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Practical Notebook Community Medicine

for Undergraduate MBBS Students

Name of the Candidate: _____

Name of the Institution: _____

_____

Suresh K Kotwal
Walied K Balwan

JAYPEE

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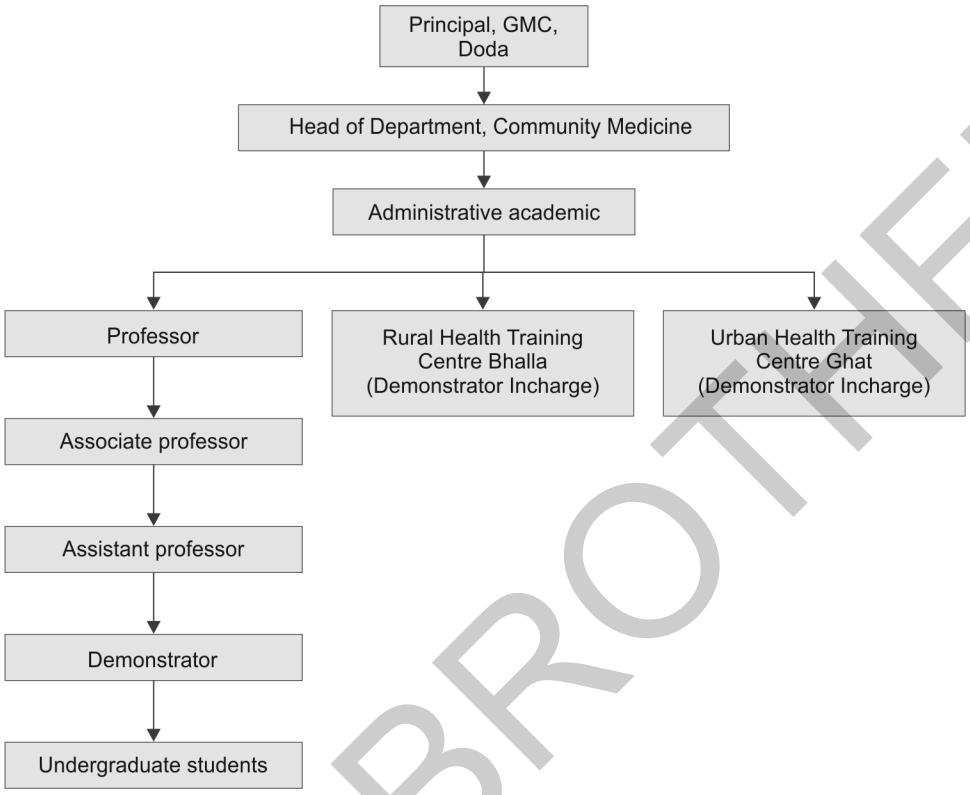
Organizational Layout



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Practical Examination for Preliminary Examination

Type of question	Level of assessment	No. of questions	Marks for each question	Total marks
Clinico-social case* (or multiple short cases)	Does/Performs			
Problem solving exercises	Shows how does/performs			
OSPE/OSCE	Shows how does/performs			
Spotters	Knows Knows how			
Viva	Knows Knows how			
	Total practical marks			

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*Break up of Marks–Clinico-social Case

Skill/assessment component	Marks
History taking	
Clinical examination and summary	
Management	
Case viva/internal assessment	
Total	

Essentialities

Eligibility to appear in professional examinations is based on:

Attendance

75% attendance in a subject for appearing in the examination is compulsory inclusive of attendance in non-lecture teaching, i.e., seminars, group discussions, tutorials, demonstrations, practical's, hospital (tertiary, secondary, primary) posting, etc.

Internal Assessment

- It shall be based on day-to-day assessment, evaluation of student assignment, preparation for seminar, clinico-social case presentation, etc.
- Regular periodical examinations shall be conducted throughout the course.
- Day-to-day records will be given importance during internal assessment.
- Weightage for the internal assessment shall be 20% of the total marks in each subject.
- Internal assessment shall relate to different ways in which student's participation in learning process during semesters in evaluated.
  - Preparation of a clinical case for discussion.
  - Clinico-social case study/problem solving exercise.
  - Participation in project for health care in the community (planning stage to evaluation).
  - Proficiency in carrying out a practical or a skill in small research project.

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2nd Year (3rd Semester)—Phase II (Competencies to be Covered)

CM 2.1	Describe the steps and perform a demographic assessment of the individual, family and community.
CM 3.5	Describe the standards of housing and the effect of housing on health.
CM 2.2	Describe the correct assessment of socioeconomic status. (Lecture)
CM 5.2	Describe and demonstrate the correct method of performing a nutritional assessment of individuals, families by using the appropriate method. (Lecture)
PE 9.5	Calculate the age-related calorie requirement in health and disease and identify the gap. (DOAP)
PE 9.4	Elicit, document and present an appropriate nutritional history and perform a dietary recall. (DOAP)
PE 9.4	Elicit, document and present an appropriate nutritional history and perform a dietary recall. (DOAP)
CM 2.3	Describe and demonstrate in a simulated environment the assessment of barriers to good health and health seeking behavior. (DOAP)
CM 2.1	Describe the steps and perform a socio-cultural assessment of the individual, family and community. (SGD)
CM 2.4	Describe the community behavior and community relationship and their impact on health and disease. (Lecture)
CM 5.6	Enumerate and discuss the national nutrition policy, important national nutrition programs including the Integrated Child Development Services (ICDS). (Lecture)
PE 1.4	Perform anthropometric measurements, document in growth charts and interpret. (DOAP)
CM 3.2	Demonstrate the water purification processes at water filtration plant. (DOAP)
CM1.6	Describe and discuss the concepts, the principles of health promotion and education, IEC and behavioral change communication (BCC).

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Schedule of Practical Sessions for Third Professional MBBS Students as Per New Curriculum

Competency	Topic
CM 8.3: Enumerate and describe disease specific national health programs including their prevention and treatment of a case.	Visit to ICTC Doda
CM 8.3: Enumerate and describe disease specific national health programs including their prevention and treatment of a case. CT 1.15: Prescribe an appropriate ant tuberculosis regimen based on the location of disease, smear positivity and negativity and comorbidities based on current national guidelines including Directly Observed Treatment Short-course (DOTS). PE 34.3: Discuss the various regimens for management of tuberculosis as per national guidelines.	Visit to DTC/TU Doda
CM 17.5: Describe health care delivery in India.	Briefing of sub-centre and RCH data collection field visit to sub-center, PHC, CHC and RCH data collection presentation of sub-center and RCH data collection, family, socio-economic status-tutorial.
PE 19.1: Explain the components of the universal immunization program and the sub-national immunization programs. PE 19.3: Vaccine description with regard to classification of vaccines, strain used, dose, route, schedule, risks, benefits and side effects, indications and contraindications.	Vaccine requirement calculation.
CM 14.1: Define and classify hospital waste. CM 14.2: Describe various methods of treatment of hospital waste.	Visit regarding biomedical waste management.
CM 5.8: Describe and discuss the importance and methods of food fortification and effects of additives and adulteration.	Visit to public health Lab to study food adulteration.
CM 2.1: Describe the steps and perform clinico socio-cultural and demographic assessment of the individual, family and community. CM 2.2: Describe the socio-cultural factors, family (types), its role in health and disease and demonstrate in a simulated environment the correct assessment of socio-economic status. CM 3.5: Describe the standards of housing and the effect of housing on health. CM 5.4: Plan and recommend a suitable diet for the individuals and families based on local availability of foods and economic status, etc in a simulated environment.	Family study and clinico-social case study.
PE 19.4: Define cold chain and discuss the methods of safe storage and handling of vaccines. PE 19.12: Observe the administration of UIP vaccine.	Demonstration of cold chain equipment and vaccination session at PHC.
End posting assessment	

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Assessment of Students on the Basis of Other Academic Activities during Second Professional Year

S. No.	Type of activity	Score (out of 10)
1.	Family study	
2.	Visit to public health institutions	
3.	IEC	
4.	Maintenance of practical notebook	
5.	Total score	

Assessment of Students on the Basis of Other Academic Activities during Third Professional Year

S. No.	Type of activity	Score (out of 10)
1.	Clinico-social case presentation	
2.	Visit to public health institutions	
3.	Research activity	
4.	Maintenance of practical notebook	
5.	Total score	

Remedial Measures Taken (if any):

Signature of Academic Incharge

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Family Study

S. No.	Name of activity	Date	Remarks Completed (C) Repeat (R) Remedial (Re)	Score (10)	Signature of faculty

Scoring Pattern

1. Excellent—Score 9–10
2. Good—Score 7–8
3. Fair—Score 6–7
4. Average—Score 4–5
5. Below—Average <4

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Clinico-social Case Review

S. No.	Name of activity	Date	Remarks Completed (C) Repeat (R) Remedial (Re)	Score (10)	Signature of faculty

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Scoring Pattern

1. Excellent—Score 9–10
2. Good—Score 7–8
3. Fair—Score 6–7
4. Average—Score 4–5
5. Below—Average <4

Visit to Public Health Institutions

The following are the recommended field visits for undergraduate students.

2nd Professional year	3rd Professional year
Water treatment plant	Anganwadi center
	Sub-center
Public health lab	PHC
	CHC
	TU
	ART/ICTC center
	Hospital waste management facility

Evaluation of Field Visits During 2nd Professional Year

S. No.	Name of activity	Date	Remarks Completed (C) Repeat (R) Remedial (Re)	Score (10)	Signature of supervisor (senior resident)

Scoring Pattern

1. Excellent—Score 9–10
2. Good—Score 7–8
3. Fair—Score 6–7
4. Average—Score 4–5
5. Below—Average <4

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Evaluation of Field Visits during 3rd Professional Year

S. No.	Name of activity	Date	Remarks Completed (C) Repeat (R) Remedial (Re)	Score (10)	Signature of supervisor (senior resident)

Scoring Pattern

1. Excellent—Score 9–10
2. Good—Score 7–8
3. Fair—Score 6–7
4. Average—Score 4–5
5. Below—Average <4

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Information Education and Communication and Research Activity

S. No.	Name of activity	Date completed	Remarks Completed (C) Repeat (R) Remedial (Re)	Score (10)	Signature of faculty and date
1.	IEC				
2.	Research activity				

Guidelines for Scoring for IEC and Research Activity

Knowledge about the Study Topic (5)

1. Always takes part in discussions—5
2. Often takes part in discussions—4
3. Sometimes takes part in discussions—3
4. Rarely takes part in discussions—2
5. Never takes part in discussions—1

Active Participation (5)

1. Always shows enthusiasm to respond—5
2. Often shows enthusiasm to respond—4
3. Sometimes shows enthusiasm to respond—3
4. Rarely shows enthusiasm to respond—2
5. Never shows enthusiasm to respond—1

Guidelines for Scoring for Maintenance of Practical Notebook

Timely Submission of Records (5)

1. Always submit on time—5
2. Often submits on time—4
3. Sometimes submit on time—3
4. Rarely submits on time—2
5. Never submits on time—1

Completeness of Records (5)

1. Always complete—5
2. Often complete—4
3. Sometimes complete—3
4. Rarely complete—2
5. Never complete—1

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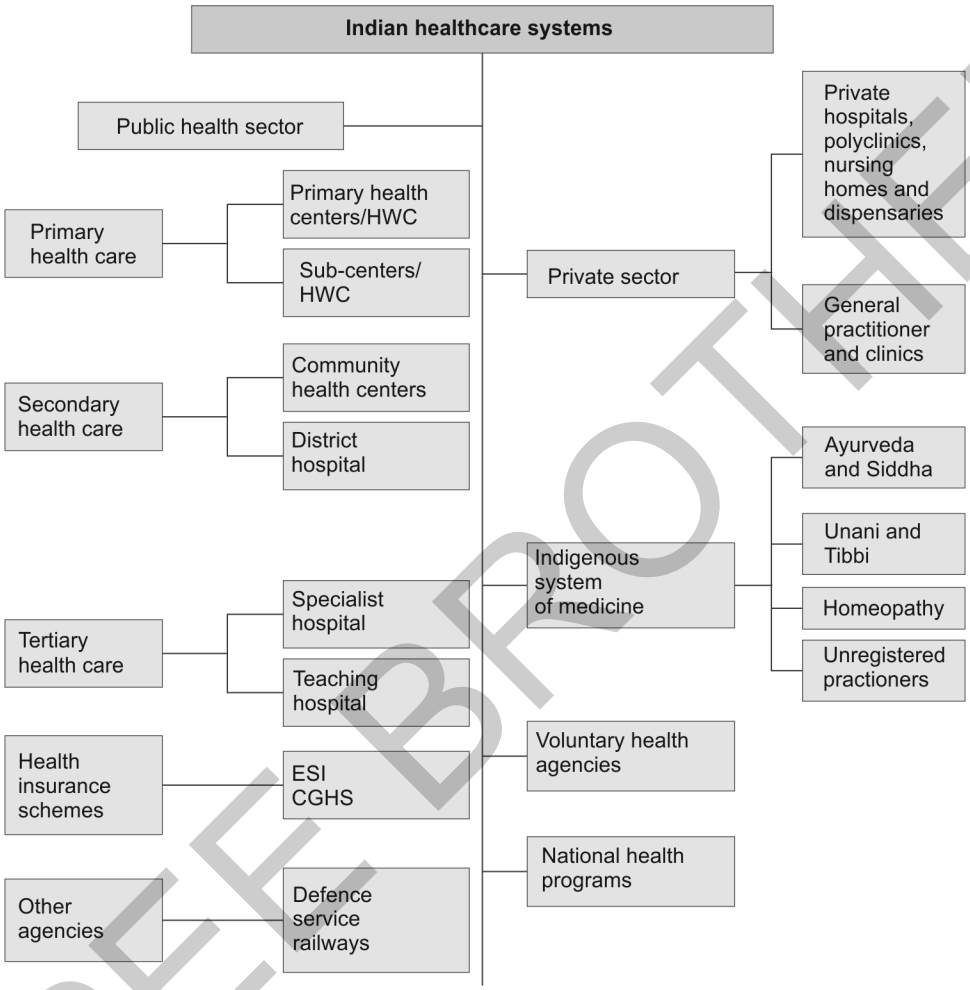
Indian Healthcare Systems

Flowchart—Indian Healthcare Systems



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Practical Notebook
Community Medicine
for Undergraduate MBBS Students

Salient Features

- This manual will go a long way in improving the quality of undergraduate practical teaching and training in the discipline of community medicine.
- A scoring system to assess the performance of the students has also been introduced in this manual.
- The manual comprises of a set of competency-based activities and field visits to families/public health institutions to be carried out by students in 2nd professional and 3rd professional MBBS during their clinical posting in community medicine.
- The manual is divided into two parts (2nd professional year and 3rd professional year). Second professional year shall comprise of Family Health Advisory Services (FHAS), visits to public health institutions and IEC activity. Third professional year shall comprise of clinico-social reviews, visits to public health institutions and research activity.

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