

Community Medicine Curriculum for Undergraduate Medical Education

**Further
Improvement
of the Medical Colleges
in Bangladesh**

*Revised by
Medical College Teachers*

Community Medicine Curriculum for Undergraduate Medical Education

Revised by
Medical College Teachers

FIMC

Revised

Community Medicine Curriculum: Contents, Learning Objectives and Teaching/Learning Experiences with Time Allocations

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Preface

This proposed Community Medicine Curriculum is the result of a systematic revision and development of the existing curriculum. It has been produced by the present teachers of Community Medicine in the Medical Colleges who based their work on modern educational principles. In many instances practical and experiential learning methods have been substituted for classroom teaching, as a result of which the number of lectures in the course has been reduced by more than 30 per cent. Undoubtedly students will benefit from this and will more readily acquire the skills they require to practise Community Medicine. This commendable achievement deserves high appreciation.

Some aspects of this curriculum will require ratification by higher level curriculum committees and later by the Bangladesh Medical and Dental Council. These include the suggested changes in the assessment system. However other changes which are merely a development of the present undergraduate curriculum or just specify a different teaching method may be implemented immediately.

It is hoped that the incorporation of learning objectives, teaching methods and details of the assessment system will be useful to both teachers and students.

Finally I would like to offer my thanks to Dr A Latif Bhuiya who, on behalf of FIMC Project, undertook the task of organising the running of the series of meetings and workshops required.

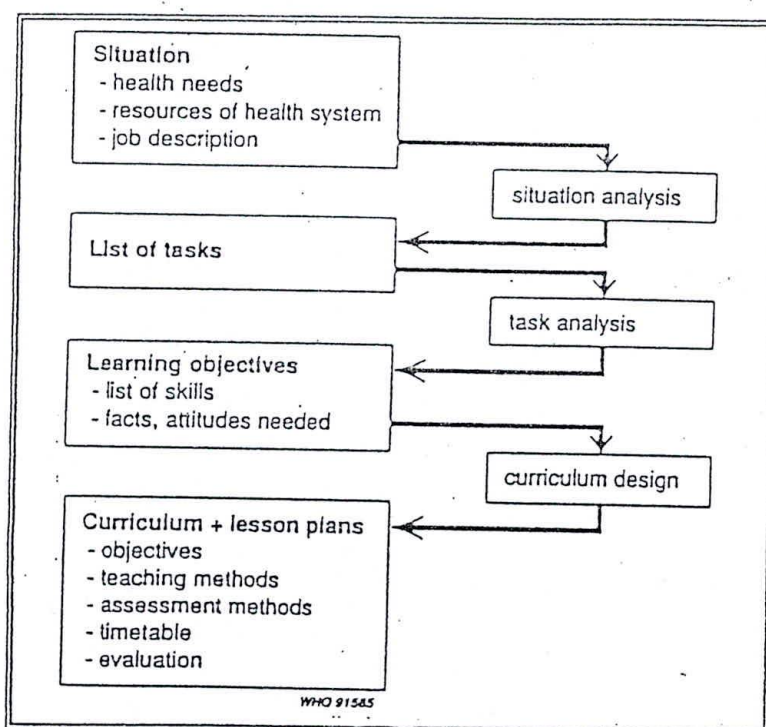
Professor M Muzaherul Huq
Project Director FIMC

PROCESS OF CURRICULUM DEVELOPMENT

This community medicine curriculum for undergraduate medical students was developed by teachers of the medical colleges between April 1996 and January 1997. This included a revision of the Residential Field Site Training Course originally written in 1994.

The curriculum development process was performed systematically on the basis of curriculum design as suggested by the World Health Organisation.

Curriculum Design



A needs analysis was first conducted, the views of teachers, students and young graduates being obtained. Next the curriculum development group carried out a task analysis on the basis of what use a young graduate would make of teaching in Community Medicine. During the development of the core contents the learning objectives were set out and both core and additional contents were listed. A review of the community health or community medicine curricula in other countries was also performed. With this background the group carried out their work in accordance with the terms of reference they had set themselves. These included,

Reviewing teaching methods in particular with a view to

- creation of the appropriate attitude,
- the development of skills,
- promotion of a habit of self-learning.

The final outcome is dependent on the extent to which the teachers in individual colleges can deliver the course as planned increasing the level of community-oriented and community-based learning activities. To some extent this itself depends on the degree of success with which urban demonstration areas within easy reach of the colleges can be developed as sites for day visit learning activities.

Once the course is implemented no time should be wasted before planning an evaluation of the course, to uncover any unidentified defects and to learn whatever might enable it to be improved further.

Members of the Curriculum Working Group

During the curriculum development process the following teachers have at some time been a member of the curriculum working group.

1. Professor A Khaliq Barbhuiyan, Head of Community Medicine, Dhaka Medical College
2. Professor M Sultan Ul Alam, Head of Community Medicine, Chittagong Medical College
3. Professor Arunodaya Barman, Head of Community Medicine, Rajshahi Medical College
4. Dr Mahfuzar Rahman, Head of Community Medicine, Rangpur Medical College
5. Dr Dilara Begum, Head of Community Medicine, Sir Salimullah Medical College
6. Dr Md Abdul Jabbar, Head of Community Medicine, Sir Salimullah Medical College
7. Dr AKM Ruhul Amin Khan, Head of Community Medicine, Mymensingh Medical College
8. Dr UK Taufiqun Nessa, Asstt Prof of Community Medicine, Mymensingh Medical College
9. Dr Shibbir Ahmed, Head of Community Medicine, MAG Osmani Medical College
10. Dr Oyes Ahmed Chowdhury, Lecturer, MAG Osmani Medical College
11. Dr Maksumul Hakim, Lecturer of Community Medicine, Dhaka Medical College
12. Dr Aminur Rahman, Lecturer of Community Medicine, Dhaka Medical College
13. Dr A K M Asaduzzaman, Asstt Prof of Community Medicine, Faridpur Medical College
14. Dr Hafiza Arzuman, Lecturer of Community Medicine, Sir Salimullah Medical College
15. Dr Rafiqul Alam, Assoc Prof of Community Medicine, Rangpur Medical College
16. Dr Mahmuda Chowdhury, Asstt Prof of Community Medicine, Dhaka Medical College
17. Dr Aftabuddin, Head of Community Medicine, Sher-e-Bangla Medical College
18. Dr Swapan Kumar Chowdhury, Lecturer of Community Medicine, Chittagong Medical College

The following Resource Personnel attended some meetings of the group:

1. Professor M H Molla, Director, Centre for Medical Education
2. Professor Rashid-e-Mahboob, Centre for Medical Education
3. Professor Falahuzzaman Khan, Director, NIPSOM
4. Professor Mahmudur Rahman, NIPSOM
5. Professor Khabir Uddin, Bangladesh Medical College
6. Professor Sadiqua Tahera Khanam, NIPSOM
7. Dr Zakir Hossain, Director, Primary Health Care
8. Professor Myo Thwe, Consultant, World Health Organisation
9. Professor Muzaherul Huq, Project Director FIMC
10. Dr Colin Bullough, Project Manager FIMC
11. Dr A Z M Ifikhar Hussain, Project Teacher FIMC
12. Dr A Latif Bhuiya, Project Teacher FIMC (attended all meetings)

The Further Improvement of Medical Colleges Project provided logistic and technical support.

Acknowledgments

The contribution of the following four short term consultants of the FIMC Project is acknowledged.

In mid 1994, Dr Syed Ahmed, Consultant in Public Health Medicine of Lanarkshire Health Board, UK, worked with the teachers of the Department of Community Medicine of Dhaka and Chittagong Medical Colleges. Some skills undergraduates need to acquire to practise Community Medicine were identified. He also proposed a daily schedule for the community placement week of the Residential Field Site Training Course.

Professor Abraham Joseph, of Christian Medical College, Vellore, carried out an appraisal of the Residential Field Site Course in 1995 making some suggestions which were adopted by the group.

Professor D K Srinivasa, of Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry spent four weeks working with the members of the curriculum development group in 1996 making a valued contribution to the process of curriculum development. Along with Professor Srinivasa, Dr Mahfuzar Rahman of Department of Community Medicine of Rangpur Medical College carried out a four week consultancy to promote the curriculum development exercise.

The support and encouragement of Professor A K M Nurul Anwar and of Professor Shah Monir Hussain, the past and present Directors of Medical Education during the conduct of this work are highly appreciated.

Dr Colin Bullough
Project Manager, FIMC

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Departmental Objectives of Community Medicine:

The objective of teaching by the Department of Community Medicine is to produce basic doctors towards fulfilment of community health needs of the country.

To achieve this the department will provide medical students with learning experiences:

1. for comprehensive health care,
2. to develop insight into concept and practice of primary health care,
3. for carrying out epidemiological studies for community health problems,
4. in organising and practising health education programmes in the community,
5. for developing appropriate attitude to deal with common health problems,
6. to work as a member of health team, and
7. to participate in national health programmes.

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assess-ment
		Class-room	Practical/visit	Aids		
<p>1. <u>Introduction to Community Medicine</u></p> <p><u>CORE</u></p> <p>Concept of community medicine</p> <p>Concept of health and disease.</p> <p>Health and social problems in Bangladesh.</p> <p>Organization and health care delivery system of Bangladesh.</p> <p>Health Team Concept.</p>	<p>Students will be able to:</p> <ol style="list-style-type: none"> 1. define community, community medicine, comprehensive health care 2. define health and disease, public health, preventive medicine, social medicine 3. Identify the factors influencing health and disease 4. understand and appreciate the multifactorial aetiology of disease 5. identify social factors related to health 6. demonstrate awareness of different levels of health care delivery and their organizations & functions 7. demonstrate awareness of different types of organisations providing health care in Bangladesh both in rural & urban areas 	<ul style="list-style-type: none"> • Lecture • Self study • Short presentation • Question answering session • Discussion • Short presentation • Demonstration 	<ul style="list-style-type: none"> • Day visit 	<ul style="list-style-type: none"> • Video • Handout • Charts 	<p>L-2.00h</p> <p>T-4.00h</p>	<ul style="list-style-type: none"> • Written • Oral • Check-list

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Contents	Learning Objectives	Teaching Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
I. <u>Introduction to CM (cont'd)</u>	8. understand health services are delivered by medical, health and other allied personnel 9. describe the composition of health team at different levels e.g. thana & union 10. describe the type and range of work undertaken by different categories of health workers 11. state the role of doctor in hospital setting, health centres setting and community setting 12. Describe common health & social problems of Bangladesh	• Lecture • Short presentation with video • Discussion • Classroom exercise • Case presentation • Role play	• Day Visit	• Video • Reading materials (eg. Thana manual) • Paper cutting	L-1.00h T-2.00h V-1 day	• Written • Oral • Check-list • Assignment
<u>ADDITIONAL</u> History of public health. Multi-sectorial responsibility of health. Disease profile.						

L = Lecture, T = Tutorial, V = Day Visit

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
<u>II. Behavioural Sciences</u> <u>CORE</u> Concept of sociology, social psychology and social anthropology The family in health and illness Cultural and social factors in health and illness. Illness behaviour and its management. Doctors-patients communication. Steps of learning and motivation.	<u>Concept of sociology, social psychology and social anthropology</u> Students will be able to: A. Define terms: Family, Society, Sociology, Humanities, Social psychology and Medical Anthropology, Socio-economic stratification B. Explain the principles of sociology and its application in understanding human behaviour C. Describe the elements of normal psychology and social psychology	• Lecture • Self-study • Short presentation with video • Discussion		• Video • Film strip • Handout • Textbook • OHT • Other reading materials	L-2.00h T-2.00h	• Written • Oral
<u>ADDITIONAL</u> Intelligence. Leadership. Types of Personality. Family attachment.	<u>Family Health & illness</u> D. With the knowledge of the above and at the end of instruction (in behavioural science), the student should be able to: 1. Appreciate the role of family in health and illness 2. List various social and cultural factors which influence health of: (a) individual, (b) family and (c) community	• Lecture • Short presentation with video • Brain storming & discussion	• Family attachment (As per situation permits 1st/ 2nd year)	• Video • Reading materials • OHT	L-2.00h T-2.00h V-2 days	• Written • Oral • Check-list

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
II. Behavioural sciences (cont'd)	<u>Cultural & social factors in health and illness</u> 3. Classify cultural factors (such as beliefs, customs, practices) into those beneficial, those harmful and those neither beneficial nor harmful for maintenance of health 4. Collect data on socio-cultural status of the community such as: education, income, occupation, housing, tradition, culture, beliefs, customs and practices of an individual or a family relating to health and illness giving due respect to respondents to understand the objectives 2, 3, 5, 7 and 8 above. 5. Assess socio-cultural factors which act as barriers leading to good health and recovery from illness 6. Appreciate the impact of urbanisation on health and disease	• Lecture • Discussion	• Student project (Clinico-social case study)	• Video • OHT/ slides • Prepared questionnaire • Handout • Study instrument	L-1.00h T-2.00h V-2days	• Written • Oral • Check-list
	<u>Illness behaviour and its management</u> 7. State behavioural changes during illness of an individual 8. Identify and explain the impact of behaviour (habits, customs) on health maintenance and illness on individual and family	• Short presentation • Discussion		• Video • Films trip • OHT/ slides	L-1.00h T-2.00h	• Written • Oral • Check-list

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assess-ment														
		Class-room	Practical/visit	Aids																
II. Behavioural sciences (cont'd)	<p><u>Doctor-patient relationship</u></p> <p>1. Appreciate how the doctor-patient relationship may be influenced by the behaviour of either the patient or the doctor</p> <table><tr><td><u>Doctor</u></td><td><u>Patient</u></td></tr><tr><td>-emotional involvement</td><td>-denial of illness</td></tr><tr><td>-sentimentality</td><td>-manipulation of doctor</td></tr><tr><td>-avoidance of giving bad news</td><td>-using doctor for emotional support</td></tr><tr><td>-offending the patient</td><td>-respect</td></tr><tr><td>-attention</td><td>-confidence</td></tr><tr><td>-compassion</td><td></td></tr></table> <p>2. Recognise and demonstrate the body language which reflects common emotions</p> <p><u>Learning and Motivation</u></p> <p>The student will be able to:</p> <p>1. State the learning theories</p> <p>2. Narrate the application of learning theories in changing health or illness behaviour</p> <p>3. Describe the types of motivation and their application in health education</p>	<u>Doctor</u>	<u>Patient</u>	-emotional involvement	-denial of illness	-sentimentality	-manipulation of doctor	-avoidance of giving bad news	-using doctor for emotional support	-offending the patient	-respect	-attention	-confidence	-compassion		<ul style="list-style-type: none">• Lecture• Short presentation• Discussion• Role play• Demonstration• Lecture• Discussion	<ul style="list-style-type: none">• Observation barriers of communication at THC/ OPD/ IPD	<ul style="list-style-type: none">• Video• Posters• Slides• OHT• Handout	<p>V-1 day</p> <p>L-1.00h</p> <p>T-2.00h</p>	<ul style="list-style-type: none">• Observational check-list• Written• Oral
<u>Doctor</u>	<u>Patient</u>																			
-emotional involvement	-denial of illness																			
-sentimentality	-manipulation of doctor																			
-avoidance of giving bad news	-using doctor for emotional support																			
-offending the patient	-respect																			
-attention	-confidence																			
-compassion																				

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/ visit	Aids		
<u>III. Bio-statistics</u> <u>CORE</u> Introduction to biostatistics. Uses of biostatistics. Vital statistics. Methods of collection and classification of data. Presentation of statistical data. Frequency distribution, measures of central tendency, measures of dispersion. Analysis and interpretation of data. Sampling techniques.	<u>Bio-statistics</u> 1. Define terms: - biostatistics 2. Aware about the importance of birth, death, marriage and sickness registration 3. Interpret the effects of: (a) universe / population in a study design (b) sampling (c) bias (d) variation 4. Calculate a given data to interpret: (a) mean (b) median (c) mode (d) standard deviation (SD) 5. Present a given statistical information by (a) tabulation (b) bar diagram (c) line diagram (d) pie diagram	• Lectures • Discussion • Classroom exercise	• Data processing.	• Handout • Computer	L-8.00h T-8.00h	• Written • Oral
<u>ADDITIONAL</u> Research methodology. Information Technology (IT)						

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
<u>IV. Epidemiology</u> <u>CORE</u> Concept of epidemiology. Epidemiological triad. Types of epidemiological studies. Community diagnosis. Investigation of an epidemic. Tools of epidemiological measurements. Measurement of morbidity and mortality. Mode of transmission and principles of control of communicable diseases. Natural history of disease. Indicators of health and their measurements. Levels of prevention of diseases.	<u>Concept of epidemiology</u> Students will be able to: <ul style="list-style-type: none"> • Define and explain epidemiology • State the use and aims of epidemiology • State the components of epidemiology • Define different terms related to epidemiology Communicable diseases, Non-communicable diseases, Infectious diseases, Contagious diseases, Period of communicability, Period of infectivity, Incubation period, Infection, Infestation. Sporadic diseases, Endemic diseases, Epidemic diseases, Pandemic diseases, Zoonotic diseases, Disease prevention, Disease control, Elimination, Eradication, Isolation, Quarantine	<ul style="list-style-type: none"> • Lecture • Self learning • Discussion • Problem solving exercise 		<ul style="list-style-type: none"> • Text book • Reading materials • OHT/ slides • Video • Film strip 	L-3.00h T-2.00h	<ul style="list-style-type: none"> • Written • Oral
	<u>Epidemiological Triad</u> <ul style="list-style-type: none"> • Classify agents for causation of diseases • List the host factors responsible for diseases • Identify the environmental factors of disease causation • Explain epidemiological triad in causation of disease 	<ul style="list-style-type: none"> • Lecture • Self study • Discussion • Problem with scenario exercise 		<ul style="list-style-type: none"> • Video • Film strip • OHT/ slides • Handout • Reading materials 	L-1.00h T-2.00h	<ul style="list-style-type: none"> • Written • Oral

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Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
IV. Epidemiology (Cont'd)	<u>Types of epidemiological studies</u> <ul style="list-style-type: none"> Classify epidemiological studies Describe descriptive epidemiological studies Describe analytical studies Distinguish between prospective and retrospective studies Design and carryout a simple descriptive study 	<ul style="list-style-type: none"> Lecture Short presentation Discussion Classroom exercise Self study 	<ul style="list-style-type: none"> RFST 	<ul style="list-style-type: none"> OHT Study reports 	L-3.00h T-6.00h	<ul style="list-style-type: none"> Written Oral
	<ul style="list-style-type: none"> Investigate an epidemic outbreak Define and calculate rate, ratio, proportion Define screening for disease, types of screening and diseases to be screened in our country perspective. Explain the uses of screening on prevention of diseases. Identify the criteria for screening of a disease and for selecting a test. Define specificity, sensitivity, validity, reliability and predictive value of a screening test. Explain different modes of transmission of diseases Explain the principles and different methods of control of communicable diseases recognise the different phases of natural history of disease describe the different levels of prevention and recognise their importance list important indicators for measuring health status in a community and mention their uses 	<ul style="list-style-type: none"> Lecture Self study Classroom exercise Discussion Problem solving exercise 		<ul style="list-style-type: none"> Handout Video film or slide tape Posters & diagram 	L-1.00h T-2.00h L-2.00h T-2.00h	<ul style="list-style-type: none"> Written Oral

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Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assess-ment
		Class-room	Practical/ visit	Aids		
IV. <u>Epidemiology (Cont'd)</u>	<u>Community Diagnosis</u> <ul style="list-style-type: none"> • Define community diagnosis • State different steps of community diagnosis • Select a topic • Select and construct objectives • Design methods • Select study population and determine sampling size • Choose appropriate sample • Construct questionnaire • Collect data • Interview the target population for data collection • Analyse the collected data • Construct tables and prepare graphs for presentation • Identify different methods of data presentation • State different headings of a scientific report • Write a report 	<ul style="list-style-type: none"> • Lecture • Classroom exercise 	<ul style="list-style-type: none"> • Community survey RFSTP 	<ul style="list-style-type: none"> • Computer • Photocopier 	T-4.00h L-1.00h V-3 days	<ul style="list-style-type: none"> • Report • Oral • written

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
<p>IV. <u>Epidemiology (Cont'd)</u></p> <p><u>ADDITIONAL</u></p> <p>Clinico social case study.</p> <p>Monitoring. Surveillance.</p> <p>Need and uses of screening tests. e.g. validity, reliability, sensitivity and specificity.</p>	<p>Conduct epidemiological case study to understand the need for surveillance of disease by following steps:</p> <ul style="list-style-type: none"> • Select a priority case • Construct questionnaire putting clinico-social variables as much as possible • Interview • Describe the case, taking care of all the variables studied • Write a report 	<ul style="list-style-type: none"> • Short presentation • Classroom exercise • Discussion • Self study 		<ul style="list-style-type: none"> • Handout • Prepared questionnaire • OHT 	T-4.00h	<ul style="list-style-type: none"> • Check-list • Assignment

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assess-ment
		Class-room	Practical/visit	Aids		
<p>V. <u>Epidemiology of common health problems</u></p> <p><u>CORE</u></p> <p>Epidemiology and management of diseases of public health importance:</p> <p>EPI diseases, diarrhoeal diseases, malaria, kala-azar, enteric fever, leprosy, rabies, viral hepatitis, chicken pox, mumps, filariasis, helminthiasis, food poisoning, STDs & AIDS, scabies.</p> <p>Epidemiology of common non-communicable diseases:</p> <p>cancer, diabetes, hypertension, IHD, RHD and rheumatic fever.</p> <p>minor injuries, poisoning, disaster, snake bite, drowning.</p> <p><u>ADDITIONAL</u></p> <p>Yellow fever.</p> <p>Geriatric problems.</p>	<p>The students will be able to:</p> <ol style="list-style-type: none"> 1. Describe the epidemiological determinants (agent, host and environmental factors) of common health problems of Bangladesh. 2. Illustrate the measures for prevention of common health problems in the community specially EPI diseases, Helminthiasis and Diarrhoeal diseases. 3. Develop skills to identify common health problems in the community. 4. Develop understanding to manage common health problems in the community. 5. Appreciate the importance of epidemiological basis for causation and prevention of common communicable and non-communicable diseases in Bangladesh. 6. Understand (explain) the importance of first aid in initial management of emergency case. 7. Develop skills for management of emergency cases in the community. 	<ul style="list-style-type: none"> •Lecture •Tutorial •Group discussion •Problem solving exercise •Symposium (integrated) 	<ul style="list-style-type: none"> •Student project •Visit to Leprosy hospital, T.B. clinic, ORT corner, ID hospital, dist. hospital •Visit to Cancer Inst./ward, Diabetic Hospital •RFST (THC) 	<ul style="list-style-type: none"> •Video •Film strip •Real patient 	<p>L-16.00h</p> <p>V-4 days</p> <p>L-8.00h</p> <p>T-8.00h</p> <p>V-3 days</p>	<ul style="list-style-type: none"> •Written •Oral • Checklist

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/ visit	Aids		
VI. <u>Public Health Nutrition</u> <u>CORE</u> <ul style="list-style-type: none"> • Proximate principles of food. • Balanced diet. • Vitamins and their deficiency diseases. • Trace elements: iron, iodine, fluorine. • Pasteurization • Assessment of Nutritional status. • Calorie requirements of different groups. • Dietary composition of common food items. • Preparation of suitable diet for expecting mother & malnourished child • Protein energy malnutrition. • Food borne diseases • Milk borne diseases • Different types of hospital diet 	Students will be able to assess nutritional status & identify required measure by: (1) Record the data on Road to Health Card (2) Aware of normal values and range of indices used for assessment of growth, nutritional status and grades of malnutrition (3) Interpret data and arrive at nutritional status of the child (4) Diagnose different types of malnutrition e.g. (Vitamin deficiency, PEM) (5) Outline a plan for dietary management of malnourished child	<ul style="list-style-type: none"> • Classroom exercise • Lecture • Tutorial • Group discussion • Self study 	<ul style="list-style-type: none"> • RFST/ MCH clinic • RFST (children outdoor/school) • Measuring nutritional status • ANC/ MCH clinic/ RFST 	<ul style="list-style-type: none"> • Handout • Reading material • Weighing machine • Sakip's tape • Measuring tape • Growth chart • Video show 	L-6.00h T-10.00h V-1 day	<ul style="list-style-type: none"> • OSPE • Written • Oral • Practical exam. (spotting) • Checklist

L = Lecture, T = Tutorial, V = Day Visit

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
VI. <u>Public Health Nutrition (cont'd)</u>	<p>(6) Assess the prevalence and types of malnutrition in the community by different methods:</p> <p>(i) dietary survey (ii) anthropometry (iii) clinical examination</p> <p>(7) Identify the groups most seriously affected by malnutrition</p> <p>(8) List the food borne and milk borne diseases</p> <p>(9) Define pasteurization and identify different methods of pasteurization</p>	<p>• Group discussion</p> <p>• Problem solving class</p>	<p>• Survey</p>	<p>• Poster • Charts • Slides</p> <p>• Questionnaire</p>		<p>• Oral</p> <p>• Assignment</p>
<p><u>ADDITIONAL</u></p> <ul style="list-style-type: none"> • Food additives and preservatives. • Trace elements except iron, iodine, fluorine • Food adulteration and food fortification 						

L = Lecture, T = Tutorial, V = Day Visit

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
VII. <u>MCH- FP & Demography</u>						
<u>CORE</u>	Students will be able to:					
Importance of antenatal care, antenatal advice and antenatal investigations.	1. Explain the magnitude of maternal mortality and morbidity in Bangladesh	•Lecture		•Reading materials	L-8.00h	•Oral
Identification of high risk cases and appropriate referral.	2. Identify factors influencing maternal health				T-14.00h	
Immunization of children & women.	3. List factors responsible for high maternal mortality and morbidity in Bangladesh	•Problem solving class with scenario exercise				•Written
IMR, MMR and causes of infant mortality and maternal mortality	4. Identify the measures for reducing maternal mortality and morbidity in Bangladesh					
Breast feeding and weaning	5. Identify the organisations for providing maternal health services rendered by them in urban and rural area during	•Brain storming session				
Concept of family planning	(a) antenatal					
Different contraceptive methods.	(b) intranatal and					
Counselling in family planning	(c) post-natal period					
MCH-FP services in Bangladesh.	6. Identify the different categories of health personnel and their functions for rendering maternal and child health care both in hospital and community settings		•RFST	•OHP transparency		
Factor influencing deliveries at home and in hospital.						

L = Lecture, T = Tutorial, V = Day Visit

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
VII. <u>MCH-FP & Demography</u> (cont'd)	<u>Child care</u> 1. Aware about the normal birth weight of a baby 2. Identify risk factors for low birth weight 3. Identify the interventions of low birth weight 4. Explain the care for the new born 5. List the conditions for artificial feeding 6. Design & promote the use of adequate home made weaning foods	•Lecture •Group discussion				•Oral •OSPE
	<u>Family planning</u> 1. State the aims and objectives of family planning 2. List various contraceptive methods with their advantages & disadvantages 3. Identify the factors responsible for high population growth rate in Bangladesh 4. Plan and conduct a counselling session for motivation of eligible & target couples towards following contraceptive methods: (a) IUCD (Intra uterine contraceptive device) (b) Oral pill (c) Condom (d) Menstrual regulation (e) Abortion (f) Permanent sterilization	•Brainstorming •Group work •Class room exercise •Role-play	•RFST (informal interview) •Model FP clinic (counselling)	•OHT •Video •Slide •Different contraceptives	V-1 day	•Written •Checklist

Community Medicine Curriculum

[illegible]

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
<p>VII. <u>MCH-FP & Demography</u> (cont'd)</p> <p><u>Demography</u></p> <p>Demographic cycle Demographic indices Population pyramid</p>	<p><u>Demography</u></p> <ol style="list-style-type: none"> Define terms: <ul style="list-style-type: none"> Demography, crude and specific birth, growth and fertility rates Explain demographic cycle in understanding various population trends Describe factors influencing population growth in Bangladesh Appreciate factors influencing fertility like: <ul style="list-style-type: none"> age at marriage breast feeding contraception education religion Aware age and sex structure and its influence on: <ul style="list-style-type: none"> population growth health service disease trends Demonstrate awareness of different age and sex structure by interpreting a given data. 	<ul style="list-style-type: none"> Lecture Discussion Classroom exercise 		<ul style="list-style-type: none"> Handout Posters & diagrams Video 	<p>L-2.00h</p> <p>T-4.00h</p>	<ul style="list-style-type: none"> Written Oral

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
VIII. <u>Health Education</u>	Students will be able to:					
<u>CORE</u>						
Communications.	1. Aware about the elements of communication	• Lecture	• Visit MEU	• Video	L-2.00h	•Written
	2. Aware about the barriers of communication		• Project work	• Models	T-4.00h	•Oral
Principles of health education.	3. Describe the methods of communication	• Short presentation	• Observation of barriers of communication at THC/OPD/IPD	• Specimen		•Observational check-list
	4. List the aims of communication	• Discussion		• Handout		
Media and methods of health education.	5. Select and use suitable method & media for communication of individuals and groups			• Posters		
	6. Define health education			• Flip chart		
Planning a health education programme.	7. Narrate its objectives and principles	• Demonstration		• Slides	L-3.00h	
	8. State the stages of adoption of new ideas and practices			• OHTs		
	9. State the different media in health education	• Role play	• Participate HE session at THC	• Family planning materials	T-2.00h	
Need for using safe water, proper nutrition, contraception and personal hygiene.	10. Choose and use of appropriate media and method for selective health education programmes of individuals and groups				V-1 day	
	11. Prepare simple health educational materials		• Assignment			•Checklist
	12. Plan health education session					
	13. Conduct health education session on:		• Conduction of HE session		T-4.00h	•Checklist
	(a) use of safer water				V-1 day	
	(b) proper nutrition					
	(c) use of contraceptives					
	(d) maintenance of personal hygiene					
	(e) breast feeding & weaning					
	(f) demonstration of ORS preparation					
	(g) benefits of immunization					
	(h) referrals during emergency					

L = Lecture, T = Tutorial, V = Day Visit

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assess-ment
		Class-room	Practical/visit	Aids		
IX. <u>Medical Entomology</u>	Students will be able to:					
<u>CORE</u>	1. Define and classify arthropods of medical importance	•Lecture	•Viewing of models and slide under microscope	•Model	L-2.00h	•Written
Role of vectors in causation of diseases. Arthropod-borne diseases.	2. State the role of vectors in causation of diseases, including the bio-nomics of arthropods of medical importance.	•Tutorial with Model		•Entomo-logical slides	T-6.00h	•Oral
Principles of Vector control.	3. Describe the principles of vector control..	•Tutorial				
<u>ADDITIONAL</u>						
Commonly used insecticides.						

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
X. <u>Environment & Health</u>	Students will be able to:					
<u>CORE</u>	(a) Define environment and describe its various types	• Self learning • Lecture • Short presentation • Discussion • Demonstration	• Visit to PHE dept. • Practical in the Departmental Laboratory (to be developed)	• Handout • OHT • Laboratory equipment (to be procured)	L-2.00h	• Written • Oral
Introduction to Environment	(b) State the causes of water pollution					• Practical
Water pollution	(c) Explain the methods of purifications of water in small scale				T-4.00h	
Water purification on small scale.	(d) State the criteria for water quality including WHO standards for drinking water				V-2 days	
Water quality standard.	(e) List important water borne diseases					
Water borne diseases	(f) List the sources of different types of air pollution and their health effects					
Biological process of Septic Tank	(g) Describe global green house effect					
Water seal latrine.	(h) Describe the essential features of water seal latrine					
Air pollution.	(i) Describe biological process of Septic Tank					
Green house effect.						

L = Lecture, T = Tutorial, V = Day Visit

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
X. <u>Environmental Health</u> (cont'd) <u>ADDITIONAL</u> Large scale water purification. Ventilation: air conditioning Radiation. Hospital incineration.	(a) Describe different types of large scale water purification plant (b) Types of ventilation & effects on health (c) State the effects of radiation on health (d) State of importance of hospital incineration and describe the mechanism of incineration					

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
<u>XI.a) Occupational Health</u>	a. <u>Occupational health</u>					
<u>CORE</u>	1. Define occupational health and its objectives	•Lecture		• OHP	L-2.00h	• Written
Introduction to occupational health	2. Explain various occupational environment			• Video		• Oral
Occupational health hazards	3. List the common occupational health hazards		•Visit to industry		T-4.00h	
Occupational diseases	4. List the locally prevailing common occupational diseases with preventive strategies of:	• Tutorial				
Principles of prevention of occupational diseases.	- Pneumoconiosis - Occupational cancer - Anthrax - Occupational dermatoses				V-1 day	
	5. Describe the general measures of health protection in different occupation	•Group discussion				
<u>b) School health service</u>	b. <u>School health</u>					
<u>ADDITIONAL</u>	1. State the objectives of school health programme	• Lecture	•Day visit to a school		L-1.00h	
Responsibilities of school health medical officer.	2. State the present status of school health services in Bangladesh				V-1 day	• Checklist
School environment.						

L = Lecture, T = Tutorial, V = Day Visit

Community Medicine Curriculum

Contents	Learning Objectives	Teaching/ Learning experiences			Expected hours /days	Assessment
		Class-room	Practical/visit	Aids		
<p>XII.(a) <u>Primary Health Care</u></p> <p><u>CORE</u></p> <p>Concept of Primary Health Care and Health for All.</p> <p>History of PHC.</p> <p>Definition of PHC.</p> <p>Principles and components of PHC.</p> <p>Strategy of PHC</p> <p>(b) National health programmes.</p> <p>(c) International health organizations.</p> <p>(d) International health regulations.</p> <p><u>ADDITIONAL</u></p> <p>Non-Governmental Organisations.</p> <p>National health surveillance</p>	<p><u>Primary Health Care</u></p> <ol style="list-style-type: none"> 1. Define Primary Health Care (PHC) and Health For All (HFA) 2. Explain principles of PHC 3. State the components of PHC 4. Involve community in identifying priority health problems 5. Describe the organisational structure in delivery of PHC in Bangladesh 6. Aware about the goal of Health For All (HFA) in the context of Bangladesh 7. Understand the strategies of PHC in attaining the goals of HFA by the Year 2000 8. Aware of our national health programmes 9. Recognise important international health organisations and list their programmes 10. Aware of the application of international health regulations in our country 	<ul style="list-style-type: none"> •Lecture •Self study •Short presentation •Discussion (tutorial) 	<ul style="list-style-type: none"> •Reading assignment on publication related to PHC •Organising day visits •Visit to health institutions which delivery PHC •Conducting a survey on PHC components (RFSTP) •Visit to outreach centre & satellite clinic 	<ul style="list-style-type: none"> •Handout •OHT •Reading materials 	<p>L- 5.00h</p> <p>T-10.00h</p> <p>V-4 days</p>	<ul style="list-style-type: none"> •Oral •Written •Report writing on visits related to PHC survey

Note: Residential Field Site Training Course and Day Visits are attached as Annexes.

L = Lecture, T = Tutorial, V = Day Visit

- Card Completion Examinations: Written/ Oral/ Practical (OSPE)
- RFST Course Completion Test: Written/ Oral

Assessment of the Part One of the Community Medicine Curriculum which is taught in year 1 and year 2 will be done only by written examination. Marks will be 100. This examination is a part of 1st Professional M.B.B.S. Examination.

WRITTEN	100 marks	-	Multiple Choice Questions	-	10% (separate Question Paper) (10-20 questions to be answered)
		-	Long Essay Question	-	15% (1 question to be answered)
		-	Short Essay Questions	-	75% (12 questions to be answered)

PRACTICAL 100 marks	1. Conventional Practical Examination/ Objective Structured Practical Examination (OSPE)	40
	2. Report on a survey/ preliminary research	60
	and	
	3. Report on Day Visits	
	and/or	
4. Assessment on Residential Field Site Training Programme		

ORAL 100 marks - Structured Oral

TIME ALLOCATION FOR COMMUNITY MEDICINE CURRICULUM

Students' Time			
SUBJECT	LECTURE	TUTORIAL	DAY VISIT
I. INTRODUCTION TO CM	3 hours	6 hours	1 day
II. BEHAVIOURAL SCIENCES	9 hours	14 hours	5 days
III. BIOSTATISTICS	8 hours	8 hours	-
1ST PART SUB-TOTAL	20 hours	28 hours	6 days
IV. EPIDEMIOLOGY	11 hours	22 hours	3 days
V. EPIDEMIOLOGY OF COMMUNITY HEALTH PROBLEM	24 hours	8 hours	7 days
VI. PUBLIC HEALTH NUTRITION	6 hours	10 hours	1 day
VII. MCH-FP & DEMOGRAPHY	10 hours	18 hours	1 day
VIII. HEALTH EDUCATION	3 hours	6 hours	2 days
IX. ENTOMOLOGY	2 hours	6 hours	-
X. ENVIRONMENT AND HEALTH	2 hours	4 hours	2 days
XI. OCCUPATIONAL HEALTH	3 hours	4 hours	2 days
XII. PRIMARY HEALTH CARE	5 hours	10 hours	4 days
2ND PART SUB-TOTAL	66 hours	88 hours	22 days
GRAND TOTAL	86 hours	116 hours	28 days

Expected Teaching Time	
<u>1st Part</u>	
• Lecture	= 20 hours lecture sessions
• Tutorial	= 14 Tutorial Sessions of 2 hours duration x 6 Batches of students = 84 tutorial sessions of 2 hours duration
• Day Visit	= 1 week Day Visit x 6 Batches = 6 weeks day visits
<u>2nd Part</u>	
• Lecture	= 66 hours lecture sessions
• Tutorial	= 44 Tutorial Sessions of 2 hours duration x 5 Batches of students = 220 tutorial sessions of 2 hours duration
• Day Visit	= 3 weeks Day Visit x 5 batch = 15 weeks day visits (includes 2 weeks RFST x 5 = 10 weeks day visits)

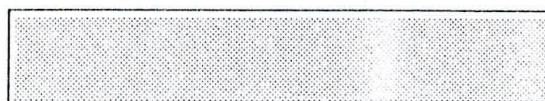
List of contributors who participated in the process of Development of Community Medicine Curriculum

No.	Name of the participant	Institutions	No. of meetings attended
1.	Professor A K Barbhuiyan	HoD, DMC	9
2.	Professor Sultan Ul Alam	HoD, CMC	7
3.	Professor Arunodaya Barman	HoD, RjMC	6
4.	Dr Mahfuzar Rahman	HoD, RgMC	8
5.	Dr Dilara Begum	HoD, SSMC	3
6.	Dr Md Abdul Jabbar	HoD, SSMC	2
7.	Dr A K M Ruhul Amin Khan	HoD, MMC	7
8.	Dr U K Taufiqun Nessa	Asstt Prof. MMC	3
9.	Dr Shibbir Ahmed	HoD, MAGOMC	5
10.	Dr Oyes Ahmed Chowdhury	Lecturer, MAGOMC	7
11.	Dr Maksumul Hakim	Lecturer, DMC	4
12.	Dr Aminur Rahman	Lecturer, DMC	3
13.	Dr A K M Asaduzzaman	Asstt Prof. FMC	6
14.	Dr Hafiza Arzuman	Lecturer, SSMC	6
15.	Dr Rafiqul Alam	Assoc Prof, RgMC	4
16.	Dr Mahmuda Chowdhury	Asstt Prof, DMC	1
17.	Dr Aftabuddin	HoD, SBMC	2
18.	Dr Swapan Kumar Chowdhury	Lecturer, CMC	1

No.	Name of the participant	Institutions	No. of meetings attended
Resource Personnel			
1.	Professor M H Molla	Director, CMEd	1
2.	Professor Rashid-e-Mahboob	CMEd	1
3.	Professor Falahuzzaman Khan	NIPSOM	2
4.	Professor Mahmudur Rahman	NIPSOM	2
5.	Professor Khabir Uddin	Bangladesh MC	1
6.	Professor Sadiqua Tahera Khanam	NIPSOM	1
7.	Dr Zakir Hossain	Director, PHC	1
8.	Professor Myo Thwe	WHO	1
FIMC Personnel			
1.	Professor M Muzaherul Huq	Project Director	5
2.	Dr Colin Bullough	Project Manager	7
3.	Dr Iftikhar Hussain	Project Teacher	2
Facilitator			
4.	Dr A Latif Bhuiya	Project Teacher	10

A total of 10 meetings were held

Further Improvement of Medical Colleges Project	
Cosensus meeting on Community Medicine Curriculum	
Venue:	FIMC Project Office, New DOHS, Dhaka
Date:	Wednesday 12 & Thursday 13 March 1997
Time:	08:30 a.m. - 02:30 p.m.



No.	Name	Designation	Institution
Wednesday 12 and Thursday 13 March 1997			
1.	Professor A Khaliq Barbhuiyan	Prof & Head of Comm. Medicine	DMC
2.	Professor Md Sultan Ul Alam	Prof & Head of Comm. Medicine	CMC
3.	Professor Falahuzzaman Khan	Prof & Head of Comm. Medicine	MMC
4.	Professor Arunodaya Barman	Head of Comm. Medicine	RjMC
5.	Dr Mahfuzar Rahman	Assoc Prof & Head of Com. Medicine	RgMC
Thursday 13 March 1997			
6.	Dr Abdul Jabbar	Assoc Prof of Comm. Medicine	SSMC
7.	Dr U K Taufiqunnessa	Asstt Prof of Comm. Medicine	MMC
8.	Dr Aftabuddin	Asstt Prof of Comm. Medicine	SBMC
9.	Dr Maksumul Hakim	Lecturer of Comm. Medicine	DMC
10.	Dr Hafiza Arzuman	Lecturer of Comm. Medicine	SSMC
11.	Dr Swapan Kumar Chowdhury	Lecturer of Comm. Medicine	CMC
12.	Dr Oyes Ahmed Choudhury	Lecturer of Comm. Medicine	MAGOMC
Facilitator for both days			
13.	Dr A Latif Bhuiya	Project Teacher	FIMC

Residential Field Site Training Course

Annex-1

The Residential Field Site Training Course for Fourth Year Students is an integral part of the curriculum. The way the course has been developed allows many disciplines to increase the community orientation of their teaching.

The Head of Department of Community Medicine supported by the Field Site Training Sub-Committee is in overall charge of the programme on behalf of the Principal. The content and the teaching methods used in the courses involving individual disciplines is however the responsibility of the head of the Thana Health Complex. The latter are also responsible for staff allocation although this is supervised by the Department of Community Medicine.

Teaching Programme

Two courses of one week's duration will run simultaneously.

Twelve students will have a weeks course in Community Placement week and 12 will have a course in Primary Care week.

In the second week of their course the students will change courses.

The timing of the teaching sessions are as follows:

<u>Session 1</u>	:	08:30 a.m. - 10:30 a.m.	<u>Learning activities</u>
<u>Session 2</u>	:	11:00 a.m. - 01:00 p.m.	<u>Learning activities</u>
<u>Session 3</u>	:	03:00 p.m. - 05:00 p.m.	<u>Review of experience</u>
<u>Session 4</u>	:	07:00 p.m. - 08:30 p.m.	<u>Discussion & Debate</u>

The allocation of the days teaching to the disciplines involved in the "Primary Care" week is as follows:

Day 1	Community Obstetrics
Day 2	Community Ophthalmology and Otolaryngology
Day 3	Immunization and Family Planning
Day 4	Medicine and Microbiology
Day 5	Community Surgery/Orthopaedics
Day 6	Community Paediatrics

The programme has been based on the functions of non-specialised doctors in providing primary health care at community and primary care level. Lesson plans have been produced and the learning objectives have been derived from an analysis of the tasks performed by such doctors. Teachers should therefore follow the curriculum closely and not deviate to teach on other subjects. This is especially important as the students' assessment at the end of the course will be based on the learning objectives.

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From the outset it was felt that the lecture format would be an inappropriate method of teaching at the field site and it was arranged that any prerequisite knowledge which could be taught by lecture should be taught at the Medical College prior to the course at the THC. At the most a mini-lecture to reactivate existing knowledge can be given at the commencement of teaching but thereafter it is planned that teaching methods should consist mainly of observation and participation by the students, plus discussions and other small group techniques.

Role of the Thana Health Complex Doctors

The doctors stationed at the Thana Health Complex (THC) practise the type of medicine on which the course is based. They have therefore been given a role in the teaching programme which is specified in the lesson plans. They should be involved in the teaching as much as possible. The doctors of the THC will take care of students for Primary Care week. The staff of the THC will be trained up by the Faculty of respective Medical College. Clinical teachers are also encouraged to participate in the activities of Primary Care Week where and whenever they feel it necessary.

Thana Health Complex

The use of the teaching facilities, access to patient areas and employment of THC staff are all under the control of the Thana Health and Family Planning Officer (TH&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 of twelve seats capacity would be engaged for taking students from the College campus to the Thana Health Complex. The bus will leave the Medical College at 7 o'clock in the morning usually on Saturdays and leave the Thana Health Complex at 6 o'clock in the evening on Thursdays.

The driver of the micro-bus has a fixed schedule to follow. This is under the control of the Principal. Any change in the travel schedule at the Thana Health Complex can only be authorised by the Thana Health & Family Planning Officer, or his/her deputy, or by teacher from the Department of Community Medicine.

Accommodation

There are two dormitories both with twelve beds for the students. In each dormitory there are two single rooms for medical college teachers. Each room has electric lights & a fan. Sweepers and guards are under the control of the TH&FPO.

Meals for students and staff will be prepared and served by staff working under the supervision of the TH&FPO.

The THFPO will delegate the responsibility for the management of the accommodation to one of his administrative officers. Staff members wanting to ask about anything related to accommodation or meals should speak to the administrative officer in the first instance.

Food arrangement

Meal schedule would be as follows:

07:00 a.m. to 08:00 a.m.	-	Breakfast
10:00 a.m. to 10:30 a.m.	-	Tea & cookies
01:00 p.m. to 02:00 p.m.	-	Lunch
05:00 p.m. to 05:30 p.m.	-	Tea & cookies
08:30 p.m. to 09:00 p.m.	-	Dinner

This timetable may sometimes change for specific work schedule.

Games

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

Students may take their own music player or Walkman. 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 medical college teachers and TH&FPO. Staff have a particular responsibility to ensure that the students' behaviour does not cause any inconvenience or upset to the general public.

Students are expected to raise all problems with the teacher and not with the THC staff. In the case of illness a student who wishes to go home or who has been advised to go home by a doctor should obtain the permission of the teacher before leaving.

Community Placement Week

Community Medicine Teaching Programme

Residential Field Site Training Course

COMMUNITY PLACEMENT WEEK

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Day 1 -

Supervision of Field Health Workers

Learning objectives	Prerequisite knowledge	Methods		Aids	Assessments
		Teachers role	Students role		
1. Organogram of THC, demography of Thana	Students should have the idea regarding THC	TH&FPO will prepare lecture & deliver	Students will participate		
2. Students should be able to list the field health workers and describe their activities	Students should know the health problems and who prevents and controls them	Teachers will introduce health workers and their activities	-do-	Job manual Thana map Blackboard	
3. Student will know how to use a check list	Should know where & how check list is used	Teachers help along with TH&FPO + MO, MCH, TFPO	- do -	Checklist available from respective authority	
4. a) Know how to collect blood slides to detect M.P., sputum for AFB etc. and from where	Should know indication of blood slide & AFB examination	Talk with respective Health Workers	- do -	Glass slide box, pot for sputum	
b) Explain how Vitamin 'A' capsules are distributed and administration and the scheduled time for this	Function of Vitamin 'A' and its potency	Talk with distributor and administration	- do -	Supply Vitamin 'A' Information on target population	
c) Supervise the activities of field workers who are treating diarrhoea with ORS	Knowledge about dehydration and pharmacological action of ORS	Preparation and administration	- do -	Materials	
5. How to give health education to the Community	Necessity of health education to the community	Talk with Health Workers	- do -	OHP, Audio-Visual	
Students will be able to name the field level supervising staff and describe their supervisory roles	Benefit of supervision of any work plan	Teachers will introduce the AHI, HI, & SI and discuss their supervising methods	- do -	Job manual and appointing process by govt.	

Day 2 & Day 3 -

Design Community Health Survey

Learning Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<u>Day 2</u> Students will be able to: <ul style="list-style-type: none"> estimate sample size and identify target population and study place identify target population, visit houses and collect data 	<ul style="list-style-type: none"> selected a health topic for community survey by information from hospital records and personal communication from local health personnel formulate general and specific objectives of the survey design survey and structure an instrument Research methodology Record keeping Biostatistics Computer coding Technique of report writing Methods of presentation Routes of dissemination 	<u>Day 2</u> 1st session - Identification of target population and study site 2nd session - Data collection 3rd session - Data collection 4th session - Group discussion on experiences	<ul style="list-style-type: none"> Chalk blackboard Microphone Computer Overhead projector 	<ul style="list-style-type: none"> MCQ Practical assessment Feedback after each fraction of work
<u>Day 3</u> <ul style="list-style-type: none"> collect data compile and analyse data interpret results write report present study findings 		<u>Day 3</u> 1st session - Data collection 2nd session - Compilation and interpretation 3rd session - Report writing 4th session - Discussion		

Day 4 - Run MCH Services:

- Health Education in MCH
- Immunization

Learning objectives	Prerequisite knowledge	Methods		Aids	Assessments
		Teachers role	Students role		
1. Students will be able to describe how the cold-chain is maintained	Knowledge about cold-chain, vaccines, ILR, temperature recording, transportation of vaccines at out-reach centres	Teachers/M.O.EPI, EPI tech. will show vaccine store room, cold-box, ILR, etc. discuss about cold chain maintenance at THC	Students will observe the system & will participate in the discussion	Vaccines, ILR, Refrigerator, Cold-box, strip thermoscope, vaccine carrier, blackboard, OHP, etc.	Practical Test
2. Students will be able to vaccinate pregnant mothers, women of 15-45 years age, children. They will be able to identify target population & to provide health education on MCH	Knowledge about immunisation composition of vaccines, vaccination technique, contraindication, side-effects and also knowledge about health education on MCH	Respective officer or Inspector/Health Workers will show the technique of vaccination in the out-reach centre. They will teach the technique of giving health education to the mother on MCH at out-reach centre	Students will observe the technique & will vaccinate. They will give health education at the vaccination site	Vaccines, syringe, needle & other necessary materials	Practical Test
3. Students will be able to describe the beliefs & superstitious & attitudes of the public with respect to maternal & child health and immunisation. They will learn immunisation coverage, target, dropout motivation and community participation	Knowledge about problems of reaching targeted coverage, motivation, community participation	Discussion on target coverage, dropout causes, side effects of vaccination, motivation & community participation by the Teacher/ M.O. EPI / TH&FPO / Inspector at THC	Students will take part in the discussion. They exchange views, opinions, knowledge gathered from the field	Blackboard, OHP, Audio-Visual Aid	Short question & answer By giving problem
4. Students will be able to explain about Role of Health Education & Vaccination in reducing maternal and child mortality	Knowledge about health education and its role in reducing maternal & child mortality. Knowledge about vaccination against six preventable communicable disease which may save lives of mother & children	Discussion on child & maternal mortality. Merits, demerits of vaccination of 6-preventable EPI diseases by the teacher/TH&FPO/MO EPI	Students will participate activity in the discussion	Blackboard, OHP, Audio-Visual Aid	By giving problem

Learning Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>Students will able to:</p> <ul style="list-style-type: none"> define data, information intelligence locate various sources of data and select appropriate method of data collection compile and store data properly analyse data adopting good technical skill interpret the results of data analysis present findings in a palatable way prepare a report disseminate information to various levels 	<ul style="list-style-type: none"> Knowledge about data, information and intelligence Sources of data Various methods of data collection Technique of compilations Knowledge about analysis Data entry into the computer Interpretation and report correcting Knowledge about various channel of communication 	<p>Teachers activity:</p> <ul style="list-style-type: none"> teacher will inform and orient about the task teacher will give information about sources of data in the thana (EPI, MCH, TFP, OPD, IPD, Emergency registrar, Hospital record room, Register of statistician) teacher will introduce the student M/O EPI, M/O MCH, TFPO, Record Keeper, Statistical Officer and other related person who maintain various records in Thana Level <p>Students activity:</p> <ul style="list-style-type: none"> They will observe and learn <p>Students activity:</p> <ul style="list-style-type: none"> student will collect data from various sources necessary for their task, compile and prepare information as model practice <p>Teachers activity:</p> <ul style="list-style-type: none"> teacher will guide them and help in the situation where they face any difficulties <p>Student activity:</p> <p>One student will present the information and tell about its maintenance - according to task given</p> <p>Teachers activity:</p> <ul style="list-style-type: none"> Assessment of the knowledge and achievements - give necessary advise to improve. 	<ul style="list-style-type: none"> Chalk blackboard microphone & overhead projector video computer 	<ul style="list-style-type: none"> MCQ Practical assessment

Learning Objectives	Prerequisite knowledge	Methods	Aids	Assessment
At the end of the session the students will be able to list the government and non-government sectors working at Thana level name different programmes undertaken by the concerned sectors	Organisational background of a Thana Administrative	The teacher will: - give a brief lecture to the students about the purpose and use of the checklist - divide the students into two groups	OHP	Question & answer
<u>Maintain communication with other sectors informal and formal</u> explain informal and formal communication describe the different ways of formal and informal communication identify priority sectors to be communicated identify the formal and informal leaders	Define, type, methods, media, leaders	- accompany students while they pay visit different sectors - take back filled up checklist from the students for feedback and assessment. The students will:	OHP	Question & answer
<u>Participate in shared activities</u> list the activities shared by different sectors use a checklist while visiting a shared activity	Intra & intersectoral programmes, concept of checklist	- participate in the brief lecture - visit sectors within Health Complex first, then sectors outside THC - hear from sectoral heads or concerned personnel - fill up checklist provided with them	OHP Checklist	Question & answer Result from individual checklist
<u>Information dissemination and reception of feedback</u> list the different methods of information dissemination write down a summary report on a given topic identify the target groups for dissemination of information list the different ways of feedback practice one way of feedback	Definition of information, types, target group, feedback	- submit the filled in checklist back to teacher - participate in feedback and assessment session	OHP Worksheet	Question & answer Result from individual checklist

Sample Check list of Field Site Training on Intra and Multisectoral Collaboration

Name of sector	Index of linkage	Yes	No	Personnel involved	List out		Remarks
					Logistics	Support programme	
Family Planning Department	Committee						
	Logistics						
	Support Program						
Department of Public Health Engineering	Committee						
	Logistics						
	Support Program						
Department of Education	Committee						
	Logistics						
	Support Program						
Department of Social Welfare	Committee						
	Logistics						
	Support Program						
Department of Agriculture	Committee						
	Logistics						
	Support Program						
Department of Ansar & VDP	Committee						
	Logistics						
	Support Program						
Department of Cooperative	Committee						
	Logistics						
	Support Program						
BRDB	Committee						
	Logistics						
	Support Program						

Name of sector	Index of linkage	Yes	No	Personnel involved	List out		Remarks
					Logistics	Support programme	
Police Station	Committee						
	Logistics						
	Support Program						
Department of Livestock	Committee						
	Logistics						
	Support Program						
Department of Fisheries	Committee						
	Logistics						
	Support Program						
Project Implementation Office	Committee						
	Logistics						
	Support Program						
Local Govt. Engineering Bureau	Committee						
	Logistics						
	Support Program						
Thana Nirbahi Office	Committee						
	Logistics						
	Support Program						
Union Parishad	Committee						
	Logistics						
	Support Program						
NGOs	Committee						
	Logistics						
	Support Program						

Day 6 - Session 1 to 4:

Promotion of Health

Learning objectives	Methods	Aids	Assessment
<p>Students will be able to:</p> <p>Provide health education on pattern of prevailing communicable diseases in the Thana and their epidemiology giving emphasis on prevention and control of communicable diseases</p> <p>Motivate the people for:</p> <ul style="list-style-type: none"> • Use of tubewell water for drinking and all other purposes • Use of sanitary latrine • Maintain personal hygiene specially use of soap for hand washing 	<ul style="list-style-type: none"> • Visiting about 5-6 houses in the villages • Discussion and counselling in presence of head of the family • arrangement of small group session in presence of local leaders • give talk to public about specific disease 	<p>Flip chart</p> <p>Posters</p> <p>Model</p> <p>Water seal latrine</p>	<ul style="list-style-type: none"> - Observation by supervisor - Answer and explanation of any queries - Asking question - Feedback - Presentation

Activity Schedule for Community Placement Week

Day 1

- | | |
|-----------------------------|--|
| 08:00 a.m. | Introduction to RFST Course - objective, methodology, role of student. |
| 09:00 a.m. | Introduction of Thana demography by TH&FPO
Introduction to health team working in THC |
| 10:30 a.m. | Divide the class into three or four groups and visit the community along with the community level worker.

Discuss with the workers their job description, records they maintain (HA / FWA) |
| 12:00 m.d. | One of the supervisors joins the group e.g. Health Inspector/ Assistant Health Inspector. Discuss methods of supervision. The staff carry out a health education programme in the community. Students observe the education programme, if any, and use the check-list. |
| 03:00 p.m. | Class room session. Each group presents their observation so that whole class knows what each group has learned. Community medicine faculty members will supplement whenever necessary. |
| 07:00 p.m. to
08:30 p.m. | Class room session. Review principles of Health education.
Comment on the days education programme. How can it be improved? If specimens were collected examine them now. Report on the days visit to be submitted. This will form part of the assessment. |

Day 2

Community diagnosis.

Assumption - students had lectures on natural history of disease, epidemiological triad.

08:30 a.m. Discuss the designed survey to make a community diagnosis. State objectives, methodology, discuss the details of the questionnaire. Provide guidelines for using the questionnaire (prepared earlier at college).

09:30 - 05:00 p.m. Visit previously identified community. Allot 5 - 10 houses per student. Collect information. (Provide dummy tables. Analysis to be done as home work).

Day 3

08:30 a.m. Collect information

11:00 - 01:00 p.m. Complete analysis data
Collate data of all students into one set of table. Present data in tables and graphs. Draw conclusions.

03:00 - 05:00 p.m. Write report
Community diagnosis
Prioritise health problems and needs of community
Identify topics for health education.

7:00 - 08:30 p.m. Presentation of report and discussion of major findings.

Day 4

08:30 a.m. Continue discussion specially issues related immunisation, ANC, FP and ORT

10:30 a.m. to 01:00 p.m. Discuss of cold chain and immunisation strategies by field staff. Involve in the immunisation program in the out clinic or satellite clinic.
Students should give injection/ OPV under supervision and also education to each mother.

03:00 - 05:00 p.m. Identify three topics for health education.
Students working in three groups will prepare for the health education to be done in the community.
Identify message messenger and media. Encourage students to use innovative methods and folk media and their own flip charts.

Day 5

Health information system and intersectoral collaboration

- 08:30 a.m. to 01:00 p.m. Review the information system as identified during the first days field visit with field staff.
Identify sources of secondary data. Discuss advantages and disadvantages.
Collect, compile and prepare information from one month data - outdoor, indoor and other available data.
Discuss problems encountered. How to improve the quality of data and to validate (in the class room)
- 03:00 - 05:00 p.m. Site visit to other sectors in three groups. Each group will visit one or two sectors.
Discuss in detail the organogram of the sector, activities, interaction with health sector if any.
If not discuss why and how it can be done. Students will write the report based on the guidelines given to them
- 07:00 - 08:00 p.m. Report to the rest of the class their observations.
Finalise health education program.

Day 6

08:30 - 10:00 a.m. Classroom exercise on investigating an epidemic (if happened in the locality).

10:30 a.m. to Carry out health education in the community.

01:00 p.m. Preferably the community where the survey was done. Out door clinic and indoor patients may also be used.

02:00 - 04:00 p.m. Sum up session -- share learning experiences.

Students assessment.

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 of interviewed : _____
6. Date of interview : _____
7. Name of student (s) : _____

Batch / Group: _____ Roll : _____ Year: _____

SECTION B: HOUSEHOLD DETAILS

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

<u>Name</u>	<u>Relationship to head of family</u>	<u>Sex</u>	<u>Age</u>	<u>Occupation</u>	<u>Education level achieved</u>
i.					
ii.					
iii.					
iv.					
v.					
vi.					
vii.					
viii.					
ix.					
x					

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

10. Family income per month : _____

If landowner, approx. amount of land owned : _____

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

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

Of others, please specify: _____

SECTION B: MATERNAL HEALTH AND FAMILY PLANNING
--

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

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

Outcome 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: _____

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

TBA / FVW / 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 by HW too far to visit and she did not come to the village
- d) Other reasons, specify: _____

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

16. Is there anybody currently pregnant in the family? : Yes / No
If yes, duration : _____ months

17. 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 : _____

18. 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

19. Immunisation status of under 5 children (check immunisation card if available)

	<u>Child 1</u>	<u>Child 2</u>	<u>Child 3</u>	<u>Child 4</u>	<u>Child 5</u>
DPT 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

d) Other, specify : _____

MP-130
N92
04795

20. Breast feeding of under 5

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

21. Anthropometry of under 5:

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

	<u>Age</u>	<u>Wt in Kg</u>	<u>Ht in Cm</u>	<u>MUAC Cm</u>
a)				
b)				
c)				
d)				
e)				

SECTION E: MORBIDITY

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

<u>Diseases</u>	<u>No. of persons affected</u>	<u>Age</u>
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		

Others, specify : _____

23. Any physical disabilities in the family?

: Yes / No

If yes, please specify : _____

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

Government doctor / Un-qualified doctor / Homeopath / Hakim (Kabiraj) / Others
If other, specify: _____

If not government doctor, give reason: _____

SECTION F: MORTALITY

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

	<u>Age at death</u>	<u>Sex</u>	<u>Possible cause of death</u>
a)			
b)			
c)			
d)			
e)			

SECTION G: KNOWLEDGE, ATTITUDE AND PRACTICE

26. Illness related to smoking
27. ORS and its preparation / use
28. Personal hygiene
29. Transmission of infectious disease e.g. malaria, dysentery etc.

PRIMARY CARE WEEK

Outline of Residential Field Site Training Course

Primary Care Week

Session	Topic	Venue and Activity
Day 1 - Community Obstetrics		
1	The epidemiology of maternal mortality and morbidity. Strategies for reducing maternal mortality, - antenatal screening - emergency obstetric care - promoting socio-cultural change.	Visit obstetric unit Visit home of dai
2	Antenatal care - screening for risk factors. Gynaecological complaints seen at primary care level. Women's views on the maternity services.	Attend in rotation - antenatal clinic conducted by FWW - female outdoor clinic - ward visit with MO/MCH or RMO
3	The maternity services in the Thana and its under-utilisation.	Talk by MO/MCH in class room small group discussion
Day 2 - Community Otolaryngology		
1 & 2	Common infections of the ear, nose and throat which are treatable at the THC.	Teaching in classroom Attend outdoor clinic
3	Reasons why patients are late in presenting with ENT conditions. Health education concerning ENT infections.	Small group teaching in classroom
Community Ophthalmology		
1	The treatment of eye disease by unqualified doctors. Collaboration with unqualified doctors.	Visit village doctors home
2	Common eye conditions and their management at primary care level. The role of medical assistants in eye disease.	Thana Health Complex
3	Easily detected visual defects in children.	Visit local primary school
Day 3 - Immunization & Family Planning		
1 and 2	Immunisation. Women's and men's attitudes to family planning. - Provision of family planning at primary care level.	Students will attend - EPI Centre - Family planning clinic at FWC / THC
3	Promoting family planning - the role of staff at the Thana and Union level.	Small group teaching in classroom FPO to take part and give talk

Session	Topic	Venue and Activity
Day 4 - Medicine (communicable & non-communicable diseases) and Microbiology		
1	Common medical problems with sequelae, namely - scabies, hepatitis, tuberculosis, helminthiasis, diarrhoea, ARI, malaria and endemic diseases. Prevention of these conditions. Communication with patients about these diseases.	Teaching in classroom - MO to take part in this session Ward visit Attend outdoor clinic Teaching by MOs Collection of laboratories specimens
2	Common medical problems continued. Prevention of long term complications of - diabetes, rheumatic fever and rheumatoid arthritis.	Ward visit Attend outdoor clinic, with teaching by MOs
3	Common laboratory tests carried out in the Thana Health Complex - smear and staining for AFB, blood films for malaria, chemical and microscopic examination of the urine, stool, fungal infection	Practical work in laboratory
4	The effect of illness on families.	Evening ward visit / home visit
Day 5 - Community Surgery/Orthopaedics		
1	Common surgical conditions in the rural community. Management of common surgical conditions at a Thana Health Complex.	Classroom Ward visit Visit Emergency room and theatre
2	Common surgical conditions , continued. Communication with patients on home care and prevention. Treatment of wound infections. Prevention of tetanus.	Attend outdoor clinics with teaching by MOs
3	Primary management of a fracture case	Emergency Ward / Classroom
Day 6 - Community Paediatrics		
1	Common paediatric conditions in a rural community. History, examination and diagnosis.	Classroom Visit ward Attend outdoor clinics
2	Screening for the child at risk.	Attend in rotation <ul style="list-style-type: none"> - Child health clinic - Outdoor clinic

RESIDENTIAL FIELD SITE TRAINING COURSE

PRIMARY CARE WEEK

Place - Thana Health Complex.

Day 1: Community Obstetrics

Session 1: Topics - Maternal mortality and morbidity. Combating it by antenatal screening, providing "Emergency Obstetric Care", and by promoting socio-cultural change.

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The students should be able to:</p> <ul style="list-style-type: none"> Name the major causes of maternal mortality and morbidity, and in broad terms explain how death may be prevented by health promotion, screening and antenatal care, and provision of emergency obstetric care. Describe the cultural and religious background of the public which influences their use of the maternity services. 	<p>Gained by attendance at two lectures before the field site training.</p> <ol style="list-style-type: none"> Causes of maternal mortality and morbidity. The socio-cultural context of maternal mortality. Antenatal care and screening for high risk pregnancies. The strategy of providing emergency obstetric care at different levels of the obstetric service. 	<p><u>Group discussion</u></p> <p><u>Practical</u></p> <ul style="list-style-type: none"> Visit the obstetric unit of the Thana Health Complex. Examine the records of births and transfers. Using these figures and some national figures do a practical exercise calculating the number of women who deliver and die at home without seeking help. Examine the records of emergency procedures performed at THC and the details of those cases transferred and calculate how many emergencies are remaining untreated. Visit home of a dai. The dai should explain about her work and the training she has had. The students should question her about her beliefs and skills. 	<ul style="list-style-type: none"> OHP, blackboard Record books of births, obstetric procedures and transfers. List of homes of local dais. 	

Session 2: Topics - Antenatal care - screening for risk factors
 Gynaecological complaints seen at primary care level
 Women's views on the maternity services.

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The students should be able to:</p> <ul style="list-style-type: none"> Describe what measures a doctor can take at a Thana Health Complex to reduce material mortality and morbidity. Explain why women choose to deliver at home rather than in hospitals, and what are the constraints preventing them seeking obstetric help in emergencies. 	<p>As in session 1</p> <p>Gained by attendance at two lectures before the field site training.</p> <ul style="list-style-type: none"> Causes of maternal mortality and morbidity. The socio-cultural context of maternal mortality. Antenatal care and screening for high risk pregnancies. The strategy of providing emergency obstetric care at different levels of the obstetric service. Extra ward allocations on obstetric and gynaecological history taking for 1 hour each day for 3 days. 	<p><u>Classroom</u> - nil</p> <p><u>Practical</u></p> <p>Split into three groups of four and rotate every 40 minutes.</p> <p>1 - Attend the antenatal clinic conducted by the Family Welfare Visitor - Focus on screening for high risk pregnancy.</p> <p>2 - Attend female outdoor clinic with the medical officer responsible for teaching. The focus should be on obstetric & gynaecological history taking and the contraceptive practices of the patients.</p> <p>3 - Ward visit with the MO MCH or Resident medical officer. Visit to any relevant cases. Individual discussions with some patients or relatives about their views on home or hospital delivery. Questions should be asked about factors which cause women to deliver at home rather than come to hospital such as,</p> <p>finance, husbands authority, religious belief, spiritual beliefs, distance.</p>	<p>Questionnaire</p> <p>Checklist</p>	

Session 3: Topic - The maternity services in the Thana and its under-utilisation

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The students should be able to:</p> <ul style="list-style-type: none"> Describe the maternity services in the Thana and the responsibilities of different personnel. Explain why the under-utilisation of the maternity services is a matter which doctors have to combat by understanding its causes and by making the services more acceptable. Name the cadres of health personnel involved in maternity care and describe their functions, and their supervisory roles. 	<p>As in session 1</p> <p>Gained by attendance at two lectures before the field site training.</p> <ul style="list-style-type: none"> Causes of maternal mortality and morbidity. The socio-cultural context of maternal mortality. Antenatal care and screening for high risk pregnancies. The strategy of providing emergency obstetric care at different levels of the obstetric service. 	<p><u>Classroom</u></p> <ul style="list-style-type: none"> Talk by MO MCH on her/his work and that of the FWV and FWA in relation to obstetrics Small group work, buzz groups and then reporting on the subject, "What can doctors, nurse midwives or family welfare visitors do to ensure that more women come for hospital delivery or seek appropriate help in emergencies?" 	<ul style="list-style-type: none"> OHP Manual of THC 	

Session 4:

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The student should be able to:</p> <p>Explain why doctors and the entire health service must work to achieve better utilisation of the maternity services.</p>	<p>As in session 1 and what has been learned during the day.</p> <p>Gained by attendance at two lectures before the field site training.</p> <ul style="list-style-type: none"> • Causes of maternal mortality and morbidity. • The socio-cultural context of maternal mortality. • Antenatal care and screening for high risk pregnancies. • The strategy of providing emergency obstetric care at different levels of the obstetric service. 	<p><u>Group discussion</u></p> <p><u>Practical</u></p> <p>Debate or Video</p> <p>Debate The motion will be that,</p> <p>"It is the responsibility of doctors and other health workers to increase the utilisation of the maternity services to try and reduce the high maternal and perinatal mortality".</p> <p>The motion will be proposed by two speakers and opposed by two speakers.</p>		

Students will be divided into two groups and they will alternate visits with Community Ophthalmology

Day 2: Community Otolaryngology

Session 1: Topic - Common infections of the ear, nose and throat which are treatable at the THC.

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The student should be able to:</p> <ul style="list-style-type: none"> examine the throats and nose, tonsils, etc. and recognize common infections like chronic tonsillitis, CSOM, etc. 	<p>By prior lecture at the Medical College</p> <p>Three hours teaching on -</p> <ol style="list-style-type: none"> 1) CSOM 2) Ext. & acute otitis media 3) Tonsillitis acute and chronic 4) Nasal problems including sinusitis 	<p><u>Classroom</u></p> <p>Initial demonstration of examination technique and practise in pairs to recognise normal findings.</p> <p><u>Practical</u></p> <p>Teaching in the outdoor clinic using patients to demonstrate signs of disease and to teach examination techniques.</p>	<ul style="list-style-type: none"> Auriscopes Headlight Tongue depressors Nasal specula Aural-specula 	

Session 2

The same as session 1 with practical teaching in the outdoor clinic

Session 3: Topic - Reasons why patients are late in presenting with ENT conditions. Health education concerning ENT infections.

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The students should be able to:</p> <p>Describe the social conditions which result in late presentation of ENT infections.</p> <p>Explain why a doctor's work includes health promotion by health education with respect to ENT disease.</p>		<p><u>Classroom</u></p> <p>Brain storming on the reasons for late attendance.</p> <p>Discussion lead by teacher on symptoms and signs which patients should recognise.</p> <p>Buzz groups on how FWAs and doctors should provide health education.</p>	<ul style="list-style-type: none">• OHP	

Two groups of students will alternate visits.

Day 2: Community Ophthalmology

Session 1: Topic - Easily detected visual defects in children

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The student should:</p> <p>Be capable of performing and interpreting simple tests for visual acuity.</p>	<p>Common conditions which cause visual defects.</p> <p>The tests for visual acuity</p>	<p><u>Practical</u></p> <p>Demonstration of tests of visual acuity and performance of these by students in local primary school</p>	<p>Vision Testing Charts for near & distance (Bengali, English & illiterate)</p> <p>Ophthalmoscope</p> <ul style="list-style-type: none"> • 1 Loope • 1 torch light • 1 tape measures 	

Session 2: Topic - Common eye conditions in Bangladesh which can be diagnosed at primary eye care centres.
- The role of medical assistants in the management of eye disease.

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>Students should be able to:</p> <ul style="list-style-type: none"> • Describe the role and the capabilities of medical assistants in eye disease. • Examine a patients eye and diagnose <ul style="list-style-type: none"> - acute conjunctivitis, - disorders due to Vitamin A deficiency - contract 		<p><u>Practical</u></p> <p>Visit a primary Eye Care Centre/ outdoor clinic</p>		

Session 3: Topic - The traditional ways of treating eye disease by unqualified doctors.

Collaboration with unqualified doctors.

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
The student should be able to: aware about the traditional way of treating eye disease by unqualified doctors	Knowledge of common eye diseases 1) Red eye, watering and painful eye 2) Ocular injury	Interview with patients		

Day 3: Family Planning and Immunization

Session 1 & 2: Topic - Women's and men's attitude to family planning.
 Provision of family planning at primary care level.

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>Students will be able to:</p> <p>Describe why doctors have a responsibility for working as a member of a team in the provision of family planning.</p> <ul style="list-style-type: none"> Name and describe what contraceptive services can be provided at Union level. Be able to appraise the sterile technique used in IUCD insertion at primary care level. Name some views and beliefs about family planning held by the public. Describe how health workers should take account of these. 	<p>Knowledge of contraceptive methods gained in prior lecture at Medical College.</p> <p>All lectures on contraception should be given early in the 4th year.</p>	<p><u>Practical</u></p> <p>Two groups of six will be formed. One group will visit a satellite family planning clinic in session 1, and the other in session 2. In the other session the groups will visit an EPI Centre with the paediatric teacher.</p> <p>Visit to satellite family planning clinic. Two hour session.</p> <p>The session will include:</p> <ul style="list-style-type: none"> Observation of counselling of patients and the prescription of contraceptives, A talk by the FWV on clients attitudes to, and fears and beliefs about contraceptive methods, Observation of the autoclaving process and the sterile precautions taken in the clinic, Discussion lead by the teacher on the doctor's supervisory role in such a centre. 		

Day 3: (Cont'd)

Session 1 & 2:

Topic -

Childhood immunisation

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The student should be able to:</p> <p>Describe the cold chain technique and explain its importance.</p> <p>Name the target population for childhood immunisation.</p> <p>Supervise the sterile procedures used in an EPI clinic.</p> <p>Give appropriate information to mothers about the vaccination of their child.</p>	<p>The Cold Chain</p> <p>The extended programme of immunisation.</p>	<p><u>Classroom</u></p> <p><u>Practical</u></p> <p>The students will attend the EPI Centre in the THC.</p> <p>So far as possible they will witness the cold chain in action.</p> <p>Overview of the way the clinic functions will be given.</p> <p>Students will rotate through the various components of the clinic, participating where possible in the work.</p>		

Day 3: Combined class

Session 3: Topic - Promoting family planning and immunization

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The students will be able to:</p> <p>Describe why doctors have a responsibility to promote family planning whether or not they are working in that area.</p> <p>Explain why a well spaced family results in better health for the children, and give other arguments for promoting family planning.</p> <p>Describe the role of the FPO and the organisation of the contraceptive services in the Thana.</p> <p>Describe the role of EPI Technician in organising EPI clinics.</p>	<p>Knowledge of contraceptive methods gained in prior lecture at Medical College.</p>	<p><u>Classroom</u></p> <p>Small group session lead by the Family Planning Officer.</p> <p>Brain storming on the role of family welfare assistants in the promotion of family planning.</p> <p>Talk by FPO on the family planning services in the Thana and reasons for promoting family planning.</p> <p>Buzz groups on how they believe family planning should be promoted by the staff working in the Thana Health Complex.</p>	<ul style="list-style-type: none"> • OHP • Family planning promotional material • Slide projector 	<p><u>Formative</u></p>

Day 4: Medicine (communicable & noncommunicable diseases) and Microbiology

Session 1: Topic - Common communicable diseases with complications

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The student should be able to:</p> <p>Name the common medical conditions prevailing in the community and the complications which can follow them.</p> <p>Explain why prevention of these diseases is one of a doctor's responsibilities.</p> <p>Explain to a patient in appropriate language how to prevent scabies, hepatitis, tuberculosis, helminthiasis, diarrhoea, and malaria, and recognise ARI and endemic diseases.</p>	<p>By prior lecture at the medical college or by prior reading,</p> <p>General background knowledge about the selected diseases, complications and management thereof with emphasis on prevention.</p> <p>Interview technique particularly when giving advice on prevention or long term management.</p> <p>1) speed of infectious disease</p> <p>2) prevention of infectious disease by health education</p>	<p><u>Classroom</u></p> <p>Demonstration on disease pattern in general medicine as seen at the THC and in the community.</p> <p>Demonstration of an interview with a patient with a communicable disease.</p> <p>RMO to select the patient.</p> <p>MO from THC to take part in this session.</p> <p><u>Practical</u></p> <p>Ward visit to patients with those conditions listed. Demonstration and practice in interview technique and the giving of information and advice about communicable and preventable disease.</p> <p>Outpatient department - students split into groups to practice under observation of medical officers.</p> <p>During this session the taking of appropriate specimens for laboratory tests will be included under the supervision of the microbiology teacher.</p>	<ul style="list-style-type: none"> OHP, slide projector, posters, patient. OPD diagnostic instruments, including magnifying glass, specimen containers. 	

Session 2: Topic - Common non-communicable diseases with sequelae

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The student should be able to:</p> <p>Explain what can be done at Thana or Union level to prevent the long term complications of some common diseases diabetes and rheumatic fever and Rheumatoid arthritis.</p>	<p>As in session 1</p> <p>By prior lecture at the medical college or by prior reading,</p> <p>General background knowledge about the selected diseases, complications and management thereof with emphasis on prevention. Interview technique particularly when giving advice on prevention or long term management.</p>	<p><u>Group discussion</u></p> <p><u>Practical</u>.</p> <p>Ward visit to patients with those conditions listed. Demonstration and practice in interview technique and the giving of information and advice about long term management and the prevention of complications.</p> <p>Outpatient department - students split into groups to practice under observation of medical officers.</p> <p>During this session the taking of appropriate specimens for laboratory tests will be included under the supervision of the microbiology teacher.</p>	<ul style="list-style-type: none"> • OPD diagnostic instruments , specimen containers. 	

Session 3: Topic - Laboratory tests for infectious disease

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The student should:</p> <p>Make and interpret an AAFB smear for tuberculosis.</p> <p>Perform and interpret chemical and microscopic examination of the urine.</p> <p>Collect and make thick and thin blood films for malarial parasites. Perform a microscopic examination on a malaria film and interpret the findings.</p> <p>Be capable of performing macro and microscopic examination of the stool.</p> <p>Be capable of collecting material for diagnosis of fungal infection, and of making slides and doing microscopy.</p>	<p>Microbiology: Background knowledge of the relevant diseases where microbiological tests at the Thana Health Complex will help in diagnosis or monitoring. This will include the prevalence and microbiology of tuberculosis, helminthiasis, diarrhoea, malaria and scabies.</p> <p>Theoretical knowledge of how to do the laboratory tests listed in the objectives which will be learned practically at the field site.</p>	<p>Microbiology</p> <p><u>Practical</u></p> <p>In the laboratory. Group session demonstrating the appropriate laboratory techniques and discussing the interpretation.</p> <p>Students divided into groups for practical experience.</p> <p>Practical laboratory work</p> <p>Make a sputum smear, stain for AAFB, and perform microscopy.</p> <p>Perform chemical and microscopic examination on a urine sample.</p> <p>Make thin and thick blood films and stain for malaria parasites. Perform microscopic examination.</p>	<ul style="list-style-type: none"> Laboratory equipment and supplies. Handout detailing methods of doing laboratory tests. 	<p><u>Formative</u></p> <p>On performance in practical laboratory procedures.</p> <p><u>Formative</u></p> <p>MCQ & short answer questions</p>

Session 4: Topic - The effect of illness on families

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The student will be able to:</p> <p>Explain why family, social and economic factors must be taken into account when managing a patient's illness.</p>		<p>Discussion and debriefing on the sessions during the day.</p> <p>Briefing on appropriate behaviour during the community visit.</p> <p><u>Practical</u></p> <p>Evening ward round or community visit. Where possible a visit will be paid to a home in the vicinity of the THC and discussion will take place about the family's experience of illness.</p>		

Day 5: Community Surgery / Orthopaedics

Session 1: Topic - Common surgical conditions occurring in the rural community and seen at the THC.
The management of common surgical conditions at the THC.

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The students should be able to:</p> <p>Name the common surgical conditions which occur in a rural community.</p> <p>Explain why it is essential to provide a curative service for these conditions as close as possible to the patient's home.</p> <p>Describe the surgical skills the THC doctor has to have to work effectively at THC level.</p>	<p>No special prerequisite knowledge.</p>	<p>Ward visit to see surgical cases.</p> <p>Small group session on the common surgical conditions seen at the THC.</p> <p>Brainstorming on conditions seen daily at the THC. Discussion lead by THC medical officer and facilitated by teacher.</p> <p><u>Practical</u></p> <p>Visit to the emergency room and the theatre and observation of facilities. Observation of any procedure being carried out.</p> <p><u>Classroom</u></p> <p>Buzz groups on what surgical conditions can be dealt with at the THC and which require referral.</p> <p>Reporting back and discussion.</p> <p>Briefing about the purpose of session 2.</p>	<ul style="list-style-type: none"> OHP 	

Session 2: Topic - Common surgical conditions occurring in the rural community and seen at the THC, with emphasis on home care and prevention of complications.

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The student should be able to:</p> <p>Explain why health education of the individual patient and the community is necessary to prevent unnecessary complications of minor trauma and surgical conditions.</p> <p>Give a patient advice on the first aid management of minor injuries.</p> <p>Give a patient advice about the continued home management of an injury.</p> <p>Describe when a soft tissue injury requires the prescription of antibiotics and when it does not.</p> <p>Explain the indications for tetanus toxoid and anti-tetanus serum.</p>	<p>By prior lecture at medical college.</p> <p>Inflammation and healing.</p> <p>Infection of injuries.</p> <p>The prevention of tetanus.</p>	<p><u>Group discussion</u></p> <p><u>Practical</u></p> <p>Students split into groups and attend the outpatient clinics run by the medical officers.</p> <p>Particular attention to be paid to injuries and soft tissue infection.</p> <p>MO to give demonstration of advice about first aid of injuries as appropriate for the economic status of the individual.</p> <p>MO to give demonstration of advice to a patient after prescription of treatment for an injury or infection.</p> <p>MO to teach about the prescription of antibiotics and of tetanus toxoid or ATS in the context of particular patients.</p> <p>Teacher will rotate and facilitate.</p> <p>Students should be given the opportunity of giving appropriate advice, under control of MO or teacher, when they feel ready to do so.</p>		<p>On performance in giving advice to patient.</p> <p>Immediate feedback to be given.</p>

Orthopaedics

Session 3: Topic - Primary management of fracture case

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
Manage the case of primary fracture		Observe and practice	Relevant logistics	•

Day 6: Community Paediatrics

Session 1: Topic - Community paediatrics - common and important diseases.

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The student should:</p> <p>Be able to name the common paediatric conditions which occur in a rural community.</p> <p>On the basis of a history and examination be able to diagnose in broad categories the following conditions -</p> <p>Protein energy malnutrition, acute respiratory infection, diarrhoeal disease, helminthiasis, common skin diseases, the common infectious diseases, convulsions, low birth weight, and birth asphyxia.</p>	<p>By prior lecture at the Medical College,</p> <p>Nutritional problems, acute respiratory infections, diarrhoeal diseases, helminthiasis, infectious diseases including immunisations, convulsions, low birth weight.</p>	<p><u>Classroom</u></p> <p>Revision of knowledge.</p> <p>Way of behaviour with children.</p> <p><u>Practical</u></p> <p>Indoor case demonstrations of common diseases listed in the objectives.</p> <p>Outdoor case demonstrations of the same diseases.</p>		

Session 2: Topic - Community paediatrics - screening for the child at risk.

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
<p>The student should:</p> <p>Know the value of screening using the growth chart.</p> <p>Be capable of weighing a child accurately.</p> <p>Be capable of plotting the weight on a growth chart.</p> <p>Be capable of interpreting the growth chart.</p> <p>Know why Vitamin A prophylaxis is used and how it is distributed in the Thana.</p> <p>Know what laboratory tests are useful in the common paediatric diseases and be capable of obtaining specimens.</p> <p>Be capable of performing a Haemoglobin test and interpreting it in the case of a child.</p>	<p>As in session 1</p> <p>By prior lecture at the Medical College,</p> <p>Nutritional problems, acute respiratory infections, diarrhoeal diseases, helminthiasis, infectious diseases including immunisations, convulsions, low birth weight.</p>	<p><u>Classroom</u></p> <p><u>Practical</u></p> <p>Students will rotate between the MCH clinic Laboratory Outdoor clinic</p> <p>In the MCH clinic they will be shown how to weigh the child and how to plot the weight and will thereafter carry out these tasks.</p> <p>In the laboratory they will be shown how to take blood by heel prick and carry out haemoglobin tests.</p> <p>In the outdoor clinic they will identify children who would benefit by attending the MCH clinic by virtue of being incompletely immunised or appearing underweight.</p>	<ul style="list-style-type: none"> • Weighing apparatus suitable for children • Growth charts • Appropriate laboratory apparatus. 	

Session 3:

Objectives	Prerequisite knowledge	Methods	Aids	Assessment
Explain why in Bangladesh it is important to give priority to common and preventable childhood diseases.		<u>Classroom</u> Debate or discussion about one or more of the issues raised in the morning session concerning immunisation	<ul style="list-style-type: none">• OHP• blackboard.	On the subject of all the days sessions - by MCQ. This will be self marked and immediate feedback given.

Glossary

AFB	=	Acid Fast Bacilli
AHI	=	Assistant Health Inspector
ARI	=	Acute Respiratory Tract Infection
EPI	=	Expanded Programme on Immunization
HI	=	Health Inspector
IPD	=	In Patient Department
M.P.	=	Malarial Parasite
MCH	=	Maternal & Child Health
MCQ	=	Multiple Choice Questions
MO,MCH	=	Medical Officer, Maternal and Child Health
OHP	=	Over Head Projector
OPD	=	Out Patient Department
ORS	=	Oral Rehydration Salt
SI	=	Sanitary Inspector
TH&FPO	=	Thana Health and Family Planning Officer
TFPO	=	Thana Family Planning Officer
RFST	=	Residential Field Site Training

List of participants in the meeting of
Residential Field Site Training Course
for Community Placement Week

No.	Name of participant	Institution	# of meeting participate
1.	Professor Jahanara Begum	HoD, MAGOMC	3
2.	Professor A K Barbhuiyan	HoD, DMC	3
3.	Professor Emdadul Hoque	HoD, SSMC	1
4.	Dr Nazim Uddin	Asstt Professor, CMC	3
5.	Dr Swapan Kumar Chowdhury	Lecturer, CMC	3
6.	Dr Md Manirul Islam	Lecturer, DMC	3
7.	Dr Maksumul Hakim	Lecturer, DMC	3
8.	Dr Dewan Md Harun-ur-Rashid	Lecturer, CMC	3
9.	Dr Aftabuddin	Lecturer, SSMC	3

Annex-2

Objectives of Day Visits

Objectives of Day Visits

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T.B./ Leprosy/ V.D. Clinic

At the end of the day visit to the clinic students will be able to:

- draw the organogram of the clinic visited
- list the programme(s) carried out by the institution
- list the local programme(s) carried out by the institution
- identify the magnitude of problem in Bangladesh and its public health importance
- list the reporting and information systems from the institution up to the national head quarter
- describe its referral system
- list the method of case finding and case holding
- list the type of attending patients in terms of age/ sex/ occupation/ clinical stages.

Visit to an Industry

At the end of the day visit to the industry students should have acquired knowledge on the following and be able to:

- describe common health problem of the employees working in that industry
- describe specific occupational health hazards of the working employees
- list specific measure to reduce occupational health hazards
- explain industrial acts related to the welfare of the employee
 - Medical • Engineering • Environmental
- describe the effect of industry in the environment and community (if any)
- learn about any awareness programme against health hazards
- know any screening programme is being practised
- safety measures are taken during any emergency problems of the industry like fire, etc.

N.G.O.

At the end of the day visit to an NGO (Health and Population) students should have acquired knowledge on the following and will be able to:

- describe the aims and objectives of the NGO visited
- describe how the NGO has planned and organized its work
- describe how it makes its work strategy
- describe its programme
- explain how it evaluates its programme
- explain how it mobilizes the community
- explain how it arranges and manages its logistic support
- explain how it collaborates with GOB programme.

Visit to Food Product Industry

At the end of the day visit the students will be able to:

- learn how the milk is pasteurized
- learn how the hygienic condition is maintained
- learn how the law (Food Act) is being practised
- list the common health problems which may occur in this industry due to different food/milk production
- describe its safety measures taken, if any.

Water Purification Plant

At the end of the day visit the students should be able to:

- describe the bacteriological standard of drinking water
- describe the different methods of purification of water on a large scale
- list the steps of water purification plant
 - rapid sand filtration and/or
 - low sand filtration
- list the steps of water purification plant on a small scale
- list the chemicals commonly used in the water purification plant on a large scale
- list the name of the water borne diseases.

MCH Centre

At the end of the day visit the students will be able to:

- draw the organogram of MCH centre
- describe the activities of
 - Antenatal, natal and postnatal
 - EPI
 - Diarrhoeal diseases & ORT
 - Nutritional education
- describe the magnitude of problem of the pregnant mothers and children
- describe the intervention plan to decrease the magnitude of problem (mortality and morbidity)
- list the reporting, information and referral system.

School Health Clinic

At the end of day visit to a school health clinic the students should have acquired knowledge on the following and will be able to:

- describe organogram of the school health clinic
- list common health problems of school children
- list health education programme being practised there
- describe the reporting and information system
- list the drugs available in the school health clinic

Urban Health Centre (Dispensary)

At the end of visit to an Urban Health Centre students should be able to:

- describe the Organogram of the Urban Health Centre and its functioning
- describe the job of the staffs of the Urban Health Centre
- list the common diseases encountered
- list the drugs used in the Urban Health Centre
- describe the details of Family Planning and Immunization activities carried out in Urban Health Centre
- describe the records maintained of the referral system.

Urban Slum

At the end of the visit to an Urban Slum the students will be able to:

- list the common health problems of the slum visited
- describe the health delivery system of the slum
- describe the existing programmes in the slum in term of
 - control of commonable/ non-commonable diseases
 - immunization programme
 - MCH & Family Planning programme
- describe the environmental conditions - specially
 - water supply
 - sanitation
 - housing.

BIRDEM (Bangladesh Institute of Diabetic, Endocrine, Metabolic Diseases & Research)

At the end of the visit/session the students will be able to:

- describe the organogram of BIRDEM
- describe the follow up system of BIRDEM
- describe the record keeping system of BIRDEM
- describe the laboratory facilities of BIRDEM
- describe its referral system

Public Health Institute

At the end of the day visit the students should be able to:

- state the activities of IPH
- list the vaccines prepared in the IPH and those are imported
- describe the methods of preparation of A.R.V. & T.T. and their storage arrangement
- enlist the names of I.V. fluid produced in the IPH and the different stages of their preparation and their methods of quality control
- express the activities of Microbiology Department:
 - water bacteriology
 - examination of food sample
 - chemical examination of vaccines in medicolegal cases.

ICDDR, B

At the end of the visit to the ICDDR, B the students will be able to:

- write the organogram of ICDDR,B
- list the various types of diarrhoeal diseases from the records
- describe the magnitude of problem
- describe the management of diarrhoeal disease: moderate & severe
- list at least 3-5 research activities conducted by ICDDR,B
- list the reporting and information system

Annex - 3

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CLINICO-SOCIAL CASE STUDY

2½ year old female child Sonya coming from Oogonum was admitted in JIPMER hospital on 7th July, 1995 with the following complaints.

- | | | |
|------|--------------------------|---------|
| i) | Cough with expectoration | 10 days |
| ii) | Fever | 2 days |
| iii) | Diarrhoea with vomiting | 2 days |

History of present illness:

Child was apparently asymptomatic 10 days back but developed cough with expectoration suddenly. Child had diarrhoea two days back which was of mucoid in nature. Child passed stools 4 to 8 times per day. Patient also started having fever for two days.

Past history:

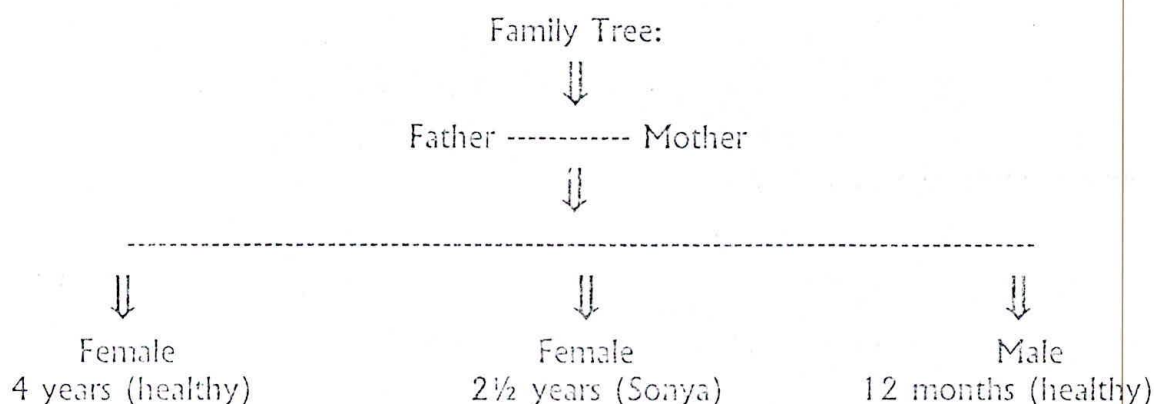
Repeated diarrhoea, respiratory infection till the age of 1½ years. Patient also had worm infestation at the age of 1½ years for which she was treated at local hospital. No history of contact with tuberculosis. History of measles at the age of 10 months. Diarrhoea mostly treated at home with home remedies. Feeding stopped during diarrhoea.

Treatment history:

The child was taken to a local practitioner for the cough with expectoration, since there was no improvement, the child was brought to JIPMER hospital.

Health facilities available:

PHC is situated at Vettavalam which is about 2 kms away from her residence. Local practitioner (Homeopathy) is also available.



Socio-economic history:

The family belongs to Hindu religion, Vanniyar caste. Father illiterate and mother is 3rd std. Father is an agricultural labourer earning Tk 300/- per month and mother is a house wife. Father smokes/drinks occasionally.

Environmental history:

The family lives in a house with a built in area of 375 sq feet of which living area is 225 sq. feet and rest is kitchen. Floor and walls are made of mud and roof is thatched (Kutch house). House does not have electricity supply. Water supply is from tap which is 20 mts. away from the house. Waste water from the house drained into open street drain which runs along the street. Solid waste is thrown behind the house. There is no latrine in the house. All family members practice open air defecation.

Antenatal history:

She had taken two doses of tetanus toxoid injection at Vettavallum. No other check up.

Natal history:

Child was born full term, Spontaneous Vaginal Delivery at Tindivanam hospital. Child was of average size at birth.

Developmental history:

Child had social smile at two months of age, started crawling from 7th month, starting sitting without support from 8th month onwards. He cannot walk without support even now. At the moment child can speak only few words amma, appa.

Immunisation history:

Child was immunised with a single dose of BCG vaccine at the age of three months. She was given three doses DPT and three doses of OPV with one month interval at home by health worker from third month onwards. The child has not received booster doses of OPV & DPT.

Dietary history:

Child was breastfed from first day of delivery. It was given sugar water on the first two days. Supplementation started from 11th month with diluted cow's milk. Later, at first year biscuits, rice and fruits were added.

<u>Child's Intake</u>		<u>Normal requirements</u>
Energy	935 calories	1200 calories
Protein	14 gms	19 gms

Examination:

General examination: Child is moderately built but poorly nourished, tachypneic, emaciated, irritable. Pallor present. No icterus, cyanosis, clubbing, pedal oedema, generalised lymphadenopathy. Depigmentation of hair is present. Conjunctival xerosis is present.

Vital signs:	Pulse rate	-	120/min
	RR	-	40/min
	BP	-	90/70 mmHg

Anthropometric measurements:

	Actual	Expected
Weight	9.0 kg	12.9 kg
Height	80.0 cm	91.3 cm
Mid arm circ	10.5 cm	13.0 cm
Head circ	44.5 cm	47.7 cm
Chest circ	47.0 cm	50.1 cm

Systemic Examination:

Cardio vascular system - normal
Respiratory system - bilateral crepitations present

Per abdominal examination:

Abdomen distended, liver is palpable (1 cm) below the right costal margin. Spleen not palpable.

PROVISIONAL DIAGNOSIS: Grade II Protein Energy Malnutrition with Broncho pneumonia.

Discussion points for clinico-social study on natural history of the disease

- Q1. Till what age do you think the child was apparently normal and what factors (favourable) were responsible for it?
- Q2. What factors in the family might have played a role in the development of this condition in the child?
- Q3. Classify the factors you have identified into host, agent, socio-economic and environmental factors.
- Q4. Is there one factor responsible for development of this condition or more than one?
- Q5. Was it possible to prevent this child from developing this condition?

If so, where was the failure?

EPIDEMIOLOGICAL EXERCISE ON FILARIASIS

PART A

A filaria survey was carried out in an area having a population of 30,000 in the year 1990. Approximately, 20 cmm. of blood was collected by finger prick from 4,200 people between 8 PM and 12 PM. Smears were prepared. The smears were examined for micro-filariae. It was found that 420 persons were carrying micro-filaria.

- Q1. What type of smears should be prepared?
- Q2. What is the appropriate stain used for detecting Mf?
- Q3. Which species of Mf would you expect?
- Q4. What further information do you need to answer this?

On physical examination 357 persons showed possible chronic manifestation of filarial diseases.

- Q5. What type of survey would you call this? Comment on the sample size.
- Q6. Enumerate and calculate the possible filarial indices for the area.

PART B

1400 Mosquitoes were examined for the presence of larvae.

- Q1. What are the common vector species in India?
- Q2. How will you detect the larvae in the mosquito?
- Q3. Which part of the mosquitoes would you examine for the presence of larvae?

In all 14 mosquitoes were positive for the developing larvae and 7 of these were found to contain infective stage larvae.

- Q4. Which stage of larvae is infective?
- Q5. What is extrinsic incubation period?

PART C

After collection of base line data HCH spraying was undertaken along with anti larval measures in the area as a control measure. All the dwellings and cattle shed were sprayed four times a year. Filaria survey were conducted every year. In 1993 i.e. after 3 years, the following were the findings of the re-survey.

a)	Number of persons examined	1600
b)	Number of persons positive for Mf	40
c)	Number of persons with chronic manifestation of filarial diseases	32
d)	Number of mosquitoes dissected	2000
e)	Number of mosquitoes positive for developing larvae	2
f)	Number of mosquitoes containing 3rd stage larvae	1

- Q1. Comment on the changes in the filarial indices from 1990 to 1993.
- Q2. What other control method could have been adopted?

EPIDEMIOLOGICAL EXERCISE ON MALARIA

In the year 1987, Basic Health Workers of a Community Health Center (CHC) covering a population of 1,00,000 collected 5800 blood smears during their home visits and administered 4 tablets to those who gave a history of fever. 1800 blood slides were collected from fever cases attending the outpatient services of the PHC.

1. What are the types of malaria surveillance ?
2. What percentage of blood slides were collected in each type of surveillance ?
3. What type of smear should be collected ? What is the method of staining ?
4. Calculate the Annual Blood Examination Rate (ABER).
5. Was the ABER in conformity with the recommended target ?
6. What tablets was the BHW expected to administer ?
7. What is the dose and what would you call this treatment ?

On staining and examination of the blood slides, 250 were found to be positive for *Plasmodium vivax*, and 115 were positive for *P. falciparum*.

8. What is API ? Calculate it.
- 8a. What other rates can be calculated ?
9. What does this API rate signify ?
10. Taking into consideration the API, suggest steps to be taken under the Modified Plan of Operations.

In 1991, the HW's collected 9100 blood slides from the same PHC area during their visits, and 3200 slides were collected from fever cases attending the PHC outpatient services.

11. Calculate the ABER and comment.

When the smears were examined, 115 slides were found to be positive for *P. vivax*, and 75 were positive for *P. falciparum*.

12. What treatment would you give these cases ?
- 12a. What steps would you take under the modified plan of operations ?

Of the 75 persons positive for *P. falciparum*, 41 continued to have fever inspite of treatment given.

13. What could be the reason for this ?
14. How will you treat these cases ?
15. What prophylactic measures will you recommend to some-one who is to live in the area ?

TYPE - IObservation of communication skill

Was the interviewer:

Manner

1. Friendly _____ bossy
2. Rude _____ polite
3. Sympathetic _____ unsympathetic

Language

4. Using simple language
5. Avoiding technical terms
6. Which words did he use which respondent might not understand

e.g. _____

Techniques

	Yes	No
7. Was the explanation logical?		
8. Did he respond to questions?		
9. Was he persuasive?		
10. Did he use any Visual aid?		
11. Was it appropriately used?		

TYPE - IICheck list for
Observation of a Communication or a Role Play

1. Is the client greeted?
2. Is the client spoken by name?
3. Is the client's existing knowledge explored?
4. Are the client's beliefs respected?
5. Is the explanation logical and structured?
6. Are the facts accurate?
7. is enough detail given?
8. Are simple and familiar terms used?
9. Is credit given for appropriate action?
10. Is blame and condemnation avoided?
11. Is concern shown to client's problems?
12. Is the client encouraged to voice his or her concern?
13. Are appropriate visual methods used?
14. Is the communication brief?
15. Is the communication unhurried?
16. Any solution offered?
17. Is the persons asked to come back?

TYPE - III

An Interview rating scale e.g. establishing a relationship

Instructions

Tick (✓) in the appropriate box the performance of the interviewer.
 Read the key before ticking.

The interviewer	1	2	3	4
1. Appears friendly & welcoming				
2. Greets patient & introduces himself				
3. Uses the clients name				
4. Shows concern for the client				
5. Uses appropriate gestures and body posture				
Key: 1. Done well 2. Done poorly 3. Not done 4. Not applicable				

GROUP INTERACTION OBSERVATION GUIDE

1. Gives information
2. Asks for information
3. Gives opinion or suggestion
4. Asks for opinion
5. Gives suggestion, direction to others
6. Asks for clarification
7. Shows antagonism, defends or asserts self
8. Interferes group work by diverting discussion
9. Gives help, acceptance, positive reinforcement (verbal or non-verbal)
10. Shows satisfaction; laughs or jokes appropriately (verbal or non-verbal)
11. Disagrees, shows rejection (verbal or non-verbal)
12. Withdraws from group discussion (verbal or non-verbal)
13. Records the ideas/suggestions
14. Summarises.

IMPRESSIONS OF VILLAGE PEOPLE

Please give us your general impressions of village people by checking an appropriate space between each pair.

For example

A	B	C	D
Kind		Unkind	

If you think villagers are generally very kind you would tick 'A' if somewhat kind 'B' somewhat unkind 'C' and if you think they are unkind then 'D' please indicate even if you are not certain.

	A	B	C	D
1.	Clean			Dirty
2.	Unhealthy			Healthy
3.	Friendly			Unfriendly
4.	Co-operative			Un-cooperative
5.	Lazy			Industrious
6.	Well-informed			Poorly informed
7.	Undependable			Dependable
8.	Wise			Foolish
9.	Suspicious			Trusting
10.	Poorly fed			Well fed
11.	Cheerful			Unhappy
12.	Honest			Dishonest
13.	Non-religious			Religious
14.	Rational			Superstitious
15.	Pessimistic			Optimistic

You have been asked to make a community diagnosis. Mention the points you will take into consideration.