Assessor’s Guide for Clinico-Psycho-Social Case Study (CPSC)

# 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

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| Section | Points to Assess |
| Identification Data | Completeness, relevance, socio-economic classification. |
| History of Present Illness | Chronology, natural history, staging. |
| Past & Family History | Hereditary/communicable, family tree, risk identification. |
| Personal & Social History | Habits, occupation, physical activity, coping. |
| Clinical Examination | General, systemic, anthropometry, signs. |
| Psycho-Social Dimensions | Illness perception, stress, stigma, impact on family, beliefs. |
| Community Aspects | Housing, sanitation, environment, health services. |
| Investigations | Appropriateness, affordability, accessibility. |
| Diagnosis | Holistic (clinical + psychosocial + community), differential diagnosis. |
| Management | Individual, family, community; preventive/promotive/rehab. |
| Discussion | Epidemiology, public health relevance, program linkages. |
| Summary & Conclusion | Clear, concise, problem-oriented. |

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

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| 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 | 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 – CBNAAT/Truenat, DOTS, shorter regimens.
* 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 overweight adults.
* Program: NPCDCS, Ayushman Bharat – HWCs.

## Maternal Case

* ANC: 4+ visits.
* Danger signs: Bleeding, convulsions, headache, reduced fetal movements.
* Programs: RCH, JSY, JSSK, PMSMA.

## Under-Five Child

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

## Elderly

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

## Mental Illness

* Common: Depression, anxiety, substance use.
* 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).