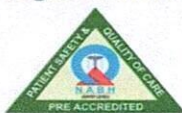




Shri Shivaji Education Society Amravati's
DR. PANJABRAO ALIAS BHAUSAHEB DESHMUKH
MEMORIAL MEDICAL COLLEGE
Shivaji Nagar, Amravati- 444603



Dr. Anil T. Deshmukh
MD (Pathology)
Dean



Shri. Harshvardhan P. Deshmukh
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Index/ Content

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Course Content

Physiology

First M.B.B.S. (From August 2019)

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. Vol. 1; page no.91-118)

Lectures(hours)-160

Self directed learning (hours)-

Teaching hours 25

Small group teachings/tutorials/Integrated teaching/Practicals(hours)-310
divided equally in all three subjects .

Total(hours) -495 Early clinical exposure(hours)- 90 to be

Competency No.	Topics & subtopics
1	General Physiology
PY. 1.1	Structure and Functions of a Mammalian Cell
PY. 1.2	Principles of Homeostasis
PY. 1.3	Intercellular communication
PY. 1.4	Apoptosis – Programmed cell death
PY. 1.5	Transport mechanisms across cell membranes
PY. 1.6	Fluid compartment of the body, its ionic composition & measurements
PY. 1.7	Concept of pH & Buffer systems in the body
PY. 1.8	Molecular basis of resting membrane potential and action potential in excitable tissue
PY. 1.9	Methods used to demonstrate the functions of the cells and its products, its communication and their applications in Clinical care and research.
2	Topic: Hematology
PY. 2.1	Composition & functions of blood components
PY. 2.2	Original, forms, variations and functions of plasma proteins
PY. 2.3	Synthesis and functions of Hemoglobin & explain its breakdown. Describe variants of hemoglobin

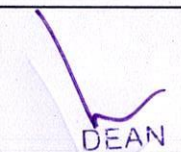
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PY. 2.4	RBC formation (erythropoiesis & its regulation) and its functions
PY. 2.5	Types of anaemias & Jaundice
PY. 2.6	WBC formation (granulopoiesis) & its regulation
PY. 2.7	Formation of platelets, functions & variations
PY. 2.8	Physiological basis of hemostasis and anticoagulants. Describe bleeding & clotting disorders (Hemophilia, purpura)
PY. 2.9	Different blood groups and clinical importance of blood grouping, blood banking and transfusion
PY. 2.10	Types of immunity , development of immunity and its regulation
PY. 2.11	Estimation Hb, RBC, TLC, RBC indices, DLC, Blood group, BT/CT
PY. 2.12	Tests for ESR, Osmotic fragility, Hematocrit , findings and interpretation of test results etc.
PY. 2.13	Steps for reticulocyte and platelet count
3	Nerve and Muscle Physiology
PY. 3.1	Structure and functions of a neuron and neuroglia; Nerve Growth Factor & other growth factors/cytokines
PY. 3.2	Types, functions & properties of nerve fibers
PY. 3.3	Degeneration and regeneration in Peripheral nerves
PY. 3.4	Structure neuro-muscular junction and transmission of impulses
PY. 3.5	Action of neuro-muscular blocking agents
PY. 3.6	Pathophysiology of Myasthenia gravis
PY. 3.7	Types of muscle fibres and their structure
PY. 3.8	Action potential and its properties in different muscle types (skeletal & smooth)
PY. 3.9	Molecular basis of muscle contraction in skeletal and in smooth muscles



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PY. 3.10	Mode of muscle contraction (isometric and isotonic)
PY. 3.11	Energy source and muscle metabolism
PY. 3.12	Gradation of muscular activity
PY. 3.13	Muscular dystrophy: myopathies
PY. 3.14	Ergography
PY. 3.15	Effect of mild, moderate and severe exercise and changes in cardiorespiratory parameters
PY. 3.16	Harvard Step test and impact on induced physiologic parameters in a simulated environment
PY. 3.17	Strength-duration curve
PY. 3.18	Computer assisted learning (i) amphibian nerve – muscle experiments (ii) amphibian cardiac experiments
4	Gastro-intestinal Physiology
PY. 4.1	Structure and functions of digestive system
PY. 4.2	Composition, mechanism of secretion, functions, and regulation of saliva, gastric, pancreatic, intestinal, juices and bile secretion
PY. 4.3	GIT movements, regulation and functions ,defecation reflex. Role of dietary fibre.
PY. 4.4	Physiology of digestion and absorption of nutrients
PY. 4.5	Source of GIT hormones, their regulation and functions
PY. 4.6	Gut-Brain Axis
PY. 4.7	Structure and functions of liver and gall bladder
PY. 4.8	Gastric function tests, pancreatic exocrine function test & liver function tests
PY. 4.9	Physiology aspects of; peptic ulcer, gastro- oesophageal reflux disease, vomiting, diarrhea , constipation, Adynamic ileus, Hirschsprung's disease
PY. 4.10	Clinical examination of the abdomen in a normal volunteer or simulated environment

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5	Cardiovascular Physiology (CVS)
PY. 5.1	Functional anatomy of heart including chambers sounds; and Pacemaker tissue and conducting system.
PY. 5.2	Properties of cardiac muscle including its morphology, electrical, mechanical and metabolic functions
PY. 5.3	Events occurring during the cardiac cycle
PY. 5.4	Generation, conduction of cardiac impulse
PY. 5.5	Physiology of electrocardiogram (E.C.G.), its applications and the cardiac axis
PY. 5.6	Abnormal ECG, arrhythmias, heart block and myocardial infarction.
PY. 5.7	Haemodynamics of circulatory system
PY. 5.8	Local and systemic cardiovascular regulatory mechanisms
PY. 5.9	Factors affecting heart rate, regulation of cardiac output & blood pressure
PY. 5.10	Regional circulation including microcirculation, lymphatic, coronary, cerebral, capillary, Skin, foetal, pulmonary and splanchnic circulation
PY. 5.11	Patho-physiology of shock, syncope and heart failure
PY. 5.12	Blood pressure & pulse recording at rest and in different grades of exercise and postures in a volunteer or simulated environment
PY. 5.13	Record and interpret normal ECG in a volunteer or simulated environment
PY. 5.14	Cardiovascular autonomic function tests in a volunteer or simulated environment
PY. 5.15	Clinical examination of the cardiovascular system in a normal volunteer or simulated environment
PY. 5.16	Recording Arterial pulse tracing using finger plethysmography in a volunteer or simulated environment
6	Respiratory Physiology
PY. 6.1	Functional anatomy of respiratory tract


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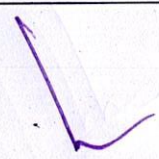
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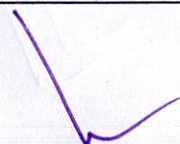
PY. 6.2	Mechanics of normal respiration, pressure changes during ventilation, lung volume and capacities, alveolar surface tension, compliance, airway resistance, ventilation, V/P ratio, diffusion capacity of lungs
PY. 6.3	Transport of respiratory gases: Oxygen and Carbon dioxide
	Regulation of respiration -- Neural & chemical
PY. 6.4	Physiology of high altitude deep sea diving
PY. 6.5	Principles of artificial respiration oxygen therapy, acclimatization and decompression sickness
PY. 6.6	Pathophysiology of dyspnea, hypoxia, cyanosis asphyxia; drowning, periodic breathing
PY. 6.7	Lung function tests & their clinical significance
PY. 6.8	Technique to perform & interpret Spirometry
PY. 6.9	Examination of the respiratory system in a normal volunteer or simulated environment
PY. 6.10	Technique to perform measurement of peak expiratory flow rate in a normal volunteer or simulated environment
7	Renal Physiology
PY. 7.1	Structure and function of kidney
PY. 7.2	Structure and functions of juxta glomerular apparatus and role of renin-angiotensin system
PY. 7.3	Mechanism of urine formation and processes involved
PY. 7.4	Significance & implication of Renal clearance
PY. 7.5	Renal regulation of fluid and electrolytes & acid-base balance
PY. 7.6	Innervations of urinary bladder, physiology of micturition and its abnormalities
PY. 7.7	Artificial kidney, dialysis and renal transplantation
PY. 7.8	Renal Function Tests
PY. 7.9	Cystometry and discuss the normal cystometrogram


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8	Endocrine Physiology
PY. 8.1	Physiology of bone and calcium metabolism
PY. 8.2	Synthesis, secretion, transport, physiological actions, regulation and effects of altered (hypo and hyper) secretion of pituitary gland, thyroid gland, parathyroid gland, adrenal gland, pancreas and hypothalamus
PY. 8.3	Physiology of Thymus & Pineal Gland
PY. 8.4	Function tests: Thyroid gland; Adrenal cortex, Adrenal medulla and pancreas
PY. 8.5	Metabolic and endocrine consequences of obesity & metabolic syndrome, Stress response. Outline the psychiatry component pertaining to metabolic syndrome
PY. 8.6	Mechanism of action of steroid, protein and amine hormones
9	Reproductive Physiology
PY. 9.1	Sex determination; sex differentiation and their abnormalities and outline psychiatry and practical implementation of sex determination
PY. 9.2	Puberty: onset, progression, states; early and delayed puberty and outline adolescent clinical and psychological association
PY. 9.3	Male reproductive system: functions of testis and control of spermatogenesis & factors modifying it and outline its association with psychiatric illness
PY. 9.4	Female reproductive system: (a) functions of ovary and its control; (b) menstrual cycle – hormonal, uterine and ovarian changes
PY. 9.5	Physiological effects of sex hormones
PY. 9.6	Contraceptive methods for male and female. Discuss their advantages & disadvantages
PY. 9.7	Effects of removal of gonads on physiological functions
PY. 9.8	Physiology of pregnancy, parturition & lactation and outline the psychology and psychiatry-disorders associated with it


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PY. 9.9	Interpret a normal semen analysis report including (a) sperm count, (b) sperm morphology and (c) sperm motility, as per WHO guidelines and discuss the result
PY. 9.10	Physiological basis of various pregnancy tests
PY. 9.11	Hormonal changes and their effects during perimenopause and menopause
PY. 9.12	Common causes of infertility in a couple and role of IVF in managing a case of infertility
10	Neurophysiology
PY. 10.1	Organization of nervous system
PY. 10.2	Functions and properties of synapse, reflex, receptors
PY. 10.3	Somatic sensations & sensory tracts
PY. 10.4	Motor tracts, mechanism of maintenance of tone, control of body movements, posture and equilibrium & vestibular apparatus
PY. 10.5	Structure and functions of reticular activating system, autonomic nervous system (ANS)
PY. 10.6	Spinal cord, its functions, lesion & sensory disturbances
PY. 10.7	Functions of cerebral cortex, basal ganglia thalamus, hypothalamus. Cerebellum and limbic system and their abnormalities
PY. 10.8	Behavioural and EEG characteristics during sleep and mechanism responsible for its production
PY. 10.9	Physiological basis of memory, learning and speech
PY. 10.10	Chemical transmission in the nervous system. (Outline the psychiatry element)
PY. 10.11	Clinical examination of the nervous system: Higher functions, sensory system, motor system, reflexes, cranial nerves in a normal volunteer or simulated environment
PY. 10.12	Normal EEG forms
PY. 10.13	Perception of smell and taste sensation


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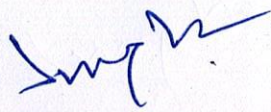
PY. 10.14	Patho-physiology of altered smell and taste sensation
PY. 10.15	Functional anatomy of ear and auditory pathways & physiology of hearing
PY. 10.16	Pathophysiology of deafness. Hearing tests
PY. 10.17	Functional anatomy of eye, physiology of image formation, physiology of vision including colour vision, refractive errors, colour blindness, physiology of pupil and light reflex
PY. 10.18	Physiological basis of lesion in visual pathway
PY. 10.19	Auditory & visual evoke potentials
PY. 10.20	(i) Testing of visual acuity, colour and field of vision and (ii) hearing (iii) Testing for smell and (iv) taste sensation in volunteer/ simulated environment
11	Integrated Physiology
PY. 11.1	Mechanism of temperature regulation
PY. 11.2	Adaptation to altered temperature (heat and cold)
PY. 11.3	Mechanism of fever, cold injuries and heat stroke
PY. 11.4	Cardio-respiratory and metabolic adjustment during exercise; physical training effects
PY. 11.5	Physiological consequences of sedentary lifestyle
PY. 11.6	Physiology of Infancy
PY. 11.7	Physiology of aging; free radicals and antioxidants
PY. 11.8	Cardio-respiratory changes in exercise (isometric and isotonic) with that in the resting state and under different environmental conditions (heat and cold)
PY. 11.9	Interpretation of growth charts
PY. 11.10	Interpretation of anthropometric assessment of infants
PY. 11.11	Concept, criteria for diagnosis of Brain death and its implications
PY. 11.12	Physiological effects of meditation

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PY. 11.13	History taking and general examination in the volunteer / simulated environment
PY. 11.14	Basic Life Support in a simulated environment



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Paper wise distribution of topics

Year: First MBBS Subject: Physiology

Paper	Section	Topics
I	A	MCQs on all topics of the paper I
	B & C	General Physiology
		Blood
		Respiratory System
		Cardio Vascular System,
		Cardio-respiratory and metabolic adjustment during exercise
		Renal system
		Gastro intestinal system
		Life style, aging, Meditation
		AETCOM module no. 1.2 & 1.3
	Scenario based / application questions can be on any topic of the paper I	
	For long answer question and scenario based / application questions , topics will not be repeated	
II	A	MCQs on all topics of the paper II
	B & C	Endocrine Physiology
		Reproductive System, Physiology of Infancy
		Special senses
		Central nervous system including brain death
		Temperature Regulation & applied
		Nerve muscle physiology
	Scenario based / application questions can be on any topic of the paper II	
	For long answer question and scenario based / application questions , topics will not be repeated	

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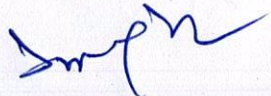
Internal Assessment

Physiology

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

Sr. No	I-Exam (December)			II-Exam (March)		
	Theory	Practical (Including 05 Marks for Journal & Log Book)	Total Marks	Theory	Practical Including 05 Marks for Journal & Log Book	Total Marks
1	100	50	150	100	50	150


Sr. No	Preliminary Examinations			Sr. No	Remedial internal assessment examination for Non - eligible students		
	III-Exam (July)				October		
	Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks		Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks
1	200	100	300	1	200	100	300




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1. There will be 3 internal assessment examinations in the academic year. The structure of Preliminary examinations should be similar to the structure of University examination.
2. There will be only one additional examination for absent students (due to genuine reason) after approval by the Committee Constituted for the same. It should be taken after preliminary examination and before submission of internal assessment marks to the University.
3. First internal assessment examination will be held in December, second internal assessment examination will be held in March and third internal assessment examination will be held in July.
4. Internal assessment marks for theory and practical will be converted to out of 40. Internal assessment marks, after Conversion, should be submitted to university by 7th of August.
5. The student must secure at least 50% marks for total marks (combined in theory and practical / clinical: not less than 40% marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final university examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
6. **Remedial internal assessment examination for Non - eligible students:** Student who were not eligible due to less than 50% combined or less than 40% in any theory or practical, will re appear as repeater student for Prelim exam which will be conducted before Supplementary Exam. His/her internal assessment will be calculated on the basis of this Examination marks only. Students who will not be eligible in this Examination will appear with regular batch as repeater student.
7. The internal assessment marks of the remedial examination alone shall be considered and converted into out of 40.
8. Conversion **Formula for calculation of marks in internal assessment examinations**



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	First IA	Second IA	Third IA (Prelim)	Total	Internal assessment marks: Conversion formula (out of 40)	Eligibility to appear for final University examination (after conversion out of 40) (40% Separately in Theory and Practical, 50% Combined)	
Theory	100	100	200	400	$\frac{\text{Total marks obtained}}{10}$	16 (minimum)	Total of Theory + Practical <u>Must</u> be 40.
Practical	50	50	100	200	$\frac{\text{Total marks obtained}}{5}$	16 (minimum)	

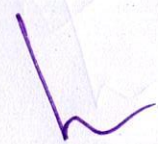
9. Conversion formula for calculation of marks in Remedial internal assessment examination

	Remedial Exam (Prelim)	Int. Assess. marks conversion formula (out of 40)	Eligibility to appear for Supplementary Exam. (after conversion out of 40) (40% Separately in Theory and Practical, 50% Combined)	
Theory	200	$\frac{\text{Total marks obtained}}{5}$	16 (minimum)	Total of Theory + Practical <u>Must</u> be 40.
Practical	100	$\frac{\text{Total marks obtained}}{2.5}$	16 (minimum)	

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

Internal Assessment Marks	Final rounded marks
15.01 to 15.49	15
15.50 to 15.99	16


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First Year MBBS Practical Mark's Structure Internal Assessment Examinations I & II (Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 & onwards)

Physiology					
	Hematology	Clinical Examination/Human Physiology expt. / Short exercises	Journal/Logbook	Oral Viva	Total
	A	B	C	D	E
Max. Marks	15	20	5	10	50

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First Year MBBS Physiology Practical Mark's Structure (Prelim exam)

(Applicable w.e.f August 2019 onwards examination for batches admitted from June 2019 onwards)

Seat No.	Exercise 1				Exercise 2	Exercise 3 *	Exercise 4**		Practical (Total)	Oral/Viva (Total)	PR/Oral Total
	Clinical Examination										
	C.V.S	R.S	C.N.S. & Special Senses	General Exam & Abdomen	Hematology	Short exercise	Human Physiology Experiment	Journal & Log book			
	A	B	C	D	E	F	G	H	I	J	K
Max. Mark's	10.0	10.0	10.0	10.0	10.0	15.0	15.0	10.0	90	10.0	100

*Short exercises 3 marks each(3X5)

1. Case based scenarios/ endocrine disorders photographs .2. Interpretation of function tests. 3. One skeletal graph

4. One cardiac graph 5. Calculation

** Exercise 4: Human Physiology Experiment 1. Basic Life Support in a simulated environment 2. ECG 3. Spirometry 4. PEFR 5. EEG Interpretation 6. Ergography 7. Harward step test 8. Perimetry

* Suggested Methods of Assessment

Preclinical exam & OSPE

(Please Note - The above examination pattern will be applicable to the students admitted from Academic Year 2019-20 and onwards, which is informed to all Medical Colleges vide University letter No MUHS /X-1 /UG /1692 /2020 Date: 28/02/2020).

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
FORMAT / SKELETON OF QUESTION PAPER

1. Course and Year : First MBBS <i>(applicable w.e.f. Sept. 2020 & onwards examinations)</i>	2. Subject Code : Appendix - a
3. Subject (PSP) : Anatomy / Physiology / Biochemistry (TT) :	
4. Paper : I	5. Total Marks : 100
	6. Total Time : 3 Hrs.
	7. Remu. (PS) : Rs. 300/-
	8. Remu. (PM) : Rs. 350/-
9. Web Pattern : []	10. Web Skeleton : []
	11. Web Syllabus : []
	12. Web Old QP : []

Instructions:

SECTION "A" MCQ

- 1) Fill ● (dark) the appropriate empty circle below the question number once only.
- 2) Use blue/black ball point pen only.
- 3) Each Question carries **One mark**.
- 4) A student will not be allotted any marks if he/she overwrites, strikes out or puts white ink on the circle once filled (darkened)
- 5) Do not write anything on the blank portion of the question paper if written anything, such type of act will be considered as an attempt to resort to unfair means.

SECTION "A" MCQ (20 Marks)

- Q1. Multiple Choice Questions (Total 20 MCQ of One mark each) *(4 MCO Should be clinical application based)* (20x1=20)
- a) b) c) d) e) f) g) h) i) j)
- k) l) m) n) o) p) q) r) s) t)

SECTION "B"

Instructions:

- 1) Use blue/black ball point pen only.
- 2) Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered as an attempt to resort to unfair means.
- 3) All questions are compulsory.
- 4) The number to the right indicates full marks.
- 5) Draw diagrams wherever necessary.
- 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any paper's syllabus into any question paper. Students cannot claim that the Question is out of syllabus. As It is only for the placement sake, the distribution has been done.
- 7) Use a common answerbook for all sections.

SECTION "B" (80 Marks)

2. Brief answer questions (Any Ten out of Eleven) (10x 2= 20)
- a) b) c) d) e) f) g) h) i) j) k)
3. Short Answer Questions (Any Eight out of Nine) (8x5= 40)
- One SAQ has to be on AETCOM Module *(For Anatomy 1.1, 1.5, For Physiology 1.2, 1.3 & For Biochemistry, 1.4) & Minimum 2 SAQs should be Case Based Questions/ Clinically applied Questions.*
- a) b) c) d) e) f) g) h) i)
4. Long Answer Questions (Any Two out of Three) (2x 10= 20)
- a) b) c)

Note: All questions should be structured. Wherever necessary; split up of marks should be specified.

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
FORMAT / SKELETON OF QUESTION PAPER

1. Course and Year : First MBBS <i>(applicable w.e.f. Sept. 2020& onwards examinations)</i>	2. Subject Code : Appendix - a
3. Subject (PSP) : Anatomy / Physiology / Biochemistry (TT) :	
4. Paper : II	5. Total Marks : 100
	6. Total Time : 3 Hrs.
	7. Remu. (PS) : Rs. 300/-
	8. Remu. (PM) : Rs. 350/-
9. Web Pattern : []	10. Web Skeleton : []
	11. Web Syllabus : []
	12. Web Old QP : []

Instructions:

SECTION "A" MCQ

- 1) Fill ● (dark) the appropriate empty circle below the question number once only.
- 2) Use blue/black ball point pen only.
- 3) Each Question carries **One mark**.
- 4) A student will not be allotted any marks if he/she overwrites, strikes out or puts white ink on the circle once filled (darkened)
- 5) Do not write anything on the blank portion of the question paper if written anything, such type of act will be considered as an attempt to resort to unfair means.

SECTION "A" MCQ (20 Marks)

1. Multiple Choice Questions (Total 20 MCQ of One mark each) (4 MCO Should be clinical application based) (20x1=20)
 a) b) c) d) e) f) g) h) i) j)
 k) l) m) n) o) p) q) r) s) t)

SECTION "B"


Instructions:


- 1) Use blue/black ball point pen only.
- 2) Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered as an attempt to resort to unfair means.
- 3) All questions are compulsory.
- 4) The number to the right indicates full marks.
- 5) Draw diagrams wherever necessary.
- 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any paper's syllabus into any question paper. Students cannot claim that the Question is out of syllabus. As It is only for the placement sake, the distribution has been done.
- 7) Use a common answer book for all sections.

SECTION "B" (80 Marks)

2. Brief answer questions (Any Ten out of Eleven) (10x 2= 20)
 a) b) c) d) e) f) g) h) i) j) k)
3. Short Answer Questions (Any Eight out of Nine) (8x5= 40)
 Minimum 2 SAQs should be Case Based Questions/ Clinically applied Questions.
4. (2x 10= 20)
 a) b) c) d) e) f) g) h) i)
- Long Answer Questions (Any Two out of Three)
 i) b) c)

Note: All questions should be structured .Wherever necessary, split up of marks should be specified.


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Memorial Medical College, Amravati

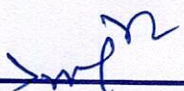
Books recommended:


1) Textbooks of Physiology :

Guyton - Textbook of Physiology Ganong -
Review of Medical Physiology
S. Wright - Applied Physiology

2) Reference Books :

Best and Taylor - Physiological basis of medical practice
Berne & levy. - Principles of Physiology
Dr. V.G. Ranade - Laboratory Manual and Journal of Physiology Practicals
Ghai's VP Varshney, Mona Bedi- Textbook of Physiology -9 th Edition 2019.
G.K. Pal-Comprehensive Text Book of Medical Physiology.
Dr. Amarnath B. Solepure - Fundamental Human Neurophysiology-First
Edition 2018.


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Second MBBS (from October 2020)

Subject: Microbiology Theory / Practical

Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. (Vol. 1; page nos. 205-227)

1. Total Teaching hours : **190**
2. A. Lectures(hours): **70**
- B. Self-directed learning (hours):- **10**
- C. Clinical Postings (Hours): **NA**
- D. Small group teachings/tutorials/Integrated teaching / Practical's (hours): **110**

Competency Nos.	Topics and Subtopics
MI1.1	Introduction to Microbiology and historical aspects. Introduction to bacteria, viruses & Bacteriophages, fungi, parasites, host parasite relationship, normal flora.
MI1.2	Morphology of bacteria, microscopy, Gram staining, Z-N staining, stool examination- routine microscopy
MI1.3	Types of infection, source/ reservoir of infection, modes of transmission, pathogenicity, definition of prevalence, incidence, types of infectious diseases (endemic, epidemic, pandemic, sporadic)
MI1.4	Methods of sterilization and disinfection, their application in the laboratory, clinical and surgical practice, demonstration of working of autoclave
MI1.5	Choose the most appropriate method of sterilization and disinfection to be used in specific situations in the laboratory, in clinical and surgical practice
MI1.6	Mechanism of drug resistance, methods of antibiotic susceptibility testing, definition of MIC, MBC, break points, interpretation of antibiotic susceptibility test report, antimicrobial audit/use, antibiotic policy, antimicrobial stewardship.
MI1.7	Immunity
MI1.8	Antigen, antibodies, immune response and complement, antigen antibody reactions
MI1.9	Vaccines, universal vaccination program, immunoprophylaxis, immunotherapy

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Competency Nos.	Topics and Subtopics
MI1.10	Hypersensitivity, autoimmune disorders and immunodeficiency states, laboratory methods used in their detection
MI1.11	Immunological mechanisms of transplantation and tumor immunity
MI2.1	Rheumatic Heart Disease-definition, etiological agent, pathogenesis, clinical features and laboratory diagnosis. Streptococci
MI2.2	Infective endocarditis- classification, etiological agents, pathogenesis, clinical features and laboratory diagnosis. Streptococcus viridans, Streptococcus mutans, HACEK
MI2.3	Blood collection for culture, throat swab collection, blood culture, ASO test, interpretation of the test
MI2.4	Anemia-definition, etiological agents, pathogenesis, clinical features and laboratory diagnosis. Hookworm, Trichuris trichiura,
MI2.5	Kala azar, malaria, filariasis and other common parasites prevalent in India - <i>Schistosomes</i> , <i>Fasciolopsis buski</i> , <i>Paragonimus westermani</i> ,
MI2.6	Peripheral smear staining for malaria, Identify the slide for filarial
MI2.7	HIV- epidemiology, the etio- pathogenesis, evolution, complications, opportunistic infections, diagnosis, prevention and the principles of management of HIV
MI3.1	Microbial agents causing diarrhea and dysentery- epidemiology, morphology, pathogenesis, clinical features and laboratory diagnosis of Shigella, Campylobacter, Vibrio, salmonella, E. hystolytica, Giardia, B. coli, H. nana, Taenia , Intestinal nematodes, Norwalk virus and Rota virus, Coronavirus
MI3.2	Stool examination-routine microscopy, hanging drop preparation,
MI3.3	Septicemia, Enteric fever and Food poisoning Salmonella -Morphology, pathogenesis, clinical features, laboratory diagnosis.
MI3.4	Blood culture, Widal test, Stool culture, Clot culture, Interpretation of the reports
MI3.5	Food poisoning- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Staphylococci, Cl. botulinum, Bacillus cereus
MI3.6	Acid peptic disease (APD)- etio-pathogenesis, clinical course laboratory diagnosis and management H. pylori
MI3.7	Viral hepatitis- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Hepatitis A, B, C, D, E, Cytomegalovirus, Epstein-Barr virus, HSV, VZV, Measles, Rubella
MI3.8	Serological tests for the laboratory diagnosis of viral hepatitis, viral markers, interpretation of reports

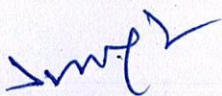
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Competency Nos.	Topics and Subtopics
MI4.1	Anaerobic infections- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Spore bearing and non-spore bearing anaerobes, Clostridia
MI4.2	Bone and joint infections- etio-pathogenesis, clinical features and laboratory diagnosis. Prosthetic joint infections, Staphylococci, Acinetobacter
MI4.3	Skin and soft tissue infections- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Superficial, cutaneous and sub-cutaneous fungal infections, Mycetoma, Leprosy, Herpes.
MI5.1	Meningitis- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Meningococci, Leisteria, H. influenzae, Cryptococcus neoformans
MI5.2	Encephalitis- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Primary amoebic meningo-encephalitis, viral encephalitis, Japanese encephalitis, Rabies, Aseptic meningitis -ECHO viruses
MI5.3	laboratory diagnosis of meningitis, interpretation of laboratory reports
MI6.1	Upper respiratory tract infections- etiological agents, pathogenesis, clinical features and laboratory diagnosis Orthomyxo virus, Paramyxo virus, Adenovirus, Rhinovirus, Diphtheria, Bordetella and Lower respiratory tract infections-etioloical agents, pathogenesis, clinical features and laboratory diagnosis Streptococcus pneumoniae, Mycobacterium tuberculosis,
MI6.2	Gram staining- Interpretation of results
MI6.3	Z-N staining and Fluorescent staining- Interpretation of results
MI7.1	Genitourinary infections- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Non-gonococcal urethritis, Trichomoniasis, Bacterial vaginosis
MI7.2	Sexually transmitted infections- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Syphilis, Gonorrhoea, Herpes, Calymmatobacterium, HPV, Molluscum contagiosum
MI7.3	Urinary tract infections- etiological agents, pathogenesis, significant bacteruria, clinical features and laboratory diagnosis. E. coli, Klebsiella, Proteus
MI8.1	Zoonotic diseases- etiological agents, mode of transmission, pathogenesis, clinical features laboratory diagnosis and prevention-Brucella, Yesinia, Leptospira, Anthrax and Arbo viruses, Hydatid disease
MI8.2	Opportunistic infections- etio-pathogenesis, factors contributing to the occurrence of OI, laboratory diagnosis - Toxoplasma, Pneumocystis jiroveci, Cryptospora, Isospora,
MI8.3	Oncogenic viruses in the evolution of virus associated malignancy

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Competency Nos.	Topics and Subtopics
MI8.5	Healthcare Associated Infections (HAI)- definition, types, factors that contribute to the development of HAI and the methods for prevention- Pseudomonas, MOTT, Antibiotic associated diarrhea
MI8.6	Hand hygiene, bio medical waste management, environmental hygiene, use of equipments, respiratory hygiene and cough etiquette, PEP, spill management, vaccination
MI8.7	Infection control practices and use of Personal Protective Equipments (PPE)
MI8.8	Microbiology of food, water and air
MI8.9	Methods of sample collection and transport
MI8.10	Collection and transport of specimens
MI8.11	Respect for patient samples sent to the laboratory for performance of laboratory tests
MI8.12	Confidentiality pertaining to patient identity in laboratory results
MI8.13	Appropriate laboratory test in the diagnosis of the infectious disease
MI8.14	Confidentiality pertaining to patient identity in laboratory results
MI8.15	Interpret the results of the laboratory tests used in diagnosis of the infectious disease
MI8.16	National Health Programs in the prevention of common infectious diseases- Vector borne diseases control program, Revised National Tuberculosis Control Program (RNTCP), National AIDS Control Program, National Leprosy Eradication Program, Pulse Polio Program- Poliovirus
Miscellaneous topics - may be covered in theory or SGT	Burkholderia, Mycoplasma, Borrelia, Actinomyses & Nocardia, Rickettsia, Bortoniella, Ehrlichia, Chlamydiae, Ebola virus, Slow viruses





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AETCOM Module no.	Topics and Subtopics
2.5	Bioethics-patient autonomy and decision making
2.6	Bioethics-patient autonomy and decision making
2.7	Bioethics-patient autonomy and decision making

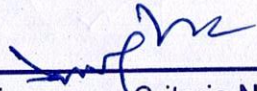
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Paper wise distribution of topics for Prelim & MUHS Annual Examination
Year: Second MBBS Subject: MICROBIOLOGY

Paper	Section	Topics
I	A	MCQs on all topics of the paper I
		General Microbiology and Immunity
		CVS and Blood
		Gastrointestinal and hepatobiliary system
		AETCOM Module No- 2.5,2.6 and 2.7
II	A	MCQs on all topics of the paper II
		Musculoskeletal system, skin and soft tissue infection
		Central nervous system infections
		Respiratory tract infections
		Genitourinary and sexually transmitted infections
		Zoonotic diseases and miscellaneous


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**Second MBBS Internal
Assessment Subject:
Microbiology**

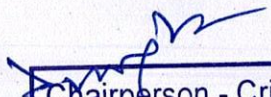
Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

Phase	IA – 1 -Exam (After 3 months , Jan)			IA – 2 -Exam (After 7 months, May)			Prelims (July)		
	Theory	Practical (Including 10 Marks for Journal & Log Book)	Total Marks	Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks	Theory	Practical	Total Marks
Second MBBS	50	50	100	50	50	100	Paper 1 -100 Paper 2 -100	100	300

Assessment in CBME is ONGOING PROCESS,

No Preparatory leave is permitted.

1. There shall be 3 internal assessment examinations in Microbiology.
2. The suggested patterns of question paper for first two internal assessment theory examinations is given below. Pattern of the prelims examinations should be similar to the University examinations.
3. Internal assessment marks for theory and practical will be converted to out of 40 (theory) + 40 (practical). Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University. **Conversion Formula for calculation of marks in internal assessment examinations.**


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Phase II	Theory	Practical
IA 1	50	50
IA 2	50	50
Prelim	200	100
Total	300	200
Conversion out of	40	40
Conversion formula	Total marks in 3 IA theory examinations /7.5	Total marks in 3 IA Practical examinations /5
Eligibility criteria after conversion	16	16
Combined theory + Practical = 40		

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

Total Internal Assessment Marks	Final rounded marks
33.01 to 33.49	33
33.50 to 33.99	34

5. Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject.

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6. Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

7. Remedial measures

A. Remedial measures for non-eligible students

- i) At the end of each internal assessment examination, students securing less than 50% marks shall be identified. Such students should be counseled at the earliest and periodically.
- ii) Extra classes for such students may be arranged. If majority of the students found to be weak in a particular area then extra classes must be scheduled for all such students. Even after these measures, if a student is failed to secure 50% marks combined in theory and practical (40% separately in theory and practical) after prelim examination, the student shall not be eligible for final examination.
- iii) Non eligible candidates are offered to reappear for repeat internal assessment examination/s, which must be conducted 2 months before next University examination. The pattern for this repeat internal assessment examination shall be similar to the final University examination. Only the marks in this examination shall be considered for deciding the eligibility criteria. Following conversion formula shall be used for converting the marks.

	Theory	Practical
Remedial examination (pattern as per final examination)	200	100
Conversion out of	40	40
Conversion formula	Marks in remedial theory examinations /5	Marks in remedial Practical examinations /2.5
Eligibility criteria after conversion	16	16
Combined theory + Practical = 40		

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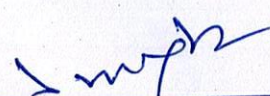
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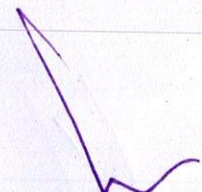
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B. Remedial measures for absent students:

If any of the students is absent for any of the 3 IA examinations due to any reasons, following measures shall be taken.

- i. The student is asked to apply to the academic committee of the college for reexamination, through HOD, to ascertain the genuineness of the reason for absentee.
- ii. If permitted by academic committee, an additional examination for such students is to be conducted after prelims examination. Marks for such additional examination shall be equal to the missed examination.
- iii. Even if a student has missed more than one IA examination, he/she can appear for only one additional IA examination. In such scenario, eligibility should be determined by marks obtained in internal assessment examinations for which the candidate has appeared, without changing the denominator.


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Format for Internal Assessment Theory Paper IA – 1 & IA - 2

Question No.	Type of Question	No. of Questions	Max. Marks
1.	MCQ	10	10 (1 marks each)
2.	SAQ	5 (Any four out of 5)	28 (7 marks each)
3.	LAQ	1 (Compulsory)	12
		Total	50

Second MBBS Practical Mark's Structure Internal Assessment Examinations

(Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards)

Subject : MICROBIOLOGY Practical										
Seat No.	IA – 1					IA - 2				
	Gram Stain	P.S. for M.P.	Journal/Log book	Viva	Total	Z-N stain	Stool - Routine microscopy	Journal/Log book	Viva	Total
Max. Marks	10	10	10	20	50	10	10	10	20	50

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Second MBBS Practical Mark's Structure (Prelim)

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

Subject: MICROBIOLOGY										
Practical							Oral/Viva			Total
Seat No.	Gram/ Z-N staining	P.S. for M.P./ Stool –routine microscopy	Use of PPE/ Hand hygiene	Interpretation of reports	Journal/ Log book	Total	Viva-I	Viva-II	Total	Practical & Oral (F + I)
Max. Marks	15	15	10	20	10	70	15	15	30	100

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Second MBBS Practical Mark's Structure (M.U.H.S Examination)

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

Subject: MICROBIOLOGY										
Practical							Oral/Viva			Total
Seat No.	Gram/ Z-N staining	P.S. for M.P./ Stool –routine microscopy	Use of PPE/ Hand hygiene	Interpretation of reports	Journal/ Log book	Total	Viva-I	Viva-II	Total	Practical & Oral (F + I)
	A	B	C	D	E	F	G	H	I	J
Max. Marks	15	15	10	20	10	70	15	15	30	100

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
FORMAT / SKELETON OF QUESTION PAPER

SECTION "A" MCQ

Instructions:

- 1) Put in the appropriate box below the question number once only.
- 2) Use blue ball point pen only.
- 3) Each question carries **One mark**.
- 4) Students will not be allotted mark if he/she overwrites strikes or put white ink on the cross once marked.

1.20 MCQ (1 marks each)

(20x1)

20

a) b) c) d) e) f) g) h) i) j)
k) l) m) n) o) p) r) s) t) u)


SECTION "B"

Instructions:


- 1) Use **blue/black** ball point pen only.
- 2) **Do not** write anything on the **blank portion** of the question paper. If written anything, such type of act will be considered as an attempt to resort to unfair means.
- 3) All questions are **compulsory**.
- 4) The number to the **right** indicates **full** marks.
- 5) Draw diagrams **wherever** necessary.
- 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any paper's syllabus into any question paper. Students cannot claim that the Question is out of syllabus. As It is only for the placement sake, the distribution has been done.
- 7) Use a common answerbook for all sections.

SECTION "B" (40 Marks)

2.	Short Answer Questions	(AETCOM 2.5, 2.6, 2.7) (compulsory)	(7x1=07)
	a)		
3.	Short Answer Questions	(Answer Any 3 out of 4)	(7x3=21)
	a) b) c) d)		
4.	Structured Long Answer Questions	(Compulsory)	(12x1=12)
	a)		
5.	Short Answer Questions	(Answer Any 4 out of 5)	(7x4=28)
	a) b) c) d) e)		
6.	Structured Long Answer Questions	(Compulsory)	(12x1=12)
	a)		


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Competency Based Medical Education

Year: Second MBBS

Subject: Microbiology

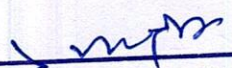
Learning Resource Material

Books recommended:

1. Textbook of Microbiology – R. Ananthanarayan C. K. Jayaram Panikar
2. A Textbook of Microbiology – P. Chakraborty
3. Textbook of Medical Microbiology – Rajesh Bhatia & Itchpujani
4. Textbook of Medical Microbiology – Arora and Arora
5. Textbook of Medical Parasitology – C. K. Jayaram Panikar
6. Textbook of Medical Parasitology – Arora and Arora
7. Textbook of Medical Parasitology – S.C.Parija
8. Microbiology in clinical practice – D. C. Shanson
9. A Textbook of Parasitology – Dr. R.P. Karyakarte and Dr. A.S. Damle
10. Essentials of Medical Microbiology – Apurba shashtry

Reference books:

1. Mackie McCartney practical Medical Microbiology- Colle JG, Fraser AG
2. Principles of Bacteriology, Virology & Immunology vol. 1, 2, 3, 4, 5-
Topley Wilsons
3. Medical Mycology (Emmons)- Kwon – Chung
4. Review of Medical Microbiology (Lange)- Jawetz
5. Immunology- Weir DM
6. Medical Microbiology- David Greenwood, Richard Stack, John Pentherer
7. Parasitology- KD Chatterjee
8. Medical virology- Timbury MC
9. Mackie McCartney Medical, Microbiology vol.1- Duguid JP
10. Microbial infections- Marmion BP, Swain RHA
11. Bailey & Scott's Diagnostic Microbiology
12. Textbook of Mycology – Jagdish Chander


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FORMAT / SKELETON OF QUESTION PAPER

SECTION "A" MCQ

Instructions:

- 1) Put in the appropriate box below the question number once only.
- 2) Use blue ball point pen only.
- 3) Each question carries **One mark**.
- 4) Students will not be allotted mark if he/she overwrites strikes or put white ink on the cross once marked.

SECTION "A" MCQ (20 Marks)

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

(20 x1 = 20)

- a) b) c) d) e) f) g) h) i) j)
k) l) m) n) o) p) r) s) t) u)

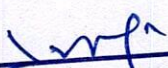
SECTION "B"

Instructions:

- 1) Use blue/black ball point pen only.
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- 3) All questions are compulsory.
- 4) The number to the right indicates full marks.
- 5) Draw diagrams wherever necessary.
- 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any paper's syllabus into any question paper. Students cannot claim that the Question is out of syllabus. As It is only for the placement sake, the distribution has been done.
- 7) Use a common answerbook for all sections.

SECTION "B"

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


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Maharashtra University of Health Sciences Nashik

OBSTETRICS AND GYNECOLOGY

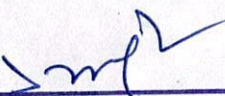
LOGBOOK - MBBS


AS PER COMPETENCY BASED CURRICULUM

Name of the College

Dr. Panjabrao Deshmukh Memorial Medical College, Hospital & Research Center,
Amravati

Admission Year : _____


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Log book record of clinical skills

Sr. no.	Phase	Competency # addressed	Name of Activity	Site Ward, skill lab, opd, casualty	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating	Decision of faculty	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
							Below (B)expectations Meets (M)expectations Exceeds (E) expectation s OR Numerical Score	Completed (C) Repeat (R) Remedial (Re)			
1.		OG5.1									
2.		OG5.2									
3.		OG6.1									
4.		OG8.2									
5.		OG8.3									
6.		OG8.4									
7.		OG8.5									
8.		OG35.1									
9.		OG35.2									
10.		OG35.3									
11.		OG35.5									
12.		OG36.1									

[Signature]
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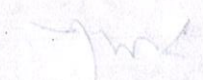
[Signature]
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 Dr Panjabrao Añās Bhausaheb Deshmukh
 Memorial Medical College, Amravati

13

13.		OG36.2									
14.		OG38.4									

Psychomotor skills

Sr. no.	Phase	Competency # addressed	Name of Activity	Site Ward, skill lab, opd, casualty	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
							Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score				
1.		OG9.2									
2.		OG13.3									
3.		OG13.4									
4.		OG13.5									
5.		OG15.2									
6.		OG18.2									
7.		OG19.3									
8.		OG19.4									
9.		OG33.3									

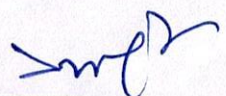

 Director
 Faculty Development Committee
 P. B. M. C. Amravati

621

30.	OG38.1									
31.	OG38.2									
32.	OG38.3									

AetCom skills

Sr. no.	Phase	Competency # addressed	Name of Activity	Site Ward, skill lab, opd, casualty	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating	Decision of faculty	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
							Below (B)expectations Meets (M)expectations Exceeds (E) expectation OR Numerical Score	Completed (C) Repeat (R) Remedial (Re)			
1.		OG8.6									
2.		OG13.4									
3.		OG17.2									
4.		OG19.2									
5.		OG20.2									
6.		OG35.4									



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15

REFLECTION ON AETCOM MODULE For PHASE IV

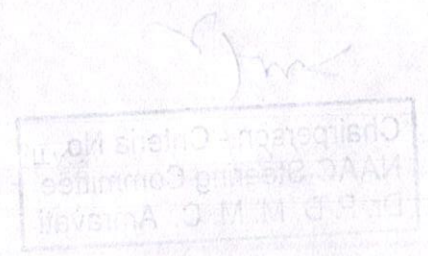
Module 4.2- Case studies in medico-legal and ethical situations

Competency addressed	Level
Identify and discuss medico-legal, socio-economic and ethical issues as it pertains to abortion/ Medical Termination of pregnancy and reproductive rights	KH

Reflection (minimum 200 words) -1

Date:

Signature of Teacher-in-charge



DR. PANJABRAO DESHMUKH MEMORIAL MEDICAL COLLEGE

DEPARTMENT OF COMMUNITY MEDICINE Deptt. of Community Medicine
Dr. P.D.M. Medical College, Amravati

FAMILY ADOPTION PROGRAMME

TIME TABLE OF BATCH 2021-22 (FIRST MBBS)

(Every Saturday – March - December 2022)

Outward No. 14512
Date 03/03/22

BATCH (ROLL NO.)	DAY	TIME	No. OF VISITS	TEACHER
Batch A (21001- 21050)	Every First Saturday of the Month	2pm – 5 pm	9	Dr. D.P.Ghundiya Dr. Sarika Dakhode Dr. D.A. Adatiya MSW- Mr.L.B.Tetu
Batch B (21051-21100)	Every Second Saturday of the Month	2pm – 5 pm	9	Dr. M.K.Deotale Dr. P.A.Warbhe Dr. V.R. Nistane MSW- Mr.L.B.Tetu
Batch C (21101-21150)	Every Third Saturday of the Month	2pm – 5 pm	9	Dr. Vitthal Khanande Dr. Sarika Dakhode Dr. S.J.Agrawal MSW- Mr.L.B.Tetu

Sita
Professor & Head

Department of Community Medicine

Dr. P.D.M.M.C, Amravati

Copy to: 1) Dean

2) HOD, Dept. of Anatomy, Physiology, Biochemistry

3) HOD, All clinical departments

3) The Chairman, Time table committee

4) Medical Social worker (MSW), UHTC, Belpura, Amravati

5) NSS Co-ordinator

6) Notice Board- Community medicine, college, Hostels (Girls & Boys)& Central Library

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Dr. Anil T. Deshmukh
 MD (Pathology)
 Dean



Shri. Harshvardhan P. Deshmukh
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Department of Community Medicine
Clinical posting 4th Semester (AB-21 C- Batch)
(Time Table: 9A.M – 12P.M) (25/05/23-21/06/23)

Date	Topic	Teacher
25/5/23	Clinical case presentation	Dr. S.U. Dakhode
26/5/23	Family case presentation	Dr. V.R. Wasnik
27/5/23	Case taking & Discussion- Pulmonary Tuberculosis	Dr. P.A. Warbhe
29/5/23	Case taking & Discussion- Malaria, Dengue	Dr.V.D. hanande
30/5/23	Case Taking & discussion – Typhoid fever	Dr. S.U. Dakhode
31/5/23	Case Taking & discussion - Hepatitis (Jaundice)	Dr. V.R. Wasnik
1/6/23	Family Visit - Clinico -socio -cultural details & Demography of family & Individuals	Dr. Ghundiyaal
2/6/23	Family Visit - Housing condition & Sanitary Survey	Dr. Ghundiyaal
3/6/23	Case Taking & Discussion – Mumps & Measles	Dr. M.K. Deotale
5/6/23	Case Taking & Discussion- ARI & Pneumonia	Dr. P.A. Warbhe
6/6/23	Family Visit - Entomological Survey of a household	Dr. Ghundiyaal
7/6/23	Field Visit – Water Treatment Plant	Dr V. Nistane
8/6/23	Visit – BMW Management at Dr. PDMMC	Dr.V.D. hanande
9/6/23	Case Taking- Diphtheria, Pertussis & Influenza	Dr. S.U. Dakhode
10/6/23	Case taking - Diarrheal diseases & food poisoning	Dr.V.D.Khanande
12/6/23	Family Visit –Community Survey and its findings	Dr. Ghundiyaal
13/6/23	Case Taking – Polio	Dr. V.R. Lunge
14/6/23	Field Visit- District Public Health Lab	Dr V. Nistane
15/6/23	Case discussion- HIV /AIDS & STD	Dr. V.R. Wasnik
16/6/23	Family Visit- Organizing health education session for community	Dr. Ghundiyaal

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15/9/22	Visit – BMW Management at Dr. PDMMC	Dr.Adatiya/Dr.Nistane
16/9/22	Case Taking – Typhoid fever	Dr. D.P. Ghundiyal
17/9/22	Family Visit- Organizing health education session for community	Dr. Ghundiyal/Dr.Kapale

Note- Mr. Tetu will be assisting in family allocation and family visits.

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17/6/23	Family Visit -Community Survey and its findings	Dr. Ghundiyaal
19/6/23	Field Visit- District Health Office	Dr V. Nistane
20/6/23	Field Visit- District Disaster Management office	Dr. Ghundiyaal
21/6/23	Field Visit – Primary Health Center (PHC), Walgoan	Dr V. Nistane

Note- Mr. Tetu will be assisting in family allocation and family visits.

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[Handwritten signature]

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Dr. Anil T. Deshmukh
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Department of Community Medicine
Clinical posting 4th Semester (AB-21 C- Batch)
(Time Table: 9A.M – 12P.M) (22/05/23-19/07/23)

Date	Topic	Teacher
22/6/23	Clinical case history taking -discussion	Dr. S.U. Dakhode
23/6/23	Family case history taking & discussion	Dr. V.R. Wasnik
24/6/23	Field visit-District Public Health lab.	Dr V Nistane
26/6/23	Case Taking- Diphtheria, Pertussis & Influenza	Dr. Ghundiyaal
27/6/23	Case Taking & discussion – Typhoid fever	Dr. S.U. Dakhode
28/6/23	Case Taking & discussion - Hepatitis (Jaundice)	Dr. Deotale
30/6/23	Field Visit – Water Treatment Plant	Dr V Nistane
1/7/23	Family visit- Clinico -socio -cultural details & Demography of family & Individuals	Dr. Ghundiyaal
3/7/23	Case Taking & Discussion HIV/AIDS & STD	Dr Wasnik
4/7/23	Case Taking & discussion-Polio	Dr. Lunge
5/7/23	Family Visit - Housing condition & Sanitary Survey	Dr. Ghundiyaal
6/7/23	Case Taking & Discussion – Mumps & Measles	Dr. M.K. Deotale
7/7/23	Case taking & Discussion- Pulmonary Tuberculosis	Dr. P.A. Warbhe
8/7/23	Case taking - Diarrheal diseases & food poisoning	Dr.V.D. Khanande
10/7/23	Case taking & Discussion- Malaria, Dengue	Dr.S.U. Dakhode
11/7/23	Family Visit - Entomological Survey of a household	Dr. Ghundiyaal

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12/7/23	Field Visit – Primary Health Center (PHC), Walgoan	Dr V Nistane
13/7/23	Family Visit- Organizing health education session for community	Dr. GhundiyaI
14/7/23	Field Visit- BMW Management at Dr. PDMMC	Dr Kahnande
15/7/23	Case Taking & Discussion- ARI & Pneumonia	Dr. Warbhe
17/7/23	Family Visit -Community Survey and its findings	Dr. GhundiyaI
18/7/23	Field Visit- District Disaster Management office	Dr V. Nistane
19/7/23	Family Visit –Community Survey and its findings	Dr. GhundiyaI

Note- Mr. Tetu will be assisting in family allocation and family visits.

[Signature]
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[Signature]
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Department of Community Medicine
Dr PDMMC, Amravati

[Signature]
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Clinical posting 4th Semester (AB-20 A- Batch)

(Time Table: 9A.M – 12P.M) (16/10/22- 12/11/22)

Date	Topic	Teacher
17/10/22	Clinical case and Family case presentation	Dr. A.K. Jawarkar
18/10/22	Family Visit - Family allocation & Introduction	Dr.D.P. Ghundiyaal
19/10/22	Case taking & Discussion- Diphtheria, Pertussis & Influenza	Dr. V.R. Wasnik
20/10/22	Field Visit District Public Health Lab	Dr. S. Tidke
21/10/22	Case Taking & discussion - Pulmonary Tuberculosis	Dr. V.R. Lunge
22/10/22	Family Visit - Clinico -socio -cultural details & Demography of family & Individuals	Dr.D.P. Ghundiyaal
25/10/22	Case Taking & discussion - Hepatitis (Jaundice)	Dr. S.U. Dakhode
27/10/22	Field Visit – Water Treatment Plant	Dr. V. Avchare
28/10/22	Family Visit - Housing condition & Sanitary Survey	Dr.D.P. Ghundiyaal
29/10/22	Field Visit – Office of vector borne disease control Program	Dr. S. Tidke
31/10/22	Case Taking & Discussion – Malaria , Dengue	Dr. M.K. Deotale
1/11/22	Family Visit - Entomological Survey of a household	Dr.D.P. Ghundiyaal
2/11/22	Case Taking & Discussion – Mumps & Measles	Dr. P.A. Warbhe
3/11/22	Field Visit- District office of communicable diseases	Dr. V. Avchare
4/11/22	Field Visit- District Disaster Management office	Dr. S. Tidke
5/11/22	Case taking - Diarrheal diseases & food poisoning	Dr.V.D. Khanande
7/11/22	Family Visit –Community Survey and its findings	Dr.D.P. Ghundiyaal
9/11/22	Family Visit- Organizing health education session for community	Dr.D.P. Ghundiyaal
10/11/22	Case Taking – HIV /AIDS & STD	Dr. S.U. Dakhode


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11/11/22	Visit – BMW Management at Dr. PDMMC	Dr. S. Tidke
12/11/22	Case Taking – Typhoid fever	Dr. V.D. Khanande

Note- *Mr. Tetu will be assisting in family allocation and family visits.


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Dr. Anil T. Deshmukh
MD (Pathology)
Dean



Shri. Harshvardhan P. Deshmukh
President
Shri Shivaji Education Society

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Department of Community Medicine

Clinical posting 4th Semester (AB-20 B- Batch)

(Time Table: 9A.M – 12P.M) (18/09/22- 15/10/22)

Date	Topic	Teacher
19/9/22	Clinical case and Family case presentation	Dr. A.K. Jawarkar
20/9/22	Family Visit - Family allocation & Introduction	Dr. D.P. GhundiyaI
21/9/22	Case taking & Discussion- Diphtheria, Pertussis & Influenza	Dr. V.R. Wasnik
22/9/22	Field Visit District Public Health Lab	Dr. V.R. Nistane
23/9/22	Case Taking & discussion - Pulmonary Tuberculosis	Dr. V.R. Lunge
24/9/22	Family Visit - Clinico -socio -cultural details & Demography of family & Individuals	Dr. D.P. GhundiyaI
26/9/22	Case Taking & discussion - Hepatitis (Jaundice)	Dr. D.P. GhundiyaI
27/9/22	Field Visit – Water Treatment Plant	Dr. V.R. Nistane
28/9/22	Family Visit - Housing condition & Sanitary Survey	Dr. D.P. GhundiyaI*
29/9/22	Field Visit – Office of vector borne disease control Program	Dr. V.R. Nistane
30/9/22	Case Taking & Discussion – Malaria , Dengue	Dr. M.K. Deotale
1/10/22	Family Visit - Entomological Survey of a household	Dr. GhundiyaI *
3/10/22	Case Taking & Discussion – Mumps & Measles	Dr. P.A. Warbhe
4/10/22	Field Visit- District office of communicable diseases	Dr.V.R. Nistane
6/10/22	Field Visit- District Disaster Management office	Dr.V.R. Nistane
7/10/22	Family Visit –Community Survey and its findings	Dr. D.P. GhundiyaI
8/10/22	Case taking - Diarrheal diseases & food poisoning	Dr. V.D. Khanande
10/10/22	Family Visit- Organizing health education session for community	Dr. D.P. GhundiyaI
11/10/22	Case Taking – HIV /AIDS & STD	Dr. S.U. Dakhode
12/10/22	Field Visit – Sewage treatment plant	Dr.V.R. Nistane


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13/10/22	Visit – BMW Management at Dr. PDMMC	Dr.V.R. Nistane
14/10/22	Field Visit - District disease Surveillance Unit	Dr. V. R. Nistane
15/10/22	Case Taking – Typhoid fever	Dr. V.D. Khanande

Note- *Mr. Tetu will be assisting in family allocation and family visits.

Signature
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Department of Community Medicine

Clinical posting 4th Semester (AB-20 C- Batch)

(Time Table: 9A.M – 12P.M)

(Date : 21/08/22-17/09/22)

Date	Topic	Teacher
22/8/22	Clinical case and Family case presentation	Dr. A.K. Jawarkar
23/8/22	Family Visit - Family allocation & Introduction	Dr. Ghundiya/Dr.Kapale
24/8/22	Case taking & Discussion- Diphtheria, Pertussis & Influenza	Dr. V.R. Wasnik
25/8/22	Field Visit District Public Health Lab	Dr.Adatiya/Dr.Nistane
26/8/22	Case Taking & discussion - Pulmonary Tuberculosis	Dr. D.P. Ghundiya
27/8/22	Family Visit - Clinico -socio -cultural details & Demography of family & Individuals	Dr. Ghundiya/Dr.Kapale
29/8/22	Field Visit – Water Treatment Plant	Dr.Adatiya/Dr.Nistane
30/8/22	Case Taking & discussion - Hepatitis (Jaundice)	Dr. M.K. Deotale
1/9/22	Family Visit - Housing condition & Sanitary Survey	Dr. Ghundiya/Dr.Kapale
2/9/22	Field Visit – Office of vector borne disease control Program	Dr.Adatiya/Dr.Nistane
3/9/22	Case Taking & Discussion – Malaria , Dengue	Dr. P.A. Warbhe
5/9/22	Family Visit - Entomological Survey of a household	Dr. Ghundiya/Dr.Kapale
6/9/22	Field Visit- District office of communicable diseases	Dr.Adatiya/Dr.Nistane
7/9/22	Case Taking & Discussion – Mumps & Measles	Dr. V.D. Khanande
8/9/22	Field Visit- District Disaster Management office	Dr.Adatiya/Dr.Nistane
9/9/22	Family Visit –Community Survey and its findings	Dr. Ghundiya/Dr.Kapale
10/9/22	Case taking - Diarrheal diseases & food poisoning	Dr. S.U. Dakhode
12/9/22	Field Visit - District disease Surveillance Unit	Dr.Adatiya/Dr.Nistane
13/9/22	Case Taking – HIV /AIDS & STD	Dr. V.R. Wasnik
14/9/22	Field Visit – Sewage treatment plant	Dr.Adatiya/Dr.Nistane

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UG Research

(Short Term Research Project As per ICMR direction)

S. No.	Name of Researcher	Year	Research Topic
01	Ku. Nikita Sahebrao Napte	2023	KNOWLEDGE, ATTITUDE AND PRACTICE OF HEALTHY LIFESTYLE HABITS IN UNDERGRADUATE MEDICAL STUDENTS AND MEDICAL TEACHERS IN A MEDICAL COLLEGE: A QUESTIONNAIRE BASED CROSS-SECTIONAL STUDY
02	Ku. Ayesha Fatema Khatib	2023	PERCEPTION AND FEEDBACK OF FIRST YEAR MBBS STUDENTS ON FOUNDATION COURSE
03	Ku. Vaidehi Vinay Kale	2022	EXPLORING STUDENTS PERSPECTIVES ON COMPETENCY BASED MEDICAL EDUCATION (CBME).
04	Ku. Hemangi D. Sherekar	2022	PERCEIVED BARRIERS AND FACILITATORS TOWARDS ORGAN AND TISSUE DONATION- A COMPARATIVE STUDY FROM URBAN SLUM AND RURAL AREA OF AMRAVATI DISTRICT
05	Ku. Shivani M. Sonune	2022	ASSESSMENT OF VITAMIN D LEVELS IN TUBERCULOSIS PATIENTS : A CASE CONTROL STUDY
06	Yelane Kamlesh Kundlik	2022	TO STUDY CARDIOVASCULAR RISK IN PATIENTS OF DEPRESSION
07	Sawale Rhutik Ramchandra	2022	ASSESSMENT OF LIPID PROFILE AND GLYCEMIC STATUS IN TYPE 2 DIABETIC PATIENTS DOING YOGA: A CROSS SECTIONAL STUDY IN A TERTIARY CARE HOSPITAL
08	Mundhe Kartik Gajanan	2021	MOBILE PHONE CALL FOLLOW UP TO IMPROVE THE ADHERENCE TO ANTITUBERCULOUS TREATMENT- A RANDOMIZED CONTROL STUDY
09	Watane Jayesh Rajkumar	2021	AWARENESS ABOUT PHYSICAL EXERCISE AMONGST INDIAN POST- MENOPAUSAL WOMEN
10	Agrawal Tanaya Sanjay	2021	THE IMPACT OF COVID- 19 ON HEALTH STATUS OF YOUTHS, IN MAHARASHTRA, INDIA
11	Kale Pravina Vinay	2021	A COMPARATIVE STUDY OF MENSTRUAL RELATED PRACTICES AND HYGIENE AMONG ADOLESCENT GIRLS FROM PRIVATE, PUBLIC (GOVERNMENT) AND ASHRAM SCHOOL OF AMRAVATI DISTRICT

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Publication by VG
Student

Original Research Article

Human milk banking and human milk donation awareness in young mothers of central India

Pravina Vinay Kale¹, Pushpa Junghare², Pratibha Kale^{3*}

¹MBBS Intern, ²Professor & HOD, Department of OBGY, ³Associate Professor, Department of Pediatrics, Dr. P.D.M.M.C. and R.C., Amravati, Maharashtra, INDIA.
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Abstract

Background: Human milk continues to be the only milk which is tailor-made and uniquely suited to the human infant. If mother's own milk is unavailable or insufficient, the next best option is to use pasteurized donor human milk. India faces its own unique challenges, having the highest number of low-birth-weight babies, and significant mortality and morbidity in very low birth weight population. Feeding these babies with breast milk can significantly reduce the risk of infections. **Aims and Objectives:** To assess human milk banking and human milk donation awareness in young mothers of central India. **Methodology:** This observational cross-sectional study was conducted among 95 Antenatal and postnatal care mothers attending Obstetric OPD and admitted in Obstetrics and Gynecology wards at Tertiary Care Hospital. After obtaining a written informed consent from the study participants, a predesigned questionnaire was administered to collect the socio-demographic data, knowledge, attitude and practices of antenatal and postnatal mothers about Human Milk Bank and Donation. The data was then subjected to analyses using excel sheets. **Results:** Analysis has indicated that 65(68.42%) had poor knowledge but when they were counseled, their attitude towards receiving Human milk was positive in 81(85.27%) and for Donating milk was 83(87.37%). 94(98.95%) agreed to work in mother support group for motivation of Human Milk Donation. 84(88.42%) said that Human Milk will be their first choice if mother is not able to breastfeed her baby. 52(54.74%) had proper practice of using bowl and spoon for feeding Human milk. **Conclusion:** Counseling and awareness of safer and free of cost Human Milk Bank Services should be provided. Neonatal mortality and morbidity in the form of infection and malnutrition can be reduced. Breast Milk Donation empowers women and is a form of an excellent service to the society. Given the high incidence of sepsis and a large burden of premature births, this intervention will have the potential to result in substantial savings for the nation. **Key words:** Human Milk Banking, Awareness, Donation.

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is tailor-made and uniquely suited to the human infant. All mothers should be encouraged to breast-feed their infants. When a mother, for some reason, is unable to feed her infant directly, her breast milk should be expressed and fed to the infant. If mother's own milk is unavailable or insufficient, the next best option is to use pasteurized donor human milk (PDHM). India faces its own unique challenges, having the highest number of low-birth-weight babies, and significant mortality and morbidity in very low birth weight (VLBW) population. In our country, the burden of low-birth-weight babies in various hospitals is about 20% with significant mortality and morbidities^{1,2}. Feeding these babies with breast milk can significantly reduce the risk of infections. Mothers of preterm or sick infants face specific difficulties related to

INTRODUCTION

Breastfeeding is the best method of infant feeding because human milk continues to be the only milk which

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early mother and baby separation in a time of crisis and myths^{3,4}. The infants being sick or immature, the initiation of breastfeeding often results in failure⁴. In Indian scenario due to various social stigma and misbelieve, practice of milk banking is still a challenge, although it is practiced in developed countries extensively.

Gynecology OPD and admitted in Obstetrics and Gynecology wards were assessed. Women who are willing to participate in the study and have given informed consent were included in the study. Critically ill mothers and who were not willing to participate were excluded. Structured questionnaire and synopsis was prepared and ethical clearance was obtained. Knowledge, Attitude and Practices regarding Human Milk Banking and Human Milk Donation assessed. Individual counseling done for wrong attitude and improper practices. Data was analyzed in Microsoft excel software and results were obtained.

MATERIAL AND METHODS

It was an observational cross-sectional study conducted in Dr. P.D.M. Medical College and Research Center. 95 ANC and PNC mothers attending Obstetrics and

OBSERVATIONS AND RESULTS

Table 1

Socio Demographic Detail	Frequency	Percentage
≤25	63	66.32
26-36	26	27.37
>30	6	6.32
Hindu	87	91.58
Muslim	6	6.32
Other	2	2.11
Urban	37	38.95
Rural	58	61.05
Socio Economic Status	I	6
	II	35
	III	12
	IV	44
	V	0
Type of family	Nuclear	45
	Joint	50

Knowledge score of study participants

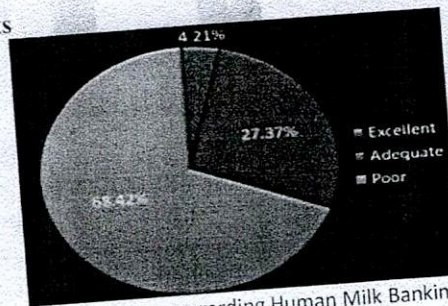


Figure 1: Attitude of ANC and PNC mothers regarding Human Milk Banking and Human Milk Donation

Table 2

S.N.	SA	A	N	D
1 To receive human milk bank services	6.32%	78.95%	3.16%	11.58%
2 To donate milk for the benefit of other neonate	5.26%	82.11%	2.11%	9.47%
3 TO exclusively breastfeed for the first 6 month	10.53%	88.42%	0.00%	1.05%
4 Belief that her baby would receive enough milk if she donates to human milk bank	3.16%	68.42%	13.68%	14.74%
5 To work in mother support group for motivation of human milk donation	8.42%	90.53%	0.00%	1.05%

SA – Strongly Agree, A – Agree, N – Neutral, D – Disagree, SD – Strongly Disagree.

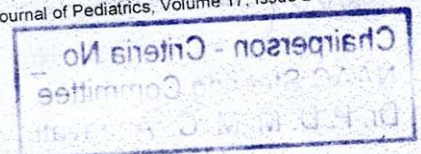


Table 3

A	N	D	SD
Initiation of Breastfeeding after delivery	Just after	44	46.32
	1-2days after	8	8.42
To improve breastfeeding	Nutritious Diet	79	83.16
	Medication	9	9.47
	Self Motivation	6	6.32
	Repeated Sucking	3	3.16
	other	9	9.47
Diet restriction during breastfeeding period	Yes	60	63.16
	No	35	36.84

Practices of the study participants
Advantages known to mother regarding Breastfeeding

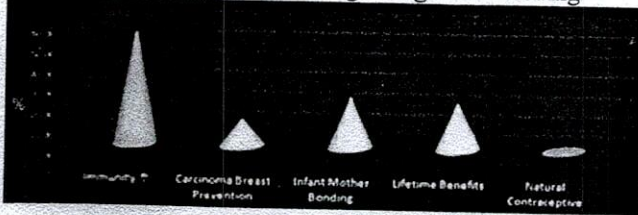


Figure 2

Ways known to mothers to increase breast milk secretion. When counseled individually, 85.27% developed positive attitude to receive milk from Human Milk Bank if not breastfed and 87.37% agreed to donate milk to Human Milk Bank for the benefit of neonates as a good service to the society. Individual counseling helps to improve the breastfeeding myths and improper practices in the society.

DISCUSSION

In our study, we found that the correct knowledge about technique of milk expression was present in 44.21%. In a study conducted by Prabhu PM and Radha BK, they observed correct knowledge about technique of milk expression in 17.9%. This expression in our study observed was much higher than that reported internationally.

Implications

To promote the practice of Human Milk Banking in India, there has to be well equipped services at various health

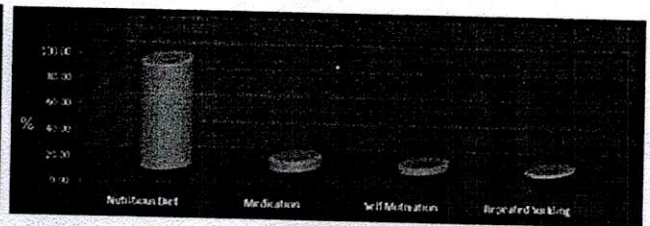


Figure 3

care centers. Government can promote safe and free of cost Human Milk Bank Services which may help the privileged population. Breast milk expression should be promoted to avail its full benefits. Breast Milk Donation empowers women and is a form of an excellent service to the society.

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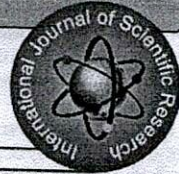
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A STUDY ON THE ASSESSMENT OF AWARENESS ABOUT PHYSICAL EXERCISE AMONGST INDIAN POSTMENOPAUSAL WOMEN



Obstetrics & Gynecology

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ABSTRACT

Menopause is the stage experienced by every woman around her middle age. Fraught with many uncertainties regarding physical and psychological changes, diet, nutritional supplements and exercise or physical activity, a woman is confused and is at loss of taking correct decisions regarding things which are beneficial for her.

Aim: To determine if Indian post-menopausal women are aware about benefits of physical activity or complications due to lack of physical activity.

Methodology: A total of 160 Post-menopausal Indian women aged between 45-65 yrs were given a questionnaire in order to assess their level of awareness regarding physical exercise and calculating the level of physical activity performed.

Result: Data was analyzed and interpreted with the help of Google spreadsheet. Women were not much interested about performing physical exercise. Most of them belonged to the pre-obese category.

Conclusion: Lack of awareness regarding physical exercise was seen among many women who performed low level of physical activity.

KEYWORDS

Post-menopausal Indian women, awareness, physical activity

INTRODUCTION

Menopause is one of the most critical stages of woman's life. A woman is said to be menopausal if she has absence of menses for 12 months. The period around the menopause is known as menopausal transition or perimenopause. This transition may occur between ages 45 & 55.⁽¹⁾

Women may have symptoms like hot flashes, mood swings, depression, headache etc. Many problems are associated with the initiation of menopause that are physical, mental, metabolic in nature. These tend to vary with lifestyle. Physical exercise significantly improves the quality of life with mental health and decreases medication requirement. It is well known that physical activities of high (vigorous), moderate & low grade⁽²⁾ definitely reduces the severity of post-menopausal symptoms and complications.

METHODOLOGY

Study design: It is a cross sectional and descriptive study.

Study duration: Six months.

Study population: Post-menopausal women aged between 45-65 years.

Sample size: All the post-menopausal women coming to Gynecology OPD at Dr. PDMMC, Amravati in the 6 months of study duration were included in the study as per the inclusion criteria.

Study setting: Study was carried out among the post-menopausal women coming to Gynecology OPD at Dr. PDMMC, Amravati, Maharashtra.

Sampling method: Purposive sampling method was being used.

Inclusion Criteria:

Post-menopausal women between 45 and 65 years of age.

Exclusion Criteria:

Women affected with any chronic diseases, patient who had pathological menopause either due to surgical procedures (hysterectomy with bilateral oophorectomy) or due to chemotherapeutic medications (cancer patients) and participants who were not willing to give informed consent.

Study protocol: Informed consent of all study participants were taken before the start of study. Pretested, validated, self-made questionnaire was filled by the investigator based on the responses given by the study participants maintaining confidentiality and privacy. Questionnaire included demographic data, the age at which they experienced menopause and their annual family income for categorization of economical status. It also included the awareness of benefits of physical exercises or activity among participants and their intention for performing physical activity. The questionnaire was explained in local language to participants.

International Physical Activity Questionnaires (IPAQ) was made use of in the collection of data.

Plan of analysis: Data was entered in Google spreadsheet and analyzed. Appropriate test of significance was applied to the data.

RESULT

Data was analyzed and interpreted with the help of Google spreadsheet.

In the present study, most of the women were housewives (77.5%) some were labourers (12.5%), few were private/government service employees (8.8%) and very few were self-employed (1.3%) as shown in Fig. 1. Their age ranged between 45-65 years.

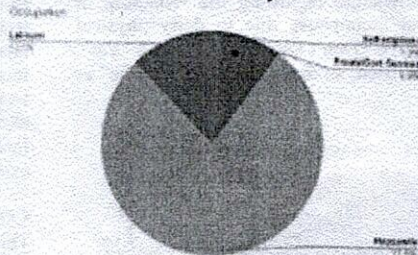


Fig.1 : Occupation

Most of them belonged to the lower income group with annual family income less than 60000 per annum.

Their weight and height were calculated to obtain BMI. By using classification of BMI, results were obtained and women were categorized as those having Normal weight 29.4%, Pre-obese 35.6%, Obese class I 21.3%, Obese class II 7.5%, Obese class III 1.9% and Underweight 4.4% as shown in Fig.2.

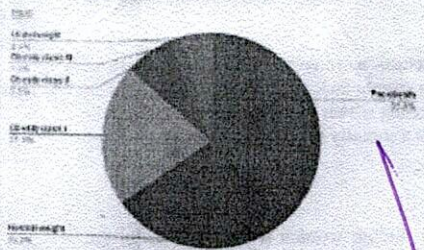


Fig.2 : BMI

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Women were not much free to talk about the symptoms and many were not able to describe the symptoms that they experienced during menopause. So, many selected the option "any other". The most common symptom was headache, followed by hot flashes and anxiety. Some did not experience any symptoms.

Different types of activities that were taken into consideration during their last 7 days - Vigorous physical activities included running or jogging (~ 8 km/hr.), walking very fast (~ 7 km/hr.), bicycling (> 6 km/hr.), heavy yard work like heavy lifting, aerobics. It also included heavy gardening (such as continuous hoeing), playing with children at a fast pace, fast swimming etc. Moderate activities included bicycling (< 16 km/hr.), dancing, general gardening (raking, trimming shrubs), carrying light loads. It also included stair climbing, carrying small children, mopping floor etc. Light activities included walking at casual pace, such as while grocery shopping and doing light household chores, walking around the office; sitting at your computer, making the bed, eating, preparing food & washing dishes. It also included stretching, standing, doing laundry etc.

Using IPAQ Scores, only 23.1% of the total 160 post-menopausal women performed vigorous level of physical activity whereas 36.3% performed moderate level of physical activity. Low level of physical activity was relatively more i.e. in 40.6% of women as shown in Fig. 3.

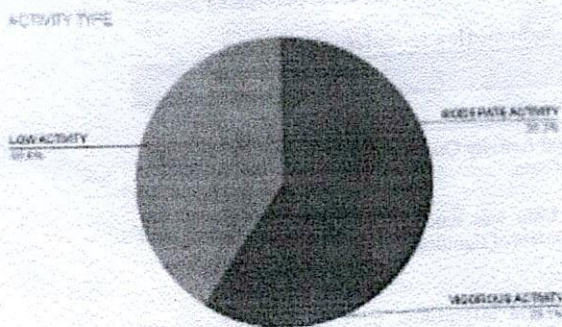


Fig.3 : Activity Type

All these suggest that women were not much interested or were not much aware about the physical exercise.

When asked about their knowledge regarding the reduction of complications occurring post menopause due to daily physical exercise, 36.9% women answered "Don't know", 34.4% said "Yes", 23.8% "No" and 5% were confused, so they answered "May be" as shown in Fig. 4.

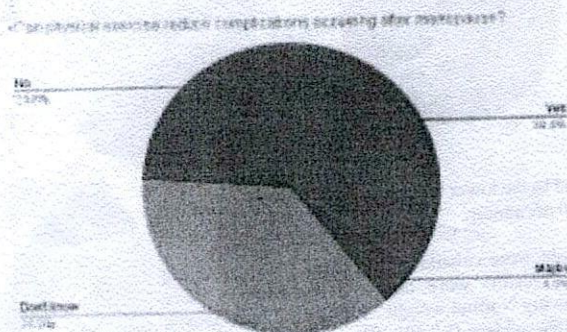


Fig.4 : Can physical exercise reduce complications occurring after menopause ?

Women who lacked the awareness were encouraged to be active in their daily life by commencing simple tasks like taking a walk outside for at least half & hour with friends which will not only maintain their fitness level but also make them a socially active & an extrovert kind of person.

DISCUSSION

In this study, post-menopausal Indian women were asked about the activities they performed during last 7 days and it was found out that they performed low level of physical activity as many spent their time

doing household chores and hardly performed any vigorous type of physical activity like heavy gardening, walking very fast or lifting any heavy materials.

Only some of the women who were labourers were found to be active in the past 7 days who regularly performed vigorous level of physical activity. It was not their awareness about physical health that drove them towards being active but it was due to their daily work to earn their daily wages. This helped them to put themselves through the condition that demands hard work that ultimately resulted in performing vigorous level of physical activity.

Majority of the women were not aware that going out for a walk may actually improve their post menopaual health and may help prevent post-menopaual complications.

In one of the study carried out among 125 women from Mumbai, Navi Mumbai, Thane, Raigad and Palghar district of Maharashtra, the findings were that majority of women performed moderate level of physical activity. These women had a positive attitude towards physical activity which is important to lead a healthy life.

Another study of Awareness of osteoporosis in postmenopausal Indian women which was performed among 100 postmenopausal women in Chandigarh showed that there was great deficit in the awareness level of postmenopausal Indian women regarding osteoporosis.

In a cross-sectional community based study about the Quality of Life in Postmenopausal Women, which was carried out in rural areas, Puducherry among 172 women, findings were that 42.4% belong to socioeconomic status (SES) Class IV. The prevalence of one or more symptoms of vasomotor, psychological, and sexual domains were 23.8%, 87%, 68%, respectively. They also found an association between SES and both vasomotor and psychological symptoms which showed that menopause-related symptoms had a negative effect on the Quality OfLife (QOL) of postmenopausal women.

An article in DNA India gives detailed information about - a study that was published in the journal of The North American Menopause Society called Menopause, involving nearly 300 women, said that performing physical activity with sufficient volume and intensity decreases the development of menopause symptoms.

While in an article published in Times of India (TOI) revealed that a study was performed in U.S. among 1000 people said that 65% of women avoid the gym for the fear of being judged while only 36% of men felt the same. 55% women felt that they are being judged for not looking fit, about 49% felt that their workout clothes are not looking well enough and 25% felt that they are being stereotyped. This study also tells us about the mental status of most of the women, which further affects the hope of performing or restricting the act of physical exercise.

CONCLUSION

This study concludes that 40.6% women out of total 160 Indian post-menopausal women performed low level of physical activity. The percentage of those who performed moderate and high level of physical activity were only 36.3% and 23.1% respectively. It was also found that women who were labourers performed high level of physical activity not because they intended to, but due to their daily routine work that demanded high physical activity. It was observed that many of them were not aware that daily physical exercise could result in reduction of complications occurring post menopause. This shows that there is lack of awareness about physical exercise among majority of the Indian postmenopausal women.

As they performed low activity, most of them came under the Pre-obese category.

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FOUNDATION COURSE 2022 BATCH

No.	Date	Time	Topic/Programme	Co-Ordinator	Teacher Name
1	28/11/22 Mon	09- 10am	Orientation to Medical Education and MBBS programme	MEU	Dr.S.S.Pande
		10-12 pm	ARC- Rules & Regulations Interaction with senior students	Anti Ragging Committee	Dr.S.S.Rawlani Dr.D.G.Vidhale Dr.G.U.Yadgire
		3.00-4.00 pm	Visit to Hospital – Batch A Visit to Library & IT - Batch B Visit to other facilities Batch C (Gym, Play ground, common room, etc)	Preclinical Dept. Anatomy Physiology Biochemistry	Mr S G Watane Mr. Pradeep Kharbade (MSW) Mr. S. Kadu(MSW)
		4.00-5.30 pm	Inauguration/Welcome Hon'ble President and Dean address Lecture on "Drug Abuse"	Venue:- Auditorium	All Faculty Dr. Kasat Surgeon, Mumbai
2	29/11/22 Tue	9am – 12 pm	University Examination rules, Attendance IAC rules	MEU	Dr.S.S.Pande
		3.00-5.00 pm	Visit to Hospital – Batch B Visit to Library & IT - Batch C Visit to other facilities Batch A (Gym, Play ground, common room, etc)	Preclinical Dept. Anatomy Physiology Biochemistry	Mr S G Watane Mr. Pradeep Kharbade (MSW) Mr. S. Kadu(MSW)
3	30/11/22 Wed	9am – 12 pm	Stress of Management Time management	Psychiatry	Dr. A.V.Saboo
		3.00-5.00 pm	Visit to Hospital – Batch C Visit to Library & IT - Batch A Visit to other facilities Batch B (Gym, Play ground, common room, etc)	Preclinical Dept. Anatomy Physiology Biochemistry	Mr S G Watane Mr. Pradeep Kharbade (MSW) Mr. S. Kadu(MSW)
4	01/12/22 Thurs	09- 12pm	Health care system & its delivery National health priorities & policies	Community Medicine	Dr. P.A Warbhe
		3.00-5.00 pm	Visit to UHTC- Batch A Visit to RHTC- Batch B Visit to Tapovan- Batch C	Community Medicine	Dr.Deepa Ghundiya Dr. V.D.Khanande Dr.L.B.Tetu
5	02/12/22 Fri	09- 12pm	Universal Precautions Vaccination	Community Medicine	Dr. P.A Warbhe
		3.00-5.00 pm	Visit to UHTC- Batch A Visit to RHTC- Batch B Visit to Tapovan- Batch C	Community Medicine	Dr.Deepa Ghundiya Dr. V.D.Khanande Dr.L.B.Tetu
6	03/12/22 Sat	09- 12pm	Community based learning Charak Shapath	Community Medicine	Dr.M.K.Deotale
		3.00-5.00 pm	Visit to UHTC- Batch A Visit to RHTC- Batch B Visit to Tapovan- Batch C	Community Medicine	Dr.Deepa Ghundiya Dr. V.D.Khanande Dr.L.B.Tetu

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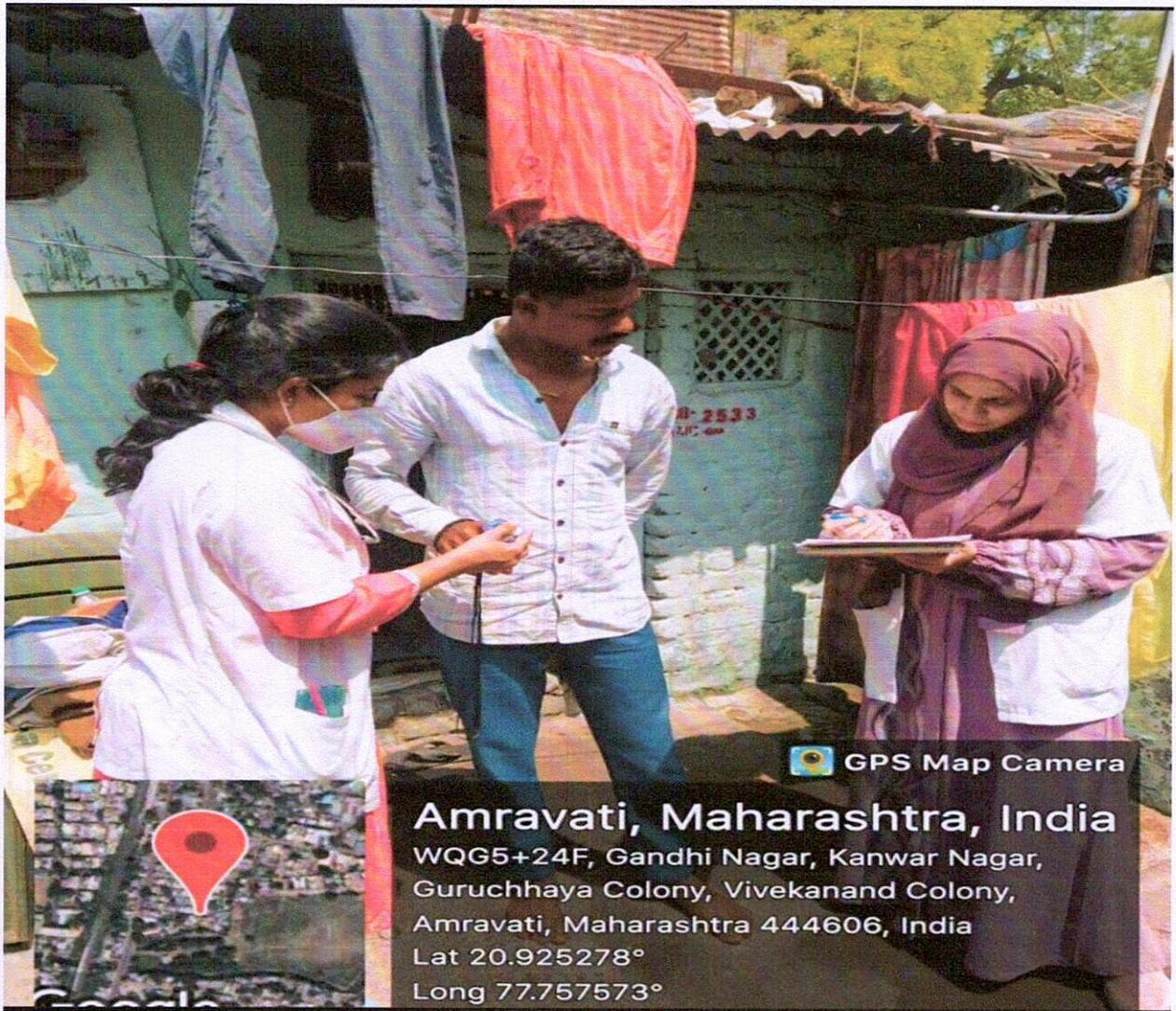
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