

**Fourth Year MBBS 2025**

**Community Medicine**

**Study Guide**

**Renal Module II Block XII**

**Community medicine Large Group Interactive Session (LGIS)**

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| TOPIC | Contents Outlines (Major Topics & Sub- Topics) | Learning objectivesAfter The Session Students Will Be Able To: | Learning domain | Teaching strategy | Assessment tool |
| Entomology IIntroduction & Classification of Arthropods of Public Health Importance | Medical Entomology; Transmission of arthropod borne diseases | * Define Medical entomology. Define vector along with examples. Enlist and classify arthropods of medical importance.
* Identify, differentiate and explain features of various classes of arthropods.
* Explain with examples modes of transmission of arthropods borne diseases.
* Draw and explain life cycle of plasmodium along with various mosquito control measures
* Describe importance of entomology from public health aspect.
 | C1C1C2C2 | LGIS | MCQ, SEQ |
| Entomology IITransmission of Arthropod Infections Diseases transmitted by Arthropods integrated vector management | Medical Entomology. Principles Of Arthropods Control | * Enlist diseases caused by house fly. Describe life cycle of house fly and its habitat along with various methods to control fly.
* Identify and describe sand-fly, Tsetse fly, and black fly along with diseases caused by them.
* Describe integrated approach towards control of class insect.
 | C1C2C2 | LGIS | MCQ, SEQ |
| Vector Born Diseases-I Epidemiology of Viral Hemorrhagic fever & Malaria | Vector borne diseases; Epidemiological determinants | * Define a vector and enlist various vector borne diseases.
* Explain modes of transmission and propagation of parasites.
* Define host and its types with examples.
* Enlist and explain mosquito borne diseases
* Explain life cycle of malarial parasites and integrated approach towards control of malaria.
* Name various causes of viral hemorrhagic fever along with their clinical features.

Enlist causes of relapsing fever and various methods towards control of vector borne diseases.  | C1&C2C1&C2C1, C2&C3C1, C2 | LGIS | MCQ, SEQ |
| Vector Born Disease-IIPrevention of Leishmaniasis & Scabies & Modes of Transmission of Filariasis | Vector borne diseases; Prevention & control | * Define and explain filariasis and life cycle of filarial parasites, Describe modes of transmission of filariasis and assessment of various mosquito control programs.
* Explain Leishmaniasis, life cycle of sand-fly and integrated measures towards fly control.

Explain scabies, its mode of spread along with curative and preventive measures.  | C1C1C2 | LGIS | MCQ, SEQ |
| Snake Bite | EpidemiologyPrevention of snake bite | * Describe importance of snake bite, the epidemiology of snake bite
* Differentiate between clinical manifestations of different types of snakes, Enumerate ways of prevention from snakebite

Management of snakebite, Enlist people more at risk  | C1C1 | LGISLGIS | MCQ, SEQ |
| Disaster Management | Types of disasterDisaster managementtriage | * Define disaster
* Differentiate between natural and man made disaster
* Classify different types of disaster
* Assess the magnitude of disaster
* Describe all the disaster management steps

Understand triage and its importance in disaster management  | C1&C2C1&C2 | LGIS | MCQ, SEQ |
| Zoonotic diseases I | IntroductionViral Zoonotic DiseaseRabies | * Explain introduction of zoonosis, Discuss rabies disease, its origin and pathophysiology.
* Identify the preventive aspects of rabies.

Enlist vaccination schedule discussion in detail.   | C1C2C3C1C1C2 | LGIS | MCQ, SEQMCQ, SEQ |
| Viral & Bacterial Zoonotic Disease II | Chikungunya, Japanese encephalitis, bacterial zoonotic anthrax | * Understand chikungunya, its pathophysiology.
* Discuss the preventive and health education aspects relevant to it.
* Explain Japanese encephalitis, clinical features and pathophysiology
* Strategize its prevention.
* Explain Anthrax and classify its types
* Identify clinical features , diagnose the disease
* Categorize the prevention under different levels of prevention
 | C1C2C3C1C1C2 | LGIS | MCQ, SEQMCQ, SEQ |
|  Zoonotic Disease III | PlagueBrucellosis | * Define plague, its history and epidemiology
* Demonstrate epidemiological triad of plague, types of plague with its prevention and treatment
* Define brucellosis
* Demonstrate epidemiological triad
* Concept of control in humans, prevention and treatment
 | C1C2C3C1C1C2 | LGIS | MCQ, SEQMCQ, SEQ |
| Zoonotic Disease IV | Tetanus, Human Salmonellosis | * Identify The causative agent, pathophysiology of tetanus, Enlist types of tetanus.
* Understand Vaccination schedule of tetanus.

Explain Preventive approach to be adopted in tetanus. * Define human salmonellosis’, its epidemiology
* Demonstrate its epidemiological triad, with its types

Prevention and treatment of salmonellosis | C1C2C2C1C2C2 | LGIS | MCQ, SEQMCQ, SEQ |

**Learning objectives of Bioethics LGIS**

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| --- | --- | --- | --- | --- |
| MAJOR TOPIC | SUB TOPICS | LOS at the end of session students will be able to | COGNITIVE DOMAINS | MODE OF ASSESMENT |
| Functions of ethical review board | Discussion will cover; • Ethics Review Committee (ERC) why is it needed, historical importance, composition and working (process of review) • Review of mock research proposals | * Conceptualize the need of ERC
* Elaborate the composition and function of ERC
* Review the mock research proposals from ethical perspective
 | C1C2 | MCQS |

**SELF DIRECTED LEARNING COMMUNITY MEDICINE**

|  |  |  |  |  |
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| S. No. | Topic | Learning ObjectivesAt the end of session student will be able to: | Reference | Assessment  |
|  | Antimicrobial resistance,  | * Define Antimicrobial resistance.
* Causes of antimicrobial resistance
* Describe major examples of antimicrobial resistance and possible preventive measures.
 | K Park Ed. 27th (378-81)  | 2-3MCQLMS |
|  | Hospital acquired infections | * Define HAIs. infections and its types.
* Surveillance, Sources, & rout of speared of HAI.
* Explain standard precautions and other measures to prevent HAIs
 | K Park Ed. 27th (359-61) | 2-3MCQLMS |
|  | Rickettsial zoonosis  | * Classify Rickettsial Diseases
* Discuss epidemiological features and control of Rickettsial Diseases
 | K Park Ed. 27th  | 2-3MCQLMS |
|  | Emerging and Re-emerging health problems /Neglected tropical diseases  | * Define emerging and re-emerging diseases
* Identify different factors in causation of emerging/re emerging diseases
* List diseases included, and ways to control
 | K Park Ed. 27th | 2-3MCQLMS |
|  | Genetics | * Recognize genetics
* Identify positive and negative eugenics
* Define euthenics
* Understand genetic counselling
 | K Park Ed. 27thpage 858,863,865 | 2-3MCQ LMS |

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| **Category A\***  | **Category B\*\***  | **Category C\*\*\***  |
| **LGIS**  | LGIS  | SDGS  | SDL  |
| EntomologyIntroduction & Classification of Arthropods of Public Health Importance | Viral Zoonotic DiseaseBacterial Zoonotic Disease | Parasitic DiseaseIntroduction and Classification of Parasites Helminthology I,II |  Antimicrobial resistance – a major public health problem. Hospital acquired infections / Nosocomial infections |
| Vector Born Diseases-I Epidemiology of Viral Hemorrhagic fever & Malaria, Vector Born Disease-IIBioethics | Rickettsial Zoonotic DiseaseParasitic Zoonotic Diseases  |  |
| Disaster management, snake bite |   |   |  Genetics |

**Categorization of Modular Content of Community Medicine**

|  |  |  |
| --- | --- | --- |
| **Sr. #** | **Designation Of Teaching Staff / Human Resource** | **Total Number Of Teaching Staff** |
| 1**.** | Professor of community medicine | 01 |
| **2.** | Associate Professor of community medicine | **02** |
| 3. | Assistant Professor of community medicine | 04 |
| 4. | Demonstrators of community medicine | 05 |
| **5.** | PGTs | 06 |

 **Teaching Staff / Human Resource of Department of Community Medicine**

|  |  |  |
| --- | --- | --- |
| **Sr. #** | **Hours Calculation for Various Type of Teaching Strategies** | **Total Hours** |
| 1. | Large Group Interactive Session (LGIS) | 10 |
| 2. | Small Group Discussions (SGD) | 2 |
|  | Case Based Learning (CBL) | - |
| 4. | Practical / Skill Lab | - |
| 5. | Self-Directed Learning (SDL) | 3 |

**Type of Assessment ------Community Medicine**

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| **S.****No** | **Mode of Assessment** | **Type of Assessment** | **Schedule of Assessment** | **Venue** | **Frequency** |
| 1. | End of wk. MCQ based Test | summative | Weekly | LMS | 01 x no. of weeks |
| 2. | Theory (MCQ+SEQ+ SAQs + EMQ) | Summative | End of module | On campus | 01 |
| 3. | End of module MCQs test | formative | End of module | LMS | 01 |
| 4. | End of clerkship Exam MCQs, OSCE | summative | end of clerkship batch | On campus | 01 x 2 wks |

**Table of Specification for end of block Assessment (TOS)**

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| **Block Name& Order** | **Modules Names & Numbers** | **Subject** | **Theory** | **Scheme of Integration** | **Total marks Theory** | **Practical Assessment** | **Total Block marks** | **End of block LMS MCQs** |
| 25**MCQs**(1mark each) | **5+1****SAQ****+EMQ**(5marks each) | **5 SEQs****(9marks each)** | **Core Subject. 70%** | **Hori- & Verti- Integ. 20%** | **\*Spiral Integ. 10%** | **OSVE** | **OSPE (05 marks each)** | **Total marks Practical** |
| **Module I** | **Module 2** | **Observed** | **Unobserved** | **Video assisted** |
|  |  | Community medicine | 25 | 25+5 | 45 | 19 | 46 | 4 | 12 | 2 | 7 | 100 | - |
| Pharmacology | 25 | 25+5 | 45 | 19a | 46 | 4 | 12 | 2 | 7 | 100 |  |
| Pathology | 25 | 25+5 | 45 | 19 | 46 | 4 | 12 | 2 | 7 | 100 |  |
|  | Community medicine | 25 | 25+5 | 45 | 19 | 46 | 4 | 12 | 2 | 7 | 100 | Viva marks | Book marks | Viva marks | Book marks | 10stations | 10stations | 20 stations |  | 400 | 30 |
| 45 | 5 | 45 | 5 | 50 | 50 | 100 | 300 |
| Pharmacology | 25 | 25+5 | 45 | 19 | 46 | 4 | 12 | 2 | 7 | 100 | 45 | 5 | 45 | 5 | 50 | 50a | 100 | 300 | 400 | 30 |
| Pathology | 25 | 25+5 | 45 | 19 | 46 | 4 | 12 | 2 | 7 | 100 | 45 | 5 | 45 | 5 | 50 | 50 | 100 | 300 | 400 | 30 |