paraesthesia). (b) Recognize signs (rapid respiratory rate, normal oxygen saturation, absence of distress/cyanosis). (c) Differentiate hyperventilation syndrome from other respiratory/cardiovascular conditions. | C3 | MK | Case studies, Clinical simulations | Observation checklists | OSCE, Clinical skills exam | Emergency department rotations, Pulmonary clinics |

AIM Homoeopathy

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| HomUG -PM II.21.3 | | | Diagnostic tests and exclusion of other conditions | (a) Identify diagnostic criteria (self-reported symptoms, documented hyperventilation, and exclusion of other conditions). (b) Discuss the role of diagnostic tests (arterial blood gas, pulmonary function tests, cardiopulmonary exercise testing). | C3 | MK | Case discussions, Problem-based learning | Oral presentations, Team projects | Clinical case write-ups | Pulmonary function testing sessions, Cardiology rounds |
| HomUG -PM II.21.4 | | Knows How/ Shows | Behavioral interventions and breathing exercises | (a) Discuss behavioural interventions (relaxation techniques, breathing retraining, and cognitive-behavioural therapy). (b) Teach breathing exercises (diaphragmatic breathing, paced breathing, pursed lip breathing). (c) Discuss stress management, lifestyle changes, and avoiding triggers. | C3/P2 | NK | Role-playing, Patient counselling | Feedback, Reflection | OSCE, Patient education session | Psychiatry clinics, Stress management workshops |
| HomUG -PM II.21.5 | Homoeopathic Orientation | Knows How | Homoeopathic principles and remedies for hyperventilation syndrome | (a) Explain homoeopathic principles and their limitations in managing hyperventilation syndrome. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.22. SARS COV-2 | | | | | | | | | | |
| HomUG -PM II.22.1 | Knowledge and Scholarship | Knows | Definition, virology, and epidemiology of SARS-CoV-2 | (a) Define SARS-CoV-2 as the virus causing COVID-19. (b) Explain its virology (genetic structure, spike proteins, replication, and transmission). (c) Describe epidemiology (transmission modes, incubation period, and global distribution). | C1 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ, LAQ | Pathology, Microbiology , Preventive Medicine |
| HomUG -PM II.22.2 | | Knows How | Viral entry and immune response | (a) Explain viral entry via ACE2 receptors, replication, and host immune response. (b) Describe the role of cytokines, immune dysregulation, and hypercoagulability in severe COVID-19. (c) Discuss factors contributing to the spectrum of clinical manifestations. | C3 | MK | Lectures, Videos | MCQ, SAQ | SAQ, Viva | Pathology, Microbiology , Practice of Medicine |

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| HomUG -PM II.22.3 | | Signs, symptoms, and complications | (a) Discuss symptoms (fever, cough, dyspnoea, fatigue, anosmia, ageusia, gastrointestinal issues). (b) Describe the clinical course (mild to severe disease, ARDS, thromboembolism). (c) Differentiate COVID-19 from other respiratory infections. | C3 | MK | Group Discussion, Presentatio ns | Assignments , Tutorials | OSCE, Bedside Examinatio n, Viva | Infectious disease clinics, Emergency medicine rotations |
| HomUG -PM II.22.4 | | Diagnostic tests (PCR, antigen tests, serology) | (a) Describe diagnostic tests (RT-PCR, antigen tests, serology, and imaging). (b) Discuss specimen collection, handling, and processing. (c) Discuss limitations, sensitivity, specificity, and turnaround time of tests. | C3 | MK | Group Discussion, Presentatio ns | SAQ | OSCE, Viva | Pathology, Microbiology , Practice of Medicine |
| HomUG -PM II.22.5 | | Pharmacotherap y and supportive care | (a) Discuss pharmacotherapy (antivirals, corticosteroids, immunomodulators, and anticoagulants). (b) Discuss prevention strategies (PPE, isolation, vaccination). | C3 | MK | Case discussions, Problem- based learning | Oral presentations , Team projects | Clinical case write- ups | Pharmacolog y, Preventive Medicine, Practice of Medicine |

AIM Homoeopathy

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| HomUG -PM II.22.6 | | Shows | Disease education and preventive measures | (a) Communicate essential information about COVID-19 (transmission, prevention, vaccination). (b) Provide education on symptom recognition, self-isolation, and seeking care. (c) Engage in community outreach and public health campaigns. | A2 | NK | Role-playing, Patient counselling | | OSCE, Viva | Preventive Medicine |
| HomUG -PM II.22.7 | Homoeopathic Orientation | Knows How | Homoeopathic principles and remedies for SARS-CoV-2 | (a) Explain homoeopathic principles and their limitations in managing SARS-CoV-2. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination , Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.23. Homoeopathic Therapeutics | | | | | | | | | | |

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| HomUG -PM II.23.1 | Knowledge and Scholarship | Knows | Definition, types, and common symptoms of respiratory disorders | (a) Define respiratory disorders in homoeopathic medicine (acute/chronic, upper/lower respiratory tract). (b) Describe common symptoms (cough, dyspnoea, wheezing, chest tightness, and expectoration). | C2 | MK | Lecture, Reading, Discussions | MCQ | SAQ, OSCE | Respiratory physiology, Practice of Medicine |
| HomUG -PM II.23.2 | Homoeopathic Orientation | Knows How | Similia principle and individualization | (a) Explain homoeopathic principles (law of similars, individualization, vital force). (b) Discuss the holistic approach, dynamic nature of disease, and use of potentized remedies. | C3 | MK | Lectures | Group discussions, Tutorials, Assignments | Viva | Organon |
| HomUG -PM II.23.3 | | Shows | Case-taking and repertorization techniques | (a) Demonstrate case-taking techniques (eliciting characteristic symptoms, modalities, concomitants). (b) Select remedies using repertory rubrics, software, and charts. | P2/3 | MK | OPD Clinical Postings, Case discussions | SAQ | OSCE, Bedside Examination, Viva | Organon, Homoeopathic Repertory |
| HomUG -PM II.23.4 | | Knows How | Materia medica and repertory | (a) Identify key homoeopathic remedies for respiratory disorders based on symptomatology and modalities. (b) Utilize materia medica and repertory tools for remedy selection. | C3 | MK | OPD Clinical Postings, Case studies | SAQ | OSCE, Bedside Examination, Viva | Homoeopathic clinics, Materia medica sessions |

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| HomUG -PM II.23.5 | | Prescribing and potency selection | (a) Describe individualized treatment plans using homoeopathic principles (similar, potency selection, and posology). (b) Prescribe remedies based on symptom totality, constitution, and clinical progress. | C3/4/5 | MK | OPD Clinical Postings | Group discussions, Tutorials, Assignments | OSCE, Viva | Homoeopathic Pharmacy, Organon, Homoeopathic Philosophy |
| HomUG -PM II.23.6 | Shows | Patient education and therapeutic expectations | (a) Communicate effectively about homoeopathic treatment principles and expectations. (b) Provide education on lifestyle modifications, diet, and preventive measures. | A2/3 | NK | OPD Clinical Postings, Role-playing | | OSCE, Patient education session | Organon, Homoeopathic Philosophy, Materia Medica, Preventive Medicine |

5.2. Renal Disorders

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.24. Symptomatology and clinical syndromes & Renal function tests | | | | | | | | | | |
| HomUG -PM II.24.1 | Knowledge and Scholarshi p | K | Symptomatology | Identify common symptoms of renal dysfunction | C2 | MK | Lectures | MCQ | MCQ, SAQ | Practice of Medicine |
| HomUG -PM II.24.2 | | KH | | Recognize the significance of symptoms such as hematuria, proteinuria, oliguria, dysuria, flank pain and edema | C3/4 | MK | Lectures, Group Discussions | MCQ, SAQ | MCQ, SAQ | Pathology, Practice of Medicine |
| HomUG -PM II.24.3 | | | Clinical Syndromes | Discuss the clinical presentation of renal syndromes such as acute kidney injury, nephrotic syndrome, chronic kidney disease, nephritic syndrome and renal calculi | C2 | MK | Lectures, Group Discussions, Assignment s | MCQ, SAQ, Tutorials | MCQ, SAQ, LAQ | Pathology, Practice of Medicine |

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| HomUG- -PM II.24.4 | | Renal Function Tests | Describe the common renal function tests including serum creatinine, blood urea nitrogen, estimated glomerular filtration rate (eGFR), urine analysis, and renal biopsy | C3/P2 | MK | Lectures, Group Discussions, Lab Simulations | Test Result Analysis Exercises | Bedside Examination , Viva | Physiology, Biochemistry , Practice of Medicine |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.25. Urinary Tract Infections

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| HomUG- -PM II.25.1 | Knowledge and Scholarship | K | Definition and classification of UTIs | (i) Define UTIs . (ii) Classify UTI into (a) asymptomatic bacteriuria, (b) acute pyelonephritis, (c) renal abscess, (d) acute cystitis, (e) acute urethritis, (f) acute prostatitis, and (g) septicaemia | C1 | MK | Lectures, reading materials | Concept mapping exercise | Multiple-choice questions (MCQs) | Microbiology |
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| HomUG- PM II.25.2 | | Risk factors, common pathogens | (a) Recognize the risk factors associated with UTIs. (b) List the common causative agents of UTI | C1 | MK | Lectures, Case studies, literature review | Risk factor assessment quiz | SAQ | Microbiology, Practice of Medicine |
| HomUG- PM II.25.3 | KH | Mechanisms of infection, host response | Explain the pathophysiological processes involved in UTIs, including (a) bacterial invasion, (b) host immune response, and (c) tissue damage | C2 | MK | Lectures, Assignments, Diagrams, Chart making | Pathophysiology case studies | MCQ, SAQ, LAQ | Pathology, Practice of Medicine |
| HomUG- PM II.25.4 | | Symptoms, physical findings | List the clinical manifestations and physical exam findings associated with different types of UTIs | C2 | MK | OPD/Clinical rotations, patient simulations | Clinical observation checklist | OSCE stations, Bedside examinations | Practice of Medicine |
| HomUG- PM II.25.5 | | Urine analysis, culture, imaging | Interpret diagnostic tests for UTIs, including (a) urine analysis, (b) urine culture, and (c) imaging studies | P2 | MK | Lectures, Lab demonstrations, virtual labs | Interpretation of test results | MCQ, SAQ | Physiology, Biochemistry, Pathology, Radiology |
| HomUG- PM II.25.6 | | Antibiotic therapy, supportive measures | Describe evidence-based treatment plans for various UTIs, considering antimicrobial resistance patterns and patient-specific factors | C3/4 | MK | Case/Group discussions | Tutorials, SAQ | Case-based exams, SAQ, LAQ | Pharmacology, Practice of Medicine |
| HomUG- PM II.25.7 | SH | Hygiene practices, lifestyle modification | Counsel patients on preventive measures to reduce the risk of UTIs recurrence | A2/3 | DK | Patient education sessions, role-playing | Patient counselling assessment, Chart making | SAQ, LAQ | Community Medicine |

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| HomUG- PM II.25.8 | Does | Follow-up protocols, response assessment | (a) Monitor patients' response to treatment. (b) Define the management plans based on the response. | C4/5 | DK | OPD/Clinical rounds | MCQ | Bedside case analysis, Viva | Pharmacology, Practice of Medicine |
| HomUG- PM II.25.9 | | SH | Sepsis, renal failure, urosepsis | (a) Identify the complications arising from UTIs. (b) Define the management strategy of sepsis, renal failure, and urosepsis | C3/4 | DK | Lectures, Case studies, critical care simulations, Assignments | MCQ, SAQ | Bedside Examination, Viva |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.26. Nephrotic Syndrome

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| HomUG- PM II.26.1 | Knowledge and Scholarship | K | Definition, key features | (a) Define Nephrotic syndrome. (b) Describe the clinical presentations of Nephrotic syndrome. | C1 | MK | Lectures, reading materials | MCQ, SAQ | MCQ, SAQ | Practice of Medicine |
| HomUG- PM II.26.2 | | KH | Glomerular injury mechanisms | Explain the pathophysiological mechanisms underlying nephrotic syndrome, including glomerular injury | C2 | MK | Lectures - Diagrammatic presentations | MCQ, SAQ | SAQ, LAQ | Pathology |

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| HomUG- PM II.26.3 | SH | Edema, proteinuria, hypoalbuminemia | Recognize the clinical manifestations and physical exam findings associated with nephrotic syndrome | C3/P2 | MK | OPD/Clinical rotations, patient simulations | OSPE | OSCE stations | Practice of Medicine |
| HomUG- PM II.26.4 | KH | Urine analysis, serum albumin, kidney biopsy | List diagnostic investigations for nephrotic syndrome. | C3 | MK | Lab demonstrations, virtual labs | Interpretation of test results | Bedside examinations, Viva | Physiology, Biochemistry, Practice of medicine |
| HomUG- PM II.26.5 | SH | Pharmacotherapy, dietary modifications | Develop treatment plans for nephrotic syndrome, considering pharmacological and non-pharmacological interventions | C3/4 | MK | OPD/Case discussions, treatment guidelines | Treatment plan presentation | Bedside examinations | Pharmacology, Nutrition |
| HomUG- PM II.26.6 | | Medication adherence, lifestyle changes | Counsel patients and families on disease management, medication adherence, and lifestyle modifications | A2 | DK | Role-playing, Chart making | Patient counselling assessment | SAQ, LAQ | Practice of Medicine |
| HomUG- PM II.26.7 | Does | Serum albumin levels, urine protein | (a) Monitor patients' response to treatment. (b) Describe the management of Nephrotic syndrome based on response. | C3/P2 | DK | OPD/Clinical rounds, progress notes | Treatment adjustment exercise | Bedside examinations, Viva | Practice of Medicine |
| HomUG- PM II.26.8 | SH | Thrombosis, infections, hyperlipidaemia | (a) List the complications of Nephrotic syndrome. (b) Define the management of complications associated with | C3/P2 | DK | Case studies, critical care simulations | MCQ, SAQ | Bedside examinations, Viva | Practice of Medicine |

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| | | | nephrotic syndrome | | | | | | |
| HomUG- PM II.26.9 | KH | Role of nephrologists, nurses, dietitians | Define multidisciplinary approach for optimal patient care in nephrotic syndrome | C4 | DK | Guest Lectures, team-based projects | Group assignments | SAQ, LAQ | Practice of Medicine |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.27. Glomerulopathies | | | | | | | | | | |
| HomUG-PM II.27.1 | Knowledge and Scholarship | K | Definition, types | (a) Define Glomerulonephritis. (b) Describe its classification into (i) Primary and (ii) Secondary | C1 | MK | Lectures, reading materials | MCQ, SAQ | MCQ, SAQ | Practice of Medicine |
| HomUG-PM II.27.2 | | KH | Immune mechanisms, glomerular injury | Explain the pathophysiological mechanisms underlying glomerulonephritis (including immune complex deposition and glomerular injury) | C2 | MK | Lectures - Diagrammatic presentations | MCQ, SAQ | SAQ, LAQ | Pathology |
| HomUG-PM II.27.3 | | SH | Hematuria, proteinuria, hypertension | Recognize the clinical manifestations and physical exam findings associated with glomerulonephritis | C3 | MK | OPD/Clinical rotations, patient simulations | Clinical observation checklist | OSCE stations | Practice of Medicine |
| HomUG-PM II.27.4 | | KH | Urine analysis, kidney biopsy, serology | List the diagnostic tests for glomerulonephritis. | C3/4 | MK | Lab demonstrations, virtual labs | Interpretation of test results | Bedside examinations, Viva | Physiology, Biochemistry, Practice of medicine |

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| HomUG- PM II.27.5 | SH | Pharmacotherapy, immunosuppression | Define treatment plans for glomerulonephritis, considering pharmacological and immunosuppressive interventions | C3/4 | MK | OPD/Case discussions, treatment guidelines | Treatment plan presentation | Bedside examinations | Pharmacology, Nutrition |
| HomUG- PM II.27.6 | | Medication adherence, dietary restrictions | Counsel patients and families on disease management, medication adherence, and dietary modifications | A3/4 | DK | Role-playing, Chart making | Patient counselling assessment | SAQ | Practice of Medicine |
| HomUG- PM II.27.7 | | Does | Renal function tests, proteinuria levels | (a) Monitor patients' response to treatment. (b) Define the management based on response to treatment. | C3/4 | DK | OPD/Clinical rounds, progress notes | Treatment adjustment exercise | Bedside examinations, Viva |
| HomUG- PM II.27.8 | | KH | Renal failure, infections, hypertension | Identify complications associated with glomerulonephritis | C4 | DK | Case studies, critical care simulations | MCQ, SAQ | Bedside examinations, Viva |
| HomUG- PM II.27.9 | | KH | Role of nephrologists, nurses, dietitians | Define multidisciplinary approach for optimal patient care in glomerulonephritis | C4 | DK | Guest Lectures, team-based projects | Teamwork assessment | SAQ, LAQ |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.28. Renal Failure | | | | | | | | | | |
| HomUG-PM II.28.1 | Knowledge and Scholarship | K | Definition, types | (a) Define renal failure. (b) Describe its classification into acute and chronic types | C1 | MK | Lectures, reading materials | MCQ, SAQ | MCQ, SAQ | Practice of Medicine |
| HomUG-PM II.28.2 | | KH | Causes, mechanisms | Explain the pathophysiological mechanisms underlying renal failure (including ischemia, inflammation, and nephron loss). | C2 | MK | Lectures - Diagrammatic presentations | MCQ, SAQ, | SAQ, LAQ | Pathology |
| HomUG-PM II.28.3 | | SH | Oliguria, azotemia, fluid overload | Recognize the clinical manifestations and physical exam findings associated with acute and chronic renal failure | C2/3 P2 | MK | OPD/Clinical rotations, patient simulations | Clinical observation checklist | OSCE stations | Practice of Medicine |
| HomUG-PM II.28.4 | | KH | Serum creatinine, BUN, urinalysis | Define diagnostic tests for renal failure. | C3/4 | MK | Lab demonstrations, virtual labs | Interpretation of test results | Bedside examinations, Viva | Physiology, Biochemistry, Practice of Medicine |
| HomUG-PM II.28.5 | | SH | Fluid management, dialysis, transplant | Define treatment plans for renal failure (considering fluid management, dialysis, and transplantation options.) | C3/4 | MK | OPD/Case discussions, treatment guidelines | Treatment plan presentation | Bedside examinations | Pharmacology, Nutrition |

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| HomUG- PM II.28.6 | Shows How | Educate patients and families about the need of Dialysis, medication adherence | Counsel patients and families on disease management (including dialysis procedures, medication adherence, and lifestyle modifications.) | A3/4 | DK | Role-playing, Chart making | Patient counselling assessment | SAQ | Practice of Medicine |
| HomUG- PM II.28.7 | Does | Serum electrolytes, fluid balance | (a) Monitor patients' response to treatment (b) Describe the management based on response to treatment. | C3/4 | DK | OPD/Clinical rounds, progress notes | Treatment adjustment exercise | Bedside examinations, Viva | Practice of Medicine |
| HomUG- PM II.28.8 | SH | Electrolyte imbalances, infection, hypertension | Identify the complications associated with renal failure (including electrolyte imbalances, infections, and hypertension.) | C3 | DK | Case studies, critical care simulations | MCQ, SAQ | Bedside examinations, Viva | Practice of Medicine |
| HomUG- PM II.28.9 | Knows How | Role of nephrologists, nurses, dietitians | Define multidisciplinary approach for an optimal patient care in renal failure | C4 | DK | Guest Lectures, team-based projects | Teamwork assessment | SAQ, LAQ | Practice of Medicine |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.29. Renovascular Diseases | | | | | | | | | | |
| HomUG-PM II.29.1 | Knowledge and Scholarship | K | Definition, aetiology | (a) Define renovascular disease and renovascular hypertension (b) Describe the aetiopathogenesis of Renovascular diseases. | C1 | MK | Lectures, reading materials | MCQ, SAQ | MCQ, SAQ | Practice of Medicine |
| HomUG-PM II.29.2 | | KH | Renal artery stenosis, systemic effects | Explain the pathophysiological mechanisms underlying renovascular disease (including renal artery stenosis and its systemic effects) | C2 | MK | Lectures - Diagrammatic presentations | MCQ, SAQ, Tutorials | SAQ, LAQ | Pathology, Surgery |
| HomUG-PM II.29.3 | | SH | Hypertension, renal bruits, renal function | Recognize the clinical manifestations and physical exam findings associated with renovascular disease and hypertension | C2/3 P2 | MK | OPD/Clinical rotations, patient simulations | OSPE | OSCE stations | Practice of Medicine |
| HomUG-PM II.29.4 | | Does | Doppler ultrasound, angiography, renal scintigraphy | Define the diagnostic tests for renovascular disease and hypertension. | C3/4 | MK | Lab demonstrations, virtual labs | Interpretation of test results | Bedside examination, Viva | Practice of Medicine, Radiology |

AIM Homoeopathy

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| HomUG- PM II.29.5 | KH | Revascularization, antihypertensive therapy | Define treatment plans for renovascular disease and hypertension (considering revascularization procedures and antihypertensive medications) | C3/4 | MK | OPD/Case discussions, treatment guidelines | Treatment plan presentation | Bedside examinations | Surgery, Pharmacology, Practice of Medicine |
| HomUG- PM II.29.6 | | Blood pressure monitoring, renal function tests | (a) Monitor patients' response to treatment. (b) Describe the management based on response to treatment. | C3/4 | DK | OPD/Clinical rounds, progress notes | Treatment adjustment exercise | Bedside examination, Viva | Pharmacology, Medicine |
| HomUG- PM II.29.7 | | Renal insufficiency, post-procedural complications | Identify the complications associated with renovascular disease and hypertension | C3 | DK | Case studies, critical care simulations | MCQ, SAQ | Bedside examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.29.8 | | Role of nephrologists, interventional radiologists | Define multidisciplinary approach for an optimal patient care in renovascular disease and hypertension | C4 | DK | Guest Lectures, team-based projects | Teamwork assessment | SAQ, LAQ | Practice of Medicine |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.30. Obstructive Uropathy | | | | | | | | | | |

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| HomUG-PM II.30.1 | Knowledge and Scholarship | Knows | Definition, aetiology | (a) Define obstructive uropathy (b) Describe the etiopathogenesis of obstructive uropathy. | C1 | MK | Lectures, reading materials | MCQ, SAQ | MCQ, SAQ | Internal Medicine, Surgery |
| HomUG-PM II.30.2 | | KH | Causes, mechanisms | Explain the pathophysiological mechanisms underlying obstructive uropathy (including urinary tract obstruction and its effects on renal function) | C2 | MK | Lectures - Diagrammatic presentations | MCQ, SAQ, Tutorials | SAQ, LAQ | Pathology |
| HomUG-PM II.30.3 | | SH | Flank pain, urinary retention, hydronephrosis | Recognize the clinical manifestations and physical exam findings associated with obstructive uropathy | C2/3 P2 | MK | OPD/Clinical rotations, patient simulations | Clinical observation checklist | OSCE stations | Internal Medicine, Surgery |
| HomUG-PM II.30.4 | | KH | Renal ultrasound, CT scan, urography | Define the diagnostic tests for obstructive uropathy. | C3/4 | MK | Lab demonstrations, virtual labs | Interpretation of test results | Bedside examinations, Viva | Laboratory Medicine |
| HomUG-PM II.30.5 | | SH | Relief of obstruction, supportive care | Define treatment plans for obstructive uropathy (considering relief of obstruction and supportive measures) | C3/4 | MK | OPD/Case discussions, treatment guidelines | Treatment plan presentation | Bedside examinations | Urology, Nephrology |
| HomUG-PM II.30.6 | | | Self-catheterization, follow-up care | Counsel patients and families on disease management (including self-care techniques, follow-up appointments, and potential complications) | A3/4 | DK | Role-playing, Chart making | Patient counselling assessment | SAQ | Surgery, Practice of Medicine |

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| HomUG- PM II.30.7 | KH | Renal function tests, imaging follow-up | (a) Monitor patients' response to treatment (b) Define the management plans based on response to treatment. | C3/4 | DK | OPD/Clinical rounds, progress notes | Treatment adjustment exercise | Bedside examinations, Viva | Practice of Medicine |
| HomUG- PM II.30.8 | | Infection, renal failure, electrolyte imbalances | Identify the complications associated with obstructive uropathy | C3 | DK | Case studies, critical care simulations | MCQ, SAQ | Bedside examinations, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.30.9 | | Role of urologists, radiologists, nurses | Define multidisciplinary approach for an optimal patient care in obstructive uropathy | C4 | DK | Guest Lectures, team-based projects | Teamwork assessment | SAQ, LAQ | Practice of Medicine |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.31. Tumors of Genito urinary tract | | | | | | | | | | |
| HomUG-PM II.31.1 | Knowledge and Scholarship | K | Definition, types | (a) Define tumours of the genitourinary tract. (b) Describe the classification of Tumours of GUT into various types (e.g., renal cell carcinoma, bladder cancer) | C1 | MK | Lectures, reading materials | MCQ, SAQ | MCQ, SAQ | Pathology, Surgery |
| HomUG-PM II.31.2 | | KH | Risk factors, molecular pathways | Explain the etiopathogenesis of genitourinary tract tumours (including common risk factors and molecular pathways involved in tumorigenesis) | C2 | MK | Lectures - Diagrammatic presentations | MCQ, SAQ, Tutorials | SAQ, LAQ | Pathology, Surgery |
| HomUG-PM II.31.3 | | SH | Haematuria, flank pain, urinary symptoms | Recognize the clinical manifestations and physical exam findings associated with genitourinary tract tumours | C2/3 P2 | MK | OPD/Clinical rotations, patient simulations | Clinical observation checklist | OSCE stations | Surgery, Practice of Medicine |
| HomUG-PM II.31.4 | | KH | Imaging studies, biopsy | Define the diagnostic tests for genitourinary tract tumours | C3/4 | MK | Lab demonstrations, virtual labs | Interpretation of test results | Bedside examinations, Viva | Radiology, Pathology, Surgery |

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| HomUG- PM II.31.5 | SH | Surgery, chemotherapy, radiation therapy | Define treatment plans for genitourinary tract tumours (surgical interventions, chemotherapy, and radiation therapy) | C3/4 | MK | OPD/Case discussions, treatment guidelines | Treatment plan presentation | Bedside examinations | Surgery, Practice of Medicine, Pharmacology |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.32. Tubulo-interstitial Diseases

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| HomUG- PM II.32.1 | Knowledge and Scholarship | K | Definition, aetiology | (a) Define tubulointerstitial nephritis. (b) List the causes of Tubulointerstitial Nephritis (including common causes such as drug reactions and autoimmune disorders) | C1 | MK | Lectures, reading materials | MCQ, SAQ | MCQ, SAQ | Physiology, Practice of Medicine |
| HomUG- PM II.32.2 | | KH | Immune mechanisms, tubular injury | Explain the pathophysiological mechanisms underlying tubulointerstitial nephritis (including immune-mediated damage and tubular injury) | C2 | MK | Lectures - Diagrammatic presentations | MCQ, SAQ, Tutorials | SAQ, LAQ | Pathology |

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| HomUG- PM II.32.3 | SH | Acute kidney injury, electrolyte disturbances | Recognize the clinical manifestations and physical exam findings associated with tubulointerstitial nephritis | C2/3 P2 | MK | OPD/Clinical rotations, patient simulations | Clinical observation checklist | OSCE stations | Practice of Medicine |
| HomUG- PM II.32.4 | KH | Urinalysis, renal biopsy, imaging studies | Define the diagnostic tests for tubulointerstitial nephritis. | C3/4 | MK | Lab demonstrations, virtual labs | Interpretation of test results | Bedside examination, Viva | Physiology, Practice of Medicine, Biochemistry |
| HomUG- PM II.32.5 | | Discontinue offending agents, corticosteroids | Develop treatment plans for tubulointerstitial nephritis (including discontinuation of offending agents and corticosteroid therapy) | C3/4 | MK | OPD/Case discussions, treatment guidelines | Treatment plan presentation | Bedside examinations | Pharmacology |
| HomUG- PM II.32.6 | | Medication side effects, follow-up care | Counsel patients and families on disease management (including potential medication side effects, follow-up appointments, and lifestyle modifications) | C3/4 | DK | OPD/Clinical rounds, progress notes | Treatment adjustment exercise | Bedside examination, Viva | Pharmacology, Practice of medicine |
| HomUG- PM II.32.7 | | Renal function tests, symptom assessment | (a) Monitor patients' response to treatment. (b) define the management plans based on response to treatment. | C3 | DK | Case studies, critical care simulations | MCQ, SAQ | Bedside examination, Viva | Physiology, Practice of medicine |

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| HomUG- PM II.32.8 | | Renal failure, recurrent disease | List the complications associated with tubulointerstitial nephritis (including renal failure and recurrent disease) | C4 | DK | Guest Lectures, team-based projects | Teamwork assessment | SAQ, LAQ | Practice of Medicine |
| HomUG- PM II.32.9 | | Role of nephrologists, pharmacists, nurses | Define multidisciplinary approach for an optimal patient care in tubulointerstitial nephritis | C4 | Desirable to Know | Interprofessional education sessions, team-based projects | Teamwork assessment | SAQ, LAQ | Practice of Medicine |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.33. Cystic Kidney diseases | | | | | | | | | | |
| HomUG- PM II.33.1 | Knowledge and Scholarship | K | Definition, types | (a) Define renal cystic disease (b) Describe its classification into various types (e.g., simple renal cysts, polycystic kidney disease) | C1 | MK | Lectures, reading materials | MCQ, SAQ | MCQ, SAQ | Surgery, Practice of Medicine |
| HomUG- PM II.33.2 | | KH | Genetic mutations, cyst formation | Explain the etiopathogenesis of renal cystic disease (including genetic mutations and the process of cyst formation) | C2 | MK | Lectures - Diagrammatic presentations | MCQ, SAQ, Tutorials | SAQ, LAQ | Pathology, Surgery, Practice of Medicine |

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| HomUG- PM II.33.3 | | Abdominal pain, haematuria, hypertension | Define the clinical manifestations and physical exam findings associated with renal cystic disease | C2/3 P2 | MK | OPD/Clinical rotations, patient simulations | Clinical observation checklist | OSCE stations | Surgery, Practice of Medicine |
| HomUG- PM II.33.4 | | Ultrasound, CT scan, genetic testing | Define the diagnostic tests for renal cystic disease. | C3/4 | MK | Lab demonstrations, virtual labs | Interpretation of test results | Bedside examination, Viva | Radiology, Pathology |
| HomUG- PM II.33.5 | | Symptom management, surveillance | Describe the treatment plans for renal cystic disease (including symptom management and surveillance strategies for disease progression) | C3/4 | MK | OPD/Case discussions, treatment guidelines | Treatment plan presentation | Bedside examinations | Surgery, Practice of Medicine |
| HomUG- PM II.33.6 | | Disease progression, genetic counselling | Counsel patients and families on disease management (including disease progression, genetic counselling, and family planning options) | C3/4 | DK | OPD/Clinical rounds, progress notes | Treatment adjustment exercise | Bedside examination, Viva | Pathology, ObnG, Practice of Medicine |
| HomUG- PM II.33.7 | | Imaging follow-up, symptom assessment | (a) Monitor patients' response to treatment (b) Describe the management plans based on the response to treatment. | C3 | DK | Case studies, critical care simulations | MCQ, SAQ | Bedside examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.33.8 | | Infection, renal failure, hemorrhage | Identify the complications associated with renal cystic disease (including infection, renal failure, and hemorrhage) | C4 | DK | Guest Lectures, team-based projects | Teamwork assessment | SAQ | Surgery, Practice of Medicine |

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| HomUG- PM II.33.9 | Role of nephrologists, genetic counsellors, surgeons | Define multidisciplinary approach for an optimal patient care in renal cystic disease | C4 | Desirable to Know | Interprofessional education sessions, team- based projects | Teamwork assessment | SAQ, LAQ | Practice of Medicine |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.34. Homoeopathic concepts and Therapeutics | | | | | | | | | | |
| HomUG-PM II.34.1 | Homoeopathic orientation | KH | Understanding how miasmic influences relate to renal disorders such as nephritis, nephrotic syndrome, and chronic kidney disease. | 1. Identify miasmic influences related to various renal disorders. 2. Evaluate how these miasms impact disease presentation. 3. Analyze treatment options based on miasmic evaluation. | C2-3 | MK | Lectures, group discussions, case studies | Group presentations on miasmic influences | Written case analysis incorporating miasmic evaluation | Pathology, Immunology, and Homoeopathic Philosophy |
| HomUG-PM II.34.2 | | KH | Application of homeopathic remedies for renal disorders based on miasmic evaluation and individual symptomatology, Repertorisation | 1. Select remedies using repertory rubrics, repertory software, and repertory charts. 2. Select appropriate remedies based on miasmic evaluation and clinical presentation. 3. Develop individualized treatment plans for patients with renal disorders. | C2-3 | MK | Practical demonstrations, | Practical assessments on remedy selection | Clinical exam involving case management | PM, Materia Medica, Homoeopathic philosophy, Repertory |

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5.3.Water and Electrolyte Imbalance

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.35. Approach to disorders of electrolyte imbalance | | | | | | | | | | |
| HomUG-PM II.35.1 | Knowledge and Scholarship | K | Overview of electrolyte functions and homeostasis; Clinical manifestations of imbalances | Identify the signs and symptoms of electrolyte imbalances | C1 | MK | Lectures | Quizzes, Group discussions | MCQs | Physiology, Biochemistry, Pathology |
| HomUG-PM II.35.2 | | KH | Etiology and pathophysiology of common electrolyte disorders | Describe the causes and mechanisms of electrolyte imbalances | C2 | MK | Case studies, Problem-based learning (PBL) | Written assignments, Case presentations | SAQ | Biochemistry, Pathology, Practice of Medicine |
| HomUG-PM II.35.3 | | SH | History taking, Physical examination, Interpreting laboratory tests | Perform clinical assessment and diagnosis of electrolyte disorders | P2 | MK | Simulated patient labs, DOPS | OSCE, Peer feedback | OSCE, Clinical viva | Practice of Medicine |
| HomUG-PM II.35.4 | | | Patient education strategies, Communication skills | Educate patients and caregivers on managing electrolyte imbalances | P2 | DK | Workshops, Role-playing exercises | Chart making, Presentations | | Community Medicine, Homoeopathic Philosophy |
| HomUG-PM II.35.5 | | | Team dynamics, Roles of different healthcare professionals | Collaborate with an interprofessional team for comprehensive care | Application/Analysis | NK | Team-based learning | Team project presentations, | SAQ | Forensic Medicine |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.36. Sodium Imbalance | | | | | | | | | | |
| HomUG-PM II.36.1 | Knowledge and Scholarship | K | Explaining why Sodium is important in the body | Define the role of sodium in the body | C1 | MK | Lecture, Discussion | MCQ | SAQ | Physiology, Biochemistry |
| HomUG-PM II.36.2 | | KH | Recognizing reasons for sodium levels being too high or too low | Identify causes of high and low sodium levels | C2 | MK | Lecture, Discussion | MCQ | SAQ, Viva voce | Physiology, Practice of Medicine |
| HomUG-PM II.36.3 | | | Understanding how the body manages sodium levels | Describe how sodium balance is regulated | C2 | MK | Problem-based learning | Assignments, MCQ | SAQ, LAQ | Physiology, Biochemistry |
| HomUG-PM II.36.4 | | | Knowing symptoms of high and low sodium levels | Recognize signs of sodium imbalance | C2 | MK | Interactive workshops, Case-based learning | MCQ | SAQ, LAQ | Physiology, Practice of Medicine |
| HomUG-PM II.36.5 | | | Knowing how to check for sodium problems | Discuss how sodium imbalance is diagnosed | C2 | MK | Group Discussion | Tutorials, MCQ | SAQ, Viva voce | Biochemistry, Practice of Medicine |
| HomUG-PM II.36.6 | | | Description of treatment options for correcting sodium imbalance | Discuss ways to treat sodium imbalance | C2 | MK | Lectures, Seminars | Tutorials, Assignments | SAQ | Biochemistry, Practice of Medicine |
| HomUG-PM II.36.7 | | SH | Analysis of the physiological and clinical consequences of sodium disorders | Evaluate the impact of sodium imbalance | P1 | DK | Lectures, Seminars | Assignments | OSCE | Practice of Medicine |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.37. Potassium Imbalance | | | | | | | | | | |
| HomUG-PM II.37.1 | Knowledge and Scholarship | K | Explaining what potassium is and why it's important | Define potassium and its role in the body | C1 | MK | Lecture, Discussion | Quizzes, Class participation | SAQ | Physiology, Biochemistry |
| HomUG-PM II.37.2 | | | Recognizing where potassium comes from and what it does | Identify sources and functions of potassium | C2 | MK | Lecture, Discussion | Case presentations, MCQ | Viva voce | Physiology, Practice of medicine |
| HomUG-PM II.37.3 | | KH | Understanding how the body keeps potassium levels balanced | Describe the regulation of potassium levels | C2 | MK | Problem-based learning | Assignments, MCQ | SAQ, | Physiology, Biochemistry |
| HomUG-PM II.37.4 | | | Knowing symptoms of high and low potassium levels | Recognize signs of potassium imbalance | C2 | MK | Interactive workshops, Case-based learning | MCQ | SAQ | Physiology, Practice of medicine |
| HomUG-PM II.37.5 | | | Knowing how doctors check for potassium problems | Discuss how potassium imbalance is diagnosed | C2 | MK | Problem-solving scenarios, Group Discussion | Tutorials, MCQ | SAQ, Viva voce | Biochemistry, Practice of Medicine |
| HomUG-PM II.37.6 | | SH | Talking about how doctors fix potassium levels | Discuss ways to treat potassium imbalance | C2 | MK | Lectures, Seminars | Tutorials, Assignments | SAQ | Biochemistry, Practice of Medicine |
| HomUG-PM II.37.7 | | | Analyzing how potassium problems affect patients | Evaluate the impact of potassium imbalance | P1 | DK | Lectures, Seminars | Assignments | OSCE | Practice of Medicine |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.38. Phosphate Imbalance | | | | | | | | | | |
| HomUG-PM II.38.1 | Knowledge and Scholarship | K | Explaining what phosphate is and why it's important in the body | Define the physiological significance of phosphate | C1 | MK | Lecture, Discussion | Quizzes, Class participation | SAQ | Physiology, Biochemistry |
| HomUG-PM II.38.2 | | | Recognizing where phosphate comes from and its roles in the body | Identify sources and functions of phosphate | C2 | MK | Lecture, Discussion | Case presentations, MCQ | Viva voce | Physiology, Practice of Medicine |
| HomUG-PM II.38.3 | | KH | Understanding how the body maintains phosphate balance | Describe the regulation of phosphate levels | C2 | MK | Problem-based learning | Assignments, MCQ | SAQ, | Physiology, Biochemistry |
| HomUG-PM II.38.4 | | | Identifying symptoms of high and low phosphate levels | Recognize signs of phosphate imbalance | C2 | MK | Interactive workshops, Case-based learning | MCQ | SAQ | Physiology, Practice of Medicine |
| HomUG-PM II.38.5 | | KH | Understanding diagnostic methods for assessing phosphate levels | Discuss how phosphate imbalance is diagnosed | C2 | MK | Problem-solving scenarios, Group Discussion | Tutorials, MCQ | SAQ, Viva voce | Biochemistry, Practice of Medicine |
| HomUG-PM II.38.6 | | | Discussing approaches to correcting high or low phosphate levels | Discuss treatment options for phosphate imbalance | C2 | MK | Lectures, Seminars | Tutorials, Assignments | SAQ | Biochemistry, Practice of Medicine |
| HomUG-PM II.38.7 | | SH | Analyzing the effects of phosphate problems on patients | Evaluate the impact of phosphate imbalance | P1 | DK | Lectures, Seminars | Assignments | OSCE | Practice of Medicine |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.39. Metabolic Acidosis & Alkalosis | | | | | | | | | | |
| HomUG-PM II.39.1 | Knowledge and Scholarship | K | Explanation of metabolic acidosis and its etiology | Describe metabolic and its causes | C1 | MK | Lecture, Discussion | Quizzes, Class participation | SAQ | Physiology, Biochemistry |
| HomUG-PM II.39.2 | | | Overview of conditions leading to metabolic acidosis such as renal failure, diabetic ketoacidosis, and lactic acidosis | Recognition of common etiologies of metabolic acidosis | C2 | MK | Lecture, Discussion | Case presentations, MCQ | Viva voce | Physiology, Practice of Medicine |
| HomUG-PM II.39.3 | | KH | Explanation of mechanisms leading to decreased serum bicarbonate or increased acid production | (a) Define metabolic acidosis. (b) Describe the patho-physiological processes underlying metabolic acidosis | C2 | MK | Problem-based learning | Assignments, MCQ | SAQ, | Physiology, Biochemistry |
| HomUG-PM II.39.4 | | | Description of symptoms associated with metabolic acidosis such as Kussmaul breathing, nausea, and confusion | Identification of clinical features suggestive of metabolic acidosis | C2 | MK | Interactive workshops, Case-based learning | MCQ | SAQ | Physiology, Practice of Medicine |
| HomUG-PM II.39.5 | | | Explanation of laboratory tests and ABG interpretation in metabolic acidosis | Discuss the diagnostic approach to metabolic acidosis (including laboratory tests and arterial blood gas analysis) | C2 | MK | Problem-solving scenarios, Group Discussion | Tutorials, MCQ | SAQ, Viva voce | Biochemistry, Practice of Medicine |

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| HomUG- PM II.39.6 | | Description of treatment options for correcting metabolic acidosis | Discuss management strategies for metabolic acidosis(including correction of underlying causes and administration of bicarbonate) | C2 | MK | Lectures, Seminars | Tutorials, Assignments | SAQ, LAQ | Biochemistry, Practice of Medicine |
| HomUG- PM II.39.7 | SH | Analysis of the physiological and clinical consequences of metabolic acidosis | Evaluate the impact of metabolic acidosis on patient outcomes and prognosis | P1 | DK | Lectures, Seminars | Assignments | OSCE | Practice of Medicine |
| HomUG- PM II.39.8 | K | Explanation of metabolic alkalosis and its etiology | (a) Define metabolic alkalosis. (b) Describe the patho-physiological processes underlying metabolic alkalosis. | C1 | MK | Lecture, Discussion | Quizzes, Class participation | SAQ | Physiology, Biochemistry |
| HomUG- PM II.39.9 | | Overview of conditions leading to metabolic alkalosis such as vomiting, diuretic use, and excessive bicarbonate intake | Recognition of common etiologies of metabolic alkalosis | C2 | MK | Lecture, Discussion | Case presentations, MCQ | Viva voce | Physiology, Practice of Medicine |
| HomUG- PM II.39.10 | KH | Explanation of mechanisms leading to increased serum bicarbonate or decreased acid production | Discuss the patho-physiological processes underlying metabolic alkalosis | C2 | MK | Problem-based learning | Assignments, MCQ | SAQ, | Physiology, Biochemistry |
| HomUG- PM II.39.11 | | Description of symptoms associated with metabolic alkalosis such as muscle cramps, tetany, and altered mental status | Identification of clinical features suggestive of metabolic alkalosis | C2 | MK | Interactive workshops, Case-based learning | MCQ | SAQ | Physiology, Practice of Medicine |

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| HomUG-PM II.39.12 | | Explanation of laboratory tests and ABG interpretation in metabolic alkalosis | Describe the diagnostic approach to metabolic alkalosis (including laboratory tests and arterial blood gas analysis) | C2 | MK | Problem-solving scenarios, Group Discussion | Tutorials, MCQ | SAQ, Viva voce | Biochemistry, Practice of Medicine |
| HomUG-PM II.39.13 | | Description of treatment options for correcting metabolic alkalosis | Discuss management strategies for metabolic alkalosis (including correction of underlying causes and administration of fluids and electrolytes) | C2 | MK | Lectures, Seminars | Tutorials, Assignments | SAQ, LAQ | Biochemistry, Practice of Medicine |
| HomUG-PM II.39.14 | | SH | Analysis of the physiological and clinical consequences of metabolic alkalosis | Evaluate the impact of metabolic alkalosis on patient outcomes and prognosis | P1 | DK | Lectures, Seminars | Assignments | OSCE |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.40. Respiratory Acidosis & Alkalosis

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| HomUG-PM II.40.1 | Knowledge and Scholarship | K | Explanation of respiratory acidosis and its aetiology | (a) Define Respiratory acidosis. (b) List the causes of respiratory acidosis | C1 | MK | Lecture, Discussion | MCQ | SAQ | Physiology, Biochemistry |
| HomUG-PM II.40.2 | | | Overview of conditions leading to respiratory acidosis such as COPD, pneumonia, and opioid overdose | Recognition of common aetiologies of respiratory acidosis | C2 | MK | Lecture, Discussion | Case presentations, MCQ | Viva voce | Physiology, Practice of Medicine |

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| HomUG-PM II.40.3 | KH | Explanation of mechanisms leading to increased PaCO ₂ and decreased pH | Discuss the physiological processes underlying respiratory acidosis | C2 | MK | Problem-based learning | Assignments, MCQ | SAQ, | Physiology, Biochemistry |
| HomUG-PM II.40.4 | | Description of symptoms associated with respiratory acidosis such as dyspnea, confusion, and respiratory distress | Identification of clinical features suggestive of respiratory acidosis | C2 | MK | Interactive workshops, Case-based learning | MCQ | SAQ | Physiology, Practice of Medicine |
| HomUG-PM II.40.5 | | Explanation of ABG interpretation and PFTs in respiratory acidosis assessment | Describe the diagnostic approach to respiratory acidosis (including arterial blood gas analysis and pulmonary function tests) | C2 | MK | Problem-solving scenarios, Group Discussion | Tutorials, MCQ | SAQ, Viva voce | Biochemistry, Practice of Medicine |
| HomUG-PM II.40.6 | | Description of treatment options for correcting respiratory acidosis | Discuss management strategies for respiratory acidosis (including correction of underlying causes and ventilator support) | C2 | MK | Lectures, Seminars | Tutorials, Assignments | SAQ, LAQ | Biochemistry, Practice of Medicine |
| HomUG-PM II.40.7 | SH | Analysis of the physiological and clinical consequences of respiratory acidosis | Evaluate the impact of respiratory acidosis on patient outcomes and prognosis | P1 | DK | Lectures, Seminars | Assignments | OSCE | Practice of Medicine |
| HomUG-PM II.40.8 | | Explanation of respiratory alkalosis and its etiology | (a) Define Respiratory alkalosis. (b) List the causes of respiratory alkalosis. | C1 | MK | Lecture, Discussion | Quizzes, Class participation | SAQ | Physiology, Biochemistry |
| HomUG-PM II.40.9 | | Overview of conditions leading to respiratory alkalosis such as hyperventilation, anxiety, and fever | Recognition of common etiologies of respiratory alkalosis | C2 | MK | Lecture, Discussion | Case presentations, MCQ | Viva voce | Physiology, Practice of Medicine |
| HomUG-PM II.40.10 | KH | Explanation of mechanisms leading to decreased PaCO ₂ and increased pH | Discuss the physiological processes underlying respiratory alkalosis | C2 | MK | Problem-based learning | Assignments, MCQ | SAQ, | Physiology, Biochemistry |

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| HomUG-PM II.40.11 | | Description of symptoms associated with respiratory alkalosis such as dizziness, tingling, and palpitations | Identification of clinical features suggestive of respiratory alkalosis | C2 | MK | Interactive workshops, Case-based learning | MCQ | SAQ | Physiology, Practice of Medicine |
| HomUG-PM II.40.12 | | Explanation of ABG interpretation and respiratory function tests in respiratory alkalosis assessment | Describe the diagnostic approach to respiratory alkalosis (including arterial blood gas analysis and assessment of respiratory function) | C2 | MK | Problem-solving scenarios, Group Discussion | Tutorials, MCQ | SAQ, Viva voce | Biochemistry, Practice of Medicine |
| HomUG-PM II.40.13 | | Description of treatment options for correcting respiratory alkalosis and managing symptoms | Discuss management strategies for respiratory alkalosis (including addressing underlying causes and providing supportive care) | C2 | MK | Lectures, Seminars | Tutorials, Assignments | SAQ, LAQ | Biochemistry, Practice of Medicine |
| HomUG-PM II.40.14 | SH | Analysis of the physiological and clinical consequences of respiratory alkalosis | Evaluate the impact of respiratory alkalosis on patient outcomes and prognosis | P1 | DK | Lectures, Seminars | Assignments | OSCE | Practice of Medicine |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.41. Therapeutics related to Disorder of water & electrolyte balance | | | | | | | | | | |

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| HomUG- PM II.41.1 | Knowledge and Scholarship | K | History and philosophy of homoeopathy, Law of Similars, Minimum Dose, Totality of Symptoms | Discuss the basic principles of homoeopathy and their application | C1 | MK | Lectures, Readings, assignments | MCQ | SAQ, LAQ | Organon & Philosophy, Materia Medica | |
| HomUG- PM II.41.2 | | K | Signs and symptoms of imbalances in sodium, potassium, alkalosis and acidosis | Recognize symptoms of water and electrolyte imbalances | C1 | MK | Symptomatology exercises | Assignments, MCQ | OSCE | Pathology, Practice of Medicine | |
| HomUG- PM II.41.3 | | KH | Materia Medica relevant to electrolyte imbalances, Repertory usage for symptom matching | Select appropriate homoeopathic remedies for water and electrolyte imbalances based on symptom similarity | C2 | MK | Repertory exercises, Materia Medica review | Case simulations, Assignments | Practical exams, Viva | Materia Medica, Repertory | |
| HomUG- PM II.41.4 | | SH | Case taking, Remedy selection, Potency determination, Dose and repetition | Develop comprehensive treatment plans (including remedy, potency, and follow-up) | P2 | MK | Interactive seminars | Treatment plan development, Reflective journals | Bedside examination, Viva | Materia Medica, Organon, Pharmacy | |
| HomUG- PM II.41.5 | | SH | Importance of diet and hydration in managing electrolyte balance, Patient education techniques | Educate the patients about their lifestyle changes to support treatment | A2 | DK | Role-playing, Workshop on communication skills | Patient counselling simulations | Patient education project, Oral exams | Community Medicine | |
| HomUG- PM II.41.6 | | KH | Understanding the role of homoeopathy within the broader healthcare system, Referral protocols | (a) Explain how homeopathy can be used in the management of electrolyte disorders (b) Describe the limitations of Homoeopathy in managing electrolyte disorders | C3 | DK | Guest lectures | SAQ | SAQ, LAQ | Medical Ethics | |

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| HomUG- PM II.41.7 | KH | Research methodology, Critical appraisal of homoeopathic literature | Utilize principles of evidence-based medicine in clinical practice | C3 | DK | Group Discussions, Online databases training | Article critiques, Assignments | SAQ | Research Methodology |
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5.4. Diseases of Digestive System and Peritoneum

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.42. Applied Anatomic and Physiology of GIT

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| HomUG- PM II.42.1 | Knowledge and Scholarship | Knows | Structural components, organization | (a) Define the anatomy of the GIT (mouth, oesophagus, stomach, small intestine, large intestine). (b) Describe the organization of the GIT (layers of the intestinal wall, blood/nerve supply, lymphatic drainage). (c) Identify anatomical landmarks and relationships with adjacent structures (liver, pancreas, spleen, abdominal vasculature). | C1 | MK | Lecture, Reading, Discussions | MCQ, SAQ | SAQ, LAQ | Anatomy, Surgery |
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| HomUG- PM II.42.2 | Understands | Physiological processes in the GIT | (a) Explain digestion and absorption processes (ingestion, secretion, motility, digestion, absorption, excretion). (b) Describe the role of enzymes, hormones, and neurotransmitters in GIT function. (c) Identify nutrient absorption sites (small intestine, villi, microvilli). | C2 | MK | Lectures | Concept maps, Group discussions | SAQ, Viva | Physiology |
| HomUG- PM II.42.3 | Knows How | Etiology, pathogenesis, and clinical features of gastrointestinal disorders | (a) Identify the aetiology and pathogenesis of common gastrointestinal disorders (Crohn's disease, ulcerative colitis, GERD, peptic ulcer disease, gastrointestinal cancers). (b) Recognize clinical features and manifestations (abdominal pain, bloating, diarrhoea, constipation, weight loss, anaemia, jaundice). (c) Describe disease classification, staging, prognosis, and the impact of genetic, environmental, and lifestyle factors. | C2 | MK | Lectures, Group Discussions | MCQ, SAQ | OSCE, Bedside Examination, Viva | Pathology, Practice of Medicine |

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| HomUG- PM II.42.4 | Knows How | Diagnostic investigations for gastrointestinal disorders | ((a) Discuss investigations (endoscopy, colonoscopy, biopsy, imaging, laboratory tests). (b) Discuss indications, contraindications, risks, and limitations of diagnostic modalities. (c) Interpret test results in the context of clinical presentation. | C2/3 | MK | OPD Clinical Postings, Case studies | Tutorials, assignments | OSCE, Bedside Examination, Viva | Pathology, Surgery, Practice of Medicine. |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.43. Aphthous Ulceration

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| HomUG- PM II.43.1 | Knowledge and Scholarship | Knows | Definition, aetiology, and types of aphthous ulcers | ((a) Define aphthous ulcers as painful oral mucosal lesions with a yellowish-white pseudo membrane and erythematous margins. (b) Describe the aetiology (trauma, stress, hormonal changes, immune dysregulation, nutritional deficiencies, and genetic predisposition). (c) Classify aphthous | C2/3 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Surgery, Practice of Medicine |
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| | | | ulcers into minor, major, and herpetiform types. | | | | | |
| HomUG- PM II.43.2 | Knows How | Symptoms, morphology and differential diagnosis | <p>(a) Describe clinical symptoms (pain, difficulty eating/speaking, erythema, and swelling).</p> <p>(b) Recognize morphology (shallow, well-defined ulcers with a greyish/yellowish centre and erythematous halo).</p> <p>(c) Differentiate aphthous ulcers from other oral lesions (herpes labialis, traumatic ulcers, oral thrush, and oral malignancies).</p> | C2/P2 | MK | Lectures, OPD Clinical Postings, DOPS | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva |

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| HomUG- PM II.43.3 | Knows How | Predisposing factors and triggers | <ul style="list-style-type: none"> (a) Identify predisposing factors (dental trauma, orthodontic appliances, sharp food). (b) Discuss systemic factors (stress, hormonal changes, dietary allergies, autoimmune diseases). (c) Explain genetic susceptibility (HLA alleles, familial clustering). | C2/3 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Surgery, Preventive Medicine |
| HomUG- PM II.43.4 | Knows How | Similar lesions and oral manifestations of systemic diseases | <ul style="list-style-type: none"> (a) Discuss differential diagnosis of aphthous ulcers. (b) Differentiate from herpes labialis (lesion morphology, prodromal symptoms, HSV testing). (c) Recognize features of traumatic ulcers, oral thrush, erythema multiforme, and oral malignancies. | C2/3 | MK | OPD Clinical Postings, | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |

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| HomUG- PM II.43.5 | Knows How | Pharmacotherapy, topical agents and lifestyle modifications | (a) Discuss treatment options (topical corticosteroids, analgesics, antimicrobials, oral rinses). (b) Explain systemic medications (corticosteroids, immunomodulators, and vitamin/mineral supplements). | C3 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Research Methodology | |
| HomUG- PM II.43.6 | Shows | Oral hygiene and dietary modifications | (a) Educate patients on preventive measures (oral hygiene, avoiding abrasive/acidic foods, minimizing trauma). (b) Counsel patients on stress management and lifestyle modifications. | A2 | NK | Role- playing, Patient counselling in OPD Clinical Posting | SAQ | OSCE, SAQ,LAQ | Preventive Medicine, Practice of Medicine | |
| HomUG- PM II.43.7 | Homoeopathic Orientation | Knows How | Knowledge of homoeopathic principles and remedies for Aphthous Ulcers | (a) Explain homoeopathic principles for managing aphthous ulcers. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.44. Stomatitis | | | | | | | | | | |
| HomUG-PM II.44.1 | Knowledge and Scholarship | Knows | Definition, aetiology, and classification of stomatitis | (a) Define stomatitis as inflammation of the oral mucosa causing pain, redness, swelling, and ulceration. (b) Describe the aetiology (infectious agents, systemic diseases, allergic reactions, chemical irritants). (c) Classify stomatitis into subtypes (herpetic, aphthous, candidal, drug-induced). | C2/3 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Surgery, Practice of Medicine |

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| HomUG- PM II.44.2 | Knows How | Symptoms, morphology and differential diagnosis | (a) Describe clinical symptoms (oral pain, burning sensation, difficulty eating/swallowing, altered taste). (b) Recognize lesion morphology (erythematous patches, vesicles, ulcers, pseudo membranes, plaques). (c) Discuss differential diagnosis (infectious, inflammatory, autoimmune, neoplastic, drug- related causes). | C2/3 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Surgery | |
| HomUG- PM II.44.3 | Knows How | Infectious agents, systemic diseases and irritants | (a) Identify common causes (viral, bacterial, fungal infections). (b) Discuss associations with systemic diseases (autoimmune, hematologic, gastrointestinal disorders). (c) Explain the role of allergic reactions, irritants, and medications in stomatitis. | C3 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Surgery, Practice of Medicine | |

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| HomUG- PM II.44.4 | Knows How | Similar lesions and oral manifestations of systemic diseases | (a) Discuss differential diagnosis of stomatitis. (b) Differentiate between viral, bacterial, and fungal stomatitis. (c) Recognize allergic and drug-induced stomatitis. | C3 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.44.5 | Knows How | Pharmacotherapy, topical agents and systemic management | (a) Discuss treatment plans (pharmacotherapy, topical agents, and systemic medications). (b) Explain supportive care (analgesics, oral rinses, corticosteroids, oral hygiene). | C3 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Research methodology |
| HomUG- PM II.44.6 | Shows | Medication adherence, lifestyle modifications | (a) Educate patients on management (medication adherence, oral hygiene, dietary modifications). (b) Counsel patients on self-care measures (avoiding irritants, staying hydrated). | A2 | NK | Role-playing, Patient counselling in OPD Clinical Posting | SAQ | OSCE, SAQ, LAQ | Preventive Medicine, Practice of Medicine |

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| HomUG- PM II.44.7 | Homoeopathic Orientation | Knows How | Knowledge of homoeopathic principles and remedies for Stomatitis | (a) Explain homoeopathic principles for managing stomatitis. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.45. Parotitis | | | | | | | | | | |
| HomUG-PM II.45.1 | Knowledge and Scholarship | Knows | Definition, aetiology, and types of parotitis | (a) Define parotitis as inflammation of the parotid gland causing swelling, pain, and tenderness. (b) Describe the aetiology (viral, bacterial, fungal infections; obstructive factors like salivary stones). (c) Differentiate between acute and chronic parotitis and recognize complications (abscess, cellulitis, systemic spread). | C2/3 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Surgery, Practice of Medicine |
| HomUG-PM II.45.2 | | Knows How | Symptoms, signs and complications | ((a) Describe clinical symptoms (parotid swelling, pain with chewing/swallowing, fever, erythema). (b) Recognize signs of severe parotitis (trismus, purulent discharge, facial asymmetry, and lymphadenopathy). (c) Perform a systematic physical examination (inspection, palpation, salivary flow assessment). | C2/P2 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Surgery |

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| HomUG- PM II.45.3 | Knows How | Infectious agents and obstructive factors | <p>(a) Identify common infectious agents (mumps virus, <i>Epstein-Barr virus</i>, <i>Staphylococcus aureus</i>, <i>Streptococcus pyogenes</i>). (b) Discuss risk factors (age, immunocompromised status, poor oral hygiene, dehydration). (c) Explain the role of obstructive factors (salivary stones, strictures) and preventive measures (hydration, oral hygiene).</p> | C2/3 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Surgery, Preventive Medicine |
| HomUG- PM II.45.4 | Knows How | Similar conditions and complications | <p>(a) Discuss differential diagnosis (infectious, inflammatory, autoimmune, neoplastic, obstructive causes). (b) Differentiate between viral, bacterial, and other salivary gland disorders based on clinical findings and diagnostic tests.</p> | C2/3 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.45.5 | Knows How | Pharmacotherapy and supportive care | <p>(a) Discuss treatment plans (antibiotics, antivirals, analgesics, supportive care, and surgical interventions). (b) Select appropriate antimicrobial agents based on susceptibility patterns and patient factors.</p> | C3 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Research Methodology |

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| HomUG- PM II.45.6 | | Shows | Medication adherence and preventive measures | (a) Educate patients on management (oral hygiene, hydration, avoiding exacerbating factors). (b) Counsel patients on self-care measures (warm compresses, gland massage, analgesics). | A2 | NK | Role-playing, Patient counselling in OPD Clinical Posting | SAQ | OSCE, SAQ, LAQ | Preventive Medicine, Practice of Medicine |
| HomUG- PM II.45.7 | Homoeopathic Orientation | Knows How | Knowledge of homoeopathic principles and remedies for Parotitis | (a) Explain homoeopathic principles for managing parotitis. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.46. Achalasia cardia

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| HomUG- PM II.46.1 | Knowledge and Scholarship | Knows | Definition, epidemiology and pathophysiology | (a) Define achalasia cardia as a motility disorder with impaired LES relaxation and absent peristalsis. (b) Describe epidemiology (age distribution, gender predilection, familial/genetic predisposition). | C2/3 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Surgery, Practice of Medicine |
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| | | | | (c) Explain pathophysiology (degeneration of myenteric plexus, loss of inhibitory neural input). | | | | | | |
| HomUG- PM II.46.2 | | Knows How | Symptoms, signs and diagnostic criteria | (a) Describe clinical symptoms (dysphagia, regurgitation, chest pain, weight loss). (b) Recognize physical exam findings (epigastric mass, malnutrition signs). (c) Interpret diagnostic criteria (barium swallow, oesophageal manometry, EGD findings). | C2/P2 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.46.3 | | Knows How | Imaging modalities, manometry and endoscopy | (a) Discuss diagnostic tests (barium swallow, oesophageal manometry, EGD). (b) Explain the role of additional tests (HRM, pH monitoring). | C2/3 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Surgery, Practice of Medicine |

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| HomUG- PM II.46.4 | Knows How | Similar conditions and complications | (a) Discuss differential diagnosis (GERD, oesophageal strictures, eosinophilic esophagitis, motility disorders, malignancies). (b) Differentiate achalasia from pseudoachalasia. (c) Recognize complications (oesophageal dilation, food impaction, aspiration pneumonia, Barrett's oesophagus, oesophageal carcinoma). | C2/3 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.46.5 | Knows How | Pharmacotherapy, endoscopic and surgical interventions | (a) Discuss treatment plans tailored to patient needs. (b) Explain pharmacotherapy options (calcium channel blockers, nitrates, phosphodiesterase-5 inhibitors). (c) Evaluate endoscopic and surgical interventions (pneumatic dilation, botulinum toxin injection, Heller myotomy, POEM). | C3 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Surgery, Research Methodology |

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| HomUG- PM II.46.6 | | Shows | Prognosis and lifestyle modifications | (a) Educate patients on disease management (chronic nature, symptom progression, follow-up). (b) Counsel patients on lifestyle modifications (dietary adjustments, behavioural changes, postural manoeuvres). | A2 | NK | Role-playing, Patient counselling in OPD Clinical Posting | SAQ | OSCE, SAQ, LAQ | Surgery, Practice of Medicine |
| HomUG- PM II.46.7 | Homoeopathic Orientation | Knows How | Homoeopathic principles and remedies for achalasia cardia | (a) Explain homoeopathic principles and their limitations in managing achalasia cardia. (b) Select remedies based on symptoms.. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.47. Hiatus hernia

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| HomUG- PM II.47.1 | Knowledge and Scholarship | Knows | Definition, types, and prevalence of hiatus hernia | (a) Define hiatus hernia as the protrusion of the stomach through the oesophageal hiatus. (b) Describe types (sliding, paraesophageal). (c) Discuss prevalence and complications | C2/3 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Surgery, Practice of Medicine |
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| | | | (incarceration, strangulation). | | | | | |
| HomUG- PM II.47.2 | Knows How | Symptoms, signs and diagnostic criteria | <p>(a) Describe clinical features (heartburn, regurgitation, chest pain, dysphagia, respiratory symptoms).</p> <p>(b) Recognize physical exam findings (epigastric tenderness, palpable masses, respiratory compromise).</p> <p>(c) Discuss diagnostic criteria (barium swallow, EGD, manometry)..</p> | C2/P2 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva |
| HomUG- PM II.47.3 | Knows How | Imaging modalities and endoscopy | <p>a) Describe diagnostic tests (barium swallow, chest X-ray).</p> <p>(b) Discuss additional modalities (EGD with biopsy, pH monitoring, impedance testing).</p> | C2/3 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva |

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| HomUG- PM II.47.4 | Knows How | Similar conditions and complications | (a) Discuss differential diagnosis (GERD, oesophageal motility disorders, peptic ulcer disease, and cardiac conditions). (b) Differentiate between sliding and paraesophageal hernias. (c) Identify complications (volvulus, obstruction, haemorrhage). | C2/3 | MK | OPD Clinical Postings, | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.47.5 | Knows How | Pharmacotherapy, lifestyle modifications and surgical interventions | (a) Discuss treatment plans based on symptom severity and complications. (b) Explain pharmacotherapy options (PPIs, H2RAs, prokinetic agents). (c) Discuss lifestyle modifications and surgical interventions for refractory cases. | C3 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Surgery, Research Methodology |

AIM Homoeopathy

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| HomUG- PM II.47.6 | | Shows | Prognosis and preventive measures | (a) Educate patients on management (chronic nature, treatment goals, adherence to lifestyle changes and medications). (b) Counsel patients on dietary modifications (avoiding trigger foods, smaller meals, weight management). | A2 | NK | Role-playing, Patient counselling in OPD Clinical Posting | SAQ | OSCE, SAQ, LAQ | Surgery, Practice of Medicine |
| HomUG- PM II.47.7 | Homoeopathic Orientation | Knows How | Homoeopathic principles and remedies for hiatus hernia | (a) Explain homoeopathic principles and their limitations in managing hiatus hernia. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.48. GERD and Esophagitis | | | | | | | | | | |
| omUG- PM II.48.1 | Define GERD and Esophagitis | Knows | Definition, pathophysiology and aetiology of GERD and esophagitis | (a) Define GERD as retrograde flow of gastric contents causing heartburn, regurgitation, and complications. (b) Explain pathophysiology (LES dysfunction, impaired oesophageal clearance, increased intra-abdominal pressure). (c) Describe esophagitis as inflammation of the oesophageal mucosa and differentiate erosive vs. non-erosive forms. | C2/3 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Surgery, Practice of Medicine |

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| HomUG- PM II.48.2 | Describe Clinical Presentation | Knows How | Symptoms, signs and diagnostic criteria | <ul style="list-style-type: none"> (a) Describe clinical features of GERD (heartburn, regurgitation, dysphagia, chronic cough, chest pain). (b) Recognize physical exam findings (epigastric tenderness, respiratory signs, extraesophageal manifestations). (c) Interpret diagnostic criteria (endoscopy, pH monitoring, and symptom assessment tools). | C2/P2 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.48.3 | Identify Diagnostic Tests | Knows How | Imaging modalities, endoscopy and pH monitoring | <ul style="list-style-type: none"> (a) Describe diagnostic tests (barium swallow, EGD with biopsy). (b) Discuss additional tests (pH monitoring, impedance testing, and oesophageal manometry). | C2/3 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.48.4 | Perform Differential Diagnosis | Knows How | Similar conditions and complications | <ul style="list-style-type: none"> (a) Discuss differential diagnosis (peptic ulcer disease, biliary colic, pancreatitis, oesophageal motility disorders, and cardiac conditions). (b) Differentiate GERD from non-GERD causes of esophagitis (infectious, | C2/3 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |

AIM Homoeopathy

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| | | | | eosinophilic, and drug-induced). | | | | | | |
| HomUG-PM II.48.5 | Develop Treatment Plans | Knows How | Pharmacotherapy, lifestyle modifications and surgical interventions | (a) Discuss treatment plans based on patient presentation and severity. (b) Explain pharmacotherapy options (PPIs, H2RAs, prokinetic agents). (c) Evaluate lifestyle modifications (dietary changes, weight loss, smoking cessation) and surgical interventions (fundoplication, LINX device). | C3 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Surgery, Research Methodology |
| HomUG-PM II.48.6 | Educate Patients about Management | Shows | Prognosis and preventive measures | (a) Educate patients on disease management (chronic nature, treatment goals, adherence to lifestyle changes and medications). (b) Counsel patients on dietary modifications (avoiding trigger foods, smaller meals, upright posture after eating). | A2 | NK | Role-playing, Patient counseling in OPD Clinical Posting | SAQ | OSCE, SAQ, LAQ | Surgery, Practice of Medicine |

AIM Homoeopathy

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| HomUG- PM II.48.7 | Homoeopathic Orientation | Knows How | Homoeopathic principles and remedies for GERD and esophagitis | (a) Explain homoeopathic principles and their application in managing GERD and esophagitis. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.49. Gastritis: Acute & Chronic

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| HomUG- PM II.49.1 | Knowledge and Scholarship | Knows | Definition, classification and aetiology | (a) Define gastritis as inflammation of the gastric mucosa. (b) Classify gastritis into acute and chronic forms. (c) Explain the aetiology (infectious, autoimmune, chemical, stress- related factors). | C2/3 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Surgery, Practice of Medicine |
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| HomUG- PM II.49.2 | Knows How | Symptoms, signs and diagnostic criteria | (a) Describe clinical features of acute gastritis (abdominal pain, nausea, vomiting, and hematemesis). (b) Discuss chronic gastritis (asymptomatic or nonspecific symptoms like dyspepsia, bloating, anaemia). | C2/P2 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.49.3 | Knows How | Imaging modalities, endoscopy and biopsy | (a) Describe diagnostic tests (barium swallow, abdominal USG). (b) Discuss additional tests (endoscopy with biopsy, H. pylori tests, serologic testing for autoimmune gastritis). | C2/3 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.49.4 | Knows How | Similar conditions and complications | (a) Discuss differential diagnosis (peptic ulcer disease, GERD, gastroparesis, biliary colic, pancreatic pathology). (b) Differentiate acute vs. chronic gastritis. (c) Recognize red flag symptoms (persistent vomiting, hematemesis, weight loss, and dysphagia). | C2/3 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |

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| HomUG- PM II.49.5 | Knows How | Pharmacotherapy, lifestyle modifications and dietary changes | (a) Describe treatment plans based on patient presentation and aetiology. (b) Discuss pharmacotherapy options (PPIs, H2- receptor antagonists, mucosal protectants, H. pylori eradication). (c) Explain lifestyle modifications (dietary changes, smoking cessation, and alcohol avoidance) and dietary supplements (vitamin B12, iron). | C3 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Surgery, Practice of Medicine, Research Methodology |
| HomUG- PM II.49.6 | Shows | Prognosis and preventive measures | (a) Educate patients on disease management (chronic nature, treatment goals, adherence to lifestyle changes and medications). (b) Counsel patients on dietary modifications (avoiding trigger foods, smaller meals, fiber-rich foods, probiotics). | A2 | NK | Role- playing, Patient counselling in OPD Clinical Posting | SAQ | OSCE, SAQ, LAQ | Surgery, Practice of Medicine |

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| HomUG- PM II.49.7 | Homoeopathic Orientation | Knows How | Homoeopathic principles and remedies for gastritis | (a) Explain homoeopathic principles and their application in managing gastritis. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.50. Peptic Ulcers | | | | | | | | | | |
| HomUG-PM II.50.1 | Knowledge and Scholarship | Knows | Definition and classification of peptic ulcers | (a) Define peptic ulcers as mucosal erosions in the stomach or duodenum. (b) Classify peptic ulcers based on aetiology (H. pylori, NSAIDs, stress, idiopathic). | C2/3 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Physiology, Pathology, Surgery, Practice of Medicine, |
| HomUG-PM II.50.2 | | Knows | Aetiology and pathogenesis | Explain the pathophysiology of peptic ulcers (imbalance between aggressive factors and mucosal defence mechanisms). | | | | | | |
| HomUG-PM II.50.3 | | Knows How | Symptoms, signs, and diagnostic criteria | (a) Describe clinical features (epigastric pain, dyspepsia, nausea, hematemesis, melena). (b) Differentiate gastric ulcers (postprandial pain, weight loss) from duodenal ulcers (nocturnal pain, weight gain). (c) Discuss diagnostic criteria (endoscopy, biopsy, and imaging). | C2/P2 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Surgery, Practice of Medicine |

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| HomUG- PM II.50.4 | Knows How | Imaging modalities, endoscopy, and biopsy | (a) Discuss investigations (endoscopy, biopsy, H. pylori tests). (b) Explain additional diagnostic modalities (barium studies, serologic tests, stool antigen tests, molecular assays). | C2/3 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Pathology, Surgery, Practice of Medicine |
| HomUG- PM II.50.5 | Knows How | Similar conditions and complications | (a) Discuss differential diagnosis (GERD, gastritis, biliary colic, pancreatic pathology, malignancy). (b) Differentiate gastric vs. duodenal ulcers. (c) Recognize red flag symptoms (persistent vomiting, weight loss, dysphagia, bleeding). | C2/3 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.50.6 | Knows How | Pharmacotherapy, lifestyle modifications, and dietary changes | (a) Discuss treatment plans based on clinical presentation and aetiology. (b) Explain pharmacotherapy options (PPIs, H2- receptor antagonists, mucosal protectants, H. pylori eradication). (c) Evaluate lifestyle modifications (dietary changes, smoking cessation, and alcohol avoidance) and surgical interventions. | C3 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Surgery, Research Methodology |

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| HomUG- PM II.50.7 | Shows | Prognosis and preventive measures | (a) Educate patients on disease management (chronic nature, treatment goals, adherence to lifestyle changes and medications). (b) Counsel patients on dietary modifications (avoiding trigger foods, smaller meals, fibre-rich foods, and probiotics). (c) Empower patients to explore alternative therapeutic options. | A2 | NK | Role-playing, Patient counselling in OPD Clinical Posting | SAQ | OSCE, SAQ, LAQ | Surgery, Practice of Medicine, Preventive Medicine | |
| HomUG- PM II.50.8 | Homoeopathic Orientation | Knows How | Homoeopathic principles and remedies for peptic ulcers | (a) Explain homoeopathic principles and their application in managing peptic ulcers. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.51. Gastric carcinoma | | | | | | | | | | |

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| HomUG- PM II.51.1 | Knowledge and Scholarship | Knows | Definition and classification of gastric carcinoma | (a) Define gastric carcinoma as a malignant tumor of the stomach. (b) Classify gastric carcinoma based on histological subtypes and anatomical location. | C2/3 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Physiology, Pathology, Surgery, Practice of Medicine, | |
| HomUG- PM II.51.2 | | Knows | Aetiology of gastric carcinoma | Explain the aetiology (H. pylori infection, dietary factors, smoking, alcohol, genetic predisposition, socioeconomic factors). | C2 | MK | Lectures | MCQ, SAQ | MCQ, SAQ | Surgery, Practice of Medicine | |
| HomUG- PM II.51.3 | | Knows How | Symptoms, signs, and diagnostic criteria | (a) Describe clinical features (dyspepsia, epigastric pain, weight loss, dysphagia, gastrointestinal bleeding). (b) Recognize advanced-stage symptoms (ascites, jaundice, bone pain, neurologic deficits). (c) Interpret diagnostic criteria (endoscopy, imaging, tumor markers). | C2/P2 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Surgery, Practice of Medicine | |
| HomUG- PM II.51.4 | | Knows How | Imaging modalities, biopsy, and staging | (a) Discuss investigations (endoscopy, biopsy, endoscopic ultrasound). (b) Explain additional diagnostic modalities (CT, MRI, molecular | C2/3 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Pathology, Surgery, Practice of Medicine | |

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| HomUG- PM II.51.5 | Knows How | Similar conditions and metastases | (a) Discuss differential diagnosis (peptic ulcer disease, gastritis, GERD, benign tumors, non- gastric malignancies). (b) Differentiate early-stage vs. advanced-stage gastric carcinoma. (c) Recognize red flag symptoms (persistent dyspepsia, weight loss, gastrointestinal bleeding). | C2/3 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.51.6 | Knows How | Surgery, chemotherapy, and radiotherapy | (a) Discuss treatment plans based on tumor characteristics, stage, and patient factors. (b) Explain multimodal approaches (surgery, adjuvant/neoadjuvant therapy, palliative care). (c) Evaluate targeted therapy, immunotherapy, and supportive care interventions. | C3 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Surgery, Research Methodology |

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| HomUG- PM II.51.7 | | Shows | Prognosis and preventive measures | (a) Educate patients on disease management (treatment options, side effects, and prognosis). (b) Counsel patients on lifestyle modifications (dietary changes, smoking cessation, and alcohol avoidance). (c) Provide supportive care and psychological support. | A2 | MK | Role-playing, Patient counselling in OPD Clinical Posting | SAQ | OSCE, SAQ, LAQ | Surgery, Practice of Medicine, Preventive Medicine |
| HomUG- PM II.51.8 | Homoeopathic Orientation | Knows How | Homoeopathic principles and remedies for gastric carcinoma | (a) Explain homoeopathic principles and their application in managing gastric carcinoma. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.52. Malabsorption Syndromes

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| HomUG- PM II.52.1 | Knowledge and Scholarship | Knows | Definition and classification of malabsorption syndromes | (a) Define malabsorption syndromes as disorders impairing nutrient absorption. | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Physiology, Pathology, Practice of Medicine, |
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| | | | (b) Classify malabsorption syndromes based on aetiology (primary vs. secondary causes). | | | | | | |
| HomUG-PM II.52.2 | Knows | Aetiology and pathogenesis | Explain the pathophysiology of malabsorption syndromes (abnormalities in digestion, absorption, or transport mechanisms). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Physiology, Pathology, Practice of Medicine, |
| HomUG-PM II.52.3 | Knows How | Symptoms, signs, and diagnostic criteria | (a) Describe clinical features (chronic diarrhoea, abdominal pain, bloating, weight loss, fatigue). (b) Recognize specific malabsorption disorders (celiac disease, pancreatic insufficiency, bile acid malabsorption). (c) Interpret diagnostic criteria (clinical history, lab tests, imaging, and endoscopy). | C3/P2 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Physiology, Practice of Medicine |
| HomUG-PM II.52.4 | Knows How | Laboratory tests and imaging modalities | (a) Describe investigations (blood tests, stool studies, serological markers). (b) Explain the role of imaging (USG, CT, MRI) in assessing structural abnormalities and inflammation. | C3 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Physiology, Pathology, Practice of Medicine |
| HomUG-PM II.52.5 | Knows How | Similar conditions and complications | (a) Discuss differential diagnosis (inflammatory bowel disease, infectious gastroenteritis, bacterial overgrowth, lactose | C3/4 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |

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| | | | intolerance). (b) Differentiate primary vs. secondary malabsorption disorders. (c) Recognize red flag symptoms (severe diarrhoea, weight loss, gastrointestinal bleeding). | | | | | |
| HomUG- PM II.52.6 | Knows How | Nutritional therapy, pharmacotherapy, and dietary changes | a) Discuss treatment plans based on aetiology and severity. (b) Explain nutritional therapy (dietary modifications, oral supplements, parenteral nutrition). (c) Evaluate pharmacotherapy options (immunosuppressants, antibiotics, bile acid sequestrants, anti-diarrheals). | C3 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva |
| HomUG- PM II.52.7 | Shows | Prognosis and preventive measures | (a) Educate patients on disease management (chronic nature, adherence to treatment, nutritional optimization). (b) Counsel patients on dietary modifications and symptom management. | A2 | NK | Role-playing, Patient counselling in OPD Clinical Posting | SAQ | OSCE, SAQ, LAQ |
| HomUG-PM II.52.A. Malabsorption Syndromes - Coeliac disease | | | | | | | | |

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| HomUG-PM II.52.A.1 | Knowledge and Scholarship | Knows | Definition, pathophysiology, and epidemiology of coeliac disease | (a) Define coeliac disease as a chronic autoimmune disorder triggered by gluten. (b) Describe the epidemiology (prevalence, age/gender distribution, geographic variation). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Physiology, Pathology, Practice of Medicine, | |
| HomUG-PM II.52.A.2 | | Knows | Pathophysiology of coeliac disease | Explain the pathophysiology (immune response to gluten, T-cell activation, cytokine production, villous atrophy). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Physiology, Pathology, Practice of Medicine, | |
| HomUG-PM II.52.A.3 | | Knows How | Symptoms, signs, and diagnostic criteria | (a) Describe clinical features (gastrointestinal symptoms, extra-intestinal manifestations). (b) Recognize atypical or silent coeliac disease. (c) Interpret diagnostic criteria (serological tests, intestinal biopsy). | C3/P2 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Physiology, Practice of Medicine | |
| HomUG-PM II.52.A.4 | | Knows How | Serological tests and intestinal biopsy | (a) Describe diagnostic tests (serological assays for tTG-IgA, EMA-IgA). (b) Explain the role of duodenal biopsy and histological assessment. | C3 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Physiology, Pathology, Practice of Medicine | |

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| HomUG-PM II.52.A.5 | Knows How | Similar conditions and complications | (a) Discuss differential diagnosis (inflammatory bowel disease, irritable bowel syndrome, malabsorption syndromes). (b) Differentiate classical vs. non-classical coeliac disease. (c) Recognize red flag symptoms (weight loss, severe diarrhea, anemia, failure to thrive). | C3/4 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |
| HomUG-PM II.52.A.6 | Knows How | Gluten-free diet and nutritional support | (a) Discuss treatment plans (strict gluten-free diet, mucosal healing, and prevention of complications). (b) Explain nutritional therapy (vitamin and mineral supplementation). (c) Evaluate pharmacotherapy options. | C3 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Research Methodology, Practice of Medicine, Research Methodology |
| HomUG-PM II.52.A.7 | Shows | Prognosis and preventive measures | (a) Educate patients on lifelong adherence to a gluten-free diet. (b) Counsel patients on dietary management (reading labels, avoiding cross-contamination, sourcing gluten-free alternatives). | A2 | NK | Role-playing, Patient counselling in OPD Clinical Posting | SAQ | OSCE, SAQ, LAQ | Practice of Medicine, Preventive Medicine |
| HomUG-PM II.52.B. Malabsorption Syndromes - Lactose intolerance | | | | | | | | | |

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| HomUG-PM II.52.B.1 | Knowledge and Scholarship | Knows | Definition and epidemiology of lactose intolerance | (a) Define lactose intolerance as the inability to digest lactose due to lactase deficiency. (b) Explain the epidemiology (prevalence, genetic determinants, and age-related variations). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Physiology, Pathology, Practice of Medicine, | |
| HomUG-PM II.52.B.2 | | Knows | Pathophysiology of lactose intolerance | Describe the pathophysiology (insufficient lactose hydrolysis, osmotic effects, bacterial fermentation). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Physiology, Pathology, Practice of Medicine, | |
| HomUG-PM II.52.B.3 | | Knows How | Symptoms, signs, and diagnostic criteria | (a) Describe clinical features (abdominal cramps, bloating, flatulence, diarrhoea). (b) Recognize variability in symptom severity and onset. (c) Interpret diagnostic criteria (hydrogen breath test, lactose tolerance test). | C3/P2 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Physiology, Practice of Medicine | |
| HomUG-PM II.52.B.4 | | Knows How | Hydrogen breath test and lactose tolerance test | (a) Describe diagnostic tests (hydrogen breath test, lactose tolerance test). (b) Explain the principles, indications, and interpretation of diagnostic tests. | C3 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Physiology, Pathology, Practice of Medicine | |

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| HomUG- PM II.52.B.5 | Knows How | Similar conditions and complications | (a) Discuss differential diagnosis (IBS, IBD, SIBO, food allergies, infectious gastroenteritis). (b) Differentiate lactose intolerance from other gastrointestinal disorders. (c) Identify red flag symptoms (persistent diarrhoea, rectal bleeding, and weight loss). | C3/4 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.52.B.6 | Knows How | Dietary modifications and lactase supplementation | (a) Discuss treatment plans (lactose restriction, lactase enzyme supplementation). (b) Explain nutritional therapy strategies (lactose-free dairy, fortified foods, supplements). (c) Evaluate pharmacotherapy options (lactase enzyme supplements, prebiotics/probiotics). | C3 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Research Methodology, Practice of Medicine, Research Methodology |
| HomUG- PM II.52.B.7 | Shows | Prognosis and preventive measures | (a) Educate patients on dietary modifications to alleviate symptoms and prevent complications. (b) Counsel patients on practical dietary management (reading labels, avoiding hidden lactose, social situations). | A2 | NK | Role- playing, Patient counselling in OPD Clinical Posting | SAQ | OSCE, SAQ, LAQ | Practice of Medicine, Preventive Medicine |

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| HomUG- PM II.52.B.8 | Homoeopathic Orientation | Knows How | Homoeopathic principles and remedies for malabsorption syndromes | (a) Explain homoeopathic principles and their application in managing malabsorption syndromes. (b) Select remedies based on symptoms. | C3 | MK | Lecture, Visual aids | MCQ, SAQ | SAQ, Bedside examination, Viva | Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.53. Irritable Bowel Syndrome | | | | | | | | | | |
| HomUG- PM II.53.1 | Knowledge and Scholarship | Knows | Definition, pathophysiology, and epidemiology of IBS | (a) Define IBS as a chronic functional gastrointestinal disorder. (b) Explain the epidemiology (prevalence, gender distribution, age of onset, impact on quality of life). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Physiology, Practice of Medicine |

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| HomUG- PM II.53.2 | Knows | Pathophysiology of IBS | Describe the pathophysiology (visceral hypersensitivity, altered gut motility, gut-brain axis dysregulation, psychosocial factors). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Physiology, Practice of Medicine |
| HomUG- PM II.53.3 | Knows How | Symptoms, signs and diagnostic criteria | (a) Describe clinical features (abdominal pain, bloating, altered bowel habits). (b) Classify IBS into subtypes (IBS-D, IBS-C, IBS-M, IBS-U). (c) Interpret diagnostic criteria (Rome IV criteria). | C2 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Practice of Medicine |
| HomUG- PM II.53.4 | Knows How | Rome criteria and exclusion of other conditions | (a) Discuss diagnostic tests and criteria (Rome IV criteria, patient history, and physical examination). (b) Explain the role of diagnostic tests to rule out other conditions (CBC, celiac screening, stool tests, colonoscopy). | C2/3 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Pathology, Practice of Medicine |

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| HomUG- PM II.53.5 | Knows How | Similar conditions and complications | (a) Discuss differential diagnosis (inflammatory bowel disease, celiac disease, lactose intolerance, bacterial overgrowth, colorectal cancer). (b) Differentiate IBS from other gastrointestinal conditions. (c) Recognize red flag symptoms (weight loss, fever, nocturnal symptoms, and family history of colorectal cancer). | C3 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Practice of Medicine, Surgery |
| HomUG- PM II.53.6 | Knows How | Lifestyle changes, dietary modifications and homeopathic remedies | (a) Discuss treatment plans (lifestyle changes, dietary modifications, and pharmacotherapy). (b) Explain the role of homeopathic remedies in IBS management. | C3 | MK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Research Methodology, Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Research Methodology |

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| HomUG- PM II.53.7 | Shows | Prognosis and preventive measures | (a) Educate patients on the chronic nature of IBS and the importance of lifestyle and dietary modifications. (b) Counsel patients on practical strategies (low FODMAP diet, avoiding triggers, regular bowel habits, over-the-counter medications). | A2 | NK | Role-playing, Patient counselling in OPD Clinical Posting | SAQ | OSCE, SAQ, LAQ | Primary care clinics, Patient support groups |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.54. Inflammatory Bowel Diseases - Crohn's Disease, Ulcerative Colitis

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| HomUG- PM II.54.1 | Knowledge and Scholarship | Knows | Definition of IBD | Define IBD as chronic inflammatory disorders of the gastrointestinal tract (Crohn's disease, ulcerative colitis). | C2 | MK | Lecture, Reading, Discussions | SAQ | SAQ | Physiology, Practice of Medicine |
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| HomUG- PM II.54.2 | Knows | Definition and epidemiology of Crohn's Disease | (a) Define Crohn's disease as transmural inflammation affecting any part of the GI tract. (b) Explain the epidemiology (prevalence, age of onset, gender distribution, and geographical variation). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Pathology, Practice of Medicine |
| HomUG- PM II.54.3 | Knows | Pathophysiology of Crohn's Disease | Describe the pathophysiology (genetic susceptibility, immune dysregulation, environmental triggers, and microbial factors). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Pathology, Practice of Medicine |
| HomUG- PM II.54.4 | Knows how | Symptoms, signs and complications of Crohn's Disease | (a) Describe clinical features (chronic diarrhoea, abdominal pain, weight loss, fatigue, rectal bleeding). (b) Outline complications (fistulas, strictures, abscesses, extraintestinal manifestations). (c) Explain disease variability and impact on quality of life. | C2/3 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Practice of Medicine |

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| HomUG- PM II.54.5 | Knows How | Endoscopy, imaging, lab tests, and biopsy for Crohn's disease | (a) Discuss diagnostic tests (endoscopy, MRI, CT enterography, lab tests, and biopsy). (b) Interpret findings (segmental involvement, cobblestone appearance, granulomas). | C3/P2 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Pathology, Practice of Medicine |
| HomUG- PM II.54.6 | Knows How | Similar conditions and distinguishing features of Crohn's Disease | (a) Discuss differential diagnosis (ulcerative colitis, IBS, infectious colitis, ischemic colitis, diverticulitis, colorectal cancer). (b) Differentiate Crohn's disease from other conditions. (c) Outline red flag symptoms requiring further evaluation. | C3/4 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.54.7 | Knows How | Medical management, surgical options, and homeopathic remedies for Crohn's disease | (a) Discuss treatment plans (pharmacotherapy, surgery, homeopathic remedies). (b) Explain nutritional therapy (enteral nutrition, dietary modifications, and supplementation). | C3 | MK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Research Methodology, Preventive Medicine |

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| HomUG- PM II.54.8 | Knows | Definition and epidemiology of ulcerative colitis | (a) Define ulcerative colitis as continuous mucosal inflammation limited to the colon and rectum. (b) Explain the epidemiology (prevalence, age of onset, gender distribution, and geographical variation). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Practice of Medicine |
| HomUG- PM II.54.9 | | Pathophysiology of Ulcerative Colitis | Describe the pathophysiology (immune dysregulation, genetic predisposition, environmental factors, and microbial influences). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Pathology, Practice of Medicine |
| HomUG- PM II.54.10 | Knows How | Symptoms, signs and complications of Ulcerative Colitis | (a) Describe clinical features (chronic diarrhoea, rectal bleeding, abdominal pain, urgency, tenesmus, weight loss). (b) Outline complications (toxic megacolon, perforation, colorectal cancer risk). (c) Explain disease course and impact on quality of life. | C2/3 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Practice of Medicine |
| HomUG- PM II.54.11 | Knows How | Endoscopy, imaging, lab tests, and biopsy for ulcerative colitis | (a) Discuss diagnostic tests (endoscopy, imaging, lab tests, and biopsy). (b) Explain the role of diagnostic tests in confirming diagnosis, | C3/P2 | MK | Lectures, OPD Clinical Postings, DOAP | SAQ, Group assignments | MCQ, LAQ, Viva | Pathology, Practice of Medicine, Surgery |

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| | | | assessing severity, and monitoring treatment. (c) Interpret findings (continuous inflammation, crypt abscesses, and mucosal ulcers). | | | | | |
| HomUG- PM II.54.12 | Knows How | Similar conditions and distinguishing features of ulcerative colitis | (a) Discuss differential diagnosis (Crohn's disease, IBS, infectious colitis, ischemic colitis, diverticulitis, colorectal cancer). (b) Differentiate ulcerative colitis from other conditions. (c) Outline red flag symptoms requiring further evaluation. | C3/4 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva |
| HomUG- PM II.54.13 | Knows How | Medical management, surgical options, and homeopathic remedies for ulcerative colitis | (a) Discuss treatment plans (pharmacotherapy, surgery, homeopathic remedies). (b) Explain nutritional therapy (enteral nutrition, dietary modifications, and supplementation). | C3 | MK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Research Methodology, Preventive Medicine |

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| HomUG- PM II.54.14 | Knows How | Lifestyle changes, medication adherence, prognosis of IBD | (a) Educate patients on the chronic nature of IBD, medication adherence, lifestyle changes, and regular follow-up. (b) Counsel patients on practical strategies (avoiding triggers, maintaining nutrition, coping with psychosocial impact). | C3/A2 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Practice of Medicine, Preventive Medicine |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.55. Abdominal Tuberculosis | | | | | | | | | | |
| HomUG- PM II.55.1 | Knowledge and Scholarship | Knows | Definition and epidemiology of abdominal tuberculosis | (a) Define abdominal tuberculosis as extrapulmonary TB affecting the GI tract, peritoneum, or abdominal organs. (b) Explain the epidemiology (prevalence, risk factors, and modes of transmission). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Pathology, Surgery, Preventive Medicine, Practice of Medicine |

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| HomUG- PM II.55.2 | Knows | Pathophysiolo gy | Describe the pathophysiology (granulomatous inflammation caused by Mycobacterium tuberculosis). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Pathology, Surgery, Practice of Medicine |
| HomUG- PM II.55.3 | Knows How | Symptoms, signs and complications | (a) Describe clinical features (abdominal pain, weight loss, fever, night sweats, anorexia, altered bowel habits). (b) Identify complications (intestinal obstruction, perforation, abscesses, and fistulae). | C2/3 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination , Viva | Surgery, Practice of Medicine |
| HomUG- PM II.55.4 | Knows How | Imaging, lab tests and biopsy, endoscopy | (a) Describe investigations (imaging, lab tests, endoscopy, and biopsy). (b) Interpret findings (thickened bowel loops, mesenteric lymphadenopat hy, caseating granulomas). | C2-3/P2 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Pathology, Surgery, Practice of Medicine |

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| HomUG- PM II.55.5 | Knows How | Similar conditions and distinguishing features | (a) Discuss differential diagnosis (Crohn's disease, ulcerative colitis, IBS, lymphoma, abdominal malignancies). (b) Differentiate abdominal tuberculosis from other conditions. | C3/4 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.55.6 | Knows How | Medical management, surgical options and homeopathic remedies | (a) Discuss treatment plans (anti-tubercular drugs, surgery for complications, homeopathic remedies). (b) Explain the role of nutritional support and dietary modifications. | C3 | MK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Research Methodology, Preventive Medicine |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.56. Neoplasia of the bowel | | | | | | | | | | |

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| HomUG-PM II.56.1 | Knowledge and Scholarship | Knows | Definition and types of bowel neoplasia | (a) Describe bowel neoplasia as abnormal cell growth in the bowel (benign or malignant). (b) Differentiate between types (adenomas, adenocarcinomas). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Pathology, Surgery, Practice of Medicine |
| HomUG-PM II.56.2 | | Knows How | Pathophysiology of bowel neoplasia | Describe the pathophysiology (cellular mutation, growth dysregulation, and metastasis). | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Pathology, Surgery, Practice of Medicine |
| HomUG-PM II.56.3 | | Knows How | Symptoms, signs, and complications | (a) Describe clinical features (changes in bowel habits, rectal bleeding, abdominal pain, weight loss, anaemia). (b) Recognize complications (bowel obstruction, perforation, and metastasis). | C2/3 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Surgery, Practice of Medicine |
| HomUG-PM II.56.4 | | Knows How | Imaging, lab tests, biopsy, and endoscopy | (a) Describe investigations (imaging, lab tests, endoscopy, and biopsy). (b) Outline the role of diagnostic tests in diagnosis, staging, and monitoring. (c) Interpret findings (imaging features, histopathological results). | C2-3/P2 | MK | Lectures, OPD Clinical Postings, DOAP | SAQ, Group assignments | MCQ, LAQ, Viva | Pathology, Surgery, Practice of Medicine |

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| HomUG- PM II.56.5 | Knows How | Similar conditions and distinguishing features | (a) Discuss differential diagnosis (IBD, IBS, diverticulitis, gastrointestinal infections). (b) Differentiate bowel neoplasia from other conditions. | C3/4 | MK | OPD Clinical Postings, DOAP | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.56.6 | Knows How | Medical management, surgical options, and homeopathic remedies | (a) Discuss treatment plans (surgery, chemotherapy, radiotherapy, homeopathic remedies). (b) Explain the role of adjuvant therapies (nutritional support, managing side effects). (c) Evaluate treatment modalities based on patient needs. | C3 | MK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Preventive Medicine, Research Methodology |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.57. Anorectal disorders

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| HomUG- PM II.57.1 | Knowledge and Scholarship | Knows | Definition, types, and pathophysiology of anorectal disorders | (a) Define common anorectal disorders (haemorrhoids, anal fissures, abscesses, fistulas, rectal prolapse). (b) Explain the pathophysiology | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Pathology, Surgery, Practice of Medicine |
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| | | | (inflammation, infection, increased intra-abdominal pressure, and structural weaknesses). | | | | | | |
| HomUG- PM II.57.2 | Knows How | Symptoms, signs, and complications | (a) Discuss common symptoms (pain, bleeding, pruritus, discharge, palpable masses). (b) Describe complications (infection, chronic pain, incontinence, recurrent fistulas). | C2/3 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.57.4 | Knows How | Physical examination, imaging, and lab tests | (a) Enumerate diagnostic tools (physical exam, imaging, lab tests). (b) Explain how to interpret findings (haemorrhoids, fistulas, signs of infection/inflammation). (c) Describe the importance of histopathological examination when needed. | C3/P2 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Pathology, Practice of Medicine, Surgery |
| HomUG- PM II.57.5 | Knows How | Similar conditions and distinguishing features | (a) Discuss differential diagnoses (colorectal cancer, IBD, STIs, dermatological conditions). (b) Differentiate between anorectal disorders based on clinical history, symptoms, and | C3/4 | MK | OPD Clinical Postings, | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |

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| | | | diagnostic findings. | | | | | |
| HomUG- PM II.57.6 | Knows How | Medical management, surgical options, and homoeopathic remedies | (a) Discuss treatment plans (medical management, surgery, homoeopathic remedies). (b) Explain the role of lifestyle modifications (high-fiber diet, hydration, hygiene, avoiding straining). | C3 | MK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva |
| HomUG- PM II.57.7 | | Lifestyle changes, medication adherence, and prognosis | (a) Educate patients on early detection, treatment adherence, and follow-up. (b) Counsel patients on lifestyle modifications (high-fibre diet, hydration, exercise, anal hygiene). | C3/A2 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.58. Diverticulitis | | | | | | | | | | |

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| HomUG- PM II.58.1 | Knowledge and Scholarship | Knows | Definition and types of diverticulitis | (a) Describe diverticulitis as inflammation and infection of diverticula. (b) Differentiate between uncomplicated and complicated diverticulitis. | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Surgery, Practice of Medicine |
| HomUG- PM II.58.2 | | Knows | Pathophysiology of diverticulitis | (a) Discuss how diverticula form due to increased intraluminal pressure. (b) Explain how trapped faecal matter causes inflammation and infection. | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ | Pathology, Surgery, Practice of Medicine |
| HomUG- PM II.58.3 | | Knows How | Symptoms, signs, and complications | (a) Outline common symptoms (lower abdominal pain, fever, changes in bowel habits, nausea, vomiting). (b) Describe complications (abscess, fistula, obstruction, peritonitis). | C2/3 | MK | Lectures, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.58.4 | | Knows How | Physical examination, imaging, and lab tests | (a) Enumerate diagnostic tools (physical exam, imaging, lab tests). (b) Explain how to interpret findings (thickened bowel walls on CT, elevated WBC, inflammatory markers). | C3/P2 | MK | Lectures, OPD Clinical Postings | SAQ, Group assignments | MCQ, LAQ, Viva | Pathology, Practice of Medicine, Surgery |

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| HomUG- PM II.58.5 | Knows How | Similar conditions and distinguishing features | (a) List differential diagnoses (IBS, colorectal cancer, IBD, gynaecological conditions). (b) Differentiate diverticulitis from other conditions based on clinical history and diagnostic findings. | C4/5 | MK | OPD Clinical Postings, | Group assignments, Tutorials | OSCE, Bedside Examination, Viva | Surgery, Practice of Medicine |
| HomUG- PM II.58.6 | Knows How | Medical management, surgical options, and homeopathic remedies | (a) Enumerate treatment plans (antibiotics, pain relief, surgery, homeopathic remedies). (b) Discuss dietary modifications (high-fiber diet), lifestyle changes (exercise, hydration), and preventative measures (avoiding seeds/nuts). | C3 | MK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Preventive Medicine |
| HomUG- PM II.58.7 | Knows How | Lifestyle changes, medication adherence, and prognosis | (a) Educate patients on early detection, treatment adherence, and follow-up. (b) Counsel patients on lifestyle modifications (high-fiber diet, hydration, exercise, avoiding triggers). | C3/A2 | NK | Lectures, Journal clubs, Online research of data bases | Group assignments, Tutorials | OSCE, Bedside examination, Viva | Practice of Medicine, Preventive Medicine |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.59. Homoeopathic Therapeutics | | | | | | | | | | |
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| HomUG-PM II.59.1 | Homoeopathic Orientation | Knows | Major homoeopathic remedies for GI disorders | (a) Identify major remedies (Nux Vomica, Lycopodium, Arsenicum Album, and Pulsatilla). (b) Describe remedy profiles (keynotes, modalities, characteristic symptoms). (c) Differentiate remedies based on specific indications and symptoms. | C2 | MK | Lecture, Reading, Discussions | MCQ, SAQ | SAQ, Bedside Examination, Viva | Materia Medica, Homoeopathic Pharmacy, Homoeopathic therapeutics |
| HomUG-PM II.59.2 | | Knows | Indications, symptoms, and signs for remedy selection | (a) Recognize indications and symptomatology for remedies in GI conditions (gastritis, peptic ulcers, IBS, diverticulitis). (b) Correlate symptoms with appropriate remedies. (c) Explain modalities (aggravating and ameliorating factors) for remedy selection. | C2 | MK | OPD Clinical Postings | MCQ, SAQ | SAQ, Bedside Examination, Viva | Materia Medica, Homoeopathic Therapeutics |

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| HomUG- PM II.59.3 | Knows How | Remedy selection based on symptoms, case-taking and repertorisation | (a) Discuss the importance of thorough case-taking (symptoms, medical history, individual characteristics). (b) Select remedies using repertory rubrics, software, and charts. (c) Analyze cases to match symptom pictures with remedy profiles. (d) Choose appropriate potency and dosage based on the condition and patient vitality. | C3 | MK | OPD Clinical Postings | MCQ, SAQ | SAQ, Bedside Examination, Viva | Repertory, Organon, Materia Medica, Homoeopathic Pharmacy |
| HomUG- PM II.59.4 | Knows How | Treatment plans, follow-up and prognosis | (a) Discuss individualized treatment plans (remedies, follow-up schedules). (b) Monitor patient progress and adjust treatment plans as needed. (c) Evaluate treatment outcomes (symptom changes, patient feedback, and overall health improvement). | C3 | MK | Role-playing, OPD Clinical Postings | Feedback, Reflection | OSCE, Patient education session | Practice of Medicine, Organon |

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| HomUG- PM II.59.5 | Knows How | Patient education, lifestyle advice and preventive measures | (a) Educate patients on homoeopathic principles, expected outcomes, and adherence. (b) Advise on lifestyle and dietary changes (stress reduction, hydration, and dietary modifications). (c) Discuss preventive measures (balanced diet, exercise, avoiding triggers). | C3/A2 | NK | Role-playing, OPD Clinical Postings | Feedback, Reflection | OSCE, Patient education session | Organon, Practice of Medicine, Preventive Medicine |
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5.5. Disorders of Liver, Gall Bladder and Pancreas

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.60. Clinical approach to Hepatobiliary and Pancreatic Diseases

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| HomUG- PM II.60.1 | Knowledge and Scholarship | Knows | Structure and function of the liver, gallbladder, and pancreas | (a) Outline the anatomical structure (liver, gallbladder, pancreas, blood supply, biliary tree). (b) Explain physiological functions (bile production, detoxification, digestion). (c) Identify key anatomical landmarks and | C1/2/3 | MK | Lecture, Reading, Discussions | MCQ, SAQ | SAQ, LAQ | Anatomy and Physiology courses |
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| | | | physiological processes. | | | | | | |
| HomUG- PM II.60.2 | Knows How | Symptoms and signs of hepatobiliary and pancreatic diseases | (a) Recognize common symptoms and signs (jaundice, abdominal pain, nausea, vomiting, and changes in stool/urine color). (b) Describe clinical manifestations of specific diseases (hepatitis, cholecystitis, pancreatitis, liver cirrhosis). (c) Interpret symptoms to identify underlying conditions. | C2 | MK | OPD Clinical Postings | SAQ | OSCE, Bedside Exams | Internal Medicine, Gastroenterology classes |
| HomUG- PM II.60.3 | | History taking and physical examination techniques | (a) Take a comprehensive patient history (risk factors, symptoms, medical history). (b) Perform a physical examination (inspection, palpation, percussion, auscultation). (c) Identify clinical signs (hepatomegaly, Murphy's sign, and Cullen's sign) and their significance. | P2 | MK | OPD Clinical Postings, Bedside clinical teachings, Simulation labs | | OSCE, Bedside Examinations | Clinical rotations, Internships |

AIM Homoeopathy

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| HomUG- PM II.60.4 | Knows How | Liver function tests, imaging studies, and biopsy techniques | (a) Enumerate diagnostic tests (liver function tests, imaging, and biopsy). (b) Interpret test results and correlate with clinical findings. (c) Discuss limitations and pitfalls of diagnostic tests. | C3/P2 | MK | Lectures, Discussions | Tutorials, Group Presentations | SAQ, OSCE | Pathology and Radiology integration |
| HomUG- PM II.60.5 | Knows How | Common differential diagnoses in hepatobiliary and pancreatic diseases | (a) Formulate differential diagnoses for common symptoms. (b) Analyze clinical and diagnostic data to narrow down diagnoses. (c) Apply diagnostic criteria and guidelines for decision-making. | C3/4/5 | MK | Group Discussions | Tutorials, Group Presentations | Bedside Examinations, Biva | Multidisciplinary rounds, Clinical practice |
| HomUG- PM II.60.6 | Knows How | Homoeopathic and conventional treatment options | (a) Describe treatment plans (homoeopathic and conventional strategies). (b) Analyze patient response and adjust treatment plans. (c) Integrate input from healthcare professionals for holistic management. | C3 | MK | OPD Clinical Postings | Group Presentations | OSCE, Bedside Examinations | Clinical practice, Therapeutics sessions |

| Sl. No | Competenc | Millers | Content | SLO | Blooms | Priority - | T-L | Assessment | Integration |
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AIM Homoeopathy

| | | Level: Does/Shows how/Knows how/ Knows | | | Domain/ Guilbert's Level | Must Know/ Desirable to know/ nice to know | Methods | Formative | Summative | |
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| HomUG-PM II.61. Acute Viral Hepatitis | | | | | | | | | | |
| HomUG-PM II.61.1 | Knowledge and Scholarship | Knows | Definition, causes, and types of viral hepatitis | (a) Define hepatitis as liver inflammation caused by viruses, alcohol, toxins, etc. (b) Describe types of viral hepatitis (A, B, C, D, E) and their transmission routes. (c) Identify risk factors for acute viral hepatitis. | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Pathology, Microbiology |
| HomUG-PM II.61.2 | | Knows | Pathogenesis of acute viral hepatitis | Explain the pathogenesis (immune response, liver inflammation). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Pathology, Microbiology |
| HomUG-PM II.61.3 | | Knows How | Symptoms and signs of acute viral hepatitis | (a) Describe common symptoms (fatigue, jaundice, dark urine, and hepatomegaly). | C2 | MK | Lectures, OPD Clinical Postings, Clinical simulations | SAQ | SAQ, OSCE, Bedside Examination, Viva | Practice of Medicine |

AIM Homoeopathy

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| | | | (b) Outline stages of acute viral hepatitis (incubation to convalescence). (c) Associate symptoms with specific types of viral hepatitis. | | | | | |
| HomUG -PM II.61.4 | Knows How | Serological tests, liver function tests, and imaging studies | (a) List diagnostic tests (LFTs, viral serologies, imaging). (b) Interpret test results (LFTs, HBsAg, and anti-HCV). (c) Explain imaging findings (liver ultrasound, CT scan). | C2/3 | MK | OPD Clinical Postings, Interactive seminars, group discussions | MCQ, SAQ | SAQ, OSCE |
| HomUG -PM II.61.5 | Knows How | Differential diagnoses for jaundice and related symptoms | (a) Formulate differential diagnoses for jaundice (haemolytic anaemia, cholestasis, cirrhosis). (b) Analyze clinical data to narrow down diagnoses. (c) Apply diagnostic criteria to | C3/4/5 | MK | OPD Clinical Postings, Group Discussions | Tutorials, Team projects | Bedside Examinations, Viva |

AIM Homoeopathy

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| | | | distinguish between viral hepatitis and other liver diseases. | | | | | |
| HomUG -PM II.61.6 | Shows How | Homoeopathic and conventional treatment options | (a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response and adjust treatment plans. (c) Integrate supportive care (hydration, nutrition, rest). | C3/4 | MK | OPD Clinical Postings, Role Play | Group Discussions , SAQ | OSCE, Bedside Examinations , Viva |
| HomUG -PM II.61.7 | Does | Patient education, lifestyle advice, and preventive measures | (a) Educate patients on their condition, treatment options, and adherence. (b) Counsel on lifestyle changes (avoiding alcohol, hygiene, safe food handling). (c) Discuss preventive measures (vaccination, | A2/3 | NK | Role-playing, Patient counselling | Group Discussions | OSCE, Patient education session |

AIM Homoeopathy

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| | | | | avoiding virus exposure). | | | | | | |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.62. Chronic Hepatitis | | | | | | | | | | |
| HomUG-PM II.62.1 | Knowledge and Scholarship | Knows | Types of chronic hepatitis (B, C) and transmission | (a) Identify types of chronic hepatitis (B, C) and their modes of transmission. (b) List risk factors for chronic hepatitis (viral persistence, alcohol use, co-infections). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Pathology, Microbiology |
| HomUG-PM II.62.2 | | Knows | Pathogenesis of chronic hepatitis | Explain the pathogenesis (liver injury, fibrosis). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Pathology, Microbiology |

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| HomUG- PM II.62.3 | Knows How | Symptoms and signs of chronic hepatitis | (a) Recognize common symptoms (fatigue, malaise, anorexia, jaundice). (b) Identify clinical signs (spider angiomas, palmar erythema, and ascites). (c) Describe stages and progression (asymptomatic phase, active inflammation, cirrhosis). (d) Correlate symptoms and findings with chronic hepatitis and complications. | C2 | MK | Lectures, OPD Clinical Postings, Clinical simulations | SAQ | SAQ, OSCE, Bedside Examination, Viva | Practice of Medicine |
| HomUG- PM II.62.4 | Knows How | Liver function tests, serological tests, and imaging studies | (a) List diagnostic tests (LFTs, viral serologies, liver biopsy, and imaging). (b) Explain imaging findings (liver ultrasound, CT scan, elastography). | C2/3 | MK | OPD Clinical Postings, Interactive seminars, group discussions | MCQ, SAQ | SAQ, OSCE | Physiology, Practice of Medicine |
| HomUG- PM II.62.5 | Knows How | Differential diagnoses of chronic liver disease | (a) Discuss differential diagnoses (autoimmune hepatitis, alcoholic liver disease). (b) Analyze clinical data to narrow down diagnoses. (c) Apply diagnostic criteria to distinguish between chronic hepatitis and other liver diseases. | C3/4/5 | MK | OPD Clinical Postings, Group Discussions | Tutorials, Team projects | Bedside Examinations, Viva | Practice of Medicine |

AIM Homoeopathy

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| HomUG- PM II.62.6 | Knows How | Homoeopathic and conventional treatment options, supportive care | (a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response, assess side effects, and adjust treatment plans. (c) Integrate supportive care (dietary modifications, liver protection, regular monitoring). | C3/4 | MK | OPD Clinical Postings, Role Play | Group Discussions, SAQ | OSCE, Bedside Examinations, Viva | Practice of Medicine, Pharmacology, Homoeopathic Therapeutics |
| HomUG- PM II.62.7 | Does | Patient education, lifestyle advice, and preventive measures | (a) Educate patients on their condition, treatment options, and adherence. (b) Counsel on lifestyle changes (avoiding alcohol, hygiene, safe food handling). (c) Discuss preventive measures (hepatitis B vaccination, avoiding virus exposure). | A2/3 | NK | Role-playing, Patient counselling | Group Discussions | OSCE, Patient education session | Practice of Medicine, Community Medicine |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.63. Alcoholic Liver Diseases | | | | | | | | | | |

AIM Homoeopathy

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| HomUG- PM II.63.1 | Knowledge and Scholarship | Knows | Definition, causes and risk factors of alcoholic liver disease (ALD) | (a) Define ALD as liver damage from excessive alcohol consumption. (b) Identify causes and risk factors (excessive alcohol, genetic predisposition). (c) Describe stages of ALD (fatty liver, alcoholic hepatitis, cirrhosis). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |
| HomUG- PM II.63.2 | | Knows | Pathogenesis of Alcoholic Liver disease | Explain the pathogenesis (alcohol metabolism leading to steatosis, fibrosis, and cirrhosis). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |
| HomUG- PM II.63.3 | | Knows How | Symptoms and signs of ALD | (a) Identify common symptoms (jaundice, fatigue, abdominal pain, and ascites). (b) Describe clinical signs (hepatomegaly, spider angiomas, palmar erythema). (c) Recognize complications (portal hypertension, ascites, varices, hepatic encephalopathy). (d) Assess severity using clinical scoring systems (Child-Pugh, MELD). | C2/3 | MK | Lectures, OPD Clinical Postings, Clinical simulations | SAQ | SAQ, OSCE, Bedside Examination, Viva | Practice of Medicine, Surgery |
| HomUG- PM II.63.4 | | Knows How | Liver function tests, imaging studies, and liver biopsy | (a) Discuss diagnostic tests (LFTs, CBC, imaging, liver biopsy). (b) Interpret LFT results (elevated AST/ALT ratio, GGT). (c) Explain imaging findings (ultrasound, CT, MRI) and biopsy results. | C2/3 | MK | OPD Clinical Postings, Interactive seminars, group discussions | MCQ, SAQ | SAQ, OSCE | Physiology, Practice of Medicine, Surgery |

AIM Homoeopathy

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| HomUG- PM II.63.5 | Knows How | Differential diagnoses of liver diseases | (a) Discuss differential diagnoses (viral hepatitis, non-alcoholic fatty liver disease, autoimmune hepatitis). (b) Apply diagnostic criteria to differentiate ALD from other liver diseases. | C3/4/5 | MK | OPD Clinical Postings, Group Discussions | Tutorials, Team projects | Bedside Examinations, Viva | Practice of Medicine, Surgery |
| HomUG- PM II.63.6 | Knows How | Homoeopathic and conventional treatment options, supportive care | (a) Describe treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response, manage withdrawal, and assess side effects. (c) Discuss supportive care (nutritional support, vitamin supplementation, lifestyle modifications). | C3/4 | MK | OPD Clinical Postings, Role Play | Group Discussions, SAQ | OSCE, Bedside Examinations, Viva | Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine |
| HomUG- PM II.63.7 | Does | Patient education, lifestyle advice, and preventive measures | (a) Educate patients on ALD, abstinence, and treatment options. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding hepatotoxic substances). (c) Discuss preventive measures (monitoring, hepatitis vaccination, preventing liver damage). | A2/3 | NK | Role- playing, Patient counselling | Group Discussions | OSCE, Patient education session | Practice of Medicine, Community Medicine |
| HomUG-PM II.64.A. Cirrhosis of Liver | | | | | | | | | |

AIM Homoeopathy

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| HomUG-PM II.64.A.1 | Knowledge and Scholarship | Knows | Definition, causes, and risk factors of cirrhosis | (a) Define cirrhosis as late-stage liver scarring caused by diseases like hepatitis and chronic alcohol abuse. (b) Identify causes and risk factors (chronic alcohol use, viral hepatitis, non-alcoholic fatty liver disease). (c) Describe stages of cirrhosis (compensated to decompensated). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |
| HomUG-PM II.64.A.2 | | Knows | Pathogenesis of Cirrhosis | Explain the pathogenesis (chronic liver injury leading to fibrosis, nodule formation, liver dysfunction). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |
| HomUG-PM II.64.A.3 | | Knows How | Symptoms and signs of cirrhosis | (a) Identify common symptoms (jaundice, fatigue, pruritus, abdominal distension). (b) Describe clinical signs (spider angiomas, palmar erythema, ascites, and encephalopathy). (c) Recognize complications (portal hypertension, variceal bleeding, and hepatocellular carcinoma). (d) Assess severity using clinical scoring systems (Child-Pugh, MELD). | C2/3 | MK | Lectures, OPD Clinical Postings, Clinical simulations | SAQ | SAQ, OSCE, Bedside Examination, Viva | Practice of Medicine, Surgery |
| HomUG-PM II.64.A.4 | | Knows How | Liver function tests, imaging studies, and liver biopsy | (a) Discuss diagnostic tests (LFTs, CBC, imaging, and liver biopsy). (b) Interpret LFT results (elevated AST/ALT ratio, bilirubin, and albumin). (c) Explain imaging findings (ultrasound, CT, MRI) and biopsy results. | C2/3 | MK | OPD Clinical Postings, Interactive seminars, group discussions | MCQ, SAQ | SAQ, OSCE | Physiology, Surgery, Practice of Medicine |

AIM Homoeopathy

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| HomUG- PM II.64.A.5 | Knows How | Differential diagnoses of liver diseases | (a) Discuss differential diagnoses (alcoholic liver disease, non-alcoholic fatty liver disease, autoimmune hepatitis). (b) Analyze clinical data, history, and test results to narrow down diagnoses. (c) Apply diagnostic criteria to differentiate cirrhosis from other liver diseases. | C3/4/5 | MK | OPD Clinical Postings, Group Discussions | Tutorials, Team projects | Bedside Examinations, Viva | Practice of Medicine, Surgery |
| HomUG- PM II.64.A.6 | Shows How | Homoeopathic and conventional treatment options, supportive care | (a) Describe treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response, manage complications, and assess side effects. (c) Integrate supportive care (nutritional support, ascites management, regular monitoring). | C3/4 | MK | OPD Clinical Postings, Role Play | Group Discussions, SAQ | OSCE, Bedside Examinations, Viva | Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine |

AIM Homoeopathy

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| HomUG- PM II.64.A.7 | Does | Patient education, lifestyle advice, and preventive measures | (a) Educate patients on cirrhosis, lifestyle modifications, and treatment options. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding hepatotoxic substances). (c) Discuss preventive measures (monitoring, hepatitis vaccination, preventing liver damage). | A2/3 | NK | Role-playing, Patient counselling | Group Discussions | OSCE, Patient education session | Practice of Medicine, Community Medicine |
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HomUG-PM II.64.B. Portal Hypertension

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| HomUG- PM II.64.B.1 | Knowledge and Scholarship | Knows | Definition, causes, and risk factors of portal hypertension | (a) Define portal hypertension as increased blood pressure in the portal venous system. (b) Identify causes and risk factors (cirrhosis, hepatic vein obstruction, and schistosomiasis). (c) Describe physiological consequences (Porto systemic collaterals, varices). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |
| HomUG- PM II.64.B.2 | | Knows | Pathogenesis of portal hypertension | Explain the pathogenesis (increased resistance to portal blood flow leading to elevated portal venous pressure). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |

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| HomUG-PM II.64.B.3 | Knows How | Symptoms and signs of portal hypertension | (a) Identify common symptoms (splenomegaly, ascites, gastrointestinal bleeding). (b) Describe clinical signs (ascites, caput medusa, jaundice, and hepatic encephalopathy). (c) Recognize complications (oesophageal varices, hepatic encephalopathy, and hepatorenal syndrome). | C2/3 | MK | Lectures, OPD Clinical Postings, Clinical simulations | SAQ | SAQ, OSCE, Bedside Examination, Viva | Practice of Medicine, Surgery |
| HomUG-PM II.64.B.4 | Knows How | Liver function tests, imaging studies, endoscopy, and HVPG | (a) List diagnostic tests (LFTs, CBC, ultrasound, CT, MRI, endoscopy, HVPG). (b) Explain the significance of endoscopic findings (varices, complications). | C2/3 | MK | OPD Clinical Postings, Interactive seminars, group discussions | MCQ, SAQ | SAQ, OSCE | Physiology, Surgery, Practice of Medicine |
| HomUG-PM II.64.B.5 | Knows How | Differential diagnoses of portal hypertension | Discuss differential diagnoses (other causes of splenomegaly and ascites). | C3/4/5 | MK | OPD Clinical Postings, Group Discussions | Tutorials, Team projects | Bedside Examinations, Viva | Practice of Medicine, Surgery |
| HomUG-PM II.64.B.6 | Knows How | Homoeopathic and conventional treatment options, supportive care | (a) Describe treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response, manage complications, and assess side effects. (c) Integrate supportive care (nutritional support, ascites management, regular monitoring). | C3/4 | MK | OPD Clinical Postings, Role Play | Group Discussions, SAQ | OSCE, Bedside Examinations, Viva | Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine |

AIM Homoeopathy

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| HomUG-PM II.64.B.7 | | Does | Patient education, lifestyle advice, and preventive measures | (a) Educate patients on portal hypertension, lifestyle modifications, and treatment options. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding hepatotoxic substances). (c) Discuss preventive measures (monitoring, hepatitis vaccination, preventing liver damage). | A2/3 | NK | Role-playing, Patient counselling | Group Discussions | OSCE, Patient education session | Practice of Medicine, Community Medicine |
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HomUG-PM II.64.C. Hepatic Failure

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| HomUG-PM II.64.C.1 | Knowledge and Scholarship | Knows | Definition, causes, and risk factors of hepatic failure | (a) Define hepatic failure as loss of liver function with jaundice, coagulopathy, and encephalopathy. (b) Identify causes and risk factors (viral hepatitis, alcohol abuse, drug-induced injury, autoimmune diseases). (c) Describe stages (acute liver failure, chronic liver failure). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Practice of Medicine |
| HomUG-PM II.64.C.2 | | Knows | Pathogenesis of Hepatic failure | Explain the pathogenesis (liver cell injury leading to decreased liver function and systemic complications). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Practice of Medicine |
| HomUG-PM II.64.C.3 | | Knows How | Symptoms, signs, and complications of hepatic failure | (a) Identify common symptoms (jaundice, confusion, ascites, gastrointestinal bleeding). (b) Describe clinical signs (hepatic encephalopathy, asterixis, and coagulopathy). (c) Discuss complications (hepatorenal syndrome, variceal haemorrhage). | C2/3 | MK | Lectures, OPD Clinical Postings, Clinical simulations | SAQ | SAQ, OSCE, Bedside Examination, Viva | Practice of Medicine |

AIM Homoeopathy

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| HomUG-PM II.64.C.4 | Knows How | Liver function tests, imaging studies, and liver biopsy | (a) List diagnostic tests (LFTs, CBC, imaging, liver biopsy). (b) Discuss LFT results (elevated AST/ALT, bilirubin, INR, albumin). (c) Explain imaging findings (ultrasound, CT, MRI) and biopsy significance. | C2/3 | MK | OPD Clinical Postings, Interactive seminars, group discussions | MCQ, SAQ | SAQ, OSCE | Physiology, Surgery, Practice of Medicine |
| HomUG-PM II.64.C.5 | Knows How | Differential diagnoses of hepatic failure | (a) List differential diagnoses (acute hepatitis, cirrhosis, metabolic liver diseases). (b) Discuss diagnostic criteria to differentiate hepatic failure from other liver diseases. | C3/4/5 | MK | OPD Clinical Postings, Group Discussions | Tutorials, Team projects | Bedside Examinations, Viva | Practice of Medicine, Surgery |
| HomUG-PM II.64.C.6 | Knows How | Homoeopathic and conventional treatment options, supportive care | (a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Integrate supportive care (nutritional support, ascites management, regular monitoring). | C3/4 | MK | OPD Clinical Postings, Role Play | Group Discussions, SAQ | OSCE, Bedside Examinations, Viva | Pharmacology, Homoeopathic Therapeutics, Practice of Medicine |
| HomUG-PM II.64.C.7 | Does | Patient education, lifestyle advice, and preventive measures | (a) Educate patients on hepatic failure, lifestyle modifications, and treatment options. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding hepatotoxic substances). (c) Discuss preventive measures (monitoring, hepatitis vaccination, preventing liver damage). | A2/3 | NK | Role-playing, Patient counselling | Group Discussions | OSCE, Patient education session | Practice of Medicine, Community Medicine |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| | | | | | | | | Formative | Summative | |
| HomUG-PM II.65. Liver abscess & Cysts | | | | | | | | | | |
| HomUG-PM II.65.1 | Knowledge and Scholarship | Knows | Definition, causes, and risk factors of liver abscesses and cysts | (a) Define liver abscesses and cysts as localized collections of pus or fluid in the liver. (b) Identify causes and risk factors (bacterial, amoebic infections, trauma, obstruction). (c) Describe pathophysiological changes in the liver. | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |
| HomUG-PM II.65.2 | | Knows | Pathogenesis of Liver Abscess and Cysts | Explain the pathogenesis (infection, inflammation, cyst formation). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |
| HomUG-PM II.65.3 | | Knows How | Symptoms, signs and complications of liver abscesses and cysts | (a) Identify common symptoms (fever, right upper quadrant pain, jaundice). (b) Describe clinical signs (hepatomegaly, tenderness, systemic infection). (c) List complications (rupture, secondary infection, systemic spread). | C2/3 | MK | Lectures, OPD Clinical Postings, Clinical simulations | SAQ | SAQ, OSCE, Bedside Examination, Viva | Practice of Medicine, Surgery |

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| HomUG- PM II.65.4 | Knows How | Laboratory tests, imaging studies, and microbiological tests | (a) List diagnostic tests (LFTs, CBC, imaging, microbiological tests). (b) Discuss imaging results to identify and differentiate abscesses and cysts. (c) Explain microbiological findings for diagnosing causative organisms. | C2/3 | MK | OPD Clinical Postings, Interactive seminars, group discussions | MCQ, SAQ | SAQ, OSCE | Physiology, Surgery, Practice of Medicine |
| HomUG- PM II.65.5 | Knows How | Differential diagnoses of liver abscesses and cysts | (a) Discuss differential diagnoses (other liver masses, infections). (b) Identify criteria to differentiate abscesses and cysts from other hepatic conditions. | C3/4/5 | MK | OPD Clinical Postings, Group Discussions | Tutorials, Team projects | Bedside Examinations, Viva | Practice of Medicine, Surgery |
| HomUG- PM II.65.6 | Knows How | Homoeopathic and conventional treatment options, drainage procedures | (a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Outline interventional procedures (percutaneous drainage, surgical approaches). | C2/3/4 | MK | OPD Clinical Postings, Role Play | Group Discussions, SAQ | OSCE, Bedside Examinations, Viva | Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine |
| HomUG- PM II.65.7 | Does | Patient education, lifestyle advice and preventive measures | (a) Educate patients on liver abscesses and cysts, treatment adherence, and lifestyle modifications. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding | A2/3 | NK | Role- playing, Patient counselling | Group Discussions | OSCE, Patient education session | Practice of Medicine, Community Medicine |

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| | | | | hepatotoxic substances). (c) Discuss preventive measures (hygiene, avoiding contaminated food/water, regular check-ups). | | | | | | |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.66. Cholecystitis: Acute & Chronic

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| HomUG-PM II.66.1 | Knowledge and Scholarship | Knows | Definition, causes, and risk factors of acute and chronic cholecystitis | (a) Define cholecystitis as gallbladder inflammation, often caused by gallstones. (b) Identify causes and risk factors (gallstones, infections, biliary stasis). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |
| HomUG-PM II.66.2 | | Knows | Pathogenesis of acute and chronic cholecystitis | (a) Explain the pathogenesis (inflammation, infection, biliary obstruction). (b) Describe pathophysiological changes in the gallbladder. | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |

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| HomUG- PM II.66.3 | Knows How | Symptoms and signs of acute and chronic cholecystitis | (a) Identify common symptoms of acute cholecystitis (right upper quadrant pain, fever, nausea, vomiting). (b) Describe clinical signs (Murphy's sign, jaundice, palpable gallbladder). (c) Describe symptoms and signs of chronic cholecystitis (intermittent pain, bloating, and dyspepsia). | C2/3 | MK | Lectures, OPD Clinical Postings, Clinical simulations | SAQ | SAQ, OSCE, Bedside Examination, Viva | Practice of Medicine, Surgery |
| HomUG- PM II.66.4 | Knows How | Laboratory tests, imaging studies, and liver function tests | (a) Discuss diagnostic tests (LFTs, CBC, ultrasound, HIDA scan). (b) Explain the significance of laboratory findings in differentiating acute and chronic cholecystitis. | C2/3 | MK | OPD Clinical Postings, Interactive seminars, group discussions | MCQ, SAQ | SAQ, OSCE | Physiology, Surgery, Practice of Medicine |
| HomUG- PM II.66.5 | Knows How | Differential diagnoses of acute and chronic cholecystitis | (a) Discuss differential diagnoses (other causes of abdominal pain). (b) Apply diagnostic criteria to differentiate cholecystitis from other abdominal conditions. | C3/4/5 | MK | OPD Clinical Postings, Group Discussions | Tutorials, Team projects | Bedside Examinations, Viva | Practice of Medicine, Surgery |

AIM Homoeopathy

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| HomUG- PM II.66.6 | Knows How | Homoeopathic and conventional treatment options, surgical options | (a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Discuss surgical options (cholecystectomy for recurrent or complicated cases). | C3/4 | MK | OPD Clinical Postings, Role Play | Group Discussions, SAQ | OSCE, Bedside Examinations, Viva | Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine |
| HomUG- PM II.66.7 | Does | Patient education, lifestyle advice and preventive measures | (a) Educate patients on cholecystitis, treatment adherence, and lifestyle modifications. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding fatty foods). (c) Discuss preventive measures (healthy weight, avoiding rapid weight loss, regular check-ups). | A2/3 | NK | Role-playing, Patient counselling | Group Discussions | OSCE, Patient education session | Practice of Medicine, Community Medicine |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.67. Cholelithiasis | | | | | | | | | | |

AIM Homoeopathy

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| HomUG- PM II.67.1 | Knowledge and Scholarship | Knows | Definition, Causes and risk factors of cholelithiasis | (a) Define cholelithiasis as gallstone formation in the gallbladder. (b) Identify causes and risk factors (genetic predisposition, obesity, rapid weight loss, medications). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |
| HomUG- PM II.67.2 | | Knows | Pathogenesis of Cholelithiasis | (a) Explain the pathogenesis (cholesterol saturation, bile stasis, gallbladder motility issues). (b) Describe pathophysiological changes in the gallbladder and biliary system. | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |
| HomUG- PM II.67.3 | | Knows How | Symptoms, signs& Complications of Cholelithiasis | (a) Identify common symptoms (right upper quadrant pain, biliary colic, nausea, vomiting). (b) Describe clinical signs (tenderness, positive Murphy's sign). (c) Discuss complications (acute cholecystitis, cholangitis, and pancreatitis). | C2/3 | MK | Lectures, OPD Clinical Postings, Clinical simulations | SAQ | SAQ, OSCE, Bedside Examination, Viva | Practice of Medicine, Surgery |
| HomUG- PM II.67.4 | | Knows How | Laboratory tests, imaging studies and liver function tests | (a) List diagnostic tests (LFTs, CBC, ultrasound, MRCP). (b) Explain the significance of laboratory findings in diagnosing cholelithiasis. | C2/3 | MK | OPD Clinical Postings, Interactive seminars, group discussions | MCQ, SAQ | SAQ, OSCE | Physiology, Surgery, Practice of Medicine |

AIM Homoeopathy

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| HomUG- PM II.67.5 | Knows How | Differential diagnoses of Cholelithiasis | Discuss differential diagnoses (other causes of abdominal pain and biliary disorders). | C3/4/5 | MK | OPD Clinical Postings, Group Discussions | Tutorials, Team projects | Bedside Examinations, Viva | Practice of Medicine, Surgery |
| HomUG- PM II.67.6 | Knows How | Homoeopathic and conventional treatment options, surgical options | (a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Discuss surgical options (laparoscopic cholecystectomy for symptomatic or complicated cases). | C3/4 | MK | OPD Clinical Postings, Role Play | Group Discussions, SAQ | OSCE, Bedside Examinations, Viva | Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine |
| HomUG- PM II.67.7 | Does | Patient education, lifestyle advice and preventive measures | (a) Educate patients on cholelithiasis, treatment adherence, and lifestyle modifications. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding high-fat foods). (c) Discuss preventive measures (healthy weight, avoiding rapid weight loss, regular check-ups). | A2/3 | NK | Role- playing, Patient counselling | Group Discussions | OSCE, Patient education session | Practice of Medicine, Community Medicine |

AIM Homoeopathy

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.68. Acute and Chronic Pancreatitis | | | | | | | | | | |
| HomUG-PM II.68.1 | Knowledge and Scholarship | Knows | Definition, Causes and risk factors of acute and chronic pancreatitis | (a) Define pancreatitis as inflammation of the pancreas (acute or chronic). (b) Identify causes and risk factors (gallstones, alcohol use, hypertriglyceridemia, genetic factors). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |
| HomUG-PM II.68.2 | | Knows | Pathogenesis of acute and chronic pancreatitis | (a) Explain the pathogenesis (pancreatic inflammation, autodigestion, and fibrosis). (b) Describe pathophysiological changes in the pancreas. | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |

AIM Homoeopathy

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| HomUG- PM II.68.3 | Knows How | Symptoms and signs of acute and chronic pancreatitis | (a) Identify common symptoms of acute pancreatitis (severe abdominal pain, nausea, vomiting, and fever). (b) Describe clinical signs (abdominal tenderness, jaundice, and malabsorption). (c) Identify symptoms and signs of chronic pancreatitis (persistent pain, weight loss, and steatorrhea). | C2/3 | MK | Lectures, OPD Clinical Postings, Clinical simulations | SAQ | SAQ, OSCE, Bedside Examination, Viva | Practice of Medicine, Surgery |
| HomUG- PM II.68.4 | Knows How | Laboratory tests, imaging studies, and pancreatic function tests | (a) List diagnostic tests (serum amylase, lipase, LFTs, CT, MRI, ultrasound, pancreatic function tests). (b) Discuss imaging results to identify and differentiate acute/chronic pancreatitis and assess complications. (c) Explain the significance of laboratory findings in diagnosis and monitoring. | C2/3 | MK | OPD Clinical Postings, Interactive seminars, group discussions | MCQ, SAQ | SAQ, OSCE | Physiology, Surgery, Practice of Medicine |
| HomUG- PM II.68.5 | Knows How | Differential diagnoses of acute and chronic pancreatitis | (a) Discuss differential diagnoses (other causes of abdominal pain, pancreatic disorders). (b) Define diagnostic criteria to differentiate pancreatitis from other conditions. | C3/4/5 | MK | OPD Clinical Postings, Group Discussions | Tutorials, Team projects | Bedside Examinations, Viva | Practice of Medicine, Surgery |

AIM Homoeopathy

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| HomUG- PM II.68.6 | Knows How | Homoeopathic and conventional treatment options, surgical options | (a) Describe treatment plans (homoeopathic and conventional strategies). (b) Discuss surgical options (endoscopic procedures, surgery for complications). | C3/4 | MK | OPD Clinical Postings, Role Play | Group Discussions, SAQ | OSCE, Bedside Examinations, Viva | Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine |
| HomUG- PM II.68.7 | Does | Patient education, lifestyle advice, and preventive measures | (a) Educate patients on pancreatitis, treatment adherence, and lifestyle modifications. (b) Counsel on lifestyle changes (balanced diet, avoiding alcohol, regular exercise). (c) Discuss preventive measures (healthy weight, managing hyperlipidaemia, avoiding triggers). | A2/3 | NK | Role-playing, Patient counselling | Group Discussions | OSCE, Patient education session | Practice of Medicine, Community Medicine |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.69. Hepatocellular Carcinoma(HCC) | | | | | | | | | | |

AIM Homoeopathy

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|-------------------------|---------------------------|-----------|--|--|------|----|---|----------|--------------------------------------|--------------------------------|
| HomUG- PM II.69.1 | Knowledge and Scholarship | Knows | Definition, causes, and risk factors of hepatocellular carcinoma (HCC) | (a) Define HCC as a primary malignant liver tumor often linked to chronic liver disease and cirrhosis. (b) Identify causes and risk factors (chronic hepatitis B/C, cirrhosis, aflatoxin exposure, metabolic disorders). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |
| HomUG- PM II.69.2 | | Knows | Pathogenesis of HCC | (a) Explain the pathogenesis (hepatic cell transformation, genetic mutations, tumor growth). (b) Describe pathophysiological changes (tumor formation, local invasion, and metastasis). | C1 | MK | Lecture, Reading | MCQ, SAQ | SAQ, LAQ, MCQ | Physiology, Pathology, Surgery |
| HomUG- PM II.69.3 | | Knows How | Symptoms and signs of HCC | (a) Identify common symptoms (right upper quadrant pain, weight loss, jaundice, and ascites). (b) Describe clinical signs (hepatomegaly, liver tenderness, and chronic liver disease signs). (c) Discuss advanced HCC symptoms (portal hypertension, encephalopathy, variceal bleeding). | C2/3 | MK | Lectures, OPD Clinical Postings, Clinical simulations | SAQ | SAQ, OSCE, Bedside Examination, Viva | Practice of Medicine, Surgery |

AIM Homoeopathy

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| HomUG- PM II.69.4 | Knows How | Laboratory tests, imaging studies, and tumor markers (AFP) | (a) List diagnostic tests (LFTs, serum AFP, CT, MRI, ultrasound, liver biopsy). (b) Discuss imaging results to identify HCC, differentiate from other lesions, and assess tumor staging/metastasis. | C2/3 | MK | OPD Clinical Postings, Interactive seminars, group discussions | MCQ, SAQ | SAQ, OSCE | Physiology, Pathology, Surgery, Practice of Medicine |
| HomUG- PM II.69.5 | Knows How | Differential diagnoses of HCC | Discuss differential diagnoses (metastatic liver disease, cholangiocarcinoma, benign liver tumors). | C3/4/5 | MK | OPD Clinical Postings, Group Discussions | Tutorials, Team projects | Bedside Examinations, Viva | Practice of Medicine, Surgery |
| HomUG- PM II.69.6 | Knows How | Homoeopathic and conventional treatment options, surgical options | (a) Describe treatment plans (homoeopathic and conventional strategies). (b) Discuss surgical options (resection, liver transplantation, palliative care). | C3/4 | MK | OPD Clinical Postings, Role Play | Group Discussions, SAQ | OSCE, Bedside Examinations, Viva | Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine |
| HomUG- PM II.69.7 | Does | Patient education, lifestyle advice, and preventive measures | (a) Educate patients on HCC, early detection, and treatment options. (b) Counsel on lifestyle changes (balanced diet, avoiding alcohol, managing liver conditions). (c) Discuss preventive measures (hepatitis B vaccination, regular screening, and avoiding hepatotoxic substances). | A2/3 | NK | Role- playing, Patient counselling | Group Discussions | OSCE, Patient education session | Practice of Medicine, Community Medicine |

AIM Homoeopathy

| Sl. No | Competency | Millers Level: Does/Shows s how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.70. Miasmatic Interpretation of Liver, Gall bladder & Pancreas disorders | | | | | | | | | | |
| HomUG-PM II.70.1 | Homoeopathic orientation | Knows How | Understanding miasms as underlying causes of chronic diseases affecting the liver, gallbladder, and pancreas. | 1. Describe the concept of miasms in the context of liver, gallbladder, and pancreatic disorders. 2. Identify symptoms related to different miasms. 3. Discuss treatment approaches based on miasmatic understanding. | C2 | MK | Lecture, case discussions, interactive workshops | MCQs, group presentations, case analysis | Written exam, project on miasmatic approaches | Homoeopathic Philosophy |

AIM Homoeopathy

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| HomUG -PM II.70.2 | <p>Analysis of liver disorders (e.g., hepatitis, cirrhosis) through the lens of miasms, such as psora, syphilis, and sycosis.</p> <p>Analysis of gallbladder disorders (e.g., cholecystitis, gallstones) through miasmic theories.</p> <p>Evaluation of pancreatic disorders (e.g., pancreatitis, pancreatic cancer) from a miasmic perspective.</p> | 1. Analyze liver disorders in terms of psora, syphilis, and sycotic miasms. 2. Recognize clinical features and treatment methods. | C2 | MK | Case studies, peer review, discussion forums | Case study presentations , reflective essays | Written report on miasmic analysis of liver disorders | Homoeopathic Philosophy |
| HomUG -PM II.70.3 | | 1. Analyze gallbladder disorders in relation to miasms. 2. Identify treatment strategies and lifestyle modifications based on miasmic understanding . | C2 | MK | Group discussions , role play, clinical scenarios | Case discussions, quizzes on gallbladder disorders | Practical exam on gallbladder disease management | Homoeopathic Philosophy |
| HomUG -PM II.70.4 | | 1. Evaluate pancreatic disorders in terms of miasms. 2. Discuss implications for treatment and prognosis. | C2 | MK | Interactive lectures, seminars, research projects | Group presentations on case studies, peer feedback | Written exam on pancreatic disorders and miasms | Homoeopathic Philosophy |

AIM Homoeopathy

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.71. Therapeutics related to Liver, Gall bladder & Pancreas disorders | | | | | | | | | | |
| HomUG-PM II.71.1 | Homoeopathic Orientation | Knows | Key remedies for liver diseases: Chelidonium, Carduus Marianus, Lycopodium, Nux Vomica, etc. | (a) Describe key homoeopathic remedies for liver disorders. (b) Explain the indications and symptoms that guide the selection of these remedies. (c) Describe the common therapeutic uses of remedies such as Chelidonium, Carduus Marianus, and Nux Vomica in liver conditions. | C1 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ, Bedside Examination, Viva | Materia Medica, Homoeopathic Pharmacy, Homoeopathic Therapeutics |
| HomUG-PM II.71.2 | | Knows How | Differential indications of remedies for liver disorders | (a) Differentiate between homoeopathic remedies based on their specific indications for liver disorders. (b) Explain the subtle differences in symptomatology that guide remedy selection for liver conditions. | C2 | MK | Case studies, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside Examination, Viva | Practice of Medicine, Materia medica, Homoeopathic Therapeutics |

AIM Homoeopathy

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| HomUG- PM II.71.3 | Knows | Key remedies for gall bladder diseases: Chelidonium, Carduus Marianus, Lycopodium, Nux Vomica, etc. | (a) Identify and describe key homoeopathic remedies for gall bladder disorders. (b) Explain the indications and symptoms that guide the selection of these remedies. (c) Describe the common therapeutic uses of remedies such as Chelidonium and Lycopodium in gall bladder conditions. | C1 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ, Bedside Examination, Viva | Materia Medica, Homoeopathic Pharmacy, Homoeopathic Therapeutics |
| HomUG- PM II.71.4 | Knows How | Differential indications of remedies for gall bladder disorders | (a) Differentiate between homoeopathic remedies based on their specific indications for gall bladder disorders. (B) Explain the subtle differences in symptomatology that guide remedy selection for gall bladder conditions. | C2 | MK | Case studies, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside Examination, Viva | Practice of Medicine, Materia medica, Homoeopathic Therapeutics |
| HomUG- PM II.71.5 | Knows | Key remedies for pancreatic diseases: Phosphorus, Iris Versicolor, Lycopodium, Nux Vomica, etc. | (a) Identify and describe key homoeopathic remedies for pancreatic disorders. (b) Explain the indications and symptoms that guide the selection of these remedies. (c) Describe the common therapeutic uses of remedies such | C1 | MK | Lecture, Reading, Discussions | MCQ, SAQ | MCQ, SAQ, Bedside Examination, Viva | Materia Medica, Homoeopathic Pharmacy, Homoeopathic Therapeutics |

AIM Homoeopathy

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| | | | | as Phosphorus and Iris Versicolor in pancreatic conditions. | | | | | | |
| HomUG-PM II.71.6 | | Knows How | Differential indications of remedies for pancreatic disorders | (a) Differentiate between homoeopathic remedies based on their specific indications for pancreatic disorders. (b) Explain the subtle differences in symptomatology that guide remedy selection for pancreatic conditions. | C2 | MK | Case studies, OPD Clinical Postings | MCQ, SAQ | MCQ, SAQ, Bedside Examination, Viva | Practice of Medicine, Materia medica, Homoeopathic Therapeutics |

5.6. Endocrine and Metabolic Disorders

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.72. Approach to Endocrine Disorders

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| HomUG-PM II.72.1 | Knowledge and Scholarship | K | Basic endocrinology, hormone functions, and mechanisms of hormonal imbalances | Describe the physiological mechanisms leading to endocrine disorders | C1 | MK | Lectures, Reading assignments | MCQ | MCQ, SAQ | Physiology, Biochemistry |
| HomUG-PM II.72.2 | | | Common symptoms of endocrine dysfunction. | Identify the common symptoms associated with major endocrine disorders | C1 | MK | Symptomatology exercises | Case presentations | OSCE, Viva voce | Pathology, Practice of Medicine |

AIM Homoeopathy

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| HomUG-PM II.72.3 | SH | Self-monitoring techniques, importance of diet and exercise, stress management | (a) Educate patients on the importance of self-care in endocrine health (b) Educate patients on the importance of prevention in endocrine health. | P2 | NK | Patient education workshops, Chart making | Patient education role-play | SAQ | Community Medicine. |
| HomUG-PM II.72.4 | KH | Understanding the scope of homoeopathy and when to refer to or collaborate with other specialists | (a) Explain the role of homoeopathy in managing endocrine disorders. (b) Describe the limitations of homoeopathy in endocrine disorders. | C3 | DK | Guest lectures | Team-based case management exercises | SAQ, LAQ | Organon, Homoeopathic Materia Medica |
| HomUG-PM II.72.5 | KH | Psychoneuroendocrine Axis | (a) Define the components of the psychoneuroendocrine axis. (b) Explain its role in endocrine disorders. (c) Discuss feedback mechanisms. | C2 | MK | Lectures, interactive discussions, multimedia presentations | Quizzes on axis components and functions | Written exam on PNE axis | Psychology, Physiology, PM |
| HomUG-PM II.72.6 | KH | Clinical implications of the psychoneuroendocrine axis | (a) Identify how stress impacts endocrine function. (b) Evaluate case studies involving the psychoneuroendocrine axis. | C3 | MK | Case studies, group projects | Case study presentations and discussions | Practical assessment on management strategies | Psychology, Physiology, PM |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.73. Hypothyroidism | | | | | | | | | | |

AIM Homoeopathy

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| HomUG-PM II.73.1 | Knowledge and Scholarship | K | Definition, epidemiology, causes, and risk factors of hypothyroidism | (a) Define hypothyroidism as insufficient thyroid hormone production. (b) Describe the prevalence of hypothyroidism. (c) List causes of hypothyroidism. (d) List risk factors for hypothyroidism. | C1 | MK | Lecture, Reading | Quiz, Discussion | MCQ, SAQ | Practice of Medicine |
| HomUG-PM II.73.2 | | | Signs and symptoms of hypothyroidism | Identify the common clinical manifestations of hypothyroidism | C1 | MK | Case studies, Clinical shadowing | OSCE, Case presentation | OSCE, Clinical exam | Practice of Medicine, Pathology |
| HomUG-PM II.73.3 | | KH | Diagnostic criteria, lab tests (TSH, T4) | Interpret the results of laboratory tests for hypothyroidism diagnosis | C3 | MK | Lab tutorials, Interactive lectures, DOAP | Lab result interpretation exercises | Lab test interpretation on exams | Physiology, Practice of Medicine |
| HomUG-PM II.73.4 | | SH | Treatment options, monitoring, and follow-up | Formulate a comprehensive management plan for a patient with hypothyroidism | P2 | MK | Small group discussions, Clinical rotations | Treatment plan assignment | Case management exam | Pharmacology, Therapeutics |
| HomUG-PM II.73.5 | | Does | Patient education, lifestyle advice, medication adherence | (a) Educate patients on medication adherence. (b) Educate patients on lifestyle modifications. | A | MK | Role-playing, Patient education workshops | Patient counseling simulation | Oral exam | Community Medicine, Practice of medicine |
| HomUG-PM II.73.6 | | KH | Complications, comorbidities, emergency conditions (myxedema coma) | Identify the common complications in hypothyroidism | C2 | MK | Problem-based learning, Clinical seminars | Case studies analysis | Comprehensive clinical exam | Practice of Medicine |
| HomUG-PM II.73.7 | | | Review of current guidelines and research | Utilize evidence-based research in the treatment of hypothyroidism | P2 | DK | Journal club, Online research databases | Evidence-based treatment plan presentation | SAQ | Research Methodology |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.74. Hyperthyroidism | | | | | | | | | | |
| HomUG- PM II.74.1 | Knowledge and Scholarship | K | Definition, Pathophysiology and causes of hyperthyroidism | (a) Defined as a condition characterized by excessive production of thyroid hormones, resulting in accelerated metabolism. (b) Describe the pathophysiological evolution of hyperthyroidism. (c) State the causes for hyperthyroidism | C1 | MK | Lecture, Reading assignments | MCQ | MCQ, SAQ | Physiology, Endocrinology |
| HomUG- PM II.74.2 | | | Signs and symptoms | Identify the clinical manifestations associated with hyperthyroidism | C1 | MK | Lecture, Video demonstrations | MCQ | MCQ, SAQ, OSCE | Practice of Medicine |
| HomUG- PM II.74.3 | | | KH | Laboratory and imaging tests | C2/3 | MK | Group Presentation | Lab data interpretation exercises | Bedside examination, Viva | Pathology, Practice of Medicine |
| HomUG- PM II.74.4 | | | SH | Pharmacotherapy, radioactive iodine therapy, surgery | Develop a management plan based on the latest evidence-based guidelines | P2 | MK | Problem-based learning | Treatment planning assignment | Pharmacology, Surgery |

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| HomUG-PM II.74.5 | Does KH | Disease education, lifestyle modifications, follow-up care | Educate patients on their (a) condition, (b) management plan (c) how to recognize complications | P2 | MK | Role-playing | Patient counselling simulation, Chart making | Oral examination | Community Medicine |
| HomUG-PM II.74.6 | | Coordination of care across specialties | Define the multidisciplinary approach to hyperthyroidism management | C4/5 | DK | Guest lectures, workshops, Team-based learning | SAQ | SAQ, LAQ | Practice of Medicine |
| HomUG-PM II.74.7 | | Thyroid storm, osteoporosis, atrial fibrillation | Identify the complications of hyperthyroidism | C2 | MK | Clinical simulations, Case studies | Assignments | Clinical reasoning at bedside & Viva | Practice of Medicine |
| HomUG-PM II.74.8 | | Review of current guidelines and research | Utilize the evidence-based research in the treatment of hyperthyroidism | P2 | DK | Journal club, Online research databases | Evidence-based treatment plan presentation | SAQ | Research Methodology |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.75. Thyroiditis | | | | | | | | | | |
| HomUG-PM II.75.1 | Knowledge and Scholarship | K | Definition, pathophysiology, and types of thyroiditis | (a) Define thyroiditis as inflammation of the thyroid gland. (b) Describe the pathophysiology of thyroiditis. (c) Describe types of thyroiditis (acute, subacute, chronic). | C1 | MK | Lecture, Reading assignments | MCQ, SAQ | MCQ, SAQ | Pathology, Practice of Medicine |

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| HomUG-PM II.75.2 | | Signs, symptoms, laboratory and imaging findings | (a) Identify clinical manifestations of thyroiditis. (b) Describe diagnostic criteria for thyroiditis. | C1 | MK | Lectures, Clinical case discussions, | Diagnostic test interpretation exercises | OSCE | Practice of Medicine |
| HomUG-PM II.75.3 | KH | Laboratory tests (e.g., TSH, T4, thyroid antibodies), imaging studies | Interpret the results of diagnostic tests to confirm thyroiditis | C2/3 | MK | Interactive lectures | Lab data interpretation exercises | Bedside examination, Viva | Physiology, Pathology, Practice of Medicine, Radiology |
| HomUG-PM II.75.4 | KH | Pharmacotherapy - symptomatic treatment, follow-up | Formulate a management plan tailored to the type and severity of thyroiditis | C3/P2 | MK | Problem-based learning, | Assignments | Bedside examination, Viva | Pharmacology, Homoeopathic Therapeutics |
| HomUG-PM II.75.5 | Does | Disease education, lifestyle modifications, and follow-up care | (a) Educate patients on managing thyroiditis. (b) Educate patients on medication adherence. (c) Educate patients on recognizing complications. | A3 | MK | Role-playing, Patient education seminars | Patient counselling simulation, Chart making | Viva | Community Medicine |
| HomUG-PM II.75.6 | KH | Thyroid storm, hypothyroidism, goiter | Define the management for complications of thyroiditis | C2/3 | DK | Lectures, Case studies | MCQ | MCQ, SAQ, LAQ | Practice of Medicine |
| HomUG-PM II.75.7 | | Coordination of care across specialties | Define the multidisciplinary approach to thyroiditis management | C4/5 | DK | Guest lectures, workshops, Team-based learning | SAQ | SQ, LAQ | Practice of Medicine, Surgery |
| HomUG-PM II.75.8 | Does | Incorporating patient preferences and values in care plans | Engage patients in their care plans, respecting their preferences and values | A2/3 | Nk | Patient interviews | Patient engagement role-play | LAQ | Forensic Medicine |

| Sl. No | Competency | Millers Level: | Content | SLO | Blooms | Priority - | T-L Methods | Assessment | Integration |
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AIM Homoeopathy

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| HomUG-PM II.76. Goiters | | | | | | | | | | |
| HomUG-PM II.76.1 | Knowledge and Scholarship | K | Definition, causes, and pathophysiology of goiter | (a) Define goiter as abnormal thyroid gland enlargement. (b) List causes of goiter. (c) Describe pathophysiological mechanisms of goiter. | , | MK | Lecture, Reading assignments | Quiz, Short essays | MCQ, SAQ | Anatomy, Physiology, Surgery |
| HomUG-PM II.76.2 | | KH | Signs and symptoms of goiter | List the signs and symptoms of goiter | C2 | MK | Lectures, Clinical case discussions | Peer teaching, quizzes | OSCE, SAQ | Practice of Medicine |
| HomUG-PM II.76.3 | | SH | Physical examination techniques and diagnostic tests | (a) Define the diagnosis of goiter through clinical examination. (b) List the diagnostic investigations for goiter. | P2 | MK | Practical sessions, Lab tutorials | Role-play, Diagnostic test interpretation exercises | Bedside examination, OSCE, Viva | Surgery, Practice of Medicine |
| HomUG-PM II.76.4 | | KH | Selection of homoeopathic remedies | List the Homoeopathic remedies in the management of goiter | C3 | MK | Seminars, Case-based learning | Case study analysis | SAQ, Bedside examination, Viva | Pharmacology, Materia Medica |
| HomUG-PM II.76.5 | | | Importance of iodine in diet, avoidance of goitrogens | Advise patients on dietary and lifestyle modifications to support treatment and prevent recurrence | A2 | DK | Interactive lectures, Patient education workshops | Patient counseling simulation, Chart making | Viva | Community Medicine, Practice of Medicine |

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| HomUG-PM II.76.6 | | Regular monitoring and adjustment of treatment | (a) Define the need for regular monitoring. (b) Adjust treatment plans based on response and lab results. | P2/3 | DK | OPD/Clinical rotations, Journal clubs | Treatment plan adjustment exercises | Viva, Follow-up case presentation | Practice of Medicine, Homoeopathic Therapeutics |
| HomUG-PM II.76.7 | K | Public health strategies for goiter prevention | Define the role of public health measures (e.g., iodized salt, education on goitrogens). | C1 | NK | Guest lectures, Community medicine rotations | Group projects on public health strategies | SAQ, LAQ, Viva | Community Medicine |
| HomUG-PM II.76.8 | Does | Current research and advancements in goiter treatment | Engage in continuous learning about the latest research on goiter treatment modalities. | C4/5 | NK | Journal clubs, Online research and presentations | Literature review assignment | SAQ | Research Methodology. |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.77. Parathyroid disorders | | | | | | | | | | |
| HomUG-PM II.77.1 | Knowledge and Scholarship | K | Anatomy and physiology of parathyroid glands, calcium homeostasis | Explain the role of parathyroid glands in calcium regulation | C1 | MK | Lecture, Reading assignments | Quiz, Short essays | MCQ, SAQ | Physiology, Anatomy |

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| HomUG-PM II.77.2 | | Definition, causes, and mechanisms of parathyroid disorders | (a) Define parathyroid disorders as conditions affecting PTH secretion and calcium balance. (b) Describe causes of parathyroid disorders. (c) List risk factors for parathyroid disorders. (d) Define pathophysiological processes of parathyroid disorders. | C2 | MK | Lecture, Case studies, Chart making | Group discussions, Concept maps | MCQ, SAWQ, Viva | Pathology, Biochemistry, Practice of Medicine, Surgery |
| HomUG-PM II.77.3 | KH | Signs, symptoms, laboratory tests, and imaging studies | (a) Define diagnosis of parathyroid disorders using clinical presentation. (b) List diagnostic investigations (calcium, PTH levels, imaging). | C3/4 | MK | Clinical skills workshops, Lab tutorials | Role-playing, Lab results interpretation exercise | OSCE, Viva | Practice of Medicine |
| HomUG-PM II.77.4 | | Medical management and surgical treatment options | Define the management plan for patients with parathyroid disorders | P2 | MK | Seminars, OPD/Clinical rotations | Treatment planning exercises, Assignments | Bedside examination, Viva | Surgery, Practice of Medicine, Pharmacology |
| HomUG-PM II.77.5 | | Patient education on disease impact and management strategies | Provide comprehensive patient education on the disorder and management plan. | A2 | DK | Patient education workshops, Role-playing | Patient counseling simulation, Chart marking | SAQ | Practice of Medicine, Community Medicine |
| HomUG-PM II.77.6 | | Interdisciplinary approach to parathyroid disorders | Define the multidisciplinary approach (endocrinology, surgery, radiology, and nursing). | C3 | DK | Team-based learning, Guest Lectures | Collaborative care plan development | Bedside examination, Viva | Surgery, Practice of Medicine, Pharmacology |
| HomUG-PM II.77.7 | | Homoeopathic remedies for parathyroid disorders | List homoeopathic remedies for adjunctive treatment of parathyroid disorders. | C3 | NK | Lectures on therapeutics, Materia Medica study | Case study analysis with homoeopathic perspective | SAQ, Bedside examination, Viva | Homoeopathy, Materia Medica, Pharmacology |

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| HomUG- PM II.77.8 | Does | Current research trends and advances in diagnosis and treatment | Engage in continuous learning on advances in managing parathyroid disorders. | C4/5 | Nk | Journal clubs, Online research and presentations | Literature review assignment | SAQ | Research Methodology |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.78. Hypo and Hypercalcemia

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| HomUG- PM II.78.1 | Knowledge and Scholarship | K | Calcium metabolism and functions of calcium in the body | Describe the importance of calcium in physiological processes. | C1 | MK | Lecture, Reading assignments | Quiz, Short essays | MCQ, SAQ | Physiology, Biochemistry |
| HomUG- PM II.78.2 | | | Dietary sources and absorption pathways | (a) List the sources of dietary calcium. (b) Define the mechanisms of absorption of Calcium. | C1 | MK | Nutritional science lectures, Case studies | Chart making, Group discussions | OSCE, Viva | Physiology, Biochemistry |
| HomUG- PM II.78.3 | | KH | Hormonal regulation, bone turnover, and renal excretion | Describe mechanisms maintaining calcium homeostasis (PTH, calcitonin, vitamin D). | C1/2 | MK | Endocrinology lectures, Lab tutorials | Problem-solving exercises, Case-based discussions | SAQ, LAQ | Physiology, Biochemistry |
| HomUG- PM II.78.4 | | K | Causes, mechanisms, and clinical significance of hypo- and hypercalcemia | (a) List causes of hypo- and hypercalcemia. (b) Describe pathophysiological mechanisms of hypo- and hypercalcemia. | C2 | MK | Lecture, Reading assignments | Quiz, Short essays | MCQ, Viva | Biochemistry, Pathology, Practice of Medicine |

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| | | hypercalcemia | | | | | | |
| HomUG- PM II.78.5 | KH | Signs, symptoms and laboratory findings | Recognize clinical manifestations of hypo- and hypercalcemia. | C3 | MK | Clinical case discussions, Lab tutorials | Diagnostic test interpretation exercises | OSCE, Viva |
| HomUG- PM II.78.6 | | Serum calcium levels, ionized calcium, and other laboratory tests | Interpret diagnostic tests to confirm hypo- and hypercalcemia. | P2 | MK | Lab tutorials, Interactive lectures | Lab data interpretation exercises | Bedside examination, Viva |
| HomUG- PM II.78.7 | | Treatment options, addressing underlying causes, and monitoring | Define a management plan based on the causes and severity of hypo- and hypercalcemia. | C4/5 | MK | Seminars, OPD/Clinical rotations | Treatment planning assignment | Bedside examination, Viva |
| HomUG- PM II.78.8 | Does | Patient education on dietary modifications, medication adherence | (a) Educate patients on lifestyle changes for managing hypo- and hypercalcemia. (b) Describe the importance of treatment adherence. | A2 | DK | Patient education workshops, Counseling sessions | Role-playing, Patient counseling simulations | SAQ, Viva |
| HomUG- PM II.78.9 | KH | Complications of hypo- and hypercalcemia | Identify complications (renal stones, cardiac arrhythmias, neurological symptoms). | C3 | DK | Clinical simulations, Case studies | Assignments | SAQ, LAQ, Bedside examination, Viva |
| HomUG- PM II.78.10 | | Coordination of care across specialties | Define a multidisciplinary approach to managing hypo- and hypercalcemia. | C2/3 | DK | Guest lectures | Collaborative care plan development | SAQ, Viva |
| HomUG- PM II.78.11 | | Current guidelines, research studies and clinical trials | Apply the latest evidence-based practices in managing hypo- and hypercalcemia. | C4/5 | NK | Journal clubs, Online research and presentatons | Evidence-based treatment plan presentation | SAQ, Viva |

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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.79. Disorders of Adrenal Gland - Cushing Syndrome | | | | | | | | | | |
| HomUG- PM II.79.1 | Knowledge and Scholarship | K | Definition, Etiology and Pathophysiological mechanisms | (a) Describe Cushing Syndrome (b) Describe Cushing Syndrome's pathophysiology. (c) List the causes of Cushing's Syndrome. | C1 | MK | Lectures, Readings | MCQ, SAQ | MCQ, SAQ | Biochemistry, Practice of Medicine |
| HomUG- PM II.79.2 | | | Signs, symptoms, and diagnostic tests | (a) Identify clinical manifestations of Cushing Syndrome. (b) List the diagnostic tests of Cushing Syndrome. | C2 | MK | Lectures, Case studies, Clinical rounds | Diagnostic test interpretation exercises | OSCE, SAQ, LAQ, Viva | Practice of Medicine |
| HomUG- PM II.79.3 | | KH | Dexamethasone suppression test, cortisol levels, imaging | Analyze diagnostic tests | C2/P2 | MK | Lab tutorials, Interactive sessions | Assignments on Lab data interpretation | SAQ, Bedside examination, Viva | Practice of Medicine, Biochemistry, Radiology |
| HomUG- PM II.79.4 | | | Treatment options, addressing underlying causes | Define management plans | C3 | MK | Seminars, Case-based learning | Assignments treatment planning | SAQ, LAQ, Viva | Pharmacology, Homoeopathic Therapeutics |
| HomUG- PM II.79.5 | | Does | Lifestyle modifications, medication adherence | Provide patient education | A2 | DK | Role-playing, Patient counseling | Chart making | SAQ, LAQ, Viva | Community Medicine |

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| HomUG- PM II.79.6 | SH | Osteoporosis, hypertension, hyperglycaemia | (a) Identify the complications. (b) Define the management strategies. | C3 | DK | Clinical simulations, Case discussions | Assignments on complication management | SAQ, LAQ, Bedside examination, Viva | Practice of Medicine, Pharmacology |
| HomUG- PM II.79.7 | KH | Coordination across specialties | Define multidisciplinary approach to manage hypo- and hypercalcemia | C3/4 | DK | Interprofessional education, Team-based learning | Assignments on Collaborative care planning | SAQ, LAQ | Internal Medicine, Pharmacology, Surgery |
| HomUG- PM II.79.8 | Does | Current guidelines, research evidence | Utilize evidence-based approaches | C4/5 | NK | Journal clubs, Research discussions | Evidence-based treatment plan | SAQ, LAQ | Clinical Research |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.80. Disorders of Adrenal Gland - Addison's disease

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| HomUG- PM II.80.1 | Knowledge and Scholarship | K | Definition, Causes, mechanisms, and clinical significance | (a) Describe Addison's Disease (b) Describe the pathophysiological mechanisms of Addison's Disease. (c) List the causes of Addison's Disease | C1 | MK | Lectures, Readings | Quizzes, Concept maps | MCQ, SAQ | Pathology, Physiology, Practice of Medicine |
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| HomUG-PM II.80.2 | KH | Signs, symptoms, laboratory findings | (a) Identify clinical manifestations of Addison's Disease. (b) Interpret diagnostic tests of Addison's Disease | C2/P2 | MK | Lectures, Case studies, Clinical rounds | Diagnostic test interpretation exercises | OSCE, SAQ, LAQ, Viva | Practice of Medicine, Pathology |
| HomUG-PM II.80.3 | | Serum cortisol, ACTH levels, imaging studies | Interpret diagnostic tests to confirm Addison's Disease diagnosis | C3/P2 | MK | Lab tutorials, Interactive sessions | Assignments on Lab data interpretation | SAQ, Bedside examination, Viva | Biochemistry, Radiology |
| HomUG-PM II.80.4 | | Hormone replacement therapy, addressing underlying causes, monitoring | Formulate a management plan tailored to the underlying cause and severity of Addison's Disease | C3/P2 | MK | Seminars, Case-based learning | Assignments treatment planning | SAQ, LAQ, Viva | Pharmacology, Homoeopathic Therapeutics |
| HomUG-PM II.80.5 | | Medication regimen, recognition of emergency signs | Provide patient education on disease management and medication adherence | A2 | DK | Role-playing, Patient counseling | Chart making | SAQ, LAQ, Viva | Practice of Medicine, Pharmacology |
| HomUG-PM II.80.6 | | Recognition of acute adrenal crisis | Identify the symptoms of acute adrenal crises | C2/3 | DK | Lectures, Case discussions | Assignments on complication management | SAQ, Bedside examination, Viva | Practice of Medicine |
| HomUG-PM II.80.7 | | Coordination across specialties | Define multidisciplinary approach to manage Addisons Disease | C3/4 | DK | Guest lectures | Group Assignments | SAQ, LAQ | Practice of Medicine, Pharmacology |
| HomUG-PM II.80.8 | | Does | Current guidelines, research evidence | Utilize evidence-based approaches | C4/5 | NK | Journal clubs, Research discussions | Evidence-based treatment plan | SAQ, LAQ |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.81. Disorders of Adrenal Gland - Pheochromocytoma | | | | | | | | | | |
| HomUG- PM II.81.1 | Knowledge and Scholarship | K KH | Definition, Causes, mechanisms, and clinical significance | (a) Describe Pheochromocytoma (b) Describe the pathophysiological mechanisms of Pheochromocytoma. (c) List the causes of Pheochromocytoma | C1 | MK | Lectures, Readings | Quizzes, Concept maps | MCQ, SAQ | Pathology, Medicie |
| HomUG- PM II.81.2 | | | Signs, symptoms, laboratory findings | Identify clinical manifestations of Pheochromocytoma | C2/3 | MK | Lectures, Case studies, Clinical rounds | Diagnostic test interpretation exercises | OSCE, SAQ, LAQ, Viva | Practice of Medicine, Biochemistry |
| HomUG- PM II.81.3 | | | Plasma and urine metanephhrines, imaging studies | Interpret diagnostic tests to confirm Pheochromocytoma diagnosis | C3/P2 | MK | Lab tutorials, Interactive sessions,DOAP | Assignments on Lab data interpretation | SAQ, Bedside examination, Viva | Practice of Medicine, Biochemistry, Radiology |
| HomUG- PM II.81.4 | | | Surgical resection, preoperative alpha-blockade, monitoring | Define the management strategy in treating the underlying cause and severity of Pheochromocytoma | C3/4 | MK | Seminars, Case-based learning | Assignments on treatment planning | SAQ, LAQ, Viva | Pharmacology, Surgery, Homoeopathic Therapeutics |
| HomUG- PM II.81.5 | | | Medication adherence, recognition of complications | Provide patient education on disease management and postoperative care | A2 | DK | Role-playing, Patient counseling | Chart making | SAQ, LAQ, Viva | Community Medicine, Practice of Medicine |
| HomUG- PM II.81.6 | | | Hemodynamic instability, electrolyte imbalances | Identify the complications during and after surgery | C3 | DK | Lectures, Case discussions | Assignments on complication management | SAQ, LAQ, Viva | Practice of Medicine, Biochemistry |

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| HomUG- PM II.81.7 | Does Current guidelines, research evidence | Utilize evidence-based approaches | C4/5 | NK | Journal clubs, Research discussions | Assignments on evidence-based treatment plan | SAQ, LAQ | Clinical Research |
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| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.82. Dwarfism

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| HomUG- PM II.82.1 | Knowledge and Scholarship | K | Definition, Types of dwarfism, genetic causes | (a) Define Dwarfism (b) Identify the different types of dwarfism | C1 | MK | Lectures, Readings | Quizzes, Concept maps | MCQ, SAQ | Physiology, Biochemistry, Pediatrics |
| HomUG- PM II.82.2 | | KH | History taking, physical examination | Perform a clinical assessment of a patient with suspected dwarfism | C2/3 P/2 | MK | Lectures, Case studies, Clinical rounds | Diagnostic test interpretation exercises | OSCE, SAQ, LAQ, Viva | Practice of Medicine, Pediatrics |
| HomUG- PM II.82.3 | | | Genetic testing, imaging studies, hormone assays | Interpret diagnostic tests in the evaluation of dwarfism | C/3 P2 | MK | Lab tutorials, Interactive sessions | Assignments on Lab data interpretation | SAQ, Bedside examination, Viva | Biochemistry, Pathology, Radiology |
| HomUG- PM II.82.4 | | | Growth hormone therapy, orthopaedic interventions, psychological support | Define a comprehensive management plan (Addressing the medical, orthopaedic, and psychosocial needs) | C3/4 | MK | Seminars, Case-based learning | Assignments treatment planning | SAQ, LAQ, Viva | Pharmacology, Orthopedics, Psychology |

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| HomUG- PM II.82.5 | Does | Effective communication, prognosis, treatment options | Counsel patients and families effectively regarding dwarfism | A2 | DK | Role-playing, Patient counseling | SAQ | SAQ, LAQ, Viva | Forensic Medicine, Community Medicine |
| HomUG- PM II.82.6 | Does | Current research, evidence-based practice | Utilize evidence-based approaches to improve patient care | C4/5 | NK | Journal clubs, Research discussions | Assignments on evidence-based treatment plan | SAQ, LAQ | Clinical Research |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.83. Nelson Syndrome

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| HomUG- PM II.83.1 | Knowledge and Scholarship | K | Definition, Pathophysiology, cortisol regulation, role of ACTH | (a) Define Nelson Syndrome (b) Explain the underlying pathophysiological mechanisms of Nelson Syndrome | C1 | MK | Lectures, Readings | Quizzes, Concept maps | MCQ, SAQ | Biochemistry, Pathology |
| HomUG- PM II.83.2 | | K | Clinical features, differential diagnosis | (a) List the signs and symptoms of Nelson Syndrome (b) Differentiate Nelson Syndrome from similar conditions | C2/4 | MK | Lectures, Case studies, Clinical rounds DOAP | Diagnostic test interpretation exercises | OSCE, SAQ, LAQ, Viva | Practice of Medicine, Dermatology |
| HomUG- PM II.83.3 | | KH | Diagnostic criteria, imaging techniques, laboratory tests | Interpret lab and imaging results to diagnose Nelson Syndrome | C2/3 P2 | MK | Lab tutorials, Interactive sessions | Assignments on Lab data interpretation | SAQ, Bedside examination, Viva | Biochemistry, Radiology |

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| HomUG- PM II.83.4 | KH | Surgical and medical management | Describe the treatment plan | C3/4 | MK | Seminars, Case-based learning | Assignments on treatment planning, Tutorials | SAQ, LAQ, Viva | Pharmacology, Surgery |
| HomUG- PM II.83.5 | | Does Patient education, prognosis, compliance with treatment | Educate patients about their condition, treatment plan and the importance of follow-up | A2 | DK | Role-playing, Patient counseling | SAQ | SAQ, LAQ, Viva | Forensic Medicine |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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HomUG-PM II.84. Acromegaly and Gigantism

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| HomUG- PM II.84.1 | Knowledge and Scholarship | K | Definition, Pathophysiology, GH/IGF-1 axis | (a) Define gigantism and acromegaly (b) Describe the disturbances of hormone regulation in gigantism and acromegaly | C1 | MK | Lectures, Readings | Quizzes, Concept maps | MCQ, SAQ | Physiology, Biochemistry, Surgery |
| HomUG- PM II.84.2 | | | Signs and symptoms, complications | (a) Identify clinical manifestations (b) List the long-term complications | C2 | MK | Lectures, Case studies, Clinical rounds | Diagnostic test interpretation exercises | OSCE, SAQ, LAQ, Viva | Practice of Medicine |
| HomUG- PM II.84.3 | | KH | Diagnostic criteria, laboratory and imaging tests | Interpret diagnostic tests to confirm gigantism or acromegaly | C2/3 P2 | MK | Lab tutorials, Interactive sessions | Assignments on Lab data interpretation | SAQ, Bedside examination, Viva | Biochemistry, Radiology |

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| HomUG-PM II.84.4 | | Medical, surgical, and radiotherapeutic management | Define management plan incorporating all possible therapeutic options | C3 | Mk | Seminars, Case-based learning | Assignments on treatment planning, Tutorials | SAQ, LAQ, Viva | Surgery, Pharmacology |
| HomUG-PM II.84.5 | Does | Psychological impact, quality of life | Provide holistic care that includes psychological support and counselling | A2 | DK | Workshops | Assignments | SAQ, Viva | Psychology |
| HomUG-PM II.84.6 | KH | Evidence-based treatment, clinical guidelines | Utilize current evidences in defining the treatment. | C4/5 | NK | Journal club, workshops | Group discussion, presentation on recent articles | Written assignment on treatment guidelines | Research Methods |
| HomUG-PM II.84.7 | Does | Patient education strategies | Effectively communicate with patients and their families about disease management and follow-up | A2 | DK | Communication skill workshops, Chart making | Patient education plan, | SSQ | Community Medicine |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
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| HomUG-PM II.85. Diabetes Insipidus | | | | | | | | | | |
| HomUG-PM II.85.1 | Knowledge and Scholarship | K | Definition, Pathophysiology of DI | (a) Define Diabetes Insipidus (b) Explain the underlying mechanisms of central and nephrogenic DI | C1 | MK | Lectures, diagrams, Readings | MCQ, SAQ | MCQ, SAQ | Physiology, Pathology |

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| HomUG-PM II.85.2 | | Signs and symptoms | Identify the signs and symptoms indicative of DI | C2 | MK | Lectures, patient history analysis | MCQ | OSCE, SAQ, LAQ | Practice of Medicine |
| HomUG-PM II.85.3 | KH | Laboratory tests, water deprivation test, MRI | Interpret diagnostic tests to confirm DI | C3/4 P2 | MK | Simulation labs, interactive online modules | Test result analysis exercises | Viva | Laboratory Medicine, Radiology |
| HomUG-PM II.85.4 | | Treatment options for central and nephrogenic DI | Define a management plan for patients with DI, including drug therapy and monitoring | C3/4 | MK | Treatment planning workshops, Assignments | Treatment plan assignment | Bedside examination, Viva | Pharmacology, Endocrinology |
| HomUG-PM II.85.5 | | Does Patient education, lifestyle adjustments | Provide effective counselling to patients and families for managing DI | A2 | DK | Patient counseling role plays | Chart making | SAQ | Forensic Medicine |
| HomUG-PM II.85.6 | | Relationship with other pituitary and hypothalamic disorders | Differentiate DI with other similar endocrine disorders | C3/4 | NK | Integrated case studies, Assignments | Group discussion | SAQ, LAQ | Practice of Medicine |
| HomUG-PM II.85.7 | | Current research articles and guidelines | Utilize current evidence and guidelines to inform treatment decisions | C4/5 | DK | Journal club, Workshops | Presentation on recent DI research | SAQ | Research Methods, |

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
|--|------------|--|---------|-----|---------------------------------|---|-------------|------------|-----------|-------------|
| | | | | | | | | Formative | Summative | |
| HomUG-PM II.86. Diabetes Mellitus | | | | | | | | | | |

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|------------------|---------------------------|------|--|--|--|---------|----------------------------------|---|--------------------------------|---------------------------|------------------------------|
| HomUG-PM II.86.1 | Knowledge and Scholarship | K | Definition, Prevalence, risk factors | (a) Define DM (b) Describe the global and regional prevalence and risk factors of diabetes | C1 | MK | Lectures, reading assignments | MCQ, SAQ | MCQ, SAQ, LAQ | Epidemiology, PSM | |
| HomUG-PM II.86.2 | | | KH | Type 1, Type 2, Gestational | Describe the pathophysiology of diabetes types | C2 | MK | Lectures, Interactive modules, videos | MCQ, SAQ | SAQ | Physiology, Pathology |
| HomUG-PM II.86.3 | | | | Symptoms, signs | Recognize the clinical manifestations of diabetes | C2/3 P2 | MK | Lectures, OPD teaching, patient simulations | MCQ, SAQ | OSCE, SAQ, LAQ | Practice of Medicine |
| HomUG-PM II.86.4 | | | | Blood glucose levels, HbA1c | Interpret diagnostic tests accurately | P2 | MK | Lab simulations, Group discussions | Test result analysis exercises | Practical exam, viva | Laboratory Medicine |
| HomUG-PM II.86.5 | | | | Pharmacological treatments, Lifestyle modifications | Define the treatment options for diabetes | C3 | MK | Problem-based learning, OPD teachings | Treatment plan assignments | Bedside examination, Viva | Pharmacology, Nutrition, PSM |
| HomUG-PM II.86.6 | | | | Diet, exercise, monitoring | Educate the patient and families for a better disease management | A3 | DK | Workshops, role-playing, assignments | Chart making | SAQ, LAQ, Viva | PSM |
| HomUG-PM II.86.7 | | Does | Follow-up protocols, adjustment criteria | Adapt management plans based on patient progress | C4/5 | DK | OPD/Clinical rotations | SAQ | SAQ, LAQ, Viva | Practice of Medicine | |
| HomUG-PM II.86.8 | | KH | Acute and chronic complications | (a) Identify potential complications of DM. (b) Define the management of complications of DM. | C4/5/6 | MK | OPD/Clinical rotations, Seminars | Complication case study | SAQ, LAQ, Viva | Endocrinology, Surgery | |

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|-------------------------|--|---|--|----|----|---------------------------------------|--|---------------------------|
| HomUG- PM II.86.9 | | Insulin pumps, CGMs (Continuous Glucose Monitors) | Integrate technology for effective disease monitoring and management | C3 | NK | Tech demos, e- learning modules | | Biomedical Engineering |
|-------------------------|--|---|--|----|----|---------------------------------------|--|---------------------------|

| Sl. No | Competency | Millers Level: Does/Shows how/Knows how/ Knows | Content | SLO | Blooms Domain/ Guilbert's Level | Priority - Must Know/ Desirable to know/ nice to know | T-L Methods | Assessment | | Integration |
|---|-----------------------------|--|--|---|--|---|---|--|--|--|
| | | | | | | | | Formative | Summative | |
| HomUG-PM II.87. Homoeopathic Concepts and Therapeutics | | | | | | | | | | |
| HomUG- PM II.87.1 | Homoeopathic Orientation | KH | Understanding the miasmic influences on endocrine disorders such as diabetes, thyroid disorders, and adrenal issues. | 1. Identify miasms related to endocrine disorders. 2. Evaluate how miasms influence clinical presentations. 3. Analyze treatment approaches based on miasmic evaluation. | C2 | High | Case studies, group discussions, interactive lectures | Group presentations on miasmic influences | Written case analysis incorporating miasmic evaluation | Homoeopathic Philosophy Materia Medica Homoeopathic Pharmacy |
| HomUG- PM II.87.2 | | | Application of homeopathic remedies based on reptorisation, miasmic evaluation and individual symptomatology of endocrine disorders. | 1. Select remedies using repertory rubrics, repertory software, and repertory charts. 2. Select appropriate remedies based on miasmic evaluation. 3. Design individualized treatment plans for patients based on symptomatology. | C2 | High | Role plays, practical demonstrations, simulation | Practical assessments on remedy selection | Clinical exam involving case management | Homoeopathic Philosophy Materia Medica Homoeopathic Pharmacy |

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6. Teaching learning methods

| Lectures (Theory) | Non-lectures (Practical/Demonstrative) |
|--------------------------------|--|
| Lectures- black board, AV aids | Clinical demonstration- DOAP, DOPS, OSCE |
| Small group discussion | Problem based learning/discussion- Case based learning. |
| Integrated lectures | Simulation – with mannequins |
| | Projects, charts, assignments |
| | Participatory learning e.g. tutorials, quiz, seminar, role play etc. |
| | Library reference |
| | Self-learning |

7. Details of assessment

Note- *The assessment in III BHMS shall be done only as Internal Assessment (IA) in terms of Periodical Assessments (PA) and Term Tests (TT) as detailed below. There shall not be any Final University Examination (FUE) at this level. The marks obtained in IA during III BHMS will be added to the marks of IA in the IV BHMS University Examination.*

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Overall Scheme of Internal Assessment (IA)**

| Professional Course/ Subject | Term I (1-6 Months) | | Term II (7-12 Months) | |
|--------------------------------------|---------------------------|------------------------|----------------------------|--------------------------|
| III BHMS/ Practice of Medicine | PA I (end of 3 months) | TT I (end of 6 months) | PA II (end of 9 months) | TT II (end of 12 months) |

| | | | | |
|------------------|---|---|------------------|---|
| 20 Marks Viva- A | 100 Marks Clinical/Practical and Viva - E | i) Viva voce -40 marks ii) Clinical/practical*- 60marks : • Bedside- 25marks • Spotting – 15marks • Assignment 20marks | 20 Marks Viva- B | 100 Marks Clinical/Practical and Viva - F |
| | | | | i) Viva voce -40 marks ii) Clinical/practical*- 60 • Bedside- 25marks • Spotting – 15marks • Assignment 20marks |

*Clinical/Practical Examinations:

| Sl.no. | Practical/clinical activity | Marks |
|-----------|---|-----------------|
| | Clinical | |
| A. | Detailed case-taking | |
| a. | One case taking – detailed bedside case taking with case analysis and evaluation (include prescription in term II) | 10 marks |
| b. | Demonstration of clinical examination of the case (OSCE)- general and systemic | 10 marks |
| c. | Investigations, provisional diagnosis and differential diagnosis | 05 marks |
| | Practical | |
| B. | Spotters (minimum 3 and maximum 5 spotters) | 15 marks |
| C. | Assignment | |
| a. | Case report- detailed case, analysis, evaluation, investigations, diagnosis, differential diagnosis, homoeopathic management/prescription | 10 marks |
| b. | Short review on a common disease with its homoeopathic therapeutics | 10 marks |
| | Total | 60 marks |

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****Method of Calculation of Internal Assessment Marks in III BHMS for Final University Examination to be held in IV BHMS:**

| Marks of PA I | Marks of PA II | Periodical Assessment Average PA I+ PA II /2 | Marks of TT I | Marks of TT II | Terminal Test Average TT I + TT II / 200 x 20 | Final Internal Assessment Marks |
|---------------|----------------|---|---------------|----------------|--|---------------------------------|
| A | B | D | E | F | G | D+G/2 |

8. Reference books:

a. Clinical Medicine

- Alagappan, R. (2017). *Manual of Practical Medicine* (6th ed.). Jaypee Brothers Medical Publishers (P) Ltd.
- Anudeep, B. A. P. (2022). Insider's guide to clinical medicine (2nd ed). Jaypee Brothers Medical (P) Ltd.
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- Mehta, P. J. (2017). *Understanding ECG electrocardiography* (6th ed.). CBS Publishers and Distributors Pvt Ltd.
- Narsimhan, C., & Francis, J. (2017). *Leo Schamroth An Introduction to Electrocardiography* (8th ed.). Wiley India Exclusive.
- Paul, V. K., & Bagga, A. (2022). *GHAI Essential Pediatrics* (10th ed.). CBS Publishers and Distributors Pvt Ltd.
- *The Merck Manual of Diagnosis and Therapy.* (2018). Merck.
- Thomas, J., & Monaghan, T. (2014). *Oxford Handbook of Clinical Examination and Practical Skills.* Oxford University Press, USA.

b. Homoeopathic Books References for Therapeutics:

- Allen, H. C. (1998). *Therapeutics of intermittent fever.* B. Jain Publishers
- Bell, J. B. (2016). *The homeopathic therapeutics of diarrhea, dysentery, cholera, cholera morbus, cholera infantum, and all other loose evacuations of the bowels (Classic reprint).* Forgotten Books.
- Borland, D. M. (2004b). *Pneumonias.* B. Jain Publishers.
- Clarke, J. H. (2003). *Prescriber.* B Jain Pub Pvt Limited.
- Dewey, W. A. (2003). *Practical Homoeopathic therapeutics.* B Jain Pub Pvt Limited.
- Lilenthal, S. (2005). *Homoeopathic therapeutics.* B Jain Pub Pvt Limited.
- Tyler, M. L. (1993). *Pointers to the common remedies.* B. Jain Publishers

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