



YENEPOYA

(DEEMED TO BE UNIVERSITY)

Recognized under Sec 3(A) of the UGC Act 1956

Accredited by NAAC with 'A' Grade

YENEPOYA MEDICAL COLLEGE

PROGRAM AND PROGRAM SPECIFIC/COURSE OUTCOMES

POST GRADUATE DIPLOMA IN CLINICAL ETHICS

ATTESTED

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PROGRAM OUTCOMES

POSTGRADUATE DIPLOMA IN CLINICAL ETHICS (PGDCE)

(K=Knowledge, S=Skill, A=Attitude)

Goal:To introduce clinical ethics consultation and decision making so as to improve Doctor-Patient relationship for better clinical decision making.

Program Outcomes: By the end of the course participants should be able to:

- PO 1 Identify ethical issues in clinical practice of medicine, health care(K,S,A)
- PO 2 Understand and identify ethical issues in the field of clinical ethics (K,S,A)
- PO 3 Understand the working principles of hospital ethics committees (K,S)
- PO 4 To effectively use clinical ethics consultation models to resolve value (S,A) conflicts or moral disagreements on treatment goals.(S,A)

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PROGRAM SPECIFIC OUTCOMES

POSTGRADUATE DIPLOMA IN CLINICAL ETHICS (PGDCE)

- 1.1 To identify ethical principles
- 1.2 To explore areas of conflict in clinical care settings
- 2.1 To contextualize different branches of ethics
- 2.2 Ethics, meta ethics, applied ethics, clinical research ethics

- 3.1 To explore ethical theories through context-based case study.
- 3.2 To identify which theory suits when
- 4.1 To differentiate between means and ends of an action with respect to human dignity
- 4.2 Kohlberg's theory, Carol Gilligan's theory.

- 5.1 To familiarize participants with terms used in clinical ethics consultation.
- 5.2 Explore various models of clinical ethics consultation
- 6.1 Hold a mock clinical ethics meet
- 6.2 Articulate opinion on Clinical ethics consultation

- 7.1 To understand the concept of Anthropology
- 7.2 connect humanities, expression to culture, culture relatedness, illness wellness and disease.
- 8.1 To understand notion of illness through cultural lens
- 8.2 Explore diseases through arts, and diseases unique to cultures,

- 9.1 To know when DP relationship gets formed. Duties of health carer
- 9.2 Difference between benevolent behaviour and paternalism

- 10.1 To understand the notion of standard care, standard of care
- 10.2 To explore when the duty of care continues, duty to treat, limitations.

- 11.1 To understand Principle based ethics
- 11.2 To identify situation where there is Lack of duty to care, lack of adherence to care
- 12.1 Beneficence, virtue
- 12.2 Beneficence, benevolence
- 13.1 Lack of standard care
- 13.2 To analyse Negligence, types, mitigating negligence through respect for the patient, consent and communication

- 14.1 To understand Health, ill health from olden times, To trace the evolution of belief associated with Illness
- 14.2 To understand how the germ theory changes the concept of illness
Culture related illness like Couvade.

- 15.1 To identify virtues and human nature required for happy life and To Develop empathy through self and projected emotional value loaded case studies
- 15.2 To analyse how bodily dysfunction may disrupt quality of life and using the window of foreseeability to give care to prevent harm to the patient

- 16.1 To understand the concept of communication
- 16.2 To look for signs of gestures, postures, eye language and hurt and pain. To understand communication cycle and effective use of ears not just mouth.

- 17.1 To define terminology like equity, equity, fairness, justice and QOL
- 17.2 To understand how inequities cause injustice
- 18.1 To explore parameters of quality of life.
- 18.2 Critical review of Case study on rationing in health care

- 19.1 To understand the legal provisions for patients that can be used against doctors
- 19.2 Analyse Duty, Dereliction, Direct causation and Damage in a negligence case. To discuss sections 304A and B in relation to given case.

- 20.1 To understand roles of members in HEC and role played by each
- 20.2 To write a scenario for CEC
- 21.1 To Enact mock HEC in a hospital setting
- 21.2 To receive and give feedback on what should have been done and what should have been avoided.

 ATTESTED

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- 22. 1 To develop nuanced approach to CEC in patient related clinical ethics consultation and in end of life.
- 22.2 To critique which type of clinical ethics role is beneficial in certain contexts
- 23.1 beginning of life, loss of limb like situation which requires sensitivity.
- 23.2 breaking bad news, communications
- 23.1 empathy and skill of ethical deliberation.
- 23.2 Visual cues for distress, pain & suffering
- 24.1 genetic counselling for young couple
- 24.2 Technique of counselling

ATTESTED

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