

Value added course on basic medical and surgical skills

The value added course on basic medical and surgical skills was conducted on behalf of NABH on 8th, 9th, 15th, 16th of February 2019 for the CRRI batch.

Basic medical and surgical skills are essential components of healthcare practice, forming the foundation upon which medical professionals provide effective and safe patient care. These skills encompass a range of procedures and techniques that are critical for diagnosing, treating, and managing various medical conditions. This report aims to provide an overview of the fundamental medical and surgical skills required by healthcare practitioners, their significance, and the training necessary to acquire and refine these skills.

Importance of Basic Medical and Surgical Skills:

Basic medical and surgical skills serve as the building blocks of clinical practice and patient care. They are crucial for timely and accurate diagnosis, treatment, and patient management across a variety of healthcare settings. These skills empower healthcare professionals to respond effectively to emergencies, perform routine medical examinations, and assist in surgical procedures. Proficiency in these skills enhances patient safety, reduces the risk of complications, and contributes to positive patient outcomes.

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Course objectives:

At the end of this course, the participants shall be able to handle the following medical and surgical skills better

Key Medical Skills:

History Taking and Physical Examination: Healthcare professionals must be adept at obtaining accurate patient histories and conducting thorough physical examinations to gather essential information for diagnosis and treatment planning.

Vital Signs Measurement: Accurate measurement of vital signs such as blood pressure, heart rate, respiratory rate, and temperature is vital for assessing a patient's overall health status.

Intravenous (IV) Cannulation: Inserting an IV catheter to provide fluids, medications, or blood products is a critical skill for delivering necessary treatments.

Wound Care: Proper wound assessment, cleaning, dressing, and suturing techniques are essential to prevent infections and promote optimal wound healing.

Medication Administration: Healthcare practitioners need to understand the principles of safe medication administration, including dosage calculation, route selection, and monitoring for adverse reactions.

Key Surgical Skills:

Sterile Technique: Maintaining a sterile environment during surgical procedures to prevent infections is a fundamental skill. This includes proper hand hygiene, wearing appropriate personal protective equipment (PPE), and handling surgical instruments safely.

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Suturing and Knot Tying: Proficiency in suturing and knot tying is necessary for closing surgical incisions and wounds, promoting proper wound healing, and minimizing scarring.

Aseptic Dressing Changes: Changing wound dressings without contaminating the wound site is crucial to prevent infections and support healing.

Basic Surgical Instrument Handling: Healthcare professionals need to be familiar with the names, uses, and proper handling of common surgical instruments to assist surgeons effectively.

Simple Incision and Drainage: This skill involves making small incisions to drain abscesses or fluid collections, relieving pressure and facilitating healing.

Basic medical and surgical skills are the foundation of healthcare practice, enabling professionals to provide quality patient care, ensure patient safety, and contribute to positive outcomes. These skills are acquired through a combination of education, training, and practical experience. As medical knowledge evolves, healthcare practitioners must continue to refine and update their skills to maintain their effectiveness in delivering optimal patient care. The students felt the course was very beneficial. It covered all the aspects of presentation and teaching skills and their importance in the healthcare sector.

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The students felt the course was very beneficial. It covered all the aspects of medical and surgical skills and their importance in the healthcare sector. The course was very well organized and the instructors were extremely knowledgeable. Feedback given by the students are discussed and action has been taken

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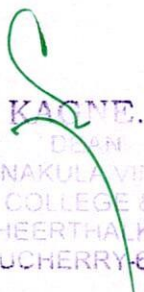
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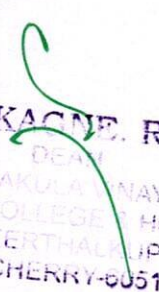
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Workshop on Epi Info Software Program and Reference Management

Research committee and Epidemiological Unit

The value added course on Workshop on “Epi_Info Software Program and Reference Management” for second year postgraduates was conducted by SMVMCH Research Committee on 15, 16, 21 and 22nd April 2018.

Epi Info is a powerful epidemiological software suite designed to assist public health professionals in data management, analysis, and visualization. The Value Added Course on Epi Info for MD/MS Students aims to equip medical students pursuing their Master's in Medicine (MD) or Surgery (MS) with essential skills in epidemiology and data analysis.

Course Objectives:

- Familiarize MD/MS students with the purpose and features of Epi Info software, highlighting its significance in epidemiological studies and disease surveillance.
- Teach students how to design data entry forms, input data, and manage databases efficiently within Epi Info.
- Provide hands-on training in conducting descriptive statistics, hypothesis testing, and analyzing epidemiological data using various statistical methods in Epi Info.
- Enable students to simulate outbreak scenarios and employ Epi Info to investigate and control disease outbreaks effectively.
- Introduce data visualization techniques to effectively communicate epidemiological findings through graphs, charts, and maps.

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Workshop on Epi Info Software Program and Reference Management

Research committee and Department of Community Medicine

The value added course on Workshop on “Epi_Info Software Program and Reference Management” for second year postgraduates was conducted by SMVMCH Research Committee on April 12th, 13th, 20th and 21st 2019.

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Certificate Course in HIS(Smart Hospital)

Hospital Information System



Global Quality Training And Assessors Pvt Ltd


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About Global Quality Training and Assessors- Modular Program

GQTA has designed, Certified Hospital Information System Quality Practitioner program, intended for Healthcare Professionals. The program is unique and first of its kind in India. It addresses all possible aspects of healthcare quality in concise yet comprehensive manner, covering both the clinical as well as managerial aspects. The first phase of program provides sound technical knowledge through class room contact sessions comprising of 10-modules with each module being delivered in 3- hours. This is then followed by participants undertaking specific project work, which they are required to complete at their work place utilizing learning from the course. All modules although coherent, are standalone. The modular design provides flexibility in scheduling. For example course can be conducted at stretch for full 5-days, followed up by 3-hour examination on 6th day. Other option is to organize in two parts. Part I is held for 3-days of contact sessions, covering first 5-modules and 90-minute open book test. Part-II is held again for 3-days, during succeeding week or any other week covering 6th- 10th module and a 90-minute open book test. It is however necessary that all modules including examinations must be completed within 30-days. The project duration is between 45-60 days. The total program including project therefore needs to be completed within 90-days. The participants are certified based on their qualifying performance in examinations and demonstrating competency through the project work. Certified Healthcare Quality Professionals can be gainfully employed in quality department for implementing, sustaining and improving all kinds of quality/accreditation programs.



Program Contents:

MODULE-1: Basic Quality Concepts

- Historical Perspective on Quality and journey through TQM
- Quality Management Standard ISO 9000
- Overview of ISO 14000/18000/22000

MODULE-2: Quality Improvement Tools

- Fundamentals of LEAN Healthcare
- Value Stream Mapping
- QI tools; 5S, KAIZEN, FMEA

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MODULE-3: Quality & Accreditation in Healthcare

- Evolution of Quality and Accreditation in healthcare.
- Role of Accreditation and Regulation in healthcare Quality
- Framework of the accreditation standards; NABH, JCI, ISQua

MODULE-4: Quality Assurance Framework

- QA in Patient Care Services (admission to discharge & beyond)
- QA in Diagnostic Services (Laboratory & Imaging)
- QA in various settings of Patient care

MODULE-5 Patient Safety in Clinical Processes

- Patient Safety Management Program (PSMP)
- Infection Control Practices
- Preventing Medical & Medication Errors, STGs

MODULE-6: Continuous Quality Improvement

- Monitoring Managerial Indicators
- Monitoring Clinical Indicators
- Complying Patient Rights and Measuring Patient Satisfaction

MODULE-7: Clinical Governance

- Leadership, Empowerment, Effective Communication
- Clinical Audits
- Risk assessment and its mitigation

MODULE-8: Facility Management

- Maintenance of Hospital Facilities including Bio-Medical equipment, HVAC
- Central Sterile Supply Department
- Regulatory requirements, AERB, Fire Safety, BMW and Safety codes.

MODULE-9: Patient Centric Hospitals

- Smart Hospitals through effective HIS
- Patient Friendly Hospitals
- Green & Clean Hospitals

MODULE-10: Road Map to implement Quality/Accreditation

- Gap analysis & sensitising various categories of staff
- System design and documentation
- Implementation and self-assessment

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Open Book Examination & Viva on the Project & Valedictory Certification:

GQTA will award CERTIFICATE to participants who qualify in the TEST(S) and submit and defend the project work. The successful participants are credentialed as Completion Certificate on Hospital Information System

Target Participants

Working Healthcare Professionals including clinicians, administrators and staff from diagnostics, pharmacy, quality, facility, housekeeping, maintenance and marketing etc.

Fee

INR 1000 Special for Manukula Vinayagar Medical College Students

Fee Submission

All Cheque/DD drawn in favor of:

Global Quality Training and Assessors Pvt Ltd

Payable at Bangalore

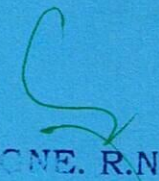
A/C No : 08772000002185 (HDFC

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AIHQ Other Training Programs

- a. Certified Healthcare Quality Practitioner**
- b. Certified Internal Auditor-NABH**
- c. Certified Infection Prevention Control Nurses**
- d. Clinical Governance & Clinical Audit**
- e. Standard Treatment Guidelines**
- f. Infection Control for Healthcare Professionals**


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

REPORT


Certificate course on Hospital Information System

The certificate course on Hospital Information System was conducted on behalf of NABH on 15 July -17 July 2017 for the VI Semester students. The students felt the course was very beneficial. It covered all the aspects of hospital information systems and their importance in the healthcare sector. The course was very well organized and the instructors were extremely knowledgeable. The hands-on experience with the software was also very useful. Feedback given by the students are discussed and action has been taken

2. Objectives:

The primary objectives of introducing a value-added course on Hospital Information System for MBBS students are as follows:

- a. Familiarize students with the fundamentals of Hospital Information Systems and their importance in healthcare delivery.
- b. Provide hands-on experience with various HIS components, such as Electronic Health Records (EHR), Clinical Decision Support Systems (CDSS), and Picture Archiving and Communication Systems (PACS).
- c. Enable students to understand data privacy, security, and legal aspects related to healthcare informatics.
- d. Prepare future doctors to efficiently utilize HIS for patient data management, diagnosis, treatment planning, and monitoring.
- e. Enhance the overall quality of healthcare services by encouraging the integration of technology into medical practice.



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Certificate Course in HIS(Smart Hospital)

Hospital Information System



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About Global Quality Training and Assessors- Modular Program

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Program Contents:

MODULE-1: Basic Quality Concepts

- Historical Perspective on Quality and journey through TQM
- Quality Management Standard ISO 9000
- Overview of ISO 14000/18000/22000

MODULE-2: Quality Improvement Tools

- Fundamentals of LEAN Healthcare
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- QI tools; 5S, KAIZEN, FMEA

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MODULE-3: Quality & Accreditation in Healthcare

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MODULE-9: Patient Centric Hospitals

- Smart Hospitals through effective HIS
- Patient Friendly Hospitals
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MODULE-10: Road Map to implement Quality/Accreditation

- Gap analysis & sensitising various categories of staff
- System design and documentation
- Implementation and self-assessment


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Dr. KAGNE. R.N

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REPORT


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Certificate Course in HIS(Smart Hospital)

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REPORT

Certificate course on Hospital Information System

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Value added course on Qualitative Methods in Health Research

The value added course on Qualitative Methods in Health Research was conducted by SMVMCH Research Committee on 3-7th of January 2018 for PG students.

Objectives:

To introduce students to the fundamental concepts and principles of qualitative research methods in health studies.

To familiarize students with various qualitative data collection techniques, such as interviews, focus groups, and participant observation.

To guide students in the process of data analysis and interpretation using qualitative research tools.

To enable students to critically assess and evaluate the quality of qualitative research studies in the health domain.

Course Content:

The course was designed as a series of interactive sessions, workshops, and practical exercises covering the following topics:

Introduction to Qualitative Research:

Distinctive features of qualitative research.

Comparison with quantitative research methods.

Research Design and Ethics:

Formulating research questions.

Ensuring ethical considerations in qualitative studies.

Data Collection Techniques:

In-depth interviews: planning, conducting, and recording.

Focus groups: design, moderation, and analysis.

Participant observation: techniques and challenges.

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KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Data Analysis:

Coding and thematic analysis.

Interpretation and drawing conclusions.

Quality and Rigor in Qualitative Research:

Strategies for enhancing validity and reliability.

Addressing bias and reflexivity.

Reporting and Publishing:

Writing qualitative research findings.

Preparing manuscripts for publication

Activities:

Lectures and Presentations: Expert faculty members delivered informative lectures on various qualitative research aspects.

Group Discussions: Participants engaged in discussions on research design, data collection challenges, and ethical considerations.

Practical Exercises: Hands-on activities included coding practice, analyzing sample qualitative data, and creating themes.

Case Studies: Real-life case studies were presented, encouraging participants to apply qualitative methods to health scenarios.

Guest Speakers: Renowned researchers shared their experiences and insights into conducting qualitative health research.

Outcomes:

Enhanced Understanding: Participants gained a strong foundation in qualitative research principles and techniques.

Practical Skills: Students developed hands-on skills in data collection, coding, and analysis.

Critical Analysis: Participants learned to critically assess the quality and validity of qualitative research studies.

Application: Students demonstrated the ability to apply qualitative methods to health-related scenarios.

Networking: Interaction with guest speakers and peers fostered valuable connections in the field.

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SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107,

Conclusion:

The value-added course on Qualitative Methods in Health Research provided postgraduate students with a robust understanding of qualitative research's significance and its relevance in the health domain. Through interactive sessions, practical exercises, and exposure to real-life cases, participants gained valuable insights and skills that will serve them well in their future academic and professional endeavors

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SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
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MADAGADIPET, PUDUCHERRY-605 107.

Value added course on Qualitative Methods in Health Research

The value added course on Qualitative Methods in Health Research was conducted by SMVMCH Research Committee on 3-7th of January 2019 for PG students.

Objectives:

To introduce students to the fundamental concepts and principles of qualitative research methods in health studies.

To familiarize students with various qualitative data collection techniques, such as interviews, focus groups, and participant observation.

To guide students in the process of data analysis and interpretation using qualitative research tools.

To enable students to critically assess and evaluate the quality of qualitative research studies in the health domain.

Course Content:

The course was designed as a series of interactive sessions, workshops, and practical exercises covering the following topics:

Introduction to Qualitative Research:

Distinctive features of qualitative research.

Comparison with quantitative research methods.

Research Design and Ethics:

Formulating research questions.

Ensuring ethical considerations in qualitative studies.

Data Collection Techniques:

In-depth interviews: planning, conducting, and recording.

Focus groups: design, moderation, and analysis.

Participant observation: techniques and challenges.

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KALITHEERTHALKUPPAM,
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Data Analysis:

Coding and thematic analysis.

Interpretation and drawing conclusions.

Quality and Rigor in Qualitative Research:

Strategies for enhancing validity and reliability.

Addressing bias and reflexivity.

Reporting and Publishing:

Writing qualitative research findings.

Preparing manuscripts for publication

Activities:

Lectures and Presentations: Expert faculty members delivered informative lectures on various qualitative research aspects.

Group Discussions: Participants engaged in discussions on research design, data collection challenges, and ethical considerations.

Practical Exercises: Hands-on activities included coding practice, analyzing sample qualitative data, and creating themes.

Case Studies: Real-life case studies were presented, encouraging participants to apply qualitative methods to health scenarios.

Guest Speakers: Renowned researchers shared their experiences and insights into conducting qualitative health research.

Outcomes:

Enhanced Understanding: Participants gained a strong foundation in qualitative research principles and techniques.

Practical Skills: Students developed hands-on skills in data collection, coding, and analysis.

Critical Analysis: Participants learned to critically assess the quality and validity of qualitative research studies.

Application: Students demonstrated the ability to apply qualitative methods to health-related scenarios.

Networking: Interaction with guest speakers and peers fostered valuable connections in the field.

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KALITHEERTHALKUPPAM,
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Conclusion:

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BRIJANATHA VINAYAGAR
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MADAGADIPET, PUDUCHERRY-605 107.

Value added course on Qualitative Methods in Health Research

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To guide students in the process of data analysis and interpretation using qualitative research tools.

To enable students to critically assess and evaluate the quality of qualitative research studies in the health domain.

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Focus groups: design, moderation, and analysis.

Participant observation: techniques and challenges.

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MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAKUPPAM,
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Data Analysis:

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Interpretation and drawing conclusions.

Quality and Rigor in Qualitative Research:

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Value added course on Qualitative Methods in Health Research

The Value added course on Qualitative Methods in Health Research was conducted by SMVMCH Research Committee on 3-7th of January 2021 for PG students.

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KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 007

Data Analysis:

Coding and thematic analysis.

Interpretation and drawing conclusions.

Quality and Rigor in Qualitative Research:

Strategies for enhancing validity and reliability.

Addressing bias and reflexivity.

Reporting and Publishing:

Writing qualitative research findings.

Preparing manuscripts for publication

Activities:

Lectures and Presentations: Expert faculty members delivered informative lectures on various qualitative research aspects.

Group Discussions: Participants engaged in discussions on research design, data collection challenges, and ethical considerations.

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KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Conclusion:

The value-added course on Qualitative Methods in Health Research provided postgraduate students with a robust understanding of qualitative research's significance and its relevance in the health domain. Through interactive sessions, practical exercises, and exposure to real-life cases, participants gained valuable insights and skills that will serve them well in their future academic and professional endeavors

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BRIHANAKULA MAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKOPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Value added course on Qualitative Methods in Health Research

The value added course on Qualitative Methods in Health Research was conducted by SMVMCH Research Committee on 3-7th of January 2022 for PG students.

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MADAGADIPET, PUDUCHERRY-605 107.

Data Collection Techniques:

In-depth interviews: planning, conducting, and recording.

Focus groups: design, moderation, and analysis.

Participant observation: techniques and challenges.

Data Analysis:

Coding and thematic analysis.

Interpretation and drawing conclusions.

Quality and Rigor in Qualitative Research:

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MADAGADIPET, PUDUCHERRY-605 107.

Application: Students demonstrated the ability to apply qualitative methods to health-related scenarios.

Networking: Interaction with guest speakers and peers fostered valuable connections in the field.

Conclusion:

The value-added course on Qualitative Methods in Health Research provided postgraduate students with a robust understanding of qualitative research's significance and its relevance in the health domain. Through interactive sessions, practical exercises, and exposure to real-life cases, participants gained valuable insights and skills that will serve them well in their future academic and professional endeavors

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MADAGADIPET, PUDUCHERRY-605 107.

Value added course on Communication skills

The value added course on Communication skills for CRRRI students was conducted by Medical Education Unit on 14.01.2017 & 15.01.2017. Communication skills are a vital component of effective human interaction. The ability to convey thoughts, ideas, and information clearly and accurately is crucial in both personal and professional contexts. This report aims to explore the significance of communication skills, their types, barriers, and strategies for improvement.

Importance of Communication Skills:

Effective communication skills are essential for various reasons:

Effective Workplace Collaboration: In professional settings, communication skills foster collaboration, teamwork, and efficient problem-solving. Clear communication minimizes misunderstandings and ensures tasks are completed accurately and on time.

Career Advancement: Individuals with strong communication skills are often better equipped to convey their ideas, negotiate effectively, and present their achievements, leading to better job prospects and career growth.

Building Relationships: Strong interpersonal communication skills help in forming and maintaining relationships. They enable individuals to express empathy, understanding, and support, leading to healthier personal and professional connections.

Conflict Resolution: Effective communication plays a key role in resolving conflicts. Individuals who can express themselves clearly and listen actively are more likely to find mutually agreeable solutions.

Barriers to Effective Communication:

Several barriers can hinder successful communication:

Language Barriers: Differences in language, vocabulary, and accents can lead to misunderstandings.

Cultural Differences: Diverse cultural backgrounds can result in misinterpretations and unintended offense.

Lack of Clarity: Unclear messages, jargon, or complex language can confuse recipients.

Emotional Barriers: Strong emotions can distort communication, leading to misperceptions and ineffective interactions.

Distractions: Environmental factors, such as noise or interruptions, can disrupt effective communication.

Strategies for Improving Communication Skills:

Enhancing communication skills requires conscious effort and practice:

Active Listening: Pay attention, avoid interrupting, and ask clarifying questions to ensure you understand the speaker's message.

Clarity and Brevity: Use clear and concise language to convey information. Avoid unnecessary jargon.

Empathy: Put yourself in the other person's shoes to understand their perspective and feelings.

Nonverbal Awareness: Pay attention to your body language, facial expressions, and tone of voice to ensure they align with your intended message.

Feedback: Encourage and provide constructive feedback to enhance communication with colleagues, friends, and family.

Cultural Sensitivity: Be mindful of cultural differences and adapt your communication style accordingly.

Communication skills are a cornerstone of effective human interaction. They are crucial for successful professional relationships, personal connections, conflict resolution, and overall well-being. By understanding the types of communication skills, identifying barriers, and implementing strategies for improvement, individuals can enhance their ability to convey ideas, build relationships, and achieve their goals. Continuous practice and self-awareness are key to becoming a proficient communicator in various contexts.

Feedback given by the students are discussed and action has been taken

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SRIMANAKUL VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHAURUPPAM,
MADAGADI PET, PUDUCHERRY-605 107.

Value added course on Communication skills

The value added course on Communication skills for CRRI students was conducted by Medical Education Unit on 13.01.2018 & 14.01.2018. Communication skills are a vital component of effective human interaction. The ability to convey thoughts, ideas, and information clearly and accurately is crucial in both personal and professional contexts. This report aims to explore the significance of communication skills, their types, barriers, and strategies for improvement.

Importance of Communication Skills:

Effective communication skills are essential for various reasons:

Effective Workplace Collaboration: In professional settings, communication skills foster collaboration, teamwork, and efficient problem-solving. Clear communication minimizes misunderstandings and ensures tasks are completed accurately and on time.

Career Advancement: Individuals with strong communication skills are often better equipped to convey their ideas, negotiate effectively, and present their achievements, leading to better job prospects and career growth.

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Conflict Resolution: Effective communication plays a key role in resolving conflicts. Individuals who can express themselves clearly and listen actively are more likely to find mutually agreeable solutions.

Barriers to Effective Communication:

Several barriers can hinder successful communication:

Language Barriers: Differences in language, vocabulary, and accents can lead to misunderstandings.

Cultural Differences: Diverse cultural backgrounds can result in misinterpretations and unintended offense.

Lack of Clarity: Unclear messages, jargon, or complex language can confuse recipients.

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KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 007.

Emotional Barriers: Strong emotions can distort communication, leading to misperceptions and ineffective interactions.

Distractions: Environmental factors, such as noise or interruptions, can disrupt effective communication.

Strategies for Improving Communication Skills:

Enhancing communication skills requires conscious effort and practice:

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Feedback given by the students are discussed and action has been taken

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DEAN
SRI MANAKULA MAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Value added course on Communication skills

The value added course on Communication skills for CRRRI students was conducted by Medical Education Unit on 12.01.2019 & 13.01.2019. Communication skills are a vital component of effective human interaction. The ability to convey thoughts, ideas, and information clearly and accurately is crucial in both personal and professional contexts. This report aims to explore the significance of communication skills, their types, barriers, and strategies for improvement.

Importance of Communication Skills:

Effective communication skills are essential for various reasons:

Effective Workplace Collaboration: In professional settings, communication skills foster collaboration, teamwork, and efficient problem-solving. Clear communication minimizes misunderstandings and ensures tasks are completed accurately and on time.

Career Advancement: Individuals with strong communication skills are often better equipped to convey their ideas, negotiate effectively, and present their achievements, leading to better job prospects and career growth.

Building Relationships: Strong interpersonal communication skills help in forming and maintaining relationships. They enable individuals to express empathy, understanding, and support, leading to healthier personal and professional connections.

Conflict Resolution: Effective communication plays a key role in resolving conflicts. Individuals who can express themselves clearly and listen actively are more likely to find mutually agreeable solutions.

Barriers to Effective Communication:

Several barriers can hinder successful communication:

Language Barriers: Differences in language, vocabulary, and accents can lead to misunderstandings.

Cultural Differences: Diverse cultural backgrounds can result in misinterpretations and unintended offense.

Lack of Clarity: Unclear messages, jargon, or complex language can confuse recipients.

Emotional Barriers: Strong emotions can distort communication, leading to misperceptions and ineffective interactions.

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MADAGADIPET, PUDUCHERRY-605 007.

Distractions: Environmental factors, such as noise or interruptions, can disrupt effective communication.

Strategies for Improving Communication Skills:

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MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
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Value added course on Communication skills

The value added course on Communication skills for CRRRI students was conducted by Medical Education Unit on 11.01.2020 & 12.01.2020. Communication skills are a vital component of effective human interaction. The ability to convey thoughts, ideas, and information clearly and accurately is crucial in both personal and professional contexts. This report aims to explore the significance of communication skills, their types, barriers, and strategies for improvement.

Importance of Communication Skills:

Effective communication skills are essential for various reasons:

Effective Workplace Collaboration: In professional settings, communication skills foster collaboration, teamwork, and efficient problem-solving. Clear communication minimizes misunderstandings and ensures tasks are completed accurately and on time.

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Value added course on Communication skills

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Feedback given by the students are discussed and action has been taken

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MADAGADIPET, PUDUCHERRY-605 107.



Workshop on “Basic epidemiology” for undergraduates

The value added course Workshop on “Basic epidemiology” for undergraduates was conducted by SMVMCH Research Committee on 3, 4, 5, 10, 11, 12, 31-July & 1, 2, 7, 8, 9 Aug 2017. This course aims to equip students with essential epidemiological concepts, methodologies, and analytical tools to enhance their ability to critically assess and interpret health-related data and research findings. By the end of this course, students will be better equipped to contribute to evidence-based medical practice, research, and public health initiatives. The course was organized well and the instructors were extremely knowledgeable.

Course Objectives:

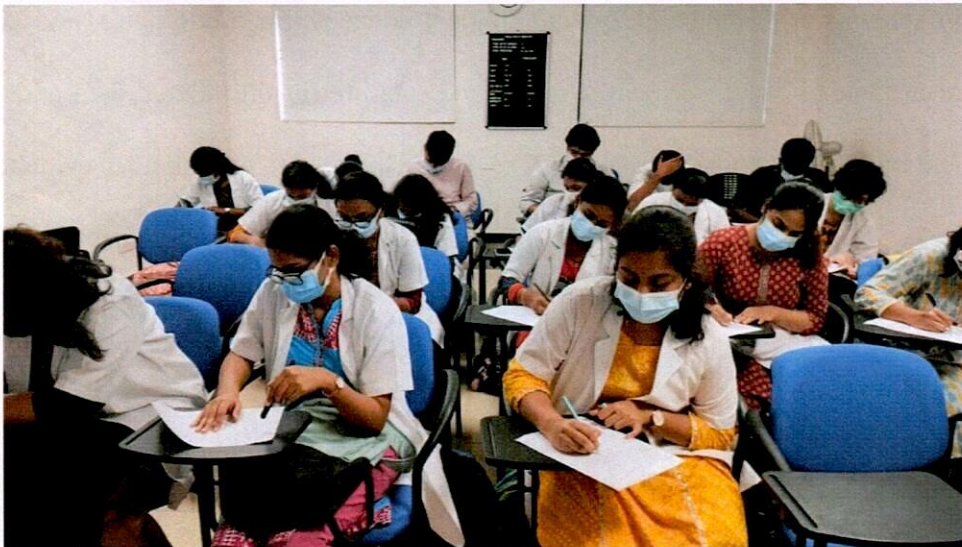
- Introduce the fundamental principles of epidemiology and its significance in understanding disease distribution and determinants.
- Familiarize students with key epidemiological study designs and their strengths and limitations.
- Explain the basic principles of data collection, analysis, and interpretation in epidemiological research.
- Explore various measures of disease frequency and association commonly used in epidemiology.

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
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- Demonstrate the application of epidemiological concepts to real-world public health issues and outbreak investigations.
- Discuss ethical considerations and challenges in conducting epidemiological research.

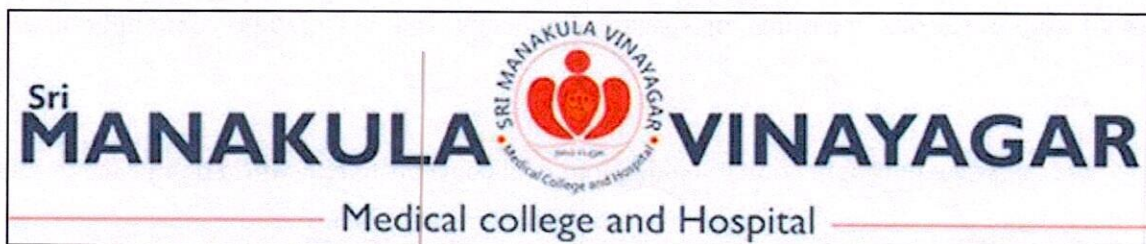
Report:

By completing this course, students developed the necessary skills to critically evaluate scientific literature, design sound research studies and contribute meaningfully to evidence-based medical practice and research. And this course was a valuable addition to their medical education and equips them to become informed and responsible healthcare professionals in the future.



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Workshop on “Basic epidemiology” for undergraduates

The certificate course on Workshop on “Basic epidemiology” for undergraduates was conducted by SMVMCH Research Committee on 3, 4, 5,6,9,10-July & 6,7,8,9,13,14 Aug 2018. The Basic Epidemiology for undergraduate is designed to provide medical undergraduate students with a foundational understanding of epidemiology, a crucial branch of public health and medicine. This course aims to equip students with essential epidemiological concepts, methodologies, and analytical tools to enhance their ability to critically assess and interpret health-related data and research findings. By the end of this course, students will be better equipped to contribute to evidence-based medical practice, research, and public health initiatives. The course was very well organized and the instructors were extremely knowledgeable.

Course Objectives:

- Introduce the fundamental principles of epidemiology and its significance in understanding disease distribution and determinants.
- Familiarize students with key epidemiological study designs and their strengths and limitations.
- Explain the basic principles of data collection, analysis, and interpretation in epidemiological research.

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- Explore various measures of disease frequency and association commonly used in epidemiology.
- Demonstrate the application of epidemiological concepts to real-world public health issues and outbreak investigations.
- Discuss ethical considerations and challenges in conducting epidemiological research.

Report:

The Value Added Course on Basic Epidemiology for undergraduate Students provided an essential platform to grasp the fundamentals of epidemiology and its practical applications in healthcare and public health. By completing this course, students developed the necessary skills to critically evaluate scientific literature, design sound research studies, and contribute meaningfully to evidence-based medical practice and research. This course was a valuable addition to their medical education and equips them to become informed and responsible healthcare professionals in the future.



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Workshop on “Basic epidemiology” for undergraduates

The certificate course on Workshop on “Basic epidemiology” for undergraduates was conducted by SMVMCH Research Committee on 2,3,4,10, 11,12,-July & 5,6,7,8,12,13,14- Aug 2019. This course aims to equip students with essential epidemiological concepts, methodologies, and analytical tools to enhance their ability to critically assess and interpret health-related data and research findings. By the end of this course, students will be better equipped to contribute to evidence-based medical practice, research, and public health initiatives. The course was organized well and the instructors were extremely knowledgeable.

Course Objectives:

- Introduce the fundamental principles of epidemiology and its significance in understanding disease distribution and determinants.
- Familiarize students with key epidemiological study designs and their strengths and limitations.
- Explain the basic principles of data collection, analysis, and interpretation in epidemiological research.
- Explore various measures of disease frequency and association commonly used in epidemiology.

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- Demonstrate the application of epidemiological concepts to real-world public health issues and outbreak investigations.
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Report:

This Course on Basic Epidemiology for undergraduate Students provided an essential platform to grasp the fundamentals of epidemiology and its practical applications in healthcare and public health. By completing this course, students developed the necessary skills to critically evaluate scientific literature, design sound research studies and contribute meaningfully to evidence-based medical practice and research. This course was a valuable addition to their medical education and equips them to become informed and responsible healthcare professionals in the future.



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Workshop on “Basic epidemiology” for undergraduates

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- Discuss ethical considerations and challenges in conducting epidemiological research.

Report:

By completing this course, students developed the necessary skills to critically evaluate scientific literature, design sound research studies and contribute meaningfully to evidence-based medical practice and research. And this course was a valuable addition to their medical education and equips them to become informed and responsible healthcare professionals in the future.



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Workshop on “Basic epidemiology” for Undergraduates

The certificate course on Workshop on “Basic epidemiology” for undergraduates was conducted by SMVMCH Research Committee on 6,7,8,9,12,13 –July & 10, 11,12,13,17,18-August 2021. This course aims to equip students with essential epidemiological concepts, methodologies, and analytical tools to enhance their ability to critically assess and interpret health-related data and research findings. By the end of this course, students will be better equipped to contribute to evidence-based medical practice, research, and public health initiatives. The course was organized well and the instructors were extremely knowledgeable.

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FIRE & SAFETY TRAINING BROCHURE

Fire safety training

No of participants: - maximum 30.

Class room training: - 45 minutes.
Activity :- 45 minutes.
Practical :- 30 minutes.
Total time :- 2 hours.

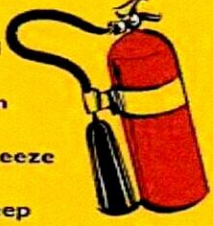


A basic fire safety training which includes

- 1) Practical use of fire extinguisher.
- 2) Over view about what is fire.
- 3) Understanding types of fire.
- 4) Basic method to extinguish fire
- 5) Do and don'ts of fire.

Transportation will be charged additional if outside Mumbai

Pull
Aim
Squeeze
Sweep



A CERTIFICATE COURSE IN FIRE AND SAFETY

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**AT MANAKULA VINAYGAR MEDICAL
COLLEGE AND HOSPITAL**

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Introduction

Welcome to the 2017 catalogue of Fire & Safety Training Courses. As always, the staff and management at ACM Certification Pvt Ltd continue to deliver a superior standard of certificate training to our customers, both new and existing. Our aim is always to improve and to find new and better ways to provide a safe and secure working environment for our ever-increasing list of clients. We strive to stand out from the rest; we like to believe we go a step further than our competitors when it comes to offering valuable, and potentially life saving Safety Training. Our trainers are constantly researching and developing the manner in which our courses are delivered, keeping up to date with new technology and advising our attendees of any new or improved products on the market that may be of interest in the work place or in the home.

All of our Training Instructors are qualified, with many years experience in the Fire Industry, including trained Fire Fighters and Paramedics.

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Course Content and Syllabus.

- Fire Safety Awareness
- Fire Warden
- Fire Extinguisher Training
- Emergency Evacuation Procedures & Monitoring
- Manual Handling
- Occupational First Aid
- Occupational First Aid Refresher
- Emergency First Aid
- Automated External Defibrillator (AED)

Please Note ;

All our training courses can be tailor made to suit your particular industry. For this reason, we welcome any input from our trainees.

All of the fire related courses include Gas Controlled Live Fire apparatus, allowing for all attendees to use the extinguishers on real fires. However, this is not included in the Emergency Evacuation Monitoring.



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Fire Safety Awareness Training Course

COURSE AIM:

The purpose of this Fire Safety Training course is to create awareness, and to bring to the forefront of peoples minds, the danger around us at all times and in all locations. The emphasis of course is on the dangers of fire, and how we can work together to reduce the risk of an outbreak, and, of course, what to do should such an event occur.

COURSE OBJECTIVES:

On completion of this course, participants will be able to:

- Describe the Chemistry of Fire.
- List the actions to be taken in the event of a fire.
- State the organizations Evacuation Procedures.
- Fight the fire if safe to do so.

COURSE CONTENT:

- Fire Safety Legislation.
- Causes & Costs of fires.
- Physics & Chemistry of fire.
- Development and spread of fire.
- Action in the event of fire & upon hearing the Fire Alarm.
- Raising the alarm and summoning the Fire Brigade.
- Fighting a fire.
- Choosing the correct extinguisher.
- Correct use of the extinguisher.
- Evacuation procedures.
- Role of the Fire Warden.

COURSE ATTENDANCE:

- MAXIMUM 50 PARTICIPANTS.
- HALF-DAY DURATION.

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Fire Warden module

COURSE AIM:

The purpose of the Fire Warden Training course is to prepare the trainees to act as a team in the evacuation of the premises in an emergency situation. It also teaches the importance of good housekeeping and vigilance, and the need for ongoing Fire Risk Assessment.

COURSE OBJECTIVES:

On completion of the course, participants will be able to;


- List the duties of the Fire Warden.
- Describe the Chemistry of Fire.
- Identify Fire Hazards in the work place.
- Safely & competently use portable fire extinguishers.
- Assist in Evacuation Procedure and Drills.

COURSE CONTENT:

- Course introduction and objectives.
- Fire Safety Legislation.
- Theory of Fire & Fire Extinction.
- Chemistry of Fire
- Demonstration of Fire Hazards
- Spread of Fire and Smoke behavior.
- Ignition sources.
- Portable Fire Extinguishers & their uses.
- Fire prevention & Evacuation Procedures.
- Duties of the Fire Warden.

COURSE ATTENDANCE:

- MAXIMUM 50 PARTICIPANTS
- HALF DAY DURATION


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Fire Extinguisher Training

COURSE AIM:

The purpose of this practical, hands on Fire Extinguisher Training course is to equip participants with the necessary skills and confidence, to identify and select the correct fire extinguisher, and to safely and competently extinguish a small fire.

COURSE OBJECTIVES:

On completion of this course, participants will be able to ;

- Identify the various types of Fire Extinguishers.
- Identify potential dangers of incorrect use of extinguishers.
- Select the appropriate extinguisher.
- Use portable fire extinguishers effectively.

COURSE CONTENT:

- Fire Triangle & Chemistry of Fire.
- Dangers and consequences of fire.
- Basic precautions and good housekeeping.
- Portable Fire Extinguishers and their uses.
- Practical " Hands On " extinguisher training. (Gas Controlled)

COURSE ATTENDANCE:

- MAXIMUM 12 PARTICIPANTS
- 2 HOUR DURATION.

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Emergency Evacuation Monitoring.

OBJECTIVE:

The purpose of the Emergency Evacuation Monitoring service provided by Total Fire Protection Ltd is to provide staff with the necessary understanding of the requirements of a safe and orderly evacuation in the event of an emergency situation.

A member of our team will attend on site during a Fire Evacuation Drill to monitor the proceedings and relay the results back to the Fire Wardens in a post evacuation de-briefing meeting.

A report sheet will be presented to the Chief Fire Warden immediately after the drill, followed by a full and detailed report to be kept by the company along with the Fire Register, available for inspection in the event of a Safety Audit.

This service is of particular benefit to newly trained Fire Wardens and companies who have not previously carried out an Emergency Evacuation Drill.

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Manual Handling Training Module

Course Aim:

To provide you with the information and training necessary to be competent in Manual Handling, in order to avoid injury to yourself and to others.

Course Objectives:

On completion of this course, participants will be able to:

- Define Manual Handling.
- State relevant Irish and EU Legislation.
- Describe the basic Anatomy of the Spine.
- Carry out a Manual Handling Risk Assessment
- Utilize correctly the 8 Principles of Safe Lifting.

Course Programme:

- Manual Handling Legislation – as it applies to the employer and employee.
- Dangers and harm caused by careless /unskilled methods of manual handling.
- Principles of levers and laws of motion.
- Anatomy of the spine and muscular system.
- Risk Assessment
- How to handle loads safely.
- Practice in safe handling of loads.

Who Should Attend:

Under the Safety, Health and Welfare at Work (General Application Regulations) 2007, it is a requirement that ALL employees attend Manual Handling training.

Course Attendance:

- Maximum 12 participants.
- Half day duration.

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Occupational First Aid module

This Occupational First Aid course meets the requirements of the syllabus for Fetac Occupational First Aid (Level Five) as set out by the Health & Safety Authority.

The programme requires a high level of trainee participation and interaction, where the theory is enhanced by practical demonstration of skills and practical application by trainees.

Course Aim:

To provide learner with the knowledge, practical skills and understanding required to provide and co-ordinate First Aid in the workplace in compliance with the requirements of the Safety, Health and Welfare at Work (General Application) Regulations 2007; Part 7 Chapter 2 : First Aid.

Course Objectives:

Learners who successfully complete the course will:

- Understand the responsibilities of an Occupational First Aider.
- Be able to provide treatment for the purpose of preserving life, or minimizing the consequences of injury until discharge, or the arrival of medical assistance.
- Be able to provide treatment in the workplace, for an injury which does not require the attention of a medical practitioner or nurse.
- Be capable of coordinating First Aid arrangements in the workplace.
- Be familiar with Health & Safety legislation on First Aid provision in the workplace.

Course Outline

- Unit 1 --- First Aid In The Workplace
- Unit 2 --- Patient assessment
- Unit 3 --- Respiratory Emergencies

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- Unit 4 --- Cardiac First Response
- Unit 5 --- Wounds and Bleeding
- Unit 6 --- Altered Level of Consciousness
- Unit 7 --- Musculoskeletal
- Unit 8 --- Burns & Scalds, Chemicals & Electrical Shock

Course De-Brief and Assessment

Assessment & Certification:

- Certification Assessments (Theory & Practical) will be held on day 3 of the course.
- Unit Assessments will be performed as per unit.
- Certificates will be issued by ACM Certification Pvt Ltd

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Occupational First Aid Refresher.

Course aim:

To refresh the skills and knowledge gained in the original Occupational First Aid Course. This is a one day course.

Course Objectives:

On completion of this course, participants will be able to;


- Demonstrate up-to-date practical skills.
- Explain new developments in First Aid.

Course Programme:

- Aims- Prevent Further Harm; Preserve Life; Promote Recovery.
- Responsibilities of First Aiders.
- Primary Surveys-Medical & Trauma.
- Making a Diagnosis.
- Life Threatening Conditions; Asphyxia, Respiratory & Cardiac Arrest and Shock.
- Casualty Interview, (S.A.M.P.L.E.)
- Casualty Report Forms.

Training Methods:

Classroom presentation on multi media/videos. Practical demonstrations of techniques. Course handouts, training records, evaluation forms are also provided.


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Emergency First Aid.

Course Aim:

This one day course is specifically designed for those who require a basis for providing First Aid in an emergency situation. It is designed to assist participants in the treatment of minor accident/incident injuries and life saving skills. This is not a substitution for Occupational First Aid.

Course Objectives:

On completion of this course, the participants will have a basic knowledge of First Aid, and know what to do in the event of an emergency, while waiting for a qualified person (Doctor, Ambulance Personnel etc.,) to arrive.

Course Programme:

- Assess a situation (scene, casualty or casualties) quickly and safely.
- Definition of role and functions of a First Aider. This includes what he/she can and cannot safely and competently do in the case of an accident or emergency.
- Protect casualties and others at the scene from possible danger.
- Identify, as far as possible, the mechanism or nature of the illness/injury.
- Arrange for medical help (Doctor, Cardiac Ambulance etc.,) if required.
- Triage-treating the most serious conditions (casualties) first.
- First Aid (A,C,B,C,D – Airway, C-Spine, Breathing, Circulation, Disability) Expose, Examine and Evaluate.
- CPR.
- Stay with the casualty until further care/medical aid is available.

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- Making a diagnosis.
- Life threatening conditions – shock, cardiac arrest, asphyxia, respiratory arrest and bleeding.
- Unconsciousness, Drowning, Fractures, Burns and Scalds.

Automated External Defibrillator (AED).

Course Aim:

To train participants in the use of CPR with the use of the A.E.D.

Course Objectives:

Participants will be trained to develop a very high standard of C.P.R. and be given various scenarios involving the use of the A.E.D. with particular regard to safety.

Training Methods:

- Classroom presentation and multi-media projector/videos.
- Practical demonstrations of techniques.
- Course handouts, training records and evaluation forms are also provided.

Assessment & Certification:

At the end of the course there will be a written examination as well as three practical assessments for each student.

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Value Added course on Fire and Safety

1. Introduction:

The healthcare industry involves a wide range of professionals, including MBBS students, who may find themselves in emergency situations like fire outbreaks. While the primary focus of MBBS education is on medical knowledge and patient care, the inclusion of a value-added course on Fire and Safety aims to prepare students to respond effectively to fire emergencies while minimizing risks to patients, staff, and themselves.

2. Rationale:

The primary reasons for introducing a Fire and Safety course for MBBS students are as follows:

a. Enhanced Safety: Medical facilities are susceptible to fire hazards due to the presence of electrical equipment, flammable substances, and high oxygen concentrations. Teaching students how to identify risks and handle fire emergencies can improve overall safety in healthcare settings.

b. Quick Response: In emergency situations, immediate and efficient action is essential to save lives and prevent further damage. Training MBBS students in fire safety measures enables them to respond swiftly and effectively.

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c. Regulatory Compliance: Many healthcare facilities are required to adhere to fire safety regulations and protocols. Including a value-added course in the curriculum helps students understand and comply with these regulations.

3. Objectives:

The key objectives of the Value Added Course on Fire and Safety for MBBS students are as follows:

- a. Develop a comprehensive understanding of fire safety principles and practices.
- b. Learn to identify fire hazards and assess risks in healthcare settings.
- c. Gain knowledge of different types of fire extinguishers and their appropriate use.
- d. Acquire skills to effectively respond to fire emergencies and evacuate patients and staff safely.
- e. Understand the importance of teamwork and coordination during fire incidents.
- f. Comprehend the legal and ethical implications of fire safety in medical practice.

4. Curriculum:

The proposed curriculum for the Fire and Safety course should cover the following topics:

- a. Introduction to Fire Safety:** Understanding fire, its elements, and classifications.
- b. Fire Prevention:** Identifying common fire hazards and implementing preventive measures.
- c. Fire Safety Regulations:** Familiarizing with local and international fire safety standards applicable to healthcare facilities.
- d. Fire Response and Evacuation:** Strategies for responding to fire emergencies and safely evacuating patients and staff.

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e. Fire Extinguisher Training: Types of fire extinguishers and hands-on training for their proper use.

f. Fire Safety Drills: Conducting simulated fire drills to practice emergency response.

g. Legal and Ethical Considerations: Understanding legal responsibilities and ethical implications related to fire safety.

5. Benefits:

The implementation of a value-added course on Fire and Safety for MBBS students can yield several benefits:

a. Improved Patient Safety: Trained medical professionals can ensure the safety and well-being of patients during fire emergencies, reducing the likelihood of injury or harm.

b. Reduced Property Damage: Swift and efficient response to fires can minimize property damage, saving valuable healthcare resources.

c. Regulatory Compliance: The course ensures that medical facilities adhere to fire safety regulations and meet required standards.

d. Enhanced Teamwork: Training in fire safety fosters teamwork and coordination among medical staff, enabling a more organized response during emergencies.

e. Personal Safety: MBBS students learn to protect themselves during fire incidents, minimizing the risk of injury to healthcare providers.

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Report

Value added course on Fire and Safety

The Value added course on Fire and Safety was conducted by NABH on 22.08.2017 for the II year students. The participants felt that the certificate course in Fire and safety was a great learning experience. The course was very informative and dealt about fire safety and how to prevent fires. The participants also learnt about the different types of fire extinguishers and how to use them. Overall, the course was very informative and the students felt the course was very beneficial. Feedback given by the students are discussed and action has been taken.


Course Content and Syllabus.

- Fire Safety Awareness
- Fire Warden
- Fire Extinguisher Training
- Emergency Evacuation Procedures & Monitoring
- Manual Handling
- Occupational First Aid
- Occupational First Aid Refresher
- Emergency First Aid
- Automated External Defibrillator (AED)

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No of participants: - maximum 30.


Class room training: - 45 minutes.
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A CERTIFICATE COURSE IN FIRE AND SAFETY

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Course Content and Syllabus.

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Fire Safety Awareness Training Course

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COURSE OBJECTIVES:

On completion of this course, participants will be able to:

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- State the organizations Evacuation Procedures.
- Fight the fire if safe to do so.

COURSE CONTENT:

- Fire Safety Legislation.
- Causes & Costs of fires.
- Physics & Chemistry of fire.
- Development and spread of fire.
- Action in the event of fire & upon hearing the Fire Alarm.
- Raising the alarm and summoning the Fire Brigade.
- Fighting a fire.
- Choosing the correct extinguisher.
- Correct use of the extinguisher.
- Evacuation procedures.
- Role of the Fire Warden.

COURSE ATTENDANCE:

- MAXIMUM 50 PARTICIPANTS.
- HALF-DAY DURATION.

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Fire Warden module

COURSE AIM:

The purpose of the Fire Warden Training course is to prepare the trainees to act as a team in the evacuation of the premises in an emergency situation. It also teaches the importance of good housekeeping and vigilance, and the need for ongoing Fire Risk Assessment.

COURSE OBJECTIVES:

On completion of the course, participants will be able to;

- List the duties of the Fire Warden.
- Describe the Chemistry of Fire.
- Identify Fire Hazards in the work place.
- Safely & competently use portable fire extinguishers.
- Assist in Evacuation Procedure and Drills.

COURSE CONTENT:

- Course introduction and objectives.
- Fire Safety Legislation.
- Theory of Fire & Fire Extinction.
- Chemistry of Fire
- Demonstration of Fire Hazards
- Spread of Fire and Smoke behavior.
- Ignition sources.
- Portable Fire Extinguishers & their uses.
- Fire prevention & Evacuation Procedures.
- Duties of the Fire Warden.

COURSE ATTENDANCE:

- MAXIMUM 50 PARTICIPANTS
- HALF DAY DURATION

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Fire Extinguisher Training

COURSE AIM:

The purpose of this practical, hands on Fire Extinguisher Training course is to equip participants with the necessary skills and confidence, to identify and select the correct fire extinguisher, and to safely and competently extinguish a small fire.

COURSE OBJECTIVES:

On completion of this course, participants will be able to ;

- Identify the various types of Fire Extinguishers.
- Identify potential dangers of incorrect use of extinguishers.
- Select the appropriate extinguisher.
- Use portable fire extinguishers effectively.

COURSE CONTENT:

- Fire Triangle & Chemistry of Fire.
- Dangers and consequences of fire.
- Basic precautions and good housekeeping.
- Portable Fire Extinguishers and their uses.
- Practical " Hands On " extinguisher training. (Gas Controlled)

COURSE ATTENDANCE:

- MAXIMUM 12 PARTICIPANTS
- 2 HOUR DURATION.

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Emergency Evacuation Monitoring.

OBJECTIVE:

The purpose of the Emergency Evacuation Monitoring service provided by **Total Fire Protection Ltd** is to provide staff with the necessary understanding of the requirements of a safe and orderly evacuation in the event of an emergency situation.

A member of our team will attend on site during a Fire Evacuation Drill to monitor the proceedings and relay the results back to the Fire Wardens in a post evacuation de-briefing meeting.

A report sheet will be presented to the Chief Fire Warden immediately after the drill, followed by a full and detailed report to be kept by the company along with the Fire Register, available for inspection in the event of a Safety Audit.

This service is of particular benefit to newly trained Fire Wardens and companies who have not previously carried out an Emergency Evacuation Drill.

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Manual Handling Training Module

Course Aim:

To provide you with the information and training necessary to be competent in Manual Handling, in order to avoid injury to yourself and to others.

Course Objectives:

On completion of this course, participants will be able to:

- Define Manual Handling.
- State relevant Irish and EU Legislation.
- Describe the basic Anatomy of the Spine.
- Carry out a Manual Handling Risk Assessment
- Utilize correctly the 8 Principles of Safe Lifting.

Course Programme:

- Manual Handling Legislation – as it applies to the employer and employee.
- Dangers and harm caused by careless /unskilled methods of manual handling.
- Principles of levers and laws of motion.
- Anatomy of the spine and muscular system.
- Risk Assessment
- How to handle loads safely.
- Practice in safe handling of loads.

Who Should Attend:

Under the Safety, Health and Welfare at Work (General Application Regulations) 2007, it is a requirement that ALL employees attend Manual Handling training.

Course Attendance:

- Maximum 12 participants.
- Half day duration.

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Occupational First Aid module

This Occupational First Aid course meets the requirements of the syllabus for Fetac Occupational First Aid (Level Five) as set out by the Health & Safety Authority.

The programme requires a high level of trainee participation and interaction, where the theory is enhanced by practical demonstration of skills and practical application by trainees.

Course Aim:

To provide learner with the knowledge, practical skills and understanding required to provide and co-ordinate First Aid in the workplace in compliance with the requirements of the Safety, Health and Welfare at Work (General Application) Regulations 2007; Part 7 Chapter 2 : First Aid.

Course Objectives:

Learners who successfully complete the course will:

- Understand the responsibilities of an Occupational First Aider.
- Be able to provide treatment for the purpose of preserving life, or minimizing the consequences of injury until discharge, or the arrival of medical assistance.
- Be able to provide treatment in the workplace, for an injury which does not require the attention of a medical practitioner or nurse.
- Be capable of coordinating First Aid arrangements in the workplace.
- Be familiar with Health & Safety legislation on First Aid provision in the workplace.

Course Outline

- Unit 1 --- First Aid In The Workplace
- Unit 2 --- Patient assessment
- Unit 3 --- Respiratory Emergencies

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- Unit 4 --- Cardiac First Response
- Unit 5 --- Wounds and Bleeding
- Unit 6 --- Altered Level of Consciousness
- Unit 7 --- Musculoskeletal
- Unit 8 --- Burns & Scalds, Chemicals & Electrical Shock

Course De-Brief and Assessment

Assessment & Certification:

- Certification Assessments (Theory & Practical) will be held on day 3 of the course.
- Unit Assessments will be performed as per unit.
- Certificates will be issued by ACM Certification Pvt Ltd

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Occupational First Aid Refresher.

Course aim:

To refresh the skills and knowledge gained in the original Occupational First Aid Course. This is a one day course.

Course Objectives:

On completion of this course, participants will be able to;

- Demonstrate up-to-date practical skills.
- Explain new developments in First Aid.

Course Programme:

- Aims- Prevent Further Harm; Preserve Life; Promote Recovery.
- Responsibilities of First Aiders.
- Primary Surveys-Medical & Trauma.
- Making a Diagnosis.
- Life Threatening Conditions; Asphyxia, Respiratory & Cardiac Arrest and Shock.
- Casualty Interview, (S.A.M.P.L.E.)
- Casualty Report Forms.

Training Methods:

Classroom presentation on multi media/videos. Practical demonstrations of techniques. Course handouts, training records, evaluation forms are also provided.

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Emergency First Aid.

Course Aim:

This one day course is specifically designed for those who require a basis for providing First Aid in an emergency situation. It is designed to assist participants in the treatment of minor accident/incident injuries and life saving skills. This is not a substitution for Occupational First Aid.

Course Objectives:

On completion of this course, the participants will have a basic knowledge of First Aid, and know what to do in the event of an emergency, while waiting for a qualified person (Doctor, Ambulance Personnel etc.,) to arrive.

Course Programme:

- Assess a situation (scene, casualty or casualties) quickly and safely.
- Definition of role and functions of a First Aider. This includes what he/she can and cannot safely and competently do in the case of an accident or emergency.
- Protect casualties and others at the scene from possible danger.
- Identify, as far as possible, the mechanism or nature of the illness/injury.
- Arrange for medical help (Doctor, Cardiac Ambulance etc.,) if required.
- Triage-treating the most serious conditions (casualties) first.
- First Aid (A,C,B,C,D – Airway, C-Spine, Breathing, Circulation, Disability) Expose, Examine and Evaluate.
- CPR.
- Stay with the casualty until further care/medical aid is available.

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- Making a diagnosis.
- Life threatening conditions – shock, cardiac arrest, asphyxia, respiratory arrest and bleeding.
- Unconsciousness, Drowning, Fractures, Burns and Scalds.

Automated External Defibrillator (AED).

Course Aim:

To train participants in the use of CPR with the use of the A.E.D.

Course Objectives:

Participants will be trained to develop a very high standard of C.P.R. and be given various scenarios involving the use of the A.E.D. with particular regard to safety.

Training Methods:

- Classroom presentation and multi-media projector/videos.
- Practical demonstrations of techniques.
- Course handouts, training records and evaluation forms are also provided.

Assessment & Certification:

At the end of the course there will be a written examination as well as three practical assessments for each student.

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Value Added course on Fire and Safety

1. Introduction:

The healthcare industry involves a wide range of professionals, including MBBS students, who may find themselves in emergency situations like fire outbreaks. While the primary focus of MBBS education is on medical knowledge and patient care, the inclusion of a value-added course on Fire and Safety aims to prepare students to respond effectively to fire emergencies while minimizing risks to patients, staff, and themselves.

2. Rationale:

The primary reasons for introducing a Fire and Safety course for MBBS students are as follows:

a. Enhanced Safety: Medical facilities are susceptible to fire hazards due to the presence of electrical equipment, flammable substances, and high oxygen concentrations. Teaching students how to identify risks and handle fire emergencies can improve overall safety in healthcare settings.

b. Quick Response: In emergency situations, immediate and efficient action is essential to save lives and prevent further damage. Training MBBS students in fire safety measures enables them to respond swiftly and effectively.

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c. Regulatory Compliance: Many healthcare facilities are required to adhere to fire safety regulations and protocols. Including a value-added course in the curriculum helps students understand and comply with these regulations.

3. Objectives:

The key objectives of the Value Added Course on Fire and Safety for MBBS students are as follows:

- a. Develop a comprehensive understanding of fire safety principles and practices.
- b. Learn to identify fire hazards and assess risks in healthcare settings.
- c. Gain knowledge of different types of fire extinguishers and their appropriate use.
- d. Acquire skills to effectively respond to fire emergencies and evacuate patients and staff safely.
- e. Understand the importance of teamwork and coordination during fire incidents.
- f. Comprehend the legal and ethical implications of fire safety in medical practice.

4. Curriculum:

The proposed curriculum for the Fire and Safety course should cover the following topics:

- a. Introduction to Fire Safety:** Understanding fire, its elements, and classifications.
- b. Fire Prevention:** Identifying common fire hazards and implementing preventive measures.
- c. Fire Safety Regulations:** Familiarizing with local and international fire safety standards applicable to healthcare facilities.
- d. Fire Response and Evacuation:** Strategies for responding to fire emergencies and safely evacuating patients and staff.

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e. Fire Extinguisher Training: Types of fire extinguishers and hands-on training for their proper use.

f. Fire Safety Drills: Conducting simulated fire drills to practice emergency response.

g. Legal and Ethical Considerations: Understanding legal responsibilities and ethical implications related to fire safety.

5. Benefits:

The implementation of a value-added course on Fire and Safety for MBBS students can yield several benefits:

a. Improved Patient Safety: Trained medical professionals can ensure the safety and well-being of patients during fire emergencies, reducing the likelihood of injury or harm.

b. Reduced Property Damage: Swift and efficient response to fires can minimize property damage, saving valuable healthcare resources.

c. Regulatory Compliance: The course ensures that medical facilities adhere to fire safety regulations and meet required standards.

d. Enhanced Teamwork: Training in fire safety fosters teamwork and coordination among medical staff, enabling a more organized response during emergencies.

e. Personal Safety: MBBS students learn to protect themselves during fire incidents, minimizing the risk of injury to healthcare providers.

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Report

Value added course on Fire and Safety

The Value added course on Fire and Safety was conducted by NABH on 26.08.2018 for the II year students. The participants felt that the certificate course in Fire and safety was a great learning experience. The course was very informative and dealt about fire safety and how to prevent fires. The participants also learnt about the different types of fire extinguishers and how to use them. Overall, the course was very informative and the students felt the course was very beneficial. Feedback given by the students are discussed and action has been taken.


Course Content and Syllabus.

- Fire Safety Awareness
- Fire Warden
- Fire Extinguisher Training
- Emergency Evacuation Procedures & Monitoring
- Manual Handling
- Occupational First Aid
- Occupational First Aid Refresher
- Emergency First Aid
- Automated External Defibrillator (AED)

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The key objectives of the Value Added Course on Fire and Safety for MBBS students are as follows:

- a. Develop a comprehensive understanding of fire safety principles and practices.
- b. Learn to identify fire hazards and assess risks in healthcare settings.
- c. Gain knowledge of different types of fire extinguishers and their appropriate use.
- d. Acquire skills to effectively respond to fire emergencies and evacuate patients and staff safely.
- e. Understand the importance of teamwork and coordination during fire incidents.
- f. Comprehend the legal and ethical implications of fire safety in medical practice.




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FIRE & SAFETY TRAINING BROCHURE

Fire safety training

No of participants: - maximum 30.


Class room training: - 45 minutes.
Activity :- 45 minutes.
Practical :- 30 minutes.
Total time :- 2 hours.



A basic fire safety training which includes

- 1) Practical use of fire extinguisher.
- 2) Over view about what is fire.
- 3) Understanding types of fire.
- 4) Basic method to extinguish fire
- 5) Do and don'ts of fire.

Transportation will be charged additional if outside Mumbai



Pull
Aim
Squeeze
Sweep

A CERTIFICATE COURSE IN FIRE AND SAFETY

ACM CERTIFICATION PVT LTD

**AT MANAKULA VINAYGAR MEDICAL
COLLEGE AND HOSPITAL**

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Introduction

Welcome to the 2019 catalogue of Fire & Safety Training Courses. As always, the staff and management at ACM Certification Pvt Ltd continue to deliver a superior standard of certificate training to our customers, both new and existing. Our aim is always to improve and to find new and better ways to provide a safe and secure working environment for our ever-increasing list of clients. We strive to stand out from the rest; we like to believe we go a step further than our competitors when it comes to offering valuable, and potentially life saving Safety Training. Our trainers are constantly researching and developing the manner in which our courses are delivered, keeping up to date with new technology and advising our attendees of any new or improved products on the market that may be of interest in the work place or in the home.

All of our Training Instructors are qualified, with many years experience in the Fire Industry, including trained Fire Fighters and Paramedics.

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Course Content and Syllabus.

- Fire Safety Awareness
- Fire Warden
- Fire Extinguisher Training
- Emergency Evacuation Procedures & Monitoring
- Manual Handling
- Occupational First Aid
- Occupational First Aid Refresher
- Emergency First Aid
- Automated External Defibrillator (AED)

Please Note ;

All our training courses can be tailor made to suit your particular industry. For this reason, we welcome any input from our trainees.

All of the fire related courses include Gas Controlled Live Fire apparatus, allowing for all attendees to use the extinguishers on real fires. However, this is not included in the Emergency Evacuation Monitoring.

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Fire Safety Awareness Training Course

COURSE AIM:

The purpose of this Fire Safety Training course is to create awareness, and to bring to the forefront of peoples minds, the danger around us at all times and in all locations. The emphasis of course is on the dangers of fire, and how we can work together to reduce the risk of an outbreak, and, of course, what to do should such an event occur.

COURSE OBJECTIVES:

On completion of this course, participants will be able to:


- Describe the Chemistry of Fire.
- List the actions to be taken in the event of a fire.
- State the organizations Evacuation Procedures.
- Fight the fire if safe to do so.

COURSE CONTENT:

- Fire Safety Legislation.
- Causes & Costs of fires.
- Physics & Chemistry of fire.
- Development and spread of fire.
- Action in the event of fire & upon hearing the Fire Alarm.
- Raising the alarm and summoning the Fire Brigade.
- Fighting a fire.
- Choosing the correct extinguisher.
- Correct use of the extinguisher.
- Evacuation procedures.
- Role of the Fire Warden.

COURSE ATTENDANCE:

- MAXIMUM 50 PARTICIPANTS.
- HALF-DAY DURATION.


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Fire Warden module

COURSE AIM:

The purpose of the Fire Warden Training course is to prepare the trainees to act as a team in the evacuation of the premises in an emergency situation. It also teaches the importance of good housekeeping and vigilance, and the need for ongoing Fire Risk Assessment.

COURSE OBJECTIVES:

On completion of the course, participants will be able to;

- List the duties of the Fire Warden.
- Describe the Chemistry of Fire.
- Identify Fire Hazards in the work place.
- Safely & competently use portable fire extinguishers.
- Assist in Evacuation Procedure and Drills.

COURSE CONTENT:

- Course introduction and objectives.
- Fire Safety Legislation.
- Theory of Fire & Fire Extinction.
- Chemistry of Fire
- Demonstration of Fire Hazards
- Spread of Fire and Smoke behavior.
- Ignition sources.
- Portable Fire Extinguishers & their uses.
- Fire prevention & Evacuation Procedures.
- Duties of the Fire Warden.

COURSE ATTENDANCE:

- MAXIMUM 50 PARTICIPANTS
- HALF DAY DURATION

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Fire Extinguisher Training

COURSE AIM:

The purpose of this practical, hands on Fire Extinguisher Training course is to equip participants with the necessary skills and confidence, to identify and select the correct fire extinguisher, and to safely and competently extinguish a small fire.

COURSE OBJECTIVES:

On completion of this course, participants will be able to ;

- Identify the various types of Fire Extinguishers.
- Identify potential dangers of incorrect use of extinguishers.
- Select the appropriate extinguisher.
- Use portable fire extinguishers effectively.

COURSE CONTENT:

- Fire Triangle & Chemistry of Fire.
- Dangers and consequences of fire.
- Basic precautions and good housekeeping.
- Portable Fire Extinguishers and their uses.
- Practical " Hands On " extinguisher training. (Gas Controlled)

COURSE ATTENDANCE:

- MAXIMUM 12 PARTICIPANTS
- 2 HOUR DURATION.

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Emergency Evacuation Monitoring.

OBJECTIVE:

The purpose of the Emergency Evacuation Monitoring service provided by **Total Fire Protection Ltd** is to provide staff with the necessary understanding of the requirements of a safe and orderly evacuation in the event of an emergency situation.

A member of our team will attend on site during a Fire Evacuation Drill to monitor the proceedings and relay the results back to the Fire Wardens in a post evacuation de-briefing meeting.

A report sheet will be presented to the Chief Fire Warden immediately after the drill, followed by a full and detailed report to be kept by the company along with the Fire Register, available for inspection in the event of a Safety Audit.

This service is of particular benefit to newly trained Fire Wardens and companies who have not previously carried out an Emergency Evacuation Drill.

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Manual Handling Training Module

Course Aim:

To provide you with the information and training necessary to be competent in Manual Handling, in order to avoid injury to yourself and to others.

Course Objectives:

On completion of this course, participants will be able to:

- Define Manual Handling.
- State relevant Irish and EU Legislation.
- Describe the basic Anatomy of the Spine.
- Carry out a Manual Handling Risk Assessment
- Utilize correctly the 8 Principles of Safe Lifting.

Course Programme:

- Manual Handling Legislation – as it applies to the employer and employee.
- Dangers and harm caused by careless /unskilled methods of manual handling.
- Principles of levers and laws of motion.
- Anatomy of the spine and muscular system.
- Risk Assessment
- How to handle loads safely.
- Practice in safe handling of loads.

Who Should Attend:

Under the Safety, Health and Welfare at Work (General Application Regulations) 2007, it is a requirement that ALL employees attend Manual Handling training.

Course Attendance:

- Maximum 12 participants.
- Half day duration.

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Occupational First Aid module

This Occupational First Aid course meets the requirements of the syllabus for Fetac Occupational First Aid (Level Five) as set out by the Health & Safety Authority.

The programme requires a high level of trainee participation and interaction, where the theory is enhanced by practical demonstration of skills and practical application by trainees.

Course Aim:

To provide learner with the knowledge, practical skills and understanding required to provide and co-ordinate First Aid in the workplace in compliance with the requirements of the Safety, Health and Welfare at Work (General Application) Regulations 2007; Part 7 Chapter 2 : First Aid.

Course Objectives:

Learners who successfully complete the course will:

- Understand the responsibilities of an Occupational First Aider.
- Be able to provide treatment for the purpose of preserving life, or minimizing the consequences of injury until discharge, or the arrival of medical assistance.
- Be able to provide treatment in the workplace, for an injury which does not require the attention of a medical practitioner or nurse.
- Be capable of coordinating First Aid arrangements in the workplace.
- Be familiar with Health & Safety legislation on First Aid provision in the workplace.

Course Outline

- Unit 1 --- First Aid In The Workplace
- Unit 2 --- Patient assessment
- Unit 3 --- Respiratory Emergencies

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- Unit 4 --- Cardiac First Response
- Unit 5 --- Wounds and Bleeding
- Unit 6 --- Altered Level of Consciousness
- Unit 7 --- Musculoskeletal
- Unit 8 --- Burns & Scalds, Chemicals & Electrical Shock

Course De-Brief and Assessment

Assessment & Certification:

- Certification Assessments (Theory & Practical) will be held on day 3 of the course.
- Unit Assessments will be performed as per unit.
- Certificates will be issued by ACM Certification Pvt Ltd

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Occupational First Aid Refresher.

Course aim:

To refresh the skills and knowledge gained in the original Occupational First Aid Course. This is a one day course.

Course Objectives:

On completion of this course, participants will be able to;

- Demonstrate up-to-date practical skills.
- Explain new developments in First Aid.

Course Programme:

- Aims- Prevent Further Harm; Preserve Life; Promote Recovery.
- Responsibilities of First Aiders.
- Primary Surveys-Medical & Trauma.
- Making a Diagnosis.
- Life Threatening Conditions; Asphyxia, Respiratory & Cardiac Arrest and Shock.
- Casualty Interview, (S.A.M.P.L.E.)
- Casualty Report Forms.

Training Methods:

Classroom presentation on multi media/videos. Practical demonstrations of techniques. Course handouts, training records, evaluation forms are also provided.

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Emergency First Aid.

Course Aim:


This one day course is specifically designed for those who require a basis for providing First Aid in an emergency situation. It is designed to assist participants in the treatment of minor accident/incident injuries and life saving skills. This is not a substitution for Occupational First Aid.

Course Objectives:

On completion of this course, the participants will have a basic knowledge of First Aid, and know what to do in the event of an emergency, while waiting for a qualified person (Doctor, Ambulance Personnel etc.,) to arrive.

Course Programme:

- Assess a situation (scene, casualty or casualties) quickly and safely.
- Definition of role and functions of a First Aider. This includes what he/she can and cannot safely and competently do in the case of an accident or emergency.
- Protect casualties and others at the scene from possible danger.
- Identify, as far as possible, the mechanism or nature of the illness/injury.
- Arrange for medical help (Doctor, Cardiac Ambulance etc.,) if required.
- Triage-treating the most serious conditions (casualties) first.
- First Aid (A,C,B,C,D – Airway, C-Spine, Breathing, Circulation, Disability) Expose, Examine and Evaluate.
- CPR.
- Stay with the casualty until further care/medical aid is available.


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- Making a diagnosis.
- Life threatening conditions – shock, cardiac arrest, asphyxia, respiratory arrest and bleeding.
- Unconsciousness, Drowning, Fractures, Burns and Scalds.

Automated External Defibrillator (AED).

Course Aim:

To train participants in the use of CPR with the use of the A.E.D.

Course Objectives:

Participants will be trained to develop a very high standard of C.P.R. and be given various scenarios involving the use of the A.E.D. with particular regard to safety.

Training Methods:

- Classroom presentation and multi-media projector/videos.
- Practical demonstrations of techniques.
- Course handouts, training records and evaluation forms are also provided.

Assessment & Certification:

At the end of the course there will be a written examination as well as three practical assessments for each student.

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Value Added course on Fire and Safety

1. Introduction:

The healthcare industry involves a wide range of professionals, including MBBS students, who may find themselves in emergency situations like fire outbreaks. While the primary focus of MBBS education is on medical knowledge and patient care, the inclusion of a value-added course on Fire and Safety aims to prepare students to respond effectively to fire emergencies while minimizing risks to patients, staff, and themselves.

2. Rationale:

The primary reasons for introducing a Fire and Safety course for MBBS students are as follows:

a. Enhanced Safety: Medical facilities are susceptible to fire hazards due to the presence of electrical equipment, flammable substances, and high oxygen concentrations. Teaching students how to identify risks and handle fire emergencies can improve overall safety in healthcare settings.

b. Quick Response: In emergency situations, immediate and efficient action is essential to save lives and prevent further damage. Training MBBS students in fire safety measures enables them to respond swiftly and effectively.

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c. Regulatory Compliance: Many healthcare facilities are required to adhere to fire safety regulations and protocols. Including a value-added course in the curriculum helps students understand and comply with these regulations.

3. Objectives:

The key objectives of the Value Added Course on Fire and Safety for MBBS students are as follows:

- a. Develop a comprehensive understanding of fire safety principles and practices.
- b. Learn to identify fire hazards and assess risks in healthcare settings.
- c. Gain knowledge of different types of fire extinguishers and their appropriate use.
- d. Acquire skills to effectively respond to fire emergencies and evacuate patients and staff safely.
- e. Understand the importance of teamwork and coordination during fire incidents.
- f. Comprehend the legal and ethical implications of fire safety in medical practice.

4. Curriculum:

The proposed curriculum for the Fire and Safety course should cover the following topics:

- a. Introduction to Fire Safety:** Understanding fire, its elements, and classifications.
- b. Fire Prevention:** Identifying common fire hazards and implementing preventive measures.
- c. Fire Safety Regulations:** Familiarizing with local and international fire safety standards applicable to healthcare facilities.
- d. Fire Response and Evacuation:** Strategies for responding to fire emergencies and safely evacuating patients and staff.

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e. Fire Extinguisher Training: Types of fire extinguishers and hands-on training for their proper use.

f. Fire Safety Drills: Conducting simulated fire drills to practice emergency response.

g. Legal and Ethical Considerations: Understanding legal responsibilities and ethical implications related to fire safety.

5. Benefits:

The implementation of a value-added course on Fire and Safety for MBBS students can yield several benefits:

a. Improved Patient Safety: Trained medical professionals can ensure the safety and well-being of patients during fire emergencies, reducing the likelihood of injury or harm.

b. Reduced Property Damage: Swift and efficient response to fires can minimize property damage, saving valuable healthcare resources.

c. Regulatory Compliance: The course ensures that medical facilities adhere to fire safety regulations and meet required standards.

d. Enhanced Teamwork: Training in fire safety fosters teamwork and coordination among medical staff, enabling a more organized response during emergencies.

e. Personal Safety: MBBS students learn to protect themselves during fire incidents, minimizing the risk of injury to healthcare providers.

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Report

Value added course on Fire and Safety

The Value added course on Fire and Safety was conducted by NABH on 25.08.2019 for the II year students. The participants felt that the certificate course in Fire and safety was a great learning experience. The course was very informative and dealt about fire safety and how to prevent fires. The participants also learnt about the different types of fire extinguishers and how to use them. Overall, the course was very informative and the students felt the course was very beneficial. Feedback given by the students are discussed and action has been taken.

Course Content and Syllabus.


- Fire Safety Awareness
- Fire Warden
- Fire Extinguisher Training
- Emergency Evacuation Procedures & Monitoring
- Manual Handling
- Occupational First Aid
- Occupational First Aid Refresher
- Emergency First Aid
- Automated External Defibrillator (AED)

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The key objectives of the Value Added Course on Fire and Safety for MBBS students are as follows:

- a. Develop a comprehensive understanding of fire safety principles and practices.
- b. Learn to identify fire hazards and assess risks in healthcare settings.
- c. Gain knowledge of different types of fire extinguishers and their appropriate use.
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- e. Understand the importance of teamwork and coordination during fire incidents.
- f. Comprehend the legal and ethical implications of fire safety in medical practice.



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FIRE & SAFETY TRAINING BROCHURE

Fire safety training



No of participants: - maximum 30.

Class room training: - 45 minutes.

Activity :- 45 minutes.

Practical :- 30 minutes.

Total time :- 2 hours.



A basic fire safety training which includes

- 1) Practical use of fire extinguisher.
- 2) Over view about what is fire.
- 3) Understanding types of fire.
- 4) Basic method to extinguish fire
- 5) Do and don'ts of fire.


Transportation will be charged additional if outside Mumbai

Pull

Aim

Squeeze

Sweep



A CERTIFICATE COURSE IN FIRE AND SAFETY

ACM CERTIFICATION PVT LTD

**AT MANAKULA VINAYGAR MEDICAL
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Introduction

Welcome to the 2020 catalogue of Fire & Safety Training Courses. As always, the staff and management at ACM Certification Pvt Ltd continue to deliver a superior standard of certificate training to our customers, both new and existing. Our aim is always to improve and to find new and better ways to provide a safe and secure working environment for our ever-increasing list of clients. We strive to stand out from the rest; we like to believe we go a step further than our competitors when it comes to offering valuable, and potentially life saving Safety Training. Our trainers are constantly researching and developing the manner in which our courses are delivered, keeping up to date with new technology and advising our attendees of any new or improved products on the market that may be of interest in the work place or in the home.

All of our Training Instructors are qualified, with many years experience in the Fire Industry, including trained Fire Fighters and Paramedics.

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Course Content and Syllabus.

- Fire Safety Awareness
- Fire Warden
- Fire Extinguisher Training
- Emergency Evacuation Procedures & Monitoring
- Manual Handling
- Occupational First Aid
- Occupational First Aid Refresher
- Emergency First Aid
- Automated External Defibrillator (AED)

Please Note ;

All our training courses can be tailor made to suit your particular industry. For this reason, we welcome any input from our trainees.

All of the fire related courses include Gas Controlled Live Fire apparatus, allowing for all attendees to use the extinguishers on real fires. However, this is not included in the Emergency Evacuation Monitoring.

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Fire Safety Awareness Training Course

COURSE AIM:

The purpose of this Fire Safety Training course is to create awareness, and to bring to the forefront of peoples minds, the danger around us at all times and in all locations. The emphasis of course is on the dangers of fire, and how we can work together to reduce the risk of an outbreak, and, of course, what to do should such an event occur.

COURSE OBJECTIVES:

On completion of this course, participants will be able to:

- Describe the Chemistry of Fire.
- List the actions to be taken in the event of a fire.
- State the organizations Evacuation Procedures.
- Fight the fire if safe to do so.

COURSE CONTENT:

- Fire Safety Legislation.
- Causes & Costs of fires.
- Physics & Chemistry of fire.
- Development and spread of fire.
- Action in the event of fire & upon hearing the Fire Alarm.
- Raising the alarm and summoning the Fire Brigade.
- Fighting a fire.
- Choosing the correct extinguisher.
- Correct use of the extinguisher.
- Evacuation procedures.
- Role of the Fire Warden.

COURSE ATTENDANCE:

- MAXIMUM 50 PARTICIPANTS.
- HALF-DAY DURATION.

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Fire Warden module

COURSE AIM:

The purpose of the Fire Warden Training course is to prepare the trainees to act as a team in the evacuation of the premises in an emergency situation. It also teaches the importance of good housekeeping and vigilance, and the need for ongoing Fire Risk Assessment.

COURSE OBJECTIVES:

On completion of the course, participants will be able to;

- List the duties of the Fire Warden.
- Describe the Chemistry of Fire.
- Identify Fire Hazards in the work place.
- Safely & competently use portable fire extinguishers.
- Assist in Evacuation Procedure and Drills.

COURSE CONTENT:

- Course introduction and objectives.
- Fire Safety Legislation.
- Theory of Fire & Fire Extinction.
- Chemistry of Fire
- Demonstration of Fire Hazards
- Spread of Fire and Smoke behavior.
- Ignition sources.
- Portable Fire Extinguishers & their uses.
- Fire prevention & Evacuation Procedures.
- Duties of the Fire Warden.

COURSE ATTENDANCE:

- MAXIMUM 50 PARTICIPANTS
- HALF DAY DURATION

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Fire Extinguisher Training

COURSE AIM:

The purpose of this practical, hands on Fire Extinguisher Training course is to equip participants with the necessary skills and confidence, to identify and select the correct fire extinguisher, and to safely and competently extinguish a small fire.

COURSE OBJECTIVES:

On completion of this course, participants will be able to ;

- Identify the various types of Fire Extinguishers.
- Identify potential dangers of incorrect use of extinguishers.
- Select the appropriate extinguisher.
- Use portable fire extinguishers effectively.

COURSE CONTENT:

- Fire Triangle & Chemistry of Fire.
- Dangers and consequences of fire.
- Basic precautions and good housekeeping.
- Portable Fire Extinguishers and their uses.
- Practical " Hands On " extinguisher training. (Gas Controlled)

COURSE ATTENDANCE:

- MAXIMUM 12 PARTICIPANTS
- 2 HOUR DURATION.

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Emergency Evacuation Monitoring.

OBJECTIVE:

The purpose of the Emergency Evacuation Monitoring service provided by Total Fire Protection Ltd is to provide staff with the necessary understanding of the requirements of a safe and orderly evacuation in the event of an emergency situation.

A member of our team will attend on site during a Fire Evacuation Drill to monitor the proceedings and relay the results back to the Fire Wardens in a post evacuation de-briefing meeting.

A report sheet will be presented to the Chief Fire Warden immediately after the drill, followed by a full and detailed report to be kept by the company along with the Fire Register, available for inspection in the event of a Safety Audit.

This service is of particular benefit to newly trained Fire Wardens and companies who have not previously carried out an Emergency Evacuation Drill.

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Manual Handling Training Module

Course Aim:

To provide you with the information and training necessary to be competent in Manual Handling, in order to avoid injury to yourself and to others.

Course Objectives:

On completion of this course, participants will be able to:

- Define Manual Handling.
- State relevant Irish and EU Legislation.
- Describe the basic Anatomy of the Spine.
- Carry out a Manual Handling Risk Assessment
- Utilize correctly the 8 Principles of Safe Lifting.

Course Programme:

- Manual Handling Legislation – as it applies to the employer and employee.
- Dangers and harm caused by careless /unskilled methods of manual handling.
- Principles of levers and laws of motion.
- Anatomy of the spine and muscular system.
- Risk Assessment
- How to handle loads safely.
- Practice in safe handling of loads.

Who Should Attend:

Under the Safety, Health and Welfare at Work (General Application Regulations) 2007, it is a requirement that ALL employees attend Manual Handling training.

Course Attendance:

- Maximum 12 participants.
- Half day duration.

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Occupational First Aid module

This Occupational First Aid course meets the requirements of the syllabus for Fetac Occupational First Aid (Level Five) as set out by the Health & Safety Authority.

The programme requires a high level of trainee participation and interaction, where the theory is enhanced by practical demonstration of skills and practical application by trainees.

Course Aim:

To provide learner with the knowledge, practical skills and understanding required to provide and co-ordinate First Aid in the workplace in compliance with the requirements of the Safety, Health and Welfare at Work (General Application) Regulations 2007; Part 7 Chapter 2 : First Aid.

Course Objectives:

Learners who successfully complete the course will:

- Understand the responsibilities of an Occupational First Aider.
- Be able to provide treatment for the purpose of preserving life, or minimizing the consequences of injury until discharge, or the arrival of medical assistance.
- Be able to provide treatment in the workplace, for an injury which does not require the attention of a medical practitioner or nurse.
- Be capable of coordinating First Aid arrangements in the workplace.
- Be familiar with Health & Safety legislation on First Aid provision in the workplace.

Course Outline

- Unit 1 --- First Aid In The Workplace
- Unit 2 --- Patient assessment
- Unit 3 --- Respiratory Emergencies

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- Unit 4 --- Cardiac First Response
- Unit 5 --- Wounds and Bleeding
- Unit 6 --- Altered Level of Consciousness
- Unit 7 --- Musculoskeletal
- Unit 8 --- Burns & Scalds, Chemicals & Electrical Shock

Course De-Brief and Assessment

Assessment & Certification:

- Certification Assessments (Theory & Practical) will be held on day 3 of the course.
- Unit Assessments will be performed as per unit.
- Certificates will be issued by ACM Certification Pvt Ltd

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Occupational First Aid Refresher.

Course aim:

To refresh the skills and knowledge gained in the original Occupational First Aid Course. This is a one day course.

Course Objectives:

On completion of this course, participants will be able to;

- Demonstrate up-to-date practical skills.
- Explain new developments in First Aid.

Course Programme:

- Aims- Prevent Further Harm; Preserve Life; Promote Recovery.
- Responsibilities of First Aiders.
- Primary Surveys-Medical & Trauma.
- Making a Diagnosis.
- Life Threatening Conditions; Asphyxia, Respiratory & Cardiac Arrest and Shock.
- Casualty Interview, (S.A.M.P.L.E.)
- Casualty Report Forms.

Training Methods:

Classroom presentation on multi media/videos. Practical demonstrations of techniques. Course handouts, training records, evaluation forms are also provided.

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Emergency First Aid.

Course Aim:

This one day course is specifically designed for those who require a basis for providing First Aid in an emergency situation. It is designed to assist participants in the treatment of minor accident/incident injuries and life saving skills. This is not a substitution for Occupational First Aid.

Course Objectives:

On completion of this course, the participants will have a basic knowledge of First Aid, and know what to do in the event of an emergency, while waiting for a qualified person (Doctor, Ambulance Personnel etc.,) to arrive.

Course Programme:

- Assess a situation (scene, casualty or casualties) quickly and safely.
- Definition of role and functions of a First Aider. This includes what he/she can and cannot safely and competently do in the case of an accident or emergency.
- Protect casualties and others at the scene from possible danger.
- Identify, as far as possible, the mechanism or nature of the illness/injury.
- Arrange for medical help (Doctor, Cardiac Ambulance etc.,) if required.
- Triage--treating the most serious conditions (casualties) first.
- First Aid (A,C,B,C,D – Airway, C-Spine, Breathing, Circulation, Disability) Expose, Examine and Evaluate.
- CPR.
- Stay with the casualty until further care/medical aid is available.

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- Making a diagnosis.
- Life threatening conditions – shock, cardiac arrest, asphyxia, respiratory arrest and bleeding.
- Unconsciousness, Drowning, Fractures, Burns and Scalds.

Automated External Defibrillator (AED).

Course Aim:

To train participants in the use of CPR with the use of the A.E.D.

Course Objectives:

Participants will be trained to develop a very high standard of C.P.R. and be given various scenarios involving the use of the A.E.D. with particular regard to safety.

Training Methods:

- Classroom presentation and multi-media projector/videos.
- Practical demonstrations of techniques.
- Course handouts, training records and evaluation forms are also provided.

Assessment & Certification:

At the end of the course there will be a written examination as well as three practical assessments for each student.

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Value Added course on Fire and Safety

1. Introduction:

The healthcare industry involves a wide range of professionals, including MBBS students, who may find themselves in emergency situations like fire outbreaks. While the primary focus of MBBS education is on medical knowledge and patient care, the inclusion of a value-added course on Fire and Safety aims to prepare students to respond effectively to fire emergencies while minimizing risks to patients, staff, and themselves.

2. Rationale:

The primary reasons for introducing a Fire and Safety course for MBBS students are as follows:

a. Enhanced Safety: Medical facilities are susceptible to fire hazards due to the presence of electrical equipment, flammable substances, and high oxygen concentrations. Teaching students how to identify risks and handle fire emergencies can improve overall safety in healthcare settings.

b. Quick Response: In emergency situations, immediate and efficient action is essential to save lives and prevent further damage. Training MBBS students in fire safety measures enables them to respond swiftly and effectively.

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c. Regulatory Compliance: Many healthcare facilities are required to adhere to fire safety regulations and protocols. Including a value-added course in the curriculum helps students understand and comply with these regulations.

3. Objectives:

The key objectives of the Value Added Course on Fire and Safety for MBBS students are as follows:

- a. Develop a comprehensive understanding of fire safety principles and practices.
- b. Learn to identify fire hazards and assess risks in healthcare settings.
- c. Gain knowledge of different types of fire extinguishers and their appropriate use.
- d. Acquire skills to effectively respond to fire emergencies and evacuate patients and staff safely.
- e. Understand the importance of teamwork and coordination during fire incidents.
- f. Comprehend the legal and ethical implications of fire safety in medical practice.

4. Curriculum:

The proposed curriculum for the Fire and Safety course should cover the following topics:

- a. Introduction to Fire Safety:** Understanding fire, its elements, and classifications.
- b. Fire Prevention:** Identifying common fire hazards and implementing preventive measures.
- c. Fire Safety Regulations:** Familiarizing with local and international fire safety standards applicable to healthcare facilities.
- d. Fire Response and Evacuation:** Strategies for responding to fire emergencies and safely evacuating patients and staff.

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e. Fire Extinguisher Training: Types of fire extinguishers and hands-on training for their proper use.

f. Fire Safety Drills: Conducting simulated fire drills to practice emergency response.

g. Legal and Ethical Considerations: Understanding legal responsibilities and ethical implications related to fire safety.

5. Benefits:

The implementation of a value-added course on Fire and Safety for MBBS students can yield several benefits:

a. Improved Patient Safety: Trained medical professionals can ensure the safety and well-being of patients during fire emergencies, reducing the likelihood of injury or harm.

b. Reduced Property Damage: Swift and efficient response to fires can minimize property damage, saving valuable healthcare resources.

c. Regulatory Compliance: The course ensures that medical facilities adhere to fire safety regulations and meet required standards.

d. Enhanced Teamwork: Training in fire safety fosters teamwork and coordination among medical staff, enabling a more organized response during emergencies.

e. Personal Safety: MBBS students learn to protect themselves during fire incidents, minimizing the risk of injury to healthcare providers.

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Report

Value added course on Fire and Safety

The Value added course on Fire and Safety was conducted by NABH on 05.12.2020 for the II year students. The participants felt that the certificate course in Fire and safety was a great learning experience. The course was very informative and dealt about fire safety and how to prevent fires. The participants also learnt about the different types of fire extinguishers and how to use them. Overall, the course was very informative and the students felt the course was very beneficial. Feedback given by the students are discussed and action has been taken.

Course Content and Syllabus.

- Fire Safety Awareness
- Fire Warden
- Fire Extinguisher Training
- Emergency Evacuation Procedures & Monitoring
- Manual Handling
- Occupational First Aid
- Occupational First Aid Refresher
- Emergency First Aid
- Automated External Defibrillator (AED)

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The key objectives of the Value Added Course on Fire and Safety for MBBS students are as follows:

- a. Develop a comprehensive understanding of fire safety principles and practices.
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- c. Gain knowledge of different types of fire extinguishers and their appropriate use.
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FIRE & SAFETY TRAINING BROCHURE

Fire safety training

No of participants: - maximum 30.

Class room training: - 45 minutes.
Activity :- 45 minutes.
Practical :- 30 minutes.
Total time :- 2 hours.




A basic fire safety training which includes

- 1) Practical use of fire extinguisher.
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- 4) Basic method to extinguish fire
- 5) Do and don'ts of fire.

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Pull
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Sweep



A CERTIFICATE COURSE IN FIRE AND SAFETY

ACM CERTIFICATION PVT LTD

**AT MANAKULA VINAYGAR MEDICAL
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Introduction

Welcome to the 2021 catalogue of Fire & Safety Training Courses. As always, the staff and management at ACM Certification Pvt Ltd continue to deliver a superior standard of certificate training to our customers, both new and existing. Our aim is always to improve and to find new and better ways to provide a safe and secure working environment for our ever-increasing list of clients. We strive to stand out from the rest; we like to believe we go a step further than our competitors when it comes to offering valuable, and potentially life saving Safety Training. Our trainers are constantly researching and developing the manner in which our courses are delivered, keeping up to date with new technology and advising our attendees of any new or improved products on the market that may be of interest in the work place or in the home.

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Course Content and Syllabus.

- Fire Safety Awareness
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- Emergency Evacuation Procedures & Monitoring
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- Occupational First Aid
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Please Note ;

All our training courses can be tailor made to suit your particular industry. For this reason, we welcome any input from our trainees.

All of the fire related courses include Gas Controlled Live Fire apparatus, allowing for all attendees to use the extinguishers on real fires. However, this is not included in the Emergency Evacuation Monitoring.

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Fire Safety Awareness Training Course

COURSE AIM:

The purpose of this Fire Safety Training course is to create awareness, and to bring to the forefront of peoples minds, the danger around us at all times and in all locations. The emphasis of course is on the dangers of fire, and how we can work together to reduce the risk of an outbreak, and, of course, what to do should such an event occur.

COURSE OBJECTIVES:

On completion of this course, participants will be able to:

- Describe the Chemistry of Fire.
- List the actions to be taken in the event of a fire.
- State the organizations Evacuation Procedures.
- Fight the fire if safe to do so.

COURSE CONTENT:

- Fire Safety Legislation.
- Causes & Costs of fires.
- Physics & Chemistry of fire.
- Development and spread of fire.
- Action in the event of fire & upon hearing the Fire Alarm.
- Raising the alarm and summoning the Fire Brigade.
- Fighting a fire.
- Choosing the correct extinguisher.
- Correct use of the extinguisher.
- Evacuation procedures.
- Role of the Fire Warden.

COURSE ATTENDANCE:

- MAXIMUM 50 PARTICIPANTS.
- HALF-DAY DURATION.

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Fire Warden module

COURSE AIM:

The purpose of the Fire Warden Training course is to prepare the trainees to act as a team in the evacuation of the premises in an emergency situation. It also teaches the importance of good housekeeping and vigilance, and the need for ongoing Fire Risk Assessment.

COURSE OBJECTIVES:

On completion of the course, participants will be able to;

- List the duties of the Fire Warden.
- Describe the Chemistry of Fire.
- Identify Fire Hazards in the work place.
- Safely & competently use portable fire extinguishers.
- Assist in Evacuation Procedure and Drills.

COURSE CONTENT:

- Course introduction and objectives.
- Fire Safety Legislation.
- Theory of Fire & Fire Extinction.
- Chemistry of Fire
- Demonstration of Fire Hazards
- Spread of Fire and Smoke behavior.
- Ignition sources.
- Portable Fire Extinguishers & their uses.
- Fire prevention & Evacuation Procedures.
- Duties of the Fire Warden.

COURSE ATTENDANCE:

- MAXIMUM 50 PARTICIPANTS
- HALF DAY DURATION

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Fire Extinguisher Training

COURSE AIM:

The purpose of this practical, hands on Fire Extinguisher Training course is to equip participants with the necessary skills and confidence, to identify and select the correct fire extinguisher, and to safely and competently extinguish a small fire.

COURSE OBJECTIVES:

On completion of this course, participants will be able to ;

- Identify the various types of Fire Extinguishers.
- Identify potential dangers of incorrect use of extinguishers.
- Select the appropriate extinguisher.
- Use portable fire extinguishers effectively.

COURSE CONTENT:

- Fire Triangle & Chemistry of Fire.
- Dangers and consequences of fire.
- Basic precautions and good housekeeping.
- Portable Fire Extinguishers and their uses.
- Practical " Hands On " extinguisher training. (Gas Controlled)

COURSE ATTENDANCE:

- MAXIMUM 12 PARTICIPANTS
- 2 HOUR DURATION.

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Emergency Evacuation Monitoring.

OBJECTIVE:

The purpose of the Emergency Evacuation Monitoring service provided by Total Fire Protection Ltd is to provide staff with the necessary understanding of the requirements of a safe and orderly evacuation in the event of an emergency situation.

A member of our team will attend on site during a Fire Evacuation Drill to monitor the proceedings and relay the results back to the Fire Wardens in a post evacuation de-briefing meeting.

A report sheet will be presented to the Chief Fire Warden immediately after the drill, followed by a full and detailed report to be kept by the company along with the Fire Register, available for inspection in the event of a Safety Audit.

This service is of particular benefit to newly trained Fire Wardens and companies who have not previously carried out an Emergency Evacuation Drill.

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Manual Handling Training Module

Course Aim:

To provide you with the information and training necessary to be competent in Manual Handling, in order to avoid injury to yourself and to others.

Course Objectives:

On completion of this course, participants will be able to:

- Define Manual Handling.
- State relevant Irish and EU Legislation.
- Describe the basic Anatomy of the Spine.
- Carry out a Manual Handling Risk Assessment
- Utilize correctly the 8 Principles of Safe Lifting.

Course Programme:

- Manual Handling Legislation – as it applies to the employer and employee.
- Dangers and harm caused by careless /unskilled methods of manual handling.
- Principles of levers and laws of motion.
- Anatomy of the spine and muscular system.
- Risk Assessment
- How to handle loads safely.
- Practice in safe handling of loads.

Who Should Attend:

Under the Safety, Health and Welfare at Work (General Application Regulations) 2007, it is a requirement that ALL employees attend Manual Handling training.

Course Attendance:

- Maximum 12 participants.
- Half day duration.

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Occupational First Aid module

This Occupational First Aid course meets the requirements of the syllabus for Fetac Occupational First Aid (Level Five) as set out by the Health & Safety Authority.

The programme requires a high level of trainee participation and interaction, where the theory is enhanced by practical demonstration of skills and practical application by trainees.

Course Aim:

To provide learner with the knowledge, practical skills and understanding required to provide and co-ordinate First Aid in the workplace in compliance with the requirements of the Safety, Health and Welfare at Work (General Application) Regulations 2007; Part 7 Chapter 2 : First Aid.

Course Objectives:

Learners who successfully complete the course will:

- Understand the responsibilities of an Occupational First Aider.
- Be able to provide treatment for the purpose of preserving life, or minimizing the consequences of injury until discharge, or the arrival of medical assistance.
- Be able to provide treatment in the workplace, for an injury which does not require the attention of a medical practitioner or nurse.
- Be capable of coordinating First Aid arrangements in the workplace.
- Be familiar with Health & Safety legislation on First Aid provision in the workplace.

Course Outline

- Unit 1 --- First Aid In The Workplace
- Unit 2 --- Patient assessment
- Unit 3 --- Respiratory Emergencies


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- Unit 4 --- Cardiac First Response
- Unit 5 --- Wounds and Bleeding
- Unit 6 --- Altered Level of Consciousness
- Unit 7 --- Musculoskeletal
- Unit 8 --- Burns & Scalds, Chemicals & Electrical Shock

Course De-Brief and Assessment

Assessment & Certification:

- Certification Assessments (Theory & Practical) will be held on day 3 of the course.
- Unit Assessments will be performed as per unit.
- Certificates will be issued by ACM Certification Pvt Ltd


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Occupational First Aid Refresher.

Course aim:

To refresh the skills and knowledge gained in the original Occupational First Aid Course. This is a one day course.

Course Objectives:

On completion of this course, participants will be able to;

- Demonstrate up-to-date practical skills.
- Explain new developments in First Aid.

Course Programme:

- Aims- Prevent Further Harm; Preserve Life; Promote Recovery.
- Responsibilities of First Aiders.
- Primary Surveys-Medical & Trauma.
- Making a Diagnosis.
- Life Threatening Conditions; Asphyxia, Respiratory & Cardiac Arrest and Shock.
- Casualty Interview, (S.A.M.P.L.E.)
- Casualty Report Forms.

Training Methods:

Classroom presentation on multi media/videos. Practical demonstrations of techniques. Course handouts, training records, evaluation forms are also provided.

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Emergency First Aid.

Course Aim:

This one day course is specifically designed for those who require a basis for providing First Aid in an emergency situation. It is designed to assist participants in the treatment of minor accident/incident injuries and life saving skills. This is not a substitution for Occupational First Aid.

Course Objectives:

On completion of this course, the participants will have a basic knowledge of First Aid, and know what to do in the event of an emergency, while waiting for a qualified person (Doctor, Ambulance Personnel etc.,) to arrive.

Course Programme:

- Assess a situation (scene, casualty or casualties) quickly and safely.
- Definition of role and functions of a First Aider. This includes what he/she can and cannot safely and competently do in the case of an accident or emergency.
- Protect casualties and others at the scene from possible danger.
- Identify, as far as possible, the mechanism or nature of the illness/injury.
- Arrange for medical help (Doctor, Cardiac Ambulance etc.,) if required.
- Triage--treating the most serious conditions (casualties) first.
- First Aid (A,C,B,C,D – Airway, C-Spine, Breathing, Circulation, Disability) Expose, Examine and Evaluate.
- CPR.
- Stay with the casualty until further care/medical aid is available.

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- Making a diagnosis.
- Life threatening conditions – shock, cardiac arrest, asphyxia, respiratory arrest and bleeding.
- Unconsciousness, Drowning, Fractures, Burns and Scalds.

Automated External Defibrillator (AED).

Course Aim:

To train participants in the use of CPR with the use of the A.E.D.

Course Objectives:

Participants will be trained to develop a very high standard of C.P.R. and be given various scenarios involving the use of the A.E.D. with particular regard to safety.

Training Methods:

- Classroom presentation and multi-media projector/videos.
- Practical demonstrations of techniques.
- Course handouts, training records and evaluation forms are also provided.

Assessment & Certification:

At the end of the course there will be a written examination as well as three practical assessments for each student.

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Value Added course on Fire and Safety

1. Introduction:

The healthcare industry involves a wide range of professionals, including MBBS students, who may find themselves in emergency situations like fire outbreaks. While the primary focus of MBBS education is on medical knowledge and patient care, the inclusion of a value-added course on Fire and Safety aims to prepare students to respond effectively to fire emergencies while minimizing risks to patients, staff, and themselves.

2. Rationale:

The primary reasons for introducing a Fire and Safety course for MBBS students are as follows:

a. Enhanced Safety: Medical facilities are susceptible to fire hazards due to the presence of electrical equipment, flammable substances, and high oxygen concentrations. Teaching students how to identify risks and handle fire emergencies can improve overall safety in healthcare settings.

b. Quick Response: In emergency situations, immediate and efficient action is essential to save lives and prevent further damage. Training MBBS students in fire safety measures enables them to respond swiftly and effectively.

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c. Regulatory Compliance: Many healthcare facilities are required to adhere to fire safety regulations and protocols. Including a value-added course in the curriculum helps students understand and comply with these regulations.

3. Objectives:

The key objectives of the Value Added Course on Fire and Safety for MBBS students are as follows:

- a. Develop a comprehensive understanding of fire safety principles and practices.
- b. Learn to identify fire hazards and assess risks in healthcare settings.
- c. Gain knowledge of different types of fire extinguishers and their appropriate use.
- d. Acquire skills to effectively respond to fire emergencies and evacuate patients and staff safely.
- e. Understand the importance of teamwork and coordination during fire incidents.
- f. Comprehend the legal and ethical implications of fire safety in medical practice.

4. Curriculum:

The proposed curriculum for the Fire and Safety course should cover the following topics:

- a. Introduction to Fire Safety:** Understanding fire, its elements, and classifications.
- b. Fire Prevention:** Identifying common fire hazards and implementing preventive measures.
- c. Fire Safety Regulations:** Familiarizing with local and international fire safety standards applicable to healthcare facilities.
- d. Fire Response and Evacuation:** Strategies for responding to fire emergencies and safely evacuating patients and staff.

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e. Fire Extinguisher Training: Types of fire extinguishers and hands-on training for their proper use.

f. Fire Safety Drills: Conducting simulated fire drills to practice emergency response.

g. Legal and Ethical Considerations: Understanding legal responsibilities and ethical implications related to fire safety.

5. Benefits:

The implementation of a value-added course on Fire and Safety for MBBS students can yield several benefits:

a. Improved Patient Safety: Trained medical professionals can ensure the safety and well-being of patients during fire emergencies, reducing the likelihood of injury or harm.

b. Reduced Property Damage: Swift and efficient response to fires can minimize property damage, saving valuable healthcare resources.

c. Regulatory Compliance: The course ensures that medical facilities adhere to fire safety regulations and meet required standards.

d. Enhanced Teamwork: Training in fire safety fosters teamwork and coordination among medical staff, enabling a more organized response during emergencies.

e. Personal Safety: MBBS students learn to protect themselves during fire incidents, minimizing the risk of injury to healthcare providers.

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Report

Value added course on Fire and Safety

The Value added course on Fire and Safety was conducted by NABH on 23.12.2021 for the II year students. The participants felt that the certificate course in Fire and safety was a great learning experience. The course was very informative and dealt about fire safety and how to prevent fires. The participants also learnt about the different types of fire extinguishers and how to use them. Overall, the course was very informative and the students felt the course was very beneficial. Feedback given by the students are discussed and action has been taken.


Course Content and Syllabus.

- Fire Safety Awareness
- Fire Warden
- Fire Extinguisher Training
- Emergency Evacuation Procedures & Monitoring
- Manual Handling
- Occupational First Aid
- Occupational First Aid Refresher
- Emergency First Aid
- Automated External Defibrillator (AED)

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The key objectives of the Value Added Course on Fire and Safety for MBBS students are as follows:

- a. Develop a comprehensive understanding of fire safety principles and practices.
- b. Learn to identify fire hazards and assess risks in healthcare settings.
- c. Gain knowledge of different types of fire extinguishers and their appropriate use.
- d. Acquire skills to effectively respond to fire emergencies and evacuate patients and staff safely.
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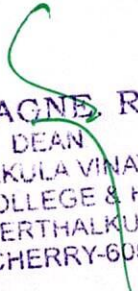
Introduction:

Hospital-acquired infections (HAIs) pose a significant risk to patient safety and can have severe consequences on healthcare outcomes. Recognizing the importance of infection control, the National Accreditation Board for Hospitals & Healthcare Providers (NABH) and the Hospital Infection Control Committee (HICC) collaborated to design and conduct a value-added course on Hospital Infection Control for MBBS students. This report highlights the objectives, curriculum, and potential benefits of this course.

Objectives:

The primary aim of the Value Added Course on Hospital Infection Control is to equip MBBS students with comprehensive knowledge and practical skills to prevent, control, and manage infections in the healthcare setting. The specific objectives include:

- a. Understanding the epidemiology and impact of hospital-acquired infections on patients and healthcare systems.
- b. Learning the principles and best practices of infection control, including hand hygiene, environmental cleaning, and sterilization.
- c. Familiarizing with the guidelines and protocols established by NABH and HICC for infection control in hospitals.
- d. Developing the ability to identify potential sources of infections and implement effective prevention strategies.
- e. Learning how to use personal protective equipment (PPE) appropriately and safely.
- f. Understanding the significance of surveillance systems and data collection for infection control and improvement of healthcare outcomes.
- g. Gaining practical experience through hands-on training and case studies.


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Curriculum:

The value-added course on Hospital Infection Control is designed as a comprehensive program, integrating theoretical knowledge and practical application. The curriculum covers the following key topics:

- a. Introduction to Hospital-acquired Infections (HAIs)
- b. Microbiology of Infectious Agents
- c. Infection Prevention and Control Strategies
- d. Hand Hygiene and Personal Protective Equipment
- e. Environmental Cleaning and Disinfection
- f. Isolation and Barrier Nursing
- g. Sterilization and Aseptic Techniques
- h. Surveillance Systems for HAIs
- i. Outbreak Investigation and Management
- j. Infection Control in Special Situations (e.g., Operating Rooms, Intensive Care Units)
- k. Antibiotic Stewardship and Infection Control
- l. Case Studies and Practical Training

Training Methodology:

The training methodology includes a mix of didactic lectures, interactive workshops, case studies, role-playing exercises, and hands-on practical training. Renowned experts from NABH and HICC, along with experienced healthcare professionals, will facilitate the sessions to provide students with the most relevant and up-to-date information.

Benefits:

The Value Added Course on Hospital Infection Control offers several benefits to MBBS students:

- a. **Improved Patient Safety:** Equipped with infection control knowledge and skills, students can actively contribute to minimizing the risk of HAIs, thus enhancing patient safety and healthcare quality.


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b. Career Advancement: Infection control is a critical aspect of modern healthcare, and having expertise in this field can boost the career prospects of MBBS graduates.

c. Accreditation Knowledge: Students will gain insights into the accreditation standards set by NABH related to infection control, preparing them to meet these requirements in their future medical practice.

d. Interdisciplinary Collaboration: The course fosters collaboration among students from different medical specialties, promoting a multidisciplinary approach to infection prevention and control.

e. Continuous Quality Improvement: By emphasizing surveillance and data analysis, the course instills a culture of continuous quality improvement, ensuring better patient outcomes.




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Value added course on Hospital Infection Control

Value added course on Documentation was conducted by NABH on 15/09/2017 – 18/09/2017 from 08.30AM - 05:30PM. A PowerPoint presentation was delivered by Dr.M.Pragash about Infection control program organization and Pretest, Dr.Sunil about the Biomedical Medical Waste Management. The faculties, Undergraduates attended the Course. Welcome address and Vote of thanks was given by Professor Dr.M.Pragash, Department of Orthopaedics. Pre test and Post test & Feedback given by the students are discussed and action has been taken

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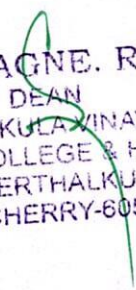
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Objectives:

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Curriculum:

The value-added course on Hospital Infection Control is designed as a comprehensive program, integrating theoretical knowledge and practical application. The curriculum covers the following key topics:

- a. Introduction to Hospital-acquired Infections (HAIs)
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Training Methodology:

The training methodology includes a mix of didactic lectures, interactive workshops, case studies, role-playing exercises, and hands-on practical training. Renowned experts from NABH and HICC, along with experienced healthcare professionals, will facilitate the sessions to provide students with the most relevant and up-to-date information.

Benefits:

The Value Added Course on Hospital Infection Control offers several benefits to MBBS students:

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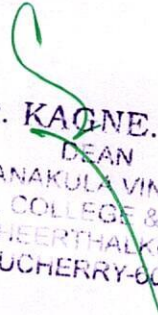
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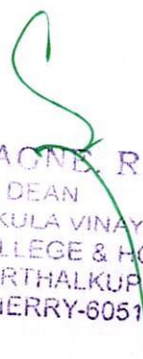
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PUDUCHERRY-605107.

Value added course on Hospital Infection Control

Value added course on Documentation was conducted by NABH on 24.09.2019 -27.09.2019 from 08.30AM - 05:30PM. A PowerPoint presentation was delivered by Dr.M.Pragash about Infection control program organization and Pretest, Dr.Sunil about the Biomedical Medical Waste Management. The faculties, Undergraduates attended the Course. Welcome address and Vote of thanks was given by Professor Dr.M.Pragash, Department of Orthopaedics. Pre test and Post test & Feedback given by the students are discussed and action has been taken

The Value Added Course on Hospital Infection Control offers several benefits to MBBS students:

- a. Improved Patient Safety:** Equipped with infection control knowledge and skills, students can actively contribute to minimizing the risk of HAIs, thus enhancing patient safety and healthcare quality.
- b. Career Advancement:** Infection control is a critical aspect of modern healthcare, and having expertise in this field can boost the career prospects of MBBS graduates.
- c. Accreditation Knowledge:** Students will gain insights into the accreditation standards set by NABH related to infection control, preparing them to meet these requirements in their future medical practice.
- d. Interdisciplinary Collaboration:** The course fosters collaboration among students from different medical specialties, promoting a multidisciplinary approach to infection prevention and control.
- e. Continuous Quality Improvement:** By emphasizing surveillance and data analysis, the course instills a culture of continuous quality improvement, ensuring better patient outcomes.


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Introduction:

Hospital-acquired infections (HAIs) pose a significant risk to patient safety and can have severe consequences on healthcare outcomes. Recognizing the importance of infection control, the National Accreditation Board for Hospitals & Healthcare Providers (NABH) and the Hospital Infection Control Committee (HICC) collaborated to design and conduct a value-added course on Hospital Infection Control for MBBS students. This report highlights the objectives, curriculum, and potential benefits of this course.

Objectives:

The primary aim of the Value Added Course on Hospital Infection Control is to equip MBBS students with comprehensive knowledge and practical skills to prevent, control, and manage infections in the healthcare setting. The specific objectives include:

- a. Understanding the epidemiology and impact of hospital-acquired infections on patients and healthcare systems.
- b. Learning the principles and best practices of infection control, including hand hygiene, environmental cleaning, and sterilization.
- c. Familiarizing with the guidelines and protocols established by NABH and HICC for infection control in hospitals.
- d. Developing the ability to identify potential sources of infections and implement effective prevention strategies.
- e. Learning how to use personal protective equipment (PPE) appropriately and safely.
- f. Understanding the significance of surveillance systems and data collection for infection control and improvement of healthcare outcomes.
- g. Gaining practical experience through hands-on training and case studies.


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Curriculum:

The value-added course on Hospital Infection Control is designed as a comprehensive program, integrating theoretical knowledge and practical application. The curriculum covers the following key topics:

- a. Introduction to Hospital-acquired Infections (HAIs)
- b. Microbiology of Infectious Agents
- c. Infection Prevention and Control Strategies
- d. Hand Hygiene and Personal Protective Equipment
- e. Environmental Cleaning and Disinfection
- f. Isolation and Barrier Nursing
- g. Sterilization and Aseptic Techniques
- h. Surveillance Systems for HAIs
- i. Outbreak Investigation and Management
- j. Infection Control in Special Situations (e.g., Operating Rooms, Intensive Care Units)
- k. Antibiotic Stewardship and Infection Control
- l. Case Studies and Practical Training

Training Methodology:

The training methodology includes a mix of didactic lectures, interactive workshops, case studies, role-playing exercises, and hands-on practical training. Renowned experts from NABH and HICC, along with experienced healthcare professionals, will facilitate the sessions to provide students with the most relevant and up-to-date information.

Benefits:

The Value Added Course on Hospital Infection Control offers several benefits to MBBS students:

- a. **Improved Patient Safety:** Equipped with infection control knowledge and skills, students can actively contribute to minimizing the risk of HAIs, thus enhancing patient safety and healthcare quality.

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b. Career Advancement: Infection control is a critical aspect of modern healthcare, and having expertise in this field can boost the career prospects of MBBS graduates.

c. Accreditation Knowledge: Students will gain insights into the accreditation standards set by NABH related to infection control, preparing them to meet these requirements in their future medical practice.

d. Interdisciplinary Collaboration: The course fosters collaboration among students from different medical specialties, promoting a multidisciplinary approach to infection prevention and control.

e. Continuous Quality Improvement: By emphasizing surveillance and data analysis, the course instills a culture of continuous quality improvement, ensuring better patient outcomes.


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Value added course on Hospital Infection Control

Value added course on Documentation was conducted by NABH on 11/09/2020 - 14/09/2020 from 08.30AM - 05:30PM. A PowerPoint presentation was delivered by Dr.M.Pragash about Infection control program organization and Pretest, Dr.Sunil about the Biomedical Medical Waste Management. The faculties, Undergraduates attended the Course. Welcome address and Vote of thanks was given by Professor Dr.M.Pragash, Department of Orthopaedics. Pre test and Post test & Feedback given by the students are discussed and action has been taken

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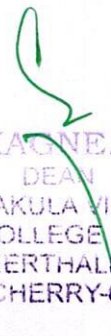
Introduction:

Hospital-acquired infections (HAIs) pose a significant risk to patient safety and can have severe consequences on healthcare outcomes. Recognizing the importance of infection control, the National Accreditation Board for Hospitals & Healthcare Providers (NABH) and the Hospital Infection Control Committee (HICC) collaborated to design and conduct a value-added course on Hospital Infection Control for MBBS students. This report highlights the objectives, curriculum, and potential benefits of this course.

Objectives:

The primary aim of the Value Added Course on Hospital Infection Control is to equip MBBS students with comprehensive knowledge and practical skills to prevent, control, and manage infections in the healthcare setting. The specific objectives include:

- a. Understanding the epidemiology and impact of hospital-acquired infections on patients and healthcare systems.
- b. Learning the principles and best practices of infection control, including hand hygiene, environmental cleaning, and sterilization.
- c. Familiarizing with the guidelines and protocols established by NABH and HICC for infection control in hospitals.
- d. Developing the ability to identify potential sources of infections and implement effective prevention strategies.
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Curriculum:

The value-added course on Hospital Infection Control is designed as a comprehensive program, integrating theoretical knowledge and practical application. The curriculum covers the following key topics:

- a. Introduction to Hospital-acquired Infections (HAIs)
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c. Accreditation Knowledge: Students will gain insights into the accreditation standards set by NABH related to infection control, preparing them to meet these requirements in their future medical practice.

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e. Continuous Quality Improvement: By emphasizing surveillance and data analysis, the course instills a culture of continuous quality improvement, ensuring better patient outcomes.

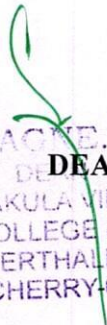
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Value added course on Hospital Infection Control

Value added course on Documentation was conducted by NABH on 08.02.2022 - 11.02.2022 from 08.30AM - 05:30PM. A PowerPoint presentation was delivered by Dr.M.Pragash about Infection control program organization and Pretest, Dr.Sunil about the Biomedical Medical Waste Management. The faculties, Undergraduates attended the Course. Welcome address and Vote of thanks was given by Professor Dr.M.Pragash, Department of Orthopaedics. Pre test and Post test & Feedback given by the students are discussed and action has been taken

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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.

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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:

1. OP & IP services are rendered by Anaesthesia and Oncology Department at Sri Manakula Vinayagar Medical College & Hospital
2. Community-based palliative home care services are rendered by Department of Community Medicine in the field practice areas of Rural Health Training Centre, Thiruvannainallur & 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.

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

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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.



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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 18 -20 August 2018. 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.Kalaiselvan. 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.Vinayagamoorthy. 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.Amol Dongre.

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.

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- 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.



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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:

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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:

1. OP & IP services are rendered by Anaesthesia and Oncology Department at Sri Manakula Vinayagar Medical College & Hospital
2. Community-based palliative home care services are rendered by Department of Community Medicine in the field practice areas of Rural Health Training Centre, Thiruvannainallur & Urban Health Training Centre, Villupuram of Sri Manakula Vinayagar Medical College & Hospital.
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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.

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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.


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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 19 January -22 January 2019. 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.Kalaiselvan. 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.Vinayagamoorthy. 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.Amol Dongre.

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- Recognize the psychological and spiritual needs of palliative patients and their impact on overall well-being.
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Palliative care Orientation program for medical interns

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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:

1. OP & IP services are rendered by Anaesthesia and Oncology Department at Sri Manakula Vinayagar Medical College & Hospital
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Dr. KAGNE, RN
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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.



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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 06 February -08 February 2020. 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.Kalaiselvan. 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.Vinayagamoorthy. 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.Amol Dongre.

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- 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

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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.

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:

1. OP & IP services are rendered by Anaesthesia and Oncology Department at Sri Manakula Vinayagar Medical College & Hospital
2. Community-based palliative home care services are rendered by Department of Community Medicine in the field practice areas of Rural Health Training Centre, Thiruvannainallur & 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.

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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.



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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, such as pain, nausea, dyspnoea, and constipation.

- Implement evidence-based approaches for managing symptoms effectively and improving the quality of life for patients.

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PUDUCHERRY-605007

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.



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Dr. KAGNE. R.N

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KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.**

Report on value added course on NABH for Hospital

The certificate course on NABH for Hospital was conducted on behalf of NABH on 14th -15th

October 2017 for IV Semester students.

Course included topics such as:

1. Introduction to NABH and its accreditation process.
2. Understanding healthcare quality and patient safety principles.
3. Implementation of quality improvement programs in hospitals.
4. Compliance with NABH standards and guidelines.
5. Roles and responsibilities of healthcare professionals in achieving NABH accreditation.
6. Patient-centered care and communication skills.
7. Assessing and managing clinical risks in healthcare settings.
8. Incident reporting and root cause analysis.
9. Continuous quality monitoring and performance improvement.
10. Healthcare documentation and record-keeping.
11. The participants gained knowledge on the above topics
12. Feedback given by the students are discussed and action has been taken

NABH Coordinator
SMVMCH

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MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKURPAM,
MADAGADIPET, PUDUCHERRY-605 107.

Certificate course on NABH for Hospital

The certificate course on NABH for Hospital was conducted on behalf of NABH on 13th -14th

October 2018 for the IV Semester students.

Course included topics such as:

1. Introduction to NABH and its accreditation process.
2. Understanding healthcare quality and patient safety principles.
3. Implementation of quality improvement programs in hospitals.
4. Compliance with NABH standards and guidelines.
5. Roles and responsibilities of healthcare professionals in achieving NABH accreditation.
6. Patient-centered care and communication skills.
7. Assessing and managing clinical risks in healthcare settings.
8. Incident reporting and root cause analysis.
9. Continuous quality monitoring and performance improvement.
10. Healthcare documentation and record-keeping.

The participants gained knowledge in the above topics

Feedback given by the students are discussed and action has been taken

NABH Coordinator
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MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
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Certificate course on NABH for Hospital

The certificate course on NABH for Hospital was conducted on behalf of NABH on 12th -13th

October 2019 for the IV Semester students.

Course included topics such as:

1. Introduction to NABH and its accreditation process.
2. Understanding healthcare quality and patient safety principles.
3. Implementation of quality improvement programs in hospitals.
4. Compliance with NABH standards and guidelines.
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Feedback given by the students are discussed and action has been taken

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Certificate course on NABH for Hospital

The certificate course on NABH for Hospital was conducted on behalf of NABH on 10th -11th

October 2020 for the IV Semester students. Course included topics such as:

1. Introduction to NABH and its accreditation process.
2. Understanding healthcare quality and patient safety principles.
3. Implementation of quality improvement programs in hospitals.
4. Compliance with NABH standards and guidelines.
5. Roles and responsibilities of healthcare professionals in achieving NABH accreditation.
6. Patient-centered care and communication skills.
7. Assessing and managing clinical risks in healthcare settings.
8. Incident reporting and root cause analysis.
9. Continuous quality monitoring and performance improvement.
10. Healthcare documentation and record-keeping.

The students gained knowledge in the above topics

Feedback given by the students are discussed and action has been taken

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KALITHEERTHALKUPPAM,
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Certificate course on NABH for Hospital

The certificate course on NABH for Hospital was conducted on behalf of NABH on 9th -10th October 2021 for the IV Semester students.

Course included topics such as:

1. Introduction to NABH and its accreditation process.
2. Understanding healthcare quality and patient safety principles.
3. Implementation of quality improvement programs in hospitals.
4. Compliance with NABH standards and guidelines.
5. Roles and responsibilities of healthcare professionals in achieving NABH accreditation.
6. Patient-centered care and communication skills.
7. Assessing and managing clinical risks in healthcare settings.
8. Incident reporting and root cause analysis.
9. Continuous quality monitoring and performance improvement.
10. Healthcare documentation and record-keeping.

The students gained knowledge in the above topics

Feedback given by the students are discussed and action has been taken

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SRI MANAKULA VINAYAGAR
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MADAGADIPET, PUDUCHERRY-605 007.

Certificate course on environmental health and hygiene

The Value added course on “Environmental health and hygiene” for III year students was conducted by department of community medicine for 19 days, from 12.06.17 to 30.06.17. The course was very well organized and the instructors were extremely knowledgeable.

Course Objectives:

- Familiarize participants with food sample collection and food sample analysis in laboratory.
- Educate students about the interplay between human health and the environment, emphasizing the impact of pollution, climate change, and ecosystem disruptions on public health.
- Equip students with the knowledge to advocate for environmentally conscious healthcare policies and contribute to public health policy making.
- Teach responsible waste management strategies, especially in healthcare settings, to minimize environmental pollution and its impact on human health

Conclusion:

The participants gained the knowledge in

- Recognizing the importance Environmental Health and Hygiene
- To equip future medical professionals with the knowledge and skills necessary to incorporate environmental consciousness and hygiene best practices into their medical careers.
- Familiarize participants with food sample collection and food sample analysis in laboratory
- Developing and promoting environmentally conscious healthcare policies.
- Training students to communicate environmental and hygiene-related information effectively to patients and the public to promote awareness and behavior change
- Promoting a healthier and sustainable environment for the benefit of both present and future generations.

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Value added course on environmental health and hygiene

The certificate course on “Environmental health and hygiene” for III year students was conducted by department of community medicine for 19 days, from 07.07.2019 to 25.07.2019. The course was very well organized and the instructors were extremely knowledgeable.

Course Objectives:

- Familiarize participants with food sample collection and food sample analysis in laboratory.
- Educate students about the interplay between human health and the environment, emphasizing the impact of pollution, climate change, and ecosystem disruptions on public health.
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Conclusion:

The participants gained knowledge in

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Value Added course on environmental health and hygiene

The certificate course on “Environmental health and hygiene” for III year students was conducted by department of community medicine for 19 days, from 07.07.20 (07.07.2020 to 25.07.2020). The course was very well organized and the instructors were extremely knowledgeable.

Course Objectives:

- Familiarize participants with food sample collection and food sample analysis in laboratory.
- Educate students about the interplay between human health and the environment, emphasizing the impact of pollution, climate change, and ecosystem disruptions on public health.
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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 13-15th of July 2017. 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
- Principles of data structure and management


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- 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



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Orientation
Workshop for First Year
Post - Graduates
on
'Research Methods'

09 - 11 - July - 2018
&
16 - 18 - July - 2018

Research Committee
and
Medical Education Unit

Dr. KAGNE. R.N
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PUDUCHERRY-605107.

Sri
MANAKULA  **VINAYAGAR**

Medical college and Hospital

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 09,11,16,18-July 2018. 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

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PUDUCHERRY-605017

- 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

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DEAN

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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 08-10.07.2019 & 15-17.07.2019. 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
- Principles of data structure and management

Dr. KAGNE R. N.
DEAN

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

- 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



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KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Schedule - Batch-A

Workshop on Research Method for First year Postgraduates – 2022

Date: 08/06/2022 to 10/06/2022

Sl. No	Name of the Students	Department
1	Dr. Kavitha. S	Pharmacology
2	Dr. Priya. N	Pathology
3	Dr. Thushara Purushothaman	Pathology
4	Dr. Priyanga. D	Community Medicine
5	Dr. Deepsheeka.G	General Medicine
6	Dr. Pravin Coumar.C	General Medicine
7	Dr. Nivethini.N	General Medicine
8	Dr. Rahul.K	General Medicine
9	Dr. Nune Komal Abhinav	General Medicine
10	Dr.Sivaguru	General Surgery
11	Dr.Karthikayan.J	General Surgery
12	Dr.Naresh S	General Surgery
13	Dr.Tamilselvan P	General Surgery
14	Dr.Madhan	General Surgery
15	Dr. Depika. B	OBG
16	Dr.Preethi. S	Pediatrics
17	Dr.Mohammed Neha	Pediatrics
18	Dr.Kokila. R	Pediatrics
19	Dr. Sivasankari R	DVL
20	Dr. Alla Akhila	DVL
21	Dr. Aravindaraj	Orthopaedics
22	Dr. P. Thejas	Orthopaedics
23	Dr. Srinath S	TB & Res.Medicine
24	Dr. Priyanka	Psychiatry
25	Dr. Sabari Priya.G	ENT
26	Dr. Vinitha A	Ophthalmology
27	Dr. Hema S	Ophthalmology
28	Dr. Senthil Kumar B	Anaesthesiology
29	Dr. Eshvanthni V	Anaesthesiology
30	Dr. Sneha T	Anaesthesiology
31	Dr. Palle Manjunatha Reddy	Radio-Diagnosis
32	Dr. Saradha Preethi S	Radio-Diagnosis
33	Dr. Gangapatnam Monika	Radio-Diagnosis
34	Dr. Arun Kumar. S	Emergency Medicine
35	Dr. Vijay Venkatesh	Emergency Medicine
36	Dr. Dhanya. S	Emergency Medicine
37	Dr. Sabari Rajan. T	Emergency Medicine
38	Dr. Badrinath. N	Emergency Medicine
39	Dr. Suganya. S	Biochemistry
40	Dr. Kiran Selva	Emergency Medicine
41	Dr. Raashmika	Emergency Medicine

Dr. G. KALAI SELVAN
DEAN (RESEARCH)

Sri Manakula Vinayagar Medical College & Hospital
Kalthiethalkuppam, Madagadipet,
Puducherry-605107.

Dr. KAGNE. R.N

DEAN

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MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Schedule - Batch-B

Workshop on Research Method for First year Postgraduates – 2022

Date: 15/06/2022 to 17/06/2022

Sl. No	Name of the Students	Department
1	Dr. Suryakumar. C	Pharmacology
2	Dr. Lydia Delphin	Pathology
3	Dr. Soumya. R	Pathology
4	Dr. Sharmila. P	Pathology
5	Dr. Arthi. D	Community Medicine
6	Dr. Sowbarnika Vaishnavi. B	Community Medicine
7	Dr. Aakash Thacharvilakam Ajith	General Medicine
8	Dr. Jayasuriya. R	General Medicine
9	Dr. Adrin Suthir. R	General Medicine
10	Dr. Pooja. P. U	General Medicine
11	Dr. Anga Dinesh Varma	General Medicine
12	Dr. Sneha Daffodil. A	General Surgery
13	Dr. Shanmuga Valli. R	General Surgery
14	Dr. Kiran Kumar. S	General Surgery
15	Dr. Pradeepraj. V	General Surgery
16	Dr. Padmapriya. S	OBG
17	Dr. Nithin Rakesh. S	Pediatrics
18	Dr. Tamilselvan. G	Pediatrics
19	Dr. Karikalan. A	Pediatrics
20	Dr. Varshini A	DVL
21	Dr. Ragul Raj. E	DVL
22	Dr. Naveen Jegaprasath	Orthopaedics
23	Dr. M. Abhiraami	Orthopaedics
24	Dr. Vijayasuruthi S	TB & Res. Medicine
25	Dr. Parvathy. V. S	Psychiatry
26	Dr. Anand Kishore B	Psychiatry
27	Dr. Ramya Rajalakshmi K	ENT
28	Dr. Shaik Neroshma	Ophthalmology
29	Dr. Mohamed Shakil A	Ophthalmology
30	Dr. Jaisima Balaji S	Anaesthesiology
31	Dr. Sandeep R	Anaesthesiology
32	Dr. Pavithra. S	Anaesthesiology
33	Dr. Yamini S	Radio-Diagnosis
34	Dr. Navin Kumar	Radio-Diagnosis
35	Dr. Roshen Raghaventhara R	Radio-Diagnosis
36	Dr. Monisha. C	Emergency Medicine
37	Dr. Goutham. D	Emergency Medicine
38	Dr. Bavan Krishna. T	Emergency Medicine
39	Dr. Sruthi. P	Emergency Medicine
40	Dr. Sathish. S	Emergency Medicine
41	Dr. Vardhini Kailasham	Emergency Medicine
42	Dr. Nayya Samyuktha	Emergency Medicine

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Workshop on Research Methods for first year postgraduates, June 2022

SMVMCH Research Committee and SMVMCH Ethics Committee

S. No	Full Name (Please do not include initial or dots as part of the name)	Name of the council (in which they have registered)	TNMC Register Number	Signature
1	Jayasree	Tamilnadu Range	61746	<i>[Signature]</i>
2	Kalaiselvan	Tamilnadu Range	71617	<i>[Signature]</i>
3	Karthikeyan	Tamilnadu Range	57769	<i>[Signature]</i>
4	Rajalakshmi	Tamilnadu Range	95363	<i>[Signature]</i>
5	Bupathy	Tamilnadu Range	36650	<i>[Signature]</i>
6	Pravin	Tamilnadu Range	108502	<i>[Signature]</i>
7	Preethi	Tamilnadu Range	93331	<i>[Signature]</i>
8	Kanimozhi	Tamilnadu Range	96758	<i>[Signature]</i>
9	Prem Anand	Tamilnadu Range	89659	<i>[Signature]</i>
10	Vimal	Tamilnadu Range	80348	<i>[Signature]</i>
11	Nishanthi	Tamilnadu Range	100155	<i>[Signature]</i>
12	Deepika	Tamilnadu Range		<i>[Signature]</i>
13	Poomalar	Tamilnadu Range	69571	<i>[Signature]</i>
14	Asmathulla	Tamilnadu Range	68176	<i>[Signature]</i>
15	Jayanthi	Tamilnadu Range	87676	<i>[Signature]</i>

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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 08-10.06.2022 & 15-17.06.2022. 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
- Principles of data structure and management


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- 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




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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 Mohan	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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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

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.
3. To appreciate the credibility of the conclusions derived from the studies

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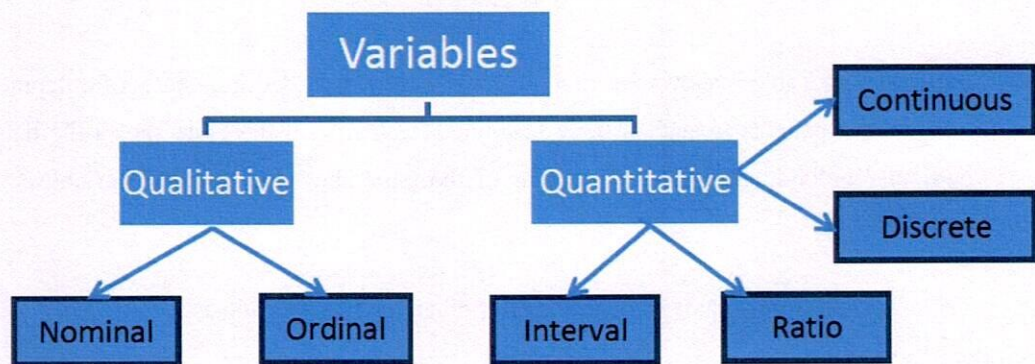
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Types of variables:

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

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

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

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/m^2
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
 - 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?

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Sub- committee-Clinical (Surgical)		
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- committee-Clinical (Medical)		
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21.	Dr. Vijayasankar. P, Assistant Professor, Dermatology	Member
22.	Dr. Elamparidhi. P, Assistant Professor, Radiology	Member
Subject Experts		
23.	Dr. Suneeth P Lazarus, HOD and Professor, Anaesthesiology	Member
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.

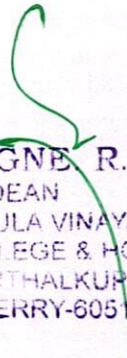
References

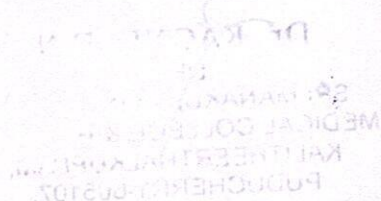
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ANNEXURES


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(Annexure- 1)
Covering Letter

From

Date:

Name:

Academic position:

Department:

To

The Member Secretary,

Research Committee, SMVMCH

Sir,

Please find attached the research proposal titled

‘
.....
.....’

for review by the Research Committee of SMVMCH, Pondicherry.

Thanks

Signature

Name

Email

Mobile number of contact person

Forwarded

Signature

Head of the Department

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Help for PubMed Searching

You can reach the PubMed site with the address www.pubmed.gov. PubMed searching is easy, just enter search terms in the query box, and press the Enter key or click Go. If more than one term are entered in the query box, PubMed automatically combines significant terms together using automatic term mapping. The terms are searched in various fields of the citation. You can modify your current search by adding or eliminating terms in the query box or by clicking details.

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]).

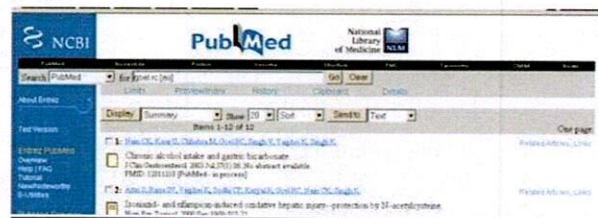
Journals Translation Table contains the full journal title, the MEDLINE abbreviation, and the ISSN number. These map to the journal abbreviation, which is used to search journals in PubMed. For example, if you enter the journal title, new england journal of medicine in the PubMed query box, PubMed will 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.
2. 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]
- 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-the-blank 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

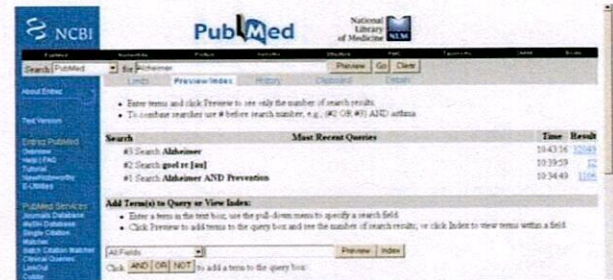
Click Limits from the Features bar to limit your search to specific age group, gender, or human or animal studies. Limits also allow you to restrict to articles published in a specific language, and to specific types of articles such as review articles. You can limit by either Entrez or Publication Date. 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

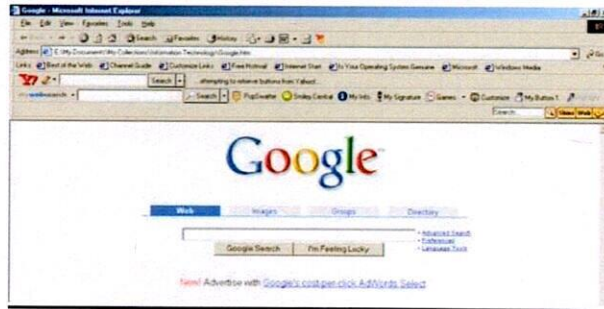
PubMed displays your search results in batches - the default is 20 citations per page. The **Show** pull-down menu allows you to increase the number of citations displayed on a single page up to a maximum of 500 items.

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.

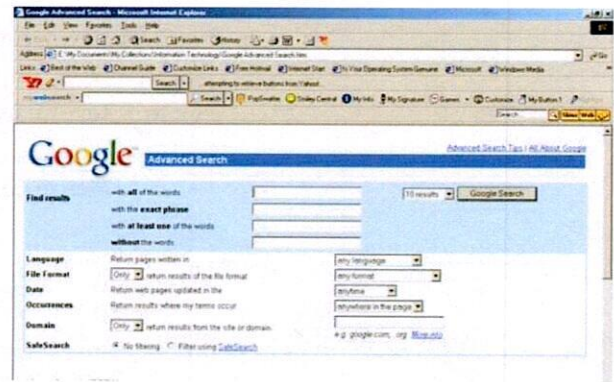
Capitalization: Google searches are NOT case sensitive.

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.



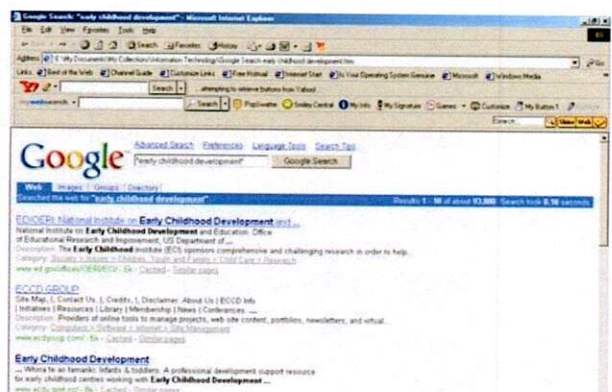
With the advanced options, you can do phrase searching, exclude searches containing a particular word, specify language, restrict your results to the past three, six, or twelve months. Apart from this you can also specify where your search terms occur on the page, specify the file types or specify searches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

Workshop on Research Methods for first year Postgraduates

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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

Type of study	Alternate name	Unit of study
Observational studies		
<i>Descriptive studies</i>		
<i>Analytical studies</i>		
Ecological	Correlational	Populations
Cross-Sectional	Prevalence	Individuals
Case-Control	Case-Reference	Individuals
Cohort	Follow-up/ Longitudinal	Individuals
Experimental/ intervention 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 jirovecii*) 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

$$P = \frac{\text{Number of individuals with disease at a specified period of time}}{\text{Population at that time}}$$

Number of individuals with disease at a time the individual is studied

$$P = \frac{\text{Number of individuals with disease at a time the individual is studied}}{\text{Number of individuals is studied}}$$

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

$$P = \frac{\text{Number of individuals manifesting the disease in the stated time period}}{\text{Population at risk}}$$

- 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)

$$P = \frac{\text{No of individuals with evidence of disease (past or present)}}{\text{No of individuals studied}}$$

- 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

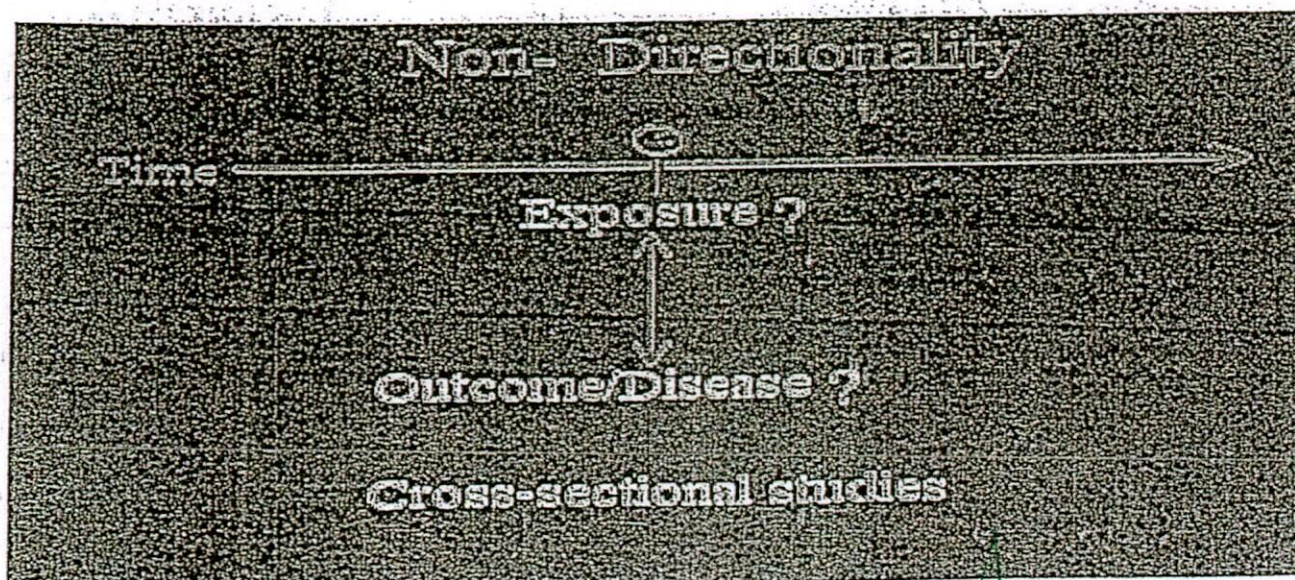
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Cross sectional studies are easy to do and tend to be economical since repeated data collection is not done. They yield useful data on prevalence of diseases and this is often good enough to assess the health situation of a population.

- 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 and 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.



Population, 1 January: 100

1.	X	_____	X		
2.	X	_____			X
3.		X	_____	X	
4.			X	_____	X
5.					X
6.	X	_____	X(died)		
7.		X	_____		X
8.	X	_____			X
9.		X	_____	X	
10.				X	X(died)
11.		X	_____	X(migrated)	
12.		X	_____	X	
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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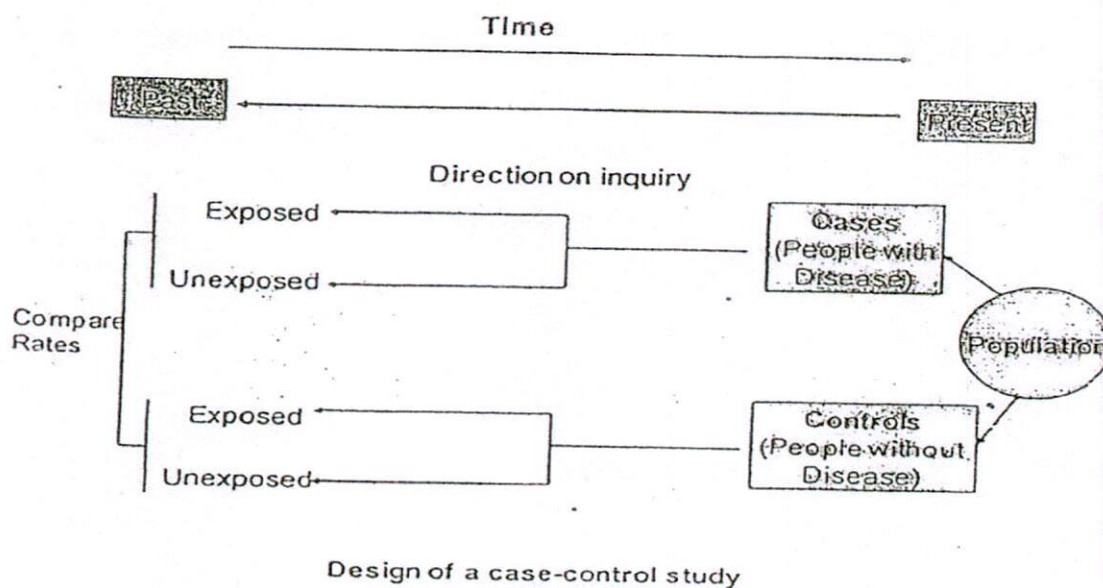
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CASE- CONTROL STUDIES

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 tends 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 rate 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

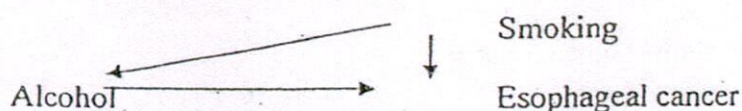
Selection of controls:

- Hospital controls: Patients other than the study disease
- Neighborhood controls: Neighbors of the patients living in the same locality
- For 1 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 confounding factor is defined as one which is associated both with the exposure and disease. E.g.



Measurement of exposure:

Association between smoking and lung cancer

	Cases (Lung cancers)	Controls (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)

Workshop on Research Methodology held at MGIMS, Sewagram, 11-12 February 2000

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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 diethylstilbestrol 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.

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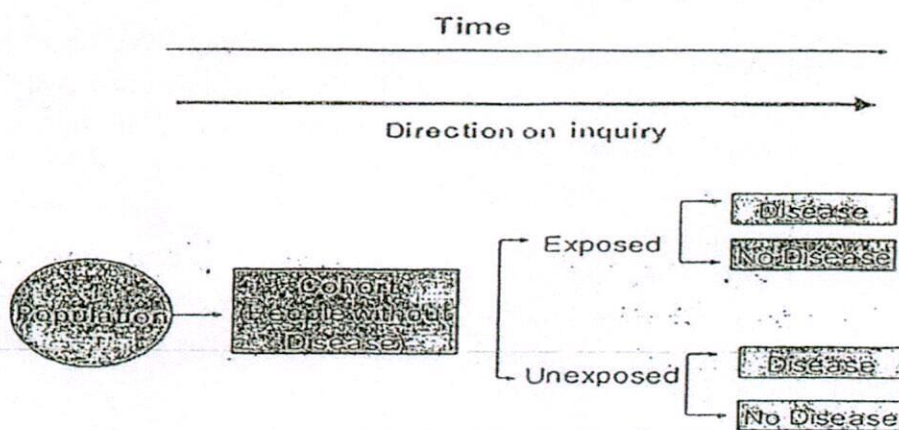
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how rare the outcome is). New cases of the disease are picked up during follow up and the incidence of the disease is computed on the basis of the exposure status. The incidence in the exposed cohort is then compared with the incidence in the unexposed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

$$\text{Relative risk} = \frac{\text{Incidence in the exposed cohort}}{\text{Incidence in the unexposed cohort}}$$

The relative risk is a measure of association between the exposure and the outcome. The larger RR, the stronger the 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 SECTIONAL	CASE CONTROL	COHORT
Probability of:				
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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Workshop notes on Research Methodology held at MGIMS, Sewagram, 17-20 February 2000

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

	ECOLOGICAL	CROSS SECTIONAL	CASE CONTROL	COHORT
Investigation of rare disease	++++	-	+++++	-
Investigation of rare exposure	++	-	-	+++++
Testing multiple outcomes of an exposure	+	++	-	+++++
Study of multiple exposures and determinants	++	++	++++	+++
Measurement of temporal sequence	++	-	+	+++++
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. KAGNE. R.N

DEAN **Workshop on Research Methods for first year Postgraduates**

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EXERCISE-6

Workshop on Research Methods for first year Postgraduates



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Review:

Application of Qualitative Methods in Health Research: An Overview

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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.¹ 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 in-depth 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.² 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.⁴ 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:⁵

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

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.¹¹ Noteworthy, 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 collection tools.

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.¹² Free 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 workers etc.

Sequencing of the methods^{3,5}: 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 survey.

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.

Interim analysis: The qualitative data analysis is an on-going and iterative (non-linear) process in qualitative research. This is known as interim analysis. It is a 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 a 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 an 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.

Step 1: 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 intends to develop theory rather than describing phenomenon or verifying existing theories.

Step 4: Test coding on sample text: 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 re-reading 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 research.²³

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 Question

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 (Berksonian 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.

- 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 biased in the direction of producing either an overestimate or under-estimate of the true association.

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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.

1. 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. Berksonian bias
 - d. Neymanbias
4. Standardisation of study instrument, proper training of interviewer will reduce which type of bias?
 - a. Selection bias
 - b. Information bias
 - c. Berksonian bias
 - d. Neymanbias
5. The most common type of bias that occurs in a case control study
 - a. Recall bias
 - b. Information bias
 - c. Berksonian bias
 - d. Neymanbias

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Exercise 8
Sample Gantt chart

THESIS TIMELINE	Nov-22	Feb-23	Mar-23	Apr-23	May-23	Dec-23	Jan-24	Feb-24 to May-24	Jun-24	Jul-24 to Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Topic Selection																				
Review of Literature																				
Thesis Protocol preparation																				
QMed Online Course/Literature Search		II Wk																		
Thesis Proposal submit in SMVMCH Research committee		IV Wk																		
Revision of Thesis Proposal																				
Submit to SMVMCH Ethics committee				I Wk																
Ethics Committee approval																				
Proposal submission to University					15 th															
Questionnaire development(pretest)																				
Data collection																				
PG Thesis department review									I Wk		II Wk		II Wk							
Data Entry																				
Data analysis																				
Interpretation of Data																				
Summarizing																				
Revision and Editing																				
Submission of Thesis																				II Wk



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 separate list 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.

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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 **non-inclusive** 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. 1-2.
- 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 (no spaces or punctuation between initials) (full-stop OR if further names 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. Use 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 capitalised.

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: 3rded.

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

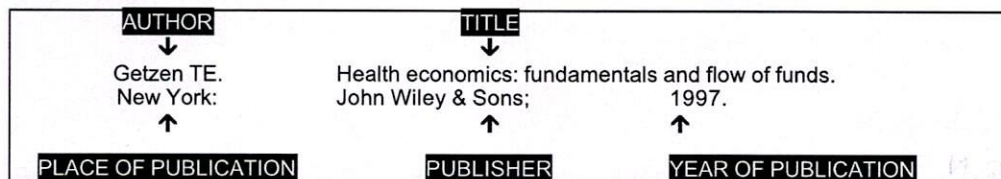
Example 8.1: (Annals of the New York academy of sciences; vol 288).

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.

- **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**

Manrahan C, Valerian. In: Krapp K, Longe JL, editors. The Gale encyclopedia of alternative 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	TITLE OF ARTICLE
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.
	TITLE OF JOURNAL
	PUBLICATION YR/MO/DAY.
	VOLUME/ISSUE NO.
	PAGE NO.S

NOTE: - Choose an option and be consistent

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.

■ 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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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:	<ul style="list-style-type: none">• 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://www.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 31].

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)

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Clinical pharmacology 2000 [CD-ROM]. Version 2.01. [cited 2001 Aug 7]; Gainesville (FL): Gold Standard Multimedia; 2001.

Note: This 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.

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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, Flanagan 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.O2 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 Jun 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 cytotoxic drug products. In: Australian pharmaceutical formulary and handbook. 17th ed. Parkville, Vic: Pharmaceutical Society of Australia. 2000. p. 101-8.
10. Ampicillin. In: Australian medicines handbook 2000. Adelaide (SA): Australian Medicines 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, Flanagan A, Fontanarosa PB, Gass RM, Glitman P, Lantz JC, et al. American Medical Association manual of style: a guide for authors and editors. 9th 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/>

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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

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EXERCISE-9



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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

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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)



[Home Page](#) | [Trial Search](#) | [Advanced Search](#) | [FAQs](#) | [Publications](#) | [Secretariat](#) | [Feedback](#) | [Disclaimer](#) | [Sitemap](#)

Font Size: A | A | A | A

SIGN IN TO CTRI
 Username

 Password

[Forgot Password](#) | [New Applicant](#)

Trial Registration Data Set
 Download:[Pdf]

Keyword Search




[News / Highlights](#)

Attention all Trial Registrants

 Click for:
[Retrospective Registration](#)
[Prospective Registration](#)
[Updating Registered Trials](#)

E-Tutorial [click here](#)

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 to "negative" or equivocal results. However, this tendency for availability of only selective information from the

Clinical Trials Registry-India (CTRI)

The Clinical Trials Registry- India (CTRI), hosted at the ICMR's National Institute of Medical Statistics (<http://nims-icmr.nic.in>), is a free and online public record system for registration of clinical trials being conducted in India that was launched on 20th July 2007 (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.cdsc.nic.in). Moreover, Editors of Biomedical Journals of 11 major journals of India declared that only registered trials would be considered for publication^{1, 2}. Today any researcher who plans to

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

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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,
Kalittheerthalkuppam, 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	 Sri MANAKULA VINAYAGAR Medical college and Hospital	
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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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
4. 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:

1. 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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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
Last date for submission of Research Proposal	Every month 1 st 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.

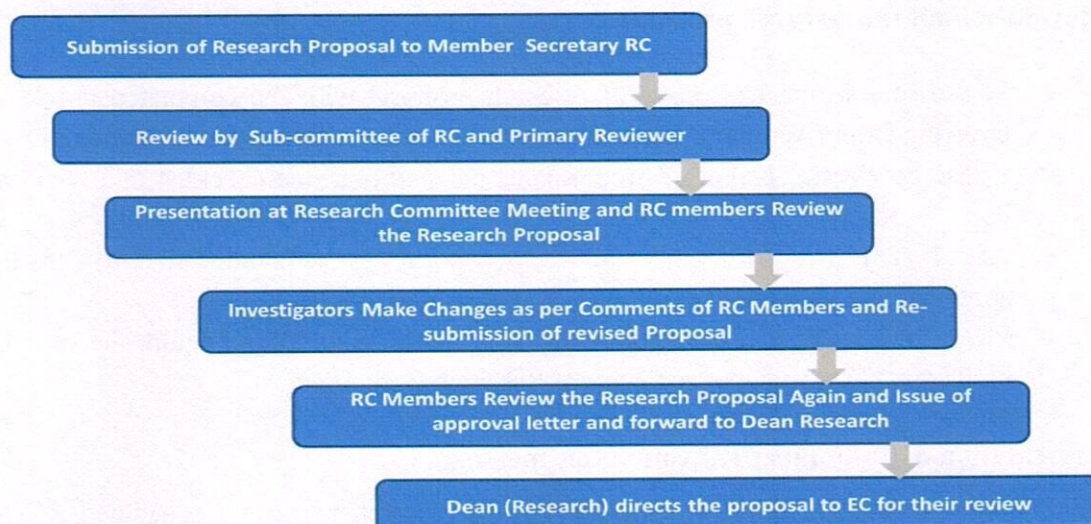



Fig-1: Processing of Research Proposal by Research Committee, SMVMCH

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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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List of Research Committee Members

S. No	Name & Designation	Position
Core- Team		
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

Remarks of the Junior Resident (Refer PG progress report)	
Overall Satisfaction with the Quality of Work:	<input type="checkbox"/> Below Expectations <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Exceeds Expectations
Any other Comments / Recommendations:	

Signature with Date & Seal

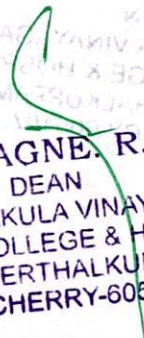
Student:

Co-Guide:

Guide:

HOD:

Official use (Date of receipt and signature):


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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

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Workshop on Research Methods for first year Postgraduates

Postgraduate Final Report 2023

Name: _____


Department: _____ Mobile No.: _____ Mail ID: _____

Guide: _____ Co-Guide: _____

Year	Month/year	Task/event	Certificate/Proof submitted (Yes/No/NA)/Date
I	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	
	Apr-2023	Clearance of thesis proposal by IEC	
	May- 2023	Proposal submission to Pondicherry University	
II	Dec- 2023	Workshop on ‘Data Entry using Epi Info’	
	Jan-2024	Thesis progress review–I by HOD (Report should be submitted on or before 15th 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 15th 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’	
	Jan-2025	Submission of Abstract to Dean (Research)	
	Apr-2025	Submission of Thesis to Pondicherry University	

NA-Not applicable, SRC- SMVMCH Research Committee, IEC- Institute Ethics Committee, CTRI- Clinical Trial Registry India

Workshop on Research Methods for first year Postgraduates


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CENTRAL RESEARCH LAB –II (Cell Culture Facility)

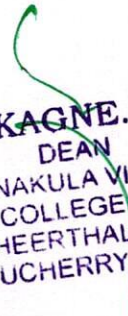
S. No	NAME OF THE INSTRUMENT	BRAND
1	Electronic Balance	Shimadzu – BL-220H
2	Refrigerator -2 no's	Samsung
3	ELISA reader	BIO-RAD - imark
4	Co2 Incubator	Lark
5	Inverted Phase Contrast Microscope	Sundew-MCX1600
6	Bio- Safety cabinet –Class II	SP Bio Engineering
7	-80 ⁰ C Deep Freezer	Sub zero
8	pH Meter	Hanna
9	Research centrifuge	Remi R-24
10	Refrigerator – 2 No's	Samsung
11	Vertical Gel Electrophoresis	Bio-Rad

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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 CHF2003
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 letters):

Name of Co-investigator (Block letters):

Email ID of Investigator: -

Email ID of Co-investigator

Research committee clearance: Yes: ☐ No: ☐

Ethics clearance (Attach clearance certificate): Yes: ☐ No: ☐

Recommendation:

Approval:

Dr. KAGNE. R.N
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KALITHEERTHALKURPAM,
PUDUCHERRY-605107.

(Annexure 6)

Research Committee, Sri Manakula Vinayagar Medical College and Hospital

Puducherry

Title of Research Work:

Principal investigator:

Department:

Date:

Reply to the Research committee's comments

Original comments by the research committee	Reply by the Student\Guide\faculty investigator	Changes done on page number and line number

Signature of the Guide\Faculty investigator

Signature of the Principal investigator

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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 comes under the following category,

1. Research on publicly available information/ Documents/ Records/ Works/ Performances/ Reviews/ Quality assurance studies/ Archival materials or third- party interviews ☐
2. Research on anonymised biological samples from deceased individuals/ Left over samples after clinical investigation/ Cell lines or cell free derivatives like viral isolates/ DNA or RNA from recognized institutions or qualified investigators/ Samples or data from repositories or registries etc. ☐
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 (*description of the study - 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
..... (*details of possible benefits of participation*)

If you do not want to be in this research study, we will tell you what other kinds of treatments are there for you. (*for research projects that offer treatment or intervention.*)

When we are finished with this study we will write a report about what was learned. This report 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 we begin, that's okay too.

Your parents know about the study too.

If you decide you want to be in this study, please sign your name.

I, _____, want to be in this research study.

(Sign your name here)

(Date)

(Signature of parent/ legally accepted guardian)

(Date)

(Signature of Witness)

(Date)

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Consent form: Part II – Informed Consent Form

Participant's Name

Address:

Title of the study:

The details of the study have been provided to me in writing and explained to me in my own mother tongue. I confirm that I have understood the purpose and procedure of the above study and that I had the opportunity to ask questions. I understand that my participation in the 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 scientific 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".

I 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: _____

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KALITHEERTHAL KUPPAM,
PUDUCHERRY-605107.

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-xxxxxxxxxxxxxxxx

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

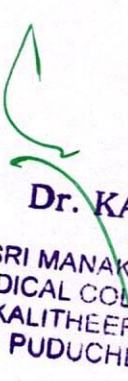
I wish to thank you for taking your time to participate in the study.


Date:

Place:

Signature of investigator

Signature of witness


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(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:

Name of the student\faculty:

Department:

Course name:

Duration of the course (year):

Date of Submission of proposal:

Signature of the Student\Faculty

Signature
of Guide

Signature of
Co-guide\co-investigator

Signature of
Head of the Department
(with seal)

Signature of
affiliating Faculty
from other Department

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PUDUCHERRY-605107.

Section B- Guidelines\check-list for original research proposal submission to Research Committee
(Please check the box)

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)

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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):

We acknowledge the Epidemiology Unit of Department of Community Medicine for their technical support

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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?

Do you have to take part?

What will happen to you if you take part?

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 assignment for randomized trials)

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What are the alternatives for diagnosis or treatment?

What are the possible benefits of taking part?

What are the possible disadvantages or risks of taking part? Mention what measures will be taken to minimize the risk, if any.

What are the provisions for treatment of research related injury?

Will compensation be provided to you in case of research related injury?

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 the study?

Who is organizing the research study?

Who has reviewed the study?

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