



Department of Community Medicine  
**Rural Medical College**  
**Pravara Institute of Medical Sciences**  
(Deemed to be University)  
NAAC Accredited "A" Grade

# COMMUNITY MEDICINE LOGBOOK

For

1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> PROFESSIONAL MBBS STUDENTS AS PER  
COMPETENCY BASED CURRICULUM



## Innovative Teaching Learning Practices



## Internship Orientation Programme





## Rural Medical College, PIMS DU

<b>Personal details:</b>		<div data-bbox="1089 632 1395 905" style="border: 1px solid black; width: 100%; height: 100%;"></div> <p>Paste recent here</p>
Name of the student:		
Date of admission to MBBS Course:		
College Roll No:		
Permanent Address:		
E mail ID:		
Mobile :		
Blood group:		
Hepatitis B vaccination :mention dates of Ist/Ind/IIIrd/Booster dose		

# Preface

The year 2019 has been the landmark in medical education when long awaited revision of MBBS curriculum was implemented by Medical Council of India and also notified in gazette.

The Goal of of undergraduate medical education is to create an “Indian Medical Graduate” possessing requisite knowledge, skills, attitudes, values and responsiveness, so that they function appropriately and effectively as “physician of first contact” of the community while being “globally relevant”.

In order to achieve this goal they must be able to perform roles of clinician, leader, communicator, lifelong learner and professional.

The salient features of new curriculum are foundation course, alignment with integration, skill acquisition and certification, early clinical exposure, self directed learning, electives, AETCOM module , learning in primary and secondary care environments, student doctor method of clinical training, sports/extracurricular activities and changes in assessment.

Department of Community Medicine has also prepared journals for recording practicals, visits, clinicosocial cases, community postings, statistical and epidemiological exercises, family study etc. Students are required to complete journals and logbook in scheduled time as it is given due weightage in examinations.

The approved curriculum with phasewise distribution of competencies, pattern of internal assessment and university examination is given in beginning of logbook for ready reference.

Journals/workbooks have been created on family study, epidemiological & statistical exercises, practicals , visits and clinical postings.

The list of recommended textbooks for Theory, practicals and reference books is also given .

We acknowledge Medical Council of India publications including competency framework (Vol. 1, 2 and 3), CISP LRM, module on pandemic management and Maharashtra University of Health Sciences, Nashik in preparing this logbook.

## Longitudinal Module on Management of Pandemics for MBBS course

Period	Module	Broad areas	No. of hours	Major department(s) to coordinate
Foundation Course	F.1	History of Outbreaks, Epidemics & Pandemics	2	Pre-Clinical
Phase I	1.1	Infection Control: Part - I Infection Control Practices – Hand washing, Decontamination Use of PPEs	4	Microbiology
Phase II	2.1	Infection Control: Part II Air borne precautions Contact Precautions Infection Control Committee	4	Microbiology
	2.2	Emerging and Re-emerging infections, early identification and control of new infections	6	Community Medicine
	2.3	Sample Collection, Microbial diagnosis, Serologic tests and their performance parameters	6	Microbiology
	2.4	Vaccination strategies including vaccine development & Implementation	6	Community Medicine, Biochemistry
	2.5	Therapeutic strategies including new drug development	6	Pharmacology, General Medicine
Phase III Part 1	3.1	Outbreak Management including Quarantine, Isolation, Contact Tracing	5	Community Medicine
	3.2	Interdisciplinary Collaboration, Principles of Public Health Administration, Health Economics, International Health	5	
	3.3	Operational Research, Field work, Surveillance	8	
Electives		Epidemiology and research Components		Community Medicine
Phase III Part 2	4.1	Care of patients during Pandemics	6	Clinical departments (General Medicine, Pulmonary Medicine, Anaesthesiology as Integrated sessions)
	4.2	Emergency Procedures	8	
	4.3	Death related management	2	
	4.4	Communications and media management	4	
	4.5	Intensive Care Management during Pandemics	4	
	4.6	Palliative Care during Pandemics	4	
Total			80 hours	

## **Skills suggested**

### **1. Infection Control related**

- a. Hand washing
- b. PPE Donning & Doffing
- c. Disinfection

### **2. Diagnostic**

- a. Sample collection
- b. Sample transportation & storage
- c. Choose the appropriate test based on performance parameters

### **3. Disease Management**

- a. Pharmaco-vigilance measures
- b. Protocol based Management
- c. Therapeutic decision making
- d. Terminal care including CPR, ALS, PALS

### **4. Epidemic Management**

- a. Outbreak investigation
- b. Contact tracing, Quarantine and Isolation
- c. Surveillance
- d. Documentation

### **5. Research**

- a. Operational research
- b. Clinical trial protocol preparation including Vaccine trials
- c. Ethical considerations

### **6. Communication**

- a. To the media
- b. Use of Telemedicine
- c. Patient & stakeholder communication

### **7. Intensive Care**

### **8. Palliative care during pandemics**

**Overview of Phasewise teaching hours in Community Medicine as per CBME**

<b>Phase</b>	<b>Lectures</b>	<b>P/SGT/IT/Tutorials</b>	<b>SDL</b>	<b>Total</b>
Phase I Foundation course		8 Field visit to health centers		8
Phase I I/I & I/II	20	27	5	52
Phase II II/I & II/II	20	30	10	60
Phase II Clinical Posting		4 weeks(72) 24* days x 3hr/day		72*
Phase III III/I & III/II	40	60	5	105
Phase III Clinical posting		6 weeks(108) 36 *days x 3hr/day		108*
<b>Total</b>	<b>80</b>	<b>245</b>	<b>20</b>	<b>405</b>

\*As per latest MCI BOG guidelines added hours for management of pandemics in UG course(80 hours module) of which Community Medicine (32 hours)will cover following topics phasewise:

F 1. Foundation course:History of outbreaks,epidemics and pandemics-2 hours

2.2 Emerging and reemerging infections, early identification and control of new infections-6 hours

2.4 Vaccination strategies including vaccine development& implementation-6 hours

3.1 outbreak management including quarantine,isolation,contact tracing-5 hours

3.2 interdisciplinary collaboration,principles of public health administration,health economics,international health-5 hours

3.3 operational research,field work, surveillance-8 hours

Electives: Epidemiology and research components

### Course Content

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

**Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 & onwards**

**Subject: Community Medicine**

**Year: First MBBS**

Competency No. CM	Topics & subtopics
	<b>Health care of the communtiy</b>
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 mean to be doctor?
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
	<b>Nutrition</b>
5.1	Common sources of various nutrients



	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/ill persons (data 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
	<b>Concept of Health and Disease</b>
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 visit)

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
	<b>Principles of health promotion and education</b>
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)

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

**Note:**

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

**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
2. 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

Competency Nos.	Topics Subtopics
	<b>Environmental Health Problems</b>
CM3.1	Indicators of air pollution. Health hazards of air, water, noise, radiation and pollution. Prevention and control of environmental pollution.
CM3.2	Safe and wholesome water, sanitary sources of water, water purification processes, water quality standards, concepts of water conservation and rainwater harvesting
CM3.3	Epidemiology , prevention and control of water borne diseases /jaundice/hepatitis/ diarrheal diseases
CM3.4	Solid waste, human excreta , sullage and sewage disposal
CM3.5	Standards of housing and the effect of housing on health
CM3.6	Role of vectors in the causation of diseases. National Vector Borne Disease Control Program
CM3.7	Identifying features and life cycles of vectors of Public Health importance and their control measures
CM3.8	Mode of action, application cycle of commonly used insecticides and rodenticides
	<b>Epidemiology of communicable diseases</b>
CM 7.2	Modes of transmission and measures for prevention and control of communicable
<b>CM8.1</b>	<b>Epidemiological and control measures including the use of essential laboratory tests at the primary care level for communicable diseases</b>
	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, Diphtheria, 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

Competency Nos.	Topics Subtopics
	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, Filariasis, 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, Gonorrhoea 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
	<b>Disaster Management</b>
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
	<b>Hospital waste management</b>
CM14.1	Hospital waste- definition and classification
CM14.3	Laws related to hospital waste management
	<b>Essential Medicine</b>
CM19.1	Essential Medicine List (EML)
CM19.2	Essential medicine in primary health care
CM19.3	Counterfeit medicine and its prevention

Competency Nos.	Topics Subtopics
	<b>Relationship of social and behavioural to health and disease</b>
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 disease

### 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

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 SDL	Conducting Survey of Hospital Wastes Segregation Practices
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
<b>First and second week</b>	<ul style="list-style-type: none"> <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>
<b>Third and fourth week</b>	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:

1. 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.
2. The observer / facilitator / teacher will provide the written brief feedback in the log book for the learner related to the competencies.

**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 )

1. Total Teaching hours : 105
2. **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
	<b>Epidemiology</b>
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
	<b>Basic statistics and its applications</b>
CM6.1	Concepts of research problem ,Research question , research hypothesis for a study
CM6.2 <b>SGT</b>	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 designs
CM6.4	Common sampling techniques, simple statistical methods, frequency distribution, measures of central tendency and dispersion



Competency Nos.	Topics & Subtopics
	<b>Epidemiology of non- communicable diseases</b>
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
	<b>Demography and vital statistics</b>
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
	<b>Reproductive maternal and child health</b>
CM10.1	Current status of Reproductive, maternal, newborn and Child Health
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, lactation and child feeding practices
CM10.4	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) and 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
	<b>Occupational Health</b>
CM11.1	Occupational illnesses including diseases in agricultural workers.
CM11.2	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
	<b>Geriatric services</b>
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
	<b>Mental Health</b>
CM15.1	Concept of mental Health
CM15.1	Warning signals of mental health disorder
CM15.1	National Mental Health program
	<b>Health planning and management</b>
CM16.1	Concept of Health planning
CM16.2	Planning cycle
CM16.3	Health management techniques
CM16.4	Health planning in India and National policies related to health and health planning

Competency Nos.	Topics & Subtopics
	<b>International Health</b>
CM18.1	Concept of International health
CM18.2	Roles of various international health agencies
	<b>Recent advances in Community Medicine</b>
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

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

<b>Duration( weeks)</b>	<b>Proposed Activities</b>
<b><u>Two weeks</u></b> (Posting in Urban Health Centre / ANC/ FW clinic/ Obstetric wards )	<b><u>Preventive and Community Obstetrics ( including Family Welfare)</u></b> <ol style="list-style-type: none"> <li>Clinico social assessment of antenatal , postnatal cases</li> <li>Assessment of high risk mothers</li> <li>Neonatal assessment</li> <li>Assessment of eligible couples for family welfare services and health education</li> <li>Organization of community based maternal health services and health educational activity for mothers.</li> </ol>
<b><u>Two weeks</u></b> (Posting in Urban Health Centre / Under five clinic / Immunization clinic / Paediatric wards )	<b><u>Preventive and Community Paediatrics , Adolescent Health Care</u></b> <ol style="list-style-type: none"> <li>Health and Nutritional assessment of underfive child</li> <li>Clinico social case reviews of Nutritional Deficiency Diseases in children and childhood malnutrition</li> <li>Clinico social case reviews of common childhood infections such as ARI , fever with rash , acute GE , malarial fever etc</li> <li>Childhood immunization , organization of immunization session , assessment of cold chain etc</li> <li>School health examination , assessment of school environment , organization of health educational activity for school children</li> </ol>
<b><u>Two weeks</u></b> ( Posting in Urban Health Centre / Medicine wards)	<b><u>Non communicable diseases and Preventive Geriatrics</u></b> Clinico social case reviews of chronic non communicable diseases such as hypertension , diabetes mellitus , CHD , Stroke , COPD, Cancer , psychiatric disorders , geriatric 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 & PIMS-DU Annual Examination  
Year: III-I MBBS    Subject: Community Medicine**

<b>Paper</b>	<b>Section</b>	<b>Topics</b>
I	A	MCQs on all topics of the paper I
	B	Concept of health and disease
		Epidemiology
		Screening for disease
		Communicable diseases & related NHP
		Emerging & Reemerging 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
	B	Demography & FP & NHP
		MCH, Geriatrics & related NHP
		Nutrition & related NHP
		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 June 2019 onwards**

Phase	I-Exam (At the end of second term- March)		
	Theory	Practical (Including 10 Marks for Journal- Nutrition & Log Book )	Total Marks
First MBBS	50	50	100

Phase	I-Exam (At the end of first term)			II-Exam (At the end of second term )		
	Theory	Practical (Including 10 Marks for Journal & Log Book )	Total Marks	Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks
Second MBBS	50	50	100	50	50	100

Phase	I-Exam (at the end of first term)			II-Exam Preliminary examination		
	Theory	Practical (Including 10 Marks for Journal & Log Book )	Total Marks	Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks
III MBBS	50	50	100	200	100	300

1. There will be 5 internal assessment examinations in Community Medicine. The structure of the internal assessment theory examinations should be similar to the structure of University examination.
2. 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.
3. There will be only one additional examination for absent students (due to genuine reason) after approval by the Institutional Grievances Committee. It should be taken after preliminary examination and before submission of internal assessment marks to the University.
4. Internal assessment marks for theory and practical will be converted to out of 40. Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University.
5. 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)	Eligibility to appear for final University examination (after conversion out of 40) (40% separately in Theory & Practical, 50% Combined)	
Theory					0	0	<u>Total marks obtained</u> 10	16 (Minimum)	Total of Theory + Practical Must be 40.
Practical					0	0	<u>Total marks obtained</u> 7.5	16 (Minimum)	

6. While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table

<b>Internal Assessment Marks</b>	<b>Final rounded marks</b>
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 / clinical; not less 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.
8. Internal assessment marks will not to be added to marks of the University examinations and will be shown 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.f October 2020 onwards examination for batches admitted from June 2019 onwards)**

Subject :Community Medicine Practical – 1 <sup>st</sup> Internal assessment -										
Seat No.	Spotters marks	Log book	Skill assessment Nutrition exercises	Viva Voce	Practical Total					
<b>Max. Marks</b>	10 marks	(10-marks)	10 marks	20 marks	50 marks					

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

Subject :Community Medicine Practical – 4 <sup>th</sup> Internal assessment										
Seat No.										
	Spotters marks	Log book	Clinicoepidemiological case	Viva Voce	Practical Total					
Max. Marks	10 marks	(10-marks)	20 marks	10 marks	50 marks					

#### Method of Clinico epidemiological Case evaluation

Sr.no.	Head	Marks allotted
01	Identifying and socio demographic information (with house landmark, facilities for health care )	05
02	Present and past illness history (with risk factors , exposures ) Environmental , behavioural and family information	05
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 exam)

Applicable w.e.f October 2021 onwards examination for batches admitted from June 2019 onwards

<b>Subject: Community Medicine</b>						
<b>Practical</b>					<b>Oral/Viva</b>	<b>Total</b>
<b>Seat No.</b>	<b>Spotters</b>	<b>Statistical Ex</b>	<b>Clinicoepidemiological case</b>	<b>Skill assessment ( 10 skills) *</b>	<b>Viva/ voce</b>	<b>Practical &amp; Oral</b>
<b>Max. Marks</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>100</b>

- As per MCI competency based document

### Method of Clinico epidemiological Case evaluation

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

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

Applicable w.e.f October 2022 onwards examination for batches admitted from June 2019 onwards

<b>Subject: Community Medicine</b>						
<b>Practical</b>					<b>Oral/Viva</b>	<b>Total</b>
<b>Seat No.</b>	<b>Spotters</b>	<b>Statistical Ex</b>	<b>Clinicoepidemiological case</b>	<b>Skill assessment ( 10 skills) *</b>	<b>Viva/ voce</b>	<b>Practical &amp; Oral</b>
<b>Max. Marks</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>100</b>

Rural Medical College, PIMS DU Ioni  
**FORMAT OF QUESTION PAPER**

**Year: Third MBBS Part I**  
**Subject: Community Medicine**  
**Paper-I**

**Total marks-100**

**Time- 3 hours**

**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 marked.

**SECTION "A" MCQ (20 Marks)**

1. Multiple Choice Questions (Total 20 MCQ of One 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)

**SECTION "B"**

**Instructions:**

- 1) Use **blue/black** ball point pen only.
- 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**.
- 4) The number to the **right** indicates **full marks**.
- 5) 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"**

2. Short Answer Questions ( One Question AETCOM(3.1 and 3.3)(compulsory) (7x1=07)  
a)
3. Short Answer Questions (Answer Any 3 out of 4) (7x3=21)  
a)   b)   c)   d)
4. Structured Long Answer Questions (Compulsory) (12x1=12)  
a)
5. Short Answer Questions (Answer Any 4 out of 5) (7x4=28)  
a)   b)   c)   d)   e)
6. Structured Long Answer Questions (Compulsory) (12x1=12)  
a)

Rural Medical College, PIMS DU Ioni  
**FORMAT OF QUESTION PAPER**  
**Year: Third MBBS Part I**  
**Subject: Community Medicine**  
**Paper-II**  
**Total marks-100**  
**Time- 3 hours**

**Instructions:****SECTION "A" MCQ**

- 1)  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 marked.

**SECTION "A" MCQ (20 Marks)**

1. Multiple Choice Questions (Total 20 MCQ of One 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)

**SECTION "B"****Instructions:**

- 1) Use **blue/black** ball point pen only.
- 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**.
- 4) The number to the **right** indicates **full** marks.
- 5) 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"**

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

**BOOKS RECOMMENDED:****A) Theory**

1. Park's Textbook of Community Medicine, 25<sup>th</sup> edition
2. Textbook of Community Medicine, Dr.Rajvir Bhalwar, 3<sup>rd</sup> edition
3. IAPSM's Textbook of Community Medicine, Dr.A.M. Kadri, First edition
4. Text book of Community Medicine, Kulkarni A.P. and Baride J.P.
5. Principles of Preventive and Social Medicine, K. Mahajan
6. Textbook of Community Medicine, B. Shridhar Rao.
7. Textbook of Community Medicine, Dr.Sunder Lal, 4<sup>th</sup> edition

**B) Practicals:**

1. Competency Based Practicals in Community Medicine by Anjane Verma, CBS Publishers First Edition.
2. Essentials of Community Medicine Practicals Dr.Mahabaliraju, 2<sup>nd</sup> edition
3. Practicals and viva in Community Medicine, J.Kishore, 4<sup>th</sup> edition
4. Mastering practicals in community Medicine, Dr.Poornima Tiwari
5. Exam preparatory manual for undergraduates by Dr. Rajveer Bhalwar
6. Textbook of Biostatistics, B. K. Mahajan
7. "Principles and practice of Biostatistics",  
Author: Dr. J.V. Dixit

**FURTHER READINGS:**

1. Epidemiology and Management for health care for all P.V. Sathe and A.P. Sathe.
2. Essentials of Preventive Medicine O.P. Ghai and Piyush Gupta.
3. Review in Preventive and Social Medicine by Dr. Vivek Jain

### **Instructions**

- 1) 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.
- 2) Students are instructed to keep their logbook entries up to date.
- 3) Students are expected to write their reflections on all activities of Self-Directed Learning (SDL) and Visits.
- 4) 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?)
- 6) 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



## INDEX

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

- 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





**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

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**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

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**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

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**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Department of Community Medicine**  
**Rural Medical College, Loni**

**CERTIFICATE**

This is to certify that,

Mr/Ms. \_\_\_\_\_

Roll No. \_\_\_\_\_ has satisfactorily attended/completed all assignments mentioned in this logbook as per the guidelines prescribed by Medical Council of India, for First Professional MBBS Competency Based Curriculum in the subject of Community Medicine.

**Teacher- Incharge**

**Professor and Head**  
**Department of Community Medicine**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place: \_\_\_\_\_

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# **SECOND PROFESSIONAL**

## **TERM- I**

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## List of Competencies

<b>Competency No</b>	<b>COMPETENCY The student should be able to</b>
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

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**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

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**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

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**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflections**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflections**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflections**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflections**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflections**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflections**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**VISIT:**

<b>COMPETENCY No.</b>	<b>VISIT</b>	<b>DATE</b>	<b>TEACHER'S SIGN.</b>
3.2	Visit to water purification plant		
	Visit to Dist Public Health Laboratory		
	Exercise on interpretation of water analysis report		
3.4	Visit to sewage purification plant		



**Reflection on visit:**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on visit:**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflection on visit:**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on visit:**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Department of Community Medicine**  
**Rural Medical College, Loni**

**CERTIFICATE**

This is to certify that,

Mr /Ms. \_\_\_\_\_

Roll No. \_\_\_\_\_ has 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**

## List of competencies

<b>Competency No</b>	<b>COMPETENCY The student should be able to</b>
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



**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

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**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflections**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflections**

**Topic:**

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**Reflections**

**Topic:**

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**Reflections**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflections**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**VISIT:**

<b>COMPETENCY No.</b>	<b>VISIT</b>	<b>DATE</b>	<b>TEACHER'S SIGN.</b>
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:**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on visit:**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflection on visit:**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on visit:**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflection on visit:**

**Topic:**

**Date:**

Signature of Teacher-in- charge

**Reflection on visit:**

**Topic:**

**Date:**

Signature of Teacher-in- charge

---

**Department of Community Medicine**  
**Rural Medical College, Loni**

**CERTIFICATE**

This is to certify that,

Mr/Ms. \_\_\_\_\_

RollNo. \_\_\_\_\_ has satisfactorily attended/completed all assignments mentioned in this 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: \_\_\_\_\_

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## **THIRD PROFESSIONAL**

### 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





**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

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**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge****Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

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**Reflection on Competencies**

Topic:

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**Signature of Teacher-in- charge**

**Reflection on Competencies**

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**Signature of Teacher-in- charge**

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**Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge****Reflection on Competencies**

Topic:

Date:

**Signature of Teacher-in- charge**

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**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflection on Self-directed learning Experience**

**Topic:**

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**Signature of Teacher-in- charge**

**Reflection on Self-directed learning Experience**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflections**

**Topic:**

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**Reflections**

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**Reflections**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflections**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**VISIT:**

<b>COMPETENCY No.</b>	<b>VISIT</b>	<b>DATE</b>	<b>TEACHER'S SIGN.</b>
CM 9.2	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		
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		

**Reflection on visit:**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on visit:**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

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**Reflection on visit:**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on visit:**

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**Reflection on visit:**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on visit:**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

---

**Department of Community Medicine**  
**Rural Medical College, Loni**

**CERTIFICATE**

This is to certify that,

Mr/Ms. \_\_\_\_\_

Roll No. \_\_\_\_\_ has 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: \_\_\_\_\_

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## 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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**Reflection on AETCOM MODULE**

**Topic:**

**Date:**

**Signature of Teacher-in- charge**

**Reflection on AETCOM MODULE**

**Topic:**

**Date**

**Signature of Teacher-in- charge**

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### Section 5: Attendance Record of the Student

<b>S. No</b>	<b>Term</b>	<b>Theory (%)</b>	<b>Clinical Posting (%)</b>	<b>Signature of student</b>	<b>Signature of Teacher</b>
<b>A</b>	<b>I Professional</b>				
<b>B</b>	<b>II Professional Term – I</b>				
	<b>Term- II</b>				
<b>C</b>	<b>III Professional</b>				
<b>D</b>	<b>Overall attendance</b>				

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

**Department of Community Medicine,  
Rural Medical College ,Loni  
FINAL CERTIFICATE (before prelims)**

This is to certify that,

Mr/Ms.....  
of admission batch 2019/2020/2021/2022

Roll No.\_\_\_\_\_has 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.

**Teacher- In charge**

**Professor and Head  
Department of Community Medicine**

Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_Place:\_\_\_\_\_

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## **7. Record of Internal Assessment Examinations**

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

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



**Department of Community Medicine was awarded Certificate of Merit and Appreciation for Second Highest Number of Publications in PIMS-DU and Highest in Rural Medical College by Directorate of Research at Hands of Hon'ble Shri. Rajendra Vikhe Patil, CEO, PMT/PIMS and Vice Chancellor on 31/01/2017**



## ROLES THAT DEFINE INDIAN MEDICAL GRADUATE



Clinician



Leader and Team Member  
of healthcare team



Communicator



Lifelong Learner



Professional

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