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ACA/DCD/RGU/Curriculum/UG-Med/80/2023-24

Date: 20/03/2024

CIRCULAR

Sub: Adherence to the Guidelines for implementation of New CBME course curriculum for MBBS batch 2021-22 admitted in Feb-March 2022-Reg.

Ref: 1. Circular issued by UG MEB, NMC No is.11023/1/2022-UG MEB,
Dated: 31/03/2022.

With reference to the above subject, it is hereby reiterated to all the Medical colleges conducting UG course that, they shall follow the circular issued by the NMC, vide reference quoted above strictly.

The Academic calender for MBBS-Batch (2021-22) admitted in Feb-March 2022 shall be as follows:

| Professional Year | Time Frame | Months available (Teaching + Exam) |
|------------------------------|---|---|
| 1 st | 14 th Feb '22 to 31 st Jan '23, Exam-Feb. | 11.5 Months (incl. F.C) Exam, Result=1 Month |
| 2 nd | 1 st March, '23 to 29 th Feb, '24 Exam -March, '24 | 12 Months Exam, Result=1Month |
| 3 rd (III-Part-1) | 1 st April, '24 to 15 th Jan, '25, Exam-Till 31 st Jan, '25 | 9.5 Months Exam-15days (FMT, Community Med) |
| Electives + Results | Block A-(First-Half) Feb, '25 Block B- (Second Half) Feb, '25 | 1 Month |
| 4 th (III-Part-2) | 1 st March, '25 to 31 st March, '26 | 13 Months Next (theory)-April, '26 Univ. (practical)-April, '26 |
| Internship | 1 st May, '26 to 30 th April '27, | 12 Months |

Note: Circular issued by the NMC is herewith attached.


REGISTRAR

Copy to:

1. PA to Vice-Chancellor/PA to Registrar/Registrar (Eva)/Finance officer
RGUHS, Bangalore.
2. Deputy Registrar Admission-Affiliation Section, Computer Section, Pre-
Exam Section, SWF Section.
3. All affiliated Medical Colleges
4. Guard File/office copy.

राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
(Undergraduate Medical Education Board)

No. U.11026/1/2022-UGMEB

Dated the 31st March, 2022

Circular

Subject : Implementation of new Competency Based Medical Education for Undergraduate Course Curriculum.

The new Competency Based Medical Education for Undergraduate Course Curriculum was discussed in detail in the 6th meeting of National Medical Commission, which was held on 24th March, 2022 at New Delhi.

2. After detailed discussion and deliberation, it has been unanimously decided in the said meeting of the Commission to implement new Competency Based Medical Education for Undergraduate Course Curriculum from the current batch of MBBS students i.e. 2021-22, admitted in the month Feb-March 2022.

3. The new Competency Based Medical Education for Undergraduate Course Curriculum would be implemented with the objective of covering all three domains of learning (Cognitive, Affective & Psychomotor). The new course curriculum introduced in August 2019 enriches the medical student with a sound base and balanced approach to overall aspect with the introduction of foundation course which includes Family Adoption Programme, Yoga, meditation, Local Language adaptation and skills.

4. All State Governments/UTs, universities and medical colleges/institutes are requested to take immediate necessary steps to implement the new Competency Based Medical Education for Undergraduate Course Curriculum from the current batch of MBBS students i.e. 2021-22, admitted in the month Feb-March 2022.

Shanhar

(Dr. Aruna V. Vanikar)
President

Encl:

- (i) Guidelines for implementation of new CBME Course curriculum.
- (ii) Academic Calendar for MBBS Batch
- (iii) Month-wise schedule of new CBME Course
- (iv) Curriculum for Family Adoption Programme
- (v) Brief modified transliteration of Maharshi Charak Shapth

Guidelines for implementation of new CBME Course curriculum for MBBS
batch 2021-22 admitted in Feb-March 2022

1. The said guidelines are for the UG CBME **2021 (admitted in 2022)** batch.
2. The curriculum of UG CBME 2021 will begin from **14th Feb 2022** in all medical colleges across the country. The basic framework and inclusions of CBME will not be disturbed as they are vital components of outcome-based education. It is mainly the **redistribution of hours** in view of COVID-19 pandemic within the time frame that needs consideration for 2021-'22 (admitted in Feb. 2022) batch.
3. Redistribution with timeline of professional years for 2021-'22 (admitted in Feb. 2022) is provided in slides herewith.

Since the duration for 1st professional has been reduced from 14 months to 12 months, the period can be adjusted by :

- a. Having one week of Foundation Course at the beginning of the academic calendar and then spreading remaining three weeks of Foundation Course in first six months beyond curricular hours
 - b. Allocating Sports & Extracurricular hours for regular teaching
 - c. Reducing duration of vacation (1 week in Summer & 1 week in Winter, at the discretion of University and college)
 - d. Final, 1st exams will be for Forensic Medicine, Toxicology and Community Medicine
 - e. All clinical subjects will be taught as per curriculum parallel and exams will be covered under NEXT.
4. **Early clinical exposure and Integration** retained since they are all teaching-learning methods/strategies for addressing identified competencies.

5. **Self directed learning (SDL):** Some SDL hours can be reduced, specifically from Phase-I subjects like Anatomy (there are 40 hours), Physiology (20 hours). Some SDL hours can go beyond office hours if required (as such also students may be required to do certain things for SDL beyond regular hours).

6. **Electives** promote academic flexibility and may be offered onsite based on student's need and choice. One month of Electives (Block A & B, 15 days each) can be adjusted for this batch, wherein Block A (pre/para clinical electives) can have electives along with clinical postings and Block B (clinical electives) without clinical posting.

7. **Family adoption** program is recommended as a part of curriculum of Community Medicine and should begin from 1st professional year and remain throughout the curriculum. The orientation towards the same may be a part of foundation course under the theme of 'Field visit to community health centre' (8 hrs) which is already allocated to foundation course in GMER 2019.

The family adoption shall include villages not covered under PHC adopted by medical college, and if travel time from college to site is more than 2 hours on week-ends, in such situation, bastis / jhuggis/ towns or on outskirts of cities may be adopted.

7. Modified 'Maharshi CharakShapath' is recommended when a candidate is introduced to medical education.

8. Yoga training is recommended to be initiated during foundation course, (1 hour, preferably in the morning in orientation week). Yoga practices shall be for maximum 1 hour every day during the period of 10 days beginning from 12th June every year to be culminated on International Yoga day, i.e. 21st June, to be celebrated in all medical schools across the country. These may be practiced by all batches of MBBS. Yoga module will be made available to all

colleges by UGMEB- NMC. However colleges may adopt their own modules. Yoga unit may be inducted under PMR department or any other department of all colleges at their discretion.

9. **Assessment:** A robust continuous formative and internal assessment is required to ensure competencies and thereby a competent medical graduate. If required, we can have two internal assessments and the third internal assessment can be calculated from various unitary and continuous tests taken throughout the year.

10: **Supplementary examinations:**Supplementary exam be conducted between 4 to 6 weeks from the date of declaration of results of regular university examinations. The result of Supplementary examinations be declared within 10 days from the date of completion of examinations.

11. There shall be no supplementary/ repeater batch. For students who fail in their university examination:

- Students who pass in 1st MBBS supplementary examination shall be offered special classes and ward postings to cover up the syllabus, so that he/she copes up with subjects. Subsequently (after passing in supplementary examination) the student shall continue with his/her regular batch. Attendance of special classes/ postings for such students shall be counted. Students who fail to pass in supplementary examination, shall be joining the subsequent junior batch.

- Students who pass in 2nd MBBS supplementary examination shall be offered special classes and ward postings to cover up the syllabus, so that he/she copes up with subjects. The student shall not join classes of the Final MBBS till he/she is given a chance of passing in first supplementary examination. He/she shall continue with his regular batch after passing in supplementary examination of 2nd MBBS.

Attendance of special classes/ postings be counted. Students who fail to pass in supplementary examination of 2nd MBBS may be allowed to continue with his/her regular batch. However the student shall have to pass 2nd MBBS before taking up Final MBBS examination, as per the existing guidelines.

12. Details and guidelines on NEXT examination shall be notified by NMC.

ACADEMIC CALENDER FOR MBBS BATCH(2021-22) ADMITTED IN FEB-MAR 2022

| Professional year | Time frame | Months available (Teaching + Exam) | Comparison with GMER 2019 |
|------------------------------|---|--|--------------------------------|
| 1 st | 14 th Feb '22 to 31 st Jan '23, Exam - Feb. | 11.5 months (incl. F.C.) Exam , Result = 1 month | 14 months (incl. one month FC) |
| 2 nd | 1 st March,'23 to 29 th Feb,'24 Exam- March, '24 | 12 months Exam , Result = 1 month | 12 months |
| 3 rd (III-part-1) | 1 st April,'24 to 15 th Jan,'25, Exam – till 31 th Jan, '25 | 9.5 months Exam - 15 days (FMT, Community Med) | 13 months |
| Electives + results | Block A–(first half) Feb, '25 Block B–(second half) Feb, '25 | 1 month | 2 months |
| 4 th (III-part-2) | 1 st March,'25 to 31 st March, '26 | 13 months NeXT (theory) – April, '26 Univ. (practical) – April, '26 | 13 months |
| Internship | 1 st May, '26 to 30 th April '27, | 12 months | 12 months |
| NeXT & Counselling | May, June, '27 | Counselling before 15 th June | 1 month |
| PG | July, '27 | | |

MONTH-WISE SCHEDULE FOR NEW CBME COURSE FOR MBBS BATCH 2021-22 JOINED IN FEB-MAR 2022

| MBBS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------|---|---------------------|---------------------------|--|-------------------------|-----------------|-----|-----|-----|-----|-----|-----|
| 2022 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| | months | 14 TH -1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 2023 | 12 | Exam, Results | 2 ND PROF-1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2024 | 11 | 12 | Exam, Results | 3 RD 1 ST -1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 2025 | 10- exam in 2 nd half | 11-Electives | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 2026 | 22 | 23 | 24 | 25- NEXT & Univ. final practical, Results | INTERNS HIP- 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 2027 | 9 | 10 | 11 | 12 | NEXT, counsell ng | couns elling | PG | | | | | |

CURRICULUM FOR FAMILY ADOPTION PROGRAMME

Need of the Program:

In India, around 65.5 % of population resides in rural settings (as per 2020 statistics) whereas availability of health care facilities and services are skewed towards urban set ups. Though adequate healthcare supplies exist in the community, it is the access to healthcare to a rural citizen that is a major concern. Issues like health illiteracy, ignorance about communicable and non communicable diseases, means to reach health care facility, services, take time off from their daily wages work and workforce shortages are some of the barriers that limits timely and quality health related awareness and care leading to a scenario of 'Scarcity in abundance'. Hence there is a need to take measures to make healthcare more accessible to the rural and needy population and impart community based and community oriented training to budding healthcare professionals.

Aim:

Family adoption program aims to provide an experiential learning opportunity to Indian Medical graduates towards community based health care and thereby enhance equity in health.

Objectives of the Program:

During the Medical UG training program, the learner should be able to :

1. Orient the learner towards primary health care
2. Create health related awareness within the community
3. Function as a first point of contact for any health issues within the community
4. Act as a conduit between the population and relevant health care facility
5. Generate and analyse related data for improving health outcomes and Evidence based clinical practices.

Specifics of the Program:

Family adoption program is recommended as a part of curriculum of Community Medicine and should begin from 1st professional year with competencies being spread in ascending manner for entire MBBS training program. The orientation towards the same may be a part of Foundation course under the theme of 'Field visit to community health centre' (8 hrs) which is already allocated to foundation course as per GMER 2019.

The family adoption shall preferably include villages not covered under PHCs adopted by medical college. If transit time from college to site is more than 2 hours, then bastis / jhuggis/ towns on outskirts of cities may be considered for family adoption. Medical students may be divided into teams and each team may be allocated visits, with 5 families per student. These families may be introduced during their first visit; however, the model may be flexible depending upon the number of students and available families for adoption. The entire team should work under a mentor teacher for entire part of the training program.

Other considerations:

Every college may arrange one diagnostic medical camp in the village wherein identification of: anemia, malnutrition in children, hypertension, diabetes mellitus, ischemic heart diseases, kidney diseases, any other local problems may be addressed.

If required, patients shall be admitted in the hospital for acute illness under care of student, charges may be waived off or provide concession or govt. schemes.

For chronic illness, students shall be involved.

Subsidized treatment charges may be provided under govt. schemes or welfare schemes.

Camps may be arranged by Dean and Community Medicine/ P.S.M. department with active involvement of Associate/ Asst. Professors, social worker and supporting staff. Local population may be involved with village leaders.

Visit by students be made to the visit as mentioned in table below. Annual follow up diagnostic camp can be continued by the PSM department. As a step towards environment consciousness, students may be encouraged for tree plantation/medicinal plants around beginning of monsoons, in the environs of the families adopted. This could be also included in the environs of the hostels/ residence of students wherever possible.

At the end of the programme, students may be envisioned to become leaders for the community.

TARGETS TO BE ACHIEVED BY STUDENTS:

First Professional Year:

- Learning communication skills and inspire confidence amongst families
- Understand the dynamics of rural set-up of that region
- Screening programs and education about ongoing government sponsored health related programs
- Learn to analyse the data collected from their families
- Identify diseases/ ill-health/ malnutrition of allotted families and try to improve the standards

2nd Professional Year

- Inspire active participation of community through families allotted
- Continue active involvement to become the first doctor /reference point of the family by continued active interaction
- Start compiling the outcome targets achieved

3rd Professional Year

- Analysis of their involvement and impact on existing socio-politico-economic dynamics in addition to improvement in health conditions
- Final visit in the last months in advance to examination schedule, to have last round of active interaction with families**

-prepare a report to be submitted to department addressing:

- 1) **Improvement in general health**
- 2) **Immunization**
- 3) **Sanitation**
- 4) **De-addiction**
- 5) **Improvement in anemia, tuberculosis control**
- 6) **Sanitation awareness**
- 7) **Any other issues**
- 8) **Role of the student in supporting family during illness/ medical emergency**
- 9) **Social responsibility in the form of environment protection programme in form of plantation drive (medicinal plants/trees), cleanliness and sanitation drives with the initiative of the medical student**

| Professional Year | Competency The student should be able to | Objectives | Suggested Teaching Learning methods | Suggested Assessment methods | Teaching Hours |
|------------------------------|---|---|--|--|----------------|
| 1 st Professional | <ul style="list-style-type: none"> Collect demographic profile of allotted families, take history and conduct clinical examination of all family members | By the end of this visit, students should be able to compile the basic demographic profile of allocated family members | Family survey, Community clinics, Community clinics, Multispecialty camps | Community case presentation, OSPE, logbook, journal of visit | 6 hrs |
| | <ul style="list-style-type: none"> Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor | By the end of this visit, students should be able to report the basic health profile and treatment history of allocated family members | Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics, | Community case presentation, OSPE, logbook, journal of visit | 9 hrs |
| | <ul style="list-style-type: none"> Maintain communication & follow up of remedial measures | By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment and suggested remedial measures | Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences | Community case presentation, OSPE, logbook based certification of competency, journal of visit | 6 hrs |
| | <ul style="list-style-type: none"> Take part in environment protection and sustenance activities. | By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance | | | 6hrs |

| | | | | | |
|------------------------------|--|--|--|---|--------------------------|
| | | like study of environment of families, tree plantation/ herbal plantation activities conducted in the village | | logbook based certification of competency, journal of visit | (Total 27 hrs, 9 visits) |
| 2 nd Professional | <ul style="list-style-type: none"> • Take history and conduct clinical examination of all family members | By the end of this visit, students should be able to compile the updated medical history of family members and report their vitals and anthropometry | Family survey, Community clinics | Community case presentation, OSPE, logbook, journal of visit | 6 hrs |
| | <ul style="list-style-type: none"> • Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor | By the end of this visit, students should be able to report the details of clinical examination like Hb %, blood group, urine routine and blood sugar along with treatment history of allocated family members | Community clinics, Multispecialty camps | Community case presentation, OSPE, logbook, journal of visit | 9 hrs |
| | <ul style="list-style-type: none"> • Maintain communication & follow up of remedial measures | By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment, and suggested remedial | Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics, | Community case presentation, OSPE, logbook based certification of competency, | 9 hrs |

| | | | | | |
|------------------------------|---|---|---|---|---|
| | <ul style="list-style-type: none"> Take part in environment protection and sustenance activities. | <p>measures along with details of vaccination drive</p> <p>By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenancelike study of environment of families, tree plantation/ herbal plantation activities conducted in the village</p> | <p>Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences</p> | <p>journal of visit</p> <p>logbook based certification of competency, journal of visit</p> | <p>6 hrs</p> <p>(Total 30 hrs, 6 visits)</p> |
| 3 rd Professional | <ul style="list-style-type: none"> Final counselling of the family members of allotted families and analyze the health trajectory of adopted family under overall guidance of mentor | <p>By the end of this visit, students should be able to update the medical history of family members and their vitals and anthropometry</p> <p>By the end of this visit, students should be able to report the details of clinical examination like Hb %, blood group, urine routine and blood sugar along with treatment history of allocated family members</p> | <p>Family survey, Community clinics</p> <p>Community clinics, Multispecialty camps</p> | <p>Community case presentation, OSPE, logbook, journal of visit</p> <p>Community case presentation, OSPE, logbook, journal of visit</p> | <p>3hrs</p> <p>4 hrs</p> |

| | | | | | |
|--|--|---|---|---|--|
| | | <p>By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment, and suggested remedial measures along with details of vaccination drive</p> <p>- By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation/ herbal plantation activities conducted in the village</p> <p>By the last visit, students should be able to analyze and report the health trajectory of adopted family along with remedial measures adopted at individual, family and community level</p> | <p>Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics,</p> <p>Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences</p> <p>- Small group discussion (report of the health trajectory of adopted family)</p> | <p>Community case presentation, OSPE, logbook based certification of competency, journal of visit</p> <p>logbook based certification of competency, journal of visit -Logbook based certification of competency, journal of visit</p> | <p>4 hrs</p> <p>4 hrs</p> <p>4 hrs</p> <p>+6 hrs in last visit (total 21 hrs, 5 visits)</p> |
|--|--|---|---|---|--|

| | | | | | |
|--------------|--|---|--|--|--|
| TOTAL | 1 st Prof 2 nd Prof 3 rd Prof | 9 visits 6 visits <u>5 visits</u> 20 visits | 27 hrs 30 hrs 16 hrs +5 hours in <u>last visit</u> 78 hrs | | |
|--------------|--|---|--|--|--|

PROTO-TYPE LOG BOOK FOR FAMILY ADOPTION

COLLEGE NAME, UNIVERSITY

ADDRESS DETAILS

NAME OF THE STUDENT:

ROLL NO.:

VILLAGE NAME:

TEHSIL/ DISTRICT:

STATE/ UNION TERRITORY:

NAME OF THE MENTOR:

MENTOR STATUS: Asst. Prof/ S.R. And Details: (If changed, details of subsequent mentors)

NAME OF ASHA WORKER:

ADDRESS OF ASHA WORKER:

EXPERIENCE (SINCE HOW MANY YEARS IS HE/ SHE EMPLOYED)

(SEPARATE PAGE FOR EACH FAMILY BE MAINTAINED)

-FAMILY NAME AND ADDRESS

- Approximate size of living space of house-hold

- Malaria/ flu/ etc pertinent to the region

- If there is any illness or medical emergency required by the house-hold, the student should take initiative in being the primary contact for the family.
- The student in turn should consult his/her mentor for further management of the patient.
- The hospital to which the college is attached must provide treatment facilities to the patient.
- Government schemes may be utilized for optimal management.
- Follow-up records must be maintained by the student. These must be periodically evaluated by mentors with the help of senior residents.
- The entire data sheet may be prepared by every student and submitted latest by the end of the last visit for evaluation.
- Progress notes must include every demographic point and history recorded.

PROTO TYPE LOG BOOK

| NAME | AADHAAR NO. | BIRTH DATE | AGE | POSITION IN FAMILY (eg. Head, wife, sibling order, grand mother, etc) | DIETARY HABITS, DIET | LITERACY: EDUCATIONAL QUALIFICATION annual progress of children to be recorded | EMPLOYMENT for income source, eg. Labourer/ land owner/ teacher, etc | NAME OF SCHOOL OF CHILD grade/ standard, medium of learning | ADDICTIONS IF ANY | HEIGHT (CMS) | WEIGHT (KG) |
|------|-------------|------------|-----|--|----------------------|---|--|--|-------------------|--------------|-------------|
|------|-------------|------------|-----|--|----------------------|---|--|--|-------------------|--------------|-------------|

1ST PROF/
MBBS

| SR. NO. | DATE OF VISIT |
|---------|---------------|
| 1 | |
| 2 | |

2ND
MBBS

| |
|---|
| 1 |
| 2 |

FINAL-1ST
PROF-
FINAL
MBBS-1ST

| |
|---|
| 1 |
| 2 |

PROTO TYPE LOG B

| IMMUNIZATI ON STATUS | PULSE | BP | R.R. | BLD GP, Rh | HEMOGLOBI N | URINE PROTEIN | URINE SUGAR | ANY POS.FINDIN G IN URINE | BLOOD SUGAR | IMMUNIZATION STATUS | ORAL CHECK-UP | HYGEINE STATUS |
|-------------------------|-------|----|------|------------|----------------|------------------|----------------|---------------------------------|----------------|------------------------|------------------|----------------|
|-------------------------|-------|----|------|------------|----------------|------------------|----------------|---------------------------------|----------------|------------------------|------------------|----------------|

1ST PROF/
MBBS

| SR. NO. | DATE OF VISIT |
|---------|------------------|
|---------|------------------|

1

2

2ND
MBBS

1

2

FINAL-1ST
PROF-
FINAL
MBBS-1ST

1

2

BRIEF TRANSLITERATION OF MAHARSHI CHARAK SHAPATH

- ❖ During the period of study I shall live a disciplined life with my teachers and peers. My action shall be guarded, service oriented and free from indiscipline and envy. In my dealings I shall be patient, obedient, humble, constantly contemplative and calm. I shall aim my full efforts and ability towards the desired goal of my profession.
 - ❖ As a Physician, I shall always use my knowledge for welfare of mankind.
 - ❖ I shall always be ready to serve patients, even if I am extremely busy and tired. I shall not harm any patient for the sake of monetary or selfish gains, nor shall I entertain a desire for lust, greed or wealth. Immorality shall not emerge even in my thoughts.
 - ❖ My dressing shall be decent yet impressive and inspiring confidence. My conduct shall always be appropriate, pleasant, truthful, beneficial and polite. I shall use my experience in actions appropriate for that time and place.
 - ❖ I shall constantly endeavor to accomplish/ keep updated with the latest developments in the field and widen my knowledge.
 - ❖ I shall treat patient of gender other than mine in presence of relatives or attendants.
 - ❖ When examining a patient, my discretion, attention and senses shall be concentrated on the cure of the disease. I shall not divulge the confidentiality related to the patient or family inappropriately.
 - ❖ Although an authority (in my subject), I shall not display my knowledge and skill with arrogance.
-