

Department of PSM

S.No.	Designation	Name
1	Associate Professor	1. Dr Vassem Naheed Baig 2. Dr Shweta Mangal
2	Assistant Professor	1. Dr Manisha Malik 2. Dr Arvind Kumar 3. Dr Indu Mohan 4. Dr Anju Middha 5. Dr Suman Meena
3	Statistician cum Assistant Professor	1. Mr Sarvesh Kumar
4	Senior Demonstrator / Tutor	1. Dr Sweta Tikkiwal 2. Dr Asha Sharma 3. Dr Dharmendra Rawat
5	Medical Officer	1. Dr Mahendra Khatri
6	LMO	1. Dr. Ritumbhara 2. Dr Priya Charan

About Department

Training of Community Medicine will be undertaken during pre clinical (Phase I), para clinical (Phase II) and Clinical (Phase III). It will be from I & II (Phase I), III & IV (phase II) and VI and VII semesters in (phase III).

Goal: The broad goal of the teaching of undergraduate students in Community Medicine is to prepare them to function as community and first level physicians in accordance with the institutional goals.

Objectives: During the training, students should acquire knowledge and skills so that he can practice the community medicine after the graduation. After the completion of training, student will acquire the following knowledge and skills

□ **KNOWLEDGE** The student shall be able to:

1. Explain the principles of sociology including demographic population dynamics;
2. Identify social factors related to health, disease and disability in the context of urban and rural societies;
3. Appreciate the impact of urbanization on health and disease;
4. Observe and interpret the dynamics of community behaviour;
5. Describe the elements of normal psychology and social psychology;
6. Observe the principles of practice of medicine in hospital and community setting;
7. Describe the health care delivery system including rehabilitation of the disabled in the country;
8. Describe the National Health Programmes with particular emphasis on maternal and child health programs, family welfare planning and population control.
9. List epidemiological methods and describe their application to communicable and non-communicable diseases in the community or hospital situation.
10. apply biostatistical methods and techniques;
11. Outline the demographic pattern of the country and appreciate the roles of the individual, family, community and socio-cultural milieu in health and disease.
12. Describe the health information systems.

13. Enunciate the principles and components of primary health care and the national health policies to achieve the goal of 'Health for All'.
14. Identify the environmental and occupational hazards and their control.
15. describe the importance of water and sanitation in human health
16. To understand the principles of health economics, health administration, health education in relation to community.

□ **SKILLS** At the end of the course, the student should be able to make use of:

1. Principles of practice of medicine in hospital and community settings and familiarization with elementary nursing practices
2. Art of communication with patients including history taking and medico-social work
3. Use epidemiology as a scientific tool to make rational decisions relevant to community and individual patient intervention
4. Collect, analyse, interpret and present simple community and hospital based data
5. Diagnose and manage common health problems and emergencies at the individual, family and community levels keeping in mind the existing health care resources and in the context of the prevailing socio-cultural beliefs.
6. Diagnose and manage maternal and child health problems and advise a couple and the community on the family planning methods available in the context of the national priorities.
7. Diagnose and manage common nutritional problems at the individual and community level.
8. Plan, implement and evaluate a health education programme with the skill to use simple audio-visual aids.
9. Interact with other members of the health care team and participate in the organization of health care services and implementations of national health programmes.

□ **Integration** Time to time as and when required there is integrated teaching for overall knowledge and skill development for particular area.

Teaching of community medicine should be both theoretical as well as practical. The practical aspects of the training programme should include visits to the health establishments and to the community where health intervention programmes are in operation.

HEAD OF DEPARTMENT MESSAGE –

Department shall try to their best to fulfil stated goals and objectives. Apart from these development will try to overall development of students with due care like solving personal problems , tender care and active watch on their behaviour.

FACILITIES IN THE DEPARTMENT: All Facilities as per MCI norms

COMMUNITY MEDICINE TEACHING PLAN SUBJECT CURRICULUM

Subject of Community Medicine will be covered in phase I, II & III. **Phase I (I & II semester):** Detailed curriculum will include 40 hours of lectures, demonstrations, seminars etc. together with 10 visits of two hours each. **Phase II (III & IV semesters) & Phase III (VI & VII semesters) • 184 hours of teaching including two 4 weeks**

community posting of 3 hours each (144 hours) and 40 hours of teaching including lectures – once a week in III & IV semesters respectively. • Another 152 hours teaching including one 4 weeks community posting of 3 hours each (72 hours) and 40 hours of lectures (once a week in VI and VII semesters) and 40 hours (two hours – once a week practical) in VI semesters. Hence total teaching in Community Medicine is of 396 hours.

Clinical postings of three hours duration daily in Community Medicine

Subjects	3rd Sem (Wks) II/I	4th Sem (Wks) II/II	5th Sem (Wks)	6th Sem (Wks) III/I	7th Sem (Wks)	8th Sem (Wks)	9th Sem (Wks)	Total (Wks)
Community Medicine	4	4th Sem (Wks) II/II	4	-	4	-	-	12

EXAMINATION PATTERN

Essentialities for qualifying to appear in professional examinations The performance in essential components of training are to be assessed, based on:

(1) **ATTENDANCE** 75% of attendance in a subject for appearing in the examination is compulsory provided he/she has 80% attendance in non lecture teaching. i.e. seminars, group discussions, tutorials, demonstrations, practical, Hospital (Tertiary, Secondary, Primary) postings and bed side clinics, etc.

(2) Internal Assessment:

1. It shall be based on day to day assessment, evaluation of student assignment, preparation for seminar, clinical case presentation etc.
2. Regular periodical examinations shall be conducted throughout the course.
3. Day to day records will be given importance during internal assessment
4. Weightage for the internal assessment shall be 20% of the total marks
5. Student must secure at least 35% marks of the total marks fixed for internal assessment in order to be eligible to appear in final university examination.

Note: Internal assessment shall relate to different ways in which student's participation in learning participation in learning process during semesters in evaluated. Some examples are as follows:

1. Preparation of subject for student's seminar.
2. Preparation of a clinical case for discussion.
3. Clinical case study/problem solving exercise.
4. Participation in Project for health care in the community (planning stage to evaluation).
5. Proficiency in carrying out a practical or a skill in small research project.
6. Multiple choice questions (MCQ) test after completion of a system/teaching. Each item tested shall be objectively assessed and recorded. Some of the items can be assigned as Home work/Vacation work.

(3) UNIVERSITY EXAMINATIONS: It will be conducted in the Seventh Semester of Phase III, along with subjects of Ophthalmology and, Otorhinolaryngology. It will be conducted in theory and practical Theory papers will be prepared by the examiners. Nature of questions will be short answer type/objective type and marks for each part indicated separately. Practical/ clinical will be conducted in the laboratories or hospital wards. Objective will be assess proficiency in skills, conduct of experiment, interpretation of data and logical conclusion. Clinical cases should preferably include common diseases not esoteric syndromes or rare disorders. Emphasis should be on candidate's capability in eliciting physical signs and their interpretation. Viva/oral includes evaluation of management approach and handling of emergencies. Candidate's skill in interpretation of common investigative data, x-rays, identification of specimens, ECG, etc. also is to be evaluated. The examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary for knowledge, minimum skills along with clear concepts of the fundamentals which are necessary for him to carry out his professional day to day work competently. Evaluation will be carried out on an objective basis. Question papers should preferably be of short structure/objective type. There shall be one main examination in a year and a supplementary to be held not later than 6 months after the publication of its results. Universities Examinations shall be held as under (Includes problem solving, applied aspects of management at primary level including essential drugs, occupational (agro based) diseases, rehabilitation and social aspects of community).

- Oral (Viva) 10 marks
- Practical/Project evaluation 30 marks
- Internal assessment 40 marks, (Theory-20; Practical-20)
- Total 200 marks

Pass:

A candidate must obtain 50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% in practical **Details of subject to be covered:**

- History of Public Health in global and Indian contexts, evolution of health care,
- Concept of health and diseases, disease and health profile of developed & developing countries, Levels of prevention and modes of interventions
- Epidemiology both general and systemic covering various communicable and non communicable diseases especially those which are of importance in Indian context,
- Concept of screening and its practical applications,
- Various national health programs of India,
- Biostatistics, vital statistics, demography,
- Nutrition its role in health
- Social sciences in health and diseases, family its functions and role in health & disease, cultural factors influencing health
- Physical Environment and health
- Hospital waste management
- Occupational health for both organized and unorganized industries, related legislations
- Reproductive and child health– Preventive & Social Pediatrics, Social Obstetrics, Family Planning and related legislations,
- Genetic diseases especially of public health importance, prevention of their transmission
- Mental health
- Communication and Health education

- Health planning and management, public health administration,
- 1 Concept & evolution of health care of community
- International agencies in Health sector