

# Feedback on Current Curriculum from Community Medicine Post Graduate Students of University College of Medical Sciences

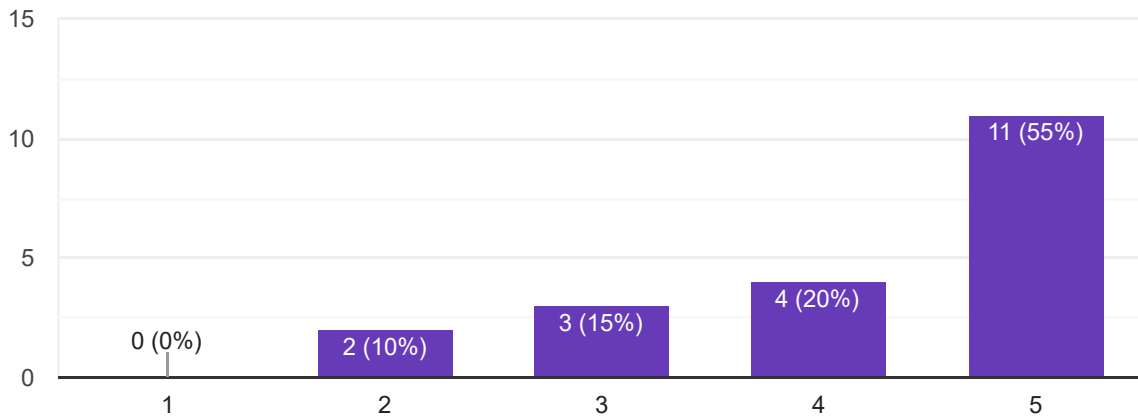
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1. The entire curriculum and syllabus to be covered is clearly outlined and made available to us at the beginning of the course.

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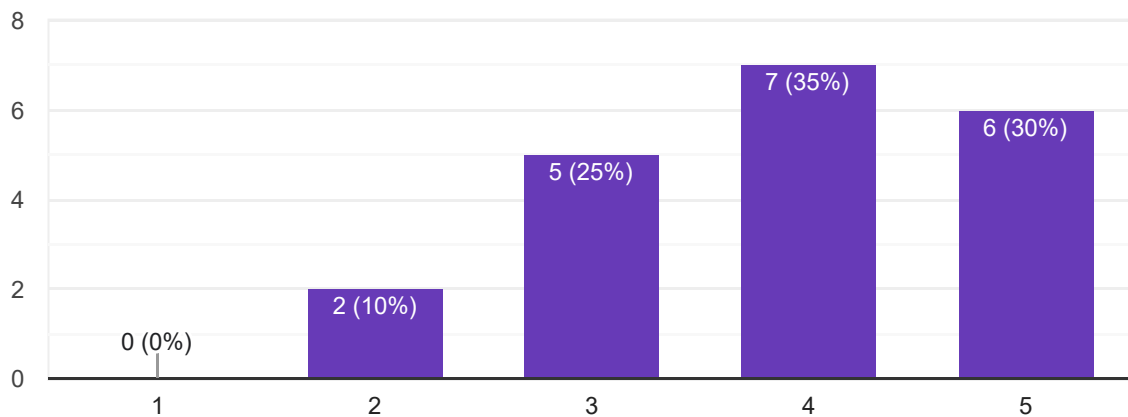
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2. The competencies are well designed and adequately covers the syllabus

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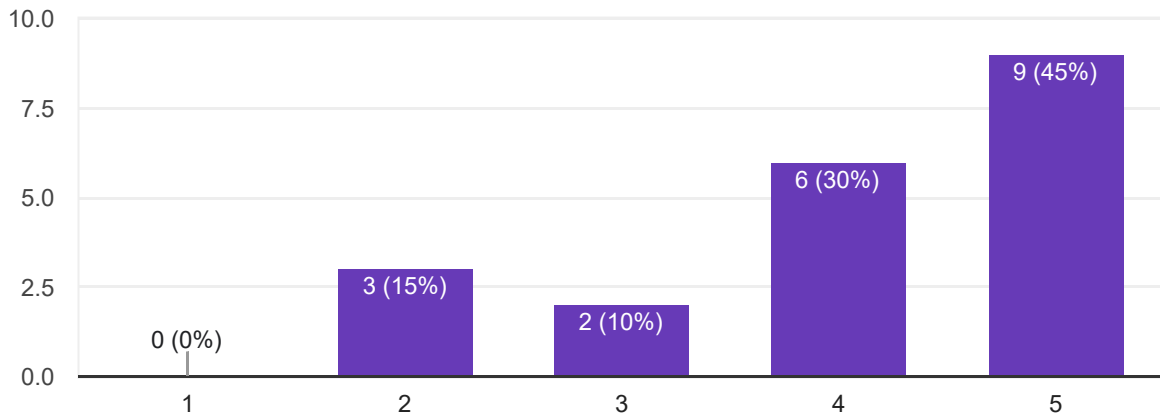
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3. Successfully learning the competencies will help me in my field of specialization.



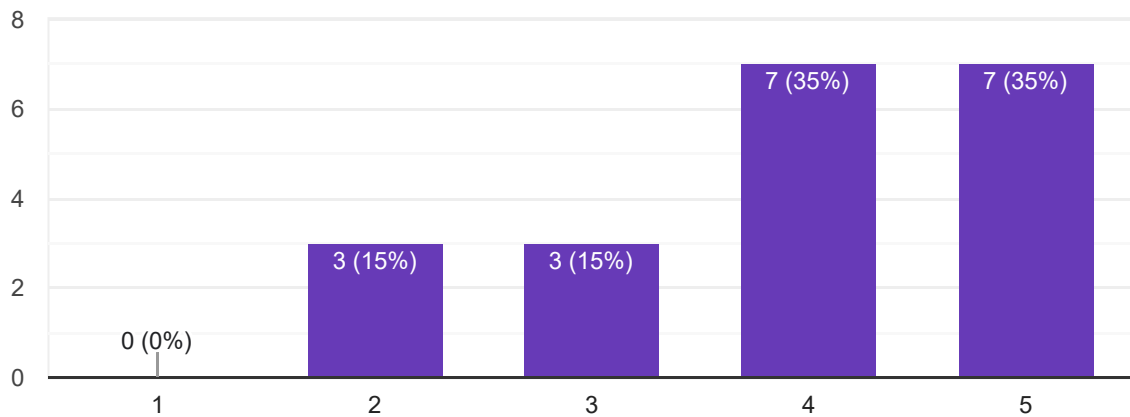
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4. The specific learning objectives (SLOs) were clearly communicated at the beginning of the teaching sessions.



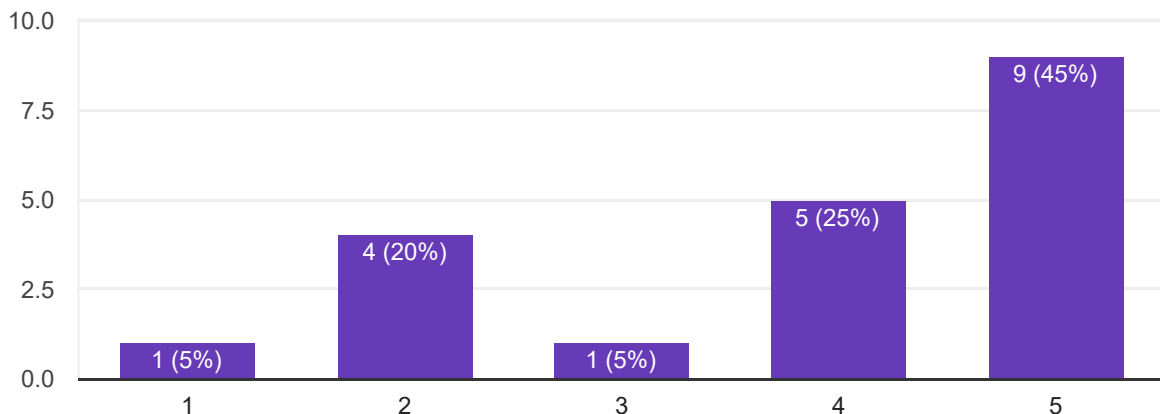
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5. The course is optimally divided into lectures and hands on training



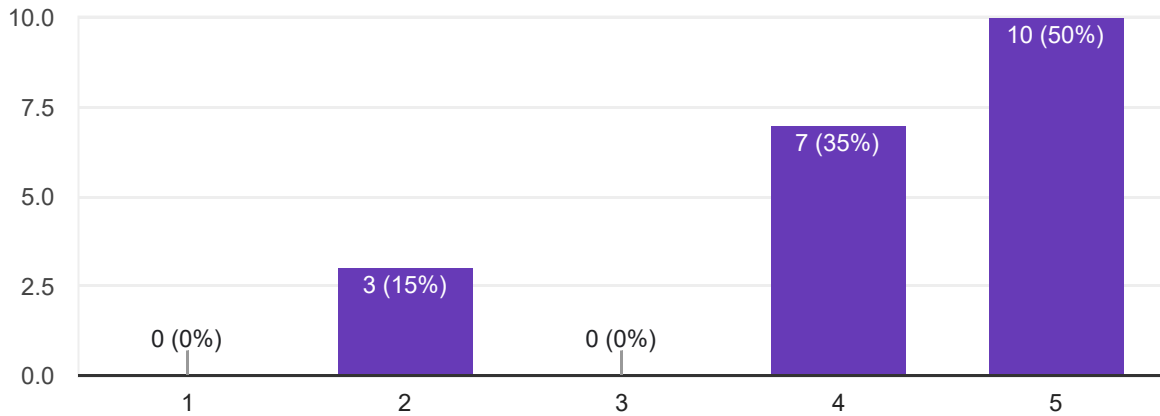
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### 6. The lectures are interactive and makes optimal use of different modes of teaching

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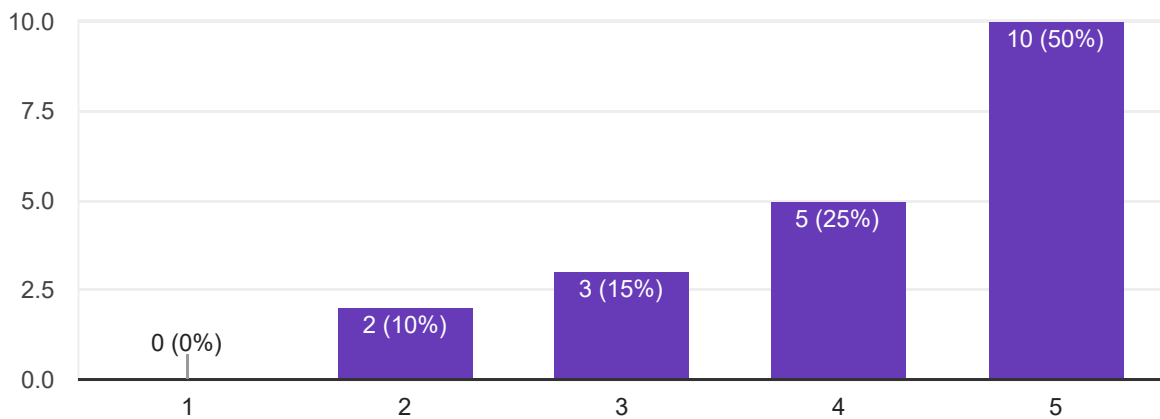
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### 7. The small group discussion/hands on teaching sessions helps to deepen the understanding of the particular topics.

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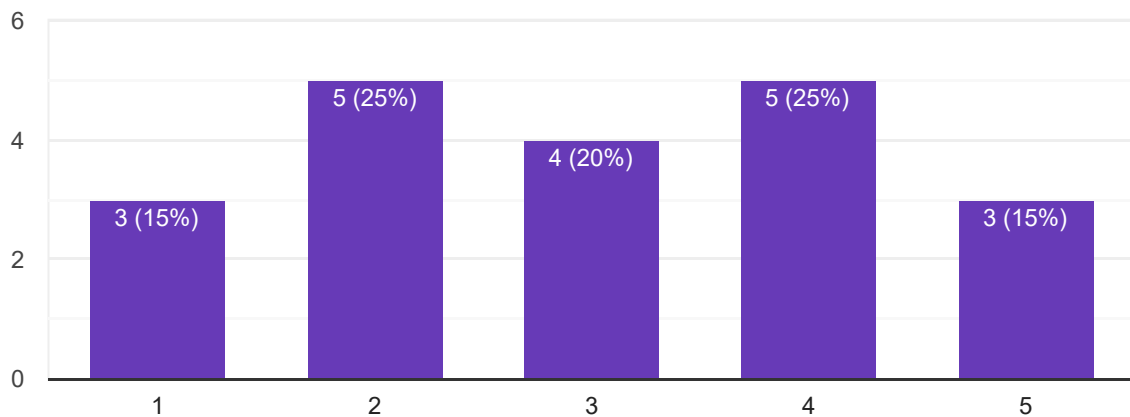
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### 8. There is optimal integration amongst allied fields

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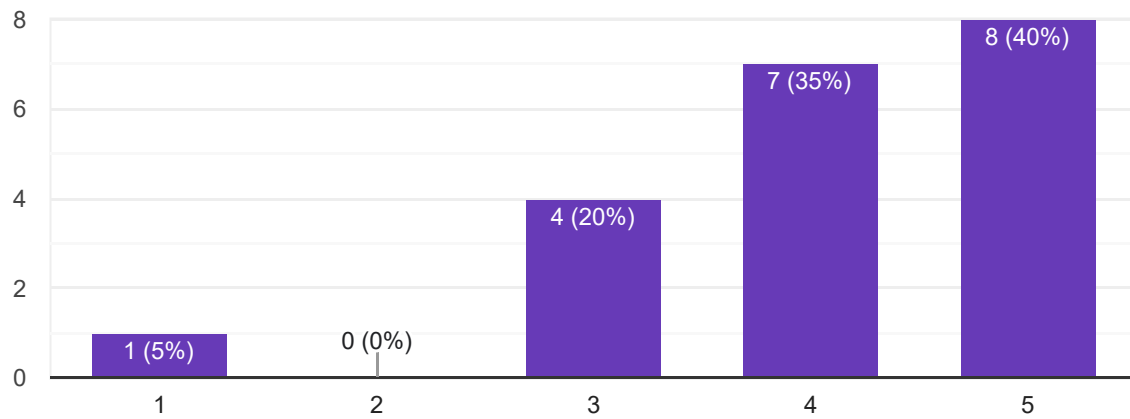
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## 9. Regular and timely feedback is given on our performance.



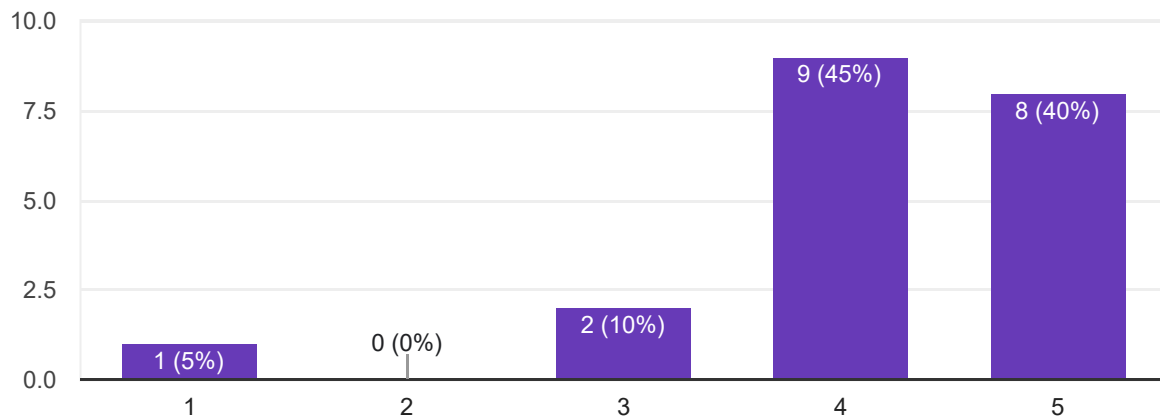
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## 10. Periodical assessments are conducted as per schedule



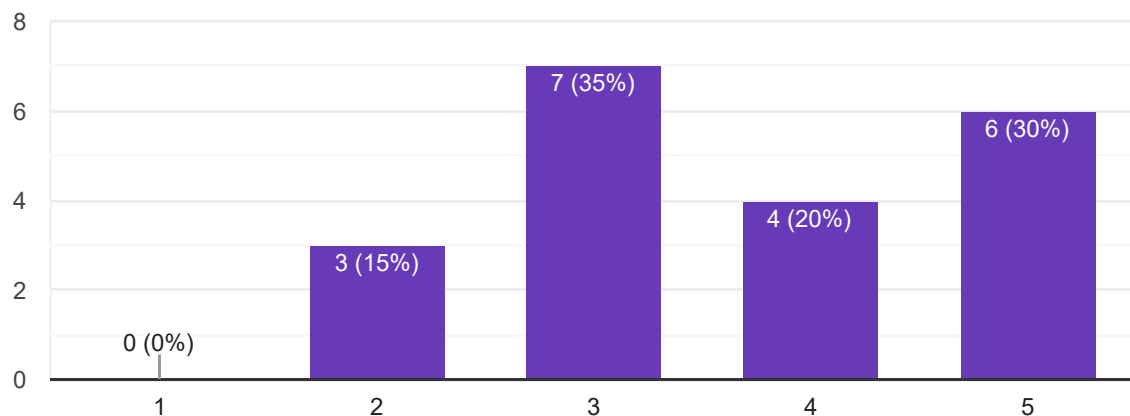
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## 11. The newer teaching methods and techniques were effective in developing my skills in my field of post-graduation.



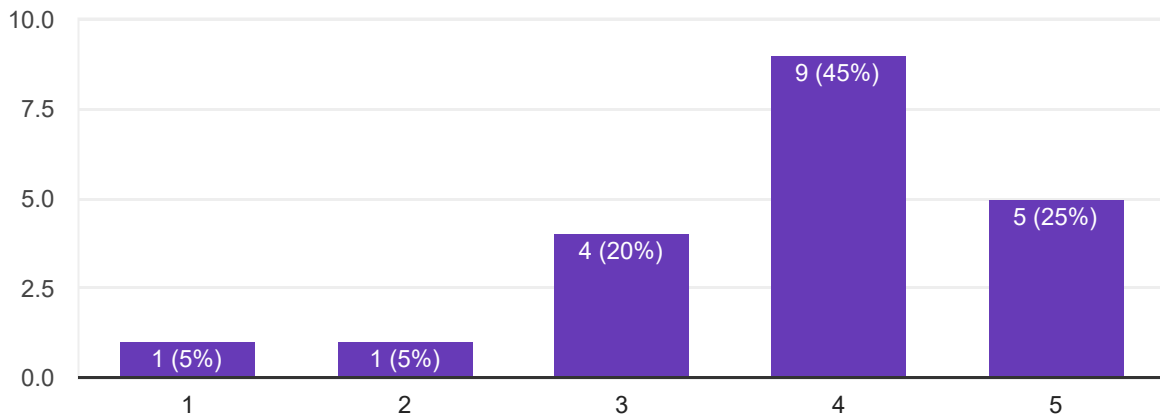
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### 12. Skill lab has helped me to train on essential competencies.



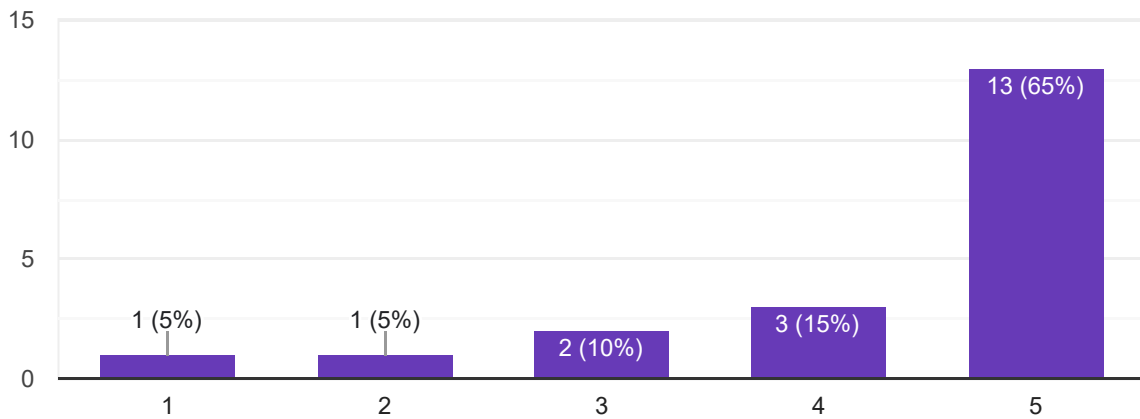
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### 13. Adequate training and support was provided to induct me into the field of research and carry out my thesis work.



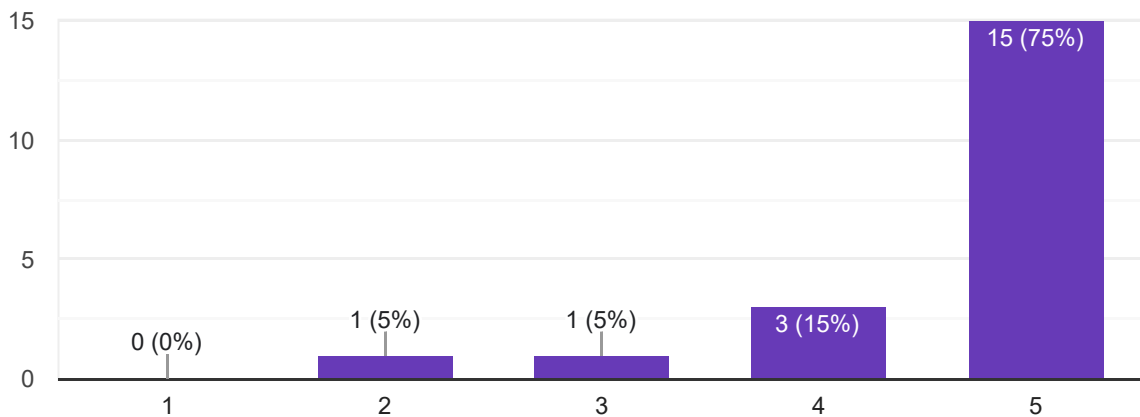
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### 14. Students are encouraged to ask questions and efforts are taken to resolve their doubts



20 responses



## 15. Suggestions for improving the curriculum

6 responses

Integration with other branches of medicine required- as we are seeing basic cases of dermatology, obgyn and pediatrics etc in the community but don't feel adequately prepared for them. We are doing it based on our MBBS knowledge but further revision is required to maintain uniformity of patient care and to adequately develop clinical skills. ( Simply referring the patient to higher centre is a poor option as that defeats the purpose of Primary health care and the patients also don't go to higher centres most of the times)

Q-12 I am satisfied with the current curriculum but cannot comment on comparison to previous as we have not experienced it personally. From senior's reviews I feel it's same as before in essence. But things like District Residency Programme etc should be optimised for a state like Delhi (with district hospitals adjacent to tertiary hospitals, it might turn out to be a mere formality rather than any learning experience)

Should be more practical based

Prior schedule and addition of value education (morals values) with way to behave in the department as per their responsibilities.

Community Medicine is a clinical branch and that is the thing lacking. Academics is no doubt excellent but Clinical exposure and integration with other departments for better primary care is negligible. It is completely restricted to theoretical knowledge.

Integration with clinical subjects to update our knowledge

Kindly schedule our clinical postings/ CME/ for the same as we see variety of patients in OPD  
If nutrition training, hospital management and leadership management is also taught we would be very grateful

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