

**COURSE CURRICULUM FOR SECOND PROFESSIONAL BSRMS  
(PRESCRIBED BY NCISM)**

**USER MANUAL II BSRMS**

(Applicable from 2022-23 batch for academic year 2024-25 onwards  
for 5 years or until further notification by NCISM, whichever is earlier)



॥आयुषे सर्वलोकानाम्॥

**BOARD OF UNANI, SIDDHA AND SOWA-RIGPA  
NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE  
NEW DELHI- 110026**



## **National Commission for Indian System of Medicine**

The National Commission for Indian System of Medicine is the statutory body constituted under NCISM Act, 2020 vide gazette notification extraordinary part (ii) section (i) dated 21.09.2020.

An Act..

- to provide for a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and high quality medical professionals of Indian System of Medicine in all parts of the country;
- that promotes equitable and universal healthcare that encourages community health perspective and makes services of such medical professionals accessible and affordable to all the citizens;
- that promotes national health goals;
- that encourages such medical professionals to adopt latest medical research in their work and to contribute to research;
- that has an objective periodic and transparent assessment of medical institutions and facilitates maintenance of a medical register of Indian System of Medicine.
- for India and enforces high ethical standards in all aspects of medical services;
- that is flexible to adapt to the changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto

वैद्य जयन्त देवपुजारी  
अध्यक्ष  
VADYA JAYANT DEOPUJARI  
Chairman



भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग  
आयुष मंत्रालय, भारत सरकार  
National Commission for Indian System of Medicine  
Ministry of Ayush, Govt. of India

## FOREWORD



The Sowa-Rigpa System of Medicine is one of the oldest and well documented medical traditions in the world. It has been popularly practiced in the Himalayan regions of India. Over the years, Sowa-Rigpa education has evolved to blend traditional teachings with scientific advancements. The system has grown immensely in calibre and become institutionalised and regulated. At the same time, the Sowa-Rigpa system is transferring over to systematic, standardised, and evidence-based approaches. Integrating modern medical knowledge into Sowa-Rigpa curricula ensures graduates are well equipped to navigate contemporary health challenges. Now, Sowa-Rigpa medicine holds a significant place within the Indian System of Medicine and has been seamlessly integrated into the national healthcare framework by the Government of India.

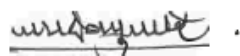
As far as Sowa-Rigpa medical education is concerned, significant changes and developments have taken place in institution-based Sowa-Rigpa medical education under the Indian Medicine Central Council Act, 1970. Now, under the provisions of the National Commission for Indian System of Medicine Act, 2020, the Sowa-Rigpa system of medicine underwent significant reforms aligning with National Education Policy 2020, global trends, and future needs. Now we are in the era of competency-based dynamic curricula incorporated with modern scientific advancements. More emphasis is given on activity-based learning, outcome-based learning, and horizontal-vertical integration to provide holistic quality education. This will again change in the future with the horizontal model of teaching. We must keep ourselves ready to be attuned to time and subsequent change.

This competency-based curriculum will breathe new life into Sowa-Rigpa medicine education. The intended output of this curriculum is to produce physicians 'fit to practice' rather than students 'fit to pass'. The current curriculum in Sowa-Rigpa Medicine will ensure that the students are equipped not only with the historical wisdom of the system but also with contemporary medical insights, enhancing their ability to provide holistic and effective care to patients.

The present syllabus is student centric. Activity-based learning is designed to promote the competency level of the students. The enormous effort taken by the syllabus framing committees under the leadership of the President of the Board of Unani, Siddha and Sowa-Rigpa, Dr. K. Jagannathan, is clearly visible in this document. I congratulate the entire team and Dr. K. Jagannathan for the same.

On behalf of the commission, I request all teaching faculties to give this document a serious reading, discuss it with their colleagues, understand the concepts, contents, and methods, and implement them for the benefit of the students. No need to mention it here; your feedback is very valuable for us.

01-04-2024

  
Vaidya Jayant Deopujari



॥ आयुषे सर्वलोकमनाम् ॥

डॉ. के. जगन्नाथन  
अध्यक्ष, यूनानी, सिद्ध एवं सेवा-रिग्पा बोर्ड  
**Dr. K. Jagannathan**  
President, Board of Unani, Siddha & Sowa-Rigpa



सत्यमेव जयते

भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग  
आयुष मंत्रालय, भारत सरकार, नई दिल्ली  
**National Commission for Indian System of Medicine**  
Ministry of Ayush, Govt. of India, New Delhi



## FOREWORD

NCISM, constituted under the National Commission for Indian System of Medicine Act, 2020, is marching ahead to bring revolutionary changes since its establishment (June 11, 2021) in the areas of medical education, healthcare services, research, etc. that are appropriate to the present context and the future. Determining the standards of education and evolving a competency-based dynamic curriculum to develop appropriate skills, knowledge, attitudes, values, and ethics among the students is one of the main functions of the Board of Unani Siddha and Sowa-Rigpa (BUSS), the autonomous board under NCISM.

The commission started working by aiming for 2030 and aligning with National Education Policy 2020 and global trends. Accordingly, the Minimum Standards of Undergraduate Sowa-Rigpa Education Regulations 2022 (NCISM MSE-Sowa-Rigpa UG 2022) was framed and notified in the gazette with various reforms such as the reversal of teaching hours of theory and practical from 2:1 to 1:2; the introduction of non-lecture hours by incorporating advanced teaching-learning (TL) methods to promote activity-based teaching and learning; the implementation of elective courses to facilitate flexibility for the students to learn the subjects as per their interest, to motivate advance learning and multi-disciplinary approach; the introduction of formative assessment to ensure individual attention, corrections and progression; the execution of early clinical exposure to leverage clinical skill; upscaling and updating with modern scientific advancements and technological developments, etc. For the overall development of students, separate hours for library, sports, and recreation are also insisted on in the timetable as mandatory.

The objective of the BSRMS program is to produce efficient and skilled clinicians. For this purpose, a well-structured curriculum and syllabus are indispensable to teaching and training the students to accomplish programme and course outcomes. To achieve this, the commission introduced CBME/OBME (Competency-Based Medical Education/Outcome-Based Medical Education).

Second professional subjects being the linking subjects between foundational subjects of the first profession and clinical subjects of the final profession, enough care has been taken in developing the syllabus of second professional subjects. As indicated by NEP-2020, to ignite critical thinking among students, project-based as well as various activity-based learning methods are introduced in the syllabus. To bring continuity and connectivity to the subjects, integrated teaching is also brought in wherever it is possible. Assessment is another major issue in education. Conducting objective-oriented examinations and maintaining uniformity in examining all students is a major challenge. To address both issues, the blueprint of the questions and the weightage and structure of the practical and clinical are also clearly defined in the present syllabus.

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## User manual.

Welcome to new curriculum of NCISM for II Professional BSRMS.

This is an introduction before reading the curriculum file for any course. These instructions in the manual will help reader to easily retrieve the information from the curriculum files. This document involves many familiar and less familiar terms. Some of them are explained in here.

First Page: Contains Name, Code, Year and “QR code” for downloading the document.

**Preface** is a short description about subject or the course. Next is Index for easy assessment. All the major tables/points are indexed.

Summary page for the Course. The Page will provide at a glance information of Lecture and Non-Lecture hours, Distribution of hours as per papers, Distribution of Marks (Theory and Practical).

**Curriculum:** The curriculum is defined as the guideline of the academic content covered by an education system while undergoing a particular course or program. Curriculum has a wider scope which covers the knowledge, attitude, behaviour, manners, performance & skills that are imparted or inculcated in a student. It contains every aspect from objectives to assignments. This is outcome-based approach of the curriculum.

### Objectives

The Bachelor of Sowa-Rigpa education namely, the Bachelor of Sowa-Rigpa Medicine and Surgery (B.S.R.M.S.) shall produce Graduates, having profound knowledge of Sowa-Rigpa Medicine along with the contemporary advances in the field of Sowa-Rigpa Medicine supplemented with knowledge of scientific and technological advances in modern science and technology along with extensive practical training, as an efficient physicians and surgeons for the health care services.

**Table 1 - Course Code and Name of Course**  
**SUBJECTS/COURSES FOR SECOND PROFESSIONAL B.S.R.M.S.**

Sl. No.	Name of the subjects		
	Subject Code	Subjects	Equivalent Terms
1	SRUG-MZ-II	<i>smān rdzas-II</i>	Materia Medica (Part-II)
2	SRUG-MB	<i>zhi byed smān gyi sbyar thabs</i>	Sowa-Rigpa Pharmacology and Pharmaceutics
3	SRUG-NT-II	<i>ngos bzung rtags-II</i>	Sowa-Rigpa Pathology (Part-II)
4	SRUG-ST	<i>gso byed thabs</i>	Principles of Sowa-Rigpa Therapeutics
5	SRUG-TP	<i>tshad pa gso ba</i>	Management of Pyrexia and Infectious Diseases

6	SRUG-LD	<i>lus stod dang don snod gso ba</i>	Management of Head, Neck, Thorax and Abdomen Disorders
7	SRUG-TS	<i>thor nad dang gsang nad gso ba</i>	Management of Unclassified and Reproductive Disorders
8	-	<i>blo rgyugs</i>	Oral Test*
9	-	<i>man ngag rgyud sdong 'grems</i>	Concept Mapping-III
10	Electives (Minimum Three) Subjects		

\* *Tsawa* memorization and recitation (over and above teaching hours)

\*\* Concept Mapping is about the overall precise on individual *rgyud* (Treatise) which shall be delivered in non-lecture.

**Subject code:** is an abbreviation of selected alphabets given to the course (subject).

**Name of the subject / course:** Complete name of the subject/course is indicated in the table in each course as per Sowa-Rigpa system.

**Equivalent Terms** – The equivalent term used to indicate the subject / course in the English.

#### Teaching hours for Second Professional B.S.R.M.S Subjects

##### Second Professional B.S.R.M.S.

*Working days = 320, Teaching hours = 2240 including 320 clinical hours*

SL. No.	Name of the subjects		Numbers of Teaching hours		
	Subject Code	Equivalent Terms	Lectures	Non-Lectures	Total
1	SRUG-MZ-II	<i>sman rdzas-II</i> (Materia Medica Part-II)	100	200	300
2	SRUG-MB	<i>zhi byed sman gyi sbyar thabs</i> (Sowa-Rigpa Pharmacology and Pharmaceutics)	100	200	300
3	SRUG-NT-II	<i>ngos bzung rtags</i> (Sowa-Rigpa Pathology Part-II)	100	150	250
4	SRUG-ST	<i>gso byed thabs</i> (Principles of Sowa-Rigpa Therapeutics)	120	150	270
5	SRUG-TP	<i>tshad pa gso ba</i> (Management of Pyrexia and Infectious Diseases) Paper-1 and Paper-2	100	150	250
6	SRUG-LD	<i>lus stod dang don snod gso ba</i> (Management of Head, Neck, Thorax and Abdomen Disorders)	120	150	270
7	SRUG-TS	<i>thor nad dang gsang nad gso ba</i> (Management of Unclassified group of	100	130	230

		diseases and Reproductive Health) Paper-1 and Paper-2			
8	-	<i>blo rgyugs</i> (Oral Test)	-	-	-
9	-	<i>man ngag rgyud sdong 'grem</i> s (Concept Mapping-III)	-	50	50
10	Clinical hours at Hospital/Pharmacy/Dispensary/Laboratory, etc. (1 hour per day)		-	320	320
<b>Total</b>			<b>740</b>	<b>1500</b>	<b>2240</b>

(Note: Clinical hours to be added to non-lecture hours of concerned subject while calculating attendance)

**Table 2: Contents of the Course-**  
**Table 2 :- Theory (Contents, Term And Distribution Of Hours)**

Chapter/Sub chapters/ Sections	Term (I/II/III)	Distribution of Hours
1.		
2.		

Table 2 explains contents of course.

First column - List of topics/Chapter/Sub chapters/ Sections and distribution according to term and marks.

Chapter/Sub chapters/ Sections	Term (I/II/III)	Distribution of Hours
1.		

Term – I professional BSRMS have seven courses/ subjects. Each course is of three terms of six months each. Topics in first column are to be covered in three terms. This column indicates topics to be covered as per each term. Indicated by I, II, III.

Chapter/Sub chapters/ Sections	Term (I/II/III)	Distribution of Hours
1.		

Distribution of Hours: This column indicates the number of hours allotted to that Chapter/ Section.

**Table 3 A:-THEORY (LECTURE AND NON-LECTURES)**

Chapter/ Sub-headings	Lecture (L) / Non Lecture NL	Teaching-Learning (TL) Methods	Distribution of hour	
			LH	NLH
<b>Chapter 1: Name of Chapter</b>			<b>6</b>	
<b><u>At the end of the chapter/ Subchapter/ section, the students should be able to</u></b>				



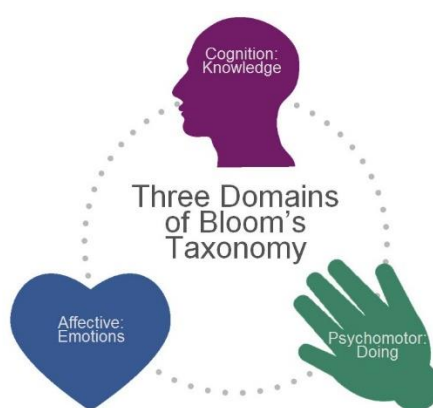
<b>K:</b> Knowledge/ Cognitive domain <b>S:</b> Skills/ Psychomotor domain <b>A:</b> Attitude/ Affective domain.				
a. Subchapters/ points in the chapter or section.	L/NL		2	1
b. Subchapters/ points in the chapter or section.	L/NL		1	2

Table 3 A: - Describes the Theory lectures and non-Lecture hours with appropriate teaching learning Methods.

First column describes Chapters. Subchapters/ Points in the chapters/ Section as per the need of the subject. These are further description of points in table two. You can find statements written below the chapter name. These are learning objectives of that chapter.

Learning objectives are clearly written, specific statements of observable learner behaviour or action that can be measured upon completion of an educational activity. It is a description of what the learner(student) must be able to do upon completion of an educational activity/ Chapter/ Section. A well-written learning objective outlines the knowledge, skills and/or attitude the learners will gain from the educational activity. One Topic/Chapter/ Section covers one or many learning objectives. They are noted in by the term's K/ S/ A below each chapter. Each objective start with a verb. Before that line a common line **“At the end of the chapter/ Subchapter/ section/ practical session, the students should be able to”** is common everywhere and to all the statement. This line is not written and should be considered before for all statements of objective(s) in all chapters/ Subchapters/ Sections.

The letters K/ S / A indicates domains of learning.



**K:** indicates Knowledge/ Cognitive domain

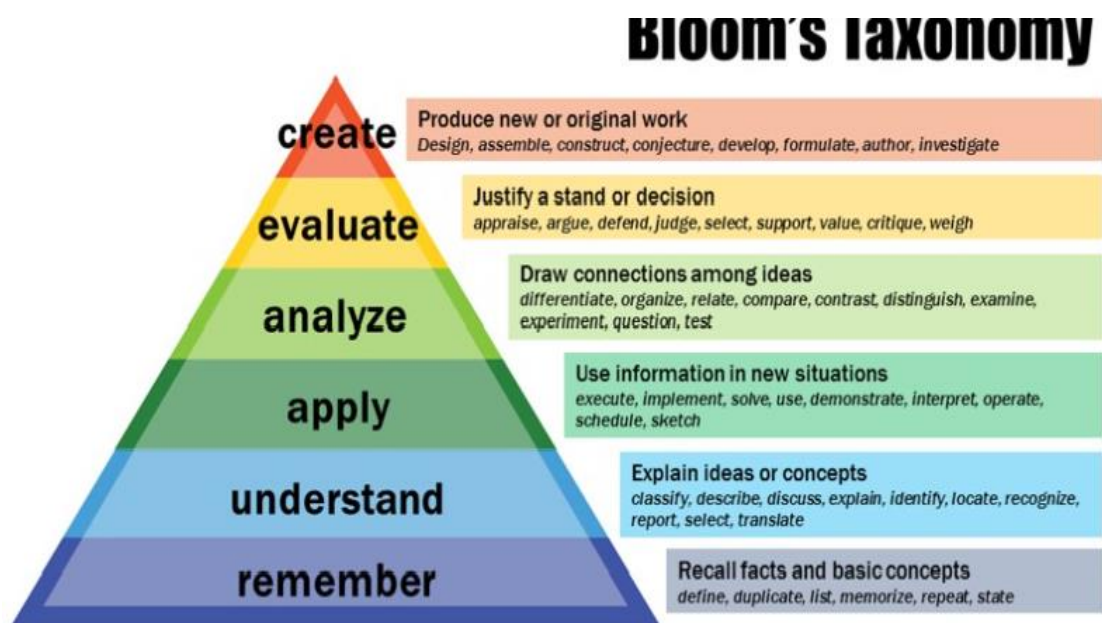
**S:** indicates Skills/ Psychomotor domain

**A:** indicates Attitude/ Affective domain.

Domain of learning. Benjamin Bloom has identified three domains of educational activities. The three domains are Cognitive, Psychomotor and Affective. Cognitive is for mental skills (Knowledge), Psychomotor is for manual or physical skills (Skills) while Affective is for growth in feelings or emotional areas (Attitude), They are indicated by KSA (Knowledge, Skills and Attitude). All activities related to teaching and learning are aligned to these domains of learning.

### Cognitive Domain

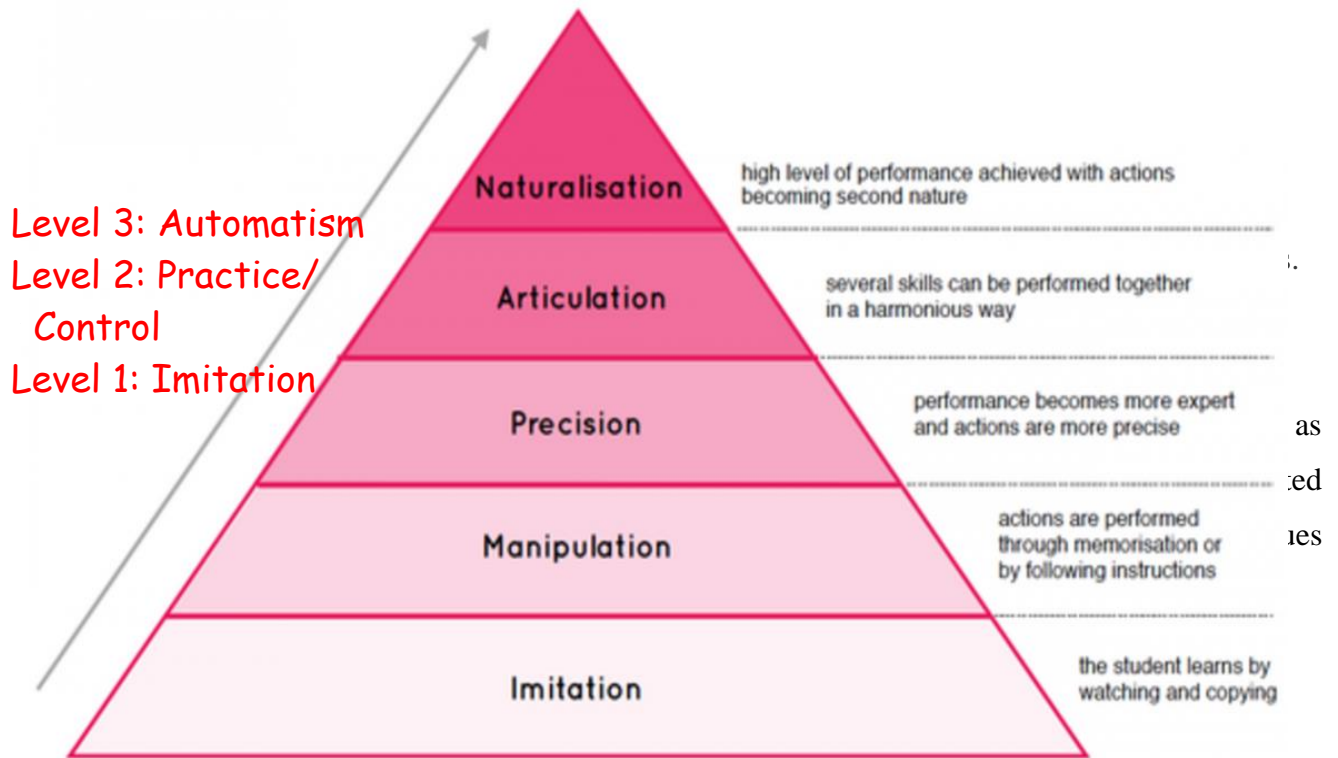
Cognitive domain involves knowledge and the development of intellectual skills. This includes the recall or recognition of specific facts, procedural patterns, and concepts that serve in the development of intellectual abilities and skills. There are six major categories. They are in ascending order. Lowest level is Knowledge (Recall), followed by Comprehension, Application. Analysis, Synthesis and Evaluation in the pyramid. They starting from at the base of pyramid the simplest to the most complex at top.



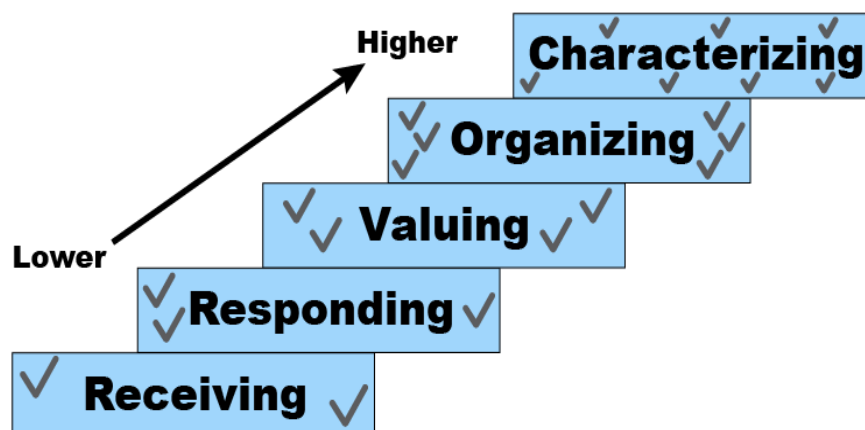
**Knowledge:** the ability to recall data and/or information. **Comprehension:** the ability to understand the meaning of what is known. **Application:** the ability to utilize an abstraction or to use knowledge in a new situation. **Analysis:** the ability to differentiate facts and opinions **Synthesis:** the ability to integrate different elements or concepts in order to form a sound pattern or structure so a new meaning can be established. **Evaluation:** the ability to come up with judgments about the importance of concepts.

## Psychomotor Domain

Psychomotor domain includes physical movement, coordination, and use of the motor skill areas. Development of these skills requires practice and is measured in terms of speed, precision, procedures, or techniques in execution. The seven major categories listed in order are Perception, Set, Guided response, Mechanism, Complex Overt Response, Adaptation and Origination.



**Receiving Phenomena:** the awareness of feelings and emotions as well as the ability to utilize selected attention. **Responding to Phenomena:** active participation of the learner. **Valuing:** the ability to see the worth of something and express it. **Organization:** ability to prioritize a value over another and create a unique value system. **Characterization:** the ability to internalize values and let them control the person's behaviour.



Next column indicates T-L Methods-Teaching and Learning methods.- Appropriate method based on the objective is explained in this column.

### **Teaching-Learning (TL) Methods:-**

Teaching learning methods. Teaching learning methods are planned based on Topic need, Domain, Importance, Level to be assessed. This column indicates traditional methods like lecture as well as interactive methods.

**Lecture method** is an educational presentation delivered by an instructor to a group of students with the help of instructional aids and training devices. In lecture method, the teacher orally presents the course material in an organized way to the students. Lectures may contain varying level of student participation, and the students take notes. Lecturing is one of the oldest methods of teaching used by the teachers of higher education. Lecture method gives more importance to content presentation, where the teacher is active and the students are passive, but the monotony of teaching will be overcome by various methods of Interactivity and Audio-visual aids. It is fastest and easiest way of large group teaching. Lecture method helps to motivate, clarify doubt, review the understanding by verbal and nonverbal responses.

**Lecture with PowerPoint (PPT):** The instructor uses PPT slides to deliver structured content visually. These slides can include key points, diagrams, images, and concise explanations. PPT enhances understanding by presenting complex information in a digestible format. The visual appeal maintains student engagement and aids in retention. However, it's important to balance slides with verbal explanations to ensure active participation and prevent a passive learning environment.

**Group Discussions:** After the lecture or specific segments, students engage in group discussions. This allows them to share their interpretations, ask questions, and explore the material collaboratively. Group discussions promote critical thinking, diverse perspectives, and the application of concepts to real-world scenarios. It's an opportunity for students to actively process information, voice opinions, and learn from their peers' insights.

**Video Clips:** Integrating relevant video clips enhances learning by providing visual context and real-world examples. Videos can depict medical procedures, historical events, scientific experiments, or interviews with experts. Visual demonstrations offer an additional layer of understanding and cater to different learning styles. After watching a video, students can analyze, discuss, and relate the content back to the lecture material.

**Interactivity and Engagement:** This combined approach fosters active participation. Students interact with the PPT slides, engage in meaningful discussions, and connect with video content.

These interactive elements cater to various learning preferences and encourage students to take ownership of their learning journey.

**Comprehensive Learning:** Each component of the approach contributes uniquely. Lectures with PPT provide a foundation of knowledge, group discussions encourage critical thinking, and video clips offer practical context. The synthesis of these methods enriches the overall learning experience.

**Effective Time Management:** Group discussions and video clips can be strategically placed within the lecture to break the session into manageable segments. This prevents information overload and provides opportunities for reflection.

**Technology Integration:** Leveraging technology such as video-sharing platforms and collaboration tools for group discussions enhances accessibility and participation, especially in hybrid or online learning environments.

**Assessment and Evaluation:** The integrated approach allows instructors to assess students' understanding through their participation in discussions, responses to video-related questions, and their ability to connect concepts from the lecture and videos.

In lecture, various other methods can be included. A large classroom can be converted to small groups. Converting large classrooms into smaller ones. It's about making a comfortable space for discussions and learning. In smaller classrooms, students can talk more easily, ask questions, and work closely with others. It's a place where everyone's voice can be heard, and students can really get into the subjects they are studying. This change makes learning more interactive and personal, helping students connect better with their peers and teachers. Turning big classrooms into smaller ones comes with several advantages for their learning experience:

**Personal Connection** -In a smaller space, students can interact more closely with their classmates and teachers. This creates a sense of community and makes it easier to ask questions and share their thoughts

**Active Participation** -Smaller classrooms encourage everyone to get involved in discussions and activities. Student won't feel lost in a crowd, and their voice matters. **Deeper Understanding** With fewer people around, student can have more in-depth conversations about the subjects they are studying. Students will have the chance to explore ideas from different angles. **Focused Learning** - it's easier to stay focused on the lesson. Distractions are reduced, allowing students to engage more fully with the material. **Increased Collaboration** - Working closely with classmates in a smaller space promotes teamwork. students can share ideas, solve problems together, and learn from each other. **Better Feedback** - Teachers can pay more attention to individual students in a smaller classroom. This means student can get more personalized feedback on their progress. **Inclusive Environment** - Smaller settings often feel more inclusive and welcoming. Students' are more likely to feel like a

valued part of the group. Active Learning:-Activities like group discussions, debates, and hands-on exercises are more effective in small classrooms. Students' are actively involved in their learning journey.

**Discussions** - Guiding discussions is a teaching method that offers both incredible rewards and some challenges. It's a way to encourage critical thinking in a dynamic manner. By using discussions as a central teaching technique, we can prompt active thought and engagement. Even large groups can be transformed into smaller ones, creating an opportunity for more interactive activities. While leading discussions can be demanding, it's also incredibly satisfying as it nurtures a deeper understanding of the subject and enhances collaborative learning.

**Brainstorming** - Imagine a storm of ideas where creativity flows freely! Brainstorming is an exciting teaching technique that encourages you to generate a bunch of fresh ideas in a short time. This happens in a group setting, where no idea is considered wrong. It's all about sparking innovative thinking and finding new solutions. By sharing their ideas and hearing others', you get to explore a wide range of perspectives. This method nurtures their creativity and helps you approach challenges with a creative and open mind. is used as one of the teaching methods. the students participate by responding or presenting views on the topic. This technique encourages new ideas among students.

**Inquiry-Based Learning** Inquiry-Based Learning begins with the art of questioning, as students either spontaneously generate queries or are guided to do so. These questions serve as the catalyst for exploration, leading students to seek answers through research, engaging activities, and collaborative efforts. This approach fosters an environment where students actively shape their learning, nurturing curiosity, critical thinking, and teamwork as they navigate the journey of discovery.

**Problem-based learning (PBL)** is a student-cantered approach in which students learn about a subject by working in groups to solve an open-ended problem. This problem is what drives the motivation and the learning.

**Case-Based Learning** - Similar to the methods discussed earlier, Case-Based Learning also involves diving into real-life situations. Here, students engage with a case, often drawn from clinical practice or real-life scenarios, as a starting point for learning. These cases encourage students to apply their knowledge and think critically. They analyze the situation, consider different angles, and propose solutions. This approach transforms learning into a practical adventure where students put their knowledge to the test by solving genuine problems.

**Project-Based Learning** - Project-Based Learning takes students on a different kind of journey. Instead of just learning from books, they spend a longer time, like a week, working on a single project. This project is a chance for them to put their learning to use and show what they've learned.

They set goals for what they want to achieve, work on the project, and then present their work to their classmates. It's like a hands-on experience where they learn by doing.

**Team-Based Learning (TBL)** - In Team-Based Learning, learning is a team effort. Students prepare for class on their own, then come together in small groups to apply what they've learned. It's like a structured group activity where everyone contributes. The cool part is that it encourages students to be ready before class and helps them use what they've learned in a practical way. It's all about teamwork and applying knowledge to solve problems.

**Flipped Classroom** - Imagine learning in reverse! Flipped classrooms do just that. Before class, students do their homework by watching videos or reading materials provided by the teacher. Then, when they come to class, instead of a regular lecture, they dive into discussions and ask questions. It's like the classroom is flipped – what used to happen in class now happens at home, and the classroom becomes a hub for interaction and deeper understanding.

**Blended Learning** - Blended learning mixes things up in a cool way. It's like a blend of the traditional classroom and technology. Some parts of the learning happen online, and some still take place in class. It's a bit like the flipped classroom, but with a twist. This approach uses the power of technology and mixes it with good old classroom interactions, making learning more flexible and exciting.

**Edutainment** - Learning becomes fun with edutainment! It's all about mixing education and entertainment. Teachers use cool methods like videos, slideshows, demos, and discussions to keep students engaged and excited. Learning feels less like a chore and more like an adventure. Edutainment makes sure that students not only learn but also have a blast doing it.

**Early Clinical Exposure (ECE)** is a method that introduces students to real-world medical contexts early in their education, aligning theoretical knowledge with practical application. By immersing students in clinical settings, ECE instills relevance and motivation in their foundational studies, offering a glimpse into the healthcare environment that drives their professional growth. Whether through firsthand patient interactions or recorded videos, ECE bridges the gap between theory and practice, preparing students for their medical journey with a deeper understanding and a tangible connection to their future profession.

**Simulation-Based Learning** offers a dynamic educational method where students can put their learned skills into action within lifelike scenarios. This approach transforms abstract concepts into tangible experiences through hands-on practice. Whether it's practicing with simulated patients or real ones in a controlled clinical setting, such as a clinical skills lab, students learn to make informed decisions as they navigate through various scenarios. This method not only enhances their technical

skills but also cultivates critical thinking and decision-making abilities, preparing them for real-world challenges in the medical field.

**Role plays** form the foundation of dramatic engagement and offer a unique approach to learning. This technique involves assuming different roles and enacting scenarios or problems, providing a safe space to practice responses and actions. By stepping into these roles, students work through situations and refine their approaches in a risk-free environment. This approach is highly effective in nurturing cognitive, emotional, and communication skills. Through role plays, students not only grasp theoretical knowledge but also develop a practical understanding of how to apply it in real-life scenarios. This interactive method empowers them to enhance their problem-solving abilities, emotional intelligence, and effective communication techniques, preparing them for the complexities of the real world.

**Self-directed learning** Self-directed learning is a transformative process where individuals take charge of their own learning journey. This involves evaluating their learning needs, setting goals, actively engaging in the learning process, and evaluating their progress. In this method, students not only acquire crucial subject matter knowledge but also develop essential skills for lifelong learning. With the aid of numerous online tools, e-learning platforms, and Massive Open Online Courses (MOOCs) aligned with the syllabus, students have the opportunity to curate their learning experience. By selecting topics of relevance and significance, they tailor their learning to their interests and needs. Self-directed learning not only cultivates subject expertise but also hones skills such as self-discipline, time management, critical thinking, and independent decision-making. Through this approach, students become architects of their education, gaining knowledge and skills that extend far beyond the classroom.

**Problem solving method:** - Human beings face multi-dimensional problems in their lives, and they try to solve these problems in a particular way in the light of their previously gained knowledge and experiences. In this regard, it is essential for the students to be prepared for future or near future challenges by facing real life, or real like, problems in their learning environment, and finding appropriate solution of these problems. Many similar methods like Critical thinking, creative thinking can be part of this activity.

**Kinesthetic Learning** students perform hands-on physical activities rather than listening to lectures or watching demonstrations. Kinesthetic learning, values movement and creativity, is most commonly used types of instruction. Students are expected to do, make or create something. Poster making, model making, Chart making, Video Clip making. Many such activities can be part of learning.



**Workshops** offer an interactive and concentrated approach to learning, where students delve into specific topics and emerge with refined skills. These sessions not only foster skill development but also cultivate effective communication and ethical values. Through hands-on activities and discussions, students gain practical insights that align with program outcomes, bridging theoretical learning with real-world application. Workshops empower students with the tools and values needed for success in their medical journey.

**Game-Based Learning** Game-Based Learning introduces a captivating dimension to education, where students embark on quests to achieve specific goals. This approach seamlessly merges learning objectives with the excitement of earning points or badges, akin to video games. By immersing themselves in interactive challenges, students become problem solvers, navigating through scenarios and deciphering complex concepts in pursuit of achievement. Incorporating elements of gamification, this method engages students in a dynamic learning experience. As they conquer challenges, they develop critical thinking skills, strategize solutions, and deepen their subject understanding. This interactive journey not only enhances their knowledge but also fosters a sense of accomplishment and enthusiasm, transforming learning into an exciting adventure.

**Library sessions** extend learning beyond the classroom, offering students access to a treasure trove of resources. In these sessions, students dive into books, journals, and digital databases, honing their research skills and discovering a world of information. Library sessions empower students to explore topics in depth, supporting their academic growth and critical thinking abilities.

**Peer Learning /Collaborative learning** - Peer learning, a collaborative teaching method, encourages students to learn from each other. By working together on projects, discussions, and problem-solving activities, students exchange ideas, clarify doubts, and enhance their understanding. This approach nurtures teamwork, communication, and diverse perspectives, transforming learning into a collective journey.

**Real-Life Experience** - Real-life experiences bring classroom learning to life. Students engage with the practical application of their studies, whether through internships, clinical rotations, or hands-on activities. These experiences bridge the gap between theory and practice, equipping students with the skills and insights necessary for their future professions.

Regenerate.

**Symposium** - A symposium is a dynamic forum where experts and students come together to discuss and share insights on a specific topic. Through presentations, discussions, and debates, symposiums provide a platform for diverse perspectives and in-depth exploration. This collaborative approach encourages critical thinking and a comprehensive understanding of the subject matter.

**Tutorial** - Tutorials offer a personalized learning experience, allowing students to work closely with educators in small groups. In these sessions, students can clarify doubts, delve deeper into topics, and receive individualized guidance. Tutorials foster a supportive environment for asking questions and seeking clarification, enhancing overall comprehension.

**Presentations** - Presentations empower students to convey their ideas effectively to an audience. Whether through visual aids or verbal delivery, students develop communication skills and the ability to synthesize complex information. Presentations not only showcase knowledge but also cultivate confidence and public speaking abilities.

**Practicals/ Hands-On Engagement.** Practical sessions transform theoretical knowledge into practical skills. Through hands-on activities, experiments, and simulations, students gain a tangible understanding of concepts. Practical sessions enhance critical thinking, problem-solving, and decision-making abilities, preparing students for real-world challenges.

**X-ray identification** is a skill that enables medical professionals to decipher diagnostic images and uncover vital information. Through practice and guidance, students learn to identify anatomical structures, anomalies, and potential medical conditions. This skill sharpens observation abilities and cultivates a deep understanding of medical imaging techniques.

**Case diagnosis** involves analyzing patient data, symptoms, and medical history to arrive at accurate diagnoses. Students engage in critical thinking and problem-solving as they piece together information to identify the underlying health issue. This method not only enhances medical knowledge but also sharpens analytical and decision-making skills.

**Lab Report Interpretation** - Interpreting lab reports is essential for medical professionals to understand patient health. Students learn to analyze data from various tests, translating numbers and values into actionable medical insights. This skill fosters proficiency in understanding medical reports and aids in making informed clinical decisions.

**Drug analysis** equips students with the ability to comprehend the effects of pharmaceutical substances on the human body. Through research and practical exploration, students gain insights into drug interactions, mechanisms, and potential side effects. This skill contributes to safe and effective patient care, highlighting the crucial intersection of pharmacology and patient well-being.

Demonstrations, often referred to as demos, are potent tools for interactive learning. They present practical examples, clarifying complex concepts by providing hands-on experiences. Models, whether physical or digital, are a common subject for demos, allowing students to engage directly with abstract ideas and gain a deeper understanding. Through model demonstrations, students can visualize relationships, simplify intricate theories, and foster active participation, making learning

both engaging and effective. Demonstrations are powerful tools that bridge the gap between theoretical knowledge and practical application. They provide students with visual and hands-on experiences, enhancing their understanding of complex concepts. Whether conducted at the bedside, in a lab, or in a garden, demonstrations bring learning to life by allowing students to witness theories in action.

**Bedside** demonstrations take learning beyond the classroom and into the realm of patient care. By observing medical procedures, assessments, and interactions with patients at the bedside, students gain practical insights that textbooks alone cannot provide. This method enhances clinical understanding, communication skills, and empathy, fostering a holistic approach to healthcare.

**Lab demonstrations** provide a hands-on experience to explore scientific principles in action. Through experiments and simulations, students witness concepts coming to life, deepening their comprehension and analytical skills. Lab demonstrations bridge theory and application, fostering critical thinking and an intimate understanding of scientific processes.

Garden demonstrations connect students with the natural world, particularly in fields like botany and herbal medicine. By observing plant growth, species identification, and cultivation techniques, students gain practical knowledge about plants' medicinal properties. Garden demonstrations offer a sensory and interactive learning experience, enriching students' understanding of nature's role in healthcare.

**Field visits** offer students a firsthand experience of real-world contexts related to their studies. Whether exploring ecosystems, healthcare facilities, or historical sites, these excursions bring theoretical concepts to life. Field visits foster a deeper understanding by allowing students to observe and interact with their environment, gaining practical insights that textbooks cannot provide. This experiential approach enhances knowledge retention, critical thinking, and a well-rounded perspective on the subject matter.

Teaching learning methods. Teaching learning methods are planned based on Topic need, Domain and Importance. This column indicates traditional methods like lecture as well as interactive methods.

**Table 3 B:-PRACTICAL (NON-LECTURE)**

Sl. No	Name of the practical	Term (I/II/III)	Distribution of Hours

S No of the practical. Name of the Topic, term and Hours are explained in this table..

**Table 4: Assessment Summary:**

Assessment is subdivided in A to G points.

**A- Number of papers and Marks Distribution for Second Professional B.S.R.M.S. Subjects**

Sl.No.	Subject	Papers	Theory	Practical or Clinical Assessment					Grand Total
				Practical or clinical	Viva	Electives	IA	Total	
1.	<i>sman rdzas-II</i> (Materia Medica-Part-II)	1	100	100	20	10 (Set-SA)*	20	150	250
2.	<i>zhi byed sman gyi sbyar thabs</i> (Sowa-Rigpa Pharmacology and Pharmaceutics)	1	100	100	30	-	20	150	250
3.	<i>ngos bzung rtags</i> (Sowa-Rigpa Pathology Part-II)	1	100	100	30	-	20	150	250
4.	<i>gso byed thabs</i> (Principles of Sowa-Rigpa Therapeutic) Paper-1 and Paper-2	2	200	100	30	-	20	150	350
5.	<i>tshad pa gso ba</i> (Management of Pyrexia and Infectious Diseases) Paper-1 and Paper-2	2	200	100	20	10 (Set-SB)*	20	150	350
6.	<i>lus stod dang don snod gso ba</i> (Management of Head, Neck, Thorax and Abdomen Disorders)	1	100	100	30	-	20	150	250
7.	<i>thor nad dang gsang nad gso ba</i> (Management of Unclassified group of diseases and Reproductive Health) Paper-1 and Paper-2	2	200	100	20	10 (Set-SC)*	20	150	350
8	<i>blo rgyugs</i> (Oral Test)	-	-	-	80	-	20	100	100
9	<i>phyi ma rgyud sdong 'grem</i> s (Concept Mapping-III)	-	-	-	80	-	20	100	100
<b>Grand Total</b>									<b>2250</b>

[\*Set: -SA, SB, SC – Sets of Electives for Second Professional B.S.R.M.S.]

**B - Scheme of Assessment (formative and Summative)**

Sl. No.	Professional session	Duration of Professional session			University Exam
		First Term (1-6 Months)	Second Term (7-12 Months)	Third Term (13-18 Months)	
1	First Professional B.S.R.M.S.	3 PA and First TT	3 PA and Second TT	3 PA	UE
2	Second Professional B.S.R.M.S.	3 PA and First TT	3 PA and Second TT	3 PA	UE
3	Third (Final) Professional B.S.R.M.S.	3 PA and First TT	3 PA and Second TT	3 PA	UE

PA: Periodical Assessment; TT: Term Test; UE: University Examination – University exam should be on entire Syllabus.

PA: Periodical Assessment; TT: Term Test; UE: University Examinations Theory i.e. Written by the MCQ, SAQ, LAQ as per MSE and Practical Examination by Practical / Clinical/ Viva.

**Formative assessment** as, it is assessment for learning, various other methods can be used. Considering cognitive, psychomotor and affective domain appropriate method (as above table), should be adopted. Formative assessment should be frequent activity after teaching. Records should be kept and cumulative marks should be forwarded to university as per table

Formative assessment is defined by two terms, Periodic Assessment and term test.

Periodic Assessment and Term Test- In table 6 C method for calculation of internal assessment marks is explained. Various periodic assessment methods are explained in the table 6 D.

**C -1 Calculation method of Internal Assessment Marks (20 marks)]**

Term	Periodical Assessment				Term Test	Term Assessment	
	A	B	C	D	E	F	G
	1 (20)	2 (20)	3 (20)	Average (A+B+C/3) (20)	Theory (MCQ + SAQ + LAQ) & Practical (Converted to 20)	Sub Total (40 marks)	Term Assessment (20 marks)
First						D + E	D + E/2
Second						D + E	D + E/2
Third					Nil	D	D
<b>Final IA</b>	<b>Final Internal Assessment: Average of three Term Assessment marks as shown in 'G' column</b>						

**C-2 Calculation method of Internal Assessment Marks (20 marks) for Oral test and Concept Mapping**

Term	Periodical Assessment				Term Test	Term Assessment	
	A	B	C	D	E	F	G

	1 (20)	2 (20)	3 (20)	Average (A+B+C/3) (20)	Oral test (Recitation based) and Concept Mapping (Performance based) (Converted to 20)	Sub Total (40 marks)	Term Assessment (20 marks)
First						D + E	D + E/2
Second						D + E	D + E/2
Third					Nil	D	D
<b>Final IA</b>	<b>Final Internal Assessment: Average of three Term Assessment marks as shown in 'G' column</b>						

### D - Evaluation Methods for Periodical Assessment

Assessments: This column indicates method of assessment for the given Topic. Various types of assessment methods are given as per domain. For assessment of cognitive domain MCQ, extended matching items, SAQ, LAQ, Essay writing, modified essay questions (MEQs), Constructed Response Questions (CRQs), case study, open book test etc. can be conducted.

Using different assessment methods in education is really important. Each method helps teachers understand how well students are learning. Some methods check basic knowledge, like multiple-choice questions, while others like essays show how well students can think and explain. When teachers use a mix of methods, they can see different skills that students have. This also helps students who learn in different ways. Plus, using different methods helps students learn new things and be ready for real-life situations. So, by using different ways to check what students know, teachers can see the whole picture of how well students are learning and growing.

1. Diverse assessment methods enhance evaluation fairness and effectiveness.
2. Methods target different learning aspects, from basic knowledge to critical thinking.
3. Various methods accommodate diverse student learning styles and strengths.
4. Different approaches foster a wide skill range, from problem-solving to collaboration.
5. Assessment methods reflecting real-world scenarios bridge theory and practice.
6. Varied methods minimize bias and offer accurate insight into students' abilities.
7. Methods like essay writing promote higher-order thinking and skills.
8. Mixing methods maintains student motivation and engagement.

**Theory Extended Matching Item (EMI):** Theory Extended Matching Items present students with scenarios or clinical cases along with a list of possible responses. Students are tasked with matching the most suitable response to each scenario, thereby demonstrating their comprehension of theoretical concepts in practical contexts. This assessment method not only evaluates students'

ability to recall information but also tests their application of knowledge to real-world situations, encouraging critical thinking and decision-making skills.

**Theory Essay Writing:** Theory essay writing provides students with an opportunity to explore topics in-depth. By crafting well-structured essays, students not only showcase their theoretical understanding but also their ability to analyze, synthesize, and present coherent arguments. This method assesses not just knowledge retention but also the higher-order cognitive skills of analysis, evaluation, and effective communication.

**Theory Modified Essay Questions (MEQs):** Theory Modified Essay Questions challenge students to address complex scenarios that require the integration of theoretical concepts. By applying their theoretical knowledge to practical situations, students demonstrate their aptitude for critical thinking, problem-solving, and decision-making. This method goes beyond surface-level understanding, probing into students' ability to synthesize information and apply it effectively.

**Theory Constructed Response Questions (CRQs):** Theory Constructed Response Questions require students to provide detailed written responses to specific prompts. This method assesses not only students' comprehension of theoretical material but also their capability to apply that knowledge to real-world scenarios. CRQs demand thoughtful analysis and application of theories, providing insights into students' ability to translate theoretical concepts into practical solutions.

**Practical Exam:** Practical exams assess hands-on skills and application of theoretical knowledge in real-world settings. Students demonstrate their proficiency in performing tasks relevant to their field of study, showcasing their ability to apply concepts learned in practice.

**Presentation:** Presentations require students to communicate their understanding of a topic to an audience. This method enhances public speaking and communication skills, while also assessing the student's grasp of the subject matter and their ability to synthesize information effectively.

**Practical Performance:** Practical performance evaluations gauge students' competency in applying acquired skills. Whether in a laboratory, clinical setting, or workshop, students are observed as they execute tasks, demonstrating their proficiency and practical application of knowledge.

**Practical Survey:** Practical surveys involve students collecting data from real-world scenarios. They learn how to design surveys, gather information, and analyze results. This method offers a hands-on experience in data collection and analysis, aligning theory with practical research skills.

**Role Play:** Role-playing scenarios assess students' ability to apply theoretical concepts to real-life situations. It tests their problem-solving, communication, and interpersonal skills by immersing them in simulated scenarios.

**Model:** Using models, students demonstrate their understanding of complex structures, systems, or processes. This hands-on approach assesses their ability to manipulate and interact with physical representations of theoretical concepts.

**Poster:** Poster presentations require students to visually present information, combining textual and visual elements. This method evaluates their capability to organize and convey complex concepts in a clear and concise manner.

**Case Taking:** Assessing students' interactions with simulated patients or cases evaluates their clinical and communication skills. It demonstrates their ability to gather information, diagnose, and recommend appropriate solutions.

**Identification:** Identification tasks assess students' knowledge of different elements, such as specimens, objects, or components relevant to their field. It evaluates their recognition and categorization skills.

**Problem Solving:** Practical problem-solving tasks replicate real-world challenges. Students apply their theoretical understanding to find solutions, showcasing their critical thinking and analytical skills.

**Quiz:** Quizzes serve as efficient assessments, evaluating students' grasp of core concepts and reinforcing theoretical fundamentals through repeated practice. They prompt ongoing review, aiding memory consolidation and providing immediate feedback on knowledge gaps.

**Puzzles:** Problem-solving puzzles push students to apply theoretical understanding in innovative ways. By challenging them to unravel intricate scenarios, these assessments nurture critical thinking, analytical skills, and adaptive reasoning.

**Class Presentation:** Presentations offer a multifaceted assessment platform. They not only gauge students' depth of subject knowledge but also hone their verbal communication, organization, and public speaking abilities, fostering well-rounded development.

**Debate:** Debates immerse students in dynamic discussions, honing research skills, critical analysis, and effective articulation of viewpoints. They encourage in-depth exploration of theoretical topics while evaluating persuasive capabilities.

**Word Puzzle:** Word puzzles inject an element of entertainment into vocabulary acquisition. Alongside assessing knowledge of essential terms, these puzzles stimulate cognitive connections, making learning engaging and memorable.

**Online Quiz:** Online quizzes blend technology with assessment, catering to tech-savvy learners. They provide immediate insights into students' understanding, making it a convenient tool for self-assessment and targeted improvement.



**Online Game-Based Assessment:** Game-based assessments leverage the allure of gaming to evaluate learning outcomes. By embedding educational objectives into interactive games, they enhance engagement while measuring knowledge application.

**Making of Model:** Crafting models bridges the gap between theory and practicality, evaluating students' ability to translate abstract concepts into tangible representations. This method fosters creativity, attention to detail, and spatial understanding.

**Making of Charts:** Designing charts showcases students' data interpretation and presentation skills. These assessments demand clarity in conveying complex information visually, assessing their ability to communicate effectively.

**Making of Posters:** Posters amalgamate creativity and communication skills. Crafting visually compelling representations of theoretical concepts evaluates students' visual design abilities and their capacity to synthesize and present information.

**Interactions:** Interactions foster dynamic engagement by assessing students' ability to communicate, collaborate, and respond effectively to diverse situations. These interactions can encompass discussions, debates, and role plays, evaluating their interpersonal and teamwork skills.

**Critical Reading of Papers:** Critical reading of papers hones students' analytical skills as they assess research articles. This method evaluates their capacity to extract meaningful insights, identify strengths and limitations, and engage with scholarly literature.

**Creativity Writing:** Creative writing assessments tap into students' imaginative prowess, challenging them to apply theoretical concepts in innovative ways. This approach fosters expression, original thinking, and the synthesis of diverse ideas.

**Clinical Video Cases:** Clinical video cases provide a virtual insight into real-world scenarios, testing students' diagnostic and decision-making skills. By evaluating their ability to analyze and respond to complex patient situations, this assessment mirrors clinical practice.

**Simulated Patients:** Simulated patients offer a controlled environment for students to interact with lifelike scenarios. This assessment method assesses clinical skills, communication, empathy, and the application of theoretical knowledge in a practical context.

**Patient Management Problems:** Patient management problems simulate real clinical challenges, evaluating students' ability to diagnose, treat, and manage patient conditions. This method assesses their clinical reasoning and application of theoretical concepts.

**Checklist-Based Assessments:** Checklist-based assessments provide structured evaluation criteria for various skills or tasks. They offer a systematic way to measure performance against predefined standards, ensuring comprehensive coverage of essential competencies.

**OSCE (Objective Structured Clinical Examination):** OSCE evaluates clinical skills through a series of stations, each focusing on specific tasks. This method rigorously assesses students' ability to perform practical procedures, communicate effectively, and demonstrate critical thinking under timed conditions.

**OSPE (Objective Structured Practical Examination):** OSPE evaluates practical skills in controlled settings. It involves multiple stations, each assessing specific skills or techniques, providing a well-rounded assessment of students' proficiency.

**Mini-CEX (Mini Clinical Evaluation Exercise):** Mini-CEX evaluates clinical skills through direct observation in real clinical settings. It provides immediate feedback on students' performance, assessing clinical decision-making, patient interaction, and problem-solving.

**DOPS (Direct Observation of Procedural Skills):** DOPS assesses procedural skills under supervision. Trained assessors directly observe and evaluate students' performance, ensuring competence in performing practical tasks and procedures.

**CWS (Case-Writing Skills):** CWS assesses students' ability to construct comprehensive clinical cases. It evaluates their understanding of clinical concepts, communication skills, and their capacity to present complex medical scenarios.

**Rating Scales:** Rating scales provide a structured approach to evaluating students' performance across predefined criteria. They offer a quantifiable assessment of skills, behaviors, or competencies, allowing for consistent and standardized evaluation.

**Record Keeping:** Record keeping assessments focus on accurate documentation of clinical encounters, procedures, and patient interactions. This method evaluates students' attention to detail, organization, and communication skills in maintaining comprehensive records.

**Compilations:** Compilations involve students gathering and presenting a collection of their work or accomplishments. This assessment method showcases their achievements, growth, and learning journey, offering a holistic view of their progress.

**Portfolios:** Portfolios are curated collections of students' work that showcase their achievements, reflections, and growth over time. This method encourages self-assessment, critical thinking, and the documentation of diverse learning experiences.

**Log Book:** Log books provide a chronological record of students' practical experiences, activities, and accomplishments. This assessment method offers insight into their hands-on training, clinical exposure, and the development of practical skills.

**Trainers' Report:** Trainers' reports offer valuable insights into students' performance from the perspective of educators or supervisors. These assessments provide an external perspective on students' progress, clinical skills, and overall competence.

**Self-Assessment:** Self-assessment encourages students to reflect on their own learning and performance. By evaluating their strengths, weaknesses, and areas for improvement, students take an active role in their educational journey.

**Peer Assessment:** Peer assessment involves students evaluating their peers' work, performance, or contributions. This method encourages collaboration, teamwork, and a deeper understanding of assessment criteria.

**360-Degree Evaluation:** 360-degree evaluation gathers feedback from multiple sources, including trainers, peers, and self-assessment. This comprehensive approach provides a well-rounded view of students' competencies, behaviors, and interactions.

**Theory:** Theory exams assess students' understanding of fundamental concepts and principles. They often require comprehensive written responses that showcase students' knowledge, critical thinking, and ability to communicate ideas clearly.

**MCQ (Multiple Choice Questions):** MCQs evaluate a wide range of content efficiently. They test students' recall, application, and analytical skills, offering a diverse assessment of their understanding.

**SAQ (Short Answer Questions):** SAQs require concise written responses to specific prompts. They assess students' ability to provide focused answers, showcasing their comprehension and application of key concepts.

**LAQ (Long Answer Questions):** LAQs assess in-depth understanding and critical analysis. Students are expected to provide detailed, structured responses that demonstrate their grasp of complex topics.

### **Practical Exams: Spotting, Identifications, Clinical Cases, Hands-On Skills**

**Spotting and Identifications:** These assessments test students' ability to identify and label specific elements, such as anatomical structures or specimens. They focus on recognition and recall of visual information.

**Clinical Cases:** Clinical case exams present scenarios resembling real patient encounters. Students diagnose, analyze, and propose treatment plans based on the provided information, demonstrating clinical reasoning and decision-making skills.

**Hands-On Skills:** Practical assessments involve performing specific procedures or tasks. Students demonstrate psychomotor skills, accuracy, and attention to detail, showcasing their competence in applying theoretical knowledge in real-world settings.

**Viva Exams: General and Structured**

**General Viva:** General viva exams involve oral questioning on various subjects. Students must articulate their knowledge, reasoning, and problem-solving abilities in response to questions posed by examiners.

**Structured Viva:** Structured viva exams have predetermined questions and evaluation criteria. This focused approach ensures consistent assessment across students and covers specific learning objectives.

Incorporating these common examination methods ensures a comprehensive evaluation of students' theoretical knowledge, practical skills, clinical reasoning, and communication abilities. These diverse assessments promote a well-rounded understanding of students' capable

Sl. No.	Evaluation Method
1.	Practical / Clinical Performance
2.	Viva Voce / Multiple Choice Question (MCQ) / Modified Essay Question (MEQ)/Structured Questions
3.	Open Book Test (Problem Based)
4.	Summary Writing (Research papers)
5.	Class Presentations
6.	Work Book Maintenance
7.	Problem Based Assignment
8.	Objective Structured Clinical Examination (OSCE), Objective Structured Practical Examination (OSPE), Mini Clinical Evaluation exercise (Mini-CEX), Direct Observation Procedures (DOP), Case Based Discussion(CBD)
9.	Extra-curricular activities (Social Work, Public Awareness, Surveillance Activities, Sports or other activities which may be decided by the department).
10.	Small Project
11.	Any of above illustrated in assessment.

A detailed list of periodic assessment is given in this table. Choose one activities Indicated as per Indicated I, II or III term or any other as per objectives from this table.

Conduct periodic test for 20 marks.

Term Test - Conduct Theory (100 Marks) [MCQ (20\*1 Marks), SAQ (8\*5), LAQ (4\*10)] and

Practical (as per course)/(100 Marks) and convert to 20.

## E Question Paper Pattern

### II PROFESSIONAL BSRMS EXAMINATIONS

<Code of Subject>

**PAPER-1** {Similar for Paper II (If applicable)}.

Time: 3 Hours      Maximum Marks: 100

INSTRUCTIONS: All questions compulsory

		Number of Questions	Marks per question	Total Marks
Q 1	MULTIPLE CHOICE QUESTIONS (MCQ)	20	1	20
Q 2	SHORT ANSWER QUESTIONS (SAQ)	8	5	40
Q 3	LONG ANSWER QUESTIONS (LAQ)	4	10	40
				100

### F Distribution of theory Exam and Question paper-Blue print

	List of Topics	Term	Marks	Type of Questions “Yes” can be asked. “No” should not be asked.		
				MCQ (1 Mark)	SAQ (5 Marks)	LAQ (10 Marks)

Question paper Blue print is indicated as per Term, maximum marks allotted to topic and type of Questions.

First column indicates List and name of topic and subtopic

Second column indicate Term

Third indicate maximum marks allotted for topic or group of Topics.

Last column indicates Distribution of type of question MCQ, SAQ, LAQ to be asked. “Yes” indicate can be asked. “No” indicate should not be asked.

### G Distribution of Practical Exam

SN	Heads	Marks
1	Practical (Total Marks 100)	
2	Viva Voce	
3	Internal Assessment(IA)	
4	Electives (if applicable))	
	Total Marks	

## References books/ Resources

Books and Resources for the course/ Subject are provided in this point.

### Implementation

- Select a topic as per term
- Read the objectives
- Think of Domain
- Decide lecture plan and prepare material A/V aids(PPT, Charts etc)
- Decide non lecture activities to be conducted. Prepare resources (Case, problem etc)
- Decide assessment method (formative) and prepare material if required (e.g. Quiz, puzzle, etc)
- Make lesson plan. (Template next page)
- Conduct session/practical

#### LESSON PLAN TEMPLATE

Name of College:			
Name of Department (s)			
Name of Course		Academic Year	Batch –
Learning Objectives:			
Instructional Method (Circle as appropriate) -			
Lecture /Seminar /Tutorial / Bedside Clinic / OPD Session / Community Visit / Hospital visit, any of			
Duration - LH-		NLH	
Time	Activity Description	Resources/ A-V Aids	Assessment Method / s

List of Learning Resources : (Textbook, e – resources, other)

## Contributions: II BSRMS Curriculum Committee



### CORE COMMITTEE:

S.N.	Name	Designation	Organization
1.	<b>Vaidya Jayant Deopujari</b>	Chairman	National Commission for Indian System of Medicine, New Delhi
2.	<b>Dr. K. Jagannathan</b>	President	Board of Unani, Siddha and Sowa-Rigpa
3	<b>Dr. S. Mathukumar</b>	Member	Board of Unani, Siddha and Sowa-Rigpa
4.	<b>Dr. Mohan R Joshi</b>	Education Technologist. Chief Coordinator for syllabus framing workshop (2 <sup>nd</sup> Professional Syllabus)	Professor and HOD, Samhita Siddhant Department All India Institute of Ayurveda, Goa.
5	<b>Dr. Namdol Lhamo</b>	Chief Co-ordinator for 2nd professional Syllabus framing Committee BSRMS	Professor, MTK,D'sala

### Expert List for Framing Second Professional Sowa-Rigpa BSRMS Syllabus

S.No.	Name of Expert	Designation	Subject
1	<b>Dr. Norchung</b> Coordinator	Associate Professor,	sman rdzas-II(MateriaMedica Part-II): SRUG- MZ-II
2	<b>Dr. Tashi Stobgais</b> Member	Senior Consultant,	sman rdzas-II(MateriaMedica Part-II): SRUG- MZ-II
3	<b>Dr. Tamdin Wangchuk</b> Member	Assistant Professor,	sman rdzas-II(MateriaMedica Part-II): SRUG- MZ-II

4	<b>Prof. Lobsang Tenzin</b> Coordinator	Professor,	zhi byed sman gyi sbyar thabs (Sowa-Rigpa Pharmacology & Pharmaceutics) : SRUG-MB
5	<b>Dr. Tenzin Phelgyay</b> Member	HoD, Sowa-Rigpa, Pharmacology,	zhi byed sman gyi sbyar thabs (Sowa-Rigpa Pharmacology & Pharmaceutics) : SRUG-MB
6	<b>Dr. Tsering Choephel</b> Member	Assistant Professor,	zhi byed sman gyi sbyar thabs (Sowa-Rigpa Pharmacology & Pharmaceutics) : SRUG-MB
7	<b>Dr. Ngawang Gelek</b> Member	Assistant Professor,	zhi byed sman gyi sbyar thabs (Sowa-Rigpa Pharmacology & Pharmaceutics) : SRUG-MB
8	<b>Dr. Tenzin Yeshe</b> Coordinator and Member	Assistant Professor,	ngos bzung rtags- II (Sowa-Rigpa Pathology Part-II): SRUG- NT-II and Concept Mapping III man ngag rgyud sdong 'drem
9	<b>Dr. Chime Dolkar</b> Member	Assistant Professor ,	ngos bzung rtags- II (Sowa-Rigpa Pathology Part-II): SRUG- NT-II
10	<b>Dr. Padma Rigzin</b> Member	Assistant Professor,	ngos bzung rtags- II (Sowa-Rigpa Pathology Part-II): SRUG- NT-II
11	<b>Dr. Sonam Dolkar Oshoe</b> Coordinator	Assistant Professor,	gso byed thabs (Principles of Sowa-Rigpa Therapeutics) Paper-1 and Paper-2: SRUG- ST
12	<b>Dr. Tenzin Delek</b> Member	Assistant Professor,	gso byed thabs (Principles of Sowa-Rigpa Therapeutics) Paper-1 and Paper-2: SRUG- ST
13	<b>Dr. Migmar</b> Member	Assistant Professor,	gso byed thabs (Principles of Sowa-Rigpa Therapeutics) Paper-1 and Paper-2: SRUG- ST



14	<b>Dr. Pema Chodon</b> Member	Assistant Professor,	gso byed thabs (Principles of Sowa-Rigpa Therapeutics) Paper-1 and Paper-2: SRUG- ST
15	<b>Dr. Stanzin Chosrab</b> Member	Assistant Professor,	gso byed thabs (Principles of Sowa-Rigpa Therapeutics) Paper-1 and Paper-2: SRUG- ST
16	<b>Dr. Tenzin Lhundup</b> Coordinator	Assistant Professor,	tshad pa gsoba (Management of Pyrexia and Infectious Disease) Paper- 1 and Paper-2: SRUG-TP
17	<b>Dr. Dorjee Damdul</b> Member	Associate Professor,	tshad pa gsoba (Management of Pyrexia and Infectious Disease) Paper- 1 and Paper-2: SRUG-TP and Concept Mapping III man ngag rgyud sdong 'drem
18	<b>Dr. Tenzin Thutop</b> Member	Assistant Professor,	tshad pa gsoba (Management of Pyrexia and Infectious Disease) Paper- 1 and Paper-2: SRUG-TP
19	<b>Dr. Zimba Topgay Bhutia</b> Member	Assistant Professor,	tshad pa gsoba (Management of Pyrexia and Infectious Disease) Paper- 1 and Paper-2: SRUG-TP
20	<b>Dr. Namdol Lhamo</b> Coordinator	Professor,	lus stod dang don snodgsoba (Management of Head, Neck, Thorax and Abdomen Disorders): SRUG-LD
21	<b>Dr. Penpa Tsering</b> Member	Assistant Professor	lus stod dang don snodgsoba (Management of Head, Neck, Thorax and Abdomen Disorders): SRUG-LD
22	<b>Dr. Jigmet Lhazes</b> Member	Assistant Professor,	lus stod dang don snodgsoba (Management of Head, Neck, Thorax and

			Abdomen Disorders): SRUG-LD
23	<b>Dr. Tashi Dawa</b> Coordinator	Assistant Professor,	thor nad dang gsangnadgsoba (Management of Unclassified group of disease and Reproductive Health) Paper-1 and Paper -2: SRUG-TS and Concept Mapping III man ngag rgyud sdong 'drem
24	<b>Dr. Ngawang Jinpa</b> Member	Assistant Professor,	thor nad dang gsangnadgsoba (Management of Unclassified group of disease and Reproductive Health) Paper-1 and Paper -2: SRUG-TS
25	<b>Dr. Eashay Wangmo</b> Member	Associate Professor,	thor nad dang gsangnadgsoba (Management of Unclassified group of disease and Reproductive Health) Paper-1 and Paper -2: SRUG-TS
26	<b>Thinlay Namgyal</b> Member	Assistant Professor,	thor nad dang gsangnadgsoba (Management of Unclassified group of disease and Reproductive Health) Paper-1 and Paper -2: SRUG-TS
27	<b>Dr. Pema Namdol</b> Member	Assistant Professor,	thor nad dang gsangnadgsoba (Management of Unclassified group of disease and Reproductive Health) Paper-1 and Paper -2: SRUG-TS

<b>Subject Code</b>	<b>Equivalent Terms</b>
SRUG-MZ-II	<i>sman rdzas-II</i> (Materia Medica Part-II)
SRUG-MB	<i>zhi byed sman gyi sbyar thabs</i> (Sowa-Rigpa Pharmacology and Pharmaceutics)
SRUG-NT-II	<i>ngos bzung rtags</i> (Sowa-Rigpa Pathology Part-II)
SRUG-ST	<i>gso byed thabs</i> (Principles of Sowa-Rigpa Therapeutics)
SRUG-TP	<i>tshad pa gso ba</i> (Management of Pyrexia and Infectious Diseases) Paper-1 and Paper-2
SRUG-LD	<i>lus stod dang don snod gso ba</i> (Management of Head, Neck, Thorax and Abdomen Disorders)
SRUG-TS	<i>thor nad dang gsang nad gso ba</i> (Management of Unclassified group of diseases and Reproductive Health) Paper-1 and Paper-2
	- <i>blo rgyugs</i> (Oral Test)
	- <i>man ngag rgyud sdong 'grems</i> (Concept Mapping-III)

### QR Code

