

Medi-Update

ISSUE : 4 | OCTOBER 2017



PARUL SEVASHRAM HOSPITAL

PARUL INSTITUTE OF MEDICAL SCIENCES & RESEARCH

The flu is very unpredictable when it begins and in how it takes off
- Harvey V. Fineberg

SWINE INFLUENZA (SWINE FLU)

INTRODUCTION

Swine influenza is an infection caused by any one of several types of swine influenza viruses. Swine influenza virus (SIV) or swine-origin influenza virus (S-OIV) is any strain of the influenza family of viruses that is endemic in pigs. The known SIV strains include influenza C and the subtypes of influenza A known as H1N1, H1N2, H2N1, H9N1, H3N1, H3N2, and H2N3.

Symptoms of swine flu in humans are similar to those of influenza and of influenza-like illness in general, namely chills, fever, sore throat, muscle pains, severe headache, coughing, weakness, shortness of breath, and general discomfort.

CLINICAL FEATURES

According to the Centers for Disease Control and Prevention (CDC), in humans the symptoms of "swine flu" H1N1 virus are similar to those of influenza and of influenza-like illness in general. Symptoms include fever; cough, sore throat, watery eyes, body aches, shortness of breath, headache, weight loss, chills, sneezing, runny nose, coughing, dizziness, abdominal pain, lack of appetite and fatigue. It also includes atypical symptoms like diarrhea and vomiting as well.

The most common cause of death is respiratory failure. Other causes of death are pneumonia (leading to sepsis), high fever (leading to neurological problems), dehydration (from excessive vomiting and diarrhea), electrolyte imbalance and kidney failure. Fatalities are more likely in young children and the elderly.

TRANSMISSION

Swine influenza is transmitted from person to person by inhalation or ingestion of droplets containing virus from people sneezing or coughing; it is not transmitted by eating cooked pork products. The incubation period for swine flu is about one to four days, with the average being

Being ill is one of the greatest pleasures of life, provided one is not too ill and is not obliged to work until one is better

- Samuel Butler

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two days; in some people, the incubation period may be as long as about seven days in adults and children. The contagious period for swine influenza in adults usually begins one day before symptoms develop in an adult and it lasts about five to seven days after the person becomes sick. However, people with weakened immune systems and children may be contagious for a longer period of time (for example, about 10 to 14 days).

DIAGNOSIS

CDC recommends real-time PCR as the method of choice for diagnosing H1N1. The oral or nasal fluid collection and RNA virus preserving filter paper card is commercially available. This method allows a specific diagnosis of novel influenza (H1N1) as opposed to seasonal influenza.

PREVENTION

Various modalities of prevention include the following:

1. Wearing masks specific for Swine Flu (N95) and avoidance of visit to places with overcrowding. Infected persons should cover their cough and sneeze and stay at home till recovery
2. Swine flu cannot be spread by pork products, since the virus is not transmitted through food. The swine flu in humans is most contagious during the first five days of the illness, although some people, most commonly children, can remain contagious for up to ten days.
3. Standard infection control, which includes frequent washing of hands with soap and water or with alcohol-based hand sanitizers, especially after being out in public. Chance of transmission is also reduced by disinfecting household surfaces, which can be done effectively with a diluted chlorine bleach solution.
4. Hand-washing can help prevent viral infections, including ordinary and the swine flu

The trouble with being a hypochondriac these days is that antibiotics have cured all the good diseases.

-Caskie Stinnet

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infections. Alcohol-based gel or foam hand sanitizers work well to destroy viruses and bacteria.

5. Anyone with flu-like symptoms, such as a sudden fever, cough or muscle aches, should stay away from work or public transportation, and should contact a doctor for advice.
6. Social distancing, another tactic, is staying away from other people who might be infected, and can include avoiding large gatherings, spreading out a little at work, or perhaps staying home and lying low if an infection is spreading in a community
7. Public health and other responsible authorities have action plans which may request or require social distancing actions, depending on the severity of the outbreak.

CURRENT SCENARIO OF SWINE FLU IN INDIA/GUJARAT

Swine flu has claimed over 1,000 lives so far in the year 2017, which is four times more than the deaths recorded last year. A total of 22,186 cases of Swine flu have been reported across the India till now. Maharashtra has recorded the highest number of deaths with 437 people succumbing to H1N1 infections, followed by 269 deaths in Gujarat, 73 in Kerala and 69 in Rajasthan.

India has recorded 1,094 swine flu deaths and 22,186 cases till August 20, 2017, as compared to 265 deaths and 1,786 cases last year. A total of 342 people have died in August alone as compared to six deaths in the same period last year. This indicates the worst outbreak of H1N1 influenza in the pandemic years of 2009-10 when the disease killed over 2,700 people and affected around 50,000 others.

In Gujarat, till August 10, more than 150 people have died and over 1,100 people have tested positive for H1N1. Rajkot with 29 deaths and 120 cases and Ahmedabad with 35 deaths and 287 cases have emerged as the most affected areas

There is nothing so patient, in this world or any other, as a virus searching for a host

- Mira Grant

SWINE INFLUENZA (SWINE FLU)

Health Workers Personal Protection

PROTECTING YOURSELF AND OTHERS FROM INFLUENZA – A (H1N1)

Proper hand hygiene and other appropriate protective measures will greatly minimize the spread of virus and help protecting yourself and others. Transmission of virus from an infected person to a non-infected person depends on the closeness of the contact, length of exposure and survival of the virus on hands and the environment.

VIRUS SURVIVAL

Evidence suggests that the flu virus does not survive for long periods of time on soft items although it can survive up to 24 hours on hard surfaces.

Once the virus is transferred to hands, it survives for less than five minutes

Cleaning your hands with soap and water (followed by drying) according to the guidelines is an effective way to kill flu virus on your hands

The flu virus is killed within 30 seconds by appropriate antiseptic handrub solutions

HYGIENE MEASURES

Hand hygiene

The risk of becoming infected with the virus is effectively reduced by following strict hygiene measures.

Hands can be cleaned by washing with soap and water (followed by drying) according to the guidelines or using antiseptic hand washing solution/appropriate antiseptic handrub solution. If your hands are visibly dirty, soap and water should be used instead of antiseptic handrub solution.

USING PPE (Personal Protective Equipments)

Recommended PPEs include surgical mask, high filtration mask, disposable glove, plastic gown/apron, and plastic goggles.

Types of PPEs to be used would depend on the circumstances and risks involved.

Use of PPEs are recommended if you are coming into close contacts (within one meter) of a suspected, probable or confirmed case of influenza A (H1N1).

Special trainings have to be provided for the use of high filtration masks and other similar PPEs.

Ensure that you are using the PPE correctly.

Disposing off PPEs

In order to minimize the risk of infecting yourself or your colleagues from used PPE, it is essential that it is removed in a standard manner following these steps:

1. first of all remove your gloves by turning them inside out in one single motion
2. remove your apron

How is it that you keep mutating and can still be the same virus?

-Chuck Palahniuk

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3. wash your hands and
4. remove the surgical mask

Post Exposure Prophylaxis

Post exposure prophylaxis is indicated for close contacts who were exposed to a probable or confirmed case during the period when the case was symptomatic AND the contact's last exposure occurred no more than SEVEN days previously.

Category of Contact

- Individuals who live in the same household as the case, including those who stayed overnight.
- Individuals who provided informal care to the case, coming within speaking distance (<1 meter).
- Health or social care workers who provided direct clinical or personal care or who examined a symptomatic patient without wearing appropriate personal protective equipment (PPE).
Other individuals exposed to a probable or confirmed case at a distance of less than one meter with continuous exposure for greater than 1 hour.
- Anyone caring for a case, or sitting in the same row, or two rows in front or two rows behind case on an aircraft for one or more hours.

Action

For all the above Post exposure category of contact, following action to be taken;

- Start post exposure prophylaxis as soon as possible unless more than 7 days have elapsed since last exposure. Post exposure prophylaxis should be taken for 10 days.⁴
- Provide information leaflets and coordinate passive follow up for 7 days after last exposure to the case.⁵
- Isolation/exclusion is not required for asymptomatic contacts, even for healthcare workers.
- Serology: Paired blood specimens for serology (10ml clotted blood) should be obtained whenever possible from close contacts of confirmed cases. First specimen as soon as possible after confirmation of the case; second specimen 14 days after last exposure to the case.

Parul Sevashram hospital approved to admit and treat swine flu patients.

We have created isolation ward for suspected and diagnosed swine flu patients with all required amenities.

Nursing staff orientation has been carried out specifically to handle swine flu patients.

Pandemic influenza is by nature an international issue; it requires an international solution

- Margaret Chan

WHAT'S NEW @ PIMSR

FACULTY DEVELOPMENT

1. SECOND MEU (MEDICAL EDUCATION UNIT) WORKSHOP for the Revised Basic Course on Medical Education

Teach me how to teach! Revised Basic Course Workshop

The revised basic course workshop was organized by MEU, Parul Institute of Medical Sciences & Research from 21st- 23rd August, 2017.



- The workshop was conducted under the observation of Dr. Neeraj Mahajan , MCI observer, Nodal center, NHL medical college, Ahmedabad
- Total 18 faculty members from pre, para & clinical background, took part in the workshop.
- It was the second revised BCW and it was meticulously planned & well

implemented workshop.

- The MCI observer applauded for Administrative support, Time management, MEU team and the resource material provided.

2. 5th Advance Course in Medical Education at MCI Nodal Centre for Faculty Development

Faculty development is a necessity in any educational system to train faculty for improving their teaching skills. The purpose is to provide basic knowledge, skills and attitudes to faculty members in medical



college which they can apply in day to day practice in different areas of teaching and assessment (classroom, laboratory, clinical, and field work).

WHAT'S NEW @ PIMSR

Two faculties from Parul Institute of Medical Science and Research participated in the **5th Advance Course in Medical Education at MCI Nodal Centre for Faculty Development**, NHL Municipal Medical College, Ahmedabad on 03-10-2017. This whole course is of 1 year duration which includes two contact sessions. Active participation in email discussion forum and implementation of an educational project is also an integral part of this course.

3. RNTCP SENSITIZATION WORKSHOP for TOG 2016-17 UPDATE

- A workshop was held in Parul Institute of Medical Sciences and Research regarding the updates in the Technical and Operational Guidelines issued by Government of India on the DOTS therapy of the Revised National Tuberculosis Control Programme on 20th July 2017.
- The workshop was conducted by Dr. Meenaxi Chauhan (District Tuberculosis Officer, Vadodara) and Medical Officers from District TB centre. It also included facilitators from department of TB and Chest disease of Parul Sevashram Hospital viz. Dr. Tejas Kakkad and Dr. Apurva Patel. All the latest updates regarding the operational guidelines of RNTCP were discussed and the recent additions to the guidelines were updated.



4. Mentorship Workshop by Department of Psychiatry

Psychiatrists of PIMSR conducted Mentorship workshop for faculties of all Institutes of Parul University. Faculties were trained to identify different stressors amongst students and they were also trained for counseling of students at different stages.

5. Hygiene training for food handlers

Department of Preventive and Social Medicine conducted training for Mess and Canteen employees of Parul University regarding maintenance of food hygiene, prevention of food borne illnesses and importance of regular health checkups



Interesting Medical Case Reports of Patients Treated at PSH

1. Heterotopic Ectopic pregnancy

Heterotopic pregnancy is a rare complication of pregnancy in which both extra-uterine (ectopic pregnancy) and intrauterine pregnancy occur simultaneously. The prevalence of heterotopic pregnancy is estimated at 0.6-2.5:10,000 pregnancies. In natural conceptions, the incidence of heterotopic pregnancy has been estimated to be 1 in 30 000 pregnancies. Extrauterine pregnancies are non-viable and can be fatal to the mother if left untreated. The mortality rate for the extrauterine pregnancy is approximately 35%.

A 22 years old female patient got admitted at Parul Sevashram Hospital with sudden Onset of severe pain in abdomen with unconsciousness with history of 2 months of amenorrhea.

Patient developed sudden abdominal pain & unconsciousness at home-was taken to general hospital and was diagnosed as having 2 months Intra-Uterine pregnancy confirmed by ultra sonography and then was referred to Parul Sevashram hospital considering acute surgical emergency.

So patient was brought to the casualty department of Parul Sevashram hospital. On examination, patient was found to have cold clammy extremities, fast and thready pulse of 140/min. and blood pressure was 80/50 mmhg. On per abdominal examination, It was found that tenderness and guarding both were present over lower abdomen and per vaginal examination suggested 8 weeks pregnancy with tenderness and dark red vaginal discharge. Patient was immediately sent for sonography. Sonography which suggested 8 weeks intrauterine pregnancy with extra uterine blood clot and immediately findings were confirmed by CT scan. Patient was shifted to operation theatre immediately for Emergency laparotomy, On opening abdomen, hemoperitoneum was drained and Rt sided Isthmic Tubal Ruptured ectopic gestation was found as cause of Hemoperitoneum. Rt.salpingectomy was performed followed by removal of 8 wk size Intra-uterine foetus by D & E procedure. Both specimen were sent for H.P.E. study to confirm co-existence of Intra-uterine pregnancy with Rt. Tubal Ectopic pregnancy, which later on confirmed the clinical diagnosis of Heterotopic Pregnancy. Pt. was Transfused total 4 units of P.C.V..



A healthy attitude is contagious but don't wait to catch it from others. Be a carrier

-Tom Stoppard

2. Multiple renal stone with urinoma formation

45 years old female patient presented with urine coming out from right iliac fossa and history of high grade fever with chills and burning micturition and patient had difficulty in passing urine too. On further investigation at Parul Sevashram hospital, It was found that patient had bilateral obstructive Uropathy with altered renal function for which patient had already undergone Renocutaneous fistula in the month of May 2017 by some private practitioner. Patient's X ray KUB and Intravenous pyelography showed bilateral large lower uretric stone near vesico ureteric junction with multiple renal stone in right kidney with urinoma formation, for which patient underwent surgical intervention at Parul Sevashram hospital, bilateral URS with DJ stenting was done on 5th of August 2017. After that patient was able to pass urine through urethra and renocutaneous fistula was closed and kidney function was reverted back to normal. Patient was discharged on 11th of August and called again on 2nd October 2017 and DJ stent was removed on 4th of October 2017 and patient was operated for percutaneous nephrolithotripsy for renal stone on right side. Patient was happily discharged on 9th of October 2017.



3. Squamous cell carcinoma of tongue with metastasis

Worldwide, there are an estimated 405,000 new cases of oral cancer diagnosed each year, and >50% are cancers of the oral tongue. Squamous cell carcinoma of anterior tongue is common and accounts for 97% of all malignancies found in anterior tongue. The predilection for males to females has been found to be 3:1. The peak incidence is usually in the 5th and 6th decades but cases have been reported in young individuals too. Carcinoma of tongue is associated frequently with alcohol and tobacco chewing as a common etiology.

A 45 years old female patient presented at Parul Sevashram Hospital with complaint of burning pain in oral cavity, difficulty in swallowing and hot potato voice since last 2 months. Patient had habit of tobacco chewing since many years. On examination, patient had ulcer over right lateral border of tongue and patient also had lymphadenopathy. Patient was diagnosed as carcinoma of tongue and operated for right sided hemiglossectomy with multiple node resection level I to IV at Parul Sevashram Hospital. Specimen was sent for histopathological examination and confirmed diagnosis of well differentiated Squamous cell carcinoma with metastasis involving 13 /16 lymphnodes at level I to IV. Patient was advised chemotherapy and radiotherapy post operatively.



MYTHS IN MEDICINE (SWINE FLU)

- 1. Myth :** A seasonal flu shot offers protection against H1N1 as well

Fact : No, it doesn't offer protection against H1N1. For the 2017-2018 flu season, the Advisory Committee on Immunization Practices (ACIP) recommends annual influenza vaccination for everyone 6 months and older with either the inactivated influenza vaccine (IIV) or the recombinant influenza vaccine (RIV). Monovalnet vaccines are not recommended for recent use, where as trivalent vaccine which contains all three viruses are recommended for recent use.
- 2. Myth :** One can get swine flu by eating pork

Fact : Despite the name of the disease being derived from pig eating pork products doesn't spread swine flu; however, one can contract the infection through infected pigs. It spreads from person to person through aerosol containing the virus.
- 3. Myth :** One can contract swine flu only once during his life.

Facts : The H1N1 virus is just like the other seasonal flu viruses & can easily reinfect a person.
- 4. Myth :** There is no cure for swine flu.

Facts : The antiviral prescription drugs Oseltamivir shortens the duration & severity of illness if taken within 48 hours of the onset of symptoms.
- 5. Myth:** Any surgical mask can protect the swine flu.

Facts : The blue/green surgical masks that are commonly available are only marginally useful. Such masks manage to block only large virus containing droplets whereas the viruses which are relatively smaller easily pass through. Special masks designated N-95 or N-99 offer greater protection.
- 6. Myth :** H1N1 outbreaks cannot be prevented.

Facts : The CDC recommends immunization to prevent, infection in most of the people

WHATSUP WITH MEDICAL FIELD (SWINE FLU)

Vaccine

The CDC recommends for the 2017-2018 flu season that everyone 6 months old and older should get a flu shot to prevent or reduce the chance of getting the flu. The best way to prevent novel H1N1 swine flu is vaccination.

PAST 2009

At the time of pandemic of H1N1 in 2009, Vaccine prepared was containing Influenza A/California/7/2009 (H1N1)v-like virus.

It was a monovalent vaccine with single dose.

PRESENT 2017

In 2017 as circulating influenza virus has changed, vaccine composition is changed from Influenza A/California/7/2009 (H1N1)v-like virus to Influenza A/Michigan/45/2015 (H1N1)pdm09-like virus. As well as vaccine also includes two other prevalent strains of Influenza virus namely Influenza A/Hong Kong/4801/2014 (H3N2) – like virus and Influenza B/Brisbane/60/2008-like virus

TYPES

Two types of vaccines available

1. Inactivated Vaccine : to be given through intramuscular route
2. Live Attenuated Influenza Vaccine (LAIV): to be given through intranasal route

SIDE EFFECTS

After vaccination some may have mild fever and common cold symptoms.

This is mainly with live attenuated influenza vaccine

RECOMMENDATION BY GOVERNMENT OF INDIA

As on April 2017 Directorate General of Health Services, Ministry of Health and Family Welfare had published guidelines.

Guideline recommended the following Seasonal Influenza vaccine composition, for the period 2017-2018.

The recommended trivalent vaccine should have:

Good health is not something we can buy. However, it can be an extremely valuable savings account.

- Anne Wilson Schaefer

WHATSUP WITH MEDICAL FIELD (SWINE FLU)

1. an A/Michigan/45/2015 (H1N1)pdm09-like virus
2. an A/Hong Kong/4801/2014 (H3N2) – like virus
3. a B/Brisbane/60/2008-like virus

Vaccine is recommended for all age group people including pregnant females also.

Priority persons are all medical and paramedical personnel involved in taking care of infected patients as well as all age group patients with chronic disease and severe illness.

Vaccine is desirable for elderly (>65 years) and children between 6 months to 8 years age.

Target group for vaccination:

1. Children aged 6 months through 4 years (59 months)
2. Those aged 50 years and older
3. Those who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
4. Those that are immunosuppressed (including immunosuppression caused by medications or by human immunodeficiency virus)
5. Women who will be pregnant during the influenza season
6. Those aged 6 months through 18 years and receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye's syndrome after influenza virus infection
7. Residents of nursing homes and other chronic-care facilities
8. American Indians/Alaska Natives
9. Morbidly obese (body-mass index is 40 or greater)
10. Health care personnel
11. Household contacts and care givers

WHATSUP WITH MEDICAL FIELD (SWINE FLU)

Treatment

As per the studies in 2017, swine flu has claimed over 1,000 lives so far this year, which is four times more than the deaths recorded in 2016. A total of 22,186 cases have been reported across the country till now, reveals the data from the Union health ministry. The Union Health Ministry issued revised guidelines for treatment of the A (H1N1) influenza patients in the wake of a large number of people turning up at the hospitals for testing.

The government's guidelines do not recommend anyone with fever to be randomly tested, and divides cases in three categories - a, b and c, wherein category 'a' is of people who experience mild symptoms, category 'b' is people with moderate symptoms and 'c' are those with severe symptoms. They recommended use of medicines in category 'b' and 'c' patients, as those with mild symptoms are capable of recovering at home with symptomatic treatment, and treatment if symptoms are serious and the person has difficulty breathing.

Treatment is largely supportive and consists of bedrest, increased fluid consumption, cough suppressants, and antipyretics and analgesics (eg, acetaminophen, nonsteroidal anti-inflammatory drugs) for fever and myalgias. Severe cases may require intravenous hydration and other supportive measures. Antiviral agents may also be considered for treatment or prophylaxis. Antivirals (neuraminidase inhibitors - Oseltamivir, zanamivir) are useful only if administered within 48 hours of onset of symptoms.

Category A	Category B	Category C
Mild fever + Cough/Sour throat + Bodyache, Headache, Diarrhoea & Vomiting ✓ No testing for H1N1 required ✓ No antiviral drugs ✓ Stay at home ✓ Do not mix with public & High risk members	High grade fever + Severe sore throat & Risk groups having cat-A signs ✓ No testing for H1N1 required ✓ Home isolation ✓ Oseltamivir as per doctor's prescription	Signs & Symptoms of cat A & B + Breathlessness, chest pain, drowsiness, convulsions, fall in BP, Blood in sputum, Blue nails ✓ Testing for H1N1 required ✓ Oseltamivir required

WHATSUP WITH MEDICAL FIELD (SWINE FLU)

Treatment

Adult	Child
Cap.Oseltamivir 75mg BID for 5 days	Oral suspension of Oseltamivir 2mg per kg body weight once a day for 5 days. (Each ml contains 12mg of Oseltamivir)

Chemoprophylaxis

Adult	Child
Cap.Oseltamivir 75mg OD for 10 days	Oral suspension of Oseltamivir 2mg per kg body weight OD for 10 days. (Each ml contains 12mg of Oseltamivir)

Health is like money, we never have a true idea of its value until we lose it

-Josh Billings

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EVENTS @ PIMSR

1. BREASTFEEDING CLINIC

- A new Breastfeeding Clinic has been inaugurated at ParulSevashram hospital. The clinic was inaugurated during the World Breastfeeding Week 2017 on 04th of August. The clinic is run and managed by the department of Community Medicine at Parul Institute of Medical Sciences and Research. The clinic has been initiated to provide Breastfeeding support to Antenatal women and Post-natal Lactating mothers.
- Antenatal mothers are explained regarding the importance of early initiation of breastfeeding, exclusive breastfeeding, the common problems encountered during breastfeeding and their practical solutions. Postnatal mothers are explained regarding the importance of continuation of breastfeeding, frequency and adequacy of feeding, solutions to problems encountered if any and the nature of complimentary feeding to be given to the baby.
- The clinic runs from 10.30 am to 12.30 pm daily and all ante natal and post-natal women attending OPDs and those admitted are encouraged to attend the same.



2. BLOOD DONATION DRIVE :

- ParulSevashram hospital blood bank celebrated the narmadarathyatra on 7thsep 2017 by conducting in house blood donation drive. Even on short notice 26 enthusiastic voluntary blood donors turned up for this noble cause.



- ParulSevashram hospital blood bank is committed for 100% component separation of the screened blood collected from the donors as per the modern day practice of transfusion services.
- Beside cattering components to our hospital indoor admitted patients, we do have

outreach programme for outside hospitals by supplying them the required components for their patients.

3. Health Camps by Parul Sevashram Hospital

- Several Health Camps at Madhya Pradesh, Savali, Halol and other places were conducted by the team Doctors and Staff of Parul Sevashram Hospital.



If you don't take care of your body, where are you going to live?

EVENTS @ PIMSR

ORIENTATION PROGRAMME

ORIENTATION PROGRAMME OF 1ST MBBS at PIMSR:

The orientation and welcome programme of the 2nd batch of 1st MBBS students at Parul Institute of Medical Sciences and Research was held on 04th September 2017 at Lecture Hall No. 1. The occasion was graced by the Dean of PIMSR Dr. V. P. Hathila and the Medical Superintendent Dr. Indira Parmar. The programme included a brief video regarding PIMSR and the various academic activities under Parul University. Head of Departments of all 1st year subjects viz. Anatomy, Physiology and Biochemistry chaired individual sessions on the orientation of their subjects to the students and the evaluation pattern. Department of Community Medicine also participated by orienting the students regarding the curriculum of the subject to be undertaken in the 1st year. The programme got concluded by the Hippocratic Oath ceremony of the newly admitted students at PIMSR.

FELICITATION OF MERITORIOUS STUDENTS AND ORIENTATION PROGRAMME OF 2ND MBBS :

As 1st MBBS batch of PIMSR entered in 2nd MBBS, a felicitation programme for encouraging the students was carried out along with orientation programme on 5th of September. Students were given insight regarding importance of clinical teaching and concepts of problem based and integrated learning. Medical Director, Dean and Superintendent gave away the awards to the meritorious students.

Dr C S Buch, a renowned physician and diabetologist gave a guest lecture on importance of clinical learning and Dr B B Gosai, an astute Anatomist and academician stressed upon the concepts of integrated and problem based learning in Medical Education.

The following students were felicitated -

1st rank – Monil Pipaliya, 2nd rank – Sukruti Shah, 3rd rank – Devanshee Bhavsar



Healthy citizens are the greatest asset any country can have
-Winston S. Churchill

This newsletter comes to you with the efforts of our literature club

Dr. Soeb Jankhwala

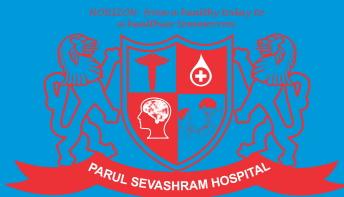
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