SANKALCHAND PATEL UNIVERSITY

FACULTY OF MEDICINE
BACHELOR OF MEDICINE AND BACHELOR OF SURGERY
(M.B.B.S.)

COMMUNITY MEDICINE

CURRICULUM/SYLLABUS & ASSESSMENT

Applicable for batch admitted in M.B.B.S. course from academic year 2024-25

(AS PER COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE 2024)

SANKALCHAND PATEL UNIVERSITY
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Faculty of Medicine

Teaching & Evaluation Scheme for Faculty of Medicine

Semester/Year: Third Year M.B.B.S. Part-I
Program Name: Bachelor of Medicine and Bachelor of Surgery
Effective from Academic Year: 2024-2025
Program Code: MB01

Course Code	Subject Name	Hrs/Week			UA		IA		Total	
		L	P	Total	Max	Min	Max	Min	Max	Min
2CM301	Community Medicine-I	1	-	1	100	80	-	-	200	150
2CM302	Community Medicine-II	1	-	1	100		-	-		
2CM303	Community Medicine Practical	-	20	20	100	40	-	-	100	
2CM304	Community Medicine IA Theory	-	-	-	-	-	100	40	200	100
2CM305	Community Medicine IA Practical	-	-	-	-	-	100	40		

COMMUNITY MEDICINE

SUBJECT GOAL:

The broad goal of the teaching of undergraduate students in Community Medicine is to ensure that the medical graduate has acquired broad public health competencies needed to solve health problems of the community with emphasis on health promotion, prevention of diseases, cost effective interventions, follow-up and prepare them to function as community and first level physician in accordance with the institutional goals.

OBJECTIVES:

At the end of teaching learning in Community Medicine, the student should be able to:

I. Demonstrate understanding of role of primary care physician for preventive, promotive, curative, rehabilitative, palliative care & referral services.

II. Demonstrate understanding of the concept of health and disease, demography, population dynamics and disease burden in National and global context, comprehension of principles of health economics and hospital management.

III. Apply the understanding of physical, social, psychological, economic and environmental determinants of health and disease, ability to recognize and manage common health problems including physical, emotional and social aspects at individual family and community level in the context of National Health Programmes,

IV. Ability to implement and monitor National Health Programmes in the primary care setting.

V. Ability to recognize, investigate, report, plan and manage community health problems including malnutrition and emergencies.

VI. Apply understanding the role of nutrition in health promotion and disease prevention.

VII. Demonstrate role of researcher & community medicine physician by understanding the concepts of various epidemiological study designs and their application and epidemiology of diseases and ability to critically review.

VIII. Demonstrate understanding of pandemic and epidemic situations with emerging and re-emerging diseases and able to investigate under supervision and plan, advise and promote preventive aspects as per international and national health regulations and programs.

IX. Demonstrate understanding of all principles of public health, community medicine, preventive aspects, social aspects utilizing family adoption program , providing services to the families adopted and being first care physician under the guidance of mentor.

X. Apply the principles of behaviour change communication for improving health related aspects for communicable, non-communicable diseases, health promotive aspects, related to addictions, health related information and misinformation

DURATION:

The Community Medicine curriculum will be taught throughout the 1st, 2nd, 3rd professional year of undergraduate period, and also in the internship incorporating both vertical and horizontal integration.

Community Medicine syllabus (with NMC competency number)

Topic	Competencies
Topic 1: Concept of Health and Disease	CM1.1 Define and describe the concept of Public Health CM1.2 Define health; describe the concept of holistic health including concept of spiritual health and the relativeness & determinants of health CM1.3 Describe the characteristics of agent, host and environmental factors in health and disease and the multi factorial etiology of disease CM1.4 Describe and discuss the natural history of disease CM1.5 Describe the application of interventions at various levels of prevention CM1.6 Describe and discuss the concepts, the principles of Health promotion and Education, IEC and Behavioral change communication (BCC) CM1.7 Enumerate and describe health indicators CM1.8 Describe the Demographic profile of India and discuss its impact on health CM1.9 Demonstrate the role of effective Communication skills in health in a simulated environment CM1.10 Demonstrate the important aspects of the doctor patient relationship in a simulated environment
Topic 2: Relationship of social and behavioral to health and disease	CM2.1 Describe the steps and perform clinico socio-cultural and demographic assessment of the individual, family and community CM2.2 Describe the socio-cultural factors, family (types), its role in health and disease & demonstrate in a simulated environment the correct assessment of socio-economic status CM2.3 Describe and demonstrate in a simulated environment the assessment of barriers to good health and health seeking behaviour CM2.4 Describe social psychology, community behaviour and community relationship and their impact on health and disease

	CM2.5 Describe poverty and social security measures and its relationship to health and disease
Topic 3: Environmental Health Problems	CM3.1 Describe the health hazards of air, water, noise, radiation and pollution CM3.2 Describe concepts of safe and wholesome water, sanitary sources of water, water purification processes, water quality standards, concepts of water conservation and rainwater harvesting CM3.3 Describe the aetiology and basis of water borne diseases /jaundice/hepatitis/ diarrheal diseases CM3.4 Describe the concept of solid waste, human excreta and sewage disposal CM3.5 Describe the standards of housing and the effect of housing on health CM3.6 Describe the role of vectors in the causation of diseases. Also discuss National Vector Borne disease Control Program CM3.7 Identify and describe the identifying features and life cycles of vectors of Public Health importance and their control measures CM3.8 Describe the mode of action, application cycle of commonly used insecticides and rodenticides.
Topic 4: Principles of health promotion and education	CM4.1 Describe various methods of health education with their advantages and limitations CM4.2 Describe the methods of organizing health promotion and education and counselling activities at individual family and community settings CM4.3 Demonstrate and describe the steps in evaluation of health promotion and education program CM4.4 Conduct a health education session for community awareness in a simulated environment/FAP/clinical posting
Topic 5: Nutrition	CM5.1 Describe the common sources of various nutrients and special nutritional requirements according to age, sex, activity, physiological conditions

	CM5.2 Describe and demonstrate the correct method of performing a nutritional assessment of individuals, families and the community by using the appropriate method CM5.3 Define and describe common nutrition related health disorders (including macro-PEM, Micro-iron, Zn, iodine, Vit. A), their control and management CM5.4 Plan and recommend a suitable diet for the individuals and families based on local availability of foods and economic status, etc in a simulated environment CM5.5 Describe the methods of nutritional surveillance, principles of nutritional education and rehabilitation in the context of sociocultural factors. CM5.6 Enumerate and discuss the National Nutrition Policy, important national nutritional Programs including the Integrated Child Development Services Scheme (ICDS) etc CM5.7 Describe food hygiene CM5.8 Describe and discuss the importance and methods of food fortification and effects of additives and adulteration CM5.9 Perform nutritional assessment of individual, family and community using appropriate method and plan a diet for health promotion based on the assessment CM5.10 Recommend a dietary plan for a person with DM/ HTN/ Obesity in a simulated environment/FAP/Clinical posting CM5.11 Plan a diet for an adult which meets the protein (macro nutrients) requirements as per latest RDA-NIN guidelines for vegetarian/ovo-vegetarian/non-vegetarian CM5.12 Demonstrate different types of breastfeeding holds, latching, manual expression of breast milk using a baby model and breast model. CM5.13 Counsel a mother about complementary feeding for different age groups of the child covering the 8 dietary diversity food groups, quantity, frequency, consistency of the food CM5.14 Demonstrate an awareness of their own personal health and nutrition

	CM5.15 Demonstrate knowledge of the role of nutrition in health promotion and disease prevention CM5.16 Have knowledge of breast feeding and complementary feeding Practices CM5.17 Ability to counsel mothers on breast feeding with focus on attachment to breast and correct position of the newborn CM5.18 Ability to counsel mothers on complementary feeding using National guidelines while being sensitive of cultural and socioeconomic influences CM5.19 Assess the nutritional content of processed foods learning to understand labels, and empower patients to make informed nutritional decisions. CM5.20 Counsel for diet modification for a diabetic/ hypertensive/obese individual CM5.21 Plan and conduct a health education session on nutrition in NCD clinic / in community CM5.22 Counsel mother on breast feeding and complementary feeding
Topic 6: Basic statistics and its applications	CM6.1 Formulate a research question for a study CM6.2 Describe and discuss the principles and demonstrate the methods of collection, classification, analysis, interpretation and presentation of statistical data CM6.3 Describe, discuss and demonstrate the application of elementary statistical methods including test of significance in various study designs CM6.4 Enumerate, discuss and demonstrate Common sampling techniques, simple statistical methods, frequency distribution, measures of central tendency and dispersion CM6.5 Able to understand use of statistical software for the data analysis CM6.6 Perform descriptive statistics of a given data-set and interpret

Topic 7: Epidemiology	CM7.1 Define Epidemiology and describe and enumerate the principles, concepts and uses CM7.2 Enumerate, describe and discuss the modes of transmission and measures for prevention and control of communicable and noncommunicable diseases CM7.3 Enumerate, describe and discuss the sources of epidemiological data CM7.4 Define, calculate and interpret morbidity and mortality indicators based on given set of data CM7.5 Enumerate, define, describe and discuss epidemiological study designs CM7.6 Enumerate and evaluate the need of screening tests CM7.7 Describe and demonstrate the steps in the Investigation of an epidemic of communicable disease and describe the principles of control measures CM7.8 Describe the principles of association, causation and biases in epidemiological studies CM7.9 Describe and demonstrate the application of computers in epidemiology CM7.10 Able to demonstrate development of research proposal CM7.11 Able to demonstrate the skills for critically appraise the research articles or research data
Topic 8: Epidemiology of communicable and non- communicable diseases	CM8.1 Describe and discuss the epidemiological and control measures including the use of essential laboratory tests at the primary care level for communicable diseases CM8.2 Describe and discuss the epidemiological and control measures including the use of essential laboratory tests at the primary care level for Non Communicable diseases (diabetes, Hypertension, Stroke, obesity and cancer etc.) CM8.3 Enumerate and describe disease specific National Health Programs including their prevention and treatment of a case

	CM8.4 Describe the principles and enumerate the measures to control a disease epidemic CM8.5 Describe and discuss the principles of planning, implementing and evaluating control measures for disease at community level bearing in mind the public health importance of the disease CM8.6 Educate and train health workers in disease surveillance, control & treatment and health education CM8.7 Describe the principles of management of information systems
Topic 9: Demography and vital statistics	CM9.1 Define and describe the principles of Demography, Demographic cycle, Vital statistics CM9.2 Define, calculate and interpret demographic indices including birth rate, death rate, fertility rates CM9.3 Enumerate and describe the causes of declining sex ratio and its social and health implications CM9.4 Enumerate and describe the causes and consequences of population explosion and population dynamics of India. CM9.5 Describe the methods of population control CM9.6 Describe the National Population Policy CM9.7 Enumerate the sources of vital statistics including census, SRS, NFHS, NSSO etc
Topic 10: Reproductive maternal and child health	CM10.1 Describe the current status of Reproductive, maternal, newborn and Child Health CM10.2 Enumerate and describe the methods of screening high risk groups and common health problems CM10.3 Describe local customs and practices during pregnancy, childbirth, lactation and child feeding practices CM10.4 Describe the reproductive, maternal, newborn& child health (RMCH); child survival and safe motherhood interventions CM10.5 Describe Universal Immunization Program; Integrated

	Management of Neonatal and Childhood Illness (IMNCI) and other existing Programs. CM10.6 Enumerate and describe various family planning methods, their advantages and shortcomings CM10.7 Enumerate and describe the basis and principles of the Family Welfare Program including the organization, technical and operational aspects CM10.8 Describe the physiology, clinical management and principles of adolescent health including ARSH CM10.9 Describe and discuss gender issues and women empowerment CM10.10 Able to manage the health care services for reproductive and child care services under supervision
Topic 11: Occupational Health	CM11.1 Enumerate and describe the presenting features of patients with occupational illness including agriculture CM11.2 Describe the role, benefits and functioning of the employees state insurance scheme CM11.3 Enumerate and describe specific occupational health hazards, their risk factors and preventive measures CM11.4 Describe the principles of ergonomics in health preservation CM11.5 Describe occupational disorders of health professionals and their prevention & management CM11.6 Able to manage the occupational health services at factory or industry level in a simulated environment
Topic 12: Geriatric services	CM12.1 Define and describe the concept of Geriatric services CM12.2 Describe health problems of aged CM12.3 Describe the prevention of health problems of aged population CM12.4 Describe National program for elderly

	CM12.5 Able to identify the health needs to elderly individuals at the earliest
Topic 13: Disaster Management	CM13.1 Define and describe the concept of Disaster management CM13.2 Describe disaster management cycle CM13.3 Describe manmade disasters in the world and in India CM13.4 Describe the details of the National Disaster management Authority CM13.5 Able to understand the management of handing a disaster in a simulated environment
Topic 14: Hospital waste management	CM14.1 Define and classify hospital waste CM14.2 Describe various methods of treatment of hospital waste CM14.3 Describe laws related to hospital waste management CM14.4 Able to segregate the various hospital waste
Topic 15: Mental Health	CM15.1 Define and describe the concept of mental Health CM15.2 Describe warning signals of mental health disorder CM15.3 Describe National Mental Health program CM15.4 Able to recognise the mental issues among individuals, families and communities at the earlier stages
Topic 16: Health planning and management	CM16.1 Define and describe the concept of Health planning CM16.2 Describe planning cycle CM16.3 Describe Health management techniques CM16.4 Describe health planning in India and National policies related to health and health planning CM16.5 Demonstrate understanding of concepts of Health planning in India, various health care economics analysis
Topic 17: Health care of the	CM17.1 Define and describe the concept of health care to community

community	CM17.2 Describe community CM17.3 Describe primary health care, its components and principles CM17.4 Describe National policies related to health and health planning and millennium development goals CM17.5 Describe health care delivery in India CM17.6 Demonstrate understanding of health system functioning in India
Topic 18: International Health	CM18.1 Define and describe the concept of International health CM18.2 Describe roles of various international health agencies CM18.3 Demonstrate understanding role of various international and national agencies in health & disease with prevention of emergence and reemergence of diseases and prevention of pandemic and handling the Pandemic
Topic 19: Essential Medicine	CM19.1 Define and describe the concept of Essential Medicine List (EML) CM19.2 Describe roles of essential medicine in primary health care CM19.3 Describe counterfeit medicine and its prevention CM19.4 Demonstrate understanding of mechanism of identifying and calculation of requirements of various medicines and essential medicine at primary health care
Topic 20: Recent advances in Community Medicine	CM20.1 List important public health events of last five years CM20.2 Describe various issues during outbreaks and their CM 20.3 Describe any event important to Health of the Community CM 20.4 Demonstrate awareness about laws pertaining to practice of medicine such as Clinical establishment Act and Human Organ Transplantation Act and its implications

FAMILY ADOPTION PROGRAMME

CURRICULUM OF FAMILY ADOPTION PROGRAMME (FAP)

The National Medical Commission (NMC) envisages the FAP as an opportunity for the Institute(s) to discharge its social responsibility and as a critical platform to facilitate *Authentic learning* of the under-graduate students to sensitize them with the real-life challenges of working for the Universal health coverage (UHC). The FAP will present an opportunity for the students to experience the health inequities and understand the social factors contributing to it.

The FAP is expected to complement the other Competency-Based Medical Education (CBME) reforms e.g., posting of interns in the public health facilities under the Compulsory Rotating Medical Internship (CRMI) and the District Residency Program (DRP) for producing socially-responsive competent Indian Medical Graduates who would contribute for the cause of reducing inequities in health and society in the future. Institute(s) should leverage collaboration and partnership with the community and the public health care delivery system for effective implementation of the FAP so as to serve the larger purpose of the CBME reforms in the country.

- **Aim:** Family adoption program aims to provide an experiential learning opportunity to Indian Medical graduates towards community-based health care and thereby enhance equity in health.
- **Objectives of the Program:**

During the Medical UG training program, the learner should be able to:

1. Orient the learner towards primary health care
2. Create health related awareness within the community
3. Function as a first point of contact for any health issues within the community and allotted family
4. Act as a conduit between the population and relevant health care facility
5. Generate and analyze related data for improving health outcomes and Evidence based clinical practices.

6. Understanding long-term follow up of chronic morbidity and prevention and control of such diseases in allotted family.

TARGETSTOBEACHIEVEDBYSTUDENTS

Phase 1:

1. Rapport building and connect with the families
2. Learning communication skills and inspire trust building amongst families
3. Understand the dynamics of community set-up of that region
4. Mobilize families for participation in Screening programs
5. Undertake detailed family study and prepare the family diagnosis to identify diseases/ill-health/ malnutrition of allotted families/ risk factors / scope for health promotion
6. Formulate objectives to be achieved for each family

Phase 2:

1. Continue active involvement to become the first doctor /reference point of the family by continued active interaction
2. Ensure follow-up of members from adopted families for vaccination, growth monitoring and promotion, menstrual hygiene, IFA prophylaxis, health lifestyle adoption, nutrition, vector control measures, compliance to medications etc.
3. Work collaboratively with adopted families to achieve the formulated objectives
4. Inform families about ongoing government sponsored health related programs
5. Ensure appropriate referral of family members considering their choice for additional or annual screening at higher health facilities.

Phase3:

1. Workcollaborativelywithadoptedfamiliestoachievetheformulatedobjectives
2. Observation of services delivered at the community level during Village Health Nutrition Days (VHND), Community-based events (CBEs), Health and Wellness Centers (HWC) camps under the different national health program
3. Buildunderstandingregardingworkoffrontlineworkers(ANM,ASHA/USHA,AWW ,MPW)throughinteraction

4. BuildunderstandingaroundintersectoralactionforhealththroughLocalself-governingbodies,NGOs,SHGsetc.forhealthpromotion
5. Undertake short term action projects for improving health in the adopted families or community
6. Analysis of their own involvement and impact on improving the health conditions in the adopted families.

Final visit to have last round of active interaction with families – prepare a report to be submitted to department addressing:

1. Improvement in overall health of the family
2. Immunization
3. Sanitation
4. De-addiction
5. Whether healthy lifestyles like reading good books. Sports/yoga activities have been inculcated in the house-holds
6. Improvement in anemia, tuberculosis control
7. Health awareness
8. Any other issues
9. Role of the student in supporting family during illness / medical emergency
10. Social responsibility in the form of environment protection programme in form of plantation drive (medicinal plants/trees) cleanliness and sanitation drive with the initiative of the medical student.

SUMMARY OF TIME ALLOTTED, TEACHING AND LEARNING METHODS AND STUDENT ASSESSMENT

2024-25 batch

Year	Lectures (Hours)	Small Group Learning (Tutorials, Seminar, Integrated Learning) (Hours)	Clinical Postings (Hours)	Self Directed Learning (Hours)	Family adoption program (FAP)	Electives	Total (Hours)
First Professional Year	20	20	-	0	24	-	64
Second Professional Year	25	0	4 Weeks (60 Hrs)	10	24	-	119
Third Professional Year Part I	50	80	4 Weeks (72 Hrs)	20	36	2 weeks	258
AETCOM	0	6	-	4	-	-	10
Total	95	106	132	34	84	2 weeks	451

PROPOSED LIST OF TOPIC COVERED AND TEACHING-LEARNING ACTIVITIES IN EACH PROFESSIONAL YEAR

1. First professional year

A. List of proposed lecture/SDL/SGD

SR NO	Chapter	Competency	Topic	Teaching Method
1	Introduction	CM 1.1	Introduction of Community Medicine and History of Public Health	L
2	Concepts of Health and Disease	CM 1.2	Concept of Health, Definition of Health, Dimensions of Health, Positive Health	L
3	Concepts of Health and Disease	CM 1.2	Concept of Wellbeing, Spectrum of Health, Determinants of Health	L
4	Concepts of Health and Disease	CM 1.7	Indicators of health & Ecology of Health	L
5	Concepts of Health and Disease	CM 1.3	Concept of Disease, Concept of causation	L
6	Concepts of Health and Disease	CM 1.4	Natural History of disease-1	L
7	Concepts of Health and Disease	CM 1.4	Natural History of disease-2, Iceberg phenomenon of disease	L
8	Concepts of Health and Disease	CM 1.5	Concept of Control, levels of Prevention	L
9	Concepts of Health and Disease	CM 1.5	Modes of Intervention	L
10	Concepts of Health and Disease	CM 17.2	Community Diagnosis & Community Treatment and ICD-11	L
11	Medicine and Social Sciences	CM 2.2	Basics and Concepts of Sociology (Including Learning & IQ)	SGD
12	Medicine and Social Sciences	CM 2.5	Social Classifications, poverty line and its relationship with health	SGD
13	Medicine and Social Sciences	CM 2.4	Social problems, social pathology	SGD
14	Medicine and Social Sciences	CM 2.5	Social defense, Social Security and Health Insurance	SGD
15	Medicine and Social Sciences	CM 2.2, 2.3	Family: types, functions, family in health and disease	L
16	Medicine and Social Sciences	CM 2.2, 2.3, 5.5	Cultural factors in Health and disease	L
17	Hospital Waste Management	CM 14.1, 14.2, 14.3	HOSPITAL WASTE MANAGEMENT	L
18	Visit		PM-JAY, Visit to Ayushyaman Bharat	SGD

19	Visit	CM 14.4	Visit to Bio medical waste management facility	SGD
20	Visit		Visit to Blood Bank	SGD
21	Nutrition	CM 5.1	Nutrition & Health, Classification of food, Macronutrients functions and Sources	L
22	Nutrition	CM 5.1, 5.3	Micronutrients- Fat soluble Vitamins (Sources, Function and Deficiency disorder, Prevention and Control and Programatic interventions)	L
23	Nutrition	CM 5.1, 5.3	Micronutrients- Vitamin B complex, Vitamin C (Sources, Function and Deficiency disorder, Prevention and Control and Programatic interventions)	L
24	Nutrition	CM 5.1, 5.3	Micronutrient Iron (Sources, Function and Deficiency disorder, Prevention and Control and Programatic interventions)	L
25	Nutrition	CM 5.1, 5.3, 5.4	Micronutrient- Iodine (Sources, Function and Deficiency disorder, Prevention and Control and Programatic interventions), Balanced Diet, dietary goals	L
26	Nutrition	CM 5.6, PH1.55	National Nutritional Programs (ICDS, Applied Nutrition & Mid Day Meal)	L
27	Visit		Visit to CSSD	SGD
28	Visit		Visit to Community Dentistry	SGD
29	Visit		Visit to Truma centre	SGD
30	Revision		Revision	L
31	EXAM		Exam	SGD
32	Introduction		Museum visit (Learn contribution of scientist in Public health)	SGD

B. Family adoption program- Competencies to be achieved through the FAP in first phase

No. of Visit	Competency The student should be able to	Objective	Suggested Teaching Learning methods	Suggested Assessment methods	Teaching hours
Visit 1- Rapport building with the families and orientation socio-demographic profile Visit 2- environmental health, drinking water supply, sanitation and vector control Visit 3- individual health profile including anthropometry Visit 4- addictions tobacco, alcohol, screen addiction and other addiction	Collect demographic profile of allotted families, take history and conduct clinical examination of all family members	By the end of this visit, students should be able to compile the basic demographic profile of allocated family members and formulate objectives for each family.	Family survey, screening camps, field visit clinics	Community case presentation, OSPE, observation, FAP logbook, multi source feedback, reflections, case studies	Total 24 hours [a minimum of 4 visits of full day of around 6 hours] OR [if 3 hours visit then 8 visits to be conducted]
	Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor	By the end of this visit, students should be able to report the basic health profile and treatment history of family members	Screening camps, field visit clinics, PLA techniques (sorting, ranking etc)	Community case presentation, OSPE, observation, FAP logbook, multi source feedback, reflections, case studies	
	Maintain communication & follow up of remedial measures	By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment and suggested remedial measures	Family survey, screening camps, field visit clinics, reporting of follow up visits.	Community case presentation, OSPE, FAP logbook based verification of competency, multi source feedback, reflections.	
	Take part in health promotion, environment protection and sustenance	By the end of this visit, students should be able to report the activities undertaken for	Participation in and process documentation of activities (NSS	Community case presentation, OSPE, observation,	

	activities.	health promotion, environment protection and sustenance like study of environment of families, tree plantation/herbal plantation activities conducted in the community	activities) along with reporting of case study	FAP logbook, Multi-source feedback, reflections, case studies	

Note:

1. The observations/ reflections of family / hospital visits, DOAP sessions, Self directed learning activities (SDL), practicals should be entered in the log book immediately after the assignment.
2. The observer / facilitator / teacher will provide the written brief feedback in the log book for the learner related to the competencies.

2. Second professional year

A. List of proposed lecture/SDL/SGD

SR NO	Chapter	Competency	Topic	Teaching Method
1	General Epidemiology	CM 7.1	Epidemiology; introduction, definitions, aims, epidemiological approach	L
2	General Epidemiology	CM 7.4	Basic measurements in epidemiology and Morbidity indicators	L
3	General Epidemiology	CM 7.4	Mortality indicators	L
4	General Epidemiology	CM 7.5	Epidemiological methods classification, descriptive epidemiology- time distribution	L
5	General Epidemiology	CM 7.5	Descriptive epidemiology - Place & Person distribution, uses of descriptive epidemiology	L
6	General Epidemiology	CM 7.5	Analytical epidemiology - Case control study	L
7	General Epidemiology	CM 7.5	Analytical epidemiology - Cohort study	L
8	General Epidemiology	CM 7.5	Experimental Epidemiology - Randomized Controlled Trial (RCT) & Non Randomized Controlled Trial (NRCT)	L

9	General Epidemiology	CM 7.8	Association & Causation, Bradford Hill's criterion for judging causality	L
10	General Epidemiology	CM 7.1	Uses of epidemiology , definitions used in infectious epidemiology	L
11	General Epidemiology	CM 7.2	Dynamics of disease transmission, Modes of disease transmission, various portals of entry and exit etc.	L
12	General Epidemiology	CM 7.2	Approaches for disease prevention and control, Internation Health Regulation and health advise to Travellers	L
13	General Epidemiology	CM 10.3	Active - Passive Immunity, Herd Immunity, National Immunization Schedule, AEFI	L
	General Epidemiology	CM 7.9	Application of computer in epidemiology	SDL
14	Screening for disease	CM 7.6	Screening	L
	Screening for disease	CM 7.6	Applied aspect of Screening	SDL
15	Disaster management	CM 13.1, 13.2	DISASTER MANAGEMENT (Definition, Type of Disaster, Disaster Management)	L
16	Disaster management	CM 13.3, 13.4, 13.6	DISASTER MANAGEMENT (Personal Protection In different Type of Emergency & Man Made Disaster & Disaster in India)	L
	Disaster management	CM 13.3, 13.4, 13.6	National Disaster Management Act and NDRF	SDL
17	International Health	CM 18.1, 18.2	International healthcare agencies	SDL
18	General Epidemiology		Disinfection	SDL
19	Communication for Health Education	CM 4.1	Communication Process, Types of Communication, Its barrier and functions	L
20	Communication for Health Education	CM 4.1	Health Education, Approach to Health Education, Health Education and Propaganda, Models of health education	L
21	Communication for Health Education	CM 4.2, 1.6	Content and principle of health education	L
22	Communication for Health Education	CM 4.2, 1.6, 1.9	Practice of health education	L
23	Health care of the community	CM 18.2, 18.3	Voluntary Health agencies in india-1	SDL
25	Medicine and Social Sciences		Public health ethics	SDL
27	Demography & Family Planning	CM 1.8, 9.1	Definition, Cycle, Demographic trends in world	L

28	Demography & Family Planning	CM 1.8, 9.3, 9.4	Demographic trends in India (Age & sex composition, population pyramid, sex ratio, Dependancy ratio, Density)	L
29	Demography & Family Planning	CM 1.8, 9.3, 9.4	Demographic trends in India (Urbanization, literacy, family size, life expetancy)	L
30	Demography & Family Planning	CM 9.2	Fertility, Related Statistics Fartility Trends	L
31	Environment	CM 3.5	Housing standards and criterion	L
32	Environment	CM 3.1	Noise Pollution, Effect of Radiation and Light on health	L
33	Tribal Health in India		Tribal Health in India	SDL
34	Revision		Revision	SDL

B. Proposed activities in first clinical posting

SR NO	Competencies	Topic	Teaching Method
1		Introduction and Objectives of Community Posting	CP
2	CM 3.1, 3.2, 3.3	Water-sources, safe water, pollution, water borne diseases, hardness	CP
3	CM 3.2	Water-storage, filtration (slow & rapid), chlorination	CP
4	CM 3.2	Water Quality Criteria and Standards, Water sample collection, Demonstration of Horock's apparatus and Orthotodulin test.	CP
5	CM 3.2	**Visit to Water treatment plant,**	CP
6	CM 3.1	Air and ventilation, Meteorological environment	CP
7	CM 3.1	Air Pollution, Air quality Index and Global Warming	CP
8	CM 3.4	Disposal of waste and Excreta disposal	CP
9	CM 3.4	**Visit to Sewage Treatment Plant**	CP
10	CM 5.1, 5.9, 5.11	Nutritional requirements, RDA, Assessment of nutritional status	CP
11	CM 5.3, 5.14, 5.15, 5.19	Nutritional profile of cereals and pulses, Vegetable,	CP
12	CM 5.3, 5.14, 5.15, 5.19	Nutritional profile of Nuts and Oil seeds, Fruits, Animal foods, fats and oil, Sugar and Jaggery	CP
13	CM 5.3	PEM and IMSAM Program	CP
14	CM 5.3	**Visit to NRC**	CP
15	CM 5.7, 5.8	Food Toxicants, Food born diseasen, Food Hygiene, Food Adultration, Food Fortification, Food enrichment, Food additives	CP

16	CM 11.6	**Visit to Factory (Dairy)**	CP
17	CM 9.5, 10.6	Family Planning 1	CP
18	CM 9.5, 10.6, 10.7	Family Planning 2, Family welfare Program	CP
19		Revision	CP
20		Term ending Exam	CP

C. Family adoption program- Competencies to be achieved through the FAP in second phase

No. of Visit	Competency The student should be able to	Objective	Suggested Teaching Learning methods	Suggested Assessment methods	Teaching hours
Visit 5- Healthy lifestyle dietary assessment, Physical activity and exercise Visit 6- Micronutrient deficiencies- nutritional anemia, iodine deficiency disorders, care of under-5 children Visit 7- feeding, vaccination, HBYC maternal health	Take history and conduct clinical examination of all family members	By the end of this visit, students should be able to compile the updated medical history of family members through family follow up.	Family survey, Field visit clinics, referral and follow up.	Community case presentation, OSPE, observation, FAP logbook, Multi-source feedback, reflections, case studies	Total 24 hours [A minimum of 4 visits of full day of around 6 hours] OR [if 3 hours visit then 8 visits to be conducted]
	Facilitate health check-up and/or referral of adopted family under overall guidance of mentor	By the end of this visit, students should be able to report the details of clinical examination and investigation like Hb%, blood group, urine routine and blood sugar along with treatment history,	Field visit clinics, referral, reporting of follow up visits.	Community case presentation, OSPE, FAP logbook, Multi-source feedback, case studies	

Visit 8- Care of pregnant and lactating mothers		compliance to treatment, of allocated family members			
	Maintain communication & follow up of remedial measures	By the end of this visit, students should be able to provide details of communication maintained with family members Including information about National programs provided. students should be able to follow-up of treatment, and suggested remedial measures. Documentation of referral in logbook.	Family survey, screening camps, field visit clinics, reporting of follow up visits.	Community case presentation, OSPE, FAP logbook based certification of competency, Multi-source feedback, reflections,	
	Take history and conduct clinical examination of all family members and facilitate health check up if required.	By the end of this visit, students should be able to maintain follow up with the families and update the medical history of family members.	Family survey, field visit clinics, Referral and follow up	Community case presentation, OSPE, FAP logbook, Multi-source feedback, reflections, case studies	

Note:

1. The observations/ reflections of family / hospital visits, DOAP sessions, Self directed learning activities (SDL), practicals should be entered in the log book immediately after the assignment.
2. The observer / facilitator / teacher will provide the written brief feedback in the log book for the learner related to the competencies.

3. Third professional year Part I

A. List of proposed lecture/SDL/SGD

SR NO	Chapter	Competency	Topic	Teaching Method
1	Epidemiology of communicable diseases	CM 7.2	Infectious disease epidemiology- Dynamics of disease transmission, Disease prevention & control	L
2	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	Smallpox and Chicken Pox	L
3	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	Measles	L
4	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	Mumps, Rubella	L
5	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	Diptheria & Pertusis	L
6	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	Influenza	L
7	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	SARS & Covid	L
8	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	Menigococcal Meningitis	L
9	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	Tuberculosis-1	L
10	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	Tuberculosis-2	L
11	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	POLIOMYLITIS	L
12	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	VIRAL HEPATITIS	L
13	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	ACUTE DIARRHOEAL DISEASES	L
14	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	CHOLERA	L
15	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	TYPHOID	L
16	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	FOOD POISOING	L
17	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	AMOEBIASIS & INTESTINAL PARASITE	L
18	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	DENGUE	L
19	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	MALARIA	L
20	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	FILARIA & CHIKUNGUNEA	L

21	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	RABIES	L
22	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	YELLOW FEVER, JE & KFD	L
23	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	LEPTOSPIROSIS	L
24	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	PLAGUE	L
25	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	TRACHOMA & RICKETTSIAL DISEASES	L
26	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	LEISMANIASISIS	SDL
27	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	TETANUS	L
28	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	LEPROSY & NLEP	L
29	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	AIDS	L
30	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	STD	L
31	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	EMERGING AND RE-EMERGING (ZIKA,EBOLA,CCHF,NIPAH,CHANDIPURA)	SDL
32	Epidemiology of communicable diseases	CM 8.1 & CM 8.4	HOSPITAL ACQUIRED INFECTION	L
33	Epidemiology of Non communicable diseases	CM 8.2	Introduction of NCD & CHD	L
34	Epidemiology of Non communicable diseases	CM 8.2, 5.10, 5.20, 5.21	Obesity	L
35	Epidemiology of Non communicable diseases	CM 8.2, 5.10, 5.20, 5.21	RHD	L
36	Epidemiology of Non communicable diseases	CM 8.2, 5.10, 5.20, 5.21	HYPERTENSION & STROKE	L
37	Epidemiology of Non communicable diseases	CM 8.2	CANCER-1	L
38	Epidemiology of Non communicable diseases	CM 8.2	CANCER-2	L
39	Epidemiology of Non communicable diseases	CM 8.2, 5.10, 5.20, 5.21	DIABETES	L
40	Epidemiology of Non communicable diseases	CM 8.2	BLINDNESS & NBCP	L
41	Epidemiology of Non	CM 8.2	ACCIDENTS & INJURY	L

	communicable diseases			
42	National Health Programme	CM 8.3, 8.5	NTEP	L
43	National Health Programme	CM 8.3, 8.5	NVBDCP	L
44	National Health Programme	CM 8.3, 8.5	NACP	L
45	National Health Programme	CM 8.3, 8.6	IDSP	SDL
46	National Health Programme	CM 8.3, 8.5	NPCDCS (NPNCD)	L
47	National Health Programme	CM 8.3	NHM	L
48	National Health Programme	CM 8.3, 10.4	RMNCHA+	L
49	National Health Programme	CM 8.3, CM 9.6	NPP & NHP	SDL
50	MCH	CM 10.1, 10.4	Introduction to maternal health, current status of maternal health and maternal mortality (Indices, causes and prevention)	P
51	MCH	CM 10.2, 10.4	Interventions for Obstetric care (ANTENATAL CARE)	P
52	MCH	CM 10.4, 10.3	Interventions for Obstetric care (INTRANATAL, POSTNATAL CARE, Essential obstetric care and Emergency obstetric care)	P
53	MCH	CM 10.1, 10.4	Peri natal & Infant mortality (introduction, Current status, causes, indices, Prevention & Control)	P
54	MCH	CM 10.4	Indian new born action plan	SDL
55	MCH	CM 10.1	Child mortality (introduction, Current status, causes, indices, prevention and control) & School Health Programe	P
56	MCH	CM 10.2, 10.3	LBW, Kangaroo mother care, Growth and development, BFHI	P
57	MCH	CM 10.2, 10.9	Other child health problem (Handicap child, Juvenile delinquency, Battered baby syndrome, child abuse, gender bias, Child labour, Child trafficking)	P
58	MCH	CM 10.8, 10.9	Adolescent Health & Program for Adolescence	P
59	Geriatrics	CM 12.1, 12.2, 12.3, 12.4, 12.5	GERIATRIC CARE & NATIONAL PROGRAME for elderly	L
60	Genetics and Health	CM 20.3	Genetics	P
61	Health care of the	CM	Concept of healthcare, Level of health care,	P

	community	17.1,17.2, 17.3, 17.5	Primary health care (Concept, Elements, Principle)	
62	Health care of the community	CM 17.1,17.2, 17.3, 17.5	Health care delivery	SDL
63	Health Planning and management	CM 16.1, 16.2, 16.3, 16.4, 16.5	Health Planning & Health Management	P
64	Health Planning and management	CM 16.1, 16.2, 16.3, 16.4, 16.5	Health System In India	SDL
65	Health Planning and management	CM 16.1, 16.2, 16.3, 16.4, 16.5	Evaluation of Health services	P
66	Mental Health	CM 15.1, 15.2, 15.3, 15.4	MENTAL HEALTH & National PROGRAME	L
67	Misc	CM 8.7	HMIS	SDL
68	Misc	CM 17.4	SDG	SDL
69	Recent advances	CM 20.4,CM20.4	Public health Act- MTP Act, PCPNDT Act, COTPA Act,	SDL
70	Misc		Voluntary Health agencies in india	SDL
71	Biostatistics	CM 6.2	Statistics- Introduction, Types of Data	P
72	Biostatistics	CM 6.2, 9.7	Sources and presentation of Data	P
73	Biostatistics	CM 6.4, 6.6	Measures of Central Tendency	P
74	Biostatistics	CM 6.4, 6.6	Measures of Variability	P
75	Biostatistics	CM 6.4, 6.6	Normal Distribution and Normal Curve	P
76	Biostatistics	CM 6.4	Sampling methods, Sample Size and Sampling Error	P
77	Biostatistics	CM 6.2	Probability (Chance)	SDL
78	Biostatistics	CM 6.3, 6.6	Standard Error of Mean	P
79	Biostatistics	CM 6.3, 6.6	Student t Test	P
80	Biostatistics	CM 6.3, 6.6	Standard Error of Proportion	P
81	Biostatistics	CM 6.3, 6.6	Chi- Square Test	P
82	Biostatistics	CM 6.3, 6.5	Overview of Computer aplication in statistical analysis	SDL
83			Health Planning Committee In India & Niti Ayog	SDL
84	Environment	CM 3.6, 3.7	Medical Entomology-Introduction, Mosquito	P
85	Environment	CM 3.6, 3.7	Medical Entomology-Housefly, Sandfly, Lice, Flea	P
86	Environment	CM 3.6, 3.7, 3.8	Medical Entomology- Ticks, mites, cyclops, insecticides and rodenticides, Zoonoses	P

87	General Epidemiology-Exercise	CM 7.4	Measurement tool in epidemiology and Calculations of morbidity indicators	P
88	General Epidemiology-Exercise	CM 7.4	Calculations of mortality indicators	P
89	General Epidemiology-Exercise	CM 7.5	Calculations and interpretations of Odds ratio	P
90	General Epidemiology-Exercise	CM 7.5	Calculations and interpretations of Relative risk, AR and PAR	P
91	General Epidemiology-Exercise	CM 7.6	Screening - Calculation of validity and reliability of screening test	P
92	General Epidemiology-Exercise	CM 10.5	Calculation of Vaccine need, Vaccine efficacy and Drop out rate	P
93	General Epidemiology-Exercise	CM 8.1, 8.2	Malarial indices and Obesity Assessment Methods	P
94	General Epidemiology-Exercise	CM 10.1	Indicators of MCH care	P
95	General Epidemiology	CM 7.7	Investigation of an epidemic	L
96	Occupational Health	CM 11.1, 11.3, 11.4, 11.5	Ergonomics, OCCUPATIONAL HAZARDS, OCCUPATIONAL CANCER AND DERMETITIS	P
97	Occupational Health	CM 11.1, 11.3, 11.5	PNEUMOCONIOSIS, LEAD POISONING	P
98	Occupational Health	CM 11.1, 11.2, 11.3, 11.5	PREVENTION OF OCCUPATIONAL DISEASES	P
99			Revision of Epidemiological Exercise	P
100	Health care of the community	CM 17.5, CM 17.3	Concept of healthcare, Level of health care and healthcare delivery system of india	L
101			Epidemiological Exam	P
102			Biostat Exam	P
103			Revision of Biostatistical Exercise	P
104	Essential Medicne & Counterfit Medicine	CM 19.1, 19.2, 19.3	Essential Medicne & Counterfit Medicine	SDL
105	Recent Advances in Community Medicine	CM 20.1	List important Public health events of last five years	SDL
106	Recent Advances in Community Medicine	CM 20.2	Discribe Various issues during outbreak and their prevention	SDL
107	Recent Advances in Community Medicine	CM 20.3	Disribe any event important to health of community	SDL
108	Recent Advances in Community Medicine	CM 20.4	Demonstrate awarness about law pertaining to practice of Community Medicine	SDL
109			Revision	L
110			Revision	SDL

B. Proposed activities in first clinical posting

SR NO	Chapter	Competencies	Topic	Teaching Method
1	Visit	CM 17.6	Visit to Aanganwadi centre on Mamta day	CP
2	Visit	CM 17.6, 19.4	Visit to PHC, Subcentre and Health and wellness center	CP
3	Visit	CM 17.6	Visit to CHC	CP
4	Visit	CM 17.6	Visit to UHC	CP
5	Visit	CM 5.10, 5.20, 5.21	Visit to NCD Clinic	CP
6	Clinical Case		Clinical Case Discussion (ANC/PNC)	CP
7	Clinical Case		Clinical Case Discussion (Communicable Diseases & Non-Communicable Diseases)	CP
8	Research Methdology	CM 7.10, 7.11	Research question	CP
9	Research Methdology	CM 7.10, 7.11	Performa	CP
10	Research Methdology	CM 7.10, 7.11	Data Collection	CP
11	Research Methdology	CM 7.10, 7.11	Data Collection	CP
12	Research Methdology	CM 7.10, 7.11	Analysis & Presentation	CP
13	Health care of the community		IPHS Standards & ICDS	CP
14	MCH	CM 5.12, 5.13	IMNCI 1	CP
15	MCH	CM 5.16, 5.17, 5.18	IMNCI 2	CP
16	MCH	CM 5.22, 10.5	IMNCI 3	CP
17	MCH	CM 8.3, 8.4, 10.5	Immunization 1	CP
18	MCH	CM 8.3, 8.4, 10.5	Immunization 2	CP
19	MCH	CM 8.3, 10.5	Cold Chain & Visit to Immunization Centre	CP
20	Misc		Revision	CP
21	Misc		Journal Completion	CP
22	Misc		Term ending Exam	CP
23	Misc		Term ending Exam	CP
24	Misc		Term ending Exam	CP

C. AETCOM topic

Sr. No.	Module N0	AETCOM	Topic	Teaching Method
1	3.2	Case study in Bioethics - Disclosure of Medical errors	Introduction of case	L
2		Case study in Bioethics - Disclosure of Medical errors	Medical errors in clinical care & correct approach to disclosure of Medical errors	SDL
3		Case study in Bioethics - Disclosure of Medical errors	Consequences of failure to disclosure of Medical error including medico-legal, social and loss of trust	SDL
4		Case study in Bioethics - Disclosure of Medical errors	Anchoring lecture	L
5		Case study in Bioethics - Disclosure of Medical errors	Discussion and closure of case	SGL
6	3.5	Case study in Bioethics - Fiduciary Duty	Introduction of case	L
7		Case study in Bioethics - Fiduciary Duty	Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues as it pertains to the physician - patient relationship (including fiduciary duty)	SDL
8		Case study in Bioethics - Fiduciary Duty	Identify and discuss physician's role and responsibility to society and the community that she/ he serve	SDL
9		Case study in Bioethics - Fiduciary Duty	Anchoring lecture	L
10		Case study in Bioethics - Fiduciary Duty	Discussion and closure of case	SGL

D. Family adoption program- Competencies to be achieved through the FAP in Third phase

No. of Visit	Competency The student should be able to	Objective	Suggested Teaching Learning methods	Suggested Assessment methods	Teaching hours
Visit 9- communicable diseases- Tuberculosis, Influenza and others	Take history and conduct clinical examination of all family members and facilitate health check up if required.	By the end of this visit, students should be able to maintain follow up with the families and update the medical history	Family survey, field visit clinics, Referral and follow up	Community case presentation, OSPE, observation, FAP logbook, Multi-source	

Visit 10- Non-communicable diseases- HTN, DM and others		of family members.		feedback, reflections, case studies	Total 36 hours [A minimum of 6 visits of full day of around 6 hours] OR [if 3 hours visit then 12 visits to be conducted]
Visit 11- adolescent health/school health, menstrual hygiene, life skills Visit 12- Healthy ageing, health care of the elderly	Maintain communication and follow up of remedial measures	By the end of this visit, students should be able to provide details of communication maintained with family members and collaborative efforts undertaken with family members for improving their health.	Family survey, field visit clinics, Referral and tracking, reporting of follow up visits.	Community case presentation, OSPE, observation, FAP logbook based certification of competency, Multi-source feedback, reflections	
Visit 13- Mental health, healthy coping strategies and resilience Visit 14- well-being of the families, final visit and report submission	Counsel the family members of allotted families and analyze the health trajectory of adopted family under overall guidance of mentor	By the end of this visit, students should be able to analyze and report the findings of short term action projects and its effect on health trajectory at individual family and community level	Participation in and process documentation of activities (NSS activities) along with reporting of photographic evidences. Small group discussion (report of the health trajectory of adopted family)	Community case presentation, OSPE, observation, FAP logbook based certification of competency, Viva-voice, Multi-source feedback, reflections	
	Work as a member of Health team and facilitate inter-sectoral	By the end of this visit, students should be able to report role of	Observation and reporting of events, exposure visits,	Logbook based certification of competency,	

	action for health.	various frontline functionaries delivery primary health care and local self-governing bodies, NGOs, SHG, etc for health promotion.	interaction with frontline functionaries.	Observation, Viva-voice, Multi-source feedback, reflections	

Note:

1. The observations/ reflections of family / hospital visits, DOAP sessions, Self directed learning activities (SDL), practicals should be entered in the log book immediately after the assignment.
2. The observer / facilitator / teacher will provide the written brief feedback in the log book for the learner related to the competencies.

Assessment methods

I. Eligibility to appear for Professional examinations

The performance in essential components of training are to be assessed, based on following three components:

a) Attendance

- There shall be a minimum of 75% attendance in theory and 80% attendance in practical /clinical for eligibility to appear for the examinations in that subject. Community Medicine subject are taught in more than one phase - the learner must have 75% attendance in theory and 80% attendance in practical in each phase of instruction in that subject.
- There shall be a minimum of 75% attendance in AETCOM and minimum of 80% attendance in family visits under Family adoption programme.
- Each student shall adopt minimum 3 families/ households and preferably five families. The details shall be as per Family Adoption Program guidelines.

b) Internal Assessment (IA):

- Internal assessment shall be based on day-to-day assessment.
- Community Medicine subject are taught in more than one phase, there shall be IA in every phase in which the subject is taught. Cumulative IA to be used as eligibility criteria. The final cumulative marks are to be used for eligibility.
- It shall relate to different ways in which learners participate in the learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/problem solving exercise, participation in project for health care in the community, Quiz, Certification of competencies, museum study, log books, SDL skills etc.
- Internal assessment should have both subjective and objective assessment.
- Internal assessment shall not be added to summative assessment. However, internal assessment marks in absolute marks should be displayed under a separate column in a detailed marks card.
- The internal assessment marks will be out of 100 for theory and out of 100 for practical/clinical.
- Learners must secure at least 50% of the total marks (combined in theory and practical / clinical; and minimum 40% in theory and practical separately) for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject.

- **Internal examination**

1ST Year MBBS : 1

PHASE	I-Exam (With II internal Assessment exam of First Phase)		
	Theory	Practical	Total Marks
FIRST MBBS	50	50	100

2nd Year MBBS : 1

PHASE	I-Exam (At the end of 1st Term)			1st clinical posting- term end exam)		
	Theory	Practical	Total Marks	Theory	Practical	Total Marks
SECOND MBBS	50	50	100	25	25	50

3rd Year MBBS Part I : 2 (Including Prelim)

PHASE	I-Exam (At the end of 1st Term)			II-Exam- Prelim (At the end of 2nd Term)			2nd clinical posting- term end exam		
	Theory	Practical	Total Marks	Theory	Practical	Total Marks	Theory	Practical	Total Marks
THIRD MBBS	100	100	200	200	100	300	25	25	50

Internal Marks Distribution

Year	Theory internal marks	Practical internal marks
1ST Year MBBS	**25**	**25**
2nd Year MBBS	**25**	**25**
3rd Year MBBS Part I	**50**	**50**
Total	**100**	**100**

- There shall be four internal assessment examinations in subject. The fifth internal examination is the preliminary examination to be conducted on the lines of the university examination.
- Nature of questions will include different types such as structured essays (Long Answer Questions - LAQ), Short Answers Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. In

subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass. Mandatory 50% marks in theory and practical (practical = practical/ clinical + viva) required.

- Practical/clinical examinations will be conducted in the laboratories and /or hospital wards. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to interpretation of common investigative data, identification of specimens, epidemiological exercises, interpretation of statistical data, application of appropriate statistical test, elicit history, demonstrate physical signs, analyze the case and develop a management plan.

- Viva/oral examination should assess approach to patient management, emergencies, attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, identification of specimens, epidemiological exercises, interpretation of statistical data, application of appropriate statistical test, etc. is to be also assessed.

c) Certifiable Competencies Achieved:

- Learners must have completed the required certifiable competencies for that phase of training and completed the log book appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.
- Regular periodic examinations shall be conducted throughout the course.

Remedial measures: A student whose has deficiency(s) in any of the 3 criteria that are required to be eligible to appear in university examination, should be put into remedial process as below:

- *During the course:* If Internal assessment (IA) or attendance is less or/and certifiable competencies not achieved and marked in log book in quarterly/ six monthly monitoring, the students/parents must be intimated about the possibility of being detained much before the final university examination, so that there is sufficient time for remedial measures.
- These students should be provided remedial measures as and when needed to improve IA.
- Any certifiable competency/ IA marks deficiency should be attended with planned teaching/tests for them.
- Student should complete the remedial measures and it should be documented.

- **In spite of all above measures, if student is still not meeting the criteria to be eligible for regular exam he shall be offered remedial for the same batch supplementary exam. For attendance, he will be allowed remedial measures ONLY IF attendance is more than 60% for each component.**
- *At the end of phase:* If Internal assessment (IA) or attendance is less or/and certifiable competencies not achieved and marked in log book at the end of regular classes in a phase, the student is detained to appear in regular university examination of that batch.
- Remedial classes can be planned for students missing regular classes on genuine grounds, thus ensuring that all certifiable competencies are achieved.
- Students who have less than 75% attendance in theory and 80% attendance in practical cannot appear for University examination, however; they may appear for Supplementary examination provided they attend the remedial classes organized between University Sit and Supplementary exam. Students who have attendance 60% or above shall be eligible for such remedial classes.

II. University Examination

- University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him to function effectively and appropriately as a physician of the first contact.
- **Phase III Part 1**examination shall be held at the end of Phase III part 1 of training (12th month of that training) in the subjects of Community Medicine, Forensic Medicine &Toxicology, Ophthalmology and Otorhinolaryngology.

TABLE SHOWING SCHEME FOR CALCULATION OF UNIVERSITY EXAMINATION MARKS

Evolution parameter	Maximum marks
Written - Theory Paper - I	100
Written - Theory Paper –II	100
Practical/Oral	100

- **Criteria for passing in a subject:** A candidate shall obtain a cumulative 50% marks in University conducted examination including theory and practical and not less than 40% separately in Theory and in Practical in order to be declared as passed in that subject. **Community Medicine subject have two papers, the learner must secure a minimum** 40% marks in aggregate (both theory papers together).

- Pattern of the prelim examinations should be similar to the university examination.

Paper wise distribution of topics for prelim and university theory examination

Year: 3rd MBBS Part -I Subject: Community Medicine

Topics of Community Medicine Paper – I

Man & Medicine; towards health for all	Health Planning and Management
Concept of Health and disease	Healthcare of Community
General Epidemiology and immunology	Demography and Family Planning
Screening for diseases	National Health Programmes
Environment & Sanitation including entomology	Communication for Health Education
Biostatistics	AETCOM 3.1 & 3.3

Topics of Community Medicine Paper - II

Communicable and Non communicable diseases epidemiology	Mental Health
Nutrition and Health	International Health
Preventive medicine in Obstetrics, paediatrics and geriatrics	Hospital waste management
Occupational Health	Disaster Management
Genetics	MDG & SDG
Medical and Social Science	Tribal Health in India

Format of question paper for theory examination of prelim and university

Seat No.: _____ PR No. _____

SANKALCHAND PATEL UNIVERSITY

MBBS – 3rd YEAR PART–1 – EXAMINATION - Jan.-Feb. 2025

Subject Code: 1CM301 **Date: /00/2025**

Subject Name: Community Medicine Paper – I

Time: 3 Hrs. **Total Marks:100**

Instructions:

1. **Use separate answer book for each section.**
2. **Attempt all questions.**
3. **Do not write anything on blank portion of the question paper. If written, then such act will be considered as an attempt to resort to unfair means.**
4. **Draw diagrams wherever necessary.**
5. **Figures to the right indicate marks.**
6. **Use Blue/Black Ball point pen only.**
7. **Distribution of syllabus topics in Question Paper-I and Paper-II is a mere guideline meant to cover entire syllabus. Questions on topics from Paper-I may overlap with Paper-II and vice versa. Students cannot claim that the Question is out of syllabus.**

SECTION – A

Q.1	Answer the following Structured/Case based long questions. **(**Any 1 out of 2**)**	1×10=10
Q.2	Answer the following short questions. (Any 6 out of 7) (One Question on AETCOM is Compulsory)	6×5=30
Q.3	Answer the following short questions in one or two sentences. (Any 5 out of 6)	5×2=10

SECTION – B

Q.4	Answer the following Structured/Case based long questions. **(**Any 1 out of 2**)**	1×10=10
Q.5	Answer the following short questions. (Any 6 out of 7)	6×5=30
Q.6	Answer following MCQ's Multiple Choice Questions (Total 10 MCQs of one mark each) Write the question number and appropriate single option in the given separate answer sheet. Students will not be allotted marks if he/she overwrites, strikes or puts white ink on the answer once written.	10×1=10

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Seat No.: _____ PR No. _____

SANKALCHAND PATEL UNIVERSITY

MBBS – 3rd YEAR PART–1 – EXAMINATION - Jan.-Feb. 2025

Subject Code: 1CM302 **Date: /00/2025**

Subject Name: Community Medicine Paper – II

Time: 3 Hrs. **Total Marks:100**

Instructions:

1. **Use separate answer book for each section.**
2. **Attempt all questions.**
3. **Do not write anything on blank portion of the question paper. If written, then such act will be considered as an attempt to resort to unfair means.**
4. **Draw diagrams wherever necessary.**
5. **Figures to the right indicate marks.**
6. **Use Blue/Black Ball point pen only.**
7. **Distribution of syllabus topics in Question Paper-I and Paper-II is a mere guideline meant to cover entire syllabus. Questions on topics from Paper-I may overlap with Paper-II and vice versa. Students cannot claim that the Question is out of syllabus.**

SECTION – A

Q.1	Answer the following Structured/Case based long questions. **(**Any 1 out of 2**)**	1×10=10
Q.2	Answer the following short questions. (Any 6 out of 7)	6×5=30
Q.3	Answer the following short questions in one or two sentences. (Any 5 out of 6)	5×2=10

SECTION – B

Q.4	Answer the following Structured/Case based long questions. **(**Any 1 out of 2**)**	1×10=10
Q.5	Answer the following short questions. (Any 6 out of 7)	6×5=30
Q.6	Answer following MCQ's Multiple Choice Questions (Total 10 MCQs of one mark each) Write the question number and appropriate single option in the given separate answer sheet. Students will not be allotted marks if he/she overwrites, strikes or puts white ink on the answer once written.	10×1=10

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Format of practical examination of prelim and university

Sr. No.	Type of assessment	Marks
1	Epidemiological exercise	15
2	Bio-statistical exercise	15
3	Case study	20
4	Spotting	20
5	Viva voice	30
Total		100

BOOKS RECMMENDED:

1. Park's Textbook of Preventive and Social Medicine, Author: K. Park
2. Community Medicine with recent advances, Author: AH Suryakantha
3. IAPSM's textbook of Community Medicine, Author: AM Kadri
4. Textbook of Community Medicine, Author: Rajvir Bhalwar
5. Text book of Community Medicine, Author: Sundar lal
6. National health program of India, Author: J Kishore
7. Epidemiology and management for health care, Author: PV Sathe, PP Doke
8. Method in Biostatistics for Medical students and research workers, Author: BK Mahajan
9. Principles and practice of Biostatistics, Author: Dr. J. V. Dixit
10. Comprehensive textbook of Biostatistics and research methodology, Author: S. Kartikeyan
11. Essential of Community Medicine practicals, Author: DK Mahabalaraju
12. Golden notes for Preventive and social medicine, Author: Parimal Patel
13. Practical and viva in Community Medicine, Author: J Kishore
14. Exam preparatory manual for undergraduates, Community Medicine, Author: Vivek jain
15. Single best answer in Community Medicine, Author: Kapil Gandha