CURRICULUM / STATUTES & REGULATIONS

FOR
2 YEARS DEGREE PROGRAMME
IN
PAIN MEDICINE
(MS Pain MEDICINE)

DEPARTMENT OF ANAESTHESIOLOGY, INTENSIVE CARE AND PAIN MEDICINE

NISHTAR MEDICAL UNIVERSITY

MULTAN

INTRODUCTION

Pain Medicine is a well-established discipline of medicine in both, developed and the developing world.

In mid-eighties it was acknowledged that patients after major surgical procedures encounter unsatisfactory treatment and the concept of acute pain services was introduced. It deals with pain management of postoperative surgical patients utilizing various pain control modalities & also manages pain of trauma patients. A good Pain Management Service is expected to provide a comprehensive management facility for acute, chronic and cancer pain.

To fulfill the requirements of large number of intractable pain patients, thousands of Pain Centers and Pain Clinics have evolved in all major hospitals of the world.

Currently a variety of patients suffering from a wide range of chronic pain problems e.g. low back pain, cancer pain, complex regional pain syndrome, neuropathic pain, myofacial pain, visit pain clinics where complete evaluation and treatment is done by several different interventional and non-interventional techniques.

Cancer pain is another major area requiring an urgent and sympathetic consideration and treatment. Aim is to keep a cancer patient pain free, even if the primary pathological process is not treatable.

AIM &OBJECTIVES

AIM OF THE PROGRAM:

The overall aim of the course is to improve competencies and professional clinical practice of doctors in pain management.

To meet these aims the course:

- Conforms to the IASP(International Association for the Study of Pain / a chapter of Pain Management of WHO), WIP(World Institute of Pain) recommendations for core curricula in pain management, offering the knowledge base to support clinical practice.
- Incorporates elements of work-based practice to facilitate skill transfer from the study environment to clinical situations.

OBJECTIVES OF THE PROGRAM:

- To advance knowledge of pain medicine through creative research, academics and hands-on-trainings.
- To practice the specialty of Pain medicine keeping in mind about professional ethics
- To recognize and identify various Pain problems
- To Institute diagnostic therapeutic rehabilitative and preventive measures to provide proper care to the patient.
- To take detailed history, perform full physical examination and make clinical diagnosis.
- To develop skills as a self-directed learner, recognize continuing educational needs and use appropriate learning resources.
- To teach medical / nursing students' paramedical staff and healthcare Providers.

STATUTES & REGULATIONS RELATING TO THE ADMISSION, REGISTRATION AND EXAMINATION FOR STUDIES LEADING TO MS PAIN MEDICINE

TITLE OF DEGREE:-

A. The degree will be called MS Pain Medicine.
B. The minimum period for completion of MS program shall be 2 years.
C. The period of completion of MS program shall be counted from the date of admission / registration.
D. The examination shall consist of two parts
    a) Theory and Clinical/or Practical examination – viva voce.
    b) Thesis, Research Agenda.

ELIGIBILITY:-

For admission in MS Pain Medicine the candidate should have:

- MBBS Degree
- Completed one-year house job
- Registration with PM&DC
- MS Anesthesia
- And criteria announced by Punjab Residency Program.

REGISTRATION & ENROLMENT: -

- 4 trainees will be registered with one supervisor (one trainee in each induction).
- The university will approve supervisors for the program.
- The candidates selected for the course shall be registered with the university as per prescribed registration regulations.

EXAMINATION

Part-I Examination

1. All candidates admitted in MS Pain Medicine courses shall appear in Part-I examination at the end of first nine months.
2. The examination shall be held on biannual basis.
3. The candidate who fails to pass the examination in 3 consecutive attempts availed or un-availed, shall be dropped from the course.
4. The examination shall have two components:
    i. Paper-I MCQs (single best) 100 Marks
    ii. Paper-II SEQs 100 Marks
5. Subjects to be examined shall be Basic Sciences (as mentioned in course of studies part-1)
6. To be eligible to appear in Part-I examination the candidate must submit;
    i. duly filled, prescribed Admission Form to the Controller of Examinations duly recommended by the Principal/Head of the Institution in which he/she is enrolled;
    ii. a certificate by the Principal/Head of the Institution, that the candidate has attended at least 75% of the lectures, seminars, practical/clinical demonstrations;
    iii. Examination fee as prescribed by the University
7. To be declared successful in Part-I examination the candidate must secure 60% marks in each paper.

Part-2 (final) Examination

1. All candidates admitted in MS Pain Medicine course shall appear in Part-2 (clinical) examination at the end of structured training program (end of 2nd year), and having passed the part I examination.
2. The examination shall be held on biannual basis.
3. To be eligible to appear in Part-2 examination the candidate must submit;
    i. Duly filled, prescribed Admission Form to the Controller of Examinations duly recommended by the Principal/Head of the Institution in which he/she is enrolled.
    ii. A certificate by the Principal/Head of the Institution, that the candidate has attended at least 75% of the lectures, seminars, practical/clinical demonstrations.
    iii. Original Log Book complete in all respect and duly signed by the Supervisor (for Oral & practical/clinical Examination).

iv. Certificate of having passed the Part-I examination.

v. Examination fee as prescribed by the University.

4. The Part-II clinical examination shall have the following components:

i.	Written	300 marks
ii.	Oral & practical/clinical examination	300 marks
iii.	Log Book Evaluation	100 marks (50 marks per year)

5. There shall be two written papers of 150 marks each.
6. Both papers shall have problem-based Short/Modified essay questions and MCQs.
7. Oral & practical/clinical examination shall have 300 marks for:

i.	1 Long Case	100
ii.	4 Short Cases	100 (25 marks each)
iii.	OSCE	100

8. To be declared successful in final examination the candidate must secure 60% marks in each component and 50% in each sub-component.
9. Only those candidates, who pass in theory papers, will be eligible to appear in the Oral & Practical/ Clinical Examination.
10. The candidates, who have passed written examination but failed in Oral & Practical/ Clinical Examination, will re-appear only in Oral & Practical / Clinical examination.
11. The maximum number of attempts to re-appear in oral & practical /clinical Examination alone shall be three, after which the candidate shall have to appear in both written and oral & practical/clinical examinations as a whole.
12. The candidate with 80% or above marks shall be deemed to have passed with distinction.
13. Log Book/Assignments: Throughout the length of the course, the performance of the candidate shall be recorded on the Log Book.
14. The Supervisor shall certify every year that the Log Book is being maintained and signed regularly.
15. The Log Book will be developed & approved by the Advanced Studies & Research Board.
16. The evaluation will be maintained by the Supervisor (in consultation with the Co-Supervisor, if appointed).

17. The performance of the candidate shall be evaluated on annual basis, e.g., 50 marks for each year in two years course. The total marks for Log Book shall be 100. The log book shall reflect the performance of the candidate on following parameters:
    - Year wise record of the competence of skills.
    - Year wise record of the assignments.
    - Year wise record of the evaluation regarding attitude & behavior
    - Year wise record of journal club / lectures / presentations /clinico-pathologic conferences attended & / or made by the candidate.

THESIS

Submission / Evaluation of Synopsis

1. The candidates shall prepare their synopsis as per guidelines provided by the Advanced Studies & Research Board.

2. The research topic in clinical subject should have 30% component related to basic sciences and 70% component related to applied clinical sciences. The research topic must consist of a reasonable sample size and sufficient numbers of variables to give training to the candidate to conduct research, to collect & analyze the data.

3. Synopsis of research project shall be submitted by the end of the 3rd month of MS program. The synopsis after review by an Institutional Review Committee shall be submitted to the University for consideration by the Advanced Studies & Research Board, through the Principal / Dean /Head of the institution.

Submission of Thesis

1. Thesis shall be submitted by the candidate duly recommended by the Supervisor.

2. The minimum duration between approval of synopsis and submission of thesis shall be one year, but the thesis cannot be submitted later than 3 years of enrolment.

3. The research thesis must be compiled and bound in accordance with the Thesis Format Guidelines approved by the University.

4. The research thesis will be submitted along with the fee prescribed by the University.

Thesis Examination

1. All candidates admitted in MS course shall appear in thesis examination at the end of 2nd year of their training course.

2. Only those candidates shall be eligible for thesis evaluation, who have passed Part I, &II (clinical) Examinations.

3. The examination shall include thesis evaluation with defense.

4. The Vice Chancellor shall appoint three external examiners for thesis evaluation, preferably from other universities and from abroad, out of the panel of examiners approved by the Advanced Studies & Research Board. The examiners shall be appointed from respective specialty.

5. The thesis shall be sent to the external examiners for evaluation, well in time before the date of defense examination and should be approved by all the examiners.

6. After the approval of thesis by the evaluators, the thesis defense examination shall be held within the University on such date as may be notified by the Controller of Examinations. The Controller of Examinations shall make appropriate arrangements for the conduct of thesis defense examination in consultation with the supervisor, who will co-ordinate the defense examination.

7. The thesis defense examination shall be conducted by two External Examiners who shall submit a report on the suitability of the candidate for the award of degree. The supervisor shall act as coordinator.

6. Award of MS Degree

After successful completion of the structured courses of MS Pain Medicine and qualifying Part-I, and Part-II examinations, the degree with title MS Pain Medicine shall be awarded.

COURSE OF STUDIES

PART 1 (BASIC) FIRST 9 MONTHS.

Introduction and Overview:

1. Definition of pain / types of pain / pain measurement
2. General principles of pain evaluation including neurological, musculoskeletal and psychological assessment.
3. Neuro-anatomy and neurophysiology of pain pathways
4. Anatomy and Physiology: Mechanisms of Nociceptive Transmission
5. Pharmacology of pain medicine
6. Pharmacology of anti-convulsant & antidepressant
7. Pharmacology of other adjuvant e.g. muscle relaxant
8. Pharmacology of Pain Transmission and Modulation
9. Development of Pain Systems
10. Central sensitization: mechanisms and implications for treatment of pain
11. Taxonomy of pain, IASP
12. Non-pharmacological methods
13. Diagnostic studies (x-ray/MRI/CT Scan)
14. Clinical neuro-function tests

Acute Pain Management:

Part I

1. Acute pain management - an over view
2. Physiologic and behavioral pain assessment measures in adults & children : use and limitations
3. Epidemiology of inadequate control of acute pain
4. Physiologic and psychological effects: identification and control
5. Pharmacologic properties of major classes of drugs used for acute pain management
6. Opioids, Classification of opioid compounds & related pharmacology of pain transmission and modulation

PART 2 (CLINICAL) 15 MONTHS.

Acute Pain Management:

Part II

1. Comprehensive plan for optimal perioperative pain management: formulation based on type and cause of pain, patient preference, physical and mental status, and available expertise and technology
2. Measurement of pain in special populations: challenges and limitations
3. Direct pain measurement: self-report
4. Indirect pain measurement: observations
5. Patient control analgesia (PCA)/ epidural blocks
6. Neuro-anatomy of plexus block
7. Techniques of plexus block
8. Pain management in infants and children
9. Pain management in poly-trauma patients
10. Pregnancy and child birth
11. Acute pain management in neuro-surgery / head injury

Chronic Pain Syndromes / Clinical sciences:

1. Pathophysiology of visceral, somatic and neuropathic pain
2. Complex regional pain syndrome
3. Low back pain / neck pain (spinal pain): overview.
4. Differentiation of low back pain and referred somatic pain from radicular pain, radiculopathy, and sciatica; relevance to investigation and treatment.
5. History taking: significance and use, physical examination and conventional medical imaging: limitations.
6. Invasive tests (e.g., diagnostic joint blocks, discography) for spinal pain.
7. Peripheral neuropathy / acute shingles and post herpetic neuralgias.
8. Trigeminal, occipital, Intercostal and glossopharyngeal neuralgia
9. Comprehensive evaluation of patients with cancer pain: need sand approach
10. Principles of treatment, including treatment of underlying disease, analgesic.
11. Chronic abdominal and pelvic pain.

12. Headaches.
13. Myofacial pain syndrome / fibromyalgia, classification and clinical characteristics of musculoskeletal diseases.
14. Clinical differentiation of gastrointestinal, urologic, gynecologic, and musculoskeletal pain.
15. Assessment of activity and severity of rheumatic disease.
16. Palliative care: definition and scope; frequency of pain and multiple sites of pain, barriers to treatment.
17. Assessment and Psychology of Pain
18. Nerve blocks and neurolytic techniques: diagnostic and treatment purposes; clinical indications, risks, associated complications, Side effects: recognition and treatment.

Miscellaneous topics:

1. Sympathetic blocks, anatomy and techniques
2. Neurolytic blocks, alcohol and phenol neurolysis and techniques
3. Radiofrequency neurolysis
4. Intrathecal implants or drug delivery system
5. Setting up an acute pain service
6. Setting up of a pain clinic
7. Pain research in human and animal
8. Complimentary medicine
9. Analgesic response: differences between sexes and within the same sex (e.g., child bearing)
10. Treatment of pain in children: pharmacologic & non-pharmacologic (e.g., counseling, guided imagery, hypnosis, bio-feedback.
11. Pain assessment tools in children: use and limitations
12. Sex differences: biologic and psychosocial contributions to pain
13. Psychological Treatments (Cognitive-behavioral and Behavioral Interventions)
14. Cognitive and behavioral strategies: application to specific pain syndromes (e.g., TMJ pain, neck and back pain, fibromyalgia, arthritis pain, burn pain, postoperative pain)
15. Integration of approaches: cognitive behavioral treatments, combined behavioral and drug treatments; economic benefits of integrating treatment
16. Stages of behavioral change and their effect on readiness
17. Pain Relief in Substance Abusers

THESIS COMPONENT

RESEARCH/ THESIS WRITING

Project must be completed and thesis be submitted before the end of training. Research can be done as one block in 2years of training.

Research Experience

The active research component program must ensure meaningful, supervised research experience with appropriate protected time for each resident while maintaining the essential clinical experience. Residents must learn the design and interpretation of research studies, responsible use of informed consent, and research methodology and interpretation of data. The program must provide instruction in the critical assessment of new therapies and of the literature. Residents should be advised and supervised by qualified staff members in the conduct of research.

Clinical Research

Each resident will participate in at least one clinical research study to become familiar with:

1. Research design
2. Research involving human subjects including informed consent and operations of the Institutional Review Board and ethics of human experimentation.
3. Data collection and data analysis
4. Research ethics and honesty
5. Peer review process

This usually is done during the consultation and outpatient clinic rotations.

Case Studies or Literature Reviews

Each resident will write, and submit for publication in a peer-reviewed journal, a case study or literature review on a topic of his/her choice.

METHODS OF INSTRUCTION/COURSE CONDUCTION

As a policy, active participation of students at all levels will been encouraged.

Following teaching modalities will be employed:

1. Lectures
2. Seminar Presentation and Journal Club Presentations
3. Group Discussions
4. Grand Rounds
5. Clinico-pathological Conferences
6. SEQ as assignments on the content areas
7. Skill teaching in ICU, Operation theatres, emergency and ward settings
8. Attend genetic clinics and rounds for at least one month.
9. Self-study, assignments and use of internet
10. Bedside teaching rounds in ward
11. OPD & Follow up clinics
12. Long and short case presentations

In addition to the conventional teaching methodologies interactive strategies like conferences will also be introduced to improve both communication and clinical skills in the upcoming consultants. Conferences must be conducted regularly as scheduled and attended by all available faculty and residents. Residents must actively request autopsies and participate in formal review of gross and microscopic pathological material from patients who have been under their care. It is essential that residents participate in planning and in conducting conferences.

1. Clinical Case Conference

Each resident will be responsible for at least one clinical case conference each month. The cases discussed may be those seen on either the consultation or clinic service or during rotations in specialty areas. The resident, with the advice of the Consultant, will prepare and present the case(s) and review the relevant literature.

2. Monthly Student Meetings

Each affiliated medical college approved to conduct training for MS Pain Medicine will provide a room for student meetings/discussions such as:

a. Journal Club Meeting

b. Core Curriculum Meetings

c. Skill Development

a. Journal Club Meeting

A resident will be assigned to present, in depth, a research article or topic of his/her choice of actual or potential broad interest and/or application. Two hours per month should be allocated to discussion of any current articles or topics introduced by any participant. Faculty or outside researchers will be invited to present outlines or results of current research activities. The article should be critically evaluated and its applicable results should be highlighted, which can be incorporated in clinical practice. Record of all such articles should be maintained in the relevant department.

b. Core Curriculum Meetings

All the core topics of Pain Medicine should be thoroughly discussed during these sessions. The duration of each session should be at least two hours once a month. It should be chaired by the chief resident (elected by the residents of the relevant discipline). Each resident should be given an opportunity to brainstorm all topics included in the course and to generate new ideas regarding the improvement of the course structure

c. Skill Development

Two hours twice a month should be assigned for learning and practicing clinical skills.

List of skills to be learnt during these sessions is as follows:

1. Residents must develop a comprehensive understanding of the indications, contraindications, limitations, complications, techniques and interpretation of results of those technical procedures integral to the discipline

2. Residents must acquire knowledge of and skill in educating patients about the technique, rationale and ramifications of procedures and in obtaining procedure-specific informed consent. Faculty supervision of residents in their performance is required, and each resident's experience in such procedures must be documented by the program director.

3. Residents must have instruction in the evaluation of medical literature, clinical epidemiology, clinical study design, relative and absolute risks of disease, medical statistics and medical decision making.

4. Training must include cultural, social, family, behavioral and economic issues, such as confidentiality of information, indications for life support systems, and allocation of limited resources.

5. Residents must be taught the social and economic impact of their decisions on patients, the primary care physician and society. This can be achieved by attending the bioethics lectures

6. Residents should have instruction and experience with patient counseling skills and community education.

7. This training should emphasize effective communication techniques for diverse populations, as well as organizational resources useful for patient and community education.

8. Residents should have experience in the performance of Pain Management related clinical laboratory and radionuclide studies and basic laboratory techniques, including quality control, quality assurance and proficiency standards

9. Each resident will manage at least the following essential Pain management cases and observe and participate in each of the following procedures, preferably done on patients under supervision initially and then independently.

HEAD AND FACE BLOCKS

PROCEDURE	TOTAL CASES	PROCEDURE	TOTAL CASES
Trigeminal N Block	25	Auriculotemporal N Block	20
Gasserian Ganglion Block	25	Occipital N Block	20
Glossopharyngeal N Block	8	TM Joint Block	20

PROCEDURES RELATED TO SPINAL COLUMN

PROCEDURE	TOTAL CASES	PROCEDURE	TOTAL CASES
Cervical Epidural	20	Facet Joint Injections	30
Thoracic Epidural	30	Medial Branch Block	20
Lumbar Epidural	50	Paravertebral N Block	30
Caudal Epidural	30	Intrathecal Drug Delivery System	20
Transforaminal Epidural	30	Tunneled Epidural/ Spinal Catheters	15
Selective Nerve Root Injection	30	Sacroiliac Joint Injection	20

SYMPATHETIC BLOCK

PROCEDURE	TOTAL CASES	PROCEDURE	TOTAL CASES
Stellate Ganglion Block	20	Hypogastric Plexus Block	20
Coeliac Plexus Block	20	Ganglion Impar Block	20
Lumbar Sympathectomy	20	Sphenopalatine Ganglion Block	20

PERIPHERAL NERVE AND PLEXUS BLOCKS

PROCEDURE	TOTAL CASES	PROCEDURE	TOTAL CASES
Cervical Plexus Block	30	Sciatic N Block	20
Brachial Plexus Block	50	Lateral Cut N of Thigh Block	20
Suprascapular N Block	20	Obturator N Block	20
Ulnar N Block	20	Common Peroneal N Block	20
Median N Block	20	Ankle Block	25
Wrist Block	20	IV Regional (Bier's) Block	30
Intercostal Nerve Blocks	20	Lumbosacral Plexus (psoas-compartment)Block	20

MISCELLANEOUS PROCEDURES

PROCEDURE	TOTAL CASES	PROCEDURE	TOTAL CASES
Trigger Point Injections	35	Acupuncture	60
Xylocain Infusion	30	TENS/ PENS	60
RF Lesioning Procedures	30	Intra-articular Injections	70
Piriformis Injections	30	TAP BLOCK	40
Chemical Neurolysis	50		

ROTATIONS

There will be mandatory rotations of2weeks/ year in following specialties:-

- Neuro and Spine
- Rehabilitative Medicine and Physiotherapy
- Radiology

WORKSHOPS

Part 1:

- Research and Methodology
- Basic life support (BLS)
- Communication skills

Part 2:

- Ultrasound guided workshops of pain-relieving procedures
- Fluoroscopic guided neuraxial blocks

LOG BOOK

The residents must maintain a log book and get it signed regularly by the supervisor. A complete and duly certified log book should be part of the requirement to sit for MS examination. Log book should include adequate number of diagnostic and therapeutic procedures observed and performed, the indications for the procedure, any complications and the interpretation of the results, routine and emergency management of patients, case presentations in CPCs, journal club meetings and literature review.

Proposed Format of Log Book is as follows:

Candidate's Name: _____ Roll No. _____
The above mentioned procedures shall be entered in the log book as per format:

Procedures Performed

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Diagnosis	Procedure Performed	Supervisor's Signature
1					
2					
3					
4					

Case Presented

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Case Presented	Supervisor's Signature
1				
2				
3				
4				

Seminar/Journal Club Presentation

Sr.#	Date	Topic	Supervisor's signature
1			
2			
3			
4			

Evaluation Record

(Excellent, Good, Adequate, Inadequate, Poor)
At the end of the rotation, each faculty member will provide an evaluation of the clinical performance of the fellow.

Sr.#	Date	Method of Evaluation (Oral, Practical, Theory)	Rating	Supervisor's Signature
1				
2				
3				
4				

MS PAIN MEDICINE EXAMINATIONS

Part I MS Pain Medicine

Total Marks: 200

All candidates admitted in MS Pain Medicine course shall appear in Part-I examination at the end of first nine months.

Components of Part-I Examination:

Paper-I, 100 MCQs (single best, having one mark each)	100 Marks
Paper-II, 10 SEQs (having 10 marks each)	100 Marks

Topics included in papers:

Paper-I	**Paper-II**
1. Introduction and Overview:	(60 MCQs) (6 SEQs)
2. Acute Pain Management: part l	(40 MCQs) (4 SEQs)

Part II MS Pain Medicine

Total Marks: 900

All candidates admitted in MS Pain Medicine course shall appear in Part-2 examination at the end of structured training program (end of 2nd calendar year and after clearing Part I examination).

There shall be two written papers of 150 marks each, practical/ clinical examination of 300 marks, OSCE/ Viva 100 Marks, Clinical 200 Marks, log book assessment of 100 marks and thesis examination of 200 marks.

Topics included in paper 1

Acute Pain Management: Part ll	7 SEQs (No Choice)	&	70 MCQs
Miscellaneous topics:	8 SEQs (No Choice)	&	80 MCQs

Topics included in paper 2

Chronic Pain Syndromes / Clinical sciences:	15 SEQs (No Choice)	75 MCQs

Components of Part 2 Clinical Examination Theory

Paper I,3 Hours	**150 Marks**
15 SEQs (No Choice)	75 Marks
75 MCQs	75 Marks

Paper II,3 Hours	**150 Marks**
15 SEQs (No Choice)	75 Marks
75 MCQs	75 Marks

The candidates who pass in theory papers, will be eligible to appear in the clinical & viva voce.

OSCE/ Viva 100 Marks

10 stations each carrying 10 marks of 10 minutes duration; each evaluating performance based assessment with five of them interactive.

Clinical 200 Marks

Four short cases (each 25 marks)	100 Marks
One long case:	100 Marks

Log Book 100 Marks

50 Marks 1st year.

50 Marks 2nd year.

Thesis Examination

Total Marks: 200

All candidates admitted in MS Pain Medicine course shall appear in thesis examination at the end of the MS program and not later than 5th calendar year of enrolment. The examination shall include thesis evaluation with defense.

ASSESSMENT

The supervisor & the department will be responsible for the formative assessment of each trainee. The following methods are recommended for this purpose:

i. Observation during procedures, rounds, and conferences.
ii. Evaluation forms of the progress of each trainee will be undertaken by the supervisor or designated faculty member employing evaluation proforma. The supervisor will maintain the record of these evaluations and forward them to university.
iii. Similarly supervisor shall conduct periodic tests for assessing the knowledge base of the trainee and shall be submitting the results to university.

Department of Pain Medicine, Intensive Care & Pain Management
Nishtar Medical University & Hospital Multan.

SUPERVISOR'S INTERNAL ASSESMENT/EVALUATION PERFORMA

Name: _____ Enrolled for: _____ Session: _____

R. No: _____ Date: From _____ to _____

1.	**Generic Competencies**(Please score from 1 – 100. 75% shall be the pass marks)		Component score	Score achieved
	i.	Patient Care	20	
	ii.	Medical Knowledge and Research	20	
	iii.	Practice and System Based Learning		
		* Journal Clubs	04	
		* Audit Projects	04	
		* Medical Error Investigation and Root Cause Analysis	04	
		* Morbidity / Mortality / Review Meetings	04	
		* Awareness of Health Care Facilities	04	
	iv.	Communication Skills		
		* Informed Consent	10	
		* End of life decisions	10	
	v.	Professionalism		
		* Punctuality and time keeping	04	
		* Patient doctor relationship	04	
		* Relationship with colleagues	04	
		* Awareness of ethical issues	04	
		* Honesty and integrity	04	
2.	**Specialty specific competencies**(Please score from 1 – 100. 75% shall be the pass marks)		Total score	Score achieved
	i.	Operative Skills / Procedural Skills	100	
3.	**Multisource Feedback Evaluation**(Please score from 1 – 100. 75% shall be the pass marks)		Total score	Score achieved
	i.	Feedback	100	
4.	**Candidate's Training Portfolio**(Please score from 1 – 100. 75% shall be the pass marks)		Component score	Score achieved
		* Logbook of operations and procedures	25	
		* Record of participation and presentation in academic activities	25	
		* Record of publications	25	
		* Record of results of assessments and examinations	25	

Total marks obtained: _____ Signature of supervisor:_____

Name and stamp: _____