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1.1.2 Minutes of relevant Academic Council/BoS meetings

MBBS (Phase-III Part-I) 2016 curriculum revision minutes of relevant BoS meetings.

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VIJAYAPURA

Department of Ophthalmology

11th BOS Meeting **Date:** 27/02/2016

11th BoS meeting was held on 27/02/2016 in the University premises. Following members attended the meeting

Dr.Vallabha.k

Dr.Sunil.Biradar

Dr.Raghvendra.Ijeri

Dr.Rekha.Mudhol (External Member)

Minutes of Meeting:

Agenda:

1. Curriculum of Allied courses
2. Review of the UG and P.G. Degree curriculum

Review of the U.G. Degree curriculum

U.G. curriculum changes suggested by the members were considered and final draft was sent for curricular committee. (ANNEXURE I)

Review of the P.G. Degree curriculum

Inputs from External Members: Objective of the P.G. curriculum can be reduced.

The main agenda of the meeting was discussion on review of the PG degree curriculum.

The changes and additions made in the curriculum were discussed. External member felt that Objective of the P.G. curriculum can be reduced. Chairman BOS explained in the meeting

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some additions were made in the curriculum like adding new chapters like genetics in Ophthalmology, UBM & OCT.

Some essential surgical skills like Anastasia blocks no surgeons to be performed by the post graduates are increase. Post gradates posting to Anatomy, Pathology, Microbiology, Anesthesia Department. Casualty and plastic surgery was discussed.

Members opined that group discussion, Integrated teaching and lectures are to be included in the curriculum.

There was also Universal consensus on increasing practical marks to 400 from 300.

The result of U.G.(2016 exam appear) were analysed. There is slight drop in % passing compare to previous batch.

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.(ANNEXURE I) MBBS Curriculum

	Examination skills		
1	2. Color vision test	Able to perform under guidance	Able to perform independently
2	15. Instillation/ ointment	Able to perform under guidance	Able to perform independently
3	16. Irrigation of conjunctiva	Able to perform under guidance	Able to perform independently
4	17. Applying an eye patching	Observe	Able to perform independently
5	18. Epilation of cilia	Observe	Able to perform independently
6	28. Tarsorraphy	Observe	Assist
7	30. Assessment of opacity in the media	Able to perform independently	Able to perform under guidance
	Course Content		
8	3. Pharmacology		Added - Anti-VEGF, Anti-metabolite : Mitomycin-C, 5 Fluorouracil, cyclosporine-A
	Disease of the Eye		
9	CONJUNCTIVA	Desirable to know: Pseudomembranous conjunctivitis, Conjunctival tumours.	Nice to Know: Pseudomembranous conjunctivitis, Conjunctival tumours.
10	Cornea	Desirable TO KNOW : Degenerations and dystrophies of cornea,	NICE TO KNOW: Degenerations and dystrophies of cornea,
11	Sclera		Added : NICE TO KNOW : Staphyloma & its classification
12	Uveal Tract	Desirable TO KNOW :Degenerative changes in the tract, Congenital anomalies-coloboma of Iris and Choroid.	NICE TO KNOW :Degenerative changes in the tract, Congenital anomalies-coloboma of Iris and Choroid.
13	Lens		Added : NICE TO KNOW : New IOLs, Phakonit, LASER cataract surgery.
14	Vitreous		Added : NICE TO KNOW : Vitrectomy and its indication.
15	Glaucoma	Desirable to know : Goniotomy,	NICE TO KNOW: Goniotomy, Trabeculectomy, Filtering

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		Trabeculectomy, Filtering surgeries, Glaucoma drainage devices.	surgeries, Glaucoma drainage devices.
16	Retina	Desirable to know : Phacomatosis	NICE TO KNOW : CSR, ARMD, Phacomatosis.
17	Optic Nerve		Added : Nice to know : Hereditary Optic atrophy.
18	10. Intraocular Tumour	Retinoblastoma- Clinical features and treatment, differential diagnosis of leucocoria Malignant melanoma – Clinical features and treatment.	Retinoblastoma- Classification and Histopathology, Clinical features and treatment, differential diagnosis of leucocoria Malignant melanoma – Classification and Histopathology , Clinical features and treatment.
19	Squint		Added : Nice to know : Paralytic Squint
	REFRACTIVE ERRORS		Added : NICE TO KNOW LASIK, PRK
20	17. Ophthalmic Surgery		Added - Chalazion surgery, Pterygium surgeries, Entropion correction, ectropion correction, Dacrocystorhinostomy
21	18. Community Ophthalmology	Definition and types of blindness. Causes of blindness	Definition, types and causes of blindness.
22	19. Miscellaneous		Added – Adverse Drug Reaction
23	Innovative Teaching		Added: Seminar (Symposium), integrated teaching, field visit demonstration will be conducted. Removed : MCQ and seminars will conducted for fast learners..
	Scheme of Examination		
24	Internal Assessment: theory		Added: One MCQ test will be conducted as the evaluation test.
25	Internal Assessment: clinical	Clinical : 20 marks	Practical : 15 marks Journal/Procedure/skills/Log book

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			: 5 marks
26	Internal Assessment: clinical	One of the clinical examination can be OSCE.	One of the clinical examination shall be OSCE.
27	Viva Voice		Added : Instruments(5 marks), optics & refraction(5 marks), Drugs(5 marks),Genral/Community ophthalmology(5 marks),
	Teaching schedule and hours allotted		
28	Teaching schedule and hours allotted	Lectures (30x1 hr)	Lectures (32x1 hr)
29	Teaching schedule and hours allotted	Tutorials (20x3hrs)	Tutorials (24x2hrs)
30	Teaching schedule and hours allotted		Heading added : Integrated teaching (10 hrs)
31	16 & 17. Miscellaneous		16 & 17 points merged
32	16. Miscellaneous	c)Ocular Pharmacology	c)Ocular Pharmacology & Adverse Drug Reaction
33	Total	Total : 30+60+10	Total : 32+48+10+10
34	*Integrated teaching		Added : *Integrated teaching table added with topics.
	Textbook of Ophthalmology		
35	1.Parsons Disease of the eye	21st Ed	22nd Ed 2015
36	2. Textbook of ophthalmology by Khurana	Textbook of ophthalmology by Khurana, 5th ED 2012 published by new age international P.Ltd	Comprehensive Ophthalmology by A K Khurana, 6thEd 2015published by Jaypee Brothers Medical Publishers
37	3. Clinical ophthalmology	Clinical ophthalmology by Kanski, 7th Ed Published by Elsevier.	Clinical ophthalmology A systemic approach by Kanski, 8th Ed 2016 Published by Elsevier.
38	Systemic Ophthalmology by Kanski		Removed

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PG Curriculum changes

Sl.no	Content	Existing	Changes made
1	**Goals**	-	-
2	**Objective**		2 points added - No 4 & 5
	iv. Be aware of his or her own limitations to the application of the specialty in situations which warrant referral to major centre's or individuals more qualified to treat v. Contribute as an individual/or in a group of institution towards the fulfillment of national objectives with regard to prevention of blindness		
3	**Course Content**		
	1) Basic Sciences		No.6 Genetics, added
	2) Essential Diagnostic skills		
	Dry eye evaluation		Lisamine green staining, added
	Use and evaluation of Ophthalmic ultrasound		UBM, added
			OCT : usage and interpretation added in essential diagnostic skills, added
	3) Essential Surgical skills		
	- Operation theatre: Anaesthesia		
	Retrobulbar anaesthesia	PA : 20 , PI : 40	PA : **10** , PI : **10**
	Peribulbar anaesthesia	PI : 20	PI : **50**
	Facial Block	* O 'Brein (PA : - , PI : 5), Atkinson, Van lint and modification	* O 'Brein (PA : **5** , PI : 5), Atkinson and Van Lint Deleted
			General anaeshtesia (O : 5) added
	Operation theatre: sac surgery		Endonasal DCR (O : 5) added
	-First Year		
	Theoretical Knowledge		d. Student should be posted in basic department (Anatomy, Pathology & Microbiology) for 10 days each, added
	Surgery :		
		iv. Assisting for squint surgey v. assisting for lid surgery. Tarsorapphy	iv & v, Shifted to 2nd year curriculum

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		should be performed independently as also the simpler oculoplastic procedures.	
	Cataract surgery	ii. At the end of first year, the student should be able to do standard extracapsular cataract extraction at least under guidance	ii., shifted to 2nd year curriculum
			Points added : a. Wet lab: Practice steps of cataract surgery on Kitaro set and on goat eyes. viii. Skills Lab: practicing procedure on mannequin. ix. Suturing Technique
	Second year		
	Surgical skill	a. At the end of the second year, the student should capable of operating without assistance, but under supervision, all varieties of cataract except congenital cataract. He / She should also know the management of cataract induced complications and cataract surgical complications (management of vitreous loss)	a. At the end of the second year, the student should capable of operating without assistance, but under supervision, all varieties of cataract **(standard ECCE & SICS)** except congenital cataract. He / She should also know the management of cataract induced complications and cataract surgical complications (management of vitreous loss)
			Points added: f. Assisting for squint surgery g. Assisting for lid surgery. Tarsorrhaphy should be performed independently and

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			also the simpler oculoplastic procedures.
	Rotation and sub-speciality training	Rotation and sub speciality training - Student could be deputed for a month or two in sub speciality training like oculo plasty, VR surgery etc._where these facilities are existing.	Rotation and sub speciality training - Student could be deputed for a month or two in sub speciality training like **Plastic surgery, Anaeshtesia (10 days), Casualty and trauma care centre (10 days),** where these facilities are existing.
	Third year		
	Surgical skill		Point added : e. Student should be able to do Phacoemulsification steps.
4	**Teaching-Learning Methods**		
	5. Group Discussion: (Point added)		Group discussion should be held once a week.
	10. Lectures		a. Lectures to be conducted once a week. (point added)
5	**Formative Assesment**		
			1) OSCE to be conducted anually 2) Theory exam to be conducted annually 3) Log book assessment twice yearly
6	**Suggested changes in summative assesment**		
		Title of the Theory Paper with Content	Title of the Theory Paper with Content (**Each Paper 10 Questions 10 marks each**)
	Paper 1		Genetics (added)
	Clinical examination		
	Total marks	200 marks	300 marks
	Long case -Duration	75 x 1 = 75 45 minutes – 1 hour	100 x 1 = 100 1 hour

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	-Marks	75	100
	Short cases	25 x 2 = 50 a. Two short cases of 25 marks each	40 x 2 = 80 a. Two short cases of **40 marks** each
	Fundus cases	2 x 25 = 50 b. Duration: 10 minutes – 15 minutes each c. Marks: 25 marks each	40 x 2 = 80 b. Duration: **15 minutes** each c. Marks: **40 marks** each
	Refraction	25 x 1 = 25 a. One refraction case of 25 marks	40 x 1 = 40 a. One refraction case of **40 marks**
	Maximum Marks		
	Practical	200	300
	Grand Total	700	800

Professor & H O D
Department of Ophthalmology
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Minutes of XII BOS meeting (ENT) held on 08.03.2016

The meeting took place at 11:00 on 08.03.2016.

Members attended

1. Dr R N Karadi	Chairman
2. Dr S P Guggarigoudar	Member
3. Dr Lathadevi H T	Member
4. Dr S R Malipatil	Member
5. Dr Mallikarjun Reddy	External subject expert

Dr R N Karadi welcomed all the members. Following factors were discussed at the meeting.

1. Academic flexibility – the members felt that flexibility in academics is needed for student convenience. Dr S P Guggarigoudar told that he will discuss with authorities.

2. The existing fellowship fees to be upgraded to 30,000/- and 5000/- month stipend was to be proposed.

3. Interuniversity exchange program for PG's to be arranged for 1 ½ on to 2 months.

4. All the members felt that department needed three MS seats and 6 DLO and apply for the same.

5. Regarding peripheral posting for PG's – member felt the following is necessary-

* Kidwai Hospital posting- one month.

* All India speech & hearing –fifteen days.

* Instead of NIMHANS- other neurocentre.

Kidwai posting can be extended with other departments of Universities.

6. PG curriculum topics like- Robotic surgery, Nanotechnology, genetics in ENT, videostroboscopy, navigation and anterior skull base surgery has to be added. Topics on

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medical ethics, medicolegal aspects and communication skills are to be added after proposal to medical education department.

7. Dr Mallikarjun Reddy felt that clinical teaching for PGs and UGs is necessary and OSCE and pedagogy to be stressed. Revised UG curriculum changes made were discussesd. Feedbacks from various stakeholders regarding existing curriculum was collected and analyzed. . (Annexure I)

8. Mock examination for PGs are to be conducted strictly. Some lecture classes from senior staff has to be taken.

9. Dr R N Karadi enquired about Ph.D program from Dr Lathadevi, she told that another publication is to be done and other data are ready.

10. University examination result are to be improved and extra classes to be taken for failed students. The staffs taking extra classes are to be given remuneration.

11. Question paper setting pattern should be standardized and setter are to be made aware of specific pattern of question paper.

Dr R N Karadi thanked all at the end of meeting.

Prof . & HOD
Department of ENT
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Annexure I

Changes made in UG curriculum 2016:

Sl. no	Content	Existing	Changes made
1	Goals	Same	No change
2	Objectives	Same	No change
3	Course Content		Yes, addition done
4	Teaching - learning methods		Well defined
5	Formative assessment		OSCE & MCQ added
6	Suggested changes in summative assessment	Same	No change

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ENT: Course content: Medicolegal aspects for 6th term MBBS students: Diseases of Head and Neck were not prsent	ENT: Course content: Medicolegal aspects for 6th term MBBS students : Diseases of Head and Neck has been added.
ENT: Course content: Medicolegal aspects for 6th term MBBS students	ENT: Course content: Medicolegal aspects for 6th term MBBS students : Medicolegal aspects in ENT practice added in revised ENT course syllabus for MBBS students Documentation in ENT , • Introduction to research, • Lasers in ENT,• Ethics in ENT
ENT: Teaching learning methods: Teaching hours for individual Theory and tutorial topics were not specified	ENT: Teaching learning methods: Teaching hours for individual theory & tutorial topics is specified in detail in revised ENT syllabus for MBBS students
ENT: In teaching learning methods : Integrated teaching topics were specified	ENT: Integrated teaching topics detailed schedule is specified in revised ENT course syllabus
In ENT :Formative assessment was written test	In ENT course Formative assessment was written test OSCE & MCQs added for formative assessment
ENT-Scheme of examination: Internal Assesment	ENT-Scheme of examination: Internal Assesment The second theory examination at the end of VII term is of MCQ paper for 50 marks
ENT- Internal assessment scheme for Clinical exam: 20 marks: was based on Log book in which records of at least 10 case are to be maintained	ENT- Internal assessment scheme for Clinical exam: 20 marks : there is addition of The Ward Leaving Test in revised syllabus:1. At the end of VI term posting case presentation for 40 marks. 2. At the end of VII term posting a) One case presentation for 40 marks b) OSCE for 40 marks (5 stations of 8 marks each
ENT- Marks Allotment for theory paper in university examination was according to previous pattern	ENT: Change in Marks Allotment for theory paper in university examination: New marks distribution pattern as Otology- 35, Rhinology-30, Laryngology-20, Head & Neck-15.

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Department of Otorhinolaryngology Changes made in PG curriculum 2016

MS (ENT)

Sl.No	Content	Existing	Changes Made
1	Course Content		• Computer navigation and Robotic surgeries in ENT • Diagnosis of voice disorders, Acoustic analysis, Videostroboscpic assessment and Disorders of Voice • Navigation surgery for anterior or lateral skull base
2	Teaching and Learning Methods		-Dissection of H&N in Cadaver -To send paper publication
3	Summative examination	**Clinical: Total Marks-300 marks** Type of cases Long case 80 marks Short cases 3 (40x3) 120 marks Max.Marks Theory 400 Clinical 200 VivaVoce 100 GrandTotal 700	**Clinical: Total Marks-400 marks** Type of cases Long case 120 marks Short cases 3 (40x3) 180 marks Max.Marks Theory 400 Clinical 300 VivaVoce 100 GrandTotal 800

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DLO: Changes made in PG curriculum 2016

Sl.No	Content	Existing	Changes Made
1	Course Content	As per previous pattern	Topics added as per below: • Computer navigation and Robotic surgeries in ENT • Diagnosis of voice disorders, Acoustic analysis, Videostroboscpic assessment and Disorders of Voice • Navigation surgery for anterior or lateral skull base
2	Teaching and Learning Methods	As existing pattern	-Dissection of H&N in Cadaver -To observe – ant. skull base -To send paper publication
3	Suggested changes in summative assessment	Practical Marks distribution pattern: Long case 1(70marks) Short case -2(40x2) =80marks Viva Voce -50marks Total marks distribution Theory-300marks Practical- 150 Viva 50 Grand total=500marks	Practical Marks distribution pattern: Long case 1(100marks) Short case -2(50x2)=100marks Viva Voce -50marks Total marks distribution Theory-300marks Practical -200 Viva 100 Grand total=600marks

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DEPARTMENT OF COMMUNITY MEDICINE

Ref. No.: DCM / Date: 01.10.2016

To,
The Registrar,
B L D E University,
Vijayapura.

"THROUGH PROPER CHANNEL"

Respected sir,

Board of Studies minutes of the meeting held on 22.09.2016, at Department of Community Medicine. Staff attended

S.No.	Name	Designation
1	Dr. Shailaja S. Patil	- Prof. & HOD, Chairman of BOS of Community Medicine
2	Dr. Jayprakash Chowti	- Principal, SDM Medical College, Dharwad. External member BOS
3	Dr. K.A. Masali	- Professor, member
4	Dr. M.C.Yadavannavar	- Professor, member
6	Dr. Rekha S. Udgiri	- Professor, member
7	Dr. M.R.Gudadinni	- Assoc. Prof. member
8	Dr. Praveen Ganganahalli	- Asst. Prof. member
9	Dr. Chandrika Doddihal	- Asst. Prof. member

Dr. J.V.Chowti. Professor Of Community medicine, Coordinator for postgraduate studies , SDM Medical College, Dharwad, as an External member of our BOS Committee attended the meeting. Minutes of the previous meeting were read & approved.

Following points were discussed as per the Agenda –

- UG Curriculum revision was discussed in detail & approval was given for the same. Dr.Shailaja S. Patil. Prof. & HOD read the changes made this time in UG curriculum and told the focus was given to new teaching, learning methods & inclusion of topics like

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orientation to Research methodology, communication skills & ethics for first phase students.

- In PG curriculum – It was opined by Dr.Chowti , more integrated teaching classes need to be included in PG teaching, for which Dr.Shailaja S. Patil told this year integrated teaching classes are planned for PGs. With department of OBG on topics like Anemia, & in Medicine TB.
- Starting of new courses M.D. (Family Medicine) & Diploma in Health Education were discussed as two courses which can be started; curriculum guidelines need to be framed for both.
- Ph.D. program report Dr. Shailaja S. Patil, Prof. & HOD requested the eligible faculty in the department to apply for Ph.D. guide-ship to the university.
  - Two Ph.D. scholars: Dr.Ravishekar Hiremath & Vidyavati Ugran are carrying out their work and both have submitted their 6th & 4th six (6) monthly report respectively.
  - Discussion about shifting of Urban health training centre, from Kalalgalli to Chandabawadi premises was discussed. Dr. J.V.Chowti, approved for shifting of urban health training centre, and suggested to plan MCH services, specialty clinics & outreach immunization sessions accordingly.
  - A Felicitation programme for Dr. J.V.Chowti, was held at the end of Board of Studies meeting, as Dr. J.V.Chowti, will be completing his tenure as BOS external member for our department as per the university guidelines.

Thanking you,

Yours faithfully,

(Dr.Shailaja S. Patil)
PROF. & H.O.D.
Professor & H.O.D.
Dept. of Community Medicine,
B.L.D.E. University
Shri B.M.Patil Medical College,
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Statement of changes made in the curriculum UG Phase III Part I

Sl. no	Content	Existing	Changes made
1	**Goals**	-	To prepare Undergraduate Medical Students as a competent community & Primary Care Physician.
2	**Objectives**	**Knowledge:** 1. Describe the health care delivery system including rehabilitation of the disabled in the country; 2. Describe the National Health Programmes with particular emphasis on maternal and child health programmes, family welfare planning and population control; 3. List epidemiological methods and describe their application to communicable and non-communicable diseases in the community or hospital situation; 4. Apply biostatistical methods and techniques; 5. Outline the demographic pattern of the country and appreciate the roles of the individual, family, community and social cultural milieu in health and disease; 6. identify the environmental and occupational hazards and their control; 3	1. Describe different levels of health care delivery system in the country. 2. Describe the National Health Programmes like maternal and child health programmes, family planning programmes & programme related to communicable & non-communicable diseases. 3. List epidemiological methods and their application to treat, control & prevent communicable and non-communicable diseases of public health importance. 4. To understand the basic Biostatistical methods and their application. 5. Describe the demographic indicator of the country. 6. Describe the role of individual, family, community & socio cultural milieu in health and diseases. 10. Understand and environmental and occupational hazards and methods of prevention & control. **Added :** Describe different levels of prevention of diseases at community & individual levels.

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		Skills: 1. Use epidemiology as a scientific tool to make rational decisions relevant to community and individual patient intervention; 2. Collect, analyse, interpret and present simple community and hospital based data;	1. Understand the steps of outbreak investigation & apply it to community and individual level by using Epidemiological tools. 2. Collect, analyse, interpret and present community and hospital based research data;
		Integration: Develop capabilities of synthesis between cause of illness in the environment of community and individual health and respond with leadership qualities to institute remedial measures for this.	Develop ability to understand the role of socio-cultural and environmental factors in maintenance of health at an individual, family and community level. Develop leadership qualities to promote health , prevent and control diseases at Primary health care level .
3	**Course Content**	-	Contents are shuffled
4	**Teaching - learning methods**	-	Groups Discussion OSCE Integrated Teaching
5	**Formative assessment**	Test & Viva	-
6	**Suggested changes in summative assessment**	-	-

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PHASE – I (TERM 1 & 2)

Sl. no	Content	Existing	Changes made
1	**Goals**	-	To prepare Undergraduate Medical Students as a competent community & Primary Care Physician.
2	**Objectives**	**a) Knowledge** 3. appreciate the impact of urbanization on health and disease;	3. The impact of urbanization on health and disease; 7. Understand the basics of Research in medical field
		b) Skills	3. To formulate a research plan to undertake projects funded by STS ICMR, BLDE University etc.
3	**Course Content**	**A. Theory :** 2. The Study of Family 3. Community Study – Rural, Urban Communities-features, health hazards 4.Environment and sustainable development 5. Social factors in health and disease. Medico Social Worker, Doctor-patient relationship. 6. Introduction to Bio-Statistics 7. Demography and Family Welfare (including integrated teaching along with Anatomy, Physiology & Obst. & Gynecology. **B. Field Visit :** 1. Urban, Rural & Slum communities to understand social, economical,	2. Social factors in health and disease including Behavioural psychology. 3. Communication skills & Doctor-patient relationship 4. Demography and family welfare. 5. Community Study - Rural, Urban Communities-features, health hazards, the study of family 6. Introduction to Research methodology including Ethics 7. Introduction to Bio-Statistics 1. To understand the role of social cultural

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		Physiological, Environmental factors and their role on the health of the people. 2. Health care facilities available and the services provided there.	economic and environmental factors on the health of population in urban & rural communities. 2. To orient the student about Health care facilities available and the services provided by them in the underserved population.

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PG. Curriculum Suggestions

Section	Topic	Suggestion	Page No.
Course Content	Nutrition	Making recommendations regarding diet during surveys	17
	Waste management and sanitation	Electronic waste management	18
	Recent Advances	Telemedicine, Geographical imaging systems and Remote sensing in public health	23
Visits	Occupational Health	Industry visit for inspection of work site, recommendations and medical examination of workers	32
	Muncipal Corporation	Collection and maintenance of records, statistics/ Census	33
Postings	Microbiology	Lab procedures, isolation, identification of organisms, transport of specimens, water testing	33
Remedial Measures	For slow learners	Regular tests, group discussion 7	-

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Suggestions for Changes in PG Curriculum

- ***Page no – 130:***

General Objectives:

Combine objective no.5 & 10 ---> 'Able to apply clinical skills to recognise and manage common health problems in background of socio-cultural dimensions at individual and family level.'

Specific Objectives:

Teacher/Trainer No. 1------> Modify as - 'To be a competent teacher and trainer of community medicine.'

Public health specialist As No.4 ------> To implement public health laws

- ***Page no- 132:***

Course contents:

Nutrition: Delete point no. 1.3 and 1.4

- ***Page no-133:***

Health and Environment:

No. 2 -----> Add 'global warming'

No. 8 ----> Add 'E-waste management'

As No.11 -----> Add aerospace medicine, desert medicine, travel medicine, geographic medicine, telemedicine

- ***Page no-134:***

Health Education and Communication:

No.2 -------> Delete 'body language'

No.3 -------> Expand IEC/BCC as 'Information, Education and Communication' and 'Behaviour Change Communication'

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As No.5 ---> Add 'Introduction to counselling-to bring desirable changes in lifestyle and behaviour'.

- ***Page no-135:***

General Epidemiology:

No.4 --------> Add 'Community Ophthalmology'

As No.6 ----> Add 'hospital acquired infections'

- ***Page no-137:***

Health Care administration and health management:

As No.6 --------> Add 'Health and hospital administration'

- ***Page no-138:***

National Health programmes: -------> Add 'current status and critical analysis'

Add topic ------> Disaster Management

- Disaster impact
- Disaster response
- Rehabilitation
- Disaster Mitigation
- Disaster preparedness

- ***Page no-139:***

Recent Advances:

Delete no. 2,3,4,5,6

Add --------> - Public Health Emergencies
- Geographical imaging system in Public health
- Telemedicine in public health
- National Health Programmes and Public Health Laws/Acts

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- ***Page no-144:***

Title 16 --------> Modify recent advances

Visits/Postings – I & II term:

RHTC – 2 months

UHTC – 1month

- ***Page no-145:***

IV term postings: RHTC – 2 months

UHTC – 1month

V term postings: RHTC – 2 months

UHTC – 1month

Add General Medicine

Visits --------> Add 'Industrial visit for inspection of work site, medical examination of workers and recommendations.'

Posting Details: ------> Add microbiology

- Lab procedures, isolation, identification of organism, transport of specimens and water testing

- ***Page no-147:***

Scheme of Examination: Paper I----------> Add (Basic sciences)

- ***Page no-148:***

Viva-Voce examination:

Modify as ----> 'Students will be thoroughly examined aimed at assessing candidate's knowledge, competency, investigative procedures, therapeutic techniques and other aspects of speciality'

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- ***Page no-149:***

Books recommended:

Modify No.1 as 'K.Park. Textbook of preventive and social medicine'

Delete No.14 (repetition)

Add-------->

- N. Ananthakrishnan, K.R Sethuram, Santosh kumar. Medical Education-Principles and practices.
- Mahajan BK, Methods in Biostatistics: for Medical Students and Research workers
- Sloane, Philip D. Principles of Family Medicine
- Agarwal, Anjana. Textbook of Human Nutrition.
- Kotch, Jonathan B. Policy in public health – Maternal and child health.
- Drafts of National health programmes [pdf] by MOHFW, New Delhi.

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Integrated Teaching

***In co-ordination with Dept. of Community Medicine**

Term	S.No	Topic	Departments
II	1	Maternal Mortality	OBGYN
	2	Facility-Integrated Management of Childhood Illnesses (F-IMNCI)	Paediatrics
	3	Vaccination	Paediatrics, Microbiology, District Immunisation Officer/ RCH officer
	4	Infant Mortality	Paediatrics
III	1	Tuberculosis in adults	TB & Chest, Microbiology, Pharmacology
	2	Diabetes Mellitus, Hypertension	Medicine, Biochemistry, Pharmacology
	3	Cardiovascular Diseases	Medicine, Pharmacology
	4	Tuberculosis in children	Paediatrics, Pharmacology
IV	1	HIV in adults	General Medicine, Pharmacology, Microbiology
	2	HIV in children and pregnancy	Paediatrics, OBGYN Pharmacology, Social Welfare Officer
	3	Leprosy	Skin & VD, Pharmacology, Microbiology
	4	Community Ophthalmology	Ophthalmology
V	1	Protein Energy Malnutrition	Paediatrics
	2	Malaria	General Medicine
	3	Low birth weight	Paediatrics, OBGYN
	4	Community Psychiatry	Psychiatry

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In log book:

Add internal assessment

The performance of postgraduate student during the training period should be monitored throughout the course and duly recorded in log books as evidence of the ability and daily work of the student.

S.No	Items	Marks
1	Personal attributes	20
2	Practical Work	20
3	Academic Activities	20
4	End of term theory examination	20
5	End of term practical examination	20

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