



**Sarada Krishna
Homoeopathic Medical College
Kulasekharam, Kanniyakumari Dist., Tamil Nadu-629 161.**

Student-centric methods

Sl. No	Methods of Teaching
1.	Experiential Learning
2.	Integrated/ interdisciplinary learning
3.	Participatory learning
4.	Problem solving methodologies
5.	Self-directed learning
6.	Patient-centric and Evidence based learning
7.	Project based learning
8.	Role play



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DEPARTMENT OF ANATOMY

PARTICIPATORY LEARNING: GROUP DISCUSSION

Objective:

To enable the students to develop leadership and communication skills.

Process:

The entire students are divided into four groups (A, B, C & D). The topics are selected by the faculty based upon their clinical importance. During group discussion the students are free to comment their ideas on the topics with faculties and discuss among themselves.

Outcome:

- Relevant and innovative ideas are created.
- Communication skill improved.

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MEDICAL COLLEGE,
SEKHARAM, TAMIL NADU.

Sarada Krishna
Homoeopathic Medical College
Kulasekharam, Kanyakumari Dist., Tamil Nadu – 629161
Department of Anatomy
Group discussion (2013-2015)

Sl.No	Month & Year	Topic
1.	Jan. 14	Radial nerve in Arm
2.	June 14	Mediastinum
3.	Nov. 14	Hepatobiliary apparatus

Name of Faculties - Dr. Santha N.P

Dr. Zion Natha Raj P.S.

Dr. Leena N.



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Department of Anatomy
Group discussion (2014-2016)

Sl.No	Month & Year	Topic
1.	Feb. 15	Brachial artery
2.	June 15	Pleura
3.	Nov. 15	Liver

Name of Faculties - Dr. Zion Natha Raj P.S.

Dr. Leena N.


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Department of Anatomy
Group discussion (2015-2016)

Sl.No	Month & Year	Topic
1.	Feb. 16	Superficial palmar arch
2.	April 16	Lungs
3.	June 16	Paranasal air sinuses
4.	Aug. 16	Duodenum

Name of Faculties - Dr. Zion Natha Raj P.S.

Dr. Leena N.

Dr. Berlina Terrence Mary D.



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Department of Anatomy
Group discussion (2016-2017)

Sl.No	Month & Year	Topic
1.	Feb. 17	Radial nerve in Arm
2.	April 17	Hip joint
3.	June 17	Suboccipital triangle
4.	Aug. 17	Pancreas

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Department of Anatomy
Group discussion (2017-2018)

Sl.No	Month & Year	Topic
1.	Feb. 18	Pericardium
2.	March 18	Structures under cover of Gluteus maximus
3.	April 18	Spleen
4.	May 18	Inguinal canal
5.	June 18	Prostate
6.	July 18	Parotid gland
7.	Aug. 18	Cavernous sinus

Name of Faculties - Dr. Zion Natha Raj P.S.

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Group discussion (2018-2019)

Sl.No	Date	Time	Topic
1.	09.01.2019	9.30-10.30 am	Sternoclavicular joint
2.	23.01.2019	9.30-10.30 am	Foetal circulation
3.	30.01.2019	9.30-10.30 am	Shoulder joint
4.	06.02.2019	9.30-10.30 am	Elbow joint
5.	13.02.2019	9.30-10.30 am	Radioulnar joint
6.	20.02.2019	9.30-10.30 am	Wrist joint & 1 st Carpometacarpal joint
7.	27.02.2019	9.30-10.30 am	Joints of thorax
8.	06.03.2019	9.30-10.30 am	Hip joint
9.	13.03.2019	9.30-10.30 am	Knee joint
10.	20.03.2019	9.30-10.30 am	Knee joint
11.	03.04.2019	9.30-10.30 am	Ankle joint
12.	10.04.2019	9.30-10.30 am	Subtalar joint
13.	24.04.2019	9.30-10.30 am	Skull
14.	08.05.2019	9.30-10.30 am	Lacrimal apparatus
15.	15.05.2019	9.30-10.30 am	Face
16.	22.05.2019	9.30-10.30 am	Rectus sheath
17.	27.05.2019	9.30-10.30 am	Abdominal aorta
18.	12.06.2019	9.30-10.30 am	Inferior venae cava
19.	19.06.2019	9.30-10.30 am	Thyroid gland
20.	03.07.2019	9.30-10.30 am	Eye ball
21.	10.07.2019	9.30-10.30 am	Liver
22.	17.07.2019	9.30-10.30 am	Fallopian tube

23.	24.07.2019	9.30-10.30 am	Anal canal
24.	31.07.2019	9.30-10.30 am	Contents of orbit
25.	03.08.2019	9.30-10.30 am	Middle ear
26.	14.08.2019	9.30-10.30 am	Brain stem
27.	21.08.2019	9.30-10.30 am	Cavernous sinus
28.	28.08.2019	9.30-10.30 am	Cranial nerves 11 & 12
29.	03.09.2019	2.30-3.30 pm	Cranial nerve 10th
30.	04.09.2019	8.30-9.30 am	Cranial nerve 5 th
31.		11.45am-12.45 pm	Cranial nerve 7 th
32.	05.09.2019	11.45am-12.45pm	Ventricles of brain
33.	06.09.2019	11.45am-12.45pm	Cerebrum
34.	16.09.2019	11.45am-12.45pm	Cerebellum
35.	17.09.2019	11.45am-12.45pm	Paranasal sinus
36.		2.30pm-3.30pm	Pharynx
37.	18.09.2019	8.30-9.30am	Larynx
38.		9.30-10.30am	Tonsil
39.	19.09.2019	11.45am-12.45pm	Tongue
40.	20.09.2019	11.45am-12.45pm	Pituitary gland

Name of Faculties - Dr. Zion Natha Raj P.S.

Dr. Leena N.

Dr. Berlina Terrence Mary D.


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DEPARTMENT OF ANATOMY

INTEGRATED LEARNING

Objective:

- ✓ To improve the academic knowledge, skill and efficiency of the student by integrating Anatomy with Physiology.
- ✓ To understand and correlate the structures and functions in a combined manner.

Process:

- ✓ The faculties of the Anatomy & Physiology discuss & the relevant topics are selected.
- ✓ Seminar will be conducted every month.
- ✓ The topic & subtopics were distributed to the students two weeks before the particular seminar. Among them one student will be a moderator.
- ✓ They should submit the seminar materials (Notes, PPT & Videos) to the concerned department HoD's one week before for any correction.
- ✓ All the faculties of both departments monitor the presentation and give their evaluation.

Outcome:

- ✓ Help the students to improve their knowledge on the concerned topics and get an idea of the structure of the particular organ relative to its functions.
- ✓ They become more confident and encourage others to participate in these positive functional activities.

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Department of Anatomy

INTEGRATED SEMINAR INDEX

Sl.No	Batch	Date	Topic	No. of Presenters	No. of Participants	No. of Faculty
1.	2015-16	09.04.16	Structure of Heart with Cardiac cycle and its co-relation with ECG waves	15	93	07
2.	2015-16	20-08-16	Kidney with the function of Nephron	14	97	04
3.	2016-17	03.06.17	Structure of Heart with Cardiac cycle and its co-relation with ECG waves	25	93	05
4.	2016-17	16.09.17	Anatomy and Physiology of Cerebral cortex	18	93	04
5.	2017-18	24.02.18	Anatomy and Physiology of Lungs	19	92	06
6.	2017-18	24.04.18	Anatomy and	23	93	05

			Physiology of Thyroid gland			
7.	2017-18	26.05.18	Anatomy of Kidney and Urine formation	19	94	05
8.	2017-18	30.06.18		19	89	05
9.	2017-18	21.07.18	Endocrine -Pancreas and Liver	26	95	04
10.	2017-18	11.08.18	Anatomy of Spinal cord and tracts	15	94	03


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DEPARTMENT OF ANATOMY

EXPERIENTIAL LEARNING: DISSECTION

Objective:

- To help the students to learn and identify the internal structures of the human body with its relations.
- To develop skill in doing dissection.

Process:

The entire students are divided into two batches (A & B). Weekly three days per batch. In each day five students will get a chance to do dissection rotationwise. Simultaneously demonstration of dissected parts with clinical relevance is done by faculties.

Outcome:

- Students get a clear idea of the internal organs with its location, external features, relations and surface marking.
- It makes the students to involve in the subject deeply and interestingly.
- Dissection skill develops in students.

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DEPARTMENT OF PHYSIOLOGY

EXPERIENTIAL LEARNING

Morphology of a normal ECG

Objective:

Body is a volume conductor i.e. body fluids are good conductors of electricity, therefore electrical changes generated inside the heart with each beat are conducted through the body fluids to all over the body and can be picked up by means of electrodes placed at certain definite points on the body surface. The record of these electrical charges during cardiac cycles is called Electrocardiogram (ECG).

Process :

The students were given a normal ECG. Asked them to identify the morphology of the normal ECG. The waves associated with the electrical activity of the various parts of the heart tissue during each cardiac cycle are represented by letters P, Q, R, S, T and U. 'P' wave is normally positive lead I, II, aVF, in V_4, V_5, V_6 . It is negative in aVR. It is variable in remaining leads, may be positive, negative, flat or biphasic. 'Q' wave is normally small with amplitude of 4mm or less. It is less than 25% of amplitude of 'R' wave in leads I, II, aVL, V_5 and V_6 . In remaining leads its amplitude is less than 0.2mm. From chest leads V_1 to V_6 , R wave becomes gradually larger. It is smaller in V_6 than V_5 . 'S' wave is large in V_1 and large in V_2 . It is gradually becomes smaller from V_3 to V_6 . T wave is normally positive in lead I, II, V_5 and V_6 . It is normally inverted in lead aVR, it is variable in the other leads, positive, negative or flat.

Outcome :

The students can easily identify a normal ECG by the end of the session and also helps to differentiate between the normal and abnormal ECGs

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DEPARTMENT OF PHYSIOLOGY

Student centric methods-Experiential learning

SL.No	Date	Topic	Faculty	Participants
2018-2019				
1.	8-6-2018 & 19-7-2018	Recording of respiratory movements by stethography	Dr.Mini.S.K Dr.Reshmy.K.R DR.Deepa.G.S	1-33 34-66 67-99
2017-2018				
2.	29-6-2018	Morphology of normal ECG	Dr.Mini.S.K Dr.Reshmy.K.R DR.Deepa.G.S	1-33 34-66 67-99
2016-2017				
3.	31.01.2017	Bleeding time, clotting time, Blood group	Dr.Mini.S.K Dr.Reshmy.K.R DR.Deepa.G.S	I year students
4.	28.04.2017	Recording of Blood pressure	Dr.Mini.S.K	I year students
5.	27.11.2015	Familiarization of microscope	Dr.Mini.S.K	I year students
2015-2016				
6.	08.12.2015	Blood group	Dr.Mini.S.K Dr.Reshmy.K.R DR.Deepa.G.S	I year students
7.	10.03.2016	Regulation of BP	Dr.Mini.S.K Dr.Reshmy.K.R DR.Deepa.G.S	I year students

K. P. P.
Deepa G.S

H.O. HoD

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Experiential learning
- Stethography

K. Kishore

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Experiential learning
Recording of ECG

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**DEPARTMENT OF PHYSIOLOGY
EXPERIENTIAL LEARNING**

Recording of Respiratory movements by Stethography

Objective:

Understanding the physiological basis of respiratory movements by recording the chest wall movements occurring during respiration. It helps to study the changes seen with voluntary hyperventilation, deglutition and exercise.

Process:

The instructor points out a student to demonstrate the stethographic procedures to refine his skills by allowing the students to take control of their own learning. Observing the effect of various factors on the respiratory movements, the stethographic recording is started about 5-6 breaths before and stopped only when the rate and depth have returned to the resting level. The stethograph is tied across the chest at the level of nipple, the connecting pressure tube is joined to the Marey's Tambour which in turn made to touch with the Kymograph. Record the respiratory movements in normal swallowing, in deglutition, in voluntary hyperventilation and in effect of exercise.

Outcome:

This method of learning helps the students to increase the knowledge acquisition of using the stethograph, and made them critically thinking regarding the role of chemoreceptor in the regulation of respiration.

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**DEPARTMENT OF PHYSIOLOGY
EXPERIENTIAL LEARNING**

Objective:

Experiential learning is the learning with an experience of working through reflection on doing. Beneficial for the students to increase motivation and valuable addition to physiology traditional classes. Evaluation is by measurable outcomes and students feedback. It helps to connect theoretical knowledge with the practical experiences by making learning relatable to students. Increases the effectiveness of learning by critical thinking. Acquire problem solving skills to engage in decision making, links theory to practice & process the application and makes generalization of the principles.

Process:

- Incorporating simple experiential activities in class
- Choosing an activity that helps students to meet the goals.
- Preparing a project calendar.
- Enforce the students to reflect on the activity.
- Apply the activity directly to their lessons.
- Reinforce what was learned in the activity

Outcome:

- Answer an essential question by the end of the lesson.
- Motivating each others to engage in the process of learning.
- Gains a deeper understanding of the subject.
- Helps the students to enhance their professional knowledge and understanding in the subject.

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DEPARTMENT OF PHYSIOLOGY

PROJECT BASED LEARNING

Objective :

Project-Based Learning (PBL) is an instructional methodology that encourages students to learn and apply knowledge and skills through an engaging experience. PBL presents opportunities for deeper learning in-context and for the development of important skills tied to college and career readiness.

Process :

1. Identify a unique challenge or problem
2. Investigate the challenge using the inquiry process & apply ideas in the discipline
3. Develop the summative product that addresses the challenge or problem & publically share it.

Outcome:

Gain knowledge and skills by working for an extended period of time to investigate and respond to an authentic, engaging, and complex question, problem, or challenge.

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Department of Physiology & Biochemistry
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Project Report-1

Name of the students : Anuja Umnikrishnan
Batch : 2015-2016
Name of the project : Correlation of PEFR with BMI
Duration : Six months

Brief summary:

Obesity is a medical condition in which excess body fat has accumulated to an extent that it may have a negative effect on health. People are generally considered obese when their body mass index is over 30 kg/m^2 . Excessive body weight is associated with various diseases and conditions particularly cardiovascular diseases, Diabetes mellitus type 2, Osteoarthritis etc. In respiratory system obesity can cause conditions like asthma. The effect of obesity on respiratory system can be understood with the help of peak expiratory flow meter. It measures the airflow through the bronchi and thus the degree of obstruction in the air ways. This work is a literature review including ten research works related to the topic to understand the correlation between PEFR and BMI. The literature review shows there is an inverse relationship with the BMI and PEFR. So there is an increase chance of bronchial asthma.


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Project Report -2

Name of the students : Teffi Ann Varghese
Batch : 2015-2016
Name of the project : Non-O blood groups associated with higher risk of heart attack-literature review
Duration : Six months

Brief summary

Literature review shows that there is positive correlation between non O positive blood group and incidence of heart attack. It has been explained that vWF and factor VIII contribute to the formation of thrombi. High level of total cholesterol and LDL level increase the chance of heart attack in ABO group. Another study suggests that genetic mutation through air pollution contribute to the possibility of heart attack. Studies show that there is a link between small particulate PM2.5 pollution and heart attack. Another study shows that IHD was three times more among blood group A and B subjects. MI was seen among subjects with blood group B whereas angina was common in blood group B. Female with blood group A had a lighter prevalence of MI whereas angina was common in both sexes. So blood group can be considered as a risk factor for myocardial infarction.


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Project Report -3

Name of the students : Vineetha.V.
Batch : 2015-2016
Name of the project : Biochemical parameters in vegetarians and
nonvegetarians
Duration : Six months

Project report:

Studies show that there is wide range of difference in the biochemical values due to their dietary choices. Serum ferritin concentrations were significantly lower in vegan men but iron and zinc status did not differ between the sexes. Mean serum vitamin B-12 and methylmalonic acid concentrations did not differ ; however, vitamin B-12 deficit manifested by macrocytosis' circulating vitamin B-12 concentrations <150 pmol/L, or serum methylmalonic acid >376 nmol/L. Vegans had significantly lower leukocyte, lymphocyte and platelet counts and lower concentrations of complement factor 3 blood urea nitrogen but higher serum albumin concentrations. Vegans did not differ from non-vegetarians in functional immunocompetence assessed as mitogen stimulation or natural killer cell cytotoxic activity. Vegetarian diets effectively has lower blood concentrations of total cholesterol, LDL cholesterol ,HDL cholesterol and non-HDL cholesterol than non-vegetarians.


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DEPARTMENT OF PHYSIOLOGY

Role play on Parkinsonism

Objective :

Parkinsonism is a slowly progressive degenerative disease of the part of the brain called the substantia nigra that controls motor activity. Nerve cell damage in the basal ganglia causes dopamine levels to drop, leading to the symptoms of Parkinson's

Process :

The students of the I BHMS acted as characters in the play. Amal Babu acted as the main character of the play as Mr Fick who is affected with Parkinsonism in his early forties. Arathy S. Vijayan acted as his wife. Ananthu Prakash and Evangaline acted as their children. Each of the members reverted according to the character in the play. Mr Fick was diagnosed when he noted a twitch in his fingers while he was working in his office. Later on he was dismissed from his job due to his disease and he moved on to a state of depression. After few months he showed the symptoms of tremors and stiffness of the fingers which he cannot even hold anything. The tremor is characteristically a resting tremor that involves the hands and fingers which is called as the 'pill rolling' movement. His expressionless face shows a 'mask-like face'. Slowly gait disturbances occur and later on he moved into a state of dementia.

Outcome :

Eventhough it is a grief-stricken show, the students got a clear idea regarding the disease and the pattern of appearance of symptoms in the condition.



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DEPARTMENT OF PHYSIOLOGY

ROLE PLAY

ACTIONS OF ALDOSTERONE AND OXYTOCIN

Date: 09.05.2019

Time: 1.30-2.30pm

Objective :

Each of the students represents a hormone and expresses the actions of each hormone and its variations ie. hyper and hyposcretion. Signs and symptoms of each condition are explored and make the peer group aware of its characteristic features, where by the theoretical exercise being improvised and performed into a play. It blends creativity, skill and understanding.

Process :

The students form a small group. Each student is given a specific character which represents a hormone. A group of students are there

1. Aleef& team - Aldosterone
2. Krishna priyaDhas&Team - Oxytocin

Action of aldosterone: Students acted the role of the hormones

Outcome :

Builds

- Confidence
- Creativity
- Communication skills
- Problem solving

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DEPARTMENT OF PHYSIOLOGY

ROLE PLAY

Objective :

Role play is a class room activity in which learners take on roles and act out imagine a real scenario. It is a technique that complements a traditional lecture. Role play is very useful for developing the interpersonal skills of learners.

It helps to develop all domains of learning.

- Cognitive (knowledge)
- Psychomotor
- Affective (emotional)

Process :

- Selection of the problem
- Construction of role play situation
- Casting the players
- Briefing
- Role play action
- Discussion and analysis

Learning outcome :

- Helps make abstract problems more concrete and promotes life long learning
- Self esteem and confidence level increases
- Develops communication skills in real, leadership, interviewing and social interaction
- Helps to observe and analyze the real life situation



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DEPARTMENT OF PHYSIOLOGY

Role play-2018-2019

Sl.No	Date	Topic	Methodology	Faculty	Presenters
2018-2019					
1.	09.05.2019 1.30-2.00pm	Actions of Aldosterone	Role play	Dr.Mini.S.K	Aleef & Team Common actors - each containing a group of 6-8 students
2.	09.05.2019 2.00-2.30pm	Actions of Oxytocin	Role play	Dr.Mini.S.K	Lalithambika & Team
3	20.11-2015 10.45-11.45am	Parkinsonism	Role play	Dr. ReshmyK.R	Amal Babu & Team


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DEPARTMENT OF PHYSIOLOGY

PROBLEM SOLVING METHOD

A CASE STUDY ON MYOCARDIAL INFARCTION

Objective:

Myocardial infarction is commonly known as a heart attack, occurs when a portion of the heart is deprived of oxygen due to blockage of a coronary artery. Coronary arteries supply the heart muscle with oxygenated blood. Without oxygen, muscle cells served by the blocked artery begin to die.

Process:

The students were given a summary of a case of Myocardial Infarction. A Patient aged 73 yrs was suffering from tightness or pain in the chest, neck, back or arms as well as fatigue. Abnormal heart beat and anxiety since morning. The ECG findings show ST elevation. P wave is normal, pathological Q waves are recorded. QT interval is prolonged.

Outcome:

The students were capable of identifying the difference between normal and abnormal ECG. In acute myocardial infarction hyper acute T wave and in normal myocardial infarction inverted 'T' wave is noted. In myocardial ischemia 'U' wave is inverted. ST interval is depressed in acute myocardial ischemia and in posterior myocardial infarction.

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**DEPARTMENT OF PHYSIOLOGY
PROBLEM SOLVING
MYASTHENIA GRAVIS**

Objective:

Myasthenia gravis (MG) is a long-term neuromuscular disease that leads to varying degrees of skeletal muscle weakness. The most commonly affected muscles are those of the eyes, face, and swallowing. It can result in double vision, drooping eyelids, trouble talking, and trouble walking.

Process :

Problem to be solved

Mr. X came to OPD with muscle weakness which becomes progressively worse during periods of physical activity and improves after periods of rest. Typically, the weakness and fatigue are worse toward the end of the day. Weakness starts with ocular (eye) muscles it progress to a more severe generalized form, characterized by weakness in the extremities. Students analyze the problem and interpret multiple solutions and finally reach into a conclusion

Learning outcome :

Able to list the causes for muscle weakness

Understand the role of acetylcholine in neuromuscular transmission

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DEPARTMENT OF PHYSIOLOGY

PROBLEM SOLVING

RH INCOMPATIBILITY

Objective:

Every person's blood has certain characteristics. If a baby's and mother's blood are incompatible, it can lead to fetal anemia, immune hydrops (erythroblastosisfetalis) and other complications. The most common type of blood type incompatibility is Rh disease (also known as Rh incompatibility). To make the students understand the concept behind this a real life scenario is given.

Process :

The problem to be solved is given as follows:

In an Rh-negative mother carrying an Rh-positive fetus, the second child usually dies

Students analyze the problem and find multiple solutions with references and finally come to a conclusion


Learning outcome:

Able to understand the concept of blood incompatibility

Able to understand the reason behind erythroblastosisfetalis.


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**DEPARTMENT OF PHYSIOLOGY
PROBLEM SOLVING
ALBUMINURIA**

Objective :

When the kidneys are working correctly they filter waste products out of the blood but keep in important elements including albumin. Albumin is a protein which helps to prevent water from leaking out of the blood into other tissues. If high blood sugar levels over a number of years damage the kidneys, they may allow too much albumin to be lost from the blood. Proteinuria is a sign therefore that the kidneys have become damaged.

Process :

Urine contain protein is given to the students

Students estimate the protein in the given sample of urine using albuminometer

Students analyze the problem and find the type and different causes for albuminuria finally reaching a conclusion

Learning outcome :

Student will be able to understand what proteinuria is and to classify the type

Understand different causes for proteinuria



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DEPARTMENT OF PHYSIOLOGY

PROBLEM SOLVING

A CASE STUDY ON GLYCOSURIA

Objective:

Glycosuria is the excretion of glucose into the urine. Renal glycosuria is a rare condition in which the simple sugar is excreted in the urine despite normal or low blood glucose levels.

Process :

The students were given a summary of a case of renal glycosuria. The patient aged 26, had measles in childhood. Occasionally he drinks a glass of beer or wine, uses tobacco moderately. He has a normal figure and has average habits in his diets. He has excessive urination, excessive thirst and other associated symptoms. The blood glucose level is 200mg/dl.

Outcome :

The students got a clear information regarding the functions of each part of nephron and about the renal threshold. Glucose is abnormally eliminated in the urine due to improper functioning of the renal tubules. Patient with normal or low concentrations of blood glucose. With normal renal functions, as blood flows through the kidneys, glucose and other substances are filtered from the fluid portion of the blood in individuals with glycosuria, there is a lowered renal threshold to glucose, and a reduction in the rate at which the renal tubules are able to reabsorb.

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**DEPARTMENT OF PHYSIOLOGY
PROBLEM SOLVING METHODOLOGY**

Objective:

Problem solving methodology is a student centered pedagogy that involves a dynamic class room approach in which the student acquires a deeper knowledge through active exploration of real world challenges and problems. The students are expected to observe, understand, analyze, interpret find solutions, and perform applications that lead to a holistic understanding of the concept.

Process :

- Identify the problem to be solved
- Analyze the problem
- Develop multiple solutions
- Choose the optimal solution

Learning outcome :

1. Students adopt a problem-solving approach by relating basic subjects with a clinical scenario and to apply concepts of theory to clinical conditions through self-learning.
2. Develop soft skills such as communication skills
3. Develops problem-solving or reasoning skills and decision making among the students.



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**DEPARTMENT OF PHYSIOLOGY
PARTICIPATORY LEARNING**

Examination of Radial Pulse

Objective:

Arterial pulse is the rhythmic expansion of the arterial wall due to transmission of pressure waves along their walls during each systole of the heart.

Process:

Hold the subjects right arm in the semi prone position with slight flexion at the wrist. The radial pulse is palpated using the right index, middle and ring fingers by gently compressing the artery against the radial styloid process. Count for one full minute.

Outcome :

While examining the pulse the students will be able to assess the following parameters like Rate, Rhythm, Volume & Character of pulse, Condition of the vessel wall, Radio femoral delay & examination of other peripheral pulses.

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**DEPARTMENT OF PHYSIOLOGY
PARTICIPATORY LEARNING**

Determination of Blood Pressure

Objective:

Blood pressure is the lateral pressure that our blood exerts against our arteries as it is pumped through the body by the heart.

Process:

The students were divided into groups and were made to determine the blood pressure among themselves by the indirect method of using the Sphygmomanometer. The students were asked to check their blood pressure at rest, in lying position and after exercise. Made them to connect between the practical aspects of determination of blood pressure and what they have learned in theoretical classes.

Outcome:

- Know and demonstrate the correct method for taking blood pressure measurements.
- Describing the Korotkoff sounds.
- Relate the importance of standard training for taking blood pressure.
- Demonstrate the proper techniques for taking blood pressure.
- Identify the potential source of error in measuring blood pressure and suggest techniques to minimize them
- Identify the symptoms and signs of blood pressure.

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**DEPARTMENT OF PHYSIOLOGY
PARTICIPATORY LEARNING**

Tetany

Objective :

Hypoparathyroidism leads to hypocalcemia where the serum calcium falls below 8mg/dl (usually 6-7 mg/dl) and hyperphosphatemia develops neuromuscular hyper excitability with paraesthesia numbness, tingling especially of face & extremities, muscular twitching, clonic & tonic spasm and generalized muscular convulsions occurs characteristic feature is typical Carpopedal spasm & laryngismus stridulus

Process :

The students are made to attain the typical attitude of carpedal spasm where the hand is flexed at the wrist and metacarpophalangeal joints the fingers are extended at interphalangeal joints & drawn together and thumb adducted into the palm.

Pedal spasm in foot there is plantar flexion at ankle and toes.

Outcome :

While attaining this attitude the student will be able to understand how tetany is manifested and also other features associated with it are also discussed.

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**DEPARTMENT OF PHYSIOLOGY
PARTICIPATORY LEARNING**

Objective:

Participatory learning is student centered collaborative and participative practice. This is a mutual learning process where the relationship between students and teachers develop. The students are empowered to be more independent and interdependent. They take greater control of their own learning by participating in the planning and implementation of this project and also benefitting from it.

Process :

- Group discussion
- Seminar
- Quiz
- Performing clinical examinations

Outcome :

- Gain confidence
- Gain professional values, knowledge and skills
- Gain a deeper understanding of the subject
- Maintain positive relationship with the students

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DEPARTMENT OF PHYSIOLOGY

Participatory learning

SLNO	Date	Topic	Methodology	faculty for moderator	Participants
2017-2018					
1.	22-4-2018	ECG	Group Discusion	DR. MINI S.K	51-99
2.	22-4-2018	TETANY	Group discusion	DR. MINI S.K	1-99
2017-2018					
1.	2-6-2018	General Examination. Examination of radial pulse and recording of blood pressure	Peer Clinical Examination	Dr. Mini. S.K Dr. Reshmy K.R Dr. Deepa G.S	1-50
2.	3-9-2018	Errors of refraction	Peer study	Dr. Reshmy K.R	1-99


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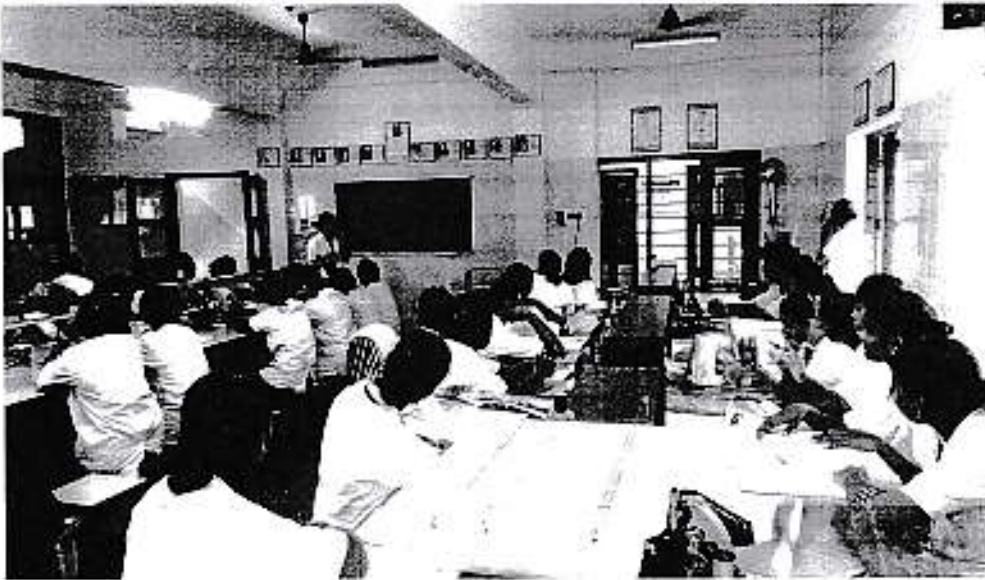
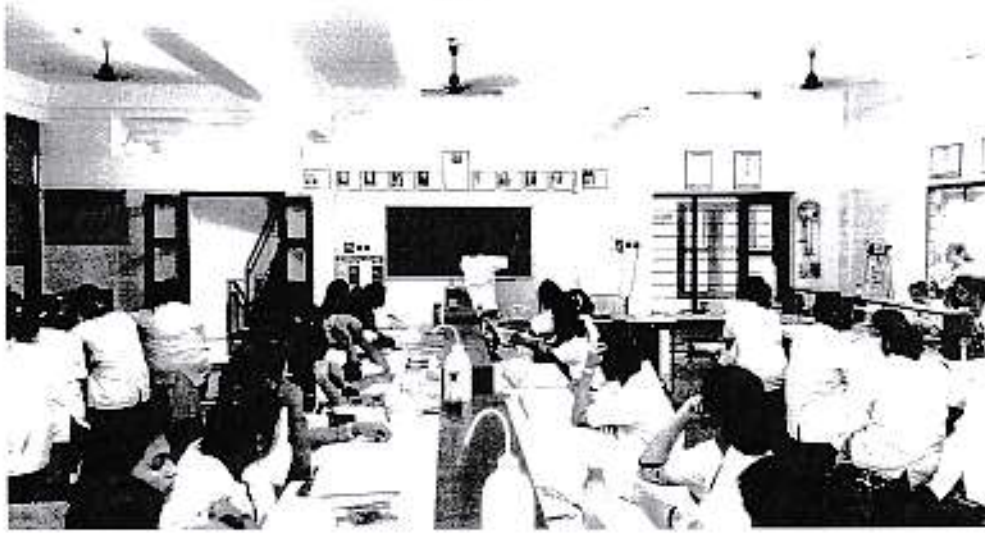
GROUP DISCUSSION

I BHMS

DEPARTMENT OF PHYSIOLOGY & BIOCHEMISTRY

Topic: Cardiac Cycle & Heart Rate

Date: 17-05-2019





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**DEPARTMENT OF PHYSIOLOGY
INTERDISCIPLINARY LEARNING**

Contraceptive devices

Objective :

Contraception is the prevention of pregnancy resulting from coitus. Contraceptive methods may be temporary or permanent.

Process :

Students are made to understand the use of contraception and familiarize with the contraceptive devices used in both sexes. The contraceptive devices which was displayed in the social and preventive medicine departmental museum was demonstrated in the 1st BHMS classroom. Dr. M. Murugan, HOD department of Organon explained about contraception and its necessity in Tamil. Dr. M.V Ajithkumar HOD Department of SPM illustrated the various devices. Dr. Mini S.K HOD Department of physiology, explained the physiological basis of IUCD's oral contraceptive pills for females and also about condoms used by males.

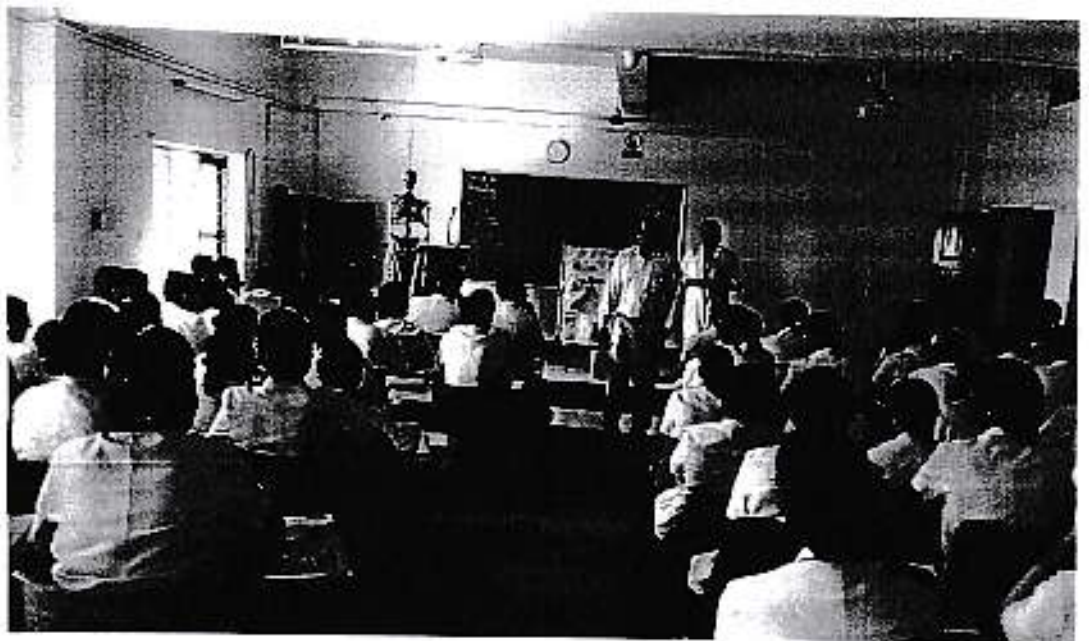
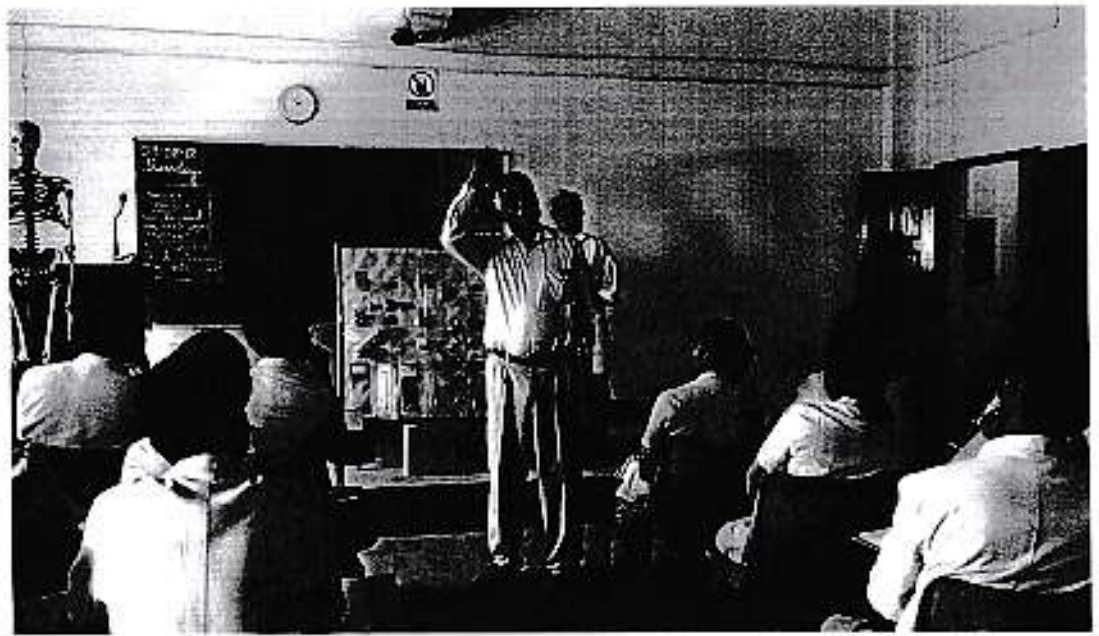
Outcome :

Students were much enthusiastic and developed a powerful learning experience and a critical thinking and got acquainted with the utility of contraceptive when in a real life situation.

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Interdisciplinary learning

K. S. Srinivasan
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**DEPARTMENT OF PHYSIOLOGY
INTEGRATED LEARNING**

Objective:

Integrated approach allows learners to explore, gather, process, refine and present information about topics they want to investigate without the constraints imposed by traditional subject barriers. An integrated approach allows students to engage in purposeful, relevant learning. Integrated learning encourages students to see the interconnectedness and interrelationships between the curriculum areas. Rather than focusing on learning in isolated curriculum areas, an integrated program is based on skill development around a particular theme that is relevant to the students in the class.

Process:

Students are given seminar topics which integrate Physiology and Anatomy once in a month. An average of 10 students acts as instructors in each seminar who play an active role. Students prepare their topics integrating the two subjects and present it. Other students are listeners who can raise questions.

Outcome:

- Students are active learners who research, interpret, communicate, and process learning to both others and themselves.
- Inquiry approaches allow for students to construct meaning using their prior knowledge on a subject, and new knowledge gained during the learning process.

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DEPARTMENT OF PHYSIOLOGY

Integrated seminar

2015-2016

SL.No	Date	Topic
1	09.04.2016	Structure of heart and cardiac cycle ant its correlation with ECG
2	20.08.2016	Kidney with the function of Nephron

2016-2017

SL.No	Date	Topic
1.	03.06.2017	Structure of the heart with cardiac cycle and its correlation with ECG waves
2.	16.09.2017	Anatomy and physiology of cerebral cortex

2017-2018

SL.No	Date	Topics
1.	24.02.2018	Physiology and Anatomy of lungs
2.	24.03.2018	Anatomy of heart with cardiac cycle and ECG
3.	28.04.2018	Anatomy and physiology of thyroid gland with applied aspects
4.	26.05.2018	Anatomy of kidney and mechanism of urine formation
5.	30.06.2018	Female reproductive organs and menstrual cycle
6.	28.07.2018	Endocrine pancreas and liver

7.	11.08.2018	Anatomy of spinal cord and tracts
8.	08.09.2018	Eye and vision

2018-2019

Sl.No	Date	Topics
1.	19.01.2019	Anatomy and physiology of muscle
2.	23.02.2019	Blood and Blood vessels
3.	09.03.2019	Anatomy and Physiology of Lungs
4.	27.04.2019	Anatomy of heart and cardiac cycle
5.	18.05.2019	Anatomy and Physiology of Stomach
6.	22.06.2019	Anatomy and Physiology of Thyroid gland
7.	27.07.2019	Structure and functions of female reproductive organs
8.	24.08.2019	Anatomy of spinal cord and tracts
9.	07.09.2019	Structure of cerebrum and functional areas



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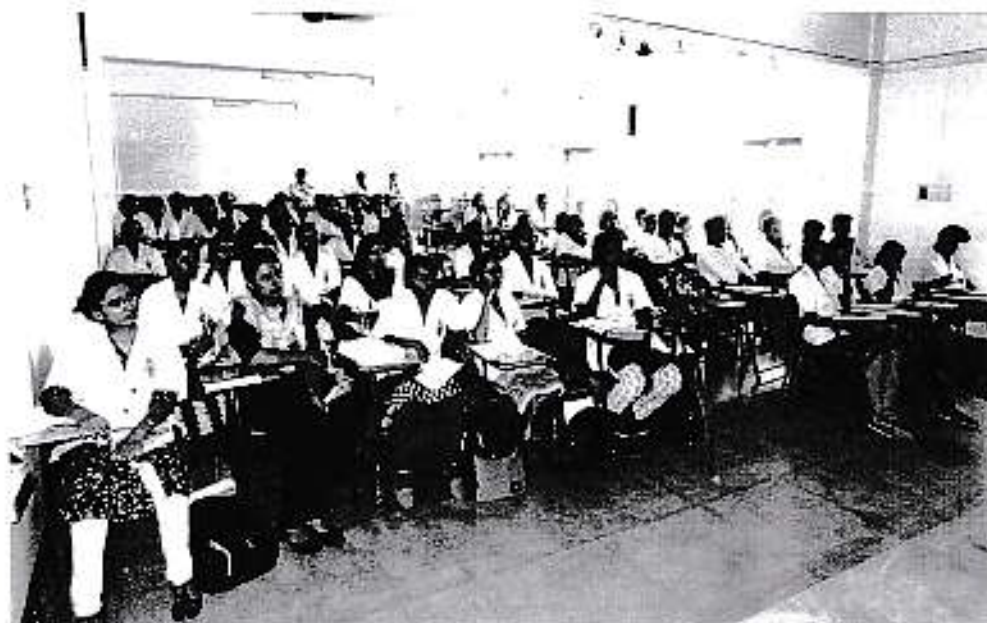
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INTEGRATED SEMINAR

DEPARTMENT OF PHYSIOLOGY & BIO CHEMISTRY

Topic: Anatomy & Physiology of Muscle

Date:19.01.2019





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INTEGRATED SEMINAR

DEPARTMENT OF PHYSIOLOGY & BIOCHEMISTRY

Topic: Anatomy & Physiology of Lungs

Date:09.03.2019





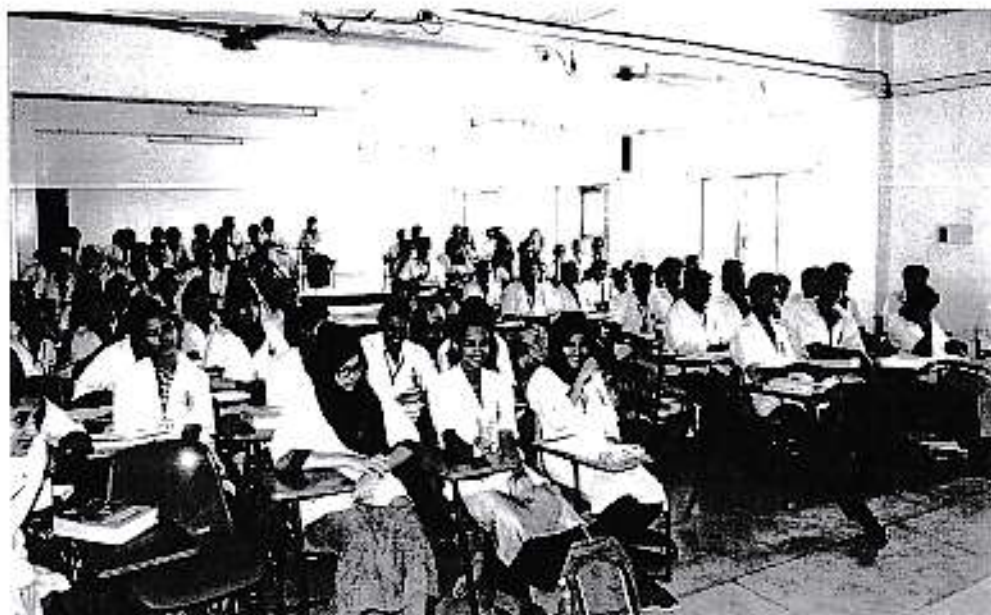
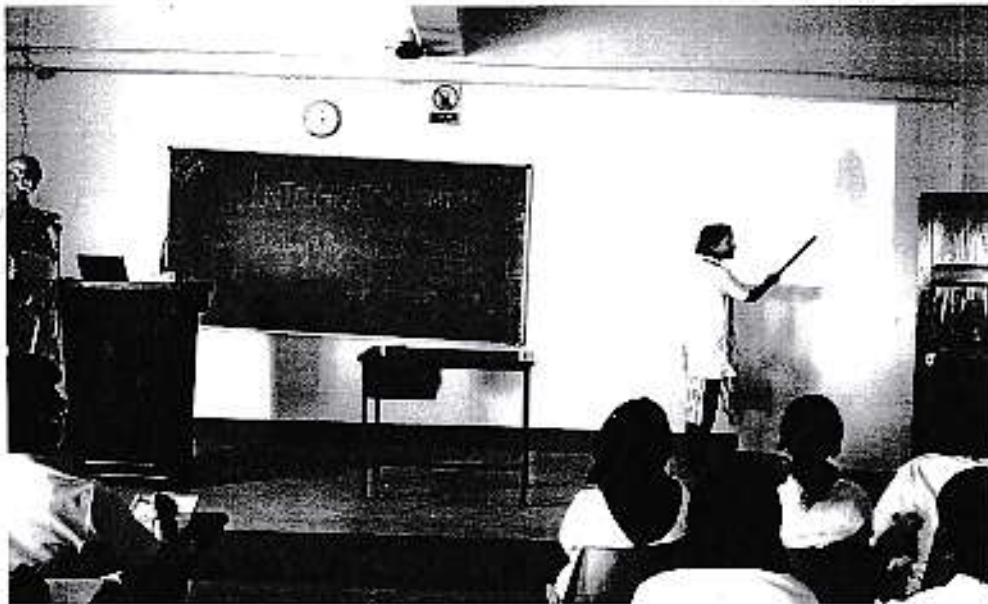
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INTEGRATED SEMINAR

DEPARTMENT OF PHYSIOLOGY & BIOCHEMISTRY

Topic: Anatomy & Physiology of Stomach

Date: 18.05.2019





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DEPARTMENT OF HOMOEOPATHIC PHARMACY
EXPERIENTIAL LEARNING

Objective:


1. To identify and plant medicinal plants.
2. To prepare herbarium sheets.
3. To know about the preparation of Homoeopathic medicines.
4. To learn quality control procedures of Homoeopathic medicines.

Process :


A batch of 100 students of I BHMS taken to herbal garden under the guidance of faculty of Pharmacy Department . The students are given an opportunity to view various species of medicinal plants which are distributed in various sections depending on genera of the plant. The botanical name, family and medicinal uses of the plants explained to the students by the guide provided by the herbal garden authority. At the Herbarium section the students are made aware of the method of preparation of herbarium and its significance. During the visit to the manufacturing unit the process of preparation of Homoeopathic medicine and vehicles used in Homoeopathy is being explained and shown to the students. The various quality control procedures done to assure the quality of Homoeopathic medicines prepared in the unit are demonstrated to the students.

OUTCOME:

1. The students got an awareness about the identification and medicinal uses of plants around us so that they can use these herbal medicines for mild illness suffered by them or family.
2. Students come to know about the preparation of Homoeopathic medicines so that they can rely upon the genuine nature of the medicines.
3. By observing the herbarium preparation the students learned the importance of identification and preservation of medicinal plants.
4. Quality control measures viewed by the students helped them to identify the significance of the procedure as the process will assure purity and of Homoeopathic medicines.


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DEPARTMENT OF HOMOEOPATHIC PHARMACY


SCHEDULE OF EXPOSURE OF STUDENTS TO MEDICINAL PLANTS

I BHMS 2013-2015 BATCH

Sl No	Date	Number of students attended
1	5-4-14	20
2	26-4-14	20
3	21-6-14	20
4	2-8-14	20
5	20-9-14	20

I BHMS 2014-2016 BATCH

Sl No	Date	Number of students attended
1	7-2-15	20
2	6-6-15	20
3	4-7-15	20
4	22-8-15	20
5	3-10-15	20


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I BHMS 2015-2016 BATCH

Sl No	Date	Number of students attended
1	20-2-16	20
2	5-3-16	20
3	18-6-16	20
4	23-7-16	20
5	13-8-16	20

I BHMS 2016-2017 BATCH

Sl No	Date	Number of students attended
1	4-3-17	17
2	1-4-17	17
3	24-6-17	17
4	8-7-17	16
5	15-7-17	16
6	19-8-17	17

I BHMS 2017-2018 BATCH

Sl No	Date	Number of students attended
1	11-8-18	10
2	15-9-18	10
3	22-9-18	10

I BHMS 2018-2019 BATCH

Sl No	Date	Number of students attended
1	4-5-19	16
2	11-5-19	16



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DEPT. OF PATHOLOGY AND MICROBIOLOGY

PARTICIPATORY LEARNING

GROUP DISCUSSIONS

OBJECTIVES : Knowledge enhancement and developing leadership and communication skills among students through participation in discussions.

THE CONTEXT :

Pathology and Microbiology department takes efforts to create students interest in Pathology and Microbiology and respond constructively to the ideas of others.

THE PRACTICE :

Department is conducting the practice where the students can select a topic related to various pathological conditions . They are free to comment their ideas on various topics with faculties and discuss among others during group discussion.

OUT COME:

Interested students are coming forward with their new ideas and knowledge in medical field and are ready to share . We are able to make them more confidence in themselves and to be a good practitioner in their future life and also to encourage others to participate in these positive functional activities.

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DEPT. OF PATHOLOGY
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DEPT. OF PATHOLOGY AND MICROBIOLOGY

TITLE OF THE PRACTICE: Problem Based Learning

GOAL: To enable the students to approach clinical conditions and to diagnose it based on lab investigation

THE CONTEXT :Developing clinical skill through problem solving.

THE PRACTICE :Students will be given cases with lab reports of various conditions and they have to identify the condition based on the investigations and clinical presentation.

EVIDENCE OF SUCCESS :

Students are able to identify various abnormal finding with patients lab reports and correlate it with clinical manifestation. They are able to suggest lab diagnosis for patients.

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DEPT. OF PATHOLOGY AND MICROBIOLOGY

GROUP DISCUSSION - Report

2017-18 batch

I. **Date 16 06 2018**

Monday 1.30-2.30pm

TOPIC : HUMAN MOLECULAR GENETICS

Autosomal recessive disorders ,Autosomal dominant disorders , X linked recessive ,mitochondrial Inheritance

METHOD

Reading materials provided from the department.

The students are asked to go through the topics .

They are divided into 5 groups , out of this leaders are selected (5 students) to discuss on the topic after the interaction between the group members

Discussion was monitored by Dr R S Gopika

Relevant points

- Brief description of each disease its cause
- Its method of inheritance
- Common diseases coming under each group of disorders

2018-19 batch

II. **DATE : 4 12 19**

Time - 3.30-4.30pm

Venue : II BHMS class room

TOPIC : Microbiology & Parasitology

An introduction class about general classification of parasites are given .

Discussed about protozoan parasites ,lifecycle,methods of infection immunological mechanism and clinical features. Subhashini discussed about general classification of metazoans and important parasites coming under each class

S. subhashini discussed about microscope technique and methods used in microbiology

Naga swetha discussed about morphological classification of bacteria

Discussion was monitored by DR Bindhusaran

III. **DATE: 8 .01. 2019**

Time :3.30-4.30 pm

Venue : II BHMS class room

Topic : **Obesity & PEM**

- Topics are already given before two days .
- Students are divided into four groups leaders are selected
- Group leaders selected by the group members
- 15 minutes is allotted for internal discussion
- Later each group leaders discussed about the causes ,findings, pathological changes, effects, complications of each condition .its present days significance and general management .

Discussion was monitored by Dr.R.S.Gopika , DR Bindhusaran


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Homoeopathic Medical College
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DEPT. OF PATHOLOGY AND MICROBIOLOGY

PROBLEM BASED LEARNING- Report

2017- 2018 batch

Date : 27.09.2018

Time:1.30-3.30pm

Venue: Pathology lab

Students are divided into five groups.

- Questions are provided to each group.
- Group leaders are selected for each group.
- 20minutes are allotted for internal discussion.
- After 20 minutes group leaders finally answered.
- The answers again discussed in the whole class by the teachers.
- Later evaluation reports are collected randomly from students.

Question

PBQ CVS:

A five year old girl is admitted in the hospital with jerky,irregular ,uncontrolled movements of both hands for seven days. There was an attack of febrile polyarthritis involving both elbow and ankle joints about one month before.

- What is the most likely diagnosis?
- How will you proceed for confirmation of diagnosis?

PBQ HEMATOLOGY:

A 43years old male presents with weakness,lassitude,and anorexia for last six months.On examination pallor -+ ;glossitis-+; Hb 8.1gram%; TRBC-2.8million/cumm; TWBC -4,200 cumm,TPC-1-46,000cumm;DC of leukocytes : N 56,E 03,B 0,L 39,M 02; Peripheral smear: macro-ovalocytosis with presence of hypersegmented neutrophils.


- What is the possible type of anaemia?

- What are the causes of this type of anaemia?
- What are the other causes can give rise to macrocytosis of circulating RBC?
- How can you differentiate those causes from the anaemia of this particular patient?

PROBLEM CARDS:

Young female complaints of continous sneezing ,rhinorrhca ,red eyes and respiratory distress developed immediately after dusting of carpets.

- What is the cause of this ailments?
- Give few other examples/
- What is the most important cell helping in pathogenesis?
- Name some important mediators.



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- What are the causes of this type of anaemia?
- What are the other causes can give rise to macrocytosis of circulating RBC?
- How can you differentiate those causes from the anaemia of this particular patient?

PROBLEM CARDS:

Young female complaints of continous sneezing ,rhinorrhca ,red eyes and respiratory distress developed immediately after dusting of carpets.

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- What is the most important cell helping in pathogenesis?
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**DEPT: OF FORENSIC MEDICINE & TOXICOLOGY
EXPERIENTIAL LEARNING**

The department of FM & Toxicology provides Experiential learning through field visits to

1. 1.The Kanyakumari Govt: Medical College, Asaripallam to watch Medicolegal Autopsy and to
2. Courts to watch the proceedings of the court

1. Post mortem visits

Objectives

1. To enable the student summarize the differences between a medicolegal and pathological autopsy with particular attention to the issue of consent
2. To provide positive impacts on the understanding of anatomy and pathology.
3. To enable the student define and distinguish between cause and manner of death
4. To promote problem-solving skills, essential to medical practice
5. To help students come to terms with the fact that many of their patients will die and that this is a normal part of medical practice

Methodology

Permission was obtained from the Dean, The Kanyakumari Govt. Medical College, Asaripallam and necessary arrangements made beforehand. The students were divided into 4 batches of 25-26 students. Dr. Rajesh .R, Professor and Head, Kanyakumari Medical College, Asaripallam assisted by the Faculty of the Dept: of Forensic Medicine conducts Medicolegal Autopsy. Dr. Rajesh explained the procedure to the students. During the procedure, areas of importance are pointed out to the students, explanations given about injuries and queries addressed. The students are quizzed on the anatomy and pathology and also asked to identify different organs. Each student gets to see 15-25 Medicolegal autopsies in a 6 day period.

Outcomes

After watching ML Autopsy the students are able to

Understands autopsy safety procedure and autopsy procedure

Better appreciate the texture, orientation, location, and relations of organs in fresh body.

Attain capability for identifying different types of injuries like stab, laceration, abrasions, burn injuries etc

Understand the basic pathophysiology of the types of diseases and injuries that are seen in autopsy

Identify different types of head injuries

Understand stages of putrefaction

Develop clinical detachment towards death

Assessment method

Post mortem report

2. Watching Court procedure

Objectives

To enable the student understand court procedure in Civil and Criminal Courts

To enable the student understand court decorum

To enable the student understand the role of doctor as witness in court


The Progress

Permission was obtained from the Honourable First Class Magistrate Court and Subcourts Thuckalay, and necessary arrangements made beforehand. The students are divided into 4 batches of 25-26 members and taken to the Honourable First Class Magistrate Court and Sub Courts, Thuckalay. There they are divided into Batches and according to the seating capacity of the different Courts. Students watch the proceedings of Criminal and Civil Courts for the day on rotation basis.

Outcomes

Will be able to observe proper decorum in a court of law.

Will become competent to depose evidence as experts in future


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2. Integrated learning

Forensic medicine can be integrated with other subjects viz. Pathology, Surgery, OBG and Materia Medica

Type of integration – Horizontal Integration

Objectives

To enable the student understand the mechanism of healing of wounds (Pathology)

To enable the students understand the percentage and complications of burns and injuries (Surgery)

To understand Sexual Jurisprudence better (Obstetrics and Gynaecology)

To enable the students learn materia medica better and to differentiate the individual symptoms of Materia medica from the toxicological symptoms of poisoning. (Materia Medica)

The Process

With Materia medica – As the Materia medica contains toxicological symptoms, the study of toxicology helps to study Materia medica and vice versa. In the clinical setting this helps to differentiate between common and characteristic symptoms.

When toxicology lectures are given to the students, the symptoms in the Materia medica are also mentioned. If the particular drug has been already taught in the class, the learner is asked to correlate the symptom with the toxicological symptom. Evaluation is done through quiz or Assignment.

With the other subjects, if the subject has already been covered in the class, the learner is encouraged to recall and refresh.

Outcomes

Depth in a field of study and broad knowledge across many areas of the topic.


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3. Problem based Learning

Problem based learning is provided in Forensic Medicine & Toxicology

Objectives – To enable the student apply the of knowledge gained in Toxicology, Forensic Ballistics, Forensic Psychiatry, Mechanical injuries and Medical Ethics in real life.

The process

Toxicology

A real life situation (poisoning case) is given to the learner and she is asked to explain how she/he would manage such a case in real life.

The student has to incorporate the concepts on management of poisoning, taught in General Toxicology - which is applicable - in the particular case, along with the knowledge of medical and medicolegal duties of doctors in poisoning cases, and the management of the particular type of poison and apply to the situation

Forensic Ballistics

The photo of a bullet wound is given to the student and the student is asked to identify the type of bullet wound by its characteristic features and how each feature is associated with the appearance of the wound.

for example - entrance or exit – contact shot, close shot ,near shot and distance shot.

Types of firearms and effects of bullet, smoke, flame and gunpowder is taught in the classroom

The student has to identify the type of wound based on the presence or absence of effects of flame, gunpowder, soot and bullet effects seen on the wound.

Mechanical Injuries

A list of 8-10 weapons is given and the student is asked about the different injuries that can be produced by different weapons

The student is taught about different type of injuries in the theory class and types of weapons producing the injuries in general in “Mechanical Injuries”. They are also taught about the effects of injuries region wise in “Regional Injuries”. They have to identify what is type of weapon – heavy ,light. sharp, blunt, pointed or combinations and understand what all injuries are produced if the weapon is used on different parts of the body.

Medical Ethics

A real life situation (Misconduct and negligence cases - real cases where verdict has been already been given by Courts sans the verdict) is given to the student (10-12), one for each presenter). The student is required to identify the whether the doctor has been negligent or not, whether it is a case of misconduct or not, based on their knowledge of Medical Ethics as taught in the class. Their opinion is then compared with the verdict of the learned judges in each case.

Forensic Psychiatry

A real life situation (related to mental illness - real cases where verdict has been already been given by Courts; sans the verdict) is given to the student (10-12), one for each presenter). The student is required to apply his knowledge of civil and criminal responsibilities in the case, based on their knowledge of Forensic psychiatry.

Outcomes

The student will be able to apply their knowledge of Medical Ethics, Mechanical Injuries, Toxicology and Forensic Ballistics in real life by the development of critical thinking skills, and problem-solving abilities and be able to take judicious and ethical decisions clinically.

4. Interactive learning

Group Discussions

Objectives

- To enable the students develop critical thinking
- To enable the student clarify and refine the idea
- To enable the student develop their own voice and shape their perspectives in relation to peers.

The process

The students are divided into 4 -5 groups based on their class numbers. They are given topics which are in their curriculum or related in real life to the curriculum.

Topic examples

1. Crimes are on the rise- what do you think is the reason
2. Social problems due to Cannabis, Alcohol addiction
3. Traffic accidents - consequences of not following traffic rules

Time - 1 hour

First 10 minutes - Division and Instructions and selection of group leaders.

35 minutes - Brainstorming

10 minutes - Expressing the opinion/solutions

5 minutes - Evaluation

Outcomes

The student will be able to clarify and refine the idea

Improve critical thinking

Develop their own voice and shape their perspectives in relation to peers.

Build positive connections with other students



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Department of Forensic Medicine and Toxicology

Integrated Learning Index 2017-18

Sl No.	Date	Time	Subject	Topic
1.	10/01/2018	11.45 – 12.45 pm	Materia Medica	Aconite , Digitalis
2.	19/02/2018	2.30 – 3.30 pm	OBG	Virginity
3.	22/01/2018	11.45 – 12.45 pm	Materia Medica	Arsenic poisoning
4.	22/01/2018	11.45 – 12.45 pm	Materia Medica	Mercury poisoning
5.	26/02/2018	2.30 – 3.30 pm	OBG	Pregnancy and delivery
6.	29/01/2018	11.45 – 12.45 pm	Materia Medica	Lead poisoning
7.	09/04/2018	11.45 – 12.45 pm	Pathology	Mechanical Injuries
8.	23/05/2018	2.30 – 3.30 pm	Surgery	Burns - Rule of nine
9.	07/06/2018	8.30 – 9.30 am	Materia Medica	Sulphuric Acid Nitric Acid
10.	11/06/2018	11.45 – 12.45 pm	Materia Medica	Anacardium Capsicum Annum
11.	25/06/2018	11.45 – 12.45 pm	Materia Medica	Oxalic Acid
12.	13/06/2018	2.30 – 3.30 pm	Materia Medica	Phosphorous
13.	18/07/2018	2.30 – 3.30 pm	Materia Medica	Nux vomica
14.	6/08/2018	11.45 – 12.45 pm	Materia Medica	Belladonna, Hyoscyamus
15.	07/08/2018	11.45 – 12.45 pm	Materia Medica	Cannabis
16.	09/08/2018	2.30 – 3.30 pm	OBG	Abortion
17.	13/08/2018	8.30 – 9.30 am	Materia Medica	Cantharides
18.	05/09/2018	2.30 – 3.30 pm	Materia Medica	Opium poisoning

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Integrated Learning Index 2016 - 17 (NR)

Sl No	Date	Time	Subject	Topic
1.	09/01/2017	1.30 – 2.30 pm	OBG	Virginity
2.	23/01/2017	11.45 – 12.45 pm	MateriaMedica	Sulphuric Acid poisoning Nitric acid poisoning
3.	16/02/2017	2.30 – 3.30 pm	Pathology	Mechanical Injuries
4.	16/03/2017	11.45 – 12.45 pm	OBG	Virginity
5.	20/03/2017	2.30 – 3.30 pm	OBG	Pregnancy
6.	23/03/2017	8.30 – 9.30 am	OBG	Delivery
7.	17/04/2017	11.45 – 12.45 pm	OBG	Abortion
8.	29/05/2017	2.30 – 3.30 pm	MateriaMedica	Opium poisoning
9.	31/05/2017	2.30 – 3.30 pm	MateriaMedica	Arsenic poisoning
10.	01/06/2017	8.30 – 9.30 am	MateriaMedica	Lead poisoning
11.	07/06/2017	2.30 – 3.30 pm	MateriaMedica	Mercury poisoning
12.	24/06/2017	10.45 – 11.45 pm	MateriaMedica	Sulphuric Acid poisoning Nitric acid poisoning
13.	3/07/2017	8.30 – 9.30 am	MateriaMedica	Oxalic acid poisoning
14.	19/07/2017	2.30 – 3.30 pm	MateriaMedica	Aconite Digitalis
15.	20/07/2017	11.45 – 12.45 pm	MateriaMedica	Nux Vomica poisoning
16.	26/07/2017	2.30 – 3.30 pm	MateriaMedica	Phosphorous poisoning
17.	31/07/2017	11.45 – 12.45 pm	MateriaMedica	Anacardium Capsicum Annum
18.	02/08/2017	2.30 – 3.30 pm	MateriaMedica	Cannabis Sativa
19.	07/08/2017	2.30 – 3.30 pm	Surgery	Thermal Injuries

S. Kalim

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Integrated Learning Index 2016 - 17 (OR)

Sl No	Date	Batch	Time	Subject	Topic
1.	10/03/2016	2015 - 2016 (August)	8.30 - 9.30 am	Materia Medica	Sulphuric Acid poisoning Nitric acid poisoning
2.	05/05/2016	do	1.30 - 2.30 pm	Materia Medica	Opium poisoning
3.	25/05/2016	2015 - 2016 (August) 2016 - 2017 (Regular)	1.30 - 2.30 pm	Materia Medica	Oxalic acid poisoning
4.	16/06/2016	2016 - 2017 (Regular)OR	8.30 - 9.30 am	Pathology	Mechanical Injuries
5.	13/07/2016	do	8.30 - 9.30 am	OBG	Abortion
6.	01/09/2016	do	3.30 - 4.30 pm	OBG	Virginity
7.	22/09/2016	do	8.30 - 9.30 am	OBG	Pregnancy
8.	06/10/2016	do			
9.	09/11/2016	do	8.00 - 8.30 am	Materia Medica	Anacardium Capsicum Annum

	10/11/2016	do	8.00 – 8.30 am	Materia Medica	Aconite
11.	10/11/2016	do	2.30 – 3.30 pm	Materia Medica	Calotropis
12.	21/12/2016	2016 – 2017 (Regular OR)	3.30 – 4.30 pm	Materia Medica	Sulphuric Acid poisoning
13.	09/01/2017	2016 – 2017 (Regular OR)	1.30 – 2.30 pm	OBG	Virginitiy
14.	23/01/2017	2016 – 2017 (Regular)	11.45 – 12.45 pm	Materia Medica	Nitric acid poisoning
15.	01/02/2017	do	8.30 – 9.30 am	Materia Medica	Oxalic acid poisoning
16.	08/02/2017	do	2.30 – 3.30 pm	Materia Medica	Anacardium Capsicum Annum
17.	16/02/2017	do	2.30 – 3.30 pm	Pathology	Mechanical Injuries


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Department of Forensic Medicine and Toxicology
Integrated Learning Index 2015 -16

SI No	Date	Batch	Time	Subject	Topic
1.	17/07/2015	do	2.30 – 3.30 pm	OBG	Abortion
2.	10 /8/2015	2015 -2016 (Regular)	1.30 – 2.30 pm	MateriaMedica	Nux Vomica
3.	13/08/2015	do	8.30 – 9.30am	MateriaMedica	Opium poisoning
4.	07/09/2015	do	1.30 – 2.30 pm	MateriaMedica	Aconite
5.	20/11/2015	2015 -2016 (Regular) 2015 - 2016 (August)	2,30 – 3.30 pm	MateriaMedica	Sulphuric Acid poisoning Nitric acid poisoning
6.	23/11/2015	do	1.30 – 2.30 pm	MateriaMedica	Arsenic poisoning
7.	24/11/2015	do	10.45 -11.45 am	MateriaMedica	Anacardium Capsicum Annum
8.	24/11/2015	do	1.30 – 2.30 pm	Surgery	Burns - Rule of nine
9.	27/11/2015	do	8.30 – 9.30 am	Pathology	Mechanical injuries

10.	07/12/2017	do	1.30 – 2.30pm	OBG	Virginity
11.	08/12/2017	do		MateriaMedica	Oxalic acid poisoning
12.	14/12/2017	do	3.30 -4.30pm	OBG	Pregnancy
13.	16/12/2015	do	2.30 –3.30 pm	OBG	Delivery
14.	17/12/2015	do	2.30 –3.30 pm	MateriaMedica	Lead poisoning
15.	18/12/2015	do	11.45 – 12.45pm	MateriaMedica	Mercury poisoning
16.	23/12/2015	do	2.30 – 3.30pm	MateriaMedica	Arsenic poisoning
17.	25/01/2016	do	2,30 – 3.30 pm	OBG	Virginity
18.	01/02/2016	do	1.30 – 2.30 pm	OBG	Pregnancy
19.	11/02/206	do	8.30 – 9.30 am	OBG	Delivery


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DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY

INTEGRATED LEARNING 2014-15

Sl. No	Date	Batch	Time	Subject	Topic
1.	14/03/2014	do	11.45 – 12.45 pm	MateriaMedica	Lead poisoning
2.	28/03/2014	2013 -14 2014 -2015 (Regular)	11.45 – 12.45 pm	MateriaMedica	Anacardium Capsicum Annum
3.	13/06/2014	do	11.45 – 12.45 pm	OBG	Virginity
4.	16/06/2014	do	1.30 – 3.30 pm	OBG	Pregnancy
5.	20/06/2014	do	11.45 – 12.45 pm	OBG	Abortion
6.	13/08/2014	2014 -2015	11.45 – 12.45 pm	MateriaMedica	Sulphuric Acid poisoning

		(Regular)			Nitric acid poisoning
7.	20/08/2014	do	11.45 – 12.45 pm	MateriaMedica	Oxalic acid poisoning
8.	10/09/2014	do	2.30 - 3.30 pm	Pathology	Mechanical Injuries
9.	30/10/2014	2014 -2015 (Regular) 2014 -2015 (August)	8.30 -9.30 am	Surgery	Burns - Rule of nine
10.	13/11/2014	do	8.30 – 9.30 am	MateriaMedica	Lead poisonng
11.	14//11/2014	do	10.45 – 11.45 am	MateriaMedica	Mercury poisoning
12.	17/11/2014	do	1.30 -2.30 pm	MateriaMedica	Anacardium Capsicum Annum
13.	20/11/2014	do	8.30 – 9.30 am	MateriaMedica	Arsenic poisoning
14.	24/11/2014	do	10.45 – 11.45 am	MateriaMedica	Aconite
15.	27/11/2014	do	8.30 – 9.30 am	MateriaMedica	Nux Vomica
16.	15/12/2014	do	1.30 – 2.30 pm	MateriaMedica	Opium poisoning
17.	27/01/2015	do	2.30 – 3.30 pm	MateriaMedica	Sulphuric Acid poisoning Nitric acid poisoning

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Department of Forensic Medicine & Toxicology
Index
III Integrated Learning 2013-14

Sl No	Date	Batch	Time	Subject	Topic
1.	01/03/13	2012-13 (August)	11.45 – 12.45 pm	OBG	Pregnancy
2.	13/03/13	2012-13 (August) 2013 -14 (Regular)	10.45 – 11.45 am	Pathology	Mechanical Injuries
3.	28/04/13	do	8.30 – 9.30 am	MateriaMedica	Lead poisoning
4.	27/04/13	do	11.45 – 12.45 pm	MateriaMedica	Mercury poisoning
5.	29/04/13	do	10.45 – 11.45 am	MateriaMedica	Arsenic poisoning
6.	08/05/13	do	2.30 - 3.30 pm	MateriaMedica	Aconite poisoning
7.	01/07/13	do	8.30 – 9.30 am	OBG	Abortion
8.	16/08/13	2013 – 2014 (Regular)	11.45 – 12.45 pm	MateriaMedica	Sulphuric Acid poisoning Nitric acid poisoning

9.	19/08/13	do	11.45 – 12.45 pm	MateriaMedica	Oxalic acid poisoning
10.	04/09/13	do	2.30 - 3.30 pm	OBG	Virginity
11.	05/09/13	do	8.30 -9.30 am	OBG	Pregnancy
12.	03/10/13	do	8.30 – 9.30 am	OBG	Abortion
13.	05/11/13	2013 – 2014 (Regular) 2013 -14 (August)	10.45 – 11.45 am	Pathology	Mechanical Injuries
14.	07/11/13	do	8.30 – 9.30 am	Surgery	Burns - Rule of nine
15.	22/11/13	do	1.30 -2.30 pm	MateriaMedica	Anacardium Capsicum Annum
16.	29/11/13	do	11.45 – 12.45 pm	MateriaMedica	Aconite
17.	05/10/13	do	8.30 - 9.30 pm	OBG	Delivery
18.	11/12/13	do	2.30 – 3.30 pm	MateriaMedica	Lead poisoning
19.	21/12/13	do	8.30 – 9.30 pm	OBG	Abortion
20.	06/02/14	2013 -14 (August)	11.45 – 12.45 pm	Pathology	Mechanical Injuries
21.	14/02/2014	do	2.30 - 3.30 pm	MateriaMedica	Sulphuric Acid poisoning Nitric acid poisoning
22.	19/02/2014	do	8.30 - 9.30 am	MateriaMedica	Oxalic acid poisoning
23.	21/02/2014	do	11.45 – 12.45 pm	MateriaMedica	Arsenic poisoning

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DEPARTMENT OF MATERIA MEDICA

ROLE PLAY

Objective:

1. A scenario to evoke the lateral thinking pattern of students
2. To expand the ability to overcome the difficulties in understanding Materia Medica

PROCESS:

A group of interested students were selected and assigned to prepare a script with regard to a drug or group of drugs and will be corrected by faculties of department of materia medica. The corrected script will be distributed to the students to prepare a play. The play will be prepared for 10-20 minutes and it will be presented before the students during the seminar hours.

OUTCOME:

This will enhance the students to comprehend, competitive and efficacious level of lateral thinking pattern in the study of materiamedica.

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SL NO	DATE	YEAR	TOPIC		PRESENTER	FACULTY
			SEMINAR	ROLEPLAY		
1.	03/02/2014	II BHMS(2014)	Platinum metallicum	Platina	Anandviswanath	Dr CRK Dr PRS
2.	22/04/2014	III BHMS(2014)	Solanaceae Family	Belladonna	Neethumohan	Dr CRK Dr PRS Dr SB
3.	12/06/2014	IV BHMS(2014)	Ophidia Group	Lachesis	Mahima s	Dr CRK Dr PRS Dr TKJ
4.	21/07/2014	II BHMS(2014)	Sepia	Sepia	Yoga s	Dr PRS Dr SB
5.	31/07/2014	IV BHMS(2014)	Natrum Group	Natrum mur	Evangeline priyam	Dr CRK Dr PRS
6.	25/08/2014	II BHMS(2014)	Ignatia	Ignatia	Sarath U B	Dr SB
7.	14/10/2014	III BHMS(2014)	Spider Group	Tarentula	Aparna Prakash	Dr CRK
8.	31/10/2014	II BHMS(2014)	Arsenicum album	Arsalb	Shameer	Dr CRK Dr SB Dr PRS Dr TKJ
9.	25/11/2014	III BHMS(2014)	Natrum Group	Natrum mur	Amalacyriac	Dr CRK Dr PRS
10.	10/02/2015	III BHMS(2015)	Ophidia Group	Lachesis	Chennila	Dr CRK Dr SB
11.	09/03/2015	IV BHMS(2015)	Ranunculacea e Family	Pulsatilla	Anjana R	Dr SB
12.	05/05/2015	III BHMS(2015)	10 Convulsive Remedies	Ignatia, Nuxvomica	MeghaThampi Neeraja M J	Dr TKJ
13.	23/06/2015	III BHMS(2015)	Plant Kingdom	Thuja	Bhagya	Dr CRK Dr PRS Dr TKJ Dr SB

14.	25/07/2015	I BHMS(2015)	Nux vomica	Nux vomica	Shakthivigneswar	Dr CRK Dr WV Dr TKJ Dr SB
15.	14/08/2015	II BHMS(2015)	Sepia	Sepia	AnarghaAjith	Dr CRK Dr SB
16.	13/10/2015	III BHMS(2015)	Lycopodium	Lycopodium	Sarath U B	Dr CRK Dr SB
17.	17/11/2015	III BHMS(2015)	Ranunculacea e Family	Staphysagria	Susira Suresh	Dr CRK Dr SB Dr PRS
18.	12/01/2016	III BHMS(2016)	Loganaceae Family	Gelsemium	Dhileepkumar	Dr CRK Dr SB Dr PRS
19.	07/03/2016	IV BHMS(2016)	Halogen Group	Iodum	Greeshma C	Dr TKJ Dr SB
20.	18/04/16	IV BHMS(2016)	Magnesium Group	Mag carb	Padmavathi	Dr CRK Dr SB Dr PRS
21.	13/06/2016	IV BHMS(2016)	Carbon Group	Carbo veg	Serene peter	Dr CRK Dr SB Dr PRS Dr TKJ
22.	21/06/2016	III BHMS(2016)	Solanaceae Family	Hyosecyamus	Amal chandra	Dr CRK Dr TKJ
23.	06/09/2016	III BHMS(2016)	Sulphur	Sulphur	Dharshini R	Dr CRK Dr PRS
24.	20/03/2017	IV BHMS(2017)	Plant Kingdom – Allergic remedies	Allium cepa	Amjithnaisam	Dr TKJ Dr SB
25.	01/08/2017	III BHMS(2017)	Characteristic s of Loganaceae Family	Stramonium	Maithrei	Dr CRK Dr PRS
26.	11/08/2017	II BHMS(2017)	Sulphur	Sulphur	BharathUnni	Dr CRK Dr PRS
27.	24/10/2017	III BHMS(2017)	Natrum Group	Natrum sulph	Reshma A S	Dr TKJ Dr PRS

28.	13/11/2017	IV BHMS(2017)	Diarrhoea and its Therapeutics	Veratrum album, Argentum nitricum	Racheal, Shanthipriya	Dr CRK Dr PRS
29.	09/03/2018	II BHMS(2018)	Apismellifica	Apismellifica	Bhavana	Dr TKJ Dr SB
30.	20/05/2018	II BHMS(2018)	Nux vomica	Nux vomica	Paul anatharaj	Dr TKJ
31.	31/07/2018	III BHMS(2018)	Mercury Group	Merc sol	Shivadharshini	Dr SB
32.	03/08/2018	II BHMS(2018)	Pulsatilla	Pulsatilla	Dhivya	Dr TKJ
33.	29/10/2018	IV BHMS(2018)	Solanaceae Family	Hyoscyamus	Raghavi	Dr CRK Dr PRS
34.	31/01/2019	IV BHMS(2019)	Ranunculacea Family	Staphysagria	Dinesh babu	Dr SB
35.	15/03/2019	II BHMS(2019)	Argentum nitricum	Argentum nitricum	Mythili E	Dr CRK Dr SB Dr GK
36.	17/05/2019	II BHMS(2019)	Lycopodium	Lycopodium	Thejas Vikas Anagha M S Athulya S Arjun Joel C Chacko Anandu B Ram	Dr CRK Dr PRS Dr SB Dr GK

Krishna

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[Signature]

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KULASEKHARAM, KANYAKUMARI DISTRICT,
TAMIL NADU - 619 161



**SARADA KRISHNA
HOMOEOPATHIC MEDICAL COLLEGE**

Kulasekharam, Kanyakumari Dist. Tamil Nadu

DEPARTMENT OF MATERIA MEDICA

ROLE PLAY

DATE: 17-05-2019

**MATERIA MEDICA SEMINAR
ROLE PLAY - LYCOPODIUM CLAVATUM
DATE : 17-5-2019**

**ACTORS
DEBACHANDU
ABUN S
ATHULYA S
ANANTHUB R RAM
ANAGHA M S
TEJASVIKAS GG**

**UNDER THE Supervision of
Department of Materia Medica**





**Sarada Krishna
Homoeopathic Medical College
Kulasekharam, Kanniyakumari Dist., Tamil Nadu-629 161.**

**DEPARTMENT OF MATERIA MEDICA
PARTICIPATORY LEARNING**

Objective:

- 1) To enable and empower the people to share, analyze and enhance their knowledge.
- 2) To see and evaluate their thinking skills, listening abilities , communicating skills, self development and clinical skills.
- 3) To generate a creative thinking in all participants.
- 4) To improve analytical abilities to think on a particular topic.
- 5) To improve confidence in public speaking platform.

Process :

A case or topic will be selected and it will be approved by the concerned faculty and discussed among UG and PG students by one of the student. At last doubts will be discussed and cleared. New knowledge and ideas are shared in this session.

Outcome:

- Discussion evolves thinking and brings a solution or conclusion for a certain topic.
- Helps in self assessment and external assessment.
- It develops effective communication skills.
- Through the process of participatory practices the process of learning can be understood.

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**Sarada Krishna Homoeopathic Medical College
Kulasekharam, Kanyakumari District, Tamil Nadu.
DEPARTMENT OF MATERIA MEDICA**

Date: - 10/2/2018

CASE 2

History

A 34-year-old male accountant comes to the emergency department with acute chest pain. There is a previous history of occasional stabbing chest pain for 2 years. The current pain had come on 4h earlier at 8 pm and has been persistent since then. It is central in position, with some radiation to both sides of the chest. It is not associated with shortness of breath or palpitations. The pain is relieved by sitting up and leaning forward. Two paracetamol tablets taken earlier at 9 pm did not make any difference to the pain.

The previous chest pain had been occasional, lasting a second or two at a time and with no particular precipitating factors. It has usually been on the left side of the chest although the position had varied.

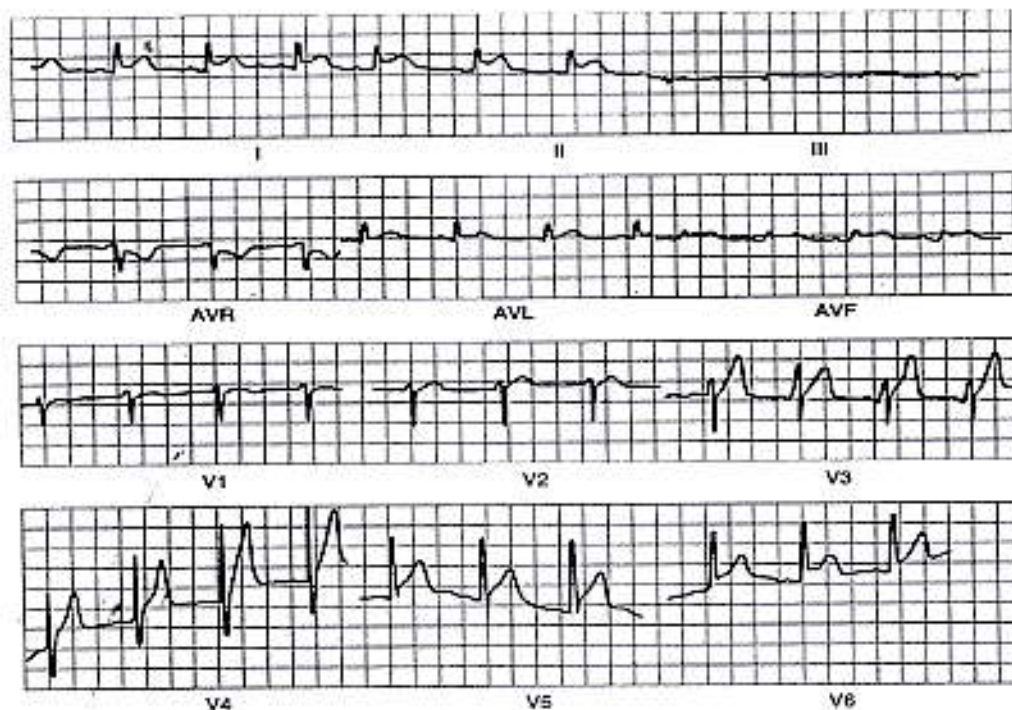
Two weeks previously he had an upper respiratory tract infection which lasted 4 days. This consisted of a sore throat, blocked nose, sneezing and a cough. His wife and two children were ill at the same time with similar symptoms but have been well since then. He has a history of migraine. In the family history his father had a myocardial infarction at the age of 51 years and was found to have a marginally high cholesterol level. His mother and two sisters, aged 36 and 38 years, are well. After his father's infarct he had his lipids measured; the cholesterol was 5.1mmol/L (desirable range 5.5mmol/L). He is a non-smoker who drinks 15 units of alcohol per week.

Examination

His pulse rate is 75/min, blood pressure 124/78mmHg. His temperature is 37.8°C. There is nothing abnormal to find in the cardiovascular and respiratory systems.

Investigation

- A chest X-ray is normal. The haemoglobin and white cell count are normal. The creatine kinase level is slightly raised. Other biochemical tests are normal.



Discussed on:

- **Diagnosis**

The previous chest pains lasting a second or two are unlikely to be of any real significance. Cardiac pain, and virtually any other significant pain, lasts longer than this, and stabbing momentary left-sided chest pains are quite common. The positive family history increases the risk of ischaemic heart disease but there are no other risk factors evident from the history and examination. The relief from sitting up and leaning forward is typical of pain originating in the pericardium. The ECG shows elevation of the ST segment which is concave upwards, typical of pericarditis and unlike the upward convexity found in the ST elevation after myocardial infarction. The story of an upper respiratory tract infection shortly before suggests that this may well have a viral aetiology. The viruses commonly involved in pericarditis are Coxsackie B viruses. The absence of a pericardial rub does not rule out pericarditis. Rubs often vary in intensity and may not always be audible. If this diagnosis was suspected, it is often worth listening again on a number of occasions for the rub. Pericarditis often involves some adjacent myocardial inflammation and this could explain the rise in creatine kinase. Pericarditis may occur as a complication of a myocardial infarction but this tends to occur a day or more later – either inflammation as a direct result of death of the

underlying heart muscle, or as a later immunological effect (Dressler's syndrome). Pericarditis also occurs as part of various connective tissue disorders, arteritides, tuberculosis and involvement from other local infections or tumours. Myocardial infarction is not common at the age of 34 years but it certainly occurs. Other causes of chest pain, such as oesophageal pain or musculoskeletal pain, are not suggested by the history and investigations.

▪ Therapeutics

Spigelia - Violent palpitation. Præcordial pain and great aggravation from movement. Frequent attacks of palpitation, especially with foul odor from mouth. Pulse weak and irregular. Pericarditis, with sticking pains, palpitation, dyspnæa. Neuralgia extending to arm or both arms. Angina pectoris. Craving for hot water which relieves. Rheumatic carditis, trembling pulse; whole left side sore. Dyspnæa; must lie on right side with head high.

Lilium tig- Sensation as if heart were grasped in a vise (Cact). Feels full to bursting. Pulsations over whole body. Palpitation; irregular pulse; very rapid. Pain in cardiac region, with feeling of a load on chest. Cold feeling about heart. Suffocating feeling in a crowded and warm room. Angina pectoris with pain in right arm.

Cactus - Endocarditis with mitral insufficiency together with violent and rapid action. Acts best in the incipiency of cardiac incompetence. Heart weakness of arterio-sclerosis. Tobacco heart. Violent palpitation; worse lying on left side, at approach of menses. Angina pectoris, with suffocation, cold sweat, and ever-present iron band feeling. Pain in apex, shooting down left arm. Palpitation, with vertigo; dyspnæa, flatulence. Constriction; very acute pains and stitches in heart; pulse feeble, irregular, quick, without strength. Endocardial murmurs, excessive impulse, increased præcordial dullness, enlarged ventricle. Low blood pressure.

Aurum met - Sensation as if the heart stopped beating for two or three seconds, immediately followed by a tumultuous rebound, with sinking at the epigastrium. Palpitation. Pulse rapid, feeble, irregular. Hypertrophy. High Blood Pressure-Valvular lesions of arterio-sclerotic nature

Kali carb - Sensation as if heart were suspended. Palpitation and burning in heart region. Weak, rapid pulse; intermits, due to digestive disturbance. Threatened heart failure.

Lithium carb- Rheumatic soreness in cardiac region. Sudden shock in heart.
Throbbing, dull stitch in cardiac region. Pains in heart before menses, and associated with pains in bladder, and before urinating; better, after. Trembling and fluttering in heart, extending to back.

STUDENTS NAME AND SIGN:

Amutha P (IIIrd year) Amutha
B. Anjire Anjire
Anjana Raj Anjana
Arya B Prasad Arya

11th year
Anurag V S Anurag
I. Aascar Ali I. Aascar Ali
Devayani Devayani
Barutekshmi - G. Barutekshmi

NAME OF THE FACULTY:

Dr. C.R. Krishnakumari. Amma. CRK

SESSION MODERATOR:

Dr. P.R. Saiji. Prai

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HOD

Dept of Materia Medica



Sarada Krishna Homoeopathic Medical College
Kulasekharam, Kanyakumari District, Tamil Nadu.
DEPARTMENT OF MATERIA MEDICA

CASE 3

Date :- 5/3/2018

History

A 19-year-old boy has a history of repeated chest infections. He had problems with a cough and sputum production in the first 2 years of life and was labelled as bronchitic. Over the next 14 years he was often 'chesty' and had spent 4-5 weeks a year away from school. Over the past 2 years he has developed more problems and was admitted to hospital on three occasions with cough and purulent sputum. On the first two occasions, Haemophilus influenzae was grown on culture of the sputum, and on the last occasion 2 months previously Pseudomonas aeruginosa was isolated from the sputum at the time of admission to hospital. He is still coughing up sputum. Although he has largely recovered from the infection, his mother is worried and asked for a further sputum to be sent off. The report has come back from the microbiology laboratory showing that there is a scanty growth of Pseudomonas on culture of the sputum.

There is no family history of any chest disease. Routine questioning shows that his appetite is reasonable, micturition is normal and his bowels tend to be irregular.

Examination

On examination he is thin, weighing 48kg and 1.6m (5ft 6in) tall.

- The only finding in the chest is of a few inspiratory crackles over the upper zones of both lungs. Cardiovascular and abdominal examination is normal.



Discussed on :

- **X-ray findings**

The chest X-ray shows abnormal shadowing throughout both lungs, more marked in both upper lobes with some ring shadows and tubular shadows representing thickened bronchial walls.

- **Diagnosis**

The findings would be compatible with a diagnosis of bronchiectasis. The pulmonary arteries are prominent, suggesting a degree of pulmonary hypertension. The distribution is typical of that found in cystic fibrosis where the changes are most evident in the upper lobes. Most other forms of bronchiectasis are more likely to occur in the lower lobes where drainage by gravity is less effective. High-resolution computed tomography (CT) of the lungs is the best way to diagnose bronchiectasis and to define its extent and distribution. In younger and milder cases of cystic fibrosis, the predominant organisms in the sputum are *Haemophilus influenzae* and *Staphylococcus aureus*. Later, as more lung damage occurs, *Pseudomonas aeruginosa* is a common pathogen. Once present in the lungs in cystic fibrosis, it is difficult or impossible to remove it completely.

Cystic fibrosis should always be considered when there is a story of repeated chest infections in a young person. Although it presents most often below the age of 20 years, diagnosis may be delayed until the 20s, 30s or even 40s in milder cases. Associated problems occur in the pancreas (malabsorption, diabetes), sinuses and liver. It has become evident that some patients are affected more mildly, especially those with the less common genetic variants. These milder cases may only be affected by the chest problems of cystic fibrosis and have little or no malabsorption from the pancreatic insufficiency.

- **Investigations**

The common diagnostic test for cystic fibrosis is to measure the electrolytes in the sweat, where there is an abnormally high concentration of sodium and chloride. At the age of 19 years, the sweat test may be less reliable. An alternative would be to have the potential difference across the nasal epithelium measured at a centre with a special interest in cystic fibrosis. Cystic fibrosis has an autosomal recessive inheritance with the commonest genetic abnormality found in 85 per cent of cases. The gene is responsible for the protein controlling chloride transport across the cell membrane. The commoner genetic abnormalities can be identified and the current battery of genetic tests identifies well over 95 per cent of cases. However, the absence of F508 and other common abnormalities would not rule out cystic fibrosis related to the less common genetic variants. In later stages, lung transplantation can be considered. Since the identification of the genetic abnormality, trials of gene-replacement therapy have begun.

- **Therapeutics**

Capsicum – Constriction of chest; arrests breathing Hoarseness. Pain at apex of heart or in rib region, worse touch. Dry, hacking cough, expelling an offensive breath from

lungs. Dyspnea. Feels as if chest and head would fly to pieces. Explosive cough. Threatening gangrene of lung. Pain in distant parts on coughing-bladder, legs, ears, etc.

Kali carb – Cutting pain in chest; worse lying on right side. Hoarseness and loss of voice. Dry, hard cough about 3 am, with stitching pains and dryness of pharynx. Bronchitis, whole chest is very sensitive. Expectoration scanty and tenacious, but increasing in morning and after eating; aggravated right lower chest and lying on painful side. Hydrothorax. Leaning forward relieves chest symptoms. Expectoration must be swallowed; cheesy taste; copious, offensive, lump. Coldness of chest. Wheezing. Cough with relaxed uvula. Tendency to tuberculosis; constant cold taking; better in warm climate.

Pix liquida – Pain at a spot about the third left costal cartilage where it joins the rib. Rales through the lungs, and muco-purulent sputum; offensive odor and taste. Chronic bronchitis.

Pulsatilla – Capricious hoarseness; comes and goes. Dry cough in evening and at night; must sit up in bed to get relief; and loose cough in the morning, with copious mucous expectoration. Pressure upon the chest and soreness. Great soreness of epigastrium. Urine emitted with cough (Caust). Pain as from ulcer in middle of chest. Expectoration bland, thick, bitter, greenish. Short breath, anxiety, and palpitation when lying on left side (Phos). Smothering sensation on lying down.

Psorinum – Asthma, with dyspnea; worse, sitting up; better, lying down and keeping arms spread wide apart. Dry, hard cough, with great weakness in chest. Feeling of ulceration under sternum. Pain in chest; better, lying down. Cough returns every winter, from suppressed eruption. Hay-fever returning irregularly every year.

Silicea – Colds fail to yield; sputum persistently muco-purulent and profuse. Slow recovery after pneumonia. Cough and sore throat, with expectoration of little granules like shot, which, when broken, smell very offensive. Cough with expectoration in day, bloody or purulent. Stitches in chest through to back. Violent cough when lying down, with thick, yellow lumpy expectoration; suppurative stage of expectoration (Bals. Peru).

Stannum met – Hoarse; mucus expelled by forcible cough. Violent, dry cough in evening until midnight. Cough excited by laughing, singing, talking; worse lying on right side. During day, with copious green, sweetish, expectoration. Chest feels sore. Chest feels weak; can hardly talk. Influenzal cough from noon to midnight with scanty expectoration. Respiration short, oppressive; stitches in left side when breathing and lying on same side. Phthisis mucosa. Hectic fever.

Kali carb – Cutting pain in chest; worse lying on right side. Hoarseness and loss of voice. Dry, hard cough about 3 am, with stitching pains and dryness of pharynx. Bronchitis, whole chest is very sensitive. Expectoration scanty and tenacious,

but increasing in morning and after eating; aggravated right lower chest and lying on painful side. Hydrothorax. Leaning forward relieves chest symptoms. Expectoration must be swallowed; cheesy taste; copious, offensive, lump. Coldness of chest. Wheezing. Cough with relaxed uvula. Tendency to tuberculosis; constant cold taking; better in warm climate.

Merc sol - Soreness from fauces to sternum. Cannot lie on right side (Left side, Lycop). Cough, with yellow muco-purulent expectoration. Paroxysms of two; worse, night, and from warmth of bed. Catarrh, with chilliness; dread of air. Stitches from lower lobe of right lung to back. Whooping-cough with nosebleed (Arnica) Cough worse, tobacco smoke.

Ars alb - Unable to lie down; fears suffocation. Air-passages constricted. Asthma worse midnight. Burning in chest. Suffocative catarrh. Cough worse after midnight; worse lying on back. Expectoration scanty, frothy. Darting pain through upper third of right lung. Wheezing respiration. Hemoptysis with pain between shoulders; burning heat all over. Cough dry, as from sulphur fumes; after drinking.

Phellandrium - Sticking pain through right breast near sternum, extending to back near shoulders. Dyspnea, and continuous cough, early in morning. Cough, with profuse and fetid expectoration; compels him to sit up. Hoarseness.

STUDENTS NAME AND SIGN:

IIIrd year

Aarathy. M - Aarathy
Abina Augustin - AA
Aswarya R - Aswarya
Ajinsha. C - Aj
Advaita. B. Nair. Advaita

Indya.
Ann. Maria. John - Ann
Aparna P. R - Aparna
Anjana. M. C - Anjana
Akshita Hadiga - Akshita

NAME OF THE FACULTY:

Dr. C. R. Krishnakumari. Anma. CRK

SESSION MODERATOR:

Dr. P. R. Saiji Prasanna

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HOD

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**Sarada Krishna
Homoeopathic Medical College
Kulasekharam, Kanniyakumari Dist., Tamil Nadu-629 161.**

DEPARTMENT OF MATERIA MEDICA

PATIENT- CENTRIC AND EVIDENCE – BASED LEARNING

Objectives

- 1) To enhance the clinical skills in future practices.
- 2) To create a competent physician.
- 3) To maintain a good rapport with the patients

Process

At first consent has to be taken from the patient. It is essential to consider the health status of patient especially if the individual is very ill and respect his/her choice if the patient want to discontinue the session. Detailed case taking will done by the students from IPD of Sarada Krishna homoeopathic medical college. After proper investigation and physical examinations the case will be analyzed and evaluated and will reach into a proper diagnosis and selection of medicine. At last summarize the case.

Outcome

It allows the physician and patient to interact at the bedside and through this interaction students will get opportunity to learn clinical skills, clinical reasoning, physician patient communication, empathy and professionalism.

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Sarada Krishna
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Kulasekharam, Kanyakumari District, Tamil Nadu

DEPARTMENT OF MATERIA MEDICA

PATIENT CENTRIC EVIDENCE BASED LEARNING

EXAMINATION OF MUSCULO-SKELETAL SYSTEM

Demonstrated how to examine the musculo-skeletal system and how to diagnose and differentiate the condition through this examination. Class was conducted by Dr. Winston Vargheese.

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HOD



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Kulasekharam, Kanyakumari Dist. Tamil Nadu

DEPARTMENT OF MATERIA MEDICA

PATIENT CENTRIC EVIDENCE BASED LEARNING

DATE: 30-05-2019

EXAMINATION OF MUSCULO-SKELETAL SYSTEM





**Sarada Krishna
Homoeopathic Medical College
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DEPARTMENT OF MATERIA MEDICA**

PATIENT CENTRIC EVIDENCE BASED LEARNING

MANAGEMENT OF ULCER

Made the students aware about the management of a diabetic ulcer at bed side. Different types of ulcers were discussed and demonstrated how to clean and dress a ulcer condition. Class was demonstrated by Dr. Surej Bobbin P G.

Surej Bobbin P G
HOD



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DEPARTMENT OF MATERIA MEDICA

PATIENT CENTRIC EVIDENCE BASED LEARNING

DATE: 23-05-2019

MANAGEMENT OF ULCER



DEPARTMENT OF ORGANON OF MEDICINE
STUDENT CENTRIC METHOD FOR ENHANCING
LEARNING EXPERIENCE
PROBLEM SOLVING METHODOLOGY

TITLE OF THE PRACTICE:

- Problem based learning is a totally different educational strategy, where the problem is posed first and learning areas are identified later.
- Problem based learning means acquiring knowledge in the context of the problem.
- Problem based learning is an innovative and challenging approach to medical education innovative because it is a new way using Organon to help students learn, and challenging because it requires the medical teacher to use facilitating the supporting skills rather than didactic, directive ones.

OBJECTIVES OF THE PRACTICE:

- To know about the different problem based on the clinical training.
- To find out the solutions for those problems
- To motivate for self directed learning
- To motivate to learn and to solve the problems in the succeeding patients.

CONTEXT:

As the medicinal teacher, he had undergone many problems in the clinical practice. He has to consider this and put it to the learner to learn in the clinical context. Prior defining the problem and made them to solve this to motivate them for referring the text and other resource materials to solve the problems.

PRACTICE:

A collection of carefully designed problems is presented to small groups of students. They are sometimes derived from professional practice: often they refer to theoretical issues, important to the domain of study. Problem based learning uses a slightly different kind of taxonomy which include:

- Structuring the knowledge for use in clinical context (SCC)
- Structuring the knowledge for clinical reasoning process (CRP)
- Structuring the knowledge for self directed learning (SDL)
- Structuring the knowledge for motivation to learn (MOL)

EVIDENCE OF SUCCESS:

- ✓ Students are able to learn and recall information better due to the activation of prior knowledge, elaboration and contextual learning.
- ✓ Students are able to integrate basic science knowledge better in to the solution of clinical problems.
- ✓ Students become better self directed learners
- ✓ It enhances students intrinsic interest in the subject matter
- ✓ It helps acquisition of contextual knowledge
- ✓ Development of generic competencies towards learning
- ✓ Constructivist approach to learning
- ✓ It uses adult learning principles.

PROBLEMS ENCOUNTERED AND RESOURCES REQUIRED:

- **Resources required:**
 - ✓ Pre defined problem prepared by the teacher.
 - ✓ Text material for resolving the problem.
- **Problems encountered:**
 - ✓ The learner is not having sufficient knowledge about the text entity.
 - ✓ The learner is not having sufficient communicative skills.

DEPARTMENT OF ORGANON OF MEDICINE
STUDENT CENTRIC METHOD FOR ENHANCING
LEARNING EXPERIENCE

PROBLEM SOLVING METHODOLOGY

Introduction

A problem solving exercise was given to the students of IV BHMS on 25.5.2019 from 2.30 to 3.30 pm. Sixty six students was appeared as 10 groups and the best group was identified and given rewards.

Methodology

The problem solving exercise was conducted for IV BHMS students. A collection of carefully designed problem is presented to 10 groups of students. Each group has to solve one problem. Prior defining problem in the clinical practice was given

Beneficials

IV BHMS students was beneficials.

Among them the best group was identified and they are rewarded.

Benefits

- The students was thorough to solve the problem which was given to them.
- They can refer and cite the phrases of aphorisms, dealing with the particular problem.
- Once the students had experienced to solve the problem, they never forgets in his life

Conclusion

The problem based learning had helped the students to learn to acquainted with the clinical problems faced in the practice generally. It made to improve the learning of Organon. This method is very much effective for the students.



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Department of Organon of medicine & Homeopathic philosophy

STUDENT CENTRIC METHOD FOR ENHANCING LEARNING EXPERIENCE

PROBLEM SOLVING METHODOLOGY

Title of the Practice:

- Problem based learning is a totally different educational strategy, where the problem is posed first and learning areas are identified later.
- Problem based learning means acquiring knowledge in the context of the problem.
- Problem based learning is an innovative and challenging approach to medical education innovative because it is a new way using Organon to help students learn, and challenging because it requires the medical teacher to use facilitating the supporting skills rather than didactic, directive ones.

Objectives of the Practice:

- To know about the different problem based on the clinical training.
- To find out the solutions for those problems
- To motivate for self directed learning
- To motivate to learn and to solve the problems in the succeeding patients.

Context:

As the medicinal teacher, he had undergone many problems in the clinical practice. He has to consider this and put it to the learner to learn in the clinical context. Prior defining the problem and made those to solve this to motivate them for referring the text and other resource materials to solve the problems.

Practice:

A collection of carefully designed problems is presented to small groups of students. They are sometimes derived from professional practice: often they refer to theoretical issues, important to the domain of study. Problem based learning uses a slightly different kind of taxonomy which include:

- Structuring the knowledge for use in clinical context (SCC)
- Structuring the knowledge for clinical reasoning process (CRP)
- Structuring the knowledge for self directed learning (SDL)
- Structuring the knowledge for motivation to learn (MOL)

Evidence of success:

Students are able to learn and recall information better due to the activation of prior knowledge, elaboration and contextual learning.

- ✓ Students are able to integrate basic science knowledge better in to the solution of clinical problems.
- ✓ Students become better self directed learners
- ✓ It enhances students intrinsic interest in the subject matter
- ✓ It helps acquisition of contextual knowledge
- ✓ Development of generic competencies towards learning
- ✓ Constructivist approach to learning
- ✓ It uses adult learning principles.

Problems encountered and resources required:**• Resources required**

- ✓ Pre defined problem prepared by the teacher.
- ✓ Text material for resolving the problem.

• Problems encountered

- ✓ The learner is not having sufficient knowledge about the text entity.
- ✓ The learner is not having sufficient communicative skills.



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Department of Organon of Medicine and Homoeopathic Philosophy
Sarada Krishna Homoeopathic Medical College
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SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE

DEPARTMENT OF ORGANON OF MEDICINE


PROBLEM BASED LEARNING

1. Master X, 12 years of male child suffering from fever, after taking ice cream with stitching type of body pain, aggravated by motion, ameliorated by rest, with profuse thirst for large quantities of water, dryness of tongue, yellow coloured urine. The history of presenting illness revealed that he was under allopathic treatment and was administered paracetamol tablets for the past 2 days in the hospital. Now, he is attending our OPD. What is your deduction from this case?
2. Mr X, 50 years, working as a conductor in The Tamilnadu State Transport Corporation, came with the complaints of pain in the back and neck, aggravated by jerking and during duty, anticipating due to the duty. Investigations done, indicated no abnormalities detected. It is said that his duties and the way of the roads with ditches contribute to his illness. Suggest a solution to his problem.
3. A male child of 10 years of age, after bathing in Kutralam waterfalls, complaints of fever of 100-F. He was administered with Rhustox 200. He had an elevation of temperature to 104 F but he had no other signs of fever like chilliness, weakness, etc. What should be the next prescription?
4. A female child of 4 years age, fell down with having an injury of lacerated wound in the forehead around 4 cm long, with bleeding, swelling and pain. Get help from Hahnemann to manage this case?
5. A 52 year old female complaints of burning urination with frequent urging to urinate. It was diagnosed as calculus in the urinary bladder around 30 mm. How will you manage this case?
6. A child with fever after eating decayed food has great thirst for cold water and great weakness, with an aggravation of temperature at midnight, was administered with *Chelidonium majus* instead of *Arsenicum album*. What is the conclusion to be derived from this case?
7. Mr X, 22 years, young man had slipped down in the bathroom and has pain in the right wrist region and diagnosed as Colle's fracture. What is the plan of management?
8. Mr X, 53 years old was admitted at the hospital and diagnosed as Diabetes. The past history reveals that he had respiratory troubles treated with steroids. In the meantime, he was administered with insulin.
9. A 20 year old young man suddenly started fighting with father and mother and using abusive words. He used to run away in the roads. In the initial hours, the people used to say that he was mentally ill. He used to pray at the church also. Evaluate the patient's current situation.

10. A 43 year old man, told that he would die the next day, he was of lamenting nature, he asked for good food, his wife when analysed the incidents beforehand, found that his mental illness was due to some forecasting by an astrologer.

PHOTOS:




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DEPARTMENT OF SURGERY

EXPERIENTIAL LEARNING

Objectives

Students should be able to,

- Acquire knowledge on basic concepts of surgery and surgical principles.
- familiarise the examination procedures and preparing the patient for surgery
- Acquire knowledge on pre-operative, operative and post operative procedures.
- Managing acute Surgical emergencies
- Develop understanding on systematic study of various diseases including ENT, Ophthalmology and Orthopaedics.
- Develop skill in handling common surgical instruments for examination and diagnosis of patient.

Process

Learning facilities with **Bensam Hospital, Nagercoil, Kanniyakumari Government Medical College, Asaripallam** and **Government Head quarters Hospital, Padmanabhapuram** for clinical training. Intern's & Students of III BHMS are divided in to small groups and are posted for a period of 3 months in rotation base. They are observing and attending surgical procedures in various departments of the hospital including Surgery, Orthopaedics, ENT and Radio diagnosis . Students are submitting the summary reports of the cases during posting time.

Outcome

Students getting experience in variety of clinical conditions by observing surgical procedures. They develop good opportunity to apply and integrate their knowledge and develop skills in diagnosing and managing the common surgical conditions and emergencies.


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**DEPARTMENT OF SURGERY
INTEGRATED LEARNING**

Inter-departmental Seminars

Objectives

- To improve the academic knowledge, skill and efficiency of the student by integrating with other subjects such as Organon of Medicine, Materia Medica and Practice of Medicine.
- To develop knowledge on the subject in all aspects
- To know the relevant connection between the subjects.
- To develop holistic approach in integrating with other Homoeopathic principles for treatment and diagnosis.

The Process

A topic is selected and it is divided in to subtopics, it includes all its aspects and given to students for preparation and reference. The prepared topics are submitted to the H.o.D of department of Surgery for correction and later presented on the seminar day. Students should present their topics with the help of videos, X-rays, models, pictures etc. Faculties from various departments are monitored .

Outcome

Helps the Students to improve their knowledge on the concerned topic in all its aspects and identify the connection between the subjects and its importance.


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**DEPARTMENT OF OBSTETRICS & GYNAECOLOGY
EXPERIENTIAL LEARNING**

Experiential education, where students are purposefully engaged in direct experience with an emphasis on reflection, increases the ability of students to develop clinical skills during their undergraduate education. Experiential learning allows the student to gain knowledge or skill that would be much more difficult to obtain in the typical classroom setting. Through this type of learning students are expected to enter the workforce with professional skills applicable to the current healthcare setting.

Clinical Observer-ship is the form of experiential learning adopted by our department to integrate theoretical knowledge learned in the classroom with practical application and skills development in professional setting.

We made MOU with the following institution for Clinical Observership

1. Kanniyakumari government medical college Hospital Asaripallam.
2. Government Headquarters Hospital Padmanabhapuram.
3. Benzam Hospital, Nagargoil.

Objectives

- ✓ Help students to enhance the development of clinical practice skills and professional behaviors in the area of Obstetrics and Gynaecology.
- ✓ Help students to learn how to act, communicate, and perform in critical situations.
- ✓ Gave Broad exposure to the operating practices of modern medicine

Method

3rd year Undergraduate students, UG students during internship program are exposed to experiential learning.

3rd BHMS students and Interns were divided to group of approximately 15 students and posted in different OPD and IPD (Obstetrics, Gynaecology and Neonatology Departments) of above mentioned hospitals for a period of one month. They are exposed to most modern clinical methods and protocols of management and also able to interact with experts in the field. From there Students gaining the experience that they need for when they enter into their careers as caregivers.

Students provided with a log book to record the procedures observed.

Outcome

Students acquire skill and knowledge in various Obstetrics and Gynaecological procedures investigations and treatment protocols. They can observe management of surgical cases understand the indications of surgery and its complications. Students to learn how to act, communicate, and perform in critical situations.





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DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

**STUDENT CENTRIC LEARNING
(ADVANCED LEARNERS)**

The target of this program is to enhance the knowledge of the advanced learners among 3rd BHMS students. The goal of this learning method is to develop the knowledge and skills for the prevention, diagnosis and management of diseases of the female genital tract, as well as providing expert clinical care to women. Training the students to diagnose and manage the cases according to Hahnemanian principles.

Objectives:

- The students will be competent with the clinical assessment, investigation and diagnosis of diseases of the female genital tract.
- The students will be able to recognize the impact of intrapersonal, interpersonal and social/political and cultural factors that will effect a patient's health care.
- Integrate the capabilities of managing the consultative craft and foster the growth of practitioners skilled in patient care in Obstetrics & Gynaecology

Method:

The students who have scored 65% and above in the second year final exams were selected as *advanced learners*.

To improve the skill and knowledge of these learners, special assignments were scheduled. They were also provided with many skill based activities, seminars and workshops.

Outcome:

Upon completion of training, the students are expected to be a competent subspecialist capable of assuming an independent consultant's role in gynaecology and obstetrics. He/she have acquired the necessary knowledge, skills and attitudes for appropriate and competent management of women presenting with a wide range of clinical conditions.


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Department of Practice of Medicine

STUDENT CENTRIC METHODS

EXPERIENTIAL LEARNING:

OBJECTIVE:

Experiential learning is the process of learning through experience, and is more specifically defined as learning through reflection on doing. Experiential learning is distinct from rote or didactic learning, in which the learner plays a comparatively passive role. It is related to, but not synonymous with, other forms of active learning such as action learning, adventure learning, free-choice learning, cooperative learning, service-learning, and situated learning.

ECG classes and Basic Life Support training are conducted by Practice of Medicine Department through experiential learning. By this method the students could interpret the clinical pathologies of cardiac origin and manage homeopathically. And also they could gain knowledge in what and all situations the cases can be referred to other system of medicine.


PROCESS:

The students of the class are divided into 6 groups with 13-15 students each and the classes/ discussion are conducted among each group like an interactive session. During the class each student will be provided with **an thread, Tooth Pick, Rubber Band, a piece of Metal wire and Apple**. With these the **students are told to interpret this materials as models of heartchamber, direction of blood flow and placement of all 12 leads**. And then with that the students are being **taught how to place the leads and how to understand the ECG lead variations in different pathologies**. The professor will be telling the students certain pathological conditions so the students can interpret the condition and work out.

In BLS training, the students of the class are divided into 7 groups with 13-15 students each and the classes/ discussion are conducted among each group. Both Undergraduate and Post graduate scholars are actively involved. Special training sessions are conducted by the Practice of Medicine Department.

OUTCOME:

Since the students are trained individually with the models, they could be able to interpret the ECG in clinical practice with ease.


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Department of Practice of Medicine

STUDENT CENTRIC METHOD

INTEGRATED LEARNING:

OBJECTIVE:

Integrative learning is a learning theory describing a movement toward integrated lessons helping students make connections across curricula. This higher education concept is distinct from the elementary and high school "integrated curriculum" movement. Integrated studies involve bringing together traditionally separate subjects so that students can grasp a more authentic understanding. Integrative Learning comes in many varieties: connecting skills and knowledge from multiple sources and experiences; applying skills and practices in various settings; utilizing diverse and even contradictory points of view; and, understanding issues and positions contextually."

PROCESS:

The Integrated Seminars of Practice of Medicine department were conducted as an integrated learning methodology. The topic of seminar was given from the department. The presenters of the seminars are being selected in roll number wise, so that all the students may get the chance to present the seminar. The seminars are conducted on department rotation ship. At the end of the session students were given a evaluation section to express their opinion about the applicability of the seminar.

With the aid of power point, Video (Filmed patient condition or diseases), PDF Documents student learner presents the seminar. If it is necessary video conference with Experts or Masters are allowed.

Performance of each student will be recorded in Department Student Log Book timely and evaluated through performance assessment by teacher.

OUTCOME:

Department have implemented integrated seminar in the Practice of Medicine topics as to improve communication skill, self-directed learning, individual accountability, positive Attitude, face-to-face interaction and interpersonal social skill.


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**Department of Practice of Medicine
STUDENT CENTRIC METHOD**

PARTICIPATORY LEARNING METHOD:

OBJECTIVE:

Education is considered as an investment and also helps in human resource development. Teaching and learning are important aspects of formal education. Goals of learning include acquisition of knowledge, skills, attitudes and ideas. As world is changing at a very rapid pace, the methodology of teaching and learning too has to be changed. Traditionally learning was considered as a transfer of knowledge from teacher to learner. Participatory learning strategies provide opportunities for the learner to remain active in the process of learning. Participatory learning strategies develop sharing power and responsibility as the learners work in small groups. Students show a favorable attitude towards participation in activities inside and outside class room.

PROCESS:

Home Visits are designed for participatory learning method. Here students in internship and Post graduate scholars are given opportunity to attend home visit program with dignified medical team.

OUTCOME:

Here learner can interact with the patient in their atmosphere.

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Department of Practice of Medicine

STUDENT CENTRIC METHOD

PATIENT - CENTRIC & EVIDENCE BASED LEARNING

OBJECTIVE:

The theme of patient-centered care is integrated throughout the under Graduate and post Graduate curriculum. All students are required to complete a patient-centered objective structured clinical examination (OSCE) at the end of their final year, demonstrating that they possess the skill sets needed to provide patient-centered care in a variety of complex clinical situations. Undergraduate and Post Graduate students benefit from additional sessions specifically planned for teaching. These sessions may take place in the ordinary clinical environment and make use of the patients who are opportunistically available. They may on the other hand be highly structured with particular patients brought up especially for the session.

PROCESS:

Physical Examination Class, here Students of final years are divided into **6 small groups**, each group consists of **13 to 15 members**. Discussions are carried out at **bed side**, each group will **provide single case** and classes will conduct on every week. Classes are monitored by the faculties of Dept. of PM and discussions were under guidance of Post Graduate Students.

The Course emphasizes patient interviewing, acquiring a medical data base, and performing a comprehensive physical examination.

Evaluation of students should be through the Objective Structured Clinical **Examination (OSCE)** method based on a student's performances that measure their clinical competence, recorded in student log book and department log book.

OUTCOME: The Course emphasizes patient interviewing, acquiring a medical data base, and performing a comprehensive physical examination


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**Dept. of Practice of Medicine
STUDENT CENTRIC METHOD**

PROJECT BASED LEARNING

OBJECTIVE:

Project-based learning is an instructional approach designed to give students the opportunity to develop knowledge and skills through engaging projects set around challenges and problems they may face in the Medical world. **Project - THE ARCHIVE – fortnight medical news magazine–coding the Medical news and updates in the past week News Paper.**

PROCESS:

Students are divided into small groups each group publishes the journal in each term.

Supervision of the activity was carried by the department directly.

OUTCOME:

The students will be updated with the day to day evolutions in the medical field.

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**Dept. of Practice of Medicine
STUDENT CENTRIC METHOD**

ROLE PLAY

OBJECTIVE:

Role-play is used as a training tool in medical education to impart knowledge, attitudes and skills in students. It provides an essence of social environment to the learners and formulates framework of their future working. This educational tool gives an opportunity to the medical educators to analyze the learner's reaction and responses in context to real life situations and also encourages feedback from the peers.

PROCESS:

The program is conducting in **Role Play** method. Here Students of final year was divided into 6 small groups, each group consists of 13 to 15 members.

Role playing is a way of working through a situation, a scenario, or a problem by assuming roles and practicing what to say and do in a safe setting. implemented skillfully by Dept. of Practice of Medicine. 10 minutes allowed for the section and the student should submit the theme before the do.

Evaluation is done by the Audience.

OUTCOME:

The students are trained to face the situation and how to manage a clinical emergency.

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SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE

STUDENT CENTRIC METHOD- ROLEPLAY

Department: Practice of Medicine

IV BHMS (Batch 2016- 2017)

Sl.No	Date	Time	Topic	Name of faculty
1.	19.01.16	3:30 pm to 4:30 pm	Dysphagia	Dr.Harisankar.V
2.	02.02.16	3:30 pm to 4:30 pm	Ent, Instruments, Usage	Dr.Harisankar.V
3.	09.02.16	3:30 pm to 4:30 pm	Cough –Types	Dr.Harisankar.V
4.	16.02.16	3:30 pm to 4:30 pm	Cardiac Murmur	Dr.Harisankar.V
5.	23.02.16	3:30 pm to 4:30 pm	Evaluation Of Cough	Dr.Harisankar.V
6.	01.03.16	3:30 pm to 4:30 pm	Evaluation Of Sputum	Dr.Harisankar.V
7.	08.03.16	3:30 pm to 4:30 pm	Diseases Of Nail	Dr.Harisankar.V
8.	15.03.16	3:30 pm to 4:30 pm	Evaluation Of Palms	Dr.Harisankar.V
9.	22.03.16	3:30 pm to 4:30 pm	Signs Of Hypothyroidism	Dr.Harisankar.V
10.	29.03.16	3:30 pm to 4:30 pm	Liver Cirrhosis	Dr.Harisankar.V
11.	05.04.16	3:30 pm to 4:30 pm	Tuberculosis	Dr.Harisankar.V
12.	12.04.16	3:30 pm to 4:30 pm	Diabetic Nephropathy	Dr.Harisankar.V
13.	19.04.16	3:30 pm to 4:30 pm	Back Pain	Dr.Harisankar.V
14.	26.04.16	3:30 pm to 4:30 pm	Vomiting	Dr.Harisankar.V
15.	24.05.16	3:30 pm to 4:30 pm	Ulcers	Dr.Harisankar.V
16.	31.05.16	3:30 pm to 4:30 pm	Abdominal Pain	Dr.Harisankar.V
17.	07.06.16	3:30 pm to 4:30 pm	Spirometry	Dr.Harisankar.V
18.	14.06.16	3:30 pm to 4:30 pm	Diabetic Foot- Instruments	Dr.Harisankar.V
19.	21.06.16	3:30 pm to 4:30 pm	Acute Pancreatitis	Dr.Harisankar.V
20.	12.07.16	3:30 pm to 4:30 pm	Urine Examination	Dr.Harisankar.V
21.	19.07.16	3:30 pm to 4:30 pm	Vertigo	Dr.Harisankar.V
22.	26.07.16	3:30 pm to 4:30 pm	Alzheimer's Disease	Dr.Harisankar.V
23.	09.08.16	3:30 pm to 4:30 pm	Parkinsonism	Dr.Harisankar.V

	16.08.16	3:30 pm to 4:30 pm	Bronchial Asthma	Dr.Harisankar.V
25.	23.08.16	3:30 pm to 4:30 pm	Chest Pain	Dr.Harisankar.V
26.	30.08.16	3:30 pm to 4:30 pm	Multiple Myeloma	Dr.Harisankar.V
27.	06.09.16	3:30 pm to 4:30 pm	Hemoptysis- Pneumonia	Dr.Harisankar.V
28.	20.09.16	3:30 pm to 4:30 pm	Portal Hypertension	Dr.Harisankar.V
29.	27.09.16	3:30 pm to 4:30 pm	Abdominal Pain	Dr.Harisankar.V
30.	04.10.16	3:30 pm to 4:30 pm	Haemorrhoids	Dr.Harisankar.V
31.	18.10.16	3:30 pm to 4:30 pm	Pleuritic	Dr.Harisankar.V
32.	25.10.16	3:30 pm to 4:30 pm	Peptic Ulcer	Dr.Harisankar.V
33.	15.11.16	3:30 pm to 4:30 pm	Pheochromocytoma	Dr.Harisankar.V
34.	29.11.16	3:30 pm to 4:30 pm	Amoebiasis	Dr.Harisankar.V

SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE

STUDENT CENTRIC METHOD- ROLEPLAY

Department: Practice of Medicine

IV BHMS (Batch 2017- 2018)

Sl.No	Date	Time	Topic	Name of faculty
1.	10.01.17	3:30 pm to 4:30 pm	Psoriasis	Dr.Harisankar.V
2.	24.01.17	3:30 pm to 4:30 pm	Back Pain	Dr.Harisankar.V
3.	31.01.17	3:30 pm to 4:30 pm	Chest Pain	Dr.Harisankar.V
4.	07.02.17	3:30 pm to 4:30 pm	Joint Affections	Dr.Harisankar.V
5.	14.02.17	3:30 pm to 4:30 pm	Eosinophilia	Dr.Harisankar.V
6.	21.02.17	3:30 pm to 4:30 pm	COPD	Dr.Harisankar.V
7.	28.02.17	3:30 pm to 4:30 pm	Leukemia	Dr.Harisankar.V
8.	07.03.17	3:30 pm to 4:30 pm	Renal Calculi	Dr.Harisankar.V
9.	14.03.17	3:30 pm to 4:30 pm	Cough	Dr.Harisankar.V
10.	21.03.17	3:30 pm to 4:30 pm	Dengue Fever	Dr.Harisankar.V
11.	28.03.17	3:30 pm to 4:30 pm	Hyperthyroidism	Dr.Harisankar.V
12.	04.04.17	3:30 pm to 4:30 pm	Coeliac Disease	Dr.Harisankar.V
13.	11.04.17	3:30 pm to 4:30 pm	Anthrax	Dr.Harisankar.V
14.	25.04.17	3:30 pm to 4:30 pm	OCD	Dr.Harisankar.V
15.	23.05.17	3:30 pm to 4:30 pm	Diabetes Mellitus	Dr.Harisankar.V
16.	30.05.17	3:30 pm to 4:30 pm	Facial Expressions	Dr.Harisankar.V
17.	06.06.17	3:30 pm to 4:30 pm	Cough	Dr.Harisankar.V
18.	13.06.17	3:30 pm to 4:30 pm	Head Ache	Dr.Harisankar.V
19.	04.07.17	3:30 pm to 4:30 pm	Ulcers	Dr.Harisankar.V
20.	18.07.17	3:30 pm to 4:30 pm	Leptospirosis	Dr.Harisankar.V
21.	25.07.17	3:30 pm to 4:30 pm	Chest Pain	Dr.Harisankar.V
22.	01.08.17	3:30 pm to 4:30 pm	Dyspnoca	Dr.Harisankar.V
23.	08.08.17	3:30 pm to 4:30 pm	Schizophrenia	Dr.Harisankar.V

	22.08.17	3:30 pm to 4:30 pm	Vertigo	Dr.Harisankar.V
25.	19.09.17	3:30 pm to 4:30 pm	Dyspnoea	Dr.Harisankar.V
26.	03.10.17	3:30 pm to 4:30 pm	Autism	Dr.Harisankar.V
27.	10.10.17	3:30 pm to 4:30 pm	Abdominal Pain	Dr.Harisankar.V
28.	31.10.17	3:30 pm to 4:30 pm	Portal Hypertension	Dr.Harisankar.V
29.	07.11.17	3:30 pm to 4:30 pm	Dysphagia	Dr.Harisankar.V
30.	14.11.17	3:30 pm to 4:30 pm	Vertigo	Dr.Harisankar.V
31.	21.11.17	3:30 pm to 4:30 pm	PUO	Dr.Harisankar.V



SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE

STUDENT CENTRIC METHOD- ROLEPLAY

Department: Practice of Medicine

IV BHMS (Batch 2018- 2019)

Sl.No	Date	Time	Topic	Name of faculty
1.	23.01.18	3:30 pm to 4:30 pm	Cough	Dr.Harisankar.V
2.	30.01.18	3:30 pm to 4:30 pm	Chest Pain	Dr.Harisankar.V
3.	06.02.18	3:30 pm to 4:30 pm	ADHD	Dr.Harisankar.V
4.	13.02.18	3:30 pm to 4:30 pm	OCD	Dr.Harisankar.V
5.	20.02.18	3:30 pm to 4:30 pm	Palm Diseases	Dr.Harisankar.V
6.	27.02.18	3:30 pm to 4:30 pm	Vertigo	Dr.Harisankar.V
7.	06.03.18	3:30 pm to 4:30 pm	Schizophrenia	Dr.Harisankar.V
8.	13.03.18	3:30 pm to 4:30 pm	Dyspnoea	Dr.Harisankar.V
9.	20.03.18	3:30 pm to 4:30 pm	ENT, Instruments	Dr.Harisankar.V
10.	27.03.18	3:30 pm to 4:30 pm	Hemorrhoids	Dr.Harisankar.V
11.	10.04.18	3:30 pm to 4:30 pm	Evaluation Of Sputum	Dr.Harisankar.V
12.	17.04.18	3:30 pm to 4:30 pm	Abdominal Pain	Dr.Harisankar.V
13.	24.04.18	3:30 pm to 4:30 pm	Hypertension	Dr.Harisankar.V
14.	15.05.18	3:30 pm to 4:30 pm	Odynophagia	Dr.Harisankar.V
15.	29.05.18	3:30 pm to 4:30 pm	Colic	Dr.Harisankar.V
16.	12.06.18	3:30 pm to 4:30 pm	Back Ache	Dr.Harisankar.V
17.	26.06.18	3:30 pm to 4:30 pm	Chest Pain	Dr.Harisankar.V
18.	03.07.18	3:30 pm to 4:30 pm	Generalised Pruritis	Dr.Harisankar.V
19.	10.07.18	3:30 pm to 4:30 pm	Portal Hypertension	Dr.Harisankar.V
20.	17.07.18	3:30 pm to 4:30 pm	Dyspnoea	Dr.Harisankar.V
21.	24.07.18	3:30 pm to 4:30 pm	PUO	Dr.Harisankar.V
22.	31.07.18	3:30 pm to 4:30 pm	Dysphagia	Dr.Harisankar.V
23.	14.08.18	3:30 pm to 4:30 pm	Autism	Dr.Harisankar.V

	28.08.18	3:30 pm to 4:30 pm	Hepatitis	Dr.Harisankar.V
25.	04.09.18	3:30 pm to 4:30 pm	Dehydration	Dr.Harisankar.V
26.	11.09.18	3:30 pm to 4:30 pm	Psoriasis	Dr.Harisankar.V
27.	18.09.18	3:30 pm to 4:30 pm	Palm Diseases	Dr.Harisankar.V
28.	16.10.18	3:30 pm to 4:30 pm	Vertigo	Dr.Harisankar.V
29.	23.10.18	3:30 pm to 4:30 pm	Peptic Ulcer	Dr.Harisankar.V
30.	30.10.18	3:30 pm to 4:30 pm	Acute Abdomen	Dr.Harisankar.V
31.	20.11.18	3:30 pm to 4:30 pm	Cough	Dr.Harisankar.V
32.	04.12.18	3:30 pm to 4:30 pm	Parkinsonism	Dr.Harisankar.V



SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE

STUDENT CENTRIC METHOD- ROLEPLAY

Department of Practice of Medicine

IV BHMS (Batch 2019-2020)

Sl.No	Date	Time	Topic	Name of faculty
1.	08.01.19	3:30 pm to 4:30 pm	Vertigo	Dr.Harisankar.V
2.	22.01.19	3:30 pm to 4:30 pm	Chest Pain	Dr.Harisankar.V
3.	29.01.19	3:30 pm to 4:30 pm	ADHD	Dr.Harisankar.V
4.	05.02.19	3:30 pm to 4:30 pm	Dyspnoea	Dr.Harisankar.V
5.	12.02.19	3:30 pm to 4:30 pm	Cough	Dr.Harisankar.V
6.	19.02.19	3:30 pm to 4:30 pm	Leptospirosis	Dr.Harisankar.V
7.	26.02.19	3:30 pm to 4:30 pm	Liver Cirrhosis	Dr.Harisankar.V
8.	05.03.19	3:30 pm to 4:30 pm	Back Ache	Dr.Harisankar.V
9.	12.03.19	3:30 pm to 4:30 pm	Head Ache	Dr.Harisankar.V
10.	19.03.19	3:30 pm to 4:30 pm	Abdominal Pain	Dr.Harisankar.V
11.	16.04.19	3:30 pm to 4:30 pm	Dehydration	Dr.Harisankar.V
12.	07.05.19	3:30 pm to 4:30 pm	Tuberculosis	Dr.Harisankar.V
13.	14.05.19	3:30 pm to 4:30 pm	Anthrax	Dr.Harisankar.V
14.	21.05.19	3:30 pm to 4:30 pm	Bronchial Asthma	Dr.Harisankar.V





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Homoeopathic Medical College
Kulasekharam, Kanniyakumari Dist., Tamil Nadu-629 161.

Dept. of Practice of Medicine

STUDENT CENTRIC METHOD

SELF DIRECTED LEARNING:

OBJECTIVE:

Self-directed learning (SDL) has become popular in medical curricula and has been advocated as an effective learning strategy for medical students to develop competence in knowledge acquisition. Self-directed learning (SDL) is defined as learning on one's own initiative, with the learner having primary responsibility for planning, implementing, and evaluating the effort. Medical education institutions promote SDL, since physicians need to be self-directed learners to maintain lifelong learning in the ever-changing world of medicine and to obtain essential knowledge for professional growth. Here the teacher plans and sets the teaching material and the students learn at their own time and pace.

Self-directed learning describes a process in which individuals take the initiative with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying resources for learning, choosing and implementing learning strategies and evaluating learning outcomes. It has become an essentiality in medical education due to the vast expansion of knowledge, easy accessibility to information and greater emphasis on reflection.

PROCESS:

The program is conducting in **SDL** method. Here Students of final year was divided into 7 small groups, each group consists of 13 to 15 members. Program consists of **discussion & livedemonstration of Medical Signs, Medical Syndromes, discussion on Normal Values, discussion on web site review, book review, and journals**. Evaluation of students should be recorded in student log book and department log book.

OUTCOME:

The students regain their knowledge in various signs, syndromes and normal-values. And also they get updated on medical websites, books and Journals.

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TAMIL NADU - 629 161



H O P
PRACTICE OF MEDICINE
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HOMOEOPATHIC MEDICAL COLLEGE
KULASEKHARAM, KANNYAKUMARI DISTRICT,
TAMIL NADU - 629 161.
Head of Practice of Medicine Department

SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE

STUDENT CENTRIC METHOD- SELF DIRECTED LEARNING

Department of Practice of Medicine

IV BHMS (Batch 2016 – 2017)

Sl.No	Date	Time	Name of faculty
1.	19.01.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
2.	02.02.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
3.	09.02.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
4.	16.02.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
5.	23.02.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
6.	01.03.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
7.	08.03.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
8.	13.03.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
9.	22.03.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
10.	29.03.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
11.	05.04.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
12.	12.04.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
13.	19.04.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
14.	26.04.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
15.	24.05.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
16.	31.05.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
17.	07.06.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
18.	14.06.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
19.	21.06.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
20.	12.07.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
21.	19.07.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
22.	28.07.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
23.	09.08.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
24.	16.08.16	3:30 pm to 4:30 pm	Dr.Harisankar.V

	23.08.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
26.	30.08.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
27.	06.09.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
28.	20.09.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
29.	27.09.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
30.	04.10.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
31.	18.10.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
32.	25.10.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
33.	15.11.16	3:30 pm to 4:30 pm	Dr.Harisankar.V
34.	29.11.16	3:30 pm to 4:30 pm	Dr.Harisankar.V

SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE
STUDENT CENTRIC METHOD- SELF DIRECTED LEARNING

Department of Practice of Medicine

IV BHMS (Batch 2017 – 2018)

Sl.No	Date	Time	Name of faculty
1.	10.01.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
2.	24.01.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
3.	31.01.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
4.	07.02.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
5.	14.02.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
6.	21.02.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
7.	28.02.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
8.	07.03.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
9.	14.03.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
10.	21.03.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
11.	28.03.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
12.	04.04.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
13.	11.04.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
14.	25.04.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
15.	23.05.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
16.	30.05.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
17.	06.06.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
18.	13.06.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
19.	04.07.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
20.	18.07.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
21.	25.02.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
22.	01.08.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
23.	08.08.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
24.	22.08.17	3:30 pm to 4:30 pm	Dr.Harisankar.V

	19.09.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
26.	03.10.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
27.	10.10.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
28.	31.10.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
29.	07.11.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
30.	14.11.17	3:30 pm to 4:30 pm	Dr.Harisankar.V
31.	21.11.17	3:30 pm to 4:30 pm	Dr.Harisankar.V

SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE
STUDENT CENTRIC METHOD- SELF DIRECTED LEARNING

Department of Practice of Medicine

IV BHMS (Batch 2018 – 2019)

Sl.No	Date	Time	Name of faculty
1.	23.01.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
2.	30.01.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
3.	06.02.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
4.	13.02.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
5.	20.02.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
6.	27.02.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
7.	06.03.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
8.	13.03.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
9.	20.03.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
10.	27.03.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
11.	10.04.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
12.	17.04.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
13.	24.04.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
14.	15.05.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
15.	29.05.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
16.	12.06.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
17.	26.06.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
18.	03.07.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
19.	10.07.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
20.	17.07.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
21.	24.07.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
22.	31.07.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
23.	14.08.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
24.	28.08.18	3:30 pm to 4:30 pm	Dr.Harisankar.V

	04.09.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
26.	11.09.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
27.	18.09.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
28.	16.10.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
29.	23.10.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
30.	30.10.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
31.	20.11.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
32.	27.11.18	3:30 pm to 4:30 pm	Dr.Harisankar.V
33.	04.12.18	3:30 pm to 4:30 pm	Dr.Harisankar.V





**Sarada Krishna
Homoeopathic Medical College
Kulasekharam, Kanniyakumari Dist., Tamil Nadu-629 161.**

DEPARTMENT OF COMMUNITY MEDICINE

INTEGRATED & INTER- DISCIPLINARY TEACHING

Inter- disciplinary instruction entails the use and integration of methods and analytical frameworks from more than one academic discipline to explain a theme, issue, question or topic.

Objective:

The aim of integrated learning is holistic development of student's personality by unity of school learning with real life. All approaches to integrated curriculum pretend to be more effective for student's learning than traditional one-discipline-based approach. It can realize the educational goals more effective.

Process:

As a part of Interdisciplinary learning, we are conducting study- tour programme by visiting MILMA – Milk Pasteurization Plant and Water Purification Plant. By visiting the above said institutions, students can better utilize instructional time and look deeper into subjects through a variety of content-specific lens. Another benefit of integrated instruction is that teachers can better differentiate instruction to individual student needs

Outcome:

Interdisciplinary learning is characterized by the integration of multidisciplinary knowledge across a central program theme or focus. With repeated exposure to interdisciplinary thought, students develop more advanced epistemological beliefs, enhanced critical thinking ability and metacognitive skills, and an understanding of the relations among perspectives derived from different disciplines.

PRINCIPAL

SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE
KULASEKHARAM, KANNIYAKUMARI DISTRICT,
TAMIL NADU - 629 161



DEPT OF COMMUNITY MEDICINE
SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE
KULASEKHARAM - 629 161
KANNIYAKUMARI DISTRICT
TAMIL NADU

SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE
STUDENT CENTRIC METHOD- INTEGRATED LEARNING

Department: Practice of Medicine

IV BHMS (Batch 2016– 2017)

SLN o	Date	Time	Topic	Name of faculty
1.	11.07.16	1:30 pm to 3:30 pm	Palliation in Homeopathy	Dr.T.Ajayan, Dr.Ramya.S.S
2.	28.08.16	1:30 pm to 3:30 pm	Emergency Management	Dr.Ramya.S.S
3.	24.10.16	1:30 pm to 3:30 pm	Psychiatric disorders in relation with Hahnemannian classification of Mental Diseases	Dr.Ramya.S.S
4.	28.11.16	1:30 pm to 3:30 pm	Suturing	Dr.T.Ajayan, Dr.Harisankar.V

SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE

STUDENT CENTRIC METHOD- INTEGRATED LEARNING

Department: Practice of Medicine

IV BHMS (Batch 2017- 2018)

SLN o	Date	Time	Topic	Name of faculty
1.	21.01.17	1:30 pm to 3:30 pm	A pilot study on X-Syndrome	Dr.T.Ajayan
2.	27.02.17	1:30 pm to 3:30 pm	First aid with demonstration of CPR	Dr.Ramya.S.S
3.	29.05.17	1:30 pm to 3:30 pm	Scope and limitation of emergency medicine	Dr.T.Ajayan, Dr.Harisankar.V
4.	12.06.17	1:30 pm to 3:30 pm	First aid in emergency medicine	Dr.T.Ajayan, Dr.Harisankar.V
5.	17.07.17	1:30 pm to 3:30 pm	Palliative care in homoeopathy	Dr.T.Ajayan, Dr.Harisankar.V
6.	28.08.17	1:30 pm to 3:30 pm	Role of physical examination in clinical diagnosis and individual diagnosis	Dr.Harisankar.V, Dr.Ramya.S.S

SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE
STUDENT CENTRIC METHOD- INTEGRATED LEARNING

Department: Practice of Medicine

IV BHMS (Batch 2018- 2019)

Sl.No	Date	Time	Topic	Name of faculty
1.	16.04.18	1:30 pm to 3:30 pm	First aid with demonstration of CPR	Dr.T.Ajayan, Dr.Harisankar.V. Dr.Arun.R.Nair
2.	28.05.18	1:30 pm to 3:30 pm	Importance of physical examination in individualization	Dr.T.Ajayan, Dr.Harisankar.V
3.	09.07.18	1:30 pm to 3:30 pm	Concept of homoeopathic intensive care unit	Dr.Arun.R.Nair, Dr.Dhanya
4.	01.10.18	1:30 pm to 3:30 pm	Role of homoeopathy in paediatrics	Dr.T.Ajayan, Dr.Harisankar.V. Dr.Arun.R.Nair
5.	26.11.18	1:30 pm to 3:30 pm	Psychiatric diseases with Hahnemannian classification	Dr.T.Ajayan, Dr.Harisankar.V. Dr.Arun.R.Nair

INTEGRATED LEARNING

**SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE,
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DEPARTMENT OF COMMUNITY MEDICINE

STUDY TOUR – IV BHMS

S. No	Year	Date & Month	Places Visited	No. of Faculty members	No. of students attended
1	2012	5 th October	Water Purification Plant, Aruvikarai & MILMA Pasteurisation Plant, Trivandrum	5	46
2	2013	25 th October	Water Purification Plant, Aruvikarai & MILMA Pasteurisation Plant, Trivandrum	5	57
3	2014	26 th September	Water Purification Plant, Aruvikarai & MILMA Pasteurisation Plant, Trivandrum	5	79
4	2015	11 th September	Water Purification Plant, Aruvikarai & MILMA Pasteurisation Plant, Trivandrum	5	93
5	2016	4 th November	Water Purification Plant, Aruvikarai & MILMA Pasteurisation Plant, Trivandrum	5	99
6	2017	12 th October	Water Purification Plant, Aruvikarai & MILMA Pasteurisation Plant, Trivandrum	5	99
7	2018	26 th October	Water Purification Plant, Aruvikarai & MILMA Pasteurisation Plant, Trivandrum	5	103


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**Sarada Krishna
Homoeopathic Medical College**
Kulasekharam, Kanniyakumari Dist., Tamil Nadu-629 161.

DEPARTMENT OF COMMUNITY MEDICINE

PARTICIPATORY LEARNING

Participatory assessment is a comprehensive approach to instruction, assessment, and accountability. It is grounded in the notion situativity theory brings that assessment is central to learning; students are constantly assessing themselves and being assessed, and it is through these constant self and external (however informal) assessments that learning occurs.

AIM: The aim of Participatory learning is to identify developmental and environmental factors that enable competency and resiliency in children and people. There was emphasis on defining priority targets for existing and future health, education and social services.

METHODS: Health Surveys are conducted as Participatory Learning. Students are facilitated to work on communities by taking surveys and the reports will be submitted to the department. This enables the students to improve their problem-solving skills for better health outcomes. As a result of its normative orientation, participatory training methodology takes an alternative approach to conventional training. It believes that poor and marginalised sections of society lack the confidence and self-esteem to exercise control over issues which affect their lives.

OUTCOME : Participatory learning helps the students to gather valid and reliable clinically meaningful data that have many uses, such as targeting quality improvement activities and resources; monitoring health plan performance and rewarding top-performing health plans; helping beneficiaries make informed health care choices; and advancing the science of functional health outcomes measurement.


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**Sarada Krishna
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Kulasekharam, Kanyakumari Dist., Tamil Nadu
DEPARTMENT OF COMMUNITY MEDICINE**

INTEGRATED & INTER- DISCIPLINARY TEACHING



PARTICIPATORY LEARNING



Prasad

PARTICIPATORY LEARNING

**SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE,
KULASEKHARAM.**

DEPARTMENT OF COMMUNITY MEIDCINE.

HEALTH SURVEY

S.NO	YEAR AND MONTH	DATE	PLACE	PARTICIPANTS				NO OF HOUSES VISITED	TOTAL POPULATION
				MO	PGs	INTERNEE	STUDENTS		
1.	2013 April	2.4.2013	chadayamangalam	3	6	15	45	828	3401
		6.4.2013	(NSS)						
2.	2013 April	23.4.2013	Nulluvilai	6	5	54	-	889	3542
		25.4.2013	(interns)						
3.	2013 Dec	9.12.2013	Devicode	2	-	-	57	1083	4594
		10.12.2013	(interns & students)						
4.	2014 April	13.5.2014	Puliyooralai	3	-	54	-	765	3155
		14.5.2014	(interns)						
5.	2014 Oct	13.5.2014	Mancode	5	6	-	79	766	2742
		16.10.2014	(4 th year)						
6.	2015 April	21.4.2015	Kovalam	5	6	15	40	625	2722
		23.4.2015	(NSS)						
7.	2015 July	27.7.2015	Pechipparai	5	5	67	-	503	2044
		28.7.2015	(interns)						
8.	2015 Nov	24.11.2015	kadayalmoodu	2	-	-	93	728	2867
		25.11.2015	(4 th year)						

9	2016 March	1.3.2016 4.3.2016	Sahayanagar (NSS)	-	6	25	31	1364	5587
10.	2016 Nov	8.11.2016 9.11.2016	Pacode (4 th year)	2	-	-	83	872	3487
11.	2016 Nov	28.11.2016 1.12.2016	Thothoor (NSS)	5	5	19	25	554	2407
12.	2017 Feb	13.2.2017 14.2.2017	Manjalumoodu (interns)	11	-	79	-	1228	4429
13.	2017 May	29.5.2017 30.5.2017	Ayacode (interns)	7	7	83	-	1333	5094
14.	2017 Oct	23.10.2017 24.10.2017	Colachel (4 th year)	11	4	-	97	1504	6283
15.	2018 April	16.4.2018 17.4.2018	Vellancode (interns)	15	-	83	-	882	3202


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 KULASEKARANAM
 KANYAKUMARI
 TAMIL NADU



**SARADA KRISHNA
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**DEPARTMENT OF REPERTORY
STUDENT CENTRIC METHODS**

A. EXPERIENTIAL LEARNING

Experiential learning is the process of learning through experience, and is more specifically defined as "learning through reflection on doing".

In repertory department we are giving training to both BHMS and MD students through this method by using card repertory and computer repertory.

I. CARD REPERTORISATION

OBJECTIVES:

By using card repertories the students are given training in experiential learning methodology to help the students to study the construction, the methodology of using and the practical utility of card repertory.

PROCESS:

After taking the case at the bedside, students process the case and make it ready for repertorisation. The teacher will explain the construction and selection of cards from the repertory according to the availability of the rubrics of the case. They will arrange cards according to the hierarchy of the symptoms and will focus towards the light. Then they will note the number which indicates the medicine represented by the hole. Referring to the number in the reference book they will find out the medicine. If the hole is not clear the less important rubric are removed, and then focus to the light. If more holes representing medicines are there, they will be differentiated with the help of Materia Medica to find out the simillimum. According to the instructions given in the booklet, the remaining process is carried out.

OUTCOME:

By this method the student will be able to study the time saving process to find the simillimum, to familiarise the symptom of the rubric and rubric number and to familiarise the medicines with grade on the concerned cards. They will also be practically experiencing the use of card Repertorisation.


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2. COMPUTER REPERTORISATION

OBJECTIVES:

With the aid of computer repertories the students are given training to study the construction of computer repertory, the methods of selection of rubrics in various repertories, the expert system available in the softwares, the PMS and other utilities, medical and homoeopathic literatures available on the concerned software.

PROCESS:


After taking the case at the bedside, students will process the case and make it ready for repertorisation. Rubrics selection will be made by different methods available in the software. Using the techniques available they will rearrange the rubrics according to the repertory to be used. After repertorisation, from the repertorial result, the student will select the medicine with the help of facilities provided in the software. By using Filters they will be able to select the potency and dose. After selecting the simillimum; Materia Medica confirmation will be made using the software. Using the expert system the student will find out shortcuts for remedy selection. Through integrated approach they will compare the rubric, which represent the symptom more accurately and also rubrics which have more medicines from different repertories.

OUTCOME:

Through computer repertorisation the student will be able to find the simillimum perfectly in a short time, to study the time saving method, to compare Materia Medica & find simillimum. They will be able to apply filter to find out the potency and dose.


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B. INTEGRATE/ INTERDISCIPLINARY LEARNING

Individual should demonstrate interdisciplinary understanding when they integrate knowledge and modes of thinking from two or more disciplines (or well established fields of study) in order to solve problems and offer explanations of the world around them in ways that would not have been possible through single disciplinary means.

STUDY OF STRUCTURE OF CASERECORD

OBJECTIVE:

By demonstrating the structure of case record the students are given training through integrated learning methodology, to help the students to integrate anatomy, physiology, pathology, surgery, gynaecology, paediatrics, practice of medicine Organon of medicine, materia medica, and repertory.

PROCESS:

Case record is a tool used for teaching, by integrating different disciplines. In case record, presenting illness, history of presenting illness, past history and life space investigation will be recorded. Gynaecological history taking, obstetrics and paediatrics are also included. Mental generals help to study psychological aspects. Recording physical examination trains the students to apply the integrated knowledge of physiology and regional anatomy. Recording of systemic examination trains them to apply the integrated understanding of PM, ENT, endocrinology, neurology, orthopaedics, dermatology, urology, gastroenterology, cardiology, and pulmonology. Learning the lab investigations student will be trained in integrated lab medicine. Through data processing the student will be able to study Organon and Repertory. By working out repertorial result the student compares Materia Medica and therapeutics. Selection of medicines integrates Organon and Materia Medica. So the case record itself integrates all the branches of medicines.

OUTCOME:

The integration helps to diagnose multi system involvement disorders. The student will be able to recognise the rare, uncommon, peculiar and concomitant signs and symptoms for selecting simillimum. The student gets training to find out potency and dose.


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DEPARTMENT OF REPERTORY

C. PARTICIPATORY LEARNING

Participatory training actively involves and motivates learners by drawing upon their own experience and skills in solving problems, using examples and situations of interest to them in their daily lives, and using a variety of new, enjoyable, and often visual teaching methods.

1. WORKSHOP

OBJECTIVES

Workshops are conducted to make the students recognize the difficulties in interaction with the patient and to apply the integrated knowledge of Organon, Materia medica, Repertory, Pharmacy and Practice of Medicine, to study the techniques of repertorisation, to compare the merits and demerits of the selected repertory.

PROCESS

The students selected for skill lab training will be divided into 4 groups, each group consisted of 5 students. From each group one student is selected for taking the case and he/she will be the leader. The remaining students will be the observers. The leader will interrogate and the others will assist. The observers will not interrupt during case taking. After case taking the group will discuss and record the case and then case processing will be done. After constructing the totality the case will be repertorised. The group leaders will give a presentation and will discuss the merits and demerits of the given repertory. The other students will be given training in Card Repertorisation, Computer Repertorisation, Group Discussion, Rubrics Hunting Exercises alternatively.

OUTCOME

Student will be able to recognize the difficulties in interaction with the patient and to apply the integrated knowledge of Organon, Materia medica, Repertory, Pharmacy and Practice of Medicine. They will be able to study the techniques of repertorisation and to compare the merits and demerits of the given repertory. They will also be able to construct his/her own style and method of medicine selection.


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2. SEMINAR

OBJECTIVE:

By conducting seminar the students participates in the learning process. The student will obtain more knowledge than prescribed syllabus.it will train the students to refer more books than the prescribed syllabus. It will help the students to train how to present the seminar. The student learns different methodology of AV presentation.

PROCESS:

A topic is selected and divided into different parts. The sections will be allotted to 10 students. The students will refer various text books and collect the notes from which key points should be presented using PPT; the student explains using the PPT. After the seminar the participants will be asked questions. The teacher as a moderator evaluates the section and gives comments.

OUTCOME:

By conducting seminar the student will be able to study the topic and understand different methodologies of the seminar. The students will be experiencing the role asapresenter and will be able to participate in seminars. They will be trained to face the public and to present paper on national and international exposures.

3. QUIZ

OBJECTIVES:

By participating in quiz the student is able to study the latest findings in concerned topic and understands unfamiliar things in the concerned topic.

PROCESS:


Students are divide in to 5 groups.One leader is selected in each group who has the power to answer all question on behalf of that group.3 rounds will be there, direct round, finding the personality, rapid fire round. Points will be calculated.Winners willbe honoured.

OUTCOME:

The student will be able to study repertories in a competitive way. The students will become familiarise to participate and to prepare for national and international quiz competition.


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DEPARTMENT OF REPERTORY

D. PROBLEM SOLVING METHODOLOGIES

The problem solving methodology helps to increase the thinking capacity and to induce in new techniques. cross repertorisation is one method used in selection of remedies. In certain cases even the medicine selection was perfect, but no improvement takes place in which the obstruction can be find out and solve it using block remedies, anti-miasmatic remedies and correcting diet and regimen.

CROSS REPERTORISATION/INTEGRATION OF REPERTORIES

OBJECTIVES:

Cross Repertorisation is to train the students to solve the difficulty to find the similimum in complicated cases and in cases where no improvement occurs even after giving remedy selected through Repertorisation. It is to train them in different methods to find the similimum. Thus they will study how to solve the obstruction behind cure.

PROCESS:

A medicine selected after repertorisation given to patient found to be not acting properly. Repeated repertorisation was done and different medicines were given and then also there was no result. In this case by using different repertories and applying integrated cross repertorisation finds the rubrics which represents more number of medicines with high grade. Then repertorisation is carried out.

OUTCOME:

The student will be trained to achieve the ideal cure and to solve the similar problems


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E. PATIENT CENTERED LEARNING

PATIENT CENTERED OBJECTIVE STRUCTURED CLINICAL EXAMINATION(OSCE)

OBJECTIVES

Workshops are conducted in the Skill Lab to make the students recognize the difficulties in interaction with the patient and to apply the integrated knowledge of Organon, Materiamedica, Repertory, Pharmacy and Practice of Medicine, to study the techniques of repertorisation, to compare the merits and demerits of the selected repertory.

PROCESS

The students selected for skill lab training will be divided into 4 groups, each group consisted of 5 students. From each group one student is selected for taking the case and he/she will be the leader. The remaining students will be the observers. The leader will interrogate and the others will assist. The observers will not interrupt during case taking. After case taking the group will discuss and record the case and then case processing will be done. After constructing the totality the case will be repertorised. The group leaders will give a presentation and will discuss the merits and demerits of the given repertory. The other students will be given training in Card Repertorisation, Computer Repertorisation, Group Discussion, Rubrics Hunting Exercises alternatively.

OUTCOME

Student will be able to recognize the difficulties in interaction with the patient and to apply the integrated knowledge of Organon, Materiamedica, Repertory, Pharmacy and Practice of Medicine. They will be able to study the techniques of repertorisation and to compare the merits and demerits of the given repertory. They will also be able to construct his/her own style and method of medicine selection.

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F. SELF DIRECTED LEARNING

Self directed learning is defined as learning on one's own initiative with the learner having the primary responsibility for planning implementing and evaluating the effort. Here the teacher plans and sets the teaching materials and the students learn at their own time and pace

STUDY OF MATERIA MEDICA THROUGH REPERTORY

OBJECTIVES:

The students are trained to study a homoeopathic medicine through repertory to make them interested in learning all the medicines.

PROCESS:

One of these of repertory is study of Materia Medica through rubrics. The students write the rubrics of a selected medicine. Then Rearrange the rubrics according to grades.

OUTCOME:

Thus the student will be able to study the medicine in a different manner. The students will be trained to study a homoeopathic medicine through repertory and will be interested in learning all the medicines.

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RUBRICS HUNTING EXERCISE

OBJECTIVES:

The student will be able to convert the symptom of the patient into rubric without changing the meaning and to study the availability of the rubrics perfectly reflecting the symptom in the repertory. The student will be able to study different methods of rubric hunting

PROCESS:

The students will study the meaning of the rubrics in various repertories. Then convert the patient's symptoms into rubrics. If the rubrics are not available, by using synthesis method accurate rubric is constructed.

OUTCOME:

By rubric hunting exercise students will be familiar with the representation of rubrics in various repertories. They experience different methods for synthesis of rubrics to find the similimum with the help of various Repertories. These exercises inspire further learning and they become capable of treating all cases with the help of repertories.



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G. PROJECT BASED LEARNING

Students gain knowledge and skills by working for a longer period of time to investigate and respond to an engaging or complex question ,problem or challenge.

STUDY OF SOURCE BOOK BEHIND THE MEDICINES REPRESENTED BY EACH RUBRIC.

OBJECTIVES:

By studying the source book, student will be recognising MateriaMedica confirmation of each remedies under each rubric by different authors.

PROCESS:

A medicine represented under a rubric is selected. Using computer softwarezomoeo with the help of MateriaMedica confirmation option the source book of the rubric will be found out. Then study the conversion of provers language into rubric will be studied from Materiamedica by different authors. The key points will be collected for the medicine from different authors.

OUTCOME:

By studying the source book behind the medicine the student will be able to learn the different meaning represented by the rubric.

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H. ROLEPLAY

It is a method of learning in which a person act out or perform the part of a topic for easy understanding. In repertory, it can be applied in studying mind rubrics.

IMITATION OF BODY LANGUAGE IN CASE TAKING

OBJECTIVES:

By imitating, the students will be able to study the body language and acquire skill to apply in case taking, to assess the rubrics related with body language as in various repertories. They will be able to correlate while observing the patients.

PROCESS:

The students are divided into 5 groups. One of the Student from the group is selected for the role play and that student will take a lot and act according to the rubrics mentioned in it. A student of the group will answer. If they fail to answer, the question will be shifted to another group. Likewise this process will be carried out in all the groups and prize will be distributed to the winners. The programme will be monitored by the faculty.

OUTCOME:

The student performs and gains knowledge about rubrics mainly represented in the mind chapter and they could differentiate the different rubrics, they acquire skill in observing the patient.

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**DEPARTMENT OF REPERTORY
IV BHMS (2018-19 BATCH)
TIME-3.30PM-4.30PM
TIME TABLE**

Date & day	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
23.3.18 Friday	Skill lab training	Card repertorization	Computer repertorization	Case discussion	Rubric hunting exercise	Role play
24.3.18 Saturday	Card repertorization	Computer repertorization	Rubric hunting exercise	Case discussion	Role play	Skill lab training
20.4.18 Friday	Computer repertorization	Case discussion	Rubric hunting exercise	Role play	Skill lab training	Card repertorization
21.4.18 Saturday	Rubric hunting exercise	Case discussion	Roleplay	Skill lab training	Card repertorization	Computer repertorization
18.5.18 Friday	Rubric hunting exercise	Role play	Skill lab training	Card repertorization	Computer repertorization	Case discussion
19.5.18 Saturday	Role play	Skill lab training	Card repertorization	Computer repertorization	Rubric hunting exercise	Case discussion
26.5.18 Saturday	Skill lab training	Card repertorization	Computer repertorization	Case discussion	Rubric hunting exercise	Role play
1.6.18 Friday	Card repertorization	Computer repertorization	Rubric hunting exercise	Case discussion	Role play	Skill lab training
2.6.18 Saturday	Computer repertorization	Rubric hunting exercise	Role play	Case discussion	Skill lab training	Card repertorization
6.7.18 Saturday	Rubric hunting exercise	Case discussion	Roleplay	Skill lab training	Card repertorization	Computer repertorization
13.7.18 Saturday	Role play	Case discussion	Skill lab training	Card repertorization	Computer repertorization	Rubric hunting exercise
19.7.18 Friday	Card repertorization	Skill lab training	Role play	Computer repertorization	Case discussion	Rubric hunting exercise
20.7.18 Satur	Skill lab training	Card repertorization	Computer repertorization	Rubric hunting	Case discussion	Role play

day				exercise		
26.7.18 Friday	Card repertorization	Computer repertorization	Case discussion	Rubric hunting exercise	Role play	Skill lab training
27.7.18 Saturday	Computer repertorization	Rubric hunting exercise	Case discussion	Role play	Skill lab training	Card repertorization
28.8.18 Friday	Case discussion	Rubric hunting exercise	Roleplay	Skill lab training	Card repertorization	Computer repertorization
3.8.18 Saturday	Case discussion	Role play	Skill lab training	Card repertorization	Computer repertorization	Rubric hunting exercise
30.8.18 Friday	Role play	Skill lab training	Card repertorization	Computer repertorization	Case discussion	Rubric hunting exercise
31.8.18 Saturday	Skill lab training	Card repertorization	Computer repertorization	Rubric hunting exercise	Case discussion	Role play
13.9.18 Friday	Card repertorization	Computer repertorization	Case discussion	Rubric hunting exercise	Role play	Skill lab training
27.9.18 Friday	Computer repertorization	Case discussion	Rubric hunting exercise	Role play	Skill lab training	Card repertorization
5.10.18 Saturday	Case discussion	Rubric hunting exercise	Roleplay	Skill lab training	Card repertorization	Computer repertorization
26.10.18 Saturday	Rubric hunting exercise	Role play	Skill lab training	Card repertorization	Computer repertorization	Case discussion
2.11.18 Saturday	Role play	Skill lab training	Card repertorization	Computer repertorization	Case discussion	Rubric hunting exercise
8.11.18 Friday	Skill lab training	Card repertorization	Computer repertorization	Case discussion	Rubric hunting exercise	Role play
15.11.18 Friday	Card repertorization	Computer repertorization	Case discussion	Rubric hunting exercise	Role play	Skill lab training
16.11.18 Saturday	Computer repertorization	Rubric hunting exercise	Case discussion	Role play	Skill lab training	Card repertorization

GROUP I

1. Fio Charles

2. Adithya
3. Ananthu Prakash
4. Dhanya
5. Divyasree
6. Gayathri Devi
7. Nagaroopini
8. Pavithra Devi
9. Rahna Fathima
10. Shifniya S Ravuther
11. Shilpa Cherian
12. Sreepriya Darshini
13. Varadalakshmi
14. Yajji Krisnan
15. Vinothini
16. Maitheri C

GROUP II

1. Arathy S Vijayan
2. Amirtha.R
3. Anu Twinkle
4. Evengeline Sowmya
5. Gifta
6. Hafeetha
7. Kamalee
8. Kavya .K
9. Niveditha
10. Porkathiran
11. Rekha
12. Safna
13. Shanmugapriya.K
14. Shanmugapriya.A
15. Susheendran
16. Akila

GROUP III

1. Ananthi .Sv
2. Arathy Jayan
3. Deepika
4. Irfana R Salem
5. Kalippan

6. Omkarls
7. Pavithra
8. Rohini
9. Sathyaindhumathi
10. Sajitha
11. Shifa Nizar
12. Shravanthi
13. Sreekutty
14. Thangapandiyan
15. Wafiyah
16. Jeba Delphin

GROUP IV

1. Ajeya
2. Amal Babu
3. Ammu T Deep
4. Amutha
5. Anantha Santhi
6. Dhanu Shree
7. Fathima Shajahan
8. Kiruthika Sakthi
9. Prabhavathi
10. Sheeba
11. Sindhuja.S
12. Sowmyam.S
13. Vaishnavi
14. Vijayalakshmi
15. Sivakiruba
16. Piraveen


GROUP V

1. Muhammed Noufel
2. Abitha Banu
3. Akitha Ashok
4. Alanjana Annie Jose
5. Amaris Vijitha
6. Baleeswari
7. Panickar Greeshma
8. Reshma A.S
9. Remya R.R.

10. Monika Priya Dharshini
11. Sucharitha Rani
12. Sakthi Vigneeswar
13. Shamili
14. Anjana SA
15. Ragavi
16. Bithiah Thomas

GROUP VI

1. Nowshika
2. Siva Ramyapragathi
3. Rajalakshmi .K
4. Nithya.P
5. Thang Ebila
6. Riavana
7. Sharbel George
8. Chinnapandi
9. Udhyakumar
10. Sourej
11. Nazreen Shah
12. Minu Kurichan
13. Reshma .R.R
14. Mehar Nehar Nisha
15. Swethah
16. Aiswarya A.S


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**DEPT. OF PAEDIATRICS
STUDENT CENTRIC METHODS**

PATIENT-CENTRIC LEARNING

'Seeing is believing and Doing is confirming'. Understanding of a Clinical subject / Topic is best accomplished through learning with a thorough rapport with a patient.

Objectives

- To make the student get an experience in collecting the symptom history of the patient in a well prepared case record format.
- To create a positive rapport with the patient
- To understand the problems of the patient through physical examination
- To diagnose a case & confirm through relevant investigations.
- To classify the symptoms accordingly, analyze and evaluate for repertorisation
- Prescribe according to the principles of Homoeopathy

Process

The student is given mammoth opportunity to study a patient. He collects all the necessary history of the patient, given to him in OPD & IPD, classify the symptoms accordingly, provisionally diagnose the case, decide & carry out the relevant investigations in the case to come to the conclusion of a Diagnosis. He will also analyze and evaluate the symptoms for Repertorisation in order to select a suitable remedy on the basis of the individualized symptomatology.

Outcome:

This methodology gives the student to study a topic with the symptoms given by the patient and thus improve his knowledge of the subject and to remember the topics in a clinically oriented manner.

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DEPT. OF PAEDIATRICS

TEACHING METHODOLOGIES ADOPTED

STUDENT CENTRIC METHODS

PROJECT BASED LEARNING

Project Based Learning is a teaching method in which student's gains knowledge and skills by working for an extended period of time to investigate and respond to an authentic, engaging, and complex question, problem, or challenge.

As a result, students develop deep content knowledge as well as critical thinking, creativity, and communication skills in the context of doing an authentic, meaningful project. Project/Based Learning unleashes a contagious, creative energy among students and teachers.

Objectives

- To make the student go through almost all the topics to be covered in Paediatrics
- It gives an enthusiasm in student to refer more number of books
- To opens an opportunity to utilize the e-resources at its best
- To keep the student updated in medical knowledge

Process

Being a Post Graduate department the students are made to undergo the following through their entire course on a rotation basis:

1. Different assignment topics are given on a monthly basis to each student which they will have to prepare by going through all available resources.
2. A "Paediatric-Information Displaying Wall-Magazine" compiled & prepared by the Department P.G. students, to provide a Paediatric knowhow for all the students & staff in the college.
3. A Tri-monthly Department Journal "Nes(t)lin Meadow" – containing articles, case presentations, paediatric related updates, crosswords and the likes – primed by the Paediatric PG students, under the guidance of the Head of Department & Professors to create an infatuation in different modes of article writing and including research.

Outcome

The projects related work will produce a student to know the process of doing a Research and to present the collected knowledge in an appropriate way. It will help the forthcoming researchers a beacon for further research.

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DEPT. OF PAEDIATRICS

TEACHING METHODOLOGIES ADOPTED

STUDENT CENTRIC METHODS

INTEGRATED LEARNING

Integrated method allows the student to connect the knowledge of subjects / topics studied. It will make the student to understand the topic in an easier manner & to apply the knowledge in practice. The study of Paeditrics is to be integrated with the Homoeopathic subjects – Organon of Medicine, Repertory and MateriaMedica in order to tactfully utilize the knowledge for the benefit of the patients.

Objectives

- To make the student capable of connecting the knowledge acquired in one subject / topic with another.
- To apply the integrated knowledge for the benefit of improving g the patient & for teaching the subjects

Process

Case Oriented learning's are conducted two days in a week in which the student is made to present a worthy case, in power point presentation, for the purpose of discussing on the Case taking aspects, Diagnosis, differential diagnosis aspects, on relevant investigations needed on a case, application of the knowledge of the Homocopathic Philosophy, Homocopathic Medicine, basis of selection of potency repetition, plan of treatment as per the phase of the disease, and on principles laid behind the follow-up of the case.

Outcome

Confusions in the student due to intermingling of topics is avoided and the student will be able to connect the learning in a more clinical oriented manner.


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