THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

No. 69, ANNA SALAI, GUINDY, CHENNAI – 600 032.

M.D. / M.S.

POST GRADUATE DEGREE COURSES

SYLLABUS AND CURRICULUM

2021 - 2022

MD COMMUNITY MEDICINE

THE TAMIL NADU Dr. M.G.R MEDICAL UNIVERSITY, CHENNAI

MD COMMUNITY MEDICINE

1. PREAMBLE

The purpose of this program is to standardize Community Medicine teaching atPost Graduate level throughout the country.

Program Objectives

A candidate upon successfully qualifying in the M.D. (Community Medicine) examinations should be competent in the following areas:-

I. Health policy, planning, leadership and management (organizational skills , managerial, Administrative)

II. Epidemiology, Biostatistics and Research Methodology (technical)

III. Health Promotion and disease prevention(technical)

IV. Behavior Change Communication (soft skills of communication, motivation, decision-making, team building,)

V. Education technology (skills in Health Information Management, software Application, training in scientific communication and medical writing.

VI. Public Heath Ethics:

The Community Medicine specialist, will inculcate a holistic view ofhealth and medical interventions primarily focused on Community Health/ Population Health. Thus, he/she should be equipped with the knowledge, skills, competencies in primary, secondary & tertiary care, control and prevention of outbreaks/epidemics, community diagnosis, health needs assessment, epidemiological assessment, research and planning evidence-based health policies and programmes.

2. SPECIFIC LEARNING OBJECTIVES

In the area of (I) **Public Health policy, planning, leadership and Management**,he/she should be able to:-

1) Identify health problems of the community in the context of the socio- economic cultural milieu.
2) Identify threats to the environment
3) Identify groups which require special attention (elderly, adolescents, gender, the poor and other marginalized groups) including those facing occupational hazards
4) Prioritize health problems
5) Set objectives; prepare action plan; implement programs; and monitor, supervise and evaluate them

6) Plan health manpower development, logistics and materials management
7) Assess costs, plan, implement and supervise budget and alternative health options
8) Manage Health Information System and respond appropriately to the information gathered
9) Understand basics of hospital management
10) Study quality assurance and medical audit
11) Understand and Implement public health laws
12) Initiate, implement and supervise National Health Programs
13) Recommend policies relevant for the local community and region andpropose ways to upscale it to a larger area (state/country)
14) Establish Surveillance System and respond to public health threats effectively and efficiently
15) Anticipate, prepare for and respond to disasters

In the area of (II) **Epidemiology, Biostatistics and research methodology**,he/she should be able to:-

1) Use effectively the tools of epidemiology for understanding disease distribution and determinants of diseases.
2) Identify sources of data and identify key aspects of measurement problems
3) Critically analyze available scientific information data, identify gaps inknowledge and formulate research questions
4) Design and conduct epidemiological studies
5) Design and conduct qualitative research methods
6) Effectively manage data, analyze, interpret and present findings
7) Recommend effective strategies to improve health status of the communitybased on the findings
8) Document epidemiological findings and disseminate and recommend policies
9) Use epidemiologic methods to investigate disease outbreaks
10) Use epidemiologic methods to evaluate health care delivery and conducthealth systems research
11) Perform economic evaluation of illness and health interventions

In the area of (III) **Health Promotion and disease prevention**, he/she should beable to:-

1) Understand the epidemiology of communicable and non-communicablediseases and preventive measures and manage national health programs
2) Identify the health issues of special groups of people and plan andimplement strategies to improve their health status
3) Identify the environmental issues affecting health of the community and plan interventions
4) Identify issues related to nutrition, life style and occupation and planinterventions

In the area of (IV) **Behavior Change Communication**, he/she should be able to:-

1) Understand the structure and behavior of communities and identify societal or individual behavior problems that can be improved
2) Interact, communicate, educate effectively to people from diverse backgrounds, ages and gender to promote healthy behavior through community involvement
3) Analyze different types of health communication initiatives and BCC tools
4) Plan and develop environments that enable the maintenance of positive health behaviors, and evaluate
5) Facilitate inter-sectoral coordination for promoting health of communities
6) Promote and establish partnerships - partnering with community, Panchayati Raj institutions, public private partnerships, NGOs and corporate sector

In the area of (V) **Teaching and Training**, he/she should be able to:-

(1) Assess the learning needs of any given group

(2) Formulate learning objectives

(3) Plan curriculum and prepare curriculum materials

(4) Select and implement appropriate learning methods

(5) Evaluate learning experiences

In the area of (VI) **Ethics in Public Health**, he/she should be able to:-

1) Understand the Basic principles and theories of Bioethics
2) Be familiar with the codes and regulations pertinent to clinical and researchethics
3) Identify and analyze ethical issues in public health practice, biological and medical research, and health policy
4) Identify the beliefs and interests of stakeholders and their impact on ethical decision making in professional and research practice
5) Identify, anticipate and respond to public concerns in relation to public health intervention

3. COMPONENTS OF THE POSTGRADUATE CURRICULUM

- Practical and clinical skills training is provided by posting in the different clinical departments and primary care centres (rural and urban) in addition to offices of District level and sate level health authorities.
- Training in Research Methodology writing/Research activities. University accredited workshops would be organised for standard training in research methodology. Hands on experience in research is ensured through preparation of dissertation thesis. Other surveys and research activities would be guided by faculty for favour of presentation at conferences and publications.

- Attitude including communication skills are inculcated by microteaching sessions (Pedagogy) for guided practice and under graduate classes and group health education sessions for independent practice in addition to clinico-social case studies for individual comprehensive management.
- Medical ethics/bioethics- Students should be oriented to the various components of ethics, ethics in research and differential equity in community services.
- Medicolegal Aspects: A detailed orientation to the public health acts/laws related to health is given through regular theory sessions and guest lectures.

Training in Research Methodology, Medical Ethics/Bioethics and Medical Legalaspects

- Students should compulsorily attend the research Methodology workshop conducted by the University within first six months of the M.D course.
- Students are encouraged to attend workshops/CME's on Bioethics conducted by the University and other reputed Institutions.
- Medical ethics/Bioethics, moral and legal issues are part and parcel of the curriculum and syllabus

4. THEORY SYLLABUS

Paper I: History of Public Health, Concepts in Public Health, Epidemiologyand Research Methodology and Nutrition

History of Public Health

1. History of different systems of Medicine
2. Public health events - Sanitary awakening, germ theory of disease, rise ofPublic health in various countries
3. Primary Health Care

Concepts in Public Health

1. Definition of health; appreciation of health as a relative concept; determinants of health.
2. Characteristics of agent, host and environmental factors in health anddisease and the multifactorial etiology of disease.
3. Understanding of various levels of prevention with appropriate examples.
4. Indices used in measurement of health.
5. Health situation in India: demography, mortality and morbidity profile andthe existing health facilities in health services.
6. Difficulties in measurement of health.
7. National Health Policy

Epidemology

1. Use of epidemiological tools to make a community diagnosis of the health situation in order to formulate appropriate intervention measures.
2. Epidemiology - definition, concept and role in health and disease.
3. Definition of the terms used in describing disease transmission and control.
4. Natural history of a disease and its application in planning intervention.
5. Modes of transmission and measures for prevention and control of communicable and non-communicable disease.
6. Principal sources of epidemiological data.
7. Definition, calculation and interpretation of the measures of frequency of diseases and mortality.
8. Common sampling techniques, simple statistical methods for the analysis, interpretation and presentation of data frequency distribution, measures of central tendency, measures of variability, statistical tests of significance and their application.
9. Need and uses of screening tests.
10. Accuracy and clinical value of diagnostic and screening tests (sensitivity, specificity, & predictive values).
11. Planning and investigation of an epidemic of communicable diseases in a community setting.
12. Institution of control measures and evaluation of the effectiveness of these measures.
13. Various types of epidemiological study designs.
14. Qualitative methods:Describe the range and purpose of different approachesto Qualitative inquiry and identify the range of qualitative data collection techniques.
15. The derivation of normal values and the criteria for intervention in case of abnormal values.
16. Planning an intervention programme with community participation based onthe Community diagnosis.
17. Applications of computers in epidemiology.
18. Critical evaluation of published research.
19. Disaster Management
20. Bio ethics

Biostatistics

The scope and use of Biostatistics

a. Collection, classification and presentation of statistical data.
b. Analysis and interpretation of data.
c. Obtaining information, computing indices (rates and ratio) and making comparisons.
d. Apply statistical methods in designing of studies.
e. Choosing of appropriate sampling methods and sample size.
f. Applying suitable test of significance
g. Use of statistical tables.

Nutrition

1. Nutritional problems of the country; Role of nutrition in Health and Disease.
2. Common sources of various nutrients and special nutritional requirement according to age, sex, activity, physiological conditions.
3. Nutritional assessment of individual, families and the community by selecting and using appropriate methods such as : anthropometry, clinical, dietary, laboratory techniques.
4. Compare recommended allowances of individual and families with actual intake.
5. Plan and recommend a suitable diet for the individuals and families bearing inmind local availability of foods, economic status etc.
6. Common nutritional disorders: protein energy malnutrition, Vitamin A deficiency, anemia, iodine deficiency disorders, fluorosis, food toxin diseases and their control and management.
7. National Nutritional Policy.
8. National programmes in nutrition and their evaluation.
9. Food adulteration: prevention and control.

Paper II: Epidemiology of Communicable and Non communicable diseases alongwith relevant National Programs and Environmental Health.

1. Epidemiology of communicable and non-communicable diseases ofpublic health Importance and their control.

The specific objectives of selected communicable diseases of public health importance for which National Disease Control/Eradication Programmes have been formulated are described here e.g.: Infective hepatitis, ARI, T.B. Malaria, Filariasis, STDs & AIDS, Diarrhoeal diseases, Kala Azar, Mental Health, Non communicable diseases, Blindness, Hypertension, Leprosy, Accidents, JE, VPDs, Plague, Chickenpox etc.

1. Extent of the problem, epidemiology and natural history of the disease.
2. Relative public health importance of a particular disease in a given area.
3. Influence of social, cultural and ecological factors on the epidemiology ofthe disease.
4. Control of communicable and non-communicable disease by:

a. Diagnosing and treating a case and in doing so demonstrate skills in:
   (i) Clinical methods
   (ii) Use of essential laboratory techniques
   (iii) Selection of appropriate treatment regimes.
   (iv) Follow-up of cases.

b. Principles of planning, implementing and evaluating control measures for the diseases at the community level bearing in mind the relative importance of the disease.

2. Level of awareness of causation and prevention of diseases amongstindividuals and communities

3. Institution of programmes for the education of individuals and communities.

4. Knowledge of the relevant National Health Programmes

5. Epidemiological basis of national health programmes.
6. Awareness of programmes for control of non-communicable diseases.
7. Emerging and Reemerging diseases
8. Hospital acquired infections / Drug resistance

Entomology

1. Role of vectors in the causation of diseases.
2. Steps in management of a case of insecticide toxicity.
3. Identifying features of and mode of transmission of vector borne diseases.
4. Methods of vector control with advantages and limitations of each.
5. Mode of action, dose and application cycle of commonly used insecticides

Environmental Sanitation

1. Awareness of relation of Environment to Health.
2. Awareness of the concept of safe and wholesome water.
3. Awareness of the requirements of sanitary sources of water.
4. Understanding the methods of purification of water on small scale withstress on chlorination of water
5. Various biological standards.
6. Physical, chemical standards; tests for assessing quality of water.
7. Concepts of safe disposal of human excreta.
8. Disposal of solid waste, liquid wastes both in the context of urban and rural conditions in the community.
9. Problems in the disposal of refuse, sullage and sewage.
10. Sources, health hazards and control of environmental pollution.
11. Influence of physical factors – like heat, humidity, cold, radiation and noise –on the health of the individual and community.
12. Standards of housing and the effect of poor housing on health
13. Global warming.
14. Biomedical Waste Management

Paper III: Demography and SPECIAL GROUPS (Maternal and Child health, Schoolhealth, Adolescent and geriatric health, Genetics & Mental Health, Occupational health and Urban Health)

Demography and Family Planning

1. Definition of demography and its relation to Community Health.
2. Stages of the demographic cycle and their impact on population.
3. Definition, calculation and interpretation of demographic indices like birthrate, death rate, growth rate, fertility rates.
4. Reasons for rapid population growth in the world, especially in India.
5. Need for population control measures and the National Population Policy.
6. Identify and describe the different family planning methods and theiradvantages and shortcomings.
7. Principles of Counselling; Client satisfaction.
8. Medical Termination of Pregnancy Act.
9. Organisational, technical and operational aspects of the National Family Welfare Programme and participation in the implementation of the Programme. Target Free Approach.
10. Give guidelines for MTP and infertility services.
11. Recent advances in contraception.
12. National Population Policies.

Reproductive and Child Health

(a) Antenatal – examination of the mother; application of the risk approach in antenatal care.

(b) Intranatal – conducting a normal delivery; early recognition of danger signals in intranatal period; referral of cases requiring special care, essential obstetrics care, emergency obstetrics care.

(c) Postnatal – assessment of the mother and new born, advice about appropriate family planning method; promotion of breast-feeding; advice on weaning.

(d) Assessment of growth and development of the child – use of 'road to health'card; recording important anthropometric assessments of the child; giving immunisation to the child; identifying high-risk infant.

(e) Management guidelines as per the 'Integrated Management of Neonatal and Childhood Illness'(IMNCI)

(f) Objectives, Justification, Strategy, Implementation & Achievements withregard to the Reproductive Child Health Program.

At risk groups

1. Adolescent Health
2. High risk group children – juvenile delinquents, orphans,
3. Geriatric Problems, Management and Policy for the elderly.
4. Person living With Disabilities (PWD).

Genetics and Mental Health

1. Public health importance of mental health

2. Public health approach to mental health problems: types, diagnosis and management of mental health problems in the community

3. Genetics, diseases mediated through genetic abnormalities, Gene mapping, Genetic engineering and therapy.

School Health

1. Problems of school and adolescents; Objectives of the School Health Programme.

2. Activities of the Programmes like :
   (a) Carrying out periodic medical examination of the children and theteachers.
   (b) Immunisation of the children in the school.
   (c) Health Education
   (d) Mid-day meals.

3. Obtaining participation of the teachers in the school health programme including maintenance of records; defining healthful practices; early detectionof abnormalities.

4. Organization, implementation, supervision and evaluation of School Health Programme

Occupational Health

1. Relate the history of symptoms with the specific occupation including agriculture.
2. Identification of the physical, chemical and biological hazards to which workers are exposed to while working in a specific occupational environment.
3. Diagnostic criteria of various occupational diseases.
4. Preventive measures against these diseases including accident prevention.
5. Various legislations in relation to occupational health.
6. Employees State Insurance Scheme.
7. Migrant Workers

Urban health

1. Impact of urbanisation on health and disease.
2. Common health problems (Medical, Social, Environmental, Economic, Psychological) of urban slum dwellers.
3. Organisation of health services for slum dwellers.
4. Organisation of health services in urban areas.

Paper IV: Recent Advancements, Health planning, Management andPublic Health Administration, Sociology and Education Technology.

Explain the terms: public health, public health administration, regionalisation, comprehensive health care, primary health care, delivery of health care, planning, management, evaluation, National Health Policy, Development of Health Services in India and various committee reports.

Components of health care delivery

(i) Describe the salient features of the National Health Policy concerning :
   (a) provision of medical care;
   (b) primary health care and Health for All;
   (c) health manpower development;
   (d) planned development of health care facilities;
   (e) encouragement of indigenous systems of medicine.

(ii) Explain the process of health planning in India by demonstrating awareness of various important milestones in the history of health planning including various committees and their recommendations.

(iii) The health systems and health infrastructure at Centre, state district and block levels. The inter-relationship between community development blockand primary health centre. The organisation, function and staffing pattern of community healthcentre, primary health centre, rural health centre and sub-centre etc.

(iv) The job descriptions of health supervisor (male and female); health workers;village health guide; anganwadi workers; traditional birth attendants.

(v) The activities of the health team at the primary health centre, Communityhealth centre, district hospital.

(vi) Health Insurance

(vii) National Health Mission – Rural and Urban Component.

Health Management

i. Familiarity with management techniques: define and explain principles of management; explain broad functions of management; personnel and
ii. materials management.
iii. Finance Management: Budgeting systems
iv. Explain general principles of health economics and various techniques of
v. health management e.g., cost-effectiveness, cost-benefit etc.
vi. Health Management Information System
vii. Be aware of the constitutional provisions for health in India.
viii. Enumerate the major divisions of responsibilities and functions (concerning
ix. health) of the union, local and the state governments.
x. Appreciate the role of national, international voluntary agencies in healthcare delivery.
xi. Appreciate the need for International Health Regulations and Disease surveillance.

Public Health Acts

Legal provisions protecting health of the community.

1. MTP Act, PNDTA Act.
2. PFA Act
3. Acts regulating Organ Donation, Child adoption.
4. Prevention of Immoral trafficking Act.
5. Acts against substance abuse
6. Biomedical Waste Management Act and Acts protecting environment from pollution.
7. ESI Act, Factories Act.

Sociology

1. Conduction of a clinico-social evaluation of the individual in relation to social, economic and cultural aspects; educational and residential background; attitude to health, disease and to health services; the individual's family and community.
2. Assessment of barriers in health behaviour and identification of obstacles to good health, recovery from sickness and to leading a socially andeconomically productive life.
3. Development of a good doctor – patient relationship, public relations and community participation for health sectors.
4. Identification of social factors related to health and disease in the context of urban and rural societies.
5. Social Stratification and the value of the different methods.

Education Technology

1. General principles of teaching/learning, methods of instructions, methods of evaluation.
2. Various teaching aids (including a.v.aids) and skills to use them correctly.
3. Behavioral change communication strategy - Health education

Recent Advances

1. Newer vaccines
2. New screening/diagnostic methods applicable to public health problems
3. Role of New Technology in Community Health and provision of Care atvarious level.
4. Recent Policies, Acts, Programs.
5. Evolving diseases, Health issues.

5. TEACHING AND LEARNING METHODS

To achieve the stated objectives, various modalities and methods are commended:-The proportion of these modalities and methods will vary from Institution to Institution due to varying facilities for exposure and number of postgraduate students and recognized teachers. However, modality wise minimum exposure is suggested below:-

Field learning is facilitated through field postings during forenoons. Class room teaching to be planned in the afternoons at the department.

Class room learning:

(1) Self-directed: At least twice a week in which the student will present articles, abstracts from journals, seminars, group work, epidemiological and statistical exercises, case studies, family presentation.

(2) Lectures: Recognized teachers should take lectures..

(3) Participation in scientific activities, Participation in Panel discussions, Symposia, debates, workshops, Conferences

Field posting and work

1. Posting at Urban and Rural Health Training Centres for a period of one year distributed throughout the three years.
2. Posting in the hospital for exposure to clinical departments namely Pediatrics, Gynaecology and Obstetrics, Medicine and Surgery for one month each.
3. Wherever possible work attachment at District Health Office and Directorate of Health Services
4. The students will be encouraged to attend various camps, melas, public health emergencies, Investigation of epidemics and implementation of National Health Programmes.
5. Visits to various institutions of Public Health Importance and related development organizations.

Teaching exposure

They should conduct group teaching of undergraduate students. They should participate in the training programme conducted by the Department.

Research

1. Thesis: The topic for the dissertation should be registered and sent to the University after Ethics Committee approval before 31st of December of the first Post Graduate Year. Only one change of topic with proper justification from the Head of the Department is permitted before 31 st March of the first Post Graduate Year. The change of dissertation title will not be permitted after 31 st March of the First of the first Post Graduate Year. This modification in regulation will be scrupulously followed from the academic year 2015-16 admission onwards.

As per MCI Clause 14 (4)(a), thesis shall be submitted atleast 6 Months before theTheory and Clinical/Practical Examination.

2. They should be involved in departmental research projects.
3. They should be encouraged to publish papers in scientific journals 4.They should be exposed to application of computers in medical science

ACHIEVING LEARNING OBJECTIVES: SKILL TRAINING STRATEGYSUBJECT

SPECIFIC PRACTICAL COMPETENCIES

Part I: General Skills

The postgraduate student should be able to :

1. Elicit the clinico-social history to describe that agent, host and environmentalfactors that determine and influence health.
2. Recognise and assist in management of common health problems of the community.
3. Apply principles of epidemiololgy in carrying out epidemiological studies in the community.
4. Work a team member in rendering health care.
5. Carry out health education effectively for the community.

Coded list of Skills:

S.No	DETAILS	PAGE NO
	MANAGEMENT AND LEADERSHIP	
MLA1	**HOSPITAL MANAGEMENT**	
MLA2	**OUT REACH CLINICS-RURAL / URBAN - National Program 1,2,3**	
MLA3	**OUT REACH CLINICS-RURAL / URBAN – National Program 4 & 5.**	
MLA4	**OUT REACH CLINICS-RURAL / URBAN – Materials Management.**	
MLA5	**OUT REACH CLINICS-RURAL / URBAN – Health manpower development**	
MLA6	**OUT REACH CLINICS-RURAL / URBAN – Health Management Information System.**	
MLA7	**OUT REACH CLINICS-RURAL / URBAN – Health centre evaluation**	
MLA8	**MEDICAL AUDITS/ INFANT DEATH AUDIT/ MATERNAL DEATH AUDIT (Attended)**	
MLA9	**REVIEW MEETINGS (CONDUCTED/ATTENDED)**	

Part II : Skills in Relation to Specific Topics

Documentation of training in each skill to be recorded in the logbook in therelevant coded section as given.

1. **HEALTH CARE**: Recognise and assist in management of common health problems of the community:

Skill	Activity	Quality assessment
a. Elicit the clinico-social history to describe the agent, host and environmental factors that determine and influence health. b. Adequate and appropriate treatment and follow-up	Case studies on patients with ADD, ARI, fever with no localising sign or symptom, Chronic cough, anaesthetic patches or deformities, (covering diseases like tetanus, malaria, filariasis, rabies, cholera, typhoid, intestinal parasites, leprosy, tuberculosis, HIV, Non communicable diseases like diabetes, hypertension) Cases could be obtained during their clinical postings or during their PHC & UHC posting – a minimum of 15 case studies	Documented case study reports with follow up to be reviewed by Faculty. HC1a and HC1b,HC2, HC3, HC4, HC5
c. Collection of appropriate material for microbiological, pathological or biochemical tests. d. Fixing, staining, and examining smears – peripheral blood smear for malaria and filariasis, sputum for AFB; Hb estimation; urine and stool examination.	Posting in laboratory where they should have performed the related simple tests. Minimum tests: Peripheral thick smear 1 Peripheral thin smear 1 AFB smear 1 Hb estimation 1 Stool exam for ova cyst 1	Document preparation of smears and their examination findings with confirmation from guiding faculty

e.. Advice on the prevention and prophylaxis of common diseases	Health advice to individual Health advice to small groups	Document context of health advice as counselling for all the 15 case studies in the GATHER (Greet, Ask, Tell, Help, Explain and Return) format. C4

2. PUBLIC HEALTH - Health Promotion and Disease Prevention

Skill	Activity	Quality assessment
a. Identify health problems of the community in the context of the socio -economic - cultural milieu	Family Study (Minimum 6) Community Diagnosis of a hamlet of 100 families assigned to each Postgraduate. (Research 1)	Record of detailed Family study report. (Guidelines available in Annexure) PH1c Based on survey of hamlet, details of COMMUNITY DIAGNOSIS to be provided in proper format PH1d
b. Use of proper screening methods in early diagnosis of common diseases.	To complete a project using / evaluating screening methods. (Research 2)	Study document should clearly justify the need for screening, the appropriateness of the test chosen for screening and the validity of the test. EPI3b5
c Identify groups which require special attention (elderly, adolescents, gender, the poor and other marginalized groups) including those facing occupational hazards	Based on the Community Diagnosis or a separate project, show how increased risk in groups can be identified.	Risk group identification should be documented either as a component of COMMUNITY DIAGNOSIS or as an independent research showing increased risk either as POR, OR, RR, Regression model or MVA. PH1e

d. Identify issues related to nutrition, life style	Component activity during Community SurveyQuantifying and measurement of at risk lifestyles should be done either as part of community survey or as an independent qualitative research (Research 3)	Document on nutrition assessment should have indicators used for nutrition assessment of the community – both at individual level and family level. PH1f Documentation of result of lifestyle assessment. PH1g

e. Identify threats to the environment	Component activity during Community Survey	Document on environment PH1hassessment should state variables related to environment that were studied, how they were measured and the corrective action initiated.
f. Anticipate, prepare for and respond to disasters	Component activity during Community Survey.	Make a statement of risks the community is prone to, the infrastructure available for disaster preparedness, contact numbers of the local authorities in charge of disaster preparedness. PH1j
g. Take necessary steps in disease outbreak/epidemics/natural disasters – investigation of epidemic, food poisoning; notification; Organizing medical care following disasters.	To complete a project on investigation of an epidemic/ clustering of cases/ food poisoning (Research 3)	Study document should explain how the epidemic was suspected, confirmed and determinants identified. Details of management of epidemic & corrective action taken to be given PH3
h. On the basis of epidemiology of communicable and non-communicable diseases, plan preventive measures and manage national health programs	To prepare flow chart depicting Natural History of Diseases of Public Health Importance, giving opportunities for prevention, in the context of current status of population parameters and National program.	Report on level of prevention directly observed or practised and its consequences for a minimum of 5 National Programs. MLA1, MLA2
i. Facilitate inter-sectoral coordination for promoting health of communities	Make educational visits to various health related departments, updating current activities favouring health (TWAD board, TNPCB, Social Welfare Board, Aavin Milk Society, Veternary Institute, Board for Rehabilitation of PWD, Prison Authorities, Airport and Seaport authorities)	Document report of visits along with contact number of liaison officers, especially for the field practice region assigned to the Post Graduate. PH2
f. Anticipate, prepare for and respond to disasters	Component activity during Community Survey.	Make a statement of risks the community is prone to, the infrastructure available for disaster preparedness, contact numbers of the local authorities in charge of disaster preparedness. PH1j

3. **EPIDEMIOLOGY & BIOSTSISTICS:** Use effectively the tools of epidemiology for understanding disease distribution and determinants of diseases

Skill	Activity	Quality assessment
a. Design and implement Epidemiological and Health Systems research studies	Dissertation project (Research 4)	Completed dissertation to be sent for external valuation.EPI4
b. Analyze data and present findings	- Component activity of dissertation. - Use statistical software for analysis of data. - Solve simulation exercises utilising various statistical methods.	Document solutions worked out for various simulation exercises. EPI5
c. Effectively document and disseminate findings	- Publish one original article. - Critically review journal articles.	- Document details of publication. EPI3a - Document details of journal club with articles critiqued. EPI1a, EPI1b

4. **EDUCATION TECHNOLOGY**: Behavioral Change Communication

Skill	Activity	Quality assessment
a. Assess the learning needs of any given group.	Component activity of COMMUNITY DIAGNOSIS	Documentation of Educational Diagnosis made in the context of societal or individual behavior problems that can be improved. PH1k
b. Formulate learning objectives. c. Select and implement appropriate learning methods.	- Plan a project on health communication to a special group. (Component part of community survey or independent study).	Document the small group BCC by stating the steps of Set Induction, Content/ Message of Communication, Motivators and System support during trial behaviour C4
d. Evaluate learning experiences.	Evaluation of BCC/learning session either individually or as a comparative evaluation of different types of health communication initiatives and BCC tools.	Document BCC evaluation report either as part of community survey/ following UG teaching session/ independent study comparing different health communication initiatives. EPI3b4
e.Plan curriculum and prepare curriculum materials.	- Prepare lesson plan for UG sessions conducted -Conduct peer reviewed microteaching sessions. Plan & Organise Seminars	Document lesson plans and microteaching sessions with faculty evaluation. C1a, C1b, C1c, C2 Report on Seminars conducted C3a, 3b

5. Public Health policy, planning, leadership andManagement

Skill	Activity	Quality assessment
a. Prioritize health problems, Set objectives; prepare action plan; implement programs; and monitor, supervise and evaluate them	Short term project/ training/ workshop/ Health Day Celebration/ Dept. Program to be planned and organised as a team.	Record of DEPARTMENT PROGRAM activity and its repercussions/ impact. EPI3b1
b. Plan health manpower development	Simulation activity of comparing existing health manpower of a chosen system against the required and prepare a feasible action plan for its development including costing	Record of Health manpower development action plan evaluated by faculty. MLA5
c. logistics and materials management	Simulation activity of material management (of any component activity of purchase, indend, storage, logistics, maintenance, documentation and condemnation) for any material essential for health care of a community (e.g. drugs, equipments, utilities like gloves, bins, electronic gadgets for HIMS, vehicle for transport of patients, students, health workers) based on the standard guidelines of the Director General of Health Services.	Report of materials management simulation report, evaluated by faculty. MLA4
d. Assess costs, plan, implement and supervise budget and alternative health options	As a component activity enclose costing and budget for the Management Project.	Work out simulation exercises on costing, budgeting and economic evaluation. EPI3b1
e. Perform economic evaluation of illness and health interventions	As an independent exercise to prepare report of economic evaluation of individual ill health/ population economics of health interventions Research 5	Report of economic research activity, evaluated by faculty to be enclosed. EPI3b3
f. Manage Health Information System and respond appropriately to the information gathered	Prepare a report of Management health information system at a specific centre, interpreting the findings and recommendations to correct the limitations.	Report on MIS to be evaluated by faculty and recorded. MLA6
g. Establish Surveillance System and respond to public health threats effectively and efficiently	Prepare a critical report on the existing surveillance/ HIS system for any specific region and give recommendations/ solutions in accordance with the standard guidelines. (One of SRS Unit, CRS, Regular Reports)	Report on surveillance system, evaluated by faculty to be enclosed. PH1i

h. Understand basics of hospital management	Components of hospital administration (Patient care OP, IP, Nursing, Pharmacy and Stores, Lab, Radiology, Operation theatres, Infection Control, Support services of Central Sterile Supply Dept., kitchen, laundry, Sanitation, Security, Hospital waste management, Records and Office Procedures, Grievance redressal) to be studied for any hospital, and report on the arrangement for monitoring and quality assurance of these components be prepared.	Report on components of hospital management with recommendations for problem solving to be documented with faculty evaluation. **MLA1**
i. Evaluate health care delivery	To evaluate health care delivery of a primary care centre/ sub centre based on NRHM guidelines (IPHS) for patient services offered, supervision and monitoring services, infrastructure in the form of buildings, manpower, drugs, equipment and furniture and Quality control in the form of availability of citizen's charter, standard guidelines, internal and external periodic records evaluation.	Health centre evaluation report to be documented.MLA7
j. Study quality assurance and medical audit.	Attend a medical audit/ Infant, Maternal death audit.	Report on audit as per guidelines. MLA8
k. Initiate, implement and supervise National Health Programs	Formative evaluation of any one of the National programs as per the guidelines.	Report of National Program evaluation to be documented after evaluation by faculty. MLA2, MLA3.
l. Understand and Implement public health laws	Trace one case study, from the list available in public domain, relating to violation of any one of the public health laws and discuss in detail the tenets of the law.	Report of case study on public health law.
m. Promote and establish partnerships - partnering with community, Panchayati Raj institutions, public private partnerships, NGOs and corporate sector	One activity partnering with any of the NGOs, Corporate sector or private hospital in any aspect of national program or community project.	Report on Community, partnership project and its outcome. EPI3b2
n. Recommend policies relevant for the local community		

6. Ethics in Public Health

Skill	Activity	Quality Assessment
a. Identify and analyze ethical issues in public health practice, biological and medical research, and health policy with reference to the codes and regulations pertinent to clinical and research ethics	As a component activity for ALL the research activity undertaken.	Report on ethical issues in research conducted. EPI4d
b. Identify the beliefs and interests of stakeholders and their impact on ethical decision making in professional and research practice including those of public concerns.		Report on how interests of stake holders can influence conduct of the research planned by you and the ethics of it. EPI4e

MD COMMUNITY MEDICINE
TRAINING SCHEDULE ENSURING COVERAGE OF LEARNING OBLECTIVES.
(Suggested)
FORENOON CLINICAL SESSIONS

Month	I st year Postings	II nd year Postings	III rd year Postings
1	ObG/ Family planning HC1, HC2	PHC – 1 MLA3	Mentor for UG C2
2	Paediatrics HC3	PHC – 2 MLA3	Mentor for UG C2
3	Medicine HC5	Inst. Of Phys. Rehab/ NLEPHC4	PHC -1 MLA5
4	Psychiatry/ Geriatrics HC3	NRHM/ Health InsuranceEPI3b3	PHC – 2 MLA6
5	Diabetology Research 3	Data collection for dissertation Research 1	O/o Deputy Director of Hlth Services MLA8, MLA9
6	ICH Nutrition HC3	Corporation of Chennai MLA8, MLA9	UHC Research 5 EPI3b3
7	Dermatology/ Dental Hospital Administration MLA1	Communicable Diseases Hospital (CDH) PH3	PHC – 3 MLA7
8	Ophthalmology/ENTH C5	UHC PH1	UHC
9	PHC – 1	PHC – 3 MLA4	Department of Community Medicine.
10	PHC – 2 MLA2	ART/NIRT/RNTCP HC4	
11	PHC – 3 MLA2	Social Welfare/ Social Rehab PH2	
12	UHC MLA2	Special Vists Port/ Occupational health PH2	

AFTERNOON SESSIONS

Day	I year MD Community Medicine	II year MD Community Medicine	III year MD Community Medicine
Monday	Teaching Technology – Guided Practice of UG teaching - **C1a**	Epidemiology - **EPI5**	8 mths: Health care delivery 2 mths: International health 2 mths: Bio Ethics
Tuesday	Case Presentation - **HC1a, HC1b**	Teaching UG / Research – Guiding Data collectn & scrutiny: C1b	Health administration
Wednesday	Seminar/ Journal club/ Family Study/ Management Case Study - **C1a, EPI1, PH1c.**		
Thursday	3 mths: Social &behavioral science 3 mths: Environmental Health 3 mths: Medical Entomology 3 mths: Bio statistics	9 mths: Health care of special groups 3 mths: Nutrition	4 mths: Health Financing & Health Economics 8 mthsTeaching UG/ Legal Aspects of health
Friday	Research methodology & Protocol development- **EPI4c**	6 mths Occupational Health 6 mths Disaster Management/ Injury	National Health Programs
Saturday	**1st**week - Log book evaluation by faculty i/c; PGs /Formative evaluation HOD in rotation.	**3rd**week – Special Lectures for **4th** week – Log book evaluation by	

During II[nd] year, the Students are encouraged to undergo special postings for learning new advanced techniques / procedure / skills in institutions of higher repute where the requisite facilities are available without affecting the duties of theparent department.

7. Evaluation of the candidates in both theory and practical aspects willhelp the candidate in improvement of his/her knowledge, skills and attitude.

8. Competency Assessment:

OVERALL:

a) Communication / commitment / Contribution / () Compassion towards patients and Innovation () 5 Marks

b) Implementation of newly learnt techniques/skills ()

Number of cases presented in Clinical Meetings/ Journal clubs/seminars - 5 marks

Number of Posters/Papers presented in Conferences/ Publications and Research Projects - 5 marks

No. of Medals / Certificates won in the conference / Quiz competitions and other academic meetings with details. - 5 marks

Total 20 Marks

PG CLINICAL COURSES

VIVA including Competency Assessment - 80 Marks (60 + 20)

Log Book - 20 marks

ASSESSMENT SCHEDULE IS AS FOLLOWS

Year of study	Period				Total Max.20 marks
I year	Upto Dec	10 marks	Upto June	10 marks	20 Marks
II year	Upto Dec	10 marks	Upto June	10 marks	20 Marks
III year	Upto Oct	10 marks	Upto Feb	10 marks	20 Marks
	AVERAGE				20 Marks

Viva Voce examination shall aim at assessing thoroughly depth of knowledge, logical reasoning, confidence and oral communication skills. It includes discussion on dissertation.

9. DISSERTATION AND UNIVERSITY JOURNAL OF MEDICAL SCIENCES

As per the 49th SAB Resolution under Point No. 2 and in the 52nd SAB it was reiterated regarding the topic for dissertation

The topic for the dissertation should be registered and sent to the University after Ethics Committee approval before 31st of December of the first Post Graduate Year. Only one change of topic with proper justification from the Head of the Department is permitted before 31st March of the first Post Graduate Year. The change of dissertation title will not be permitted after 31st March of the First Post Graduate Year. This modification in regulation will be scrupulously followed from the academic year 2015-16 admission onwards.

As per Medical Council of India Post Graduate Medical Education Regulations 2000 (amended upto 10th August 2016)clause 13.9 A Postgraduate student of a Postgraduate degree Course in broad specialties/Super Specialties would be required to present one poster presentation to read one paper at a National/State conference and to present one Research paper which should be published/accepted for publication/sent for publication during the period of his Postgraduate studies so as to make him eligible to appear at the Postgraduate Degree Examination.

As per MCI Clause 14 (4)(a), thesis shall be submitted atleast 6 Months before the Theory and Clinical/Practical Examination.

A candidate shall be allowed to appear for the Theory and Practical/Clinical Examination only after the acceptance of the Thesis by the Examiners.

The periodical evaluation of dissertation/log book should be done by the guide / HOD once in every six months. The HOD should ensure about the submission of dissertation within the stipulated time.

Regarding submission of articles to the University Journal of Medical Sciences for all the PG Degree/Diploma courses, it is mandatory that the students have to submit at-least one research paper. Case Reports are not considered as Research Paper

Assessment:

There are 2 major components:

A) Formative Assessment : Ongoing evaluation during the course –

During each posting/ Module, learning activities are evaluated as given in the activity log, by faculty in charge at the end of each month and by HOD once every 3 months.

B) Summative Assessment: Final assessment after 3 years.

A. FORMATIVE ASSESSMENT/ (Ongoing Evaluation)

Formative assessment will be conducted during each posting/module/unit. This will include the following:

1. HEALTH CARE through documented case study reports with follow up.

2. PUBLIC HEALTH PROMOTION AND DISEASE PREVENTION through survey ofhamlet and details of COMMUNITY DIAGNOSIS and recommendations provided.

3. EPIDEMIOLOGY& BIOSTATISTICS through solutions worked out for various simulation exercises, and epidemiology studies completed as research for dissertation, e journal publication, oral presentation at a conference and poster presentation.

4. EDUCATION TECHNOLOGY & Behavioral Change Communication through health communication to a special group and documented lesson plans for undergraduate classes

5. PUBLIC HEALTH POLICY, PLANNING, LEADERSHIP AND MANAGEMENT through Their analytical report and recommendations of the different componentsof management at the public health care units they are posted.

B. SUMMATIVE ASSESSMENT (FINAL ASSESSMENT)

10) THEORY EXAMINATION

Final Theory papers: 4 Papers each 100 marks

Paper I:	Conceptual (and applied) understanding of Public Health, Community Medicine, Communicable and Non- Communicable diseases, emerging and re-emerging diseases, Applied Epidemiology, Health research, Bio-statistics.
Paper II:	Nutrition, Environmental Health, Primary Health Care system, Panchayat Raj system, National health Programs, RCH, Demography and Family Welfare, Health Care Administration, Health Management and Public Health Leadership.
Paper III:	Social & Behavioral sciences- applied aspects, Scientific communications & Medical writing, Research Methodology, Public Health Legislations, International Health & Global Diseases surveillance.
Paper IV:	Health Policy planning, Medical Education technology, Information Technology, Integration of alternative Health system including AYUSH, Occupational Health, Recent advances in Public Health & Miscellaneous issues, Health Economics.

Question paper pattern: PAPER I, II, III & IV

Structured Essay Questions -	2 x 15 Marks = 30 MarksShort	
Notes	- 10 x 5 Marks	= 50 Marks
Reasoning out	- 4 x 5 Marks	= 20 Marks
		100 Marks

*****The topics assigned to the different papers are given as general guidelines. A strictdivision of the subjects may not be possible. Some overlapping of topics is inevitable. Students should be prepared to answer the overlapping topics.

11) PRACTICAL

Practical/Clinical and oral examination:
The practical examination should be conducted over two days, not more than 8 postgraduate students per batch, per day as follows :

1. One long Family case from the community:
Socio-economic, demographic, cultural and holistic history taking, of the family to understand the various risk factors affecting health and quality of life, assessment of social support system, assessment of present morbidity and its implications, evolve interventions for medical relief and social empowerment and role of family, community and primary health care system in resolving family issues. This shall be conducted preferably in the community setting.

2. One long Case (30 minutes), 2 short cases (20 minutes each) –
Cases withCommunicable Diseases
Students will elaborate on clinico-epidemiological case history to assess the epidemiological factors, precipitating factors, probable source of infection and evolve measuresfor diagnosis, treatment, management with reference to the case as well as major public healthconcerns, i.e. Control, prevention of the diagnosed disease and interventions in case ofeminent outbreak / epidemic situations. Short cases may be assessed without presentation ofdetailed history, beginning with Differential Diagnosis in the given time.

3. Epidemiology and Statistics problem-solving
exercises (5):(Epidemiological – 3, Statistical – 2)

4. Public Health Spots (5) : including interpretation of analytical reports of water, food,environmental assessment and public health micro-biology

5. Viva-voce Examination
Oral/ Viva-Voce Examination shall be comprehensive enough to test the postgraduate student's overall knowledge of the subject.

TOPICS	Exercises	MARKS
CLINICO SOCIAL EXAMINATION	FAMILY STUDY :	60 MARKS
	Intervention for Social Empowerment (Pedagogy)	20 marks
	One Long case	40 Marks
PUBLIC HEALTH SKILLS	2 short cases	50 marks
EPIDEMIOLOGY BIO STATISTICS EXERCISE	Epidemiology and Statistics problem-solving exercises (5): 10 marks each	50 marks
OSCE (PUBLIC HEALTHCHEMISTRY) PH MICRO, MEDICAL ENTOMOLOGY, RCH SKILLS	Public Health Spots (5)4 marks each	20 marks
VIVA		60 Marks
	TOTAL	**300Marks**
	Passing minimum	**150 marks**

	Forenoon	Afternoon
DAY 1	**Family StudyLong case**	**2 Short cases (pedagogy as part of family Study)**
DAY 2	**Epidemiological ExerciseOSCE Log Book Evaluation Dissertation Discussion**	**VIVA**

The practical examination should be structured and as objective as possible			
A. Family study		(60 minutes)	80 marks
Structured Assessment			
1.	Oral skills/presentation with clarity of observations and decisions		20 marks
2.	Comprehensiveness of Diagnosis		20 marks
3.	Management based on related National Programs and Policies		20 marks
4.	Completeness of AppropriateRecommendations		20 marks

B. Epidemiology with applied biostatistics simulation exercises **(60 minutes) 50 marks** Exercises to test competency in statistics and its application in demography, RCH indicators, study designs, screening and diagnostics, materials management, money management, environment & entomology.

12. Log Book

The logbook is a record of the important activities of the candidates during his training. Collectively, log books are a tool for the evaluation of the training program of the institution by external agencies. The record includes academic activities as well as the presentations and procedures carried out by the candidate.

The Postgraduate students shall maintain a record(log)book of the work carried out by them and the training program undergone during the period of training.

Periodic review of Log book and Dissertation have to be done in the Department by guide/HOD once in every 6 month**s**

13. VIVA

G1. VIVA-VOCE **including Competency Assessment 60 marks (40 marks+20marks)**

14. OSPE: 5 stations with checklists **(10 minutes for each) 20 marks**

Stations should evaluate competency relating to Public Health Entomology/ Microbiology/ Communication Skills/ Epidemiology and Research/ Environment Assessment (Public Health Chemistry)/ Clinical Diagnosis of Diseases of PublicHealth Importance

16. REFERENCE BOOKS:

Recommended reading:

Books

1. Public Health and Preventive Medicine (Maxcy-Rosenau-Last PublicHealth and Preventive Medicine) by Robert B. Wallace
2. Basic Epidemiology. R Bonita, R Beaglehole, T Kjellstrom. World HealthOrganization Geneva.
3. Epidemiology by Leon Gordis.
4. Oxford Textbook of Public Health. Holland W, Detel R, Know G.
5. Practical Epidemiology by D.J.P Barker
6. Park's Textbook of Preventive and Social Medicine by K.Park

7. Principles of Medical Statistics by A. Bradford Hill
8. Interpretation and Uses of Medical Statistics by Leslie E Daly, Geoffrey JBourke, James MC Gilvray.
9. Epidemiology, Principles and Methods by B. MacMahon, D. Trichopoulos
10. Hunter's Diseases of Occupations by Donald Hunter,PAB Raffle,PH Adams,Peter J. Baxter,WR Lee.
11. Sathe PV and Sathe AP Epidemiology and Management for Health Care for All.
12. Vaccines by Stanley A. Plotkin.
13. All reports and documents related to all National Programmes from the Ministry of Health and Family Welfare.
14. National Health Programs of India 12th edition,by J. Kishore, Century Publication
15. Survey methods in community medicine – J.H Abramson
16. Principles of health care and management- Seth B. Goldsmith
17. A dictionary of public health – John M. Last
18. Infectious disease epidemiology 2nd edition – Kenrad E. Nelson
19. Biostatistics – The bare essentials 2nd edition – Norman streiner.

**** Note : The editions are as applicable and the latest editionsshall be the part of the syllabi.**

17.JOURNALS

National

a) Indian Journal of Community Medicine
b) Indian Journal of Public Health
c) Indian Journal of Community Health
d) Journal of Communicable Diseases
e) Indian Journal of Maternal and Child Health
f) Indian Journal of Preventive and Social Medicine
g) Indian Journal of Occupational Health and Industrial Medicine
h) Indian Journal of Medical Research
i) Indian Paediatrics
j) Indian Journal of Paediatrics
k) The National Medical Journal of India
l) Journal of Vector Borne Diseases (previously Indian Journal of Malariology)
m) Indian Journal of Environmental Health
n) Indian Journal of Medical Education
o) Journal of Indian Medical Association
p) Journals of Medicine, Paediatrics, Obstetrics and Gynecology, Dermatology and Venereology, Leprosy, Tuberculosis and ChestDiseases
q) Indian Journal of Dental Research

International

a) WHO Publications – All
b) Tropical Diseases Bulletin
c) Vaccine
d) Lancet
e) British Medical Journal
f) New England Journal of Medicine.
g) BMC infectious diseases
h) The Journal of Communicable Diseases
i) Journal of Travel Medicine: official publication of the International Society ofTravel Medicine and the Asia Pacific Travel Health Association
j) The Lancet infectious diseases
k) American Journal of Epidemiology
l) International Journal of Epidemiology
m) American Journal of Public Health
n) Journal of Epidemiology and Community Health
o) Population Reports
p) The American Journal of Clinical Nutrition
q) MMWR. Morbidity and mortality weekly report
r) MMWR. Recommendations and reports: Morbidity and mortality weeklyreport Recommendations and reports / Centers for Disease Control
s) MMWR. Surveillance summaries: Morbidity and mortality weeklyreport surveillance summaries / CDC
t) Quality Management in Health Care
u) Journal of Public Health Management & Practice.
v) International Journal of Rehabilitation Research
w) The Health Care Manager
x) Health Care Management Review
y) Current Opinion in Endocrinology, Diabetes and Obesity

Useful Websites

a) www.icmr.nic.in
b) www.mohfw.nic.in
c) www.nacoonline.org
d) www.npspindia.org
e) www.tbcindia.org
f) www.iapsm.org.in
g) www.iphaonline.org
h) www.who.int
i) www.whoindia.org
j) www.cdc.gov
k) www.unicef.org
l) www.pitt.edu/~super1 (supercourse epidemiology)
m) https://dish.tn.gov.in (Directorate of Industrial Safety and Health)
n) https://nrhm-mis.nic.in (HMIS, NRHM web portal)

LOG BOOK

BRANCH XV - M.D. (COMMUNITY MEDICINE)

LOG BOOK PART I : DAILY ACTIVITIES

DEPARTMENT OF COMMUNITY MEDICINE

_____MEDICAL COLLEGE

PHOTO

NAME OF THE CANDIDATE: _____

UNI. REGISTER NUMBER : _____

TRAINED FROM_____TO_____

DATE:___/____/ 20___

SIGNATURE OF THE HOD

Introduction for Logbook

(To be included as 1 st page of logbook)

The log book is a record of the important activities of the candidates, during their training towards achievement of learning objective. It is a tool for the evaluation of the training program of the institution by external agencies. It is presented as two components one as a daily diary and the other as categorised activities.

The activities are categorised and coded as per specific learning objectives. The time table gives a rough guideline by highlighted 'codes' wherein the activity should be recorded.

A bound register may not give freedom of expression to the student Maintaining each coded category in standard sheets in different folders would help manage activities performed over varying time periods.

The final presentation of log book should be in bound form all the folders maintained during the three years of study.

LOG BOOK – PART – I

S. No.	Date		Department	No. of Days on leave	Signature
	From	To			

Sig. of Professor/Associate Professor **Sig. of HOD**

POSTINGS DETAILS (SECOND YEAR)

S. No.	Date		Department	Signature
	From	To		

Sig. of Professor/Associate Professor **Sig. of HOD**

POSTINGS DETAILS (THIRD YEAR)

S. No.	Date		Department	Signature
	From	To		

Sig. of Professor/Associate Professor **Sig. of HOD**

DETAILED DAILY ACTIVITY SHEET Page : MONTH :_____20 YEAR : I / II / III

S. No.	Day	Session	Activity	Signature of Faculty Remarks
		FN		
		AN		
		FN		
		AN		
		FN		
		AN		
		FN		
		AN		
		FN		
		AN		
		FN		
		AN		
		FN		
		AN		

Sig. of Professor/Associate Professor **Sig. of HOD**

LOG BOOK – PART - II

	CATEGORISED ACTIVITY - CONTENTS	
S.No	DETAILS	PAGE NO
	HEALTH CARE	
HC1a	CLINICO-SOCIAL CASE STUDIES (Presented)	
HC1b	CLINICO-SOCIAL CASE STUDIES (Attended)	
HC2.	ANTENATAL CLINIC / LABOUR WARD / POSTNATAL CLINIC/	
	FAMILY PLANNING CLINIC	
HC3.	PAEDIATRIC CLINIC/ ADOLESCENT CLINIC/ GERIATRIC CLINIC	
HC4.	RNTCP CENTRE/ STI CLINIC/ ART CENTRE/ DERMATOLOGY	
	CLINIC	
HC5	NCD CLINIC/ OPHTHALMOLOGY CLINIC	
	PUBLIC HEALTH CARE	
PH1	COMMUNITY DIAGNOSIS	
PH2	PLACES OF PUBLIC HEALTH IMPORTANCE - VISITED	
PH3	OTHER PUBLIC HEALTH ACTIVITIES	
	EPIDEMIOLOGY	
EPI1a	JOURNAL ARTICLE PRESENTED	
EPI1b	JOURNAL CLUBS ATTENDED	
EPI2	PAPER / POSTER PRESENTATIONS	
EPI3a	LIST OF PUBLICATIONS	
EPI3b	PROJECTS ASSISTED	
EPI4	TIMELINE OF DISSERTATION/THESIS ACTIVITIES	
EPI5	SIMULATION EXERCISES	
	COMMUNICATION AND EDUCATION TECHNOLOGY	
C1a	UNDER GRADUATE CLASSES ATTENDED	
C1b	PAEDAGOGY SESSIONS	
C1c	UNDER GRADUATE CLASSES TAKEN	
C2	UNDER GRADUATE BLOCK POSTINGS (Community Orientation	
	Program)	
C3a	SEMINARS (PRESENTED)	
C3b	DEPARTMENT SEMINARS ATTENDED	
C4	TRAINING / HEALTH EDUCATION/ COUNSELING SESSIONS	
	CONDUCTED / ATTENDED	
C5	CONTINUED MEDICAL EDUCATION PROGRAMS (ATTENDED)	
C6	GUEST LECTURE- ATTENDED	

HEALTH CARE

HC1a. CLINICO-SOCIAL CASE STUDIES (Presented) (minimum 15) Page: _____

			Observation *			Name and
					Grade**	sign
						moderator
S.No Date	Cases	I	II	III	IV	
	presented***	(Clarity &	presentation	content	Handouts	
		organisation)	style,ability			
			to answer			
			questions			

*Scores:5-outstanding ;4-good ;3-satisfactory; 2- doubtful; 1-unsatisfactory **Grade: (total score) A:18-20; B:15-17; C:10- 14 ;D:<10

*** Detailed case study to be documented along with health advice for each casestudy in GATHER format.

HC1b. CLINICO-SOCIAL CASE PRESENTATIONS (Attended) Page: ____

S.No.	Date	Cases presented by	Cases	Sign of Faculty

Health care of special groups: Knowledge acquired and activities undertaken to be given as a structured essay, including details of period, place of posting and guiding faculty, for the following clinics:-

HC2. Antenatal Clinic / Labour ward / Postnatal Clinic/ Family Planning Clinic HC3. Paediatric clinic/ Adolescent clinic/ Geriatricclinic
HC4. RNTCP Centre/ STI Clinic/ ART Centre/ Dermatology clinic HC5. NCD Clinic/ Ophthalmology Clinic

EPIDEMIOLOGY

Epi 1a.JOURNAL ARTICLE PRESENTED Page: _____

					Observation				Grade**	Sig. Of Faculty			
S.No.	Date	Journal Ariticle presented	Journal Name	Valume, Year, Page	I (Clarity & Organisation)	II Presentations style, ability to answer questions	III Content	IV Hand outs					

Scores:5-outstanding ;4-good ;3-satisfactory; 2-doubtful; 1-unsatisfactory
**Grade: (total score) A:18-20; B:15-17; C:10-14 ;D:<10

Epi1b. JOURNAL CLUBS ATTENDED Page : _____

S. No	Date	Presented by	Journal Article presented	Journal Name	Volume, Year, Page	Sig. Of moderator

Epi 2. PAPER / POSTER PRESENTATIONS Page: _____

S.No.	DATE	TYPE	TOPIC	Name of the conference / Place	CREDITS	Awarded by	Sig. of Faculty
		PAPER / POSTER				TMC TN Dr. MGRMU Others :	

Epi 3a. LIST OF PUBLICATIONS Page: _____

S.No.	Journal	Title of the Paper	Authors	Year, Volume & Page No.	Sig. of Faculty

Epi 3b. PROJECTS ASSISTED Page:

S. No	Name of the Team members	TOPIC	Outcome	Sig. Of faculty
1		Department Workshop/ Health Day Celebration/		
2		Community partnership project		
3		Health economics research activity		
4		Research evaluating different health		
		communication strategy		
5		Research validating a screening test		

Epi 4. Timeline of dissertation/thesis activities

Date	Activity	Status	Sign. of Co-guide	Signature of Guide
	Research Methodology Training			
	Choice of Topic			
	Protocol draft			
	Analytical report on ethical issuesin current research			
	Anticipatory analysis of how interest of state holders can influence conduct of research.			
	Protocol – presentation at department			
	Ethics Committee approval of protocol			
	Preparatory activities (permissions, print of forms, identifying liaison worker)			
	Data collection			
	Data entry & analysis			
	Final Report			

Epi 5. Simulation Exercises on epidemiology study designs/ management/ economics/ computer skills

S.No.	Category	No. of exercises worked out	Signature of Faculty
	Summarising indices		
	Graphs and Tables		
	Probability		
	Cross Sectional Studies		
	Analytical and interventional studies		
	Screening and diagnostic tests		
	Public health environment / entomology / Nutrition		
	Indicators of maternal, Child health and family welfare		
	Material and Financial Management		
	Computer Technology skills for data management		

PUBLIC HEALTH CARE

PH1. COMMUNITY DIAGNOSIS- CD

S.No.	Details	Report enclosed	Faculty sign
a.	Location		
b.	Total No. Of families		
c.	Families with detailed family study		
d.	Community diagnosis based on survey		
e.	Risk groups identified with justification		
f.	Nutritional assessment indicators		
g.	Lifestyle assessment report		
h.	Assessment of environmental factors		
i.	Existing surveillance system of the region		
j	Elements of disaster preparedness based on CD		
k	Educational diagnosis based on survey		

PH2. PLACES OF PUBLIC HEALTH IMPORTANCE – VISITED Page: _____

S. No	Institute name , Place	Subjects learned	Sig. of faculty

PH3. OTHER PUBLIC HEALTH ACTIVITIES (Epidemic management, Evauation) Page: _____

S. No.	Date	Place	Activity	Sig. of faculty

COMMUNICATION AND TEACHING

C1a.UNDER GRADUATE CLASSES ATTENDED (as demonstration of communication sills) Page : _____

S. No.	Date	Topic	Sig. of faculty

C1b. PAEDAGOGY SESSIONS (as guided practice)

S. No.	Date	Topic	Students / Audience	Specific Skill

C1c. UNDER GRADUATE CLASSES TAKEN (independent practice) Page : _____

S. No.	Date	Year	Topic *	Sig. of faculty
		I / II / III / CRRI others _____		
		I / II / III / CRRI others _____		

* Detailed lesson plan for classes taken to be given

C2. UNDER GRADUATE BLOCK POSTINGS (Mentorship to UG) Page :_____ (Community Orientation Program)

S. No.	Date	Activities	Sig. of faculty

C3a. SEMINARS (PRESENTED) Page: _____

			Observation				Grade**	Name andsign moderator
S. No.	Date	Topics presented	I (Clarity & Organisation)	II Presentation sstyle, ability toanswer questions	III Content	IV Hand outs		

*Scores:5-outstanding ;4-good ;3-satisfactory; 2-doubtful; 1-unsatisfactory
*Grade: (total score) A:18-20; B:15-17; C:10-14 ;D:<10

C3b. SEMINARS ATTENDED Page: _____

S.No	Date	Department UG/PG	Topic	Presented by	Sig. of faculty

C4. TRAINING / HEALTH EDUCATION/ COUNSELING SESSIONS CONDUCTED / ATTENDED Page : _____

S.No	Date	Place	Partipants	Topic *	Sig. of faculty
		URBAN / RURAL			
		URBAN / RURAL			

* Document group sessions, stating the steps of Set Induction, Content/ Messageof Communication, Motivators and System support during trial behavior

S.No	Date	Topic	Department / Place	Credits	Awarded by	Sig. of faculty
					TN Dr. MGR MU Others :	

C5. CONFERENCES / WORKSHOP / NATIONAL SEMINARS ATTENDED Page: ____

C6. GUEST LECTURE- ATTENDED Page: _____

S.No	Date	Place	Topic	Name of the GUEST Lecturer	Sig. of faculty

MANAGEMENT/ LEADERSHIP AND ADMINISTRATION

Knowledge acquired and activities undertaken to be given as a structuredessay, including details of management component analysed, with recommendations for problem solving period, place of posting and guiding faculty, for the following management perspectives:-

MLA1. Hospital Management
MLA2. OUT REACH CLINICS-RURAL / URBAN - National Program 1,2,3 MLA3.
OUT REACH CLINICS-RURAL / URBAN – National Program 4 & 5.
MLA4. OUT REACH CLINICS-RURAL / URBAN – Materials Management.
MLA5. OUT REACH CLINICS-RURAL / URBAN – Health manpower development MLA6. OUT REACH CLINICS-RURAL / URBAN – Health Management Information System.MLA7. OUT REACH CLINICS-RURAL / URBAN – Health centre evaluation

MLA8. MEDICAL AUDITS/ Infant Death Audit/ Maternal Death Audit (Attended) Page: _____

SL. NO.	DATE	AUDIT	Sig. of moderator

MLA9. REVIEW MEETINGS (CONDUCTED/ATTENDED) AS PART OF MANAGEMENT TRAINING Page : _____

Sl. No.	Date	Participants (CRRI / PG)	Topic	Sig. of faculty

POST GRADUATE CLASSES ATTENDED Page : _____

Sl. No.	No. of Sessions	Topic *	Class Taken by	Sig. of faculty

* Detailed schedule with dates of sessions to be available.

COURSES ATTENDED

Sl. No.	Date	Topic	Department / Place	Credits	Awarded by	Sig. of faculty
					TN Dr. MGRMU Others :	
					TN Dr. MGRMU Others :	

ANNEXURE – 1

Evaluation format for seminar presentations

	COMMENTS	SCORE
I. CLARITY & ORGANISATION: a) Begins by stating importance of topic, objectives & previewing main points. b) Presents 2 to 5 points clearly with supporting examples. c) Uses instructional resources d) Summarizes to achieve closure.		
II. PRESENTATION STYLE: a) Exhibits enthusiasm and stimulates interest in topic. b) Uses well modulated, clearly articulated speaking voice c) Presents without disturbing mannerisms d) Able to understand the questions and give appropriate answers		
BI. CONTENT: a) Organises content logically b) Uses up-to-date materials and references c) Presents content at appropriate level of complexity and quantity		
IV. HANDOUTS: Prepares appropriate supplementary resources		
TOTAL SCORE		

Scores: 5-Outstanding;4-Good;3-Satisfactory;2-Doubtful;1-Unsatisfactory
** Grade: (Total Score) A:18-20; B-15-17; C-10-14; D-<10

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