



Operational Manual of MBBS Curriculum 2021

Subject:
Community Medicine & Public Health



Developed By
Research, Publication & Curriculum Development Wing
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Preface

Curriculum is not the sole determinant of the outcome, it is very important as it guides the faculty in preparing their instruction and tells the students what knowledge, skills and attitude they are to develop through the teaching learning process. The ultimate indicators of assessing curriculum in medical education is the quality of health services provided by its graduates with required competencies.

To implement that curriculum all concerned such as teachers, students, deans, administrators, policymakers to be more dynamic, should run smoothly with the time & appropriate pace. This operational manual to implement the curriculum will act as a catalyst, will give momentum in implementing the curriculum. This operational manual will help to implement the curriculum uniformly, effectively, efficiently & smoothly at all the govt. & non govt. medical colleges under all the universities all over the country.

I would like to mention that the curriculum planning process is continuous, dynamic and never-ending as it is not static. If it is to serve best, the needs of the individual student, teacher, educational institution and the community to whom we are ultimately accountable, must be assessed. Before that assessment we should seriously concentrate for the better implementation of the curriculum. Implementation in regards to teaching-learning, integrated teaching, teaching on generic topics on medical humanities, clinical teaching, ambulatory care/OPD based teaching and acquiring identified competencies of each subject. There is a proverb that “Assessment drives Learning”. To ensure students’ learning formative and summative assessments should be taken care of properly. This operational manual on developed MBBS curriculum 2021 will play a vital role in those regards.

I congratulate all who were involved in developing this operational manual implement MBBS curriculum 2021, particularly the Director (Research, Publication & Curriculum Development), DGME, focal persons, teachers, members of the concerned society, seniors, juniors, legendary teachers & heads of the departments of Community Medicine & Public health. Different Govt. and non Govt. medical colleges. Special appreciation to the Deans, Faculty Medicine of different medical Universities who were requesting to develop this operational manual and will take lead to implement this operational manual. They contributed a lot to complete this activity, a commendable job and deserve special appreciation.

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Acknowledgement

It is easier to change a graveyard than to change a curriculum. Yet then time & society demand for the change of the curriculum. In such a situation MBBS curriculum 2012 was reviewed and updated in 2021 to fulfill the need of the stakeholders. The updated MBBS curriculum 2021 was started to implement from the August 2022. For implementation of that reviewed & updated curriculum operational manual is also the demand of the present time.

For better implementation of integrated teaching, teaching as per identified competencies, teaching on generic topics on medical humanities, planning, designing, constructing assessment tools for formative and summative assessment, this operational manual will act as the road map.

Research, Publication & Curriculum Development (RPCD) of DGME in association with heads of the departments of Community medicine & Public Health, Phase II of different Govt. & non govt. medical colleges & Deans Offices, DGME, ME, FWD, BM&DC took the initiative to develop the operational manual. Concerned stakeholders meetings were held through active participation of different professional groups, focal persons, faculty members, heads of the department of Community Medicine & Public Health of Phase II of different govt. & non govt medical colleges of Bangladesh.

I hope this operational manual will help to serve as guiding principle for the students and as well as for faculty members.

Last but not least, I would like to extend my deep gratefulness to the Director General, DGME, ADG(ME) & ADG(Admin), DGME, all Directors of DGME, faculty members of Community Medicine & Public health of different Govt & non Govt medical colleges and others who shared their expertise, insights, contributed and worked hard to develop this precious document. Efforts given by the focal persons providing their valuable time, opinions & efforts during the development process of this operational manual for Phase II of MBBS curriculum are duly acknowledged.

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Background and Rationale

Curriculum is a study track along which students travel throughout the course of study. In this journey teachers play an important role in regards to teaching learning and assessment. To produce need based, community oriented, competent graduate medical doctors, MBBS curriculum was reviewed and updated in 2021. The updated MBBS curriculum 2021 was started to implement from the August 2022. For better implementation of MBBS curriculum 2021 effectively, uniformly & competently an operational manual of each subject was felt by each of the Faculty of Medicine of all universities. In this regard Director (Research, Publication & Curriculum Development (RPCD) of Directorate General of Medical Education (DGME) has taken the time felt initiative under the guidance of Director General, DGME. Thanks to DG, DGME, Director (RPCD), DGME, focal persons, members of the concerned society, senior, junior and legendary teachers and heads of the department of concerned subject of different government & non government medical colleges to finalise this operational manual. This operational manual will work as the skeleton of the curriculum in a comprehensive manner. This user-friendly document will serve the purposes of the faculty to ensure better teaching-learning and assessment to produce knowledge competent and compassionate physicians in Bangladesh.

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Overview and Assessment of Phase- III: Implementing MBBS Curriculum 2021

1.1. Common Information and Activities of Phase- III

- Subjects in Phase III
 - ✓ Community Medicine & Public Health
 - ✓ Pathology
 - ✓ Microbiology
- The course of phase-III offers 2 term final (1st & 2nd), in each subjects and a professional MBBS examination at the end of the course.
- Total duration of Phase- III is 12 months (1st June to 31st May, including third professional MBBS examination).
- Third professional examination to be held on first working day of May and November.
- Time for integrated teaching, examination, and preparatory leave of formative and summative assessment is common for all subjects of the Phase- III.
- Assessment: There will be in-course (item/term) and end-course (professional) assessment for the students.

1.2. Distribution of teaching-learning hours/days in Phase- III

Subject	Lecture (in hours)	Tutorial (in hours)	Practical/ Demonstration (in hours)	Integrated teaching (in hours)	Formative Exam		Summative exam		Total (in hours)
					Preparatory leave	Examtime	Preparatory leave	Examtime	
Community Medicine & PublicHealth	110	155	COME: 10 days day visit + 10 days RFST+ 10 days study tour= 30 days	18	07 days	12 days	07 days	12 days	265 + 30 days
Pathology	60	54	27						141
Microbiology	87	38	30						155
Total	257	247	57 hours + 30 days	18 hrs	19 days		19 days		561
Grand Total	579 hrs + 30 days				38 days				561+ 18(IT) = 579 hrs + 30 days + 38 days
Generic Topics on Medical Humanities: (i) Integrity and accountability of medical professionals (ii) Aspects of a good doctor will be taught within 3rd phase.									3 hours

1.3. Generic Topics and Integrated Teaching in Phase– III

1.3.1. Generic Topics on Medical Humanities to be taught in Phase –III

The following two topics will be taught within 3rd phase under supervision of Phase-III coordination committee in collaboration with medical education unit (MEU). The sessions will be under the guidance of Principal & Vice-principal, coordinated by concerned departments and sessions will be delivered by concerned experts of the topics. Each session will be one and half hour. Attending these session will be mandatory and will be reflected in the formative & summative assessment of Phase-III.

Topics:

1. Integrity and accountability of medical professionals
2. Aspects of a good doctor

Topics	Learning objective	List of Contents	Method	Time
Integrity and accountability of medical professionals	<ul style="list-style-type: none"> • define integrity and accountability in medical practice • mention importance of integrity and accountability in medical practice • outline doctors behaviors that demonstrate integrity and accountability. • explain contribution of the team and the system to integrity and accountability • state means of developing integrity and accountability of medical professionals • mention some current examples of Integrity and accountability of medical professionals 	<ul style="list-style-type: none"> • Definition of integrity and accountability in medical practice • Importance of integrity and accountability in medical practice • Outline of doctors behaviors that demonstrate integrity and accountability. • Contribution of the team and the system to integrity and accountability • Means of developing integrity and accountability of medical professionals • Some current examples of Integrity and accountability of medical professionals 	Interactive Lecture or Seminar	One and half hour
Aspects of a good doctor	<ul style="list-style-type: none"> • list the qualities of a good doctor • explain the roles of a doctor in the society • mention expectation of the patient, attendance and society from a doctor • state the factors affecting the expectation of the patient, attendance and society from a doctor • describe means of developing as a good doctor • mention some current examples of a good doctor 	<ul style="list-style-type: none"> • Qualities of a good doctor • Roles of a doctor in the society • Expectation of the patient, attendance and society from a doctor • Factors affecting the expectation of the patient, attendance and society from a doctor • Means of developing as a good doctor • Some current examples of good doctor 	Interactive Lecture or Seminar	One and half hour

1.3.2. Integrated Teaching in phase III

All the departments of Phase III (Community Medicine & Public Health, Pathology, Microbiology) must be present and take part in the integrated teaching while the faculty representatives from concerned clinical & others departments will also participate actively. Teachers will be the speakers in each session. Participation of the students of phase III should be ensured. Students need to get some 'take home message' from every session. To ensure presence of the students Schedule for integrated teaching session will be set at the phase III committee meeting in collaboration with medical education unit (MEU).

Total duration 18 hours and each session will be for at least 2 hours

Topics:

1. Occupational and Environmental hazard
2. Snake bite
3. Transportation injuries
4. Disaster management
5. Shock
6. Glomerulonephritis
7. Rheumatoid Arthritis/ Osteomyelitis
8. Different Viral Fevers (Covid-19, Dengue, Chikungunya)
9. Carcinoma Cervix

Topics	Learning Objective	Core contents	Discipline involved
Occupational and Environmental hazard	<p>At the end of the session student will be able to:</p> <ul style="list-style-type: none"> • define environment • explain concept of hazard • list of occupational and environmental health hazards • define occupational health and mention its objective • explain various occupational environment • describe preventive strategies of occupational and environmental hazard • mention the health care facilities and safety measures for workplace. • state work's man compensation act. 1923 • describe existing law for environmental control 	<ul style="list-style-type: none"> • Environment and its components • Concept about hazard, Risk and vulnerability • Environmental control strategy • Existing law about environmental control • Occupational health, and its objectives • Occupational environment • Occupational health hazards, ergonomics • Principles of prevention of occupational diseases • Employees' benefits • Existing health related occupational laws. 	<ul style="list-style-type: none"> • Community Medicine & Public Health • Forensic medicine & Toxicology • Medicine/ Respiratory medicine. • Skin and VD • Microbiology • Pathology

Snakebite	<ul style="list-style-type: none"> • mention different types of snake in Bangladesh • state the natural habit of snake • mention different snake bite geographic area in Bangladesh • state the difference between poisonous and nonpoisonous snake and snake bite • mention the sign symptom of poisonous and nonpoisonous snake bite • mention the composition of snake venom. • explain consequences of snake bite • select the anti venom and its dose • state the treatment facilities in Bangladesh • outline the management of snake bite • state the preventive measures of snake bite 	<ul style="list-style-type: none"> • Epidemiology of snakebite in Bangladesh • Types of snakes • Habit of snakes • Geographic Area of snake bite in Bangladesh • Outcome of snake bite • Management of snake bite • Treatment facilities of snake bite in Bangladesh • Prevention and control measures of snake bites. 	<ul style="list-style-type: none"> • Community medicine & Public Health • Forensic medicine & Toxicology • Medicine/Neuron medicine • Pathology • Pharmacology
Transportation injuries	<ul style="list-style-type: none"> • define transportation injuries. • mention the types of transportation injuries. • state the causes, consequences and epidemiology of RTA • describe problem statement of RTA • mention the identification of driver • describe the preventive measures of RTA • state the management of RTA 	<ul style="list-style-type: none"> • Definition of TI • Epidemiology of TI including RTA • Causes of different TI • Consequences of RTA • Management of RTA Triage ABCDE • Preventive measures of RTA Safety education Safety measures Legislative measures 	<ul style="list-style-type: none"> • Community medicine & Public Health • Forensic medicine & Toxicology • Orthopaedic surgery • Neurosurgery • Physical medicine • Internal medicine

Disaster management	<ul style="list-style-type: none"> • define disaster • classify disaster • mention the consequences of disaster • describe the management of disaster including forensic aspect • mention the preventive measures. • Describe the technique of disaster victim identification 	<ul style="list-style-type: none"> • Definition of disaster • Classification of disaster Natural Man made • Consequences of disaster • Management of disaster Injured Dead • Medico legal aspects Media, VIP, crowd • Prevention of disaster 	<ul style="list-style-type: none"> • Community medicine & Public Health • Forensic medicine & Toxicology • Medicine • Orthopaedic surgery • Neurosurgery • Physical medicine
Shock	<p>At the end of the session students will be able to:</p> <ul style="list-style-type: none"> • define shock • mention different types of shock • describe the pathogenesis of shock • enumerate the clinical feature • list the required laboratory investigation • manage the shock 	<ul style="list-style-type: none"> • Definition of shock • Types of shock • Clinical stages of shock • Compensatory mechanism of shock • Pathogenesis & complications of shock • Management of shock 	<ul style="list-style-type: none"> • Pathology • Microbiology • Medicine • Pharmacology • Forensic Medicine & Toxicology
Glomerulonephritis	<p>At the end of the session students will be able to:</p> <ul style="list-style-type: none"> • define glomerulonephritis • classify the glomerular disease • describe the etiopathogenesis • mention clinical presentation • diagnose the disease • outline the management of the disease • state the prognosis of the disease 	<ul style="list-style-type: none"> • Review of renal anatomy • Definition of glomerulonephritis • Pathogenesis • Types & clinical presentation (glomerulonephritis & nephrotic syndrome) • Diagnosis • Management & prognosis 	<ul style="list-style-type: none"> • Pathology • Microbiology • Pharmacology • Medicine/ Nephrology/ Paediatrics • Forensic Medicine & Toxicology
Rheumatoid Arthritis	<p>At the end of the session the students will be able to:</p> <ul style="list-style-type: none"> • explain the immune pathogenesis of the disease • diagnose the disease by its clinical feature and investigation findings • list the complications of the disease • outline the management of this disease 	<ul style="list-style-type: none"> • Immunopathogenesis • Clinical features • Investigation • Complications • Conventional NSAIDs • Disease modifying agents • Biological disease modifying agents 	<ul style="list-style-type: none"> • Microbiology • Pharmacology • Pathology • Orthopaedic surgery/Surgery • Physical Medicine/ Medicine • Forensic Medicine & Toxicology

Osteomyelitis	<p>At the end of the session the students will be able to:</p> <ul style="list-style-type: none"> • enumerate the causative agents of osteomyelitis • explain pathogenesis of the disease • enumerate the site of involvement in the disease process • diagnose the disease • outline the management of this disease • describe the complications of this disease and their management 	<ul style="list-style-type: none"> • Etiopathogenesis • Site of involvement • Diagnosis • Management • Complications & its management 	<ul style="list-style-type: none"> • Microbiology • Pharmacology • Pathology • Orthopaedic surgery/Surgery • Forensic Medicine & Toxicology
Different Viral Fevers (Covid-19, Dengue, Chikungunya)	<p>At the end of the session the students will be able to:</p> <ul style="list-style-type: none"> • mention the structure of the virus • explain the mode of transmission of the disease • explain the etiopathogenesis of the disease • mention the organ involved in this disease • explain the mechanism of organ involvement • list the complications • describe the laboratory diagnosis • outline the preventive measures of this disease • outline the management of this disease • mention the drug used with their site of action 	<ul style="list-style-type: none"> • Structure of the virus • Mode of transmission • Pathogenesis • Clinical stages • Investigations • Prevention • Complication • Management • Drug used with their site of action 	<ul style="list-style-type: none"> • Microbiology • Pathology • Pharmacology • Community Medicine & Public Health • Medicine/Respiratory Medicine • Forensic Medicine & Toxicology
Carcinoma Cervix	<ul style="list-style-type: none"> • At the end of the session students will be able to: • mention the clinical importance of disease • describe etiopathogenesis of Ca cervix. • enumerate clinical presentation & gross morphology • mention the complication of Ca cervix • diagnose Ca cervix • mention the precaution & screening of Ca cervix 	<ul style="list-style-type: none"> • Prevalence of disease • Predisposing factor • Clinical feature • Etiopathogenesis • Diagnosis (gross & morphological findings) • Management & cytotoxic drugs • Prevention 	<ul style="list-style-type: none"> • Pathology • Microbiology • Pharmacology • Gynaecology • Oncology • Forensic Medicine & Toxicology

1.3.3. Integrated teaching hours and subject wise topics distribution:

Subject	Topics
Community Medicine & Public Health	<ul style="list-style-type: none"> • Occupational and Environmental hazard • Transportation injuries • Disaster management • Snakebite
Pathology	<ul style="list-style-type: none"> • Carcinoma Cervix • Shock • Glomerulonephritis
Microbiology	<ul style="list-style-type: none"> • Different Viral Fevers(Covid -19, Dengue, Chikungunya • Rheumatoid Arthritis/ Osteomyelitis

1.4. Eligibility criteria for in-course and end-course assessment

In-course assessment:

- Items will be held in oral/viva form and students will be completed it in tutorial class
- Term final examination (both regular & supplementary) will be written, oral & practical and it will be organized by Phase- III committee.

Pre-requisite for appearing the term final examination

- ✓ Students must complete all items of the item cards for respective terms
- ✓ At least 75% attendance of generic, integrated teaching and general classes
- ✓ Completion of assignment on integrated teaching.

End-course assessment:

- It is third professional MBBS examination and will be conducted at the end of the course

Pre-requisite for appearing the third professional MBBS examination

- ✓ At least 75% attendance of generic + integrated teaching and general classes (Separately)
- ✓ Students must complete all the items and pass the term final examinations

1.5. Leaves for in-course and end-course assessments

Following leaves will be granted to the students:

In-course assessment leave: Total 14 days

- ✓ 7 days preparatory leave before each term (1st & 2nd term).

End-course assessment leaves: Total 7 days

- ❖ 7 days preparatory leave before third professional MBBS examination

1.6. Formative marks (For all three subjects)

- Academic performances of the students must be properly documented.
- This formative marks will be added with written exam marks of third professional MBBS examination
- Total marks: 10 (Ten)
- Calculation of Formative marks will be in the following way:

Calculation of formative marks			
Attributes	Total marks	Description	Marks obtained
Marks obtained in term final examination	5	80% and above marks	5
		75% to less than 80% marks	4.5
		70% to less than 75% marks	4
		65% to less than 70% marks	3.5
		60% to less than 65% marks	3*
Marks obtained in Items	2	70% and above	2
		60% to less than 70%	1.5*
Class attendance	2	90% and above	2
		80% to less than 90%	1.5
		75% to less than 80%	1*
Generic topic and integrated class attendance	1	85% and above	1
		75% to less than 85%	0.5*
*Minimum marks required to appear in third professional examination is 06 (Six) 3+1.5+1+0.5=6			

1.7. Marks Distribution of Third Professional MBBS Examination

Subjects	Written Exam: 100 Marks	Structured Oral Exam: 100 Marks	Practical Exam: 100 Marks	Total Marks
Community Medicine & Public Health	MCQ & SBA= 20 SAQ & SEQ= 70 Formative= 10	Board 1= 50 Board 2= 50	OSPE= 50 RFST+Day visit+Study tour= 50	300
Pathology	MCQ & SBA= 20 SAQ & SEQ= 70 Formative= 10	Board 1= 50 Board 2= 50	OSPE= 50 Practical= 50	300
Microbiology	MCQ & SBA= 20 SAQ & SEQ= 70 Formative= 10	Board 1= 50 Board 2= 50	OSPE= 50 Practical= 50	300
Grand total				900

1.8. Academic Calendar for phase- III

- ✓ Course Duration: 12 months
- ✓ Term 1: June to October
- ✓ Term 2: November to March
- ✓ 3rd Professional Examination: May/November

Tentative time schedule for exams and outdoor activities					
Class start	Term-1	Day visit + RFST	Study tour	Term-2	Prof. Exam
1 st June	15 th - 30 th October	November	February	15 th – 31 st March	1 st working day of May
All are the tentative time schedule.					

Community Medicine & Public Health

2.1. Departmental Objectives

General objective:

To produce medical graduates to meet community health needs and demands of the country.

Specific objectives:

At the end of the course, the students should be able to:

- provide comprehensive health care to the people
- deliver primary health care and essential services package (ESP)
- conduct epidemiological studies on common health problems
- organise health education sessions in the community / OPD
- provide health care with efficient communication skill to the community
- work as a member of the local health team
- co-ordinate with national and international health organizations and different national health programmes

2.2. List of Competencies to acquire:

1. Identify health needs and problems of the community and priorities them.
2. Take measures to meet health needs and problems
3. Provide comprehensive health care to the community
4. Organize health education sessions at the level of community
5. Collect and compile socio-demographic data from the community
6. To manage mass causality incident
7. Conduct community based research work and write report

2.3. Distribution of teaching - learning hours

Lecture	Tutorial	Practical	Total	Integrated Teaching and Generic topic	Formative Exam		Summative exam	
					Preparatory leave	Exam time	Preparatory leave	Exam time
110 hours	155 hours	COME (community based medical education):30 days (10 days day visit + 10 days RFST+ 10 days study tour)	265 hrs + 30 days	18 hrs + 3 hours	7 days	12 days	7 days	12 days
Time for integrated teaching, examination, preparatory leave of formative & summative assessment is common for all subjects of the phase								
Related behavioral, professional & ethical issues will be discussed in all teaching learning sessions								

2.4. Teaching-learning methods, teaching aids and evaluation

Teaching Methods				Teaching aids	In course evaluation
Large group	Small group	Self learning	Others		
Lecture Video show	Demonstration Tutorial: Classroom exercise Question answering session Brain-storming and discussion Role play Problem solving exercise	Assignment Self study	RFST, Day visit, Study tour	Multimedia, OHP, Slide projector Chalk board, Flip chart, Handout / Charts, Reading materials, Paper cutting /Film strip, Textbook Questionnaire, Video film or slide set.	<ul style="list-style-type: none"> • Item Examination • Card final • Term Examination • Term final(written, oral+ practical)

2.5. 3rd Professional MBBS Examination: Mark Distribution

Marks distribution of Assessment of Community Medicine & Public Health:

Total marks – 300

- Written = 100 marks
 - ✓ 20 marks MCQ (50% Multiple True and False (MTF) + 50% Single Base answer (SBA),
 - ✓ 70 marks: 25% Structured Essay Question (SEQ) + 75% Short Answer Question (SAQ)
 - ✓ 10 marks: Formative assessment
- Structured oral examination= 100 marks
- Practical= 100 marks
 - ✓ Conventional Practical/ OSPE=50 marks
 - ✓ RFST including Survey Report +Study Tour Report= 20+10 marks and
 - ✓ Report on Day Visit= 20 marks

Related Equipments:

Weighing machine, Sakip's tape/Measuring tape, Growth chart, Specimen and model, Posters and diagram, Laboratory equipment (to be procured)

2.6. Learning Objectives and Course Contents in Community Medicine & Public Health

Concept of Public Health, Community Medicine, Health and Disease

Learning Objectives	Contents	Teaching hours
<p>Students will be able to:</p> <ol style="list-style-type: none"> define: Community, Community medicine, Public Health, Comprehensive health care, Hygiene, Health, Disease, Preventive medicine, Social medicine, Family medicine explain epidemiological triad in causation of disease classify agents for causation of diseases list the host factors responsible for diseases describe the environmental factors of disease causation illustrate the natural history of disease. describe the multifactorial aetiology of disease describe social factors related to health mention the health indicators and their interpretations describe common health and social problems of Bangladesh Able to conduct health education session/counselling session 	<p>CORE</p> <ul style="list-style-type: none"> Concept of Public Health and Community Medicine Concept of Health and Disease Common Health and Social problems Health Team Concept Changing concepts of Public Health and Health Natural history of disease Indicators and Determinants of Health Prevention and Intervention of Diseases Characteristics of Ideal Health Care 	<p>L =12 T =12</p>

Behavioural Science

Learning Objectives	Contents	Teaching hours
<p>Students will be able to:</p> <ol style="list-style-type: none"> define and describe Behaviour, Behavioural science, Psychology Sociology Society, Family, Culture, Motive, Motivation and leadership Personality and IQ 	<p>CORE</p> <ul style="list-style-type: none"> Concept of Behaviour, Behavioural science, Psychology, Sociology Society, Family, Culture Motive and Motivation leadership Personality and IQ perception, cognition, learning, motivation, emotion, attitude 	<p>L = 4 T = 8</p>

Health Communication & Health Education

Learning Objectives	Contents	Teaching hours
<p>Health Communication Students will be able to:</p> <ol style="list-style-type: none"> 1. define and classify communication 2. state functions of communication 3. state the elements of communication 4. classify methods and media for communication 5. mention communication skills 6. describe barriers of communication <p>Health Education Students will be able to:</p> <ol style="list-style-type: none"> 1. define health education 2. state the objectives, principles, contents, approaches of health education 3. state the stages of adoption of new ideas and practices 4. conduct individual & group counseling session 	<p>CORE Health Communications:</p> <ul style="list-style-type: none"> • Definition of communication • Classification of communication • Functions of communication • Elements of communication • Barriers of communication • Media and methods of communication <p>Health Education:</p> <ul style="list-style-type: none"> • Definition of health education • Objectives • Contents • Principles • Approaches • Stages of adoption of a new idea 	<p>L = 4 T = 8</p>

Medical Entomology

Learning Objectives	Contents	Teaching hours
<p>Students will be able to:</p> <ol style="list-style-type: none"> 1. define and classify arthropods of medical importance 2. describe the lifecycle of important arthropods 3. enumerate the vector borne diseases 4. describe the principles of vector control measures 5. use specific insecticides 	<p>CORE</p> <ul style="list-style-type: none"> • Classification of Arthropods of medical importance • Lifecycle of mosquito, sand fly • Arthropod-borne diseases. • Principles of Vector/Arthropod control measures • Insecticides 	<p>L = 4 T = 6</p>

Research Methodology and Biostatistics

Learning Objectives	Contents	Teaching hrs
<p>Research Methodology Students will be able to:</p> <ol style="list-style-type: none"> 1. Define research 2. Identify different importance of research 3. Mention the research design 4. Develop research Protocol 5. Formulate research objective 6. Design research questionnaire 7. Mention the Methods of data collection (quantitative and qualitative) 8. define: study population, sample, sample size; 9. describe sampling techniques 10. prepared research report writing 	<p>CORE</p> <ul style="list-style-type: none"> • definition of research • importance of research • types of research design • development and stapes of research protocol • formulation of research objective general and specific • preparation of research questionnaire • different methods of data collection • definition and difference of population and sample • calculation of sample size • types of sampling • preparation of report writing 	<p>L 10 T 13</p>

<p>Biostatistics Students will be able to:</p> <ol style="list-style-type: none"> 1. define Bio-statistics and Vital statistics 2. define and classify data 3. define and classify variable 4. calculate central tendency: mean, median, mode 5. calculate measure dispersion: variance, standard deviation (SD) 6. analyze and present data accordingly such as:table and graphs etc. 7. describe normal distribution curve 8. Mention the Concept of health economics 	<ul style="list-style-type: none"> • Introduction to Bio-statistics • Uses of Bio-statistics • Vital statistics • Data and Variable • Methods and Tools of data collection • Interpretation of data • Analysis and Presentation of data • Measures of central tendency • Measures of dispersion • Normal distribution curve. • Health economics 	
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Environment & Health

Learning Objectives	Contents	Teaching hrs
<p>Students will be able to:</p> <ol style="list-style-type: none"> 1. define environment and describe its components 2. state climate changes and global warming <p>Water</p> <ol style="list-style-type: none"> 1. mention the criteria of safe and wholesome water 2. state the sources, uses and requirement of water 3. mention types of water impurities 4. explain the principles and methods of purification of water 5. state the water quality standards for drinking water 6. state the water borne diseases <p>Air and ventilation</p> <ol style="list-style-type: none"> 1. state the composition of air and indicators of air pollution 2. state the air pollutants and their sources 3. describe the effects of air pollution on health 4. describe the methods of prevention and control of air pollution 5. define and classify ventilation 6. describe effects of ill ventilation on health 7. describe the impact of climate change and global green house effect <p>Light</p> <ol style="list-style-type: none"> 1. state criteria of good lighting 2. mention measurements of light 3. describe effect of improper lighting on health 	<ul style="list-style-type: none"> • Environment and its components • climate changes and global warming <p>Water</p> <ul style="list-style-type: none"> • Safe and wholesome water • Sources, uses and requirement of water • Water impurities • Principles and methods of purification of water • Water quality standards for drinking water • Water borne diseases <p>Air and ventilation</p> <ul style="list-style-type: none"> • Composition of air • Air pollutants and their sources • Indicators of air pollution • Effects of air pollution on health • Methods of prevention and control of air pollution • Ventilation • Climate change and green house effect <p>Light</p> <ul style="list-style-type: none"> • Criteria of good lighting • Measurements of light • Effect of improper lighting on health 	<p>L = 06 T = 08</p>

<p>Noise</p> <ol style="list-style-type: none"> 1.describe the sources and properties of noise 2.mention the acceptable noise levels 3.state effects of noise exposure 4.describe the control measures of noise <p>Radiation</p> <ol style="list-style-type: none"> 1.state the sources and types of radiation 2.state effects of radiation on health 3.describe measures of radiation protection <p>Housing</p> <ol style="list-style-type: none"> 1.state the criteria of healthful housing and housing standards 2.describe the effects of poor housing <p>Disposal of solid waste</p> <ol style="list-style-type: none"> 1.define solid waste and mention its sources 2.mention health hazards of solid wastes 3.state the methods of solid wastes disposal and medical biotechnology <p>Excreta disposal</p> <ol style="list-style-type: none"> 1.state the methods of excreta disposal 2.explain sanitation barrier 3.mention the diseases borne by human excreta 	<p>Noise</p> <ul style="list-style-type: none"> • Sources and properties of noise • Acceptable noise levels • Effects of noise exposure • Control measures of noise <p>Radiation</p> <ul style="list-style-type: none"> • Sources and types of radiation • Effects of radiation on health • Measures of radiation protection <p>Housing</p> <ul style="list-style-type: none"> • Criteria of healthful housing • Housing standards • Effects of poor housing <p>Disposal of solid waste</p> <ul style="list-style-type: none"> • Solid waste and its sources • Methods of disposal and medical biotechnology • Health hazards of solid wastes <p>Excreta disposal</p> <ul style="list-style-type: none"> • Methods of excreta disposal • Sanitation barrier • Diseases borne by human excreta 	
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Immunity, Immunization

Learning Objectives	Contents	Teaching hrs
<p>Student will be able to</p> <ol style="list-style-type: none"> 1. define and classify immunity 2. classify immunizing agents 3. state immunization schedule 4. list adverse effects following immunization 5. explain herd immunity 6. describe EPI and NID 7. define cold chain and mention its equipments 8. explain the importance of maintaining cold chain at different levels 9. describe left out and drop out in EPI 	<p>CORE</p> <p>Immunity and Immunization</p> <ul style="list-style-type: none"> • Immunization • Immunizing agents • Immunization schedule (EPI schedule) • Adverse Events following Immunization • Herd immunity • EPI and NID • Cold chain • Left out and drop out 	<p>L = 4 T = 8</p>

Public Health Nutrition

Learning Objectives	Contents	Teaching hrs
<p>Students will be able to:</p> <ol style="list-style-type: none"> 1. classify food and its sources 2. identify deficiency disorder of nutrition 3. assess nutritional status: collect, record and interpret the data on Road to Health Card (growthchart) and estimate BMI 4. identify different types of Vitamin deficiency disorder 5. state minerals and trace elements essential for health 6. assess the prevalence and types of malnutrition in the community by different methods: 7. dietary survey 8. anthropometry 9. clinical examination 10. enumerate the food borne, milk borne diseases and food intoxication 11. state methods of milk purification, specially process of pasteurization 12. state the process of humanization of cow's milk ,explain balanced diet 	<p>CORE</p> <ul style="list-style-type: none"> • Types of foods and its sources • Balanced diet • Protein Energy Malnutrition (PEM) • Important Vitamins and their deficiency diseases. • deficiency disorder of Important Minerals and traceelements • Assessment of nutritional status • Calorie requirements of different groups • Food borne, milk borne diseases and food toxins • Pasteurization • Food adulteration, additives and fortification • Humanization of cow's milk 	<p>L = 8 T = 8</p>

Principles of Epidemiology

Learning Objectives	Contents	Teachinghrs
<p>Students will be able to:</p> <ol style="list-style-type: none"> 1. define epidemiology 2. state the aims and use of epidemiology 3. explain the components of epidemiology 4. define terms related to epidemiology: Communicable disease, Non-communicable disease, Infection, Infestation, Contamination, Infectious disease, Contagious disease, Period of communicability, Incubation period. Sporadic disease, Endemic disease, Epidemic disease, Pandemic disease, Zoonotic disease, Disease prevention, Disease control, Elimination, Eradication, Isolation, Quarantine 5. describe Epidemiological triad 6. state the approaches, measurements and tools of epidemiology 7. classify epidemiological studies 8. describe descriptive and analytical studies 9. state the characteristics of experimental studies 10. distinguish between cross-sectional and longitudinal; cohort and case-control studies 11. describe the steps of investigations of an epidemic Outbreak 12. define and classify screening 13. define specificity, sensitivity, validity, reliability and predictive value of a screening test 14. define and classify source and reservoir 15. explain modes of transmission of diseases 16. describe the interruption of modes of disease transmission 17. describe the criteria of a susceptible host 18. describe the host defense mechanism 19. explain the steps for controlling the reservoir of infectious diseases 20. define and explain community diagnosis and community treatment 	<p>CORE</p> <ul style="list-style-type: none"> • Classification of epidemiological studies Description of descriptive and analytical studies Characteristics of experimental studies • Different between cross-sectional and longitudinal; cohort and case-control studies • Steps of investigations of an epidemic Outbreak Definition, classification, types and uses of screening specificity, sensitivity, validity, reliability • source and reservoir • modes of transmission of diseases interruption of modes of disease transmission criteria of a susceptible host • definition and explanation of community diagnosis and community treatment 	<p>L 14 T 16</p>

Epidemiology of Communicable & Non-Communicable Disease (NCDs)

Learning Objectives	Contents	Teachinghrs
<p>The students will be able to:</p> <ol style="list-style-type: none"> 1. Define and differentiate between communicable and non communicable disease 2. Identify the Important communicable and non communicable disease in Bangladesh 3. Identify Emerging and reemerging disease in Bangladesh 4. state the epidemiological determinants 5. explain risk factors of NCDs 6. describe the preventive measures of common health problems in the community 	<p>CORE</p> <ul style="list-style-type: none"> • Definition and difference between CD and NCD <p>Epidemiology and Prevention of:</p> <ul style="list-style-type: none"> • EPI diseases • Diarrhoeal diseases and Enteric fever • Malaria, Kala-azar, Filariasis, Helminthiasis • TB and Leprosy • Viral hepatitis, Dengue, ARI, SARS (Covid 19), Bird flu, Rabies, Yellow fever • AST STDs • Emerging and Re-emerging Diseases <p>Epidemiology and Prevention of common non-communicable diseases:</p> <ul style="list-style-type: none"> • Hypertension, IHD • CVD (Stroke) • Rheumatic fever and RHD • Cancer • Diabetes • Obesity • Arsenicosis 	<p>L = 15 T = 30</p>

MCH-FP & Demography

Learning Objectives	Contents	Teachinghrs
<p>MCH</p> <p>Students will be able to</p> <ol style="list-style-type: none"> 1. define MMR, IMR 2. state the components of MCH 3. State factors influencing and measures for reducing maternal and infant mortality and morbidity 4. define low birth weight baby and mention its risk factors of LBW 5. describe ANC, intranatal and postnatal care 6. state Concept, mention the recommended feeding practices in IYCF 7. state the composition and preparation of complementary foods 8. explain advantages of breast feeding and disadvantages of formula feeding 9. advise for domiciliary and Institutional delivery 10. identify high risk mother and at risk child 	<p>CORE</p> <ul style="list-style-type: none"> • IMR, MMR • High risk mothers and at risk child • Care of under-5 children, LBW • antenatal, intranatal and postnatal care, advices and investigations • Concept, mention the recommended feeding practices in IYCF • Advantage and contraindication of BF • Disadvantages of formula feeding • Importance of colostrums • What is Complementary Feeding (CF) and its importance • Domiciliary and institutional delivery • EMONC: Emergency Obstetric and Neonatal Care 	<p>L= 10 T= 16</p>

Learning Objectives	Contents	Teaching hours
<p>Family planning Students will be able to</p> <ol style="list-style-type: none"> 1. describe the history and objective of FP in Bangladesh; FP 2020 commitments and transition to FP 2030 2. state the aims and objectives of family planning 3. list the contraceptive methods with their advantages and disadvantages 4. identify the candidates appropriate for different contraceptives 5. calculate safe period 6. define MR and abortion and state their indications 7. define eligible and target couples, CPR, TFR 8. discuss MCH based family planning <p>Demography Students will be able to</p> <ol style="list-style-type: none"> 1. define demography 2. state demographic processes 3. discuss demographic stages 4. define fertility and mention its influencing factors 5. define growth rate and population explosion 6. enumerate the factors responsible for high growth rate in Bangladesh 7. calculate GR, GFR, TFR, and NRR 8. describe population pyramid 9. define and classify census 	<p>Family planning</p> <ul style="list-style-type: none"> • Concept of family planning • Aims and objectives of family planning • Contraceptive methods (OCP, ECP) • MR with use of medication (MRM) and difference with emergency contraceptive pills • PPF and post abortion /MR/MRM family planning • LAM-lactational amenorrhea method • Eligible and target couples, safe period • CPR, TFR, unmet need discontinuation rate • MCH based family planning <p>Demography</p> <ul style="list-style-type: none"> • Definition of demography • Demographic processes • Demographic transition and indices • Population pyramid • Census • Fertility and its influencing factors 	

School Health Services

Learning Objectives	Contents	Teaching hrs
<p>Students will be able to:</p> <ol style="list-style-type: none"> 1. state the objectives of school health programme 2. describe the aspects/components of school health service 3. mention the task of school health medical officer 4. state health problems of school children 5. state the school health emergencies 6. mention the activities of school health clinic 	<p>CORE</p> <ul style="list-style-type: none"> • Objectives of school health service • Aspects/components of school health service • Task of school health medical officer • Common Health problems of school children • School health emergencies • School health clinic • Helpful school health environment • Different types of school desk and their importance 	<p>L = 4 T = 4</p>

Occupational Health

Learning Objectives	Contents	Teaching hrs
<p>Students will be able to:</p> <ol style="list-style-type: none"> 1. define occupational health and its objectives 2. explain various occupational environments 3. list the common occupational health hazards 4. list the locally prevailing common occupational diseases with preventive strategies of : 5. Pneumoconiosis 6. Occupational cancer 7. Anthrax 8. Occupational dermatoses 9. describe the general measures of health protection in different occupations 10. describe the health care facilities and safety measures for industries 11. state employees' benefits 	<p>CORE</p> <ul style="list-style-type: none"> • Occupational health and its objectives • Occupational environment • Occupational health hazards • Principles of prevention of occupational diseases • Employees' benefits 	<p>L = 4 T = 6</p>

Health For All (HFA), Primary Health Care (PHC), Universal Health Coverage (UHC) & MDG, SDG

Learning Objectives	Contents	Teaching hrs
<p>Students will be able to:</p> <ol style="list-style-type: none"> 1. define PHC and HFA, UHC 2. explain principles of PHC 3. list the components of PHC 4. list the components of ESP 5. involve community in identifying priority health problems 6. describe the organizational structure in delivery of PHC in Bangladesh 7. mention the goal of Health For All (HFA) in the context of Bangladesh 8. recognize important international health organizations and list their programmes 9. discuss the national and international health organizations 10. describe activities of UH and FWC/Community Clinics those rendering PHC 11. describe activities of GP/ Traditional healer in context of PHC 12. describe different levels of health care services 13. state health related MDGs, SGDs ESP 14. state the important existing National Health Programmes and their activities 15. state the global indicators of HFA 16. state the purpose and scope, evolution and diseases under International Health Regulations [IHR]-2005 	<p>CORE</p> <ul style="list-style-type: none"> • Definition: HFA and PHC, UHC • Principles and components of PHC • Health related MDG and SDG • Components of ESP • Name and Activities of important existing national health programmes • Organizational structure for the delivery of PHC • Goal and indicators of HFA by the year of 2000 AD • Levels of health care service delivery • Concept, purpose and scope, evolution and diseases under IHR-2005 • Important National organizations. • Important International health organizations: WHO, UNICEF, RED CRESCENT, ICCDRB, CARE etc. 	<p>L = 8 T = 8</p>

Public Health Administration & Management

Learning Objectives	Contents	Teaching hrs
<p>Students will be able to:</p> <ol style="list-style-type: none"> 1. define Management and Administration 2. state the Functions and Principles of Management and Administration and Systems Strengthening 3. define Planning 4. state the indication of Planning and Local Level Planning 5. describe the health care delivery system of Bangladesh 6. illustrate the organizational structures of health care delivery at different levels 7. state the health care referral system in Bangladesh 8. state the charter of duties of different health personnel 	<p>CORE</p> <ul style="list-style-type: none"> • Definition, Functions, Principles of Management and Administration • Definition, Indication and Process of Planning and Planning Cycle • Health Care Delivery System of Bangladesh • Organizational Structure of Health Care Delivery in Bangladesh including reporting, supervision, and monitoring • Health Care Referral System in Bangladesh • Charter of duties of different health personnel 	<p>L = 3 T = 4</p>

2.7. Summative Assessment of Community Medicine and Public Health in 3rd Professional Exam

2.7.1. Assessment systems and mark distribution:

Components	Marks	Total Marks
Written Examination		
MCQ (SBA+MTF)	20	100
SAQ +SEQ	70	
Formative	10	
Practical Examination		
Conventional Practical / OSPE (3 procedural and 7 question stations)	50	100
RFST, Survey Report and Study Tour Report	20+10	
Report on Day Visit	20	
Oral Examination 2 Boards each of 2 examiners	100	100
Grand Total		300

- There will be separate Answer Script for MCQ
- Pass marks 60 % in each of theoretical, oral and practical

2.7.2. Time schedule with topics

Students' Time			
	Topic	Lecture	Tutorial
1.	Concept of Public Health, Community Medicine, Health and Disease	12 hours	12 hours
2.	HFA, Primary Health Care, Universal Health Coverage and existing National Health Programmes, MDGs, SDG	08 hours	08 hours
3.	Behavioural Science	04 hours	08 hours
4.	Health Communication and Health Education	04 hours	08 hours
5.	Medical Entomology	04 hours	06 hours
6.	Principles of Epidemiology	14 hours	16 hours
7.	Research methodology and Biostatistics	10 hours	13 hours
8.	Immunity, Immunization and Disinfection	04 hours	08 hours
9.	Public Health Nutrition	08 hours	08 hours
Term-1		68 H	87 H
10.	Environment and Health	06 hours	08 hours
11.	Public Health Administration and Management	03 hours	04 hours
12.	Epidemiology of CD and NCD	15 hours	30 hours
13.	MCH-FP and Demography	10 hours	16 hours
14.	School Health Service	04 hours	04 hours
15.	Occupational Health	04 hours	06 hours
Term-2		42 H	68 H
Grand total		110 hours	155 hours

2.7.3. Summary on learning/teaching hour distribution

1st Term:

Lecture: 68 hours
 Tutorial: 87 hours

2nd Term:

Lecture: 42 hours
 Tutorial: 68 hours

COME (community oriented medical education):

30 days (10 Days day visit + 10 Days RFST+ 10 Days study tour)

Total (1st term + 2nd term):

Lecture: 110 hours
 Tutorial: 155 hours
 Generic topic: 3 hours
 Integrated teaching: 18 hours
 COME: 30 days

2.8. Academic Calendar for Community Medicine and Public Health

Tentative time schedule for exams and COME									
Class start	Items of the topics 1-4 will be completed	Items of the topics 5-9 will be completed	Term-1	RFST & Day visit	Items of the topics 10-12 will be completed	Items of the topics 13-15 will be completed	Study tour	Term-2	Prof. Exam
1 st June	3 rd week of July	2 nd week of September	10 th - 30 th October	November	3 rd week of December	2 nd week of February	February	15 th – 31 st March	1 st working day of
All are the tentative time schedule. It will be finalize after consulting with phase-III coordinator									

2.9. Common Item Card for all Medical Colleges

- All medical college will follow this proposed item card for their students
- Institute can change the design without altering any information

**DEPARTMENT OF COMMUNITY MEDICINE AND PUBLIC HEALTH
ITEM CARD & PROGRESS REPORT**



Name:..... Roll No:

Batch:Group: Session:..... Mobile No.:

Parent's Name:..... Mobile No.:.....

Name of Term Exam.	Marks Obtained	Remarks
1 st Term Examination		
2 nd Term Examination		

Name of Class type	Held	Attended
Lecture Class		
Tutorial Class		
Demonstration/practical Class		
Total classes		
Total Attendance (%)		
Integrated Teaching		
Integrated Teaching Attendance (%)		

Batch teacher
Department of Community Medicine
and Public Health
Name of the Medical College

Head of the department
Department of Community Medicine and
Public Health
Name of the Medical College



NAME OF THE MEDICAL COLLEGE

1st term Assessment

Sl. No	Topics	Number of Item
1.	Concept of Public Health, Community Medicine, Health and Disease	2
2.	HFA, Primary Health Care, Universal Health Coverage and existing National Health Programmes, MDGs, SDG	2
3.	Behavioural Science	2
4.	Health Communication and Health Education	2
5.	Medical Entomology	1
6.	Principles of Epidemiology	3
7.	Research methodology and Biostatistics	3
8.	Immunity, Immunization and Disinfection	2
9.	Public Health Nutrition	2
Total Items		19

Topics No-1: Concept of Public Health, Community Medicine, Health and Disease			
Item	Contents	Marks	Signature
a.	<ul style="list-style-type: none"> • Concept of Public Health and Community Medicine • Concept of Health and Disease • Common Health and Social problems • Health Team Concept 		
b.	<ul style="list-style-type: none"> • Changing concepts of Public Health and Health • Natural history of disease • Indicators and Determinants of Health • Prevention and Intervention of Diseases • Characteristics of Ideal Health Care 		
Topics No-2: Health For All (HFA), Primary Health Care (PHC), Universal Health Coverage (UHC) & MDG, SDG			
a.	<ul style="list-style-type: none"> • Definition: HFA and PHC, UHC • Principles and components of PHC • Health related MDG and SDG • Components of ESP • Name and Activities of important existing national health programmes 		
b.	<ul style="list-style-type: none"> • Organisational structure for the delivery of PHC • Goal and indicators of HFA by the year of 2000 AD • Levels of health care service delivery • Concept, purpose and scope, evolution and diseases under IHR-2005 • Important National organizations. • Important International health organizations: WHO, UNICEF, RED CRESCENT, ICCDRB, CARE etc. 		
Topics No-3: Behavioural Science			
a.	<ul style="list-style-type: none"> • Concept of Behaviour, Behavioural science, Psychology, Sociology • Society, Family, Culture 		
b.	<ul style="list-style-type: none"> • Motive and Motivation leadership • Personality and IQ • perception, cognition, learning, motivation, emotion, attitude 		

Topics No-4: Health Communication & Health Education			
a.	<ul style="list-style-type: none"> • Definition of communication • Classification of communication • Functions of communication • Elements of communication • Barriers of communication • Media and methods of communication 		
b.	<ul style="list-style-type: none"> • Definition of health education • Objectives • Contents • Principles • Approaches • Stages of adoption of a new idea 		
Topics No-5: Medical Entomology			
a.	<ul style="list-style-type: none"> • Classification of Arthropods of medical importance • Lifecycle of mosquito, sand fly • Arthropod-borne diseases. • Principles of Vector/Arthropod control measures • Insecticides 		
Topics No-6: Principles of Epidemiology			
a.	<ul style="list-style-type: none"> • Classification of epidemiological studies • Description of descriptive and analytical studies • Characteristics of experimental studies • Different between cross-sectional and longitudinal; cohort and case-control studies 		
b.	<ul style="list-style-type: none"> • Steps of investigations of an epidemic outbreak • Definition, classification, types and uses of screening • specificity, sensitivity, validity, reliability • source and reservoir 		
c.	<ul style="list-style-type: none"> • modes of transmission of diseases • interruption of modes of disease transmission • criteria of a susceptible host • definition and explanation of community diagnosis and community treatment 		
Topics No-7: Research Methodology and Biostatistics			
a.	<ul style="list-style-type: none"> • definition of research • importance of research • types of research design • development and steps of research protocol • formulation of research objective- general and specific • preparation of research questionnaire • different methods of data collection • definition and difference of population and sample • calculation of sample size, types of sampling • preparation of report writing 		
b.	<ul style="list-style-type: none"> • Introduction to Bio-statistics • Uses of Bio-statistics 		

	<ul style="list-style-type: none"> • Vital statistics • Data and Variable • Methods and Tools of data collection 		
c.	<ul style="list-style-type: none"> • Interpretation of data • Analysis and Presentation of data • Measures of central tendency • Measures of dispersion • Normal distribution curve. • Health economics 		
Topics No-8: Immunity, Immunization, Disinfection			
a.	<ul style="list-style-type: none"> • Immunization • Immunizing agents • Immunization schedule (EPI schedule) • Adverse Events following Immunization 		
b.	<ul style="list-style-type: none"> • Herd immunity • EPI and NID • Cold chain • Left out and drop out • Disinfection 		
Topics No-9: Public Health Nutrition			
a.	<ul style="list-style-type: none"> • Types of foods and its sources • Balanced diet • Protein Energy Malnutrition (PEM) • Important Vitamins and their deficiency diseases. • deficiency disorder of Important Minerals and traceelements 		
b.	<ul style="list-style-type: none"> • Assessment of nutritional status • Calorie requirements of different groups • Food borne, milk borne diseases and food toxins • Pasteurization • Food adulteration, additives and fortification • Humanization of cow's milk 		

2nd Term Assessment

Sl. No	Topics	Number of Item
10.	Environment and Health	4
11.	Public Health Administration and Management	2
12.	Epidemiology of CD and NCD	5
13.	MCH-FP and Demography	5
14.	School Health Service	1
15.	Occupational Health	1
	Total items	18

Topics No-10: Environment & Health			
Item	Content	Marks	Signature
a.	<ul style="list-style-type: none"> • Environment and its components • climate changes and global warming Water <ul style="list-style-type: none"> • Safe and wholesome water • Sources, uses and requirement of water • Water impurities • Principles and methods of purification of water • Water quality standards for drinking water • Water borne diseases 		
b.	Air and ventilation <ul style="list-style-type: none"> • Composition of air • Air pollutants and their sources • Indicators of air pollution • Effects of air pollution on health • Methods of prevention and control of air pollution • Ventilation • Climate change and green house effect Housing <ul style="list-style-type: none"> • Criteria of healthful housing • Housing standards • Effects of poor housing 		
c.	Light <ul style="list-style-type: none"> • Criteria of good lighting • Measurements of light • Effect of improper lighting on health Noise <ul style="list-style-type: none"> • Sources and properties of noise • Acceptable noise levels • Effects of noise exposure • Control measures of noise Radiation <ul style="list-style-type: none"> • Sources and types of radiation • Effects of radiation on health • Measures of radiation protection 		
d.	Disposal of solid waste <ul style="list-style-type: none"> • Solid waste and its sources • Methods of disposal and medical biotechnology • Health hazards of solid wastes Excreta disposal <ul style="list-style-type: none"> • Methods of excreta disposal • Sanitation barrier • Diseases borne by human excreta 		
Topics No-11: Public Health Administration & Management			
a.	<ul style="list-style-type: none"> • Definition, Functions, Principles of Management and Administration • Definition, Indication and Process of Planning and Planning Cycle • Health Care Delivery System of Bangladesh 		

b.	<ul style="list-style-type: none"> Organizational Structure of Health Care Delivery in Bangladesh including reporting, supervision, and monitoring Health Care Referral System in Bangladesh Charter of duties of different health personnel 		
Topics No-12: Epidemiology of Communicable & Non-Communicable Disease (NCDs)			
a.	<ul style="list-style-type: none"> Definition and difference between CD and NCD Epidemiology and Prevention of EPI diseases 		
b.	<ul style="list-style-type: none"> Diarrhoeal diseases and Enteric fever Malaria, Kala-azar, Filaria, Helminthiasis TB and Leprosy 		
c.	<ul style="list-style-type: none"> Viral hepatitis, Dengue, ARI, SARS (Covid 19), Bird flu, Rabies, Yellow fever AST STDs Emerging and Re-emerging Diseases 		
d.	<p>Epidemiology and Prevention of NCD:</p> <ul style="list-style-type: none"> Hypertension, IHD CVD (Stroke) Rheumatic fever and RHD 		
e.	<ul style="list-style-type: none"> Cancer Diabetes Obesity Arsenicosis 		
Topics No-13: MCH-FP & Demography			
a.	<ul style="list-style-type: none"> IMR, MMR High risk mothers and at risk child Care of under-5 children, LBW antenatal, intranatal and postnatal care, advices and investigations 		
b.	<ul style="list-style-type: none"> Concept, mention the recommended feeding practices in IYCF Advantage and contraindication of BF, Disadvantages of formula feeding, Importance of colostrums What is Complementary Feeding and its importance Domiciliary and institutional delivery EMONC: Emergency Obstetric and Neonatal Care 		
c.	<p>Family planning</p> <ul style="list-style-type: none"> Concept of family planning Aims and objectives of family planning Contraceptive methods (OCP, IUCD, permanent methods) 		
d.	<ul style="list-style-type: none"> MR with use of medication(MRM) and difference with emergency contraceptive pills PPFP and post abortion /MR/MRM family planning LAM-lactational amenorrhea method Eligible and target couples, safe period CPR, TFR, unmet need discontinuation rate MCH based family planning 		

e.	Demography <ul style="list-style-type: none"> • Definition of demography • Demographic processes • Demographic transition and indices • Population pyramid • Census • Fertility and its influencing factors 		
Topics No-14: School Health Services			
a.	<ul style="list-style-type: none"> • Objectives of school health service • Aspects/components of school health service • Task of school health medical officer • Common Health problems of school children • School health emergencies • School health clinic • Helpful school health environment • Different types of school desk and their importance 		
Topics No-15: Occupational Health			
a.	<ul style="list-style-type: none"> • Occupational health and its objectives • Occupational environment • Occupational health hazards • Principles of prevention of occupational diseases • Employees' benefits 		

2.10. Written Examination of Community Medicine and Public Health in 3rd professional examination

(Total Marks: 100)

2.10.1. Multiple choice questions (MCQ):

- Time allocation is 30 minutes for 20 questions.
- Each stem will carry one mark. (total 20 marks)
- Among the 20 questions (10 questions will be Multiple True/False type and 10 questions will be Single Best Answer)

In case of Multiple True/False (MT/F type):

- Each question will carry 1 (one) stem and 5 (five) alternatives.
- Each alternative will carry 0.2 marks.
- OMR sheet will be supplied for answering MCQ questions of MT/F and SBA type.
- No negative marking
- MCQ will be checked centrally by digital process.

In case of Single Best Answer (SBA type)

- Each question will carry one (1) stem and four (4) alternatives.
- Most appropriate answer will be considered as correct answer.
- Single correct answer will carry one (1) mark.
- No negative marking

2.10.2. Short Answer Question and Structured Essay Question (SAQ & SEQ):

- ✓ In this section there will be 4 groups named Group-A, Group-B, Group-C, and Group- D
- ✓ From group A, B & C, student will answer any three questions out of four and all will be SAQ type
- ✓ In Group-D, There will be three SEQ and student will answer any two
- ✓ Each SAQ will carry total six (6) marks and each question will contain two or three parts. This six marks will be distributed according to size of different parts.
- ✓ Each SEQ will carry eight (8) marks
- ✓ Please see annexure-1 for example

2.10.3. Topics distribution in different group of written exam

Question setters and moderators will follow the following instruction for preparing a written question:

Attributes	Description	Marks	Topics
MCQ	MTF 50%	10+10 = 20	All the topics in curriculum- 2021
	SBA 50%		
SAQ & SEQ	Group-A	17.5	<ul style="list-style-type: none"> • Concept of Public Health, Community Medicine, Health and Disease • HFA, Primary Health Care, Universal Health Coverage and existing National Health Programmes, MDGs, SDG • Behavioural Science • Medical Entomology
	Group-B	17.5	<ul style="list-style-type: none"> • Principles of Epidemiology • Research methodology and Biostatistics • Public Health Nutrition • Environment and Health
	Group-C	17.5	<ul style="list-style-type: none"> • Public Health Administration and Management • MCH-FP and Demography • School Health Service • Occupational Health
	Group-D	17.5	<ul style="list-style-type: none"> • Health Communication and Health Education • Immunity, Immunization and Disinfection • Epidemiology of CD and NCD
Formative		10	According to term result, Item performance and class attendance

2.10.4. Question setting format (SAQ & SEQ)

Group-A Question no. 1- 5	Group-B Question no. 1- 5	Group-C Question no. 1- 5	Group-D Question no. 1- 5
SAQ type Question no. 1- 4 (Students will answer any three, 3.5 marks of each)	SAQ type Question no. 1- 4 (Students will answer any three, 3.5 marks of each)	SAQ type Question no. 1- 4 (Students will answer any three, 3.5 marks of each)	SAQ type Question no. 1- 4 (Students will answer any three, 3.5 marks of each)
SEQ type Question no. 5 (Compulsory 7 marks)	SEQ type Question no. 5 (Compulsory 7 marks)	SEQ type Question no. 5 (Compulsory 7 marks)	SEQ type Question no. 5 (Compulsory 7 marks)

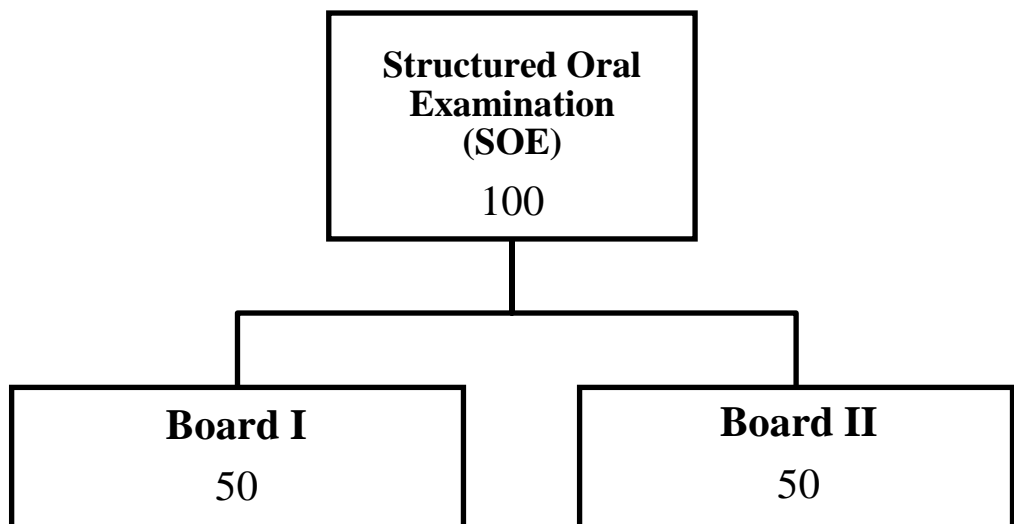
**** Please see Annexure 1**

Distribution of written scripts among the examiners:

- There will be four examiners- two internals and two externals.
- Group-A will be examined by convener and Group-B by internal. Other two will be examined by externals.

2.11. Structured Oral Examination (SOE) in 3rd professional examination

- Number of oral examination board will be two (Board I and Board II).
- Number of examiners in each board will be two: one internal and one external.
- SOE must be structured.
- For each Board marks are fifty (50).
- Number of questions for each Board is ten (10).
- Allocation of marks for each question is five (5).
- For SOE, the ideal pattern of questions are as follows:
 - ❖ Recall –50%
 - ❖ Understanding/ Analytical –35%
 - ❖ Problem based –15%
- All the topics should be distributed between two boards.
- Board will be exchanged in each alternate day
- In each day, maximum fourteen numbers of students should be scheduled for oral and practical examination.
- In the same day, each student will face both oral (Board I & Board II) examination and practical examination.



2.11.1. Distribution of topics for board-I and board-II (SOE)

Board- I	Board- II
Topics	Topics
1. Concept of Public Health, Community Medicine, Health and Disease 2. HFA, Primary Health Care, Universal Health Coverage and existing National Health Programmes, MDGs, SDG 3. Behavioural Science 4. Health Communication and Health Education 5. Medical Entomology 6. Principles of Epidemiology 7. Research methodology and Biostatistics 8. MCH-FP and Demography	9. Immunity, Immunization and Disinfection 10. Public Health Nutrition 11. Environment and Health 12. Public Health Administration and Management 13. Epidemiology of CD and NCD 14. School Health Service 15. Occupational Health

2.11.2. Example of SOE marks calculation

Rating Scale of SOE (Board- 1)												
For External											Total mark: 50	
Roll No	Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Q 7	Q 8	Q 9	Q 10	Total Mark	Remarks
1	3	4	3	4	4	3	4	3	4	2	34	
2												
3												

Rating Scale of SOE (Board- 1)												
For Internal											Total mark: 50	
Roll No	Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Q 7	Q 8	Q 9	Q 10	Total Mark	Remarks
1	4	4	3	4	4	3	4	3	4	3	36	
2												
3												

Rating Scale of SOE (Board- 2)

For External

Total mark: 50

RollNo	Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Q 7	Q 8	Q 9	Q 10	Total Mark	Remarks
1	4	4	3	4	4	3	4	3	4	4	37	
2												
3												

Rating Scale of SOE (Board- 2)

For Internal

Total mark: 50

RollNo	Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Q 7	Q 8	Q 9	Q 10	Total Mark	Remarks
1	3	4	3	4	4	3	4	3	4	3	35	
2												
3												

Mark obtained in two boards by roll number 1:

Board- 1: (Marks by external + Marks by internal)/2

So, $(34+36)/2=35$

Board-2: (Marks by external + Marks by internal)/2

So, $(37+35)/2=36$

Total marks obtained:

Marks in board-1 + Marks in board-2

So, $(35+36)=71$

Roll number 1 got 71 marks so he/she is passed

2.12. Practical examination in 3rd professional MBBS examination

Objective structured practical examination (OSPE): 50 marks

- Total number of stations will be ten among which three will be procedure/counseling stations and seven will be question stations
- Allocation of time for each station is three (3) minutes.
- Allocation of marks for each station is five (5).
- External and internal examiners must be the observers in the procedure station.
- OSPE questions have to be prepared and conducted by the internal and external examiners.
- Answer scripts of OSPE will be examined by external and internalexaminers.

Oral examination on RFST, Day visit and Study tour report: 50 marks

- ✓ RFST report including survey and study tour report will be submitted in Board-I and Day visit report will be submitted in Board-II. It will be exchanged in each alternate day of oral examination
- ✓ Before starting SOE examiner will assess those reports as an oral examination

Note: A provisional tabulation sheet for oral and practical marks is added in annexure-2

2.13. Post Examination Procedure

Preparation and submission of mark sheet

- Marks sheet of formative, oral and practical examination should be sent to the controller of examination by the Convener of the examination in a separate mark sheets signed by four examiners
- ❖ **SAQ and SEQ**
 - Marks of short answer question (SAQ) and structured essay question (SEQ) should be submitted by all examiners separately to the controller of examination within three (03) days of completion of oral and practical examination.
- ❖ **MCQ**
 - Multiple choice questions will be checked centrally by OMR machine.
 - OMR sheets should be packed and sealed properly by hall superintendent of written examination and will be submitted to the Head of the center.
 - The Head of the center will send the packet of OMR sheet to the Controller of examination.

2.14. Residential Field Site Training (RFST) Program

- RFST Course for Fourth Year Students is an integral part of the curriculum of Community Medicine.
- Head of the Department of Community Medicine and Public Health will implement the program as a co-ordinator.
- Teachers of Community Medicine assisted by UH&FPO will perform the responsibility for successful implementation of the program.
- Health Educator of Community Medicine will organize field level activities
- All categories of personnel involved in this program will be given remuneration as per WHO rules regulation approved by MOH&FW

Objectives of RFST

After completion of the Residential Field Site Training Program as future health care providers students will be able to:

- become accustomed with the environment and lifestyle of peoples of rural community.
- identify health needs and problems of the community people and prioritize them
- conduct survey based on health needs and problems of the community
- be acquainted with health care delivery system at PHC level in Bangladesh.
- develop intersectoral coordination.

Schedule Programme

Daily activities schedule will be designed by the Department of Community Medicine.

Upazila Health Complex

The use of the teaching facilities, access to patient areas and employment of UHC staff are all under the control of the Upazila Health and Family Planning Officer (UH&FPO), and teachers from medical college must respect his/her authority in these matters.

Apart from the outdoor, ward and laboratory area two rooms are available for teaching sessions. These are the classroom and the Resident Medical Officer's room.

Transport

Two microbus having capacity of 25 seats would be engaged for taking students and teachers from the college campus to the Upazila Health Complex during RFST Programme and preparatory period.

The driver of the micro-bus has a fixed schedule to follow. This is under the control of the Head of Department of Community Medicine.

Accommodation

There are two dormitories both with twenty beds for the students. In each dormitory there are two single seated rooms with sanitary facilities for teachers.

08 (eight) supporting staff (two drivers, two guards, two cook and two table boy) will be appointed for the conduction of the RFST Programme at Upazila Health Complex.

The UH&FPO will support the programme by engage in the working doctors and staffs.

Games

Arrangement for badminton, caromboards and volleyballs could be made available at the dormitories.

Students may take their own music player. But no loud music will be allowed in the dormitories. No music is allowed after 10:00 p.m.

Student supervision

Supervision of the students is the responsibility of the Principal, teachers of Community Medicine and UH&FPO.

Community Medicine Teaching Programme

Residential Field Site Training Course

RFST Implementation Schedule

Day 1	Introduction to UHC and briefing on primary level health care activities and Upazila Health Profile Indoor patients care
Day 2 and 3	Community health survey
Day 4	MCH and FP Services Health Education and counseling in MCH Family Planning and Immunization
Day 5	Attending the OPDs and Investigation facilities at upazilla level Attending the emergency department
Day 6	Visit to health related sector working at Upazilla level
Day 7	Visit to a local NGO
Day 8	Visit to Community Clinic and USC
Day 9	Visit to FWC and Satellite clinic
Day 10	Evaluation of the programme and presentation Comments by students, teachers and local health authorities

Draft Structured Questionnaire For Field Site Epidemiological Survey

This questionnaire should be completed by students after interviewing the head of household or an adult. For some questions, may need to interview an adult female member of the family.

SECTION A: GENERAL DETAILS

1. Name of village : _____
 2. Name of Union : _____
 3. Name of Thana : _____
 4. Name of Head of family : _____
 5. Name of person interviewed : _____
 6. Name of student (s) : _____
- Batch / Group: _____ Roll : _____ Year : _

SECTION B: HOUSEHOLD DETAILS

16. Please state number of people in the family (oldest member of family first)

Name	Relationship to head of family	Sex	Age	Occupation	Education Level achieved
I					
II					
III					
IV					
V					
VI					
VII					
VIII					
IX					
X					

17. Type of housing? Pucca (building) / tin roof / thatched : _____

18. Family income per month : _____ Taka

If landowner, approx. amount of land owned: _____

19. Disposal of excreta? Sanitary latrine / Insanitary latrine / Open air latrine :

20. Source of drinking water? Tubewell/ River / Pond / Others

If others, please specify: _____

SECTION C: MATERNAL HEALTH AND FAMILY PLANNING

21. Any pregnancy in the household ending within the last 12 months (excluding current pregnancy) Yes / No:

If yes, outcome of baby: normal alive/ abnormal alive / dead

Outcome of mother: alive / dead

Was there any complications?

a) During the pregnancy (before delivery) e.g. anaemia, pre-eclampsia: Yes/ No

If yes, specify: _____

b) At the time of delivery: Yes / No

If yes, specify: _____

c) After delivery e.g. fever, painful perineum, urinary incontinence : Yes / No

If yes, specify: _____

22. Who attended the pregnant woman at the time of delivery?

TBA / FWV / others

If others, please specify: _____

If other why did the family not contact a health worker?

a) Not aware of any health worker (HW) in the village

b) Aware but did not wish to see the HW

c) Aware but HW too far to visit and she did not come to the village

d) Other reasons, specify: _____

23. Where was the place of delivery? : Home / Hospital

24. Is there anybody currently pregnant in the family? : Yes / No

If yes, duration: _____ months

25. Any tetanus vaccine (TT) given to women during current or Previous (within last 12 months) pregnancy? : Yes / No

If yes, numbers of doses: _____

If not given, because of: _____

- a) Not necessary (already received 5 doses)
- b) Not aware of the need for TT
- c) Aware but did not wish to have it
- d) Aware but clinic too far away
- e) Other specify: _____

26. Practice of Family Planning

Male: Yes / No

If yes, type: Condom / Vasectomy / Other, specify: _____

If no, reason: _____

Female: Yes / No

If yes, type: Oral pill/ Injection/ IUCD/ Ligation/ Other, specify: _____

If no, reason: _____

SECTION D: CHILD HEALTH

27. Immunization status of under 5 children (check immunization card if available)

Vaccine	Child 1	Child 2	Child 3	Child 4	Child 5
Penta 1, 2, 3					
OPV 1, 2, 3					
BCG					
Measles					
None given					

If none given, because of:

- a) Not aware of the need for vaccine
- b) Aware but not wish to have it
- c) Aware but clinic too far away

28. Other, specify: _____ Breast feeding of under 5

<u>Age</u>	<u>Duration of suckling</u>	<u>Weaning time</u>
a)		
b)		
c)		
d)		
e)		

29. Anthropometry of under 5:

Mid upper arm circumference (MUAC) and / or height and weight

Age	Wt in Kg	Ht in Cm	MUAC Cm
a)			
b)			
c)			
d)			
e)			

SECTION E: MORBIDITY

30. Below is a list of diseases. Please indicate if anybody in your household currently suffers from any of these.

Diseases	No. of persons affected	Age
Diarrhoeal disease		
Helminthic infection		
Scabies		
Other skin infection		
Cataract		
Eye infection		
Vit, A deficiency (child night blindness)		
Dental caries		
Chronic suppurative otitis media		
Tuberculosis		
Acute respiratory infection		

31. Any physical disabilities in the family? Yes/ No

If yes, please specify: _____

Who do you normally contact first if any of your family members become ill?

Government doctor / Un-qualified doctor / Homeopath / Hakim (Kabiraj) / Others

If other, specify: _____

If not government doctor, give reason : _____

SECTION F: MORTALITY

32. Has there been any death in the household within the last 5 years? If yes:

Age at death	Sex	Possible cause of death
a)		
b)		
c)		
d)		
e)		

SECTION G: KNOWLEDGE, ATTITUDE AND PRACTICE

33. Illness related to smoking

34. ORS and its preparation / use

35. Personal hygiene

36. Transmission of infectious disease e.g. malaria, dysentery etc.

2.15 Day Visit

Objectives of day visits: The students will be acquainted with the-

- Organogram of the Organization
- Objectives of the Organization
- Goal and target of the Organization
- Strategy settings by the Organization to fulfill the objectives
- Existing resources available of the Organization
- Activities of the Organization to reach the target and goal
- Achievement of the Organization
- Constrains of the Organization

Sites of Day Visit (At least 8 visits)

- DOTS corner attached to Medical College Hospital
- ORT corner
- MCH clinic attached to Medical College Hospital
- Model FP Clinic attached to Medical College Hospital
- Upazila Health Complex and Community Clinic
- Health related NGOs
- Pharmaceuticals Industries
- Industries
- Civil Surgeon Office
- Deputy Director of Family Planning (DDFP) office
- Super specialized health care institutions: Cancer Hospital, ICDDR, IPH, Leprosy Hospital, CRP, etc.

Guideline for Day visit

Sl. No.	Description
01.	Name of the Organization
02.	Type and date of establishment of the Organization
03.	Location of the Organization
04.	Organogram of the Organization (use separate sheet)
05.	Objectives of the Organization
06.	Strategy settings by the Organization
07.	Existing resources available of the Organization
08.	Target and achievement of the Organization
09.	Activities of the Organization
10.	Social mobilization
11.	Problems/constraints of the Organization
12.	Personal observation and opinion regarding the visit of the Organization
13.	Conclusion

2.16. Study Tour

(For the duration of 10 days)

Objective

To observe different natural and health related organizations of the country for acquiring knowledge and developing skills in assessing health needs and demands of the population.

Sites of study tour

- Cox's bazar / Kuakata
- St. Martin's Island
- Seaport: Chittagong / Mongla
- Chandraghona paper mill
- Sylhet: Tea Garden/ Jaflong
- Health Organizations in Capital City
- Mental Health Hospital, Pabna

Financial support:

- I. Ministry of Health will allocate budget in a revenue sector for individual Government Medical College to conduct RFST, Day Visit and Study Tour.
- II. Governing body of private medical colleges will collect money from the students during 1st year admission for the implementation of RFST, Day Visit and Study Tour.

Glossary

AFB	=	Acid Fast Bacilli
AHI	=	Assistant Health Inspector
ARI	=	Acute Respiratory Infections
CPR	=	Contraceptive Prevalence Rate
EPI	=	Expanded Programme on Immunization
HI	=	Health Inspector
IPD	=	In-Patient Department
M.P.	=	Malarial Parasite
MCH	=	Maternal and Child Health
MCQ	=	Multiple Choice Questions
MO, MCH	=	Medical Officer, Maternal and Child Health
OHP	=	Over Head Projector
OPD	=	Out-Patient Department
ORS	=	Oral Dehydration Salt
SI	=	Sanitary Inspector
UH&FPO	=	Upazila Health and Family Planning Officer
TFR	=	Total Fertility Rate
UFPO	=	Upazila Family Planning Officer
RFST	=	Residential Field Site Training

Annexure-1

Example of 3rd Professional MBBS Written (SAQ & SEQ) Question

University of Dhaka

3rd Professional MBBS Examination May/Nov-20...

Subject: Community Medicine and Public Health

Full marks: 70;

Use separate answer script for each group

Time: 2.30 hours

Answer any four (4) questions from each Group where question no-5 of each group is compulsory

Group-A		
1.		3.5
2.		3.5
3.		3.5
4.		3.5
5.		7
Group-B		
1.		3.5
2.		3.5
3.		3.5
4.		3.5
5.		7
Group-C		
1.		3.5
2.		3.5
3.		3.5
4.		3.5
5.		7
Group-D		
1.		3.5
2.		3.5
3.		3.5
4.		3.5
5.		7

Annexure-2

Provisional Tabulation Sheet

3rd Professional MBBS Examination May/Nov- 20....
Department of Community Medicine and Public Health

Date:

Roll No.	Oral(SOE)			Practical			
	Board-I	Board-II	Total	OSPE	RFST + Study Tour	Day visit	Total
	50	50	100	50	20+10= 30	20	100
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Signature of the Examiners with date:

Convener		External Examiner	
Internal examiner		External Examiner	