Year: First



#### **Course Content**

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Graduate, 2018. Vol. 2; page no.41-59)

# Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 8

## **Subject: Community Medicine**

No. CM	Topics & subtopics
	Health care of the community
17.1	Health care to community
	Visit to primary/secondary health facility
	Role of physician in health care delivery- Integration with AETCOM module 1.1 What does it mea
17.2	Community diagnosis
17.3	Primary Health Care- Def, Principles
17.4	National Health Policies , MDGs
	SDL- Current national / stale level status of health indicators
17.5	Health Care delivery in India
	Nutrition
5.1	Common sources of various nutrients



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	Demonstration: Foods we eat & their nutritive values
	Special nutritional requirements according to age, sex, activity, physiological conditions
	SDL- Foods customs in our families for special groups such as children/ pregnant/lactating women
	collection by interviewing 5 homemakers)
5.2	Nutritional assessment at individual level- DOAP
	Nutritional assessment at family and community level -DOAP
5.3	Common nutritional deficiency diseases- Epidemiology , prevention and control
5.4	Diet planning at individual level
	Diet planning at family level
5.5	Nutritional surveillance and rehabilitation
	Visit to Nutritional rehabilitation centre
	Nutrition education
5.6	National Nutritional Policy , National Nutritional Programs
5.7	Food hygiene , food adulteration
	Demonstration of simple tests to identify food adulteration
5.8	Food fortification , food additives
	Concept of Health and Disease
1.1	Concept of Public Health
1.2	Concept , definition , determinants of health
	Determinants of health- Group discussion
1.3	Epidemiological triad , multifactorial causation of disease
	SDL-Identification of multiple causative factors of 2 common diseases( interview in wards/ family



1.4	Natural history of disease
1.5	Levels of Prevention
1.6	Health education , IEC, BCC
1.7	Indicators of health
	Exercise on calculation of indicators
1.8	Demographic profile of India
	Exercise on calculation of demographic indicators , fertility rates
	SDL- Demographic trends in India
1.9	Communication skills in Health
	DOAP-Verbal/non verbal communication
	Empathy- What does it mean to be patient?
	AETCOM module 1.2
1.10	Doctor patient relationship
	SDL- Determinants of doctor patient relationship(Collection of data from patients/ relatives)
	Case discussions – Integration with AETCOM module 1.3
	Principles of health promotion and education
4.1	Methods of health education
	Demonstration of various methods of health education
	Improving communication, barriers in communication- integration with AETCOM module 1.4
4.2	Organization of health educational and counselling activities for individual & family
	Organization of counselling activity in ward/OPDs
	Organization of community based health educational activity(community/school)



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4.3	Evaluation of health education & promotion program
	SDL- Preparation of tool for evaluation
	Conducting evaluation of health education & promotion program

#### Note:

- The observations/ reflections of family / hospital visits, DOAP sessions, Self directed learning activities ( Si should be entered in the log book immediately after the assignment.
- The observer / facilitator / teacher will provide the written brief feedback in the log book for the learner recompetencies.





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#### Course Content Second Professional (from October 2020) Subject: Community Medicine Theory / Practical

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018.

Vol. 2; page nos. 41-59)

1. Total Teaching hours :60

A. Lectures(hours): 20

B. Self-directed learning (hours):10

C. Clinical Postings (hours): 4 weeks (20 working days x 3)- 60 hours

D. Small group teachings/tutorials/Integrated teaching/Practicals (hours): 30

Topics Subtopics
Environmental Health Problems
Indicators of air pollution. Health hazards of air, water, noise, radiation and pollution.
Prevention and control of environmental pollution.
Safe and wholesome water, sanitary sources of water, water purification processes, water quality
standards, concepts of water conservation and rainwater harvesting
Epidemilogy, prevention and control of water borne diseases/jaundice/hepatitis/ diarrheal diseases
Solid waste, human excreta, sullage and sewage disposal
Standards of housing and the effect of housing on health
Role of vectors in the causation of diseases. National Vector Borne Disease Control Program
Identifying features and life cycles of vectors of Public Health importance and their control measures
Mode of action, application cycle of commonly used insecticides and rodenticides
Epidemiology of communicable diseases
Modes of transmission and measures for prevention and control of communicable
Epidemiological and control measures including the use of essential laboratory tests at the primary
care level for communicable diseases
Epidemiological characteristics and control measures including the use of essential laboratory tests at the
primary care level for Airborne infections &Exanthematous fevers e.g TB, Influenza, ARI,
Measles, Mumps, Diptheria, Pertusis.
Epidemiological characteristics and control measures including the use of essential laboratory tests at the
primary care level for Faeco-oral diseases, Infective hepatitis e.g polio, AGE, Typhoid etc.
Epidemiological characteristics and control measures including the use of essential laboratory tests at the



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Competency	Topics Subtopics
Nos.	
	primary care level for zoonotic diseases e.g Rabies, Plague, Brucellosis, Leptospirosis etc
	Epidemiological characteristics and control measures including the use of essential laboratory tests at the
	primary care level for Arthropod borne diseases eg Malaria, Chikungunya, Filaria, JE etc
	Epidemiological characteristics and control measures including the use of essential laboratory tests at the
	primary care level for Surface infections and STDs eg HIV, Syphilis, Gonorrhea etc
	Epidemiological characteristics and control measures including the use of essential laboratory tests at the
	primary care level for Emerging and reemerging diseases eg Ebola virus disease, Nipah
CM8.2	Epidemiological characteristics and control measures including the use of essential laboratory tests at the
	primary care level for Non Communicable diseases (diabetes, Hypertension, Stroke, obesity and cancer
	etc.)
CM8.3	Disease specific National Health Programs including their prevention and treatment of a case
CM8.4	Principles and measures to control a disease epidemic
CM 7.7	Steps in the Investigation of an epidemic of communicable disease and the principles of control
	measures
CM8.5	Principles of planning, implementing and evaluating control measures for disease at community level
	bearing in mind the public health importance of the disease
CM8.6	Training of health workers in disease surveillance, control & treatment and health education
	Disaster Management
CM13.1	Concept of Disaster management
CM13.2	Disaster management cycle
CM13.3	Man made disasters in the world and in India
CM13.4	National Disaster management Authority
	Hospital waste management
CM14.1	Hospital waste- definition and classification
CM14.3	Laws related to hospital waste management
	Essential Medicine
CM19.1	Essential Medicine List (EML)
CM19.2	Essential medicine in primary health care
CM19.3	Counterfeit medicine and its prevention



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Competency	Topics Subtopics
Nos.	
	Relationship of social and behavioural to health and disease
CM2.1	Clinico socio-cultural and demographic assessment of the individual, family and community
CM2.2	Socio-cultural factors, family (types), its role in health
	and disease & assessment of socio-economic status
CM2.3	Factors affecting health seeking behaviour and assessment of barriers for the same.
CM2.4	Social psychology, community behaviour and community
	relationship and their impact on health and disease
CM2.5	Indicators for assessment of poverty, social security measures and its relationship to health and d isease

## Second Professional - Community Medicine: Proposed List of Practicals / DOAP/ SDL Activities

Competency no.	Practical / DOAP
CM3.2	Visit to water purification plant
	Visit to Dist Public Health Laboratory
	Exercise on interpretation of water analysis report
	DOAP- water collection, estimation of chlorine demand/ residual chlorine content of drinking water, OT test
CM 3.2- 3.4SDL	Preparation of Proforma/ checklist for sanitary survey of the community
3.4	Visit to sewage purification plant
3.6	Visit to office of Dist Vector borne Diseases Control Program
3.7	Demonstration: Identifying characteristics of vectors of Public Health Importance – DOAP
SDL	Preparation of Proforma/ checklist for entomological survey of the community
8.1	Visits to the Dist Offices/ Units/ clinics related to implementation of Disease Control Measures of Communicable Diseases





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8.1	Visit to Public Health Microbiology / Reference laboratories
8.1	DOAP- Methods of Specimen collection and transportation of various body specimens in various communicable diseases
CM 7.7	Describe and demonstrate the steps in the Investigation of an epidemic of communicable disease and describe the principles of control measures
8.4	DOAP- Analysis & interpretation of disease outbreak data
8.4	DOAP- Preparation of epidemic curve / spot map with the help of given data and its interpretation
8.6	Visit to Dist Training Centre / Dist Disease Surveillance Unit
13.2	DOAP- Preparation of Disaster Preparedness Plan for a Primary Health Centre
13.4	Visit to Civil Defence Dept / Dist Disaster Management Office
14.1	Conducting Survey of Hospital Wastes Segregation Practices
SDL	
14.1	DOAP- Hospital waste segregation of various types of hospital wastes
19.2	Visit to hospital pharmacy

### Second Professional - Proposed Activities in First Clinical Community Medicine Posting ( 4 weeks )

Week	Proposed Activities
First and second week	<ul> <li>a. Clinico socio-cultural and demographic assessment of the individuals and allotted families,</li> <li>b. Sanitary survey of the allotted households</li> <li>c. Assessment of housing conditions in allotted families</li> <li>d. Entomological survey of the allotted households</li> <li>e. Analysis of survey findings of the allotted families and group discussion on important health related issues in the community.</li> <li>f. Organization of health educational activity for the allotted families and allotted community.</li> </ul>
Third and fourth week	Epidemiological history taking of common communicable diseases admitted in hospital such as diarrhoeal diseases, jaundice, typhoid, food poisoning, measles, mumps, influenza, diphtheria, pertussis, tuberculosis, malaria, filarial, dengue fever, HIV / AIDS, STDs etc

#### Note:

- The observations/ reflections of family / hospital / community visits , DOAP sessions , Self directed learning activities (SDL) , practicals should be entered in the log book immediately after the assignment.
- The observer / facilitator / teacher will provide the written brief feedback in the log book for the learner related to the competencies.





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# Course Content Third Professional Part I ( from October 2020) Subject :Community Medicine Theory / Practical

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. Vol. 2; page nos. 41-59)

Total Teaching hours: 105

A. Lectures(hours):
 40 B. Self directed learning (hours):5

C. Clinical Postings(hours): 6 weeks(30 working days x 3)- 90 hours

D. Small group teachings/tutorials/Integrated teaching/Practicals(hours): 60

Competency Nos.	Topics & Subtopics
	Epidemiology
CM 7.1	Epidemiology- definition, principles, concepts and uses
CM 7.3	Sources of epidemiological data
CM 7.4	Morbidity and mortality indicators
CM 7.5	Epidemiological study designs
CM 7.6	Screening
CM 7.8	Principles of association, causation and biases in epidemiological studies
CM 7.9	Application of computers in epidemiology
	Basic statistics and its applications
CM6.1	Concepts of research problem ,Research question , research hypothesis for a study
CM6.2 SGT	Methods of collection, classification, analysis, interpretation and presentation of statistical data
CM6.3	Application of elementary statistical methods including test of significance in various study design
CM6.4	Common sampling techniques, simple statistical methods, frequency distribution, measures of central tendency and dispersion



Competency Nos.	Topics & Subtopics
	Epidemiology of non- communicable diseases
CM8.2	Epidemiological and control measures including the use of essential laboratory tests at the primary care level for Non Communicable diseases (diabetes, Hypertension, Stroke, obesity and cancer etc.)
CM8.3	National Health Programs
CM8.5	Principles of planning, implementing and evaluating control measures for disease at community level bearing in mind the public health importance of the disease
CM8.6	Education and training of health workers in disease surveillance, control & treatment and health education
CM8.7	Principles of management of information systems
	Demography and vital statistics
CM9.1	Principles of Demography, Demographic cycle, Vital statistics
CM9.2	Demographic indices including birth rate, death rate, fertility rates
CM9.3	Causes of declining sex ratio and its social and health implications
CM9.4	Causes and consequences of population explosion and population dynamics of India.
CM9.5	Methods of population control
CM9.6	National Population Policy
CM9.7	Sources of vital statistics including census, SRS, NFHS, NSSO etc
	Reproductive maternal and child health  Current status of Reproductive, maternal, newborn and Child Health
CM10.1	Current status of Reproductive, maternal, newborn and office freath
CM10.2	Methods of screening high risk groups and common health problems
	Population Genetics: Screening and counselling for genetic conditions
CM10.3	Local customs and practices during pregnancy, childbirth,
CM10.4	lactation and child feeding practices Reproductive, maternal, newborn & child health
	(RMCH); child survival and safe motherhood interventions



Competency Nos.	Topics & Subtopics						
CM10.5	Universal Immunization Program; Integrated Management of Neonatal and Childhood Illness (IMNCI) an other existing Programs.						
CM10.6	Family planning methods, their advantages and shortcomings						
CM10.7	Basis and principles of the Family Welfare Program including the organization, technical and operational aspects						
CM10.8	Physiology, clinical management and principles of adolescent health including ARSH						
CM10.9	Gender issues and women empowerment						
	Occupational Health						
CM11.1	Control in a little control in the discount in a series for a little control in a l						
CM44.0	Occupational illnesses including diseases in agricultural workers.						
CM11.2 CM11.3	Role, benefits and functioning of the employees state insurance scheme						
CM11.3	Specific occupational health hazards, their risk factors and preventive measures  Prevention & control of occupational diseases: Medical, Engineering and other legislative						
	measures						
CM11.4	Principles of ergonomics in health preservation						
CM11.5	Occupational disorders of health professionals and their prevention & management and interpretation and interpretation						
	Geriatric services						
CM12.1	Concept of Geriatric services						
CM12.2	Health problems of aged population						
CM12.3	Prevention of health problems of aged population						
CM12.4	Describe National program for elderly						
	Mental Health						
CM15.1	Concept of mental Health						
CM15.1	Warning signals of mental health disorder						
CM15.1	National Mental Health program						
	Health planning and management						
CM16.1	Concept of Health planning						
CM16.2	Planning cycle						
CM16.3	Health accomment to the leaves						
CM16.4	Health management techniques  Health planning in India and National policies related to health and health planning						



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Competency Nos.	Topics & Subtopics				
	International Health				
CM18.1	Concept of International health				
CM18.2	Roles of various international health agencies				
	Recent advances in Community Medicine				
CM20.1	Important public health events of last five years				
CM20.2					
	Various issues during outbreaks and their prevention				
CM20.3					
	Describe any event important to Health of the Community				
CM20.4	Laws pertaining to practice of medicine such as Clinical establishment Act and Human Organ				
	Transplantation Act and its implications				

## Third Professional Part I - Community Medicine: List of Practicals / DOAP/SDL Activities

Competency no.	Practicals / DOAP / SDL Activities
CM 7.4	Exercises on calculation of morbidity and mortality indicators based on given set of data and their interpretation
CM6.1	Demonstration and exercises on Formulation of a research problem , research question & research hypothesis for a study
CM 7.5	Exercise on developing appropriate epidemiological study design and method for a given public health problem.
CM 7.9	Demonstration and hands on training of application of computers in epidemiology.  Demonstration and hands on exercises of application of MS- Excel , Epi Info etc.
CM6.2	Demonstration and exercises on the methods of data collection, classification, analysis, interpretation and presentation of statistical data
CM6.3	Demonstration and exercises on the application of elementary statistical methods including test of significance in various study designs and interpretation of statistical tests.
CM6.4	Demonstration and exercises on Common sampling techniques, simple statistical methods, frequency distribution, measures of central tendency and dispersion
CM9.2	Calculation and interpretation of demographic indices including birth rate, death rate, fertility rates
CM9.2 SDL	A small scale survey of local customs and practices during pregnancy, childbirth, lactation and child feeding practices
CM 11.3	Visit to Industry- Assessment of occupational environment and preventive measures Exercise on occupational history taking
CM20.3 SDL	Describe any event important to Health of the Community

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#### Third Professional Part I - Proposed Activities in Second Clinical Community Medicine Posting (6 weeks)

Duration( weeks)	Proposed Activities
Two weeks (Posting in Urban	Preventive and Community Obstetrics (including Family Welfare)  a. Clinico social assessment of antenatal, postnatal cases
Health Centre / ANC/ FW clinic/	<ul> <li>Assessment of high risk mothers</li> </ul>
Obstetric wards )	Neonatal assessment     Assessment of eligible couples for family welfare services and health education
	Organization of community based maternal health services and health educational activity for mothers.
Two weeks	Preventive and Community Paediatrics , Adolescent Health Care
(Posting in Urban	<ul> <li>Health and Nutritional assessment of underfive child</li> </ul>
Health Centre / Under five clinic /	<ul> <li>Clinico social case reviews of Nutritional Deficiency Diseases in children and childhood malnutrition</li> </ul>
Immunization clinic / Paediatric	<ul> <li>Clinico social case reviews of common childhood infections such as ARI, fever with rash, acute GE, malarial fever etc</li> </ul>
wards )	d. Childhood immunization, organization of immunization session, assessment of cold chain etc
	e. School health examination, assessment of school environment, organization
	of health educational activity for school ehildren
Two weeks	Non communicable diseases and Preventive Geriatrics
( Posting in Urban	Clinico social case reviews of chronic non communicable diseases such as hypertension
Health Centre /	, diabetes mellitus , CHD , Stroke , COPD, Cancer , psychiatric disorders , geriatric
Medicine wards)	health problems, occupational diseases etc.

#### Note:

- The observations/ reflections of family / hospital / community visits, DOAP sessions, Self directed learning activities (SDL), practicals should be entered in the log book immediately after the assignment.
- The observer / facilitator / teacher will provide the written brief feedback in the log book for the learner related to the competencies.



## Paper wise distribution of topics for Prelim & MUHS Annual Examination Year: III-I MBBS Subject: Community Medicine

Paper	Section	Topics
- 1	A	MCQs on all topics of the paper I
		Concept of health and disease
		Epidemiology
		Screening for disease
		Communicable diseases & related NHP
		Emerging & Remerging diseases
		Sociology
		Environmental health
		Occupational Health
		Hospital waste management
		Biostatistics & Vital statistics
		AETCOM Module no. 3.1 & 3.3
II	A	MCQs on all topics of the paper II
	8/11	Demography & FP & NHP
		MCH, Geriatrics & related NHP
		Nutrition & related NHP
	3	Mental Health
		Health education & Communication
		Health planning & Management
		Health care delivery system
		Non communicable Diseases & related NHP
		International health
		Disaster Management



# Internal Assessment Subject: Community Medicine

# Applicable w.e.f March 2020 onwards examination for batches admitted from onwards

Phase	I-Exam (At the end of second term- Mar						
	Theory	Practical (Including 10 Marks for Journal- Nutrition & Log Book )					
First MBBS	50	50					

Phase	I-Exa	m (At the end of fire	II-Exam (At the end of s		
	Theory	Practical (Including 10 Marks for Journal & Log Book )	Total Marks	Theory	Practical Includir Marks for Journ Log Book
Second MBBS	50	50	100	50	50

Phase	I-Exa	m (at the end of firs	II-Exam Preliminary e		
	Theory	Practical (Including 10 Marks for Journal & Log Book)	Total Marks	Theory	Practical Includi 10 Marks for Jour & Log Book
III MBBS	50	50	100	200	100





- There will be 5 internal assessment examinations in Community Medicine. The struct assessment theory examinations should be similar to the structure of University examination.
- It is mandatory for the students to appear for all the internal assessment
   Examinations in the respective phases. A student who has not taken minimum
   required number of tests for Internal Assessment each in theory and practical will
   not be eligible for University examinations.
- There will be only one additional examination for absent students (due to genuine reason) a
   Institutional Grievances Committee. It should be taken after preliminary examination and internal assessment marks to the University.
- Internal assessment marks for theory and practical will be converted to out of 40. Internal
  after conversion, should be submitted to university within the stipulated time as per
  University.
- Conversion Formula for calculation of marks in internal assessment examinations

	First IA I Phase	Second IA II Phase	Third IA II Phase Part -I	Fourth IA III Phase Part -I	(Prelim) III Phase Part -I	Total	Internal assessment marks: Conversion formula (out of 40)	Elig (af
Theory					D	D	Total marks obtained 10	1 (Minir
Practical					0	D	Total marks obtained 7.5	1 (Minir



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While preparing Final Marks of Internal Assessment, the rounding-off marks shall do following table

Internal Assessment Marks	Final rounded marks
15.01 to 15.49	15
15.50 to 15.99	16

- 7. Students must secure at least 50% marks of the total marks (combined in theory and practical than 40 % marks in theory and practical Separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks Will reflect as separate head of passing at the summative examination.
- Internal assessment marks will not to be added to marks of the University examination separately in mark list.



# 1<sup>st</sup> /2<sup>nd</sup> /3<sup>rd</sup>MBBS Practical Mark's Structure Internal Assessment Examinations

(Applicable w.e.fOctober 2020 onwards examination for batches admitted from June

			Subject :	Community P	Medicine Practic	al – 1 <sup>st</sup> Interna	l assessmen	t -
Seat				0.				
No.	Spotters marks	Log book	Skill assessment Nutrition exercises	Viva Voce	Practical Total			
Max. Marks	10 marks	(10-marks)	10 marks	20 marks	50 marks			
		56/1	11					
			1119					

	Subject : Community Medicine Practical – 2 <sup>nd</sup> Internal assessment									
Seat										
No.	Spotters	Log book	Viva Voce	Practical Total						
Max. Marks	20 marks	(10-marks)	20 marks	50 marks						



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			Subject :Commu	nity Medicir	ne Practical – 4 <sup>t</sup>	Internal as	sessment	
Seat								
No.	Spotters marks	Log book	Clinicoepidemiological case	Viva Voce	Practical Total			
Max. Marks	10 marks	(10- marks)	20 marks	10 marks	50 marks			
				~				
				-0/				
			4.17	. 6				

## Method of Clinico epidemiological Case evaluation

Sr.no.	Head	Marks allotted
01	Identifying and socio demographic information	05
	(with house landmark, facilities for health care )	
02	Present and past illness history	05
	(with risk factors , exposures )	
	Environmental , behavioural and family information	
03	Demonstration of relevant clinical signs/skills	05
05	Management plan and relevant control measures at individual, family and community level	05
	Total	20



# III-I MBBS Practical Mark's Structure (Prelim exa

Applicable w.e.f October 2021onwards examination for batches admitted from June

			Subje	ct: Community Medicine	
			Practical		Oral/Viva
Seat No.	Spotters	Statistical Ex	Clinicoepidemilogical case	Skill assessment ( 10 skills) *	Viva/ voce
Max. Marks	20	20	20 01.	20	20
			**		

· As per MCI competency based document

### Method of Clinico epidemiological Case evaluation

Sr.no.	Head	Marks allotted
	Identifying and socio demographic information	05
	(with house landmark, facilities for health care )	
	Present and past illness history	05
	(with risk factors , exposures )	
	Environmental , behavioural and family information	
	Demonstration of relevant clinical signs/skills	05
	Management plan and relevant control measures at individual, family and community	05
	level	
	Total	20



# III-I MBBS Practical Mark's Structure (University ex

Applicable w.e.f October 2022onwards examination for batches admitted from June

			Sul	oject: Community Medicine	
			Practical	~	Oral/Viva
Seat No.	Spotters	Statistical Ex	Clinicoepidemilogical case	Skill assessment ( 10 skills) *	Viva/ voce
Max. Mark s	20	20	20	20	20
		20.1			
	·	8/	The state of the s		
			, (S)		



#### MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF OUESTION PAPER-1

1.	Course and	l Year		II-I- MB	BS w.e.f. October 20.	22 & onwards	s examinations)		Subject Code	:
3.	Subject	(PSP)	: C	ommunit	ty Medicine					
		(ITI)	:							
4.	Paper:		:	I	<ol><li>Total Marks</li></ol>	: 100	<ol><li>Total Time</li></ol>	: 3 Hrs.	7. Remu. (Rs)	: Rs. 300/-
l									8. Remu. (Rs)	: Rs. 350/-
9.	Web Patter	m	: [	]	10. Web Skeleton	:[]	11. Web Syllabus	: [ ]	12. Web Old QP	:[]

	Instructions:	SECTION "A" MCQ  1) Put in the appropriate box below the question number once only.  2) Use blue ball point pen only.  3) Each question carries One mark.  4) Students will not be allotted mark if he/she overwrites strikes or put white ink on the cross once mark.	narked.
	SECTION	"A" MCQ (20 Marks)	
l	<ol> <li>Multiple Ch</li> </ol>	toice Questions (Total 20 MCQ of One mark each)	(20  x1 = 20)
l	a) b)	c) d) e) f) g) h) i) j)	

n) o) p) q) r)

#### SECTION "B" 1) Use blue/black ball point pen only. Instructions: 2) Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered as an attempt to resort to unfair means. 3) All questions are compulsory. The number to the right indicates full marks. Draw diagrams wherever necessary. 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any paper's syllabus into any question paper. Students cannot claim that the Question is out of syllabus. As It is only for the placement sake, the distribution has been done. 7) Use a common answerbook for all sections. SECTION "B" Short Answer Questions (One Question AETCOM(3.1 and 3.3)(compulsory) (7x1-07) Short Answer Questions (Answer Any 3 out of 4) (7x3-21)a) b) c) d) Structured Long Answer Questions (Compulsory) (12x1=12) 4. Short Answer Questions (Answer Any 4 out of 5) (7x4-28) b) c) d) e) a) 6. Structured Long Answer Questions (Compulsory) (12x1=12) a)

2. Subject Code



Course and Year : III-I- MBBS

#### MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF OUESTION PAPER-2

(applicable w.e.f. October 2022& onwards examinations)

3.	Subject	(PSP)	: 0	`omm	unit	y Me	edicine														
		(TT)	:																		
4.	Paper:			П	5	, To	otal Mark	s	: 100	6	<ol> <li>To</li> </ol>	tal Time		31	Hrs.	7.	Remu. (Rs)		Rs	. 300/-	
l																8.	Remu. (Rs)	:	Rs	350/-	
9.	Web Patte	m	: [	1	1	0. W	eb Skele	ton	:[]	1	11. We	b Syllai	Sus	] :	]	12	Web Old QP	:	[	]	
Insi	ructions:		2) 3) 4)	Use Eaci Stud	h que: lents v	ball p stion vill n	point per carries	only One	nark.						nce only. na white i	ink o	n the cross on	се та	ırke	d.	
	SECT	ION "A	MI	CQ (20	) Mai	rks)															
1.	Multip	le Choi	ce Qu	estion	s (Tot	al 20	) MCQ o	f On	mark	each)											(20  x1 = 20)
	a)	b)	c)	d)	e)	f)	g)	h)	i)	j)											
	k)	l)	m)	n)	o)	p)	q)	r)	s)	t)		1	0								
												2.3							_		

#### SECTION "B"

#### Instructions:

- 1) Use blue/black ball point pen only.
- Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered
  as an attempt to resort to unfair means.
- 3) All questions are compulsory.
- 4) The number to the right indicates full marks.
- Draw diagrams wherever necessary.
- 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any paper's syllabus into any question paper. Students cannot claim that the Question is out of syllabus. As It is only for the placement sake, the distribution has been done.
- 7) Use a common answerbook for all sections.

!		
2.		(7x4=28)
3.		(12x1=12)
4.	a) Short Answer Questions (Answer Any 4 out of 5) a) b) c) d) e)	(7x4=28)
5.	Structured Long Answer Questions (Compulsory)	(12x1=12)





- 1. Text book of Community Medicine, Kulkarni A.P. and Baride J.P.
- Park "s Textbook of Preventive and Social Medicine,
- 3. Principles of Preventive and Social Medicine, K. Mahajan
- 4. Textbook of Community Medicine, B. Shridhar Rao.
- Essentials of Community Medicine, Suresh Chandra.
- 6. Textbook of Biostatistics, B. K. Mahajan
- Review in Community Medicine, V.R. Sheshu Babu.
- Reference Book for Community Medicine: "Principles and practice of Biostatistics", Author: Dr. J.V. Dixit

#### FURTHER READINGS.

Epidemiology and Management for health care for all P.V. Sathe and A.P. Sathe. Essentials of Preventive Medicine O.P. Ghai and Piyush Gupta.



## Maharashtra University of Health Sciences Nashik



# COMMUNITY MEDICINE LOGBOOK

For

1st, 2nd&3rd PROFESSIONAL

MBBS STUDENTS AS PER

COMPETENCY BASED CURRICULUM

First Edition:2020

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## Preface

The Medical Council of India has revised the undergraduate medical education curriculum so that the Indian Medical Graduate (IMG) is able to recognize "Health for all" as a national goal. He/she should also be able to fulfil his/her societal obligations. The revised curriculum has specified the competencies that a student must attain and clearly defined teaching learning strategies for the same. With this goal in mind, integrated teaching, skill development, AETCOM and self-directed learning have been introduced. There would be emphasis on communication skills, basic clinical skills and professionalism. There is a paradigm shift from the traditional didactic classroom-based teaching to learning environments where there is emphasis on learning by exploring, questioning, applying, discussing, analysing, reflecting, collaborating and doing. The recognition of this need is enshrined by a greatly enhanced allocation of time to these methods and also the assessment www.r.irstRanker.com techniques. With this view in mind the log book has been designed as per the guidelines of competency Based curriculum.





#### Instructions

- This logbook is prepared as per the guidelines of MCI for implementation of Competency based curriculum for 1<sup>st</sup>, 2<sup>nd</sup>& 3<sup>rd</sup> Professional MBBS students in the subject of Community Medicine.
- Students are instructed to keep their logbook entries up to date.
- Students are expected to write their reflections on all activities of Self-Directed Learning (SDL) and Visits.
- Students also have to write reflections on AETCOM Module 3.1 and 3.3
- 5) Reflections should be structured using the following guiding questions:
  - What happened? (What did you learn from this experience)
  - So what? (What are the applications of this learning)
  - What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?)
- The logbook assessment will be based on multiple factors like
  - Attendance
  - · Active participation in the sessions,
  - Timely completions
  - · Quality of write up of reflections
  - · Overall presentation



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# INDEX

Sr.	Description	Page	Status	Signature of
No		No.	Complete/	Teacher
	1	st Professio	Incomplete	
1.	Communication in	I	I	
	a. Competencies     b. Self-Directed Learning (Seminars,			
	Projects, Quizzes)			
	c. Certificate			
2.	2	nd Professio	onal	
a.	Term I: a. Competencies			
	<ul> <li>b. Self-Directed Learning</li> </ul>			
	c. Clinical posting - Cases		~	
	d. Visit	3.		
	e. Certificate	2)		
b.	Term II: a. Competencies			
	b. Self-Directed Learning			
	c. Clinical posting - Cases			
	d. Visit			
	e. Certificate			
	3	rd Professio	nal	
3.		1	I	Ι
	a. Competency			
	b. Self-Directed Learning			
	c. Clinical posting - Cases			
	d. Visit			
	e. Certificate			
4.	AETCOM module 3.1 and 3.3			
5.	Attendance Record			
6.	Final certificate			
7.	Records of Internal Assessment			

AETCOM – Competencies for IMG, 2018, Medical Council of India.



# FIRST PROFESSIONAL

## List of Competencies

Competency No	COMPETENCY - The student should be able to
CM1.9	Demonstrate the role of effective Communication skills in health in a simulated environment
CM 1.10	Demonstrate the important aspects of the doctor patient relationship in a simulated environment
CM4.3	Demonstrate and describe the steps in evaluation of health promotion and education program
CM5.2	Describe and demonstrate the correct method of performing a nutritional assessment of individuals, families and the community by using the appropriate method
CM5.4	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
CM9.2	Define, calculate and interpret demographic indices including birth rate, death rate, fertility rates



# Competencies Sub Item:

Competency # addressed	Name of Activity	Date completed: dd-mm- yyyy	Attempt at activity  First or Only (F) Repeat (R) Remedial (Re)	Rating  Below(B) expectations Meets(M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner
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#### Self Directed Learning, (Seminars, Tutorials, Projects, Ouizzes, small group discussions)

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Reflection on Self-directed learning Experience

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<u>CERTIFICATE</u>
This is to certify that,
Mr/Ms
Roll Nohas satisfactorily attended/completed all assignments mentioned in the
logbook as per the guidelines prescribed by Medical Council of India, for First Professional MBB
Teacher- Incharge Professor and Head
Teacher- Incharge  Professor and Head  Department of Community Medicine
Place:

# SECOND PROFESSIONAL

## TERM-I



#### List of Competencies

Competency No	COMPETENCY The student should be able to				
CM2.1	Describe the steps and perform clinico-socio-cultural and				
	demographic assessment of the individual, family and community				
CM2.2	Describe the socio-cultural factors, family (types), its role in health				
	and disease & demonstrate in a simulated environment the correct				
	assessment of socio-economic status				
CM2.3	Describe and demonstrate in a simulated environment the				
	assessment of barriers to good health and health seeking behavior				
	www.FirstRanker.com				





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#### Self Directed Learning, (Seminars, Tutorials, Projects, Quizzes)

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#### VISIT:

COMPETENCY	VISIT	DATE	TEACHER'S SIGN.
No.			
3.2	Visit to water purification plant		
	Visit to Dist Public Health Laboratory		
	Exercise on interpretation of water analysis report	200	
3.4	Visit to sewage purification plant		
	www.rirestReanker.com		



	Reflection on visit:	
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College name:
CERTIFICATE
This is to certify that,
Mr /Ms.
Roll Nohas satisfactorily attended/completed all assignments mentioned in this logbook as per the guidelines prescribed by Medical Council of India, for Second Professional first term
Competency Based Curriculum in the subject of Community Medicine.
Teacher- Incharge  Professor and Head Department of Community Medicine  Date:/ Place:



# SECOND PROFESSIONAL TERM- II

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### List of competencies

Competency	COMPETENCY The student should be able to
No	
CM3.7	Identify and describe the identifying features and life cycles of vectors of Public
	Health importance and their control measures
CM8.6	Educate and train health workers in disease surveillance, control & treatment
	and health education





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#### Competencies Sub Item:

Competency # addressed	Name of Activity	Date completed: dd-mm- yyyy	Attempt at activity  First or Only (F) Repeat (R) Remedial (Re)	Below(B) expectations Meets(M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner
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#### Self Directed Learning (Seminars, Tutorials, Projects, Quizzes)

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Signature of Teacher-in- charge



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#### VISIT:

COMPETENCY	VISIT	DATE	TEACHER'S
No.			SIGN.
3.6	Visit to office of Dist Vector borne Diseases Control Program		
8.1	Visits to the Dist Offices/ Units/ clinics related to implementation of Disease Control Measures of Communicable Diseases		
8.1	Visit to Public Health Microbiology/ Reference laboratories		
8.6	Visit to Dist Training Centre / Dist Disease Surveillance Unit		
13.4	Visit to Civil Defence Dept / Dist Disaster Management Office		
19.2	Visit to hospital pharmacy		



	Reflection on visit:	
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Mr/Ms
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logbook as per the guidelines prescribed by Medical Council of India, for Second Professional second
term Competency Based Curriculum in the subject of Community Medicine.
Teacher-Incharge  Professor and Head Department of Community Medicine  Date:/  Place:



# THIRD PROFESSIONAL

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# List of competencies

Competency No	COMPETENCY The student should be able to
CM6.2	Describe and discuss the principles and demonstrate the methods of
	collection, classification, analysis, interpretation and presentation of
	statistical data
CM6.3	Describe, discuss and demonstrate the application of elementary statistical
	methods including test of significance in various study designs
CM6.4	Enumerate, discuss and demonstrate Common sampling techniques,
	simple statistical methods, frequency distribution, measures of central
	tendency and dispersion
CM7.4	Define, calculate and interpret morbidity and mortality indicators based on
	given set of data
CM7.6	Enumerate and evaluate the need of screening tests
CM7.7	Describe and demonstrate the steps in the Investigation of an epidemic of
	communicable disease and describe the principles of control measures
CM9.2	Define, calculate and interpret demographic indices including birth rate,
	death rate, fertility rates



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# Competencies Sub Item:

Competency # addressed	Name of Activity	Date completed: dd-mm- yyyy	Attempt at activity  First or Only (F) Repeat (R) Remedial (Re)	Below(B) expectations Meets(M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner
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# Self Directed Learning (Seminars, Tutorials, Projects, Quizzes)

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# VISIT:

COMPETENCY	VISIT	DATE	TEACHER'S
No.			SIGN.
CM 9.2	A small scale survey of local customs and		
CWI 9.2	practices during pregnancy, childbirth,		
	lactation and child feeding practices		
CM 11.3	Visit to Industry- Assessment of occupational		
CIVITIS	environment and preventive measures		
	Exercise on occupational history taking		
CM 8.1	Visit to Public Health Microbiology/		
	Reference laboratories		
CM 8.6	Visit to Dist Training Centre / Dist Disease		
	Surveillance Unit		
CM 13.4	Visit to Civil Defence Dept / Dist Disaster		
	Management Office		
CM 19.2	Visit to hospital pharmacy		
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Reflection on visit:					
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Signature of Teacher-in- charge					



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Topic:	Signature of Teacher-in- charge Reflection on visit:	Date:
	Signature of Teacher-in-	charge



Reflection on visit:					
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Торіс:	Signature of Teacher-in- charge Reflection on visit:	Date:			
	Signature of Teacher-in-	charge			



College Name:
CERTIFICATE
This is to certify that,
Mr/Ms
Roll Nohas satisfactorily attended/completed all assignments mentioned in this
logbook as per the guidelines prescribed by Medical Council of India, for Third Professional Competency
Based Curriculum in the subject of Community Medicine.
Teacher- Incharge Professor and Head Department of Community Medicine
Date: / / Place:

# 4. AETCOM Module

Module 3.1: Clinician who understands and provides preventive, promotive, palliative and holistic care with compassion.

# List of competencies

S. No	The student should be able to
1.	Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening,
	non-judgmental and empathetic manner

# Module 3.3: Communicator with patients, family, colleagues and community.

# List of competencies

S. No	The student should be able to
1.	Administer informed consent and appropriately address patient queries to a patient
	undergoing a surgical procedure in a simulated environment





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#### Competencies Sub Item:

Competency # addressed	Name of Activity	Date completed: dd-mm- yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Below(B) expectations Meets(M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner
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	Reflection on AETCOM MODULE	
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Topic:	Signature of Teacher-Reflection on AETCOM MODULE  Date	-in- charge
	Signature of Teacher-	-in- charge





# Section 5: Attendance Record of the Student

S. No	Term	Theory (%)	Clinical Posting (%)	Signature of student	
A	I Professional				
В	II Professional Term – I				
	Term- II			5	
С	III Professional			0	
D	Overall attendance		10		

Note: Above information is for the benefit of students and parents. In case of any discrepancy departmental record will be treated as final.



College Name:								
FINAL CERTIFICATE (before prelims)								
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Mr/Ms								
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Roll Nohas satisfactorily attended/completed all assignments mentioned in this								
logbook as per the guidelines prescribed by Medical Council of India, for First, Second and Third Professional MBBS Competency Based Curriculum in the subject of Community Medicine.								
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# 7. Record of Internal Assessment Examinations

Sr. No	Exam no	Theory	Practical including Viva	Signature of student	Signature of Teacher
1	I Internal Assessment	/50	/50		
2	II Internal Assessment	/50	/50		
3	III Internal Assessment	/50	/50		
4	IV Internal Assessment	/50	/50		
5	PRELIMS	/200	/100		
6	Betterment exam	/50	/50		
	(If Any)	20			

Note: Above information is for the benefit of students and parents. In case of any discrepancy departmental record will be treated as final.