

STUDY GUIDE
DEPARTMENT OF PUBLIC HEALTH & RESEARCH



Abbottabad International Medical Institute Abbottabad

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Introduction

The College of Medicine at Abbottabad International Medical Institute has a long history of preparing students to take on the rigors of a wide variety of post-graduate training opportunities in institutions in Pakistan and around the Globe. We believe that to meet the needs of our students, faculty and community, we must strive to continuously improve our curriculum.

Lead, Serve, Inspire will be the curriculum for tomorrow's medicine, designed to shape the doctor for the future.

AIMI's reputation for curricular innovation, acclaimed faculty, pioneering research and world class patient care is well established. We must champion innovative thinking to ensure that we are training the types of doctors who will shape the future of medicine and fulfill our mission to improve people's lives.

History

That the Abbottabad International Medical College Abbottabad was established in 2002.

The Hazara University gave affiliation to this medical college on 01.04.2002 and reconfirmed the affiliation on 05th October 2003 and the students of this medical college were enrolled by the Hazara University and their professional examinations were taken by the University and students kept progressing.

Higher Education Regulatory Authority HERA inspected the college in March 2004, the inspection team was headed by the chairman himself and the members included Principal Ayub Medical College (a PMDC member), Dean faculty of sciences University of Peshawar, Deputy Secretary Higher Education. The inspection was overall supervised by chairman standing committee on Higher Education NWFP, (a sitting

member of NWFP assembly). The committee was satisfied with the available facilities at AIMC and unanimously decided to recognize the college and the college was registered by the HERA on 27.03.2004.

The college shifted its affiliation from Hazara University to Mohi-Uddin Islamic University, Narian Sharif AJ&K after due process of NOC.

The college was also inspected by the Secretary Higher Education, Government of NWFP and he was satisfied with the good standard of this college.

The college was once again inspected by the team of Higher Education Regulatory Authority in June 2007 headed by the Chairman himself. A copy of inspection report was sent to PMDC and Higher Education Commission of Pakistan, the report itself speaks of the excellent standard of our medical college.

On the insistence and persistent directives of Government of Pakistan Ministry of Health, PMDC inspected our college on 7th February 2008 and they met the faculty and the students.

The Executive Committee of the PMDC decided to reinspect the college and its teaching Hospital DHQ Haripur and this was done on 28th May 2008.

The PM&DC approved the college for recognition for fifty students in its 111th Meeting on 2nd and 3rd August 2008 and this was upgraded by the Council for 100 students on reinspection in its 118th meeting on 3rd April 2011.

All departments of the Abbottabad International Medical Institute are driven by our **MISSION:**

“To improve people's lives through innovation in research, education and patient care.”

We share a common **VISION:**

To work as a team shaping the future of medicine by creating, disseminating and applying new knowledge and by personalising health care to meet the needs of each individual.

Central to how we carry out our mission and vision are our core **VALUES:**

Excellence , collaborating as one Institution, integrity and personal accountability, openness and trust, diversity in people and ideas, change and innovation, simplicity in our work, empathy and compassion, and leadership.

Our mission vision and values represent who we are and who we strive to be. They are our commitment to you. Our students, trainees, researchers, educators, clinicians, staff, alumni and friends of the Abbottabad International Medical Institute.

Department of Public Health & Research is presently headed by Brigadier ® Prof Dr Arshad wahab, a very renowned professor of Public Health & research. This department has other Faculty member Dr Anwar Shahzad (Associate Professor Public Health, Dr Rehana Rasool (Assistant Professor), Dr Natasha, Dr Farda Younis, Dr Sana as a demonstrator in the department.

Mission Statement

Khyber Medical University aims to promote professional competence through learning and innovation for providing comprehensive quality health care to the nation.

KMU Vision

Khyber Medical University will be the global leader in health sciences academics and research for efficient and compassionate health care.

KMU Values

Personal honesty, integrity and respect for humanitarian, traditional and cultural values

Generation, synthesis, application and dissemination of knowledge

The Medical Education Continuum a system for lifelong learning

Personal and professional development of faculty and support staff

Mutual respect and collaboration

Personal, institutional and professional accountability

Service to local, regional, national and international communities

Continuous improvement of our programs through processes of sustainable development.



Policies and Ground Rules

Always be prepared for learning while Coming to class

Time punctuality is mandatory for every session.

Attention is utmost required while teaching sessions.

No vandalism is allowed in the classroom

Distraction is not allowed in the class during lessons

Every individual/student is strictly guided to complete home works and assignments daily on time

For every question one must have to wait for his turn.

Individuals and groups respect is liability to every one required during learning sessions.

No food allowed in the classroom other than breaks

Every student is advised to actively participate in classroom activities

Comply with all university policies on handbook

Follow the directions during activities

Mobile Phones, any electronic devices are not allowed in the class.

Don't "monopolize" the discussion; grant others a chance to contribute to the discussion.

Students/Participants must contribute to the discussions.

Bolster an environment of learning and development. Permit others (as well as yourself) to reexamine and clarify thoughts and positions in reaction to modern data and experiences

Show respect to each other's as individuals by learning and using their preferred names.

Respect the speaker, even when you don't concur with or regard the point the speaker is making.

Tune in carefully; don't interrupt.

Enter the classroom with an open mind to learn something new and innovative. Opens new horizon of learning by about—and being challenged by—ideas, questions, and points of view that are different than your own.

Don't endure fits on scholastic gatherings. Feedback, in spite of the fact that a central portion of the scholarly community must be helpful, well-meaning, and well-articulated.

Don't "monopolize" the discussion; grant others a chance to contribute to the discussion.

Students/Participants must contribute to the discussions.

EDUCATIONAL HOURS

Year	Theory	Practical	Total
3rd year	120 hours	50 hours	170
4th year	50 hours	50 hours	100

Study Guide Department of Public Health & Research AIMI ATD 2019-20

Total	75 hours in 33 weeks/year	100 hours	270 hours
Research methodology		100 hours	

WEEKLY DEPARTMENTAL TIME TABLE OF FACULTY MEMBERS

S#	Date/Day	Time	Lecture Class	Teacher	Designation
1.	Monday	11:30 am to 2:30 Pm	4 th Year MBBS (Research Batch)	All Staff	
2.	Tuesday	9:00 am -11:30 am	3 rd Year MBBS	Dr Rehana Rasool	Assistant professor
3.	Tuesday	11:30 am to 2:30 Pm	4 th Year MBBS (Research Batch)	All Staff	
4.	Wednesday	8:00 to 10:00 am	4 th Year MBBS	Dr Rehana Rasool	Assistant professor
				Dr Natasha	Demonstrator
5.	Wednesday	10:30 am to 11:30 am	3 rd Year MBBS	Dr Anwar Shahzad	Assistant Professor
				Dr Sana Shakoor	Demonstrator
6.				Dr Anwar Shahzad	Assistant Professor

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	Thursday	10:30 to 11:30 am	3 rd Year MBBS	Dr Sana Shakoor	Demonstrator
7.	Thursday	9:00 am to 10 :00 am	4 th Year MBBS	Brig ® Dr Arshad Wahab	Prof & HOD
				Dr Fardah Younis	Demonstrator
8.	Friday	9:00 am to 10 :00 am	3 rd Year MBBS	Brig ® Dr Arshad Wahab	Prof & HOD
				Dr Fardah Younis	Demonstrator
9.	Saturday	9:00 to 11:00 am	4 th Year MBBS	Dr Anwar Shahzad	Assistant Professor
				Dr Sana Shakoor	Demonstrator
10.	Saturday	11:30 am to 2:30 Pm	4 th Year MBBS (Research Batch)	All Staff	

EDUCATION STRATEGIES

The educational strategies in this curriculum are multiple and aligned with domain of learning and according to the desired outcome

Interactive lectures

One-third of the curriculum will be delivered in a traditional didactic format including PowerPoint presentations and case discussions. Didactic education is considered to be a one-way transmission of material from teacher to learner; we cannot overlook the possibility of meaningful interaction between experts and learners during live lectures. This type of interaction, which allows for immediate clarification of concepts and extension of knowledge, may be particularly

important for novice learners who have relatively little exposure to the subject matter, such as our study population.

Problem based learning

A lot of emphasis is on case based discussion. Problem-based learning (PBL) is complex and heterogeneous. A wide variety of educational methods are referred as PBL. These include Lecture-based case, Case based lecture, Case based discussions, Problem or inquiry based and Closed loop or reiterative. Incorporation of case based discussion in teaching enhances the critical thinking and problem-solving skills. It also helps in developing a broader prospective of clinical case scenarios.

Small Group Discussion

Small group discussion provides a unique environment to achieve high standards in medical education. Activation of prior knowledge, exchange of ideas, and engagement at a higher cognitive level are assumed to result in deeper learning and better academic achievements by students.

Video sessions

Pathology is a subject which involves visual learning and formulating concepts. Video assisted learning sessions also provides opportunities to learn gross anatomy.

Laboratory Sessions

Laboratory sessions are important as they provide opportunity for experiential learning in terms of study of slides and identification of tissues

ASSESSMENT

MCQ's and SEQ's

Multiple choice question and short essay question test will be used at the end of part of curriculum to assess the learning of knowledge. These all assessment exercises will be formative. The written tests like Multiple-Choice Questions (MCQs) and Short-Essay Questions (SEQs) test formats are used for the assessment of cognitive domain. The MCQs are more objective and essentially select type of item response format. MCQs have a cueing effect, which promotes guessing and leads to higher scores. In addition, writing MCQs of higher cognitive level of problem solving is

challenging. On the contrary, the SEQs are more subjective and have a supply or construct type item response format, which does not have any cueing effect and can effectively assess problem solving skills.

Clinical exam and OSCE

Short case and OSCE will be used to evaluate clinical skills and procedural skills at the ward end of placement. The OSCE is a method of clinical skill assessment, and it has been reported to be appropriate for assessing learning achievement levels in the psychomotor and emotional domains, which are difficult to evaluate with written examinations.

Viva Voce

Viva voce is used for assessment of knowledge and problem solving ability of students. This method is useful evaluating cognitive domain.

Assignments

Students of different year will be given assignment of different nature such as research and literature search and surveys

INTERNAL ASSESSMENT

- i. The weightage of internal assessment shall be 10 numbers in theory paper of totals marks.
- ii. Continuous internal assessment shall consist of evaluation at the end of each assignments, e.g. stages/sub-stage, class tests etc., attitudinal assessment from educational supervisors.

- iii. Assessment of knowledge, Skills and Attitude shall contribute toward internal assessment. Methods used to assess these domains shall include Multiple Choice Questions of one-best type, Short essay questions, Oral/Viva, and Practical/Clinical examinations.
- iv. The score of internal assessment shall contribute to the score in the final examination, Final university examination of each subject shall contribute 90 to total score, and the candidate shall pass in aggregate.
- v. Proper record of continuous internal assessment shall be maintained.

LEARNING RESOURCES

The department of community medicine will require following resources for implementation re- sources:

- Human resource
- Instructors (faculty members)
- Infrastructure
- Lecture hall with AV aids
- Tutorial room with AV aids

- Community Medicine Museum
- Computers Lab
- Skill lab

LISTS OF CONTENT RESOURCES

- Text book of Community Medicine by Park J E. Latest Edition
- Text book of Community Medicine. Latest Ed. by Ilyas Ansari.
- Text book of Community Medicine by Maxie Rozani. Latest Edition
- Medical Statistics. 2nd Ed. by R. Turkwood.
- Online Journals and Reading Materials through HEC Digital Library Facility.

CONTENTS CHAPTERS

S.No	Topic
1	CHAPTER 1 Concept of Health & Disease
2	CHAPTER 2 Introduction to Public Health and Health Systems in Pakistan
3	CHAPTER 3 Epidemiology and disease control

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4	CHAPTER 4 Prevention and control of Infectious diseases
5	CHAPTER 5 Dynamics of infections disease Transmission
6	CHAPTER 6 Control of infection.
7	CHAPTER 7 Epidemiology, control and prevention of infectious diseases of Public Health importance.
8	CHAPTER 8 Epidemiology, control and prevention of non-infectious diseases of Public Health importance.
9	CHAPTER 9 Biostatistics
10	CHAPTER 10 Demography and Population dynamics
11	CHAPTER 11 Food and Nutrition
12	CHAPTER 12 Reproductive and child health
13	CHAPTER 13 Health of school age children.
14	CHAPTER 14 Environmental Health Sciences
15	CHAPTER 15 Occupational Health
16	CHAPTER 16 Arthropods and their public health importance
17	CHAPTER 17 Prevention and control of parasitic diseases of public health importance

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| 18 | CHAPTER 18 Mental Health |
| 19 | CHAPTER 19 Behavioral Sciences and lifestyle |
| 20 | CHAPTER 20 Information, Education and Communication (IEC) |
| 21 | CHAPTER 21 Disaster |



IMPLEMENTATION

The curriculum is spread over 2 years program classes and students will be evaluated internally in both years while university exam will be held in 4th year MBBS.

3rd Year.

In 3rd year MBBS students will only take community Medicine core subjects classes, apart from classes they will have to attend community visits.

4th Year.

In this year students will be exposed to community visits, field visits for research .they will have to attend batches for research work and gather data along with regular classes for public health research.

COMMUNITY MEDICINE

TABLE OF SPECIFICATION (ToS)			
Sr. No.	Topic Specification	MCQ's	
1	Concept of health and disease	03	
2	Introduction to public health	03	
3	Epidemiology	08	
4	Biostatistics and HMIS	05	
5	Demography and Population dynamics	03	
6	Food and nutrition	05	
7	MCH and reproductive health	04	
8	School health	03	
9	Environment	03	
10	Occupational health	04	
11	Entomology and arthropod borne diseases	02	
12	Parasitology	02	
15	Behavioural sciences	02	

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16	Information Education and Communication	01	
17	Accidents / Disasters	02	
Total		50	

COMMUNITY MEDICINE

TABLE OF SPECIFICATION (ToS)

Sr. No.	Topic Specification	SEQ's	
1	Concept of health and disease and epidemiology	01	
2	Introduction to public health	01	
3	Immunology	01	
4	Biostatistics / HMIS	01	
5	Demography and population control	01	
6	Food and nutrition	01	
7	MCH / Reproductive health	01	
8	Environment	01	
9	Occupational health	01	
10	Parasitology and Entomology and Snake bite	01	
11	Dental health and school health and health education	01	

Accident and disasters	01	
Total	12	

COMMUNITY MEDICINE

Identification of 10 specimens with relevant questions, each carrying 7 marks

TABLE OF SPECIFICATION (ToS for OSPE)		
Sr. No.	Topic	No. of Station
1	Immunization	01
2	Contraceptives	01
3	Models: Vectors, etc.	01
4	Parasites	01
5	Slides of common infectious diseases	01
6	Short questions on prevention	01
7	Anthropometric measures	01
8	Simple calculations based on scenarios related to Community Medicine	01

9	Sterilization and Disinfection	01
10	Nutrition and Pictures and diagrams	01
		01



MBBS 4th PROFESSIONAL COMMUNITY MEDICINE

FORMAT		
Sr. No.	COMMENTS	MARKS
1	OSPE 10 Stations (10 non-observed stations related to practical (each of 07 marks)	70
2	RESEARCH PROJECT, FIELD VISITS BOOK,	25 + 20
3	STRUCTURED VIVA VOCE (related to curriculum	35 17.5+17.5 (External + Internal)
4	INTERNAL ASSESSMENT Theory	10
5	THEORY (University Paper)	140
	Total	300

Contents	Objectives	Domain	Strategy	Assessment
CHAPTER 1: Concept of Health & Disease				
	<ul style="list-style-type: none"> • Concept of health • Definition of health (Dimensions, physical, mental, social and spiritual). • Spectrum of health • Determinants of health. Responsibility for health • Indicators of health • Concept of disease. Concept of causation (all theories including ecological triad, agent, host & environmental factors). • Spectrum of disease. Iceberg phenomenon. • Natural history of disease. Levels of prevention. • Disease elimination and eradication. Disease surveillance. 	C3	LEC/SG	MCQ/SE
		C3	D	Q
		C3	LEC/SG	MCQ/SE
		C3	D	Q
		C3	LEC/SG	MCQ/SE
		C3	D	Q
			LEC/SG	MCQ/SE
			D	Q
			LEC/SG	MCQ/SE
			D	Q

		C3	LEC/SG	MCQ/SE
		C3	D	Q
		C3	LEC/SG	MCQ/SE
			D	Q
			LEC/SG	MCQ/SE
			D	Q

Chapter 2: Introduction to Public Health and Health Systems in Pakistan

	• Background and Concepts:	C3	LEC/SGD	MCQ/SEQ
	• Definitions and concepts in Public Health	C3	LEC/SGD	MCQ/SEQ
	• Development of Public Health in Pakistan.	C3	LEC/SGD	MCQ/SEQ
	• Economics and Health. Health Policy and planning in Pakistan.	C3	LEC/SGD	MCQ/SEQ
	• “Health for all”, background, concepts and progress.	C3	LEC/SGD	MCQ/SEQ
	• “Primary Health Care”: Concepts and progress.	C3	LEC/SGD	MCQ/SEQ
	• The National Disease Control programmes; policies, strategies and operations.	C3	LEC/SGD	MCQ/SEQ
	• Health System in Pakistan:	C3	LEC/SGD	MCQ/SEQ
	• The role of Federal and Provincial Governments in Health care.	C3	LEC/SGD	MCQ/SEQ
	• The District Health System, in the context of devolution.	C3	LEC/SGD	MCQ/SEQ
	• The Physician as a manager:	C3	LEC/SGD	MCQ/SEQ
	• Functions of manager, management of material, human and financial	C3	LEC/SGD	MCQ/SEQ

resources.			
• Leadership and motivation.	C3	LEC/SGD	MCQ/SEQ
• Partners in Health:	C3	LEC/SGD	MCQ/SEQ
• The public and private sector.	C3	LEC/SGD	MCQ/SEQ
• Nongovernmental Organizations and International Agencies.	C3	LEC/SGD	MCQ/SEQ
• Resources for health. Community Mobilization.	C3	LEC/SGD	MCQ/SEQ



Contents	Objectives	Domain	Strategy	Assessment
Chapter 3: Epidemiology and disease control				
	• General epidemiology and research methodology.	C3	LEC/SGD	MCQ/SEQ
	• Background and concepts, uses, basic measurements in epidemiology (morbidity, mortality, disability and fatality).	C3	LEC/SGD	MCQ/SEQ
	• Epidemiological methods (descriptive, analytic and experimental). epidemiological transition. Association and causation.	C3	LEC/SGD	MCQ/SEQ
	• Investigation of an outbreak or an epidemic.	C3	LEC/SG	MCQ/SEQ
	• Screening for disease. Community diagnosis.	C3	D	Q
	• Research and survey methodology.	C3	LEC/SG	MCQ/SEQ
	• Introduction to qualitative research methodology.	C3	D	Q
			LEC/SG	MCQ/SEQ
Chapter 4: Prevention and control of Infectious diseases				
	• Definitions to differentiate between:	C3	LEC/SGD	MCQ/SEQ
	• Infection, contamination, pollution, infestation	C3	LEC/SGD	MCQ/SEQ
	• Infectious disease, communicable disease, contagious disease	C3	LEC/SGD	MCQ/SEQ
	• Host, Immune and susceptible persons	C3	LEC/SGD	MCQ/SEQ
	• Sporadic, Endemic, Epidemic, Pandemic	C3	LEC/SGD	MCQ/SEQ
		C3	LEC/SGD	MCQ/SEQ

	• Epizootic, Exotic, Zoonosis	C3	LEC/SGD	MCQ/SEQ
	• Contact, fomites, Carriers, Insect Vectors, Reservoir of infection	C3	LEC/SGD	MCQ/SEQ
	• Incubation period, Infective period, Generation time	C3	LEC/SGD	MCQ/SEQ
	• Cross infection, Nosocomial infection, Opportunistic infections, Iatrogenic (Physician induced) disorders	C3	LEC/SGD	MCQ/SEQ
	• Surveillance, Eradication, Elimination.	C3	LEC/SGD	MCQ/SEQ
		C3	LEC/SGD	MCQ/SEQ

Chapter 5: Dynamics of infections disease Transmission

	• Reservoir and source of infection, Escape of organism, Mode of transmission, Entry into the body, Susceptible host, Immunity (different types of immunity and immunization)	C3	LEC/SGD	MCQ/SEQ

Contents	Objectives	Domain	Strategy	Assessment
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Chapter 6: Control of infection.

	Controlling the reservoir-notification, early diagnosis treatment, isolation, quarantine, disin- fections.	C3	LEC/SGD	MCQ/SEQ
	Interruption of transmission.	C3	LEC/SGD	MCQ/SE
	The susceptible host (active & passive immunization, Combined Chemoprophylaxis, Nonspe- cific measures).	C3	LEC/SGD	Q
	Health advice to travelers.			MCQ/SE
	National case management guide lines.	C3	LEC/SGD	MCQ/SE
		C3	LEC/SGD	Q
				MCQ/SE
				Q

Chapter 7: Epidemiology, control and prevention of infectious diseases of Public Health importance.

	Diseases transmitted through inhalation	C3	LEC/SGD	MCQ/SEQ
	Diseases transmitted through faeco-oral route	C3	LEC/SGD	MCQ/SEQ
	Arthropod borne diseases.	C3	LEC/SGD	MCQ/SEQ
	Diseases of animals conveyed to man.	C3	LEC/SGD	MCQ/SEQ

	• Diseases due to direct contact	C3	LEC/SGD	MCQ/SEQ

Chapter 8: Epidemiology, control and prevention of non-infectious diseases of Public Health importance.

	• Hypertension,	C3	LEC/SGD	MCQ/SEQ
	• Coronary heart disease	C3	LEC/SGD	MCQ/SEQ
	• Cancers,	C3	LEC/SGD	MCQ/SEQ
	• Injuries	C3	LEC/SGD	MCQ/SEQ
	• Diabetes mellitus	C3	LEC/SGD	MCQ/SEQ
	• Obesity	C3	LEC/SGD	MCQ/SEQ
	• Rheumatic fever and heart disease.	C3	LEC/SGD	MCQ/SEQ

Contents	Objectives	Domain	Strategy	Assessment
Chapter 9: Biostatistics				
	• Concepts and uses	C3	LEC/SGD	MCQ/SEQ
	• Data and its types	C3	LEC/SGD	MCQ/SEQ
	• Rates, ratios and proportions	C3	LEC/SGD	MCQ/SEQ
	• Crude, specific and standardized rates.	C3	LEC/SGD	MCQ/SEQ
	• Collection and registration of vital events in Pakistan	C3	LEC/SGD	MCQ/SEQ
	• Sources of health related statistics	C3	LEC/SGD	MCQ/SEQ
	• Measures of central tendency, (Mean, Median, Mode),	C3	LEC/SGD	MCQ/SEQ
	• Measures of dispersion (Range, Standard deviation, Standard error)	C3	LEC/SGD	MCQ/SEQ
	• Normal curve	C3	LEC/SGD	MCQ/SEQ
	• Methods of data presentation (tables, graphs & diagrams).	C3	LEC/SGD	MCQ/SEQ
	• Interpretation of data (t-test and Chi-square test)	C3	LEC/SGD	MCQ/SEQ
	• Sampling and its various techniques.	C3	LEC/SGD	MCQ/SEQ
	• Health Management Information System	C3	LEC/SGD	MCQ/SEQ
Chapter 10: Demography and Population dynamics				
	• Concept, demographic principles and demographic processes	C3	LEC/SGD	MCQ/SEQ
	• Census, definition, methodology, types.	C3	LEC/SGD	MCQ/SEQ

• Determinants of fertility, mortality	C3	LEC/SGD	MCQ/SEQ
• Population pyramid, and its interpretation.	C3	LEC/SGD	MCQ/SEQ
• Demographic transition, demographic trap and its public health importance.	C3	LEC/SGD	MCQ/SEQ
• Demographic and social implication of high population growth.	C3	LEC/SGD	MCQ/SEQ
• Social mobilization	C3	LEC/SGD	MCQ/SEQ
• Urbanization	C3	LEC/SGD	MCQ/SEQ

Chapter 11: Food and Nutrition

• Concepts (nutrition, nutrient, food, diet).	C3	LEC/SGD	MCQ/SEQ
• Food groups and their functions.	C3	LEC/SGD	MCQ/SEQ
• Role of fiber in diet.	C3	LEC/SGD	MCQ/SEQ
• Balanced diet.	C3	LEC/SGD	MCQ/SEQ
• Malnutrition at all stages of life its types causes and prevention.	C3	LEC/SGD	MCQ/SEQ
• Common nutritional problem of public health importance and their prevention and control.	C3	LEC/SGD	MCQ/SEQ
• Dietary requirements of normal human being at different stages of life.	C3	LEC/SGD	MCQ/SEQ
• Food hygiene, pasteurization, fortification, additives & adulteration and preservation	C3	LEC/SGD	MCQ/SEQ
• Food poisoning	C3	LEC/SGD	MCQ/SEQ
• Assessment of nutritional status of a community.	C3P2A2	SGD/LAB	OSPE

Contents	Objectives	Domain	Strategy	Assessment
Chapter 12: Reproductive and child health				
	• Safe motherhood, and its components. (ante-natal, post-natal, family planning & emergency obstetric care).	C3	LEC/SGD	MCQ/SEQ
	• Maternal mortality, causes and prevention.	C3	LEC/SG	MCQ/SE
	• Infant care: growth and development. Breast feeding,	C3	D	Q
	• Common causes of morbidity and mortality, their prevention and control.	C3	LEC/SG	MCQ/SE
	• Child care: health promotion strategies. Common ailments, home accidents, child mortality prevention .	C3	D	Q
	• Strategic approaches of integrated management of childhood illness (IMCI).		LEC/SG	MCQ/SE
	• Adolescent health		D	Q
	• Reproductive tract infections: guidelines for management of STD's.			
		C3	LEC/SG	MCQ/SE
		C3	D	Q
		C3	LEC/SG	MCQ/SE
			D	Q
			LEC/SG	MCQ/SE
			D	Q

Chapter 13: Health of school age children.

	• Role of teachers and role of doctor in maintenance of health	C3	LEC/SG	MCQ/SE
	• Procedures for determining health status of school age children.	C3	D	Q
	• Common health problems of school children.	C3	LEC/SG	MCQ/SE
			D	Q
			LEC/SG	MCQ/SE
			D	Q

Chapter14: Environmental Health Sciences

	• Air: Composition of air. Causes of Air pollution. Purification of Air. Diseases caused by impurities in air and their prevention.	C3	LEC/SGD	MCQ/SEQ
		C3	LEC/SGD	MCQ/SEQ
	• Water: Sources of Water. Daily water requirement. Water pollution its causes and prevention. Purification of Water.	C3	LEC/SGD	MCQ/SE
	• Water quality Standards. Diseases due to polluted water.	C3	LEC/SGD	Q
	• Waste disposal: contents, hazards and safety measures for solid and liquid; domestic, industrial and hospital waste.			MCQ/SE
				Q
	• Climate: Climate and weather. Global environmental concerns	C3	LEC/SG	MCQ/SE
	• Green house effect, depletion of ozone layer, acid rains.	C3	D	Q
	• Effect of extremes of temperature, humidity, atmospheric pressure on human health and their prevention.	C3	LEC/SG	MCQ/SE
			D	Q
	• Radiation: Sources, types, causes, hazards and prevention.		LEC/SG	MCQ/SE
	• Healthful housing. Urban and rural slums. Refugee camps and hostels.		D	Q

- Noise : Definition, causes, acceptance level, hazards and control.

C3

LEC/SG

MCQ/SE

C3

D

Q

C3

LEC/SG

MCQ/SE

D

Q

LEC/SG

MCQ/SE

D

Q



Contents	Objectives	Domain	Strategy	Assessment
Chapter 15: Occupational Health				
	• Concepts, of occupational health, occupational medicine and occupational hygiene.	C3	LEC/SGD	MCQ/SEQ
	• Ergonomics and its importance.	C3	LEC/SGD	MCQ/SEQ
	• Occupational hazards. Principles of control.	C3	LEC/SGD	MCQ/SEQ
	• General principles of occupational disease prevention.	C3	LEC/SGD	MCQ/SEQ
	• Organization of occupational health services.	C3	LEC/SGD	MCQ/SEQ
	• Health Insurance and Social Security Schemes Arthropods and their public health importance	C3	LEC/SGD	MCQ/SEQ
	• Common arthropod borne diseases	C3	LEC/SGD	MCQ/SEQ
	• Control of arthropods of medical importance.	C3	LEC/SGD	MCQ/SEQ
	• Insecticides and their public health importance	C3	LEC/SGD	MCQ/SEQ
Chapter 16: Arthropods and their public health importance				
	• Common arthropod borne diseases	C3	LEC/SGD	MCQ/SEQ
	• Control of arthropods of medical importance.	C3	LEC/SGD	MCQ/SEQ
	• Insecticides and their public health importance	C3	LEC/SGD	MCQ/SEQ
Chapter 17: Prevention and control of parasitic diseases of public health importance				
	• Snake Bites: personal protection and management	C3	LEC/SGD	MCQ/SEQ
Chapter 18: Mental Health				
	• Concept. Common mental health problems, their causes, prevention and control.	C3	LEC/SGD	MCQ/SEQ
	• Juvenile delinquency	C3	LEC/SGD	MCQ/SEQ
Chapter 19: Behavioral Sciences and lifestyle				
	• Concept, attitudes, health and illness behavior.	C3	LEC/SGD	MCQ/SEQ
	• Drug abuse, addiction and smoking	C3	LEC/SGD	MCQ/SEQ
	• Child abuse and child labour	C3	LEC/SGD	MCQ/SEQ
	• Role of physical exercise in health and disease.	C3	LEC/SGD	MCQ/SEQ

Chapter 20: Information, Education and Communication (IEC)

	• Concept. Aims and objectives	C3		LEC/SGD	MCQ/SEQ
	• Approaches used in public health	C3		LEC/SGD	MCQ/SEQ
	• Contents, principles and stages of health education	C3		LEC/SGD	MCQ/SEQ
	• Communication methods, barriers and skills in health education	C3		LEC/SGD	MCQ/SEQ
	• Planning, organizing and evaluating a health education programme	C3		LEC/SGD	MCQ/SEQ
	• Social marketing	C3		LEC/SGD	MCQ/SEQ

Community Visits & Research Projects

S#	Site of Visit	Purpose of Visit
1.	Marble Industries Industrial Road Abbottabad	Workplace safety & Occupational hazards Assessment
2.	Basic Health Unit Mirpur Abbottabad	Primary Prevention & EPI program
3.	Water Filtration Plant Jinnah- abad	Observation of Water purification process
4.	Mental Asylum Dhodial Mansehra	Mental Health assessment & Care Observation
5.	College of Rehabilitation DAATA Mansehra	Assessment & observation of Rehab Process & education
6.	Govt primary School Mirpur Abbottabad	Assessment of School Health Services
7.	Mc-Donald's Abbottabad	Assessment of food handling & process
8.	Rehab Centre Abbottabad	Assessment of Rehabilitation management
9.	Waste Management Area of Ayub Medical Complex Abbottabad	Observation & assessment of Waste management process

In 4th Year students will be divided into Batches & research topic will be given to one group and each group has to complete its research project and submit final research for evaluation.

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Learning Sites

- 1.Lecture hall 04 (LGD sessions)
- 2.Demonstration Room (SGD)
- 3.Community Medicine Museum (Group Discussions/Videos sharing/Research work)
- 4.Hospital (EPI vaccination & MNCH)
- 5.Library (reference Books)

Reference Books

1. Community Medicine by K.E Park
2. Community Medicine by Ilyas Ansari
3. Community Medicine by Rajvir Bhalwar
4. MCQs book K.E Park
5. MCQs Bank by Public Health Department AIMI Abbottabad.