# SUMANDEEP VIDYAPEETH

(Declared as Deemed to be University under Section 3 of the UGC Act 1956)

Accredited by NAAC with a CGPA of 3.53 out of four-point scale at 'A' Grade

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**CURRICULUM** 

Attested CTC

Vice-Chancellor

Sumandeep Vidyapeeth
An Institution Deemed to be University
Vill. Piparia, Taluka: Waghodia.
Dist. Vadodara-391 760. (Gujarat)

Bachelor of Science (B.Sc) MEDICAL RECORDS AND MIS



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2016



#### INTRODUCTION

# Scope

The quality of paramedical care has improved tremendously in the last few decades due to the advances in technology, thus creating fresh challenges in the field of healthcare. It is now widely recognized that health service delivery is a team effort involving both clinicians and non-clinicians, and is not the sole duty of physicians and nurses. Professionals that can competently handle sophisticated machinery and advanced protocols are now in high demand. In fact, diagnosis is now so dependent on technology, that paramedical and healthcare professionals are vital to successful treatment delivery.

Effective delivery of healthcare services depends largely on the nature of education, training and appropriate orientation towards community health of all categories of health personnel, and their capacity to function as an integrated team, with a range of skills and expertise, play key roles within the National Health Service, working autonomously, in multi-professional teams in various settings. All of them are first-contact practitioners and work across a wide range of locations and sectors within acute, primary and community care.

# Learning goals and objectives for paramedical healthcare professionals

The learning goals and objectives of the undergraduate and graduate education program will be based on the performance expectations. They will be articulated as learning goals (why we teach this) and learning objectives (what the students will learn). Using the framework, students will learn to integrate their knowledge, skills and abilities in a hands-on manner in a professional healthcare setting. These learning goals are divided into nine key areas, though the degree of required involvement may differ across various levels of qualification and professional cadres.

### **Program outcomes**

- 1. To have an exposure to the vast strides in the classification and codification of drugs, diseases and their treatment, and in the organization of hospitals.
- 2. To acquire sufficient knowledge of the prevailing system of scientific documentation with computerization, information search and retrieval.
- 3. To acquire knowledge of the networking of hospitals and institutions by the Internet and Intranet.
- 4. To get familiarity with large databases dealing with various categories of entities such as diseases, pathological conditions, symptoms, drugs and concepts such as 'data mining'
- 5. To acquire knowledge of the current trends in Medical Record Science like health mourance and third party payers.

6. To integrate advanced knowledge and skills in health care data.

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7. Apply effective communication skills and strategies in interactions with multidisciplinary and multi-facility professionals.

# **Ethics and accountability**

Students will understand core concepts of clinical ethics and law so that they may apply these to their practice as healthcare service providers. Program objectives should enable the students to:

- Describe and apply the basic concepts of clinical ethics to actual cases and situations
- Recognize the need to make health care resources available to patients fairly, equitably and without bias, discrimination or undue influence
- Demonstrate an understanding and application of basic legal concepts to the practice
- Employ professional accountability for the initiation, maintenance and termination of patient-provider relationships
- Demonstrate respect for each patient's individual rights of autonomy, privacy, and confidentiality

# Commitment to professional excellence

The student will execute professionalism to reflect in his/her thought and action a range of attributes and characteristics that include technical competence, appearance, image, confidence level, empathy, compassion, understanding, patience, manners, verbal and non-verbal communication, an anti-discriminatory and non-judgmental attitude, and appropriate physical contact to ensure safe, effective and expected delivery of healthcare.

# **Eligibility for admission:**

1. He/she has passed the Higher Secondary (10+2) Science or a duly constituted Board with pass marks in Physics, Chemistry, Biology

#### **Duration of the course:**

Duration of the course is 4 years including 1 year internship.

#### Attendance:

A candidate has to secure minimum 80% attendance in overall with at least-

- 1. 75% attendance in theoretical
- 2. 80% in Skills training (practical) for qualifying to appear for the final examination.

No relaxation, whatsoever, will be permissible to this rule under any ground including indisposition etc.

#### **Medium of instruction:**

English shall be the medium of instruction for all the subjects of study and for examination of the course.

Assessment: Assessments should be completed by the academic staff, based on the complation of the student's theoretical & clinical performance throughout the training programme. To achieve this, all assessment forms and feedback should be included and avaluated. Student must attain at least 50% marks in each theory litternal assessment and Practical independently/separately for each individual subject.

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# **COURSE INFORMATION**

Course Name	Course Code	Theory (In hrs.) (Class and lab)	Practical (In hrs.) (Clinical)	Total (in Hours)
1 <sup>st</sup> Year				
Fundamentals of Pre and Para clinical subjects	BMR&MIS101	60	-	60
Medical Terminology I	BMR&MIS102	60	-	60
Communication skills	BMR&MIS103	60	•	60
Medical Record Sciences	BMR&MIS104	30	20	50
2 <sup>nd</sup> Year				
Biostatistics and Hospital Statistics	BMR&MIS201	60	-	60
Information Technology	BMR&MIS202	20	10	30
Medical Terminology II	BMR&MIS203	30	-	30
Health Information Management & Nomenclature	BMR&MIS204	20	-	20
3 <sup>rd</sup> Year				
Hospital Organization and Administration, Medical Ethics and Consumer	BMR&MIS301	20	-	20
Health Information Management II, Transcription&Telemedicine	BMR&MIS302	60		60
Hospital Accounting and Financial Accounting and Health insurance and billing Design	BMR&MIS303	30	20	50
Total		470	60	530

# **SCHEME OF EXAMINATION**

SUBJECT CODE	SUBJECTS	EXAMINATION PATTERN		
		Internal	Final	TOTAL
BMR&MIS101	Fundamentals of Pre and Para clinical subjects	20	80	100
BMR&MIS102	Medical Terminology I	20	80	100
BMR&MIS103c	Communication skills	20	80	100
BMR&MIS104	Medical Record Sciences Vigy	20	80	100

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BMR&MIS201	Biostatistics and Hospital Statistics	20	80	100
BMR&MIS202	Information Technology	20	80	100
BMR&MIS203	Medical Terminology II	20	80	100
BMR&MIS204	Health Information Management & Nomenclature	20	80	100
BMR&MIS301	Hospital Organization and Administration, Medical Ethics and Consumer	20	80	100
BMR&MIS302	Health Information Management II, Transcription & Telemedicine	20	80	100
BMR&MIS303	Hospital Accounting and Financial Accounting and Health insurance and billing Design	20	80	100

# FIRST YEAR B.SC IN MEDICAL RECORD AND MIS

# BMR&MIS101-FUNDAMENTALS OF PRE AND PARA CLINICAL SUBJECTS 60 HOURS

# **Human Anatomy and physiology**

- Integumentary system,
- Musculoskeletal system,
- · Respiratory system,
- · Cardiovascular system,
- Blood and lymphatic system,
- · Digestive system,
- Urogenital systems,
- Endocrine system,
- Nervous system,
- Organs of special sense.

# **Clinical and General Pathology**

- Introduction to Pathology
- Inflammation
- Infection
- Degeneration
- Benign and Malignant Tumours
- Blood groups, cross-matching, transfusions

Attested CTTests done on various body fluids and tissues

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# **Biochemistry**

- Chemistry of the human body fluids in health and diseases
- Cerebrospinal fluid
- Clotting mechanism of the blood,
- Enzymes produced in the G.I.Tract,
- Vitamins, Hormones, Proteins and Non-proteins,
- Nitrogenous substances, lipids, carbohydrates,
- Electrolytes
- Metabolism, acid-base balance,
- Normal values and ranges of biochemistry investigations

# **Pharmacology**

- Introduction to pharmacology
- General and local anaesthetics
- Hypnotics and sedatives
- Narcotic analgesics, narcotic antagonists
- Non-narcotic analgesics, antipyretics
- Psycho-pharmacological agents
- Drugs acting on autonomic nervous system
- Antihistamines
- Blocking agents
- Respiratory pharmacology, cardiovascular pharmacology
- · Coagulants and anticoagulants
- Diuretics, hormones
- Chemotherapy
- Drug addiction

### Microbiology

- Introduction to Microbiology,
- Classification and characteristics of organisms,
- Cultivation and identification of organisms, bacteria etc.,
- Disinfection, antiseptics, sanitation,
- Immunity,
- Allergy
- Pathogenic organisms, on-pathogenic organisms, virus and fungus.

### **Forensic Medicine**

Attested CTAsphyxia deaths

Hanging

Rape , Sodomy

and Gunshot injury, injury by

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- Traffic Accidents
- Drowning
- Medico-legal aspects of wounds
- Wound certificate
- Toxicology
- Food Poisoning
- Medico-legal autopsy

### **BMR&MIS102-MEDICAL TERMINOLOGY**

**60 HOURS** 

# Introduction to Medical Terminology

- Definition and Origin of Medical Terms.
- Components of Medical Terms
- Prefixes
- Suffixes
- Roots and Combining forms
- External Anatomy and Internal Anatomy

# Terms Relating to the Body as a Whole

- Study of the Body
- Basic Structures
- Cells
- Tissues
- Organs
- Systems
- Directions
- Anatomic Planes and Position

# The Skeletal System

- Pathologic conditions (Inflammations and Infections)
- Hereditary, Congenital and Developmental Disorders
- Fractures
- Metabolic and Deficiency Diseases
- Symptomatic Terms
- Diagnostic Terms
- Oncology Terms
- Operative Terms
- Laboratory Tests and Procedures
- Standard Abbreviations

# The Muscular System

Pathologic Conditions

Eungal, Viral and Parasitic The Hereditary, Congenital and Do al Disorders

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- Symptomatic Terms
- Diagnostic Terms
- Oncology Terms
- Operative Terms
- Laboratory Tests and Procedures

#### **BMR&MIS103-COMMUNICATION SKILLS**

**60 HOURS** 

### **Basics of Communication** •

- Process of and models of communications
- Types of communications:
- Oral communication
- Written Communication
- Non-verbal communication & Body language
- Barriers to communications

# **Reading Skills**

- Types of readings: Skimming, Scanning, intensive / loud / silent reading, map reading
- Sample passages for reading with comprehension exercises
- Tables and Graphic Organizers

### **Listening Skills**

- Definition of listening
- Types of Listening
- Purposes of listening
- Obstacles for listening
- Contexts of listening
- To be a good listener
- Listening to a Lecture

### **Speaking Skills**

- Formal & Informal Conversation: Agreeing, Emphasizing, thinking ahead, correcting oneself, interrupting, politely expressing reservations, opinions, disagreeing, accepting invitations declining invitations etc.
- Telephone Conversation
- Interviews
- Visual Presentation

# Writing Skills •

- Tenses
- Writing Sentences
- Writing Paragraphs: The Development of a Paragraph
- Formal Letters personal, applications, bio-data,
- Official correspondence: Outgoing correspondence, replying incoming
- correspondence, writing circulars, notices, charge memos

Writing Reports

Tables, Charts and Graphs

Medical Transcription

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# Study Skills •

- Improving Study Skills
- Note Taking: Some Basic Devices,
- Writing Summaries, observation reports, and action plan
- Effective communication in Hospital
   Communicating to match the mission and vision of the institution
- The strategy of keep informed
- The nature of communications in a hospital
- Upward and Downward Communications
- Reporting of feedbacks
- Intra and interdepartmental communications
- Communications with Medical Staff, Paramedical staff and Support Services Staff
- The care provider customer relationship
- Patient as VIP and his rights; Patient's locus standing, his agony, pains and tensions
- Directing patients to right destinations
- Giving hope to the hopeless
- · Communications with the sick and injured
- Communications with teens and youngsters, middle aged and the aged
- Keeping up good impressions and manners before patients and their attendants
- Body language How can you say it better than words?
- Communicating practically and technically feasible solutions
- How to say "no" graciously?
- Effective Intra and interdepartmental communications
- Common problems arising out of bad quality communications and troubleshooting techniques.

### BMR&MIS104MEDICAL RECORD SCIENCES

30 HOURS

### History of Development of Medical Records During different periods •

- Early Ancient Times to Renaissance Period (16th&17th Centuries)
- 18th -20th Centuries and Till Date
- In U.S.A.
- At International Level
- In India

# **Characteristics of quality Medical Records**

Definition, Characteristics of 'Good' Medical Record

Attested Civalues of Good Medical Record to various users

Required Characteristics of entries in medical Records

Responsibility for Medical Record Quality

Source oriented, Problem oriented and Integrated medical records

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- Medical Record Forms and their Content
- Standard Order of Arrangement of Medical Record forms
- Analysis of Medical Record-Quantitative & Qualitative
- Incomplete Record Control

# Medical Records for different patient encounters with health care facility

- Ambulatory Care Records {Emergency & Outpatient Records}
- Clinical Records in Long Term Care and Rehabilitation Facilities
- Mental Health Records

# Filing Methods, Storage, and Retention

- Numbering and Filing Systems
- Filing
- Storage- Microfilming and Disk Storage
- Retention
- Registers & Indexes
- Record movement control & Tracking system

# **Organizational Aspects of Medical Record Department Services**

- Policies
- Functions
- Location, Space and Layout
- Equipment
- Forms Designing and Control
- Medical Records Flow and Processing

# **Organizational Aspects of the Centralized Admitting Services**

- Principles of Identification of a Patient
- Methods of Collection of Identification Data
- Types of Central Admitting Services
- Admitting Policies
- Procedure Outlines for Admissions
- Flow of Records following Admissions
- Advantages of good Admitting Policies and Procedures
- Pre-requisites for smooth & efficient functioning of the Centralized
- Admitting Services

# **Medical Record Department Management**

Planning, Organizing, Directing and Controlling

Principal Responsibilities and Duties of the Medical Record Administrator/Director

Tools of Management mands of the Medical Record

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# Administrator/Director

# Intradepartmental and Interdepartmental Relationships

- Developing Intradepartmental Relationship
- Developing Interdepartmental Relationships with various Departments of the hospital

# **Quality Management**

- External and Internal Pressures for quality
- Quality Assessment and Quality Improvement
- Quality Assurance & Medical Care Evaluation
- Utilization management
- Peer Review
- Utilization review processing & outcomes of Utilization management
- Risk management program [Organization & Operation
- International Standards Organization [ISO], Quality Council of India, & National Accreditation Board of Hospitals [NABH]

# Heath Care Statistics, Quality control of Data Collection & Presentation

- Incomplete Record Control
- Inpatient census and rates computed from it.
- Ambulatory care statistics
- Long term Care Statistics
- Processing and reporting of Reproductive Health Statistics
- Reporting of Notifiable Diseases to Public Health Authorities

# **Nomenclatures and Classification Systems:**

- Standard Nomenclatures of diseases (SNDO).
- Current Medical Information Terminology.
- Systematized Nomenclature of Pathology (SNOP)
- Systematized Nomenclature of Medicine (SNOMED)
- Common Procedures Coding System (HCPCS)
- Current Procedural Terminology
- International Classification of Functioning, Disability and Health (ICF)
- Case-Mix Classifications
- Diagnosis Related Groups
- ICD − 9 (CM)
- ICD 10
- LCD- Oncology (ICD O)

Medico-Legal Aspects of the Medical Records

Medical Ethics, Hippocratic Oath and Code of Ethics for the Medical

as a Record Rrefessionals

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- Ownership of the Medical Record
- Privileged Communication and confidentiality of Medical Records
- Release of Information: To the Patient, To Authorized Persons / Agencies
- Legal Implications of release of Information to unauthorized,
- Persons/ Agencies.
- Consents: Different types and their validity, invalidity blanket, and
- improper consents.
- Corrections in identification data medical documentations
- Rights and responsibilities of patients
- Medical Record in a Court of Law
- Legal requirements in Retention of Medical Records

### SECOND YEAR B.SC IN MEDICAL RECORD AND MIS

#### BMR&MIS201-BIOSTATISTICS AND HOSPITAL STATISTICS

**60 HOURS** 

#### **General and Bio-statistics**

- Definition of Statistics and Biostatistics
- Frequency Distribution: Measures of Central Tendency Arithmetic Mean,
- Median and Mode for un-grouped and grouped data
- Presentation of data: Bar diagram, Pie Diagram, Histogram, Frequency polygon, Frequency curve, and Line diagram.
- Measures of Variation: Range, Inter Quartiles, Mean Deviation, Standard Deviation Co-efficient of Variation
- Probability: Definitions of Classical Probability (Priori) and Frequency, Probability (Posteriori), Addition and Multiplicative Theorems of Probability
- Probability Distribution: Binomial distribution, Poisson distribution and Normal distribution
- Sampling- Definition: Population and simple Sampling, Simple Random sampling, Stratified Random Sampling, Systematic Random Sampling and Cluster sampling
- Correlation and Regression: Scatter Diagram, Linear Correlation and linear Regression Equation Test of Significance- Procedure Test of Significance for large samples and for small samples Chi square – Testing for association
- Misuse of Chi- square test

# **Hospital Statistics**

Pefinition of hospital statistics, and important Hospital Terms

 Sources of Hospital Statistics – Registers, Medical Records and Daily Ward Census

Analysis of Hospital Services and Bischarges

Important Rates, Ratio and Porcentings with Formula

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- Uses and Limitations of Hospital Statistics.
- Hospital Statistics Reporting.

### **Health Statistics**

- Introduction
- Uses and Sources
- Collection of hospital statistical data: Birth, Death, fatal death, live birth and immature infants, reporting, determination of basic data, daily analysis of hospital service, discharge analysis procedure, cumulative method, monthly and annual reports, computation of percentage (ratios) inpatient census and bed occupancy rate (computerized and manual), presentation of hospital data.
- Criteria of ill health
- Classification of healthy and sick
- Measurement of morbidity

## **BMR&MIS202-INFORMATION TECHNOLOGY**

20 HOURS

#### Internet

Define the Internet How the Internet works Internet capabilities and limitations

How to connect to the Internet via modem ISDN, etc.

Navigate the World Wide Web

Identify services and tools offered on the Internet

Use services and tools offered on the Internet

Explain book marks

Safety

# Basic knowledge of networks

- Explain communications standards
- Describe network structures
- Explain network types and protocols
- Explain network connectivity
- Explain the function of servers in a graphic network
- Describe various network operating systems
- Explain the difference between network software and individual use software

Attested cruse a network to access, file, and store files

formation processing activities

Key process, print and store to

data information using integrated

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#### software

- Troubleshoot basic computer malfunctions
- Load media devices
- Set up print devices
- Operate scanner devices
- Operate Print devices
- Maintain print devices
- Monitor peripheral equipment operations
- Identify operating systems and their attributes (i.e., DOS, Unix, Macintosh, Windows)
- Identify the advantages and disadvantages of the computer to individuals and business.
- Identify the roles and equipment used for input, processing, and output in an information system.
- Identify correct safety procedures
- Create directories/folders and sub-directories
- Format disks
- Manipulate files (copy, rename, delete)
- Keyboard proficiently by touch

# **Basic Computer Concepts and Applications**

- Explain how data is stored in main computer memory
- Explain how computer system executes program instruction
- Explain computer storage capacity
- Explain how data is represented
- Describe data storage devices
- Identify types of memory
- Describe back-up and archival disciplines
- Merge a database application and a spreadsheet application with a word processing document.
- Use available software to input personal, business, and organizational names in proper indexing order, and produce an alphabetical list.
- Integrate database, spreadsheet and graphic files
- Convert documents from one system to another

### **BMR&MIS203-MEDICAL TERMINOLOGY II**

30 HOURS

- The Cardiovascular System
- The Respiratory System
- The Gastro-Intestinal System
- The Genito-Urinary System

Attested CTThe EndocrineSystem (Pituitary-Anterior & Posterior: Hypothalam

MR&MIS204-HEALTH INFORMATION MANAGEMENT & NOMENCLATURE 20 HOURS

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- Introduction, Health care delivery systems, Informatics in Health Care, Health
- Information Management profession, Data and formation management, Information
- systems Development
- Secondary records and Health care database, Clinical classification and Terminologies,
- Reimbursement methodologies.
- Introduction to Nomenclature
- Early Nomenclature
- Specialty Nomenclature
- Statistical Classifications
- Other Classifications
- Choosing a Classification System
- Encoding Systems
- Summary
- Demonstrate use of computer thesaurus
- Use multimedia techniques/resources
- Perform merge functions

# THIRD YEAR B.SC IN MEDICAL RECORD AND MIS

### BMR&MIS301-MEDICAL ETHICS AND CONSUMER

20 HOURS

- Introduction to Hospital Administration
- Principles of Organizational Management
- Managing People ( Human Resources )
- Clinical Services
- Nursing Services and Wards
- Product-based services
- Diagnostic Services (Radiology, Laboratories, Blood Bank etc)
- Patient Services (non-medical)
- Managing Support Services
- Hospital Infrastructure (Buildings and Plant)
- Hospital Information Systems
- Managing the Organization (putting it all together)

# BMR&MIS302-HEALTH INFORMATION MANAGEMENT II, TRANSCRIPTION & TELEMEDICINE 60 HOURS

- Development of Health Care Information
- Comparative data
- Management of Health Information Services
- Medical Transcription
- Telemedicine

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BMR&MIS303-HOSPITAL ACCOUNTING AND FINANCIAL ACCOUNTING AND HEALTH
WSURANCE AND BILLING DESIGN 30 HOURS

same The Nature and purpose of

Accounting Concepts & Accounting

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- Preparation of various Financial Statements
- Fixed assets and Depreciation
- Costing and Pricing
- Inventory Accounting
- Analysis of Financial Statements
- Financial Planning and Control
- Use of computers in accounting
- Accounting and Audit Procedures in Health Care Sector
- Health Insurance

# INTERNSHIP (INTEGRATED PRACTICE) - TOTAL HOURS 1440

- The internship will span1 Year. This will include 6 hours of practice a day, totaling to 1440 hours during internship year. As a part of this, the students will maintain a work logbook which will be duly endorsed by the supervisor or trainer. At the end of internship, the candidate shall submit the work log book along with certificate from the training institute.
- The internship time period provides the students the opportunity to continue to develop confidence and increased skill in clinical delivery of services. Students will demonstrate competence in beginning and intermediate procedures. Students will observe the advanced and specialized procedures. The student will complete the clinical training by practicing all the skills learned in classroom and clinical instruction. The students are expected to work for minimum 6 hours per day and this may be more depending on the need and the healthcare setting.

#### **CODE OF PROFESSIONAL CONDUCT**

#### **Professional ethics:**

Essential to that relationship is the patient's trust in the practitioner. This trust hangs upon the patient's assurance of being the practitioner's first concern during their clinical encounter, and upon the patient's confidence that the care received will be competent, whether in diagnosis, therapy or counseling.

# STANDARD OF PRACTICE AND CARE

Patients are entitled to the highest standard of practice and care. The essential elements of this are professional competence, good relationships with patients and colleagues and observance of professional ethical obligations.

# In providing care you must therefore:

- recognize the limits of your professional competence.
- be willing to consult colleagues
- keep clear, accurate and contemporaneous patient records which report the relevant findings.
- keep colleagues informed.
- pay due regard to the efficacy and the prudent use of resources.

Attestible competent, truthful, and accurate, when reporting on investigations.

be competent when giving or arranging treatment.

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- listen to patients and respect their views.
- treat patients politely and considerately.
- respect patients' privacy and dignity.
- give information to patients in a way they can understand.
- respect the right of patients to be fully involved in decisions about their care.
- respect the right of patients to refuse treatment or to take part in teaching or research, reporting the refusal to the person requesting the procedure.
- respond to complaints promptly and constructively.
- ensure that your views about a patient's life style, culture, beliefs, race, color, sex, sexuality, age, social status, or perceived economic worth, do not prejudice the service you give.

#### **CONFIDENTIALITY**

Patients have a right to expect that you will not pass on any personal information which you learn in the course of your professional duties, unless they agree.

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