Competency Based Dynamic Curriculum

for

MD (Homoeopathy) Course

(Applicable from Batch 2024-2025 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

HOMOEOPATHY EDUCATION BOARD

NATIONAL COMMISSION FOR HOMOEOPATHY

MINISTRY OF AYUSH, GOVERNMENT OF INDIA

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MD HOMOEOPATHY COURSE DOCUMENT

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PREFACE

In recent years, the landscape of medical education has undergone a transformative shift, moving towards competency-based frameworks that focus not just on the acquisition of knowledge but on the practical application of that knowledge in real-world clinical settings. This shift is particularly pertinent to homeopathy, a system of medicine that blends deep theoretical knowledge with the art and science of individualized patient care. As the scope and complexity of healthcare continue to evolve, it is essential for homeopathic education to embrace a model that emphasizes measurable competencies, ensuring that graduates are equipped with the skills, judgment, and professionalism needed to navigate the increasingly demanding healthcare environment.

The postgraduate level of homeopathic education represents a critical phase in the development of advanced clinical skills and specialized knowledge. As practitioners progress in their education, they must not only refine their diagnostic and therapeutic techniques but also deepen their understanding of the philosophical foundations and advanced therapeutic strategies that distinguish homeopathy as a system of medicine. At this stage, students are expected to integrate their foundational knowledge with complex clinical scenarios, demonstrating the ability to treat a wide array of cases with clinical excellence and professional maturity.

This postgraduate curriculum is designed to meet these advanced learning needs by adopting a competency-based approach that focuses on the measurable outcomes essential to safe and effective practice. The integration of *Entrustable Professional Activities* (EPAs) into the curriculum provides a practical framework to assess the readiness of postgraduate students to undertake high-level clinical responsibilities. EPAs are designed to identify specific, observable tasks—such as conducting comprehensive patient interviews, formulating personalized treatment plans, and assessing treatment progress—that, when performed successfully, indicate that the student is ready for independent, unsupervised practice.

Postgraduate students in homeopathy will be challenged to further hone their clinical reasoning, patient communication skills, and ability to integrate homeopathic principles with the wider medical context. Unlike the undergraduate stage, where foundational knowledge and basic clinical skills are developed, postgraduate education emphasizes the refinement and application of these skills in more complex, real-world situations. Students are expected to develop greater autonomy in their practice, handle intricate cases with confidence, and contribute to the growing body of knowledge in homeopathy through research, critical reflection, and continuous learning.

This curriculum provides the flexibility to address the diverse needs of postgraduate students by offering personalized learning paths and opportunities for self-directed study. Through ongoing formative assessments, direct observation, and feedback from mentors and patients, students will be guided in their development, ensuring that their clinical competencies are refined to a high standard of professional excellence. Importantly, the emphasis on continuous reflection and feedback ensures that students are not just passive recipients of knowledge but active participants in their own learning journey.

At the postgraduate level, the goal is not simply to produce knowledgeable practitioners but to cultivate homeopaths who are well-prepared to lead and innovate within the profession. These practitioners will be equipped to handle a variety of complex cases, offer integrative care, and navigate the evolving landscape of modern healthcare. By aligning the curriculum with contemporary expectations and global standards for medical education, we aim to produce homeopathic practitioners who are capable of delivering high-quality, patient-centred care while contributing meaningfully to the ongoing development and integration of homeopathy within the broader medical community.

Through this advanced, competency-based approach to postgraduate homeopathic education, we aspire to produce practitioners who are not only proficient in their technical skills but also embody the values of professionalism, ethical practice, and lifelong learning—ensuring the continued evolution and relevance of homeopathy in the 21st century.

(Dr. Tarkeshwar Jain)
President
Homoeopathy Education Board

FOREWORD

The New Education Policy (NEP) 2020 emphasizes a shift in the educational paradigm, focusing on developing critical thinking, creativity, and adaptability rather than rote memorization. This change is crucial in responding to the evolving new trends in education and health care, where learning how to learn is paramount.

Aligned with the NEP, the National Commission for Homoeopathy aims to enhance access to quality medical education, ensuring a robust supply of skilled homoeopathic professionals across the Country. The transition from traditional teaching methods to a competency-based, application-focused approach is essential, especially in medical training, which must prioritize preventive healthcare and community medicine.

The rapidly evolving landscape of healthcare demands that our medical professionals are not only well – versed in theoretical knowledge but also adopt in critical thinking, problem-solving, and innovative practices. This curriculum reflects our commitment to fostering these essential skills, ensuring that our post graduates are not just competent practitioners but also lifelong learners who can adapt to the changing needs of society.

The newly introduced post graduate curriculum for Homoeopathy education is designed to be dynamic and competency based. Its key features include:

- A foundational program to help students acclimatize to their studies.
- Common mandatory coursework for all Post graduate students.
- EPA's (Entrustable Professional Activities) is introduced to ensure the quality of training and assessment for safe healthcare activities.
- Resources for trainers to enhance learning activities.
- Supportive materials for learners to aid in instructor-led sessions and future applications.
- Guidance for understanding and completing assessments.
- Resources for self-directed learning.

Each chapter of this document is straightforward and actionable, aimed at fostering meaningful discussions and initiatives. It is hoped that educators and leaders will find this document valuable in transforming the educational landscape of homoeopathy into a more innovative and engaging model.

(Dr. Anil Khurana)
Chairperson
National Commission for Homoeopathy

ACKNOWLEDGEMENT

The formulation of the Competency-Based Dynamic Curriculum (CBDC) for Homoeopathy has been a monumental effort, made possible by the vision, leadership, and unwavering support of several distinguished individuals.

First and foremost, we extend our sincere gratitude to the **Honourable Prime Minister, Shri Narendra Modiji,** whose visionary leadership through the National Education Policy 2020 has fostered a transformative shift from knowledge-centric to competency-based education, guiding the future of our youth.

We are also deeply grateful to the **Hon'ble Minister of State for Ministry of Ayush (Independent charge), Shri. Jadhav Prataprao Ganpatrao ji,** for his proactive steps in implementing the National Education Policy within the AYUSH sector. His commitment to enhancing education in this field has been invaluable.

A special acknowledgment is due to **Secretary, Ministry of Ayush, Vaidya Shri Rajesh Kotecha ji,** whose persistent emphasis on the urgency of this reform, coupled with his direction and resource support, has enabled the transition to a Competency-Based Curriculum in Homoeopathy.

The Chairperson of the National Commission for Homoeopathy (NCH), **Dr. Anil Khurana ji,** has provided continuous monitoring and encouragement, ensuring that the steps taken in formulating and implementing the CBDC are both organized and effective. We are also thankful to all the esteemed Presidents and members of the Boards, Secretary NCH and members of the NCH, whose valuable suggestions contributed significantly to the final draft of the PG CBDC.

The **Advisory Council of the NCH** has been a strong pillar of support for the progressive changes being introduced in the Homoeopathy sector. Their guidance has been essential in the development of this curriculum.

We would like to express our gratitude to **Dr. Tarkeshwar Jain, President, Homoeopathy Education Board,** for his keen oversight of the various committees tasked with formulating the CBDC for the MD (Hom.) course. His leadership has been instrumental in ensuring that timelines and objectives were met.

We are also deeply appreciating all the subject expert after undergoing training in medical education technology, worked diligently to draft the curriculum for their respective subjects in record time.

We owe a great debt of gratitude to the CBDC core committee members, **Dr. Munir Ahmed R and Dr. Bipin Jain,** for their tireless contributions in shaping the framework of the curriculum. Their selfless dedication and countless hours of work ensured the success of this endeavour.

Additionally, our thanks go to **Dr. Vanija Sharma** for her valuable contributions to the final shaping of this document and mapping with the PG regulation.

Our sincere thanks to Dr. Sakshi Mehrotra & Dr. Rupali, former consultant for her technical and editorial assistance in refining this document, as well as to Mr. Sandeep Thakur, and the entire Homoeopathy Education Board team for their dedicated efforts in meeting every deadline throughout the process.

(Dr. Mangesh Jatkar)
Member,
Homoeopathy Education Board

LIST OF SUBJECT EXPERTS

Sl. No.	Name of Subject Expert	Designation	Institute Name	Subject
1	**Dr. M. Udachankar**	Professor & Principal	KLE Homeopathic Medical College, Belgavi	**Materia Medica**
2	**Dr. Swapan Paul**	Asso. Professor	National Institute of Homoeopathy, Kolkata	
3	**Dr. George Mathew**	Professor	Nehru Homeopathic Medical College, Delhi	
4	**Dr. Heena Rawal**	Professor & Principal	Ahmedabad Homoeopathic Medical College	**Organon/ Homoeopathy Philosophy**
5	**Dr. Bipin Jethani**	Professor	Nehru Homeopathic Medical College, Delhi	
6	**Dr. Gobind Gupta**	Assistant Prof.	National Institute of Homoeopathy, Kolkata	
7	**Dr. Anoop Nigwekar**	Professor	Dr. M.L. Memorial Homoeopathic Institute, Palghar	**Repertory**
8	**Dr. Abhishek Dalmia**	Professor	Homoeopathy University, Jaipur Rajasthan	
9	**Dr. Maneesha V Solanki**	Professor & Principal	D.S. Homeopathic Medical College, Pune	**Practice of Medicine**
10	**Dr. Mohit Mathur**	Professor	Nehru Homeopathic Medical College, Delhi	
11	**Dr. N. Sugathan**	Professor & Principal	Sharada Krishna Homeopathic Medical College	
12	**Dr. C. P. Sharma**	Professor & Principal	Bakson Homoeopathic medical College	**Pharmacy**
13	**Dr. C. Rajamanickan**	Professor	Vinayaka Mission Homoeopathic Medical College	
14	**Dr. Manisha Gajendra Gadkar**	Professor	Bharti Vidyapeeth Homeoapthic Medical College	
15	**Dr. R Bhuwaneshwari**	Asso. Professor	National Homoeopathy Research Institute in Mental Health	**Psychiatry**
16	**Dr. Kathika Chattopadhyay**	Professor	Bakson Homoeopathic Medical College	
17	**Dr. Girish Navada**	Professor	Father Muller Homoeopathic Medical College	
18	**Dr. Goda C. R.**	Professor	Dr. M.L. Memorial Homoeopathic Institute, Palghar	**Paediatrics**
19	**Dr. Praveen Jain**	Practitioner	Mumbai	
20	**Dr. Neeraj Tuteja**	Associate Professor	SMS Govt. Medical College , Jaipur	
21	**Dr. Nikita Mehta Oza**	Assistant Prof.	Dr. M.L. Memorial Homoeopathic Institute, Palghar	
22	**Dr. Prashant Tamboli**	Professor	Dr. M.L. Memorial Homoeopathic Institute, Palghar	**Research Methodology**
23	**Dr. Divya Taneja**	Research Officer / Scientist	CCRH	
24	**Dr. Subhranil Saha**	Assistant Prof.	D.N.De Homoeopathic Medical college, Kolkata	

PREAMBLE

THE PURPOSE :

The National Commission for Homoeopathy (NCH), New Delhi, which is mandated by an Act of Parliament to state the quality standards for homoeopathic education across the country, and to monitor and evaluate their implementation has undertaken major revisions in the educational regulations in the past year.

The Homoeopathic Educational Board (HEB) is mandated by the NCH Act 26 (b) to "develop a competency based dynamic curriculum for Homoeopathy at all levels in accordance with the regulations made under this Act, in such manner that it develops appropriate skill, knowledge, attitude, values and ethics among the graduates, postgraduate and super-specialty students and enables them to provide healthcare, to impart medical education and to conduct medical research".

As part of this mandate, Homoeopathy education board has devised a new curriculum to ensure that the student who completes the homoeopathic post-graduate Course grows into a specialty homoeopathic professional who is informed and can be trusted to perform with competency and deliver services as required for addressing the healthcare needs of the society and individuals. The post-graduate Course is designed and developed on the strict philosophical platform of homoeopathic science and with an inclusivity of clinical, social, psychological and ethical principles of healthcare practices, to deliver results in all aspects of health, viz. preventive promotive, curative and rehabilitative.

Postgraduate studies in homeopathic medical education assume importance to prepare the homoeopathic professionals for advanced level of thinking, reasoning, decision-making as applied to the various specialty disciplines in the practice of homoeopathy. The post-graduation experience empowers the learners to develop competencies that are consistent with the global benchmarks of healthcare services. This phase of training inspires the learners to progress and performs as consistently reliable professionals on the stated yardsticks of Course outcomes.

In the absence of a comprehensive guidance from homoeopathic academic antecedents, it is considered to draw from the recommendations of World Federation of Medical Education (WFME, 2023), the reasoning for post-graduation in medical related domain. The WFME recommends postgraduate curriculum as a managerial, ideological, and planning document that should among others, promote and define appropriate outcomes of postgraduate medical education that will have an impact on the health of patients and communities, advise the teacher and supervisor what to do to deliver the content, and support the postgraduate doctor in their task of personal and professional development, enable the responsible body to set appropriate assessments of the postgraduate doctor's achievements and implement relevant evaluations of the postgraduate medical education provision, and inform society how the Course is executing its responsibility to produce the next generation of specialised doctors appropriately .

Drawing inspiration from the globally accepted standards for post-graduate medical education, the aggregate experience and evidences of conducting postgraduate studies for almost three decades, and also embracing the emerging evidences in the domain of health professionals' education to design a futuristic and user-friendly interphase of curriculum model, the National Commission for Homoeopathy, New Delhi has sculpted contemporary paradigm of curriculum, by explicitly stating the Entrustable Professional Activities (EPAs) that are epitome of a comprehensive homeopathic specialty professional.

The essential intent of postgraduate studies in health professionals' education, and by extension into homoeopathic education is three fold – to develop competent clinicians, groom conscientious researchers, and to cultivate teachers. With this as the driving purpose, the

curriculum of MD Homoeopathy has been carefully designed to include elements of learning and assessment that support and promote the acquisition of these qualities by the end of the Course.

Since the homoeopathic post-graduation is a clinically aligned discipline, it is imperative to develop the clinical acumen and skills for homoeopathy-based healthcare practices. As there is a need for generating and validating objective evidences to support the homoeopathic clinical decisions, it is imperative to groom the post-graduates for a mindset and skillset of research that is germane for the nature of homoeopathic ideology. Further, as there is a compelling need for expanding the horizons of homoeopathic academics, and to scale the reach of homoeopathic education, there is an obligation to qualify the post-graduates also in the realm of educational methodology.

With these in the background, the Entrustable Professional Activities of MD Homoeopathy Course have been carefully devised to develop a comprehensive homeopathic clinical professional who is also a conscientious researcher, and responsible teacher.

The thrust on research is also made imperative by the mandate of National Health Research Policy that says that the medical education system needs to develop a research culture. However, the idea and process of research has to conform with the homoeopathic principles, and at the same time, be relevant for societal benefit. To support the development of research temperament, and the requisite knowledge, ethics, and skills in a separate paper to be studied and assessed in the Part 1 of MD Homoeopathy course. The Journal Club discussions provide a fertile ground for nurturing practical and ethical dimensions of research skills.

The provision for cultivating skills of communication and teaching are built into the various formal and informal encounters that the post-graduate makes with the undergraduates, internees, and of course the patients and their attendants. This skill is further reinforced by the checklist and rating scales for assessing teaching and communication abilities as a continuing learning and assessment activity.

For the purpose of achieving a new paradigm of homeopathic specialty professional, the NCH has already laid a solid foundation by making the undergraduate homeopathy education as a Competency-Based Dynamic Curriculum (CBDC). The elaborate exercise that was conducted both as prelude to the curriculum design, and as part of the curriculum design have shifted the aptitude and emphasis of homeopathic academics to a new direction of outcomes-based learning model. Segueing this trend into the post-graduate curriculum, attempt is made to conflate the concepts and diligence so as to create an academic document that would advance the learning from basic homoeopathic professional at the end of undergraduate Course, to a specialty homoeopathic professional, by the end of post-graduate course.

THE PROCESS :

Curriculum is the overarching course document that provides all the answers to how the course is structured and shall be implemented, what are the responsibilities and accentualities of the various stakeholders such as the apex body, university, institution, teachers, and students. Therefore, transparency in the articulation of curriculum's purpose and outcomes is a key feature for its success. In this background, there have been innumerable attempts to design a functional document that serves the purpose.

Recent history is witness to Flexner's Report that set-in motion an organised attempt for curriculum design in medical education. Though one of the drivers for Flexner's committee was an animosity for homoeopathy by the then medical establishment, even the early homoeopathic curriculum documents were patterned after his recommendations. Gradually, as the wisdom of

precision medicine and personalisation of healthcare started gaining ground, Harden proposed a SPICES model, which is a harbinger for competency and outcomes-based medical education.

As the ball set rolling, the collective efforts of national bodies such as Royal College of Physicians and Surgeons of Canada, and Accreditation Council for Graduate Medical Education of the United States, and Universities such as Case Western, McMaster, and Maastricht among other resulted in the gradual adaption of Competency Based Education, and now, the movement for Entrustable Professional Activities (EPAs).

The recent efforts by the Homoeopathy education board, National Commission for Homoeopathy, New Delhi for recasting the undergraduate curriculum as competency-based model was a courageous and successful effort. One of the key differentiators of the NCH attempt was the inclusion of faculty orientation that HEB conducted across the country. With such a commitment, the Commission took up the onerous task of redesigning the postgraduate courses on competency-based platform. This was an historic opportunity for homeopathy education to adapt the latest global model of EPAs, and design the curriculum on the new paradigm.

For achieving this, the subject-matter experts stretched an extra inch to gain insights into the principles of educational methodology as applied to homeopathic education, and related these principles to the designing of post-graduate curriculum.

These concepts were discussed in a workshop format during the two-days of interactions that enabled them to design the competency-based curriculum that is benchmarked on Entrustable Professional Activities. As a pre-workshop activity they were introduced to readings on need for faculty training in educational methodology, and components of curriculum, that is, stating learning objectives, instructional activities, and assessment methods.

The Entrustable Professional Activities (EPAs) were stated as the first step, as these would form the foundations for the curriculum design. Some of the EPAs were common across all the specialties of MD Hom course, whole some were specific to the specialty.

The next step was to define the Domains of Competencies as relevant and valid for homoeopathic post-graduate professional. These were stated as six dimensions – (1) Knowledge & Scholarship; (2) Patient Care; (3) Homoeopathic Orientation; (4) Communication Skills; (5) Practice Based Learning and Improvement; and (6) Professionalism. The specific indicators for these six domain competencies were also elaborated, as attached in annexure – 1.

The broad description of learning is classified under three headings – knowledge, skill, and reflection, so as to infuse clarity to outline, design and develop a performance-based model of learning and assessment for the homeopathy post graduate scholars.

Knowledge and skills are rather easy to understand; these represent the knowledge levels (lower or higher), skill is the process of performance. Reflective activity is the internal feedback that learners gain during and after the process / product of learning. This determines how strongly the learning will be anchored and the longevity of learning.

The various elements of learning are to be arranged for each topic or unit under these themes, which will help to determine the assessment parameters, and will also give clarity to learners on how they will be assessed. This exercise also helped to include the relevant and essential knowledge and skills into our syllabus and scheme of student assessment.

THE PRODUCT:

The final outcome is the curriculum document that is spread over five sections – (1) Introduction to the MD Homoeopathy Course; (2) Gazetted Regulations of MD Homoeopathy

course; (3) Speciality-wise Syllabus Documents; (4) Ethical dimensions of homoeopathic practice; and (5) Monitoring Learning Progress.

The introductory component of the document presents the Foreword to document, acknowledges the contributions by various sources, provides a preamble to the document that state the purpose of the document, explains the process that culminated in the final product, i.e., the final curriculum document. It also explains the structure of the document by describing the salient features, and concludes with a glossary of terminology that is used in the document.

The Gazetted Regulations of MD Homoeopathy are the official document as approved by the Parliament, and published in the official gazette.

Subject Speciality-wise distribution of learning outcomes, processes, and contents are elaborated for the general subjects, as well as the specialty subjects. The designing of this document follows a standard pattern as below:

1. Title of the subject / specialty
2. Executive Summary of the subject / specialty and its relevance for homeopathic postgraduate studies.
3. Course Objectives (CO) / Entrustable Professional Activities (EPA).
4. Domains of Competencies, and mapping them to the EPAs.
5. Tabulation of Semester-wise EPA distribution / Competency Attainment.
6. List of topics under each subject / specialty.
7. Outline of topics content along with statements of learning outcomes under Competencies.
8. Distribution of topics for theory-based examinations for part 1 and part 2.
9. Assessment Blueprint including Question Paper pattern, and Clinical-Based Assessment for University Examinations.
10. List of references.

The exception to this rule is the two general subjects, 'Research Methodology & Biostatistics'; and 'Fundamentals of Clinical Medicine in Homoeopathic Speciality subject / Fundamentals of Homoeopathy in Clinical speciality'. Here the EPAs are not stated because the EPAs of concerned speciality subject are overarching for these general subjects in their speciality. List of competencies however is diligently presented and elaborated in their respective syllabus.

The syllabus document has certain innovations, which merit illustration for gaining functional clarity. EPAs are similar to the COs that we have seen in the undergraduate curriculum of BHMS in the CBDC model. The singularity of EPAs is that they lend a positive assurance and confidence on the stated professional performance. The history of EPAs is seeped into the movement for Outcomes Based Education, which later transitioned as Competence Model of Education. Some EPAs are generic to the entire MD Hom Course , while some are specific to the speciality. **An example of EPAs is shown in Table –1**

Course Objectives.(Entrustable Professional Activities -EPAs)

1. Gather a homoeopathic history and perform a physical examination in various settings.
2. Obtain information for homoeopathic case management decisions through case analysis.
3. Prioritize a differential diagnosis following a clinical encounter.
4. Recommend and interpret common diagnostic screening investigations as appropriate.
5. Determine the appropriate diagnostic investigations for planning comprehensive homeopathic management.
6. Document the homoeopathic as well as clinical data and the processing of case.
7. Apply appropriate homeopathic tools for prescription and assessment of progress.

Table No. 1 – Examples of EPAs

Domains of Competencies are the dimensions that perceive a comprehensive homoeopathic professional from multiple and cross cutting angles. These are the perspectives that assert thematic professional strands that get woven to strengthen the fabric of professional performance. The six domains of competence that are identified for homeopathic practice are – (1) Knowledge & Scholarship; (2) Patient Care; (3) Homoeopathic Orientation; (4) Communication Skills; (5) Practice Based Learning and Improvement; and (6) Professionalism.

The domains of competencies shall be differentiated from the performance competencies in the syllabus. The performance competencies describe the level of capability for a particular performance. These are mapped on the Miller's Pyramid, and illustrate the incremental degrees of competency acquisition.

The EPAs are mapped for their relevance to the Domains of Competencies in a tabular form as shown in Table – 2.:

Mapping of EPAs & Domain Competencies

Sr. No	EPA	KS	PC	HO	CS	PBL	Prf
1	Gather a homoeopathic history and perform a physical examination.	√	√	√	√	√	√
2	Obtain information for homoeopathic case management decisions through case analysis.	√	-	√	√	√	-
3	Prioritize a differential diagnosis following a clinical encounter	√	√	√		√	
4	Recommend and interpret common diagnostic screening investigations as appropriate.	√	√	-	-	-	-
5	Determine the appropriate diagnostic investigations for planning comprehensive homeopathic management	√	-	√	-	√	-

KS : Knowledge & Scholarship
PC : Patient care
HO : Homoeopathic Orientation
CS : Communication skills
PBL : Practice based learning
Prf : Professionalism

Table No. 2-Mapping of EPAs and Domain Competencies

The EPAs are distributed over the longitudinal learning stages in the incremental nature of their attainment, as shown in Table – 3:

EPA Level:

1 = No permission to act
2 = Permission to act with direct, proactive supervision present in the room
3 = Permission to act with indirect supervision, not present but quickly available if needed
4 = Permission to act under distant supervision not directly available (unsupervised)
5 = Permission to provide supervision to junior trainees

EPAs	Part 1			Part 2		
	Sem / Mod 1	Sem / Mod 2	Sem / Mod 3	Sem / Mod 4	Sem / Mod 5	Sem / Mod 6
Gather a homoeopathic history and perform a physical examination	2 Documents accurately and legibly.	2 Demonstrates respect for patient privacy and autonomy	3 Communicates effectively with patient and or attendants, care givers etc.	4 Becomes aware of use of knowledge, skill and emotional limitation of self	4 Develops ability to withstand and cope up with stress	5 Works effectively in various health care settings and demonstrates application of appropriate knowledge, skill and attitude

Table No. 3- Levels of EPAs distributed over Semesters

The list of topics is provided as per Table – 4:

List of Topics

- **Hom-PG- R** - 01Concept of repertory in Homoeopathy
- **Hom-PG- R** - 02 Historical evolution of Repertories
- **Hom-PG- R** - 03 Terminologies
- **Hom-PG- R** - 04 Symptomatology
- **Hom-PG- R** - 05 Case taking in various settings and situations.
- **Hom-PG- R** - 06 Analysis and evaluation of symptoms
- **Hom-PG- R** - 07 Case analysis
- **Hom-PG- R** - 08 Repertorisation
- **Hom-PG- R** - 09 Evolution – Plan – Construction – Application of Philosophical repertories

Table No. 4- List of Topics

Topic overview for the distribution of contents under knowledge, skill, and reflection is provided as Table – 5.

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of repertory as credible database for shortlisting prescription possibilities.
Learning Outcomes:	**Competency Hom-PG- R – 01-1: Explain the position of repertory as a database of symptoms.** Knowledge Recall the felt need for repertory by the early stalwarts of homeopathy. Discuss the efforts of Boenninghausen for a granular indexing symptom-remedy connect. Illustrate the relationship of repertory with materia medica. Skill Search the relevant data to seek basis of creation of repertory. Reflection Recall the experience with referencing the reportorial result with materia medica before confirming the prescription. **Competency Hom-PG- R – 01-2: Justify the necessity for repertory in homeopathic practice.** Knowledge Describe repertory as a clinical decision tool. State the taxonomy of evidence for clinical decision. Discuss importance of evidence-supported decision in clinical practice. Skill To logically demonstrate the need of repertory Reflection Identify the critical incidents that supported your prescription decision to be unbiased.
Learning Methods	• Brain storming / e-learning / library based / self-regulated.
Assessment:	• Continuous / Programmatic assessment /Practical assessment/Written assessment / SAQ / LAQ / Viva / Assignment
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Table No.5- Content distribution for competencies

It is suggested that the teachers and students organise the syllabus to map the competency with the domain of competency, the performance-competency, level of performance as per Miller, the specific learning outcome, categorisation as per Bloom's Taxonomy and Guilbert's levels, Learning Methods, probable assessment approach for formative and summative, areas for reflection, and possible remediation to the stated and achieved outcomes gap. Such an exercise with the background understanding of principles of educational methodology would harmonise the mutual agreement on learning and assessment into the academic practices.

Individual methods	Self-regulated, reflective, portfolio-based, library-reference-based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Peer-based methods	Problem-based, case-based, journal club, seminar, symposium, group discussion, project, workshop, brainstorming, bed-side, ward rounds, out-patient based, lab-based, community postings, roleplay, flipped learning, Jigsaw method.

Chart 1: Classification of learning methods for PG level CBDC

The topics are distributed for the theory-based university examinations, so as to have clarity of assessment blueprint, as shown in Table – 6.

Content Distribution - Part I Paper I

Clinical Examination, Functional anatomy, physiology, investigations and cardinal manifestations of system under general medicine, pediatrics, psychiatry and dermatology, laboratory investigations, Evidence based medicine, application of Homoeopathic concepts with miasmatic evolution and applied Materia Medica

Sr. No	Content	Marks Allotted	Percentage (%)
1	Cardiovascular System	10/5+5	10%
2	Respiratory System	10/5+5	10%
3	Alimentary tract and pancreatic diseases & Kidney and genitourinary diseases	10/5+5	10%
4	Muskuloskeletal Disorder & Skin Disease	10/5+5	10%
5	Reproductive system and major manifestation of reproductive disease & Endocrine System and manifestation of endocrine disease	10/5+5	10%
6	Blood disorders & Pain & Fever-types, febrile patient evaluation, Pyrexia of Unknown Origin	10/5+5	10%
7	Nervous system and major manifestation of neurological disorder & Psychiatric Disorder	10/5+5	10%
8	Homoeopathic Approach and Applied Materia Medica	10+10+5+5	30%
Total		100	100%

Table-6: Theory Assessment Blueprint

Question Paper Pattern as per Table – 7a, and Clinical and Viva Assessment blueprint as per Table – 7b are illustrated with an example:

Theory Question Paper Pattern

Q. No	Marks	Content
1	20	Problem Based
2	10	LAQ
3	10	LAQ
4	10	LAQ
5	10	LAQ
6 -13	5	SAQ

Table No. 7a- QP Pattern

Clinical and Viva-voce Examination

Clinical		
1	Internal Assesment	20 Marks
2	1 Long case	50 Marks
3	1 Short case	20 Marks
4	Log Book	5 Marks
5	Micro Teaching	5 Marks

Viva		
1	Internal Assessment	20 Marks
1	Discussion of Synopsis / Dissertation	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
	Total	100 Marks

Table No. 7(b)-Clinical and Viva Assessment blueprint

The following list of clinical assessment tools may be considered: -

- Checklist
- Rating Scale
- Rubrics
- Direct observation of Procedure
- Mini-clinical evaluations
- OSCE
- Script Concordance
- Key feature Item
- Workplace- Based Assessments
- Multi Source Feedback

As per the Gazette notification, a common practical exam for paper I and II (100 marks practical + 100 marks viva voce) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. Eighty per cent weightage shall be for summative assessment. The Part 2 Examination also Shall have a similar scoring scheme.

Nota Bene:In case of speciality Courses of Homoeopathic Pharmacy, and Community Medicine, the Long Case shall be substituted by Major Experiment, and the Short Case shall be substituted by Minor Experiment. Rest of the components shall be common across all subject specialities.

The list of references is provided at the end of the syllabus document to add authentic literature connections for the academic Course.

REFERENCES

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ANNEXURE – 1

DIMENSIONS OF COMPETENCIES FOR HOMEOPATHIC POST-GRADUATION

I. KNOWLEDGE AND SCHOLARSHIP

To acquire relevant and optimal levels of knowledge of the basic, clinical, and behavioural sciences, and apply these in the context of patient care.

1. Describe the normal structure and function of the human body and each of its major organ systems.
2. Recognise the altered structure and function of major organ systems that are seen in common diseases and conditions.
3. Relate the clinical, laboratory, and radiologic manifestations of common disease and conditions.
4. Correlate the behavioural, psychosocial, genetic, and cultural factors associated with the origin, progression, and treatment of common diseases and conditions.
5. Identify the epidemiological dimensions of common diseases and conditions within a defined population.

II. PATIENT CARE

To provide individualised therapeutic and individualised and community-wide preventive care for a range of conditions.

1. Gather accurate, complete, and unbiased information through history taking, physical examination, and laboratory & imaging data.
2. Interpret the symptoms and correlate them with the outcomes of physical examination, and laboratory & imaging data.
3. Prioritise the outcomes of interpretation to prepare the basis for patient care decisions.
4. Plan for the management of therapeutic care on the basis of disease state, patient individuality, and the psycho-social influencers.
5. Plan for a community-based preventive care on the basis of socio-cultural, and health belief paradigms.
6. Engage the patients, family / care givers, and the community members to empower them for therapeutic / preventive care.
7. Provide evidence-based information for the patient and community to introspect and develop self-sufficiency for continued care.

III. HOMEOPATHIC ORIENTATION

To make evidence-based decisions that are anchored into the spirit of homeopathy for both individual and community care, and for therapeutic and preventive care.

1. Relate the patient's history, physical examination, and laboratory & imaging data for developing a picture of homeopathic diagnosis.
2. Position the case in Hahnemann's disease classification.
3. Identify the operating school of philosophy in the case.

4. Assess the prognostic possibilities as per Dake's hypothesis.
5. Track the progress of disease and specify its current state.
6. Select the prescription approach as materia medica-based, therapeutics-based, or repertory-based.
7. In the case of repertory-based prescription, select the appropriate repertorisation medium.
8. Identify the similimum including the potency and dosage.
9. Assess the remedy reaction as per Hering's Law or Direction of Cure, and Kent's 12 Observations.
10. Mange the case in line with principles of homeopathy.

IV. COMMUNICATION SKILLS

Shall be able to communicate and interact effectively with patients, their families and members of the inter-professional healthcare team.

1. Practice empathic and patient-centred interviewing and communication.
2. Obtain an accurate and complete medical history considering the patient's culture, beliefs, personal preferences and level of health literacy.
3. Communicate effectively, both orally and in writing, with patients, families and members of the healthcare team / other healthcare professionals.
4. Function as a member of a healthcare team, collaborating effectively with other healthcare professionals in caring for patients.

V. PRACTICE-BASED LEARNING AND IMPROVEMENT

Develop the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

1. Recognize strengths, deficiencies and limitations in their knowledge and skills.
2. Articulate the goals for self-regulated learning and improvement.
3. Perform learning activities that address gaps in the knowledge, skills and / or attitudes.
4. Use information technology to optimize learning.
5. Demonstrate commitment to continuously improve knowledge, skills and/or attitudes by incorporating formative evaluation and feedback into daily practice.
6. Participate in the education of patients, families, trainees, peers and other health professionals.
7. Obtain information about individual patients, populations of patients or communities of patients to improve care.
8. Practice life-long learning skills by continually identifying, analysing and implementing new knowledge, guidelines, standards, technologies, products or services.

VI. PROFESSIONALISM.

Demonstrate a commitment to upholding professional duties guided by ethical principles.

1. Demonstrate respect for patients by using the appropriate form of address, attending to a patient's comfort, displaying appropriate attire and grooming, and honouring a patient's privacy and right to make decisions.

2. Demonstrate responsibility in actions by being punctual, managing emotions when confronted with adversity and confrontation, and recognizing personal and peer impairments.

3. Demonstrate honour and integrity by being honest about role and experience level, admitting mistakes and shortcomings, appropriately attributing sources of ideas and data, and respecting boundaries between patients, peers, and educators

4. Demonstrate reverence for human life, understanding that sympathy for suffering is a fundamental concern of the medical profession and that the needs of the patient are paramount and should govern a physician's actions.

5. Demonstrate knowledge of the principles that govern ethical decision-making and rules and regulations regarding healthcare delivery, incorporating them into clinical practice and research.

ANNEXURE – 2

GLOSSARY OF TERMS USED IN THE CURRICULUM DOCUMENT OF MD HOM

ASSESSMENT:

Assessment of learning is an important component of curriculum. This measures the performance of the students in comparison to the expected outcomes of learning. Therefore the learning outcomes must be stated and communicated clearly and objectively to all the stakeholders of education. Assessment strategy is based on the domain and the level of domain in which the outcome is to be measured. Assessment could be judgemental for the extent and quality of outcomes, when it is called 'assessment of learning', or it could also be supportive for learning, when it is called as 'assessment for learning'. There are two major approaches to assessment – formative, and summative. The tools of assessment are provided in the annexure.

BLOOM'S DOMAINS:

Bloom's Taxonomy of Educational Objectives is a tool for classifying learning under the categories of 'knowledge', 'skill', and 'attitude / value / communication', represented by the technical terms 'Cognitive', 'Psychomotor', and 'Affective' domains respectively. Each of these domains distinguish the dimension of learning in a particular area. The importance of such classification is that it offers a clear model for both teaching and students' assessment.

CASE BASED LEARNING:

Case-based learning (CBL) is a small group learning method used in medical education that uses real or simulated cases to provide context for learning. CBL uses human cases to impart relevance and aid in connecting theory to practice. The impact of CBL can reach from simple knowledge gains to changing patient care outcomes.

CBL has to be differentiated from Problem Based Learning (PBL). CBL focuses on applying existing knowledge to a specific case, while PBL focuses on constructing new knowledge from a general problem. CBL provides more structure and guidance to learners, while PBL allows more autonomy and flexibility.

COMMUNICATION SKILLS:

The ability to communicate and interact effectively with patients, their families and members of the inter-professional healthcare team. It is important to practice empathic and patient-centred interviewing and communication, and obtain an accurate and complete medical history considering the patient's culture, beliefs, personal preferences and level of health literacy

COMPETENCY:

An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition.

COMPETENCY BASED EDUCATION:

Competency-based medical education is an outcomes-based approach to the design, implementation, and evaluation of education Courses. It uses competencies or observable abilities to assess learners. It is a flexible, lifelong learning experience with knowledge and / or skills acquired and assessed throughout the process. It emphasises on developing mastery in all the learners, especially by taking teaching-learning techniques that keep students as the main focus, inclusive of formative assessment.

COURSE:

In the context of this academic document, Course is a longitudinal academic quest that culminates in the award of a qualification by the university conducting such a Course. MD Hom would qualify as Course in this context.

COURSE OUTCOMES:

Course Outcomes (COs) are what knowledge, skills and attitudes a graduate should have at the time of graduation. The Course Outcomes of professional disciplines are identified at national level by the concerned accrediting agency. In this case, it would be the National Commission of Homoeopathy which would be involved.

CURRICULUM AND SYLLABUS:

Curriculum is a set of courses and contents offered by an educational institution, while a syllabus is a descriptive list of subjects to be taught in a class. Curriculum therefore is the broader, overarching framework that outlines the educational goals and structure of an entire Course, while te syllabus is a specific document that provides detailed information about an individual course within that Course. Curriculum is the regulatory component of a Course, while syllabus is the academic aspect of the Course.

DOMAIN OF COMPETENCIES*:*

These are the statements of the complex knowledge, skills, attitudes, behaviours, and values applied to specific situations. In the context of this Course, six dimensions are recognised as relevant for the homeopathic postgraduate – (1) Knowledge & Scholarship; (2) Patient Care; (3) Homoeopathic Orientation; (4) Communication Skills; (5) Practice Based Learning and Improvement; and (6) Professionalism.

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS):

Designed by the Royal Medical College of England, Direct Observation of Procedural Skills (DOPS) is an assessment method used in medical education to assess a trainee's clinical skills. DOPS can assess all domains of learning, including cognitive, affective, and psychomotor skills. In a DOPS assessment, a trainer directly observes a trainee performing a procedure on a real patient in a real clinical setting. The trainer provides feedback to the trainee on their performance.

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS):

The professional Courses are characterised by the learners acquiring skillsets that ensure performance of professional tasks at optimal levels of confidence and trust for the safety of society. These are the professional performances that are denoted by certain demonstrable attributes that the learners imbibe and internalize as reflex activities. These are the abilities of the professional that characterize the quality and level of performance. The construct of Course Objectives in the BHMS Course of CBDC are similar to the EPAs in the postgraduate Course of MD Hom.

EPA LEVELS:

The Entrustable Professional Activity that is stated is the ideal level of performance, and would require continuous and gradual acquisition of skillsets. The distribution of competency stages to reach the desired entrustable level are the incremental stages of development. Mapping these provides a clarity to both the learners and teachers / assessors on the roadmap of academic activities.

FORMATIVE ASSESSMENT:

Formative assessment is NOT judgmental, in that it does not brand the learner as 'pass' or 'fail'. The formative assessments measure the extent and quality of learning with reference to the expected learning outcomes, so that the students can be given feedback to improve on their performance. The formative assessments promote mastery learning, that is to say, each students achieves the stated level of mastery of performance because of the feedback and support. Formative assessment is also called as continuous assessment.

GUILBERT'S LEVELS:

Guilbert's Hierarchy is a tool that describes the various levels of learning that can be mapped and managed in the Bloom's domains of learning – cognitive, psychomotor, and affective. This tool also has the additional benefit to identify the appropriate teaching – learning methods / media, and also the assessment strategies.

In the 'knowledge' domain Guilbert's approach to learning proceeds from recall of facts to understanding / interpreting the different sets of data, and finally to the ability to make decisions and solve problems on the basis of the understanding / interpretation. This simple three-step process builds a sequential order of learning; it clearly brings out that decisions shall be made NOT on the basis of facts alone, but through a process of understanding and interpretation.

The 'skill' domain builds the learning from the stage of observing and imitation to gaining control over the skills and culminating in automatism of the skill. In simple terms, any skill will be learnt initially by observing its performance, and imitating the same in the sequential order. In the next phase, the learner tries to gain control over the skill initially under the supervision, and ultimately will be able to perform it independently.

Learning in the affective domain proceeds from the stage where the learner is open and receptive to the stimulus or trigger situation, responding to it in a desirable manner, and finally internalising the responses.

HOMOEOPATHIC ORIENTATION:

This is central to ensure adherence to the principles of homoeopathy in all aspects of clinical decisions, and activities. Homoeopathic orientation as a domain of competency ensures to make evidence-based decisions that are anchored into the spirit of homeopathy for both individual and community care, and for therapeutic and preventive care.

JOURNAL CLUB:

Journal club is a small group learning approach that is a standard feature of postgraduate healthcare education. The small group of postgraduates under the supervision of a mentor / guide meet to discuss published literature related to their speciality. It serves as practicum for developing the procedural and ethical skills for research methodology.

KNOWLEDGE & SCHOLARSHIP:

Acquiring relevant and optimal levels of knowledge of the basic, clinical, and behavioural sciences, is critical to the context of patient care. Recognising the normal structure and function of the human body and each of its major organ systems is imperative for understanding the altered structure and function of major organ systems that are seen in common diseases and conditions. Making connections between the patient's nosological status with the psycho-social dimensions and associating them with homoeopathic principles is the key for success as homeopathic professional. These attributes are acquired as a commitment to knowledge and scholarship of relevant fields.

MILLERS LEVELS:

Miller's Pyramid is a diagrammatic representation of the convergence of learning. It maps the pathway of learning to show a person gains the ability and competence in a series of increasingly progressive phases of learning.

The broad base of this pyramid - 'Knows' – has the ability to recall facts and ideas that form the bedrock of professional requirements. 'Knows How' is the next phase of learning, where the students gains the insight into the relationships between the various units of 'knows' and can relate them meaningfully to reach the 'knows how' capacity. These phases would largely be in the Cognitive Domain of Bloom's Taxonomy of Learning Objectives.

Learning is not just about knowing and knowing how, but also to enable that the 'know how' is put into practice. This is the third phase of Miller's Pyramid – the 'Shows How'. During this phase of learning, the student is able to demonstrate the reasoning ability that he / she has acquired in controlled or real situations. This ability also includes the psychomotor dimension of Bloom's Taxonomy. The summit of pyramid, i.e., 'Does' also includes the emotional aspect of learning in the form of values, attitudes, communication, etc, that denote the 'Affective Domain' of Bloom's Taxonomy.

The Miller's Pyramid is a valuable tool to represent the increasing levels of competencies that the students need to acquire, and also a framework to assess the level of competency that is achieved. Interestingly, the framework focuses on what the learner would be doing, rather than on what the teacher would be doing.

OBJECTIVE STRUCTURED CLINICAL EXAMINATION:

An Objective Structured Clinical Examination (OSCE) is a performance-based exam used in medical education to assess clinical competence. Developed by Harden in the 1970s, it shifts learning priority from knowledge-based rote learning to performance-based skill and values honing. OSCE's are helpful in medical education because they allow students to practice and demonstrate clinical skills in a standardized medical scenario. Students are assessed for each step that they perform correctly and in the proper sequence. During an OSCE, students are observed and evaluated as they go through a series of simulated stations. These stations may involve history collection, physical assessment, laboratory investigation, and treatment.

In the context of practical skills, the OSPE, or Objective Structured Practical Examination can be substituted with similar satisfaction and success.

MINI-CEX:

Mini-CEX stands for Mini-Clinical Evaluation Exercise. It is a concise, validated method of assessment used by supervisors in workplace settings. In a mini-CEX, a supervisor observes a trainee during a consultation with a real patient and provides feedback to the trainee about their performance. It is one of the components or station in the larger OSCE format for teaching or assessing history taking and clinical assessment performance.

PATIENT CARE:

This is the pivotal role in any clinical situation. The purpose of this competency is to provide individualised therapeutic and individualised and community-wide preventive care for a range of conditions. It also entails providing evidence-based information for the patient and community to introspect and develop self-sufficiency for continued care.

PORTFOLIO:

Portfolio is a collection of students' works that shows their efforts, progress, and achievements. Portfolios are used in medicine to study critical thinking and self-directed learning during the development from student to the professional. It is used as an assessment tool, documentation of

competence, and for revalidation purposes, and also to appraise the difficult-to-assess areas such as students' attitudes, professionalism, and teamwork.

PRACTICE BASED LEARNING AND IMPROVEMENT:

It is an educational approach that involves physicians monitoring, analysing, and improving their own practice behaviours. It also involves keeping up with advances in relevant medical disciplines, so as to develop the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

PROBLEM BASED LEARNING:

PBL is an innovative and challenging approach to medical education. Developed and improvised at McMaster University in Canada, this approach to learning has proved to be genuinely learner-centric, and enabling learning in a holistic manner with the entire person as the centre of learning, rather than making compartmentalised reductionism. It is an innovative model because it is a new way of using clinical material to help students learn. It's challenging because it requires the medical teacher to use facilitating and supporting skills rather than didactic, directive ones.

PBL includes the presentation of an applied problem to a small group of students who engage in discussion over several sessions. For example, a group of medical students might work through a case study involving a new patient experiencing a variety of symptoms. PBL offers medical students an opportunity to gain a comprehensive understanding of a patient's condition. Through active engagement, they collaboratively tackle real-world medical challenges and complex questions within their PBL groups

PROFESSIONALISM:

It is the blend of intellectual depth for performance, skillsets as appropriate for optimal performance, and adherence to the code of conduct. It shall demonstrate a commitment to upholding professional duties guided by ethical principles.

PROGRAMMATIC ASSESSMENT:

This is the defining feature of competency-based education. It uses multiple data points, such as assignments, participation, peer feedback, presentations, and oral exams, instead of a single exam. It uses multiple data points, such as assignments, participation, peer feedback, presentations, and oral exams, instead of a single exam. *Programmatic* assessment is a cycle of inquiry that allows Courses to regularly evaluate their goals and how well they're achieving them. It's a radical approach to assessment that was designed to address endemic problems in assessment.This includes a range of assessment approaches such as formative, summative & continues assessment.

REFLECTION:

Reflection is an important component of learning in medical education. It can help improve understanding, clinical competence, and performance. This provides an opportunity to introspect on the critical success factors or critical checkmates that hindered success. Reflection can also promote a desire for lifelong learning and ensure continual professional development.

REMEDIATION OF LEARNING:

Remediation is a learning approach that involves facilitating the students who have previously failed to learn it, to make attempts to develop the expected learning outcomes. The trigger for remediation is assessment of learning gaps, that is, the deficit between expected outcomes, and the actual outcomes by the learner. Observation and feedback are the factors that ensure remediation of learning.

PERFORMANCE COMPETENCIES:

Performance competencies are the abilities that the student is expected to acquire in a focused area of expertise, which could be a discipline-based knowledge, a skill, an attitude, or a combination of these.

SPECIFIC LEARNING OBJECTIVES / OUTCOMES:

Specific Learning Objectives / Outcomes (SLOs) describe what students should know or be able to do at the end of a learning session, that they couldn't do before. These are written and communicated in a 'low context communication style', that is to say, whoever reads the SLO would have the same understanding that the person who wrote it had. That is, there would be no communication gap.

That is the reason why the SLOs are written specifically and exclusively as units of learning in one of the domains of Bloom, and further at one of the levels of Guilbert. This will ensure that the learning that is expected is clearly communication among all those who refer to it, including those who set the assessment and evaluate the student performance. Further, the SLOs are ALWAYS written with an ACTIVE verb, so as to make the statement observable and measurable.

SUMMATIVE ASSESSMENT:

Summative assessment has the mandate to judge the achievement of the learner at the end of a period of learning, and label him / her as 'pass' or 'fail, assign a rank, approve for eligibility to be promoted or eligibility to be admitted to a course. These assessments also serve as quality check to ensure that those who are being certified conform to a minimum standard of professional competence.

TL METHOD / MEDIA:

The teaching-learning (TL) methods and media are the vehicles that enable the acquisition of stated outcomes. Teaching method is simply 'what the teacher does or what the teacher enables the students with', such as giving a lecture, conducting a demonstration, or facilitating a group discussion. Teaching-learning media is 'what the teacher or the students use' to enable the learning; with examples such as a board, or projector, or model, or specimen, among others.

Section II: Gazetted Regulations of MD Homoeopathy Course.

SECTION III: SPECIALITY-WISE SYLLABUS DOCUMENTS. (Attached Separately)

A. General subjects (in MD Hom Part 1)

1. Fundamentals of Speciality Subject.
2. Fundamentals of Clinical Medicine in homoeopathic speciality subject / Fundamentals of Homoeopathy in Clinical speciality subjects.
3. Research Methodology & Biostatistics

B. Speciality subjects (in MD Hom Part 2):

1. Homoeopathic Materia Medica.
2. Organon of Medicine and Homoeopathic philosophy.
3. Homoeopathic Repertory and case taking.
4. Homeopathic Pharmacy.
5. Practice of Medicine.
6. Paediatrics.
7. Psychiatry.

SECTION IV: ETHICAL REFLECTIONSFOR HOMOEOPATHIC PRACTICE.

Hahnemann established the entire essence of homoeopathic practice on bedrock of ethical principles and practices. The Organon of Medicine is replete with both conceptual directives, and practical archetypes of conscientious illustrations. It would however, be desirable to understand the philosophical foundations that discuss ethical aspects of healthcare practice, and relate them with the practice of homoeopathy.

The organised acceptance of ethical dimensions in healthcare could be traced to the ancient healers and philosophers such as Charaka and Hippocrates, whose oaths are cited as epitomising moral high standards for healthcare practice. The rise of ethics as code of conduct for physicians and surgeons and other healthcare practitioners anchors its lineage to Thomas Percival, whose seminal work Code of Institutes and Precepts Adapted to the Professional Conduct of Physicians and Surgeons, published in 1803. This work elaborated on professional duties and ideal behaviour relative to hospitals and other charities, and has been a harbinger of various improvisations to establish ethics as integral to healthcare practice.

The significance of ethical undertones to healthcare practice is underscored because of the quintessence of the service that surrounds matters of life and death. It therefore is inclusive of a range of elements such as trust, hope, confidentiality, competence, consent, patient rights, etc. The delicate balancing of competing emotions and dilemmas that one has to grapple on a routine basis, and perhaps making a split second decision render this aspect of professional feature all the more challenging.

Because ethics entails choosing the best option among the decisions in the given circumstance and context, a thorough foundations of the principles that guide for an informed decision is imperative. It is therefore necessary to have a thorough grasp of the ethical, legal, intellectual dimensions that are germane for the cultural ethos to make conscientious decisions.

The foundations of ethical interpretations can be ascribed to two philosophical concepts –utilitarianism / consequentialism, and deontology. These two ideologies may have competing stances and may not have notional congruence; but are united in their aspiration to provide interpretive clarity to make objective and contextual decisions that extenuates their moral predicament.

Popularised by John Stuart Mill and Jeremy Bentham, Utilitarianism or Consequentialism as a concept proposes that morality of an action is dependent absolutely on its outcomes or consequences. If the decision or action begets beneficial results, the decision is to be preferred no matter how disagreeable that action be, and if the outcomes are not perceived as beneficial, the action or decision is not preferable, however agreeable it may seem to be. In simple terms it implies that ‘ends justify the means’.

Deontology – advocated by Immanuel Kant, on the other hand, asserts that course of action is not to be determined by its outcomes or consequences, but by the virtue of action or decision itself. It argues that the correct course of action is dependent on what your duties and obligations are, and not the consequences of such action. Basing on the idea of ‘categorial imperative’ deontological decisions appeal to the moral compunctions regardless of their consequences. This ideology lays down a set of rules that are definite, and are not biased by assumption of possible consequences, and therefore avoid subjectivity. Deontology conforms to ‘duty-based ethics’.

In substantive situations, it may not be feasible to be always guided by the binaries of utilitarian or deontological arbitrations, as life is not simple, and the issues relating to health and disease tend to swaddle with multiple and complex layers. Therefore, to mitigate the dilemma of consternation, it is pragmatic to be sublimating and practically prudent, and be guided by the principles of ‘prima facie’ duties (Ross, 2022), which has at least one right-making feature. At

the same time, he also speaks of 'prima facie wrong', when there is at least one wrong making feature.

The clarity for adapting situational ethics can be guided by the moral compass of four principles – beneficence, nonmaleficence, respect for autonomy, and justice (Beauchamp & Childress, 2001). These pillars of healthcare ethics shall be understood in the backdrop of 'prima facie duties' described by Ross. The presence of at least one of these principles would qualify it as ethically right and absence of any one would make it ethically wrong. Therefore, according to Ross, an act is morally right if and only if it has the greatest balance of prima facie rightness over prima facie wrongness, which is an assertion of deontological advocacy.

The principle of 'beneficence' is to provide benefits to persons and contribute to their welfare, while the principle of 'nonmaleficence' is desisting from any act that could harm a person. These two principles are considered in unison as they form two sides of the same coin. These follow the traditional Hippocratic moral obligation of medicine is to provide net medical benefit to patients with minimal harm - that is, beneficence with non-maleficence. The appropriate training and capacity-building is foundational to ensuring that these two principles are met. The balancing of these two principles requires careful moral and intellectual undertones in each individual context, and has to be diligently customised for context considering the net benefit.

The principle of 'respect for autonomy' is to acknowledge a person's liberty to make choices, to hold views, and to take actions based on personal values and beliefs. In Kantian terms, it is treating others as ends in themselves and not means as per 'categorical imperative', and accepting that such acts would be the norms and rules. This principle brings into play the conundrum of confidentiality, informed consent, and clarity and content of communication. Making an informed decision about breaking a bad news about prognosis and the timing of such communication is a matter that may pose considerable predicament.

The principle of 'justice' is to arbitrate the competing demands, and make a fair decision. The contesting claims could stem from a need to distribute resources equitably, respect the beliefs and values of people, and upholding the moral and legal compulsions.

Apart from these four classic pillars of ethical decision making, Ross has suggested the attributes of 'fidelity', which is the quality or state of being faithful or loyal; 'reparations' which is the action of making amends for a wrong one has done, by providing payment or other assistance to those who have been wronged; 'gratitude', which is a feeling of appreciation to someone or something for what the person has done to help you; and 'self-improvement', that is the improvement of one's knowledge, status, or character by one's own efforts.

In the specific context of homoeopathic practice, the legal and ethical dimensions have been explicitly published as 'the National Commission for Homoeopathy (Professional Conduct, Etiquette and Code of Ethics for Practitioners of Homoeopathy) Regulations, 2022'. These consist of –

- General Principals, that include Character of Practitioner of Homoeopathy, Standards of Character and Morals, Responsibility of Practitioner of Homoeopathy, Prescription and Medical certificate, Advertising, and professional Service.
- Duties of Homoeopathic Practitioners to their Patients, that describe Obligations to the sick, Patient not to be neglected, Acts of negligence, Practitioner of Homoeopathy to obey law and regulations, Behaviour towards patients, Prognosis, and Ethics of Privacy, Confidentiality and Medical Records (Patience, Delicacy and Secrecy).
- Duties of practitioner of Homoeopathy to the Profession, that explain Upholding honour of profession, Membership of Medical Society, exposing unethical conduct, Association

with unregistered persons or indulging in malpractice, Appointment of substitutes, Service without fees to fellow Practitioner, Emergency visit, and Engagement for an Obstetrics case.

- Duties of practitioner of Homoeopathy in Consultation, that clarify aspects relating to matters such as Consultation shall be encouraged, Patient referred to another medical practitioner of Homoeopathy, Consultation by telemedicine, Conduct in consultation, Consent to medical treatment, Treatment after consultation, and Consultant not to take charge of the case.
- Duties of Practitioners of Homoeopathy to the Public, that include Practitioners as citizens, Public health, and dispensing.
- Matters related to misconduct, such as Professional or ethical Misconduct, Pharmacovigilance, Guidelines on proper prescription and dispensing, and also the procedure for taking disciplinary action and the procedure for receiving complaints.

The document has also published the Hahnemannian Oath that every homoeopathic professional has to proclaim at the time of his / her registration with the homoeopathic council. The oath states "On my honour, I swear that, I shall practice the teachings of Homoeopathy, perform my duty as expected from me, render justice to my patients and help the sick whosoever comes to me for treatment. May the teachings of Master Hahnemann inspire me and may I have the strength for fulfilment of my mission with the aim to cure the sick."

The details of twelve item declaration that the homeopathic professional shall submit, which include the assertion to the effect:

1. I solemnly pledge myself to consecrate my life to the service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to the laws of humanity.
3. I will maintain the utmost respect for human life.
4. I will not permit considerations of religion, nationality, race, political beliefs or social standing to intervene between my duty and my patient.
5. I will practice my profession with conscience and dignity in accordance with the principles of Homoeopathy.
6. The health of my patient shall be my first consideration.
7. I will respect the secrets which are confided to me, during homoeopathic consultation.
8. I will give to my teachers the respect and gratitude which is their due.
9. I will maintain by all means in my power the honour and noble traditions of medical profession.
10. I will treat my colleagues with respect and dignity.
11. I make these promises solemnly, freely and upon my honour.
12. I shall abide by the Code of Ethics, Rules and Regulation for Homoeopathic practice as amended time to time.

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SECTION V: MONITORING LEARNING PROGRESS

PREAMBLE TO CONCEPT OF COMPETENCY-BASED ACADEMICS:

This curriculum is based on the philosophy of Competency-Based Medical Education, which has now become the preferred and accepted model of training future healthcare professionals across the globe. It is imperative to understand the principles of competency-based academics for a successful implementation of this curriculum.

The learning model to attain the stated competencies is dependent on a practice called Constructive Alignment, which has been a mainstay in the higher education circles. Drawing inspiration from Ralph Tylor's four principles of curriculum and instruction, Constructive Alignment establishes a philosophy of learner-centric practices that spring from the purpose for learning, the experiences that support the realization of those purposes, methods of effectively organizing the learning experiences, and assessing the attainment of the stated purposes.

Developed by John Biggs, the crux of constructive alignment is that, the three elements of curriculum – stated learning objectives, instructional strategies, and student assessment practices are positively blended to create an aligned model of inter-dependency and collaborative achievement. That is to say, the selection of teaching – learning activities, and the student assessment activities are directly influenced by the stated outcomes.

In this model of education which is learner-centric, the learners construct meaning from what they do to learn. This concept recognizes the importance of linking new material to concepts and experiences in the learner's memory, and extrapolation to possible future scenarios via the abstraction of basic principles through reflection. Such a conscious effort provides the learners with a clearly specified goal, a well-designed learning activity or activities that are appropriate for the task, and well-designed assessment criteria for giving feedback to the learner.

The role of teachers is to make a deliberate alignment between the planned learning activities and the learning outcomes. Therefore, for the success of this curriculum, teachers have to consciously move from the previously prevalent teacher-centric model to this new approach.

The monitoring of learning progress not only factors in, the classroom-based teaching – learning activities, but also emphasizes on the informal and personalised paradigms of learning. It must also be insisted here that teachers shall plan the curriculum implementation schedule with a significant involvement of students, so that there is a clarity and acceptance of learning responsibilities by the students. This would not only entail the harmonising the scheduling, but also enlightening the students about the various learner-activities and their importance for achieving the stated outcomes.

The Entrustable Professional Activities that form the essence of this post-graduate Course intend to ensure certain base-level professional competencies that are developed in the background of national health needs, and the role that homoeopathy can play in supporting the nation's health. Therefore, the responsibility of teachers is not only to teach, but also assess for the authentic attainment of the competencies.

Considering the dual challenges of time limits, and the need to ensure competent performance, the Competency-Based Academics has evolved a dynamic model of 'mentoring and monitoring', so as to provide continuous and immediate feedback to make course corrections 'on the go'. Therefore, the philosophy of assessment in competency-based academics is also called as 'Coursematic Assessment', wherein, the learner is given specific, and supportive feedback to improve his / her performance. This is also known as 'assessment for learning, as against 'assessment of learning', which is the traditional end-of-the-course assessment.

In this context, there are certain tools that are provided as Appendices in this document that can lead the teachers to design the planning and implementation of curriculum with greater possibility of reaching the outcomes.

OUTLINE OF TRAINING SCHEDULE:

The MD (Hom) Course is in two phases – Phase I, and Phase II, each of eighteen months' duration. The outcomes of training shall reflect the Dimensions of Competencies as listed in this document – Knowledge and Scholarship, Patient Care, Homoeopathic Orientation, Communication Skills, Practice-Based Learning and Improvement, and Professionalism.

In the first phase of Course, the postgraduate students shall undergo one-year compulsory house job at the hospital, during which time, the hospital authorities shall monitor their performance in all the dimensions of competencies. The monitoring shall be a continuous and regular process, based on the criteria, as provided in the respective checklists. These assessment tools not only help the teachers to assess students, but also students to self- assess.

During the house job, the postgraduates shall gauge their aptitude for professional growth, and the opportunities available at the hospital / institution, so as to develop a proposal for conducting a study that would culminate as Dissertation. To get an authentic clarity on the research study that they would conduct as partial fulfilment of the postgraduate Course, they shall conduct at least a couple of exploretory studies. This would also give them a feel of research ambience.

As part of the hospital-based activity, the postgraduate shall also be observed for, and given feedback to improve the professional values and soft skills that are consequential for a benevolent homoeopathic practitioner. These include personal attitudes such as caring, trustworthiness, reliability, ability to work in teams, taking initiative, critical thinking, organizational ability, and potential to cope with stressful situations, among others.

Simultaneously, they also need to prepare a proposal – known as Synopsis – for conducting study, within nine months of admission to the Course, and this has to be submitted to the affiliating University for approval to start the study. The purpose of such study is to enrich the evidences of homoeopathy in a range of healthcare decision making. Therefore, both the synopsis, and later the study needs to be taken with the seriousness that they deserve.

The study shall start as soon as the synapsis is approved by the university, which shall give the student sufficient time for the study, its analysis, and final documentation, so that the Dissertation can be submitted to the university for approval and eligibility to appear for the final examination.

TRAINING AND ASSESSMENT METHODS:

As the philosophy of learning is competency-based the learning methods would naturally be problem-based and discovery driven, and also match the phase of competency. This means that teaching–learning and assessment would focus on the development of competencies and would continue till the desired competency is achieved.

The training methods in postgraduate Courses of health sciences' streams is generally either in the clinical spaces or in the laboratories, or in the community as the case may be. Further, there will also be discussions and deliberations among the peer group, as well as individual efforts and practices.

It is seen as a common practice that the postgraduates are posted to hospital or laboratory or community duties in the first half of the day, and in the post lunch session there will be group discussions, seminars, journal club meetings, clinical case presentation, case discussion, teaching

assignments, etc. All these activities are performed as per the Standard Operating Procedures, and also simultaneously assessed on the same parameters. Such a fusion of learning and assessment into a single activity is the hallmark of constructive alignment, and therefore a distinguishing attribute of competency-based academics. These activities are documented in the Log Book or Portfolio for each individual postgraduate.

They are also required to make at least one podium presentation and two poster presentations at national level seminar / conference / colloquium / workshop as part of the Course of study, and publish at least two articles in peer reviewed journals as first or second author, any time during the course . These shall be counted as eligibility to appear for the final examination, apart from the requisite attendance, coursework, dissertation submission, and clearing the Part 1 Examination.Cousework is mandatory for the completion of Part I of MD (Hom.) as per clause 13(a)& 13(b) of National Commission for Homoeopathy (Homoeopathy Post-Graduate Degree Course- Doctor of Medicine in Homoeopathy) Regulations, 2024.

The Log Book records participation of individual postgraduates in various didactic or interactive activities by the students. The number of activities that they present or actively participate and the number in which they are passive participants are recorded. In the log book, which should periodically be validated by the Supervisors.

The hospital related learning includes training and assessment for acquisition of patient management, practice-based learning, communication, homeopathic orientation, and professionalism. The generic soft skills include sincerity, punctuality, and professional and personal integrity. The contexts of learning in hospital would include patient encounters at the screening stations, and in the OPDs & wards. Students can be trained and assessed for clinical skills on **Rating Scale – 6, for Assessment of Clinical Skills.** Further the skills of presentation can be trained and assessed as per Students can be trained and assessed for clinical / laboratory / community skills on **Rating Scale – 5, for Assessment of Clinical Presentations.**

The community related learning includes training and assessment for acquisition of communication, homeopathic orientation, team-building, leadership, health promotion & disease prevention, and professionalism, apart from the generic soft skills.

In the laboratory related learning, the training would focus on the training and assessment of observations, psychomotor refinement, critical thinking, analytical skills, apart from the generic soft skills.

Journal Club is the practicum for learning research methodology. This learning method is both an individual, and small group learning activity. The students develop the skills for literature search, selecting appropriate study for discussion, in-depth review of the published articles, identification of the study and sampling designs, ethical issues in the study, referencing styles, presentations skills, and use of audio-visual aides. The presentation, and discussion is assessed by peer and faculty on **Rating Scale – 1, for Assessment of Journal Review**.

Symposia are the team presentation activities that promote the acquisition of knowledge, developing scholastic mindset, professionalism, communication skills, team work, etc. Students can be trained and assessed for Symposia on **Rating Scale – 2, for Assessment of Symposium.**

Seminars are the defining feature in postgraduate studies as these facilitate a range of critical thinking and learning skills. There are two approaches to conducting seminar – classical, and traditional. The classical approach adapts the Socratic dialogic model of discussion where questions are posed and their answers explored in a series of discussions spread across a longitudinal span and anchored to a theme under the guidance of a faculty. The traditional model has a postgraduate making a didactic presentation on an allotted topic with end-of-the presentation Q & A Session, with the supervisor providing the concluding remarks. Students can be trained and assessed on **Rating Scale – 3, for Assessment of Seminar.**

Group discussions are the small group learning methods where topics of current interest or relevant to the cases in the wards are discussed under the supervision of a faculty. These reinforce knowledge acquisition, developing scholastic mindset, professionalism, communication skills, etc. Case presentation is a hallmark of postgraduate learning where the cases are discussed on a standard frame to explore the depth of communication, practice-based learning, professionalism, homoeopathic orientation, etc. Students can be trained and assessed on **Rating Scale – 4, for Assessment of Group Discussion.**

Teaching skills are introduced with a sensitisation on educational methodology, and the postgraduates are observed for communication, interpersonal relationship, depth of knowledge and professionalism on a specific checklist. Students can be trained and assessed on **Rating Scale – 7, for Assessment of Teaching Skill Practice.**

The postgraduates are also given individual and group assignments to reinforce knowledge acquisition, developing scholastic mindset, professionalism, communication skills, teamwork, etc.

Once the research study starts, the students will have to be monitored for the compilation of data as per the study design. While the privacy of data is inviolable, the relevant data has to be documentation and stored in an easily retrievable format, with restricted access to only the postgraduate student and the guide / supervisor. There has to be periodic review of the progress, and feedback shall be given to monitor the momentum in the right direction. Students can be trained and assessed on the **Rating Scale for Continuous Assessment of Dissertation Work by Guide**.

ILLUSTRATION OF STRUCTURED TRAINING:*

Activity	< 6 Months	6-12 Months	12-18 Months	18- 24 Months	24-30 Months	30-36 Months
Induction	7 Days					
Supervised Clinical Work						
Guided Independence						
Remote Independence						
Course Work						
Synopsis	9 Months					
Research & Dissertation						
Group Discussion / Clinical Presentation / JCM/ Seminar/Symposium						
UG Teaching Skill						

Daily schedule*	
9:00AM TO 1:00PM	OPD Duty
1:00PM TO 1:30PM	Lunch
1:30PM TO 2:30PM	Master Class/ Guest Lecture
2:30 PM TO 5:00PM	JCM, CP, Seminar, UG Teaching, etc.

The schedule is indicative of institutional time only. Apart from this the hospital based duties such as IPD, OPD , Night duty , Extension duties, etc ate to be performed as per institutional norms.

ASSESSMENT METHODS:

As the Course is based on the concept of demonstrating entrustable professional activities, the assessment would have a continuous component, and a certifying component. The overarching continuous assessment is suggested on a multi-source feedback framework **(Template – 4: Multi Source Feedback Rating Scale: MSF-RS)** that covers four areas – clinical soft skills, social and emotional responses, team work, and managerial roles. It is on forty-two units of performance rating scale. The continuous assessment of clinical skills shall be on the rating scale of Mini Clinical Evaluation Exercise **(Template – 3: Mini Clinical Evaluation Exercise Rating Scale: Mini CEX-RS)**; procedural skills on the rating scale of Direct Observation of Procedural Skills **(Template – 2: Direct Observation of Procedural Skills DOPS: Rating Scale)**, and reflective writing on a template that rates for External Seminar / Conference / CME **(Template – 1: Reflective Writing on External Seminar / Conference / CME: Rating Scale)**. These continuous assessment frameworks can also be used for formative assessment or assessment for learning.

The summative assessment shall follow the pattern of university examinations as indicated in the regulations of the MD (Hom) Course. There shall be periodic internal assessments for every term / semester, and also at the end of every clinical / community / laboratory posting.

The portfolio of every learner shall reflect the performance on continuous, formative, and summative assessments.

MODEL RATING SCALES

Rating Scale – 1: Model Rating Scale for Assessment of Journal Review.

Rating Scale – 2: Model Rating Scale for Assessment of Symposium.

Rating Scale – 3: Model Rating Scale for Assessment of Seminar.

Rating Scale – 4: Model Rating Scale for Assessment of Group Discussion.

Rating Scale - 5: Rating Scale Assessment of Clinical Presentations.

Rating Scale – 6: Model Rating Scale for Assessment of Clinical Work in I.P.D. / O.P.D

Rating Scale - 7: Model Rating Scale for Assessment of Teaching Skill Practice.

Rating Scale – 8: Continuous Assessment of Dissertation Work by Guide.

TEMPLATE FOR LOGBOOK / PORTFOLIO

TABLE OF ACADEMIC ACTIVITIES ATTENDED

RATING SCALE – 1: MODEL RATING SCALE FOR ASSESSMENT OF JOURNAL REVIEW.

Name of the PG Scholar:

Name of the Faculty/ Observer:

Date:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Selection of article.					
2	Assessment of ethical dimension / conflict of interest in the study.					
3	Extent of understanding of scope and objectives of the paper by the PG Scholar.					
4	Critique on the methodology used.					
5	Correlation of objectives, hypothesis, results.					
6	Consulting the cross - references in the article					
7	Consulting other relevant publications.					
8	Ability to respond to questions on the paper / subject.					
9	Clarity of Presentation.					
10	Audio – Visual aids used					
Total Score						

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 2: MODEL RATING SCALE FOR ASSESSMENT OF SYMPOSIUM.

Name of the PG Scholar:

Name of the Faculty/ Observer:

Date:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Selection of topic / sub-topic					
2	Articulation of objectives					
3	Relevance of content					
4	Sequencing of content.					
5	Clarity of Presentation					
6	Coordination with other presenters.					
7	Ability to answer questions					
8	Time Scheduling					
9	Appropriate use of Audio – Visual aids					
10	Overall performance					
	Total Score					

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 3: MODEL RATING SCALE FOR ASSESSMENT OF SEMINAR.

Name of the PG Scholar:

Name of the Faculty/ Observer:

Date:

Sl. No.	Items for observation during discussion	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Relevance of theme to the Course.					
2	Continuity and alignment of discussion with the theme.					
3	All participants are well prepared with theme and current topic.					
4	All participants contribute for discussion.					
5	Questions are relevant to the theme and current discussion.					
6	Questions are follow-up or clarifying in nature.					
7	Group maintains eye contact with the person who is speaking.					
8	Each participant is allowed to participate in equal measure					
9	No mid-way interruption of the speakers.					
10	Next level of topic in the theme decided during the current discussion.					
	Total Score					

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 4: MODEL RATING SCALE FOR ASSESSMENT OF GROUP DISCUSSION.

Name of the PG Scholar:

Name of the Faculty/ Observer:

Date:

Sl. No.	Items for observation during discussion	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Relevance of topic to the Course.					
2	Significance of topic for career advancement.					
3	All participants are well prepared with topic.					
4	All participants contribute for discussion.					
5	Questions are relevant to the discussion.					
6	Questions are follow-up or clarifying in nature.					
7	Group maintains eye contact with the person who is speaking.					
8	Each participant is allowed to participate in equal measure					
9	No mid-way interruption of the speakers.					
10	Summarisation of the discussion made by the group coordinator.					
	Total Score					

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE - 5: ASSESSMENT OF CLINICAL PRESENTATIONS.

Name of the PG Scholar:
Name of the Faculty:
Date:

Sl. No.	**Observations**	**Poor 0**	Below Average **1**	**Average 2**	Above Average **3**	Very Good **4**
1	Completeness of history.					
2	Clarity of Presentation.					
3	Logical order of presentation.					
4	Mentions all positive and negative points of importance.					
5	Accuracy of General Physical Examination.					
6	All Physical signs elicited correctly.					
7	No omission of major signs or their miss-interpretation.					
8	Diagnosis is based on history and findings.					
9	Correct interpretation of all the investigations.					
10	Case analysed for –					
	Hahnemann's Classification of Diseases,					
	Prognostic trend,					
	School of Philosophy,					
	Staging of disease.					
11	Symptom management for their –					
	Classification.					
	Analysis.					
	Evaluation.					
12	Totality of Symptoms.					
13	Quality of repertorisation.					
14	Selection of medicine including potency and dose.					
15	Ability to defend clinical decisions.					
Grand Total						

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 6: MODEL RATING SCALE FOR ASSESSMENT OF CLINICAL WORK

IN I.P.D. / O.P.D

(To be completed once in a month by respective unit heads)

Name of the PG Scholar:

Name of the Faculty:

Date:

Sl. No.	Items for observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Regularity of attendance.					
2	Punctuality.					
3	Maintenance of Case Records.					
4	Presentation of cases during rounds.					
5	Investigations work up.					
6	Repertorisation of the cases.					
7	Interaction with colleagues and supportive staff.					
8	Bedside manners.					
9	Rapport with patients.					
10	Overall quality of clinical work.					
	Total Score					

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE - 7: MODEL RATING SCALE FOR ASSESSMENT OF TEACHING SKILL PRACTICE.

Name of the PG Scholar:

Name of the Faculty:

Date:

Sl.No.	Observation	Strong Area	Weak Area
1	Introduces topic in interesting manner.		
2	Builds rapport with the students.		
3	Articulates the purpose of presentation.		
4	Relevance of content to objectives		
5	Logical sequencing of content.		
6	Appropriate use of AV Aids.		
7	Relevance of content to objectives		
8	Engages students during presentation.		
9	Maintains eye contact with all students.		
10	Encourages students to ask questions.		
11	Answers the questions appropriately.		
12	Gives positive feedback when students answer.		
13	Clarity of communication.		
14	Body language relaxed and non-threatening.		
15	Summarises at the end of class.		

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 8: CONTINUOUS ASSESSMENT OF DISSERTATION WORK BY GUIDE.

Name of the PG Scholar:

Name of the Faculty:

Date:

Sl. No.	**Items for observation during presentations**	**Poor** **0**	Below Average **1**	**Average** **2**	Above Average **3**	Very Good **4**
1	Periodic consultation with Guide / Co-guide.					
2	Relevance of literature review.					
3	Regular collection of case material.					
4	Adherence to ethical practices.					
5	Conformity to the study and statistical designs.					
6	Depth of Analysis / Discussion.					
7	Departmental presentation of findings.					
8	Publication of relevant articles in approved journals.					
9	Maintenance of time schedule.					
10	Quality of final output.					
Total Score						

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

LOG BOOK

TABLE: ACADEMIC ACTIVITIES ATTENDED

Name of the PG Scholar:

Name of PG Guide:

Admission Year: University Registration Number:

College:

Date	Type of Activity	Remarks of Guide	Signature of Guide

TEMPLATE – 1:

REFLECTIVE WRITING ON EXTERNAL SEMINAR / CONFERENCE / CME: RATING SCALE

Name of the PG Scholar:

Name of the Faculty/ Observer:

EVENT METADATA

Name of the event	
Level of the event	
Theme of event	
Organisers	
Dates	

REFLECTIONS OF LEARNING

Speakers / Panelists	
Objectives of the Sessions	
List the key take aways	
State what could have been better	
Explain how you would adapt the take aways	
Signature of PG Scholar	
Signature of Guide	

TEMPLATE – 2:

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS): RATING SCALE

Name of the PG Scholar:

Name of the Faculty/ Observer:

Procedure:

Clinical setting: OPD / IPD / Community / Laboratory / OT

Number of times same procedure was performed previously:

Observations by the supervisor / assessor.

Sl. No.	Grading as per observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Fully aware of the name of procedure to be performed					
2	Obtains informed consent of the subject / patient					
3	Demonstrates appropriate pre-procedure preparation					
4	Demonstrates situation awareness					
5	Technical ability					
6	Seeks help when appropriate					
7	Post-procedure management					
8	Communication skills					
9	Consideration for patient					
10	Overall performance					
Strengths						
Areas for improvement						
Specific suggestions						

Signature of PG Scholar	
Signature of observer / assessor	

TEMPLATE – 3:

MINI CLINICAL EVALUATION EXERCISE (MINI CEX): RATING SCALE (MINI CEX-RS)

Name of the PG Scholar:

Name of the Faculty/ Observer:

Procedure:

Clinical setting: OPD / IPD

Number of times same procedure was performed previously:

Observations by the supervisor / assessor.

Sl. No.	Grading as per observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Clinical knowledge					
2	Patient assessment					
3	Planning					
4	Preparation					
5	Organisation / efficiency					
6	Clinical judgement					
7	Insight					
8	Patient interaction					
9	Risk mitigation					
10	Overall performance					

Strengths	
Areas for improvement	
Specific suggestions	

Signature of PG Scholar	
Signature of observer / assessor	

TEMPLATE – 4:
MULTI SOURCE FEEDBACK RATING SCALE (MSF-RS)

Name of the PG Scholar:

Name of the Faculty/ Observer:

Observations by the supervisor / assessor:

Sl. No.	Grading as per observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
Area 1: Clinical soft skills						
1	Develops positive relationships with patients					
3	Encourages patients and families to be a part of decision-making process					
4	Explains procedures to patients in a language that they can understand					
5	Informs patients of risks					
6	Encourages discussions and questions					
7	Provides written information to facilitate understanding					
8	Responds promptly to requests for assistance					
Area 2: Social and Emotional						
9	Displays empathy and compassion towards patients					
10	Treats patients as individuals recognising and respecting differences					
11	Honest and reliable in verbal and written communication					
12	Advocates for treatment and care that is in the best interest of the patient					
13	Respects patient's privacy and dignity					
14	Actively promotes safety and risk reduction					
15	Uses opportunities to promote health and prevent disease					

16	Recognises psychological aspects of illness					
17	makes appropriate use of community resources for psychological aspects of care					
18	appropriate referral for psychological aspects of illness					
Area 3: Team Work						
19	Is trustworthy					
20	Synthesizes and communicates relevant information					
21	Conveys management plan to team members with clear instructions as to roles and responsibilities					
22	Demonstrates a respectful attitude to all team members					
23	Participates in team aspects of care					
24	Safely hands over responsibility of patient care to others					
25	Effectively allocates resources during crisis					
26	Works with others to prevent and resolve conflicts					
27	Shows consideration for professional perspectives					
28	Recognises and values contribution of others					
Area 4: Managerial roles						
29	Is actively engaged and skilled in teaching students and other staff, facilitates learning of others.					
30	Initiates discussion and voices opinion					
31	Willing to consider advice, feedback and / or instruction					
32	Attends in time to adequately prepare and uses time well through effective prioritisation					
33	Formulates and articulates appropriate plans, including					

	anticipation of potential problems					
34	Allocates and prioritises cases effectively					
35	Prioritises clinical tasks to match workload					
36	Ensures suitable resources and environment for patient care					
37	Recognises limits of his / her expertise and experiences, seeks advice from appropriate staff when required, takes on responsibility appropriately					
38	Shows respect for confidentiality and privacy of patients and colleagues					
39	Is punctual, works in a clam and considerate manner					
40	Accepts feedback, acts to improve, and adapts to change, is consistent with self-perception					
41	Involves with professional development					
42	Flexible within role					