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SMVMCH-Research Committee

Sri ManakulaVinayagar Medical College and Hospital Puducherry 605 107

Phone: 0413 - 2643000 EXT. No (2396) Fax: 0413 - 2643014

No: SMVMCH/DR/Circular-RC/398/2022

Date: 19-12-2022

CIRCULAR

Workshop on 'Basic Research Methods' for first year postgraduates will be held from 31st Januaray to 3rd February, 2023.

We request all Heads of the Department to relive all the postgraduates from their routine duties in order to attend the workshop.

Instructions to postgraduates:

- Attendance in all sessions is compulsory to receive the certificate of participation and certificate is mandatory to apply for the Institute Ethics Committee clearance.
- 2. Postgraduates should come with the 'Research Topic' for their thesis

Note: Only one 'Workshop on 'Basic Research Methods' will be held for all Postgraduates

<u>Venue</u>: - Lecture Hall – I (College building).

Time: - 08.30 AM to 05.00 PM.

For further information please contact:

Dr Premanandh K Member Secretary Extn. No: 2096

Dean (Research)

Dr. G. KALAI SELVAN

DEAN (RESEARCH)

Sri Manakula Vinayagar Medical College & Hospita Kalitheerthalkuppam, Madagadipet, Puducherry-605107.

Copy to:

- The Chairman & Managing Trustee
- The Secretary
- The Director Office
- The Dean (Academic)
- The Medical Superintendent
- All members of SMVMCH Research Committee
- All HOD's
- EDP and Notice board (Library, College, Hostel)

Dr. KAGNE. R.N

DEAN

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PUDUCHERRY-605107.



SMVMCH RESEARCH COMMITTEE

WORKSHOP ON RESEARCH **METHODOLOGY**

31.01.2023-03.02.2023 • LECTURE HALL I

CONDUCTED BY

SMVMCH RESEARCH COMMITTEE KAGNE. SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND SRI MANAKULA VINAYAGAR HOSPITAL, PUDUCHERRY, INDIA

MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-605107.

1000 YAX - n. W. W.



Workshop on Research Methods for first year Postgraduates

	03.02.2023	Recap of day 3	Proposal Presentation -1	Proposal Presentationm-2	Proposal Presentation-3	Proposal Presentation-4		Assessment	Standard Operating Procedure(SOP) of the Research Committee atSMVMCH – MS/AS	Instructions on deliverables and Scientific misconducts – Dr. GK	Feedback & Valedictory	
Morkshop on Research Methods for first year Postgraduates	02.02.2023	Recap of day 2	Biases and ways to Minimize it – Dr.	Hands-on: Identify biases in yourproject - Analysis plan[Exercise-7] – Dr. PM	Intellectual Property Rights (Patents) Gantt Chart – Dr. DP	Diagnostic Research – Dr. AS		Small Group Discussion-3	Reference citation usingVancouver Style – Dr. PT/Dr. KN/Dr. DP		Hands-on on Reference citation [Exercie-8] – Dr. PT/Dr. KN/Dr. DP	Small Group Discussion -4
search Me	01.02.2023	Recap of day 1	Material & Methods: Case Control B [Exercise-6] – Dr. AM P	Material & Methods: Cohort Design - Dr. PV/Dr. AW	Material & Methods: Experimental design – Dr. GK	Material & Methods: Blinding and Randomization – Dr. PM	Qualitative and MixedMethods Research – Dr. GK	Designing questionnaire and deciding the tools formeasurement – Dr. AM/PV	Suidelines on ethical rt I and II	How to fill EC application? – Dr. VM & Dr. NS	Small Group Discussion-2	
Workshop on Re	31.01.2023	Program overview and ground rules	What is research? How to select the topic?[Exercise 1] – Dr. GK	Overview of Protocol and study Design – Dr. GK	How to write the objectives? — Dr. KR	Variables and its types [Exercise 2] – Dr. RJ	Review of Literature Group work[Exercise 3] – Dr. BP	How to search the Literature? (In library and Online) PubMed – Dr. PV/Dr. VJ/Dr. RN	rch]-	Material & Methods: Sample size and sampling [Exercise-4] – Dr. PM	Material & Methods: Cross Section Design [Exercise-5] - Dr. RN	1 moisonnoid annual of the same
Dr. KA	Time (IST)	69 .00 – 09.30	.09.30-10.00 Z	10.00 -10.30	10.45-11.30	11.30 -12.00	12.00-12.30	12.30-01.00	2.00-2.30	2.30-3.15	3.15 -3.45	

Daily Refreshment and lunch will be served at - 10.30 – 10.45 and 1.00 -2.00 Lunch

Abbreviations:

Dr. GK – Dr. Kalaiselvan. G	Dr. AW – Dr. Aswathy
Dr. KR – Dr. Karthikeyan. K	Dr. VM – Dr. Vimal. M
Dr. RJ – Dr. Rajalakshmi. M	Dr. NS – Dr. Nishanthi. A
Dr. BP – Dr. Bupathy. A	Dr. DP – Dr. Deepika. V
Dr. PV – Dr. Pravin. S	Dr. AS – Dr. Asmathulla
Dr. VJ – Dr. Vijayasankar. P	Dr. PT – Dr. Preethi. S
Dr. RN – Dr. Reenaa Moh0an	Dr. KN – Dr. Kanimozhi. T
Dr. PM – Dr. Prem Anand. K	Dr. DP – Dr. Dilipchandar
Dr. AM – Dr. Arulmozhi. M	MS / AS – Member / Assistant Secretary

Instructions

- 1. Will be divided into 4 groups and study designs for project will be allocated by random method
- 2. Each group will select a group leader and co-leader for effective communication
- 3. Participants should meet in their groups, actively participate and design a project
- 4. Each group will be mentored by faculty
- 5. Group can prepare a common PPT for presentation
- 6. Presenter for the group will be picked randomly by chit on the day and other members will defend the questions
- 7. The project will be evaluated by the 2-3 faculty using scoring sheet
- 8. Other participants can provide comments
- 9. Prize will be awarded for the best project presentation
- 10. Assessment will be held on the last day and best 3 Post-graduated will be awarded by the Alumni

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INDEX

- 1. Exercise1-A,B on Introduction to research (Thesis\Dissertation)
- 2. List of action verbs to write study objectives
- 3. Variables and its types
- 4. Exercise 2 on Variables
- 5. Exercise 3 on Review of Literature
- 6. Help for PubMed and Google search
- 7. Assignment instruction on literature retrieval
- 8. Exercise-4 on Sample size
- 9. Material & Methods: Study Designs
- 10. Exercise-5
- 11. Qualitative Research
- 12. Designing questionnaire and deciding the tools for measurement
- 13. Biases and ways to minimize it
- 14. Exercise-6
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- 17. Exercie-7 on Reference citation
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Dr. KAGNE, R.N

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EXERCISE 1

A] Answer the following questions:

Q-1	What is research?
Q-1	What are the purposes of research?

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List of action verbs

Quantitative studies

Define	Locate	Identify
Identify	Interpret	Infer
Differentiate	Calculate	Evaluate
Describe	Categorize	Estimate
Determine	Compare	Choose
Recognize	Conclude	Assess
Record	Correlate	Create
Relate	Detect	Construct
Discriminate	Determine	Compose
Explain	Develop	Collect
Define	Differentiate	Critique
Identify	Distinguish	Formulate
List	Estimate	Synthesize
Identify	Evaluate	Analyse
Review	Examine	Study
Recognize	Experiment	Validate

Qualitative studies

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Explore

Understand

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VARIABLES AND ITS TYPES

The raw data of an investigation consist of observations made on individuals. The number of individuals is called the sample size. In many situations the individuals are people, but they need not be. For instance, they might be red blood cells, urine specimens, rats, or hospitals.

Any aspect of an individual that is measured, like blood pressure, or recorded, like age or sex, is called a **variable**. There may be only one variable in a study or there may be many.

Hence variable is the fundamental entity studied in scientific research. It is an attribute or thing which is free to vary (can take on more than one value) so called as variable.

For example, Table 1 shows the first six lines of data recorded in a study of outcome of treatment in tuberculosis patients treated in three hospitals. Each row of the table shows the data collected on a particular individual, while the columns of the table show the different variables which have been collected.

Table-1: Data from a study of outcome after diagnosis of tuberculosis.

Hospital	Date of birth	Sex	Date of admission	Weight in kg	Smear result	Skin test diameter	Alive after 6 months
1	12-05-1964	M	30-02-2015	44	Positive	28	No
2	03-10-1998	F	03-03-2015	62	Negative	15	Yes
2	21-01-1982	F	22-04-2015	85	Uncertain	16	Yes
3	30-09-1975	M	17-07-2015	49	Negative	20	Yes
3	09-07-2000	F	08-10-2015	55	Negative	5	Yes
1	27-02-1969	M	13-12-2015	51	Negative	12	Yes

Needs for knowing the types of variable:

- 1. To understand how to display and analyze data obtained in any scientific study.
- 2. To evaluate the appropriateness of the statistical techniques used.

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3. To appreciate the credibility of the conclusions derived from the studies SRI MANAKULA VINAYAGAR

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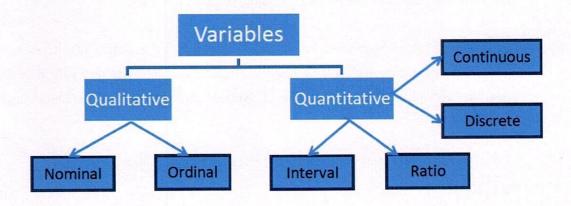
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Types of variables:

Types of variables refer to the several different and important classifications of variables which are most essential to know in order to understand and appropriately use the most important and frequently used applied bio-statistical methods. Details of which are shown in Figure 1. Qualitative variables are divided into two type namely nominal and ordinal variables. Quantitative variables are divided into interval and ratio variables. The other way of classifying quantitative variable is into continuous and discrete types.

Figure 1: Classification of variables.



- 1. Quantitative versus qualitative
- 2. Dependent versus independent

Nominal variable:

Nominal measures simply name, group, type, classify or categorize values of a variable. Nominal variables are the lowest level qualitative variable and the lowest level of measurement

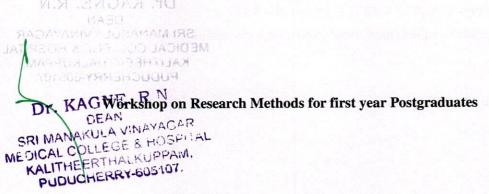
Examples:

Sex (male, female)

Political party (democrat, republican, other)

Blood type (A, B, AB, O)

Pregnancy status (pregnant, not pregnant)



Ordinal variable:

Ordinal implies order. And, order means ranking. So the things being measured are in some order. You can have higher and lower amounts. Less than and greater than are meaningful terms with ordinal variables where they were not with nominal variables. So, ordinal variables explain both name and order.

Examples:

Rankings (e.g., football top 10 teams)

Order of finish in a race (first, second, third)

Hypertension categories (mild, moderate, severe)

Interval variable:

They are called interval variables because the intervals between the numbers represent something real. This is not the case with ordinal variables. Interval variables not only convey one value is higher than another, but also the real distances between the intervals on the scales. Hence it gives a higher level of information. Interval scales not only have name and order, but also the property that equal intervals in the numbers measured represent real equal differences in the variables.

Look at the difference between 36 degrees and 37 degrees compared to the difference between 40 degrees and 41 degrees on either Fahrenheit or Celsius temperatures. Because the differences in the numbers are the same, temperature intervals are the same, hence it is a variable in interval scale.

Examples of interval scales include the Fahrenheit and Celsius temperatures previously mentioned, SAT, GRE, MAT, and IQ scores. In general, many of the standardized tests of the psychological, sociological and educational disciplines use interval scales. Interval measures all share the property that the value of zero is arbitrary. On the Celsius scale, for example, 0 is the freezing point of water. On the Fahrenheit scale, 0 is 32 degrees below the freezing point of water.

Ratio variable:

Ratio variables have all the properties of interval variables plus a real absolute zero. That is, value of zero represents the total absence of the variable being measured.

They are called ratio variables because ratios are meaningful with this type of variable. It makes sense to say 100 feet is twice as long as 50 feet, because length measured in feet is a ratio scale. Likewise it

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makes sense to say a Kelvin temperature of 100 is twice as hot as a Kelvin temperature of 50 because it represents twice as much thermal energy (unlike Fahrenheit temperatures of 100 and 50).

With ratio variables, the only difference from interval variables is that you have a true zero so that you can actually talk about ratios. That is a person's lung capacity can be twice somebody else's lung capacity. In order to make those kinds of statements you have to be able to compute meaningful ratios and you can only do that if you have a true zero. But really for the purposes of any statistical tests it makes no difference whether you have interval or ratio variables.

Some examples of ratio variables are length measures in the metric systems, time measures in seconds, minutes, hours, etc., blood pressure measured in millimeters of mercury, age, and common measures of mass, weight, and volume.

Continuous and discrete variables:

A numerical variable is either continuous or discrete. A continuous variable, as the name implies, is a measurement on a continuous scale. In contrast, a discrete variable can only take a limited number of discrete values, which are usually whole numbers.

Examples:

Continuous variables: Height, weight, time, etc.,

Discrete variables: The number of episodes of diarrhoea a child has had in a year, number of children in a family, birth order, etc.,

Dependent and independent variables:

In order to choose appropriate data displays and statistical methods, it is very important to distinguish between dependent (outcome) and independent (exposure) variables, in addition to identifying the types of each of the variables in the data set.

The outcome variable is the variable that is the focus of our attention, whose variation or occurrence we are seeking to understand. In particular we are interested in identifying factors, or exposures, that may influence the size or the occurrence of the outcome variable.

More generally, Independent variables are the causes or causal factors in medical research studies. Some examples are given in Table 2 and the various terms used to denote them are given in Table 3.

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Table 2: Examples of outcome and exposure variables

Exposure (Independent variable)	Outcome (Dependent variable)
Mother smoked during pregnancy	Baby born with low birth weight
(yes, no)	(yes, no)
Duration of exclusive breastfeeding	Anthropometric status at 1 year of age (weight-for-
(weeks)	age)
Access to clean water supply (yes, no)	Number of diarrhoea episodes experienced in a
	year
	Mother smoked during pregnancy (yes, no) Duration of exclusive breastfeeding (weeks)

Table 3: Commonly used alternatives for describing exposure and outcome variables

Outcome variable	Exposure variable
Response variable	Explanatory variable
Dependent variable	Independent variable
y-variable	x-variable
Case-control group	Risk factor/ Treatment group

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EXERCISE-2

Answer all questions.

- 1. Which among the following is an ordinal variable:
 - a. Grades of cancer
 - b. Weight in kg
 - c. Height in cm
 - d. BMI in kg/m²
- 2. True about interval scale
 - a. Has no absolute zero
 - b. Order and name only
 - c. Possible to compute ratio
 - d. Weight in Kg is an example
- 3. Choose the discrete variable from the given list
 - a. Weight in kg
 - b. Height in cm
 - c. Duration in minutes
 - d. Glasgow coma scale
- 4. Intelligent quotient is an example of
 - a. Ratio scale
 - b. Interval scale
 - c. Ordinal scale
 - d. Nominal scale
- 5. A researcher wanted to predict the risk of CVD based on life style related behaviours of the participants. What is the dependent variable of the study?
 - a. Physical activity
 - b. Duration of sleep
 - c. Risk of CVD

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d. Tobacco usage

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6. Identify the types of variables from the given table.

Village	Date of birth	Sex	Date of interview	Waist circum.	Known DM	BMI	No. of risk factors (IDF)	Metabolic syndrome
1	12-05-1964	M	30-02-2015	85	0	28	1	No
2	03-10-1998	F	03-03-2015	90	1	25	3	Yes
2	21-01-1982	F	22-04-2015	88	1	26	2	Yes
3	30-09-1975	M	17-07-2015	105	0	20	3	Yes
3	09-07-2000	F	08-10-2015	86	1	19	3	No

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EXERCISE 3

Answer the following questions:

Q-1	What do you mean by review of literature?
Q-1	What are the purposes of doing it?
Q-1	what are the purposes of doing it:

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SOP



SOP code: SOP/V2

Standard Operating Procedures for Sri Manakula Vinayagar Medical College and Hospital Research Committee Effective Date: 29.04.2022

Sub- c	ommittee-Clinical (Surgical)	100			
15.	Dr. Nivedita. K, Professor, Obstetrics and Gynaecology	Member			
16.	Dr. Vijayaraghavan. N, Assistant Professor, Plastic Surgery	Member			
17.	Dr. Dilip Chandar, Associate Professor, Anaesthesiology	Member			
18.	Dr. Sanjay. P, Professor, Dental	Member			
19.	Dr. Sripal. A, Assistant Professor, Ophthalmology	Coordinator			
Sub- co	ommittee-Clinical (Medical)				
20.	Dr. Preethi. T, Assistant Professor, Paediatrics	Member			
21.	Dr. Vijayasankar. P, Assistant Professor, Dermatology	Member			
22.	. Dr. Elamparidhi. P, Assistant Professor, Radiology Member				
Subjec	t Experts				
23.	Dr. Suneeth P Lazarus, HOD and Professor,	Member			
	Anaesthesiology				
24.	Dr. Erli Amel Ivan, HOD and Professor, Pathology	Member			
25.	Dr. Srinivasan. K, Professor, General Surgery	Member			
26.	Dr. Kuppusamy. K, Professor, Paediatrics	Member			

Guidance for the Investigators: How to develop the research proposal?

The investigators are advised to develop their proposals as per the pre-specified checklist (see Annexure 1). The proposal should be developed under the following titles

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Introduction

The proposal should have an "Introduction' section which states the 'need' for the present study. It should have a brief note on what is known to the science on the given topic and what 'new' will be added by doing the present study. It should state as how this study is going to benefit the current state of practice/medical care/education etc.

A brief review of literature

It should include some known facts and some existing gaps in the knowledge. It is better to review the recent articles from the indexed journals. An attempt should be made to know as what is happening at international level, national level and regional level. It should also explore the strengths and limitations in the previously reported studies.

Objectives

'Objectives (Primary and Secondary) of the students' should be clearly defined.

Material and Methods

In the 'Methods' section, please define the setting (Laboratory/hospital/community/college) in which the present study will be done. Also, specify under which Department the proposed study will be done.

Study design

Please specify the study design

Study participants/subjects

Human/Animals/Laboratory samples/Secondary data

Sample size

In quantitative research, sample size should be worked out on the basis of a 'primary outcome' of the study and justified. It is better to avoid feasible sample/convenient sample in quantitative

Research as it affects its external validity. In qualitative research, type of sample and sampling should be worked out and described.

Sampling procedure

Once the sample size is decided, then that sample should be selected from a suitable 'sampling frame' by using some random selection methods, where every study participant has equal

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probability of getting into the study. Sampling procedures and the study period should be defined. In case of clinical trials, the details related to 'Phase' of the trial, randomization and blinding should be given.

Measurement

Develop a tool which is reliable and valid i.e. It measures what you want to measure more accurately. Follow standard questionnaire development practices. Please check copyright/permission issues if you are using a standard questionnaire. The details of study participants such as age, gender etc. should be mentioned.

Ethical issues

Please mention the ethical issues you are expected to face and your strategy to minimize any potential harm. Please follow guidelines on Good Clinical Practice (GCP) while conducting clinical trials and CPCSEA guidelines in the conduct of animal experiments. The consent forms for research on human subjects should have an informed consent form as per given template (see Annexure 2). Please follow Consolidated Criteria for Reporting Qualitative Research for conducting and reporting qualitative researches (Tong A, 2007). We encourage researchers to anticipate ethical issues in the proposed research and try to address it in its design and data collection.

Analysis

The details of the study variables to be measured and the appropriate statistics (test of significance, level of significance) should be given. Analysis plan should be clearly worked out at the time of proposal development. Please mention the name of statistical software to be used for analysis of proposed study data. Please consult and acknowledge the biostatistician or epidemiologist during the phase of proposal development.

References

- International Committee of Medical Journal editors. Uniform requirements for manuscripts submitted to Biomedical journals: Writing and editing for Biomedical Publication. [online] Accessed on 7 March 2013; URL: www.icmje.org
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4. Albert T. How to handle Authorship disputes: a guide for new researches. COPE Report 2003. [online] [Accessed on 7 march 2013]; URL: publicationethics.org/files/2003pdf12.pdf

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6. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ) 32 item checklists for interviews and focus groups. International Journal for quality in health care. 2007; 19:349-357.

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ANNEXURES

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(Annexure-1)

Covering Letter

From	Date:
Name:	
Academic position:	
Department:	
То	
The Member Secretary,	
Research Committee, SMVMCH	
Sir,	
Please find attached the research p	
,	
for review by the Research Comm	nittee of SMVMCH, Pondicherry.
Thanks	
Signature	
Name	
Email	
Mobile number of contact person	
	Forwarded
	Signature
	Head of the Department
^	IN STATES TO

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The Features bar directly beneath the query box provides access to additional search options: Limits, Preview/Index, History, Clipboard and Details.



Automatic Term Mapping

Unqualified terms that are entered in the query box are matched (in this order) against a MeSH (Medical Subject Headings) Translation Table, a Journals Translation Table, a Phrase List, and an Author Index.

MeSH Translation Table contains MeSH Terms, terms derived from the Unified Medical Language System (UMLS) that have equivalent synonyms or lexical variants in English. If a match is found in this translation table, the term will be searched as MeSH and as a Text Word. For example, if you enter vitamin h in the query box, PubMed will translate this search to: ("Biotin"[MeSH Terms] OR vitamin h [Text Word]).

Journals Translation Table contains the full journal title, the MEDLINE abbreviation, and the ISSN number. These map to the journal abbreviation, which is used to search journals in PubMed. For example, if you enter the journal title, new england journal of medicine in the PubMed query box, PubMed will translate this search to: "N Engl J Med"[Journal].

If no match is found in the MeSH or Journals Translation tables, PubMed consults a **Phrase List**. Phrases on this list are generated from MeSH, the UMLS, and Supplementary Concept Substance Names, e.g., cold compresses.

If the phrase is not found in the above tables or list, and is a word with one or two letters after it, PubMed then checks the **Author index**.

Searching for Author

You can also force the computer to search by an author's name. For this, enter the name in the format of last name plus initials (no punctuation), e.g., garg bs, gangane n. To search for an author in the author field when only the last name is available qualify the author with the author search field tag [au], e.g., goel [au].



Using Boolean and Syntax

- 1. Boolean operators, AND, OR, NOT must be entered in upper case, e.g., vitamin c OR zinc.
- PubMed processes all Boolean connectors in a left-to-right sequence. You can change the order that PubMed processes a search statement by enclosing individual concepts in parentheses.
- 3. If PubMed finds a phrase within a search strategy string that uses unqualified terms it will automatically search the terms as a phrase. For example, if you enter *air bladder fistula* in the PubMed query box, PubMed will search "air bladder fistula" as a phrase. If you do not want this automatic phrase parsing enter *air AND bladder AND fistula*.

Examples of Boolean Search Statements:

Find citations on DNA that were authored by Dr. Crick in 1993.

dna [mh] AND crick [au] AND 1993 [dp]

Find articles that deal with the effects of heat or humidity on multiple sclerosis, where these words appear in all fields in the citation.

(heat OR humidity) AND multiple sclerosis

Find English language review articles that discuss the treatment of asthma in preschool children.

asthma/therapy [mh] AND review [pt] AND child, preschool [mh] AND english [la]

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Find citations about arthritis excluding the Publication Type Letter.

arthritis NOT letter [pt]

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Search Field Qualification

Terms can be qualified using PubMed's Search Field tags. Rules while adding search field qualifications are: 1) search tag should be added after the term, 2) search field tags must be enclosed in square brackets, e.g., aromatherapy [mh].

Dates & Date Ranging

PubMed uses three types of date fields:

Date of Publication [DP]

Entrez Date [EDAT]: The date the citation first entered PubMed.

MeSH Date [MHDA]: The date the citation was indexed with MeSH terms.

Dates or date ranges must be entered using the format YYYY/MM/DD; e.g., 1997/10/06 [edat] or 1998/03/15 [dp]. The month and day are optional, e.g., 1997 [edat] or 1997/03 [dp] can be used.

Date ranging is also available from the fill-in-theblank selection on the Limits screen.

Subsets

PubMed's subsets provide an easy way to limit retrieval to particular citations. There are four types of PubMed subsets: Subject, Citation Status, Journal/Citation, and PubMed Central. PubMed's Limits screen has a Subsets pull-down menu from which many of these subsets can be selected.

Subject Subset: Citations to articles on specialized topics. The following subject subsets are available: AIDS, Bioethics, Complementary Medicine, History of Medicine, Space Life Sciences, Systematic Reviews, and Toxicology.

Example: asthma AND cam [sb]

Limits

Click Limits from the Features bar to limit your search to specific age group, gender, or human or animal studies. Limits also allow you to restrict to articles published in a specific language, and to specific types of articles such as review articles. You can limit by either Entrez or Publication Date. And lastly, you may limit your retrieval to a specific subset of citations within PubMed, such as AIDS-related citations or nursing journals.

Preview/Index

Preview/Index works like advanced search option. It allows you to 1) preview the number of search results before displaying the citations, 2) refine search strategies by adding one or more terms one at a time, 3) add terms to a strategy from specific

search fields, and 4) view and select terms from the Index to develop search strategies.

To search for terms from specific search fields use the Add Term(s) to Query text box. Select a search field from the All Fields pull-down menu and enter a term in the text box. Click AND, OR, or NOT to add the term to the query box with the appropriate search field tag, or click Preview to see the number of results.



History

PubMed holds all your search strategies and results in History. You can see your search History by clicking on History from the Features bar. History lists and numbers your searches in the order in which they were run.

You can combine searches or add additional terms to an existing search by using the pound sign (#) before the search number, e.g., #2 AND #6, or #3 AND (drug therapy OR diet therapy).

Clipboard

The Clipboard gives you a place to collect selected citations from one search or several searches. After you add citations to the Clipboard you may then want to use the print, save, or order buttons. The maximum number of items that can be placed in the Clipboard is 500. To place an item in the Clipboard, click on the check box to the left of the citation and then click Clip Add.

Details

Details lets you view your search strategy as it was translated using PubMed's automatic term mapping, search rules and syntax. Also, from Details, you can save a search query or edit the search query and resubmit it.

Display

PubMed displays your search results in batches - the default is 20 citations per page. The **Show** pull-down menu allows you to increase the number of citations displayed on a single page up to a maximum of 500 items.

Modified from PubMed help available on the site: www.ncbi.nlm.nih.gov/PubMed

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Help for Google Searching

You can reach the Google site with the address www.google.com. To enter a query into Google, just type in a few descriptive words and hit the 'enter' key (or click on the Google Search button) for a list of relevant web pages. Since Google only returns web pages that contain all the words in your query, If you want to refine or narrow your search, add more words to the search terms already entered.



Automatic "and" Queries: By default, Google only returns pages that include all of your search terms. There is no need to include "and" between terms.

Automatic Exclusion of Common Words:

Google ignores common words and characters such as "where" and "how", as well as certain single digits and single letters. If a common word is essential to getting the results you want, you can include it by putting a "+" sign in front of it. (Be sure to include a space before the "+" sign.). Another method for doing this is conducting a phrase search, which simply means putting quotation marks around two or more words.

Capitalization: Google searches are NOT case sensitive.

Word Variations (Stemming): To provide the most accurate results, Google does not use "stemming" or support "wildcard" searches. In other words, Google searches for exactly the words that you enter in the search box.

Search By Category: The Google Web Directory (located at directory.google.com) is a good place to start if you're not exactly sure which search keywords to use.

Advanced Search Option: Search Made Easy

You can increase the accuracy of your searches by adding operators that fine-tune your keywords. Most of the options listed on this page can be entered directly into the Google search box or selected from Google's Advanced Search page.



With the advanced options, you can do phrase searching, exclude searches containing a particular work, specify language, restrict your results to the past three, six, or twelve months. Apart from this you can also specify where your search terms occur on the page, specify the file types or specify searches only from a specific website or exclude that site completely from your search.

Choosing Keywords

For best results, it's important to choose your keywords wisely. Keep these tips in mind: 1) Try the obvious first. 2) Use words likely to appear on a site with the information you want. 3) Make keywords as specific as possible.

For example, if you want to search about programmes, which work for creating conducive environments for proper psychosocial development of children, you can better search it with the entry

program "early childhood development"



Modified from Google help file available on the site: www.google.com

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Instruction for assignment

Five steps in Literature Search to be followed in Digital Lab

(Please complete the step 1 to 3)

Step-1: Identify key terms:

- 2-3 keywords or phrases used by previous authors; refer relevant theory (learning theory, social support)
- Check Mesh terms in PubMed

Step-2: Locate the literature:

PubMed Central

Step-3: Select the literature for last 5 years

- · Critically evaluate the literature
- · Assess the rigor of research, its relevance and external peer review

Step-4: Draw a Literature map and take notes

Step-5: Write the Literature Review

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EXERCISE 5

For the each value of prevalence provided in the table, calculate the sample size

No.	Prevalence value (%)	Sample size
1	20	
2	30	
3	40	
4	50	
5	60	
6	70	
7	80	

Comment on the relationship between prevalence and sample size based on the results of the			
above table in the space provided below.			

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OBSERVATIONAL STUDY DESIGNS

TYPES OF EPIDEMIOLOGICAL STUDIES

Epidemiological studies are traditionally classified as either observational or experimental. The ultimate paradigm in epidemiological research is an experiment where the investigator manipulates the intervention or exposure. In practice, the ethical problems in human experimentation and the cost involved in such studies almost invariably reduces extensive use of the experimental design. Most studies, therefore, are observational in nature. In an observational study, investigator measures but does not intervene. For example, the rate of occurrence of acute myocardial infarction among smokers may be compared to the rate among non smokers; in this case, investigator does not decide who smokes. Observational designs range from relatively weak studies descriptive and ecological studies to strong designs like case control and cohort studies. This chapter will provide a general over view of the various observational designs.

Design options in epidemiologic research

Unit of study

Observational studies

Descriptive studies

Analytical studies

Ecological	Correlational	Populations
Gross Colonials	checlence of court 1252.	Permitting of Fig.
Case-Control	Case-Reference	Individuals
Cohort	Follow-up/ Longitudinal	Individuals
Experimental/inter	vention Studies	
Randomized Controlled Studies	Clinical Trial	Patients
Field Trial		Healthy person
Community Trial	Community intervention studies	Communities

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DESCRIPTIVE STUDIES

A descriptive study is the weakest epidemiological design. The investigators merely describe the health status of a population or characteristics of a number of patients. Description is usually done with respect to time, place and person. A case series is an example of a descriptive study. It offers limited information about a group of patients and their clinical characteristics and outcomes. Descriptive studies are weak because they make no attempt to link cause effect and therefore no causal association can be determined. Descriptive studies, however, are often the first to a well designed epidemiological study. They allow the investigator to design a good hypothesis which can then be tested using a better design. For example, Gottlieb's description of a rare form of pneumonia (pneumocystis jerovicii) among young, adult male homosexuals in 1981 helped in identifying and characterizing HIV diseases.

(Please refer to Park Text Book)

ECOLOGICAL STUDIES

Ecological studies are also weak designs. Here the units of study are populations rather than individuals. For example, when the coronary artery disease (CAD) prevalence rates were compared between different countries, it was found that CAD was highest in those countries where mean serum cholesterol values were the highest. CAD rates were very low countries like Japan (low mean serum cholesterol) while it was very high in countries like Finland (high mean serum cholesterol). This ecological link paved the way for intensive investigation into the association between serum cholesterol and CAD. Another example is the ecological link between malarial incidence and prevalence of sickle cell disease, malaria is rare in areas where sickle disease was prevalent. The association between smoking and lung cancer was supported by the ecological link between smoking and gender (males had higher lung cancer rates). Ecological studies can be useful in generating hypothesis but no causal inference can be drawn from them; an apparent ecological link may not be a true link, it could be confounded by several other factors.

CROSS SECTIONAL STUDIES

In this design, measurements are made on a population at one point in time. For example, a survey done in a village to identify the number of individuals with hypertension. Here the villagers are screened with blood pressure measurements at one point in time. The frequency of hypertension is then examined in relation to age, sex, socio economic status and other risk factors for hypertension. Cross sectional studies measure the prevalence of disease and are also

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called prevalence studies. Since there is no longitudinal component cross sectional surveys cannot possibly measure incidence of any disease.

Point Prevalence:	
Number of individuals with disease at a specified period of time	
P =	
Population at that time	
Number of individuals with disease at a time the individual is studied	
P =	
Number of individuals is studied	

Period Prevalence:

- · Refers to prevalence not at a single point in time but during a defined period
- Represents proportion of population manifesting the disease at any time during the period

Number of individuals manifesting the disease in the stated time period

Population at risk

Population at risk = population in the middle of the period

Lifetime prevalence

- Refers to whole of subjects prior life

No of individuals with evidence of disease (past or present)

P = ----

No of individuals studied

CS study in Jerusalem revealed that the point prevalence of inguinal hernia among men aged 65-74 years is 30% where as lifetime prevalence was 40 % - men with scar of operation as case

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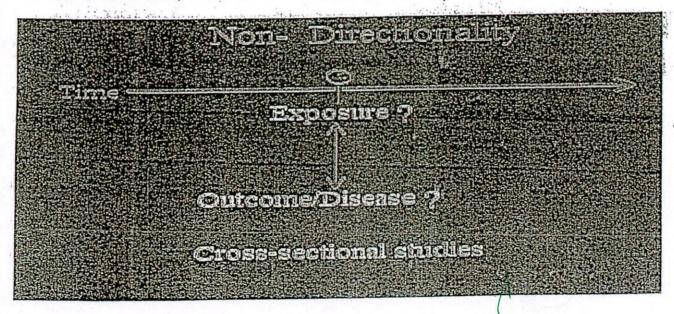
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Pross sectional studies are easy to do and tend to be economical since repeated data collection is not done. They yield useful data on prevalence of diseases and this is often good enough to ssess the health situation of a population.

- A cross-sectional studies
 - a type of observational study
 - the investigator has no control over the exposure of interest (e.g. diet).
- · It involves
 - identifying a defined population at a particular point in time
 - measuring a range of variables on an individual basis
 - e.g. include past and current dietary intake
 - At the same time measuring outcome of interest
 - · e. g. malnutrition

The main problem with cross sectional study stems from the fact that both the exposure and outcome are measured simultaneously. So even if a strong association is made out between an exposure end the outcome, it is not easy to determine which occurred first, the exposure or the outcome. In other words, causal associations cannot be made based on cross sectional data.



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1.	X	x		
2.	X	 		x
3.		X	×	
4.		x	x	
5.			x_	_ x
6.	X	X(died)		
7.		X		_ X ·
8.	x			x
9.		xx		
10.			X X(died)	
11.		x	X(migrated)	
12.		xx		
13.			x x	

Calculate:

- Point prevalence on 1st Jan
 Point prevalence on 1st Jul
 - Point prevalence on 31st Dec
 - Period prevalence in the year

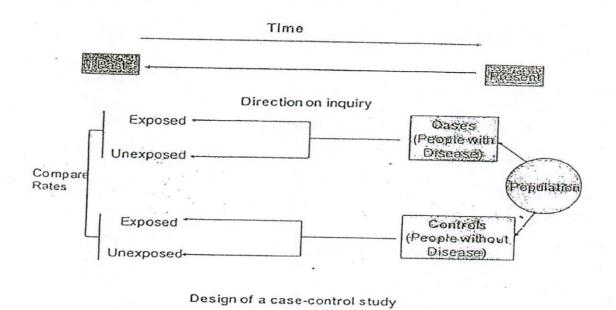
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CASE- CONTROL STUDIES

Conceptually, case-control studies are more difficult to comprehend than cohort studies. In a cohort study, disease free exposed and non exposed cohorts are followed up and the outcome events are picked up as and when they occur. In a case control study design, sampling starts with diseased and non diseased individuals. They are called cases and control. The exposure status is then determined by looking backwards in time (using documentation of exposures or recall of historical events). For this reason, case control studies are also called retrospective studies. The measure of association in a case control study is called an odds ratio (OR). OR is the ratio of odds (chance) of exposure among cases in favors of exposure among controls. If the disease is rare, then OR tensed to be a good approximation of relative risk (RR). However, true incidence estimates cannot be generated from case control study.

Case-control studies are much simpler and easier to do when compared to cohort studies. They are very cost deficient. Unfortunately, lack of clear understanding of the case-control methodology has lead people to believe that it is a second fate substitute for cohort study. Case control studies have a sound theoretical basis and well designed case control studies can provide information as good as cohort studies.



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Selection of cases:

- Definition of case Diagnostic criteria and stage of disease (Histopathological confirmation of cancer)
- · Eligibility criteria: Such as new cases in a given area
- · Sources of cases: Hospital or Population

Selection of controls:

- · Hospital controls: Patients other than the study disease
- · Neighborhood controls: Neighbors of the patients living in the same locality
- For I Cases, you can select 1, 2, 3 or 4 controls

Matching:

Matching is defined as the process by which we select controls in such a way that they are similar to cases with certain selected variables (e.g. age, socio-economic status)

A <u>confounding factor</u> is defined as one which is associated both with the exposure and disease. E.g.

Alcohol

Smoking

Esophageal cancer

Measurement of exposure:

Association between smoking and lung cancer

	Cases (Lung cancers)	(No lung cancers)
Smokers	33 (a)	55 (b)
Non-smokers	2 (c)	27 (d)
Total	35 (a+c)	82 (b+d)

Odds Ratio (OR), a cross product ratio = (ad/bc)

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Interpretation of Odds ratio:

OR > 1 means exposure is harmful

OR= 1 means no association between exposure and disease

OR<1 means exposure is protective

Example: Herbst AL, et al. adenocarcinoma of the vagina: association of maternal stillbestrol therapy with tumor appearance in young women. New England Journal of Medicine 1971(16); 787-881.

In this classic study, investigators were trying to determine the factors responsible unusual occurrence of a rare tumor (vaginal adenocarcinoma) among 8 young born between 1946 and 1951. For each of these 8 cases, 4 matched controls (those who did not have vaginal carcinoma) were selected by examination of the birth records of the hospitals in which each patient was born. Females born within 5 days and on the same type of service (ward or private) as the 8 cases were identified. The mothers of all these women were interviewed. The Results revealed that mothers of 7 of 8 cases had been given diethylstillbestrol estrogen) during pregnancy while none of the mothers (0 of 32) of controls had taken stillbestrol during pregnancy (p<0.00001). This was one of the earliest landmark case control studies. Certain important advantages of the case control design are apparent in this study.

- Case control studies are the best design for investigating the etiology of the rare diseases:
 if this hypothesis were to be tested using a cohort design, several thousand mothers who
 had received DES would have had to be followed up until their daughters developed
 vaginal tumors.
- Case control study allows the investigator to simultaneously explore the multiple possible
 associations with a disease. In this study, mothers were asked to recall several exposure
 events like smoking during pregnancy, bleeding during pregnancy, intra-uterine x -ray
 exposure, etc.
- The sample size required for case control studies is often considerably smaller, with just 8 cases and 32 controls; a powerful association was demonstrated in this study.

Case control studies are remarkably cost - efficient. This study was done with almost no
cost inputs and in a very short time.

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SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-605107. Case control studies are often criticized because of the possibility of various types of bias. For example, if the control group that is selected for comparison has a very low odds for exposure, then the resultant OR will be biased. Also, other types of bias like information bias (recall bias) and confounding can make case control studies difficult to handle. For example, mothers whose daughters had developed adenocarcinoma were more likely to recall historical events (like consumption of DES) than mothers who had healthy daughters. This is called recall bias. This underlines the crucial importance of unbiased exposure ascertainment for both cases and controls (preferably by a person who is blinded to their case or control status). Case control studies, because they rely on history of past exposure, also suffer from the problem of unreliable data. Memory for many events fades and if no documentation of past exposure exists, then results of the study may be invalid.

COHORT STUDIES:

Cohort studies are considered the strongest of all observational designs. A cohort study is conceptually very straight forward. The idea is to measure and compare the incidence of disease in two or more study cohorts. The word cohort derives from the Lain word for one of the ten divisions of Roman legions (army). In epidemiology, a cohort is a group of people who share a common experience or condition. For e.g. a birth cohort shares the same year of birth; a cohort of smokers as smoking as the common experience; a cohort of oral contraceptive users shares OCP use as the common experience.

- The word <u>cohort</u> means group of people who share a common experience or a condition.
- E.g. a birth cohort shares same year of birth, a cohort of smokers, a cohort of OCP users etc

Usually, there is one cohort, which is thought of as the exposed cohort –individuals in this cohort have been exposed to some event or condition –and another cohort is thought of as of the unexposed cohort. For e.g. In the classic cohort study on smoking and lung cancer (Doll & Hill 1961), the exposure factor was smoking. A cohort of smokers and a cohort of non smokers were followed up and the incidence of lung cancer was measured and compared. Normally, an effort is made to match both cohorts with respect to age, sex and other important variables; the only key difference between the two cohorts is the exposure status. If exposures are also matched then the cohort study is doomed!

Cohort studies are usually prospective or forward looking. They are also called as longitudinal studies. Disease free cohorts are defined on the basis of exposure status and then they are followed up for long time periods (follow up depends on the natural history of outcome disease

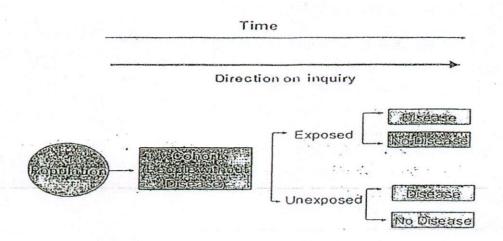
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how rare the outcome is). New cases of the disease are picked up during follow up and the incidence of the disease is computed on the basis of the exposure status. The incidence in the exposed cohort is then compared with the incidence in the unexposed cohort. This ratio is called Relative Risk (RR) or Risk Ratio.

Relative risk =	Incidence in the exposed cohort	

	Incidence in the unexposed cohort	

The relative risk is a measure of association between the exposure and the outcome. The larger RR, the stronger then association. As it can be seen, the cohort study is the only study design in which the true incidence of a disease can be estimated. The RR therefore is considered the best measure of association.



Design of the Cohort study

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Elements of Cohort study:

- Cohort study is a prospective study, follow up study or longitudinal study
- Selection of study subjects
- Obtaining data on exposure
- Selection of comparison group
- Follow up
- Analysis

Cohort studies are very strong designs. But they are very time consuming and expensive. Since most diseases are rare, large cohorts have to be followed up for many years to get good estimates of incidence and RR. This makes feasibility very difficult. The Framingham study cost the US government millions of dollars.

Example: Doll R. Hill AB. Mortality relation to smoking: ten years observation of British doctors. British Medical Journal 1964:1399-1410. 1460-1467

This classic study is the most cited example of a cohort study. The cohort was a group of British male doctors listed in the British medical register. Data on smoking status (exposure) was obtained on 34,445 male physicians. The occurrence of lung cancer in this cohort was documented over a period of ten years from death certificates and also from list of physician death, provided by the British medical association. Diagnoses of lung cancer were the based upon the best evidence available. The results revealed that incidence of lung cancer among non smokers were 0.07 per 1000 per year. The incidence among smokers was 1.30 per 1000 per year. The RR was 18.6. Thus, smokers appeared to have 18 times of greater risk of lung cancer when compared to non smokers.

As can be seen in this study, cohort studies have the major advantage of greater assurance that exposure preceded the outcome (smoking preceded lung cancer). This temporal (time) sequencing is extremely important while making causal inference. Cohort studies are advantageous for another reason: the effect of a certain exposure can be studied for multiple outcomes at the same time. For example, in a cohort study of smoking, its association with several outcomes, lung cancer, coronary heart disease, stroke etc.

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Some facts:

- Cohort study are strongest design in observational study designs
- · New cases are picked up during follow up and hence it calculate Incidence
- · Helps to explore the temporality of events
- · But time consuming and expensive

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CHOOSING THE RIGHT STUDY DESIGN:

Rarely is only one type of study design appropriate to a study question. As can be seen in table 1, each observational study has its own strength and weakness. While cohort studies tend to be the strongest, they also tend to be very expensive, time-consuming and difficult. At the other extreme, cross sectional and ecological studies may be easy to do but do not allow any causal inference.

TABLE 1: COMPARISON OF VARIOUS STUDY DESIGNS

	ECOLOGICAL	CROSS	CASE	COHORT
		SECTIONAL	CONTROL	
•				
Probability of:		2		
Selection bias	NA	medium	high	low
Recall bias	NA	high	high	low
Loss of follow up	NA .	NA	low	high
confounding	high	medium	medium	low
Time required	low	medium	medium	high
cost	low	medium	medium	high
Strength of causal inference	low	low	medium	high

The decision to choose a particular study design would depend on the research question and the resources available for the study. For example as seen in table 2, if a rare condition is being investigated, it may almost impossible to do a cohort study. If incidence estimates need to be measured, then the only study which will allow them are cohort studies. If causal etiology is being investigated, ecological and cross sectional designs may be totally in appropriate.

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TABLE 2: SUITABILITY OF VARIOUS STUDY DESIGNS FOR DIFFERENT RESEARCHES HYPOTHESES

	ECOLOGICAL	CROSS SECTIONAL	CASE	COHORT
Investigation of rare disease	++++		++++	_
Investigation of rare exposure	++	-	-	+++++
Testing multiple outcomes of an exposure	+	++	-	1++++
Study of multiple exposures and determinants	++	++ .	++++	+++
Measurement of temporal sequence	++	6	+	++++
Measurement of incidence rates		-	-	+++++

If a researcher cannot clearly state the study hypothesis, then choosing the right study design becomes very difficult. Good research, therefore, starts with the development of a good, soluble research question.

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EXERCISE-6

Dr. KAGNA, R.N DE Workshop on Research Methods for first year Postgraduates

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EXERCISE-6

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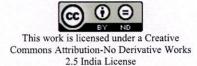
Workshop on Research Methods for first year Postgraduates

Online Journal of Health and Allied Sciences

Peer Reviewed, Open Access, Free Online Journal

Published Quarterly: Mangalore, South India: ISSN 0972-5997

Volume 8, Issue 4; Oct - Dec 2009



Review:

Application of Qualitative Methods in Health Research: An Overview

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Citation: Dongre AR, Deshmukh PR, Kalaiselvan G, Upadhyaya S. Application of Qualitative Methods in Health Research: An

Overview. Online J Health Allied Scs. 2009;8(4):3 URL: http://www.ojhas.org/issue32/2009-4-3.htm

Open Access Archives: http://cogprints.org/view/subjects/OJHAS.html and http://openmed.nic.in/view/subjects/ojhas.html

Submitted: Oct 5, 2009; Accepted: Mar 31, 2010; Published: Apr 30, 2010

Abstract

Qualitative research is type of formative research that includes specialized techniques for obtaining in-depth responses about what people think and how they feel. It is seen as the research that seeks answer to the questions in the real world. Qualitative researchers gather what they see, hear, read from people and places, from events and activities, with the purpose to learn about the community and to generate new understanding that can be used by the social world. Qualitative research have often been conducted to answer the question "why" rather than "what". A purpose of qualitative research is the construction of new understanding. Here, we present an overview of application of qualitative methods in health research. We have discussed here the different types of qualitative methods and how we and others have used them in different settings/scenarios; sample size and sampling techniques; analysis of qualitative data; validity in qualitative research; and ethical issues.

Key Words: Participatory research techniques, PRA, In-depth techniques, systematic techniques

Introduction:

Qualitative research is type of formative research that includes specialized techniques for obtaining in-depth responses about what people think and how they feel. It is seen as the research that seeks answer to the questions in the real world. Qualitative researchers gather what they see, hear, read from people and places, from events and activities, with the purpose to learn about the community and to generate new understanding that can be used by the social world. Qualitative research have often been conducted to answer the question "why" rather than "what". A purpose of qualitative research is the construction (not the discovery) of new understanding. A skillful use of logically sequenced different techniques of data collection can maximize the validity of the data and provides indepth understanding of emotional and contextual aspect of human responses rather than objective and measurable aspect.

Historically, qualitative research methods have their roots in several disciplines; literary criticisms, social sciences and psychoanalytic theory. However, in recent years, there has been a revival of interest about qualitative research methods in the field of public health. Over the last decade there has been an increase in the use of qualitative research methods in health research. Some of the important reasons for this revival of interest are: 1) growing realization of unsuitability of survey research methods in the context of developing countries where population is predominantly illiterate and where magnitude of non-sampling errors is high in surveys, 2) increased interdisciplinary team work and 3) demand of quick results from the ethnographic work.³

The latest trend in the field of research is the combined use of quantitative and qualitative research methods i.e. mixed-method design within a single data set. According to Morse (2005), it is in this area that the largest abuses of qualitative data are occurring, largely because methodological principles have not been followed. Hence, it is necessary to understand the methods of qualitative data collection and its analysis. The present article provides the brief descriptive overview on application for qualitative research methods in health research.

Types of qualitative methods:

The qualitative data collection techniques range from the highly structured systematic techniques to the highly flexible people-centered participatory techniques. These can be broadly classified under 3 major headings:³

Participatory research (PR) techniques: In conventional research, knowledge is generated by the researchers for their academic pursuit and the study subjects have no control over it. Participatory methods offer collective educational process which involves people as stakeholders for their empowerment and assumes that the ordinary people already possess knowledge and have an understanding of their reality which is generated during their on-going struggle for survival. PR process intends to change existing local problems and synthesize local people's knowledge with existing scientific knowledge.

Apart from addressing the pressing social and economic issues like poverty, poor land irrigation, forestry, housing and water supply etc, PR is increasingly being used for community based health and development project. Here, the local community members are involved in needs assessment and develop a priority based health plan and act upon it. Most frequently used

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participatory methods are Social Mapping, Pair Wise Ranking, Seasonal Calendar, Cobweb Diagram, Trend Analysis, Venn Diagram and Transect Walk.⁵

A non-government organization, Mother and Infant Research Activities (MIRA) in rural Nepal, involved women self help groups through participatory research for planning perinatal care services.6 In rural India, Community led Initiatives for Child Survival (CLICS) project involved community members through participatory research and action on key maternal and child health issues.7 In a study on health care seeking for newborn danger signs in periurban Wardha, mapping exercises were undertaken to identify the respondents and pair wise ranking exercise prioritized mothers' preferences for the available health care services for sick newborn.8 In rural Wardha, an exploratory Venn diagram exercise (chapatti diagram) with Anganwadi workers brought out their perceived job responsibilities and the seasonal calendar exercise with the mothers of severely malnourished children explored the seasonality of childhood illness, availability of money, free time, food and access to loan across twelve months in a year.9 A participatory research and action for rural adolescent girls could involve adolescent girls to improve their practices related to menstrual hygiene and explored the trend of change over the period by using trend analysis techniques.10 A transect walk with primary school teachers in village Dhotra (Kasar) could explore the villagers personal hygiene practices which was used to devise a need based health education intervention for school children with active involvement of school teachers and children.11Noteworthy, PR ensures local people's participation in research and action process and strengthens their action-experience-learning cycle. Hence, participatory research techniques offer wider scope and should not be seen as mere data collec-

In-depth techniques: These are qualitative in-depth flexible discussions or interviews with the group or person who knows what is going in community about the topic on which we want to get information. These methods are widely used for exploring sensitive topics in medical education, demography and public health etc. Some commonly used methods are Focus Group Discussion (FGD), Key Informant Interviews (KII) and In-depth Interview (IDI).¹²

A study on newborn care practices in slums of Delhi undertook KII and IDI of caregivers for exploring their health care seeking behavior for newborn danger signs.¹³ In rural Vietnam, Huy TQ et al undertook FGDs to explore socio-cultural and health systems factors that may impact on death reporting by lay people to registry systems at the commune level.¹⁴ Program for Appropriate Technology in Health (PATH) have given guidelines for development of health education material where FGDs are advised for needs assessment for health message development.¹⁵ Health education materials based on such guidelines have been found effective in the field settings.¹⁶

Systematic techniques: These techniques can be used with almost any qualitative research methods such as focus group or participatory research to collect systematic and structured data on a specific research issue. This approach is based on the principle that people make sense of their words by grouping their observation or experiences in class known as "domain". Examples are Free listing combined with Pile sorting, Delphi panel. Pree list combined with pile sort can be used for exploring the perceptions of local people on a given research topic in a systematic manner. Free list exercise can be undertaken as a pre-survey qualitative research for exploring local terms for locally relevant questionnaire on a relatively new topic or if researchers are unknown about its underlying dynamics in the study area.

In qualitative research for exploration for various reasons for malnutrition, free list and pile sort exercise were used with the

Anganwadi workers and FGDs were facilitated with the group of mothers to their opinion about supplementary food.¹⁷ A combination free list and pile sort exercise was used for knowing the rural mothers' perceptions for newborn danger signs and their household level care practices.¹⁷ In another community based participatory research and action similar combination was used for understanding the rationale for changed health care seeking for newborn danger signs in rural Wardha.⁷

Sample size and sampling techniques:18

Sample size: It is difficult to determine sample size and there is no mathematical formula to calculate sample size in qualitative research. It depends on the purpose of the study and available resources. The validity, meaningfulness and insights generated from the qualitative data have more to do with the richness of the data obtained. The process of data collection is continued till the saturation point i.e. where no new information is added after the additional interviews or focus group discussions. Since there is no sample size estimation and there is use of non-probability sampling in qualitative research, the findings are rarely used to test the hypothesis and generally it directs the future course of research on relatively new or rare topic by generating research hypothesis.

Sampling techniques: Sampling is a scientific way of selecting study subjects. Since the purpose of qualitative research is to find out answer to the question why, and explore different perspectives on the research topic by generating rich textual data, Non-probability sampling is recommended. The examples of non-probability sampling are as follows. 1) Purposive sampling, where sample units are selected with definite purpose in view, e.g. women who adopted different methods of contraception, victims of some events. 2) Convenient sampling, where the conveniently available respondents are selected, e.g. women in field, temple or common meeting place. 3) Quota sampling is a restricted type of convenient or purposive sampling defining the quota of sample to be drawn from different strata and then drawing the required sample. 4) In Snow-ball sampling, the sample is driven by the respondents. It involves asking your respondents to identify other potential participant with specific set of characteristics and then asking the next respondent. It is used when the target population is unknown or difficult to approach, e.g. such as Male having Sex with Male (MSM) population and Sex work-

Sequencing of the methods3,5: The qualitative data collection should be 'on-going' or 'iterative' process. Hence, methods should be logically sequenced where one method directs the other, for example, you identify potential respondents for focus group discussion during social mapping exercise. This triangulation of qualitative methods ensures better validity of the results and adds to the richness of qualitative data. In mixed methods design, triangulation quantitative (survey) and qualitative research method is undertaken into the same research design. Pre-survey qualitative research is undertaken for better pre understanding of the underlying dynamic on given research topic in study area, for exploring local terms on research topic and developing locally relevant questionnaire. FGDs are undertaken as needs assessment for designing locally relevant behavior change strategy. Post- survey qualitative research is undertaken to bridge the gaps of information in

Analysis of qualitative data:19

Data analysis in qualitative research is a multi-faceted endeavor. It requires planning, capacity for being open to views that are different from your very own, an appreciation of provisional nature of human knowledge, strong conceptual skills and excellent scholarship. Let us understand the language and terminology of qualitative data analysis.

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Interim analysis: The qualitative data analysis is an on-going and iterative (non-linear) process in qualitative research. This is known an interim analysis. It is cyclical process of collecting data and analyzing it during a single research study. Interim analysis continues until the process or topic the researcher is interested in is understood (or the investigator runs out of time and resources).

Memo: Throughout the entire process of qualitative data analysis it is good idea to engage in writing the memos. It is recording of the "reflective notes" about what you are learning from your data. The idea is to write memos to you when you have idea or thought and include those memos as 'additional data' to be analyzed.

Coding: It is defined as making the segments of data with symbols, descriptive words or category name. A master list of codes is developed and applied to new segments of data each time an appropriate segment is encountered. A 'priori' codes are developed before examining the current data and 'inductive' codes are developed by the researcher by direct examining the data.

Content analysis: It is a widely used qualitative research technique for subjective interpretation of content of text data through the systematic classification process of coding and identifying themes or patterns. Content analysis has three distinct approaches: conventional, directed, or summative. All three approaches are used to interpret meaning from the content of text data and, hence, adhere to the naturalistic paradigm. The major differences among the approaches are coding schemes, origin of codes and threats to trustworthiness. In conventional content analysis, coding categories are derived directly from the text data. With directed approach, analysis starts with a theory or relevant counting and comparisons, usually key words or content, followed by the interpretation of the underlying context.

Steps in the process of content analysis:

For qualitative research, triangulation of multiple methods and investigators is recommended for better interpretation and validity of the findings.

Step1: Transcription: The raw data is collected as notes or audio or video recordings. This needs to be transformed into written text format for the purpose of analysis.

Step 2: Deciding the unit of analysis: Defining the coding unit is one of the most fundamental and important step. The commonly used coding units are word, concept, sentence, paragraph and theme. Changes in coding unit will affect coding decisions as well as comparability of outcomes with other similar studies.

Step 3: From units to categories: Categories and code schemes can be derived from three sources such as 1) data itself, 2) previous related studies, 3) theories. Inductive coding is done when researcher intend to develop theory rather than describing phenomenon or verifying existing theories.

Step 4: Test coding on sample test: To ensure coding consistency especially when multiple coders are involved, development of instruction guidelines defining rules of coding is essential. If there is low inter-coder agreement then revise the rules of coding sample text and checking coding consistency.

Step 5: Code all text data: When sufficient consistency is achieved then coding rules can be applied to code all the text data.

Step 6: Assess the coding consistency: After coding all text data, coding consistency needs to be re-checked. Human coders are subject to fatigue and are likely to make mistakes as coding proceeds. Inter-coder agreement is needed in content analysis because it measures only the extent to which the dif-

ferent judges tend to assign exactly the same rating to each object. It is assessed by calculating statistics such as Cohen's kappa, Scott's pi, Holsti's coefficient of reliability and Krippendorff's alpha. Coefficients of .90 or greater are nearly always acceptable, .80 or greater is acceptable in most situations, and .70 may be appropriate in some exploratory studies for some indices. Higher criteria should be used for indices known to be liberal (i.e., percent agreement) and lower criteria can be used for indices known to be more conservative.²⁰

Step 7: Drawing conclusions from the coded data: This is a crux of qualitative data analysis. It involves reading and rereading of text data. The activities involve exploring properties and dimensions of categories and identify relationships between categories.

Step 8: Reporting: While writing report it is important to maintain the balance between description and interpretation. Here, one can use conceptual frameworks derived from the data set. An interesting and readable report provides sufficient description to allow the reader to understand the basis for an interpretation and sufficient interpretation to allow the readers to understand the description. Tong et al noted that there is no criteria for reporting qualitative research findings and suggested 32-item check list as Consolidated criteria for Reporting Qualitative research (COREQ) under three main domains 1) Research team & reflexivity 2) Study design 3) Analysis and findings.²¹

Use of software in analysis of qualitative data: Traditionally, qualitative data were analyzed "by hand" using some form of filing system. For smaller data set manual content analysis is undertaken. Here, coding is done manually along a narrow blank column of the text document. A computer assisted coding using software packages (that are specifically designed for qualitative data and analysis) has significantly reduced the need for the traditional filing technique. The most popular qualitative data analysis packages are NUDIST, ATLAS-ti, and Ethnograph. ATLAS-ti 5.0 and NVivo 2.0 are among the best available and potentially most useful qualitative data analysis (QDA) tools. Both are tremendously flexible programs that can be readily applied in wide range of applications. Noteworthy, computer aided content analysis should not be seen as a shortcut to various steps of qualitative data analysis.

Methods to ensure validity in qualitative research:

Some commonly used strategies to promote trustworthiness and validity in the findings of qualitative research are given below.²²

Researcher as detective: The researcher has to develop the understanding of the data through careful consideration of potential causes and effects by systematically eliminating the rival explanations and hypothesis until the final cause is made beyond a reasonable doubt.

Extended field work: For both discovery and validation, the researcher should collect data in the field over the extended period of time.

Low-inference descriptors: The use of descriptions phrased very close to the participant's account or researcher's field notes. Verbatim i.e. direct quotations are used as low-inference descriptors.

Triangulation: Cross-checking of information and conclusions through the use of multiple procedures and sources may be undertaken for valid results. A combination of multiple methods to study a phenomenon gives a better and in-depth understanding of the research question. A use of multiple investigators to collect and interpret data adds to the validity of the results.

Participant feedback: The feedback and discussion on the researcher's interpretation and conclusions with actual parti-

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cipants and other members of the community helps in verification and better insight into the research problem.

Peer-review: It is recommended to discuss the findings with the disinterested peer e.g. other researcher who is not directly involved. Peer should be skeptical and play the devil's advocate, challenging the researcher to provide solid evidence for any interpretation or conclusion.

Ethical issues in qualitative research:

There is increase in publications on qualitative research methods. Qualitative research is vulnerable to bias through the attitude and qualities of the researcher, social desirability factor, and conditions of worth.23 Except with few exceptions of nursing, sociological and anthropological literature, 24 no published articles on qualitative methods in medical research addressed ethical issues. In India, Indian Council of Medical Research (ICMR) has provided ethical guidelines for biomedical research on human subjects without specific reference to qualitative research. Richards et al24 have argued need for ethical guidelines for qualitative research in health sciences. Unlike social scientists, health professionals have poor orientation to philosophical aspect of research. Also, ethical committees have difficulty assessing ethical issues arising in relation to qualitative studies.25 Time for research exercise should be decided in consultation with the participant. Consent should be obtained and refreshment should be arranged at the end of focus group discussion. Examination of self through critical reflection and supervision are necessary component of ethical

To summarize, the application of qualitative research methods in health research is increasingly been seen. There are now criteria for reporting qualitative research findings (COREQ), a 32-item checklist, which can help researchers to report important aspects of the research team, study methods, context of the study, findings, analysis and interpretations. Subsequent research on this check-list is required to improve the quality of reporting. The training of the health care providers and researchers should be done on application of these methods in their work settings. Also ethical guidelines should be developed for use of qualitative research methods in research.

Disclaimer:

The views expressed in this article are those of the author in his professional capacity, and do not necessarily reflect those of the U.S. Agency for International Development or of the U.S. Government.

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Survey and Questionnaire Design

Steps to a successful survey: (We will have group exercises for these steps)

Step 1: Choose your Topic / Research Question (We have done this job for you)

- What question(s) do you want to be answered?
- How the info would be used or useful?

Step 2: Review literature, ask key informants (You need to search literature on this !!!)

- What info is needed?
- What info is already available?

Step 3: Refine the Research Ouestion

Step 4: Asses its feasibility in terms of time, costs and staffing

- How much time will you need to complete the survey? What resources will you need?
- What are the Ethical Considerations for this study? How will you address these?

Step 5: Identify variables to be measured

 What kind of information do you want to collect? (Attributes, Knowledge, Attitudes, Behavior)

Step 6: Create the questions

Step 7: Pilot your questionnaire. Revise as needed based on feedback.

Step 8: Ask the questions

• Who will you ask? (Sampling)

Step 9: Tally the results

How will you analyze the data?

Step 10: Present the results

- How will you present the results? Tables? Graphs?
- Who will you share the results with?

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BIAS AND ITS TYPES

Bias is defined as any systematic error in the design, conductor analysis of an epidemiologic study that result in the incorrect estimate of the association between exposure and risk of disease.

It is always necessary to consider whether an observed association between an exposure and a disease is due to alternative explanations, in particular due to chance, bias or confounding.

There are appropriate statistical techniques available to check for the presence of chance and confounding in the result obtained in any epidemiological study design but that is not the case in identifying the bias introduced in them.

Presence of bias in the study affects the internal validity (the ability of the study to measure what it sets out to measure) and external validity (the ability to extrapolate the study findings to general population) of the study.

For these reasons it is of great importance to design and conduct each study in such a way that every possibility for introducing bias has been anticipated and that steps have been taken to minimize its occurrence.

TYPES OF BIAS:

- 1. Selection bias
- 2. Observation or information bias

Selection bias: Any error that arises in the process of identifying the study populations in such a way that subjects have different probability of being selected according to exposures or outcomes of interest.

Types of selection bias:

a. Admission rate bias (Berkisonian bias): A selection bias that rears its head when hospital-based studies, especially case—control studies, are undertaken. The problem is that hospitalized individuals are more likely to suffer from many illnesses, as well as more severe illnesses, and engage in less than healthy behaviors.

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- b. Incidence Prevalence bias (Neyman bias): A form of selection bias in case-control studies attributed to selective survival among the prevalent cases (i.e., mild, clinically resolved, or fatal cases being excluded from the case group).
- c. Non-response or refusal bias: Non-response bias occurs because individuals who do not respond to a call to participate in research studies are generally different from those who do respond.

Control of selection bias:

- a. Selection of a representative sample
- b. Exposure or outcome to be carefully defined using standard uniform criteria
- c. Cases and controls to be similar/comparable expect for the disease in question
- d. Using two or more controls

Information bias: Any error in the measurement of information on exposure or outcome. It is a systematic error that arises because of incorrect information while making measurements on one or more variables in the study

Types of information bias:

- a. Recall bias: Those with a particular outcome or exposure may remember events more clearly or amplify their recollections.
- b. Interviewer bias: An interviewer's knowledge may influence the structure of questions and the manner of presentation, which may influence responses.
- c. Misclassification bias (Differential and non-differential): If subjects are incorrectly categorized with respect to their exposure status or outcome then these errors are often referred to as misclassification bias.

Non-differential (random) misclassification occurs when classifications of disease status or exposure occurs equally in all study groups being compared. Non-differential misclassification increases the similarity between the exposed and non-exposed groups, and may result in an underestimate (dilution) of the true strength of an association between exposure and disease.

Differential (non-random) misclassification occurs when the proportions of subjects misclassified differ between the study groups. This type of error is considered a more serious problem, as the effect of differential misclassification is that the observed estimate of effect can be by the based in the direction of producing either an overestimate or under-estimate of the true

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- d. Loss to follow up bias: Those that are lost to follow-up or who withdraw from the study may be different from those who are followed for the entire study.
- e. Surveillance bias: The group with the known exposure or outcome may be followed more closely or longer than the comparison group.
- f. Reporting bias: Occurs when a case emphasizes the importance of exposures that he or she believes to be important.

Control of information bias:

- a. Standardized questionnaire/instrument
- b. Uniform training of the people collecting the data
- c. Recall period to be short
- d. Characteristics of non responders
- e. Ensure Blinding in an experimental design
- f. Develop methods to retrieve / prevent those subjects who are getting lost to follow up

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EXERCISE 7

Answer all the questions.

- Mothers of children with birth defects are likely to remember drugs they took during pregnancy differently than mothers of normal children. This statement explains what type of bias,
 - a. Misclassification
 - b. Recall
 - c. Neyman
 - d. Non response
- 2. Misclassification bias is a type of,
 - a. Recall bias
 - b. Selection bias
 - c. Information bias
 - d. None of the above
- 3. Incident breast cancers and prevalent breast cancer cases were together included in a case control study as study subjects. What type of bias would have happened in this design?
 - a. Information bias
 - b. Misclassification bias
 - c. Berkisonian bias
 - d. Neymanbias
- 4. Standardisation of study instrument, proper training of interviewer will reduce which type of bias?

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- a. Selection bias
- b. Information bias
- c. Berkisonian bias
- d. Neymanbias
- 5. The most common type of bias that occurs in a case control study
 - a. Recall bias
 - b. Information bias
 - c. Berkisonian bias
 - d. Neymanbias

Workshop on Research Methods for first year Postgraduates

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Workshop on Research Method for first year Postgraduates

Exercise 8 Sample Gantt chart

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Mar-25	ZS-1gM Mar-25	Apr-25
		ZS-YEM ZZ-nul

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References/Bibliography Vancouver Style

Quick guide - How to USE IT

NOTE:

- A list of references contains details only of those works cited in the text.
- A bibliography lists sources not cited in the text but which are relevant to the subject and were used for background reading.
- Before you compile your bibliography/reference list check with your lecturer/tutor for the bibliographic style preferred by the Academic Department.
- A citation is an acknowledgement in your text of references that support your work. It is in the form of a number that correlates with a source in your reference list.
- There are many ways of setting out bibliographies and reference lists. The following are examples of one style – the Vancouver System. It is commonly used in medical and scientific journals.
- Your reference list should identify references cited (eg. book, journal article, pamphlet, internet site, cassette tape or film) in sufficient detail so that others may locate and consult your references.
- Your reference list should appear at the end of your essay/report with the entries listed numerically and in the same order that they have been cited in the text.
- If you have cited sources from the Internet, these should be in your reference list.
- The bibliography is a <u>separate list</u> from the reference list and should be arranged alphabetically by author or title (where no author is given) in the Vancouver Style.
- Punctuation marks and spaces in the reference list and citations are very important. Follow
 the punctuation and spacing exactly in the examples given.

■ INDICATING REFERENCES IN THE TEXT OF YOUR ESSAY

- ** It is important to **BE CONSISTENT** when you are referencing. **
- In the Vancouver Style, citations within the text of your essay/paper are identified by Arabic numbers in round brackets. This applies to references in text, tables and figures. e.g. (2) – this is the style used by the referencing software Endnote.
- The identification of references within the text of your essay/paper may vary according to the preferred style of the journal or the preferred style of the department or lecturer. For example superscript may be preferred when referencing.
- The Vancouver System assigns a number to each reference as it is cited. A number must be used even if the author(s) is named in the sentence/text.

Example: Smith (10) has argued that....

• The **original number assigned** to the reference is reused each time the reference is cited in the text, regardless of its previous position in the text.

Dr. KAGNE, R.N.

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- When multiple references are cited at a given place in the text, use a hyphen to join the
 first and last numbers that are inclusive. Use commas (without spaces) to separate noninclusive numbers in a multiple citation eg. 2,3,4,5,7,10 is abbreviated to (2-5,7,10) Do not
 use a hyphen if there are no citation numbers in between that support your statement eg. 12.
- The placement of citation numbers within text should be carefully considered, for example a
 particular reference may be relevant to only part of a sentence. As a general rule,
 reference numbers should be placed outside full stops and commas, inside colons and
 semicolons; however, this may vary according to the requirements of a particular journal.

Examples:

There have been efforts to replace mouse inoculation testing with invitro tests, such as enzyme linked immunosorbent assays (57,60) or polymerase chain reaction,(20-22) but these remain experimental.

Moir and Jessel maintain "that the sexes are interchangeable."(1)

■ CITING A BOOK

The essential details required are (in order):

- 1. Name/s of author/s, editor/s, compiler/s or the institution responsible.
 - Where there are 6 or less authors you must list all authors.
 - Where there are 7 or more authors, only the first 6 are listed and add "et al" (et al means "and others").
 - Put a comma and 1 space between each name. The last author must have a full-stop after their initial(s).

Format: surname (1 space) initial/s (<u>no spaces or punctuation between initials</u>) (full-stop <u>OR if further names</u> comma, 1 space)

Example 1.1: Smith AK, Jones BC, editors.

Example 1.2: Smith AK, Jones BC, Bloggs TC, Ashe PT, Fauci AS, Wilson JD et al.

Example 1.3: The Cardiac Society of Australia and New Zealand.

Example 1.4: When no author is given "Anonymous" or "Anon" is unnecessary. Us the title of the article or book.

- 2. Title of publication and subtitle if any
 - · Do not use italics or underlining.
 - Only the first word of journal articles or book titles (and words that normally begin with a capital letter) are <u>capitalised</u>.

Format: 1: title (full-stop, 1 space)

Example 2.1: Harrison's principles of internal medicine.

Example 2.2: Physical pharmacy: physical chemical principles in the pharmaceutical sciences.

Example 2.3: Pharmacy in Australia: the national experience

- 3. Edition, if other than first edition.
 - Abbreviate the word edition to:- ed. (Do not confuse with editor.)

Format: edition statement (fullstop, 1 space)

Example 3.1: 3rd ed.

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4. Place of publication

- If the publishers are located in more than one city, cite the name of the city that is printed first.
- Write the place name in full.
- If the place name is not well known, add a comma, 1 space and the state
 or the country for clarification. For places in the USA, add after the place
 name the 2 letter postal code for the state. This must be in upper case
 eg. Hartford (CN): (where CN=Connecticut).

Format: place of publication (colon, 1 space)

Example 4.1: Hartford (CN): Example 4.2: Texas (NSW): Example 4.3: Kyoto (Japan):

5. Publisher

• The publisher's name should be spelt out in full.

Format: publisher (semi-colon, 1 space)

Example 5.1: Australian Government Publishing Service; Example 5.2: Raven Press; Example 5.3: Williams & Wilkins:

6. Year of publication.

Format: year (full-stop, add 1 space if page numbers follow)

Example 6.1: 1999. Example 6.2: 2000. p. 12-5.

7. Page numbers (if applicable).

- · Abbreviate the word page to "p.".
- NOTE: do not repeat digits unnecessarily abbreviate.

Format: p (full-stop, 1 space) page numbers (full-stop).

Example 7.1: p. 122-9. Example 7.2: p. 1129-57. Example 7.3: p. 333,338,340-5. (when article not on continuous pages)

8. Series title and individual volume (if any).

- Put in brackets.
- Abbreviate the word volume to "vol".

Format: (Series title (semi-colon, 1 space) vol (1 space) volume number) full-stop outside brackets

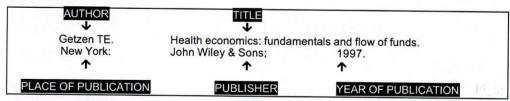
Example 8.1: (Annals of the New York academy of sciences; vol 288).

Examples of Citing Books:

One to six authors

Getzen TE. Health economics: fundamentals of funds. New York: John Wiley & Sons; 1997.

Explanation of above citation:



Lodish H, Baltimore D, Berk A, Zipursky SL, Matsudaira P, Darnell J. Molecular cell biology. 3rd ed. New York: Scientific American; 1995.

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· More than six authors

Give the first six names in full and add "et al". The authors are listed in the order in which they appear on the title page.

Fauci AS, Braunwald E, Isselbacher KJ, Wilson JD, Martin JB, Kasper DL, et al, editors. Harrison's principles of internal medicine. 14th ed. New York: McGraw Hill, Health Professions Division: 1998.

Editor/s

Follow the same methods used with authors but use the word "editor" or "editors" in full after the name/s. The word editor or editors must be in lower case. (Do **NOT** confuse with "ed." used for edition.)

Millares M, editor. Applied drug information: strategies for information management. Vancouver (WA): Applied Therapeutics, Inc.; 1998.

Sponsored by institution, corporation or other organisation (including PAMPHLET)

Australian Pharmaceutical Advisory Council. Integrated best practice model for medication management in residential aged care facilities. Canberra: Australian Government Publishing Service; 1997.

Example of pamphlet (if available include additional information eg place of production, printer):

Pharmaceutical Society of Australia. Medicines and driving [pamphlet]. Pharmaceutical Society of Australia;1998. DR-7.

· Package insert (leaflet supplied with medicine):

Lamasil [package insert]. East Hanover (NJ): Sandoz Pharmaceuticals Corp; 1993.

Edition (other than first)

Blenkinsopp A, Paxton P. Symptoms in the pharmacy: a guide to the management of common illness. 3rd ed. Oxford: Blackwell Science; 1998.

Chapter or part of a book to which a number of authors have contributed

Porter RJ, Meldrum BS. Antiepileptic drugs. In: Katzung BG, editor. Basic and clinical pharmacology. 6th ed. Norwalk (CN): Appleton and Lange; 1995. p. 361-80.

Dictionary and similar references

Stedman's medical dictionary. 26th ed. Baltimore: Williams & Wilkins; 1995. Apraxia; p. 119-20.

Note: Include the Definition looked up - in this case "Apraxia"

. Book in a Series

Bennett GL, Horuk R. Iodination of chemokines for use in receptor binding analysis. In: Horuk R, editor. Chemokine receptors. New York (NY): Academic Press; 1997. p. 134-48. (Methods in enzymology; vol 288).

Chemokine receptors = name of the book Methods in enzymology = title of the series

Encyclopaedia

DEAN medicine Michigan: Gale Group; 2001. vol 4 p. 1768-70.

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Legal Material

Note: (s = section of act, r = regulation) Pharmacy Act 1976 (Qld) Airlines Equipment Amendment Act 1981 (Cwlth), s. 19(1)(a)(ii) Public Service Regulations (Cwlth), r.83(2)(a)(ii)

■ CITING A JOURNAL ARTICLE

The essential details required are (in order):

- 1. Name/s of author/s of the article. See step 1 of "Citing a book" for full details.
- 2. Title of article.

See step 2 of "Citing a book" for full details.

Example 2.1: Validation of an immunoassay for measurement of plasma total homocysteine.

- 3. Title of journal (abbreviated).
 - Abbreviate title according to the style used in Medline. A list of abbreviations can be found at: http://www.nlm.nih.gov - Click on Journal **Browser**
 - Note: no punctuation marks are used in the abbreviated journal name just spaces.

Format: journal title abbreviation (1 space)

Example 3.1: Bol Soc Dent Guatem

Example 3.2: J Mol Biol

- 4. Year (and month/day if necessary/available) of publication.
 - Abbreviate the month to the first 3 letters.

Format: year (1 space) month (1space) day (semi-colon, no space) OR year (semi-colon, no space)

Example 4.1: 1996 Jun 1;12(5):127-33.

- 5. Volume number (and issue/part -).
 - *If the journal has continuous page numbering through volume's issues, the month/day and issue information may be omitted.

Format: volume number (no space) issue number in brackets (colon, no space) OR volume number (colon, no space) Example 5.1: 1996;12(5):127-33. or 1996;12:127-33

6. Page numbers

NOTE: do not repeat digits unnecessarily

Format: page numbers (full-stop)

Example 6.1: 531-5

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Examples of Citing Journals

NOTE SOME JOURNALS MAY HAVE:

- · A day, month and year
- A month and year
- A season and year eg. Autumn 2001
- Only a year

Russell FD, Coppell AL, Davenport AP. In vitro enzymatic processing of radiolabelled big ET-1 in human kidney as a food ingredient. Biochem Pharmacol 1998 Mar 1;55(5):697-701. Explanation of above citation:

AUTHORS	<u> </u>	LE OF ARTICLE		
•		•		
Russell FD, Coppell AL, Daven	port AP. In vitro	enzymatic process	sing of radiols	abelled big ET-1 in
human kidney as a food ingred	ent. Biochem Ph	armacol 1998 Ma	r 1;55(5):697	7-701.
	^	•	Α ΄	^
	TITLE OF	PUBLICATION	VOLUME	PAGE NO.S
	JOURNAL	YR/MO/DAY.	ISSUE NO	MINISTER STATE OF THE PARTY OF

Option 1:	Month and day (if available) may be omitted only if continuous paging through issues.
Option 2:	Month/day (if available) and issue number (if available) are important if the pages in the journal are non-continuous
Option 3:	Continuous page numbers (most journals have this) – <u>may</u> omit month/day and issue number. Example below.

Russell FD, Coppell AL, Davenport AP. In vitro enzymatic processing of radiolabelled big ET-1 in human kidney as a food ingredient. Biochem Pharmacol 1998;55:697-701.

No author given in article

Coffee drinking and cancer of the pancreas [editorial]. BMJ 1981;283:628.

Journals with parts and/or supplements

Examples:

Volume with supplement:

Environ Health Perspect 1994;102 Suppl 1:275-82.

Issue with supplement:

Semin Oncol 1996:23(1 Suppl 2):89-97.

Volume with part:

Ann Clin Biochem 1995;32(Pt 3):303-6.

Issue with part:

N Z Med J 1994;107(986 Pt 1):377-8.

Issue with no volume:

Clin Orthop 1995;(320):110-4.

No issue or volume:

Curr Opin Gen Surg 1993:325-33.

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CITING CONFERENCES

Treat the proceedings of a conference like a book, adding pertinent information about the conference and cite a presentation from the proceedings like a work in a collection of pieces by different authors:

Conference Papers

Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Reinhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561-5.

Conference Proceedings

Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996.

■ CITING A NEWSPAPER ARTICLE

The details may vary depending on the layout of the newspaper eg. section may not be relevant.

Format: Author if given (full-stop, 1 space) Title of article (full-stop, 1 space) Name of newspaper (1 space) Date of edition (year Month Day) (semi-colon, no space) Section if applicable (section abbreviated to Sect.) (colon, no space) Page/s (1 space) Column number in round brackets (column abbreviated to col.) (full-stop)

Lee G. Hospitalizations tied to ozone pollution: study estimates 50,000 admissions annually. The Washington Post 1996 Jun 21;Sect. A:3 (col. 5).

CITING MULTIMEDIA MATERIAL

The details required are the same as for a book, with the form of the item indicated in brackets after the title and edition statement.

Get the facts (and get them organised) [videocassette]. Williamstown (Vic): Appleseed Productions; 1990.

CITING INTERNET and OTHER ELECTRONIC SOURCES

- This includes software and Internet sources such as web sites, electronic journals and databases.
- These sources are proliferating and the guidelines for citation are developing and subject to change.
- The following information is based on the recommendations of the National Library of Medicine.
- The basic form of the citations follow the principles listed for print sources (see above).

In the case of sources that may be subject to alteration it is important to acknowledge the **DATE THE INFORMATION WAS CITED.** This is particularly true for web sites that may disappear or permit changes to be made and for CD-ROMS that are updated **during** the year.

Journal on the Internet

NOTE: Follow the same procedure for citing print journals as for electronic journals regarding date, volume pages and journal title

Format: Author/s (full-stop after last author, 1 space) Title of article (full-stop, 1 space)

Abbreviated title of electronic journal (1 space) [serial online] (1 space) Publication year (1 space) month(s) - if available (1 space) [cited year month (abbreviated) day] - in square brackets (semi colon, 1 space) Volume number (no space) Issue number if applicable in round brackets (colon) Page numbers or number of screens in square brackets (full-stop, 1 space)

Available from (colon, 1 space) URL: URL address underlined

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Dr. KAGNE

Examples:

Morse SS. Factors in the emergence of infectious disease. Emerg Infect Dis [serial online] 1995 Jan-Mar [cited 1999 Dec 25]; 1(1):[24 screens]. Available from:URL: http://www/cdc/gov/ncidoc/EID/eid.htm

Garfinkel PE, Lin E, Goering P. Should amenorrhoea be necessary for the diagnosis of anorexia nervosa? Br J Psych [serial online] 1996 [cited 1999 Aug 17]; 168(4):500-6. Available from: URL:http://biomed.niss.ac.uk

WWW site

(If the author is not documented, the title becomes the first element of the reference.)

Format: Author (full-stop after last author, 1 space) Title (full-stop, 1 space) [Online] (full stop, 1 space) Publication Year (1 space) [cited year month (abbreviated) day] (semi colon) Number of screens in square brackets or pages (full-stop, 1 space) Available from (colon, 1 space) URL: (no space) URL address underlined

NOTE: .

- The number of screens is NOT necessary. Put a semi colon and 1 space after the cited date if no pages or screen numbers are listed.
- When the date is approximated, indicate that by following the date with a question mark and inserting the statement in square brackets. Eg. [2001?]

Examples:

National Organization for Rare Diseases [Online]. 1999 Aug 16 [cited 1999 Aug 21]; Available from: URL:http://www.rarediseases.org/

Royal College of General Practitioners. The primary health care team. [Online]. 1998 [cited 1999 Aug 22];[10 screens]. Available from: URL:http://ww.rcgp.org.uk/informat/publicat/rcf0021.htm

Zand J. The natural pharmacy: herbal medicine for depression [Online]. [1999?] [cited 2001 Aug 23]:[15 screens]. Available from: URL:http://www.healthy.net/asp/templates/Article.asp?PageType=Article&Id=920

WEB BASED/ONLINE DATABASES

Basic Format:

Author/editor. (full stop, 1 space) Title (full stop, 1 space) [type of medium = Online] (full stop, 1 space) Publishing details if available. Available from: (1 space) Title and publishing details of the database if available. [cited date] (full stop)

Kirkpatrick GL. Viral infections of the respiratory tract. In: Family Medicine. 5th ed. [Online]. 1998. Available from: Stat!Ref. Jackson (WY): Teton Data Systems; 2001. [cited 2001 Aug

This is a chapter within an online book. Publication comes out quarterly therefore needs a cited date.

CD-ROM

Basic Format: Follow Book format:

- add [type of medium] after the title (full stop, 1 space) Note: [type of medium] can be:-[CD ROM], [serial on CD-ROM] or [book on CD]
- add Version number (if available) after type of medium (full stop, 1 space)

Dr. KAG Notinical Pharmacology 2000 [CD-ROM]. Version 2.01. [cited 2001 Aug 7]; Gainsville (FL): Gold DEAStandard Multimedia: 2001.

SRI MANAK VI. A Note: A Mis publication comes out quarterly therefore it needs a cited date.

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Books on CD-ROM

Examples:

The Oxford English dictionary [book on CD-ROM]. 2nd ed. New York (NY): Oxford University Press; 1992.

Paracetamol. Martindale's: the extra pharmacopoeia. In: International Healthcare Series [CD ROM]. [cited 1998 Sep 3]; Englewood (CO): Micromedex; 1998.

Journal on CD-ROM

Format: Author/s (full-stop, 1 space) Title of article (full-stop, 1 space) Abbreviated title of journal (1 space) [serial on CD-ROM] Year (semi-colon, no space) Volume (colon, no space) Pages (full-stop)

Example:

Gershon ES. Antisocial behavior. Arch Gen Psychiatry [serial on CD-ROM]. 1995;52:900-901.

Other Software

Format: Title (1 space) medium in square brackets [eg. computer program, computer file] (full-stop, 1 space) Version (full-stop, 1 space) Place of production (colon, 1 space) Producer (semi-colon, 1 space) Year (full-stop)

Example:

Epi Info [computer program]. Version 6. Atlanta (GA): Centers for Disease Control and Prevention; 1994.

ADDITIONAL NOTES ON THE VANCOUVER STYLE:

→ TABLES

- Each table should be given a brief title.
- Number each table in the text in consecutive order.
- Explanatory matter is placed in footnotes, not in the heading.

→ ILLUSTRATIONS and FIGURES

- Number each figure in the text in consecutive order.
- The original source should be acknowledged.
- The legends should be labelled with numerals corresponding to the figures etc.

→ MEASUREMENT

- Length, height, weight and volume should be reported in metric units.
- Temperatures should be in degrees Celsius.
- Blood Pressure measured in mm of mercury.
- All haematological and biochemistry measurements stated in SI units.

Dr. ROGNE FN DEAN SRI MANAROLA VINA MEDICAL COLLEGE & HOSPITAL

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→ ABBREVIATIONS and SYMBOLS

Use only standard abbreviations. Consult the following for abbreviations:

Committee on Form and Style of the Council of Biology Editors. CBE style manual. 3rd ed. Washington: American Institute of Biological Sciences; 1972. (5 th ed. Available at PAH)	Z250.6.B5C6 1972 SS&H
Iverson C, Flanagin A, Fontanarosa PB, Glass RM, Glitman P, Lantz JC, et al. American Medical Association manual of style: a guide for authors and editors. 9 th ed. Baltimore, MD: Williams & Wilkins; 1998.	Ref R119.A533 1998 Biol
O'Connor M, Woodford FP. Writing scientific papers in English: an ELSE-Ciba Foundation guide for authors. Amsterdam: North-Holland; 1975.	T11.02 1975 Biol/PSE/SS&H/Gatton/HML/ PAH

■ A Sample REFERENCE LIST:

- · The following are examples of entries in a bibliography or list of references.
- · A list of references contains details only of those works cited in the text.
- · The references are listed in the same numerical order as they appear in the body of the text
 - 1. Getzen TE. Health economics: fundamentals and flow of funds. New York (NY): John Wiley & Sons; 1997.
 - 2. Millares M, editor. Applied drug information: strategies for information management. Vancouver, WA: Applied Therapeutics, Inc.; 1998.
 - 3. Australian Government Publishing Service. Style manual for authors, editors and printers. 5th ed. Canberra: Australian Government Publishing Service; 1994.
 - 4. Australian Pharmaceutical Advisory Council. Integrated best practice model for medication management in residential aged care facilities. Canberra: Australian Government Publishing Service: 1997.
 - 5. Bennett GL, Horuk R. Iodination of chemokines for use in receptor binding analysis. In: Horuk R, editor. Chemokine receptors. New York (NY): Academic Press; 1997. p. 134-48. (Methods in enzymology; vol 288).
 - 6. Coffee drinking and cancer of the pancreas [editorial]. BMJ 1981;283:628.
 - 7. Morse SS. Factors in the emergence of infectious disease. Emerg Infect Dis [serial online] 1995 Jan-Mar [cited 1996 Jue 5]; 1(1):[24 screens]. Available from: URL:http://www.cdc.gov/ncidoc/EID/eid.htm
 - 8. Iyer V. Farquhar C. Jepson R. The effectiveness of oral contraceptive pills versus placebo or any other medical treatment for menorrhagia. (Cochrane Review) In: The Cochrane Library, Issue 4, Oxford: Update Software; 1998.
 - 9. Standard 6: Preparation of cytoxic drug products. In: Australian pharmaceutical formulary and handbook. 17th ed. Parkville ,Vic: Pharmaceutical Society of Australia. 2000. p. 101-8.

Dr. KAGN 10. Ampicillin. In: Australian medicines handbook 2000. Adelaide (SA): Australian Medicines DEAN Handbook. 2000. p. 5-35-6.0

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If you require further information, refer to

- Australian Government Publishing Service. Style manual for authors editors and printers. 5th ed. Canberra: Australian Government Publishing Service; 1994.
- International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. Med Educ 1999;33:66-78.
- Iverson C, Flanagin A, Fontanarosa PB, Gass RM, Glitman P, Lantz JC, et al. American Medical Association manual of style: a guide for authors and editors. 9^h ed. Baltimore: Williams & Wilkins; 1998.
- Li X, Crane N. Electronic styles: a handbook for citing electronic information. Medford (NJ): Information Today; 1996.



Ask at the Information Desk in any Branch Library or check the

Library's Web Page http://www.library.uq.edu.au/useit/

DR. KAGNE. R.N

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SRI MANAKULA VINAYAGAR

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EXERCISE 8

Write down the reference shown from the projected content based on Vancouver style in the space provided below.

1	Book
2	Journal
3	Online source

Workshop on Research Methods for first year Postgraduates

Dr. KAGNE. R.N

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EXERCISE-9

Dr. RAGNE, RN DEAN

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The Clinical Trials Registry

The Clinical Trials Registry - India (CTRI), is set up at the National Institute of Medical Statistics,

ICMR, New Delhi. It is a free and online system for registration of all clinical trials being

conducted in India (www.ctri.nic.in). Registration of clinical trials in the CTRI is now mandatory,

as per notification of the Drugs Controller General (India). Trials registered in the CTRI are freely

searchable, both from the CTRI site as well as the International Clinical Trials Registry Platform

(ICTRP).

The ICTRP is a network of Primary Registers, which has been developed by the WHO. The mission

of the WHO's ICTRP is to ensure that a complete view of research is accessible to all those

involved in health care decision making.. The ICTRP in itself is not a Registry, but collects data

(details of registered trials) from its Primary Registers and displays them from a single search

portal. Thus the ICTRP serves as a one-stop search portal for clinical trials that may be registered in

diverse Primary Registers of the world.

The World Medical Association, in its revision of the Declaration of Helsinki among other

modifications, specifies that "Every clinical trial must be registered in a publicly accessible database

before recruitment of the first subject."

Studies that meet the WHO/ International Committee for Medical Journals Editors 2008 definition

of a clinical trial should be registered. That is, any research study that prospectively assigns human

participants or groups of humans to one or more health related intervention to evaluate the effects

on health outcomes. Health related interventions include any intervention used to modify a health

outcome and include drugs, surgical procedures, devices, behavioural treatments, etc. Thus, all

interventional clinical trials, involving drugs, devices, biologicals, vaccines, herbal compounds etc.

are required to be registered. In addition, observational trials, bioavailability and bioequivalence

Workshop on Research Methods for first year Postgraduates

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trials as well as post marketing surveillance trials may also be registered in the CTRI. For researchers in doubt whether or not to register their trials, both the WHO and ICMJE urges researchers to go ahead and register the trial.

The global mandate is to register all clinical trials prospectively, i.e. before the enrolment of the first patient. Currently, ongoing and completed trials are also being registered, although at a later date, only prospective trials may be registered. Hence, it is advisable for all clinical trials, to be registered at the earliest. A trial is considered to be registered when an internationally agreed set of information about the design, conduct and administration of clinical trials is publicly available in a Primary Registry, before the enrolment of the first patient.

The following information is recorded in the CTRI:

- Public title of study
- Scientific Title of Study (Give Trial Acronym, if any)
- Secondary IDs, if any
- Principal Investigator's Name and Address
- Contact Person (Scientific Query)
- Contact Person (Public Query)
- Funding Source/s
- Primary Sponsor
- Secondary Sponsor
- Countries of Recruitment
- Site/s of study
- Name of Ethics Committee and approval status
- Regulatory Clearance obtained from DCGI

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- · Health Condition/Problem studied
- · Intervention and Comparator agent
- Key inclusion/Exclusion Criteria
- · Method of generating randomization sequence
- Method of allocation concealment
- · Blinding and masking
- · Primary Outcome/s
- Secondary Outcome/s
- Status of Trial
- · Phase of Trial
- Study Type
- · Date of first enrolment
- · Estimated duration of trial
- Target sample size
- Brief Summary

There is no charge for registering a trial. Registered trials are also freely accessible to the public.

To register their clinical trials, the investigator must first register as users (obtain username and password). The username and password may be obtained by accessing the Home Page of the CTRI (www.ctri.nic.in) and filling the NEW USER form online and submitting it online. A confirmatory mail will be sent to the email ID provided and upon acceptance of this, an automated mail will be sent to inform the bona fide Registrant of the username and password.

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CLINICAL TRIALS REGISTRY - INDIA

NATIONAL INSTITUTE OF MEDICAL STATISTICS (INDIAN COUNCIL OF MEDICAL RESEARCH)



nd register trials only prospectively.

Font Size: A | A | A | A



rntkp

News / Highlights

Attention all Trial Registrants

Click for: Retrospective Registration **Prospective Registration Updating Registered Trials**







Clinical Trials Registry-India (CTRI)

The Clinical Trials Registry- India (CTRI), hosted at the ICMR's National Institute of Statistics (http://nimsicmr.nic.in), is a free and online public record system for registration of clinical trials being conducted in India that was 20th launched on July (www.ctri.nic.in). Initiated as a voluntary measure, since 15th June 2009, trial registration in the CTRI has been made mandatory by the Drugs Controller General (India) (DCGI) (www.cdsco.nic.in). Moreover, Editors of Biomedical Journals of 11 major journals of India declared that only registered trials would be considered publication^{1, 2}. Today any r selective information from the any researcher who plans to

E-Tutorial Clinical trials hold enormous potential for benefiting patients, improving therapeutic regimens and ensuring advancement in

medical practice that is evidence based. Unfortunately, the data and reports of various trials are often difficult to find and in some cases do not even exist as many trials abandoned or are not published due "negative" or equivocal results. However, this tendency for availability of

Upon receiving username and password, the Registrant may login to the CTRI site and then click on TRIAL REGISTRATION and proceed to fill the Trial Registration Form. The form is available in several Parts. After filling Part 1, the data set form may be filled at the convenience of the Registrant. A trial may be submitted only after all the Parts of the data set are completed. Once the options "Approved/No Objection Certificate" (for EC approval status) or "Obtained/notified" status (for DCGI approval) is selected, the Registrant must upload the relevant documents to be able to SUBMIT the trial for further necessary action. Unless the SUBMIT button is clicked, the trial is not visible to the CTRI administrator.

Once a trial is submitted to the CTRI, the CTRI scientists review the trial data set for meaningful and relevant entries. EC/DCGI approval documents are checked and verification mails sent to trial PIs and Contact persons. In case of any discrepancies or concerns, the trial may be sent back to the Registrant for appropriate modifications and/or clarifications. Upon satisfaction of the above criteria, the trial is registered and trial details viewable from the public domain. The uploaded Dr. KAGNE, Rope on Research Methods for first year Postgraduates

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EC/DCGI approval documents are not available in the public domain.

Registrant is expected to regularly update the trial status and other details of a registered trial (as applicable) in a timely manner. While the "Status of Trial" and sites with EC approval which are "Under Review" may be updated at any point of time after trial registration, other data set fields are "locked" upon registration. These fields may be "unlocked" after appropriate communication with CTRI scientists and then edited.

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Standard Operating Procedures of Research Committee



Sri Manakula Vinayagar Medical College and Hospital Puducherry - 605 107

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STANDARD OPERATING PROCEDURE

For

SMVMCH RESEARCH COMMITTEE

Sri Manakula Vinayagar Medical College and Hospital, Kalitheerthalkuppam, Puducherry 605107

Issue No:	02
Issue Date:	29.04.2022
Copy No:	01
Holder's Name & Designation:	Dr. Kalaiselvan. G
	Dean Research
	SMVMCH

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SOP



SOP code: SOP/V2

Standard Operating Procedures for Sri Manakula Vinayagar Medical College and Hospital Research Committee Effective Date: 29.04.2022

Title: Standard Operating Procedures (SOP) for Sri Manakula Vinayagar Medical College and Hospital Research Committee (SMVMCH-RC)

Introduction

The purpose of developing Standard Operating Procedure (SOP) of the Research Committee at Sri Manakula Vinayagar Medical College and Hospital is to give a clear idea to undergraduate/post-graduate/faculty researchers about its proposal processing pathway. The Research Committee at Sri Manakula Vinayagar Medical College and Hospital consists of faculties from pre-clinical, Para-clinical and clinical disciplines. The Research Committee aims to offer timely and complete critical appraisal to the submitted research proposals and offer technical guidance to those who submit their proposals for its review. The review of the submitted research proposals is an in-house exercise, where an attempt is made to assess its feasibility, to improve relevance to the local context, technical quality and ethical aspects of proposed research. We encourage Good Clinical Practice and Good Authorship Practices at Sri Manakula Vinayagar Medical College and Hospital. Hence, SOP is developed with a following objective —

To ensure that the proposed research has relevance in the present context and that it is technically sound and meets ethical standards.

In order to achieve the above mentioned objective, following activities are done to -

Scope of the SOP

The SOP pertains to the formation and functioning of the Research Committee of Sri Manakula Vinayagar Medical College and Hospital.

Objective

The objective of this standard operating procedure is to contribute to the effective functioning of the Research Committee of Sri Manakula Vinayagar Medical College and Hospital so that a quality and consistent review mechanism for research is put in place for all proposals on human studies is dealt by the committee. The purpose of the document is to outline the process for authorizing, reviewing, archiving and amending SOP of SMVMCH.

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Sop Sri Manakula Vinayagar Medical College and Hospital Research
Committee

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Sop Sri Manakula Vinayagar Medical College and Hospital Research
Committee

Develop the procedures for processing the submitted research proposals

- 1. To offer guidance to RC members and investigators as how to review and receive comments respectively
- 2. Conduct periodic research methodology trainings to empower students and faculty on relevance, technical quality and ethical aspect of the research
- 3. Define a policy for funding institutional research at Sri Manakula Vinayagar Medical College and Hospital
- Workout authorship guidelines for researchers at Sri Manakula Vinayagar Medical College and Hospital

Composition of the Research Committee

The committee consists of members from various clinical, Pre and Para clinical departments, who have the qualification and experience to review and evaluate the scientific, ethical and legal aspects of research projects. We have members who are professionally trained in quantitative and qualitative research methods. Members are also trained to review the ethical issues and offer guidance to the researchers.

The RC reviews the application for new research in two-step process:

- The new research proposal will be reviewed by the Dean (Research), Secretary and Assistant Secretary of research committee and forwarded to Sub-committee (Basic Science, Medical and Surgical) as per the expertise needed. The sub-committee will review the proposal meticulously and can also receive the opinion of subject experts if needed.
- 2. Role of Sub-committee: The proposal reviewed from Sub-committee will be assigned 'Primary Reviewer' from the members of Research Committee.

The Committee will ensure that their members receive initial and continued education in research ethics and science, and are kept aware of current issues and developments in the broad area of ethics and science.

Meeting and quorum requirement

The Research Committee meetings will be held as the schedule mentioned in table.1 or the need to review post-graduate thesis proposals.

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Standard Operating Procedures for Sri Manakula Vinayagar Medical College and Hospital Research Committee Effective Date: 29.04.2022

Role of Secretary:

- To review the proposal and assigned to sub-committee for review
- Whom should be coordinated
- Where the meetings will be held
- Template of reporting or comments

Table 1: Review Schedule of Research Proposal

Activity	Schedule
ast date for submission of Research Proposal	Every month 1st Friday
Review by sub-committee	Every month 2 nd Friday
Research committee	Every month 4 th Friday
Ethics Committee	2 nd - 3 rd of week of subsequent Month

Recording of the discussion

The minutes of the meetings are recorded. The members are given a template to note down their comments. Later on, comments for each proposal are compiled and communicated to the concerned investigators.

How to submit the research proposals?

- Please submit one hard copy of research proposal with the completed checklist and a covering letter (Annexure 4) to the member secretary of Research Committee
- Please check the content of proposals as per points in the checklist and then check the box
- Also, submit a soft copy of the proposal as a single file to email ID smvmchresearch@gmail.com
- Please make sure that a soft copy of the proposal is submitted before the submission of hard copy to the member secretary of Research Committee

Presentation of proposal at RC committee meeting

Investigators are invited to present their proposed research work at a scheduled RC meeting. Investigators are advised to make the presentation from the soft copy of the submitted proposal. There will be three minutes time for questions and clarifications. The RC members will receive the soft copies of all research proposals on their respective email IDs. In the RC meeting, the

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members will have to review the proposals as per review template given for the research on humans (Annexure 5) and animals (Annexure 6).

There are separate review templates for research based on humans and animals. Once the presentation of the Investigator is over, the members can write their comments in the respective review templates. The members may obtain these templates from the RC member secretary quite before the RC meeting if they wish to finish the review before attending the meeting.

Comments by the RC members

Investigators are encouraged to note down the comments of the RC members during the presentation. However, all the presenters will receive the complied comments in a written communication within a week after the presentation at RC meeting is over.

How to submit the revised proposals?

Investigators have to revise their proposals in the light of comments given by the RC members. Apart from this, investigators have to respond to each comment point wise as per the given response template (Annexure 7) and make the corresponding changes in the proposal.

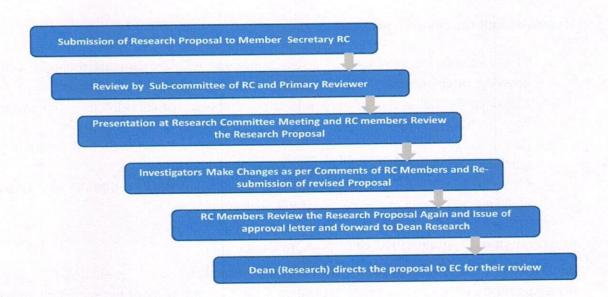


Fig-1: Processing of Research Proposal by Research Committee, SMVMCH

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Plagiarism Policy:

All research or academic writing by Faculties / Postgraduates and Undergraduates will undergo plagiarism check as per the policy of Research committee. Each and every research or academic writing should be submitted to the office of Dean (Research) for plagiarism check. The application requesting for plagiarism check should be signed by the applicant, Guide and Head of the Department. The research or academic writing should be mailed to research committee email ID (smvmchresearch@gmail.com).

As per the policy for all research or academic writing the following levels of plagiarism will be followed,

- Plagiarism up to 10 % is permitted to process further
- Plagiarism of 10% 40% should be resubmitted with the revised copy within the time period 6 months
- Plagiarism of more than 40 % will be asked to withdraw the research or academic writing

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Standard Operating Procedures for Sri Manakula Vinayagar Medical College and Hospital Research Committee

Effective Date: 29.04.2022

List of Research Committee Members

S. No	Name & Designation	Position
Core- 7	Ceam Ceam	
1.	Dr. Kalaiselvan. G, Dean Research	Chairman
2.	Dr. Bupathy. A, Professor, Obstetrics and Gynaecology	Member
3.	Dr. Karthikeyan. K, Dean Academic and Professor of Dermatology	Member
4.	Dr. Girija. S, Professor, General Medicine	Member
5.	Dr. Jeyasree. M, Professor, Obstetrics and Gynaecology	Member
6.	Dr. Manoharan. C, Professor, General Medicine	Member
7.	Dr. Ravikumar. P, Professor, Nephrology	Member
8.	Dr. G. V. Manoharan, HOD and Professor, General Surgery	Member
9.	Dr. Premanandh. K, Professor, Community Medicine Sub- committee-Clinical (Medical)	Member Secretary Coordinator
10.	Dr. Rajalakshmi. M, Assistant Professor, Community Medicine	Assistant Member Secretary
	Sub- committee- Basic Science	
11.	Dr. Deepika, Associate Professor, Physiology	Member
12.	Dr. Nitya. S, Professor, Pharmacology	Coordinator
13.	Dr. Nishanthi. A, Associate Professor, Pharmacology	Member
14.	Dr. Udhayashankar, Associate Professor, Microbiology	Member
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MD / MS - SIX MONTH Thesis progress review report

REPORT No.: I/II/III

1. To complete by Student:	
Name of the student	
Department / Year	
Email and Mobile number	
Working title of the proposed thesis	
Name of the Guide	
Name of the Co-Guide	
Planned activities for the next six months:	
2. To complete by Guide	<u> </u>
Remarks of the Junior Resident (Refer PG progress report)	
Overall Satisfaction with the Quality of Work:	Below Expectations Meets Expectations Exceeds Expectations
Any other Comments / Recommendations:	1 Expectations
Signature with Date &	& Seal
Co-Guide:	
Guide:	
HOD:	
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Official use (Date of receipt and sign	SRI MANAKULA VINAN MEDICAL COL EGE & HE SITAL MEDICAL COL EGE & HE SITAL
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Event	Date
Poster presentation	
Oral presentation	
Article submission	
Article acceptance*	

*If accepted provide the details of publication in Vancouver style below.

Students

Guide

HOD

Dr. KAGNE. R.N

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Workshop on Research Methods for first year Postgraduates



Postgraduate Final Report 2023

Name:			
Department:	Mobile No.:	Mail ID:	× 1.44
Guide:	Co-Guide:		

Year	•	Task/event	Certificate/Proof submitted (Yes/No/NA)/Date
Ι	31 st January – 3 rd February, 2023	Workshop on 'Basic Research Methods'	
=	March, 2023	Registration for Basic Course in Biomedical Research - RTPEL	
	February/March- 2023	QMed online course on 'Information Resources and Literature Searching'	
	On or before 15 th February, 2023	Last date for submission to SMVMCH Research Committee	
	Feb-2023	Clearance of thesis proposal by SRC	
2 = "	Apr-2023	Clearance of thesis proposal by IEC	
E 18	May- 2023	Proposal submission to Pondicherry University	
II	Dec- 2023 Jan-2024	Workshop on 'Data Entry using Epi Info'	
		Thesis progress review—I by HOD (Report should be submitted on or before 15 th January to Dean Research) Status on 1.Review of literature' 2.Completeness of Questionnaire 3.CTRI registration	
	Jun-2024	Thesis progress review—II by HOD (Report should be submitted on or before 15 th June to Dean Research) Status of 'Data collection' Obtained Consent procedure properly	
III	Dec-2024	Workshop on 'Data analysis using Epi'	
	Jan-2025	Thesis progress review–III by HOD • Status of thesis ' Data entry / Analysis / Report writing	
	Jan- 2025	How to write MD Thesis'	4
	Jan-2025	Submission of Abstract to Dean (Research)	P. C.
	Apr-2025	Submission of Thesis to Pondicherry University	

NA-Not applicable, SRC- SMVMCH Research Committee, IEC- Institute Ethics

Committee, CTRI- Clinical Trial Registry India

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CENTRAL RESEARCH LAB –II (Cell Culture Facility)

S. No	NAME OF THE INSTRUMENT	BRAND
1	Electronic Balance	Shimadzu – BL- 220H
2	Refrigerator -2 no's	Samsung
3	ELISA reader	BIO-RAD - imark
4	Co2 Incubator	Lark
5	Inverted Phase Contrast Microscope	Sundew-MCX1600
6	Bio- Safety cabinet -Class II	SP Bio Engineering
7	-80° C Deep Freezer	Sub zero
8	pH Meter	Hanna
9	Research centrifuge	Remi R-24
10	Refrigerator – 2 No's	Samsung
11	Vertical Gel Electrophoresis	Bio-Rad

Dr. RACNE. R.N

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CENTRAL RESEARCH LAB -I (Molecular Biology)

S. No	NAME OF THE INSTRUMENT	BRAND
1	High –Performance Liquid Chromatography (HPLC) 1220 Infinity LC	Agilent Technologies
2	Thermal cycler (labnet) – Polymerase Chain Reaction (PCR)	Labnet
3	Submarine Gel Electrophoresis unit	Hoefer
4	Gel Documentation System	Cleaver Scientific
5	Fluorescent Microscope	Quasmo
6	Cooling Centrifuge	Remi-C-24BL
7	-20 Refrigerator	Blue Star CHF200
8	Bench top centrifuge	Remi-R8CBL
9	Table top centrifuge	Remi-C85418
10	Electronic Balance	Shimadzu – BL- 220H
11	Incubator	Technico
12	BOD Incubator	Technico
13	pH Meter	Hanna
14	Immuno Electrophoretic System	SCIE-Plas
15	Water bath	Niive NB-9
16	Refrigerator	Samsung
17	Refrigerator	Whirlpool
18	Vortexer	Tarsons
19	Magnetic Stirrer with Hot plate	Spinot
20	Light microscope	Labomed
21	Mini centrifuge (Eppendorf)	Tarsons
22	Mini centrifuge (PCR tubes)	Tarsons
23	Gradient thermal cycler Bio-Rad T100	BIO-RAD
24	Spectrophotometer	Elico SL 150

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Annexure 8 Institutional Ethics Committee Submission Format

Sri Manakula Vinayagar Medical College and Hospital

Form to be filled by the principal investigator (PI) for submission to institutional ethics committee (IEC)

(for attachment to each copy of the proposal)	
*Code No. of IEC:	
(* To be filled by IEC Member Secretary)	
Proposal title: "	

	Name, qualifications, Designation & Dept.	Mobile No. & Dept. Tel Nos.	Email ID	Signature
Principal Investigator (PI)				
Co-PI / Collaborator 1				
Collaborator 2				
Collaborator 3				

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(Annexure 7)

Application for Scholarship at SMVMCH, Pondicherry

Title of project:		
Department:		
Name of Investigator (Block let	ters):	
Name of Co-investigator (Block	t letters):	
Email ID of Investigator: -		
Email ID of Co-investigator		
Research committee clearance:	Yes: No:	
Ethics clearance (Attach clearance) Recommendation:	ce certificate): Yes: No:	
Approval:		
viii Page	Dr. KAGNE. R.N DEAN SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & NOSPITAL KALITHEERTHALKURPAM, PUDUCHERRY-605107.	Dr. MAGNE. R N DEAN SRI MANASHU A MINIS CAR MEDICAL COURTE S. N. SRIT KAUDHEERTHALKUPPAM.

(Annexure 6)

Research Committee, Sri Manakula Vinayagar Medical College and Hospital

Puducherry

Date:

Title of Research Work:

Principal investigator:

Department:

Original comments by the research committee	Reply by the Student\Guide investigator	\faculty	Changes done on page number and line number
	0		
Signature of the Guide\Facul	ty investigator	Signature of the	e Principal investigate
Signature of the Guide\Facul	ty investigator	Signature of the	e Principal investigat
Signature of the Guide\Facul	ty investigator	Signature of the	e Principal investigat
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(Annexure 5)

Application for Waiver of Consent

From	Date:
To,	
The Chairman,	
Human Ethics Committee,	
SMVMCH	
Respected Sir,	
Sub: Requisition for Waiver of Consent	
I have presented a research proposal titled	
kindly grant waiver of informed consent for the present study as it come category,	s under the following
1. Research on publicly available information/ Documents/ Records/ W. Reviews/ Quality assurance studies/ Archival materials or third- part	Vorks/ Performances/ ty interviews
 Research on anonymised biological samples from deceased individu after clinical investigation/ Cell lines or cell free derivatives like vira from recognized institutions or qualified investigators/ Samples or da registries etc. 	al isolates/ DNA or RNA
3. Emergency situations - Epidemic/ Outbreak	
Thanks	
Signature	
Name of Principal Investigator	
Email Id	
Mobile:	

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Annexure 4 Model Assent Form

(Supplement to informed consent form - for children 12 - 18 years of age)

Project Title:	
Investigator:	
We are doing a research study about	(purpose in simple
language). A research study is a scientific way to learn more about	people. In this study we will
be	- Procedures, Drugs to be
used, risks, discomfort, in simple language).	
Everyone who takes part in this study will NOT benefit directly. A	benefit means that something
good happens to you. The possible benefits from this study might be	e
(details of possible benefits of po	articipation)
If you do not want to be in this research study, we will tell you wha	t other kinds of treatments
are there for you. (for research projects that offer treatment or inte	ervention.)
When we are finished with this study we will write a report about we will not include your name or that you were in the study. You can be in this study if you want to be. If you decide to stop after the study is a study if you want to be.	
Your parents know about the study too.	or we begin, that s exast too.
If you decide you want to be in this study, please sign your name.	
I,, want to be in this resear	arch study.
(Sign your name here)	(Date)
(Signature of parent/ legally accepted guardian)	(Date)
(Signature of Witness)	(Date)
Sugar B.V	
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KAOTHEER HAL OFFIAL SUBUCHERRY-OUS107	

Consent form: Part II - Informed Consent Form

Participant's Name
Address:
Γitle of the study:
The details of the study have been provided to me in writing and explained to me in my own
nother tongue. I confirm that I have understood the purpose and procedure of the above
tudy and that I had the opportunity to ask questions. I understand that my participation in
he study is voluntary and that I am free to withdraw from the study at any time, without
giving any reason whatsoever. I was assured that the result of the study will be used only for
cientific purpose(s) and I will not restrict the use of the results. I have also received a copy
of the consent form giving the "Information for participants of the study".
fully consent for my participation in the above mentioned study.
Signature/Left thumb impression of the participant:
Date:
Signature/Left thumb impression of the witness:
Date:
Signature of the investigator:
Date:

Dr. KAGNE. R.N

DEAN

SRI MANAKULA VINAYAGAR

MEDICAL COLLEGA & HOSPITAL

KALITHEERTHALKUPPAM,

PUDUCHERRY-505107.

DT. KAGNE. R.N
SRI MANAKULA VINAVAGAR
MEDICAL GULLEGE S HOSPITAL
KALITHELER THALKERAM.
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Contact details of investigator for further information:

CONTACT PERSON:

Name of the Principal Investigator

Designation

Name of the Institute

(Phone and email ID of the Investigator)

Ph.: xxxxxxxx, Email-xxxxxxxxxxxxxxx

Contact details of Institutional Ethics Committee (for appeal against violation of your rights):

SMVMCH Ethics Committee

Sri Manakula Vinayagar Medical College and Hospital

Kalitheerthalkuppam, Madagadipet,

Puducherry - 605 107

Phone no: 0413-2643000, 2643014

Email: smvmchec@smvmch.ac.in

I wish to thank you for taking your time to participate in the study.

Date:

Place:

Signature of investigator

Signature of witness

Dr. KAGNE. R.N

DEAN

SRI MANAKULA VINAYAGAR

MEDICAL COLLEGE & HOSPITAL

KALITHEERTHALKUPPAM.

PUDUCHERRY-605107.

Dr. RAGNE, R.N DENN SRI MANAKUL - LAYAGAR MELIK AL COLLEGE & HOSPITAL KALLER ST. ST. ST. ST. M.



(Annexure-2)

SMVMCH Research Committee (SRC)

Sri Manakula Vinayagar Medical College and Hospital
Puducherry, India
Section A - Details of the Applying Candidate\Faculty

Title of the Project\proposal:			
Title of the Project proposal.			
Name Cile (1 AC)			
Name of the student\faculty:			
Department:			
2 opartment.			
Course name:			
Duration of the course (year):			
Date of Submission of proposal:			
Date of Submission of proposal.			
and the state of t			
Signature of the Student\Faculty			
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Signature Signature of of Guide Co-guide\co-investigat	Signature of	1	gnature of
of Guide Co-guide\co-investigat	tor Head of the Depa (with seal)		ating Faculty
	(with scal)	Irom o	ther Department
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Dr. RAGNE. R.N DEAN DEAN DEAN AVINAYAGAR			
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Section B- Guidelines\check-list for original research proposal submission to Research Committee (Please check the box)

1

1)	Original proposal with following heading –
	The proposal should be written in English (Times New Roman, font size 12, double spacing,
	and justified settings) under following headings:
	Title of the research work (with details of authors and their affiliations)
	Introduction
	Objectives
	A brief review of literature
	Material and Methods:
	Study design
	Sample size and sampling (Justification, adequacy)
	Data collection tool (questionnaire)
	Statistical analysis
2)	Referred to documents to be maintained in Clinical Trials
3)	References in Vancouver style
4)	Questionnaire (Please check copyright, if it is standard tool or scale)
5)	Consent form (As per given template)
6)	Submitted a soft copy by email: smvmchresearch@gmail.com
7)	Gantt chart
	(Please submit a hard copy of the original proposal along with covering letter and checklist)
	Dr. TOAGNE. R.N
	Dr. KAGNE. R.N RADAYAMIYA KOMAHAMIR
	SRI MANAKUTA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALTHEERTHALKUPPAM,
	PUDUCHERRY-605107.

Section C- Technical details of the project\proposal

1) Introduction: (Need for the present study)

2) Objectives: (Primary and secondary)

3) Review of literature: (Study by study review from past to present)

Gaps in the literature, which the present study is going to address or specify the novelty, the present research

4) Material and Methods:

Setting:

Study design:

Study participants:

Study duration:

Sample size:

Sampling: (Sampling procedure, Inclusion\Exclusion Criteria, Blinding & Randomization)

Data collection procedure: (Questionnaire\Data collection proforma\ Details of measurement\Biological sample collection)

List of variables	Measurement plan

Anticipated Biases in the study	Plan to address the anticipated biases	

Analysis plan: (Details on data entry and storage, Use of software - Name & Version)

Variable	Name of variables	Analysis plan
Dependent variable		
Independent variable		

- 5) Implications of the study:
- 6) Gantt chart:
- 7) Acknowledgements (if any):

Dr. KAGNEWRacknowledge the Epidemiology Unit of Department of Community Medicine for their DEAN technical support MANAKULA VINAYAGAR MANAKULA VINAYAGAR & HOSPITAL

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PUDUCHERRY-605107.

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(Annexure-3)

Consent form: Part I - Information for the patient

Study title:
Dear Respondent,
You are invited to take part in a research study. Before you participate in this study, it is important for you to understand why this is being carried out. If you have any doubts regarding the procedure and purpose of the study or if you want more information, you are free to ask the contact person mentioned below.
What is the purpose of the study?
Why have you been chosen?
why have you been chosen.
Do you have to take part?
What will happen to you if you take part?
What is the deveation of the study and the second state of the study and the second state of the second st
What is the duration of the study and the expected number of participants?
What do you have to do?
What is the procedure or drug that is being tested? (Mention the probability of random

DR KAGNE. R.N MACIANAM

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SRI MANAKULA VINAYACAR MEDICAL COLLEGE & HOS- 'AL KALITHEERTHALKUPPAM, PUDUCHERRY-605107.

What are the alternatives for diag	nosis or treatment?				
What are the possible benefits of t	aking part?				
What are the possible disadvantag be taken to minimize the risk, if a		on what measures will			
What are the provisions for treatr	nent of research related injury?				
Will compensation be provided to	you in case of research related in	jury?			
What are the possible current and future uses of the biological material collected or data to be generated from the research?					
What if new information becomes	available?				
Will your taking part in the study	be kept confidential?				
What will happen to the results of	f the study?				
Who is organizing the research st	udy?				
	Dr. KAGNE. R.N				
Who has reviewed the study?	DEAN SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-805107.	TO A KACINE IR.N. SRI MANAKE A JUNEAU CAR MEDICAL LICITEGE & HOSE AL KAUTHLERCHALKUPPAN.			
		PUBLICHERRY-505107			





Dr. KAGNE. R.N

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SRI MANAKULA VINAYAGAR

MEDICAL COLLEGE & HOSPITAL

KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.



Workshop on "Basic Research Methods" for first year postgraduates

The certificate course on Workshop on "Basic Research Methods" for first year postgraduates was conducted by SMVMCH Research Committee on 31-02-2023-03-02-2023. The course was very well organized and the instructors were extremely knowledgeable.

Course Objectives:

- Introduce MD/MS students to the essential concepts and principles of medical research methodologies.
- Familiarize participants with various research study designs commonly used in medical research.
- Provide a comprehensive overview of data collection, management, and analysis techniques relevant to medical research.
- Train participants in the critical evaluation and interpretation of medical literature and research findings.
- Develop skills in writing research proposals and scientific papers suitable for publication in peer-reviewed journals.
- Foster an understanding of ethical considerations and regulatory requirements in medical research.

Introduction to Medical Research

- Recognizing the importance of research in academic and clinical settings
- Overview of many medical research study kinds
- Creating research hypotheses and questions
- Investigating various research study designs, such as cohort, case-control, observational, experimental, etc.
- Benefits and drawbacks of various study designs used in medical research
- Choosing the best study design depending on the goals of the investigation
- Data gathering techniques used in medical research, include surveys, interviews, and clinical examinations

THE CONTRIBUTION OF data structure and management was naked vineyagaran

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DELKAGNE, R.W. WAS DEVINES OF PANI DE FROATANIV A TOMANDE MAT MEDICAL STREET STREET OF THE S

- Ensuring the validity and integrity of data
- The fundamentals of statistics and hypothesis testing
- Medical data analysis, both quantitative and qualitative
- · Analyzing study findings and arriving at insightful insights
- Assessing the trustworthiness and validity of research articles
- Knowing the biases and restrictions in medical research
- Utilizing research that is supported by evidence in therapeutic practice
- Medical research proposal structure and writing
- constructing a strong abstract, introduction, methodology, and results section
- · composing scientific papers in accordance with journal criteria
- ethical guidelines for using human beings in medical research
- Protection of participants and the informed consent procedure
- · addressing issues and conflicts of ethics in research

DEAN

Dr. KAGNE. R.N

DEAN

DEAN

SRI MANAKULA VINAYAGAR

MEDICAL COLLEGE & HOSPITAL

MEDICAL COLLEGE & LUPPAM.

KALITHEERTHAL 505107.

PUDUCHERRY 505107.

- Medical College and Hospital-

ATTENDANCE

Date: 31-02-2023-03-02-2023

S.No	NAME OF THE STUDENT	IN TIME	OUT TIME	IN TIME	OUT TIME	IN TIME	OUT TIME
1	RAMYA. B	08:34	16:41	08:45	16:55	08:55	16:25
2	ISSWARIYA. A	08:27	16:49	08:35	16:43	08:49	16:35
3	HEMAVATHY. R	08:32	16:22	08:29	16:52	08:26	16:39
4	POOJA. R	08:24	16:26	08:55	16:47	08:55	16:19
5	REVATHI. G	08:52	16:22	08:38	16:21	08:23	16:27
6	POOMATHY. P	08:18	16:55	08:50	16:47	08:21	16:29
7	BALAJI VENKATESHWARAN. M	08:24	16:38	08:29	16:45	08:59	16:32
8	BIJU. D R	08:44	16:25	08:45	16:35	08:35	16:33
9	FIRAS RAUF MAMMOO	08:22	16:58	08:20	16:50	08:41	16:29
10	NAVEEN SATHISH. V	08:40	16:56	08:29	16:36	08:59	16:54
11	RITVIK. R	08:31	16:46	08:44	16:20	08:20	16:20
12	SIBI CHAKRAVARTHY. C	08:45	16:26	08:52	16:28	08:49	16:39
13	VENKATESH. R	08:34	16:24	08:31	16:45	08:39	16:44
14	VIGNESH. S	08:23	16:24	08:26	16:40	08:33	16:18
15	KAMALBHARATHI. S	08:38	16:39	08:57	16:43	08:53	16:43
16	SANTHIYA. R	08:20	16:47	08:51	16:20	08:39	16:59
17	SAKTHI MEGALAI. A	08:21	16:19	08:35	16:56	08:28	16:32
18	SRI RAMYA DEVI. U	08:46	16:26	08:55	16:24	08:53	16:55
19	VIJAYASANKAR. P	08:26	16:37	08:41	16:57	08:57	16:37
20	HARSH AVINASH THAPPA	08:33	16:35	08:43	16:27	08:39	16:48
	SOUGANYADEVI ALIAS MAHALAKSHMI. V	08:28	16:52	08:31	16:37	08:20	16:37
LILAN 22A	(GAYAGPIRI. G. NAIR	08:46	16:21	08:52	16:22	08:56	16:38

SRI MANAKULA VIGAYACPIRRI.
MEDICAL ODLZEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Dr.

23	MAHA LAKSHMI JAGATHA	08:59	16:33	08:23	16:40	08:50	16:59
24	RAMYA. G	08:50	16:24	08:46	16:44	08:26	16:45
25	SHARANI. B	08:36	16:45	08:22	16:32	08:38	16:38
26	ASHWATHAMAN. A	08:28	16:34	08:25	16:49	08:27	16:26
27	DANDAWATE SHRUTI ROHIT	08:34	16:29	08:43	16:26	08:34	16:28
28	NABEEL. M.V	08:51	16:48	08:39	16:43	08:43	16:56
29	PRATHEEP. S	08:28	16:41	08:55	16:55	08:18	16:36
30	SRINATH SARMA. S.V	08:46	16:23	08:24	16:39	08:50	16:19
31	ARUNCHANDAR. R	08:30	16:34	08:19	16:19	08:33	16:52
32	PUSHPARAJ. R	08:18	16:43	08:29	16:37	08:59	16:30
33	ROMANS. M	08:21	16:50	08:23	16:55	08:39	16:26
34	VIGNESH. R	08:22	16:49	08:57	16:49	08:27	16:57
35	ISVARYA SRII. K	08:28	16:40	08:24	16:52	08:52	16:37
36	KISKIMOHAMMED HAFSAKHANAM	08:58	16:38	08:23	16:55	08:51	16:50
37	KRISHNA CHAITANYA. G P	08:54	16:51	08:53	16:37	08:49	16:32
38	PRADHEEP. K	08:27	16:37	08:23	16:34	08:24	16:50
39	KUMUDHAM. S	08:18	16:20	08:30	16:45	08:36	16:37
40	NOORUL NASHEEHA. N	08:58	16:21	08:49	16:35	08:54	16:50
41	ANWAR SHAKKEEL. E.K	08:43	16:32	08:42	16:18	08:19	16:26
42	ASHWANTH. B A	08:37	16:23	08:27	16:28	08:37	16:49
43	GAYATHRI. S	08:20	16:24	08:36	16:57	08:18	16:23
14	GURU AVINASH. G	08:50	16:39	08:42	16:58	08:23	16:43
45	JIJU ANTONY. A	08:22	16:26	08:41	16:46	08:26	16:29
46	VIGNESHWARAN. C	08:25	16:29	08:49	16:38	08:27	16:29
1 7	MADHUMITA. C	08:48	16:44	08:47	16:23	08:23	16:44
48	PADMAREKA. D	08:28	16:52	08:56	16:35	08:52	16:53
19	RINTU GEORGE	08:30	16:33	08:46	16:52	08:27	16:34
50	SUBHA. V E. R.N	08:20	16:59	08:50	16:40	08:30	16:59

Dr. KAGNE. R.N

DEAN

SRI MANAKULA VINAYAGAR

MEDICAL COLLEGE & HOSPITAL

KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.



SMVMCH/ CM/ /2021

DATE: 27.01.2021

Circular

It is informed that the Value added course - Workshop on palliative care for the CRRI batch will be conducted on 12 Feb -14 Feb 2021. Department of Community Medicine will coordinate for the Course and ensure that training program goes smoothly as per the schedule enclosed. Students are advised to attend all the sessions

Enclosure: Schedule

DEAN

Dr. KAGNE. R.N

DEAN

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-605107.

Copy:

- 1. Chairman & Managing director
- 2. Director Office
- 3. Dean (Academic)
- 4. Medical Superintendent
- 5. Notice Board (Boys hostels & Girls Hostel)
- 6. File



Training program on Palliative care

Date: 12/02/2021 - 14/02/2021

Time	Topic	Faculty		
Day 1				
9.00-9.15 am	Inauguration	Dr Kalaiselvan		
9.15-10.15 am	Introduction to Palliative Care	Dr Anil Paleri		
10.15-10.30 am	TEA BREAK			
10.30-11.30 am	Introduction to Management of Pain	Dr Rajalakshmi.M		
11.30-12.00 pm	MCQs / one word answers in Pain-1 Management of Pain – Case Discussions	Dr Vinayagamoorthy		
12.00-12.30 pm	Respiratory problems in advanced diseases	Dr Muruganandham		
12.30-1.00 pm	Gastrointestinal Symptoms in advanced diseases	Dr Thiru		
1.00-2.00 pm	LUNCH			
2.00-3.00 pm	Emergencies in Palliative Care	Dr Anil Paleri		
3.00-3.30 pm	Terminal care	Dr Sindhuri		
3.30-3.45 pm	TEA BREAK	Di Sindiuri		
3.45-4.15 pm	MCQs/ one word answers -2 Feedback on MCQ 2	Dr Mohan		
Day 2				
9.00-10.00 am	Neuropathic Pain	Dr Adinarayanan		
10.00-10.30 am	Case discussions & MCQ-3 (Pain,GIT,RS)	Dr Adinarayanan		
10.30-10.45 am	TEA BREAK			
10.45-11.15 am	Delirium	Dr Mohan		
11.15-12.15 pm	Nursing issues in advanced diseases	Mrs Devi		
12.15-12.40 pm	Community Participation in Palliative care : Sanjeevan	Mr Mohan		
12.40-1.00 pm	Community Participation in Palliative care: SMVMCH	Dr Suguna		
1.00-2.00 pm	LUNCH			
2.00-3.00 pm	Communication skills in Palliative care I	Dr Suguna		
3.00-3.15 pm	TEA BREAK			
3.15-4.15 pm	Communication skills in Palliative care II	Dr Suguna & Dr Anil		
Day 3				
8.30-9.00 am	Home care planning	Dr Muruganandham		
9.00- 1.00 pm	Home care visit	Miss Bhuvaneshwari (MSW) Mr Jayaraman(MSW)		
1.00-2.00 pm	LUNCH	1 vajaraman(1415 VV)		
2.00-3.00 pm	Final examination			
3.00-3.30 pm				
3.30-3.45 pm	TEA BREAK	Dr Sindhuri		

DT. KAGNE. R.N

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KALITHEERTHALKUPPAM,

PUDUCHERRY-605107.



Palliative care Orientation program for medical interns

A palliative care orientation program for medical interns is an important step in preparing future doctors to provide compassionate and effective care for patients with life-threatening or end-of-life illnesses. The goal of such a program is to teach the fundamentals of managing palliative needs for patients and their families, as well as the role of palliative care consultation in in-patient, outpatient, and community settings.

By the end of the program, medical interns should be competent in applying the palliative care approach in the management of patients with chronic disease and able to identify and refer patients for palliative care in their internship program.

Objectives:

1. To understand the Principles of Palliative Care

- Define the concept of palliative care and its role in healthcare.
- Identify the core principles of palliative care, including symptom management, communication, and patient-centred care.

2. To assess and manage symptoms in Palliative Patients

- Develop skills in assessing common symptoms experienced by palliative patients, such as pain, nausea, dyspnoea, and constipation.
- Implement evidence-based approaches for managing symptoms effectively and improving the quality of life for patients.

3. To communicate effectively with palliative care patients and their families

- Enhance communication skills to facilitate empathetic and open discussions with palliative patients and their families.
- Learn how to address sensitive topics, elicit patient goals, and engage in shared decision-making.

4. To address the Psychological and Spiritual needs of palliative care patients.

- Recognize the psychological and spiritual needs of palliative patients and their impact on overall well-being.
- Learn techniques for providing psychosocial support and addressing existential concerns.

Dr. KAGNE. R.N —
DEAN
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MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Resource persons:

The orientation program will be taken by the faculty trained in palliative care and home care visits are assisted by postgraduate and medical social workers, trained in palliative care. Three faculty from department of community medicine are trained in palliative care, who have completed foundation course in palliative care, foundation course in palliative medicine and faculty development programme for palliative care for undergraduates. One postgraduate have completed a foundation course in palliative medicine. Two social workers have completed an international fellowship in palliative care.

Activities:

- OP & IP services are rendered by Anaesthesia and Oncology Department at Sri Manakula Vinayagar Medical College & Hospital
- Community-based palliative home care services are rendered by Department of
 Community Medicine in the field practice areas of Rural Health Training
 Centre, Thiruvennainallur & Urban Health Training Centre, Villupuram of Sri
 Manakula Vinayagar Medical College & Hospital.
- 3. MOU with Pallium India for palliative care services
- 4. Total no. of palliative care patients at UHTC = 19
- 5. Total no. of palliative care patients at RHTC = 17
- 6. No. of days home care is run in a week = 2 days per week and varies depending on the number of patients.

Role of interns in community-based palliative care services:

A team of Assistant professor/ post graduate/ medical officer, interns, MSW and ANMs visit all the palliative care patients at least once in a month and render free home-based palliative care services and the provision of drugs at free of cost.

Interns will be posted for palliative care home visits in rotation for monitoring the palliative care patients as per protocol, review, assess pain, and documentation of patient status, under the supervision of postgraduate and appropriate referrals of palliative care patients.

Identification and referral of eligible patients to palliative care during the clinical posting and mobile camps at UHTC and RHTC areas.



Henceforth, as part of the intern's training program, every batch (30 students in each batch) of medical interns, posted in the Department of Community Medicine receives a one-day orientation programme on palliative care every two months. It will be followed by home visits to palliative care patients, case-based discussions, and case presentations on subsequent training sessions. The total sessions of the training program will be 17 hours in duration. Student's learning will be assessed in the form of post-test and case presentations. Each student needs to submit a palliative care case sheet towards the end of the community medicine posting.

Dr. KAGNE. R.N

SRI MANAKULA VÎNAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-605107.



REPORT

On behalf of Department of Community Medicine (DCM), Sri Manakula Vinayagar Medical College and Hospital, as a part of the intern's orientation programme, the palliative care orientation program for interns was conducted on 12 February -14 February 2021. The session started with a pre-test followed by an introduction to palliative care. Student's reflection on palliative care and principles were elaborated by Dr.Rajalakshmi. The assessment of pain scale was explained in detail, pain management was discussed in detail as per WHO analgesic ladder. Then lunch break was provided for one-hour duration. After the lunch break, communication skills, symptom assessment, and management were elaborated by Dr.Sindhuri. Interns demonstrated their learning on pain assessment and communication skills by means of role play. The session ended with a case sheet briefing and doubts clarification by Dr.Kalaiselvan.

Objectives:

1. To understand the Principles of Palliative Care

- Define the concept of palliative care and its role in healthcare.
- Identify the core principles of palliative care, including symptom management,
 communication, and patient-centred care.

2. To assess and manage symptoms in Palliative Patients

Develop skills in assessing common symptoms experienced by palliative patients,

KAGNE. Rsuch as pain, nausea, dyspnoea, and constipation.

SRI MANAKULA VINAYAGAR
WEDICAL COLLEGE & Implement evidence-based approaches for managing symptoms effectively and

FUDUCHERRY-80 mproving the quality of life for patients.

3. To communicate effectively with palliative care patients and their families

- Enhance communication skills to facilitate empathetic and open discussions with palliative patients and their families.
- Learn how to address sensitive topics, elicit patient goals, and engage in shared decision-making.

4. To address the Psychological and Spiritual needs of palliative care patients.

- Recognize the psychological and spiritual needs of palliative patients and their impact on overall well-being.
- Learn techniques for providing psychosocial support and addressing existential concerns.

DEAN

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
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KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

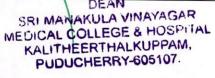


Medical College and Hospital

ATTENDANCE

COURSE TITLE	Workshop on Palliative Care
DATE	12.02.2021 - 14.02.2021
BATCH	CRRI

S.No	NAME OF THE STUDENT	IN TIME	OUT TIME	IN TIME	OUT TIME	IN TIME	OUT
1.	AARTHY. K	08:18	16:25	08:42	16:34	08:49	16:34
2.	ABIDHA. D	08:22	16:21	08:31	16:38	08:26	16:50
3.	ABINESH. P	08:34	16:19	08:21	16:38	08:26	16:47
4.	AGILAN. R	08:18	16:25	08:42	16:34	08:49	16:34
5.	AISHWARYA. B	08:22	16:21	08:31	16:38	08:26	16:50
6.	AISHWARYA. R	08:34	16:19	08:21	16:38	08:26	16:47
7.	AMIRITHIYA. K	08:22	16:54	08:38	16:39	08:56	16:54
8.	AMITH K PRASAD	08:47	16:42	08:39	16:57	08:34	16:31
9.	ANKIT AZAR BAGE	08:21	16:25	08:42	16:34	08:49	16:54
10.	ARAVIND PRAKASH. M	08:38	16:21	08:31	16:38	08:26	16:34
11.	ARCHANA. R	08:26	16:54	08:47	16:47	08:19	16:29
12.	ARTHANA. A	08:55	16:42	08:39	16:57	08:34	16:32
13.	ARUNACHALAM. K	08:18	16:25	08:42	16:34	08:49	16:34
14.	ASHIKA ACHIRAJ	08:22	16:21	08:31	16:38	08:26	16:50
15.	ASPANA JEBA. J	08:34	16:19	08:21	16:38	08:26	16:47
16.	ASWANTH. K	08:18	16:25	08:42	16:34	08:49	16:34
17.	BADMAPRIYA. V	08:22	16:21	08:31	16:38	08:26	16:50
18.	BAVADHARENE. P	08:34	16:19	08:21	16:38	08:26	16:47
19.	BHATTACHARYA SAMMAH	08:22	16:54	08:38	16:39	08:56	16:54
AZG.NE	BRINDA	08:37	16:34	08:26	16:20	08:26	16:47



	PANNEERSELVAM						T
21.	CHITTEMSETTI HEMASRI AKHILA	08:18	16:29	08:55	16:44	08:55	16:28
22.	DEBRUP PAL	08:41	16:32	08:18	16:38	08:18	16:47
23.	DEEPIKA. M	08:50	16:40	08:19	16:26	08:48	16:32
24.	DHANUSHRAAMAN. R	08:50	16:21	08:34	16:18	08:35	16:36
25.	DHARANEESHWARAN. S	08:41	16:37	08:44	16:56	08:38	16:31
26.	DHEEPIGA. P.K	08:33	16:31	08:56	16:54	08:21	16:21
27.	DHEEPIKKA. M	08:37	16:41	08:57	16:42	08:41	16:19
28.	DIVYA DHARSHINI. C	08:18	16:54	08:57	16:25	08:48	16:54
29.	DIVYA. C	08:43	16:52	08:21	16:21	08:35	16:34
30.	DJEGAJENANIE. D	08:59	16:30	08:41	16:19	08:19	16:29
31.	FREDDIE FLAVIAN CRUZ. S	08:41	16:44	08:48	16:54	08:34	16:32
32.	GANESH. S	08:41	16:37	08:44	16:56	08:38	16:31
33.	GAUTHAM. M	08:33	16:31	08:56	16:54	08:21	16:21
34.	GAYATHRI. V	08:37	16:41	08:57	16:42	08:41	16:19
35.	GEETHANJALI. B	08:18	16:54	08:57	16:25	08:48	16:54
36.	GOKULAKANNAN. S.P.S	08:59	16:56	08:38	16:36	08:19	16:29
37.	GOKULARUN. A	08:58	16:26	08:50	16:40	08:41	16:44
38.	GOPIGA. I	08:57	16:52	08:41	16:54	08:56	16:46
39.	GOPIKA SURESH	08:20	16:31	08:38	16:43	08:43	16:39
40.	GOWRI SHANKAR. S	08:38	16:36	08:48	16:33	08:26	16:50
41.	HARIHARAN. R	08:25	16:28	08:28	16:54	08:26	16:47
42.	HARINI. S	08:24	16:29	08:45	16:33	08:56	16:54
43.	HARISIVAN. S	08:31	16:26	08:36	16:47	08:57	16:42
44.	HEMACHAND. V. S. S	08:33	16:23	08:18	16:40	08:57	16:25
45.	JASMINE AFINA. J	08:29	16:28	08:41	16:49	08:21	16:21
ME.	LAYASURIYA. S	08:59	16:53	08:58	16:26	08:41	16:19
YEAN	JAYAVISHHWA. B	08:41	16:30	08:57	16:52	08:48	16:54
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SRI MANAKULA VINAYAGAR SH MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-605107.

	48.	JESIFFER VICTORIA RANI. R	08:56	16:34	08:20	16:31	08:35	16:34
- 1	49.	JISHA S KOTTARAM	08:59	16:56	08:38	16:36	08:19	16:29
	50.	KAMALAVENI. M	08:41	16:56	08:22	16:21	08:34	16:32
ŀ	51.	KARTHIK T. G	08:56	16:36	08:35	16:43	08:49	16:34
	52.	KARTHIKA. M	08:50	16:40	08:19	16:26	08:48	16:32
-	53.	KARTHIKEYAN. S	08:50	16:21	08:34	16:18	08:35	16:36
	54.	KATHIRAVAN. K	08:41	16:37	08:44	16:56	08:38	16:31
	55.	KATHIRVEL. R	08:33	16:31	08:56	16:54	08:21	16:21
ŀ	56.	KAVIYA MADHURA. M	08:37	16:41	08:57	16:42	08:41	16:19
-	57.	KAVIYASREE U. P	08:18	16:54	08:57	16:25	08:48	16:54
-	58.	KAYALVIZHI. S	08:43	16:52	08:21	16:21	08:35	16:34
	59.	KEERTHANA. B	08:59	16:30	08:41	16:19	08:19	16:29
30	60.	KEERTHANA. N	08:41	16:44	08:48	16:54	08:34	16:32
	61.	KEERTHANA. R	08:56	16:46	08:35	16:34	08:49	16:34
-	62.	KEERTHIGA KRISHNAN	08:43	16:39	08:19	16:29	08:26	16:50
	63.	KEERTHIGA KUMAR	08:25	16:54	08:56	16:58	08:41	16:56
	64.	KESHIKASRI KARTHIKEYAN	08:44	16:18	08:50	16:49	08:56	16:36
	65.	KRIPA JAISWAL. R	08:34	16:56	08:50	16:29	08:50	16:40
	66.	LEKHA. L	08:41	16:54	08:41	16:44	08:50	16:21
	67.	LOKESH KHANNA.S	08:28	16:42	08:56	16:40	08:41	16:37
	68.	LOKESH. K	08:47	16:25	08:50	16:36	08:33	16:31
	69.	MAHALAKSHMI SEKAR	08:21	16:30	08:47	16:32	08:31	16:54
I	70.	MAHALAKSHMI SUBRAMANI	08:38	16:47	08:28	16:30	08:35	16:34
-	71.	MAHESHKUMAR. L	08:26	16:54	08:47	16:47	08:19	16:29
-	72.	MAHESHWARAN. A	08:55	16:42	08:39	16:57	08:34	16:32
	73.	MAHESHWARARAJ. K	08:56	16:20	08:39	16:21	08:35	16:36
-	74.	MANICKAM. R. M	08:31	16:37	08:42	16:44	08:38	16:31

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SRI MANAKULA VINAYAGAR
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KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

	T	1 202 1332		92321		1 8888 888	
75.	MANIKANDAN. J	08:59	16:47	08:31	16:24	08:58	16:59
76.	MANIMEGALAI. B	08:37	16:54	08:21	16:58	08:59	16:22
77.	MANOJ ARVIND. R	08:24	16:42	08:38	16:46	08:41	16:57
78.	MANOJ KUMAR. A	08:32	16:25	08:26	16:47	08:37	16:34
79.	MARISSA INFANTA MENDEZ	08:29	16:21	08:55	16:28	08:36	16:38
80.	MINU. B	08:20	16:19	08:18	16:47	08:42	16:38
81.	MISBA. B	08:51	16:54	08:22	16:38	08:59	16:39
82.	MONISHA. M	08:45	16:34	08:34	16:33	08:38	16:20
83.	MRINALINI	08:33	16:29	08:22	16:41	08:21	16:44
84.	MUDALIAR BHUVANESWARI ANANDANE	08:30	16:32	08:21	16:53	08:24	16:38
85.	MUNUSAMY. C	08:38	16:20	08:35	16:34	08:47	16:47
86.	NAGA HARISH. S	08:44	16:24	08:30	16:44	08:33	16:24
87.	NANDANA. S	08:19	16:30	08:20	16:43	08:54	16:52
88.	NANDHINI. C	08:19	16:58	08:40	16:36	08:25	16:45
89.	NANDHINI. J.S	08:43	16:45	08:34	16:18	08:56	16:58
90.	NAUFAL RIZWAN. J	08:18	16:58	08:44	16:56	08:57	16:29
91.	NAVEEN KUMARR. R	08:48	16:29	08:56	16:54	08:57	16:51
92.	NAVEEN. I	08:43	16:51	08:57	16:42	08:21	16:54
93.	NEKAA NITHYA SRE K.A.V	08:20	16:32	08:57	16:25	08:41	16:42
94.	NISHA. M	08:19	16:30	08:21	16:21	08:48	16:25
95.	NITHILLA MOOKAMBIKA. R	08:43	16:51	08:57	16:42	08:21	16:21
96.	NITHIN. M	08:20	16:32	08:57	16:25	08:41	16:19
97.	NITHISH KANNA. S	08:19	16:30	08:21	16:21	08:48	16:54
98.	NIVEDHA. S	08:28	16:20	08:41	16:19	08:35	16:34
99.	PARVATHI KARTHIKEYAN. G	08:43	16:48	08:20	16:32	08:19	16:29
CEAN	RON SURABHI. S	08:54	16:27	08:19	16:30	08:50	16:24
CANIA				-			

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-605107.

101.	PRADEEP. T	08:38	16:54	08:28	16:20	08:47	16:52
102.	PRARDHAN AASISH. J	08:24	16:20	08:59	16:31	08:29	16:42
103.	PREETHY	08:49	16:55	08:51	16:23	08:55	16:20
104.	R. ATSHARA	08:44	16:24	08:30	16:44	08:33	16:28
105.	RAGUL. S	08:19	16:30	08:20	16:43	08:54	16:55
106.	RAJESH KRISHNA. R	08:19	16:58	08:40	16:36	08:25	16:33
107.	RESHMA. A	08:43	16:45	08:34	16:18	08:56	16:54
108.	ROHIT RAJ. R	08:18	16:58	08:44	16:56	08:57	16:42
109.	SARANYA. S	08:48	16:29	08:56	16:54	08:57	16:25
110.	SARANYADEVI. S	08:43	16:51	08:57	16:42	08:21	16:21
111.	SARVESWARA RAO GUPTA. N	08:20	16:32	08:57	16:25	08:41	16:19
112.	SATHIYAPRAKASH. M	08:19	16:30	08:21	16:21	08:48	16:54
113.	SHAKEEN SULAIMAN. S	08:28	16:20	08:41	16:19	08:35	16:34
114.	SHALINI. K	08:43	16:48	08:20	16:32	08:19	16:29
115.	SHANKAR. S	08:44	16:48	08:47	16:32	08:33	16:30
116.	SHRIRAM SANKAR. V	08:56	16:20	08:39	16:21	08:35	16:36
117.	SHUBHADA CHAUDHARI	08:31	16:37	08:42	16:44	08:38	16:31
118.	SIDDHARTH. R	08:59	16:47	08:31	16:24	08:58	16:59
119.	SIVA RAMA KRISHNA TOTA	08:37	16:54	08:21	16:58	08:59	16:22
120.	SIVASHANKAR. P	08:24	16:42	08:38	16:46	08:41	16:57
121.	SOHAIL ABBAS. R	08:32	16:25	08:26	16:47	08:37	16:34
122.	SOWNTHARYAA C.K	08:29	16:21	08:55	16:28	08:36	16:38
123.	SRI HARI. R	08:20	16:19	08:18	16:47	08:42	16:38
124.	SRI MEENAACHI. M.S	08:51	16:54	08:22	16:38	08:59	16:39
125.	SRIRAM. M	08:45	16:34	08:34	16:33	08:38	16:20
126.	SUBHASRI. M	08:33	16:29	08:22	16:41	08:21	16:44
127.	SUMITHA. T.P	08:30	16:32	08:21	16:53	08:24	16:38
128.	SUPBIKSHA. K C. R.N	08:19	16:34	08:45	16:27	08:53	16:36

Dr. KAGNE, R.N

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MEDICAL GOLLEGE & HOSPITAL

KALITHEERTHALKUPPAM,

PUDUCHERRY-605107.

129.	SURYA. S. S	08:37	16:54	08:21	16:58	08:59	16:22
130.	SUSHMITHA. B	08:24	16:42	08:38	16:46	08:41	16:57
131.	SWADHA. K.N	08:32	16:25	08:26	16:47	08:37	16:34
132.	SWATHI KRISHNA	08:29	16:21	08:55	16:28	08:36	16:38
133.	SWETHA SAJEEV	08:20	16:19	08:18	16:47	08:42	16:38
134.	TAMILKAVIYA. K.P	08:51	16:54	08:22	16:38	08:59	16:39
135.	THAIYAL NAYAGI. M	08:45	16:34	08:34	16:33	08:38	16:20
136.	THEJAVIKHO PUNYU	08:33	16:29	08:22	16:41	08:21	16:44
137.	UMAR LATHIF. M	08:30	16:32	08:21	16:53	08:24	16:38
138.	VAIBHAV VASUDEVAN. V	08:38	16:20	08:35	16:34	08:47	16:47
139.	VAISALI. V	08:37	16:54	08:21	16:58	08:59	16:22
140.	VASANTHI. V	08:24	16:42	08:38	16:46	08:41	16:57
141.	VASEEGAR THAVASU	08:32	16:25	08:26	16:47	08:37	16:34
142.	VASIREDDY SIDDHAN	08:29	16:21	08:55	16:28	08:36	16:38
143.	VASUKI. M	08:20	16:19	08:18	16:47	08:42	16:38
144.	VISHNUPRIYA. P	08:51	16:54	08:22	16:38	08:59	16:39
145.	VISHWA GANESHAN. V.K	08:45	16:34	08:34	16:33	08:38	16:20
146.	VISRUTH GOKUL. B	08:33	16:29	08:22	16:41	08:21	16:44
147.	YOGANAND. M	08:30	16:32	08:21	16:53	08:24	16:38

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MEDICAL COLLEGE & HOSPITAL

KALITHEERTHALKUPPAM,

PUDUCHERRY-605107.



Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 14-02-2021

1 = 1 1 = 1	(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good,	5	- Exc	ellent	()		
S.	Assessment Parameters		Rat	ing S	Scale		
No.	Assessment I at a meters	1	2	3	4	5	
1	How was your experience with the registration process?						
2	Did you have adequate pre-course and joining instruction?			2	1		
3	How were the arrangements for training?						
4.	How you rate the venue?				1		
5	How would you rate the course overall?						
6	Was the training content been a value addition to your knowledge?	- 14			/	,	
7	How would you rate the tutor's knowledge of the course?				1		
8	How would you rate the tutor's delivery of the course?				7		
9	What was the quality of interaction of the tutor with the delegates?						
10	Were the queries of the delegates handled by the tutor satisfactorily?				_	7	
11	How was the time management of the course?					,	
12	How was the total experience?				1		

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SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM,

PUDUCHERRY-605107.



Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 14-02-2021

	(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good		- Exc	ellen	t)	
S.	Assessment Parameters		Scale	X .		
No.	1 discussionent i arameters	1	2	3	4	5
1	How was your experience with the registration process?					
2	Did you have adequate pre-course and joining instruction?					2
3	How were the arrangements for training?					
4	How you rate the venue?					7
5	How would you rate the course overall?					
6	Was the training content been a value addition to your knowledge?					-/
7	How would you rate the tutor's knowledge of the course?				7	
8	How would you rate the tutor's delivery of the course?				$\overline{}$	
9	What was the quality of interaction of the tutor with the delegates?				1	7
10	Were the queries of the delegates handled by the tutor satisfactorily?			45	0	
11	How was the time management of the course?					
12	How was the total experience?					

Dr. KAGNE. R.N.

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.



Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 14-02-2021

	(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good,	5	- Exc	ellent	t)				
S.	Assessment Parameters	Rating Scale							
No.	Assessment 1 at ameters	1	2	3	4	5			
1	How was your experience with the registration process?					1			
2	Did you have adequate pre-course and joining instruction?				1				
3	How were the arrangements for training?				7				
4	How you rate the venue?				0				
5	How would you rate the course overall?								
6	Was the training content been a value addition to your knowledge?			1					
7	How would you rate the tutor's knowledge of the course?								
8	How would you rate the tutor's delivery of the course?	34							
9	What was the quality of interaction of the tutor with the delegates?								
10	Were the queries of the delegates handled by the tutor satisfactorily?								
11	How was the time management of the course?				,				
12	How was the total experience?	Rv H H			7				

Dr. KAGNE. R.N

DEAN SRIMANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-605107.



Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 14-02-2021

	(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good,	5	- Exc	ellen	t)	
S.	Assessment Parameters		Rat	ating Scale		
No.	Assessment rarameters	1	2	3	4	5
1	How was your experience with the registration process?					/
2	Did you have adequate pre-course and joining instruction?					
3	How were the arrangements for training?			/		
4	How you rate the venue?					
5	How would you rate the course overall?					1
6	Was the training content been a value addition to your knowledge?					13
7	How would you rate the tutor's knowledge of the course?				2	
8	How would you rate the tutor's delivery of the course?					
9	What was the quality of interaction of the tutor with the delegates?	2			1	
10	Were the queries of the delegates handled by the tutor satisfactorily?					
11	How was the time management of the course?				1	
12	How was the total experience?				1	

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PUDUCHERRY-605107.



Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 14-02-2021

MI E	(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good,	5	- Exc	ellen	t)						
S.	Assessment Parameters			Rating Scale							
No.	Assessment I at ameters	1	2	3	4	5					
1	How was your experience with the registration process?					1					
2	Did you have adequate pre-course and joining instruction?										
3	How were the arrangements for training?			/	7						
4	How you rate the venue?										
5	How would you rate the course overall?				1						
6	Was the training content been a value addition to your knowledge?			20							
7	How would you rate the tutor's knowledge of the course?										
8	How would you rate the tutor's delivery of the course?				1						
9	What was the quality of interaction of the tutor with the delegates?										
10	Were the queries of the delegates handled by the tutor satisfactorily?					1					
11	How was the time management of the course?		14 (9)			7					
12	How was the total experience?				1						

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PUDUCHERRY-605107.



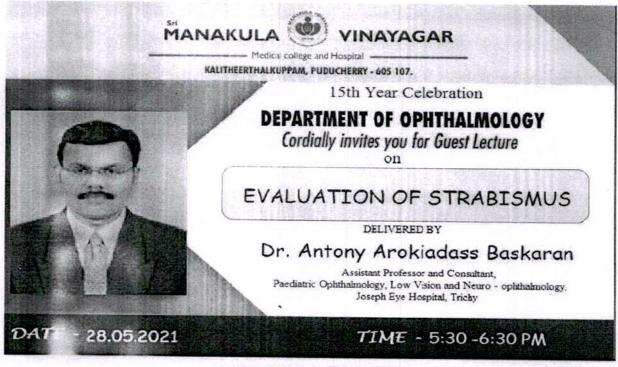
DEPARTMENT OF OPHTHALMOLOGY

EVALUATION OF STRABISMUS

(Guest Lecture -webinar)

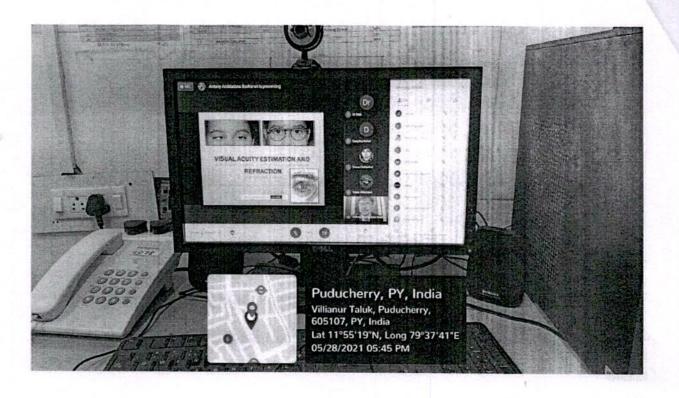
Guest lecture was conducted by our department on 28-05-2021 between 5.30pm.

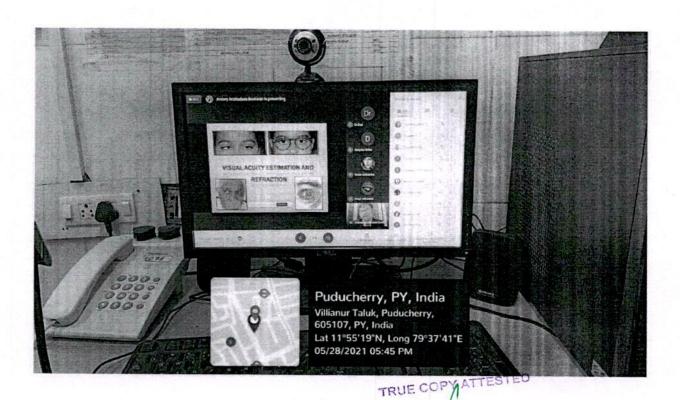
A lecture was delivered by Dr. Antony Arokiadass Baskaran, Assistant Professor and Consultant, Paediatric Ophthalmology, Low vision and Neuro-Ophthalmology, Joseph Eye Hospital, Trichy. The faculties, Post graduates attended the lecture. Welcome address was given by Professor Dr. P. Nallamuthu, Department of Ophthalmology. Vote of thanks was offered by Dr. Renugadevi, Assistant Professor, Department of Ophthalmology.



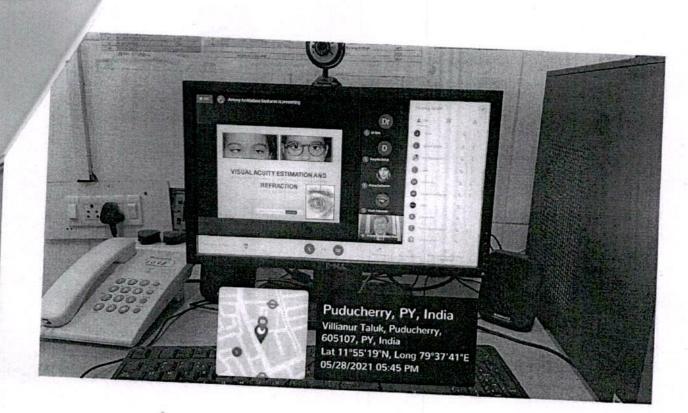
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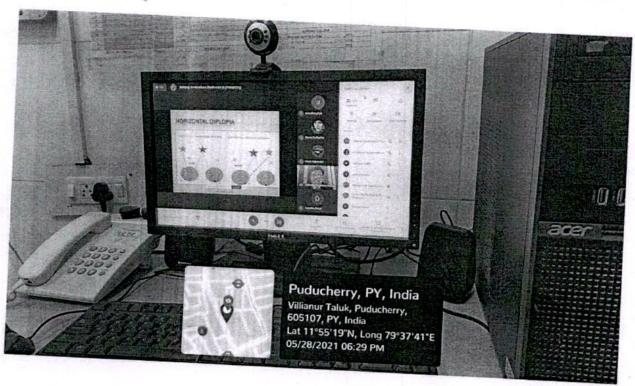
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MEDIGAL COLOROTES POSPITAL
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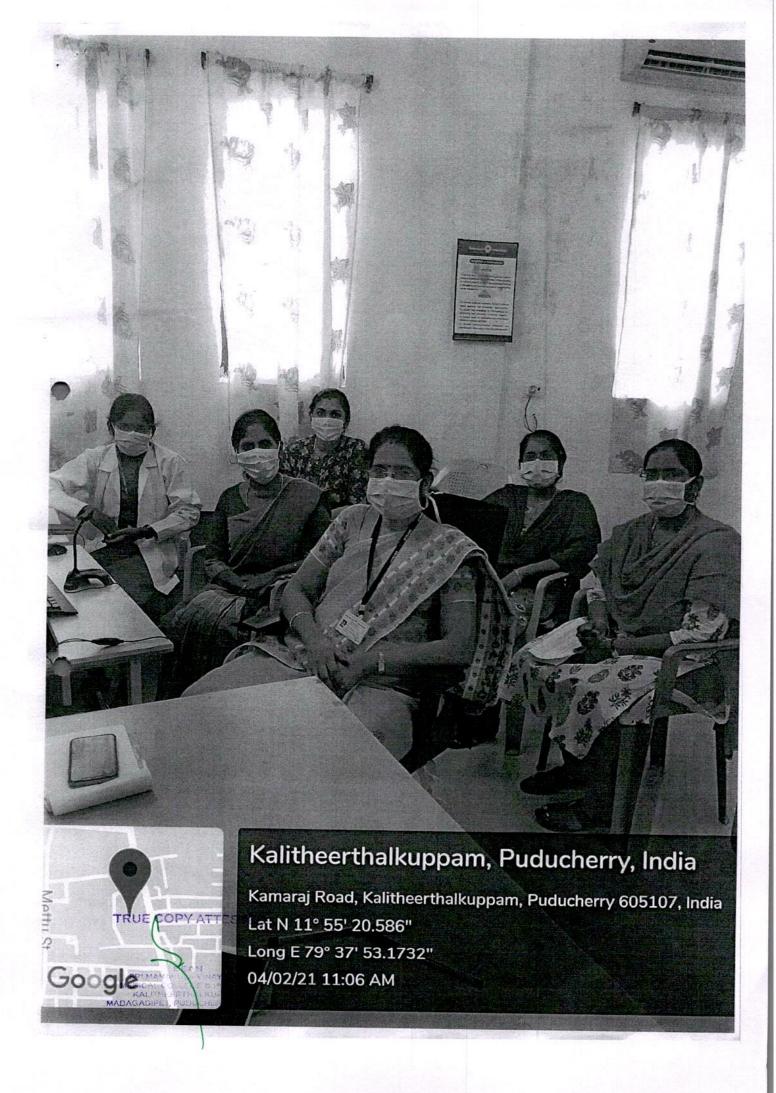


BRI MANAPULA VI AYAGAR MEDICAL COLLEGE & ROSEPITAL MEDICAL COLLEGE & ROSEPITAL KALITHEERTHALKUN PAM, MADAGADIPET, PUDUCHERRY-805 107.





DT. P. NATLAMUTHU, M.S., D.O.,
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Sri Manakula Vinayagar Mas cal College & Hospital
MEDICA. COLLEGE & NOSATAL
MADAGAOIPET, PODUCHERRY-US 197.



Outward No: 589/3MVM(H/Anaes/202)



Medical college and Hospital

Date: 23-02-2021

From

Dr. Suneeth P Lazarus Professor & HOD, Department of Anaesthesiology SMVMCH.

To

Dr. Kalaiselvan, Professor of Community Medicine, IQAC Cell, MEU Department, SMVMCH

Sir,

Hereby I am submitting the detailed reports of the event AHA Certified ACLS Workshop conducted by our department on 3rd week of January 2021. Kindly find the enclossure.

Thanking you,

TRUE COPY ATTESTED

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MADAGADIPET, PUDD CHERRY 605 107.

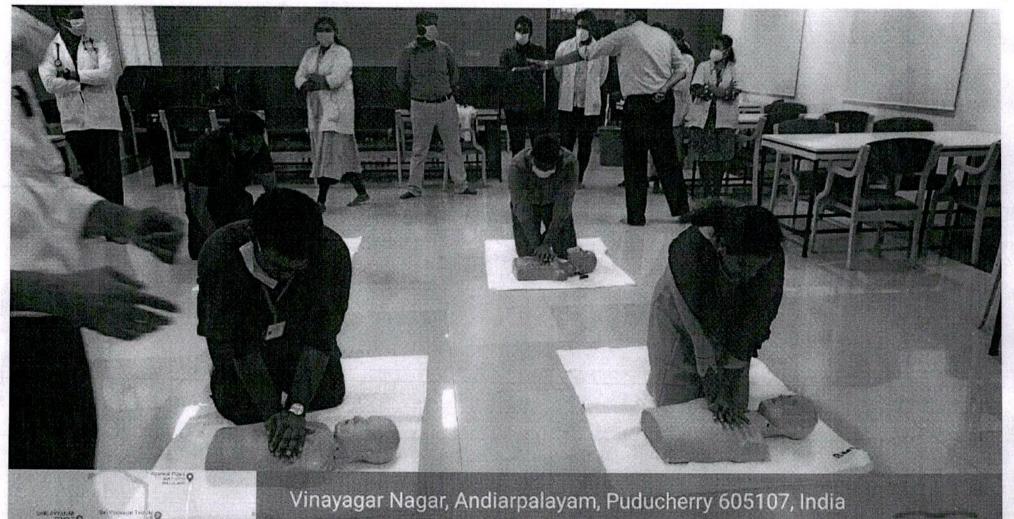
Yours Sincerely,

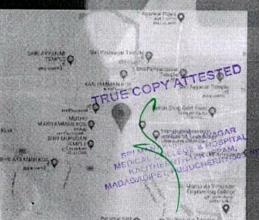
Dr.Suneeth P Lazarus
Professor & Head
Department of Anaesthesiology

Enclosure:

- Progam schedule
- Invitation
- Participation list
- Geo tagged photos





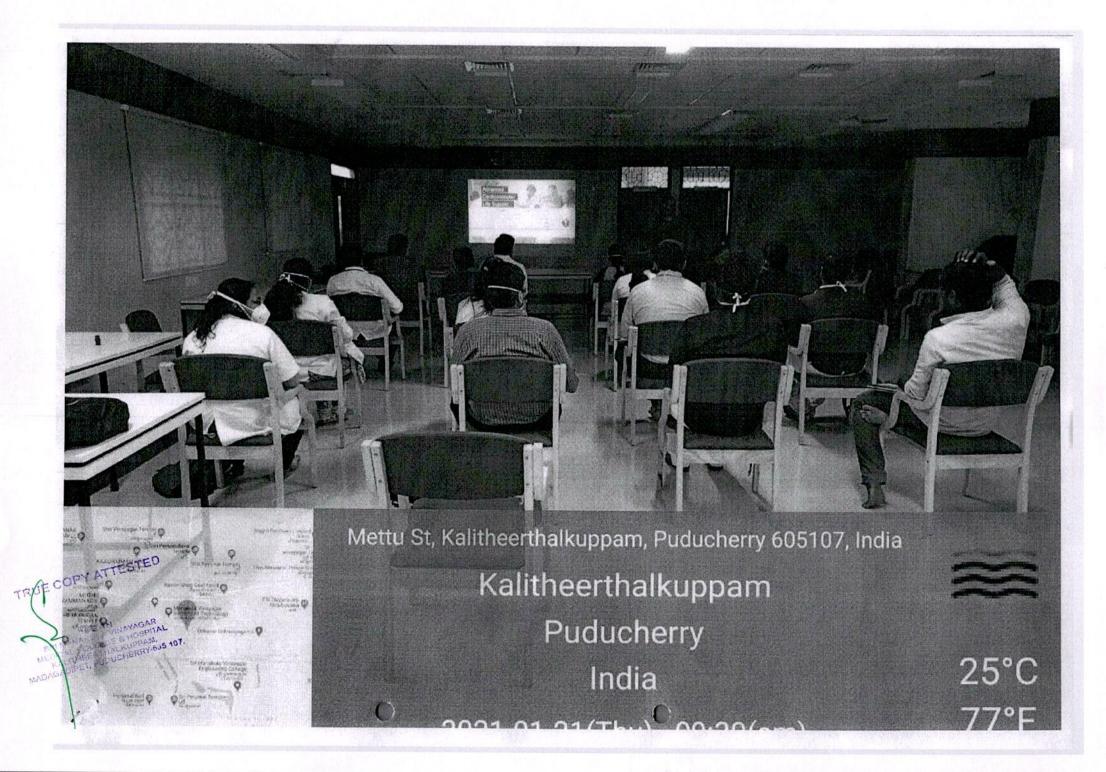


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Date: 09.02.2021

From

Dr.M.Shanthi

Prof & Head,

Department of Pharmacology,

Sri ManakulaVinayagar Medical College,

Puducherry.

To

Dr. M. Pragash,

Chairperson,

Conference Advisory Committee,

Sri ManakulaVinayagar Medical College,

Puducherry.

Respected Sir,

Sub: Report of the academic event conducted by Department of Pharmacology on 04.02.2021 – Reg.

Ref No: SMVMCH/CAC/Circular/003/2021

With reference to your circular regarding 15th year celebration of SMVMCH for provision of funds for academic events, herewith attached the details of the webinar "Designing and Validation of a Questionnaire" conducted on 04.02.2021 by the Department of Pharmacology for your reference.

Thanking you,

TRUE POPY ATTESTED

BRIMANAHL VINAYAGAR MEDICAI COLLEGGE HOSPITAL KALIMERI THALAUPPAM, MADAGAMPET, PUDUCHARRY-605 107. Yours sincerely,

Dr.M.Shanthi

Prof & Head

Department of Pharmacology

Professor & Head

Pharmacology Department

SMVMCH, Kalitheerthalkuppern Puducherry

TO AC. More of 19/19

04.05.2021

From

Dr.M.Shanthi,

Professor & Head,

Department of Pharmacology,

Sri Manakula Vinayagar Medical College.

Puducherry.

To

Dr.M.Pragash,

Chairperson,

Conference Advisory Committee,

Sri Manakula Vinayagar Medical College.

Puducherry

Respected Sir,

Sub: Report of the academic event conducted by Department of Pharmacology on

21.04.2021 - Reg.

Ref No:SMVMCH/CAC/Circular/003/2021

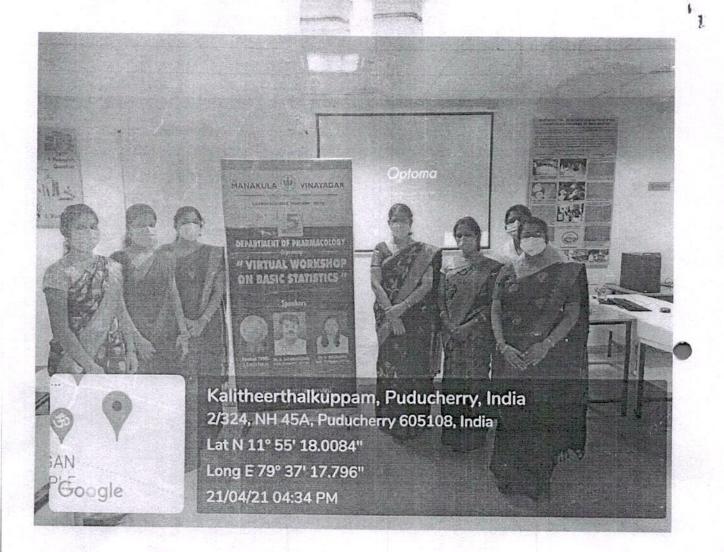
With reference to your circular regarding 15th year celebration of SMVMCH, herewith attached the details of the virtual workshop titled "BASIC STATISTICS" conducted on 21.04.2021 by the Department of Pharmacology for your reference.

Thanking you

Yours sincerely,

Professor & Head Pharmacology Department SMVMCH, Kalitheerthalkuppani

Puducherry



TRUE PPY ATTESTED

SRI MANAKIA A VINAYAGAR

MEDICAL COLLAGE 8 HOSPITAL

MEDICAL COLLAGE 8 HOSPITAL

MADAGADIPET, PUDUCHERRY-605 107.



DEPARTMENT OF PATHOLOGY REPORTS

Webinar - Cytology of matrix producing salivary gland

Webinar on – Cytology of matrix producing salivary gland was conducted by Department of Pathology on 22.2.2021 from12.00-1.00pm. It was delivered by Dr.P.Neelliah Siddaraju about cytology of matrix producing salivary gland tumours with approach to diagnosis of salivary gland lesions. The faculty, Postgraduates attended the Programme. Welcome address was given by HOD, Department of Pathology. Vote of thanks was offered by Dr.Srivani, Department of Pathology. Feedback given by the delegates are discussed and action has been taken.

Professor & HOD

Department of Pathology

PROFESSOR & HEAD
DEPARTMENT OF PATHOLOGY
SMVMC & H
PUDUCHERRY

TRUE COPY ATTESTED

DEAN

SRI MANAKULA VINAVAGAR

MEDICAL CITTO & HOSPITAL

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DEPARTMENT OF GENERAL SURGERY

Report on "Hands on Training on Various Suturing Techniques" for Final Year UG's

A workshop was conducted for Under Graduates, final year MBBS students by the department of General Surgery - Hands on Training on Various Suturing Techniques. It was conducted from 10.30 am to 2 PM on 20.12.21. A total of 150 students participated. Before the Hands on training, for the students to get an idea on the workshop, lectures were presented to the students by the surgical faculties. A brief lecture on Instruments, suture materials and needles was presented followed by a video clip on various suturing techniques was played and explained to the students. The students were then formed into groups of 9 and a faculty was allotted to each group. A total of 18 faculties and PG's conducted the workshop. The teachers demonstrated various suturing techniques in the suture kit. They then trained the students on handing of instruments, tissues and to practice all the suturing techniques

Feedback: Feedback were obtained after the session, Students were so motivated and thanked for arranging this workshops. They also suggested to conduct many more such workshop in future

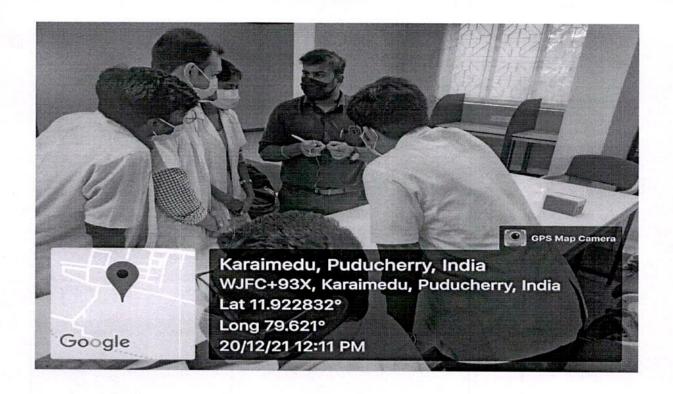
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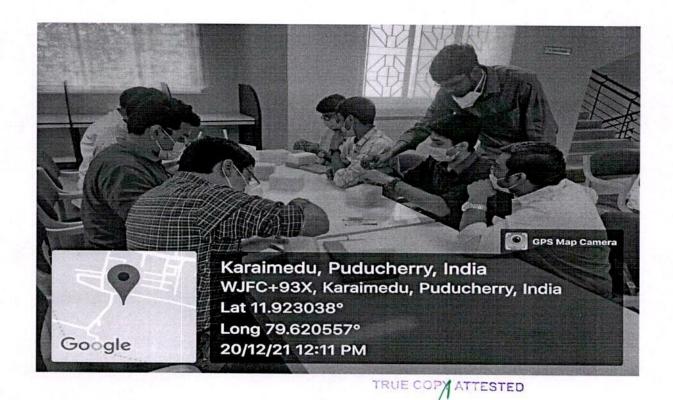
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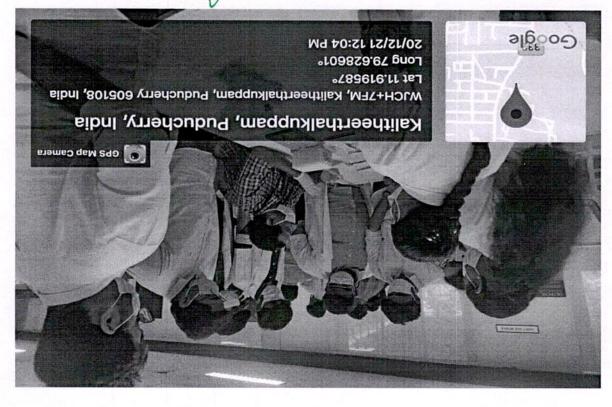
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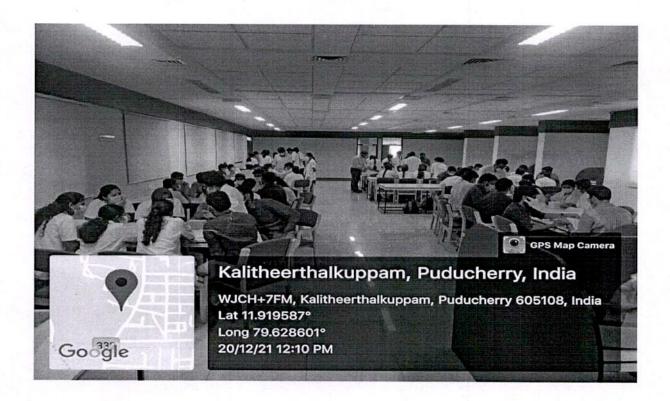


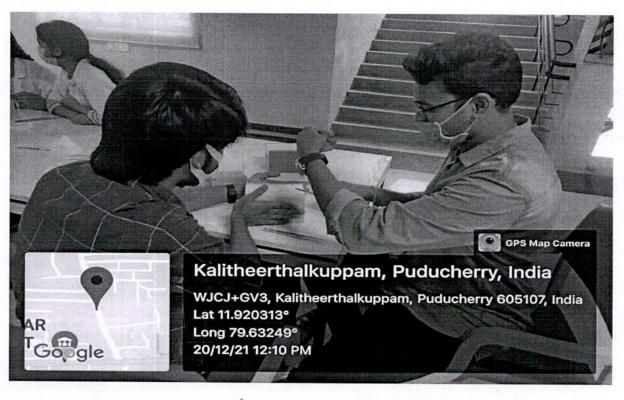
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Medical college and Hospital

DEPARTMENT OF GENERAL MEDICINE PG EXAM PREP- 2022- Summary Document

A CME programme was organized for the benefit of Exam going Postgraduate student on 02.03.2022. A total of 54 Postgraduate students in and around Pondicherry attended the CME. Postgraduate case presentation were moderated by Prof. Dr. Mohammed Hanifa (HOD Medicine-MGMCRI), Dr.Rajarajeswari (Ahoram associate Prof. of Neurology. JIPMER, & Dr. Kisku Prof.& HEAD Chest Medicine- PIMS. Cases of Cardiology. Neurology and Respiratory Medicine were presented by Postgraduate students of General Medicine.

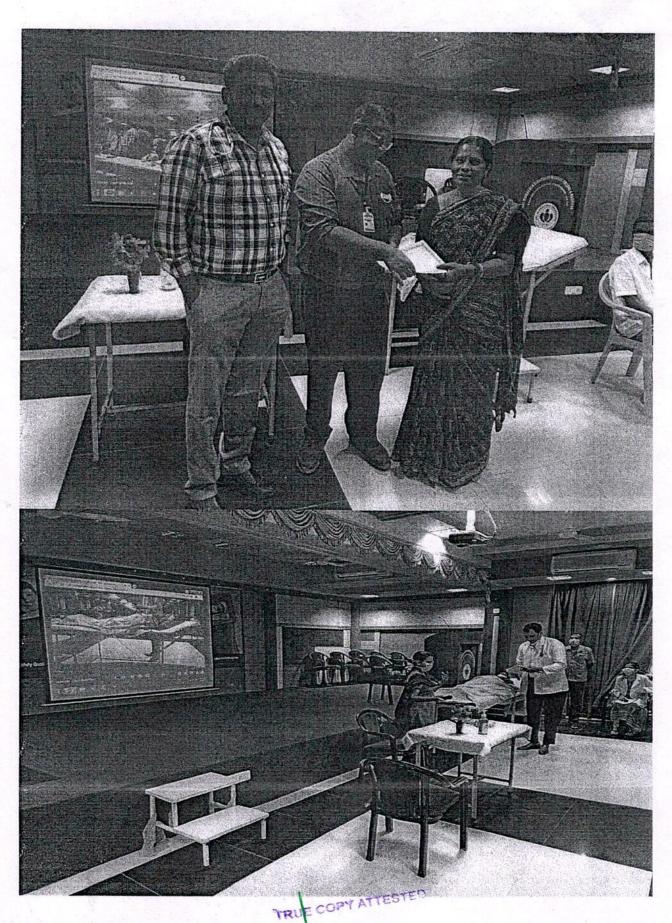
Feedback was obtained from the participants. The following are the comments given. Training was relevant, (90%) Length of sessions were sufficient (80%). Sessions was well organized conducted (92%) Instructions were clear and understandable (98%), Facilitator conducted the session and was upto expectations (99%).

Most of the students suggested to have such frequent CME & full day sessions.



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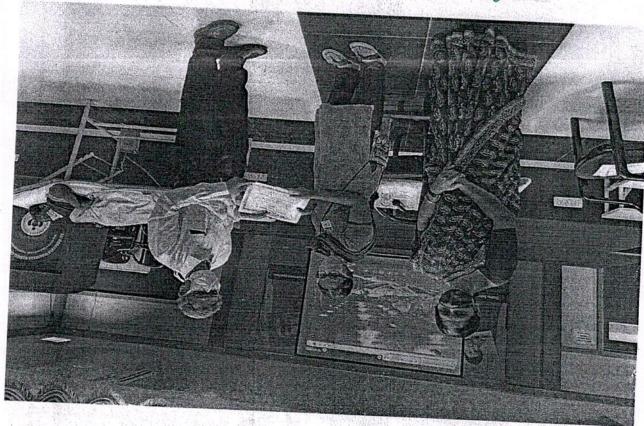
PROFESSOR & HEAD Department of General Medicine Sri Mayakula Vinayagar Medical College & Hospital Kalitheerthalkuppam, Madagadipet, Puducherry-605107.

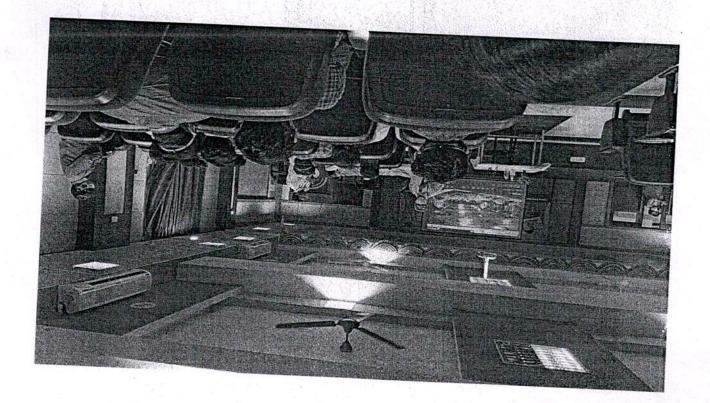
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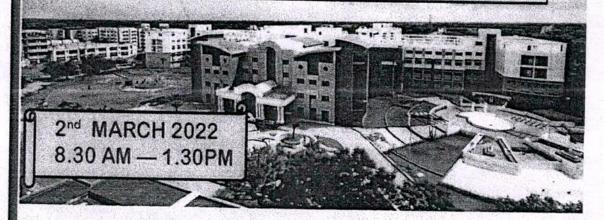




SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL

DEPARTMENT OF GENERAL MEDICINE

PG EXAM PREP - 2022



VENUE – HOSPITAL BASEMENT AUDITORIUM

REGISTRATION FEES-Rs 500/-TNMC CREDIT HOURS INCLUDED

8.30 — 10.30 AM	CNS Case Discussion	Dr. RAJESHWARI AGHORAM Associate Professor Dept. of Neurology, JIPMER.
10. 30 — 10.45 AM	TEA BREAK	
10.45 — 12.00 PM	CVS Case Discussion	Dr. MOHAMAD HANIFAH Professor & HOD Dept. of General Medicine, MGMC&RI
12.00 — 1.15 PM	RS Case Discussion	Dr. KING HERALD KISHKU Professor & HOD Dept. of Respiratory Medicine, PIMS.

TRUE GOPY ATTESTED

LAST DATE OF REGISTRATION

28/02/2022

FOR REGISTRATION CONTACT - Dr. KAILASH - 8754835555

CO OF B. HOSPITAL

Dr. PREMKULIAR - 80548590957 & HEAD.

Department of Seneral Medic & Sri Manakula Vinayagar Medicul College & Hospita Kalitheerthalkuppam, McKlagadipet, Duducherry 605107

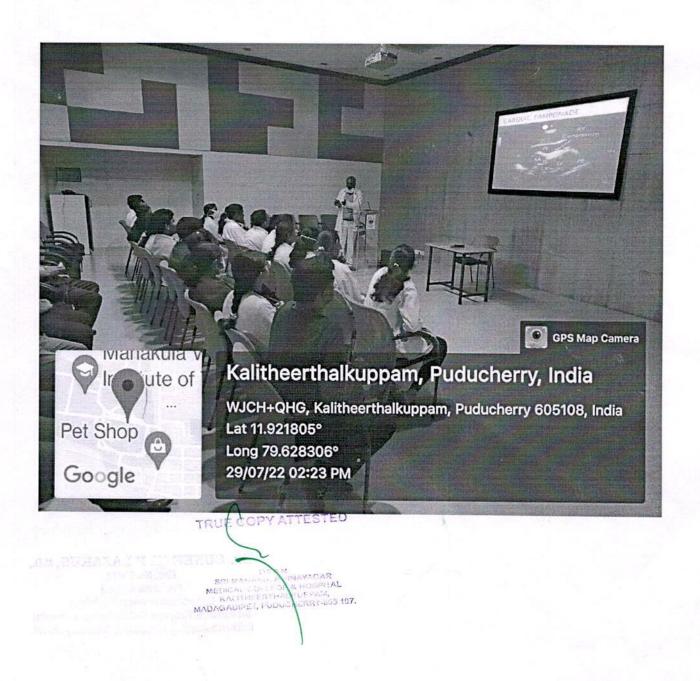


Medical college and Hospital

DEPARTMENT OF ANAESTHESIOLOGY

Guest Lecture 2022

Department of Anaesthesiology had organized a guest lecture programme in the month of July 2022- "Peri Operative Rules Protocols Rapid Ultrasound in shock and Hypertension" was delivered by Dr. Arunsundar, Associate Professor, Department of Anaesthesiology, Government Villupuram Medical College, Villupuram. on 29.07.2022





Dr.Suneeth P Lazaus Professor & Head Department of Anaesthesiology

Dr. SUNEETH P LAZARUS, M.D.,

Reg. No. 59992
Professor & Head
Department of Anaesthesiology
Srl Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madagadipet, Puducheny-605 107.



DEPARTMENT OF PATHOLOGY REPORTS

CME on Basics in immunohematology and Blood banking.

CME on Basics in immunohematology and Blood banking was conducted by Department of Pathology on 11/06/2022 from 9.00am to 4.00pm. It included poster presentation by postgraduates, followed by two academic sessions by Dr.Kingsley and Dr.Abishekh about Basics in immunohematology and Blood banking. Finally a quiz was conducted for postgraduates. The faculty, Postgraduates attended the Programme. Welcome address was given by HOD, Department of Pathology. Vote of thanks was offered by Dr.Sriram, Department of Pathology. Feedback given by the delegates are discussed and action has been taken.

TRUE COPY ATTESTED

DEAN
SRI MANAKULA VINAYAGAR
MEDIGAL COLLEGE & HOSPITAL
KALITHERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Professor & HOD

Department of Pathology

PROFESSOR & HEAD
DEPARTMENT OF PATHOLOGY
SMVMC & H
PUDUCHERRY



DEPARTMENT OF GENERAL SURGERY

Report on "Continuing medical education for undergraduates"

A CME was conducted for undergraduates final year students by the department of general surgery on 19.12.2022. Welcome address was given by Dr.Karthick Bandary. From 9.00am to 10.45am guest lecture was given by Dr.Rajamahendran Ms, MRCS, MCH (SGE) on epigastric mass and obstructive jaundice. From 11.00AM TO 12.45pm case presentation on RIF mass, varicose veins and inguinal hernia by undergraduate students. Vote of thanks was given by Dr.Rajavel.

Feedback: Students felt such CMEs very useful and suggested to conduct more such CMEs in the future.

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SRI MAN VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHA KUPPAM,
MADAGADIPET, PUDUC JERRY-605 107.

Dr. G.V. MANOHARAN, M.S.,

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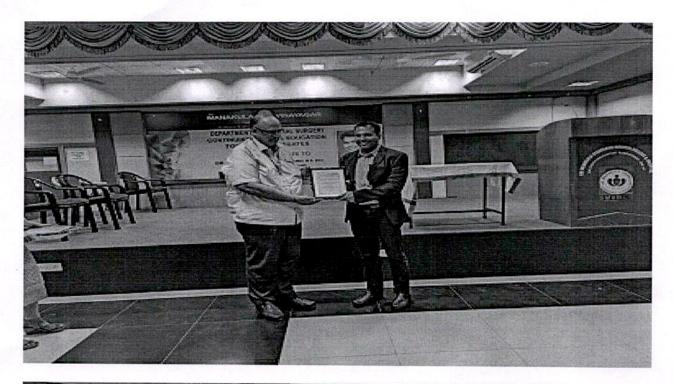
PROFESSOR & HOD

Regd. No. 46182

Department of General Surgery

Sri Manakula Vinayagar Medical College & Hospital

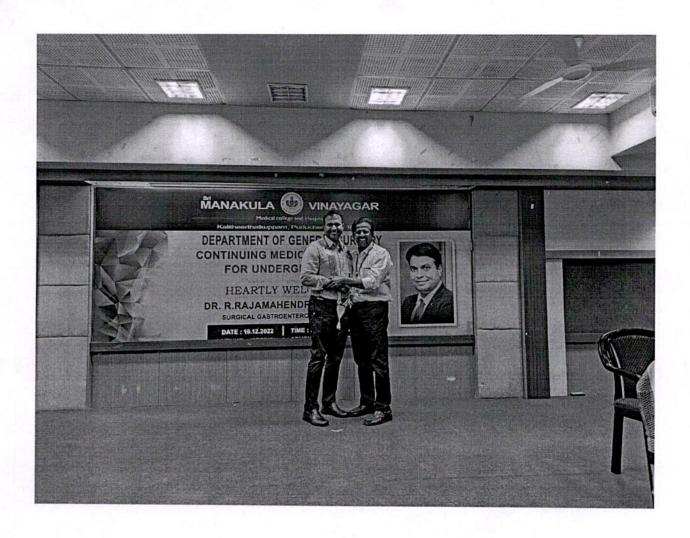
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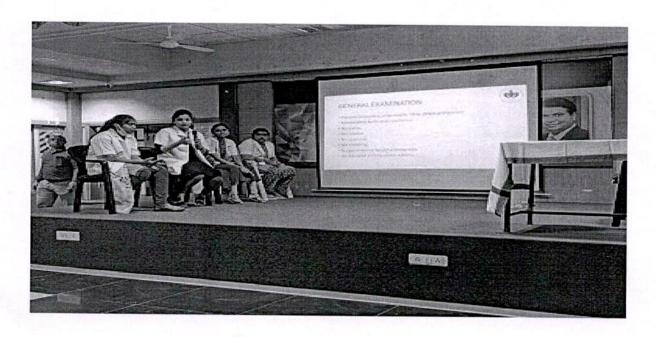




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MEDIBAL FOLLEG & HOSPITAL
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MADAGADIPET, PUDUTHERRY-605 107.

DR. GOURNOIMMEN.R.



DEPARTMENT OF PATHOLOGY REPORTS

Conference- Haem fest- 2022

Haem fest- 2022 was conducted by Department of Pathology on 27.8.2022 from 9.00am to 4.00pm at SMVMCH Auditorium. The academic sessions on 'Morphology and beyond in blood and marrow- case based approach' was given by Dr.Debdatta basu followed by academic sessions on 'Surviving good the flow- case based learning in haematology', 'The haematology puzzle- missing thesis of flags and alarms' was delivered by Dr.C.N.Srinivas.A session on 'Basic and new concepts in coagulation- case based discussion' and a session on 'Quality assurance in hematology' was delivered by Dr.Febe Renjitha Suman and by Dr.Moses Ambroise respectively. Poster presentations were done by postgraduates. 131 delegates including faculty and Postgraduates attended the Programme. Welcome address was given by HOD, Department of Pathology. Vote of thanks was offered by Dr.Jayanthi, Department of Pathology. Feedback given by the delegates are discussed and action has been taken.

TRUE COPY ATTESTED

SRI MANAN LA VINAYAGAR
MEDICAL CULTUSE & HOSPITAL
MEDICAL CULTUSE & HOSPITAL
KALITHEETT IN KUPPAN
KALITHEETT IN KUPPAN
MADAGADIPET, PUDUO LERRY-

Professor & HOD

Department of Pathology

PROFESSOR & HEAD
DEPARTMENT OF PATHOLOGY
SMVMC & H
PUDUCHERRY

Medical college and Hospital

DEPARTMENT OF PAEDIATRICS

IAP – NRP FGM Workshop - 2022

The Indian Academy of Paediatrics and National Neonatology forum along with Department of Paediatrics SMVMCH jointly organized IAP – First Golden Minute neonate resuscitation workshop on 23.12.2022 in the skill lab of SMVMCH. The key instructors of the programme are

Dr.A.Arulkumaran - Professor of Paediatrics, SMVMCH.

Dr.Karthikeyan - Professor of Paediatrics, MGMC & RI

Dr. Soma Venkatesh - Professor of Paediatrics MGMC & RI

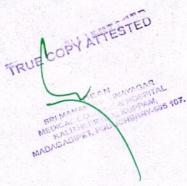
The programme was inauguration by Dr.R.N.Kagne Dean of SMVMCH. The programme was also facilitated by Dr.Karthikeyan Dean Academic, Dr.M.Pragash Medical Superintendent. Dr.T.Bharath Kumar HOD of the Department of Paediatrics and Associate, Assistant professor of the Department also attended the inaugural function.



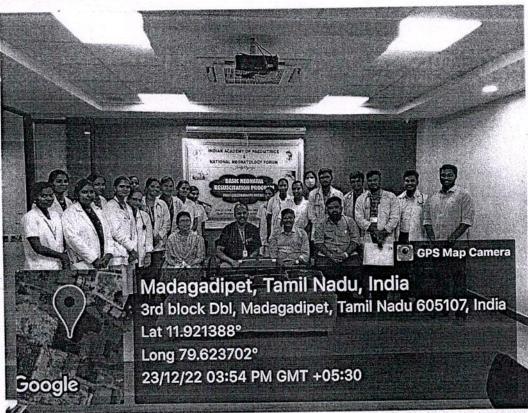
20 Delegates participated in the workshop which includes postgraduates students from Department of Paediatrics, Department of OBG, Nursing staffs of NICU, PICU, Labour Ward, postnatal ward and 2 interns.



The programme started at 9.30 am and completed by 3.30 pm. All the Delegacies are divided into 3 groups in the morning session was hands on training with the neonatal manikin on the various steps of neonatal resuscitation and in the afternoon performance evaluation test was conducted for all the participants and certificates was distributed to all the delegates.









Professor & Head Department of Paediatrics

Dr. T. BHARATH KUMAR

Regd. No: 75119
PROFESSOR & HEAD
Department of Pediatrics
Sri Manakula Vinayagar Medical College & Head
Kalitheerthalkuppam, Madagadipet,
Puducherry-505107.

TRAINING ON NTEP GUIDELINES FOR MEDICAL INTERNS

Date: 27.11.2021 Time: 9.00 am to 4.00 pm

VENUE: Community medicine seminar room

TARGET AUDIENCE: Medical interns (19)

CONDUCTED BY: Dr.Kalaiselvan (HOD), Dr.Rajalakshmi.M (AP), Dr.Reenaamohan (AP), Dr. Subalakshmi (PG)

On Behalf of Department of Community Medicine, Sri ManakulaVinayagar Medical College and Hospital, conducted sensitization program on NTEP guidelines for medical interns on 27/11/2021. The Program started at 9.00 am and around 19 medical interns participated in the training program. A Brief introduction about the program was given to all by Dr.Kalaiselvan (HOD) followed by pre-test and NTEP introduction was given by Dr.Rajalakshmi.M (AP).Dr.Reenaamohan (AP) enlisted the objectives, organogram and how to identify the presumptive TB patients. Followed by a break co-morbidities associated with TB, NTEP updates and 4 symptom complex screening was explained by Dr.Subalakshmi (PG). Dr.Reenaamohan (AP) briefly explained about the diagnostic tools, patient's categorization and treatment schedule as per NTEP guidelines. The program got ended by providing lunch for the medical interns and post-test was conducted.



Pre and post-test questionnaire: To assess the level of knowledge and skill acquired from the training, pretest and posttest self-administrated structured questionnaires were distributed to all the participantsbefore and after the training program. The data was entered in Epi-info (version 3.4.3) software. The difference in the mean pre and post test scores was found using paired-t test.

Feedback: At the end of the workshop, feedback was obtained immediately from all the interns using a four point likert type scale to know their learning after the training program.

Table.1:Feedback: Training of Interns on 'NTEP Guidelines'

Questions	Strongl y agree	Agree	Disagr ee	Strongly disagree	Weight ed average	consens
I am sensitized to structure of NTEP	67(54.0)	57(46.0)	0(0)	0(0)	1.5	80.9%
Now I can identify TB suspect(pulmonary/Extra pulmonary	94(75.8)	30(24.2)	0(0)	0(0)	1.2	85.8%
I can Grade the sputum	50(40.7)	67(54.5)	6(4.9)	0(0)	1.6	79.5%
I can categorize the patient using diagnostic algorithm under DOTS	86(69.4)	38(30.6)	0(0)	0(0)	1.3	83.6%
I Understand the scientific Basic of treatment of TB under DOTS	68(54.8)	53(42.7)	3(2.4)	0(0)	1.5	79.6%

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I Know how to select the correct regimen for the	83(66.9)	41(33.1)	0(0)	0(0)	1.3	82.9%
I Know safe disposal of contaminated material	66(53.2)	56(45.2)	2(1.6)	0(0)	1.5	79.9%

Table.2: Pre and Post-test mean score

	Mean	Standard Deviation	t-value	df	p-value
Pre test	9.4194	4.65230		100	The state of the s
Post test	13.7984	4.25217	10.575	123	<0.001

Dr. K. J. AISELVAN. G

Dr. K. J. AISELVAN. G

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Sr. Manakula Velas and Mudical College and Austrian

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Department of Community Medicine

NTEP Training Programs for Medical Interns

"E" - Batch - 2016 - Main Batch ATTENDANCE SHEET

Date:27.11.2021

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1.	ROSHAN. M	Qui /
2.	S. GEETHAVARSHINI	Strshing.
3.	SAILESH BARIK	de .
4.	SAJITH KANNA.R	ZII.
5.	SANDHYA. S	St of ac
6.	SANTḤABAI LAKXMI. B	2- Sutation
7.	SARASWATHI PREETHA. J	1 C Inlah
8.	SARAVANAN. M	M Daniel 19701
9.	SAVITHA. J	T. Santo
10.	SHAIK SAMEER	7.20
11	SHUJAUDEEN. M	5
12.	SHWETHA. A	John Vis
13.	SHYAL S PRIYANKHA	Sal d Rayauth
14. •	SIRPY. P .	t.
15.	SNEHA PREETHI. R	02
16. •	SAMGEETHA	Carrie Avy
17.	SAMRIDDHI	die.
18.	SHANAZ JEMIMA RAFFI	Me
19.	SAKTHIDHARAN. B	B. Parethidhay
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21.	SHRI HARI PRADEEBA.V	V CO: 2

Dr. KALAISELVAN. G

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Medical college and Hospital-Kalitheerthalkuppam, Puducherry 605 107.

"HANDS ON WORKSHOP ON IMAGE GUIDED INTERVENTIONS"

Hands on workshop on image guided interventions was organized by the Department of Radio-Diagnosis, Sri Manakula Vinayagar Medical College and Hospital on 04.09.2022, along with TNPY-Puducherry subchapter of IRIA. Dr.D.Rajagovindan Director, SMVMCH, Dr. Nadarajan, President TNPY-Puducherry subchapter and Dr.A.Umamageswari, Professor and HOD, Department of Radiodiagnosis inaugurated the workshop by lighting the ceremonial lamp.

Dr. Elamparidhi, Associate Professor, SMVMCH delivered a lecture on Introduction to Image guided Interventions. Dr. Franklin Irwin, Assistant Professor, and Dr.Jagadeesh Kumar. CH, Assistant Professor, CMC Vellore delivered lecture on complete overview of imaged guided interventions. Dr. Jayavelu Hariramprasad, Assistant Professor CMC Vellore also shared his experience.

The lectures were followed by hands on workshop in 4 stations which included CT guided interventions USG guided biopsy, FNAC and Bone biopsy. Total participants were 61. The event was sponsored by BARD Medical Equipments.

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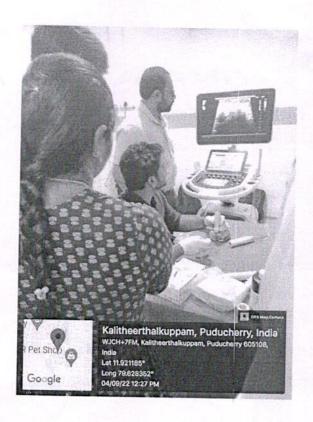
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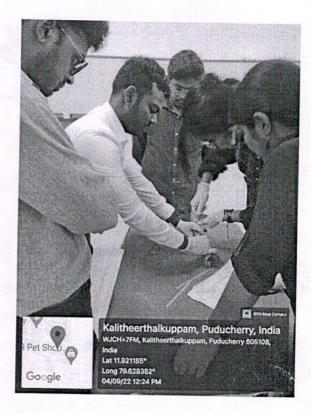
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Dr. A.UMAMAGESWARI DNB., MNAMS., Reg. No: 74995(TN) Professor and Head Dept. of Radio-Diagnosis

Sri Manakula Vinayagar Medical College and Hospital

Kalitheerthalkuppam, Madagadipet, Puducherry-605 107









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Dr. A.UMAMAGESWARI DNB.,MNAMS.,
Reg. No: 74995(TN)
Professor and Head
Dept. of Radio-Diagnosis
Sri Manakula Vinayagar Medical
College and Hospital
Kalitheerthaikuppam, Madagadipet,
Puducherry-605 107



-----Medical college and Hospital

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY Educational Event – July 2022

Operative vaginal deliveries have long held an important place in the obstetrician toolbox for delivery during the 2nd stage of labour in the face of fetal or maternal concerns. Now the number of instrumental deliveries has declined exponentially in recent decades and resident training in the skill is near non existent in many programs.

On 23rd July, 2022 We conducted a workshop on "INSTRUMENTAL DELIVERY:REVIVING THE FADING ART" (HANDS ON TRAINING SESSION) in our institution at simulation centre, SMVMCH from the department of Obstetrics and Gynaecology under the guidance of our chairperson Dr. Bupathy (Professor) and Dr. Jayasree (Professor & HOD of OBG Dept) for the benefit of postgraduates from various medical colleges.

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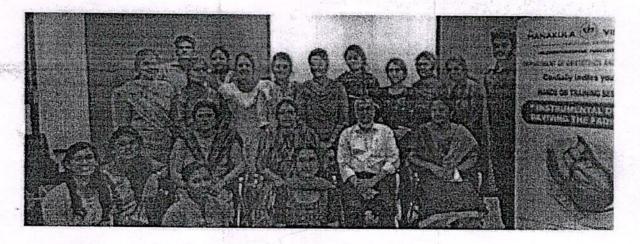
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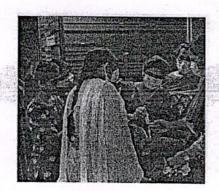


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33 participants from various medical colleges of Pondicherry and Tamilnadu got benefited our workshop and we believe that our workshop successfully improved confidence and skill of the UE COPY ATTESTED residents in Instrumental delivery.

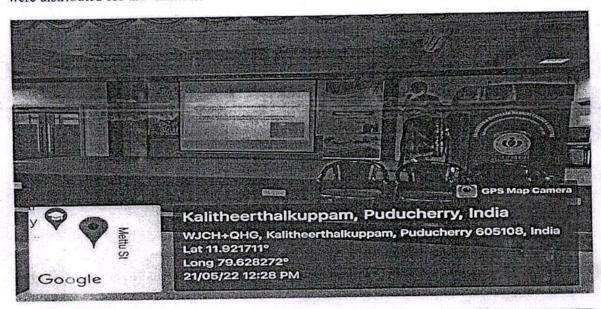
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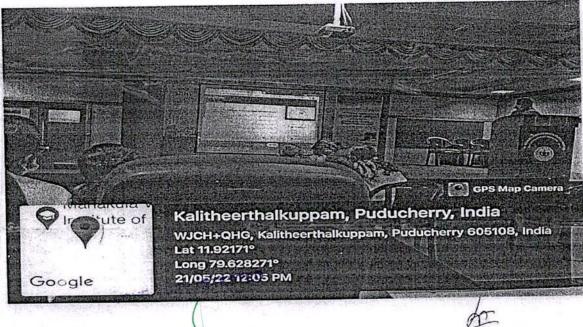
Professor & HOD Dept. of Obstetrics & Gynaecology
Dr. M. JAYASREE, DNB, MRCOG'
Rog No. 61746
PROTESSOR & MEAD
Department of Depart

Medical college and Hospital

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY Educational Event - May 2022

Department of Obstetrics and Gynecology at Sri Manakula Vinayagar Medical College & Hospital, successfully conducted a Guest Lecture on "Adolescent Contraception" on 21.05.2022 at our college basement Auditorium with Guest speaker Dr. Sampathkumari. S, Professor & HOD, Sri Muthukumaran Medical College, Chennai, and Vice President (South Zone) FOGSI. Final year MBBS students attended. A Quiz was conducted for UG & PG students and Prizes were distributed for the winners.





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Prof. & Head

Dept. of Obstetrics & Gynaecology

Dr. M. TAY CHPLE DEB.MEDOR

Workshop on 'Writing MD/MS Thesis' for final year Postgraduates, 2022

SMVMCH Research and Ethics Committee

Sri Manakula Vinayagar Medical College and Hospital, Puducherry, India

Venue: Lecture Hall - 4 (College building).

Date: 28.09.2022

Objective: To give orientation to final year postgraduates on drafting their MD/MS Thesis

Time (IST)	Topic	Faculty
09.00 - 09.45	Title, Introduction, Objectives and	Dr Karthikeyan K
	Review of Literature	
09.45-10.30	Materials and Methods	Dr Kalaiselvan G
10.30 – 10.45	Tea Break	
10.45 – 11.45	Analysis and Results	Dr Premanandh K
_	(Tables & graphs)	-
11.45 – 12.15	Discussion	Dr Vimal M
12.15 – 12.30	Guidelines, Formats and Documents for	Dr Kanimozhi T
	preparation of Thesis	
12.30 – 12.45	Sharing for last year external examiners	Dr Kalaiselvan G
	feedback on MD/MS Thesis	
12.45 - 01.00	Feedback	

Dean (Research)

SMVMCH

Dr. G. KALAI SELVAN DEAN (RESEARCH)

Sri Manakula Vinayegar idadical College & Hospital Kalitheerthsikuppam, Madagadipet, Puducherry-605107. TRUE COPY ATTESTED

SPI MAN A VILA VINAYAGAR MEGICAL COLLEGE & HOSPITAL KALITHEER HALKIPPAM, MADAGADIPET, PUSUCHERRY-105 107.



Workshop on Writing MD/MS Thesis for final year Postgraduates, Sep 2022 SMVMCH Research Committee

Sri Manakula Vinayagar Medical College and Hospital, Puducherry, India

Delegates list cum attendance

SI.	No Name in Capital letter	MC Reg. No	Name of the Medical Council	Date: 28.09.2022
ATTESTED SI.	R MITHRA	128645	TNMC	R. Nitha.
	S. AUUSUYA	111808	TNMC	S. Aug.
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4	S. SUBALAKSHMI	135705	TNMC	1.81.
5		100414	TNMC	South
6	S. NIVETHA	10/555	Trime	Karl-
7	M. RATA	105851	Trymi	/ Apr.
8	S. JAYAPRATHA	122389	TAIML	Fel .
9	VIJAYA SANTHI.T.	135512	THMC.	do i
10		135883	TNMC	Molite.
1	P. RENUGA DEVI	120025	TMMC	P.R. pl
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1.	Dr. A. ARUNALIZI RAJA	121409	TNMC	Birl
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Workshop on Writing MD/MS Thesis for final year Postgraduates, Sep 2022 SMVMCH Research Committee

Sri Manakula Vinayagar Medical College and Hospital, Puducherry, India

Delegates list cum attendance

	Delegates hist cam at	terratinee	
Name in Capital letter	MC Reg. No	Name of the Medical Council	Date: 28.09.2022
Dr. RANICHA ABOOBACKER	161616	TNMC	RO).
Dr. D. V. RANGARAJAN	128234	TAMC	DVR
Dr. Schachandran	128001	TNMC	In
Dr. Proethi.3	122818	TNMC	S. Preum
DR. J. PAVITHRA	135423	TNMC	PIL.
	129406	KMC	Energa ~
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	128578	Tunc	A
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or Ancy	119471	TWML	18
Dr. N. Kawiraj	128407	TNMC.	Obs
Dr. CH NAYA	KMC 131115	kmc	Dans
DR. FIRDOSE	TNMC 128505	TNMC	Frace
Do STRAVIAD GUMAR	TNHC 129972	TNAC	al
Dr. PRASANTH	TNMC 128428	TNMC	Prim.
	Dr. RANISHA ABOOBACKER Dr. D. V. RANGARAJAN Dr. J. V. RANGARAJAN Dr. Proethi. 3 DR. J. PAVITHRA DR. SRANYA. N. DR. SWETHA DEVI GEDDAM DR. P. INDUJA Dr. N. KEOTONYTRY DR. MUHAMED RAFFATH DR. SHARMILA FOR AMELY Dr. K. KOWIYAY Dr. M. KOWIYAY Dr. CH NAWA DR. FIRDOSE Dr GHAVIND RUMAR	Name in Capital letter Dr. RANISHA ABOOBACKER 161616 Dr. D. V. RANISHA ABOOBACKER 1628234 Dr. D. V. RANISHAMARA 128234 Dr. D. V. RANISHAMARAN 128234 Dr. Droethi. 3 122818 DR. J. PAVITHRA 135723 DR. SRANYA. N. 129406 DR. SWETHA DEVI GEDDAM TOMC 9H284 DR. P. DNDVJA 122006 Dr. N. KEOTHYNYNY 128528 DR. MUHAMED RAFFATH 115573 TR. NOWY OF DEVISION 122754 Dr. SHARMILA 122754 Dr. CH NAWA KMC 131115 DR. FIRDOSE TOMC 128305 Dr GRAVIND RUMAN TURC 129972	Dr. RANICHA ABOOBACKER 161616 Br. D.V. RANGARAJAN 128234 THMC Dr. J. Machandran Dr. Droethi. 3 122818 THMC DR. J. PANITHRA 135723 THMC DR. SRANYA. N. 129406 RMC DR. SWETHA DEVI GEDDAN TWAC 9H284 TWAC DR. P. DNDUJA 122006 THMC DR. N. KEOTRYLAY 18598 TWAC DR. MUHAMED RAFFATH 115573 THMC TO SHAR MILA 122754 THMC Dr. SHAR MILA 122754 THMC Dr. CH NAWA KMC 131115 KMC DR. FIRDOSE TWAC TWAC TWAC TWAC

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Programmy

Workshop on Writing MD/MS Thesis for final year Postgraduates, Sep 2022 SMVMCH Research Committee

Sri Manakula Vinayagar Medical College and Hospital, Puducherry, India Delegates list cum attendance

4			Delegates list cuili a	itteridance	
	Sl. No	Name in Capital letter	MC Reg. No	Name of the Medical Council	Date: 28.09.2022
	37	AISHWARYA PRASAD	136785	TNMC	Qu Pul.
	38	Dr. NANDHINI P	77545	THAC	dans.
	39	DE ANUSHA KAMIDI	94286	TNMC	bhile
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	41	DI. RAMAN NV	136755	TNMC	N. vaos
	42	DV SELVACANABATAY S	90846	TAMC	Lely
	43	Dr. NEVIL SUNNY	58430	RMC	aler 5
	44	D. B. PAMPRASATIN	133543	TUMC	Dun
	45	Dr. Vishur Pring ag S.R	136076	TNMC	eichnipe
RUE COPY ATT	ST46	Dr. Erlapatinaga vankata Concer	logoso	Apmc	Ewi Garel
CEAN	47	Dr. R. Jemalakshni	123591	TNUC	02-HI
BRIMENAKULA VINAY MEDICAL COLLEGE & HI	SPITAL8	Dr. Shipa Paul	74397	TCMC	Silve
KALITHEERTHALKUF DAGADIPET, PUDUCHER	49°	Dr. Shobam	129518	TNMC	860
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	53	Or-Varsha	09475	TSMC	P. Varle
	54	Dr. Meghano	10662	Tsmc	relat.
	55	DI. MOGRANAVAJ VASANTIA	130082	TNMC	85. Vasa

Workshop on Writing MD/MS Thesis for final year Postgraduates, Sep 2022 SMVMCH Research Committee Sri Manakula Vinayagar Medical College and Hospital, Puducherry, India Delegates list cum attendance

Sl. No	Name in Capital letter	MC Reg. No	Name of the Medical Council	Date: 28.09.2022
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57	R. DEEPAK	126627	INME	R-011
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61	DR. M. MUGUNDA RAS	128518	TNMC	19.19
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- Medical College and Hospital-

Workshop on Writing MD/MS Thesis for final year Postgraduates, Sept 2022 SMVMCH Research Committee

S. No	Full Name Please do not include initial or symbols or dots as part of the name	Name of the Council (in which they have registered)	MC Register Number	Signature
1	Karthikeyan	Tamilnadu Range	57769	la
2	Kalaiselvan	Tamilnadu Range	71617	169.
3	Premanandh	Tamilnadu Range	89659	Kha.
4	Vimal	Tamilnadu Range	80348	goinal
5	Kanimozhi	Tamilnadu Range	96758	T. Kanny

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MADAGADIPET, PUDUCHERRY-605 107.



2. Title: My Story- Motivational Session by Successful Innovator (29.11.21)

Objectives: At the end of the session students will be able to

- **♣** Develop an idea and plan for its implementation
- Learn to overcome challenges and set targeted goals

Speaker details: Dr. A.Arulkumaran, Professor in Department of Pediatrics, SMVMCH & Successful Practitioner, Parmanantha Child Hospital, Villupuram.

Participant details: IIC members and First year MBBS students (33)

Key Outcomes: Students learnt about Innovation and Entrepreneurship. Thought provoking session that facilitated students to set targets, plan to overcome challenges based on their ideas.

Feedback: Online feedback was received https://forms.gle/gcNFmgrKWQzVm7iE8
Photographs



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KALITHEERTHALKUPRAM,
PUDUCHERRY-605107.



3. Title: Developing Online Repository of Ideas Developed and Way forward plan

Objectives: At the end of the event, students will be able to:

- ♣ Present their innovated ideas in the form of e-posters
- ♣ Plan for start-ups
- ♣ Explore other opportunities

Participant details: All MBBS undergraduates

Key Outcomes: All e-posters will be saved in a special google drive and will be showcased in the website

Links for promotion in social media

https://twitter.com/SMVMCH/status/1465264558323351554

https://business.facebook.com/smvmedicalofficial/posts/1776271869248766? tn =-R

Dr. KACNE. R.N

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KALITHEERTHALKUPPAM,

PUDUCHERRY-605107.





Madagadipet, Puducherry- 605 107

RESEARCH COMMITTEE & INSTITUTE INNOVATION COUNCIL

TITLE: EXPLORE THE INVENTOR INSIDE YOU

If you can think about it; you can definitely "CREATE IT". It's an opportunity to explore the inventor inside you

Submit your ideas/innovations as e-posters

THEMES Patient care

- Biomedical devices
- Smart Vehicles/Electric vehicle
- Food processing
- Waste Management
- Clean & Potable water
- Renewable & Affordable energy
- Innovation and Startup opportunity

Rules and Regulations

- 5 students can form one team
- Be clear, concise and give references, wherever applicable.
- Presentations should be submitted in the form of e-posters
- Mail your e-posters to smvmchresearch@gmail.com
- Videos, PDFs, images and other supporting documents, if any can be submitted as attachments
- · Faculty can be guides
- e-certificates to all participants

- The best e-posters will be displayed for showcase
- The deadline for submission is November 30, 2021
- Templates for the e-posters can be downloaded from:
- https://www.posterpresentations.co m/free-poster-templates.html
- Select a template size of 36x48

Further queries contact:

Mr.Pradeep, Secretary IIC-8668153844

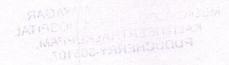
Dr. Janarthanan, Assistant Professor, Department of Forensic Medicine-8754935254

Dr. Department of Physiology-9962279360

Dr. KAGNE, RIN

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SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-605107.





REPORT ON SELF DRIVEN ACTIVITY

Guest lecture (26.11.21)

Title: Orientation Session On National Education Policy With Focus On Innovation And Entrepreneurship

Objectives: At the end of the guest lecture, students were able to

- ♣ Recognize the research, innovation and entrepreneurship perspective in National Education Policy 2020
- **↓** Identify the challenges, opportunities for developing and managing incubation and pre-incubation facilities in their respective HEIS.
- **♣ Interpret** the effectiveness of the education policy to develop I&E campus ecosystem effectively and efficiently and carry commercialization

Speaker details: Dr.M.Jayekumar, Placement officer, Department of ECE, Manakula Institute of Technology, Puducherry

Participant details: Post graduates and Undergraduates

Number of participants: 50 students and 5 faculty

Key Outcomes: The idea of infusing entrepreneurship into education was cultivated. Students were motivated to do innovation and come up with entrepreneurship ideas.

Feedback: Online feedback was received. https://forms.gle/WFZV5X4X58C86utF9

Links for Promotion on social media platforms

https://twitter.com/SMVMCH/status/1465266784735412236

https://business.facebook.com/smymedicalofficial/posts/1776289062580380? tn =-R

Dr. KAGNE. R.N

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KALITHEERTHALKUPPAM,

PUDUCHERRY-605107.





Kalitheerthalkuppam, Puducherry- 605 107

RESEARCH COMMITTEE & INSTITUTE INNOVATION COUNCIL

INVITES A GUEST LECTURE ON

ORIENTATION SESSION ON NATIONAL EDUCATION
POLICY WITH FOCUS ON INNOVATION AND
ENTREPRENEURSHIP

BY

Dr.M.JAYEKUMAR

PLACEMENT OFFICER &

PROFESSOR IN DEPARTMENT OF ECE,

MANAKULA INSTITUTE OF TECHNOLOGY,

PUDUCHERRY



VENUE: LECTURE HALL

DATE: 26.11.21

TIMINGS: 12:00 NOON

Dr. KAGNE. R.N

SRIMANATULA VINAYAGAR

KALITHEERTHALKUPPAM, PUDUCHERRY-605107.







Dr. KAGNE. R.N

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-605107.





REPORT ON CELEBRATION DAY ACTIVITY (NATIONAL EDUCATION DAY)

Title: National Education Day (11.11.2021)

Objectives: At the end of the session, students learnt about

- Learning and Empowering
- Importance of celebrating National education day (NED)
- · History and Significance of NED
- Quotes on Education (Students Activity)

Speaker details: Dr. Pravin, Assistant Professor, Department of Community Medicine, SMVMCH, Puducherry.

Participant details: MBBS II-year, Allied Heath Sciences and IIC members

Key Outcomes:

- Students learnt the importance and significance of National education day.
- Awareness about start up and related ecosystems
- · Students contributed for the quotes on Education on "Padlet"
- Students' activity corner: https://padlet.com/deepy843/319llztckekgmmos

Feedback: Online feedback was received

Dr. KAGNE. R.N

DEAN

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MEDICAL COLLEGE & HOSPITAL

KALITHEERTHALKUPPAM,

PUDUCHERRY-605107.





DEVN Dr. KACNE, R.N

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKURAM, PUDUCHERRY-605/07.





Dr. KAGNE. R.N

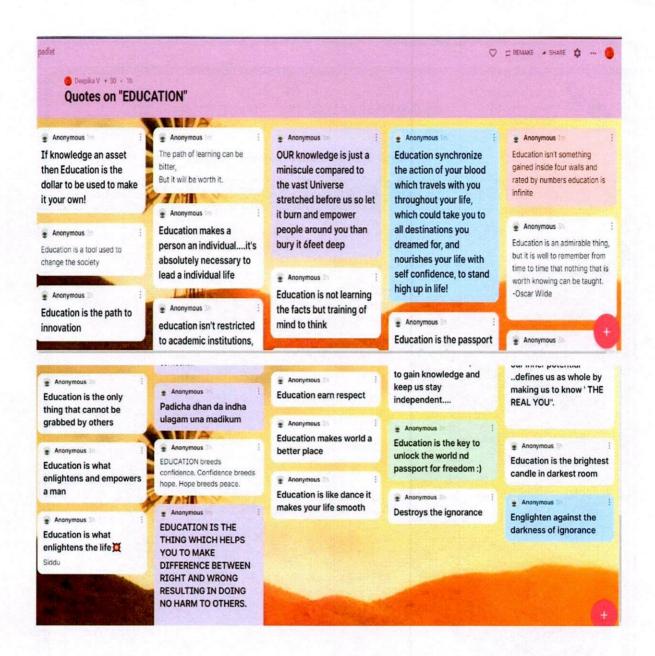
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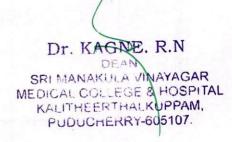
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PUDUCHERRY-605107.









Kalitheerthalkuppam, Puducherry- 605 107

RESEARCH COMMITTEE & INSTITUTE INNOVATION COUNCIL

NATIONAL EDUCATION DAY

Vational Education Day11 November

Birth anniversary of Maulana Abul Kalam Azad

Every Individual Has A Right To Education

Maulana Abul Kalam Azad

The first education minister of independent India.

VENUE: LECTURE HALL I & II

DATE: 11.11.2021

TIMINGS: 2:30PM

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Title: Creative Concept and Otoanology Competition

Date of the activity: 20.12.2021

Objectives:

- To enhance the interest among students towards ENT

- To nurture creativity among the students

- To impart better 3-Dimensional understanding of Ear topics

Participant details:

UG students of SMVMCH including all the phases

Key Outcomes:

- Enthusiastic participation with more than 150 entries
- Newer creative ideas connecting to difficult Otology concepts

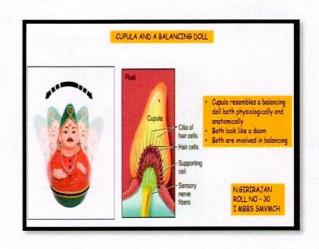
Feedback:

What were the good things about this competition?	4. Is there anything you want to change about this event?
Gained more knowledge	No
We can learn subject furtherl	No
Helps us to think a lot and study more about that topic	Nil
Help to improve our knowledge	No all fine
It helped us to explore in depth about the ear	no changes
Faculty were motivating nd encouraging	No
We could explore more on the topic in an interesting way	Nil
Gave indepth knowledge of the subject.	Nilsuperb intiation by ent department
It make me to get better knowledge about the topic	No
Preparation and collect of photos	Nil
Giving analogy made us to explore our creativity	Nothing
Concept understanding	No
It helped us to explore more about the ear	no changes
Easy understanding of concepts when it is pictured by self.	All things are good.
Creativity	No
deep understanding about the ear and its funtion	nothing its all fine
Increased creativity	It would have been better if we were able to see all the creations
I developed my knowledge through this event.	Nothing, the event was very good!
Helped us to go through the chapter and think about it in a different perspective	No
Creative works	Nil
l liked this as it's help in both studies and eca	No
I heard many things about the parts of ear	No
This competition not only facilitated my talents, also it triggered me to study ear in detail That's a	wesome I re(Nil
	Nothing D 1
This event helps me to get clear ideas about ear anatomy and physiology	No D
During this stress time these kind of competition will help us to copeup with studies	everything was fine

DEAN
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MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Photographs





Dr. KAGME. R.N

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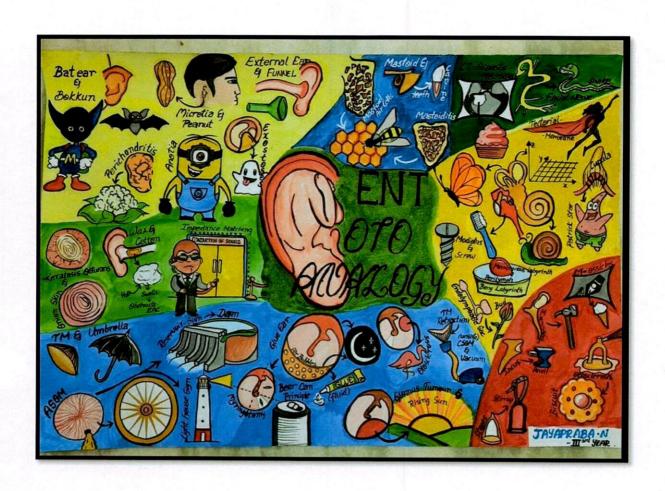
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MEDICAL COLLEGE & HOSPITAL

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PUDUCHERRY-605107.

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SELF DRIVEN ACTIVITY 2

Title: Creative concepts

Date: 01.12.2021

Objectives: To help students understand the concepts in surgery

To motivate students to develop models in surgery

Department details: Department of Surgery and IIC

Participant details: Faculty, staffs and students

Number of participants: 50

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Key Outcomes: Pledge on energy conservation day was taken and students were motivated to

understand the importance of energy conservation

Feedback: Online feedback was collected

Dr. KAGNE. R.N

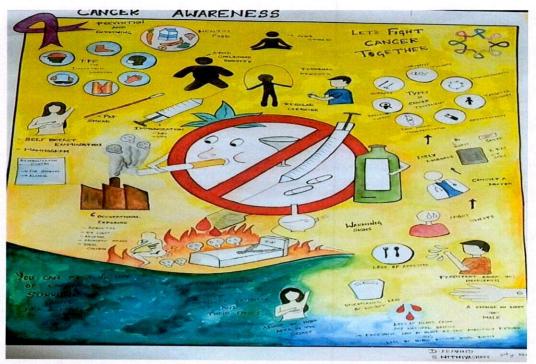
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PUDUCHERRY-605107.

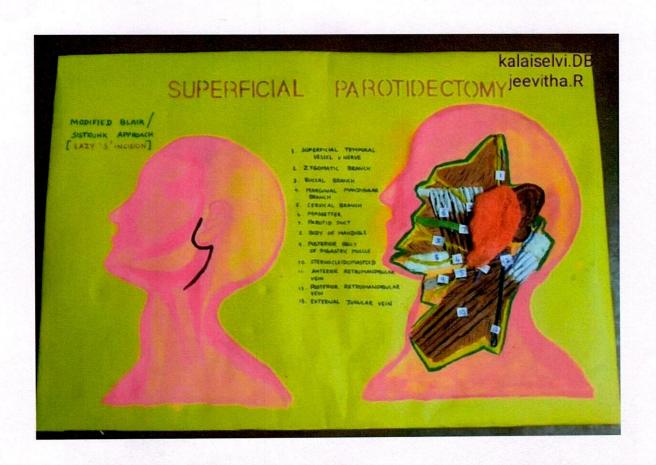


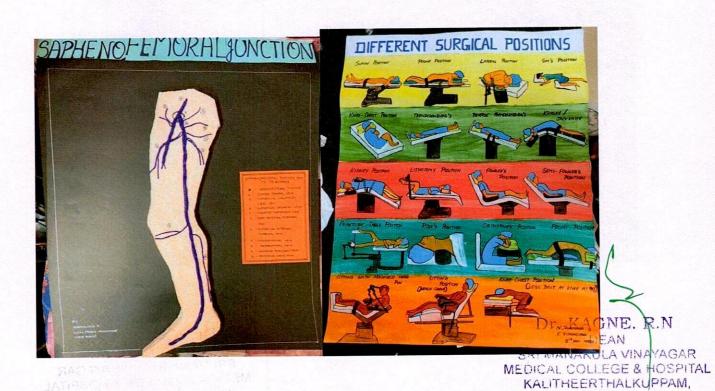




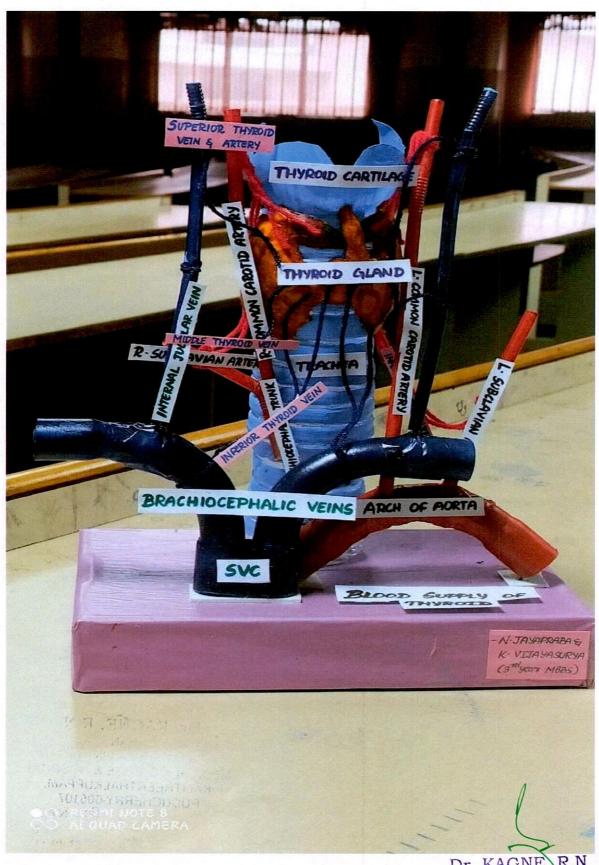








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Kallitheerthalkuppam, Puducherry

REPORT ON SELF DRIVEN ACTIVITY 3

Guest lecture by Scientific Society and Institute Innovation Council

Title: Physical Fitness among Doctors-a talk by an entrepreneur

Date: 10.12.2021

Objectives:

- ✓ To understand the concept of physical fitness
- √ To elaborate his story as a successful entrepreneur

Speaker details: Dr. Vinoth Nathaniel, Medical Officer, Gift of Sight Eye Hospital, CEO at Gift of Fitness, Trichy

Participant details: Post graduates and faculty

Number of participants:150

Key Outcomes: The participants were made to understand the importance of Physical fitness among doctors. The participants were motivated by the entrepreneur story

Feedback: Online feedback was received.



Medical college and Hospital

Madagadipet, Puducherry - 605 107.



The Scientific Society of SMVMCH cordially invites you for the Annual meet

Chief Guest: Dr. Vinod Nathaniel, MS (Ophthal)

Medical Officer, Gift of Sight Eye Hospital,

Certified Personal Trainer, CEO at Gift of Filness, Trichy.

"Physical Fitness among Doctors" Topic

SMVMCH Auditorium (Near MIT) Venue

10.12.2021 (Friday) Date

: 12.00 to 1.00 pm Time

Looking forward for the grand event.

Patrons:

Shri. M. Dhanasekaran

Chairman & Managing Director

Shri. S.V. Sugumaran

Vice-Chairman

Dr. Narayanasamy Kesavan

Secretary

President:

Dr. D. Rajagovindan

Director

Vice President:

Dr. A. Arulkumaran

Professor, Paediatrics

Ex. Officio Members :

Dr. R.N. Kagne

Dean & Deputy Director

Dr. K. Karthikeyan

Dean (Academic)

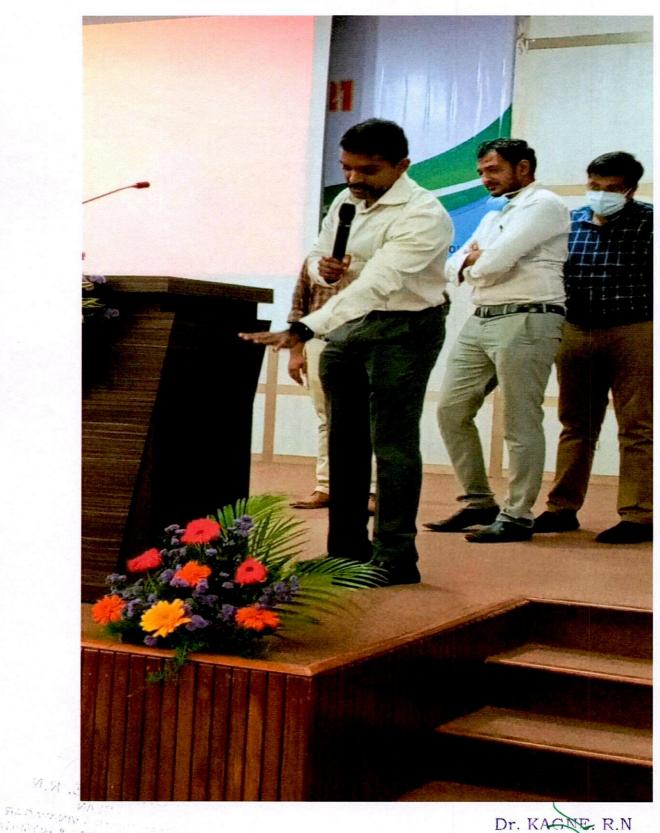
Dr. S. Girija

DMS (Medical)

Dr. M. Jayasree DMS (Surgical)

Photographs

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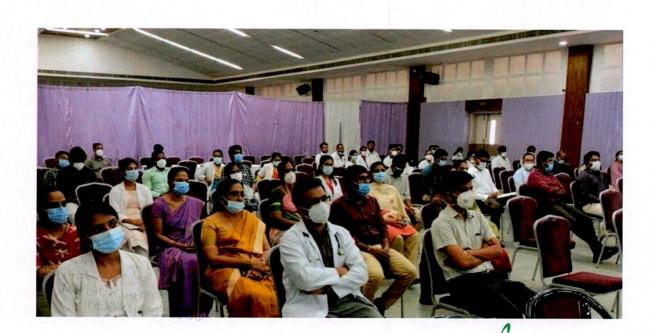
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Dr. KAGNE. R.N DEAN SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-605107.













Kallitheerthalkuppam, Puducherry

Guest lecture

Title: Entrepreneurship Skill, Attitude and Behaviour Development

Date: 24.12.2021

Objectives:

Speaker details: Dr. J. Kalaimathi, Dean Research and Associate Professor of Biochemistry, Innovation Ambassador, IIC, Theivanai Ammal College for Women (A), Villupuram

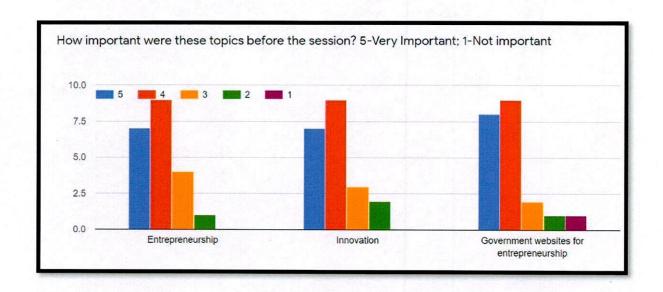
Participant details: Post graduates and Faculty

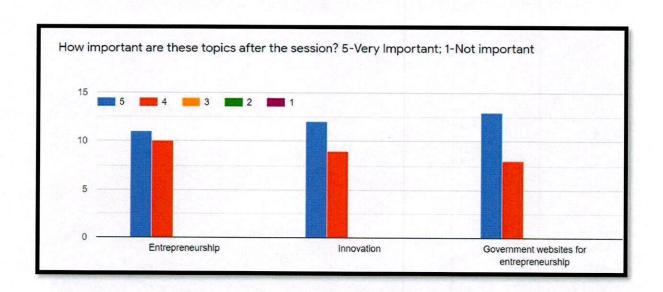
Number of participants: 35

Key Outcomes: The students and faculty were made aware of the concepts of entrepreneurship, innovations and the various government websites related to entrepreneurship

Feedback: Online feedback was received.

EEDBACK REPORT





Photographs









PUDDICTIONS POSSION

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Kallitheerthalkuppam, Puducherry

REPORT ON IIC CALENDAR ACTIVITY 2

Guest lecture

Title: Achieving Problem-Solution fit and Product market fit

Date: 04.01.2022

Objectives

- ✓ To understand the concepts of problem-solution fit.
- ✓ To understand the concept of product market fit
- ✓ To understand the steps in product development

Speaker details: Dr. Valli, Professor, Department of ECE, Manakula Vinayagar Institute of Technology, Puducherry.

Participant details: Faculty and students

Number of participants: 25

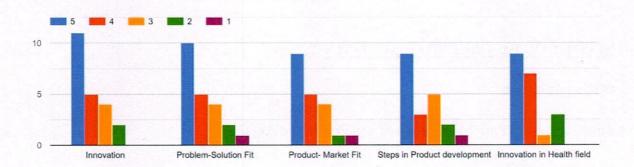
Key Outcomes: The participants were made aware about innovations, inventions and the various steps involved in product development.

Feedback: Online feedback was received.

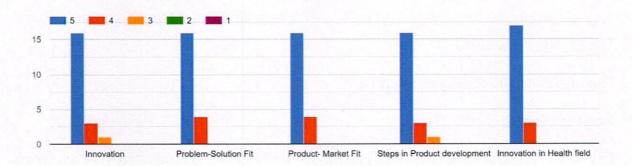
Dr. KAGNE. R.N

EEDBACK REPORT

How important were these topics before the session? 5-Very Important; 1-Not important



How important were these topics after the session? 5-Very Important; 1-Not important



Photographs



- Medical College and Hospital -

Kalitheerthalkuppam, Puducherry-605 107



RESEARCH COMMITTEE AND INSTITUTE INNOVATION COUNCIL GUEST LECTURE ON

" ACHIEVING PROBLEM - SOLUTION FIT AND PRODUCT - MARKET FIT "

- by -

Dr. Valli

Professor
Department of ECE
Manakula Vinayagar Institute of Technology
Puducherry

Venue: MEU Hall, SMVMCH Date: 04.01.2022 Timie: 02:00 pm

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MIC DRIVEN ACTIVITY 1

Title: e-Symposium on Building Innovation and Entrepreneurial Ecosystem in Educational

Institutions

Date: 11.12.2022

Participant details: Faculty, staffs and students

Number of participants: 50

Venue: Hospital Basement Lecture Hall

The MIC activity was planned in co-ordination with Scientific Society. All the faculty, postgraduates attended the session online and the YouTube videos were projected in a common room.

Other students and IIC members were motivated to attend the session and share a screen shot of the attended session.

Key outcomes

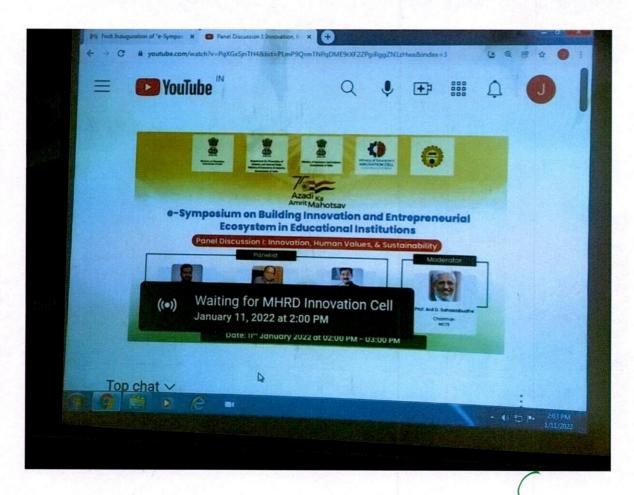
Faculty and students were made aware of the various start-ups, innovations and other programs like Hackathons, Impact lecture series Program and various funding resources.

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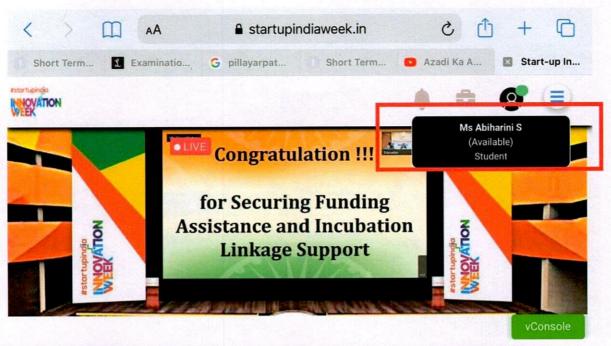
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11:08 AM Jayanthi sabarinathan good morning sir ... I am S.Devipriya studing IUG chemistry,in Sri akiladeeshwari women's collage wandiwash...

11-08 AM [5003]Anisha V good morning sir, anisha v from UCEN

11:08 AM SRMGPC MCA Good Morning, Dept of MCA, SRMCEM, Lucknow

108 AM Deepika V Sri Manakula Vinayagar Medical College and Hospital, puducherry

AM Madhu Suvedha Madhusuvedha 1 st bcom ca kpr college of arts science and research

11:08 AM mohan Raj the program is good

1-08 AM Karthick S Karthick S K.RAMAKRISHNAN COLLEGE OF ENGINEERING

11.08 AM Tushar Patil *Tushar*

11.08 AM D20CM185 SOLAIPRIYA.A SOLAIPRIYA.A ... PATRICIAN COLLEGE OF ARTS AND SCIENCE

3 11:08 AM Hema Malini manian Good morning

11:08 AM lakshmibavitha p. Lakshmibavitha ,Student,R. Chat publicly as Soundariya Krishnamurthy...

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Live chat







11:13 am Dharshan Vijay P Dharshan 3rd Bcomcs Krmmc

11.13 am Priyanka Sidram (BSc 1st Semester) Priyanka Sidram (BSc 1st Semester) Karnatak Arts, Science and Commerce College, Bidar, Karnataka g

11:13 am SHARMITHA R SHARMITHA.R

11:13 am Yusaf Masih good morning

11:13 am Kannammal Kannammal N.KANNAMMAL

11:13 am LAKSHMI KARTHIKA V MBBS2018 Lakshmi Karthika Sri Manakula Vinayagar medical College and Hospital

11:13 am Sakshi Shahakar shubhangi Shahakar

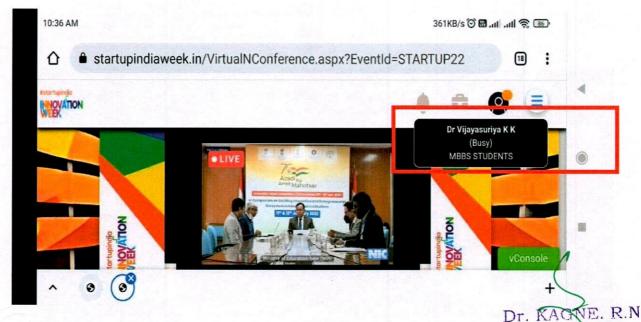
11:13 am Aruna Devi P - II MBA ER002 P. Aruna Devi , II MBA from North Saraswathi college of arts and science, Theni

11.13 am Dinesh Arya Dinesh Arya, Lecturer,

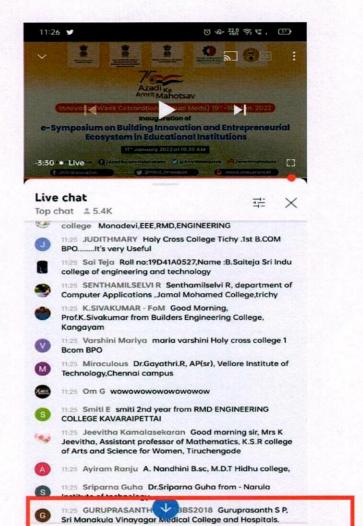
Chat publicly as LAKSHMI KARTHIKA V ...

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Top chat 2 775





MHRD Innovation Cell Post your question

LEARN MORE



3:43 PM Shri Sarumathi R. Shri Sarumathi, Assistant Professor, Department of Nutrition and Dietetics, KSR College of Arts and Science for Women, Tiruchengodu, Namakal



3:43 PM Aarthy R Aarthy R, KGISL INSTITUTE of Technology, Coimbatore



3:43 PM JANVEER SINGH KETHAVATH JANVEER SINGH. A V COLLEGE OF ARTS AND COMMERCE, **HYDERABAD**



3:43 PM Deepika V IIC, SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL PUDUCHERRY



3:43 PM bhimarayappa mannikeri MVJCE bengaluru



zero %interest to star

3:43 PM Madhu Kris w can we get loan with

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Chat publicly as Deepika V...

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MIC DRIVEN ACTIVITY 2

Title: e-Symposium on Building Innovation and Entrepreneurial Ecosystem in Educational Institutions on 12th Jan 2022, Time: 10.00AM –5:00 PM

Date: 12.12.2022

Participant details: Faculty, staffs and students

Number of participants: 23

Venue: MEU hall

All the faculty, postgraduates attended the session online and the YouTube videos were projected in a common room.

Other students and IIC members were motivated to attend the session and share a screen shot of the attended session.

Key outcomes

Faculty and students were made aware of the various start-ups, innovations





Top chat \$888







PANIMALAR ENGINEERING COLLEGE



10:47 AM Sparkleen Dei Good morning sir



10:47 AM Tamil Srini S. Tamilbharathi from panimalar engineering college



Doopika V IIC CDI MANIAKIII A VINIAVACAD

MEDICAL COLLEGE AND HOSPITAL



A Suruthi M - III EEE M suruthi III EEEE Tagore institute of engineering and technology, deviyakurichi,thalaivasal, salem.



10:47 AM prithviraj singh chouhan Prithviraj Singh Chouhan SDITS khandwa



10:47 AM T.THAMIZHARASAN BE [EEE] T. Thamizharasan, BE(EEE)...., 2 year... Tagore Institute of Engineering and Technology, Deviyakurichi.



10:47 AM Karthik S karthik 1 year cse Tagore Institute of engeenering deviyakurichi



10:47 AM mathammal R good morning to all



Chat publicly as Deepika V...

Dr. KAGNE. R.N DEAN

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY 605107.

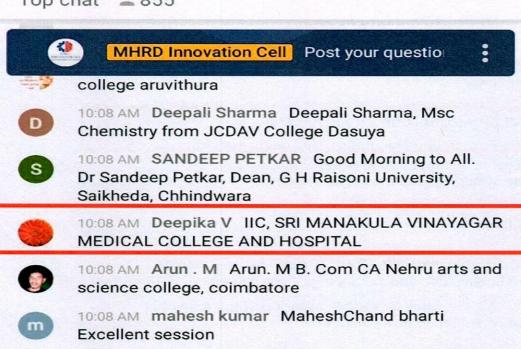


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Third Year, B.E-BME, Nandha





10:08 AM Manasa kothagolla manasakothagolla av

Chat publicly as Deepika V...

college Hyderabad

10:08 AM Oviya OV

Engineering College

101600 **<**



Top chat # 1K

- 10:51 am VIJAYASURIYA K K. Vijayasuriya, MBBS Student From Sri Manakula Vinayagar Medical College and Hospital, Puducherry.
- 10:51 am Krisha veni veni M.DEEPIKA DEVI B.COM 1ST year B.COM (Aided)APC MAHALAXMI COLLEGE FOR WOMEN FOR TUTICORIN
- 10:51 am Dr. Kavitha P Good Morning, Dr. Kavitha.P., Sir Ramakrishna College of Arts and Science, Coimbatore
- 10:51 am Priyadharshini E priyadharshini E panimalar Engineering College
- 10:51 am SINJU Manju sinju Raju 3rd B.com morning star home science college angamaly
- 10:51 am Shashwat Topre Shashwat Topre ISE dept. Sir MVIT college
- 10:51 am Bhavan Kumar BHAVAN KUMAR, EEE DEPT, RMD ENGINEERING COLLEGE, 2ND YEAR
- 10:51 am Ankita Nagra good morning....Ankita nagra, Bhavans vivekamenda degree college sainkpuri secundera
- 10:51 am MUNIRALIS MEC. Dr Munirai AP/ Mec. Sri.
- Chat publicly as VIJAYASURIYA K ...



Live chat

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Top chat \$1.1K

Myself Shreyasi Sengupta, an Assistant Professor (EEE Department) from Regent Education & Research Foundation Group of Institutions

11:03 AM Malathi g Dr.Mallika Bashkar, Assistant Professor, Department of Economics, C.B.M.College, Coimbatore, Tamilnadu

11:03 AM Abi Harini abiharini. s sri manakula vinayagar medical college, pondicherry

11:03 AM D PADMA PRIYA - CSE DPADMA PRIYA AP/CSE, BUILDERS ENGINEERING COLLEGE KANGAYAM, TIRUPPUR, TAMIL NADU

11:03 AM Manda sai prashanthi St. Anns College for

11:03 AM Katli Kathir Tagore institute of engineering and technology... EEE

11:03 AM Aparna Bu parna Bulusu, St. Ann's College for Women, Fryserabad

Chat publicly as Abi Harini...

Dr. KAGNE. R.N SRMANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM,

























PUDUCHERRY 605107.





REPORT OF ACTIVITIES CONDUCTED IN SEMESTER II

REPORT ON IIC ACTIVITY

Title: Session on converting process design and development-Prototyping

Date of the activity: 07.06.2022

Objectives: The students were able to learn the various steps needed to convert their project ideas into products

- ♣ Brainstorm Ideas
- ♣ Solve a problem
- ♣ Research market
- ♣ Document your ideas and research
- ♣ Define your target audience
- Patent
- **4** Funding
- ♣ Hire the developmental agency
- ♣ Marketing the product

Speaker details: Dr.Deepika V, IIC coordinator, SMVMCH, Puducherry.

Program Organizer details: Dr. Rajalakshmi, Assistant Professor, SMVMCH, Puducherry

Participant details: 37 Post graduate students and 4 faculty

Key Outcomes: Students were brainstormed and they learned how to convert their ideas to products. They also learned the step wise approach to get their ideas patented and development of prototypes.

Feedback: Online feedback obtained

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Photographs





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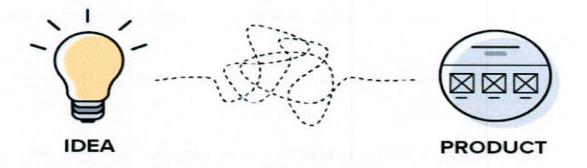
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RESEARCH COMMITTEE

&

INSTITUTE INNOVATION COUNCIL (IIC)

SESSION ON CONVERTING PROJECT IDEAS TO PRODUCTS



Date: 17.06.2022

VENUE: OWN BOOK READING ROOM

SPEAKER: Dr. DEEPIKA V, IIC CO-ORDINATOR, SMVMCH

DEAN DEAN SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-605107.





REPORT ON IIC ACTIVITY

Title: Intellectual Property Rights (IPRs) and IP management for start up

Date of the activity: 18.05.2022

Objectives: The students and faculty learned about the concepts of IPR and IP Management

Startups.

Description of the program: The program was organized by the Mentor Institute B.S.Abdur Rahman Cresecent Institute of Science and Technology in association with Crescent Innovation and Incubation Council. Session for mentee institution

Mode of delivery: Online session (Zoom platform)

Speaker details: Dr.Sudarkodi Venkatesan, Patent Officer (Registered Patent Agent), Centre for **IPR-CIIC**

Program Organizer details: Dr.Deepika V, IIC coordinator, SMVMCH

Participant details: 26 (Students and Fcaulty)

Key Outcomes: Students were brainstormed and they learned how to convert their ideas to products. They also learned the step wise approach to get their ideas patented.

Feedback: Online feedback obtained

Certificates: Issued to all participants by Mentor Institution

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Photographs





Dr KAKNE. RN

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Sample certificate



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B. S. Abdur Rahman Crescent Institute of Science & Technology

in association with

Crescent Innovation & Incubation Council



IPR and IP Management for Startups

Session for Mentee Institutions



18th May 2022



2.30pm - 3.30pm

Platform used: zoom





Scan the code to REGISTER here



Resource Person

Dr. Sudarkodi Venkatesan

Patent Officer (Registered Patent Agent)
Centre for IPR - CIIC

www.ciic.ventures



+91- 99403 08871



startup.ciic@crescent.education



Shree Jayaram K

Dr. KAGNE. R.N

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-\$05107.



REPORT ON IIC ACTIVITY

Title: Exposure visit to Incubation center

Date of the activity: 23.05.2022

Objectives: The students and faculty visited the Incubation center "Ignite Skylabs"

Description of the program: A small group discussion on concepts of incubation followed by

visit was organized

Mode of delivery: Physical mode

Speaker details: Dr. Valli R, HOD R&D cell, MVIT

Program Organizer details: Dr.Deepika V, IIC Coordinator, SMVMCH

Participant details: 25 students and 3 faculty

Key Outcomes: The students and faculty visited the incubation center and planning stage of

innovation ecosystem was proposed.

Feedback: Online feedback obtained

Certificates: Issued to all participants

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RESEARCH COMMITTEE

&

INSTITUTE INNOVATION COUNCIL (IIC)

EXPOSURE VISIT TO INCUBATION CENTRE

MANAKULA VINAYAGAR INSTITUTE OF TECHNOLOGY, PUDUCHERRY



DATE: 23.05.2022

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REPORT ON CELEBRATION DAY ACTIVITY

REPORT ON CELEBRATION DAY ACTIVITY

Title: Translating Ideas to Inventions....What Researchers need to do?

Date of the activity: 27.04.2022

Objectives: The faculty and students will learn about how to convert their ideas to Inventions and as researchers what essential steps to be taken.

Mode of delivery: Online Mode

Timings: 2:30-3:30 pm

Speaker details: Prof. (Dr.) Unnat P. Pandit, Controller General of Patents Designs and Trademarks, Department of Industry & Internal Trade, Ministry of Commerce & Industry

Program Organizer details: Dr.Deepika V, IIC Coordinator, SMVMCH

Participant details: 25 students and 2 faculty

Dr. KAGNE, R.N

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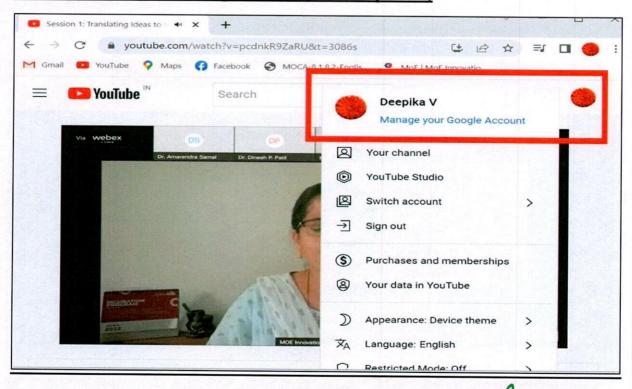
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Key Outcomes: Students and faculty learned about

- ✓ What researchers need to do?
- ✓ What is Gap Analysis?
- ✓ How can we identify a IP component.
- ✓ What are the advantages of patenting over tradesecrets?
- ✓ Description of the program:

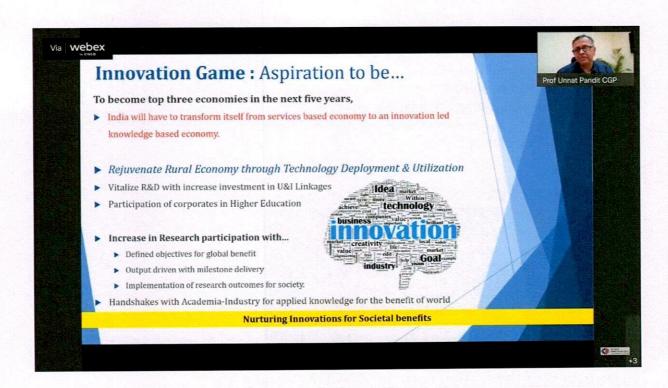


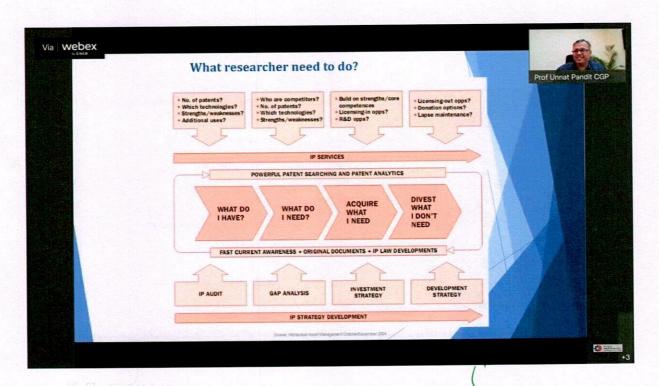
Screenshots of the session (provided by Dr.Deepika V)



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Dr. KAGNE. R.N

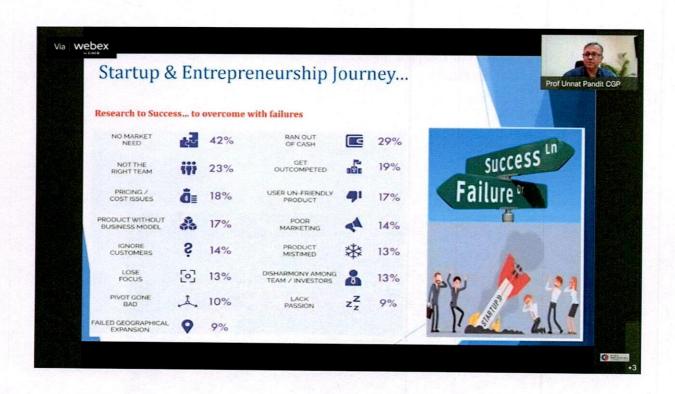
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Title: Best practices for documentation of research and conducting preliminary assessment of patentability

Date of the activity: 28.04.2022

Objectives: To understand the best practices for documentation of research and conducting

preliminary assessment of patentability

Mode of delivery: Online Mode

Timings: 2:30-3:30 pm

Speaker details: Dr. Malathi Lakshmikumaran, Executive Director, Lakshmikumaran &

Sridharan

Program Organizer details: Dr.Deepika V, IIC Coordinator, SMVMCH

Participant details: 22 students and 2 faculty

Key Outcomes: Students and faculty learned about

✓ Review of the patent literature

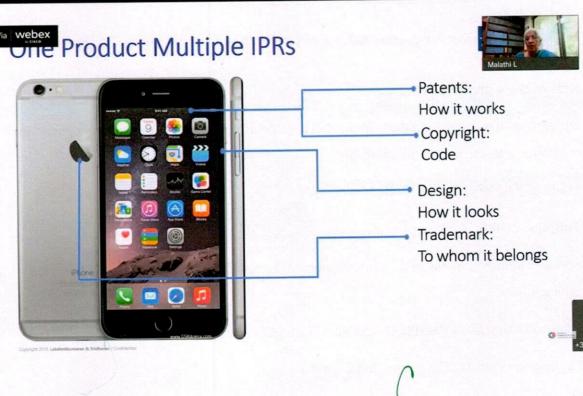
Dr. KAGNE, R.N.

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PUDUCHERRY-665107.

- ✓ Make a list of all the features
- ✓ Define and refine your research
- ✓ Record all relevant results
- ✓ Patentability Analysis
- ✓ Patent Landscapes





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Via webex

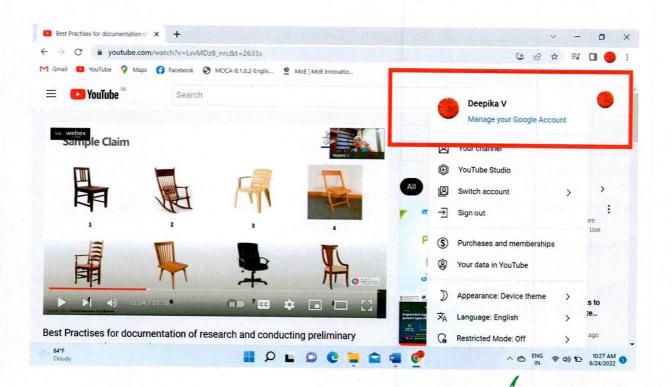
Procedure for Patentability Assessment



- List the features of the invention
- Formulate the key words and the search strategy
- · Include Synonyms for various terms
- Refine the search strategy to reduce the number of hits
- · Record the relevant results
- · Differentiate invention from the relevant results

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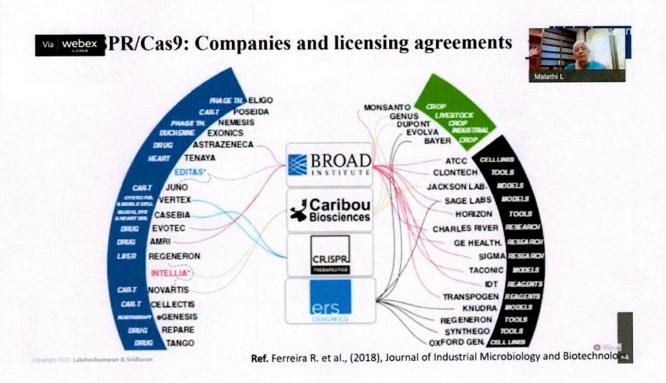
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PUDUCHERRY-605107.



Title: Important aspects to consider while preparing patent specifications

Date of the activity: 29.04.2022

Objectives: The students and faculty learned about the important aspects to be considered while preparing patent specifications

Description of the program:

Mode of delivery: Online Mode

Timings: 2:00-3:00 pm

Speaker details: Dr. Dinesh P. Patil, Dy.Controller of Patents & designs (Technical Head, o/o

CGPDTM), Office of CGPDTM, DPPIT, Ministry of Commerce & Industry

Program Organizer details: Dr.Deepika V, IIC Coordinator, SMVMCH

Participant details: 20 students and 3 faculty

Key Outcomes: Steps to be followed while preparing the patent specifications

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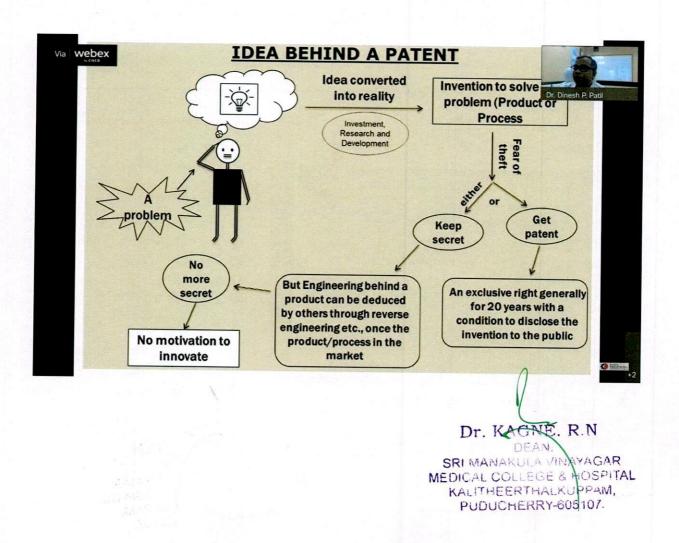




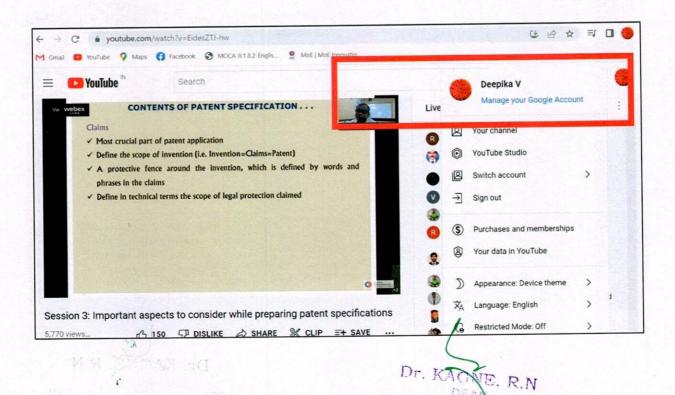








CONTENTS OF PATENT SPECIFICATION . . . via webex **Detailed Description of invention** ✓ Full and particular disclosure of invention & the best method/mode of performing it ✓ Sufficient detail so as to give a complete picture of the invention, may include examples, drawing and/or proto-models ✓ Sufficient disclosure of invention so as a person of average skill and average knowledge in India should be able to perform the invention based on what is disclosed ✓ Disclosure of deposition of biological material used in IDA (Budapest Treaty) ✓ Source & geographical origin of biological material used (Convention on Biological Diversity, CBD) [The BD Act, 2002- S.6 & NBA] ✓ In the case of Biotechnology related inventions, reference to the relevant sequence ID (SEQ) ID), if any, shall be mentioned in the description/claims of the specification Unity of Invention ✓ A single invention, or to a group of inventions linked so as to form a single inventive concept



SRI MANAKULA WNAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-605107.





Dr. KAGNE. R.N

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REPORT ON SELF DRIVEN ACTIVITY

Title: IDEATE INCUBATE ELEVATE

Date of the activity: 21.05.2022

Objectives: The faculty and students will understand about innovation, incubation and startups

Mode of delivery: Online Mode

Timings: 11:00-12:00 pm

Speaker details: Mr. Prashanth, CEO & Director, Simbioen Labs & Scientific Services, A CIIC

Incubated Startup

Program Organizer details: Dr.Deepika V, IIC Coordinator, SMVMCH

Participant details: 14 students and 6 faculty

Key Outcomes: Students and faculty learned about

✓ What are innovations?

✓ Importance of incubation units

✓ How innovations could be patented?

✓ Steps in developing startups

Dr. KACNE. R.N

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PUDUCHERRY-605107.

M.S. COOK



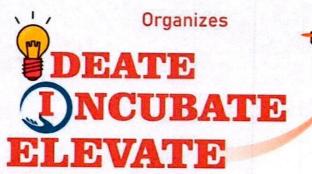




B. S. Abdur Rahman Crescent Institute of Science & Technology

in association with

Crescent Innovation & Incubation Council



Session for Mentee Institutions



21ST May 2022



11am - 12pm

Platform used: **ZOOM**





Scan the code to REGISTER here





Resource Person

Mr. Prashanth

CEO & Director Simbioen Labs & Scientific Services A CIIC Incubated Startup

www.ciic.ventures



+91- 99403 08871



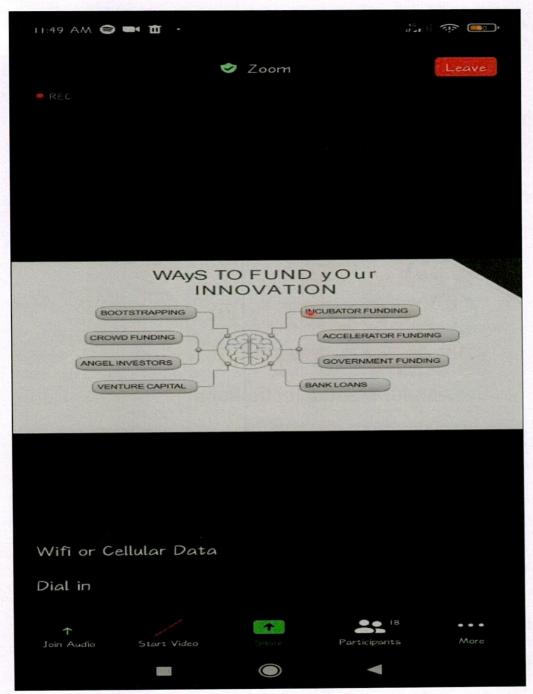
startup.ciic@crescent.education



Shree Jayaram K

Dr. KAGNE SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHALKUPPAM, PUDUCHERRY-605107.

SCREENSHOTS PROVIDED BY FACULTY



Dr. KAGNE. R.N

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SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KALITHEERTHAL KUPPAM, PUDUCHERRY 605107. SRI MANAKULA VINAYAGAR MEDICAL
COLLEGE & HOSPITAL, PUDUCHERRY
ATTENDANCE SHEET

IDEATE, INCUBATE, ELATE - Secsion organized by B.C. Abdur Rahman Crescent Institute of Science & Technology

21st May 2022 ONLINE 11 am - 12 bm				
5.No		YEAR	Email Id	SIGN
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2	M.N. SHIRL ARAVINO	2022 (19/2)	gmail.	s. enit
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5.	SREELAKSHMI GI. THOVARAYI	2022 (154)	slxmi2002@gmail.com	S. Such
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REPORT ON CELEBRATION DAY ACTIVITY

Title: Copyright free Podcast Music contest

Date of the release of Podcast: 1st July 2022

Date of the activity: 30th December 2021-9th January 2022

Objectives: The students will understand the concept and importance of using of copyright free

contents.

Mode of delivery: Offline

Program Description: The students were described about the concepts of Innovations and patent in large group (146 students). Then the announcement for the contest of developing copyright free music for the Institute Podcast was made. In the contest 8 students participated and cash prizes (Rs 5000 and Rs 3000) were given to the first two candidates. Th Institute Podcast named as "Manakural" was inaugurated on Doctor's Day with the copyright free music developed by students.

Speaker details: Dr.Deepika V, IIC Coordinator, SMVMCH

Program Organizer details: Dr. Udhayashankar, Assistant Professor, Department of Microbiology

Participant details: 146 participants for the orientation session and 8 participants for the contest.

Key Outcomes: Students learned about

- ✓ The concept of copyright and patents
- ✓ Innovations of mind
- ✓ Institute Audio and Video Podcasts were initiated under the name "Manakural"
- ✓ SOP for the podcast was prepared in collaboration with the Medical Education Unit.

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PUDUCHERRY-605107.



Medical college and Hospital

Madagadipet, Kalitheerthalkuppam, Puducherry-605107





PODCAST MUSIC CONTEST





WHO CAN PARTICIPATE?

UG & PG students of SMVMCH

WHAT ARE THE RULESP

- Any instrumental theme music in MP3 format
- Original composition (An undertaking should be signed for the same)
- An opening theme of 10-30 seconds duration; A background score of 3-5minutes duration; A closing theme of 10-30 seconds duration.

WHAT PRIZE DO I GET?



- 1st prize- ₹5,000/-
- 2nd prize- ₹3,000/-
- The best music may also be used for video contents uploaded in SMVMCH website with credits to the composer

WHERE TO UPLOAD?

- Send a mail attachment to meu@smvmch.ac.in
- Mention in subject as 'Podcast music contest'
- Provide your details like name, course, year of course, etc.

What is the deadline?

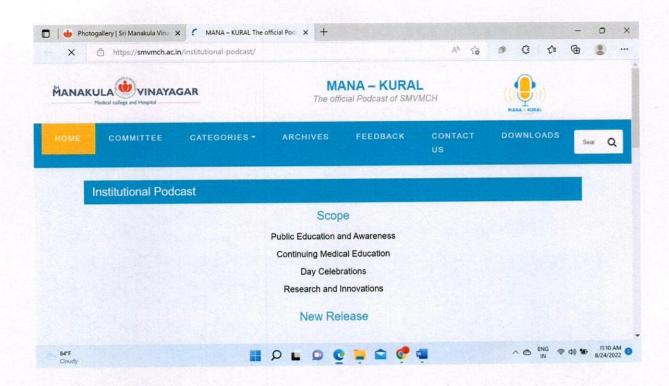
- Last date for registration: 30th December 2021
- Registration link: https://forms.gle/QBaShGacXcVIMp6m7
- Last date for submitting: 9th January 2022



WHOM SHOULD I CONTACT FOR FURTHER DETAILS?

Dr. KAGNE.R.N
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Screenshot of the Institute official Podcast "MANA-KURAL"





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REPORT ON SELF DRIVEN ACTIVITY

Title: Orientation to Institute Innovation Council and Intellectual Patent Rights

Date of the activity: 07.03.2022

Objectives: The students were oriented to the following:

- Institute Innovation Council (IIC)
- · Functions of IIC
- Programs Organized by IIC
- · Members of IIC
- · What is IPR?
- Types of IPR
- Idea Generation

Speaker details: Dr.Deepika v, IIC coordinator, SMVMCH, Puducherry.

Participant details: 153 Second Year MBBS students

Key Outcomes: Students were oriented to the various activities of IIC and concepts related to IPR. Students were motivated to find problems in health and patient related issues and work on them.

Feedback: Online feedback obtained

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Photographs





Dr. KAGNE. R.N

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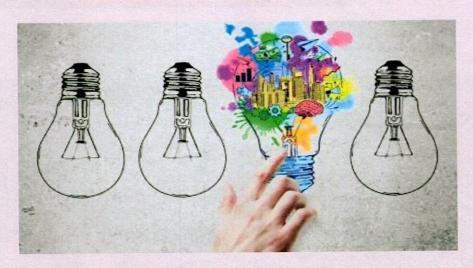
RESEARCH COMMITTEE & INSTITUTE INNOVATION COUNCIL (IIC)

IN

COLLABORATION WITH MEDICAL EDUCATION UNIT

ORIENTATION TO IIC AND

INTELLECTUAL PATENT RIGHTS



DATE:07.03.2022

VENUE: LECTURE HALL 2

Dr. MIGNE, SPEAKER: Dr.Deepika V, IIC Co-ordinator,

SMVMCH

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REPORT ON CELEBRATION DAY ACTIVITY

Title: World Earth Day

Date of the activity: 22.04.2022 to 29.04.2022

Objectives: The faculty and students will understand about the importance of celebrating the Earth Day. They also were sensitized to various steps and innovations that will help in promoting the conservation of energy and nature.

Mode of delivery: Physical Mode

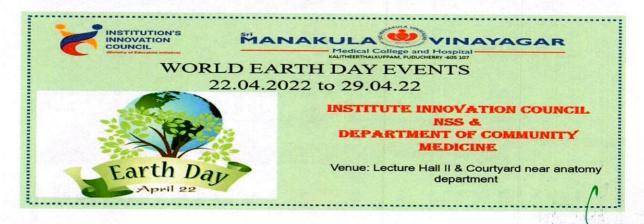
Speaker details: Dr.Reena Mohan, Assistant Professor, Department of Community Medicine, SMVMCH, Puducherry

Program Organizer details: Dr.Pravin, Assistant Professor, Department of Community Medicine, NSS Co-Ordinator, SMVMCH

Participant details: All first year MBBS students (150) and NSS team (10 members)

Key Outcomes: Students and faculty learned about importance of innovations in celebrating the preserving the nature earth.

Energy Preservation Oath was taken by students on the last day of celebration.



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Institute Innovation Council
and NSS &

Dept of Community Medicine
SMVMCH

Venue:

Lecture Hall – III and Courtyard near Anatomy Dept.





VINAYAGAR

EAN Medical college and Hospital

SRI MANA MEDICAL CO KALITHE FRTHALKUPPAM, PUDUCHERRY-605107.

MASSIC -

Dr.





Dr. KAGNE. R.N.

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