## MD COMMUNITY MEDICINE PROPOSAL

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MD in COMMUNITY MEDICINE

I) Objectives:
The aim of training post-graduate students in Community Medicine is to prepare competent Community Physicians through field training in preventive, promotive and curative aspects of rural and urban health and uplift the overall health status of population served.
The above aim will be achieved through the following –
(a) Conducting teaching and training of medical, paramedical students and health professionals
(b) Providing comprehensive secondary and primary level health care to the community.
(c) Conducting community-based research and generate evidence to inform health policy and practices in accordance with the mandate of the institute.
(d) Establishing role models of primary healthcare

II. Program outcomes:
At the end of the postgraduate training in Community Medicine, the student shall be able to:
1. Provide leadership for comprehensive health care at primary, secondary and tertiary levels.
2. Recognize the importance of the Community Medicine in the context of the health needs of the community and national priorities.
3. Practice Community Medicine specialty ethically and in step with the principles of health care.
4. Demonstrate sufficient understanding of the basic sciences relevant to Community Medicine.
5. Identify social, economic, environmental, biological and emotional determinants of health in a given case and take them into account while planning promotive, preventive, therapeutic and rehabilitative measures/strategies.
6. Diagnose and manage majority of the health conditions in the community on the basis of clinical assessment and conduct appropriate investigations.
7. Demonstrate the skills in documentation of individual / community case details as well as morbidity and mortality data relevant to the assigned situation.
8. Demonstrate empathy and humane approach towards clientele and exhibit interpersonal behaviour in accordance with the societal norms and expectations.
9. Play the assigned role in the implementation of National Health Programmes, effectively and responsibly.
10. Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or field situation.
11. Develop skills as a self-directed learner, recognize continuing educational needs and select & use appropriate learning resources.
12. Demonstrate competence in basic concepts of research methodology and epidemiology and be able to critically analyze relevant published research literature.
13. Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
14. Function as an effective leader of a health team engaged in health care, research and training.
III) TEACHING PROGRAMME

To achieve the above objectives in three years, following structured programme is organized in 6 semesters:

Semester I

1. Orientation to the department
2. Research methodology
3. Selection of topic for Dissertation and guide
4. Writing and submission of the Dissertation protocol
5. Attending all undergraduate community medicine lectures
6. Attending rotatory clinical postings
7. Basic Medical Education

Semester II

1. Attending all undergraduate community medicine lectures
2. Attending rotatory field (rural/urban) postings
3. Community Medicine: theory & practical
4. Seminar
5. Journal club
6. Group discussions
7. Dissertation work – review of Literature, Data Collection
8. Attend National Conference of Community Medicine

Semester III

1. Teaching Learning Methodology
2. Community Medicine theory & practical learning and teaching
3. Seminar
4. Journal club
5. Group discussions
6. Dissertation work- Data collection
7. Posting in urban/rural field postings

Semester IV

1. Teaching UG and PG students theory and practical
2. Seminar
3. Journal club
4. Group discussions
5. Dissertation work- Data collection and writing work
6. Posting in rural/urban health centres
7. Paper presentation National Conference of Community Medicine

Semester V

1. Teaching UG and PG students: theory and practical
2. Seminar
3. Journal club
4. Group discussions
5. Submission of Dissertation
6. Postings in rural/urban health centres
7. Paper publication in indexed journal

Semester VI

1. Teaching UG and PG students: theory and practical
2. Seminar
3. Journal club
4. Group discussions
5. Postings in rural/urban health centres
## IV) SYLLABUS IN DETAIL A) THEORY

<table>
<thead>
<tr>
<th>Domain</th>
<th>Course content</th>
</tr>
</thead>
</table>
| **Historical perspective**      | • History of preventive medicine, evolution of public health, alternative systems of Medicine  
• History of public health in India and global scenario.  
• Definition and concepts of public health |
| **Concept of health and disease** | • Definition of health, holistic concepts of health including concept of spiritual health, appreciation of health as a relative concept, determinants of health  
• Epidemiological triad in health and disease and the multi factorial causation  
• Natural history of disease and application of interventions at various levels of prevention  
• Health profile of India  
• Concept of Health for All  
• Primary Health care: Concept, Principles, Elements and Models  
• Quality of Life |
| **Social and behavioural sciences** | • Medical humanities  
• Clinico-social, cultural and demographic transition  
• Health seeking behaviour  
• Concepts of sociology  
• Gender related issues  
• Hospital sociology  
• Social problems  
• Social psychology and its concepts |
| **Epidemiology and research methodology** | • Standardization of rates and standard indices of morbidity and mortality  
• Use of basic epidemiological tools to make a community diagnosis of health situation, in order to formulate appropriate intervention measures  
• Cause and effect relationship: concept of association, causation, chance and biases  
• Risk reduction  
• Descriptive epidemiology  
• Formulation of hypoDissertation and types of hypoDissertation  
• Analytical epidemiology  
• Experimental epidemiology (randomized and non-randomized controlled trials)  
• Qualitative and Quantitative research  
• Testing of hypoDissertation  
• Errors in testing of hypoDissertation  
• Use of constructs/scales and their validity in research  
• Ethics in research |
| **Applications in Epidemiology** | • Investigation of an epidemic of communicable diseases and to understand principles of control measures  
• Modes of transmission and general principles of prevention and control of communicable, non-communicable diseases and other health conditions of public health importance  
• Disease surveillance  
• Epidemiological intelligence and forecasting  
• Sources of epidemiological data and interpretation of morbidity and mortality rates  
• Geographical information system (GIS) and remote sensing  
• Clinical epidemiology  
• Application of softwares in epidemiology |
| **Screening**                   | • Screening : definition, types, uses and principles  
• Screening test : selection criteria, validity including likelihood ratios and ROC curve, predictive accuracy  
• Screening programmes and their evaluation |
| **Biostatistics**               | • Elementary Biostatistics |
### Advanced Biostatistics

- Advanced statistical techniques, multivariate regression analysis, statistical models
- Survival Analysis and Life tables and its uses
- Systematic reviews and meta-analysis
- Application of statistical software such as Epi Info, SPSS, EpiData etc.

### Demography

- Concepts of demographic principles
- Demographic indicators
- Demographic trends
- Population dynamics of India
- National population policy
- National family welfare programme
- Sources of vital statistics like census, SRS, NFHS, NSSO etc.
- Importance of hospital records, their retrieval, International classification of diseases
- Medical certification of death

### Epidemiology of communicable and non-communicable diseases

- Gastro Intestinal infections
- Respiratory infections
- Vector- borne infections and medical entomology
- Surface infections
- Sexually transmitted diseases
- Zoonoses
- Emerging and re-emerging infectious diseases
- Hospital acquired infections
- Non communicable and lifestyle disease

**Above disease to be covered under the following heads:**

A. Extent of problem, epidemiology and natural history of disease
B. Public health importance of particular disease in local area
C. Influence of social, cultural and ecological factors on the epidemiology of particular disease
D. Diagnosing disease by clinical methods, using essential laboratory techniques at primary care level
E. Treatment of a case, as per National Programme guidelines and also follow up of case
F. National Health Programme for particular disease
G. Understand the principles of control of an epidemic
H. Training of health workers in disease surveillance, control, treatment and health education
I. Management information system in a particular disease

### Emergency medicine

- First aid
- Injury: prevention and control
- Trauma and triage
- Snake and insect bite
- Drowning
- Fire injuries
- Electrocution

### Nutrition and its applications in public health

- Field based dietary guidelines
- Nutritional risk assessment
- Nutritional assessment of individual, family and the community
- Common nutritional disorders, specific nutrient deficiency disorders, disorders related to toxins in food ; their control and management
- Food fortification, additives and adulteration, food hygiene
<table>
<thead>
<tr>
<th>Subject</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important National nutritional programmes</td>
<td>- National Nutrition Policy</td>
</tr>
<tr>
<td>- Nutritional surveillance, education and rehabilitation</td>
<td></td>
</tr>
<tr>
<td>- Role of diet in specific diseases like coronary heart disease, diabetes, obesity etc.</td>
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</tr>
<tr>
<td>- Food and legislation</td>
<td>- Public private partnership in nutrition</td>
</tr>
<tr>
<td>- Future trends in nutrition</td>
<td>- Role of diet in specific diseases like coronary heart disease, diabetes, obesity etc.</td>
</tr>
<tr>
<td>Reproductive health, Maternal and Child health</td>
<td>- Need for specialised services for women and children.</td>
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<tr>
<td>- Magnitude of morbidity and mortality in these groups in a given area.</td>
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<tr>
<td>- Local customs and practices during pregnancy, childbirth and lactation.</td>
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<tr>
<td>- Concepts of “high risk” and “MCH Package”, Child survival and Safe Motherhood,</td>
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<tr>
<td>- Integrated Child Development Services Scheme and other existing regional programmes.</td>
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<tr>
<td>- Under-5 : morbidity, mortality, high risk and care.</td>
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<tr>
<td>- Monitoring of growth and development and use of Road to Health Chart.</td>
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<tr>
<td>- Immunization – all aspects (Basics of immunization; immunizing agents; administration, storage and transportation of vaccines; cold chain, side effects &amp; complications etc.) – Newer vaccines</td>
<td></td>
</tr>
<tr>
<td>- Organization, implementation and evaluation of programmes for mothers and children as per National Programme guidelines.</td>
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<tr>
<td>- Role of Genetics in Community Health and Genetic Counseling at Primary Care Level</td>
<td></td>
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<tr>
<td>Geriatrics and gerontology</td>
<td>- Implications of demographic changes In Indian Population</td>
</tr>
<tr>
<td>- Health Problems of the aged</td>
<td>- Preventive Health Services for the aged</td>
</tr>
<tr>
<td>Environmental and occupational health, Hazards related to climate, altitude and depth</td>
<td>- Biomedical waste management</td>
</tr>
<tr>
<td>Disaster management</td>
<td>- Principles of disaster preparedness and application of these in disaster management</td>
</tr>
<tr>
<td>- Biomedical warfare</td>
<td>- Principles &amp; methods of health promotion and education</td>
</tr>
<tr>
<td>Communication in health</td>
<td>- Ethics in Medical education and health care</td>
</tr>
<tr>
<td>- Organizing health promotion and education activities at individual, family and community settings</td>
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<tr>
<td>- Pedagogical methods: introduction, elements and techniques</td>
<td></td>
</tr>
<tr>
<td>- Group dynamics</td>
<td>- Gather approach</td>
</tr>
<tr>
<td>- BCC models</td>
<td>- Principles and field research</td>
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<tr>
<td>Mental health</td>
<td>- Importance of mental health care in primary care settings</td>
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<tr>
<td>- Common psychiatric/ neurotic/ other mental health disorders, mental retardation</td>
<td></td>
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<tr>
<td>- Comprehensive mental health care at primary care settings</td>
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<tr>
<td>- Psychotherapy, its place in mental health</td>
<td>- Psychology and field research</td>
</tr>
<tr>
<td>- Child psychology</td>
<td>- Geriatric mental health</td>
</tr>
<tr>
<td>Genetics in public health</td>
<td>- Genetic epidemiology</td>
</tr>
<tr>
<td>- Human Genetics</td>
<td>- Genes and development</td>
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<tr>
<td>- Genetic and chromosomal disorders in man</td>
<td>- Genetic counselling</td>
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<tr>
<td>- Genetics and public health</td>
<td>- Population genetics</td>
</tr>
<tr>
<td>- Genetic engineering and related health issues</td>
<td></td>
</tr>
<tr>
<td>- Gene therapy</td>
<td>- Biomedical waste management</td>
</tr>
</tbody>
</table>
| Health planning, management and administration | • Human genome project  
• Molecular Genetics in Public health  
• Planning Commission and five year plans in India  
• Health committees in India  
• Health planning in relation to international and national goals  
• Concepts of planning, management, public health administration  
• Components of planning a health activity  
• Classification and understanding of various qualitative and quantitative health management techniques (SWOT analysis, PLA techniques)  
• Overview of administration at village, block, district, state and centre level in India  
• Organizational behaviour  
• Time, material and personnel management  
• Leadership  
• Role in disease surveillance  
• Concepts of health economics in health planning and management  
• Research in administration, operational & action oriented research  
• Principles of hospital administration  
• Medical audit, quality assurance, quality improvement and client satisfaction  
• Alternative approaches to planning  
• Ethics in medical education and health care  
• Health system in India  
• National Health Mission  
• National health organisations |
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<tbody>
<tr>
<td>Public health legislations</td>
<td>• International Health Regulations, National laws like PCPNDT, CPA, Pollution Control</td>
</tr>
</tbody>
</table>
| International/global health/public health legislations | • International Health Organisations  
• Travel medicine  
• Medical tourism  
• Public health legislations |
| Regional health issues | • Tribal health |

**B) PRACTICALS**

**Skills related to public health**

1. **Familiarization with the organisation and functioning of following establishments**
   - Water supply system
   - Sewage system
   - Slaughter house
   - Catering establishment
   - Food processing plant
   - Milk plant
   - Solid waste disposal system
   - State public health laboratory

2. **Familiarization with techniques and ability to interpret data in relation to the following**
   - Surveillance of drinking water quality
   - Analysis of sewage
   - Analysis of milk
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<tbody>
<tr>
<td>3.</td>
<td>Assessment of pesticide &amp; other toxins in the environment</td>
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<td>4.</td>
<td>Familiarization with food adulteration act</td>
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<tr>
<td>5.</td>
<td>Familiarization with Health Legislation in India</td>
</tr>
</tbody>
</table>

**Skills as Community Physician**

1. Ability to identify local health needs of the community.
2. Ability to demonstrate leadership qualities & function as effective team leader.
3. Ability to make community diagnosis including application of Rapid assessment techniques.
4. Ability to organize health camps
5. Ability to organize health surveys & ongoing comprehensive health delivery programme.
6. Ability for effective liaison with PRIs & local opinion leaders, mustering of local resources, advocacy & mobilization of administration & political will for health care programmes.

**Skills as Family Physician**

1. Diagnosis & management of common illness.
2. Diagnosis & management of chronic diseases & disabilities including rehabilitation.
4. Family planning practices
5. Diagnosis & management of Pediatric, Geriatric, Gynecological illness with special emphasis on RCH & integrated management of childhood illness.
6. Perform all immunization procedures
7. Ability to organize & conduct MCH services including antenatal clinic, intranatal & postnatal care, care of newborn, growth monitoring & care of toddler
8. Be able to conduct normal deliveries

**Skills related to communicable disease control**

1. Investigation of an outbreak.
2. Investigation of an episode of food poisoning.
3. Diagnosis & management of zoonotic diseases.
4. Familiarisation with organization & functioning of-
   - Rabies clinic
   - STD clinic
   - Leprosy clinic
   - TB Centre
   - National vector borne diseases control programme
   - IPPI & AFP surveillance
5. Case management of diarrhoea & preparation of ORS.
6. Case management of ARI
7. Functioning of isolation/quarantine unit

**Family planning skills**

1. Ability to propagate planned parenthood & small family norm as per national guidelines (GOI) by-
   - Counselling, motivation & IEC.
   - Administer appropriate method of contraception by cafeteria approach.
   - Assess gaps / unmet needs in family planning services in community under care
2. Ability to perform / assist Tubectomy by using conventional / laparoscopic method
3. Ability to perform/assist vasectomy by using latest techniques
4. Ability to insert IUCDs
5. Ability to perform/assist in MTPs

**Public Health Administration Skills**

1. Familiarisation with the administrative set up & functioning of the health system in India (National, State & District levels).
2. Familiarisation with methods of financial management, practice & procedure.
3. Familiarisation with techniques of human resource management.
4. Familiarisation with creating, implementation & monitoring of routine MIS of the health system.
5. Ability to identify need for change & to make strategic & structural changes in clinic, community services, health system & health policies.
6. Ability to play advocacy role in the District Planning Committees & Panchayat Samiti & Zila Parishad.
7. Familiarisation with the administrative, executive & legislative setup of nation & state.
8. Evaluation of National Health Programmes.
9. Familiarisation with legislation pertaining to health.
10. Familiarisation with administrative setup, functions, powers & operations of:
    - Municipal Corporation
    - Pollution Control Board
    - Census Office
    - Sample Registration System
    - Registrar Births & Deaths
    - National Sample Survey Office
    - Indian Council of Medical Research
    - NGOs
    - Other bodies of significance to health
    - Social welfare agencies
    - International agencies
    - National Polio Surveillance Project
    - Other agencies – Railways, Armed Forces etc.

**Pedagogical Skills**
1. Familiarization with pedagogical techniques in order to perform:
   - Curriculum development
   - Framing of lesson plan
   - Use of evaluation techniques
   - Microteaching, lectures, group discussion, workshops, seminars etc.

**Computer and software skills**
1. Knowledge & skills to use-
   - Microsoft Word, Excel, Powerpoint
   - Statistical softwares such as EpiData, SPSS, STATA, EpiCollect, QGIS
   - Internet surfing
   - Familiarisation with relevant databases e.g. Medline, Cochrane

**Skills as a Hospital Administrator**
1. Familiarisation with working of large multi-speciality hospital with special reference to following departments:-
   - Layout of OPDs
   - CSSD
   - Laundry
   - Catering
   - Biomedical waste management
   - Other departments / labs / OTs
2. Familiarisation with functioning of Medical Record Department
3. Inventory control
4. HR management
5. Familiarisation with functioning of infection control committee
6. Disinfection procedures with special reference to OTs & isolation wards

**Skills of Research Methodology**
1. Planning & execution of 1 short hospital based epidemiological (analytical) study other than Dissertation work.
2. Planning & execution of 1 short community-based study other than Dissertation work.
3. Critical appraisal of 10 published research papers / projects duly evaluated.
4. Ability to apply appropriate biostatistical procedure including sampling & tests of significance.

**Skills related to Primary Health Care Delivery to Community**
1. Familiarization with functioning & infrastructure of SC, SHC, PHC, CHC.
2. Familiarization with Urban Health Care delivery system models.
3. Planning, implementation & evaluation of health programmes
4. Organization of health services for camps, fairs, prisons, orphanages, urban slums, migratory population & other special circumstances.
5. Planning & organization of school health
6. Documentation & record keeping for delivery of comprehensive family health care services (RHC & UHC).
7. Familiarization with MIS in primary health care.

**Community skills**
1. Ability to utilize all known modes of IEC in order to:
   - To generate desired level of awareness in the community on common health issues
   - To render health education to specified groups / individuals on specific health issues.
   - Mobilise community participation regarding health programmes
   - Mobilise political & administrative will
2. Prepare IEC materials which are locally contextual

V) **Clinical rotations and field postings**

The postgraduate students are to be posted in Urban and Rural Health Training Centre, AIIMS and other departments in the hospital:

1. **UHTC**: Minimum 2 month per year
2. **RHTC**: Minimum 2 months per year

(During the posting at UHTC & RHTC the residents will work directly under the supervision of the Faculty in charge of the centre. PG student will be acquiring skills of Family Physician / Community Physician / hospital administration during their posting at the respective centre. Posting at RHTC will be residential)

3. **Other Departments**: 6 months

(Pediatrics- 2 months, OBGY (including labour room duties) – 2 months, Internal Medicine – 2 weeks, Pulmonary Medicine- 1 week, Microbiology – 1 week, Psychiatry- 1 week, Dermatology including STD Clinic – 1 week. MS/Hospital Administration – 2 weeks)

Objective of these postings is to acquire skills to manage common ailments, and understand management of National Health Programs in hospital setting.

4. **Health System Posting**: 2 months

**PG Posting with District Health System**

<table>
<thead>
<tr>
<th>Office</th>
<th>Program</th>
<th>Duration of posting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>District Health office</strong></td>
<td>Reproductive and Child Health/ National Rural Health Mission</td>
<td>2 weeks</td>
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<tr>
<td></td>
<td>Revised National Tuberculosis Control Program</td>
<td>1 week</td>
</tr>
<tr>
<td></td>
<td>National Vector-borne Disease Control Program</td>
<td>1 week</td>
</tr>
<tr>
<td></td>
<td>Integrated Disease Surveillance Program (including Management Information System)</td>
<td>1 week</td>
</tr>
<tr>
<td></td>
<td>Miscellaneous (including National Leprosy Elimination Program, Public Health Laboratory)</td>
<td>1 week</td>
</tr>
<tr>
<td><strong>District Hospital</strong></td>
<td>National AIDS Control Program</td>
<td>1 week</td>
</tr>
<tr>
<td></td>
<td>National Blindness Control Program</td>
<td>1 week</td>
</tr>
</tbody>
</table>

5. **Notes:**
6. The Post-graduate students should be involved in all the training programs organized through the District Health Office and District Hospital for various cadres of health providers during their posting.

7. They should also be promoted to attend meeting at different levels; e.g. Zonal meeting, meeting of district health society, monthly meeting of PHC medical officers.

8. They should be involved in outbreak investigation if during their posting an outbreak occurs anywhere in the district.

VI) Dissertation & Research:

- Identify research topics; carry out research and prepare a Dissertation on a topic.
- To present the topic for dissertation and the research design in front of a Dissertation committee comprising of all senior and PG teachers in the department within first six months of registration. Thereafter periodic assessment of the progress of the Dissertation (every 6 monthly) will be done by the concerned PG teacher and if required, by the Dissertation committee.
- Basic techniques like review of literature for a given topic and collection of data.
- Dissertation work presentation.
- Dissertation submission at the end of 2&1/2 yrs.

Process to be completed within six months of admission to MS / MD program:

<table>
<thead>
<tr>
<th>Activity</th>
<th>July admission</th>
<th>January admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection of topic in consultation with PG Guide</td>
<td>September / October</td>
<td>March / April</td>
</tr>
<tr>
<td>Approval by Department PG Committee</td>
<td></td>
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<tr>
<td>Institute Scientific Committee approval</td>
<td>November / December</td>
<td>May / June</td>
</tr>
<tr>
<td>Institute Ethics Committee approval</td>
<td></td>
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<tr>
<td>Final approval letter by Academics Section</td>
<td>31st December</td>
<td>30th June</td>
</tr>
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</table>

B2 Submission of Dissertation:

The Dissertation will be submitted to Academic Section at least six months prior to the scheduled examination, i.e. by 31st December for June examination and by 30th June for December examination.

VII) TEACHING LEARNING METHODS

The teaching learning activities would consist of:

1) Facilitating U.G. lectures. – as per UG teaching schedule
2) P.G. lectures. – Once a month
3) Microteaching sessions- once a month
4) Journal clubs moderated by teachers – Once a week
5) Seminars, symposia, panel discussion of suitable topics moderated by teachers – once a week
6) Attend & participate in conferences, workshops & share knowledge & experiences with others- at least two in three years duration
7) Clinical rotations to various clinical departments to gain the knowledge of various techniques used to study the functions of various systems – As mentioned in section V.3
9) Projects (hospital and community based) – at least one short project in three years duration
10) Dissertation
11) Paper publication
12) Paper presentations- At least two papers presented in three years duration
VIII) Progress Report:

Timing of six monthly progress report submission to Academic Section:

<table>
<thead>
<tr>
<th>Report</th>
<th>July Session</th>
<th>January Session</th>
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<tbody>
<tr>
<td></td>
<td>Period</td>
<td>To be submitted</td>
</tr>
<tr>
<td>First</td>
<td>July to December</td>
<td>7th January</td>
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<tr>
<td>Second</td>
<td>January to June</td>
<td>7th July</td>
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<tr>
<td>Third</td>
<td>July to December</td>
<td>7th January</td>
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<tr>
<td>Fourth</td>
<td>January to June</td>
<td>7th July</td>
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<tr>
<td>Fifth</td>
<td>July to December</td>
<td>7th January</td>
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<tr>
<td>Sixth</td>
<td>January to June</td>
<td>10th June</td>
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</tbody>
</table>

Note: The first five reports will be taken into consideration to decide the eligibility of the student to appear for the Professional Examination.

IX) ASSESSMENT

A) Formative-
   - Written/practical assessment every semester
   - Feedback on teaching/training program
   - Presentations in journal club and seminars periodically
   - Log book

B) Summative–
   - MD Community Medicine Examinations

Final examination at the end of the program has theory, practical and viva-voce.

a) Theory examination
   - Paper-I: Basic sciences as applied to Community Medicine
   - Paper-II: Public Health Administration & Management Sciences
   - Paper-III: Community Medicine & Family Practice
   - Paper-IV: Recent Advances in Community Medicine

b) Practical Examination
   - Long Case / Family Study /Medico-social case
   - Short Case (s)
   - Statistical Exercise
   - Epidemiological exercise
   - Public health exercise including microbiological exercise/OSPE
   - Pedagogic Exercise

c) Viva voce Examination
   - Dissertation work presentation and discussion
   - General viva voce and practical bench/case viva.
EXAMINATION

Formative

(A) Theory:

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Marks</th>
<th>Pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>At end of First year</td>
<td>100 (1 Paper)</td>
<td>10 LAQs of 10 marks each</td>
</tr>
<tr>
<td>At end of Second year</td>
<td>100 (1 Paper)</td>
<td>10 LAQs of 10 marks each</td>
</tr>
<tr>
<td>Pre-professional</td>
<td>400 (4 Papers of 100 marks each)</td>
<td>Paper I- IV: 2 LAQ of 25 marks each &amp; 5 SAQs of 10 marks each</td>
</tr>
<tr>
<td>Total</td>
<td>600 Marks</td>
<td></td>
</tr>
</tbody>
</table>

(B) Practical:

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Marks</th>
<th>Pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>At end of First year</td>
<td>100</td>
<td>1 Family case (25 marks)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Case in Hospital (25 marks)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50 marks Viva</td>
</tr>
<tr>
<td>At end of Second year</td>
<td>100</td>
<td>1 Family case (25 marks)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Case in Hospital (25 marks)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50 marks Viva</td>
</tr>
<tr>
<td>Pre-professional</td>
<td>400 (Practical 300 + Viva 100)</td>
<td>1 long family case (50 marks)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 long hospital case (50 marks)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 short cases in hospital (25 each =50)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 Epidemiology exercises (10 marks each = 50)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 Statistical exercises (10 marks each = 50)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 Public health spots ( 5 marks each = 25)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pedagogy (25 marks)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Viva = 100 marks</td>
</tr>
<tr>
<td>Total</td>
<td>600 Marks</td>
<td></td>
</tr>
</tbody>
</table>

Candidate should secure a minimum of 50% marks in Theory and Practical separately, in order to be eligible to appear for Professional Examination.

Summative

<table>
<thead>
<tr>
<th>Exam</th>
<th>Marks distribution</th>
<th>Pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory</td>
<td>4 Papers each of 100 Marks = 400 Marks</td>
<td>Same as pre-professional exam</td>
</tr>
</tbody>
</table>

13
Final Result

(A) Theory – 400 Marks (Minimum 40% marks in each paper and aggregate of 50% in order to be declared pass)

(B) Practical – 400 Marks

Minimum 50% marks required in Theory & Practical separately, in order to be declared successful at MD/MS Examination.

IX) RECOMMENDED BOOKS

1. Maxcy-Rosenau-Last Public Health & Preventive Medicine : Wallace RB
2. Epidemiology: Leon Gordis
3. Biostatistics : A foundation for Analysis in the Health Sciences: Daniel WW
4. National Health Programmes of India: Kishore J
6. Control of Communicable Diseases in Man: Benenson AS
8. Hunters Tropical Medicine and emerging infectious diseases: Strickland GT
9. Clinical Epidemiology- the Essentials : Fletcher
10. Management for Health Care for all: Gupta and AK Sood
11. Manson’s Textbook of Tropical Medicine

Journals recommended :

1. Indian Journal of Medical Research
2. Indian journal of Public Health
3. Journal of Clinical Epidemiology
4. Journal of Epidemiology and Community Medicine
5. Indian Journal of leprosy
6. Journal of Clinical Nutrition
7. Indian Journal of TB
8. Bulletin of the WHO
10. American journal of epidemiology
11. BMC Public Health
12. Lancet
13. Indian Journal of Community Medicine
14. Journal of communicable diseases
Six monthly Progress Report for Postgraduate Students

SECTION I

Name of the PG student: ________________________________________

Department:________________________________

Admitted in (Month and Year):________________

Name of the PG Guide:____________________

Report for the period:_______________ to________________

Attendance: __________days out of  days (_____%)

SECTION II

Grading as per performance

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>80% and above</td>
</tr>
<tr>
<td>B</td>
<td>65% to 79%</td>
</tr>
<tr>
<td>C</td>
<td>50% to 64%</td>
</tr>
<tr>
<td>D</td>
<td>Below 50%</td>
</tr>
</tbody>
</table>

As applicable:

1. OPD work:  
2. Ward work:
3. Lab work: 4. OT work:

5. ICU work: 7. Emergency work:

6. Teaching assignments:

Section III

Progress of Dissertation

________________________________________________________________________________________

________________________________________________________________________________________

Section IV

1. Case Presentations:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Title of case</th>
<th>Date</th>
<th>Faculty I/C</th>
<th>Marks</th>
</tr>
</thead>
</table>

2. Microteaching:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Topic</th>
<th>Date</th>
<th>Faculty I/C</th>
<th>Marks</th>
</tr>
</thead>
</table>

3. Seminars:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Title of presentation</th>
<th>Date</th>
<th>Faculty I/C</th>
<th>Marks</th>
</tr>
</thead>
</table>

4. Journal Clubs:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Journal</th>
<th>Title of Paper</th>
<th>Date</th>
<th>Faculty I/C</th>
<th>Marks</th>
</tr>
</thead>
</table>
5. Marks obtained in tests:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Date</th>
<th>Theory / Practical</th>
<th>Marks obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

6. Any other academic activity conducted:

Section V

1. Papers presented

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Title of Paper</th>
<th>Authors</th>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

2. Posters presented

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Title of Poster</th>
<th>Authors</th>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Publications

(Note: Mention only those publications that are published or are accepted for publication during the said period only)

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Title of Paper</th>
<th>Authors</th>
<th>Journal</th>
<th>Year/Vol/Issue</th>
<th>Page Nos</th>
<th>Indexed/Non-Indexed</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Section VI
Any other significant achievement:

Certificate by the PG Guide and Head of Unit

This is to certify that Dr.__________________________________________________________________, has an attendance of _____%, during the period _______ to__________.

Overall Grading:_________

Date:__________

Name and Signature of PG Guide:

Name and Signature of Head of Unit:

Certificate by the Head of Department

This is to certify that the performance of Dr.__________________________________________________________________, during the period _______ to__________, has been satisfactory/ average / unsatisfactory.

Overall Grading:_________

Date:__________

Name and Signature of HOD:
National Urban Health Mission was launched in Nagpur in 2014. Under the National Urban Mission 18 Urban Primary Health Centres were established in the first phase in Nagpur. Urban Primary Health Centre, Nandanvan caters to 80,000 population of urban slums. Nandanvan slums are the largest slums in Vidarbha region in Maharashtra.

Under Memorandum of Understanding signed between All India Institute of Medical Sciences, Nagpur and Nagpur Municipal Corporation in September 2019, Urban Primary Health Centre is going to serve as Training centre for Undergraduates, Interns and postgraduates of Department of Community Medicine of All India Institute of Medical Sciences.
Table 1. Area wise distribution of population of field practice area of UHTC, Nandanvan

<table>
<thead>
<tr>
<th>Area</th>
<th>Population</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nandanvan slums</td>
<td>12,944</td>
<td>Slum</td>
</tr>
<tr>
<td>Hasanbagh</td>
<td>3,500</td>
<td>Slum</td>
</tr>
<tr>
<td>Shivankar Nagar</td>
<td>8,523</td>
<td>Slum</td>
</tr>
<tr>
<td>Darshan Colony</td>
<td>21,486</td>
<td>Slum</td>
</tr>
<tr>
<td>Wathoda (juni Basti)</td>
<td>5,535</td>
<td>Slum</td>
</tr>
<tr>
<td>Wathoda</td>
<td>10,520</td>
<td>Slum</td>
</tr>
<tr>
<td>Anthuji Nagar</td>
<td>6,369</td>
<td>Slum</td>
</tr>
<tr>
<td>Nandanvan Non Slum</td>
<td>33,729</td>
<td>Non Slum</td>
</tr>
<tr>
<td><strong>Total Population</strong></td>
<td><strong>81,120</strong></td>
<td></td>
</tr>
</tbody>
</table>

Total number of ANC Mothers: 958
Total number of PNC mothers: 692

**Objectives:**

The UHTC has the following objectives

1. Conduct teaching and training of medical, paramedical students and health professionals of AIIMS Nagpur, other colleges and state health services.
2. Provide comprehensive secondary and primary level health care to the community.
3. Conduct community based research and generate evidence to inform health policy and practices in accordance with the mandate of the institute.
4. Establish model Urban Health Training Center that may be replicable in achieving the above objectives.
Primary Health Centre Bela

Primary Health Centre (PHC) Bela belongs to Umred block situated at a distance of nearly 40 kilometres from MIHAN, Nagpur. It serves a population of around 23676 residing in 5472 households across 36 villages. Bela is the largest village with more than 10000 inhabitants. Apart from the PHC in Bela village, there are 05 sub-centres and 02 Ayurvedic dispensaries serving the population. The PHC provides a wide range of preventive, promotive, diagnostic, curative facilities along with facilities for delivery, minor surgical procedures and inpatient beds. Each subcentre, besides Bela, serves a population of around 3000 people. There is a substantial proportion of tribal population in this region. AIIMS Nagpur has initiated health service delivery in the area served by PHC Bela with a vision of developing a model rural health care delivery unit.