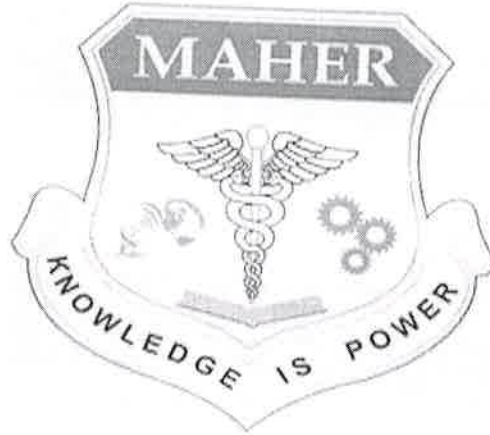


**MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH  
(Deemed To Be University U/S 3 OF UGC ACT,1956)**

**12, Vembuliamman Koil Street, West K.K. Nagar, Chennai – 600 078  
MEENAKSHI MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE**

**KANCHEEPURAM**



**Department of Community Medicine  
(MD COMMUNITY MEDICINE)**

**Regulation and Syllabus (REGULATION – 2019)**

**Effective from the Academic Year 2020 – 2021**



**PROFESSOR & HOD OF DEPARTMENT OF COMMUNITY MEDICINE,  
Meenakshi Medical College Hospital &  
Research Institute,  
BATHUR, KANCHEEPURAM-681002.**

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**MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH**

**MASTER OF COMMUNITY MEDICINE-M.D**

**REGULATIONS -2019**

**I.VISION AND MISSION OF MAHER**

**VISION**

To be a world-class institution, transforming society through value-based diverse programs and healthcare advancements, leading to the all-around development of human resources, knowledge, innovation, entrepreneurship, and research.

**MISSION**

To become an institute of eminence by developing world-class professionals in the field of healthcare, science, liberal arts, technology and research with a focus on the societal good.

To create an enabling state-of-the-art infrastructure, intellectual capital and provide best-in-class learning experience with a freedom to innovate and invent.

To foster values and ethics so as to develop students and learners into responsible citizens of the Nation and the world.

  
**PROFESSOR & HOD OF COMMUNITY MEDICINE**  
**Meenakshi Medical College Hospital**  
**Research Institute,**  
**PNATHUR, KANCHIPURAM-631552**

**MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH**  
**MASTER OF COMMUNITY MEDICINE - MD**  
**REGULATIONS -2019**

**II. VISION AND MISSION OF MMCHRI**

**VISION**

To provide global leadership in human development, excellence in education and quality health care.

**MISSION**

To train competent, compassionate and caring physicians through excellence in teaching, patient care and medical research

**Meenakshi Medical College & Research Institute**  
**MASTER OF COMMUNITY MEDICINE - MD**

**VISION**

To teach and train Postgraduate students on the various aspects of Community Health with emphasis on preventing disease and promoting health.

**MISSION**

To extend promotive, preventive, curative and rehabilitative health care services to the areas served by the Institution and to produce a cadre of high quality public health professionals and community physicians by providing quality medical education.

**Department of Community Medicine**

**M.D. COMMUNITY MEDICINE**

**(REGULATIONS – 2019)**

**PROGRAM EDUCATIONAL OBJECTIVES (PEO's)**

<b>PEO 1</b>	To create a skilled cadre of medical professionals having expertise in application of principles of Public Health, Community Medicine and applied epidemiology.
<b>PEO 2</b>	Should be able to teach Community Medicine to undergraduates, postgraduates, nurses and paramedical staff.
<b>PEO 3</b>	Carry out research and write a manuscript systematically to publish in a journal. Able to present a paper in a conference through an oral presentation and poster presentation.
<b>PEO 4</b>	Should be able to work as a part of the team with good leadership skills and inspire the members of the team.
<b>PEO 5</b>	To contribute meaningfully in formulating National Health Policies & Programme with a systems approach for overall human development and always adopt ethical principles and to develop good communication skills.

### **PROGRAM OUTCOME (PO)**

**PO 1** - Competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.

**PO 2** - Competent to practice preventive, promotive, curative and rehabilitative medicine in respect to the commonly encountered health problems.

**PO 3** - Appreciate rationale for different therapeutic modalities, be familiar with the administration of the "essential drugs" and their common side effects.

**PO 4** - Able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.

**PO 5** - Able to possess the attitude for continued self learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills.

**PO 6** - Familiar with the basic factors which are essential for the implementation of the National Health Programs including practical aspects like Family Welfare and Maternal and Child Health (MCH); (ii) Sanitation and water supply; (iii) Prevention and control of communicable and non-communicable diseases; (iv) Immunization; (v) Health Education; (vi) Indian Public Health Standards (IPHS) at various level of service delivery; (vii) Bio-medical waste disposal; and (viii) Organizational and or institutional arrangements. (g) acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, General and hospital management, principal inventory skills and counseling. (h) be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures. (i) be able to work as a leading partner in health care teams and acquire proficiency in communication skills. (j) be competent to work in a variety of health care settings. (k) have personal characteristics and attitudes required for professional life

**PROGRAM SPECIFIC OUTCOME (PSO)**

**PSO 1 - Acquisition of knowledge:** The student will be able to act as a link between the Health System and its recipients to accentuate the process of overall development of Health.

**PSO 2 - Teaching and Training:** The student will be able to effectively teach undergraduate students in medicine (MBBS) and allied health science courses (Dentistry and Nursing) so that they become competent healthcare professionals and able to contribute to training of postgraduate trainees.

**PSO 3 - Research:** The student will be able to carry out a research project (both basic and clinical) from planning to publication and be able to pursue academic interests and continue life-long learning to become more experienced in all the above areas and eventually be able to guide postgraduates in their thesis work.

  
PROFESSOR & HEAD OF DEPARTMENT OF MEDICINE  
Meenakshi Medical College Hospital &  
Research Institute,  
WATNUR, KANCHIPURAM-631532.

**MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH**  
**MEENAKSHI MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE**  
**FACULTY OF MEDICINE**  
**MASTER OF COMMUNITY MEDICINE –M.D**

**VII. REGULATIONS -2019**

In exercise of the powers conferred by the Board of Management, Meenakshi academy of higher education and research, deemed to be University, Chennai hereby makes the following regulations:

**1. SHORT TITLE**

These Regulations shall be called “THE REGULATIONS FOR THE MASTER OF COMMUNITY MEDICINE –M.D PROGRAM OF MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH” deemed to be University.

**2. COMMENCEMENT**

They shall come into force from the academic year 2020-2021 onwards.

The Regulations and the Syllabus are subject to modification by the Academic council and board of studies from time to time.

**3. TITLE OF THE PROGRAM**

It shall be called Master of COMMUNITY MEDICINE –M.D

**4. SYLLABUS**

The syllabus is as prescribed according to the norms given by NMC and finalised with board of studies management by the university

**5. ELIGIBILITY FOR ADMISSION**

- 1) Candidates who have obtained minimum eligibility in qualifying exam



- 2) The reservation of seats and relaxation in the qualifying marks for SC/ST/OBC and other categories shall be as per the rules of the Central Government/State Government, whichever is applicable.

## 6. CRITERIA FOR SELECTION

Students for M.D COMMUNITY MEDICINE Degree Program shall be admitted based on performance at the Competitive Examinations held by the government.

## 7. ADMISSION PROCEDURE

Admission shall be made as per the NMC and University norms.

## 8. ELIGIBILITY CERTIFICATE

No candidate shall be admitted to the MD COMMUNITY MEDICINE Program unless the candidate has obtained and produced an Eligibility Certificate issued by this University. The candidate has to make an application to the University with the Original and Xerox copies of the following documents along with the prescribed fee:

- 1) 10<sup>th</sup> and Higher Secondary or equivalent Examination Mark Sheets.
- 2) Transfer Certificate
- 3) MBBS Under graduate degree certificate and mark sheets.
- 4) Post graduate diploma DPH certificate if any and marksheets
- 5) Candidates should obtain an Eligibility Certificate before the last date for admission as notified by the University.

## 9. REGISTRATION

A candidate admitted to the M.D COMMUNITY MEDICINE Program of this University shall register by remitting the prescribed fees along with the application form for registration duly filled-in and forwarded to this University through the Head of the Institution within the stipulated date.

## 10. DURATION OF THE PROGRAM

The programme shall be of duration of three academic years.

## 11. FEES

The institution shall charge only such a fee as prescribed by the university

## 12. COMMENCEMENT OF THE PROGRAM

The program shall commence from 1st May of the Academic year.

### **13. CUT-OFF DATES FOR ADMISSION TO EXAMINATION**

The candidates admitted from 1st May to 30th September of the academic year will be registered to take up their Final examination in May at the completion of 3rd year.

There will not be any admission after 30th September for the academic year.

### **14. LEAVE DAYS IN AN ACADEMIC YEAR**

There shall be maximum of 15 days in a year exclusive of the period of admission and examination

### **15. ATTENDANCE REQUIRED FOR ADMISSION TO EXAMINATIONS**

- a) No candidate shall be permitted to write any one of the papers of M.D COMMUNITY MEDICINE examination unless he/ she has attended all the courses in the subject for the prescribed period and produces the necessary certificates of study and attendance from the Head of the Institution.
- b) A candidate is required to put in a minimum of 80% of attendance in both theory and clinical separately in each year before admission to the examination.
- c) A candidate, who has not completed the program and not submitted the dissertation signed by the Head of the Department, will not be permitted to appear for the exam.
- d) Attendance earned by the student should be displayed on the Notice Board of the department every month and a copy of the same sent to the University for computerization and parents shall be informed regarding the shortage of attendance of their wards through email (if available) or by post by the Institution.

### **16. SUBMISSION OF LOG BOOK**

- a. At the time of practical examination each candidate shall submit to the Examiners his / her log book duly certified by the Head of the Department as a bonafide record of the work done by the candidate.
- b. The log book shall be evaluated by the concerned member of the faculty and the external examiner (Internal and external Evaluation) the practical record marks shall be submitted to the University prior to the commencement of the theory examinations.

### **17. COMMENCEMENT OF THE EXAMINATIONS**

- a. There shall be examinations at the end of 3rd year in the month of April/May. A candidate who does not pass the examination in any of the 4 papers shall be permitted to appear in all the final year papers in the subsequent examinations to be held in September or April/May.

- b. Candidates should get enrolled/register for the first semester examination. If enrolment/registration is not possible owing to shortage of attendance beyond condition limit/rules prescribed OR belated joining OR on medical grounds, such candidates shall redo the lost academic days in the subsequent term of shall be admitted to appear for exams, if he/she has successfully kept the term in first year or the university rules are followed.

## 18. EVALUATION

Attendance shall be taken as a component of continuous assessment. The students should have a minimum 80% attendance in each year. In addition to the continuous evaluation component, the end of program examination, which will be a written type examination of at least 3 hours duration, would also form an integral component of the evaluation. The evaluation of practical work will be at end of the program.

## 19. REVALUATION OF ANSWER SCRIPTS

There shall be no revaluation of answer papers of failed candidates in the examination

However re-totalling of answer papers is allowed once upon request by the students.

## 20. RE-ADMISSION AFTER BREAK OF STUDY

- 1) The calculation of the break of study of the candidate for re-admission shall be calculated from the date of first discontinuance of the program instead of from the date of admission.
- 2) Candidates having break of study shall be considered for re-admission provided, they are not subjected to any disciplinary action and no charges are pending or contemplated against them.
- 3) All readmissions of candidates are subject to the approval of the Vice-Chancellor.
- 4) A candidate having a break of study of less than 6 months shall apply for re-admission for condonation to the Academic Officer of this University. The candidate may be re-admitted in the corresponding program of study. The candidate has to fulfil the attendance requirements of the University
- 5) A candidate having a break of study of more than 6 months but less than 2 years shall apply for re-admission for condonation to the Academic Officer of this University. The candidate may be re-admitted to the beginning of the academic year of the program. The candidate has to fulfil the attendance requirements of the University
- 6) A candidate having a break of study of more than 2 years and up to 5 years shall apply for the re-admission for condonation to the Academic Officer of this University. The candidates may be re-admitted in the corresponding program of study. The candidate has to fulfil the attendance requirements of the University and shall not be granted exemption in the subjects he has already passed.
- 7) Candidates having a break of study of 5 years and above from the date of discontinuance and more than two spells of break will not be considered for re-admission.

**Meenakshi Medical College & Research Institute**  
**SYLLABUS FOR Post - Graduate M. D. Degree Course In**  
**Community Medicine**

**FIRST YEAR:**

- \* Exposure to Child Health, Obstetrics & Gynaecology, General Medicine, Communicable Diseases including HIV/AIDS, Tuberculosis, Dermatology, Psychiatry.
- \* Preferably a minimum of six weeks in each of these areas. A total of 36 weeks.

**SECOND YEAR:**

- \* Exposure to Primary Health Care, Maternal & Child Health and Family Welfare, Family Practice, Occupational Health and Environmental Health. Preferably a minimum period of six weeks in each of these areas. A total of 36 weeks.

**THIRD YEAR:**

\* Exposure to the Health Management Techniques and Health Economics, Primary Health Centers, Urban Health Centers, Tribal Health Services, District Health Services and various National Control Programmes with special reference to the organization, monitoring and evaluation of these programmes.

This is to be implemented either through postings in these areas or field visits.

  
**PROFESSOR & HOD OF COMMUNITY MEDICINE,  
Sri Lakshmi Medical College Hospital &  
Research Institute,  
PUNATHUR, KANCHIPURAM-631552.**

## GENERAL OBJECTIVES


1. State details of operation of the health systems the candidate is practicing.
2. State the Administrative roles of each officer with whom the candidate is posted.
3. State the methods used for implementation of public health laws in the area of posting.
4. Interpret epidemiological and bio-chemical data being monitored through the programme.
5. State the functioning of National Health programmes through the administrative units.
6. Apply levels of prevention relating to public health in the specialty of practice.

## SPECIFIC LEARNING OBJECTIVES

1. Management of infectious diseases. Clinical Examination of patient.
2. Clinical examination of children, management of common pediatric problems.
3. Clinical features of leprosy, management of common dermatological, STD problems and HIV/AIDS.
4. Psychiatric: Identification of priority psychiatric problems with a view for referral. Organization of community based psychiatry services.
5. Obstetrics: High risk pregnancy, screening, referral systems
6. Family planning : Choice of women for family planning, incentives and disincentives targets.
7. PHC: Organization and functions, sub-centre and its role, budget of PHCs, monitoring and surveillance of .PHC data.
8. Microbiology: Universal 'precaution and hospital infection control, methods 'of sterilization and disinfection, coli form count, 'Collection of samples for sterility checks, regionalization of laboratories.
9. Blood Bank: 'Screening donor, storage and transport of blood and products, screening for HIV /HbsAg.
10. Public Health Laboratory: Analysis of milk and other blood samples, Implementation of PFA, collection and transport of specimen for analysis.
11. Town Planning : Zoning and urban problems
12. IMNCI: Classification, assessment, management and monitoring of cases
13. MHO: Role MHO in implementing public health activities, PFA, rabies control, excreta disposal, safe water, infectious disease control, meat

inspection, hotel inspection, factory licensing and implementation of Immoral Traffic Act.

14. Joint Director: District level health administration, Monitoring and surveillance of programme.
15. Collector: Co-ordination, role of collector in National programmes.
16. DTO: Organization of District Tuberculosis Control programme. Case finding, case holding, role of conventional regimens. Implementation of short term chemo therapy programme. Assessment of relapse, failure regimens. Role of referral for admissions, monitoring of epidemiological data.
17. NMEP: Techniques of blood examination, staining, identification techniques. Spraying techniques. Monitoring of data at district level.
18. NFPC: Techniques of Filariasis surveys. Treatment of carriers, anti larval methods.
19. UIP: Immunization criteria, target, groups, health education, surveillance of vaccine preventable diseases. Cold chain.
20. ICDS: Choice of beneficiaries for ICDS scheme. Assessment of Nutritional status, growth monitoring, data interpretation through (CDS programme).
21. TINP: Choice of beneficiaries for TINP scheme. Assessment of Nutritional status, growth monitoring, data interpretation through TINP programme.
22. IRDP: Role of economic development in relation to health care. Economic evaluation of income generation programmes.
23. The role of BDO in Block level administration of health care.
24. The role of panchayat in administration of health care.
25. Port Hospital: Role of port hospital in isolation and quarantine. International travel.

  
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**PROGRAM LEVEL COURSE - PO AND PSO MATRIX:**

Course Code	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	Average
Community Medicine 1161	3	2	3	2	3	3	2	3	2.6
Community Medicine 1162	2	1	3	1	2	3	3	3	2.3
Community Medicine 1163	2	3	1	2	3	3	3	3	2.5
Community Medicine 1164	3	3	2	3	3	3	2	2	2.6
Average	2.5	2.3	2.3	2	2.8	3	2.5	2.8	-

Course Code	PSO1	PSO2	PSO3	PSO4	PSO5	PSO6	PSO7	PSO8	PSO9	Average
Community Medicine 1161	3	3	1	2	3	2	3	3	3	2.5
Community Medicine 1162	3	2	3	2	3	2	2	3	2	2.4
Community Medicine 1163	3	2	2	3	1	2	2	3	2	2.2

Community Medicine 1164	3	3	3	3	2	3	3	3	2	3
Average	3	2.5	2.3	2.5	2.3	2.3	2.5	3	2.3	-

### PO CO OUTCOME

Course outcomes	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	Average
CO1	3	3	1	3	2	3	2	2	2.4
CO2	3	2	2	2	3	3	3	3	2.6
CO3	2	2	3	3	3	3	1	2	2.3
CO4	1	2	3	2	2	2	2	3	2.1
CO5	3	3	2	3	2	3	2	2	2.5
CO6	2	3	1	3	3	3	1	2	2.3
CO7	2	3	2	3	2	2	3	3	2.5
CO8	3	3	2	3	2	3	3	3	2.8
CO9	3	3	3	3	3	3	3	1	2.8
CO10	3	3	3	1	3	3	2	2	2.5
Average	2.5	2.7	2.2	2.6	2.5	2.8	2.2	2.3	-

Course outcomes	PSO1	PSO2	PSO3	PSO4	PSO5	PSO6	PSO7	PSO8	PSO9	Average
CO1	3	3	3	2	3	2	3	3	3	2.8
CO2	3	3	1	2	3	3	1	2	3	2.3
CO3	3	2	3	2	3	3	2	2	3	2.6
CO4	3	2	2	3	3	3	3	2	3	2.7
CO5	3	3	2	3	3	3	3	3	2	2.8
CO6	2	2	3	3	3	2	3	3	2	2.6
CO7	2	3	2	3	3	3	3	2	2	2.6
CO8	2	2	3	3	3	2	2	2	2	2.3
CO9	1	3	3	2	3	3	2	3	2	2.4
CO10	3	3	3	2	1	2	2	3	3	2.4
Average	2.5	2.6	2.5	2.5	2.8	2.6	2.4	2.5	2.5	-

**CO PSO OUTCOME**

  
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**Sri Sankar Medical College Hospital &**  
**Research Institute,**  
**PNATHUR, KANCHIPURAM-631552.**

## **SUBJECT SPECIFIC COMPETENCIES**

**At the end of the course the student should be able to acquire the following competencies under the three domains, Cognitive, Affective and Psychomotor:**

### **A. Cognitive domain (The student should be able to:)**

1. Describe conceptual (and applied) understanding of Public Health, Community Medicine, clinical and disease-oriented approach, preventive approach & health promotion, disease control & promotion.
2. Have knowledge about communicable and non-communicable diseases, emerging and re-emerging diseases, their epidemiology, control and prevention.
3. Apply the principles of epidemiology, health research and Bio-statistics, application of qualitative research methods
4. Calculate Odds Ratio, Relative Risk, Attributable risk and other relevant health and morbidity indicators.
5. To describe nutritional problems of the country, role of nutrition in health and disease and to describe common nutritional disorders
6. Develop nutrition plan for an individual based on his requirements and with concerns to special situations if applicable
7. Plan comprehensive programme to address issue of malnutrition in a given area for a specific group
8. To describe the concept of Environmental Health and its various determinants.
9. Identify environmental health issues in a given area/community
10. Assess impact of adverse environmental conditions on health of human beings
11. Plan awareness programmes at various levels on environmental issues and mobilize community resources and participation to safeguard from local adverse environmental conditions
12. Should be able to provide technical advice for water purification, chlorination, installing go-bar gas plant, construction of soakage pits etc.
13. Be a technical expert to advice on protection measures from adverse environmental exposure
14. To describe the working of Primary Health Care system, Panchayat Raj system, National Health Programmes, urban/rural differences, RCH, Demography and Family Welfare.
15. Do orientation of the inter-linkage of health sector and non-health sector for promotion of Health & control and prevention of diseases.
16. Have familiarity with administrative procedures and protocols
17. Have knowledge about role of media and its use in health.

18. Have knowledge of Health Care Administration, Health Management and Public Health Leadership
19. To describe Health Policy planning, Medical Education technology, Information Technology and integration of alternative Health system including AYUSH.
20. To describe the intricacies of Social & Behavioral sciences and their applications.
21. To describe Public Health Legislations
22. To understand and describe International Health & Global Diseases surveillance.
23. To relate the history of symptoms with specific occupation, diagnostic criteria, preventive measures, identification of various hazards in a specific occupational environment and legislations.
24. To keep abreast of recent advances in Public Health & formulate feasible, optimal, sustainable, cost effective strategies in response to the advances in public health & development.
25. To describe the principles of Health Economics and apply it in various public health settings.
26. To explain and correlate common health problems (medical, social, environmental, economic, psychological) of urban slum dwellers, organization of health services in urban slum areas
27. Develop workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.
28. Identify behavior pattern of individual or group of individuals detrimental or adversely affecting their health.
29. Define and identify vulnerable, under-privileged high risk communities and their special needs
30. To create awareness about various public health laws
31. Evaluate cost effectiveness and cost benefits of a Health Program
32. Understand and express implications of 'Poverty Line', 'Social Inclusion', 'Equity', 'taxations', 'Insurance' on Health care management.
33. To categorize hospital waste and be able to guide for proper disposal.
34. To provide a comprehensive plan for disaster management and mitigation of sufferings.

### **B. Affective domain:**

1. Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.
2. Always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information and second opinion.
3. Develop communication skills to word reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

### **A. C. Psychomotor domain: ((The student should be able to:))**

**The student should be able to perform independently the following :**

- Conduct community surveys for assessment of health & morbidity profile, epidemiological determinants, assessment of health needs, disease surveillance, evaluation of health programmes and community diagnosis
- Conduct epidemic investigations, spot maps, predict disease trends, preparation of reports, planning and implementation of control measures
- Demonstrate clinical skills of preparing case history, examination, provisional diagnosis, treatment and clinical case management and interpretation of laboratory findings. Conduct common procedures such as incision, drainage, dressings & injections.
- Do data collection, compilation, tabular and graphical presentation, analysis and interpretation, applying appropriate statistical tests, using computer-based software application for validation of findings
- Conduct epidemiological research studies to establish cause-effect relationships in elaborating the epidemiology of diseases and health events
- Develop appropriate IEC Material, assessment of community communication needs, training skills, counseling skills, conduct Health Education Programmes in urban and rural settings
- Conduct dietary surveys, assessment of nutritional status, nutritive values of common food menus, detection of food adulterants, use of lactometer, recording and interpretation of growth and development charts.
- Use and apply various instruments and processes concerned with environmental health and biological waste management eg. waste collection, segregation and disposal as per protocols, needle-disposers, disinfection procedures. Also use of Dosi-meters, Kata / Globe Thermometer, Slings Psychrometer, Gobar Gas Plant, Soakage pit, Solar Energy, functioning of ILRs, Deep Freezers, Cold Boxes, Vaccine Carriers.
- Identify different types of mosquitoes, detect vector breeding places and orientation of the methods of elimination of breeding places and placement of a mosquito-proof water tank.
- Conduct clinical screening of various diseases and organize community health camps involving community participation in urban and rural settings. Use of Snellen charts for vision, Ishihara's chart for colour blindness, tourniquet tests for dengue diagnosis in fever, BMI and other physical measurements of infants, children and adults etc., copper-T insertions and preparation of pap smear.
- Conduct tests for assessment of chlorine demand of water (Horrock's Apparatus), procedure of well-water and urban water-tank chlorination, assessment of chlorination levels, physical examination of water, methods domestic water purification, oriented in use of water filters.
- Prepare health project proposals with budgeting based on the project objectives.

**Miscellaneous skills: (The student should be able to)**

1. Devise appropriate health education messages for public health awareness using various health communications strategies.
2. Identify family level and community level interventions and facilitate the implementation of the same e.g. food hygiene, food storage, cooking demonstrations, community kitchen, kitchen garden, empowerment of women for promoting nutritional health etc.
3. Demonstrate counselling skills for family planning services.
4. Plan and execute BCC strategy for individuals.
5. Conduct measurement of occupational exposure to harmful influences.
6. Diagnose occupational hazards and undertake surveys to identify occupational exposures as and when necessary.



7. Elicit appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.
8. Use modern IT applications especially internet & internet-based applications.

**Department of Community Medicine, MMCH & RI**  
**TOPICS for MD Post Graduation**

**Paper – I (Code: 1161) Tropical medicine & Public Health Basic Sciences**

- History, concept and practice of Public Health and Community Medicine; Evolution of medicine and public health services; principles of preventive, social and community medicine.
- Concept of health and disease; dimensions of health and disease; determinants of health; ecology of health; indicators of health and disease; dynamics of disease transmission.
- **Behavioral sciences and health**: social and behavioral sciences (sociology, social Psychology and social anthropology). Concepts of society and culture; family and community structure, characteristics and function; group dynamics, leadership patterns, social stratification, social changes; urbanization; principles of learning, process of communication; role of social cultural factors in relation to health and disease; social stress and deviant behavior; medico social work; hospital sociology; art of interviewing; social agencies; economics
- Information, Education, Communication and Counseling: health education – objectives, approaches, principles and methods.
- Tropical medicine including medical entomology, public health parasitology, Microbiology and immunology with special reference to malaria, filariasis, plague, kala-azar etc.
- **Environmental health and Ecology**: personal and environmental health – importance; control of physical and biological environments for prevention of

disease and promotion of health. Water, air, ventilation, lighting, radiation, noise and housing; their effect on health and preventive measures. Meteorological environment and health measurement and equipment. Disposal of wastes – types and methods of disposal; disposal of hospital wastes.

- **General Epidemiology:** Aims of epidemiology; epidemiological approaches, rates and ratios; measurement of morbidity and mortality; epidemiological methods; descriptive, analytical and experimental epidemiology; association and causation; infectious diseases epidemiology; disease transmission; investigation of epidemics; principles of prevention and control of diseases. Active and passive immunization; Immunizing agents.
- Screening for diseases; concepts of screening; uses of screening; criteria for screening; sensitivity, specificity and predictive value.
- Research methodology
- Bio statistics, health statistics and demography – importance; collection and presentation of data; elementary statistical analysis; tests of significance; sampling and design of experimental studies; scope, sources and uses of health statistics including vital statistics, health statistics/ information system in India; measurement of health; principles of demography – demographic variables and trends; population problems in India; Census.

### **Paper - II (Code: 1161) Community Medicine**

- **Diet and nutrition in health and disease:** applied nutrition; principles of nutrition; nutritional requirements; balanced diet; deficiency diseases; nutritional assessment; ecology of malnutrition and approaches to control of malnutrition; food toxins; processing and prevention of food stuffs; nutritive value of food stuff; diet and diseases.
- Epidemiology and prevention of communicable diseases: respiratory, intestinal and arthropod borne infections; Zoonoses; surface infections; emerging and reemerging infectious diseases etc.
- Epidemiology and prevention of chronic non communicable diseases and conditions- CHD; hypertension, stroke, RHD, cancer, diabetes, obesity, blindness and accidents etc.
- Occupational health: general physical, chemical, biological and psychological hazards and general principles of prevention; industrial toxicology – lead, arsenic,

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chromium, mercury etc; hazards in specific occupations – mines, rubber, dye industries, foundry etc; occupational dermatitis,, cancer; accidents in industry; health problems due to industrialization; ESI Act, Factories Act; Ergonomics; Rehabilitation.

- Metal Health: types o mental illness, prevention; mental health services; alcoholism and drug dependence; prevention of smoking.
- Genetic and environmental factors affecting growth and development; role of genetic factors in determination of health; molecular and population genetics; preventive and social measures.

**Paper – III (Code: 1163) Health care of special groups**

- Maternal health, Child health: antenatal, intra natal and postnatal problems and care; social obstetrics; care of infants and children; low birth weight; infant feeding and weaning; growth and development; care of pre-school children, under fives clinic; rights of child; indicators of MCH care; social pediatrics; school health services; handicapped children; behavioral problems in children; child labour.
- Demography & Family welfare services – family planning – contraceptive methods; MTP Act.
- Care of special groups viz. School health, Adolescent health.
- Preventive Geriatrics: health problems of the aged and remedial measures.
- Care of disabled, Community based Rehabilitation Tribal health.
- Public Health emergencies and disaster.

**Paper – IV (Code: 1164) Health Practice & Administration**

- Principles of administration process – planning, management and evaluation; National Health policy; operational Research; health economics.
- National committees and their recommendations.
- Health manpower planning and utilization of Health practice research.
- Health system in India - at centre, state and district levels, primary health care.
- National health program's

- Public Health legislation in India and Abroad.
- International and voluntary agencies and their role in Health.
- Recent advances in the field of community medicine.
- Health economics
- Medical Ethics.

### Field Postings

Posting in the teaching hospital and allied departments.

**Postings** in the Departments of

Pediatrics(1 ½ months ),

OBGYN(1 ½ months),

General Medicine (2 months),

Dermatology(1 month),

Psychiatry(1 month),

Chest and TB (1 month),

Ophthalmology (15 days),

Blood bank(15 days),

Microbiology(15 days),

Clinical Pathology(1 month)

Nutrition(1 month)

Posting at Sub-centers & PHCs Under & at RHTC and UHTC attached to Dept of Community Medicine as per MCI norm	Posted for one year <b>(6 months in RHTC and 6 months in UHTC)</b> (NON-RESIDENTIAL)
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**Post Graduate MD course in Community Medicine**  
**Scheme of examination**  
*Theory written Examination {400 Marks} (At the end of III year)*

*There shall be four papers each of three hours duration. Each paper shall consist of two long essay questions each carrying 20 marks and 6 short essay question each carrying 10 marks. Total Marks for each paper will be 100. Questions on recent advances may be asked in any or all the papers.*

**Theory**

	<i>Duration</i>	<i>Marks</i>
Paper - I Tropical medicine & Public Health, Basic Sciences.	3hrs	100
Paper - II Community Medicine	3hrs	100
Paper - III Health care of special groups	3hrs	100
Paper - IV Health Practice & Administration	3hrs	<u>100</u>
<b>Theory Total</b>		<b><u>400</u></b>

**Practical**

	<i>Duration</i>	<i>Marks</i>
Day 1 (Practical-I)		
Family study	3 hrs	50
Exercises: Epidemiology & Statistics	1½ hrs	(40+30) =70

Spotters	½ hr	<u>30</u>
<b>Total</b>		<b><u>150</u></b>
<b>Day 2 (Practical- II)</b>		
Pedagogy	½ hr	40
Orals		<u>60</u>
		<b><u>100</u></b>
	<b>Practical 1</b>	<b>150</b>
	<b>Practical 2</b>	<b><u>100</u></b>
<b>Practical Total</b>		<b><u>250</u></b>

**Marks qualification for a pass:**

50% of marks in the university theory examination	200/400
50% of marks in the Day 1 university practical examination	75/150
50% of marks aggregate in written / Practical I & practical II	325/650



**PROFESSOR & HOD OF COMMUNITY MEDICINE,  
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Research Institute,  
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