



PRAVARA INSTITUTE OF MEDICAL SCIENCES (DEEMED TO BE UNIVERSITY)

Loni, Tal. Rahata, Dist. Ahmednagar 413736
NAAC Re-accredited with 'A' Grade

SYLLABUS

UG Programme- COMMUNITY MEDICINE

Phase I (First MBBS), Phase II (Second MBBS) & Phase III Part 1 (Third MBBS Part One)
(Competency Based Undergraduate Curriculum will be implemented from August 2019, i.e. MBBS batch admitted for first year in 2019)

**Course Code : Theory Paper I - MU 301
Theory Paper II - MU 302**

Overview: Phase wise teaching hours in Community Medicine as per CBME

Phase	Lectures	P/SGT/IT/Tutorials	SDL	Total
Phase I- Foundation course		8 Field visit to health centers		8
Phase I - I/I & I/II	20	27	5	52
Phase II - II/I & II/II	20	30	10	60
Phase II - Clinical Posting		4 weeks(72) 24* days x 3hr/ day		72*
Phase III - III/I & III/II	40	60	5	105
Phase III - Clinical posting		6 weeks(108) 36 *days x 3hr/ day		108*
Total	80	245	20	405

*As per latest MCI BOG guidelines added hours for management of pandemics in UG course(80 hours module) of which Community Medicine (32 hours)will cover following topics phasewise:

- F 1. Foundation course:History of outbreaks,epidemics and pandemics-2 hours
- 2.2 Emerging and reemerging infections, early identification and control of new infections-6 hours
- 2.4 Vaccination strategies including vaccine development& implementation-6 hours
- 3.1 outbreak management including quarantine,isolation,contact tracing-5 hours
- 3.2 interdisciplinarycollaboration,principles of public health administration,health economics,international health-5 hours
- 3.3 operational research,field work, surveillance-8 hours

Electives: Epidemiology and research components

PIMS (DU), MBBS-Community Medicine-Syllabus, implemented from the MBBS batch admitted in 2019.

Notification No 28 /2021

Academic Council Meeting dated 11.12.2020

First year MBBS
(Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 & onwards)

Competency No. CM	Topics & subtopics
	Health care of the community
17.1	Health care to community
	Visit to primary/secondary health facility
	Role of physician in health care delivery- Integration with AETCOM module 1.1 What does it mean to be doctor?
17.2	Community diagnosis
17.3	Primary Health Care- Def, Principles
17.4	National Health Policies , MDGs
	SDL- Current national / stale level status of health indicators
17.5	Health Care delivery in India
	Nutrition
5.1	Common sources of various nutrients
	Demonstration: Foods we eat & their nutritive values
	Special nutritional requirements according to age, sex, activity, physiological conditions
	SDL- Foods customs in our families for special groups such as children/ pregnant/lactating women/ill persons (data collection by interviewing 5 homemakers)
5.2	Nutritional assessment at individual level- DOAP
	Nutritional assessment at family and community level -DOAP
5.3	Common nutritional deficiency diseases- Epidemiology , prevention and control
5.4	Diet planning at individual level
	Diet planning at family level
5.5	Nutritional surveillance and rehabilitation
	Visit to Nutritional rehabilitation centre
	Nutrition education
5.6	National Nutritional Policy , National Nutritional Programs
5.7	Food hygiene , food adulteration
	Demonstration of simple tests to identify food adulteration
5.8	Food fortification , food additives
	Concept of Health and Disease
1.1	Concept of Public Health
1.2	Concept , definition , determinants of health
	Determinants of health- Group discussion
1.3	Epidemiological triad , multifactorial causation of disease
	SDL-Identification of multiple causative factors of 2 common diseases(interview in wards/ family visit)
1.4	Natural history of disease

1.5	Levels of Prevention
1.6	Health education , IEC, BCC
1.7	Indicators of health
	Exercise on calculation of indicators
1.8	Demographic profile of India
	Exercise on calculation of demographic indicators , fertility rates
	SDL- Demographic trends in India
1.9	Communication skills in Health
	DOAP-Verbal/non verbal communication
	Empathy- What does it mean to be patient?
	AETCOM module 1.2
1.10	Doctor patient relationship
	SDL- Determinants of doctor patient relationship(Collection of data from patients/ relatives)
	Case discussions - Integration with AETCOM module 1.3
Principles of health promotion and education	
4.1	Methods of health education
	Demonstration of various methods of health education
	Improving communication, barriers in communication- integration with AETCOM module 1.4
4.2	Organization of health educational and counselling activities for individual & family
	Organization of counselling activity in ward/OPDs
	Organization of community based health educational activity(community/school)
4.3	Evaluation of health education & promotion program
	SDL- Preparation of tool for evaluation
	Conducting evaluation of health education & promotion program

Note:

1. The observations/ reflections of family/hospital visits, DOAP sessions, Self-directed learning activities (SDL), and practical's 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.

Second Professional (from October 2020) Community Medicine Theory / Practical

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018.

Total Teaching hours	: 60 hours
A Lectures(hours)	: 20 hours
B Self-directed learning	: 10 hours
C Clinical Postings 4 weeks (20 working days x 3)	: 60hours
D Small group teachings/tutorials/Integrated teaching/Practical's	: 30 hours

Competency Nos.	Topics Subtopics
	Environmental Health Problems
CM3.1	Indicators of air pollution. Health hazards of air, water, noise, radiation and pollution. Prevention and control of environmental pollution.
CM3.2	Safe and wholesome water, sanitary sources of water, water purification processes, water quality standards, concepts of water conservation and rainwater harvesting
CM3.3	Epidemiology , prevention and control of water borne diseases /jaundice/hepatitis/ diarrheal diseases
CM3.4	Solid waste, human excreta , sullage and sewage disposal
CM3.5	Standards of housing and the effect of housing on health
CM3.6	Role of vectors in the causation of diseases. National Vector Borne Disease Control Program
CM3.7	Identifying features and life cycles of vectors of Public Health importance and their control measures
CM3.8	Mode of action, application cycle of commonly used insecticides and rodenticides
	Epidemiology of communicable diseases
CM 7.2	Modes of transmission and measures for prevention and control of communicable
CM8.1	Epidemiological and control measures including the use of essential laboratory tests at the primary care level for communicable diseases
	Epidemiological characteristics and control measures including the use of essential laboratory tests at the primary care level for Airborne infections & Exanthematous fevers e.g TB, Influenza, ARI, Measles, Mumps, Diphtheria, Pertussis.

	Epidemiological characteristics and control measures including the use of essential laboratory tests at the primary care level for Faeco-oral diseases, Infective hepatitis e.g polio, AGE, Typhoid etc.
	Epidemiological characteristics and control measures including the use of essential laboratory tests at the
	primary care level for zoonotic diseases e.g Rabies, Plague, Brucellosis, Leptospirosis etc
	Epidemiological characteristics and control measures including the use of essential laboratory tests at the primary care level for Arthropod borne diseases eg Malaria, Chikungunya, Filaria, JE etc
	Epidemiological characteristics and control measures including the use of essential laboratory tests at the primary care level for Surface infections and STDs eg HIV, Syphilis, Gonorrhoea etc
	Epidemiological characteristics and control measures including the use of essential laboratory tests at the primary care level for Emerging and reemerging diseases eg Ebola virus disease, Nipah
CM8.2	Epidemiological characteristics 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	Disease specific National Health Programs including their prevention and treatment of a case
CM8.4	Principles and measures to control a disease epidemic
CM 7.7	Steps in the Investigation of an epidemic of communicable disease and the principles of control measures
CM8.5	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	Training of health workers in disease surveillance, control & treatment and health education
	Disaster Management
CM13.1	Concept of Disaster management
CM13.2	Disaster management cycle
CM13.3	Man made disasters in the world and in India
CM13.4	National Disaster management Authority
	Hospital waste management
CM14.1	Hospital waste- definition and classification
CM14.3	Laws related to hospital waste management
	Essential Medicine
CM19.1	Essential Medicine List (EML)
CM19.2	Essential medicine in primary health care

CM19.3	Counterfeit medicine and its prevention
	Relationship of social and behavioural to health and disease
CM2.1	Clinico socio-cultural and demographic assessment of the individual, family and community
CM2.2	Socio-cultural factors, family (types), its role in health and disease & assessment of socio-economic status
CM2.3	Factors affecting health seeking behaviour and assessment of barriers for the same.
CM2.4	Social psychology, community behaviour and community relationship and their impact on health and disease
CM2.5	Indicators for assessment of poverty , social security measures and its relationship to health and disease

**Second Professional - Community Medicine
Proposed List of Practical's / DOAP/ SDL Activities**

Competency no.	Practical / DOAP
CM3.2	Visit to water purification plant
	Visit to Dist Public Health Laboratory
	Exercise on interpretation of water analysis report
	DOAP- water collection , estimation of chlorine demand/ residual chlorine content of drinking water , OT test
CM 3.2-3.4SDL	Preparation of Proforma/ checklist for sanitary survey of the community
3.4	Visit to sewage purification plant
3.6	Visit to office of Dist Vector borne Diseases Control Program
3.7	Demonstration: Identifying characteristics of vectors of Public Health Importance - DOAP
SDL	Preparation of Proforma/ checklist for entomological survey of the community
8.1	Visits to the Dist Offices/ Units/ clinics related to implementation of Disease Control Measures of Communicable Diseases
8.1	Visit to Public Health Microbiology / Reference laboratories
8.1	DOAP- Methods of Specimen collection and transportation of various body specimens in various communicable diseases
CM 7.7	Describe and demonstrate the steps in the Investigation of an epidemic of communicable disease and describe the principles of control measures
8.4	DOAP- Analysis & interpretation of disease outbreak data
8.4	DOAP- Preparation of epidemic curve / spot map with the help of given data and its interpretation

8.6	Visit to Dist Training Centre / Dist Disease Surveillance Unit
13.2	DOAP- Preparation of Disaster Preparedness Plan for a Primary Health Centre
13.4	Visit to Civil Defence Dept / Dist Disaster Management Office
14.1 SDL	Conducting Survey of Hospital Wastes Segregation Practices
14.1	DOAP- Hospital waste segregation of various types of hospital wastes
19.2	Visit to hospital pharmacy

Second Professional –Community Medicine
Proposed Activities in First Clinical Community Medicine Posting (4weeks)

Week	Proposed Activities
First and second week	a. Clinico socio-cultural and demographic assessment of the individuals and allotted families, b. Sanitary survey of the allotted households c. Assessment of housing conditions in allotted families d. Entomological survey of the allotted households e. Analysis of survey findings of the allotted families and group discussion on important health related issues in the community. f. Organization of health educational activity for the allotted families and allotted community.
Third and fourth week	Epidemiological history taking of common communicable diseases admitted in hospital such as diarrhoeal diseases , jaundice , typhoid , food poisoning , measles , mumps , influenza, diphtheria , pertussis , tuberculosis, malaria, filarial , dengue fever , HIV / AIDS, STDs etc

Note:

1. The observations/ reflections of family / hospital / community 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.

Third Professional Part I (from October 2020) Community Medicine Theory / Practical

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018.

Total Teaching hours	: 105 hours
A Lectures(hours)	: 40 hours
B Self-directed learning	: 05 hours
C Clinical Postings 6 weeks (30 working days x 3)	: 90hours
D Small group teachings/tutorials/Integrated teaching/Practicals	: 60 hours

Competency Nos.	Topics & Subtopics
	Epidemiology
CM 7.1	Epidemiology- definition , principles, concepts and uses
CM 7.3	Sources of epidemiological data
CM 7.4	Morbidity and mortality indicators
CM 7.5	Epidemiological study designs
CM 7.6	Screening
CM 7.8	Principles of association, causation and biases in epidemiological studies
CM 7.9	Application of computers in epidemiology
	Basic statistics and its applications
CM6.1	Concepts of research problem ,Research question , research hypothesis for a study
CM6.2	Methods of collection, classification, analysis, interpretation and presentation of statistical data
CM6.3	Application of elementary statistical methods including test of significance in various study designs
CM6.4	Common sampling techniques, simple statistical methods, frequency distribution, measures of central tendency and dispersion
	Epidemiology of non- communicable diseases
CM8.2	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	National Health Programs
CM8.5	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	Education and training of health workers in disease surveillance, control & treatment and health education
CM8.7	Principles of management of information systems
	Demography and vital statistics
CM9.1	Principles of Demography, Demographic cycle, Vital statistics
CM9.2	Demographic indices including birth rate, death rate, fertility rates
CM9.3	Causes of declining sex ratio and its social and health implications
CM9.4	Causes and consequences of population explosion and population dynamics of India.
CM9.5	Methods of population control
CM9.6	National Population Policy
CM9.7	Sources of vital statistics including census, SRS, NFHS, NSSO etc
	Reproductive maternal and child health
CM10.1	Current status of Reproductive, maternal, newborn and Child Health
CM10.2	Methods of screening high risk groups and common health problems
	Population Genetics: Screening and counselling for genetic conditions
CM10.3	Local customs and practices during pregnancy, childbirth, lactation and child feeding practices
CM10.4	Reproductive, maternal, newborn & child health (RMCH); child survival and safe motherhood interventions
CM10.5	Universal Immunization Program; Integrated Management of Neonatal and Childhood Illness (IMNCI) and other existing Programs.
CM10.6	Family planning methods, their advantages and shortcomings
CM10.7	Basis and principles of the Family Welfare Program including the organization, technical and operational aspects
CM10.8	Physiology, clinical management and principles of adolescent health including ARSH
CM10.9	Gender issues and women empowerment
	Occupational Health
CM11.1	Occupational illnesses including diseases in agricultural workers.
CM11.2	Role, benefits and functioning of the employees state insurance scheme
CM11.3	Specific occupational health hazards, their risk factors and preventive measures Prevention & control of occupational diseases : Medical, Engineering and other legislative measures
CM11.4	Principles of ergonomics in health preservation
CM11.5	Occupational disorders of health professionals and their

	prevention & management and interpretation and interpretation
	Geriatric services
CM12.1	Concept of Geriatric services
CM12.2	Health problems of aged population
CM12.3	Prevention of health problems of aged population
CM12.4	Describe National program for elderly
	Mental Health
CM15.1	Concept of mental Health
CM15.1	Warning signals of mental health disorder
CM15.1	National Mental Health program
	Health planning and management
CM16.1	Concept of Health planning
CM16.2	Planning cycle
CM16.3	Health management techniques
CM16.4	Health planning in India and National policies related to health and health planning
	International Health
CM18.1	Concept of International health
CM18.2	Roles of various international health agencies
	Recent advances in Community Medicine
CM20.1	Important public health events of last five years
CM20.2	Various issues during outbreaks and their prevention
CM20.3	Describe any event important to Health of the Community
CM20.4	Laws pertaining to practice of medicine such as Clinical establishment Act and Human Organ Transplantation Act and its implications

Third Professional Part I - Community Medicine: List of Practicals / DOAP/ SDL Activities

Competency no.	Practicals / DOAP / SDL Activities
CM 7.4	Exercises on calculation of morbidity and mortality indicators based on given set of data and their interpretation
CM6.1	Demonstration and exercises on Formulation of a research problem , research question & research hypothesis for a study
CM 7.5	Exercise on developing appropriate epidemiological study design and method for a given public health problem.
CM 7.9	Demonstration and hands on training of application of computers in epidemiology. Demonstration and hands on exercises of application of MS- Excel , Epi Info etc.
CM6.2	Demonstration and exercises on the methods of data collection, classification, analysis, interpretation and

	presentation of statistical data
CM6.3	Demonstration and exercises on the application of elementary statistical methods including test of significance in various study designs and interpretation of statistical tests.
CM6.4	Demonstration and exercises on Common sampling techniques, simple statistical methods, frequency distribution, measures of central tendency and dispersion
CM9.2	Calculation and interpretation of demographic indices including birth rate, death rate, fertility rates
CM9.2 SDL	A small scale survey of local customs and practices during pregnancy, childbirth, lactation and child feeding practices
CM 11.3	Visit to Industry- Assessment of occupational environment and preventive measures Exercise on occupational history taking
CM20.3 SDL	Describe any event important to Health of the Community

Third Professional Part I
Proposed Activities in Second Clinical Community Medicine
Posting (6 weeks)

Duration(weeks)	Proposed Activities
<u>Two weeks</u> (Posting in Urban Health Centre / ANC/ FW clinic/ Obstetric wards)	<p><u>Preventive and Community Obstetrics (including Family Welfare)</u></p> <ol style="list-style-type: none"> a. Clinico social assessment of antenatal , postnatalcases b. Assessment of high riskmothers c. Neonatalassessment d. Assessment of eligible couples for family welfare services and health education e. Organization of community based maternal health services and health educational activity formothers.
<u>Two weeks</u> (Posting in Urban Health Centre / Under five clinic / Immunization clinic / Paediatric wards)	<p><u>Preventive and Community Paediatrics , Adolescent Health Care</u></p> <ol style="list-style-type: none"> a. Health and Nutritional assessment of underfivechild b. Clinico social case reviews of Nutritional Deficiency Diseases in children and childhoodmalnutrition c. Clinico social case reviews of common childhood infections such as ARI , fever with rash , acute GE , malarial feveretc d. Childhood immunization , organization of immunization session , assessment of cold

	chainetc e. School health examination , assessment of school environment , organization of health educational activity for school children
<u>Two weeks</u> (Posting in Urban Health Centre /Medicine wards)	<u>Non communicable diseases and Preventive Geriatrics</u> Clinico social case reviews of chronic non communicable diseases such as hypertension, diabetes mellitus , CHD , Stroke , COPD, Cancer , psychiatric disorders , geriatric health problems , occupational diseases etc.

Note:

1. The observations/ reflections of family / hospital / community 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.

Community Medicine
MBBS - III-I
Paper wise distribution of topics
For Prelim & PIMS-DU Annual Examination

Paper	Section	Topics
I 100 marks	A B (80 marks)	MCQs on all topics of the paper I- MCQ 20 marks
		Concept of health and disease
		Epidemiology
		Screening for disease
		Communicable diseases & related NHP
		Emerging & Remerging diseases
		Sociology
		Environmental health
		Occupational Health
		Hospital waste management
		Biostatistics & Vital statistics
		AETCOM Module no. 3.1 & 3.3
II 100 marks	A B (80 marks)	MCQs on all topics of the paper II MCQ 20 marks
		Demography & FP & NHP
		MCH, Geriatrics & related NHP
		Nutrition & related NHP
		Mental Health
		Health education & Communication
		Health planning & Management
		Health care delivery system
		Non communicable Diseases & related NHP
		International health
		Disaster Management

Community Medicine Internal Assessment

Applicable w.e.f March 2020 onwards examination for batches
admitted from June 2019 onwards

Phase	I-Exam (At the end of second term- March)		
	Theory	Practical (Including 10 Marks for Journal- Nutrition & Log Book)	Total Marks
First MBBS	50	50	100

Phase	I-Exam (At the end of first term)			II-Exam (At the end of second term)		
	Theory	Practical (Including 10 Marks for Journal & Log Book)	Total Marks	Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks
Second MBBS	50	50	100	50	50	100

Phase	I-Exam (at the end of first term)			II-Exam Preliminary examination		
	Theory	Practical (Including 10 Marks for Journal & Log Book)	Total Marks	Theory	Practical Including 10 Marks for Journal & LogBook	Total Marks
III MBBS	50	50	100	200	100	300

1. There will be 5 internal assessment examinations in Community Medicine. The structure of the internal assessment theory examinations should be similar to the structure of University examination.
2. It is mandatory for the students to appear for all the internal assessment Examinations in the respective phases. A student who has not taken minimum required number of tests for Internal Assessment each in theory and practical will not be eligible for University examinations.
3. There will be only one additional examination for absent students (due to genuine reason) after approval by the Institutional Grievances Committee. It should be taken after preliminary examination and before submission of internal assessment marks to the University.
4. Internal assessment marks for theory and practical will be converted to out of

40. Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University.

5. Conversion Formula for calculation of marks in internal assessment examinations

	First IA I Phase	Second IA II Phase	Third IA II Phase Part -I	Fourth IA III Phase Part-I	Prelim III Phase Part -I	Total	Internal assessment marks: Conversion formula (out of 40)	Eligibility to appear for final University examination (after conversion out of 40) (40% separately in Theory & Practical, 50% Combined)
Theory					0	0	<u>Total marksobtained</u> 10	16 (Minimum)
Practical					0	0	<u>Total marksobtained</u> 7.5	16 (Minimum)

Total of Theory + Practical Must be 40.

6. While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table

Internal Assessment Marks	Final rounded marks
15.01 to 15.49	15
15.50 to 15.99	16

7. Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical Separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
8. Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

1st/2nd/3rdMBB Practical Mark's Structure
Internal Assessment Examinations
 (Applicable w.e.f October 2020 onwards examination for
 batches admitted from June 2019 onwards)

Practical - 1st Internal assessment

Seat No.	Spotters marks	Log book	Skill assessment Nutrition exercises	Viva Voce	Practical Total
Max. Marks	10 marks	10 marks	10 marks	20 marks	50 marks

Practical - 2nd Internal assessment

Seat No.	Spotters marks	Log book	Viva Voce	Practical Total
Max. Marks	20 marks	10 marks	20 marks	50 marks

Practical - 4th Internal assessment

Seat No.	Spotters marks	Log book	Clinicoepidemiological case	Viva Voce	Practical Total
Max. Marks	10 marks	10 marks	20 marks	20 marks	50 marks

Method of Clinico epidemiological Case evaluation

Sr.no.	Head	Marks allotted
01	Identifying and socio demographic information (with house landmark, facilities for health care)	05
02	Present and past illness history (with risk factors , exposures) Environmental , behavioural and family information	05
03	Demonstration of relevant clinical signs/skills	05
05	Management plan and relevant control measures at individual, family and community level	05
	Total	20

**Prelim exam
III-I MBBS
Practical Mark's Structure**

Applicable w.e.f October 2021 onwards examination for
batches admitted from June 2019 onwards

Subject: Community Medicine						
Practical					Oral/Viva	Total
Seat No.	Spotters	Statistical Ex	Clinicoepidemiological case	Skill assessment (10 skills) *	Viva/ voce	Practical & Oral
Max. Marks	20	20	20	20	20	100

*As per MCI competency based document

Method of Clinico epidemiological Caseevaluation

Sr.no.	Head	Marks allotted
01	Identifying and socio demographic information (with house landmark, facilities for health care)	05
02	Present and past illness history (with risk factors , exposures) Environmental , behavioural and family information	05
03	Demonstration of relevant clinical signs/skills	05
04	Management plan and relevant control measures at individual, family and community level	05
Total		20

University exam
III-I MBBS
Practical Mark's Structure
 Applicable w.e.f October 2022 onwards examination
 for batches admitted from June 2019 onwards

Subject: Community Medicine						
Practical					Oral/ Viva	Total
Seat No.	Spotters	Statistical Ex	Clinicoepidemiological case	Skill assessment (10 skills) *	Viva/ voce	Practical & Oral
Max. Marks	20	20	20	20	20	100

University Examination
Question Paper Pattern
 Third Year MBBS Part- I
Community Medicine- Paper - I
 Total Marks- 100, Time- 3 hours

- Instructions :**
1. Put in the appropriate box below the question number once only
 2. Use blue ball point pen only
 3. Each question carries One mark
 4. Students will not be allotted mark if he/she overwrite strikes or put white ink on the cross once marked.

SECTION "A" MCQ (20 Marks)

1. Multiple Choice Questions (Total 20 MCQ of One mark each) (20x1=20)
 (4 MCQ Should be CASE based)
- | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|
| a) | b) | c) | d) | e) | f) | g) | h) | i) | j) |
| k) | l) | m) | n) | o) | p) | q) | r) | s) | t) |

SECTION "B"

- Instructions**
- 1) Use blue /black ball point pen only.
 - 2) Do not write anything on the blank portion of the question paper. If written anything such type of act will be considered as an attempt to resort to unfair means.
 - 3) All questions are compulsory
 - 4) The number to the right indicates full marks.
 - 5) Draw diagrams wherever necessary.
 - 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline Questions can be asked from any paper syllabus into any question paper Student cannot Claim that the Question is out of syllabus. As it is only for the placement sake the distribution has been done.
 - 7) Use a common answer book for B & C sections.
2. Short Answer Questions [One Question AETCOM module (7x1 =07)
3.1 and 3.3 (compulsory)]
- a)
3. Short Answer Questions (Any Three out of Four) (7x3=21)
- a) b) c) d)
4. Structured Long Answer Questions (Compulsory) (12x1= 12)
- a)
5. Short Answer Questions (Any Four out of Five) (7x4 =28)
- a) b) c) d) e)
6. Structured Long Answer Questions (Compulsory) (12x1 = 12)
- a)

University Examination
Question Paper Pattern
 Third Year MBBS Part- I
Community Medicine- Paper - II
 Total Marks- 100, Time- 3 hours

- Instructions :**
1. Put in the appropriate box below the question number once only
 2. Use blue ball point pen only
 3. Each question carries One mark
 4. Students will not be allotted mark if he/she overwrite strikes or put white ink on the cross once marked.

SECTION "A" MCQ (20 Marks)

1. Multiple Choice Questions (Total 20 MCQ of One mark each) (20x1=20)
 (4 MCQ Should be CASE based)
 a) b) c) d) e) f) g) h) i) j)
 k) l) m) n) o) p) q) r) s) t)

SECTION "B"

- Instructions**
- 1) Use blue /black ball point pen only.
 - 2) Do not write anything on the blank portion of the question paper. If written anything such type of act will be considered as an attempt to resort to unfair means.
 - 3) All questions are compulsory
 - 4) The number to the right indicates full marks.
 - 5) Draw diagrams wherever necessary.
 - 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline Questions can be asked from any paper syllabus into any question paper Student cannot Claim that the Question is out of syllabus. As it is only for the placement sake the distribution has been done.
 - 7) Use a common answer book for B & C sections.
2. Short Answer Questions (Any Four out of Five) (7x4 = 28)
 a) b) c) d) e)
 3. Structured Long Answer Questions (Compulsory) (12x1= 12)
 a)
 4. Short Answer Questions (Any Four out of Five) (7x4 =28)
 a) b) c) d) e)
 5. Structured Long Answer Questions (Compulsory) (12x1 = 12)
 a)

Longitudinal Module on Management of Pandemics for MBBS Course

Period	Module	Broad areas	No. of hours	Major department(s) to coordinate
Foundation Course	F.1	History of Outbreaks, Epidemics & Pandemics	2	Pre-Clinical
Phase I	1.1	Infection Control: Part-I Infection Control Practices- Hand washing, Decontamination Use of PPEs	4	Microbiology
Phase II	2.1	Infection Control: Part II Air borne precautions Contact Precautions Infection Control Committee	4	Microbiology
	2.2	Emerging and Re-emerging infections, early identification and control of new infections	6	Community Medicine
	2.3	Sample Collection, Microbial diagnosis, Serologic tests and their performance parameters	6	Microbiology
	2.4	Vaccination strategies including vaccine development & Implementation	6	Community Medicine, Biochemistry
	2.5	Therapeutic strategies including new drug development	6	Pharmacology, General Medicine
Phase III Part 1	3.1	Outbreak Management including Quarantine, Isolation, Contact Tracing	5	Community Medicine
	3.2	Interdisciplinary Collaboration, Principles of Public Health Administration, Health Economics, International Health	5	
	3.3	Operational Research, Field work, Surveillance	8	
Electives		Epidemiology and research Components		Community Medicine
Phase III Part 2	4.1	Care of patients during Pandemics	6	Clinical departments (General Medicine, Pulmonary Medicine, Anaesthesiology as Integrated sessions)
	4.2	Emergency Procedures	8	
	4.3	Death related management	2	
	4.4	Communications and media management	4	
	4.5	Intensive Care Management during Pandemics	4	
	4.6	Palliative Care during Pandemics	4	
Total			80 hours	

Skills suggested

- 1. Infection Control related**
 - a. Hand washing
 - b. PPE Donning & Doffing
 - c. Disinfection

- 2. Diagnostic**
 - a. Sample collection
 - b. Sample transportation & storage
 - c. Choose the appropriate test based on performance parameters

- 3. Disease Management**
 - a. Pharmaco-vigilance measures
 - b. Protocol based Management
 - c. Therapeutic decision making
 - d. Terminal care including CPR, ALS, PALS

- 4. Epidemic Management**
 - a. Outbreak investigation
 - b. Contact tracing, Quarantine and Isolation
 - c. Documentation

- 5. Research**
 - a. Operational research
 - b. Clinical trial protocol preparation including Vaccine trials
 - c. Ethical considerations

- 6. Communication**
 - a. To the media
 - b. Use of Telemedicine
 - c. Patient & stakeholder communication

- 7. Intensive Care**

- 8. Palliative care during pandemics**

BOOKS RECOMMENDED:

A) Theory

1. Park's Textbook of Community Medicine, 25th edition
2. Textbook of Community Medicine, Dr.Rajvir Bhalwar, 4th edition
3. IAPSM's Textbook of Community Medicine, Dr.A.M. Kadri, First edition
4. Text book of Community Medicine, Kulkarni A.P. and Baride J.P.
5. Principles of Preventive and Social Medicine, K. Mahajan
6. Textbook of Community Medicine, B. Shridhar Rao.
7. Textbook of Community Medicine, Dr.Sunder Lal, 4th edition

B) Practicals:

1. Competency Based Practicals in Community Medicine by Anjane Verma, CBS Publishers First Edition.
2. Essentials of Community Medicine Practicals Dr.Mahabaliraju, 2nd edition
3. Practicals and viva in Community Medicine, J.Kishore, 4th edition
4. Mastering practicals in community Medicine, Dr.Poornima Tiwari
5. Exam preparatory manual for undergraduates by Dr. Rajveer Bhalwar
6. Textbook of Biostatistics, B. K. Mahajan
7. "Principles and practice of Biostatistics", Author: Dr. J.V. Dixit

FURTHER READINGS:

1. Epidemiology and Management for health care for all P.V. Sathe and A.P. Sathe.
2. Essentials of Preventive Medicine O.P. Ghai and Piyush Gupta.
3. Review in Preventive and Social Medicine by Dr. Vivek Jain

