

SPECIFIC LEARNING ACTIVITIES IN EACH PHASE [\[Additional Info\]](#)**b) PHASE IIIB**[Additional Info](#)

At the end of Phase IIIB students will have completed the whole course and are expected to be able to function as a doctor. Therefore he is expected to possess all the attributes as a doctor. The learning outcomes under various major headings are listed below .

(A) Knowledge And Understanding

Graduates completing basic medical education shall :

- (1) Apply scientific method relevant to biological, behavioural and social sciences at a level adequate to provide a rational basis for present medical practice, and to acquire and incorporate the advances in knowledge that will occur over their working life.
- (2) Describe the aetiology, pathology, symptoms and signs, natural history, and prognosis of common mental and physical ailments in children, adolescents, adults and the aged. A more detailed knowledge is required of those conditions that require urgent assessment and treatment.
- (3) Perform common diagnostic procedures, their uses and limitations.
- (4) Manage common conditions including their pharmacological, physical, nutritional and psychological therapies.
- (5) Manage normal pregnancy and childbirth, the more common obstetrical emergencies, and apply the principles of antenatal and postnatal care, and medical aspects of family planning.
- (6) Apply the principles of health education, disease prevention and screening.
- (7) Apply the principles of amelioration of suffering and disability, rehabilitation, and care of the dying.
- (8) Describe factors affecting human relationships, the psychological well-being of patients and their families, and the interactions between humans and their social and physical environment.
- (9) Know the systems of provision of health care including their advantages and limitations, the principles of efficient and equitable allocation and use of finite resources.
- (10) Apply the principles of ethics related to health care and the legal responsibilities of the medical profession.

SPECIFIC LEARNING ACTIVITIES IN EACH PHASE [\[Additional Info\]](#)**(B) Skills**

Graduates completing basic medical education shall:

- (1) Take a tactful, accurate, organized and problem-focused medical history.
- (2) Perform an accurate physical and mental state examination.
- (3) Select from the repertoire of clinical skills, those that are appropriate and practical to apply in a given situation.
- (4) Interpret and integrate the history and physical examination findings to arrive at an appropriate diagnosis or differential diagnosis.
- (5) Select the most appropriate and cost effective diagnostic procedures.
- (6) Interpret common diagnostic procedures.
- (7) Formulate a management plan, and to plan management in concert with the patient.
- (8) Communicate clearly, considerately and sensitively with patients and their families, doctors, nurses, other health professionals and the general public.
- (9) Counsel patients sensitively and effectively, and provide information in a manner that ensures patients and families can be fully informed when consenting to any procedure.
- (10) Recognise serious illness and to perform common emergency and life- saving procedures such as caring for the unconscious patient and cardiopulmonary resuscitation.
- (11) Interpret medical evidence in a critical and scientific manner, and to use libraries and other information resources to pursue independent inquiry relating to medical problems.
- (12) Use appropriate information technology as an essential resource for modern medical practice.

SPECIFIC LEARNING ACTIVITIES IN EACH PHASE [\[Additional Info\]](#)**(C) Attitudes As They Affect Professional Behaviour**

At the end of basic medical education, students should demonstrate the following professional attitudes that are fundamental to medical practice:

- (1) Recognize that the doctor's primary professional responsibilities are the health interests of the patient and the community.
- (2) Recognize that the doctor should have the necessary professional support, including a primary care physician, to ensure his or her own well-being.
- (3) Respect every human being, including respect of sexual boundaries.
- (4) Respect community values, including an appreciation of the diversity of human background and cultural values.
- (5) Commitment to ease pain and suffering.
- (6) Realise that it is not always in the interests of patients or their families to do everything that is technically possible to make a precise diagnosis or to attempt to modify the course of an illness.
- (7) Appreciate the complexity of ethical issues related to human life and death, including the allocation of scarce resources.
- (8) Recognise when a clinical problem exceeds their capacity to deal with it safely and efficiently and the need to refer the patient for help from others when this occurs.
- (9) Responsibility to maintain standards of medical practice at the highest possible level throughout a professional career.
- (10) Responsibility to contribute towards the generation of knowledge and the professional education of junior colleagues.
- (11) Appreciate the systems approach to health care safety, and the need to adopt and practise health care that maximises patient safety.
- (12) Communicate with patients and their families, and to involve them fully in planning management.

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(13) Provide optimal patient care for the least cost, with an awareness of the need for cost-effectiveness to allow maximum benefit from the available resources.
(14) Work effectively in a team with other health care professionals.

(15) Realise that one's personal or religious beliefs should not prevent the provision of adequate and appropriate information to the patient and/or the patient's family, or the provision of appropriate management including referral to another practitioner.