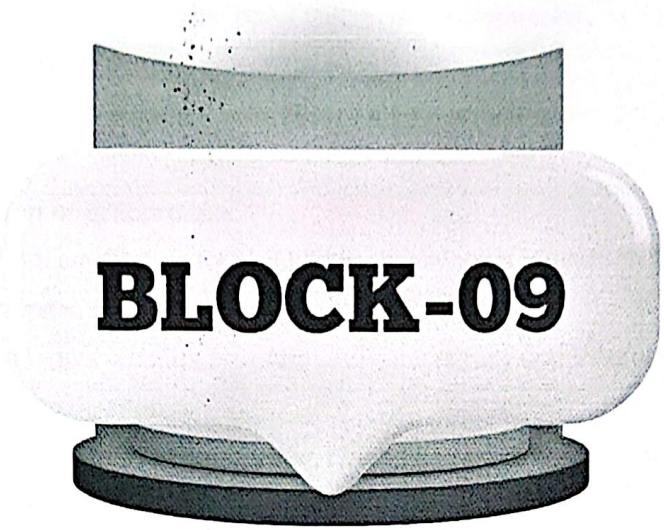
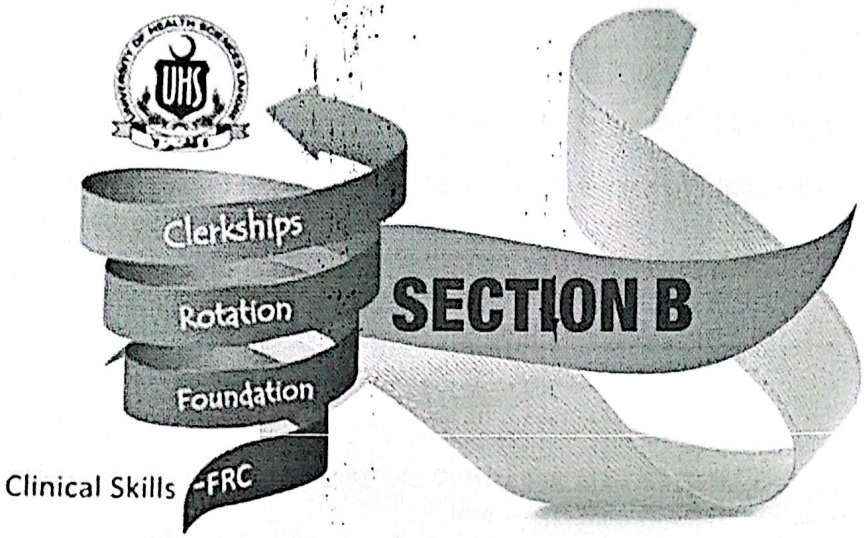


BLOCK-09	
CFRC Code	**Task/Skill**
CFRC3-047	**History taking- chest pain** **Take history** of a patient with chest pain and suggest differential diagnoses with emphasis on ischemic heart disease, pulmonary, and gastrointestinal causes.
CFRC3-048	**History taking- palpitations** **Take history** of a patient with palpitations and suggest differential diagnoses with emphasis on hypertension, heart failure, and ischemic heart disease.
CFRC3-049	**History taking- dyspnea** **Take history** of a patient with dyspnea and correlate with cardiac and respiratory causes.
CFRC3-050	**Inspection of precordium** **Inspect** the precordium for visible pulsations, scars, or deformities.
CFRC3-051	**Measurement of JVP** **Measure** jugular venous pressure (JVP) accurately and **interpret** findings.
CFRC3-052	**Apex beat palpation** **Palpate** the apex beat for location, character, and displacement.
CFRC3-053	**Palpation of peripheral pulses** **Palpate** peripheral pulses (radial, carotid, femoral, dorsalis pedis) and **assess** rate, rhythm, and volume.
CFRC3-054	**Auscultation of precordium** **Auscultate** the precordium to identify normal heart sounds, added sounds, and murmurs.
CFRC3-055	**ECG conduction** **Perform and interpret** electrocardiography (ECG) independently according to standard protocol.
CFRC3-056	**ECG interpretation** **Identify** ST-segment and T-wave abnormalities on an ECG and **correlate** them with ischemia, myocardial infarction, and electrolyte disturbances.
CFRC3-057	**Blood pressure measurement and interpretation**

	Measure blood pressure accurately using a sphygmomanometer and **interpret** normal and abnormal readings.
CFRC3-058	**Signs of heart failure** **Identify and report** signs of heart failure such as pedal edema, raised JVP, hepatomegaly, and basal crepitation.
CFRC3-059	**History taking-cough, sputum, dyspnea, wheeze** **Perform** focused history taking for cough, sputum production, dyspnea, and wheezing, and **suggest** differential diagnoses focusing on asthma, COPD, tuberculosis, and pneumonia.
CFRC3-060	**Chest inspection** **Inspect** the chest for shape, symmetry, deformities, and movement.
CFRC3-061	**Chest palpation** **Palpate** the chest wall to assess expansion, tracheal position, and tactile fremitus.
CFRC3-062	**Chest percussion** **Percuss** the chest to assess resonance and dullness and identify areas of consolidation or effusion.
CFRC3-063	**Chest auscultation** **Auscultate** the lungs to identify normal breath sounds, added sounds (crackles, wheeze), and differentiate obstructive and restrictive patterns.
CFRC3-064	**Respiratory rate interpretation** **Measure** respiratory rate and interpret abnormal findings in the context of respiratory distress.
CFRC3-065	**Peak expiratory flow rate measurement and interpretation** **Measure** peak expiratory flow rate (PEFR) using a peak flow meter and **interpret** results.
CFRC3-066	**Inhaler and Spacer Use** **Demonstrate** proper use of an inhaler or spacer device and counsel the patient on correct technique.
CFRC3-067	**Respiratory failure signs** **Identify and report** signs of respiratory failure and the need for urgent referral.

Note: Before signing the logbook entry, the DME/HOD will ensure that the skill/task has been achieved by the student.


Clerkships
Rotation
Foundation
Clinical Skills -FRC
SECTION B

Case-Based Discussion (CBD) Form for Third-Year MBBS

Section	Field	Options/Notes
Trainee Information	Name	
	Student ID	
	Assessment Date	
	Location of CBD	
Assessor Information	Name	
	Designation	
	Department	
Case Details	Clinical Setting	☐ Inpatient ☐ Outpatient ☐ Emergency ☐ Elective
	Complexity of Case	☐ Basic (third-year level) ☐ Moderate ☐ Complex
	Focus of Encounter	☐ History ☐ Physical Examination ☐ Diagnosis ☐ Initial Management ☐ Patient Education ☐ Documentation
	Summary of Case	
Assessment Areas	Medical Record Keeping	☐ Outstanding ☐ Satisfactory ☐ Needs Improvement
	Clinical Assessment	☐ Outstanding ☐ Satisfactory ☐ Needs Improvement
	Diagnostic Skills	☐ Outstanding ☐ Satisfactory ☐ Needs Improvement
	Initial Management Plan	☐ Outstanding ☐ Satisfactory ☐ Needs Improvement
	Communication Skills	☐ Outstanding ☐ Satisfactory ☐ Needs Improvement
	Professionalism	☐ Outstanding ☐ Satisfactory ☐ Needs Improvement
Feedback	Strengths	
	Areas for Development	
	Recommended Actions	
Trainee Reflection	Learning from the Experience	

	Strengths
	Improvement Points
Signatures	Trainee's Signature
	Assessor's Signature

i. At least 1/3rd of entries per block (DME to decide the codes of entries to be entered for each student)

ii. One OSCE/CBD/Mini-CEX for every student as **EOR Assessment** for every block

PRESCRIPTION INFERENCE CARD

Learning Outcome:

This structured "**Prescription Inference Card"** will guide students to make a foundation in clinical pharmacology, building their understanding of drug's theatrical and clinical application.

Instructions/Protocols

The students will gather three real time prescriptions during each module in third & fourth year in morning /evening time.

It will be then discussed in coming pharmacology lecture/practical/tutorial time

At the end of each module the cards will be submitted for assessment, grading and awarding marks by Pharmacology department for formative & summative assessment.

Prescription Collection:

Ensure to collect three prescriptions from different patients in each module

Documentation:

Keep a record of all activities for personal learning and to share with mentors or faculty as required for assessment and marks

PRESCRIPTION INFERENCE CARD

Student's Name: _____

MBBS Year: _____ Roll no: _____ UHS Registration no: _____

Block: _____ Module: _____

Provisional Diagnosis: _____

Date			
Drug & Group			
Brand Name			
Generic Name			
Purpose of drug (Symptomatic/Specific)			
Dosage & Form			
Route of Administration			
Monitoring Parameters			
ADVERSE EFFECTS			
Observations / Text Book			
DRUG INTERACTIONS			
Observations / Text Book			
CONTRAINDICATIONS			
Observations / Text Book			
PRECAUTIONS			
Specifically Advised			
Comments / Instructions			
HOD Pharmacology Sign & Stamp			