# 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 Category — I deemed to be university under UGC Act - 2018 At &PosfPipana, Tal: Waghodia 391760 (Gujarat) India. Ph: 02668-245262/64/66. Telefax: 02668-245126. Website: www.sumandeepvidyapeethdu.edu.in



CURRICULUM

# **Doctor of Medicine** (M.D.) SOCIALANDPREVENTIVEMEDICINE/ COMMUNITY MEDICINE

Attested CTC

aganer 5/2/2021

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



Dear



### Post graduate Degree course in Community medicine, MD (C.M.)

Community Medicine is the branch of Medicine which deals with the identification of factors which causes the disease and factors that predisposes persons to disease causation at individual and community level and finding out solution to prevent the disease occurrence. Sanitation, statistics, epidemiology, nutrition are branches of it which help to understand the disease process.

#### Programmeoutcome : MD

The purpose of MD education is to create specialists who would provide high quality health care and advance the cause of science through research & training. The goal of postgraduate medical education shall be to produce competent specialists and/or Medical teachers.

#### Programme specific outcome : MD

**POS 1.** Scholars shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy.

**POS 2.** Scholars shall have acquired the basic skills in teaching of the medical and paramedical professionals.

**POS 3.** Practice the specialty concerned ethically and in step with the principles of primary health care.

**POS 4.** Demonstrate sufficient knowledge of the basic sciences relevant to the concerned specialty.

**POS 5.** Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.

**COURSE OUTCOME (CO):** At the end of the course the student shall acquire competencies in the following areas

- 1. Basic knowledge in application of principles of Public Health, Community Medicine and applied epidemiology, contributing meaningfully in formulating National Health Policies &Programmes with a systems approach for overall humandevelopment.
- 2. Scholars acquire basic skill to standardize the teaching & training approaches at postgraduate level, for Community Medicine
- 3. Research: To formulate research questions, do literature search, conduct study with an appropriate study design and study tool; conduct data collection and management, data analysis andreport.



<u>AIM</u>

- 1.1 <u>To train medical graduates as to ensure higher competence in both general and</u> <u>special areas of communityMedicine.</u>
- 1.2 <u>To prepare a candidate for teaching, research and clinical abilities, including</u> prevention and after care in communityMedicine.
- 1.3 To prepare the candidate to practice Evidence Based CommunityMedicine

# OBJECTIVE

The main object of the course is to train the medical graduates to acquire excellent technical knowledge and proficiency in application of the knowledge in the field of Community Medicine and to train them in Public Health administration.

At the end of the course the candidate should have acquired skills in different areas which inter alia include the following:

- 1. should possess sound professional knowledge in the discipline and should be in a position to apply itjudiciously.
- 2. should be able to investigate and manage epidemics of infectious diseases and to institute the control / preventive measures.
- 3. should be in a position to organize curative, preventive , promotive and rehabilitative services in a community in ordinary situation and during natural and manmade calamities.
- 4. should have accurate proficiency in the modern methods of teaching to medical/ Para Medical students in teachinginstitutions.
- 5. should be able to organized health education activities in acommunity.
- 6. should be in a position to carryout research activities independently and be able to guild in researchprojects.
- 7. Should be able to practice the principles of evidence basedmedicine.
- 8. should have developed administrative skill to be utilized at various levels such as departmental and institutional levels and state, district and locallevels.
- 9. should have developed the skills to function as team leader member in various situation when needarises.
- 10. should be able to take work from and to guide the subordinate staff working under him/ her.
- 11. Should be able to meet with any emergency situation affecting the health of thepeople
- 12. Should have sufficient knowledge of computer application in the field of medical science and publichealth.
- 13. Upon completion of the evidence based education, the trainee should be ableto:
  - i. Demonstrate significance of Evidence Based communitymedicine
  - ii. <u>Demonstrate awareness of epidemiologically-based needs assessments</u> <u>through research and systematic reviews of researchevidence.</u>
  - iii. Contribute to the appraisal process.
  - iv. Understand quality assurance withe delivery of Primary Healthcare



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#### I General consideration and concept of health & disease

Course contents	Must know	Desirable to know
1.History, concepts and practice of Community		
Medicine	,	
2. Evolution of medicine and public health services,	$\checkmark$	
3. Principles of Community Medicine.	V	
4. Concept of health & disease		
5. Dimensions of health and disease	V	
6. Determinants of health	V	
	V	
<ol> <li>Ecology of health</li> <li>Indicators of health and disease; dynamicsof</li> </ol>		
•	N	
disease transmission.		
II Sociology and Health		
1. Social and behavioral sciences (sociology, social		
psychology and social anthropology)		
2. Concepts of society and culture	$\checkmark$	
3. family and community structure characteristics	$\checkmark$	
and functions		
4. group dynamics; leadership patterns;	$\checkmark$	
5. social stratification	$\checkmark$	
6. social changes; urbanization and its problems	$\checkmark$	
7. principles of learning- process of communication		
8. cultural factors in relation to health and disease		
9. social stress and deviant behavior	V	
10. Medico – social work; hospital sociology; social		$\checkmark$
agencies economics.		
III-Bio-statistics	I	
1. Bio-statistics and health statistics		
	V	
2. demography and demography cycle ;demographic variables and trends; population	N	
problem in India	V	
3. Census and other sources of data ; collection and		
presentation of data	$\mathcal{N}$	
4. elementary statistical analysis	N	
5. tests of significance	$\mathcal{N}$	
6. sampling and sampling procedures		
7. designing of experimental and community based	1	
studies and scope		
8. sources and uses of health statistics		
9. health statistics and information system in India		
— 10. Measurement of health.		

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IV - Nutrition and health

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<ol> <li>Applied nutrition; principles of nutrition</li> <li>nutritional requirements; balanced diets</li> </ol>	N N	
deficiency disease	1	
3. nutritional assessment		
<ol> <li>ecology of malnutrition and approaches to control malnutrition</li> </ol>	N	
5. food toxins	$\checkmark$	
<ol><li>food processing and preservation of various food stuffs</li></ol>		
7. nutritive value of commonly consumed food articles	$\checkmark$	
8. diet and diseases	$\checkmark$	
<ol><li>food fortification and enrichment food</li></ol>		
10. adulteration and prevention of it		
11. National programmes related to nutrition.		
V- Environment and Health		
1. Personal and environmental health	$\mathbb{N}$	
2. control of physical and biological environments for prevention of diseases and promotionof health	N	
3.water		
4. air; humidity; ventilation		
5. light; radiation		
6. noise and		
7. housing and their effect on health and preventive;		
8. meteorological environment and measuring		
equipments	•	
9.Disposal of wastes – types , methods of	$\checkmark$	
collection and disposal; disposal of bio-medical		
waste and related legislation.		
VI -Genetics and health	L	
1.Genetics and environmental factors affecting	N	
growth and development		
2. genetic factors in determination of health		
3. populationgenetics		1
4. preventive and social measures.		
VII- Health education		
1. Health education – objectives, approaches,		
principles andmethods.		
- VIII-Entomology		
Accessed TG		[]
1. Tropical medicine including medical entomology	N N	
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3. microbiology and immunology with special reference	
to malaria, filarial, plague and kala- azaretc.	
X -Epidemiology	
1. Aims of epidemiology: Epidemiological	
approaches rates and ratios	
2. Measurement of morbidity and mortality :	
3. epidemiologicalmethods	
4. association and causation	
5. infectious disease epidemiology	
6. disease transmission : principles and methods of	
disease control	
7. Investigation of epidemics.	
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K - Immunity and immunizingagents	
1.Immunity : active and passive immunity and	N
immunizing agents	, , , , , , , , , , , , , , , , , , ,
2. investigation of case of adverse reaction after	
vaccination	v
3. evaluation of vaccine coverage in the community.	
(I. Sereening for boolth and diagonal	
KI- Screening for health anddiseases	
1. Concept of screening for disease : uses of	
screening : criteria for screening : sensitivity,	v l
specificity and predictive values of a screening	
test	

XII- Epidemiology of specificdiseases

1. Epidemiology and prevention of communicable disease-       V         2. respiratory       V         3. intestinal arthropod infections       V         4. zoonosis : surface infection       V         5. HIV/AIDS       V         6. emerging and reemerging infectious diseases etc       V         7. Epidemiology and prevention of chronic non- communicable diseases and conditions       V         8. CHD,       V         9. Hypertension and stroke       V         10. RHD       V         11. cancer       V         12. diabetes       V         13. obesity       V         Vice-Chanceller       V         Summerer /iriyapoath       V         Vice-Chanceller       V		
2.respiratory       V         3. intestinal arthropod infections       V         4. zoonosis : surface infection       V         5.HIV/AIDS       V         6. emerging and reemerging infectious diseases       V         etc       7.Epidemiology and prevention of chronic non-communicable diseases and conditions       V         8.CHD,       V         9. Hypertension and stroke       V         10. RHD       V         11. cancer       V         12. diabetes       V         13. obesity       V         Vice-Chanceller       V         Vice-Chanceller       V         Vice-Chanceller       V		
3. intestinal arthropod infections       V         4. zoonosis : surface infection       V         5.HIV/AIDS       V         6. emerging and reemerging infectious diseases       V         etc       7.Epidemiology and prevention of chronic non-communicable diseases and conditions       V         8.CHD,       V         9. Hypertension and stroke       V         10. RHD       V         11. cancer       V         12. diabetes       V         13. obesity       V         Vice-Chanceller       V         Sumanceer       Mature         Vice-Chanceller       V		2
4. zoonosis : surface infection       V         5.HIV/AIDS       V         6. emerging and reemerging infectious diseases       V         etc       7.Epidemiology and prevention of chronic non- communicable diseases and conditions       V         8.CHD,       V         9. Hypertension and stroke       V         10. RHD       V         11. cancer       V         12. diabetes       V         13. obesity       V         Vice-Chanceller       V         Sumanceer / hdyapoeth       Vice-Chanceller		N
5.HIV/AIDS       V         6. emerging and reemerging infectious diseases       V         etc       7.Epidemiology and prevention of chronic non-communicable diseases and conditions       V         8.CHD,       V         9. Hypertension and stroke       V         10. RHD       V         11. cancer       V         12. diabetes       V         13. obesity       V         15. accidents etc       V		,
6. emerging and reemerging infectious diseases etc 7.Epidemiology and prevention of chronic non- communicable diseases and conditions 8.CHD, 9. Hypertension and stroke 10. RHD 11. cancer 12. diabetes 13. obesity 13. obesity 14. this tail dises and 15. accidents etc		,
etc 7.Epidemiology and prevention of chronic non- communicable diseases and conditions 8.CHD, 9. Hypertension and stroke 10. RHD 11. cancer 12. diabetes 13. obesity 14. totic diverses and 15. accidents etc		
communicable diseases and conditions         8.CHD,         9. Hypertension and stroke         10. RHD         11. cancer         12. diabetes         13. obesity         V         15. accidents etc		v
8.CHD,     9. Hypertension and stroke     10. RHD       10. RHD     11. cancer     12. diabetes       12. diabetes     13. obesity       13. obesity     14. diabetes       15. accidents etc     15. accidents etc		$\checkmark$
9. Hypertension and stroke 10. RHD 11. cancer 12. diabetes 13. obesity Monthe Star choese and 15. accidents etc		
10. RHD     11. cancer       11. cancer     12. diabetes       13. obesity     13. obesity       15. accidents etc     15. accidents etc		
11. cancer 12. diabetes 13. obesity Monthattir. aboss and 15. accidents etc Vice-Chanceller Sumances Vidyappath	9. Hypertension and stroke	
12. diabetes 13. obesity 13. obesity 15. accidents etc Vice-Chanceller Sumances Vidyappath	10. RHD	$\checkmark$
13. obesity Ministration and 15. accidents etc Vice-Chanceller Sumandeer Vidyappath	11. cancer	$\checkmark$
Vice-Chanceller Sumandees Vidyapoath	12. diabetes	$\checkmark$
15. accidents etc Vice-Chanceller Sumances Vidyappath		
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Sumandeep Vidyapoath	15. accidents etc	
	Sumandeep Vidyapoath	

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XIII- Maternal and childhealth

1. Maternal and child health problems :		
2. ante-natal, intra-natal and post-natalproblems	$\checkmark$	
and care		
3. social obstetrics	$\checkmark$	
4. care of infants and children		
5. low birth weight	V	
6. infant feeding and weaning : growth and	Ń	
development	•	
7. care of pre-school children; under five clinic	$\checkmark$	
8. rights of a child	·	
9. indicators of MCH care	2	
	N	
10. social pediatrics; school health service	$\mathbf{v}$	
11. care of handicapped children	$\checkmark$	
12. behavioral problems in children; child labour etc.		
1		

XIV- Geriatrics

<ol> <li>Preventive Geriatrics : health problems of aged</li> </ol>	
and remedialmeasures	

XV- Family Welfare

1. Family welfare services – family planning,		
2. contraceptivemethods	$\checkmark$	
3.MTP	$\checkmark$	
4. approaches in family planning etc.	$\checkmark$	

XVI- OccupationalHealth

1. Occupational health- physical, chemical, biological and psychological hazards	V
2. principles of prevention	
3. industrial toxicology- lead, arsenic, chromium,	
mercury and various gases – Sulphur dioxide,	
carbon monoxide, hydrogen Sulphide and	
fluorine etc.	
4.Health hazards in specific occupations – mines,	
rubber, dye industries, foundry etc.	
5. Occupational dermatitis cancers,	
<ol><li>accidents in industry ergonomics,</li></ol>	
7. factory act, E.S.I.S. act. Rehabilitation services	
etc.	

# XVII-Mental health

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hazards and prevention	1. Mental health – types of mental illnesses and $\sqrt{2}$	
Anarene prover 5 6000 000	alcoholism and drug dependence; smoking –	
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XVIII- Public Healthadministration

<ol> <li>Principles of administration process-planning,</li> </ol>	
2. management andevaluation;	$\checkmark$
3. health policy	$\checkmark$
4. health economics	$\checkmark$
5. operational research etc.	$\checkmark$
6. National health committees and their recommendations.	$\checkmark$
<ol> <li>Health man power planning and utilization of health practice research.</li> </ol>	$\checkmark$
<ol> <li>Health system in India – at centre, state and district level; primary health cre.</li> </ol>	$\checkmark$
9. National health programmes	$\checkmark$
10. Public health legislation in India	$\checkmark$
11. International and voluntary health agencies and	
their role in health sector.	

XIX- Recent advances in Publichealth

1. Recent advances in the field of public health and	$\checkmark$	
community medicine.		

#### **BOOKS RECOMMENDE FOR READING**

1) Maxyand Rosenau:	Public Health and PreventiveMedio
2) WalterW.Holland:	The Oxford Text Book of Public Hea
<ol><li>HannonandPrekett:</li></ol>	Public health administration and Pr
4) J.S. Garrow, PhilipsJames:	Human Nutrition and Dietetics
and StanelyDavidson	
5) Hobson:	The Theory and Practice of Public
6) D J P Barker &G.Rose:	Epidemiology in Medical Practice
7) AbramsonJ H:	Survey Methods in CommunityMed
8) K.Park:	Park's Textbook of Preventive & Se
0) DSSPace	An Introduction to Rightation

- 9) PSSRao:
- 10) BancroftH:
- 11) Mac Mohanand Pugh:
- 12) TopleyandWilson:
- 13) MorrisJ.N.:
- 14) S.C.Seal:
- 15) NirajPandit

Public Health and PreventiveMedicine alth. Vol. I tolV ractice

cHealth dicine SocialMedicine An Introduction to Biostatics Introduction to Biostatistics Epidemiology: Principles andmethods Text Book of Microbiology Uses of Epidemiology Public Health Administration inIndia Sociology and Health

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# Method of Training:

- 1. Lecture-cum-discussion:
- 2. Presentation of assignedtopics:
- 3. Case presentation and discussion/ family study, presentation and discussion
- 4. Journalclub
- 5. Involvement in Undergraduatetraining
- 6. Laboratorypractices
- 7. Visit to Institutes of Public Health importance; water works, sewage treatment plant, milk dairy, public health laboratory, Primary health center, community Health center, Infectitious disease hospital, medical record section of hospital, Health center run by NGO, Immunisation clinicetc.
- 8. Projectpreparation
- 9. Posting of candidates in other departments of medical college and places of Public healthimportance.
- 10. Seminars-(Incorporation of recent evidences as per the hierarchy of evidences in seminar)
- 11. Journal club-(Formulation of clinical question to critical appraisal of evidence and decision making as per the principles of Evidence Based Decision Making in journal club)
- 12. Case presentation-(diagnosis/treatment plan to be supported with higher level of evidences)
- 13. Interdisciplinary case presentation- (diagnosis/treatment plan to be supported with higher level ofevidences)
- 14. Poster/paper presentation in specialityconference-
- 15. Shortresearch-
- 16. Publication in peer reviewjournal-

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# **Practical training:**

- 1. Using and Handling various Audio-visual aids available in the department and used for teaching of Undergraduatestudents.
- 2. Using and Handling various equipments and Instruments available in the department and used routinely or for researchpurpose.
- 3. Training of PG in Undergraduate teaching Taking lecture / practical, conducting demonstration carry out field trainingetc.
- 4. Statistical exercises: calculation of various vital rates and ratios, fertilitystatistics.
- 5. Measurement of morbidity and mortality-Incidence and prevalencerates
- 6. Statistical methods-up to coefficient of correlation
- 7. Sample size and its use in medicalresearch.
- 8. Planning of survey, Designing of Performa-field testing, Organisation of survey, collection of data, analysis and presentation of data, drawing inference and report writing.
- 9. Steps in investigation of anoutbreak.
- 10. Computer training required for the data entry, analysis, statistical test application, interpretation of data, report writing, graphical presentation, application of Epi-info, SPSS,etc.
- 11. Common Laboratory procedures, culture, identification of organisms, various vaccines and their use in public health, evaluation of vaccinecoverage
- 12. Tools and techniques for the evaluation of various National HealthProgrammes.
- 13. OPD and Camp approach to learn diagnosis and treatment of common diseases in rural set up
- 14. To introduce Basic life support (BLS) and Advanced Cardiac Life Support (ACLS) training for all the First year Postgraduate Resident Doctors from academic year 2017-18.
- 15. To introduce New chapter / topic 'Intellectual Property Rights (IPR) foralltheFirstyearPostgraduateResidentDoctorsfromacademicyear2020-2021 of duration of 4hrs (Board of Studies letter no.: SBKS/DEAN/742/2021,dated 05/06/2021 and Vide Notification of Board of Management Resolution Ref no.:SVDU/R/3051-1/2020-21, dated - 29" July 2021)

List of topics :

- Introduction-ConceptofIntellectualProperty,Historicalviewof
   Intellectual Property system in India and International Scenario, Evolution of Intellectual
   Property Laws in India, Legal basis of Intellectual Property Protection, Need for
   Protecting Intellectual Property, Theories on concept of property Major IP Laws in India.
- 2. Types of IPR: Patents, Copyright, Trademark Industrial Designs, TradeSecrets.
- Patents: Concept of Patent, Criteria of Patentability, Inventions NOT patentable, Process of Obtaining a Patent, Duration of Patents, Rights of Patentee, Limitation of rights, Infringement andEnforcement.
- Copyrights: Meaning of Copyright, Copyright Vs. Moral rights,
  - Copyrighteligibility, TermofCopyright, RegistrationofCopyright, Infringement and Remedies
  - 5. Trademark: Meaning of Trademark Ofiteria for trademark, Procedure for Trademark

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Registration, Term of protection, Infringement and Remedies.

- 6. Industrial Designs: Meaning of Industrial Designs, Rights in Industrial Designs: Nature, Acquisition and duration of rights.
- 7. Trade Secrets: Meaning of Trade Secrets, Need to protectTrade secrets, Criteria of Protection, Procedure for registration, Infringement.
- 8. Commercialization of IPR: Traditional IP and Evolving IP, Assignment, Licensing, Cross License, Patent Pool, Negotiations, Defensive Publications, TechnicalDisclosures,

Patent Pooling, Patent Trolling, Brand Management, Brand and Pricing Strategies.

16. With reference to the Notification vide no. MC!-18(1)12020-Med.1121415, dated 16.09.2020, related to 'Postgraduate Medical Education (Amendment) Regulations 2020'; all the postgraduate students pursuing MD / MS in broad specialties in SumandeepVidyapeeth Deemed to be University, as a part of course curriculum, shall undergo a compulsory Residential rotational posting in the 3rd or 4th or Sth semester of the Postgraduate programme, for a duration of three months, in the District Hospitals / District Health System, is confirmed and approved for execution.

(Board of Studies letter no.:SBKS/DEAN/1576/2020,dated 0/10/2021 and Vide Notification of Board of Management Resolution :Ref no. SVDU/R/1271-1/2020-21, dated - 30<sup>th</sup> December 2020)

To consider and approve the tmpte Students admitted in the 2021-22 batch as per the NMC notifications vide letter F.No. NMC23(1)(25)12021/PG/053909 dated 2211212022 and Clarification issued by NMC vide tetter F. N o. N M C/23 (1) (25) 12021 I Med. I 00 1 866 d ated 1 9 I Ot t 2023 Resolution ' with reference to the NMC notifications vide letter F.No. NMC-23(1)(25)t2021tpcto53g0g dated 2211212022 and Clarification issued by NMC vide tetter F.No. vide letter F.No. NMC-23(1)(25)t2021tpcto53g0g dated 2211212022 and Clarification issued by NMC vide letter F.No. NMC-23(1)(25)t2021/Med./001g66 dated 1910112023. the District Residency Program (DRP) shall be implemented for the students admitted in 2021-22 batch onwards. The said notification and clarification from NMC were considered and passed unanimously.

The communication from National Medical Commission vide no. NMC-23 (1) (25) / 2021 / PG / 053909, dated 22.12.2022 regarding Implementation of District Residency Programme, and National Medical Commission vide no. NMC-23(1)(25)/2021/Med./001866, dated 19.01.2023 regarding Clarification on implementation of District Residency Programme, is adopted for execution.

(BOS-Ref :SBKSMIRC/Dean/Outward No.1158/2022-23, Date of Academic council : 11/02/2023) (BOM-Ref. No.: SVDU/R/2431-A/2022-23, Date of Academic council : 29/05/2023)

#### **EBES Integration:**

1. All post graduates after enrolment will be exposed to organized evidence searching skills lectures along with teaching of clinical epidemiology, biostatistics and research

2. All the post graduate Journal Clubs will be carried out on a prescribed Evidence Based

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format with emphasis on critical appraisal. A designated teacher/facilitator wills asses every post graduate student for each JCpresentation.

- 3. All PG seminars will have evidence embedded in the presentation and all references relating to the subject matter will be incorporated. AT the end of the seminar all the references will be listed and the seminar will be assessed by thefacilitator.
- 4. In the Practical Skills, every post graduate student will be exposed to at least one encounter of role modeling in which a facilitator after raising a relevant query will search for its evidence and demonstrate evidence searching methodologies, its importance and utility to thestudent.

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Place of Posting	Duration of posting	Learning		
Microbiology department	2 weeks	Culture media, technique of inoculation, colony characteristics, identification of organisms by slide examination, samples of body fluids, secretions, excretions collection, preservation and transportation procedures, common laboratory procedures, precautions in the laboratory, common serological tests, bio-medical waste collection, storage and disposal, immunologyand immunological tests etc.		
Paediatric department	2 week	Identification common childhood problems, special clinics, ORS corner, Growth monitoring and recording, neonatal care, infant care, care of pre-school children, careof disadvantaged children, breast feeding, at risk children		
Obstetrics department	2 week	Identification common problems of pregnant women, at risk mothers, special clinics, Family welfare activities. PP Unit.		
Medicine department	2 weeks	Learning method of history taking, clinical examination, prescription of investigation and treatment of common ailments / diseases, interpretation of investigation result, attending special clinics (diabetic care, Cardio Vascular, geriatric etc)		
Public Health laboratory Food and drug testing Water testing	6 days	Water chemistry, tests to identify water pollution, water quality monitoring, sanitary survey of water supply system, water sample collection, preservation, transportation for bacteriological examination, reading and interpretation of report, identification of food adulteration, food sample collectionandprocedurestobefollowed.Legislative provision, tests on milk, record keeping.Food and drug regulations		
Water treatment plant	1 day	Sources of water, Water quality monitoring, sanitary survey of water supply system, water sample collection, preservation, and transportation for bacteriological examination, Role during water borne epidemics.		
Milk dairy	1 day	Milk hygiene, tests for pasteurization, quality control. Standards for various types of milk, milk products, tests for milk adulteration		
Sewage treatmentplant	1 day	Sewage and sullage, collection and disposal, tests carried out on sewage, problems related to its disposal.		
Immunisation clinic (Included in pediatrics posting)		Critical observation of the various activities carried out at the clinic, record keeping, cold chain maintenance, injection safety, waste disposal		
PHC / sub-center	2 weeks	Critical observation of the various activities carried out at PHC,		
Community health centre	1 week	To Learn staff, functions of CHC, record keeping		
Municipal corporation	1 weeks	Functioning, various bodies and their functions, duties of MOH, critical observations.		
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Health Department of Jilla Panchayat	1 week	Functioning, various bodies and their functions, duties of CDHO, critical observations, supervision of SC and PHC, conducting meeting, organizing survey work				
District Malaria Unit	3 days	Problem of malaria in the district, various anti-malaria measures, Bionomics of Mosquitoes and their control, activities under National programme. Various insecticides and their use, insecticide resistance, evaluation of programme.				
Blood bank	1 day	Blood safety regulations, blood borne diseases and prevention				
Bio medical waste disposal	1 day	Hospital waste , generation sources, collection, disposal, Universal work precaution in hospital				
Hospital Kitchen	1 day	Food safety, diet planning, various types of diet served to patients in hospital, kitchen hygiene, hygiene of cook and foodhandlers				
IMNCI training	10 days	IMNCI training components, method of training,				
District TB Center	4 days	Problem of Tuberculosis, diagnostic tools, RNTCP, category classification, treatment regimen, HIV and TB, Problems in TBcontrol.				
Special clinics (geriatrics, diabetes care, cardio vascular preventive clinic, Immunisation, under five, ante-natal, post natal, nutrition clinic,)		Conduction and activities carried out at such clinics (included in pediatric, OG and medicine department posting)				
NGO posting	1 week	Working of NGO, observing various activities carried out by it. Understanding its role in health sector,				
Medical Record Section	1 day	Record keeping, analysis, use of computer in record keeping, ICD, Death certificate,				
Community based activities		Like NID monitoring, school health, camp duty				

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# Scheme of Examination (MD Course)

#### Degree: M.D. (Community Medicine)

#### University: SumandeepVidyapeeth, Piparia

**Dissertation:** Community Based Topic will be assigned for dissertation work. After getting approval from the Human Research Review Committee and Institutional Ethics committee, the student is expected to complete and submit it to the University for Assessment Purpose SIX months before the expected date of University Examination.

Paper	Topics	Marks	Time
number			
1	<b>Basic Medical Sciences applied to Community</b> <b>Medicine</b> -[Nutrition, Sanitation including entomology, Bio- statistics, Sociology, Microbiology, Health Education and Genetics etc.]	100	3 Hours
11	<b>Community Medicine-I</b> [MCH, Demography and Family welfare, Occupational health, School Health, Preventive Medicine applied to other specialties, Geriatrics, Mental health, Research methodology]	100	3 Hours
111	<b>Community Medicine-II</b> [Epidemiology-General, specific diseases-communicable and non-communicable, National health programmes, Health Planning, administration, Management and evaluation, Health Economics, National and International Health regulations and health organizations]	100	3 Hours
IV	Recent advances in Community Medicine including Evidence Based Education System	100	3 Hours

#### Theory Examination: (400 Marks)

Note: The distribution of topics in each paper is arbitrary. There may be overlapping of relevant topics in question papers

Each Paper shall have 5 Questions; all compulsory; no options.

Question-1: Long Question (1 or2parts)	20 marks
Question-2: Long Question (1 or2parts)	20marks
Question-3: Long Question (1 or2parts)	20marks
Question-4: - Long Question (1 or2parts)	20marks
Question-5: Shortnotes(4)	20 marks

Aldested CTC

Vice-Chanceller Sumandeen Vidyapooth An Institution Jeomed to be University <del>VIII. Filiaria, Jakata Westerda.</del>



Attested CTC

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

### Practical Examination: (450 Marks + 150 marks oral including table work)= 600 marks Duration: Minimum 2 days

Exercise number	Description	Marks	Time	Assessment
number		000	4 1	
1	Family study / long case	200	1 hour	All Four examiners
2	Short case / Exercises	100		Case- I- Pair-I
				Case-II pair II
	[epidemiological]	025	30 minutes for	
	[Public health administration]	025	each case and	Epid. + PHA exercise-Pair-I
	[ statistical exercise]	050	each exercise	Stat exercise- Pair-II
3	Table exercises (2) based on	025		
	Public health Laboratory	025	30 minutes	Pair-I
	practice		each	
4	Viva voce	100	30minutes	All Four examiners
	Including			
	Table work (spots-5)	050	25minutes	Pair-II

Passing standards: Theory and Practical 50 % each separately

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Sharaney 12/2021

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

