# **Assessor’s Guide for Clinico-Psycho-Social Case Study (CPSC) in Community Medicine**:

**Contents:**

* **Assessment framework** – what to look for in each section of a Clinico-Psycho-Social Case (CPSC) study.
* **Key competencies to test** – as per NMC / PG training objectives.
* **Expected core information** – clinical, psycho-social, and community aspects, so assessors can quickly refresh before evaluation.
* **Marking/weightage scheme** – so scoring is standardized.
* **Common errors PGs make** – with tips for evaluation.

**1. General Competencies to Assess**

* **History-taking**: Holistic, complete, logical flow.
* **Clinical correlation**: Linking risk factors, clinical findings, and diagnosis.
* **Psycho-social evaluation**: Family, occupation, economic, cultural, psychological influences.
* **Community perspective**: Environment, health services, social determinants.
* **Communication skills**: Empathy, clarity, patient-centered approach.
* **Application of PSM principles**: Prevention, promotion, rehabilitation, health system linkages.

**2. Structure of CPSC Assessment**

**A. Identification Data**

* Completeness: Name, age, sex, address, occupation, education, socio-economic status.
* Relevance: Correct classification (e.g., modified BG Prasad for SES).

**B. History of Present Illness**

* Chronology of symptoms.
* Understanding of natural history of disease.
* Differentiation of clinical stages.

**C. Past & Family History**

* Presence of hereditary/communicable conditions.
* Family tree if relevant.
* Risk identification (genetic, behavioral, environmental).

**D. Personal & Social History**

* Habits (smoking, alcohol, diet, sleep).
* Occupational exposures.
* Physical activity.
* Social support and coping mechanisms.

**E. Clinical Examination**

* General & systemic.
* Nutritional assessment.
* Anthropometry.
* Clinical signs relevant to disease.

**F. Psycho-Social Dimensions**

* Patient’s understanding of illness.
* Psychological stress, stigma, depression, anxiety.
* Impact on family functioning.
* Cultural beliefs and health-seeking behavior.

**G. Community Aspects**

* Housing, sanitation, water supply.
* Environmental hazards.
* Accessibility & utilization of health services.
* Preventive opportunities (screening, immunization).

**H. Investigations**

* Appropriateness, affordability, and accessibility.

**I. Diagnosis**

* Clinical + psychosocial + community level.
* Differential diagnosis where relevant.

**J. Management**

* Individual care (treatment, adherence).
* Family advice (counseling, lifestyle).
* Community intervention (IEC, screening, referral).
* Preventive, promotive, curative, rehabilitative measures.

**K. Discussion**

* Epidemiology of condition.
* Public health relevance.
* Current national program linkages (e.g., RNTCP/NTEP for TB, NPCDCS for DM/HTN, RCH for maternal/child).

**L. Summary & Conclusion**

* Clear, concise, problem-oriented.

**3. Marking/Weightage Scheme (Example: 100 marks)**

| **Section** | **Marks** |
| --- | --- |
| Identification & Socio-demographic | 5 |
| History taking (Present, Past, Family) | 15 |
| Personal & Psycho-social History | 10 |
| Clinical Examination | 15 |
| Community Aspects | 10 |
| Investigations & Diagnosis | 10 |
| Management Plan (individual + family + community) | 15 |
| Discussion & Program Linkage | 10 |
| Communication & Presentation skills | 5 |
| Summary & Conclusion | 5 |

**4. Core Refreshers for Assessors**

**Tuberculosis**

* Public health importance: Leading infectious killer.
* Risk factors: Malnutrition, overcrowding, HIV, diabetes, smoking.
* Program: **NTEP** – Diagnosis via CBNAAT/Truenat, treatment via shorter regimens, DOTS principle.
* Preventive: BCG, infection control, contact screening, INH prophylaxis.

**Hypertension**

* Definition: ≥140/90 (clinic); ≥130/80 (home).
* Risk factors: Age, obesity, salt intake, sedentary lifestyle.
* Program: **NPCDCS**.
* Preventive: Lifestyle modification, screening >30 years.

**Diabetes Mellitus**

* Diagnosis: FPG ≥126, HbA1c ≥6.5%, RPG ≥200 with symptoms.
* Complications: Micro & macrovascular.
* Preventive: Lifestyle modification, screening for overweight adults.
* Program: NPCDCS, Ayushman Bharat – HWCs.

**Maternal Case**

* Antenatal care: 4+ visits.
* Danger signs: Bleeding, convulsions, headache, reduced fetal movements.
* Program: RCH, JSY, JSSK, PMSMA.

**Under-Five Child**

* Growth monitoring, immunization, IYCF practices.
* IMNCI approach.
* Program: Mission Indradhanush, ICDS, POSHAN.

**Elderly**

* Common issues: NCDs, mental health, disability, dependency.
* Program: **NPHCE**.

**Mental Illness**

* Depression, anxiety, substance use common.
* Stigma & social impact.
* Program: NMHP, DMHP, Tele-MANAS.

**5. Common Errors PGs Make**

* Superficial psycho-social analysis.
* Copy-paste of textbook data without patient link.
* Ignoring family/community perspective.
* Weak linkage to national programs.
* Vague management plan (no preventive/promotive measures).

👉 This document can serve as an **Assessor’s Manual** alongside the PG case write-up template.

Would you like me to **compile this into a Word document (with structured tables and checklists)** so it can be used directly in PG exams/viva?