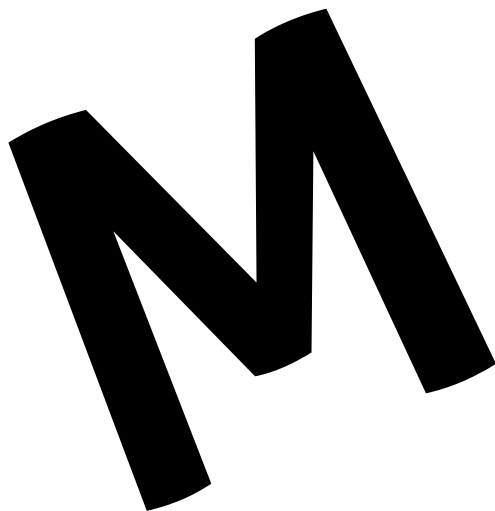


Requirements for Post IMM Fellowship Training

MEDICINE



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN



2017

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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 trainees and consequently the number of training institutions and the supervisors. The rapid increase in knowledge base of medical sciences and consequent emergence of new subspecialties has gradually increased the number of CPSP fellowship disciplines to Seventy Three.

After completing two years of core training during IMM, the trainees are allowed to proceed to the advanced phase of FCPS training in the specific specialty of choice for 2-3 years. However, it is mandatory to qualify IMM examinations before taking the FCPS-II exit examinations. The work performed by the trainee is to be recorded in the e-logbook on daily basis. The purpose of the e-log 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 trainees and the supervisors.

The average number of candidates taking CPSP examinations each year is to a minimum of 25,000. The College conducts examinations for FCPS-I (11 groups of disciplines), IMM, FCPS-II (73 disciplines), MCPS 22 disciplines, including MCPS in HPE and also Diploma in Health Care System Management (DCPS-HCSM). 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 Centers (including five Provincial Headquarter Centers) in the country. The five Provincial Headquarter Centers, 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 257 accredited medical institutions throughout the country and 48 plus accredited institutions abroad. The total number of trainees in these institutions is over 17795. 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 programs '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. Zafar Ullah Chaudhry

President

College of Physicians and Surgeons Pakistan

TRAINING AND EXAMINATIONS SUMMARY

The College lays down the training programs and holds examination for the award of Fellowship in the following disciplines:

Disciplines for 1st Fellowship

1. Anatomy	24. Nuclear Medicine
2. Anesthesiology	25. Obstetrics and Gynaecology
3. Biochemistry	26. Operative Dentistry
4. Cardiac Surgery	27. Ophthalmology
5. Cardiology	28. Oral & Maxillofacial Surgery
6. Chemical pathology	29. Orthodontics
7. Clinical Haematology	30. Orthopedic Surgery
8. Community Medicine	31. Otorhinolaryngology (ENT)
9. Dermatology	32. Paediatric Surgery
10. Diagnostic Radiology	33. Paediatrics
11. Emergency Medicine	34. Periodontology
12. Family Medicine	35. Pharmacology
13. Forensic Medicine	36. Physical Medicine & Rehabilitation
14. Gastroenterology	37. Physiology
15. Haematology	38. Plastic Surgery
16. Histopathology	39. Prosthodontics
17. Immunology	40. Psychiatry
18. Medicine	41. Pulmonology
19. Medical Oncology	42. Radiotherapy
20. Microbiology	43. Surgery
21. Nephrology	44. Thoracic Surgery
22. Neurology	45. Urology
23. Neurosurgery	46. Virology

Disciplines for 2nd Fellowship

1. Child and Adolescent Psychiatry	14. Paediatric Cardiology
2. Cardio-Thoracic Anesthesiology	15. Paediatric Gastroenterology
3. Clinical Cardiac Electrophysiology	Hepatology & Nutrition
4. Community and Preventive Paediatrics	16. Paediatric Haematology Oncology
5. Critical Care Medicine	17. Paediatrics Infectious Diseases
6. Developmental and Behavioural Paediatrics	18. Paediatric Nephrology
7. Endocrinology	19. Paediatric Neurology
8. Gynecological Oncology	20. Paediatric Ophthalmology
9. Infectious Diseases	21. Pain Medicine
10. Interventional Cardiology	22. Reproductive Endocrinology and Infertility
11. Maternal and Fetal Medicine (MFM)	23. Rheumatology
12. Neonatal Paediatrics	24. Surgical Oncology
13. Orbit & Oculoplastics	25. Urogynaecology
	26. Vitreo Retinal Ophthalmology
	27. Vascular Surgery

Fellowship of the College of Physicians and Surgeons Pakistan is awarded to those applicants who are declared successful in examinations carried out by the Examination Department of the CPSP and elected by the College Council and have:

- a recognized medical degree
- completed a one year house job in a recognized institution
- passed the relevant FCPS Part I examination
- registered with R&RC
- undergone specified years of supervised accredited training on whole time basis;
- passed IMM examination
- obtained approval of dissertation/ two research articles (related to the specialty) published/ accepted for publication in CPSP approved journal(s)
- completed entries in e-logbook along with validation by the supervisor.
- been declared successful in examinations carried out by the Examination Department of the CPSP; and
- been elected by the College Council.

It is important to note that all applicants must undergo a formal examination before being offered fellowship of the relevant specialty, except in case of fellowship without examination and honorary fellowship.

TRAINING ENQUIRIES AND REGISTRATION

All trainees should notify the College in writing of any change of address and proposed changes in training (such as change of Supervisor, change of department, break in training etc) as soon as possible.

GENERAL INFORMATION

GENERAL REGULATIONS

The following regulations apply to all the candidates taking the FCPS-II Examination.

Candidate will be admitted to the examination 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 FELLOWSHIP TRAINING PROGRAM IN MEDICINE

- Passed FCPS Part I in Medicine or granted exemption
- Completed two years of R&RC registered training of IMM in Medicine & Allied

EXEMPTION FROM FCPS PART-I

An application for exemption from FCPS Part-I must be submitted to the College with all the relevant documents and a bank draft for the prescribed fee.

After due verification, the College may grant exemption from FCPS Part-I to those applicants who have acquired any of the following qualifications in Medicine:

- Diplomat American Board of Specialties
- FCPS Part-I, Bangladesh.

In all other cases, after proper scrutiny and processing, the College shall decide acceptance or rejection of the request for exemption from FCPS-I on case to case basis.

All applicants who are allowed exemption will be issued an **EXEMPTION CERTIFICATE** on payment of exemption fee. A copy of this certificate will have to be attached with the application to the Registration & Research Cell (R&RC) of the CPSP, for registration as FCPS Part-II trainee and later with the application for appearing in FCPS Part-II examination.

DURATION OF TRAINING IN MEDICINE

- Total duration of the training is 4 years divided into following two phases.
- Intermediate Module (IMM) in Medicine and Allied for first two years, after which the trainee will be eligible to appear in the Intermediate Module Examination. For further details about the Intermediate Module refer to the booklet "Intermediate Module in Medicine and Allied" published separately by the College.
- Last two years consist of advanced training in General Medicine All training inclusive of rotations is to be completed one month before the date of theory examination.

APPROVED TRAINING CENTRES

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

REGISTRATION AND SUPERVISION

All training must be supervised and undertaken on whole time basis. The trainees are required to register with the R&RC and submit the name of their supervisor(s) by the date indicated on the registration form. The supervisor will normally be a Fellow of the College. However, another supervisor may be accepted if no Fellow is available to offer appropriate supervision. Only that training will be accepted which is done under a CPSP approved supervisor. Normally, only one supervisor is nominated, and if the trainee spends significant periods working in an area where the supervisor has no personal involvement, the supervisor must certify that suitable supervision is being provided. The nomination of more than one supervisor is needed only if the trainee divides the year between two or more unrelated units, departments or institutions. The trainees are not allowed to work simultaneously in any other department/institutions for financial benefit and/or for another academic qualification.

COMPONENTS OF TRAINING

Rotations

Rotations will begin on the first of the month for prescribed time period. In the year 3rd & 4th year, out of the rotations mentioned below, three rotations of two months have to be carried out, including the mandatory excluding those done earlier in 1st & 2nd year of training:

1. Intensive care medicine (Mandatory)
2. Cardiology (Mandatory, if not done during IMM)
3. Neurology
4. Nephrology
5. Pulmonology
6. Psychiatry
7. Dermatology
8. Endocrinology
9. Oncology
10. Gastroenterology

Mandatory Workshops

All mandatory workshops should be attended during the first two years of training. Therefore no workshop is mandatory during the 3rd & 4th year of training. However the trainee will be required to take any workshop as may be introduced by the CPSP.

Research (Dissertation / Two Papers)

One of the training requirements for fellowship trainees is a dissertation or two research papers on a topic related to the field of specialization. Synopsis of the dissertation or research papers must be approved from the Registration and Research Cell (R&RC) of CPSP before starting the research work. The dissertation must be submitted for approval to the R&RC before or during first six months of fourth year of training program.

E-logbook

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

ROLE AND RESPONSIBILITIES

Training held under the aegis of CPSP is compulsorily supervised. A supervisor is a CPSP Fellow or a specialist with relevant postgraduate qualifications recognized by the CPSP. Supervision of a trainee is a multifaceted task. The task is arbitrarily divided into the following components for the sake of convenience. This division is by no means exhaustive or rigid. It is merely meant to give semblance of order to this comprehensive yet abstract and versatile role of the supervisor.

EXPERT TRAINER

- This is the most fundamental role of the supervisors. They have to not only ensure and monitor adequate training but also provide continuous helpful feedback (formative) regarding the progress of the training.
- This would entail observing the trainee's performance and rapport with all the people within his work environment
- They should teach the trainee and help them overcome the hurdles during the learning process. It is the job of the supervisor to make the trainee develop the ability to interpret findings in his patients and act suitably in response.
- The supervisor must be adept at providing guidance in writing dissertation /research articles (which are essential components of training).
- Every supervisor is expected to participate actively in supervisors' workshops conducted regularly by CPSP, and do their best to implement the newly acquired information/skills in the training. It is a basic duty of the supervisors to keep abreast of the innovations in their field of expertise and ensure that this information percolates to trainees of all years under them.

RELIABLE LIAISON

- The supervisor must maintain regular contact with the College regarding training and the conduct of various mandatory workshops and courses.
- It is expected that the supervisor will establish direct contact with relevant quarters of CPSP if any problem arises during the training process, including the suitability of trainee.
- They must be able to coordinate with the administration of their institutions/ organizations in order to ensure that their trainees do not have administrative problems hampering their training

PROFICIENT ADMINISTRATOR

- They must ensure that the trainees regularly fill their e-logbook.
- Provide quarterly feedback regarding each trainee through e-log system.
- The supervisors might be required to submit confidential reports on trainee's progress to the College.
- The supervisor should notify the College of any change in the proposed approved training program.
- In case the supervisor plans to be away for more than two months, he/she must arrange satisfactory alternate supervision during the period.

ROLE AND RESPONSIBILITIES

Given the provision of adequate resources by the institution, Trainees should:

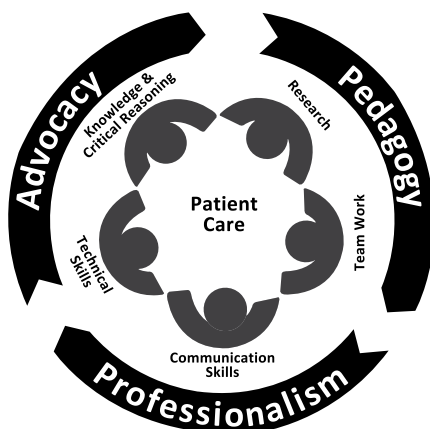
- Accept responsibility for their own learning and ensure that it is in accord with the relevant requirements;
- Investigate sources of information about the program and potential supervisor, and play an informed role in the selection and appointment of the supervisor;
- Seek reasonable infrastructure support from their institution and supervisor and use this support effectively;
- Ensure that they undertake training diligently.
- Work with their supervisors in writing the synopsis/ research proposal and submit the synopsis/ research proposal within six months of registration with the R&RC;
- Accept responsibility for the dissertation and plan and execute the research within the time limits defied;
- Be responsible for arranging regular meetings with the supervisor to discuss any hindrances to progress and document progress etc. If the supervisor is not able/willing to meet with the student on a regular basis, the student must notify the College;
- Provide the supervisor with word-processed updated synopsis and dissertation drafts that have been checked for spelling, grammar and typographical errors prior to submission;
- Prior to submission of dissertation, the student should ensure that the supervisor has all the raw data relevant to the thesis;
- Submit completed dissertation to R&RC or evidence of publication/acceptance for publication of two research papers in CPSP approved journal(s) or JCPSP six months before the completion of (last year of) training. The trainee should be the first or second author of both papers and the synopsis of both papers must have a prior approval of R&RC;

- Follow the College complaint procedures if serious problems arise;
- Complete all requirements for sitting an examination;
- Provide feedback regarding the training post to the College on the prescribed confidential form;

TRAINING PROGRAM

CURRICULUM

No academically sound institution would bank on a static curriculum. A curriculum should be documented, objective, evolving and sustainable (DOES). CPSP also endeavors to use a format which has scope for transition and yet is relevant to the needs of the time. The curriculum documented below is not rigid and all embracing. It is intended to give a holistic view of the requirements of the discipline in general. The Fellowship training program focuses on a few key pegs of viable training: knowledge, skills and attitudes. CPSP is decided to follow an outcome competency based curricular format, which is a blend of behavioral and cognitive philosophies of curriculum development. The College has developed following competency framework for its program;



Following is a global and extensive, yet not total, list of learning outcomes recommended by the College.

Learning outcomes relating to:

COGNITION

The learning outcomes will all be at the application level since that is the gold standard. Therefore, the candidate will be able to:

1. Relate how body function gets altered in disease states.
2. Request and justify investigations and plan management for medical disorders.
3. Assess new medical knowledge and apply it.
4. Practice quality assurance procedures.

SKILLS

Written Communication Skills

The trainee will be able to:

1. Write medical records, which are clear, concise and accurate.
2. Write clear management plans, discharge summaries and letters for outpatients.
3. Demonstrate competence in academic writing.

Verbal Communication Skills

The trainee will be able to:

1. Establish professional relationships with patients and their relatives or caregivers in order to obtain history, conduct physical examination and provide appropriate management.
2. Demonstrate usage of appropriate language in seminars, bedside sessions, outpatients and other work situations.
3. Demonstrate the ability to communicate clearly, considerately and sensitively with patients, relatives, other health professionals and the public.
4. Demonstrate competence in presentation skills.

Examination Skills

The trainee will be able to:

1. Perform an accurate physical and mental state examination in complex medical problems often involving multiple systems.
2. Interpret physical signs after physical examination so as to formulate further management plans.

Patient Management Skills

The trainee will be able to:

1. Interpret and integrate the history and examination findings and arrive at an appropriate differential diagnosis and final diagnosis.
2. Demonstrate competence in problem identification, analysis and management of the problem at hand by the use of appropriate, resources, interpretation of investigations.
3. Prioritize different problems within a time frame.

Skills in Research

The trainee will be able to:

1. Use evidence based medicine and evidence based guidelines.
2. Conduct research individually by using appropriate research methodology and statistical methods.
3. Correctly guide others in conducting research by advising about study designs, research methodology and statistical methods that are applicable.
4. Interpret and use results of various research articles.

ATTITUDES

Towards Patients

The trainee will be able to:

1. Establish a positive relationship with all patients in order to ease illness and suffering.
2. Facilitate the transfer of information important to the management and prevention of disease.
3. Demonstrate awareness of bio-psycho-social factors in the assessment and management of a patient.
4. Demonstrate sensitivity in performing any examination.
5. Consistently show consideration of the interests of the patient & the community as paramount, and these interests should never be subservient to personal or professional interest.

Towards Self Development

The trainee will be able to:

1. Demonstrate, consistently, respect for every human being irrespective of ethnic background, culture, socioeconomic status or religion.

2. Deal with patients in a non-discriminatory and prejudice-free manner.
3. Deal with patients honestly and with compassion.
4. Demonstrate flexibility and willingness to adjust appropriately to changing circumstances.
5. Foster the habit and principle of self-education and reflection in order to constantly update and refresh knowledge and skills and as a commitment to continuing education.
6. Recognize stress in one self and others.
7. Deal with stress and support medical colleagues and allied health workers.
8. Handle complaints including self-criticism or criticism by colleagues or patients.
9. Understand the importance of obtaining and valuing a second opinion.

Towards Society

The trainee will be able to:

1. Understand the social and governmental aspects of health care provision.
2. Offer professional services keeping in consideration, the cost effectiveness of individual forms of care.
3. Utilize hospital and community-based resources available for patients and care givers in rural areas.
4. Understand the use of 'telemedicine' in practicing health.

OBJECTIVES

At the end of the training for FCPS II Medicine a trainee shall be able to:

1. Initially assess the patients seeking medical advice for their problems by:
 - obtaining pertinent history.
 - performing appropriate physical examinations correctly.
 - formulating a working diagnosis.
 - deciding whether the patient requires:
 - ambulatory care or hospitalization.
 - referral to other health professionals.

2. Manage patients requiring treatment:
 - justify the ordering and interpretation of test and investigations.
 - appropriately diagnose, and rule in and rule out contending conditions.
 - manage the problem in a cost effective manner
 - apply the requisite knowledge and skills to think critically and solve problems
 - maintain follow-up of patients at required intervals.
 - maintain records of patients.
3. Present well in the clinics, rounds and conferences and communicates effectively with, for example
 - patients and their attendants with empathy and compassion, in interviewing, counseling, breaking bad news, behavioural modification and shared decision-making, recognizing the impact of the condition on the patients and their families
 - seniors, peers, juniors, learners and other health professionals;
 - demonstrate risk analysis and emphasis on prevention
4. ensure patient safety.
5. Recognize the role of teamwork and function as an effective member/leader of the team.
6. Demonstrate honesty, integrity and timeliness (punctuality and task completion)
7. Maintain confidentiality, patient autonomy, take appropriate consent and do no harm
8. Consult with colleagues and refers as necessary
9. Demonstrate effective teaching skills
10. Undertake research, publish findings and use research in improving clinical practice
11. Participate in clinical governance and clinical audit
12. Maintain highest standards of practice
13. Demonstrate conflict resolution, management skills and leadership qualities.
14. Advise the community on matters related to promoting health and preventing disease.
15. Train paraprofessionals and other junior members of the team.

SYLLABUS

Cardiac Diseases

1. Prevention of cardiac diseases
2. Coronary heart disease, congenital heart diseases
3. Acute rheumatic fever, Rheumatic heart disease
4. Valvular heart disease
5. Infective endocarditis
6. Dizziness/syncope and palpitation
7. Arrhythmias
8. Hemodynamic disturbances
9. Hypotension and shock
10. Basic life support, Advance cardiac life support
11. Heart failure
12. Myocarditis cardiomyopathies
13. Pericarditis
14. Pulmonary hypertension
15. Hypertension (including drugs, hypertensive emergencies, resistant hypertension)
16. Cardiac patient and surgery
17. Cardiac patient and pregnancy
18. Drugs used for the management of these disorders
19. Recent advances in management of intractable cardiac failure.

Blood, Lymphatics and their disorders

1. Anemias
2. Haemoglobinopathies
3. Neutropenia, Neutropenic sepsis
4. Bone marrow failure
5. Transfusion of blood products
6. Leukemia
7. Lymphomas and other myeloproliferative disorders
8. Multiple myeloma
9. Disorders of hemostasis
10. Platelet disorders
11. Bleeding disorders, Disseminated intravascular coagulation
12. Hypercoagulable state, Anticoagulation
13. Prevention of cancer, Staging of cancer
14. Oncological emergencies

15. Hypercalcemia
16. Malignant effusions
17. Drugs used for the management of these disorders
18. Arterial diseases (aneurysms, arteriopathies, occlusive and vasomotor disorder)
19. Venous disease
20. Diseases of lymphatics and lymphadenopathy
21. Drugs used for the management of these disorders

Musculoskeletal, Allergic and Immunological Disorders

1. Degenerative and crystal induced arthropathies
2. Osteoporosis
3. Osteoarthritis
4. Autoimmune disease - SLE, Scleroderma, Polymyositis, Dermatomyositis
5. Polymyalgia rheumatica
6. Monoarthritis, Infective arthritis
7. Polyarthritis, Pain syndromes
8. Seronegative spondyloarthritides
9. Rheumatoid arthritis and its variants
10. Vasculitic syndrome
11. Atopic disorders
12. Anaphylaxis, urticaria, angioedema
13. Immunodeficiency disorders
14. Immunosuppressives / Immunomodulating therapies
15. Drugs used for the management of these disorders

Respiratory Disorders

1. Prevention of respiratory diseases
2. Cough, Haemoptysis, Dyspnea
3. Pneumonias, Lung abscess
4. Bronchiectasis
5. Bronchial asthma, COPD
6. Pulmonary tuberculosis
7. Pleural effusion, Pneumothorax
8. Lung cancer
9. Interstitial lung disease and fibrosis, Occupational lung disease
10. Deep Venous Thrombosis/Pulmonary embolism
11. ARDS/ Respiratory failure

12. Oxygen therapy, Assisted ventilation
13. Breathing disorders during sleep
14. Drugs used for the management of these disorders

GI Tract and Liver Diseases

1. Nausea, Vomiting, Hiccups, Dyspepsia
2. GERD, Dysphagia
3. Esophageal motility disorders
4. Upper GI bleed, Oesophageal varices
5. Gastritis, NSAID gastritis
6. Peptic ulcer disease
7. Diarrhea, Malabsorption syndrome
8. Coeliac disease
9. Irritable bowel syndrome
10. Inflammatory bowel disease
11. Intestinal motility disorders, Constipation
12. Antibiotic associated colitis
13. Diverticulitis
14. Lower GI and rectal bleed
15. GI cancers
16. Abdominal distension
17. Jaundice, Acute hepatitis, Chronic hepatitis, Chronic liver disease
18. Portal hypertension
19. Decompensated cirrhosis
20. Encephalopathy, Fulminant liver failure
21. Diseases of pancreas, Gallbladder and spleen
22. Drugs used for the management of these disorders
23. Liver diseases in Pregnancy (Fatty liver of pregnancy, acute fulminant Hepatitis, Viral Hepatitis E)

Kidney Diseases

1. Acute renal failure, Chronic renal failure
2. Glomerulopathies
3. Nephrotic syndrome, Proteinuria
4. Haematuria
5. Urinary infections, Cystic diseases of Kidney
6. Tubulointerstitial diseases
7. Multisystem diseases with kidney involvement
8. Drugs and kidney
9. Renal replacement therapy

10. Hypertension and kidney
11. Urinary tract malignancies
12. Kidney and pregnancy
13. Drugs used for the management of these disorders

Skin Disorders

1. Cellulitis
2. Cutaneous drug reactions
3. Herpes zoster
4. Disseminated herpes simplex
5. Pruritis
6. Cutaneous manifestations of systemic disease
7. Drugs used for the management of these disorders

Geriatrics

1. Acute confusion
2. Falls
3. Hypothermia
4. Deterioration in mobility
5. Urinary incontinence
6. Drugs used for the management of these disorders

Neurology

1. Headache, Facial pain, Discogenic Neck pain
2. Meningitis, Encephalitis, Brain abscess
3. Epilepsy
4. Intracranial space occupying lesions
5. Benign intracranial hypertension
6. Raised intracranial pressure
7. TIAs, Stroke, Weakness and paralysis
8. Sub-arachnoid haemorrhage, Coma
9. Parkinsonism, Spasticity, Other movement disorders
10. Dementia
11. Multiple sclerosis
12. Polyneuropathy
13. Motor neuron diseases
14. Subacute combined degeneration of spinal cord
15. Disorders of neuromuscular transmission, Myopathies, Periodic paralysis
16. Non metastatic complications of malignant disease
17. Drugs used for the management of these disorders

Infections, Disorders due to Physical agents and Environment

1. Fever of unknown origin
2. Sepsis syndrome
3. Infections in immunocompromised host
4. Nosocomial infections
5. Infections due to resistant organisms, MRSA, Mycobacterium
6. HIV, AIDS, Sexually transmitted diseases
7. Infections in drug users
8. Food poisoning, Acute Infectious diarrhoea
9. Active immunization against infections
10. Bacillary dysentery, Travelers diarrhea
11. Typhoid and paratyphoid fevers
12. Malaria
13. Giardiasis, Amebiasis
14. Leishmaniasis, Toxoplasmosis
15. Helminthic infections
16. Viral diseases
17. Rabies
18. Rickettsial diseases
19. Fungal diseases
20. Bacterial diseases
21. Chlamydial and spirochetal diseases
22. Antibiotics, antiviral drugs, anti fungal drugs,
23. Anti tuberculous drugs, Drug reaction, Desensitization
24. Disorders due to physical agents and environment
25. Effects of heat and cold, electric shock, drowning, insect bite, snake bite, carbon monoxide
26. Drugs used for the management of these disorders

Fluid, Electrolytes and Acid Base Disorders and Poisoning

1. Hypo and hyper natremia
2. Hypo and hyper kalemia
3. Hypo and hyper calcemia
4. Disorders of magnesium and phosphorus
5. Acid base disorders
6. Hyperosmolar disorders, anion gap
7. Fluid management
8. Poisoning
9. Drugs used for the management of these disorders

Endocrine Disorders and Nutrition

1. Diabetes mellitus, Diabetic emergencies, hypoglycemic state, primary prevention
2. Diseases of hypothalamus, Pituitary gland
3. Disorders of thyroid and parathyroid glands
4. Adrenocortical deficiency
5. Cushing syndrome
6. Clinical uses of corticosteroids
7. Dyslipidemias
8. Metabolic bone disease
9. Nutrition, Enteral and parenteral
10. Drugs used for the management of these disorders

Psychiatry

1. Depression
2. Psychosis
3. Bipolar Disorder
4. Epilepsy/Seizures
5. Developmental Disorders
6. Dementia
7. Drug Use Disorders
8. Self Harm Disorders

CLINICAL COMPETENCIES

The clinical competencies, a specialist must have, are varied and complex. A list of the core procedural competencies to be acquired during training in the Department of Medicine and during rotations is given below. The level of competencies to be achieved each year is specified according to the key, as follows:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed independently

PROCEDURES

PROCEDURES		THIRD YEAR										Total Cases First Year
		3 Months		6 Months		9 Months		12 Months				
		Level	Cases	Level	Cases	Level	Cases	Level	Cases			
Rotations to be incorporated as and when available with the consent of respected supervisor												
Pleural aspiration		4	2	4	2	4	2	4	2	4	2	8
Peritoneal aspiration		4	2	4	2	4	2	4	2	4	2	8
Lumbar auncture		4	1	4	1	4	1	4	1	4	1	4
Nasogastric intubation		4	2	4	2	4	2	4	1	4	1	6
Urethral catheterization		4	2	4	2	4	2	4	1	4	1	6
Recording and reporting ECG		4	3	4	3	4	3	4	3	4	3	12
Proctoscopy		3	1	3	1	-	-	-	-	-	-	2
Endotracheal intubation		4	1	4	1	4	1	4	1	4	1	4
Insertion of CVP lines		4	2	4	2	4	2	4	2	4	2	8
Arterial puncture		3	1	3	1	3	1	-	-	-	-	2
Liver biopsy		3	1	3	1	3	1	-	-	-	-	2
Pleural biopsy		2	1	2	1	2	1	-	-	-	-	2
Joint aspiration		3	1	-	-	-	-	-	-	-	-	1
Bone marrow aspiration		2	1	-	-	-	-	-	-	-	-	1
Renal biopsy		-	-	-	-	-	-	2	2	-	-	2
Haemodialysis		2	2	-	-	-	-	2	2	-	-	4
Upper G.i. endoscopy		2	1	2	1	2	1	2	1	2	1	4

PROCEDURES		THIRD YEAR										Total Cases First Year
		3 Months		6 Months		9 Months		12 Months		Cases		
		Level	Cases	Level	Cases	Level	Cases	Level	Cases			
Rotations to be incorporated as and when available with the consent of respected supervisor												
Colonoscopy		2	1	2	1	-	-	-	-	-	-	2
Bronchoscopy		2	1	-	-	-	-	-	-	-	-	1
Abdominal ultrasound		1	1	1	1	1	1	2	1	2	1	4
Exercise tolerance test		1	1	1	1	1	1	2	1	2	1	4
Echocardiography		1	1	1	1	1	1	2	1	2	1	4
CAT scan Head, Thorax and Abdomen		1	1	1	1	1	1	2	1	2	1	4
Electroencephalography (EEG)		1	1	-	-	-	-	-	-	-	-	1
Electromyography/Nerve conduction studies (EMG/NCS)		1	1	-	-	-	-	-	-	-	-	1
Chest intubation		2	1	-	-	-	-	-	-	-	-	1

PROCEDURES

PROCEDURES	FOURTH YEAR					
	15 Months		18 Months		Total Cases First Year	
	Level	Cases	Level	Cases		
Rotations to be incorporated as and when available with the consent of respected supervisor						
Pleural aspiration	4	2	4	2	4	
Peritoneal aspiration	4	2	4	2	4	
Lumbar puncture	4	1	4	1	2	
Nasogastric intubation	4	10	4	10	20	
Urethral catheterization	4	10	4	1	2	
Recording and reporting ECG	4	10	4	2	4	
Proctoscopy	4	1	4	1	2	
Endotracheal intubation	4	1	4	1	2	
Insertion of CVP lines	4	4	4	4	8	
Arterial puncture	4	1	4	1	2	
Liver biopsy	4	1	4	1	2	
Pleural biopsy	3	1	3	1	2	
Joint aspiration	4	2	4	2	4	
Bone marrow aspiration	3	2	3	2	4	
Renal biopsy	-	-	-	-	-	
Haemodialysis	3	1	3	1	2	
Upper G.I. endoscopy	3	2	3	2	4	

PROCEDURES	FOURTH YEAR					
	15 Months		18 Months		Total Cases First Year	
	Level	Cases	Level	Cases		
Rotations to be incorporated as and when available with the consent of respected supervisor						
Colonoscopy	2	1	2	1	2	
Bronchoscopy	2	1	-	-	1	
Abdominal ultrasound	2	2	2	2	4	
Exercise tolerance test	2	2	3	2	4	
Echocardiography	2	2	2	2	4	
CAT scan head	2	2	2	2	4	
Electroencephalography (EEG)	1	1	-	-	1	
Electromyography/Nerve conduction studies (EMG/NCS)	1	1	-	-	1	
Chest intubation	2	1	-	-	1	
MRI Brain and Spine	1	1	1	1	2	
Doppler ultrasound of limbs and neck	1	1	1	1	2	

PROCEDURES

		Level	Cases
INTENSIVE CARE			
Endotracheal Intubation		4	6
Insertion of CVP line		4	6
Arterial puncture		3,4	4
Mechanical ventilation		3,4	4
Cardio Pulmonary Resuscitation (CPR)		3,4	4
Blood gases interpretation		4	4
CARDIOLOGY			
Thrombolysis in acute MI		4	6
Management of arrhythmias - Drug / Defibrillation		4	4
ECG recordings & reporting		4	6
Exercise tolerance test (ETT)		2,3	2
Echocardiography		1,2	4
Cardio Pulmonary Resuscitation (CPR)		4	2
PULMONOLGY			
Pleural Aspiration		4	3
Pleural Biopsy		1	1
Chest intubation		2	2
Bronchoscopy		2	2
Lung function test		2	2

PROCEDURES		Level	Cases
NEUROLOGY			
CAT Scan head		1,2,3,	4
Magnetic resonance Imaging (MRI) brain/spine		2	2
Electroencephalography (EEG)		2	2
Electromyography/Nerve conduction studies (EMG/NCS)		1	2
GASTROENTEROLOGY			
Endotracheal Intubation		4	6
Peritoneal Aspiration		4	4
Liver Biopsy		3,4	2
Upper GI Endoscopy		2,3	2
Colonoscopy / Sigmoidoscopy		2	2
Variceal banding / Sclerotherapy		1	2
ONCOLOGY			
Chemotherapy		1,2	4
Radiotherapy		1	2

PROCEDURES

ENDOCRINOLOGY

	Level	Cases
Interpretation of thyroid function tests/ thyroid isotope scan / thyroid ultrasound /thyroid FNA-C	1,2,3	5+5+5
Interpretation of pituitary function tests /stimulation/suppression testing of pituitary	1,2,3	1+1+1
Interpretation of adrenal function tests /stimulation/suppression testing of adrenals	1,2,3	1+1+1
Evaluation of disorders of Gonadal dysfunction	1,2,3	1+1+1
Disorders of growth and sexual differentiation/development	1	1
(Interpretation of calcium metabolism (calcium and phosphorus lab tests	1,2,3	1+1+1
Interpretation of DEXA scan/MRI pituitary / MRI or CT Adrenals	1	1
Interpretation of glucose lab tests/HbA1c/OGTT for diagnosis of diabetes and its complications	1,2,3	10+10+10
Clinical and laboratory evaluation of patients with diabetes to evaluate glycemic, lipemic, hypertension and obesity control and its complications	1,2,3	10+10+10
Formulate a comprehensive management plan for patients with diabetes	1,2,3	10+10+10
Clinical and laboratory evaluation and management of patients with gestational diabetes	1,2,3	2+2+2
Prescribing and adjusting insulin for management with diabetes	1,2,3	2+2+2

PROCEDURES		Level	Cases
NEPHROLOGY			
Haemodialysis		2,3	6
Renal Biopsy		1	2
Insertion of double lumen catheter		3,4	4
Peritoneal Dialysis		2	2
PSYCHIATRY			
Psychotherapy Sessions		1	2
Electro convulsive therapy (ECT)		1	2

OBJECTIVES OF PSYCHIATRY ROTATION

Residents should be able to:

- Assess a psychiatric patient
- Assess and manage depression on the basis of biopsychosocial model as explained in mhGAP intervention guide.
- Identify role of psychoeducation in management of depression.
- Address psychosocial stressors, reactivation of social networks, structured physical activity program and regular follow up in depression.
- Commence, monitor and determine when to terminate antidepressant medication.
- Comprehend precautions to be observed with antidepressant medications in special population.
- Comprehend the basic knowledge of antidepressant drugs; classification, doses, common and serious side effects.
- Assess and manage psychosis on the basis of biopsychosocial model as explained in mhGAP intervention guide.
- Identify role of psychoeducation in management of psychosis.
- Recognize the importance of facilitating rehabilitation of psychotic patient in community and regular follow ups.
- Commence, monitor and determine when to terminate antipsychotic medication.
- Comprehend the basic knowledge of antipsychotic drugs; classification, doses, common and serious side effects.
- Assess and manage bipolar disorder on the basis of biopsychosocial model as explained in mhGAP intervention guide.
- Identify the role of psychoeducation in management of Bipolar disorder.
- Identify the importance of reactivating social networks, rehabilitation and regular follow ups.
- Comprehend the treatment of acute mania.
- Understand the maintenance treatment of bipolar disorder.
- Classify mood stabilizers, their doses, common and serious side effects.

- Assess and manage epilepsy as explained in mhGAP intervention guide.
- Identify when to commence and terminate antiepileptic treatment
- Explain the importance of follow up and compliance in epileptic patient
- Classify antiepileptic drugs, their doses and side effects
- Manage epileptic patient in emergency as well as in special population groups.
- Assess and manage Developmental disorders as explained in mhGAP intervention guide.
- Identify the role of psychosocial treatment and advice in the management of developmental disorders.
- Identify the importance of family psycho education, community based rehabilitation, support for carers and regular follow up.
- Provide advice to teachers.
- Recognize the importance of protecting human rights of child and family.
- Communicate about prevention of developmental disorders
- Assess and manage Dementia on the basis of biopsychosocial model as explained in mhGAP intervention guide.
- Identify role of psychosocial interventions in management of dementia for both patient and carers.
- Convey the results of assessment of dementia.
- Recognize psychosocial interventions for cognitive symptoms and functioning.
- Identify factors that promote independence, functioning and mobility of dementic patients.
- Manage behavioral and psychological symptoms of dementia.
- Identify role of anti-dementia medications.
- Assess and manage Drug use disorders on the basis of biopsychosocial model as explained in mhGAP intervention guide.
- Identify role of psychosocial interventions in drug use disorders; brief intervention techniques, self-help groups, housing and employment needs.

- Identify importance of support for families and carers in management of drug use disorders.
- Recognize and implement harm reduction strategies especially in special population like pregnant women and lactating mothers.
- Understand the pharmacotherapy for common drug use disorders.
- Assess and manage Suicide/Self Harm patients as explained in mhGAP intervention guide.
- Understand provision of care for person with self-harm.
- Offer and activate psychosocial support.
- Understand means of preventing suicide and self harm.
- Manage intoxication and engage patient in regular follow up.

ASSESSMENT

ELIGIBILITY REQUIREMENTS FOR FCPS-II MEDICINE EXAMINATION

The eligibility requirements for candidates appearing in FCPS-II examination are:

1. To have passed FCPS Part-I in Medicine and allied, or been granted official exemption.
2. To have undertaken four years of the specified training in Medicine, all of which should be after passing FCPS Part-I in an institution recognized by the CPSP
3. Passed IMM examination in Medicine and Allied
4. Completion of entries in e-logbook along with validation by the supervisor
5. To provide a certificate of attendance of mandatory workshops.
6. To provide a certificate of approval of dissertation or acceptance of two research papers for publication in CPSP approved journals.

EXAMINATION SCHEDULE

1. The Fellowship theory examination in Medicine will be held twice a year.
2. 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 centres. The College shall decide where to hold clinical examination depending on the number of candidates in a city and shall inform the candidates accordingly.
3. English shall be the medium of examination for the theory and clinical examinations.
4. The College will notify of any change in the centres, the dates and format of the examination.
5. 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 fit person to take the College examination because of using unfair means in the examination, misconduct or other disciplinary reasons.

6. Each successful candidate in the Fellowship examination shall be entitled to the award of a College Diploma after being elected by the College Council and payment of registration fee and other dues.

EXAMINATION FEE

1. Fees deposited for a particular examination shall not be carried over to the next examination in case of withdrawal/ absence/ exclusion/ any other reason under normal circumstances.
2. Applications along with the prescribed examination fees and required documents must be submitted by the last date notified for this purpose before each examination.
3. The details of examination fee and fees for change of centre, subject, etc. shall be notified before each examination.

REFUND OF FEE

1. 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 fee only. No request for refund will be accepted after the closing date for receipt of applications.
2. Fee deposited for a particular examination shall not be carried over to the next examination in case of withdrawal / absence/exclusion.
3. 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 fee paid for any other reason, e.g. late fee, change of centre/subject fee, etc.

Note: The candidate is required to fill a self explanatory 'feedback proforma' at the end of the clinical examination. This will help the College in making future examination more candidate friendly.

FORMAT OF EXAMINATIONS

Every candidate vying for the Fellowship of the College of Physicians and Surgeons Pakistan must pass both parts of the Fellowship examination unless exemption is approved. Since the College is continually seeking to improve its examinations, changes are likely from time to time and candidates will be notified well in advance of such changes.

Theory Examination

The written examination comprises of two theory papers:

Paper I 10 Short Answer Question (SAQs) 3 hours

Paper II 100 Single Best type of MCQs 3 hours

Clinical Examination

Only those candidates who pass the theory examination will be eligible to appear in the clinical examination. Detailed instructions will be sent out to all candidates who pass the theory exam regarding the date and particulars of the clinical exam.

The clinical examination consists of

1. TOACS (Task Oriented Assessment of Clinical Skills) 12-20 stations
2. Long case - One
3. Short cases - Four

FORMAT OF TOACS

TOACS will comprise of 12 to 20 stations of 6 minutes each with a change over time of one minute for the candidate to move from one station to the other. The stations may have an examiner, a patient or both. Structured clinical tasks will be set at each station.

There will be two types of stations: static and interactive. On static stations the candidate will be presented with patient data, a clinical problem or a research study and will be asked to give written responses about the questions asked. At the interactive stations the candidate will have to demonstrate a competency, for example, taking history, performing a clinical examination, counseling. It will also include one station on dissertation/research paper and other on e-log. One examiner

will be present at each interactive station and will either rate the performance of the candidate or ask questions testing reasoning and problem solving skills.

College is encouraging to have all stations to be interactive and expects that the static stations will soon be phased out. Candidates have to pass the theory examination to be eligible to take the TOACS examination.

FORMAT OF LONG CASE

Each candidate will be allotted one long case. Candidates should take a careful history from the patient (or relative) and after a thorough physical examination identify the problems which the patient presents with. During the period a pair of examiners will observe the candidate. In this section the candidates will be assessed on the following areas:

Interviewing skills

- Introduces one self. Listens patiently and is polite with the patient.
- Is able to extract relevant information.

Clinical Examination Skills

- Takes informed consent
- Uses correct clinical methods systematically.

Case presentation/discussion

- Presents skillfully • Gives correct findings
- Gives logical interpretations of findings and discusses differential diagnosis. • Enumerates and justifies relevant investigations.
- Outlines and justifies treatment plan (including rehabilitation).
- Discusses prevention and prognosis.
- Has knowledge of recent advances relevant to the case.

During the long case, the candidate may be asked by the examiners to perform a specific procedure/skill.

During case discussion the candidate may ask the examiners for laboratory investigations which shall be provided, if available. Even if they are not available and are relevant, candidates will receive credit for the suggestion.

FORMAT OF SHORT CASES

- Candidates will be examined in four short cases by four pair of examiners. Candidates will be given a specific task to perform on patients, one case at a time. During this part of the examination, the candidate will be assessed in:

Clinical examination skills

- Takes informed consent.
- Uses correct clinical methods.
- Examines systematically.

Discussion

- Gives correct findings.
- Gives logical interpretations of findings.
- Justifies diagnosis.

As the time for this section is short, the answers given by the candidates should be precise, succinct and relevant to the patient under discussion

FCPS (POST-IMM)
MEDICINE

**Guidelines for
formative assessment**

ASSESSMENT

FORMATIVE ASSESSMENT

College of Physicians and Surgeons Pakistan, in order to implement competency based education in letter and spirit, is introducing Work Placed Based Assessment (WPBA) in addition to institutional/departmental assessments. To begin with college is introducing Mini-CEX and DOPS to ensure that the graduates are fully equipped with the clinical competencies.

MINI CLINICAL EVALUATION EXERCISE (Mini-CEX)

During Post-IMM training of FCPS of Medicine, at least one Mini-CEX in each quarter is to be conducted as under:

- Mini-CEX is entirely a formative tool of assessment and is to be accompanied with constructive feedback
- Each Mini-CEX encounter extends for about 20 minutes with 05 minutes for feedback and further action plan
- The topics given below can be covered in any order as per availability of cases however, each time focus should be on a different area/topic/competency.
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame
- Non-compliance by the resident has to be reported in quarterly feedback.
- The performance is reported online on the prescribed form (sample given below)

Mini-CEX Topics & Competencies to be Assessed:

Mini-CEX encounters will be arranged (by the Supervisor) to cover/assess skills essential to provision of good clinical care including History taking, Physical Examination, Management & Communication Skills.

Topics/Areas	Competencies to be Assessed
Cardiology	History Taking Physical Examination ECG Interpretation Formulating Treatment Plans for Common Cardiac Conditions
Pulmonology	History Taking Physical Examination of the Chest, Interpretation of Pulmonary Function Tests Formulating Treatment Plans for Respiratory Disorders
Gastroenterology	History Taking Abdominal Examination Interpretation of Relevant Investigations Formulating Treatment Plans for Gastrointestinal Disorders

Neurology	History Taking Neurological Examination Interpretation of Imaging Studies (e.g., NCS, EMG, CT Scan, MRI) Formulating Treatment Plans for Common Neurological Disorders
Nephrology	History Taking Physical Examination of the Renal System Interpretation of Renal Function Tests Formulating Treatment Plans for Renal Disorders.
Infectious Diseases	History Taking Physical Examination Interpretation of Laboratory Tests (e.g., Cultures, Serology) Formulating Treatment Plans for Common Infectious Conditions
Rheumatology	History Taking Physical Examination of Joints, Interpretation of Relevant Investigations Formulating Treatment Plans for Rheumatic Disorders
Endocrinology and Diabetes Mellitus	History Taking Physical Examination Interpretation of Laboratory Tests Formulating Treatment Plans
Hematology/Oncology	History Taking Physical Examination Interpretation of Laboratory Tests (e.g., Complete Blood Count, Bone Marrow Biopsy) Formulating Treatment Plans for Hematologic and Oncologic Disorders
Geriatrics	Comprehensive Geriatric Assessment Polypharmacy Management End-of-life Care Formulating Treatment Plans Specific to the Elderly Population



MINI CLINICAL EVALUATION EXERCISE (CEX)

Specialty: **FCPS (Post-IMM) Medicine**

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: ☐ R1 ☐ R2 ☐ R3 ☐ R4

Quarter: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

Setting: ☐ Ward ☐ Outdoor (Hospital/Community). Others: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Clinical Area: _____

Complexity of Case/ Procedure: ☐ Low/Easy ☐ Moderate/Average ☐ High/Difficult ☐ N/A

Focus of Clinical Encounters: ☐ History taking ☐ Physical Examination ☐ Management

☐ Communication Skills ☐ Other

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectation		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Informed Consent of patient						
Interviewing Skills						
Systematic Progression						
Presentation of positive & significant negative findings						
Justification of actions						
Professionalism						
Organization/Efficiency						
Overall clinical competence						

Assessor's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvement

Encounter to be repeated ☐ YES ☐ NO

Signature

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

During Post-IMM training of FCPS Medicine, at least one DOPS In each quarter is to be conducted as under:

- DOPS is entirely a formative tool of assessment and is to be accompanied with constructive feedback.
- Each DOPS encounter extends for about 20 minutes with 05 minutes for feedback and further action plan.
- The topics given below can be covered in any order as per availability of cases however, each time focus should be on a different procedure/topic.
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame.
- Non-compliance by the resident has to be reported in quarterly feedback.
- The performance is reported online on the prescribed form (sample given below).

DOPS Topics & Areas:

Areas	Topics/Procedures
Cardiology	Recording and Reporting of ECG Central Venous Line Insertion Basic Life Support Advanced Cardiac Life Support
Pulmonology	Arterial Blood Sampling Pulmonary Function Tests Endotracheal Intubation Chest Tube Insertion Pleural Paracentesis Pleural Biopsy
Gastroenterology	Nasogastric Intubation Ascitic Tap Liver Biopsy Upper GI Endoscopy
Neurology	Lumbar Puncture Fundoscopy
Nephrology	Urinary Catheterisation Insertion of Double-lumen Catheter Renal Biopsy
Infectious Diseases	Demonstration of Donning & Doffing of PPE Hand Washing Splenic Aspiration Preparation of Smear for Malarial Parasite
Rheumatology	Synovial Tap
Endocrinology and Diabetes Mellitus	Demonstration of Insulin Injection Administration Insulin Tolerance Test Fundoscopy
Hematology/Oncology	Bone Marrow Aspiration



DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Specialty: **FCPS (Post-IMM) Medicine**

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: ☐ R1 ☐ R2 ☐ R3 ☐ R4

Quarter: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

Setting: ☐ O.T. ☐ Procedure Room Other: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Name of Procedure: _____

Complexity of Case/ Procedure: ☐ Low/Easy ☐ Moderate/Average ☐ High/Difficult ☐ N/A

Number of times procedure performed by Resident: _____

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectation		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Indications, anatomy & steps of procedure						
Informed consent, with explanation of procedure and complications						
Preparation for procedure						
Use of Anesthesia, Analgesia or sedation						
Observance of asepsis						
Safe use of instruments						
Use of accepted techniques						
Management of unexpected event (or seeks help)						
Post-procedure instructions to patient and staff						
Professionalism						
Overall ability to perform whole procedure						

Assessor's Satisfaction with DOPS:

(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with DOPS:

(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvement

Encounter to be repeated ☐ YES ☐ NO

Signature

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