



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

INTERMEDIATE MODULE IN COMMUNITY MEDICINE

REQUIREMENTS FOR TRAINING AND EXAMINATION

NOTICE: THE CURRICULUM IS APPLICABLE TO BACHTHES INDUCTED IN JANUARY 2022 AND ONWARDS.

2023

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The College of Physicians and Surgeons Pakistan would appreciate any criticism, suggestions, advice from the readers and users of this document. Comments may be sent in writing or by e-mail to the CPSP at:

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ABOUT THE COLLEGE

The College was established in 1962 through an ordinance of the Federal Government. The objectives/functions of the College include promoting specialist practice of Medicine, Obstetrics & Gynaecology, Surgery and other specialties by securing improvement of teaching and training, arranging postgraduate medical, surgical and other specialists training, providing opportunities for research, holding and conducting examinations for awarding College diplomas and admission to the Fellowship of the College.

Since its inception, the College has taken great strides in improving postgraduate medical and dental education in Pakistan. Competency-based structured Residency Programs have now been developed, along with criteria for accreditation of training institutions, and for the appointment of supervisors and examiners. The format of examinations has evolved over the years to achieve greater objectivity and reliability in methods of assessment. The recognition of the standards of College qualifications nationally and internationally, particularly of its Fellowship, has enormously increased the number of residents and consequently the number of training institutions and the supervisors. The rapid increase in knowledge base of medical sciences and consequent emergence of new sub-specialties have gradually increased the number of CPSP fellowship disciplines to seventy nine. After completing two years of core training during IMM, the residents are allowed to proceed to the advance phase of FCPS training in the specialty of choice for 2-3 years. However, it is mandatory to qualify IMM examination before taking the FCPS-II exit examination. The work performed by the resident is to be recorded in the e-logbook on daily basis. The purpose of the e-logbook is to ensure that the entries are made on a regular basis and to avoid belated and fabricated entries. It will hence promote accuracy, authenticity and vigilance on the part of residents and the supervisors.

The average number of candidates taking CPSP examinations each year is to a minimum of 32,000. The College conducts examinations for FCPS-I (11 groups of disciplines), IMM, FCPS-II (79 disciplines), MCPS (22 disciplines), including MCPS in Health Professions Education and Health Care System Management. A large number of Fellows and senior medical teachers from within the country and overseas are involved at various levels of examinations of the College.

The College, in its endeavor to decrease inter-rater variability and increase fairness and transparency, is using TOACS (Task Oriented Assessment of Clinical Skills) in IMM and FCPS-II Clinical examinations. Inclusion of foreign examiners adds to the credibility of its qualifications at an international level. It is important to note that in the overall scenario of health delivery over 85% of the total functioning and registered health care specialists of the country have been provided by the CPSP. To coordinate training and examination, and provide assistance to the candidates stationed in cities other than Karachi, the College has established 14 Regional Centres (including five Provincial Headquarter Centres) in the country. The five Provincial Headquarter Centres, in addition to organizing the capacity building workshops/short courses also have facilities of libraries, I.T, and evaluation of synopses and dissertations along with providing guidance to the candidates in conducting their research work. The training towards Fellowship can be undertaken in more than 276 accredited medical institutions throughout the country and 77 accredited institutions abroad. The total number of residents in these institutions is over 30,000 who are completing residency programs with around 4,648 supervisors. These continuous efforts of the College have even more importantly developed a credible system of postgraduate medical education for the country. The College strives to make its courses and training programme 'evidence' and 'needs based' so as to meet international standards as well as to cater to the specialist healthcare needs not only for this country but also for the entire region.

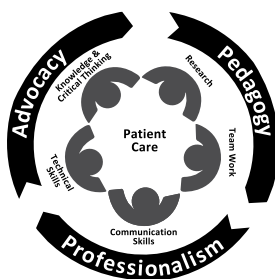
Prof. Mohammad Shoaib Shafi

President

College of Physicians and Surgeons Pakistan

CPSP COMPETENCY MODEL

College of Physicians and Surgeons Pakistan has moved to competency-based medical education and has developed its own competency model shown below. A generic explanation of the model is given below and it is expected that all its residency training programmes follow the components of this model in accordance to the requirements of each specialty.



Patient or population care occupies the pivotal center. Patient care includes all clinical skills such as history taking, physical examination, ordering investigations, making diagnoses and managing the care. The inner leaves of the model represent the five major competencies directly related to patient care, while the three competencies in the outer circle are mega-competencies related to patient care and also incorporate education, professionalism, leadership, advocacy and population health.

By the end of the Residency Programme, residents are expected to acquire these competencies and their constituent learning outcomes, and provide promotive, preventive, curative and rehabilitative patient-centered (or population-centered) care.

Inner Leaves:

1. Knowledge and Critical Thinking
2. Technical Skills
3. Communication Skills
4. Teamwork
5. Research

Outer Leaves:

6. Professionalism
7. Pedagogy
8. Advocacy

1. Knowledge and Critical Thinking

- Demonstrate application of wide and current readings to critical thinking and problem solving
- Relate the alteration of body function to the presenting condition
- Interpret and integrate history and examination findings to arrive at an appropriate provisional and credible differential diagnoses
- Sequentially order, justify and interpret appropriate investigations
- Apply knowledge and reasoning skills to
 - Analyze data for problem identification and to rule in and rule out contending conditions
 - Synthesize and evaluate solutions for decision-making in solving familiar and less familiar problems based on best current evidence
 - Prioritize different problems within a time frame.
 - Select, outline and provide, with evidence-based justifications, appropriate pharmacological and non-pharmacological management strategies
 - Assess new medical knowledge and apply it to resolve patient problems (Evidence-based practice)
 - Apply quality assurance procedures in daily work. (Professionalism)
 - Demonstrate shared-decision-making with the patient or family
 - Provide cost-effective care while ordering investigations and in management
 - Use resources appropriately
 - Demonstrate awareness of bio-psycho-social factors in assessment and management of a patient.

2. Technical Skills

- Demonstrate International Patient Safety Goals (IPSG)
- Demonstrate competent performance of all required technical skills and procedures in the specialty, including:
 - Obtaining informed consent
 - Preoperative planning
 - Pre-interventional care and preparation
 - Intra-Intervention technique including exposure and closure, global and task specific items, and communication and team skills
 - Post-interventional care
 - Follow-up Care.

3. Communication Skills

- Written Communication Skills
 - Maintain clear, concise, accurate and updated medical records
 - Write clear, focused, evidence-based and logical management plans and discharge summaries
 - Write respectful, clear and focused letters and referrals to other colleagues.
- Verbal Communication Skills: Demonstrate
 - Effective interpersonal communication skills: clear, considerate and sensitive towards patients, their relatives, other health professionals and the public, and towards students
 - Non-verbal communication skills:
 - Empathy and respect towards patients and their relatives
 - Effective counseling of the patient and the family with cultural sensitivity: explain options, educate them and promote joint decision-making.
 - Appropriate verbal and body language on the campus and all work situations including seminars, bedside sessions, outpatient sessions and others
 - Respect and tolerance for all health care professionals, including peers, juniors and seniors
 - Clear, focused and logical presentation of cases.

4. Teamwork

- Demonstrate constructive team-communication skills.
- Facilitate collaborative group interaction as a team member to build strong teams demonstrating respect, tolerance and interdependence.
- Support other team members to grow
- Demonstrate willingness to assume responsibility and leadership as needed.

5. Research

- Interpret and use results of various research studies (critical appraisal)
- Conduct a research study individually or in a group by using appropriate
- Selection of research question(s) and objectives
- Research design and statistical methods to answer the research question
- Ethical and R&RC approval of the synopsis
- Demonstrate competence in academic writing by writing an appropriate dissertation and/or publishing research article(s) as a step towards resolving issues or concerns in their specialty
- Guide others in conducting research by advising about research methodology including study designs and statistical methods
- Demonstrate clear, focused and logical presentations of their research.

6. Professionalism

- Demonstrate the highest level of personal integrity: honesty, punctuality, regularity, timely task completion
- Deal with all patients in a non-discriminatory, prejudice-free manner, demonstrating the same level of care for every human being irrespective of gender, age, ethnic background, culture, socioeconomic status and religion
- Establish a trusting relationship with patients, their relatives and care-givers
- Deal with all patients with honesty, empathy and compassion, putting patients' needs first (altruism)

- Facilitate transfer of information important for promotion of health, prevention and management of disease
- Encourage questioning by the patient and be receptive to feedback
- Pursue self-directed and life-long learning. Keep abreast of medical literature and assess new knowledge and apply it to resolve patient problems
- Know one's limitations and ask for help as needed from colleagues, consultations or referrals
- Apply quality assurance procedures for improvement in daily work
- Be a role model for others.

Ethics

- Maintain patient autonomy by demonstrating shared-decision-making with the patient and/or family
- Obtain informed consent, maintain patient confidentiality and do no harm
- Provide cost-effective care while ordering investigations and in management and use resources appropriately.

Leadership

- Demonstrate accountability for their decisions and actions, and that of their team
- Demonstrate willingness to assume leadership role(s) when needed in given situations or events (rush call/code).
- Change and bring about change as necessary, as a leader or supportive leader.

7. Pedagogy

Should be able to demonstrate competence in teaching skills:

- Effective clinical/community-based teaching
- Some evidence of acquisition of theory regarding learning and education
- Practice some of the best teaching methods.

8. Advocacy

Advocacy is needed at multiple levels

- Advocacy for the Patient
 - Doctors and nurses are the advocates of the patients, otherwise patients are likely to be lost in the system. All care should be timely, putting patients first.
- Advocacy for the Practice
 - Working in a service or practice, doctors must highlight limitations and issues
 - They must identify solutions for the problems, and recommend and implement improvements for the practice(s) and institutional system(s).
- Advocacy for the Health System and Society
 - Know one's role in the Health System(s) and build strong referral systems
 - Keep patient and community interests paramount, above one's own personal or professional interest
 - Demonstrate advocacy for elimination of the social determinants of health
 - Demonstrate advocacy for prevention of serious illnesses of their specialty/sub-specialty.
- For the Profession
 - Strive for building trust in the public for your profession
 - Demonstrate improvement and enhancement of profession, specialty and sub-specialty
 - Be conscientious gate-keepers of their profession, specialty and subspecialty.

RATIONALE

Health problems affecting men, women and children in Pakistan are largely preventable. When resources are limited, and the majority of health problems preventable, the most appropriate, relevant and cost-effective health practice is prevention of disease and promotion of health.

The most immediate challenge, which confronts the country and the region, is the lack of a cadre of dedicated and trained physicians who could take the responsibilities of teaching, designing, implementing and managing community based health programs. These programs are necessary for the training of students, gaining experience in community-oriented work, and in seeking effective and appropriate solutions for questions related to priority health problems in the community.

Keeping in mind the extreme paucity of well-trained public health physicians in Pakistan, it is imperative that there should be a competency based training program in Community Medicine to provide appropriate training in the field of public health.

Community Medicine focuses on the health of populations and its specialists should demonstrate knowledge and skills to collect and analyze data, plan, implement, manage and evaluate appropriate population-based interventions that effectively improve the health and well-being of communities. Strategies should include inter-sectoral & inter-disciplinary partnerships with communities and health systems through a focus on promotion of health and prevention of disease.

CHARACTERISTICS OF TRAINING PROGRAMME

The program is coordinated with other disciplines which address the health of the community & focuses on instructions, research and community service. The special learning environment of the program provides for interdisciplinary communication, development of professional public health concepts and values and stresses on problem- solving.

GENERAL REGULATIONS

Candidates will be admitted to the fellowship residency programme of Community Medicine including examinations in the name (surname and other names) as given in the MBBS degree. CPSP will not entertain any application for change of name on the basis of marriage/divorce/deed.

ELIGIBILITY REQUIREMENTS FOR ENTERING THE FELLOWSHIP (IMM) TRAINING PROGRAM IN COMMUNITY MEDICINE

- Passed FCPS-I in Medicine & Allied/ Community Medicine or granted exemption.

REGISTRATION AND SUPERVISION

All training must be supervised and undertaken on whole time basis. The residents are required to register with the R&RC and submit the name of their supervisor. The supervisor will normally be a Fellow of the College. Only that training will be accepted which is done under a CPSP approved supervisor. The residents are not allowed to work simultaneously in any other department/institutions for financial benefit and/or for another academic qualification.

APPROVED TRAINING CENTRES

Training must be undertaken in units, departments and institutions approved by the College. A current list of approved institutions is available from the College and its Regional Centres as well as on the College **website: www.cpsp.edu.pk**

DURATION

The duration of entire fellowship training is four years. The first two years consists of Intermediate Module (IMM) and last two years comprises of advance phase of FCPS-II training. Upon completion of IMM training, residents become eligible to appear in IMM examination. However, they can proceed to next phase of training even if they are not successful in IMM examination. But they have to pass IMM examination before appearing in FCPS-II examination.

General Requirements

Training should incorporate the principle of graded increasing responsibility, and provide each trainee with a sufficient scope, volume and variety of experience in a range of settings that include inpatients, outpatients, emergency and intensive care and that each candidate must be acquainted with local regional and global health problems and the strategies for its control.

Instructional Methodology

Teaching occurs using several methods that range from formal didactic lectures to planned clinical and public health experiences. Aspects covered will include knowledge, skills and practices relevant to the discipline in order to achieve prescribed competencies and specific learning outcomes.

The theoretical part of the curriculum presents the current body of knowledge necessary for practice. This can be imparted through lectures, grand teaching rounds, clinico-pathological meetings, morbidity/mortality review meetings, literature reviews and presentations, journal club, self-directed learning, conferences and seminars.

Clinical learning is organized to provide appropriate expertise and competence necessary to evaluate and manage common clinical problems. Demonstration in outpatient and in-patient clinics and procedural skill trainings on simulators, mannequins and patients are all practical training modalities.

MANDATORY ROTATIONS

First six months of the training should be spent in the Community Medicine department and then one year may be utilized for clinical rotations, continuously or intermittently, depending upon the discretion of supervisor. It is mandatory to complete all rotations during Intermediate Module.

- General Medicine **3 Months**
- Pediatrics **3 Months**
The above mentioned two rotations shall cover both communicable & non-communicable diseases
- Family Medicine/ General Practice/ **2 Months**
/ BHU & RHCs
- Obstetrics and Gynaecology **2 Months**
covering Reproductive Health
- Psychiatry **2 Months**

RESEARCH (Dissertation / Two Papers)

One of the requirements for fellowship training is writing of a dissertation or two research papers on a topic related to the field of specialization. Synopsis of the dissertation must be approved by the Research and Evaluation Unit (REU) before the end of first year of the Intermediate Module and in case of research papers, the titles have to be intimated to the REU before starting the research work.

MANDATORY WORKSHOPS / COURSE

It is mandatory for all residents to attend the following CPSP certified workshops/course during IMM:

1. Introduction to Computer and Internet
2. Research Methodology and Dissertation Writing
3. Communication Skills
4. Basic Life Support Course

Any other workshop/s as may be made available by CPSP (e.g. ACLS and ATLS) by CPSP.

NOTE:

No candidate will be allowed to appear in IMM examination without attending the above mentioned workshops and BLS course.

E-LOGBOOK

The CPSP council has made e-logbook system mandatory for residents of all residency programs inducted from July 2011. Upon registration with R&RC each resident is allotted a registration number and a password to log on to the e-logbook on the CPSP website. The resident is required to enter all work performed and the academic activities undertaken in the logbook on daily / weekly basis. The concerned supervisor is required to verify the entries made by the resident. This system ensures timely entries by the resident and prompt verification by the supervisor. It also helps in monitoring the progress of residents and vigilance of supervisors.

CURRICULUM: AIM, GOALS AND OBJECTIVES

AIM

The aim of the fellowship programme in Community Medicine is to produce specialists in the field who have attained the prescribed competencies.

GOALS

The IMM in Community Medicine shall prepare the trainees towards achieving the following overall goals of the fellowship programme in Community Medicine:

- Develop, implement, manage and evaluate health programs and models of public health in Pakistan.
- Manage and prevent common health problems prevalent in Pakistan.
- Teach and train medical undergraduates, postgraduates and other health workers in the practice of public health
- Develop protocol and conduct research on public health issues.
- Apply five levels of prevention on diseases of public health importance including occupational health hazards.

OBJECTIVES

Management of Common Health Problems

- Take history, perform an appropriate physical examination and formulate a reasonable management and prevention plan for patients presenting with common complaints of:
 - Acute clinical syndromes including diarrhea, fever, headache, abdominal pain, painful ear, dysuria, and skin rash
 - Pulmonary conditions including acute respiratory infection, asthma
 - Chronic conditions including malnutrition, anemia, hypertension, diabetes and obesity.
 - Reproductive tract infections according to the World Health Organization disease algorithm

- Childhood immunizations and childhood development assessment.
- Suggest family level interventions and counsel family members of patients for prevention delay models for EOC and EmOC.

Develop strategies to manage and prevent primary medical problems common in Pakistan in an outpatient setting including:

- Family planning
- Tuberculosis: diagnosis, treatment and follow-up
- Antenatal care including
 - Anemia
 - Maternal tetanus toxoid immunization
 - iii. pregnancy induced hypertension
 - Diagnosing breech presentation and transverse lie
 - Medical disorders in Pregnancy
 - Pre-Pregnancy Counseling.
 - Detection of High Risk pregnancies
 - Diseases transmitted vertically especially
 - Viral Hepatitis
 - HIV AIDS
 - Malaria
 - Other Viral Diseases

Teaching / Learning Skills

- Use audio visual aids effectively
- Use Internet to retrieve educational material

Research

- Identifying the problem
- Reviewing literature(Using reference manager softwares)
- Setting research questions, objectives, and hypotheses
- Choosing the study design
- Deciding on the sampling technique and sample size
- Collecting data
- Processing and analyzing data. (Using statistical software)
- Writing the report
- Critically appraise research and literature
- Select, design, analyze & interpret epidemiological studies

- Apply principles of ethics to health research
- Develop research protocols
- Determine sample size
- Apply and interpret appropriate tests of significance
- Present data in tables and graphs
- Use personal computers
- Use of SPSS & EPI Info & Excel
- Use of reference manager. Mendeley/ Bibtex / Endnote/ Microsoft word
- Use of Pakistan Demographic Health Survey
- Identify plagiarism and use plagiarism soft wares, report detection
- Writing and interpreting scientific Literature

FIELD VISITS

In addition to mandatory rotations, arranging and supervising following field visits will be the responsibility of Community Medicine supervisor. The supervisor will also decide about the number of days required for different field visits. Each field visit is required at least once during training.

- Factory Visit
- MCH Center/Family Planning Center
- Immunization Center
- IPH / NIH / NHS / DG Office / Health Service (RHC/BHU)
- Mental Health Services
- Water Purification Plant
- Waste Management
- Nutritional Support Services
- Rehabilitation Services
- School Health Services
- Infection Prevention and Control in Hospitals
- Non-Governmental Organizations

VISIT TO FACTORY

Learning Objectives

By the end of the visit, the Resident will be able to:

- Explain the significance of workplace safety in a factory
- Identify how the factory functions to adopt the environmental friendly policies
- Align workplace practices with theoretical knowledge for safety of workers
- Identify hazards associated with any job, work area, and individual and the appropriate actions to take.
- Recognize workers' educational backgrounds, work experience, and occupational safety training
- Identify the tools for and ensure that they are being used for factory's occupational safety and health policy
- Evaluate application of following controls to reduce hazards and threats to the safety and health of workers:
 - Medical controls
 - Engineering controls
 - Administrative controls
 - Personal protective equipment

- Assess preparedness of establishment for emergency prevention, and swift response for accidents & emergencies
- Determine compliance of safety and health requirements
- Explain the techniques for regularly monitoring, measuring, and recording occupational health and safety performance.
- Identify presence of work-related injuries, illnesses and events, as well as their impact on safety & health
- Determine the presence or absence of an employee compensation insurance policy (medical coverage, wage benefits, vocational rehabilitation, and death benefits)
- Explain waste management of the factory

VISIT TO FAMILY PLANNING CENTER

Learning Objectives

By the end of the visit, the Resident will be able to:

- Define and explain different family planning methods in local context
- Explain the important rationale and advantages of family planning center in a community.
- Provide health education on family planning services to different age groups as per requirements.
- Counsel clients about side effects and contraindications of various methods before advising with confidentiality family planning methods.
- Provide clients instructions on how to use the various methods safely and effectively.
- Perform appropriate client assessment and record the preferences before advising family planning methods
- Discuss advantages and disadvantages of family planning methods
- Describe most common contraindications & complications of different types of family planning methods.

VISIT TO MCH CENTER

Learning Objectives

By the end of the visit, the Resident will be able to:

- Define the importance of prenatal, antenatal, intra-natal and post-natal care
- Carryout basic antenatal care: the care provided to the mother from conception to birth
- Define the proper process of registration of the mother coming to a center
- Identify warning signs in pregnancy
- Provide health education to the mother on:
 - Breast feeding
 - Hygienic practices
 - Contraception during breast feeding
- Describe the role of community lady health worker and lady health visitor in providing care to the mother & child

VISIT TO IMMUNIZATION CENTER

Learning Objectives

By the end of the visit, the Resident will be able to:

- Describe the EPI schedule being used by the government of Pakistan
- Define the correct route, dose, and time of administration of specific vaccines included in the schedule
- Describe the importance of vaccine vial monitor (VVM)
- Describe importance of Cold chain and how to maintain it
- Recognize the main problems associated with low coverage in your health service area like:
 - Reaching the unreached (improving access)
 - Reducing dropouts (improving utilization)
- Recognize access or utilization problems:
 - Lack of transportation
 - Ineffective cold chain
 - Shortage of trained health personnel
 - Poor inter-sectoral collaboration
 - Inadequate community involvement and participation
- Describe solutions to address the above mentioned causes and resources

VISIT TO IPH

Learning Objectives

By the end of the visit, the Resident will be able to:

- Explain the preventive measures and working of epidemiologists in identifying disease burden, surveillance and screening.
- Critically appraise COVID-19 testing facilities and laboratories
- Discuss the role of IPH in control of epidemics

VISIT TO NHS-NIH

Learning Objectives

By the end of the visit, the Resident will be able to:

- Explain multi-disciplinary public health related activities like diagnostic services, research and production of various vaccines
- Critically appraise the working of the institute as a WHO collaborating center for viral diagnostics and regional reference laboratory for polio and diagnosis of Influenza.
- Explain working as a National Appellate Laboratory for quality control of drugs and the public analyst laboratory for the quality control of food for the federal territory.
- Describe role of NHS for conducting various international, regional and national seminars, symposia & other related activities.
- Explain the role of NIH in collaboration with other stake holders for National AIDS Control Program, National TB Control Program and Malaria Control Program
- Discuss the working of the institute in the field of Epidemiology & Laboratory Training Program including:
 - Global Health Security Agenda
 - COVID-19 Updates/any other emerging epidemic

VISIT TO DG OFFICE

Learning Objectives

By the end of the visit, the Resident will be able to:

- Explain Directorate General of Health Services (DGHS) as the main programme coordinating, implementing and monitoring arm of the health department of the provincial Government.

- Discuss the responsibility for overseeing provision of primary and secondary health care services throughout the province and liaising with all district health offices in the province.
- Provide support and leadership in response to emergency health and medical issues, especially for communicable disease prevention & control.
- Describe the role for collecting and disseminating information, and advising the provincial health department and working with donor partners on their approved agendas with the provincial department of Health.
- Critically appraise the health care programs which are designed to enhance the quality of life and facilitate the citizens to meet their health care needs. For example:
 - Epidemics Prevention and Control Program
 - Extended Program on Immunization (EPI)
 - Integrated Reproductive Maternal Newborn, Child Health & Nutrition Program National Programme for Family Planning & Primary Health Care
 - Prevention and Control of Hepatitis
 - AIDS Control Program (PACP) Policy and Strategic Planning Unit Rollback-Malaria Program
 - TB Control Program
 - District Health Information System (DHIS) Program
 - Health Education Program
 - School Health & Nutrition Program
 - Non-Communicable Diseases Program

VISIT TO MENTAL HEALTH SERVICE CENTER

Learning Objectives

By the end of the visit, the Resident will be able to:

- Identify risk factors, raise awareness about mental health issues
- Describe the effectiveness of treatment to eliminate the stigma associated with getting treatment
- Explain the solutions to improve access to mental health services for all persons, particularly among populations that are disproportionately affected.
- Explain the rehabilitative activities (family support, counseling, compliance to long-term medication).

VISIT TO WATER PURIFICATION PLANT

Learning Objectives

By the end of the visit, the Resident will be able to:

- Assess the appropriateness of location of a water purifying facility
- Elaborate the process of delivering and transporting water to a water treatment plant.
- Differentiate the critical aspects of water supply from various sources.
- Identify the physical and chemical characteristics of the water.
- Determine the characteristics of the ingredients contained in water purification plants.
- Characterize infectious organisms and indicators
- Explain how chemical compounds affect human health.
- Discuss the physical, chemical, and biological unit operations that are commonly encountered in treatment processes;
- Determine which rules, regulations, and guidelines govern the selection of various water treatment processes at the local, national, and international levels.
- Highlight the requirement for surface water and some groundwater treatment for drinking reasons.
- Comprehend the role of each treatment procedure in the treatment of drinking water
- Provide a fundamental overview of technology selection
- Evaluate the working of water treatment plants.

HOSPITAL WASTE MANAGEMENT

Learning Objectives

By the end of the visit, the Resident will be able to:

- Identify working biomedical waste department
- Describe various type of biomedical waste & their disposal in hospital
- Explain with rationale about the waste management plan of their hospital
- Describe color coding scheme for various type of waste according to WHO.
- Describe the various methods to dispose of waste, their advantages and disadvantages.

- Describe non risk waste
- Describe risk waste
- Describe incineration working and cost analysis
- Describe storage site of waste at hospital

VISIT TO NUTRITIONAL SUPPORT SERVICE CENTER

Learning Objectives

By the end of the visit, the Resident will be able to:

- Assess the association of nutritional support with clinical outcomes in indoor and outdoor patients who are malnourished or who are at nutritional risk.
- Discuss the nutritional status of specific vulnerable populations and geographical areas
- Identify the priority populations that may be at nutritional risk
- Explain nutrition data collection and analysis
- Describe the leadership in development and planning for health and nutrition policies at regional provincial and national level
- Explain the planning for nutrition services in conjunction with other health services, based on information obtained from an adequate & ongoing database focused on health outcomes
- Critically appraise the role of stakeholders in facilitating coordination with other providers of health and nutrition services within the community

VISIT TO REHABILITATION SERVICES CENTER

Learning Objectives

By the end of the visit, the Resident will be able to:

- Describe the various physical, emotional and cognitive disabilities experienced by people who receive rehabilitation services and understand their functional limitations.
- Explain the medical & psychosocial impact of disabilities.
- Explain the impact of society's attitudes towards disabilities on the treatment of people with disabilities
- Critically evaluate the effect of physical, mental, gender, racial, cultural, and environmental factors on the lives of people with disabilities.

- Develop interaction skills to accommodate cultural sensitivity when working with consumers & their families.
- Explain the local context to familiarize the wide variety of generic and specialized community resources available to serve people with disabilities.
- Describe the major services provided in rehabilitation (e.g., rehabilitation counseling, vocational evaluation, adjustment services, job placement, physical restoration, environmental adaptations).
- Explain the role of the rehabilitation case manager in coordinating services for people with disabilities.
- Explain the local, state, and federal laws that affect rehabilitation services and the rights of people with disabilities.
- Explain the importance of advocacy (including self-advocacy) in the field of rehabilitation.
- Discuss awareness and imparting skills to empower consumers to be active participants in their own rehabilitation plan.
- Critically appraise the ethical guidelines based on principles that encompass the rehabilitation field.
- Develop the verbal, written, and nonverbal communication skills necessary to work with people with disabilities, their families, and other service providers.
- Develop basic rehabilitation service delivery skills
- Describe the rehabilitation process and techniques used to evaluate eligibility for services, assess consumers to identify employment and independent living options, develop appropriate treatment plans, and provide followup.
- Explain the similarities and differences among public, private not-for-profit, and private-for-profit rehabilitation practice.
- Discuss the community-based employment options for individuals with disabilities.
- Recognize the social, political, economic, and legal issues pertinent to an aging society and rehabilitation.
- Develop the knowledge and skills pertinent to the procedures and programs provided to persons with developmental disabilities.

- Develop the knowledge and skills pertinent to the procedures and programs provided to persons with psychiatric disabilities.
- Develop the knowledge and skills to train, supervise, and evaluate employees who are providing direct care to consumers.
- Discuss the professional organizations, professional journals, and job opportunities in the field of rehabilitation.
- Discuss the integration of the biological, physical, behavioral, and clinical sciences into physical therapy services
- Exhibit professional conduct and behaviors that are consistent with the legal and ethical practice of physical therapy.
- Demonstrate compassion, care, integrity, and respect for differences, values, and preferences in all interactions with patients/clients, family members, health care providers, students, other consumers, and payers.
- Screen patients/clients to determine if they are candidates for physical therapy services or if a referral to, or consultation with, another health care professional or agency is warranted.
- Complete a patient/client examination/re-examination and evaluate and interpret the examination data to determine a physical therapy diagnosis and prognosis.
- Employ critical thinking, self-reflection, and evidence-based practice to make clinical decisions about physical therapy services.
- Collaborate with patients/clients, caregivers, and other health care providers to develop and implement an evidence- based plan of care that coordinates human and financial resources.
- Critically appraise the services and information related to health promotion, fitness, wellness, health risks, and disease prevention within the scope of physical therapy practices and rehabilitation

VISIT TO SCHOOL HEALTH SERVICES

Learning Objectives

By the end of the visit, the Resident will be able to:

- Assess the growth of the school children
- Discuss the preventable diseases among the school children
- Identify the priority populations that may be at risk of psychological stress
- Explain data collection and analysis for health promotion among school children
- Critically appraise the awareness campaigns for infectious diseases among school children
- Describe the cleanliness & hygiene of the school children
- Demonstrate the general physical examination of school children

VISIT TO INFECTION PREVENTION & CONTROL PRACTICES IN HOSPITAL

Learning Objectives

By the end of the visit, the Resident will be able to:

- Assess the association of availability of the appropriate infrastructure and supplies to enable infection prevention and control good practices
- Explain the awareness activities, education and training of health care worker
- Critically appraise monitoring of infection prevention and control practices infrastructures, practices, processes, outcomes and providing data for evaluation.
- Describe the workplace communications for infection prevention and control practices in hospital
- Identify the establishment and strengthening of a safety climate
- Demonstrate the usage of Personal Protective Equipment for infection prevention and control in hospital.

VISIT TO NON-GOVERNMENTAL ORGANIZATIONS

Learning Objectives

By the end of the visit, the Resident will be able to:

- Assess the organogram of the NGO
- Identify the mandate of the NGO
- Identify the revenue generations processes of the NGO
- Critically appraise the functions of the NGO
- Describe the domains of intervention of the institution/ agency
- Indicate if the institution works with regular employees or voluntary worker
- Indicate the name and the type of social protection programs that are implemented and managed by the institution/ agency
- Identify the target groups of the institution/ agency (age groups and type of disability based on its mandate)

VISIT TO FACTORY

Date of Visit: _____

Name of Resident: _____

Name and Type of Factory: _____

Does the industry have ISO Certification? Yes ___ No ___

Total NO. of workers in the industry: _____

Permanent _____ Contract /Daily Wages _____

Provision of Sick leave for employees Yes ___ No ___

In case of female workers, is there a policy for maternity leave? _____

Duration of Maternity Leave? _____

Paid: _____ or Unpaid: _____

Does the industry have proper sanitation measures on entry gates (temperature check, new masks hand sanitizer?) Yes ___ No ___

Does the industry have occupational and safety health policy? Yes ___ No ___

Does the workers have vaccination facility at the industry (HEP B, COVID-19) Yes ___ No ___

Are hazards signaled by signs and tags? Yes ___ No ___

Is ventilation equipment working effectively? Yes ___ No ___

Is lightening adequate in the industry Yes ___ No ___

Is there a system present for exhaust of gaseous waste Yes ___ No ___

Is there a clear fire response plan posted for each work area? Yes ___ No ___

Are there enough extinguishers present to do the job? Yes ___ No ___

Are all extinguishers fully charged and operable? Yes ___ No ___

Are there enough exits to allow prompt escape in Case of emergency/ Fire? Yes ___ No ___

Do employees have easy access to exits? Yes ___ No ___

Is the level of light adequate for safe and comfortable performance of work? Yes ___ No ___

Are all machine parts adequately guarded? Yes ___ No ___

Is the work area clean and orderly? Yes ___ No ___

Does the factory have enough hand sanitization areas inside? Yes ___ No ___

Are regular noise surveys conducted? Yes ___ No ___

Is hearing protection available and used properly? Yes ___ No ___

Are all machines properly grounded? Yes ___ No ___

Is permanent wiring used instead of extension cords? Yes ___ No ___

Collection and disposal of hazardous waste Yes ___ No ___

Are cafeteria facilities provided away from hazardous products? Yes ___ No ___

Is hand washing facilities available, especially in washrooms and near eating areas? Yes ___ No ___

Is there any treatment facility available in the industry in case of any accident/emergency? Yes ___ No ___

Industry have qualified industrial hygienist Yes ___ No ___

Any health education Programme in the industry Yes ___ No ___

Does the industry have division of work system into shifts? Yes ___ No ___

If YES

NO. of shift per day _____

Duration of each shift _____

Water supply of the industry _____

Waste disposal system _____

Is there any center by social security services? Yes ___ No ___

If YES which type of service, they provide _____

What are the most frequent accidents the workers may face? _____

INTERVIEW FROM WORKER

Name of the worker _____ Age of the worker _____

Registration no. _____

Gender of workers: MALE ___ FEMALE ___

Residence of the worker: Rural / Urban

Marital status of the worker _____ Unmarried /Married /Widow

Year of schooling: _____

Duration of service in the industry: _____

Experience of working in any other industry: _____

Have you got any training for work in the industry? Yes ___ No ___

Pre-placement health examination: _____

Periodic health examination: _____

In which section of the industry, you are working _____

Do you think working in the industry has any effect on your health? Yes ___ No ___

If YES, then what are the effects? _____

In case of disability of worker is there any benefit from the industry to worker: _____

In case of accidental death of worker during work is there any benefit given to his/her family by the industry: _____

PREVENTIVE MEASURE

Is required PPE provided, maintained, and used? Yes ___ No ___

Are the areas requiring PPE usage properly identified by warning signs? Yes ___ No ___

Availability of mask? Yes ___ No ___

Use of mask during work? Yes ___ No ___

Availability of ear muffs? Yes ___ No ___

Use of ear muffs during working hours? Yes ___ No ___

Availability of gloves and long boots?? Yes ___ No ___

Use of gloves and long boots during working hours? Yes ___ No ___

Availability of safety goggles and helmets? Yes ___ No ___

Use of safety goggles and helmets during working hours? Yes ___ No ___

Availability of the emergency equipment's (Fire protection, apparatus of early warning, rapid means of communications)? Yes ___ No ___

If YES who provide the emergency services arrangement within industry/referred to nearby facility: _____

Are first-aid kits provided as per your jurisdiction's first-aid regulations? Yes ___ No ___

Are there employees trained as first-aid practitioners on each shift worked? Yes ___ No ___

Do all employees know how to get first aid assistance when needed? Yes ___ No ___

Are you satisfied with working environment regarding?

Administration: _____

Wages: _____

Sick Leave: _____

Hajj Leave: _____

Behavior of seniors and colleagues: _____

Maternity leaves (for female workers): _____

Daycare centers: _____

Injury compensation: _____

Death compensation: _____

Hospital/ Health facilities: _____

Comments and suggestions:

Document Updated:

References

1. Government of Canada CC for O Hand S. Inspection checklists - sample checklist for Manufacturing Facilities Osh answers [Internet]. Canadian Centre for Occupational Health and Safety. 2022 [cited 2022Feb9] Available from: https://www.ccohs.ca/oshanswers/hsprograms/list_mft.html
2. Getting your workplace ready for covid-19 - who [Internet]. [cited 2022Feb9]. Available from <https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf>

VISIT TO MATERNAL AND CHILD HEALTH CENTRE

Facility/Staff Profile:

Date:

Name of Facility: _____

Level of Facility: _____

Mother Profile:

Name: _____

Present age: _____

Education: _____

Occupation: _____

Husband's name: _____

Education of Husband: _____

Occupation of Husband: _____

Total Family members: _____

Total income/capita/month: _____

Gravidity: _____

Parity: _____

Building:

Location		
Accessibility	Yes	No
Maintenance	Yes	No
Waste disposal	Yes	No
Sanitation	Yes	No
Water supply	Yes	No
Gas supply	Yes	No
Ventilation	Yes	No
Generator facility	Yes	No

Staff:

Lady Doctors	Yes	No
Lady Health Visitors	Yes	No
Lady Health workers	Yes	No
Dai/Mid wife	Yes	No
Dispenser	Yes	No
Vaccinator	Yes	No
Peon	Yes	No
Chowkidar	Yes	No
Sweeper	Yes	No
Naib Qasid	Yes	No

Services:

Static services	Yes	No
Home visits to catchment area community	Yes	No
Mother craft classes	Yes	No
Day care services	Yes	No
Well baby clinic	Yes	No
Emergency services	Yes	No
OPD services	Yes	No
Health Education	Yes	No
Growth monitoring	Yes	No
CDC program	Yes	No
World food program	Yes	No
Vaccination	Yes	No
Referral services	Yes	No

Antenatal care services

Early Registration of pregnant women (within 12 weeks)	Yes	No
Patient's history Evaluation of the patient's chief complaint and symptoms, forming a differential diagnosis	Yes	No
Complete Physical examination Weight Blood pressure Respiratory rate Pallor Edema Pulse	Yes	No
Abdominal palpation Measurement of fundal height Foetal heart sounds Foetal movements Foetal lie and presentation Assessment of gestational age	Yes	No
Laboratory examination Ultrasound scan Fetal Monitoring Hemoglobin estimation Urine test for sugar and proteins	Yes	No
Intervention Iron and folic acid supplementation Maternal Tetanus toxoid immunization	Yes	No
Health promotion and counselling Personal hygiene counseling Advice on adequate nutrition Advice on birth preparedness Advice the risk involved in home delivery Advice on advantages of institutional delivery Information regarding pregnancy Counseling regarding warning signs of pregnancy	Yes	No

Intra-natal Care services

Respectful maternity care	Yes	No
Effective communication	Yes	No
Cleanliness during intra-natal care Clean delivery surface Clean hands Clean cutting and care of the cord	Yes	No
Management of complications Prolonged labour Ante-partum haemorrhages Mal-presentation	Yes	No
Domiciliary midwifery care	Yes	No
Home visits	Yes	No
Transport services for midwives	Yes	No
Ambulance services	Yes	No

Post-natal care services

Home visiting programs by Health visitors	Yes	No
Newborn care Resuscitation Care of cord Care of eyes Care of skin Breastfeeding Hemorrhagic disease prophylaxis using Vitamin K	Yes	No
Hospital beds for complicated cases	Yes	No
Care of mother Uterine tonus assessment Antibiotics prophylaxis for complicated vaginal delivery and for episiotomy	Yes	No
Family planning services	Yes	No
Post-natal complications intervention	Yes	No
Health promotion and counselling Counseling regarding postnatal exercises Breast feeding counseling Family planning counseling Counseling of care of umbilical cord Counseling of the care of newborn eye and skin Counseling of maintenance of body temperature	Yes	No

SUGGESTIONS:

VISIT TO IMMUNIZATION/EPI CENTRE

Name of Student _____ Batch & Roll No _____

Name of the EPI Centre _____

Purpose of Visit _____

1. Location of the Centre _____
2. Accessibility to the Centre _____
3. Available staff at the centre _____
 - Doctor _____
 - Vaccinator _____
4. Vaccination Card for children up to 2 years of age

Name With Age and gender	BCG	DPT + HBV+HIB				Polio Oral AND IPV				Pneumococcal			Measles Rubella		Rota Virus		Typhoid
		I	II	III	DPT Booster	0	I	II	III	I	II	III	I	II	I	II	15 months

5. Storage Temperature of vaccines _____
6. Electricity Backup facility available Yes ___ No ___
7. Number of children vaccinated per day at the centre: _____
8. Facilities:
 - IEC Material Yes ___ No ___
 - Cold Chain maintained Yes ___ No ___
 - Counseling of Mother Yes ___ No ___
9. Are there any contra indications of Immunization? Yes ___ No ___
If yes what are those? _____
10. How is cold chain maintenance done? _____
11. Availability of refrigerators and their temperature: _____
12. Availability of generators/UPS for the functioning of refrigerators in case of power breakdown.

13. Is vaccine vial monitor present on vaccination vials? _____
14. Schedule of complete vaccination of TT for reproductive age women?

15. If vaccine is expired where it is discarded? _____

Suggestions and Comments:

(Please attach extra sheets for your suggestions)

VISIT TO INSTITUTE OF PUBLIC HEALTH

Name of Resident: _____

DATE: _____

FACILITY INFORMATION

- Name of facility: _____
- Address: _____
- Duration of visit: _____
- Working hours: _____

STAFF

No. of staff members

- Professors _____
- Associate professors _____
- Assistant professors _____
- Demonstrators _____
- Librarian _____
- Admin office _____

BUILDING:

- No of rooms _____ Yes _____ No _____
- Sanitation/Waste disposal Yes _____ No _____
- Water supply Yes _____ No _____
- Generator facility Yes _____ No _____
- Library Yes _____ No _____
- Class rooms (with Audio-visual facility) Yes _____ No _____
- Auditorium (with Audio-visual facility) Yes _____ No _____
- Hostel Yes _____ No _____
- Labs (No. of working labs) _____
- Enlist the name of labs: _____

List of functioning departments in IPH

- Epidemiology Yes _____ No _____
- Bacteriology Yes _____ No _____
- Biostatistics Yes _____ No _____
- Computer and information technology cell Yes _____ No _____
- Dental public health Yes _____ No _____
- Environment health Yes _____ No _____
- Health education Yes _____ No _____
- Infectious disease Yes _____ No _____
- Maternal and child health Yes _____ No _____
- Medical Entomology and parasitology Yes _____ No _____
- Nutrition and Dietetics Yes _____ No _____
- Occupational Health Yes _____ No _____
- Public health practices Yes _____ No _____

List of teaching and research conduct in IPH

- Master's in public health by UHS Yes _____ No _____
- Masters in maternal and child health by UHS Yes _____ No _____
- Masters in Hospital management by UHS Yes _____ No _____
- M.Phil. in Community Medicine by UHS Yes _____ No _____
- MCPS in Community Medicine by CPSP Yes _____ No _____
- FCPS in Community Medicine by CPSP Yes _____ No _____

ASSESSMENT OF FUNCTIONS PERFORM IN INSTITUTE OF PUBLIC HEALTH

- 1) Do you organize conferences and meetings of educational nature for scientific discussions and practical demonstrations on various aspects of community medicine? Yes _____ No _____
- 2) Do you generate interest of community medicine in all spheres of life? Yes _____ No _____
- 3) Do you promote teaching and research in the field of community medicine? Yes _____ No _____
- 4) Do you prepare teachers/trainers in the field of community medicine for various medical colleges and other health institutions? Yes _____ No _____
- 5) During epidemics or other emergent situations, is the Institute staff available to conduct epidemiological investigations and organize Community Health Program for the control of such odd situations? Yes _____ No _____
- 6) Do the services of the staff as consultants utilized by the Pakistan Government to investigate public health problems and suggest solutions to overcome them? Yes _____ No _____
- 7) Does the institute able to establish model centers in the urban/rural areas with a view to demonstrate achievements of standardized primary health care? Yes _____ No _____

VISIT TO NATIONAL HEALTH SERVICES/NATIONAL INSTITUTE OF HEALTH

STUDENT NAME: _____

DATE: _____

FACILITY INFORMATION:

- Name of facility: _____
- Duration of field visit: _____
- Working hours: _____
- Address: _____

STAFF

No. of staff members

- Professors _____
- Associate professors _____
- Assistant professors _____
- Demonstrators _____
- Librarian _____
- Admin office _____

Building:

- No. of rooms _____
- Auditorium Yes _____ No _____
- Library Yes _____ No _____
- Cafeteria Yes _____ No _____
- Sanitation/Waste disposal Yes _____ No _____
- Generator facility Yes _____ No _____
- Water supply Yes _____ No _____

Division in National institute of health:

- Field epidemiology & disease surveillance division Yes _____ No _____
- Public health laboratories division Yes _____ No _____
- Biological production division Yes _____ No _____
- Drug control and traditional medicines division Yes _____ No _____
- Nutrition division Yes _____ No _____

Sub Division in National Institute of Health

- Quality assurance department Yes _____ No _____
- Quality control Yes _____ No _____
- Allergy center Yes _____ No _____
- College of medical laboratory technology Yes _____ No _____
- Veterinary farms management Yes _____ No _____

LIST OF ONGOING PROGRAMES IN NATIONAL INSTITUTE OF HEALTH:

- Emergency operating cell Yes _____ No _____
- Global health security agenda Yes _____ No _____
- Antimicrobial resistance Yes _____ No _____
- National TB control program Yes _____ No _____
- Aids Control program Yes _____ No _____
- Malaria control program Yes _____ No _____

ASSESSMENT OF FUNCTION PERFORM IN NATIONAL INSTITUTE OF HEALTH (NIH):

- 1) Do you advise the federal Government on the control of diseases by suitable methods?
 - Yes _____ No _____
- 2) Do you implement all the schemes and proposals approved by the Federal Government for it?
 - Yes _____ No _____
- 3) Do you investigate epidemics and other communicable diseases and to conduct research on these problems using modern techniques and achieve excellence in this behalf and to collaborate with other concerned agencies under and provincial Governments?
 - Yes _____ No _____
- 4) Do you develop methodology and standardize techniques for the investigation of various diseases prevalent in the country?
 - Yes _____ No _____
- 5) Do you disseminate these techniques to the people working in the profession by holding training courses?
 - Yes _____ No _____
- 6) Do you develop an Institute of tropical diseases for research and training?
 - Yes _____ No _____
- 7) Do you perform function as national collection type culture (NCTC)?
 - Yes _____ No _____
- 8) Do you develop a National Virus Reference Center?
 - Yes _____ No _____
- 9) Do you conduct research and training in community medicine and health services development?
 - Yes _____ No _____
- 10) Do you control environment with special reference to air, water & food pollution?
 - Yes _____ No _____
- 11) Do you analyze and test the quality of drugs and act as the laboratory for the purpose of sub-section (5) of section 22 of the Drugs Act, 1976?
 - Yes _____ No _____
- 12) Do you function as sole producer of vaccines and sera for prophylactic and therapeutic use and acquire capability of meeting domestic and foreign demands?
 - Yes _____ No _____
- 13) Do you conduct research on traditional system of medicine and to collaborate with the international agencies?
 - Yes _____ No _____
- 14) Do you impart training in drug analysis?
 - Yes _____ No _____
- 15) Do you collaborate with the WHO in quality control of drugs?
 - Yes _____ No _____
- 16) Do you conduct research on applied nutrition and undertake nutrition education programs?
 - Yes _____ No _____
- 17) Do you advise the Federal Govt. in developing food standards and pure food laws in collaboration with the international agencies like the WHO and the FAO?
 - Yes _____ No _____
- 18) Do you train medical laboratory technicians and technologists?
 - Yes _____ No _____
- 19) Do you undertake repair and maintenance of sophisticated electro-medical equipment for other institutions on agreed terms and conditions?
 - Yes _____ No _____
- 20) Do you function as a source of supply of small laboratory animals for use in research and other fields on agreed terms and conditions?
 - Yes _____ No _____

VISIT TO DG OFFICE

STUDENT NAME: _____

DATE: _____

FACILITY INFORMATION:

- Name of facility: _____
- Duration of field visit: _____
- Working hours: _____
- Address: _____

STAFF

No. of staff members

- Professors _____
- Associate professors _____
- Assistant professors _____
- Demonstrators _____
- Librarian _____
- Admin office _____

Building:

- No. of rooms _____
- Auditorium _____
- Library _____
- Cafeteria _____
- Sanitation/Waste disposal _____
- Generator facility _____
- Water supply _____

Yes _____ No _____

Yes _____ No _____

Yes _____ No _____

Yes _____ No _____

Yes _____ No _____

Yes _____ No _____

LIST OF PROGRAMES COMES UNDER DIRECT CONTROL OF DGHS PUNJAB

- | | |
|---|--------------------|
| 1. Epidemics Prevention and Control Program | Yes _____ No _____ |
| 2. Extended Program on Immunization (EPI) | Yes _____ No _____ |
| 3. Integrated Reproductive Maternal Newborn, Child Health & Nutrition Program | Yes _____ No _____ |
| 4. National Program for Family Planning & Primary Health Care | Yes _____ No _____ |
| 5. Prevention and Control of Hepatitis | Yes _____ No _____ |
| 6. Punjab AIDS Control Program (PACP) | Yes _____ No _____ |
| 7. Policy and Strategic Planning Unit | Yes _____ No _____ |
| 8. Rollback-Malaria Program | Yes _____ No _____ |
| 9. TB Control Program | Yes _____ No _____ |
| 10. District Health Information System (DHIS) Program | Yes _____ No _____ |
| 11. Health Education Program | Yes _____ No _____ |
| 12. School Health & Nutrition Program | Yes _____ No _____ |
| 13. Non-Communicable Diseases | Yes _____ No _____ |

ASSESSMENT OF FUNCTION PERFORMED BY DGHS PUNJAB:

1. Do you give technical assistance, logistic support, monitoring and evaluation of PHC Programs, special institutions and district health system?
 - Yes _____ No _____
2. Do you monitor and supervision of curative and rehabilitative health services at primary and secondary levels of care in districts?
 - Yes _____ No _____
3. Did you provide staff and services management?
 - Yes _____ No _____
4. Do you collect, compilation, and analysis of vital health statistics (DHIS)?
 - Yes _____ No _____
5. Do you support alternate medicine e.g. (Hikmah & Homeopathy)?
 - Yes _____ No _____
6. Do you perform preventive aspect for the control of communicable diseases?
 - Yes _____ No _____
7. Do you monitor the control of Drugs Quality?
 - Yes _____ No _____
8. Do you monitor the quality of food?
 - Yes _____ No _____
9. Do you have disease surveillance system for epidemic forecasting?
 - Yes _____ No _____
10. Do you have disease early warning system for epidemic forecasting?
 - Yes _____ No _____
11. Do you have committees which immediately response during epidemic?
 - Yes _____ No _____

Suggestions and Comments

(Please attach extra sheets for your suggestions)

VISIT TO RURAL HEALTH SERVICE CENTRE

Dated: _____

Roll No #: _____ Name of Student: _____

Q-1. Name of Health Facility: _____

Q-2. Name of Union Council: _____

Q-3. Catchment Population to be served: _____

Q-4. Approach Road: Metal / Cutch: _____

Q-5. Distance from Main Highway: _____

Q-6. Distance from Main Town / Village Served: _____

Q-7. Staff:

1. Sanctioned: _____
2. Appointed: _____
 - SMO
 - MO
 - WMO
 - Dental Surgeon
 - LHV
 - Auxiliary Staff:
 - Radiographer
 - Lab. Tech.

Q-8. Facilities as per WHO Recommendations:

- Preventive:
 - In the facility
 - By Out Reach Team
 - Curative
 - Screening / Diagnostic
 - Emergency: _____
- Medico Legal: _____
 - Performed By: Male Doctor: _____
 - Performed By: Female Doctor: _____
 - Autopsy: _____

Q-9. Water Supply of the Facility:

1. Source: _____
2. Method of Disinfection: _____

Q-10. Waste Disposal:

1. Training for Waste Disposal: Personal: YES ___ NO ___
2. Arrangement of Waste Disposal:
 - Segregation: YES ___ NO ___
 - Collection: YES ___ NO ___
 - Carrying: YES ___ NO ___
 - Final Disposal: YES ___ NO ___
3. Current Situation of Waste Disposal: _____

Q-11. MCH Services:

1. Performed By: Doctor / LHV.
 - Ante Natal: _____
 - Natal: _____
 - Post Natal: _____
 - Domiciliary: _____
 - Growth Monitoring: _____
 - Family Planning: _____
 - Food Supplementation: YES ___ NO ___

Q-12. E.P.I. Services:

1. In the Facility: _____
2. Out Reach: _____
 - Vaccinator: YES / NO
 - CDC: _____
 - Nutrition Supervisor: _____
 - Sanitary Inspector: _____

Q-13. Any Programmes Running For MCH Services: _____

Q-14. Essential Drugs Available: _____

Q-15. Current Situation:

- T.B DOTS: _____
- Malaria Control; Programme: _____
- Hepatitis Control Programme: _____
- Iodine Deficiency Programme: _____
- Vitamin A Supplementation: _____
- IMNCI: _____
- Flow of HMIS Information: After a period of: _____
To Where: _____
By: _____
- Disaster Management/ Epidemic Control: _____

Q-16. Interview of the Patient:

- Name _____ Age _____
- Purpose of the Visit: _____
- Attitude of the Staff: _____
 1. Listen Carefully: YES / NO
 2. Satisfy the patient by educating regarding the condition of Pt.: YES/ NO
 3. Educate Regarding the Intake Of Medicine: YES / NO

Patient 2. Type of Emergency: _____

1. Time elapsed between the entry of patient and Start of Treatment:
2. Satisfaction Of patient / If Unconscious then ask from the Attendant:
 - Patient Attended Carefully? _____
 - Satisfy the patient by educating regarding the condition: YES/ NO
 - Make the patient comfortable by giving First Aid Treatment: YES / N
 - Treatment Given / Referred?

VISIT TO MENTAL HEALTH SERVICES

Date: _____

Name of Resident: _____

Facility information:

- Name:
- Location:
- Registration/certification:

Staff:

- Doctors Specialist (specify)
- Nurses:
- Paramedical staff:
- Non-medical staff:
- Supporting staff:

Building:

- Total No. of rooms:
 - In-patient
 - Outpatient if those services are available
- Availability of Counseling rooms
- Pharmacy:
- Washrooms:
- Gymnasium:
- TV lounge:
- Kitchen:
- Play ground/lawn/garden:

Environment of the Facility

Suggestions:

References:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8928838/>

<https://www.sciencedirect.com/science/article/abs/pii/S0149718983900101>

FIELD VISIT TO WATER PURIFICATION PLANT

Date of the Visit: _____

Name of Student: _____

Name of the Water purification plant: _____

Location of the Water purification plant: _____

Check the methods of purification used at Water Purification Plant:

- Storage,
- Flocculation
- Coagulation
- Sedimentation
- Filtration
- Chlorination
- Any other (specify)

Basic information about Water Purification Plant

Is the Water Purification Plant approved and certified by relevant regulatory authorities? Yes___ No___

Does the Water purification plant offer services around the clock 24/7? Yes___ No___

Is the Water purification plant located close to the residential areas? Yes___ No___

Are there any future plans for expansions of services of water purification plant to nearby communities?

Is the process of delivering and transporting water to a water purification plant according to the acceptable international standards? Yes___ No___

Evaluate and analyze a sample of water in Water Purification Plant and please fill in the following information:

Yes___ No___

Acceptability Aspects:

• Physical parameters:

- Turbidity: _____
- Color: _____
- Taste and Odor: _____
- Temperature: _____

B. Inorganic Constituents: _____

C. Microbiological aspects: _____

Indicators for infectious diseases: _____

- Give details of physical, chemical and other processes and technologies used in Water Purification Plant

(Use extra sheets to elaborate your observations at Water Purification Plant)

- Comments and Suggestions:

HOSPITAL WASTE MANAGEMENT

SECTION 1: GENERAL INFORMATION

1. Name of Hospital:
2. Address/Location:
3. Years since established (give number)
4. Type of hospital (tick one):
 - Specialist
 - General
 - Teaching
 - District Head Quarter
 - Tehsil Head Quarter
5. Number of Beds in Hospital: ☐ Less than 50 ☐ 51-100 ☐ 101-500 ☐ 500-1000 ☐ More than 1000
6. No. of inpatients:/day
7. No. of outpatients:/day

SECTION 2: PERSONNEL INVOLVED IN THE HOSPITAL WASTE MANAGEMENT

8. Does your hospital have a Waste management Team? Yes / No
9. If Yes, please list the members by designation:

	Designation	Number
Team Leader		
Team Members		
Waste handling staff		

10. Has a checklist been developed to verify that departments complied with the waste management program? Yes / No
11. Does a policy and procedure manual exist which describes the waste management system/service? Yes / No
12. Designation of person (s) responsible for organization and management of waste collection, handling, storage, and disposal at the hospital administration level.

13. General qualification and level of education of designated person.

14. Has he/she received any training on hospital waste management? Yes / No
15. Does the waste management staff have job descriptions detailing their tasks? Yes / No

SECTION 3: HOSPITAL WASTE MANAGEMENT POLICY

16. Are you aware of any legislation application to hospital waste management? Yes / No
If yes, please list the legislative acts:

SECTION 4: HANDLING, STORAGE, AND TRANSPORTATION OF HEALTH-WASTE

17. Is the segregation of hazardous waste from non-hazardous the responsibility of the waste producer? Yes / No
18. Is hazardous waste segregated from non-hazardous waste as close as possible to where the waste is generated? Yes / No
19. Is hazardous waste discarded directly into containers or plastic bags? Yes / No
20. Is the container storing hazardous waste compatible with the waste material? (For instance, solvents and paint waste should be placed in steel drums, but acidic or alkaline waste should not be placed in steel drums.) Yes / No
21. Is the container storing hazardous waste in good condition? Yes / No
22. Are containers used for sharps puncture proof, leak proof? Yes / No
23. Is the container storing hazardous waste kept securely closed when not in use? Yes / No
24. Is the container storing hazardous waste at or near the point of generation and under the operator's control? Yes / No
25. Is the container storing hazardous waste marked with the words? 'Hazardous Waste'? Yes / No
26. Is infectious waste properly packed for safe handling and transportation? Yes / No
27. Are sufficient and adequate equipment provided and maintained? Yes / No
28. Are transport trolleys, designated and timely available? Yes / No
29. Does your hospital use color coding for containers used for segregated waste? Yes / No
30. What type of labeling, color-coding (if any) is used for marking segregated waste? Describe:

SECTION 5: WASTE MANAGEMENT PRACTICES

31. What is your hospital's current method for the treatment and disposal of following wastes?

Types of Waste	Method of treatment disposal
Infectious	
Anatomical Waste	
Sharps	
Pharmaceutical	
Radioactive	
Cytotoxic	
Municipal / Non-Hazardous	

32. Are transport trolleys, designated and timely available? Yes / No
33. Does your hospital use incineration as a waste disposal method, do you also burn unregulated waste? Yes / No
34. If your hospital uses incineration as a waste disposal method, do you also burn unregulated waste? Yes / No
35. Does your hospital collect items for recycling? Yes / No
- If yes, What type of items your hospital collects for recycling:

-
36. Does your hospital have a policy that promotes the use of reusable products rather than single use, disposable products where feasible? Yes / No

SECTION 6: HEALTH AND SAFETY PRACTICES

37. Are your personnel/workers properly trained in health and safety measures? Yes / No
38. Have your personnel/workers been provided equipment and clothing for personal protection? Yes / No

If Yes, have you provided?

- Helmets
- Facemasks
- Eye protectors (safety goggles)
- Overalls (coveralls)
- Industrial aprons
- Leg protectors
- Industrial boots
- Disposable gloves (medical staff)
- Heavy-duty gloves (waste workers)

39. Have your hospital established an effective occupational health programme that includes immunization, post-exposure prophylactic treatment, and medical surveillance? Yes / No

SECTION 7: CYTOTOXIC SAFETY

40. Does your hospital have written procedures that specify safe working methods for each process; data sheets, based on the supplier's specifications, to provide information on potential hazards? Yes / No
41. Do you have established procedures for emergency response in case of spillage or other occupational accident? Yes / No
42. Do you provide appropriate education and training for all personnel involved in the handling of cytotoxic drug? Yes / No

SECTION 8: EMPLOYEE EDUCATION

43. Are staff members given annual training on the health and environmental effects of hospital waste? Yes / No
44. Does your hospital provide annual education on waste management for employees? Yes / No
45. If yes, does that education include information on waste segregation including proper identification and disposal of red bagged or infectious waste? Yes / No

VISIT TO NUTRITIONAL SUPPORT SERVICE CENTER

DATE: _____

Name of the Resident: _____

GENERAL INFORMATION:

1. Name of the center (if in the hospital then name of the hospital): _____
2. Location: _____
3. No. of Staff members: _____
4. Are there written documents available on the policies and procedures? _____
5. Your critical review on the quality of the documents: _____

6. What type of nutritional support is provided from the center? Select from the one below:
 - Integrated Child Development Services Scheme (ICDS) Yes ___ No ___
 - Mid-day meal Programs (MDM) Yes ___ No ___
 - Special Nutrition Programs (SNP) Yes ___ No ___
 - Wheat Based Nutrition Programs (WNP) Yes ___ No ___
 - Applied Nutrition Programs (ANP) Yes ___ No ___
 - Balwadi Nutrition Programs (BNP) Yes ___ No ___
 - National Nutritional Anemia Prophylaxis Program (NNAPP) Yes ___ No ___
 - National Program for Prevention of Blindness due to Vitamin A Deficiency; Yes ___ No ___
 - National Goiter Control Program (NGCP) Yes ___ No ___
 - others _____ Yes ___ No ___

7. Is the center providing services for assessing nutritional status

If yes then identify which ones

- Anthropometric Measures: _____
- Biochemical Data: _____
- Clinical Methods: _____
- Dietary assessment: _____

Interview with patient/client/mother if present at the center:

1. Do You Know About Nutritional program? Yes ___ No ___
2. Do You Understand the Purpose of nutritional programs? Yes ___ No ___
3. Are You Aware of The Advantages of Different Methods of nutritional Planning? Yes ___ No ___
4. Are You Aware of The Disadvantages of Different Methods of Family Planning? Yes ___ No ___
5. Do your family members are also having knowledge regarding family Planning? Yes ___ No ___
6. Do you also want to improve your nutritional status by opting certain nutritional programs? Yes ___ No ___

SUGGESTIONS/COMMENTS:

REFERENCES:

Ghosh S. Integrated child development services programme need for reappraisal. Indian pediatrics. 1997 Oct 1;34:911-8.

VISIT TO REHABILITATION CENTER

Date of visit: _____

Name of Resident Student: _____

Name of Rehabilitation Center: _____

Information about Rehabilitation Center (ask from the Manager/staff at the center)

Is the Rehabilitation Center approved/certified by relevant regulatory bodies? Yes ___ No ___

Is the Rehabilitation Center and current administrator licensed? Yes ___ No ___

Does the Rehabilitation Center offer specialized services, like a special care unit for patients with drug abuse?
Yes ___ No ___

Do people who receive rehabilitation services come back for follow up? Yes ___ No ___

Do people with disabilities understand their functional limitations? Yes ___ No ___

Are there any future plans for expansions of the medical & psychosocial services of disabilities? Yes ___ No ___

Do you face problems because of society's attitudes towards disabilities on the treatment of people with disabilities? Yes ___ No ___

Do you face problems due to gender discriminations towards disabilities by families on the treatment of patient with disabilities? Yes ___ No ___

Do you think environmental interactions affect the lives of people with disabilities? Yes ___ No ___

Do you have the separate space for rehabilitation counseling? Yes ___ No ___

Do you consider job placements and give advice to change working environment according to the disabilities? Yes ___ No ___

Do you have the facility for vocational evaluations? Yes ___ No ___

Do you evaluate your clients for environmental adaptations and adjustments? Yes ___ No ___

Does your rehabilitation center offer the coordination services by a qualified case manager for people with disabilities? Yes ___ No ___

Does your staff in rehabilitation center get regular trainings in rules, regulations and laws that affect rehabilitation services and the rights of people with disabilities? Yes ___ No ___

Do you have awareness seminars and Conferences for rehabilitation services? Yes ___ No ___

Do you have the training programs for imparting skills to empower consumers to be active participants in their own rehabilitation plan? Yes ___ No ___

Do you face issues pertinent to an aging society and old age rehabilitation? Yes ___ No ___

Do you face problems with children having developmental disabilities? Yes ___ No ___

Do you face problems while dealing with persons with psychiatric disabilities? Yes ___ No ___

Do you have professional development trainings that are consistent with the legal and ethical practice of physical therapy? Yes ___ No ___

(Please feel free to elaborate if any answer is "yes" to above questions. You can attach extra sheets to explain your views)

Part B. Please tick the relevant option in a box given against each space

BUILDING

	Utilization	Satisfaction		Utilization	Satisfaction
Location			Boundary		
Accessibility			Electric supply		
Maintenance			Gas supply		
Wards			Water supply		
Waste disposal			Ventilation		
Sanitation			Generator facility		

UNITS OF BUILDING

	Utilization	Satisfaction		Utilization	Satisfaction
Doctors Room			Pharmacy		
Nurses Room			Washrooms		
Conference/Activity Room			Paramedics Room		
Prayer Room			Exercise Room		

PERSONNELS

	Duties	Recommendation		Duties	Recommendation
Incharge/Head			Dispensers		
Doctors			Ward boys		
Lady doctors			Nurses		
Medical Assistants			Physiotherapists		
Chowkidar			Sweeper		

SERVICES

Curative	Utilization (n)	Satisfaction Yes/No	Preventive	Utilization (n)	Satisfaction Yes/No
Scheduled Checkups outpatient (Monthly)			Diet Supplements (Monthly)		
Quality of Services			Vitamins Supplements		
Equipment			Sanitation		
Admissions/Beds (Monthly)			Health Education		
Diagnostic Facilities			Disability Limitation		
Counseling			Follow ups (Monthly)		

SAFETY AND CARE	YES	NO
Is the Rehabilitation Center taking action to improve quality or staffing as needed?		
Can residents still see their personal doctors? If needed, does the facility help arrange transportation for this purpose?		
Does the Rehabilitation Center have an arrangement with a nearby hospital in case of emergency?		
Are care plan meetings held with residents and family members at times that are convenient and flexible whenever possible?		

PREVENTING ABUSE	YES	NO
Does the relationship between staff and residents appear to be warm, polite, and respectful?		
Does the Rehabilitation Center check to make sure they don't hire staff members with a finding or history of abuse, neglect or mistreatment of residents?		
Does the Rehabilitation Center have policies and procedures on prohibiting and reporting abuse and neglect?		
Is the Rehabilitation Center taking action to keep residents safe from abuse, neglect, mistreatment, or exploitation?		
Is there information about how to report concerns about the care and safety of residents?		
REHABILITATION CENTER APPEARANCE	YES	NO
Are residents clean, well groomed, and properly dressed?		
Is the Rehabilitation Center free from overwhelming unpleasant odors?		
Does the Rehabilitation Center seem clean and well kept?		
Does the Rehabilitation Center have good lighting?		
Are the noise levels in the room and other common areas comfortable and within safety limits?		
Is the temperature in the Rehabilitation Center comfortable for residents?		
Rehabilitation Center Admissions	YES	NO
Is the bed/furniture comfortable and attractive?		
Are exits clearly marked and having easy access?		
Are there quiet areas where residents can visit with friends and family?		
Are all common areas, resident rooms, and doorways designed for wheelchairs?		
MENUS & FOOD	YES	NO
Do residents have a choice of food items at each meal?		
Do they serve hygienic food prepared in hygienic environment?		
Can the Rehabilitation Center provide for special dietary needs (like low-salt or sugar free diets)?		
Does the staff help residents eat and drink at mealtimes, if needed?		
ACTIVITIES	YES	NO
Can residents, including those who are both physically and psychologically handicapped, choose to take part in a variety of activities. Is staff available to help residents go outside their wards/rooms?		
Does the Rehabilitation Center have outdoor areas for resident use?		
Does the Rehabilitation Center have an active health education program for the staff?		
Does the Rehabilitation Center offer the religious or cultural support for the patient? If not, what type of arrangements will they provide to meet his needs?		
PREVENTIVE MEASURES	YES	NO
Is required PPE provided and used?		
Are the areas requiring PPE usage properly identified by warning signs?		
Availability and use of mask by the staff and residents?		
Availability of FDA-approved alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas?		
Social distancing maintained?		
Quarantine of newly admitted unvaccinated (for COVID19) residents ensured?		
Vaccination of the Healthcare providers and residents ensured?		
Are HCP educated and trained about recommended practices to prevent spread of SARS-CoV-2?		
Are residents and families educated through educational sessions and written materials on topics about any outbreak going currently and relevant preventive measures for it?		

SUGGESTIONS AND COMMENTS

(Please attach Extra sheets for your suggestions as required)

VISIT TO SCHOOL HEALTH SERVICES

Name of School: _____

Name: _____ Age: _____ Gender: _____ Class: _____

No of Siblings: _____ Sister: _____ Brothers: _____ Birth Order: _____

Education of father: ☐ Illiterate ☐ Under matric ☐ Post matric

Education of mother: ☐ Illiterate ☐ Under matric ☐ Post matric

Economic status of family: < 10,000 10000 – 25000 25001 – 50000 >50000

Type of family: Nuclear / Polygamous / Extended / Joint Family

Total Numbers of family members living in house: _____

Working status of family: Both / Mother / Father Any other.....

Vaccination Status

- EPI: Completed / Incomplete
- BCG Scar: Present / Absent

ANTHROPOMETRY

STANDARD

STUDENT

Weight (kg): _____ Weight for age: _____

Height (cm) _____ Height for age: _____

Mid arm circumference: _____ Skin fold thickness: _____

CLINICAL SIGNS WITH SCORE

FINAL SCORE

Personal Hygiene:	Normal – 1	Poor – 2				<input type="checkbox"/>
Hair:	Normal – 1	Pigmented – 2				<input type="checkbox"/>
Face:	Normal, Playful – 1	Deformed – 2				<input type="checkbox"/>
Eyes:	Normal – 1	Pale – 2				<input type="checkbox"/>
Cornea:	Normal – 1	Dry – 2				<input type="checkbox"/>
Lips:	Normal – 1	Angular Stomatitis – 2	Cheilosis – 2			<input type="checkbox"/>
Teeth:	Normal – 1	Malpositioned – 2	Staining / Mottled Enamel – 2	Caries – 2		<input type="checkbox"/>
Tongue:	Normal – 1	Red, Erythematous – 2	Fissured – 2			<input type="checkbox"/>
Gum:	Normal – 1	Spongy & Bleeding – 2	Leadline – 2			<input type="checkbox"/>

CLINICAL SIGNS WITH SCORE

FINAL SCORE

Glands:						
• Thyroid:	Normal – 1	Enlarged (Goiter) – 2				<input type="checkbox"/>
Lymph Nodes:						
• Cervical:	Normal – 1	Significantly Palpable – 2				<input type="checkbox"/>
• Axillary:	Normal – 1	Significantly Palpable – 2				<input type="checkbox"/>
Nails:	Normal – 1	Pale – 2	Koilonychia – 2			<input type="checkbox"/>
Skin:	Normal – 1	Pale – 2				<input type="checkbox"/>
Heart:	Normal – 1	Tachycardia – 2	Murmur – 2			<input type="checkbox"/>
Performance in Studies: (ask the teacher)	Satisfactory – 1	Poor – 2				<input type="checkbox"/>
Total Scores:						<input type="checkbox"/>

Appetite: ☐ Good ☐ Fair ☐ Poor

Water Intake: ☐ 3 glass ☐ 4 glass ☐ 6 glass ☐ 8 glass ☐ More

Diet history

Items	Daily	< two times a week	> two times a week	Weekly	Sometimes	Never
Fruits						
Vegetable						
Lentils						
Dairy products						
Meat						
Fast Food						

Oil use for Cooking: ☐ Desi Ghee ☐ Ghee ☐ Cooking Oil

Dietary Recall 24 hour

Meal	Time	Food items	Quantity	Calories
Breakfast				
After breakfast				
Lunch				
After Lunch				
Dinner				
Before Bed				

PHYSICAL EXERCISE

- School Yes / No if yes Duration
- Home Yes / No if yes Duration

How much time you spend daily on TV/ Social media: ☐ 30 min ☐ 1 hour ☐ 2 hour ☐ 3 hour ☐ More

PREMISES OF SCHOOL

Location _____

Approach Road _____

Play ground _____

Class Room

- Ventilation good / average / poor
- Light good / average / poor
- Seat arrangement good / average / poor
- Type of desk used Minus/ Zero / Plus
- Wash room facilities available Yes / No
- One wash room for _____ students
- Water supply deep well / River / any other
- Any Health facility provided in the school Yes / No
 - ☐ If yes which type of services are provided
 - ☐ First Aid services / Consultation of physician

Knowledge Attitude Practices Regarding Prevention of Diseases

1. Have you heard about diarrhea / Abdominal Infection / Hepatitis-A Hepatitis-E / Typhoid / Worm Infection / Dysentery?
2. Do you know that if we don't properly hand wash it will cause diseases like: Diarrhea / Vomiting / Abdominal Infection / Hepatitis-A / Hepatitis-E / Typhoid / Worm infection / any other? _____
3. Do you know that if we don't take safe water it will cause: Diarrhea / Vomiting / Abdominal Infection / Hepatitis-A / Hepatitis -E / Typhoid / Worm infection / any other? _____
4. Do you know that if we take unhygienic food it will cause diseases like: Diarrhea / Vomiting / Abdominal Infection / Hepatitis-A / Hepatitis-E / Typhoid / Worm infection / any other? _____
5. Do you know that if you don't properly cut your nails you will suffer with diseases? Yes / No
6. Do you know that if you not take care of your hair you will suffer with lice infestation? Yes / No
7. Do you comb your hair daily after school hours for prevention of lice infestation? Yes / No
8. Do you know that if you don't take care of body hygiene you will suffer with skin problems like itching / Skin Rash? Yes / No
9. Do you wash your hands before eating Yes / No
10. Do you wash your hands after coming back from toilet? Yes / No
11. Do you brush your teeth? Yes / No
12. Do you brush your teeth in the morning? Yes / No
13. Do you brush your teeth before going to bed? Yes / No
14. Do you cut your nails?
 - Once a week / once in two weeks / once a month.
15. Do you take bath. Daily / Alternate Day / Once a Week Yes / No
16. Do you change your clothes daily? Yes / No
17. Do you get your clothes washed daily? Yes / No
18. Have you heard about **Malaria / Dengue?** Yes / No
19. It will be caused due to
 - Personal Unhygienic Conditions
 - Stagnant water
 - Unhygienic Environment
 - Mosquito bite
20. Do you know that you can prevent yourself from malaria and dengue fever if you.
 - Cover your body with full clothes
 - Screen your houses
 - Use mosquito repellants
 - Use of bed nets
 - Leveling of ground pits
 - Cleaning of fridge tray.
 - Avoid playing in ground after Maghreb.
21. Do you have an episode of fever for more than 2 weeks in last 6 months? Yes / No
22. Do you have loose motions for more than 2 weeks in last 6 months? Yes / No
23. Did you have cough for more than 2 weeks in last 6 months. Yes / No
24. Are you regularly involved in physical activity? Yes / No
 - Daily / Alternate Day / weekly
 - School
 - Home
25. Do you know eating junk food causes diseases like High Blood Pressure, Stomach problems, Anemia? Yes / No
26. Do you lose your temper easily and often? Yes / No
27. Have you ever faced problems like?

No.	Feelings	Family Counseling	Teacher Counseling
A	Stress		
B	Anxiety		
C	Low mood		
D	Poor concentration in studies		
E	Problem In sleep		

28. Do you continually dislike to be with people? Yes / No
29. Do you often think you are right and another person is wrong? Yes / No
30. Have you ever seek medical treatment for these problems? Yes / No
31. Has anyone supported you on the issue of your mental health? Yes / No
32. How did you feel when you first experience menarche?
- Shame and Discomfort
 - Surprised
 - Confusion
 - Already explain by elders
33. Did you share your experience with other females?
- Mothers
 - Sister
 - Friends
34. Did you experience complaints during menstruation like?
- Abdominal pain
 - Headache
 - Backache
35. Did you experience irregular menstruation at menarche? Yes / No

Suggestions and Comments

(Please attach extra sheets for your suggestions)

VISIT TO INFECTION PREVENTION AND CONTROL PRACTICES IN HOSPITAL

DATE: _____

Name of the Student: _____

HOSPITAL INFORMATION:

- Name of the Hospital: _____
- Location: _____
- No. of Staff members: _____

HOSPITAL BUILDING:

- Outdoor/indoor facilities Yes/No
- Average no. of patients/day -----
- Wards Yes/No
- Rooms -----
- Water supply Yes/No
- Generator facility Yes/No
- Laboratory Yes/No
- Sanitation/waste disposal Yes/No

INFECTION CONTROL PROGRAM:

- Applicable government infection control regulations or accreditation standards Yes/No
- Functioning of the infection control committee Yes/No
- Presence of key infection control personnel Yes/No
- Education programs for staff related to infection prevention and control Yes/No
- Infection surveillance practices and reporting Yes/No

ISOLATION & STANDARD PRECAUTIONS:

- Hospital-wide policies and precautions Yes/No
- Procedures for screening visitors, family members, and staff Yes/No
- Supplies available for isolation precautions Yes/No

EMPLOYEE HEALTH

- Employee health education programs Yes/No
- Medical evaluations and screening for new employees Yes/No
- Immunizations available to employees Yes/No
- Screening for conditions such as TB and HIV Yes/No
- Work restrictions for infected employees Yes/No
- Handling of exposures Yes/No
- Control and handling of sharps and gloving Yes/No
- Maintenance of employee health records Yes/No
- Employee usage of Personal Protective Equipment (PPE) Yes/No

PHARMACY:

- Collection and use of data on medication use Yes/No
- Policies on control of antimicrobials and antibiotics Yes/No
- Antibiotic utilization monitoring and reporting Yes/No
- Routine procedures for reporting drug utilization to hospital management or the Drug and Therapeutics Committee (if available). Yes/No

WASTE MANAGEMENT:

- Hospital policies regarding separation of contaminated from noncontaminated waste Yes/No
- Procedures for separating and storing contaminated waste Yes/No
- Waste disposal practices Yes/No
- Procedures in the post mortem room and mortuary Yes/No

MICROBIOLOGY LABORATORY:

- Laboratory procedures and record keeping Yes/No
- Availability, use, and reporting results of specific tests Yes/No
- Blood culture methods Yes/No
- Procedures for testing and monitoring antibiotic resistance Yes/No
- Handling of pathogenic substances Yes/No

INTENSIVE CARE UNITS:

- General hygiene practices
- Procedures for mechanical ventilation

Yes/No

Yes/No

STERILIZATION & DISINFECTION:

- Equipment and IV Fluids
- Needles and Syringes
- Sterile Gloves

Yes/No

Yes/No

Yes/No

SUGGESTIONS/COMMENTS:

(Please attach extra sheets for your suggestions)

REFERENCE:

https://pdf.usaid.gov/pdf_docs/PNADK023.pdf

VISIT TO NON-GOVERNMENTAL ORGANIZATION

Date _____

Name of Resident _____

Information about the Non Governmental Organization

Name of NGO: _____

Address: _____

Is there a unique institution/ agency office or one institution/ agency and several offices?

Is this institution/ organisation registered? _____

If yes, then registered by _____

Type of institution/ Agency? Local, regional, national, international, other

What is the main source of Funding? (Select the most relevant)

1. Donor, National, Private contributions, Central Government, Provincial Government, Local Government

Check the main purpose of NGO as per Vision and Mission statement

1. Advocacy and Empowerment 2. Policy engagement 3. Disaster, Relief and Emergency based NGOs.

Target or focus group / domain(s) by main age groups	YES	NO
Children		
Children 0-5		
Children 6-15		
Children 16-18		
Children cared for by elderly (over 60)		
Most Vulnerable Children (MVC)		
Aged 19 to 59		
Elderly: aged 60 and over		
Please indicate the target groups of the institution/ agency	YES	NO
Disabled		
Unemployed		
Poor women		
Women headed household		
Poor people		
People living with HIV/AIDS		
Other; specify		
Indicate if the institution works with any regular employee or voluntary worker and indicate the number	YES	HOW MANY?
How many Paid employees working for the organisation		
Volunteers working for the organisation		

What are the domains of intervention of the institution/ agency?	YES	NO
Education and research		
Health		
Food security		
General poverty		
Culture and recreation		
Environment		
Development and housing		
Law/advocacy and politics		
Philanthropic intermediaries and voluntarism promotion		
International activities		
Religious		
Business and professional associations		
Others, specify _____		
Revenue generation	YES	NO
Project grants from several government and non-government sources		
Donations and offerings mainly received from public		
Income from own operation like sale of products and services		
Other receipts like membership fees, dividends, and interests		
Indicate the name and the type of social protection programmes that are implemented and managed by the institution/ agency		
Name	Types	
1.		
2.		
3.		
4.		
5.		
What main benefit is provided by the NGO?	YES	NO
Food / food supplements		
School uniforms and materials		
Durable goods & equipment		
Clothing		
Training		
Prevention (awareness)		
Direct provision of health care services		
Settlement or refund of bills		
Settlement or refund (full or partial) of school fees		
Rent (house)		
Other, specify _____		
Health activity coverage	YES	NO
hospital services (general/specialized/mental health)		
ambulatory health services (outpatient care)		
rehabilitative/long-term healthcare		
ancillary services (lab/image test, ambulance)		
preventive care (maternal & child health, family planning & counselling, occupational & school health, disease prevention programs and other public health services)		
medical goods provision		
health research and training		
health system administration/financing		

Comments :

SYLLABUS

Basic Epidemiology

- Concept of Health and disease
- Epidemiology of Communicable and Non communicable Diseases
- Measures of Disease Burden (Morbidity, Mortality & Disability):
 - Incidence
 - Prevalence
- Measures of Mortality:
 - Crude death rate
 - Age specified death rates
 - Infant mortality rate (IMR)
 - Neonatal mortality rate
 - Post-neo natal mortality rate
 - Case fatality rate
 - Maternal mortality ratio
 - Perinatal mortality rate
 - Proportional mortality rate
- Epidemiological Studies:
 - Descriptive Studies
 - Analytic Studies:
 - Case-control studies
 - Cohort studies
 - Experimental studies
 - Investigation of an epidemic
- Concept of Association and Causation (Role of Bias, Chance, Confounding, Interaction and Effect Modification)
- Life Table construction & analysis
- Screening for diseases of Public Health Importance
 - Concept and uses
 - Criteria for screening
 - Yield
 - Borderline and thresholds

Basic Biostatistics

- Types of Data / Variables
- Data presentation (Graphs & Tables)
- Measures of Central Tendency and Dispersion:
- Types of Data distribution
- Hypothesis testing
- Tests of statistical significance
- Sample size calculation & Sampling Techniques
 - Simple random sampling
 - Systematic sampling
 - Stratified sampling
 - Multistage sampling
 - Cluster sampling and z transformation
 - Skewed distribution
 - Standard error of mean
 - Confidence interval
 - Test of significance (chi square, t-test and correlation)
- Research/ Survey process: (Qualitative & Quantitative Methods)
 - Conceiving a question
 - Literature search
 - Use of Internet
 - Questionnaire designing
 - Writing a research protocol
 - Application of research ethics in designing a protocol

Nutrition

- Methods of nutritional assessment
- SDG 1 & 2 indicators/ target/ strategies to achieve
- Malnutrition (Obesity, stunting, wasting)
- Micronutrient deficiency disorders
- Nutrition specific and Nutrition sensitive interventions
 - Malnutrition
 - Classification of nutrients
 - Etiology, identification and Management of Common nutritional disorders like
 - Anaemia
 - Iodine deficiency
 - Vitamin deficiency
 - Others

Primary Clinical Care

- Communicable diseases of public health importance (epidemiology, clinical features, management & prevention strategies)
 - ARI
 - Tuberculosis
 - Diarrheal diseases
 - Parasitic infections
 - Ear infections and hearing impairments
 - Eye infections and visual impairments
 - Urinary tract infections
 - Reproductive tract infections of males and females (inclusive of STDs)
- Non communicable diseases of public health importance (Epidemiology, clinical features, management and prevention strategies)
- National Programs for prevention of communicable and non-communicable diseases
 - Enteric fevers
 - Common skin infections (including scabies, impetigo, lice, chickenpox, etc.)
 - Rheumatic fever
 - Childhood diseases preventable with immunization
 - Hepatitis
 - Meningitis
- Non-communicable diseases
 - Diabetes
 - Cardio vascular diseases
 - Coronary artery disease
 - Hypertension
 - Cerebro-vascular accidents
 - Arthritis
 - Endocrine disorders
 - Asthma
 - Chronic obstructive pulmonary diseases
 - Cancers
 - Blood dyscrasias (thalassemia)

Maternal, Neonatal and Child Care

- Abortion Care
- Ante-natal care
- Recognition of high risk pregnancy
- Normal pregnancy
- Abnormal pregnancy
- Basic & Comprehensive Emergency Obstetric Care
- Post-natal care
- Lactation management
- Family planning
- Maternal nutrition

Child Health

- Specific health protection during pregnancy for prevention of diseases in neonates
- Early neonatal care
- Neonatal measurements & screening
- Breast Feeding & weaning
- Baby friendly hospital initiative
- Adolescent health
- Mental health & drug abuse
- Child health indicators
- Integrated Management of Neonatal Care Illnesses

Immunization

- Concept of immunology
- Cold chain and vaccine logistics
- EPI and childhood immunization
- Maternal Immunization
- Immunization for travellers
 - Childhood immunization
 - Maternal immunization
 - Immunization for other diseases of public health importance
 - Immunization for travellers

First Aid Management

- Initial management and referral of patients with accidents
- Splinting and appropriately referring fractures
- Wound care including, stopping bleeding, assessing the wound and local suturing.
- Stabilizing and transporting seriously injured patients
- CPR
- Licks and bites of poisonous insects and animals
 - Snake bite
 - Dog bite
 - Rat bite

Communication Skills

- Principles of health education
- Models and theories of Communication & Health promotions
- Barriers to communication
- Counselling
 - Counseling at the primary care level for
 - Family planning
 - Weaning
 - Lactation management
 - Drug compliance
 - Immunization
 - History taking
 - Use of audiovisual aids effectively

Public Health Programmes

- Knowledge of public health programs of Pakistan

Health Promotion / Health Communication and Information

- Develop health education messages
- Strategies for health promotion in Pakistan
- Barriers to health promotion and strategies to overcome those barriers

Patients' Safety

- Identification of hazards / risks of unsafe patient care
- Patients' safety initiatives
- Principles of patients' safety
- Impact of human
- Impact of human factor on patient's safety
- Modes / Strategies for patients' safety system
- Indicators of safety
- Patients' safety culture
- National patients' safety goals / guidelines

Health Management

- Management models
- Resource management
- Health economics
- Management indicators

Medical / Clinical Audit

- Importance of medical / clinical audit
- Requirements of medical audit
- How to carry out medical audit / audit cycle.
- Barriers to medical audit in Pakistan
- Importance of quality in health care
- Quality management systems in hospitals

Environmental Health

Water:

- Safe & wholesome water
- Water requirement
- Uses of water
- Sources of water supply
- Water pollution
- Water related diseases
- Purification of water (large & small scale)
- Disinfection
- WHO recommended Water quality criteria and standards
- Surveillance of drinking water
- Hardness of water

Air & Ventilation:

- Composition
- Quality of air
- Indices of thermal comfort
- Air pollution & its monitoring
- Standards of ventilation

Light:

- Requirement of good lighting
- Measurement of light
- Lighting standards

Noise:

- Characteristics of noise
- Noise pollution

Radiation:

- Sources and exposure
- Types
- Effects on health & protection

Atmospheric Pressure, Heat & Humidity

- Effect on health
- Preventive measures
- Measurements
- Indices

Housing

- Healthful housing
- Housing standards
- Indicators

Waste disposal

- Solid & Liquid waste management
- Excreta disposal

Occupational Health

- Ergonomics
- Occupational hazards & diseases
- Pneumoconiosis
- Lead poisoning
- Arsenic poisoning
- Mercury Poisoning
- Heavy metal poisoning
- Occupational cancers
- Occupational dermatitis
- Specific work hazards
- Accidents in industry
- Sickness absenteeism
- Prevention and control

Demography

- Demographic cycle
- Population pyramid
- Fertility indicator
- Population indicators

CORE COMPETENCIES

The clinical skills, which a specialist must have, are varied and complex. A complete list of the same necessary for trainees and trainers is given in the following pages. It is arranged year wise and the level of competence to be achieved is given below:

1. Observer Status
2. Assistant Status
3. Performed Under Supervision
4. Performed Independently

COMPETENCIES	FIRST YEAR								TOTAL NO. RESEARCH STUDIES/ ARTICLES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS		
	LEVEL	STUDIES	LEVEL	STUDIES	LEVEL	STUDIES	LEVEL	STUDIES	
BASIC EPIDEMIOLOGY									
DEMONSTRATE RESEARCH SKILLS BASED ON FOLLOWING STUDY DESIGNS: <ul style="list-style-type: none">• DESCRIPTIVE STUDIES• ANALYTICAL STUDIES• EXPERIMENTAL STUDIES	2	6	2	6	3	8	3	10	30
DEMONSTRATE SURVEY METHODOLOGY: <ul style="list-style-type: none">• WRITING A RESEARCH PROTOCOL• INTRODUCTION AND LITERATURE SEARCH• METHODOLOGY• OBJECTIVES• QUESTIONNAIRE DESIGNING• REFERENCING	2	6	2	6	3	8	3	10	30
CALCULATE; MEASURES OF MORBIDITY: <ul style="list-style-type: none">• INCIDENCE• PREVALENCE	3	3	3	3	3	2	3	2	10
CALCULATE; MEASURES OF MORTALITY: <ul style="list-style-type: none">• CRUDE DEATH RATE• AGE SPECIFIC DEATH RATES• INFANT MORTALITY RATE (IMR)• NEONATAL MORTALITY RATE• POST NEO-NATAL MORTALITY RATE• 1-4 MORTALITY RATE• MATERNAL MORTALITY RATIO• PERINATAL MORTALITY RATE	3	3	3	3	3	2	3	2	10

COMPETENCIES	FIRST YEAR								TOTAL NO. RESEARCH STUDIES/ARTICLES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS		
	LEVEL	STUDIES	LEVEL	STUDIES	LEVEL	STUDIES	LEVEL	STUDIES	
BASIC BIOSTATISTICS									
DEMONSTRATE SAMPLING METHODS <ul style="list-style-type: none">SIMPLE RANDOM SAMPLINGSYSTEMATIC SAMPLINGSTRATIFIED SAMPLINGMULTISTAGE SAMPLINGCLUSTER SAMPLING	2	6	3	6	3	8	3	10	30
ANALYZE MEASURES OF CENTRAL TENDENCY AND DISPERSION: <ul style="list-style-type: none">NORMAL DISTRIBUTIONSKEWED DISTRIBUTIONSTANDARD ERROR OF MEANCONFIDENCE INTERVAL	2	6	3	6	3	8	3	10	30
ANALYZE AND INTERPRET TESTS OF SIGNIFICANCE WITH P-VALUES: <ul style="list-style-type: none">T-TEST FAMILYCHI-SQUARE TESTANOVAANCOVACORRELATIONAL ANALYSISREGRESSION ANALYSIS	2	6	3	6	3	8	3	10	30
REPORTING OF RESEARCH FINDINGS ON STANDARDIZED TOOLS <ul style="list-style-type: none">CONSORTSPIRITPRISMASTROBECARECOREQCHEERSTARDARRIVE	2	6	3	6	3	8	3	10	30

COMPETENCIES	FIRST YEAR								TOTAL # OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
NUTRITION									
<ul style="list-style-type: none">• MALNUTRITION• CLASSIFICATION OF NUTRIENTS• ETIOLOGY , IDENTIFICATION AND MANAGEMENT OF COMMON NUTRITIONAL DISORDERS LIKE ANEMIA, IODINE DEFICIENCY, VITAMIN DEFICIENCY• ASSESSMENT OF NUTRITION	2	3	2	3	3	2	3	2	10
PRIMARY CLINICAL CARE									
APPLICATION OF FIVE LEVELS OF PREVENTION FOR COMMUNICABLE DISEASES:									
<ul style="list-style-type: none">• RESPIRATORY INFECTIONS• SMALL POX• CHICKEN POX• MEASLES• RUBELLA• MUMPS• INFLUENZA• DIPHTHERIA• WHOPPING COUGH• MENINGITIS• ARI• TUBERCULOSIS• SARS	3	6	3	6	3	6	3	6	24

COMPETENCIES	FIRST YEAR						TOTAL # OF CASES		
	03 MONTHS		06 MONTHS		09 MONTHS			12 MONTHS	
	Level	Cases	Level	Cases	Level	Cases		Level	Cases

- [illegible]

COMPETENCIES	FIRST YEAR						TOTAL # OF CASES		
	03 MONTHS		06 MONTHS		09 MONTHS			12 MONTHS	
	Level	Cases	Level	Cases	Level	Cases		Level	Cases
APPLICATION OF FIVE LEVELS OF PREVENTION FOR NON-COMMUNICABLE DISEASES: • DIABETES • CORONARY ARTERY DISEASE • HYPERTENSION • CEREBRO-VASCULAR ACCIDENTS • OBESITY • CANCER • ACCIDENTS AND INJURIES									
DEMONSTRATE SKILL FOR: ANTENATAL CARE INTRA NATAL CARE SPECIFIC HEALTH PROTECTION OF HIGH RISK PREGNANCY FAMILY PLANNING MATERNAL NUTRITION FEEDING OF INFANTS GROWTH AND DEVELOPMENT WEANING									
	3	4	3	4	3	2	3	4	12
DISCUSS: EXPANDED PROGRAM OF IMMUNIZATION MATERNAL IMMUNIZATION IMMUNIZATION FOR OTHER DISEASES OF PUBLIC HEALTH IMPORTANCE									
	3	4	3	4	3	2	3	4	12
DISCUSS: DISASTER MANAGEMENT PREVENTION & MANAGEMENT OF OCCUPATIONAL HEALTH • PNEUMOCONIOSIS • LEAD POISONING • OCCUPATIONAL DERMATITIS HOSPITAL WASTE MANAGEMENT SNAKE BITE DOG BITE									
	2	2	3	2	3	2	3	2	8
DEMONSTRATE COMMUNICATION SKILLS	3	2	3	2	3	2	3	2	16

ROTATIONS

GENERAL MEDICINE: 3 Months

Learning Objectives

At the end of rotation in General Medicine, the resident will be able to:

- Customize international / validated public health interventions in national / provincial / local communicable and NCD control programs
- Collect, organize, analyze, interpret and disseminate data of disease burden in medical set up and present report
- Take history of patients suffering from communicable and non-communicable diseases of public health importance.
- Conduct general physical examination including pulse, BP, Temperature, Oedema, skin rash etc.
- Conduct systemic physical examination to identify signs of diseases of public health importance.
- Prescribe simple diagnostic tests and interpret them.
- Manage diseases of public health importance.
- Counsel the patients about prevention of disease and disability.
- Analyze the trends of different diseases of public health concern (communicable and non-communicable) and disseminate findings in report.
- Suggest family level interventions and counsel family members of patients for prevention of non-communicable diseases.
- Counsel patients for preventing major risk factors responsible for NCDs.
- Plan and implement feasible preventive measures (such as advocacy campaigns using social media) for the control of one most common communicable, one non-communicable disease and contribute in reducing the burden on hospital.
- Design and conduct one health education session for awareness of patients on any relevant issue of community using innovative health education strategies.
- Analyze infection control practices and rational anti-microbial use of prevention of antimicrobial resistance in medical ward.

- Understand the process of case reporting for diseases under surveillance and health information system.
- Understand the process and analyze efficiency of health-care waste management in ward.
- Perform an occupational health survey for doctors and paramedical staff working in medicine department.
- Design protocols/synopsis for clinical research, collect data and transform it into information.
- Investigate any emerging epidemic

GENERAL MEDICINE ROTATION (3 MONTHS)

	Level	Cases
HISTORY TAKING AND DIFFERENTIAL DIAGNOSIS	2	
ENTERIC FEVERS		1
ARTHRITIS		1
ENDOCRINE DISORDERS		1
REPRODUCTIVE TRACT INFECTIONS OF MALES AND FEMALES (INCLUSIVE OF STDs)		1
RHEUMATIC FEVER		1
MENINGITIS		1
HEPATITIS(A, B, C,E)/ ASCITES		1
CORONARY ARTERY DISEASE		1
CEREBRAL-VASCULAR ACCIDENTS		1
CHRONIC OBSTRUCTIVE PULMONARY DISEASES		1
ANEMIA (IRON DEFICIENCY ANEMIA, MEGALOBlastic ANEMIA, CONGENITAL ANEMIA)		1
FEVER (BACTERIAL, VIRAL, ARTHROPOD BORNE)		1
TREATMENT OF MINOR ILLNESSES		
EAR INFECTIONS, EYE INFECTIONS, URINARY TRACT INFECTIONS, ARI, ANEMIA (IRON DEFICIENCY ANEMIA, MEGALOBlastic ANEMIA), PARASITIC INFECTIONS, DIARRHEAL DISEASES, APD/ GASTRITIS	3	1 (EACH)
COUNSELLING AND APPLICATION OF THREE LEVELS OF PREVENTION	3	1 (EACH)
DIABETES, HYPERTENSION, ASTHMA, TUBERCULOSIS, HEPATITIS, DYSLIPIDEMIA		
CRITICALLY ANALYZE EPIDEMIOLOGY AND MANAGE COMMUNICABLE AND NON-COMMUNICABLE DISEASES IN TERMS OF COUNSELLING AND FIVE LEVELS OF PREVENTION	3	5 (EACH)

PEDIATRIC MEDICINE: 3 Months

Learning Objectives:

At the end of rotation in Pediatric Medicine, the resident will be able to:

- Apply 5 levels of prevention for diseases of public health importance.
- Customize international / validated public health interventions in national / provincial/local child health and nutrition programs
- Collect, organize, analyze , interpret and disseminate data of disease burden in pediatric set up and present report
- Take history of communicable diseases of public health importance, school health issues, immunization status, nutritional status, deworming status.
- Conduct physical examination including pulse, BP, temperature, oedema, skin rash etc.
- Conduct systemic examination to identify signs of diseases of public health importance.
- Fill performa of IMNCI and IMCI according to guidelines.
- Prescribe simple diagnostic tests and interpret them.
- Manage common communicable diseases of public health importance, school health issues, hazards of immunization and side effects malnutrition etc.
- Counsel mothers for breastfeeding and weaning.
- Monitor growth according to growth chart and interpret the situation.
- Counsel for ORS preparation, immunization breastfeeding and weaning issues and common nutritional health issues.
- Evaluation of child vaccination services & their loopholes.
- Identify common risk factors related to major mortality indicators in children.
- Conduct neonatal screening.
- Analyze and interpret APGAR score.
- Provide immediate neonatal care.
- Conduct body measurement of children.
- Differentiate between preterm and LBW babies with associated risk factors & counsel mother for kangaroo care.
- Analyze hospital as a baby friendly hospital.
- Identify behavioral problems in children and their referral to appropriate psychiatrist.

- Identify risks associated with battered babies and their referral.

PAEDIATRICS ROTATION (3 MONTHS)		Level	Cases
HISTORY TAKING AND EXAMINATION DIARRHOEA CASES ACUTE RESPIRATORY INFECTIONS (ARI) CASES MALARIA CASES DENGUE CASES COVID-19 CASES FEVER CASES FOLLOW-UP CARE NUTRITIONAL SURVEILLANCE COUNSELLING FOR BREAST FEEDING FOR HEALTHY NUTRITION & BOOSTING THE IMMUNE SYSTEM COUNSELLING FOR VACCINATIONS TO PREVENT SPECIFIC DISEASES COUNSELLING FOR INSECTICIDES TREATED MATERIALS & BED NETS FOR PREVENTION OF MALARIA AND DENGUE COUNSELLING ABOUT COMPLEMENTARY FEEDING FOR HEALTHY NUTRITION AND RECOVERY FROM ILLNESS COUNSELLING ABOUT HYGIENE AND PREVENTION OF FOOD BORNE DISEASES COUNSELLING ABOUT PREVENTION OF RESPIRATORY INFECTIONS		2	02 (EACH)
		2	02
		2	03
		3	02
		3	02
		3	02
		3	05
		3	05
		3	05

FAMILY MEDICINE / GENERAL PRACTICE / BHU & RHCs: 2 Months

Learning Objectives

At the end of rotation in Family Medicine, the resident will be able to:

- Apply 5 levels of prevention for diseases of public health importance.
- Design and implement community based Health education and promotion projects .
- Collect, organize, analyze, interpret and disseminate data of disease burden in community and present report

FAMILY MEDICINE / GENERAL PRACTICE / BHU & RHCs ROTATION (2 MONTHS)

	Level	Cases
HISTORY TAKING AND MANAGEMENT OF COMMON AILMENTS LIKE		
<ul style="list-style-type: none"> • COMMON COLD • FEVER • PAIN ABDOMEN • SORE THROAT • OTITIS MEDIA • BURNING MICTURITION • DIARRHEA 	2	1 (EACH)
MANAGEMENT OF ACUTE WATERY DIARRHEA IN CHILDREN AND THEIR TIMELY REFERRAL TO TERTIARY CARE SET UP		
CHILDHOOD IMMUNIZATION AND SCHEDULE, AND THEIR DEVELOPMENT STATUS	2	2
ANTENATAL VISIT FOR PREGNANT WOMEN REGARDING PREVENTION OF:	3	2
<ul style="list-style-type: none"> • ANEMIA IN PREGNANCY • PREGNANCY INDUCED HYPERTENSION • GESTATIONAL DIABETES • VERTICALLY TRANSMITTED DISEASES • HIGH RISK PREGNANCY 	3	1 (EACH)
FAMILY PLANNING AND BIRTH SPACING ALONG WITH USAGE OF CONTRACEPTIVE DEVICES AND PILLS		
NUTRITION COUNSELLING FOR MALNOURISHED (OBESE AND THIN LEAN) PEOPLE	2	2
PREVENTION AND CONTROL OF DISEASES	2	3
<ul style="list-style-type: none"> • VIRAL HEPATITIS • MALARIA/ DENGUE • DIABETES • HYPERTENSION • STDs 	2	1 (EACH)
OBSERVATION AND MANAGEMENT OF GERIATRIC HEALTH PROBLEMS AND ISSUES	2	5

OBSTETRICS AND GYNAECOLOGY: 2 Months

Learning Objectives

At the end of rotation in Obstetrics and Gynaecology the resident will be able to:

- Apply 5 levels of prevention for diseases of public health importance in women of reproductive age group & beyond.
- Customize international /validated MNCH interventions at National /provincial/local level.
- Collect, organize, analyze, interpret and disseminate data of disease burden in Gynae & Obstetrics set up and present report
- Take antenatal history and identify high risk pregnancies.
- Conduct general physical examination including pulse, BP, Temperature, Oedema, skin rash etc.
- Conduct systemic physical examination to identify signs of diseases of public health importance.
- Prescribe simple diagnostic and screening tests and interpret them.
- Manage diseases of public health importance including communicable and non-communicable diseases in pregnancies e.g. Anemia, HTN, Diabetes, TB, Hep B.
- Counsel the patients about prevention of pregnancy related complications during antenatal, postnatal period.
- Counsel patients for preventing major risk factors.
- Plan and implement feasible preventive measures (such as advocacy campaigns using social media) for importance of antenatal and postnatal services.
- Design and conduct one health education session for awareness of patients during pregnancy and post pregnancy for FP services.
- Counsel mothers about breastfeeding and immunization and weaning.
- Promotion of cafeteria choice of family planning services.
- Counsel mothers for temporary and permanent method of FP services where appropriate.
- Identify general danger signs during antenatal, natal and postnatal services.
- Conduct sessions for training of LHVs and LHWs about 3c approach during natal period.

- Counsel postnatal mothers regarding breastfeeding, immunization, neonate hygiene, cord care and neonatal psychology.
- Counsel mothers to improve their health seeking behavior and inform regarding well baby services, sick baby services, family planning services and importance of child spacing.
- Evaluate obstetric services using appropriate quality indicators.
- Screen children reporting with injuries for domestic abuse and refer any victims for psychological counseling and guide about life skills training

OBSTETRICS & GYNECOLOGY COVERING REPRODUCTIVE HEALTH ROTATION (2 MONTHS)

	Level	Cases
HISTORY TAKING		
<ul style="list-style-type: none"> HISTORY OF PRESENTING COMPLAINT OBSTETRIC HISTORY GYNECOLOGICAL HISTORY SYSTEMIC ENQUIRY MENSTRUAL HISTORY CONTRACEPTION HISTORY PAST GYNECOLOGICAL HISTORY PAST MEDICAL HISTORY DRUG HISTORY FAMILY HISTORY SOCIAL HISTORY 	3	5
EXAMINATION		
<ul style="list-style-type: none"> PHYSICAL EXAMINATION (PALLOR, PULSE, RESPIRATORY RATE, EDEMA, BLOOD PRESSURE, WEIGHT, BREAST EXAMINATION) ABDOMINAL EXAMINATION (MEASUREMENT OF FUNDAL HEIGHT, FOETAL HEART SOUNDS, FOETAL MOVEMENTS, FOETAL LIE AND PRESENTATION, ASSESSMENT OF GESTATIONAL AGE) 	3	5
EVALUATION OF THE PATIENT'S CHIEF COMPLAINT AND SYMPTOMS, FORMING A DIFFERENTIAL DIAGNOSIS		
<ul style="list-style-type: none"> KEY OBSTETRIC SYMPTOMS: NAUSEA AND VOMITING, ABDOMINAL PAIN, SYSTEMIC SYMPTOMS FATIGUE (E.G. ANEMIA), FEVER (CHORIOAMNIONITIS) AND WEIGHT LOSS, CHEST PAIN AND SHORTNESS OF BREATH INCLUDING ASTHMA, PRURITUS, LEG SWELLING, VAGINAL DISCHARGE KEY GYNECOLOGY SYMPTOMS: ABDOMINAL AND PELVIC PAIN, ABNORMAL VAGINAL BLEEDING AND DISCHARGE, SYSTEMIC SYMPTOMS: FATIGUE (E.G. ANEMIA), FEVER (E.G. PELVIC INFLAMMATORY DISEASE) AND WEIGHT LOSS (E.G. MALIGNANCY) 	3	3

OBSTETRICS & GYNECOLOGY COVERING REPRODUCTIVE HEALTH ROTATION (2 MONTHS)

	Level	Cases
DIAGNOSTIC TESTING		
ORDERING OF COMMON DIAGNOSTIC TESTS		
<ul style="list-style-type: none"> • ULTRASOUND SCAN • FETAL MONITORING • HEMOGLOBIN ESTIMATION AND • URINE TEST FOR SUGAR AND PROTEINS • PAPANICOLAOU SMEAR 	3	5
INTERVENTION		
MANAGEMENT OF COMMON MEDICAL PROBLEMS DURING PREGNANCY		
<ul style="list-style-type: none"> • SEXUALLY TRANSMITTED DISEASES • HIV/AIDS • TUBERCULOSIS • ANEMIA • HEART DISEASE • MALARIA • JAUNDICE • HEPATITIS • REPRODUCTIVE TRACT INFECTIONS • MEASLES • EPILEPSY • RENAL DISEASE • ANEMIA • HIGH RISK PREGNANCY 	2	5

OBSTETRICS & GYNECOLOGY COVERING REPRODUCTIVE HEALTH ROTATION (2 MONTHS)

	Level	Cases
<ul style="list-style-type: none"> MANAGEMENT OF ANTE-PARTUM HEMORRHAGE, MAL- PRESENTATION, PROLONGED LABOUR DURING DELIVERY MANAGEMENT OF PUERPERAL SEPSIS, POSTPARTUM HEMORRHAGE, THROMBOPHLEBITIS, MASTITIS DURING POSTNATAL PERIOD IRON AND FOLIC ACID SUPPLEMENTATION DURING ANTENATAL PERIOD MATERNAL TETANUS TOXOID IMMUNIZATION 	3	
COUNSELING		
NUTRITIONAL COUNSELING		5
PERSONAL HYGIENE COUNSELING		4
PERSONAL AND ENVIRONMENTAL HYGIENE COUNSELING		5
COUNSELING REGARDING WARNING SIGNS OF PREGNANCY		3
PRENATAL GENETIC COUNSELING SUCH AS SCREENING OF BIRTH DEFECTS, HAEMOGLOBINOPATHIES, DOWN SYNDROME AND NEURAL TUBE DEFECTS		4
MENTAL PREPARATION COUNSELING FOR DELIVERY		3
COUNSELING REGARDING POSTNATAL EXERCISES		4
BREAST FEEDING COUNSELING		3
COUNSELING REGARDING PREGNANCY SPACING		2
COUNSELING FOR:		3
<ul style="list-style-type: none"> CARE OF UMBILICAL CORD CARE OF NEWBORN EYE AND SKIN MAINTENANCE OF BODY TEMPERATURE 		

OBSTETRICS & GYNECOLOGY COVERING REPRODUCTIVE HEALTH ROTATION (2 MONTHS)

Level	Cases
<p>RESIDENTS WILL BE ABLE TO RECALL AND CRITICALLY ANALYZE ABOUT</p> <ul style="list-style-type: none"> • ANTENATAL CARE • INTRA-NATAL CARE • POSTNATAL CARE • NEWBORN CARE • FAMILY PLANNING SERVICES IN PAKISTAN • SAFE MOTHERHOOD • FIVE C" CLEANLINESS DURING INTRA- NATAL CARE • HEALTH EDUCATION REGARDING NUTRITION, HEALTH CHECKUPS, PERSONAL AND ENVIRONMENTAL HYGIENE, BIRTH SPACING, NEWBORN CARE 	3

PSYCHIATRY: 2 Months

Learning Objectives

At the end of rotation in Psychiatry the resident will be able to:

- Apply 5 levels of prevention for mental health issues of public health importance .
- Customize international /validated Mental Health interventions at National /provincial/local level.
- Collect, organize, analyze, interpret and disseminate data of Mental health disease burden in hospital set up and present report
- Design and conduct a survey in ward to identify and priotize community mental health needs and problems through appropriate screening tests such as different depression and anxiety scale.
- Take history of mental health illness and drug abuse.
- Analyze the trends of common mental health diseases.
- Plan for promoting community mental health using planning models.
- Learn management of common mental health issues and drug abuse in Psychiatry OPD.
- Suggest family level interventions and counseling of family members of patients for prevention of major psychiatry diseases.
- Learn basic principles of positive parenting, communication and negotiation skills, life skills training and violence prevention.
- Identify different personality disorders and behavioral disorders common in Pakistan and identify their determinants through epidemiological studies.
- Plan, design and implement mental health interventions to bring awareness about mental health and personality disorders, strategies to control them.
- Identify the gaps in provision of mental health services in local context

PSYCHIATRY ROTATION COVERING MENTAL HEALTH (2 MONTHS)

	Level	Cases
HISTORY TAKING AND DIFFERENTIAL DIAGNOSIS	3	
MAJOR DEPRESSION DISORDER		2
PSYCHOSIS		2
DRUG ADDICTION		3
HALLUCINATIONS		3
ANXIETY DISORDER		2
SLEEP DISORDER		3
BIPOLAR DISORDER		3
POSTPARTUM DEPRESSION		2
PERSONALITY DISORDERS		3
OBSESSIVE COMPULSIVE DISORDER		2
ATTENTION DEFICIT DISORDER		2
INTERVENTIONS AND COUNSELLING	2	2
<ul style="list-style-type: none"> PARENT TRAINING IN CHILD DEVELOPMENT AND ALCOHOL AND DRUG EDUCATION EFFORTS AT COMPETENCE BUILDIN DEVELOPMENT AND UTILIZATION OF SOCIAL SUPPORT SYSTEM ASSISTING VULNERABLE PEOPLE IN PREPARING FOR STRESSFUL CONDITION GROUP SESSIONS FOR COUPLES TO BUILD SKILLS TO HANDLE DISAGREEMENTS CRISIS INTERVENTION FOLLOWING STRESSFUL EVENT LIKE MENTAL SEPARATION, DIVORCE COUNSELLING ON PRENATAL AND PERINATAL CARE TO REDUCE THE INCIDENCE OF MENTAL RETARDATION IN CHILDREN E.G. IMPROVED NUTRITION AND ABSTINENCE FROM ALCOHOL 		(EACH)
RESIDENTS WILL BE ABLE TO RECALL AND CRITICALLY ANALYZE ABOUT COMMON MENTAL HEALTH PROBLEMS IN PAKISTAN PRIMARY PREVENTION OF MENTAL HEALTH ISSUES (MENTAL HEALTH EDUCATION PROGRAM)	3	1

ASSESSMENT

ELIGIBILITY REQUIREMENTS

For appearing in Intermediate Module examination a candidate must have:

- Passed FCPS-I in Community Medicine/ General Medicine or granted exemption
- Registered with Registration and Research Cell (R&RC).
- Completed two years of R&RC registered training under an approved supervisor in an institution recognized by the CPSP. A certificate of completion of training must be submitted.
- One year spent in Clinical Training at a CPSP recognized institution as mentioned under Rotations
- One year in the department of Community medicine recognized by CPSP.

EXAMINATION SCHEDULE

- The Intermediate Module theory examination will be held twice a year. Theory examinations are held in various cities of the country usually at Abbottabad, Bahawalpur, Faisalabad, Hyderabad, Islamabad, Karachi, Lahore, Larkana, Nawabshah, Multan, Peshawar, Quetta and Rawalpindi centers. The College shall decide where to hold TOACS examination depending upon the number of candidates in a city and shall inform the candidates accordingly.
- English is the medium of all examinations i.e. theory and TOACS.
- The College will notify of any change in the centers, the dates and format of the examination.
- A competent authority appointed by the College has the power to debar any candidate from any examination if it is satisfied that such a candidate is not a suitable person to take the College examination because of using unfair means in the examination, misconduct or other disciplinary reasons.

EXAMINATION FEE

- Applications along with the prescribed examination fee and required documents must be submitted by the last date notified for this purpose before each examination.
- The details of examination fee and fee for change of center, subject, etc. shall be notified before each examination.
- Fee deposited for a particular examination shall not be carried over to the next examination in case of withdrawal, absence or exclusion

REFUND OF FEES

If after submitting an application for examination, a candidate decides not to appear, a written request for a refund must be submitted before the last date for withdrawal with the receipt of applications. In such cases a refund is admissible to the extent of 75% of fees only. No request for refund will be accepted after the closing date for receipt of applications for refund.

If an application is rejected by the CPSP, 75% of the examination fee will be refunded, the remaining 25% being retained as a processing charge. No refund will be made for fees paid for any other reason, e.g. late fee, change of centre/subject fee, etc.

FORMAT OF EXAMINATION

Intermediate Module examination consists of theory and TOACS examination.

Theory Examination:

It consists of:

- **Paper-I:** 10 Short Answer Questions SAQs
- **Paper-II:** 100 Single Best Type of MCQs

Candidates have to pass the theory examination to be eligible to take the clinical examination.

Clinical Examination:

To test basic clinical skills, the clinical examination consists of TOACS (Task Oriented Assessment of Clinical Skills).

TOACS

TOACS will comprise of 10 to 15 stations with a task to be completed in a specified time. Structured clinical tasks will be set at each station. The examiners will assess the performance of each candidate on a rating scale.

All stations are required to be "Interactive". At these stations, the candidates will be required to perform a task, for example, taking history, performing clinical examination, counseling, assembling an instrument or any other task. One examiner will be present at each interactive station and will rate the performance of the candidate and ask questions testing critical thinking and problem-solving skills.

NOTE: The resident is required to fill a self-explanatory 'feedback proforma' at the end of the examination.

THE COLLEGE RESERVES THE RIGHT TO ALTER/AMEND ANY RULES/REGULATIONS

Any decision taken by the College on the interpretation of these regulations will be binding on the applicant.

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COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

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