MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

Syllabus for

MBBS – (Third Year)

Part I

Approved as per BOM. 04/2007, dated 14.12.2007, item 4 & amended up to BOM. 43/2015 dated 14.11.2015

Syllabus have been categorized as **'Must know'** (70%), **'Desirable to Know'** (30%) and **'Nice to Know'** (10%) topics.

Inside this booklet, **'Desirable to know'** & **'Nice to Know'** topics are stamped and remaining all unstamped topics belong to **'Must Know'** area.

Prof. Z. G. Badade
Registrar,
MGM Institute of Health Sciences
Kamothe, Navi Mumbai-401209

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GENERAL CONSIDERATIONS AND TEACHING APPROACH

(1) Graduate medical curriculum is oriented towards training students to undertake the responsibilities of a physician of first contact who is capable of looking after the preventive, promotive, curative & rehabilitative aspect of medicine.

(2) With wide range of career opportunities available today, a graduate has a wide choice of career opportunities. The training, though broad based and flexible should aim to provide an educational experience of the essentials required for health care in our country.

"Training should be able to meet internationally acceptable standards."

(3) To undertake the responsibilities of service situations which is a changing condition and of various types, it is essential to provide adequate placement training tailored to the needs of such services as to enable the graduates to become effective instruments of implementation of those requirements. To avail of opportunities and be able to conduct professional requirements, the graduate shall endeavour to have acquired basic training in different aspects of medical care.

(4) The importance of the community aspects of health care and of rural health care services is to be recognized. This aspect of education & training of graduates should be adequately recognized in the prescribed curriculum. Its importance has been systematically upgraded over the past years and adequate exposure to such experiences should be available throughout all the three phases of education & training. This has to be further emphasized and intensified by providing exposure to field practice areas and training during the internship period. The aim of the period of rural training during internship is to enable the fresh graduates to function efficiently under such settings.

(5) The educational experience should emphasize health and community orientation instead of only disease and hospital orientation or being concentrated – on - curative - aspects. As such all the basic concepts of modern scientific medical education are to be adequately dealt with.

(6) There must be enough experiences to be provided for self learning. The methods and techniques that would ensure this must become a part of teaching - learning process.

(7) The medical graduate of modern scientific medicine shall endeavour to become capable of functioning independently in both urban and rural environment. He/she shall endeavour to give emphasis on fundamental aspects of the subjects taught and on common problems of health and disease avoiding unnecessary details of specialization.

(8) The importance of social factors in relation to the problem of health and diseases should receive proper emphasis throughout the course and to achieve this purpose, the

educational process should also be community based than only hospital based. The importance of population control and family welfare planning should be emphasized throughout the period of training with the importance of health and development duly emphasized.

(9) Adequate emphasis is to be placed on cultivating logical and scientific habits of thought, clarity of expression and independence of judgment, ability to collect and analyze information and to correlate them.

(10) The educational process should be placed in a historic background as an evolving process and not merely as an acquisition of a large number of disjointed facts without a proper perspective. The history of Medicine with reference to the evolution of medical knowledge both in this country and the rest of the world should form a part of this process.

(11) Lectures alone are generally not adequate as a method of training and are a poor means of transferring/acquiring information and even less effective at skill development and in generating the appropriate attitudes. Every effort should be made to encourage the use of active methods related to demonstration and on firsthand experience. Students will be encouraged to learn in small groups, through peer interactions so as to gain maximal experience through contacts with patients and the communities in which they live. While the curriculum objectives often refer to areas of knowledge or science, they are best taught in a setting of clinical relevance and hands on experience for students who assimilate and make this knowledge a part of their own working skills.

(12) The graduate medical education in clinical subjects should be based primarily on out-patient teaching, emergency departments and within the community including peripheral health care institutions. The out-patient departments should be suitably planned to provide training to graduates in small groups.

(13) Clinics should be organized in small groups of preferably not more than 10 students so that a teacher can give personal attention to each student with a view to improve his skill and competence in handling of the patients.

(14) Proper records of the work should be maintained which will form the basis for the students' internal assessment and should be available to the inspectors at the time of inspection of the college by the Medical Council of India.

(15) Maximal efforts have to be made to encourage integrated teaching between traditional subject areas using a problem based learning approach starting with clinical or community cases and exploring the relevance of various preclinical disciplines in both understanding and resolution of the problem. Every attempt be made to de-emphasize compartmentalization of disciplines so as to achieve both horizontal and vertical integration in different phases.

(16) Every attempt is to be made to encourage students to participate in group discussions and seminars to enable them to develop personality, character, expression and other faculties which are necessary for a medical graduate to function either in solo practice or as a team leader when he begins his independent career. A discussion group should not have more than 20 students.

(17) Faculty member should avail of modern educational technology while teaching the students and to attain this objective, Medical Education Units/ Departments be established in all medical colleges for faculty development and providing learning resource material to teachers.

(18) To derive maximum advantage out of this revised curriculum, the vacation period to students in one calendar year should not exceed one month, during the 4 ½ years Bachelor of Medicine and Bachelor of Surgery (MBBS) Course.

(19) In order to implement the revised curriculum in Toto, State Govts. and Institution Bodies must ensure that adequate financial and technical inputs are provided.

(20) HISTORY OF MEDICINE –The students will be given an outline on "History of Medicine". This will be taught in an integrated manner by subject specialists and will be coordinated by the Medical Education Unit of the College.

(21) All medical institutions should have curriculum committee which would plan curricula and instructional method which will be regularly updated.

(22) Integration of ICT in learning process will be implemented.

OBJECTIVE OF MEDICAL GRADUATE TRAINING PROGRAMME:

(1) **NATIONAL GOALS** : At the end of undergraduate program, the medical student should be able to :

(a) Recognize `health for all' as a national goal and health right of all citizens and by undergoing training for medical profession fulfill his/her social obligations towards realization of this goal.

(b) Learn every aspect of National policies on health and devote himself / herself to its practical implementation.

(c) Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.

(d) Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.

(e) Become exemplary citizen by observation of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

(2) **INSTITUTIONAL GOALS**: (1) In consonance with the goals each medical institution should evolve institutional goals to define the manpower (or professionals) they intend to produce. The undergraduate students coming out of a medical institute should:

(a) Be 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.

(b) Be competent to practice preventive, promotive, curative and rehabilitative medicine in respect to the commonly encountered health problems.

(c) Appreciate rationale for different therapeutic modalities; be familiar with the administration of the "essential drugs" and their common side effects.

(d) Be 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.

(e) 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.

(f) be familiar with the basic factors which are essential for the implementation of the National Health Programmes including practical aspects of the following:-

(i) Family Welfare and Material 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) IPHS standard of health at various level of service delivery, medical waste disposal.
(vii) Organizational 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 such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

All efforts must be made to equip the medical graduate to acquire the skills as detailed as under:

A comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) Graduate:

1. **Clinical Evaluation**:

(a) To be able to take a proper and detailed history.
(b) To perform a complete and thorough physical examination and elicit clinical signs.
(c) To be able to properly use the stethoscope, Blood Pressure, Apparatus Auroscope, Thermometer, Nasal Speculum, Tongue Depressor, Weighing Scales, Vaginal Speculum etc.:
(d) To be able to perform internal examination-Per Rectum (PR), Per Vaginum (PV) etc.
(e) To arrive at a proper provisional clinical diagnosis.

II. **Bed side Diagnostic Tests**:

(a) To do and interpret Haemoglobin (HB), Total Count (TC), Erythrocytic Sedimentation Rate (ESR), Blood smear for parasites, Urine examination /albumin /sugar /ketones /microscopic:
(b) Stool exam for ova and cysts;
(c) Gram, staining and Siehl-Nielsen staining for AFB;
(d) To do skin smear for lepra bacilli
(e) To do and examine a wet film vaginal smear for Trichomonas
(f) To do a skin scraping and Potassium Hydroxide (KOH) stain for fungus infections;
(g) To perform and read Montoux Test.

III. **Ability to Carry Out Procedures**:

(a) To conduct CPR (Cardiopulmonary resuscitation) and First aid in newborns, children and adults.
(b) To give Subcutaneous (SC) /Intramuscular (IM) /Intravenous (IV) injections and start Intravenous (IV) infusions.
(c) To pass a Nasogastric tube and give gastric leavage.
(d) To administer oxygen-by masic/catheter
(e) To administer enema
(f) To pass a ruinary catheter-male and female
(g) To insert flatus tube
(h) To do pleural tap, Ascitic tap & lumbar puncture
(i) Insert intercostal tube to relieve tension pneumothorax
(j) To control external Haemorrhage.

IV Anaesthetic Procedure

(a) Administer local anaesthesia and nerve block

(b) Be able to secure airway potency, administer Oxygen by Ambu bag.

V **Surgical Procedures**

(a) To apply splints, bandages and Plaster of Paris (POP) slabs;
(b) To do incision and drainage of abscesses;
(c) To perform the management and suturing of superficial wounds;
(d) To carry on minor surgical procedures, e.g. excision of small cysts and nodules, circumcision, reduction of paraphimosis, debridement of wounds etc
(e) To perform vasectomy;
(f) To manage anal fissures and give injection for piles.

VI Mechanical Procedures

(a) To perform thorough antenatal examination and identify high risk pregnancies.
(b) To conduct a normal delivery;
(c) To apply low forceps and perform and suture episiotomies;
(d) To insert and remove IUD's and to perform tubectomy

VII **Paediatrics**

(a) To assess new borns and recognize abnormalities and I.U. retardation
(b) To perform Immunization;
(c) To teach infant feeding to mothers;
(d) To monitor growth by the use of 'road to health chart' and to recognize development retardation;
(e) To assess dehydration and prepare and administer Oral Rehydration Therapy (ORT)
(f) To recognize ARI clinically;

VIII **ENT Procedures**:

(a) To be able to remove foreign bodies;
(b) To perform nasal packing for epistaxis;
(c) To perform trachesotomy

IX **Ophthalmic Procedures**:

(a) To invert eye-lids;
(b) To give Subconjunctival injection;
(c) To perform appellation of eye-lashes;
(d) To measure the refractive error and advise correctional glasses;
(e) To perform nasolacrimal duct syringing for potency

X. **Dental Procedures**:

To perform dental extraction

XI **Community Healthy**:

(a) To be able to supervise and motivate, community and para-professionals for corporate efforts for the health care;
(b) To be able to carry on managerial responsibilities, e.g. Management of stores, indenting and stock keeping and accounting
(c) Planning and management of health camps;
(d) Implementation of national health programmes;
(e) To effect proper sanitation measures in the community, e.g. disposal of infected garbage, chlorination of drinking water;
(f) To identify and institute and institute control measures for epidemics including its proper data collecting and reporting.

XII **Forensic Medicine Including Toxicology**

(a) To be able to carry on proper medico legal examination and documentation of injury and age reports.
(b) To be able to conduct examination for sexual offences and intoxication;
(c) To be able to preserve relevant ancillary material for medico legal examination;
(d) To be able to identify important post-mortem findings in common un-natural deaths.

XIII **Management of Emergency**

(a) To manage acute anaphylactic shock;
(b) To manage peripheral vascular failure and shock;
(c) To manage acute pulmonary oedema and LVF;
(d) Emergency management of drowning, poisoning and seizures
(e) Emergency management of bronchial asthma and status asthmaticus;
(f) Emergency management of hyperpyrexia;
(g) Emergency management of comatose patients regarding airways, positioning prevention of aspiration and injuries
(h) Assess and administer emergency management of burns

Syllabus for
Community Medicine

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BROAD CURRICULUM AS PER MCI GUIDELINES (PSM)

i) GOAL :

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

ii) OBJECTIVES

a) KNOWLEDGE

At the end of the course, the student should be able to:-

1. Describe the health care delivery system including rehabilitation of the disabled in the country;
2. Describe the National Health Programmes with particular emphasis on maternal and child health programmes, family welfare planning and population control.
3. List epidemiological methods and describe their application communicable and non-communicable diseases in the community or hospital situation.
4. Apply bio-statistical methods and techniques;
5. Outline the demographic pattern of the country and appreciate the roles of the individual, family, community and socio-cultural milieu in health and disease.
6. Describe the health information systems.
7. Enunciate the principles and components of primary health care and the national health policies to achieve the goal of 'Health for All'.
8. Identify the environmental and occupational hazards and their control.
9. Describe the importance of water and sanitation in human health.
10. To understand the principles of health economics, health administration, health education in relation to community.

b) SKILLS

At the end of the course, the student should be able to:-

(1) Use epidemiology as a scientific tool to make rational decisions relevant to community and individual patient intervention.
(2) Collect, analyze, interpret and present simple community and hospital based data.
(3) Diagnose and manage common health problems and emergencies at the individual, family and community levels keeping in mind the existing health care resources and in the context of the prevailing socio-cultural beliefs.
(4) Diagnose and manage maternal and child health problems and advise a couple and the community on the family planning methods available in the context of the national priorities.
(5) Diagnose and manage common nutritional problems at the individual and community level.

(6) Plan, implement and evaluate a health education programme with the skill to use simple audio-visual aids.

(7) Interact with other members of the health care team and participate in the organization of health care services and implementations of national health programmes.

c. **INTEGRATION:**

Develop capabilities of synthesis between cause of illness in the environment or community and individual health and respond with leadership qualities to institute remedial measures for this.

Preventive and Social Medicine / Community Medicine (PSM)

A. The teaching of Social & Preventive Medicine shall place throughout the teaching period.

B. Field experience in rural health is included in pre-clinical as well as during clinical period

C. During the students attendance at various departments which is now required under medicine and surgery, such as infectious diseases. T.B. Leprosy, V.D. etc. emphasis shall be laid as much on the preventive as on the clinical and Therapeutic aspects of these diseases.

D. In addition to the teaching undertaken by the department of Social & Preventive Medicine, a joint programme with other departments is essential in order to give the students a comprehensive picture of man, his health and illness.

E. Stress shall be laid on national programmes, including those of control of communicable diseases and family planning and health education.

F. An epidemiological units as an integrate part of every hospital in order to achieve a comprehensive study disease by the students should be established.

G. The objective of the internship shall be clearly defined and that a proper training programme is oriented for this period. Objectives, and the methods by which the internship could be made into a satisfying and fruitful experience. Sharpening and for planning in this phase of education shall be done.

H. As regards the qualifications of the teachers it is highly important that All teachers in Social and A preventive Medicine should have as far as possible had adequate administrative experience in addition to the teaching experience. They should also be encouraged to acquire skills in clinical subject specially related to community medicine.

I. Practical Skills : Due stress shall be laid on the students acquiring practical skill in the following procedures.

Community Medicine including Humanities
(Preventive and Social Medicine)

(Phase I,II and Part 1st of Phase III M.B.B.S.)

GOALS :

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

OBJECTIVES :

Knowledge :

At the end of the course the student shall be able

- Explain the principles of sociology including demographic population dynamics.
- Identify social factors related to health, disease and disability in the context of urban and rural societies.
- Appreciate the impact of urbanization on health and disease.
- Observe and interpret the dynamic of community behaviours.
- Describe the elements of normal psychology and social psychology.
- Observe the principles of practice of medicine in hospital and community settings.
- Describe the health care delivery systems including rehabilitation of the disabled in the country.
- Describe the National Health Programmes with particular emphasis on maternal and child health programmes, family welfare planning and population control.
- List the epidemiological methods and techniques.
- Outline the demographic pattern of the country and appreciate the roles of the individuals, family, community and socio-cultural milieu in health and disease.
- Describe the health information systems.
- Enunciate the principles and components of primary health care and the national health policies to achieve the goal of "Health for all".
- Identify the environmental and occupational hazards and their control.
- Describe the importance of water and sanitation in human health.
- To understand the principles of health economies, health administration, health education in relation to community.

Skills :-

At the end of the course, the student shall be able to make use of

- The principles and practice of medicine in hospital and community settings and familiarization with elementary practices.
- Use the Art of communication with patients including history taking and medico social work.
- Use epidemiology as a scientific tool to make rational decisions relevant to community and individual patient intervention.
- Collect, analyse, interpret and present simple community and hospital base data.
- Diagnose and manage common health problems and emergencies at the individual, family and community levels keeping in mind the existing health care resources and in the context of the prevailing socio-culture beliefs.
- Diagnose and manage common nutritional problems at the individual and community level.
- Plan, implement and evaluate a health education programme with skill to use simple audio-visual aids.
- Interact with other members of the health care team and participate in the organization of health care services and implementation of national health programmes.

Integration:

Develop capabilities of synthesis between cause of illness in the environment or community and individual health and respond with leadership qualities to institute remedial measures for this.

Course Content :

Total hours of teaching in community medicine and Humanities are 376. The distribution of them shall be as follows.

Phase	Semester	Theory	Practical Hours
I	I & II	30	30
II	III & IV	68	132
III Part1st	VI & VII	50	66

Community Medicine (P.S.M.)

List of theory lectures

Phase I (1st and 2nd semester) 30 Hours

1. Introduction – Evolution of Community Medicine Desirable To Know
2. Health – Definition, spectrum of health and factors affecting – indicators of health.
3. Health Problem of World – Urban and Rural – Indian Health.
4. Health Care Delivery system in India – Urban and Rural. Desirable To Know
5. Demography, Demographic cycle, Population trends – World and India.
6. Fertility and factors affecting it.
7. Family welfare and Population control.
8. Medical ethics and Doctor – patient relationship – Consumer Protection Act.
9. Sociology and Social factors effecting health. Nice To Know
10. Social Psychology – introduction, Group Behaviour, Motivation Personality.
11. Economics and health. Desirable To Know
12. Health Education and Communication. Desirable To Know
13. Hospital Management. Nice To Know
14. Nutrition and Health.
    - Constituents of food.
    - Food and food groups.
    - Diet planning and recommended dietary allowances.
    - Nutritional diseases.
    - Iodine deficiency disorders.
    - Diseases due to vitamin and mineral imbalance
    - Toxins in the food.
    - Assessment of Nutritional status.
    - Examination

Phase II – (3rd and 4th Semester) 68 Hours

General Epidemiology

- The concepts of disease.
- Natural history of disease.
- Epidemiological triad.
- Dynamics of diseases transmission.

- Concept of disease control.

Epidemiology

- **Definition, types, measurements in epidemiology, epidemiological studies, and clinical trial, investigation of an epidemic.**
- **Uses of epidemiology.**
- **Screening for disease.**
- **Disinfection, sterilization and control of Hospital acquired infections.**
- **Immunity.**

Environmental health

- **Introduction to environment health.**
- Water in relation to health and disease.
- Air pollution and ecological balance.
- Housing and health.
- Effects of radiation on human health (Ionizing, Non-ionizing & Nuclear warfare)
- Effects of Noise on human health.
- Meteorological environment.
- Solid waste disposal.
- Disposal of hospital waste.
- Liquid waste disposal

Medical entomology

Arthropods of medical importance and their control.

Biostatistics (Theory and Practical)

Introduction and uses.
Data- Types, Collection and Presentation.
Centering constants.
Measures of Variation.
Normal distribution.
Sampling methods and Sampling variability.

Tests of significance.

- SE of difference between two means.
- SE of difference between two proportions
- X^2 test. (Chi-square)
- Students „t" test
  - Paired .
  - Unpaired.
- Statistical fallacies.

Computers in Medicine Desirable To Know

There use at all the stages to be demonstrated. The students should use computers in analysis and presentation of data

Epidemiology of communicable diseases.

- Air borne infections.
- Exanthematous fevers.
- Chicken pox, Rubella, and Measles
- Factors responsible to eradicate small pox.
- **Influenza and ARI.**
- Diphtheria and Pertussis

- Tuberculosis.
- Faeco-oral infections.
  - Poliomyelitis.
  - Hepatitis.
  - Enteric Fever and Cholera
  - Bacillary and Amoebic dysentery.
- Soil transmitted Helminths.
- Tetanus
- Rabies and other Viral Zoonotic disease.
- Leprosy.
- Leprosy.
- Malaria
- Filariasis.
- Arthropod borne viral diseases.
- Sexually transmitted diseases and their control.
- A.I.D.S.

Examinations at the end of 3rd and 4th semester.

(Phase III (6th and 7th Semester) **50 hrs.**

(Teaching in 7th semester includes tutorials also.)

- Community development programmes and multisectoral development.
- Comprehensive medical care and Primary health care.
- National Health Policy.
- Maternal and Child Health care.
- Epidemiology of Non-communicable diseases.
- Occupational health.
- Problems of adolescence including Drug dependence. Nice To Know
- Geriatrics
- Vital statistics – sources and uses, Census, Fertility statistics.
- Management information system. Desirable To Know
- Mental health.
- Genetics in public health.
- Health planning and management.
- National Health Programmes.
- International health and Voluntary Health Agencies.Tutorials.

Examination at the end of 6th and 7th semester.

Practicals

Phase I (Ist And 2nd semester) - **30 hours.**

Field visit-

Every Medical College should have adequate transport facilities to take medical undergraduate for field visits. In the phase I total 15 visits, each of 2 hours duration or total 10 visits – each of 3 hours duration (depending on distances) are to be planned by the departments of community medicine. The broad outline of place for educational field visits is given below.

- Hospital visits (O.P.D., Casualty, Immunization clinic, different wards, Kitchen, FW Centre, PPP, Blood Bank, Sterilization section, Infectious disease ward, Minor operation theatre, etc.)
- Rural Health Training Centre.
- Primary Health Centre.
- Urban Health Centre.
- District Health Office (DHO).
- District Training Team (DTT)/IEC Bureau.
- District Tuberculosis Centre.
- Public Health Laboratory.
- District Malaria Office.
- Remand Home.
- Rehabilitation Centre.

III rd Semester, I st Clinical Posting - 66 hours.

Lecture – Cum – Demonstration, at appropriate places

SN	Topic	Demonstration
1	Visit to Urban / Rural health Training Centre.	Functions of UHC/ RHTC Manpower & Duty arrangements
2	Immunization Programme	I (demonstration)
3	Immunization Programme	II (Cold Chain)
4	Care of ANC mother	Demonstration of Antenatal case
5	Care of Infant	Demonstration of case
6	Post-natal case of mother/child.	Demonstration of case
7	Contraceptive devices	Situation to be given and sex education.
8	Exclusive breast feeding	Visit to Baby Friendly Hospital
9	Weaning foods	Demonstration
10	Nutritional demonstration	Explain nutritive values of Indian foodstuff
11	Nutritional assessment	Demonstration
12	Anthropometric measurements	Demonstration
13	Nutritional deficiency disorders	With A/V aids or case, Road to Health Chart
14	Protein Energy Malnutrition	With A/V aids or case, ORS preparation
15	Diarrhoea as a community health problem	With A/V aids or case
16	ARI as a community health problem	With A/V aids or case
17	Elementary essential drugs	Visit to drug store, Inventory control
18	Examination	

4th Semester 2nd Clinical Posting - 66 hours.

The board guidelines for planning programmes are as follows.

1) Posting for family care study - 6 days
   - Principle of clinical epidemiology
   - Morbidity Survey.
   - Data analysis and presentation.
2) Posting for School Health - 6 days
   - Health check-up of school children.
   - Data analysis and presentation.
   - Health education activities in the school by the students.
3) Visit to anganwadi and ICDS scheme block - 2 days
4) Visit to Home for aged and discussion - 2 days

on geriatric health problems

5) Students" seminars on topics like - 5 days
   - Disaster management
   - Road traffic accidents
   - Population explosion etc.

6) Examinations - 3 days.

Phase III (6th and 7th Semester)

3rd Clinical Posting - 66 hours.

Posting : Clinical case presentation by students

1. Introduction to infectious diseases – history taking
2. Exanthematous fever.
3. Diarrhoea / Cholera / Dysentery.
4. Tuberculosis
5. Leprosy.
6. Dog – bite case.
7. Tetanus.
8. PUO / Enteric fever / Malaria.
9. S.T.D. / AIDS.
10. Hepatitis
11. Introduction to non- communicable diseases.
    - Rheumatic heart disease.
    - Cancer.
    - Obesity / diabetes.

    Examinations.

MARKS OF INTERNAL ASSESSMENT :-

Theory –20 marks and practical 20 marks. The students must secure at least 50% , marks of the total marks fixed for internal assessment in the subject in order to clear the subject.

I) Theory

1) 3rd Semester 50 Marks
2) 4th Semester 50 Marks
3) 6th Semester 50 Marks

Total 150 Marks — Converted it to out of 10 marks

4) Prelim exam. Theory Paper I - 60 Marks
Paper II - 60 Marks
Total 120 Marks,
Convert it to out of 10 marks

Total Theory Internal Assessment marks will be 20.

II) Practicals -

1) 1st Clinical rotation exam. - 3rd Semester - 50 Marks
2) 2nd Clinical rotation exam. - 4th Semester - 50 Marks
3) 3rd Clinical rotation exam. - 6th Semester - 50 Marks
Total 150 Marks
Convert it to out of 10 marks

4) Prelim exam. - 40 Marks
10 Marks for Journals
Total 50 Marks
Convert it to out of 10 marks

Total Practical Internal Assessment marks will be 20.

Introduction of " Brain Death and Organ Donation" topic in subjects of Physiology , Preventive & Social Medicine, Psychiatry, Medicine & Surgery

Introduction Of "Bio-Medical Waste" topic in subject of Microbiology & Preventive & Social Medicine

In trodu ctio n of " In tigrate d Man a ge me n t of Neo n a ta l And Ch ild ho od Illn e ss"

Topic in MBBS Syllabus

BOOKS RECMMENDED.

1. Text book of Community Medicine, Kulkarni A.P. and Baride J.P.
2. Park"s Textbook of Preventive and Social Medicine, Park
3. Principles of Preventive and Social Medicine, K. Mahajan
4. Textbook of Community Medicine, B. Shridhar Rao.
5. Essentials of Community Medicine, Suresh Chandra.
6. Textbook of Biostatistics, B. K. Mahajan
7. Review in Community Medicine, V.R. Sheshu Babu.
8. **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.

COMMUNITY MEDICINE :-

Theory 2 papers of 60 marks each = 120 marks
Includes problems showing applied aspects of management at primary level including essential drugs, occupational (agro based) diseases rehabilitation and social aspects of community.
Oral (Viva) = 10 marks
Practical /Project evaluation = 30 marks
Internal Assessment = 40 marks
(Theory 20 Marks, Practical 20 Marks)
Grand Total = 200 marks

Criteria of passing in various subjects at III MBBS Examination

SN	Subject	Theory Paper ./ Oral/ Practical / Internal Assessment		Maximum Marks in each of the subject	Minimum marks required to pass in each part of any subject		Minimum marks required to pass in each subject out of
01)	Community Medicine	a) Theory	Paper - I	60	60	65	100 / 200
			Paper - II	60			
		b) Oral		10			
		c) Practical		30		15	
		d) Internal Assessment	Theory	20		20	
			Practical	20			
02)	General Medicine	a) Theory	Paper I	60	60	70	150 / 300
			Paper II	60			
		b) Oral		20			
		c) Practical		100		50	
		d) Internal Assessment	Theory	30	30		
			Practical	30			
03)	Paediatrics	a) Theory	Paper	40	20	25	50 / 100
		b) Oral		10			
		c) Practical		30	15		
		d) Internal Assessment	Theory	10	10		
			Practical	10			

It is compulsory to obtain 50% marks in theory.
It is mandatory to obtain 50% marks in theory+viva/oral.

(The Frequency & other details of Internal Assessment Examinations shall be as stated in circular dated 15/02/01 table no III & IV. of General

FINAL EXAMINATION :- IN PSM

The distribution of marks at final examination

Theory : two papers of 60 marks each	120 Marks
Oral (Viva)	10 Marks
Practicals	30 Marks
Internal assessment	40 Marks
□ (Theory 20 Marks)	
□ (Practical 20 Marks)	
TOTAL	**200 Marks**

PATTERN :

THEORY : TWO PAPERS OF 60 MARKS EACH 120 MARKS :-

- Paper I include Concepts in Health & Disease, Sociology / Humanities, Epidemiology, Biostatistics, Communicable and non- communicable diseases, Genetics and Environmental Health.

- Paper II includes Demography & Family Planning, Maternal and child health Nutrition, Occupational Health, Mental Health, Health Education, Health Planning & Management, Health Care Delivery System , National Health Programmes, International Health,

- These are broad divisions. There are some chances of overlapping.

Paper I (60 Marks)	Paper II (60 Marks)
Section : A – 15 Marks 30 MCQ (1/2 Mark each) Maximum Time : 30 Min Concepts in Health & Disease - 4, Sociology Humanities - 3, Epidemiology – 5, Biostatistics – 3, Communicable Diseases – 5, Non-communicable diseases – 4, Genetics – 2, Environmental Health - 4	**Section : A – 15 Marks** 30 MCQ (1/2 Mark each) Maximum Time : 30 Min Demography & Family Planning – 3, Maternal and child health – 4, Nutrition – 5, Occupational Health – 3, Mental Health – 1, Health Education – 3, Health Planning & Management – 3 , Health Care Delivery System - 3, National Health Programmes – 3, International Health - 2
Section : B (25 Marks) 1 LAQ : 7 Marks SAO – 3 out of 5 , each 3 Marks : 9 Marks SAQ – 3 out of 5 , each 3 Marks : 9 Marks	**Section : B (25 Marks)** 1 LAQ : 7 Marks SAO – 3 out of 5 , each 3 Marks : 9 Marks SAQ – 3 out of 5 , each 3 Marks : 9 Marks

Section : C (20 Marks)	Section : C (20 Marks)
1 LAQ : 8 Marks SAQ – 4 out of 6 , each 3 Marks : 12 Marks	1 LAQ : 8 Marks SAQ – 4 out of 6 , each 3 Marks : 12 Marks

The full time for section B plus section C shall be of 2 ½ hrs of Paper I and 2 ½ hrs of Paper II. MCQ section will be given to candidates first. After 30 min, the section B& C will be given to the candidates.

PATTERN AT PRACTICAL EXAMINATION (PSM)

	Marks
Orals (Viva)	10
Practical	30

The distribution of 30 marks of practical shall be –

1) Spots -	10 Marks (5 spots of 2 marks each)	Time 10 min.
2) Exercises -	10 Marks (5 Exercises- Bio-Stat. & Epidemiological of 2 marks each)	Time 10 min.
3) Clinical case - Presentation	10 Marks	Time 10 min.
Total 30 Marks		

Internal Assessment in PSM

Will be of 40 Marks (Theory – 20 Marks, Practical – 20 Marks)
Candidate should score minimum 35% in order to make him eligible for appearing in University Examination.

Internal Assessment in PSM (Theory)

Total Marks : 20

Term End Exams :
IV Sem – 60 Marks
VI Sem – 60 Marks
VII Sem (Prelims) – 120 Marks

Distribution of Marks in each Term

a) Total Marks Obtained in Theory Exam will be converted to : 10 Marks.
b) Attendance : 5 Marks.
Below 75% Attendance – 0
Up to 75% - 2.5,
Above 75% - Proportionately higher marks at pro – rate basis.
c) Seminars / Debates /Tutorials / Participation in Academic activity : 5 Marks

Total (a+b+c) : 20 Marks

FINAL Internal Assessment - Average of all Term end Exams – 20 Marks

Internal Assessment in PSM (Practical)

Total Marks : 20

Term End Exams :
IV Sem – 20 Marks
VI Sem – 20 Marks
VII Sem (Prelims) – 40 Marks

Distribution of Marks in each Term/ Clinical Posting

a) Total Marks Obtained in Term / Clinical Posting Exam will be converted to : 10Marks.
b) Attendance : 5 Marks.
   Below 75% Attendance – 0
   Up to 75% - 2.5,
   Above 75% - Proportionately higher marks at pro – rate basis.
c) Field Work /Case Presentation /Project work / Surveys : 5 Marks

Total (a+b+c) : 20 Marks

FINAL Internal Assessment - Average of all Term End / Clinical Posting Exams – 20 Marks

Approved in BOM 43/2015, Dated 05/11/2015

Resolution No. 3.3(f): Resolved to adopt the change in internal assessment pattern of Community Medicine **(Annexure-XI)** for the batch of Students entering into 2nd MBBS from August 2016 onwards.

Internal assessment (PSM)

Theory – 20 marks and practical 20 marks

The students must secure at least 35% marks of the total marks fixed for internal assessment in the subject in order to clear the subject.

Distribution of Theory (20) marks :

1) 3rd Semester -----50 Marks
2) 4th Semester----- 50 Marks
3) 6th Semester------50 Marks
Total - 150 Marks ⟹ **Convert it to out of 05 marks**

Prelim exam (7th Semester) : Theory Paper I - 60 Marks
Paper II - 60 Marks
Total - 120 Marks ⟹ **Convert it to out of 05 marks**

Attendance – 05 Marks

Project, Seminar, Quiz, Tutorials etc. - 05 Marks

Total Theory Internal Assessment marks will be 20

Distribution of Practicals (20) marks :

1) 1st Clinical rotation exam. - 3rd Semester - 50 Marks
2) 2nd Clinical rotation exam. - 4th Semester - 50 Marks
3) 3rd Clinical rotation exam. - 6th Semester - 50 Marks
Total 150 Marks ⟹ **Convert it to out of 05 marks**

Prelim exam. - 50 Marks
Total 50 Marks ⟹ **Convert it to out of 05 marks**

Attendance – 05 Marks

Charts, Models, Role Play etc. – 05 Marks

Total Practical Internal Assessment marks will be 20

Recommended.

15/12/15
Dr. Seema Anjenaya

Professor & Head
Dept of Community Medicine
M G M. Medical College,
Kamothe, Navi Mumbai-410209

MGM Institute Of Health Sciences
INWARD NO. 7896
DATE: 15/12/15
REF: D/2412

Community Medicine

FINAL EXAMINATION:- IN PSM

The distribution of marks at final examination

Theory: Two papers of 60 marks each	120 Marks
Oral (Viva)	10 Marks
Practicals	30 Marks
Internal assessment	40 Marks
▪ (Theory 20 Marks)	
▪ (Practical 20 Marks)	
TOTAL	200 Marks

PATTERN:-

THEORY: TWO PAPERS OF 60 MARKS EACH 120 MARKS:-

- Paper I include Concepts in Health & Disease, Sociology / Humanities, Epidemiology, Biostatistics, Communicable and non-communicable diseases, Genetics and Environmental Health.

- Paper II includes Demography & Family Planning, Maternal and child health Nutrition, Occupational Health, Mental Health, Health Education, Health Planning & Management, Health Care Delivery System, National Health Programmes, International Health,

- These are broad divisions. There are some chances of overlapping

Paper I (60 Marks)	Paper II (60 Marks)
Section: A-15 Mark 30 MCQ (1/2 Mark each) Maximum Time: 30 Min Concepts in Health & Disease - 4, Sociology Humanities - 3, Epidemiology - 5, Biostatistics - 3, Communicable Diseases - 5, Non communicable disease - 4, Genetics - 2, Environmental Health - 4	**Section: A-15 Marks** 30 MCQ (1/2 Mark each) Maximum Time: 30 Min Demography & Family Planning - 3, Maternal and child health - 4, Nutrition - 5, Occupational Health - 3, Mental Health - 1, Health Education - 3, Health Planning & Managerrient - 3, Health Care Delivery System - 3, National Health Programmes - 3, International Health - 2
Section: B (25 Marks) 1 LAQ :7 Marks SAQ -3 out of 5, each 3 Marks :9 Marks SAQ - 3 out of 5, each 3 Marks :9 Marks	**Section: B (25 Marks)** 1 LAQ :7 Marks SAQ - 3 out of 5, each 3 Marks :9 Marks SAQ - 3 out of 5, each 3 Marks :9 Marks
Section: C (20 Marks)	**Section: C (20 Marks)**

Received the copy of Syllabus
26.08.15

1 LAQ	:8 Marks	1 LAQ	:8 Marks
SAQ - 4 out of 6, each 3 Marks	:12 Marks	SAQ - 4 out of 6, each 3 Marks	:12 Marks

The full time for section B plus section C shall be of 2 ½ hrs of Paper I and 2 ½ hrs of Paper II. MCQ section will be given to candidates first. After 30 min, the section B & C will be given to the candidates.

PATTERN AT PRACTICAL EXAMINATION (PSM)

	Marks
Orals (Viva)	10
Practical	30

The distribution of 30 marks of practical shall be –

1) Spots-	10 Marks (5 spots of 2 marks each)	Time 10 min
2) Exercises-	10 Marks (5 Exercises-Bio-Stat. & Epidemiological of 2 marks each)	Time 10 min
3) Clinical case - Presentation	10 Marks	Time 10 min

Total 30 Marks

Internal Assessment in PSM

Will be of 40 Marks (Theory - 20 Marks, Practical- 20 Marks)
Candidate should score minimum 35% in order to make him eligible for appearing in University Examination.

Internal Assessment in PSM (Theory)

Total Marks : 20

Term End Exams:-
IV Sem - 60 Marks
VI Sem - 60 Masks
VII Sem (Prelims) - 120 Marks

Distribution of Marks in each Term

a) Total Marks Obtained in Theory Exam will be converted to: 10 Marks.
b) Attendance :- 5 Marks
   Below 75% Attendance -0
   Up to 75% -2.5,
   Above 75% -Proportionately higher marks at pro-rate basis.
c) Seminars / Debates /Tutorials / Participation in Academic activity: 5 Marks

Total (a+b+c): 20 Marks

FINAL Internal Assessment- Average of all Term end Exams -20 Marks

Internal Assessment in PSM (Practical)

Total Marks : 20

Term End Exams:-
IV Sem - 20 Marks
VI Sem - 20 Masks
VII Sem (Prelims) - 40 Marks

Distribution of Marks in each Term / Clinical Posting

a) Total Marks Obtained in Term / Clinical Posting Exam will be converted to: 10 Marks

b) Attendance :- 5 Marks

Below 75% Attendance -0
Up to 75% -2.5,
Above 75% -Proportionately higher marks at pro-rate basis.

c) Field Work /Case Presentation/Project work / Surveys:- 5 Marks

Total (a+b+c): 20 Marks

FINAL Internal Assessment- Average of all Term End / Clinical Posting Exams - 20 Marks

Approved in BOM – 45/2016, Dated 28/04/2016

Resolution No.– 3.3 (c)

Resolution No. 3.3(c): Resolved to accept revised method to calculate internal assessment marks for following subjects:

Community Medicine: with effect from batch entering into 2nd MBBS from August 2016 onwards.

Theory:

	PSM
III[rd]/IV[th]/VI[th] Sem. & Prelim Exam.	15
Day to day assessment as per MCI norms	05
Total marks	20

Practical:

	PSM
III[rd]/IV[th]/VI[th] Sem. & Prelim Exam.	15
Day to day assessment as per MCI norms	05
Total marks	20

MBBS, Community medicine

Resolution No. 3.7.12 of BOM-52/2018:

(i) Resolved to approve the below mentioned proposed MBBS Theory exam pattern in Community Medicine, with effect from batch appearing in University January 2019 examination onwards :

Modified / Proposed Theory exam pattern in Community Medicine
Paper I & II – **each 60 marks**
Section A (12 marks): MCQs - 24 x 0.5 m each = 12marks
Section B (28 marks) **1. One LAQ = 7 marks** **2. Short notes (any 4 out of 6)= 4x3m each= 12 marks** **3. Short notes (any 3 out of 5)= 3x3m each= 9 marks**
Section C (20 marks) **4) One LAQ = 8 marks** **5) Short notes (any 4 out of 6)= 4x3m each= 12 marks**