



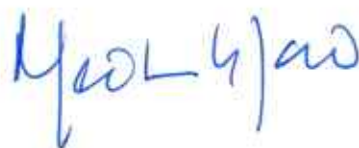
**RAMAIAH  
UNIVERSITY**  
OF APPLIED SCIENCES

**M.S. Ramaiah University of Applied Sciences**  
**Programme Structure and Course Details**  
**Of**  
**MD Community Medicine 2022 onwards**

**M.S. Ramaiah University of Applied Sciences**  
**Ramaiah Medical College**

  
Registrar

M.S. Ramaiah University of Applied Sciences  
Bangalore - 560 054





Principal and Dean

M.S. Ramaiah Medical College and Hospital  
M.S. Ramaiah University of Applied Sciences  
Bangalore-560054

Approved by the Academic Council at its 26<sup>th</sup> meeting held on 14 July 2022



**RAMAIAH  
UNIVERSITY**  
OF APPLIED SCIENCES

**M.S. Ramaiah University of Applied Sciences**

**Programme Specifications**

**MD Community Medicine Programme 2022**

**onwards**

**Programme Code: MD133**

**M.S. Ramaiah University of Applied Sciences**

**Ramaiah Medical College**

*Shalini*

*Registrar*  
M.S. Ramaiah University of Applied Sciences  
Bangalore - 560 054

*H. L. Rao*  
Dean - Academics  
M.S. Ramaiah University of Applied Sciences  
Bangalore - 560 054

**Principal and Dean**

M.S. Ramaiah Medical College and Hospital  
M.S. Ramaiah University of Applied Sciences  
Bangalore - 560054

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## University's Vision, Mission and Objectives

The M. S. Ramaiah University of Applied Sciences (MSRUAS) will focus on student-centric professional education and motivates its staff and students to contribute significantly to the growth of technology, science, economy and society through their imaginative, creative and innovative pursuits. Hence, the University has articulated the following vision and objectives.

### Vision

MSRUAS aspires to be the premier university of choice in Asia for student centric professional education and services with a strong focus on applied research whilst maintaining the highest academic and ethical standards in a creative and innovative environment

### Mission

Our purpose is the creation and dissemination of knowledge. We are committed to creativity, innovation and excellence in our teaching and research. We value integrity, quality and teamwork in all our endeavors. We inspire critical thinking, personal development and a passion for lifelong learning. We serve the technical, scientific and economic needs of our Society.

### Objectives

1. To disseminate knowledge and skills through instructions, teaching, training, seminars, workshops and symposia in Engineering and Technology, Art and Design, Management and Commerce, Health and Allied Sciences, Physical and Life Sciences, Arts, Humanities and Social Sciences to equip students and scholars to meet the needs of industries, business and society
2. To generate knowledge through research in Engineering and Technology, Art and Design, Management and Commerce, Health and Allied Sciences, Physical and Life Sciences, Arts, Humanities and Social Sciences to meet the challenges that arise in industry, business and society
3. To promote health, human well-being and provide holistic healthcare
4. To provide technical and scientific solutions to real life problems posed by industry, business and society in Engineering and Technology, Art and Design, Management and Commerce, Health and Allied Sciences, Physical and Life Sciences, Arts, Humanities and Social Sciences
5. To instill the spirit of entrepreneurship in our youth to help create more career opportunities in the society by incubating and nurturing technology product ideas and supporting technology backed business
6. To identify and nurture leadership skills in students and help in the development of our future leaders to enrich the society we live in

To develop partnership with universities, industries, businesses, research establishments, NGOs, international organizations, governmental organizations in India and abroad to enrich the experiences of faculties and students through research and developmental programme

Shaline

Registrar  
M.S. Ramaiah University of Applied Sciences  
Bangalore - 560 084

H/L 9/ao  
Dean - Academics  
M.S. Ramaiah University of Applied Sciences  
Bangalore - 560 084

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Principal  
M.S. Ramaiah Medical College and Hospital  
M.S. Ramaiah University of Applied Sciences  
Bangalore - 560 084



Programme Specifications: MD Community Medicine

Faculty	Ramaiah Medical College
Department	Community Medicine
Programme	MD – Community Medicine
Programme Code	MD133
Dean of Faculty	Dr Shalini C Nooyi
Head of the Department	Dr Lalitha K

1. **Title of the Award:** MD in Community Medicine
2. **Mode of Study:** Full-Time
3. **Awarding Institution /Body:** M. S. Ramaiah University of Applied Sciences, Bengaluru
4. **Joint Award:** Not Applicable
5. **Teaching Institution:** Ramaiah Medical College
6. **Date of Programme Specifications:** September 2022
7. **Programme Approval by the Academic Council of MSRUAS:** 27<sup>th</sup> September 2022
8. **Programme Approving Regulating Body and Date of Approval:** National Medical Council of India
9. **Rationale for the Programme**

The purpose of PG education is to create specialists who would provide high quality healthcare and advance the cause of science of oncology through research & training. Oncology is a highly specialized and technical discipline in clinical medicine comprising treatment with ionizing radiations and cytotoxic agents as major arms in non-surgical management and treatment of cancer. With a view to update, by inclusion of newer topics, and to provide a uniform syllabus and course contents in Indian universities and teaching medical institutions, the proposed guidelines provide course outlines based on recent developments in clinical medicine and other disciplines related to oncology.

Shalini

*Yash Rao*  
Dean - Academics  
M.S. Ramaiah University of Applied Sciences  
Bengaluru

Principal and Dean  
M.S. Ramaiah Medical College and Hospital  
M.S. Ramaiah University of Applied Sciences  
Bengaluru: 560054

Approved by the Academic Council at its 27<sup>th</sup> meeting held on 27 September 2022

**Programme objectives (PO) for MD Radiotherapy Postgraduate students**

- PO1.** Acquire the knowledge; and develop skills and attitude required to be a competent Public health/ Community Medicine professional. (C, P, A,)
- PO2.** Apply the principles of Public Health, Community Medicine and applied epidemiology contributing meaningfully in formulating National Health Policies & Programmes with a systems approach for overall human development. (C)
- PO3.** Demonstrate a commitment to excellence and continuous professional development with integrity, compassion and sensitivity to community health. (A)
- PO4.** Acquire and develop the knowledge, skills and attitude required to be a competent and ethical researcher and teacher. (A, C, P)
- PO5.** Be able to organize health care services, routine and for special groups and during periods of special needs such as disasters / calamities and epidemics with a reasonable degree of professionalism and competence: (A, P)

**Programme specific outcome (PSO) for MD Community Medicine Postgraduate students**

- PSO1.** Ability to apply conceptual understanding of Public Health, Community Medicine, epidemiology and clinical medicine, for prevention and control of communicable and non-communicable diseases and also to arrive at a community diagnosis. (C, P)
- PSO2.** Ability to identify prevalent diseases, common nutritional disorders and plan comprehensive programme to address issue of malnutrition in a given area for a specific group aligning with national policies and programmes. (C, P)
- PSO3.** Ability to organize health care services for special groups like mothers, infants, under-fives, school children, adolescent, handicapped children, geriatric, terminally ill and special situations like epidemics and disasters. (C, P)
- PSO4.** Ability to identify environmental and occupational health issues and provide solutions to the same. (C, P)
- PSO5.** Ability to identify health problems of the community, prioritize and plan health services under national health programs. (C, P)
- PSO6.** Ability to apply the principles of health education, behavioral change communication and sociology to create awareness in the community regarding health issues. (A, P)
- PSO7.** Ability to conduct, analyze, interpret and report findings of research by applying principles of research methodology and biostatistics. (C, P)



Note: A- Affective Domain, C- Cognitive Domain & P- Psychomotor Domain:

Shalini  
Principal and  
M.S. Ramiah Medical College and Hospital  
M.S. Ramiah University of Applied Sciences  
Bangalore-560054

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M. S. Ramiah University of Applied Sciences  
Bangalore - 560054

## Course-PO-PSO Mapping

Course Code and name	Program Outcomes POs					Program Specific Outcomes PSOs						
	PO1	PO2	PO3	PO4	PO5	PSO 1	PSO 2	PSO 3	PSO 4	PSO 5	PSO 6	PSO 7
MDC525A Concepts and Applied Epidemiology	3	2	2	3	2	3	2	2	2	3	2	3
MDC526A Nutrition, Environment Health & Health Management	3	3	2	1	2	2	3	3	3	3	2	1
MDC527A Applied Sociology and Research Methodology	3	3	3	2	3	3	1	3	2	3	3	1
MDC528A Occupational health, Health information and Recent advances	3	3	2	1	2	2	2	3	3	3	2	1
MDP507A Thesis-Community Medicine	3	2	2	3	1	3	1	1	2	3	2	3

Shalini

Principal and Dean

Approved by the Academic Council at its 27<sup>th</sup> meeting held on 27 September 2022

M.S. Ramaiah Medical College and the Principal  
M.S. Ramaiah University of Applied Sciences  
Bangalore - 560054



Yashwanth

Dean - Academics

M.S. Ramaiah University of Applied Sciences  
Bangalore - 560 054



**10. Regulations:****(A) Attendance, Progress and Conduct**

1. A candidate pursuing degree course should work in the concerned department of the institution for the full period as a full time student. No candidate is permitted to run or work in clinic/laboratory/nursing home while studying postgraduate course. No candidate shall join any other course of study or appear for any other examination conducted by this university or any other university in India or abroad during the period of study.
2. Each term shall be taken as a unit for the purpose of calculating attendance. Attendance of 80% every term is mandatory for appearing in the final university examination.
3. Every student shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons.
4. Every candidate is required to attend a minimum of 80% of the training during each academic term of the post graduate course. Provided further, leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% attendance of training period every term.
5. Any student who fails to complete the course in the manner stated above shall not be permitted to appear for the University Examinations.

**(B) Monitoring of progress of Studies**

1. Work diary / Log Book - Every candidate shall maintain a work diary and record of his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. as per the model checklists and logbook specimen copy.
2. Special mention may be made of the presentations by the candidate as well as details of clinical or planning procedures, if any conducted by the candidate. The work diary shall be scrutinized and certified by the Head of the Department and Head of the Institution, and presented in the university practical/clinical examination.
3. Procedure for defaulters: There will be a committee constituted by all teachers to review such situations. The defaulting candidate is counselled by the guide and head of the department. In extreme cases of default, the departmental committee may recommend that defaulting candidate will be withheld from appearing the examination, if she/he fails to fulfil the requirements in spite of being given adequate chances to set himself or herself right.



Shalin

Heeba 4/ao

Dean - Academics

Approved by the Academic Council at its 27<sup>th</sup> meeting held on 27 September 2022

Principal and Dean  
M.S. Ramiah Medical College and Hospital  
M.S. Ramiah University of Applied Sciences  
Bangalore-560054

M.S. Ramiah University of Applied Sciences  
Bangalore - 560 054  
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**11. Teaching Learning Methods:**

This being a highly dedicated PG specialty introducing several new concepts/subjects in the course, it is recommended to give hands on training and community based activities

Didactic lectures are of least importance; seminars, journal clubs, symposia, reviews, and guest lectures should get priority for acquiring theoretical knowledge. Bedside teaching, interactive group discussions and clinical Case study / family study should be the hallmark of clinical/practical learning.

The training techniques and approach should be based on principles of adult learning. It should provide opportunities initially for practicing skills in controlled or simulated situations. Repetitions would be necessary to become competent or proficient in a particular skill. The more realistic the learning situation, the more effective will be the learning

Clinical training should include measures for assessing competence in skills being taught and providing feedback on progress towards a satisfactory standard of performance. Time must be available for academic work and audit. The following is a rough guideline to various teaching/learning activities that may be employed:

- Journal Club: Critical appreciation and discussion of research articles in indexed journals
- Subject Seminar
- Lecture/Discussion: Lectures on newer topics by faculty
- Case presentations: Communicable disease/ NCD/ MCH case presentation (focus on epidemiology, control, prevention) or Family case (focus on health needs assessment, SWOT analysis of family, social determinants and social empowerment, community management, role of primary health care and mobilizing resources for empowerment of the family). PG students will present the cases in presence of faculty and discuss various modalities of management.
- Public Health Management training in Immunization clinics, Disease Surveillance Units, General Preventive OPD, hands-on training in management of national health programs at urban health centre and rural health centre along with orientation in health administrative system.

Shalini

Principal

Malayappa

Dean - Academics



- The PG student shall be required to participate in the teaching and training programme of Undergraduate students and interns.
- The PG student must undergo Mandatory training in Research Methodology during his/her tenure.
- A postgraduate student in broad specialties would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his/her postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.
- Special Seminars / Workshops: conducted by External Faculty on cross-cutting subjects directly or indirectly concerned with Health. eg. Critical appreciation of National Developmental Budget, delivered by prominent Economist.
- Log Book: Postgraduate students shall maintain a log book of the work carried out by them and the training programme undergone during the period of training including details of work experience during their postings, including programs implemented under supervision and those performed independently. The log book shall be checked and assessed periodically by the faculty members imparting the training.
- Department should encourage e-learning activities.

### 13. Innovative teaching learning practices

1. Practical based epidemiological and statistical exercise
2. Community based training Focused discussion during journal club inculcates culture in the areas of research and publication
3. Faculty Lecture/discussion once in a month: Helps in bridging the gap between what is presented during the month and what is not about the particular topic. Also it reinforces the learning

Shalini

Principal and Dean

Approved by the Academic Council at its 27<sup>th</sup> meeting held on 27 September 2022  
M.S. Ramaiah Medical College and Hospital  
M.S. Ramaiah University of Applied Sciences  
Bangalore-560054

  
H. K. G. Rao  
Dean - Academics  
M.S. Ramaiah University of Applied Sciences  
Bangalore-560054

**14. Assessment:**

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only also helps teachers to evaluate students, but also students to evaluate themselves. The monitoring will be done by the staff of the department based on participation of students in various teaching/learning activities.

**FORMATIVE ASSESSMENT**, ie., during the training may be as follows:

Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self-directed learning and ability to practice in the system.

Academic evaluation during the MD training includes :

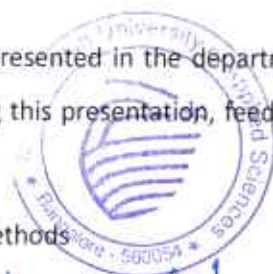
1. Structured evaluation form will be used for the
  1. Seminar
  2. Journal based / recent advances learning
  3. Patient based /Laboratory or Skill based learning
  4. Clinico-social /family study presentation
2. Oral feedback will be given to the postgraduate student during seminar/ journal/ case presentation by all faculty.
3. Teaching skills: Candidates are encouraged to teach undergraduate medical students and paramedical students, if any. In addition, the second year student acts as a mentor for the immediate junior in all aspects of the course. The teaching skills of the PG student will be assessed by a faculty using a checklist along with oral feedback
4. Pedagogy as a tool in formative assessment helps the student to be a better teacher.
5. Dissertation related presentations will be given oral feedback during departmental presentation by all faculty.
6. Poster, oral or e-poster presentations are compulsorily presented in the department before presentation at the conference/ workshop. During this presentation, feedback will be provided by the entire faculty.
7. The students will be encouraged to learn through other methods
  1. Self-directed learning and teaching

Shalini

Principal and Dean

M.S. Ramaiah Medical College and Hospital  
M.S. Ramaiah University of Applied Sciences  
Bangalore-560054

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M. L. Rao  
Dean - Academics

M.S. Ramaiah University of Applied Sciences  
Bangalore - 560054  
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2. Departmental and interdepartmental learning activity
3. External and Outreach Activities

**MONTHLY PROGRESS:**

1. A semi-structured monthly PG review format will be used to evaluate the monthly activities of the PG.
2. Each PG will be allotted one faculty who will review his/ her work done in the previous month along with guide.
3. The next month's activities will be planned during this review.

**ANNUAL PROGRESS:**

A structured checklist cum review form is to be filled by the PG at the end of each academic year summarizing the year's activities and will be reviewed by the PG coordinator and HOD.

**INTERNAL ASSESSMENT:**

Three Theory paper internals will be conducted in a year and the last one in the final year will be Mock exams in university pattern.

Internal assessment is being held as follows:

Year of PG	Tentative Month of internal assessment		
First year	Biostatistics	internals	
	July	November	March
Second year	July	November	March
Third year	July	November	March [Mock]

1. The paper will comprise of ten questions each for 10 marks as per the university format.
2. Mock finals consist of 4 papers carrying 100 marks each.
3. The four papers will have topic division as per the RUAS curriculum.
4. Students scoring below pass marks (50%) will be asked to rewrite the paper as an assignment.

Shalini

Principal and Dean

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 M.S. Ramiah Medical College and Hospital  
 M.S. Ramiah University of Applied Sciences  
 Bangalore-560054

M. S. Ramiah University of Applied Sciences  
 Bangalore - 560054

Dean - Academics

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 Bangalore - 560054

**SUMMATIVE ASSESSMENT**, ie., at the end of training

The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

The examination shall be in three parts:

**A. Thesis**

Thesis shall be submitted to the University by each post graduate student at least six months before the Theory and Clinical / Practical examination.

The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

**B. Theory Examination**

The examinations shall be organized on the basis of 'Grading' or 'Marking system' to evaluate and to certify post graduate student's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately shall be mandatory for passing examination as a whole. The examination for M.D./ MS shall be held at the end of 3rd academic year. An academic term shall mean six month's training period.

There shall be four theory papers as follows:

Name of the Course	Course Code Topics	Topics	Marks
Concepts and Applied epidemiology	MDC525A	Conceptual (and applied) understanding of Public Health, Community Medicine, Communicable and Non-Communicable diseases, emerging and re-emerging diseases, Applied Epidemiology, Health research, Bio-statistics.	100
Nutrition, Environment Health & Health Management	MDC526A	Nutrition, Environmental Health, Primary Health Care system, Panchayat Raj system, National health Programs, RCH, Demography and Family Welfare, Health Care Administration, Health	100



		Management and Public Health Leadership.	
Applied sociology and Research Methodology	MDC527A	Social & Behavioral sciences- applied aspects, scientific communications & Medical writing, Research Methodology, Public Health Legislations, International Health & Global Diseases surveillance.	100
Occupational health, Health information and recent advances	MDC528A	Health Policy planning, Medical Education technology, Information Technology, Integration of alternative Health system including AYUSH, Occupational Health, Recent advances in Public Health & Miscellaneous issues, Health Economics.	100
Thesis- Community Medicine	MDP507A	Approval 6 months before final examination.	

### C. Practical/Clinical and oral examination:

The practical examination should be conducted over two days, not more than 8 post graduate students per batch, per day as follows:

#### 1. One long Family case from the community:

Socio-economic, demographic, cultural and holistic history taking, of the family to understand the various risk factors affecting health and quality of life, assessment of social support system, assessment of present morbidity and its implications, evolve interventions for medical relief and social empowerment and role of family, community and primary health care system in resolving family issues. This shall be conducted preferably in the community setting.

#### 2. One long Case (30 minutes), 2 short cases (20 minutes each) – Cases with Communicable Diseases

Students will elaborate on clinico-epidemiological case history to assess the epidemiological factors, precipitating factors, probable source of infection and evolve measures for diagnosis, treatment, management with reference to the case as well as major public health concerns, i.e. Control,

Shalini

Principal and Dean

M.S. Ramaiah Medical College and Hospital  
M.S. Ramaiah University of Applied Sciences  
Bangalore-560054

Approved by the Academic Council at its 27<sup>th</sup> meeting held on 27 September 2022

Dean - Academics

M.S. Ramaiah University of Applied Sciences  
Bangalore-560054

prevention of the diagnosed disease and interventions in case of eminent outbreak / epidemic situations. Short cases may be assessed without presentation of detailed history, beginning with Differential Diagnosis in the given time.

**3. Epidemiology and Statistics problem-solving exercises (5): (Epidemiological – 3, Statistical – 2)**

**4. Public Health Spots (5) :** including interpretation of analytical reports of water, food, Environmental assessment and public health micro-biology

**5. Viva-voce Examination**

Oral/ Viva-Voce Examination shall be comprehensive enough to test the post graduate student's overall knowledge of the subject.

**Total Marks Distribution:**

Maximum marks for M.D degree course	Theory	Practical	Viva	Grand Total
	400	200	100	700



Shalini

Heoh Yoo

Principal and Dean

M.S. Ramaiah University of Applied Sciences  
Bangalore-560054

Dean - Academics  
M.S. Ramaiah University of Applied Sciences

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AnnexuresAnnexure 1- Overall course plan year-wise**First Year:**

- History of Public Health and Community Medicine.
- Behavioural sciences and health.
- Information, Education, Communication and Counseling.
- Microbiology including Entomology, Parasitology & Immunology.
- Environmental health and Ecology; Bio medical waste management
- Medical ethics; Gender and development issues as part of health
- Diet and nutrition in health and disease
- Occupational health
- Mental Health.
- International Health.
- Voluntary Health Organizations, NGOs.

**Second Year :**

- General Epidemiology, Biostatistics and Research methodology.
- Epidemiology of communicable diseases and non-communicable diseases.
- Maternal health, Child health.
- Demography and Family welfare.
- Cares of special groups viz, School health, Adolescent health, and Geriatrics.
- Care of Disabled, Community based Rehabilitation Tribal health, Desert Medicine.

**Final year:**

- Public Health Emergencies and Disaster management
- Medical Education
- Health and Hospital administration,
- Health Care delivery including National Health Programmes.
- Public Health Legislations.
- Genetics and Counselling.
- Recent advances in community health



*Meetha Rao*

Dean - Academics

M.S. Ramaiah University of Applied Sciences  
Bangalore - 560 054

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*Shalini*

Principal and Dean  
M.S. Ramaiah Medical College and Hospital  
M.S. Ramaiah University of Applied Sciences  
Bangalore-560054

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Annexure 2 Sample of monthly schedules

## Postgraduate Programme Schedule – January – June 2023

DATE	TOPIC	PRESENTER	MODERATOR
02.01.23	Seminar - Material management techniques in healthcare	AG	Moderator
05.01.23	Case presentation	YN & AG	ALL FACULTY
09.01.23	Journal Club	RKS	Moderators
16.01.23	Seminar – Recent advances in TB treatment under NTEP program	YN	Moderator
19.01.23	Group Discussion - Quasi Experimental Studies	All PGs	Moderator
23.01.23	Journal Club	YN	Moderator
30.01.23	Faculty class	All PGs	FACULTY
02.02.23	Case presentation	NAJ,VCS, RKS	All faculty
06.02.23	Seminar – Behavioral change Management	NAJ	Moderator
13.02.23	Journal club	AG	Moderator
16.02.23	Group discussion – Emerging and Re-emerging diseases	All PGs	Moderator
20.2.23	Seminar - Bias	VCS	Moderator
27.02.23	Internal assessment	ALL PGS	
02.03.23	Case presentation	ABS	All faculty
06.03.23	Journal Club	VCS	Moderator
13.03.23	Seminar – Adult Immunization	RKS	Moderator
16.03.23	Group discussion – TB	ALL PGS	Moderator
20.03.23	Seminar – Thesis topic	ABS	GUIDE & CO-GUIDE
27.03.23	Journal club	RKS	Moderator
03.04.23	Seminar –Health Economics	YN	Moderator
06.04.23	Case presentation	YN & AG	All faculty
10.04.23	Journal club	ABS	Moderator
17.04.23	Seminar – World health day Theme	AG	Moderator
20.04.23	Faculty class	All PGs	FACULTY

Shalini

Veeha Y Rao

Dean - Academics

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	MOCK Exams	Final Yr PG	
4.5.23	Case presentation	NAJ,VCS, RKS	All faculty
8.5.23	Journal club	AG	Moderator
15.5.23	Seminar-AEFI	NAJ	Moderator
22.5.23	Journal club	VCS	Moderator
29.5.23	Group discussion –Recent updates in MCH	All PGs	Moderator
1.06.23	Case presentation	ABS	All faculty
5.06.23	Seminar – Alcohol and drug dependence	VCS	Moderator
12.06.23	Journal club	NAJ	Moderator
15.06.23	Faculty class	All PGs	All faculty
19.06.23	Seminar –Mobile health	RKS	Moderator
26.06.23	INTERNALS WEEK		

**Note:**

1. The respective faculty who will be the moderator will be in charge of the entire process...planning, implementation and assessment.
2. It is preferable to put the time table latest by 20<sup>th</sup> of previous month.
3. PGs are expected to keep in touch with the respective teachers well ahead of the class.

Sign of the Coordinator

Sign of Head of the Department

Shalini



Meeha Y Rao  
Dean - Academics  
M.S. Ramaiah University of Applied Sciences  
Bangalore - 560054

Principal and Dean

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M.S. Ramaiah University of Applied Sciences  
Bangalore-560054

**Annexure-3- PG External postings policy****Year wise PG Posting**

1. 1<sup>st</sup> year students are posted in clinical departments – Medicine, OBG, Pediatrics, ENT, Ophthalmology and Dermatology
2. 2<sup>nd</sup> year students will be posted to Taluk hospital/District hospital/ CHC for District residency training of NMC apart from Data collection
3. 3<sup>rd</sup> Year students are posted to institution of public health importance (atleast ten)
4. Every year, the postgraduates are posted for 2 months each in urban and rural health centres
5. The students shall get the completion certificate or log book signed from the department heads posted

**POSTING TO OTHER DEPARTMENTS:**

Sl. No.	Department	Period (Days)	Purpose(To Study)
1.	Taluk Hospital/ CHC	3 Mnth	As part of District residency programme of NMC
2.	Microbiology	15	Applied aspects of Microbiology in Public Health
3.	Medicine	15	Management of common morbidity, Geriatric care
4.	OBG	15	Management of Events related to pregnancy, Child Birth; Study of Diseases in women and their importance to Community Health
5.	Paediatrics	15	Childhood Morbidity
6.	ENT	7	Primary ENT care
7.	Ophthalmology	7	Primary eye care, Implementation of National blindness control programme in tertiary care centres
8.	Dermatology	7	Common skin problems and their management
9.	Primary Health Centre	1 month every	Primary Health Care; National Health Programmes under PHC; Administration and planning in Primary Health Centre; Principles and components of

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Shalini  
Principal and Dean  
MS Ramaiah Medical College and Hospital  
MS Ramaiah University of Applied Sciences  
Bangalore-560054

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		year	Comprehensive Health Care as provided by the PHC
10.	Public Health Institute	3	Water Chemistry & Bacteriology, Food Adulteration, Vaccines and sera
11.	Water Works	1	Principles of purification of water; Water quality monitoring
12.	Sewage Treatment Plant	1	Principles of modern sewage treatment
13.	Directorate of Health & Services	7	Health Planning and Administration; Health System Delivery
14.	District TB centre / Tuberculosis unit	1	Diagnosis and Management (Treatment) of Tuberculosis; Organisation, Service delivery, Components, Performance and Evaluation of NTP
15.	Leprosarium/ rehabilitation centre	1	Diagnosis and Management (Treatment and Rehabilitation) Leprosy; Organisation, Service delivery, Components, Performance and Evaluation of NLEP
16.	Epidemic Diseases Hospital	1	Diagnosis and Management Epidemic Disease like Cholera, Gastro-Enteritis, tetanus, Rabies, Chickenpox, Diphtheria, Mumps, Measles etc.
17.	Institute of vector control & Zoonoses, Hosur	3-5	Medical Entomology and its public Health Importance
18.	Visit to a Factory	2	Occupational Risks, Hazards and Health Interventions- Planning, Implementation and Evaluation
19.	Eateries & Slaughter Houses	2	Food Hygiene, Sanitation and Safety
20.	Malaria Research centre	1	National Malaria control programme & Malaria research
21.	Regional Occupational Health & Research centre	1	Occupational health- research, service, Industrial hygiene
22.	Home for the aged	4	Comprehensive Geriatric care
23.	WHO Polio surveillance office	1	Acute flaccid paralysis surveillance activity, monitoring

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## Annexure 4\_Logbook entry

Date	
Setting/method	
Presented/attended	
Summary in brief	
Reflection	
Teachers comments	

Student's signature

Guide's Signature

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Annexure 5 Students appraisal form

Postgraduate Students Appraisal Form Name of the PG Student Period of Training

Duration:.....to.....

Sl. No	Particulars	Not satisfactory (1,2,3)	Satisfactory (4,5,6)	More than Satisfactory (7,8,9,10)	Remarks
1.	Journal based learning				
2.	Patient care and rounds				
3.	Bedside teaching, Clinical seminars				
4.	Communication skills				
5.	Log book				
6.	Thesis work				
7.	CME/Outreach programmes/Conference presentations				
8.	Self-directed learning				
9.	Under-graduate teaching				
10.	Research/Publication				

Sign of the student

Sign of the assessor

Sign of Head of the Department

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## Course Specifications

### MD Community Medicine 2022 onwards

Course Code: MDC525A



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*Y. L. K. Rao*  
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Course Specifications

Course Title	Concepts and Applied Epidemiology
Course Code	MDC525A
Department	Community Medicine
Faculty	Ramaiah Medical College

Course summary:

This course is designed in such a way that the student will master the principles of epidemiology, interpret basic laboratory investigations and conduct community surveys for evaluation of health programs; investigate an outbreak and conduct suitable analysis of the findings.

Course Outcomes:

## ❖ CO 1:

- Demonstrate comprehensive knowledge of concepts of Public Health/Community Medicine (with differences), Disease-oriented v/s Preventive approach, health promotion vs disease control & prevention.
- Demonstrate comprehensive knowledge and application of principles of epidemiology in prevention and control of outbreaks, communicable and non-communicable diseases.
- Demonstrate the ability of interpretation of basic laboratory investigations used in the context of implementation of various national health programs. (C)

## ❖ CO 2:

- Conduct community surveys/ epidemic investigations/ epidemiological research studies for community diagnosis, disease surveillance, and evaluation of health programmes.
- Plan and implement preventive and control measures in event of a disease outbreak
- Able to collect, compile, tabulate and graphically present, analyse and interpret data applying appropriate statistical tests, using computer-based software application for validation of findings. (C,P)

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**Course Content:****A. History of Public Health**

1. Historical Lessons Learnt from the success and failure of Public Health strategies around the world.
2. Historical influence and importance of Indigenous System of Medicines in Health Care in India.
3. Historical Review of Implementation of the Bhole committee's and other Committee Reports on Health Services, Health Care and Health Professional Education in India.
4. Historical Review of the development of National Health Policies.
5. The trend of achievements of the country vis-à-vis the Health for All concept.
6. Comparative study of development of Health System models globally and nationally

**B. Concepts in Public Health**

1. Concept of Disease control strategies.
2. Public Health importance of the Health Promotion Approach.
3. Concept of Health for All, Millennium development goals.
4. Multi-sector approach in Health care programs.
5. Health Care as part of Community Development
6. Advantages of Community Participation in health care programs.

**C. Communicable and Non-Communicable diseases, emerging and re-emerging diseases**

1. Understand and explain Epidemiology of Communicable/Non-communicable diseases- its causes, precipitating factors, social & other non- health causes, mechanisms of transmission, signs/symptoms, management, control & prevention measures, related national Health Programmes & national Guidelines, Directives, special projects, if any.
2. Explain application of Disease surveillance system in control of Communicable/ Non-communicable diseases.
3. Explain & undertake steps to investigate & control outbreaks, epidemics and take measures to prevent the same.
4. Evolve prevention & control measures based on local & regional epidemiological funding, synchronizing with National guidelines.

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**D. Applied epidemiology, health research and bio- statistics**

1. Principles of Epidemiology
2. Types and detailed methodologies of Epidemiological studies such as Descriptive, Analytical, Experimental and importance of Multi-Centric studies.
3. Appropriate choice of epidemiological approach for given situations.
4. Interpretation of Epidemiological studies.
5. Collection / Organization of data / Measurement scales
6. Presentation of data and Record keeping
7. Measures of central tendency
8. Measures of variability
9. Sampling and Planning of health survey
10. Probability, Normal distribution and inductive statistics
11. Estimating population values
12. Tests of significance (Parametric / Non-parametric)
13. Analysis of variance
14. Multi-Variate Analysis and Meta-analysis
15. Association and correlation and Regression
16. Vital Statistics
17. Evaluation of health and measurement of morbidity / mortality
18. Life table and its uses
19. Use of computers
20. Census
21. Qualitative Research methodologies
22. Evaluation methodologies



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Course Mapping (CO-PO-PSO Mapping)

Course Code and name	Course Outcomes	Program Outcomes					Program Specific Outcomes						
		PO 1	PO 2	PO 3	PO 4	PO 5	PS O1	PS O2	PS O3	PS O4	PS O5	PS O6	PSO 7
MDC525A Concepts and applied epidemiology	CO 1	3	2	2	3	1	3	1	2	2	2	1	3
	CO 2	3	2	2	3	2	3	2	2	2	3	2	3
3: Very Strong Contribution, 2: Strong Contribution, 1: Moderate Contribution													



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## Course Specifications

### MD Community Medicine 2022 onwards

**Course Code: MDC526A**



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Course Specifications

Course Title	Nutrition, Environment Health & Health Management
Course Code	MDC526A
Department	Community Medicine
Faculty	Ramaiah Medical college

Course Summary:

This course is designed in such a way that the student will master the skills to assess and address nutritional needs of the family and community, to advice on reduction of adverse impact of environment on human health, gain comprehensive knowledge on healthcare delivery system in India and identify the needs of the vulnerable population.

Course Outcomes:

## ❖ C O 1:

- Demonstrate comprehensive knowledge and skill in assessing the nutritional status of an individual at family and community level, identifying prevalent common nutritional problems in the community, role of nutrition in health and in planning comprehensive programme to address the malnutrition in a specific group / community.
- Demonstrate knowledge and skills in comprehensive health assessment of an individual/families at community level.

## ❖ C O 2: Demonstrate comprehensive knowledge in identifying the environmental health issues, assessing the impact of adverse environmental conditions on human health and provide technical advice in water purification and solid waste management.

## ❖ C O 3: Demonstrate comprehensive knowledge on health care delivery system in India, health planning and administration, quantitative and qualitative methods of health management.

- Demonstrate comprehensive knowledge on objectives, strategies and implementation of National health programs
- Demonstrate skills in identifying the needs of vulnerable population and organising health care for the same at the community level. (C,P)

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**Course Content:****A. Principles of Nutrition and Applied Nutrition**

1. Nutrients and their daily Requirements.
2. Classification of Foods
3. Balanced Diet
4. Nutritional Profiles of Major Foods
5. Nutritional Deficiencies
6. Protein Energy Malnutrition
7. Nutritional Importance of Trace elements
8. Assessment of an individual's Nutritional Status
9. Assessment of Community Nutritional Status
10. Nutritional Problems in India including Food Borne Diseases
11. Nutritional Programmes in India
12. Methods and impact of nutritional Surveillance
13. Social Problems in Nutrition
14. Food Hygiene – domestic and commercial levels
15. Food Adulteration including Food Safety and Standards (Licensing and Registration of Food Businesses) Regulation, 2011 - review of implementation
16. Primordial Prevention of Lifestyle related nutritional diseases.

**B. Environmental Health****a) Water**

1. Applied importance of Sources of water
2. Water Pollution and review of control and monitoring methods
3. Purification of water and its storage and distribution
4. Water quality standards – its implementation and monitoring
5. Epidemiology and Control of Water borne diseases
6. Epidemiological Investigation of outbreak of water borne disease



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- b) **Air**
1. Indices of thermal comfort and their applied importance
  2. Air Pollution including monitoring, control and prevention
  3. Ventilation and its applied importance
- c) **Importance of domestic and industrial Housing standards**
- d) **Impact and control of Noise Pollution**
- e) **Radiation Hazards from natural, industrial, hospital, communication devices**
- f) **Meteorological Environment and its Health impact**
- g) **Domestic and industrial Lighting Standards**
- h) **Disposal of Waste and Sanitation**
1. Sources and Classification of wastes
  2. Disposal of Solid Wastes
  3. Excreta Disposal
  4. Sewage treatment and safe recycling guidelines
  5. Health Care and Hospital Waste Management
- i) **Guidelines on Industrial Toxic wastes and nuclear wastes.**
- j) **Medical Entomology**
1. Identification of the arthropods as classified below
    - a. Insecta: Mosquito, Flies, Lice, Fleas, and other insects.
    - b. Arachnida: Ticks and Mites
    - c. Crustacea: Cyclops
  2. Diseases transmitted and Modes of Transmission of diseases by arthropods
  3. Control of Arthropods and diseases borne by them
  4. Integrated Vector Control
  5. Types, Mode of application and effectivity of Insecticides
  6. Types and mechanism of Insecticide Resistance and modes of Resistance prevention



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k) Rodents and Anti-Rodent Measures

l) Types, Causes and Control of Zoonotic Diseases

C. Primary Health Care System, Panchayat Raj, National Health Programmes including RCH, Demography & Family Welfare

❖ Primary Health Care

1. Need and importance for prioritizing of Primary Health Care
2. Principles of Primary Health Care
3. Elements of Primary Health Care
4. Models of Delivery of Primary Health Care

❖ The Health Care Systems in India

1. Organizational Structure and Functions of the Govt. Health care System at the Central, State, district, Primary Health centre, Community Health Centre, Peripheral areas as also the Urban areas.
2. Health Care systems for Factories / Mines / Plantations.
3. Large and small scale N.G.O. sector health care system.
4. Corporate and Private Health Insurance systems.
5. Family Medicine, General Practitioners.
6. Indigenous Medicine system.
7. Feasibility of Networking the Govt. and NGO sectors for better coverage of health programs.

❖ National Health Programs

1. Components of individual National Health Programs
2. Review of factors associated with the success / failure / stagnation of the present status of these National Health Programs.

❖ Organizational and Functional components of the Maternal and Child Health Services Program in India



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1. Review of MCH related programmes in India. eg. Reproductive & Child Health (RCH – I & II), Integrated Child Development Scheme (ICDS), Integrated Management of Neonatal & Childhood illnesses (IMNCI) etc.

#### ❖ Maternal and Child Health Care

1. Meaning and relevance of Risk Approach to Maternal and Child Health
2. Review of the public health relevance of Maternal and Child health physical, mental, social and behavioral problems
3. Rationale, Components and Implementation of Antenatal, Intranatal and Postnatal Care
4. Rationale, Components and Implementation of Child Health Care
5. Maternal and Childhood Disease control strategies
6. Indicators of MCH care and their interpretation

#### ❖ Social Pediatrics

1. Interventional strategies for Juvenile Delinquency, Child Abuse, Child Labour, Street Children, Child Marriage.
2. Child Guidance Clinic
3. Child Placement

#### ❖ School Health Services

1. Objectives of school health services
2. Planning for components of school health service and their implementation strategies (including child – parent – teacher and community roles)
3. School level counseling for chronic absenteeism, drug abuse, and gender based issues, behavioral and learning problems.
4. Monitoring Health of school children and school staff

#### ❖ Family Welfare Services in India

1. Meaning and relevance of Family Planning, Family welfare and Population Control
2. Methods of Family Planning – Review of mechanism, effectivity, factors for non-compliance of usage, contraindications and side-effects.
3. Formulation and Evaluation of Implementation strategies of Family planning programs.



❖ **Demography**

1. Significance of Demography in public health
2. Interpretation and implications of Demographic Cycles on global and Indian context.
3. Demographic trends in India and its application in the planning of Health programmes

**D. Health Care Management**

1. Relationship of Planning to Management
2. Situational Analysis Methods
3. Vision, Mission, Goal setting and objective formulation
4. Criteria setting for Prioritization
5. Resource Generation Methods
6. Strategies Formulation
7. Participatory Approaches to plan execution
8. Monitoring and Evaluation Parameters selection and implementation
9. Project Report Writing and Reporting
10. Selected Management Techniques relevant to Health care.
11. Relevance of Qualitative methods in Health Management
12. Basics of Health Economics
13. Importance of Operation Research Methods in Health Care Management.
14. Basis of Health Systems Research
15. Impact of Political Will on planning and implementation of Health programs

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Course Mapping (CO-PO-PSO Mapping)

Course Code and name	Course Outcomes	Program Outcomes					Program Specific Outcomes						
		PO 1	PO 2	PO 3	PO 4	PO 5	PSO 1	PSO 2	PSO 3	PSO 4	PSO 5	PSO 6	PSO 7
MDC526A	CO 1	2	3	3	2	3	3	3	3	2	3	3	2
Nutrition, Environment Health & Health Management	CO 2	2	2	2	1	2	2	2	1	3	2	2	1
	CO 3	3	3	3	2	3	3	1	3	2	3	3	1
3: Very Strong Contribution, 2: Strong Contribution, 1: Moderate Contribution													



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Dean - Academics  
M.S. Ramaiah University of Applied Sciences  
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## Course Specifications

### MD Community Medicine 2022 onwards

Course Code: MDC527A



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Course Specifications

Course Title	Applied Sociology and Research Methodology
Course Code	MDC527A
Department	Community Medicine
Faculty	Ramaiah Medical College

Course Summary:

This course is designed in such a way that the student will master the communication and counselling skills, gain knowledge on public health legislations and global disease surveillance; and apply the knowledge and principles of research methodology in disease control and prevention

Course Outcomes:

## ❖ C O 1:

- Demonstrate application of knowledge of social and behavioural sciences in planning and executing BCC strategies for individuals; and to identify behaviour pattern of individual or group of individuals that is detrimental or adversely affecting their health.
- Demonstrate both verbal and written communication skills to word reports, professional opinion and for effective health education.
- Demonstrate the counselling skills for individual, family and community regarding nutrition, lifestyle modification and family planning.(C,P)

## ❖ C O 2: Demonstrate knowledge on international health agencies, public health legislations, international health and global disease surveillance. (C)

## ❖ C O 3: Demonstrate comprehensive knowledge and application of principles and ethics in research methodology. (C,P)

## ❖ C O 4: Demonstrate comprehensive knowledge on public health laws, policies and guidelines (C,P)

Course Content:**A. Social and behavioural sciences**❖ **Role of Social sciences in Health**

1. Need and Importance and Role of Medico- Social work in Public Health Behavioral sciences.
2. Need and importance of Health – Seeking Behavior in implementing Health care programs.
3. Meaning and relationship of Behavioral Sciences to Health.
4. Principles of Social Psychology as applicable to Health.
5. Principles of social Anthropology as applicable to Health



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❖ **Sociology**

1. Relevance and use of Social structures, social organizations and cultural factors in addressing problems in Health as part of Community Development.
2. Gender based issues and its relevance to impact of health care programs.
3. Impact of Urbanization and Industrialization on Health.
4. Difference between Advising and Counseling

**B. Public health legislations:** Review of provisions available under the various Acts related to health.

This covers Industries, Mines, hospitals, plantations, labor, adoption, rail/road/air travel, waste treatment, child labor, handicapped, food safety, housing and public utilities, pollution, reporting of notified diseases, quarantine, medical negligence, etc.

**C. International Health and Voluntary agencies**

❖ **International Health**

1. Role of International agencies in Health
2. Various Agencies and its functions (WHO, UNICEF, UNDP, red Cross, ILO, Etc)
3. International health regulations

❖ **Voluntary Sector in Health**

1. Understanding the Supplementary, Complementary and Substitution Roles of the Voluntary Sector in Health Care.
2. Case Studies of Health care strategies adopted by NGOs.
3. Networking strategies for Govt. and NGO sectors in Health Program implementation

**D. Research Methodology**

1. Preparing dissertation synopsis
2. Identifying need for research study
3. Problem statement
4. Formulating Objectives
5. Methods of Literature Review (References and Bibliography)
6. Conceptual framework of study
7. Research design choice
8. Choice of Methodologies
9. Analysis and discussion and presentation

**E. Communication**

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❖ **Principles of Educational Science and Technology**

1. Curriculum Planning, Educational Objectives.
2. Principles of Learning.
3. Teaching / Learning methods.
4. Teaching skills including Micro Teaching.
5. Preparation and Use of Teaching Aids and Learning Research Materials.
6. Methods of Evaluation

❖ **Principles and Practice of Information, Education and Communication**

1. Principles of IEC Health Education
2. Objectives of Health Education
3. Content of Health Education.
4. Relevance of using Communication Methods in the implementation of Health care.
5. Meaning of Communication.
6. Principles of effective Communication, relevant to health.
7. Communication Blocks and means of overcoming the blocks.
8. Communication strategies for facilitating effective implementation of Health programs at individual and community levels.
9. The use and influence of Mass Media for IEC.
10. Practice (Methods) of IEC and its application in Community Health.
11. Quantitative and Qualitative Evaluation of impact of IEC programs.



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Course Mapping (CO-PO-PSO Mapping)

Course Code and name	Course Outcomes	Program Outcomes					Program Specific Outcomes						
		PO 1	PO 2	PO 3	PO 4	PO 5	PSO 1	PSO 2	PSO 3	PSO 4	PSO 5	PSO 6	PSO 7
MDC527A Applied Sociology and Research Methodology	CO 1	2	3	3	2	2	2	2	3	1	2	3	1
	CO 2	2	3	1	1	3	2	1	2	2	1	2	2
	CO 3	2	2	3	3	1	2	1	1	1	2	1	3
	CO 4	3	3	2	1	2	2	2	3	3	3	2	1
3: Very Strong Contribution, 2: Strong Contribution, 1: Moderate Contribution													

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## Course Specifications

### MD Community Medicine 2022 onwards

Course Code: MDC528A



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Course Specifications

Course Title	Occupational health, Health information and Recent advances
Course Code	MDC528A
Department	Community Medicine
Faculty	Ramaiah Medical College

Course Summary:

This course is designed in such a way that the student will master undertaking surveys to identify various occupational exposures, initiate IEC activities to create health awareness and keep themselves abreast with recent advances.

Course Outcomes:

## ❖ CO 1

- Demonstrate application of knowledge of occupational health in diagnosis of occupational hazards and undertake surveys to identify occupational exposures.
- Demonstrate application of information technology where ever applicable example- creating health awareness, IEC activities. (C,P)

- ❖ CO 2: Demonstrate the ability for self-directed learning by keeping abreast with newer information and recent advances. (C)

Course Content:**A. Occupational health**

1. Relevance of Occupational Environment to Health Hazards
2. Surveying for identifying Industrial Health hazards
3. Surveying for identifying Health Hazards in Agricultural / Plantation / Mining area settings.
4. Surveying for identifying Health Hazards in Home based cottage Industries.
5. Basic Principles of Ergonomics and Work- Physiology and their application in Occupational Health Intervention Programs.
6. Health Hazards due to Industrial Pollution of air, water and land.
7. Elements of Industrial waste treatment.
8. Relevance and meaning of Industrial Toxicology in the management of Health hazards.

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9. Understanding the Basic Scope of Occupational Health Legislation such as ESI Act, Factories Act, Mines Safety Act, etc.
10. Causes, consequences and Intervention Strategies for occupation related diseases of public health importance.
11. Principles of Industrial Safety measures and Industrial house-keeping.
12. Causes and reduction of Sickness Absenteeism.
13. Principles of Industrial Psychology including work related stress management.
14. Gender Issues in work environment.
15. Providing Social security for industrial workers by the Industrial Corporate Sector in view of Globalization and Outsourcing of work.

**B. Health information system**

1. Uses of Health Information System in Health planning including Situational analysis, Prioritization, Monitoring and Evaluation.
2. Sources and methods of data acquisition.
3. Applications of health information on National and International Notification of Diseases.
4. Use of Internet and Intranets including NICNET, etc.
5. **The recent advances in Public Health**
6. Components of National Health Policy
7. Importance of Health Seeking Behavior
8. Basis of formulating rational drug policy
9. Relevance of Evidence Based Medicine in the planning of Disease Control Programs
10. Use of Computers in Public Health
11. Principles of Counseling
12. Role of Clinical Specialists in Community Health Care Programs
13. Writing of a Research Protocol.
14. Nosocomial infection and Hospital Infection Control
15. Impact of Macro-Climatic changes (Eg: Global Warming, etc ) on Health.
16. Organizing health component of Relief camps during war, mass migration.
17. Setting up and Implementing Quality Control of Health care programs.
18. Planning of public Health measures during pandemics of new diseases.
19. Selected Methods in Operation Research.
20. Other relevant Topics



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*Meek Y Rao*

Dean - Academics  
M.S. Ramalah University of Applied Sciences  
Bangalore - 560054

Principal and Dean  
M.S. Ramalah Medical College and Hospital  
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**C. Miscellaneous issues****❖ Genetics and Health**

1. Relevance and Impact of population Genetics
2. Preventive and Social Measures in Genetics
3. Implication of Gene therapy, Stem-cell research on future disease control program strategies.

**❖ Tropical Medicine**

1. Present problem statement of diseases of public health importance.
2. Descriptive epidemiological factors of specific diseases of public health importance.
3. Causes and factors related to increasing or decreasing trends of these diseases.
4. Factors responsible for emergence of new diseases.
5. Review of changing disease control strategies for specific diseases of public health importance.

**❖ Community Mental Health**

1. Principles of Community Mental Health
2. Epidemiological factors associated with the current and emerging mental disorders of public health importance.
3. Emerging mental health issues of marital, family based problems, travel related, migration, resettlement, urbanization problems.
4. Planning and Intervention strategies for community based mental health programs

**❖ Health care of the Aged**

1. Public health implications of increasing trends in longevity of life.
2. Health planning strategies for enhancing quality of life of senior citizens.
3. Need, relevance and components of Community Based Geriatrics care Programs.

**❖ Health care for the Challenged**

1. Vulnerability factors in health, for the physically and Socio-economically challenged people.
2. Intervention strategies for desired Behavioral change in the community, towards the physically challenged.

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3. Multi-disciplinary approach in the health care of the physically challenged.
4. Community Based Rehabilitation for the physically challenged

❖ **Reaching Health Care for the Unreached**

1. *Adaptations in Health Care Programs Methodologies for Inaccessible Terrain and Extreme climates.*

❖ **Disaster Management and public health emergencies**

1. Brief Review of definition, types and causes of Disaster.
2. Understanding the short and long term Health Impact of Disasters
3. Assessing priorities for Disaster Response.
4. Planning for Administrative, Operational, and Technical Intervention for Disaster Relief program including Multi-Sectoral Co-ordination.
5. Community Disaster Preparedness training needs for Health Providers and Beneficiaries.
6. Post Disaster Follow up care

❖ **City / Town Planning and Health**

1. Accessibility of health care Facilities.
2. Health advisory Role on Water and Waste Treatment planning Boards.
3. Recommendations on Pollution control planning and monitoring systems, as related to Health.
4. Urban Ecology such as housing, slum formations, social issues, road safety, urban stress factors, micro-climatic changes, etc which impact all dimensions of health.

❖ **Health Economics**

1. Concept of Health economics
2. Economics of health care delivery
3. Public financing
4. Economic analysis for health and health care

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Course Mapping (CO-PO-PSO Mapping)

Course Code and name	Course Outcomes	Program Outcomes					Program Specific Outcomes						
		PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3	PSO4	PSO5	PSO6	PSO7
MDC528A Occupational health, Health information and Recent advances	CO 1	2	1	2	2	3	2	1	3	3	1	2	1
	CO 2	3	3	1	2	3	3	2	2	2	3	1	2
3: Very Strong Contribution, 2: Strong Contribution, 1: Moderate Contribution													

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## Course Specifications

MD Community Medicine 2022 onwards

Course Code: MDP507A



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Principal and Dean

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Course Specifications

Course Title	Thesis- Community Medicine
Course Code	MDP507A
Department	Community Medicine
Faculty	Ramaiah Medical College

Course Summary:

The course is designed in such a way that the student will master the science of research in terms of designing, conducting and interpreting the results in an accountable and ethical manner.

Course Outcome:

## ❖ CO 1

- Demonstrate comprehensive knowledge and application of principles and ethics in research methodology by way of executing postgraduate dissertation.
- Independently conduct research and should be able to report the results of the research in accordance with the prescribed instructions as expected of international standards(C,P)

- ❖ CO 2: The student should demonstrate integrity, accountability, respect, compassion and dedicated patient care and a commitment to excellence, continuous professional development and ethical principles relating to research conduct and research publication as applicable to all the specific courses

Course details:

Every candidate pursuing MD Medicine degree course is required to carry out work on a selected research project under the guidance of a recognised post graduate teacher. The results of such a work shall be submitted in the form of a dissertation. The dissertation is aimed to train a post graduate student in research methods and techniques. It includes identification of a problem, formulation of a hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis, comparison of results and drawing conclusions.

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Every candidate shall submit to the Registrar (Academic) of the University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within six months from the date of commencement of the course on or before the dates notified by the University. The synopsis shall be sent through the proper channel.

Such synopsis will be reviewed and the dissertation topic will be registered by the University. No change in the dissertation topic or guide shall be made without prior approval of the University.

The dissertation should be written under the following headings:

1. Introduction
2. Aims or Objectives of study
3. Review of Literature
4. Material and Methods
5. Results
6. Discussion
7. Conclusion
8. Summary
9. References (Vancouver style)
10. Tables
11. Annexures



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Course Mapping (CO-PO-PSO Mapping)

Course Code and name	Course Outcomes	Program Outcomes					Program Specific Outcomes						
		PO1	PO2	PO3	PO4	PO5	PSO1	PSO2	PSO3	PSO4	PSO5	PSO6	PSO7
MDP507A Thesis- Community Medicine	507A.1	3	2	2	3	1	3	1	1	2	3	2	3
	507A.2	2	2	3	3	2	2	1	2	1	1	3	3
3: Very Strong Contribution, 2: Strong Contribution, 1: Moderate Contribution													



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*Shalini*

Principal and Dean  
M.S. Ramaiah Medical College and Hospital  
M.S. Ramaiah University of Applied Sciences  
Bangalore - 560054

Dean - Academics  
M.S. Ramaiah University of Applied Sciences  
Bangalore - 560054

**Course reference Materials:**

1. Public Health and Preventive Medicine (Maxcy-Rosenau-Last Public Health and Preventive Medicine) by Robert B. Wallace
2. Basic Epidemiology. R Bonita, R Beaglehole, T Kjellstrom. World Health Organization Geneva.
3. Epidemiology, by Leon Gordis.
4. Oxford Textbook of Public Health. Holland W, Detel R, Know G.
5. Practical Epidemiology, by D.J.P Barker
6. Park's Textbook of Preventive and Social Medicine, by K.Park
7. Principles of Medical Statistics, by A. Bradford Hill
8. Interpretation and Uses of Medical Statistics, by Leslie E Daly, Geoffrey J Bourke, James MC Gilvray.
9. Epidemiology, Principles and Methods, by B. MacMahon, D. Trichopoulos
10. Hunter's Diseases of Occupations, by Donald Hunter, PAB Raffle, PH Adams, Peter J. Baxter, WR Lee.
11. Epidemiology and Management for Health Care, by Sathe PV and Doke PP.
12. Vaccines, by Stanley A. Plotkin.
13. All reports and documents related to all National Programmes from the Ministry of Health and Family Welfare.
14. Maxy Roseman John M.Last, Maxcy-Roseman Public Health and Preventive Medicine, Appleton-Century-Crofts, Newyork
15. Hobson W, The Theory and Practice of Public Health, Oxford Med.Publication
16. Barker D J P, Practical Epidemiology, Churchill Livingstone
17. Mahajan B K and M.C.Gupta, Text Book of Preventive & Social Medicine Jaypee Publications
18. John J.Hanlon, Public Health Administration and Practice, MOSBY
19. Robert S.Goodheart Maulice E.Shills, Modern Nutrition in Health, K.M.Varghese & Co.,
20. Mawner & Kramer, Epid : An Introductory Text, 1985, W.B.Sanuders Co.,



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## 21. Committee Reports and Policy Documents - Medical Education and Health Policy:

- i. Bhole Committee Report (1946) Health Survey and Development Committee, Govt. of India, Delhi.
- ii. Mudaliar Committee Report (1961) Health Survey and Planning Committee, Govt. of India, Delhi.
- iii. Shrivastav Report (1974), Health Services and Medical Education - A programme for immediate action, Group on Medical Education and Support Manpower, Ministry of Health and Family Welfare, Govt. of India, New Delhi.
- iv. ICSSR/ICMR (1981), Health for All - An alternative strategy - Report of a Joint study group of ICSSR/ICMR, Indian Institute of Education, Pune.
- v. National Health Policy, (1982) Ministry of Health and Family Welfare, Government of India, New Delhi.
- vi. Compendium of Recommendations of various committees on Health and Development (1943 - 1975), Central Bureau of Health Intelligence (1985) Directorate General of Health Services, Ministry of Health and Family Planning, New Delhi.
- vii. Bajaj, J.S. et al (1990) Draft National Education Policy for Health Sciences, I.J.M.E. Vol. 29, No. 1 & 2 (Jan - August 1990)

## Journals

1. Indian Journal of Community Medicine
2. Indian Journal of Public Health
3. Indian Journal of Community Health
4. Journal of Communicable Diseases
5. Indian Journal of Maternal & Child Health
6. Indian Journal of Preventive and Social Medicine
7. Indian Journal of Occupational Health & Industrial Medicine
8. Indian Journal of Medical Research
9. National Medical Journal of India



Shalini

*[Signature]*  
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Bangalore - 560054

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10. Indian Journal of Malariology.
11. Indian Journal of Environmental Health.
12. Indian Journal of Medical Education.
13. Journal of Indian Medical Association.
14. Indian Journal of Tuberculosis
15. Journals of Medicine, Pediatrics, OBG, Skin & STD, Leprosy, Tuberculosis & Chest Diseases (For Reference).
16. Economic and Political Weekly

#### International journals

1. WHO Publications – All
2. Journal of Epidemiology & Community Health.
3. Tropical Diseases Bulletin
4. Vaccine
5. American Journal of Public Health
6. Lancet
7. New England Journal of Medicine

Shalini

Principal and Dean

M.S. Ramaiah Medical College and Hospital

M.S. Ramaiah University of Applied Sciences

Bangalore-560054

Heena Y Rao  
Dean - Academics  
M.S. Ramaiah University of Applied Sciences  
Bangalore-560054

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## ADDITIONAL READING

1. Compendium of recommendations of various committees on Health and Development (1943-1975). DGHS, 1985 Central Bureau of Health Intelligence, Directorate General of Health Services, min. of Health and Family Welfare, Govt. of India, Nirman Bhawan, New Delhi. P - 335.
2. National Health Policy, Min. of Health & Family Welfare, Nirman Bhawan, New Delhi, 1983.
3. Santosh Kumar, the elements of Research, writing and editing 1994, Dept. of Urology, JIPMER, Pondicherry
4. Srinivasa D K et al, Medical Education Principles and Practice, 1995. National Teacher Training Centre, JIPMER, Pondicherry
5. Indian Council of Medical Research, "Policy Statement of Ethical considerations involved in Research on Human Subjects", 1982, I.C.M.R, New Delhi.
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8. Indian National Science Academy, Guidelines for care and use of animals in Scientific Research, New Delhi, 1994.
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11. Mahajan B K, Methods in Bio statistics for medical students, 5<sup>th</sup> Ed. New Delhi, Jaypee Brothers Medical Publishers, 1989.
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16. French (Geoffrey), Occupational Health, Medical Technical Publishers, Lancaster
17. Mayers (May R), Occupational Health etc., Williams and Wilkins, Baltimore (1969)
18. Government of India, Ministry of HRD, Occupational Health: issues of women in the unrecognised sector, New Delhi (1988)
19. Plunkett (E.R), Handbook of Industrial Toxicology, 3<sup>rd</sup> Edition, Arnold Publishers, USA (1987)
20. Charles Wn Sharp and L Thomas Carroll, Voluntary Inhalations of Industrial Solvents, U.S. Department of Health, Education and Welfare, National Institute on Drug abuse, U.S.A. (1978)
21. Patrick Kinnersly (1979), The Hazards of Work, How to fight them, Pluto Press, U.K.
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23. Edited by Robert J. Mc Cunney, Handbook of Occupational Medicine, Little Brown and Company, Boston/Toronto (1988)
24. WHO (1986) Geneva, Early detection of Occupational Diseases.
25. Carl Zenz (1994), Occupational Medicine, 3<sup>rd</sup> Edition Mosby, U.S.A.
26. ILO Publications Geneva, Encyclopedia of Occupational Health & Safety, (1983) 3<sup>rd</sup> Edition Vol. 122



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*Shalini*

Dean - Academics  
M.S. Ramaiah University of Applied Sciences  
Bangalore - 560054