

ANNASAHEB RAMESH AJMERA COLLEGE OF PHARMACY



Approved by PCI, New Delhi and affiliated to KBC North Maharashtra University, Jalgaon.

Accredited by NBA (B. Pharmacy)

President

Hon'ble Ashishji R. Ajmera

(B.Com, MBA)

Principal

Dr. Rajendra D. Wagh

(M.Pharm. Ph.D.)

Ref No.: DCS/ARACOP/

Date:

1.2.1

**No. of Add on / Certificate Programs
offered during last five years.**



Principal

**Dhule Charitable Society's
Annasaheb Ramesh Ajmera
College of Pharmacy, Nagaon, Dhule**

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1.2.1 No. of Add on / Certificate Programs offered during last five years.

Sr. No.	Add on / Certificate courses	Years of course offered	Total no of enrolled students
1	Patient Counselling	2017-18	100
2	Intellectual Property Rights	2017-18	100
3	Patient Counselling	2018-19	105
4	Intellectual Property Rights	2018-19	105
5	Patient Counselling	2019-20	104
6	Certificate course in Yoga	2019-20	104
7	Intellectual Property Rights	2020-21	106
8	Certificate course in Yoga	2020-21	110
9	Intellectual Property Rights	2021-22	101
10	Certificate course in Yoga	2021-22	101
11	Patient Counselling	2022-23	100



R. Wagh

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Index of attached documents

Sr. No.	Add on course / certificate courses	Documents attached
1	Intellectual Property Rights	1. Course Syllabus 2. Enrollment List 3. Summary of lectures with attendance 4. Certificate
2	Certificate course in Yoga	1. Course Syllabus 2. Enrollment List 3. Summary of lectures with attendance 4. Certificate
3	Patient Counselling	1. Course Syllabus 2. Enrollment List 3. Summary of lectures with attendance 4. Certificate




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**CERTIFICATE COURSE ON
PATIENT COUNSELLING**

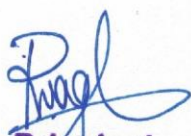
HIGHLIGHTS

- ✓ A brief theoretical view
- ✓ Practice at OPD/IPD
- ✓ Communicating hands
- ✓ Exposure to healthcare professionals
- ✓ Ethical Practice

4th Sep.- 18th Sep. 2017
Time- 8.00- 10.00 AM

**Dhule Charitable Society's
A R A College of Pharmacy,
Nagaon, Dhule 424005**




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PATIENT COUNSELLING SYLLABUS

Who Should Attend:

- Pharmacy students aspiring to excel in patient care and medication counselling.
- Practicing pharmacists looking to enhance their patient counselling skills and knowledge.
- Healthcare professionals seeking a specialization in pharmacy patient counselling.
- Individuals passionate about providing personalized guidance and support to patients in pharmacy setting.

Communication is the transfer of information meaningful to those involved. It is the process in which messages are generated and sent by one person and received and translated by another person. However, the meaning generated by the receiver can be different from the sender's intended message.

The communication process between health professionals and patients serves two primary functions.

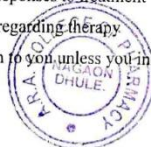
1. It establishes an ongoing relationship between the professional and the patient.
2. It provides the exchange of information necessary to assess a patient's health condition, implement treatment of medical problems, and evaluate the effects of treatment on a patient's quality of life.

The healthcare professional must be able to

- understand the illness experience of the patient
- perceive each patient's experience as unique
- foster a more egalitarian relationship with patients
- build a therapeutic alliance with patients to meet mutually understood goals of therapy
- develop self-awareness of personal effects on patients

The healthcare professional should encourage patients to share experiences with therapy because

- they have unanswered questions
- they have misunderstandings
- they experience problems to therapy
- they can "monitor" their own responses to treatment
- they make their own decisions regarding therapy
- they may not reveal information to you unless you initiate a dialogue




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Communication during drug therapy

- Purpose of medication
- How medication works
- Dose and duration of therapy
- Goals of therapy
- How effectiveness will be monitored
- Adverse effects and how to deal with them
- Drug specific issues

The physician must keep in mind that it is his or her responsibility to help patients achieve desired health outcomes. Communication skills of pharmacists can facilitate formation of trusting relationships with patients. An effective communication process can optimize the chance that patients will make informed decisions, use medications properly, and meet therapeutic goals.

Interpersonal communication is the transmission and reception of verbal and non-verbal messages between people.

Listening is an ability which effectively enhances the communication process.

Listening techniques for the patient interview process

- Stop talking. You can't listen while you are talking.
- Get rid of distractions.
- Use eye contact to show you are listening.
- React to ideas rather than the person.
- Read nonverbal messages.
- Provide feedback to clarify the message. This shows that you listen and are trying to understand.

Non-verbal communication consists of meaning conveyed through body language and facial expressions.

As a physician, you must recognize that interpersonal communication is a lot more than just speaking to others or giving a prescription. You must make sure that the messages you transmit to others are received accurately. There is no guarantee that the meaning of your message will be translated as intended. You need to make sure you enhance your listening skills so you can become a better receiver of messages as well.



Rajendra D. Wagh

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Interactive communication involves dialogue with patients involving health condition or treatment. Patients are engaged in conversation so practical matters are covered by the doctor. **Empathy** is the ability to see the world through another person's eyes and perceive his or her emotions.

The meaning of the message is influenced by the receiver's perception of the message. Therefore, it is important to remember the following points when communicating with others.

1. Always anticipate different perceptions in the communication process.
2. Try to be aware of stereotypes you hold that may influence your perception of others and also be aware of stereotypes others have on you.
3. Ask for feedback from the receiver about how well your intended message was received.
4. Provide feedback to the sender to check your perception of the message and make sure you understood correctly.

Barriers to effective communication include physical, psychological, administrative or time conflict. Such conflicts prevent effective communication from being established.

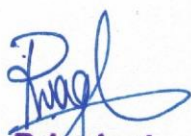
Environmental barriers such as a lack of privacy or furniture that creates physical barriers between patients and doctors/pharmacists can prevent effective communication. Environmental barriers are examples of physical barriers.

Semantics relate to meanings of words and symbols used in interpersonal communication. Words only contain meaning in terms of people's reactions to them. Words can also have multiple meanings. Therefore, effective patient communication requires the use of words that are carefully chosen. Jargon should be clearly defined or avoided. Semantics is an example of a psychological barrier.

Perception is how a message is perceived by a patient. The patient may view the doctor as only being interested in diseases, drugs and money, not people. If the patient views the doctor as being incompetent or uncaring, he/she is less likely to trust the doctor's advice. Perception is an example of a psychological barrier.

Negative attitude from doctors or pharmacists are usually caused by a lack of confidence and low self-esteem. Communication is far from ideal all the time, and doctors or pharmacists should strive to improve their skills through practice. Many doctors believe that it is not their job to counsel their patients, but it is. Negative attitude is an example of a psychological barrier.




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Personal barriers include low self-confidence, shyness, dysfunctional internal monologue, lack of objectivity, cultural differences, discomfort in sensitive situations, and conflicting values to healthcare practice.

Administrative barriers such as management may view the lack of money compensated for communication as a reason not to communicate. More money is made by prescribing medication, not caring for patients.

Time barriers are interlinked with administrative barriers because management is responsible for staffing levels as well as allocation of work duties. Time limits are very common when it comes to pharmacists and patients. Time restraints are often excuses not to counsel, though it often does not take very long.

Interpersonal communication, because of its complexity and human involvement, is a fragile process. Messages become helpful to the patient only when they are accurately received and understood. If messages are distorted or incorrect, they could be harmful to the patient and prevent a positive patient outcome. It is important to understand these potential communication barriers so a strategy could be developed to minimize or remove them.

To conduct a more efficient patient interview

- Avoid making recommendations during the information-gathering phases of the interview. Such recommendations prevent the patient from giving you all the needed information and can interfere with your ability to grasp the big picture of patient need.
- Similarly, do not jump to conclusions or rapid solutions without hearing all of the facts.
- Do not shift from one subject to another until each subject has been followed through.
- Guide the interview using a combination of open ended and closed ended questions.
- Similarly, keep your goals clearly in mind, but do not let them dominate how you go about the interview.
- Determine the patient's ability to learn specific information in order to guide you in your presentation of the material. Reading ability, language proficiency, and vision or hearing impairment all would influence the techniques you use in interviewing and counseling a patient.
- Maintain objectivity by not allowing the patient's attitudes, beliefs, or prejudices to influence your thinking.
- Be aware of the patient's nonverbal messages.
- Depending on your relationship with patient, move on from less personal to more personal topics. This may remove some of the patient's initial defensiveness.
- Note taking should be as brief as possible.




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Assertiveness is a style of response that focuses on resolving conflicts in relationships in an atmosphere of mutual respect. To be assertive, each person must be able to directly and honestly convey their opinions. This type of communication allows people to stand up for their rights without infringing on the rights of others.

False assumptions about patient understanding and medication adherence

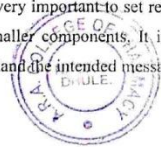
- Do not assume that previous physicians have already discussed with patients the medications they prescribe. In fact, one study found that physicians frequently omit critical information.
- Do not assume patients understand all information given.
- Do not assume that if patients understand what is required, they are able to take medication correctly. Medication regimens take time to get adjusted to.
- Do not assume that patients don't take medication because they don't care or aren't motivated. These assumptions prevent you from focusing on their real problems.
- Do not assume that once patients have problems they will contact you. Doctors need to constantly initiate interaction by asking open-ended questions.
- Patients must not only know key points of information about their medication but also perform specific behaviors (taking medication at certain time, using an inhaler properly, etc) to optimize therapeutic outcomes. Doctors must assess patient knowledge about medication and educate them regarding essential information.

Liability is a legal obligation that arises when a duty owed is breached.

Negligence or malpractice is a professional's failure to exercise an accepted level of skill and knowledge, which results in harm to a client or patient. Compensation is usually sought from doctor negligence.

Communication with special patients

- The Elderly account for 30% of all prescription medication taken in the United States and 40% of all OTC medication. As a group, sometimes the aging process affects certain elements of the communication process in some older adults. In certain individuals, the aging process affects the learning process, but not the ability to learn. Some older adults learn at a slower rate than younger persons. They have the ability to learn but they process information at a different rate. The elderly might also have problems such as poor vision, speech or hearing. Therefore, it is very important to set reasonable short-term goals, and break down learning tasks into smaller components. It is also important to encourage feedback as to whether they understand the intended message.



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- Terminally Ill patients are usually intimidating to work with because people do not want to say the "wrong" things that would upset them. Before interacting with them, be aware of your own feelings about death and about interacting with terminally ill patients. Simply being honest with them can improve their interaction with them. It will also open them up to voice out their concerns as well. Many terminally ill patients know that they can make others feel uncomfortable. You should not avoid talking to them unless you sense that they do not want to talk. Not interacting with them only contributes further to their isolation and may reaffirm that talking about death is uncomfortable.
- Patients with AIDS are not only dealing with life threatening diseases, but also the social stigmas that often accompany their conditions. The key is not to treat them as different from others. Due to the advent of highly effective antiretroviral therapy, health professionals should adjust their thinking to perceive HIV infections as a chronic condition rather than a terminal disease.
- Patients who are mentally ill can be difficult to communicate with. Open-ended questions would be more effective as they can be used to determine the patient's cognitive abilities. Ethical considerations include whether they require consent from the patient for treatment. Mentally Ill Patients might not always understand their treatments or medication purposes.

Communication with Children

- Attempt to communicate at the child's developmental level
- Ask open-ended questions rather than questions requiring only a yes or no response
- Use simple declarative sentences for all children
- Ask the child whether he or she has questions for you
- Augment verbal communication with written communication
- Nonverbal communication is very important with children therefore be aware of your facial expressions, tone of voice, gestures, and so on.

Children want to know. Healthcare professionals should communicate directly with children about medicines and treatment.

Ethical principles

Beneficence is the principle that health professionals should act in the best interest of the patient.

Autonomy is the principle that establishes patient rights to self-determination- to choose what will be done to them.

Honesty principle states that patients have the right to the truth about their medical condition, the course of disease, the treatments recommended and the alternative treatments available.




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Informed Consent has occurred and treatment can be implemented if all relevant information is provided, if the patients understand the information, and if consent is given freely without coercion.

Confidentiality serves to assure patients that information about their medical conditions and treatments will not be given to individuals without their permission.

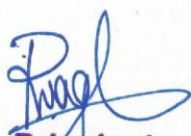
Fidelity is the right of patients to have health professional provide services that promote patients' interests rather than their own. Ethically, the responsibilities of physicians should be directed towards the patients rather than directed at the financial well-being of the clinic.

Steps in ethical decision making

- Recognize and state the ethical dilemmas involved in each situation or case
- Collect all relevant facts including both medical as well as social or psychological aspects of the case. These facts may clarify whether the problem really does involve ethical issues or not.
- If the problem involves ethical issues, generate all possible alternatives to resolving the dilemma
- Evaluate alternatives in terms of principles that apply as well as possible consequences of the difference choices.
- Choose the best alternative and justify your choice in terms of the prioritization of ethical principles involved. Often one principle must be suspended in favor of a more compelling principle in resolving a dilemma.

Physicians must understand the principles that serve as foundations for ethical decisions in health care. The obligation to respect patient autonomy, to protect confidentiality of patient information, to serve patient welfare, and to treat patients with respect and compassion are fundamental duties for any health care professional. Use of a systematic decision-making process when ethical dilemmas arise and principles seem to compete can assist you in reaching decisions that are ethically valid.




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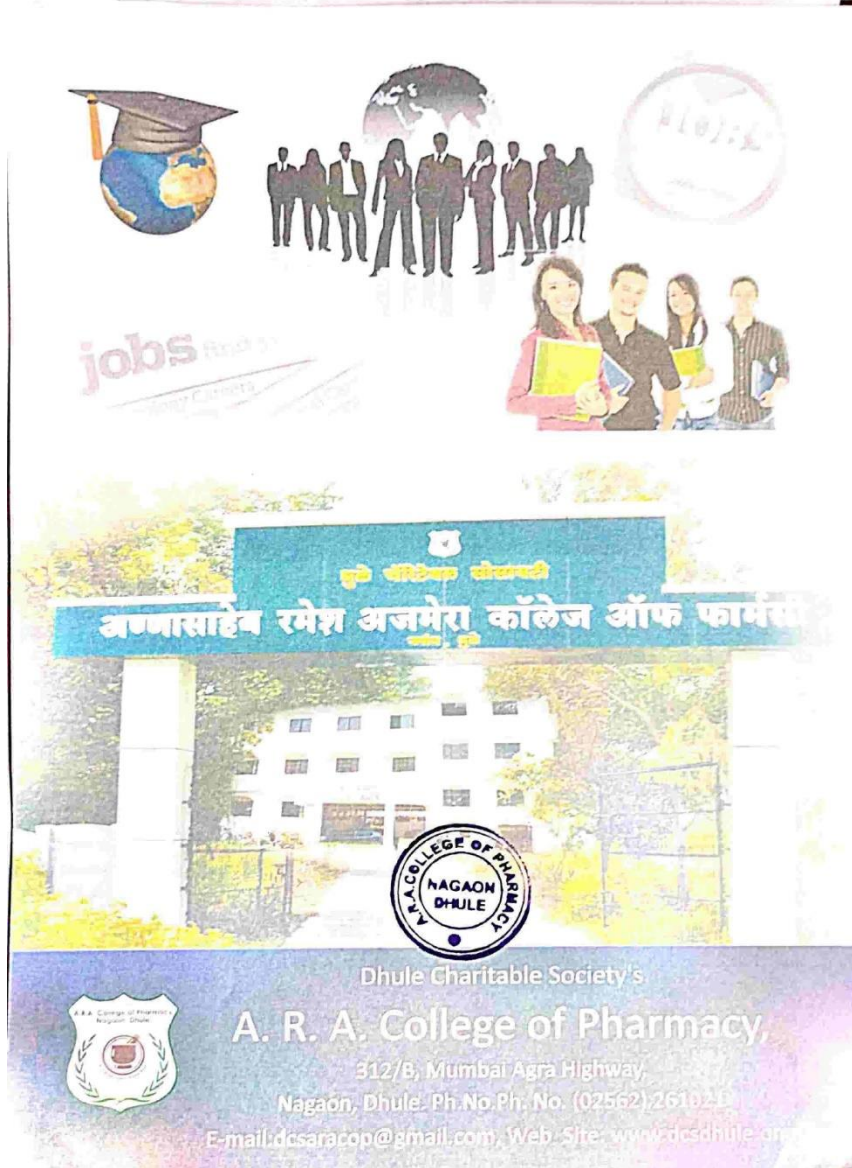
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Dhule Charitable Society's
A. R. A. College of Pharmacy,

312/B, Mumbai Agra Highway,
Nagaon, Dhule. Ph No. (02562) 261021
E-mail: dcsaracop@gmail.com, Web Site: www.dcsdhule.org



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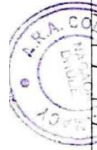
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1	Bhavkar Devesh Pravinkumar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
2	Bodade Sakshi Ravindra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
3	Bodke Harshada Vilas	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
4	Chavan Bhushan Saherao	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
5	Chavan Jatin Sanjay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
6	Chavan Payal Jitendra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
7	Chavan Rameshwar Dada	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
8	Chavhan Sapana Shantlal	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
9	Chinnawar Shantaram Rajeshwar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
10	Dabhadre Rajesh Sudam	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
11	Devkar Pratiksha Manoj	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
12	Ahire Ashwamegh Vasantrao	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
13	Ahire Devashish Sudhakar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
14	Ahire Harikesh Uttam	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
15	Akade Nisarga Vijay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
16	Bachhav Atul Ravindra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
17	Bodke Surang Vilas	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
18	Bafum Ritesh Lakhichand	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P

Dhule Charitable Society's Annasaheb Ramesh Ajmera College of Pharmacy, Nagaon, Dhule-424005
Patient Counselling
List of Students Enrolled 2017-18



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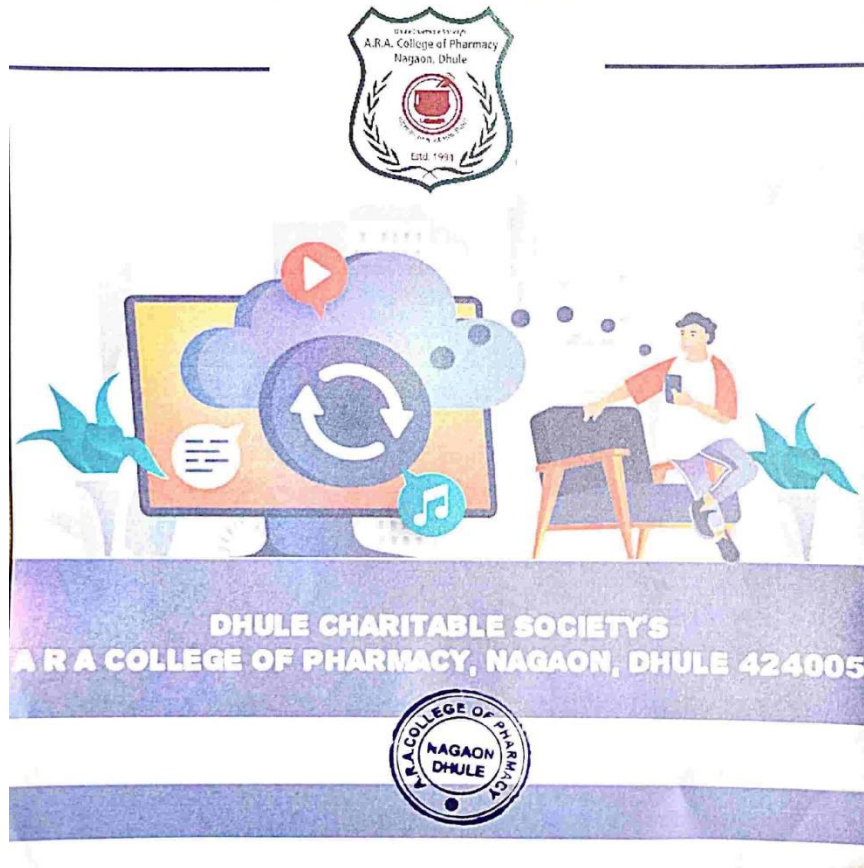
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INTELLECTUAL PROPERTY RIGHTS

A Certificate Course

FEB 02, 2018 TO FEB 16, 2018



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Intellectual Property Rights

ABOUT THE COURSE

Intellectual Property is a subject of increasing global importance. Policymakers have long recognized the need for IP rights to protect the inventions and creative works of individuals and enterprises. In an age when knowledge capital, the product of the intellect, has become an increasingly important basis of social and economic progress, IP has acquired unprecedented importance, and issues relating to the generation, evaluation, protection, and exploitation of IP systems have become crucial. The IPR viz., Patent, Design, Trademark, Copyright, etc. are key components for business success and tools for enhancing the competitiveness of Industries. Intellectual Property Regime in India has been substantially refurbished after joining TRIPS by amending all IP legislations. As India is one of the rapidly growing economies in the world and plays a major role in IPR on the global IPR platform, it is necessary to develop an efficient IPR regime in the country which will result in building a strong IPR profile for the stakeholders and, in turn, for the country that will strengthen "Make In India" and "Atmanirbhar Bharat" in the long run.

In view of this, DPIIT IPR Chair and CRIP, MNLU Mumbai are organizing the comprehensive and compact "One Week Online Certificate Course on Patenting System & Procedures". The present course is bound to benefit all those engaged in manufacturing, services, business, IP education, and research by enriching their knowledge, skill, and expertise and may include legal fraternity, professionals, IP academicians, industry managers, MSME, Startups, students in IPRs and individuals and enterprises willing to protect their Patents.

The course is meticulously designed to impart detailed legal and practical knowledge on Patents and Patenting systems in India along with recent technical developments and process re-engineering that have taken place over the years.

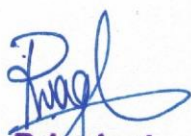
ABOUT FACULTIES

Academicians who are known for their knowledge and expertise.

WHO SHOULD JOIN?

- Pharmacy students interested in understanding the legal aspects of pharmaceutical innovations.
- Aspiring pharmaceutical researchers, patent analysts, and regulatory professionals.
- Professionals in the pharmaceutical industry seeking to expand their knowledge of intellectual property rights.
- Individuals passionate about exploring the intersection of pharmacy and legal frameworks.




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(M.Pharm. Ph.D.)

Ref No.: DCS/ARACOP/

Date:

Course Fee- Nil

Course Content

Day 1 & 2 | Inauguration of the Programmed Introduction and Importance of IPRs, Evolution of Patent Law in India

Day 3 & 4| TRIPS Agreement & Indian Patent Act (as amended), Flexibilities Under TRIPS; Patentability Criteria; Non-Patentable Subject Matters.

Day 5 & 6| Types of Patent Applications, Structure of Patent Application Provisional and Complete Specification, Unity of Inventions, Sufficiency of Disclosure, Permission for Foreign Filing, Inventions using Biological Materials, Applications by Startup and MSME

Day 7 & 8| Filing of Patent application in India - Forms, Fees, and Documents required, E-Filing Procedure, Power of Attorney, Post-dating, and Withdrawal of Application

Day 9 & 10 | International Patent Classification, Prior Art Search, International Filing system under PCT System; Drafting of Patent Specifications and Claims

Day 11 & 12| Interpretation, Amendments & Scope of Claims with examples, Processing of Patent Application- Publication, Request for Examination, Secrecy Directions, Normal & Expedited Examination of application, Pre-Grant Opposition, Amendments in Application, Specification & Claims

Day 13 & 14| Grant of Patent, Renewal & Restoration of Patents, Working of Patent, Post-Grant opposition, Revocation of Patents, register of patents, Penalties under the Patent Act, Licensing and Assignment, Compulsory Licenses, and other public interest provisions under the Patents Act, Appeals to the High Court

Day 15| Infringement and Suits for Infringement, Actions not amounting to Infringement Relief and Defenses in suits for Infringement, Important Decisions in Patents, Commercialization of Patents in India Valedictory



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(B.Com, MBA)

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Dr. Rajendra D. Wagh
(M.Pharm. Ph.D.)

Ref No.: DCS/ARACOP/

Date:



Dhule Charitable Society's
A. R. A. College of Pharmacy,

312/B, Mumbai Agra Highway,
Nagaon, Dhule. Ph.No. Ph. No. (02562) 261021
E-mail: dcsaracop@gmail.com, Web Site: www.dcsdhule.org



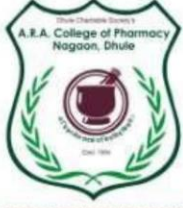
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Dhule Charitable Society's
Annasaheb Ramesh Ajmera
College of Pharmacy, Nagaon, Dhule

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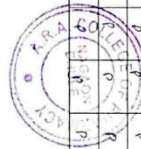
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Sr. No.	Name of Student	1-2-18	3-2-18	4-2-18	5-2-18	6-2-18	7-2-18	8-2-18	9-2-18	10-2-18	11-2-18	12-2-18	13-2-18	14-2-18	15-2-18	16-2-18
1	Ahire Ashwamegh Vasantrao	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
2	Ahire Devashish Sudhakar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
3	Ahire Harikesh Udam	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
4	Akalade Nisarga Vijay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
5	Bachhav Atul Ravindra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
6	Badke Sarang Vilas	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
7	Bafana Ritesh Lakhichand	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
8	Baisane Hemangi Rajendra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
9	Bhadane Mayuri Prafulla	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
10	Bhagunde Sakshi Dinesh	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
11	Bhambare Ranuja Ravindra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
12	Bhavsar Devesh Pavankumar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
13	Bobade Sakshi Ravindra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
14	Bodke Harshada Vilas	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
15	Chavan Bhushan Sahetoo	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
16	Chavan Jatin Sanjay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
17	Chavan Payal Jitendra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
18	Chavan Rameshwar Dala	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P

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Intellectual Property Rights
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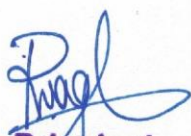
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Date:

Summary of Lectures 2017-18

Sr. No.	Date	Topic	Name of the Speaker	Total no. of Students presents
1	02/02/2018	Introduction to IPR	Mr. H. V. Deore	95
2	03/02/2018	Evolution of Patent Law	Mr. H. V. Deore	94
3	04/02/2018	TRIPS	Mr. H. V. Deore	95
4	05/02/2018	Patentability criterion	Mr. H. S. Bhandari	95
5	06/02/2018	Patent Application	Mr. H. S. Bhandari	94
6	07/02/2018	Startup and MSME	Mr. H. S. Bhandari	93
7	08/02/2018	Filling of patent	Mr. M. A. Bagul	93
8	09/02/2018	E- Filing procedure	Mr. M. A. Bagul	93
9	10/02/2018	International Patents	Mr. M. A. Bagul	94
10	11/02/2018	Drafting of patent	Mr. T. J. Shaikh	94
11	12/02/2018	Grant of patent	Mr. T. J. Shaikh	96
12	13/02/2018	Patent act	Mr. T. J. Shaikh	96
13	14/02/2018	Commercialization of patents	Mr. T. J. Shaikh	96
14	15/02/2018	Infringement and Suits for Infringement	Mr. T. J. Shaikh	97
15	16/02/2018	Summary and Valedictory	Mr. T. J. Shaikh	98




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COURSE CERTIFICATE

This certifies that

Miss. Patil Trupti Magan

Has been participated in a certificate course of
Intellectual Property Right
Conducted in between
2nd February 2018 to 16th February 2018.



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[Signature]

Cordinator



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Principal



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Certificate course on Patient Counselling

ABOUT COURSE

Here are some things to know about healthcare management and patient care if you are considering entering the field.

Features

- Theoretical overview
- Practical exposure
- Communication
- Ethical Practices

DATE- 19th OCT- 2nd NOV 2018
TIME- 7.00 AM - 9.00 AM

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PATIENT COUNSELLING SYLLABUS

Who Should Attend:

- Pharmacy students aspiring to excel in patient care and medication counselling.
- Practicing pharmacists looking to enhance their patient counselling skills and knowledge.
- Healthcare professionals seeking a specialization in pharmacy patient counselling.
- Individuals passionate about providing personalized guidance and support to patients in pharmacy setting.

Communication is the transfer of information meaningful to those involved. It is the process in which messages are generated and sent by one person and received and translated by another person. However, the meaning generated by the receiver can be different from the sender's intended message.

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Communication during drug therapy

- Purpose of medication
- How medication works
- Dose and duration of therapy
- Goals of therapy
- How effectiveness will be monitored
- Adverse effects and how to deal with them
- Drug specific issues

The physician must keep in mind that it is his or her responsibility to help patients achieve desired health outcomes. Communication skills of pharmacists can facilitate formation of trusting relationships with patients. An effective communication process can optimize the chance that patients will make informed decisions, use medications properly, and meet therapeutic goals.

Interpersonal communication is the transmission and reception of verbal and non-verbal messages between people.

Listening is an ability which effectively enhances the communication process.

Listening techniques for the patient interview process

- Stop talking. You can't listen while you are talking.
- Get rid of distractions.
- Use eye contact to show you are listening.
- React to ideas rather than the person.
- Read nonverbal messages.
- Provide feedback to clarify the message. This shows that you listen and are trying to understand.

Non-verbal communication consists of meaning conveyed through body language and facial expressions.

As a physician, you must recognize that interpersonal communication is a lot more than just speaking to others or giving a prescription. You must make sure that the messages you transmit to others are received accurately. There is no guarantee that the meaning of your message will be translated as intended. You need to make sure you enhance your listening skills so you can become a better receiver of messages as well.




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Interactive communication involves dialogue with patients involving health condition or treatment. Patients are engaged in conversation so practical matters are covered by the doctor. **Empathy** is the ability to see the world through another person's eyes and perceive his or her emotions.

The meaning of the message is influenced by the receiver's perception of the message. Therefore, it is important to remember the following points when communicating with others.

1. Always anticipate different perceptions in the communication process.
2. Try to be aware of stereotypes you hold that may influence your perception of others and also be aware of stereotypes others have on you.
3. Ask for feedback from the receiver about how well your intended message was received.
4. Provide feedback to the sender to check your perception of the message and make sure you understood correctly.

Barriers to effective communication include physical, psychological, administrative or time conflict. Such conflicts prevent effective communication from being established.

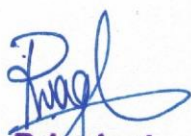
Environmental barriers such as a lack of privacy or furniture that creates physical barriers between patients and doctors/pharmacists can prevent effective communication. Environmental barriers are examples of physical barriers.

Semantics relate to meanings of words and symbols used in interpersonal communication. Words only contain meaning in terms of people's reactions to them. Words can also have multiple meanings. Therefore, effective patient communication requires the use of words that are carefully chosen. Jargon should be clearly defined or avoided. Semantics is an example of a psychological barrier.

Perception is how a message is perceived by a patient. The patient may view the doctor as only being interested in diseases, drugs and money, not people. If the patient views the doctor as being incompetent or uncaring, he/she is less likely to trust the doctor's advice. Perception is an example of a psychological barrier.

Negative attitude from doctors or pharmacists are usually caused by a lack of confidence and low self-esteem. Communication is far from ideal all the time, and doctors or pharmacists should strive to improve their skills through practice. Many doctors believe that it is not their job to counsel their patients, but it is. Negative attitude is an example of a psychological barrier.




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Personal barriers include low self-confidence, shyness, dysfunctional internal monologue, lack of objectivity, cultural differences, discomfort in sensitive situations, and conflicting values to healthcare practice.

Administrative barriers such as management may view the lack of money compensated for communication as a reason not to communicate. More money is made by prescribing medication, not caring for patients.

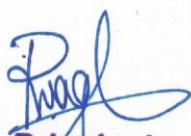
Time barriers are interlinked with administrative barriers because management is responsible for staffing levels as well as allocation of work duties. Time limits are very common when it comes to pharmacists and patients. Time restraints are often excuses not to counsel, though it often does not take very long.

Interpersonal communication, because of its complexity and human involvement, is a fragile process. Messages become helpful to the patient only when they are accurately received and understood. If messages are distorted or incorrect, they could be harmful to the patient and prevent a positive patient outcome. It is important to understand these potential communication barriers so a strategy could be developed to minimize or remove them.

To conduct a more efficient patient interview

- Avoid making recommendations during the information-gathering phases of the interview. Such recommendations prevent the patient from giving you all the needed information and can interfere with your ability to grasp the big picture of patient need.
- Similarly, do not jump to conclusions or rapid solutions without hearing all of the facts.
- Do not shift from one subject to another until each subject has been followed through.
- Guide the interview using a combination of open ended and closed ended questions.
- Similarly, keep your goals clearly in mind, but do not let them dominate how you go about the interview.
- Determine the patient's ability to learn specific information in order to guide you in your presentation of the material. Reading ability, language proficiency, and vision or hearing impairment all would influence the techniques you use in interviewing and counseling a patient.
- Maintain objectivity by not allowing the patient's attitudes, beliefs, or prejudices to influence your thinking.
- Be aware of the patient's nonverbal messages.
- Depending on your relationship with patient, move on from less personal to more personal topics. This may remove some of the patient's initial defensiveness.
- Note taking should be as brief as possible.




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Assertiveness is a style of response that focuses on resolving conflicts in relationships in an atmosphere of mutual respect. To be assertive, each person must be able to directly and honestly convey their opinions. This type of communication allows people to stand up for their rights without infringing on the rights of others.

False assumptions about patient understanding and medication adherence

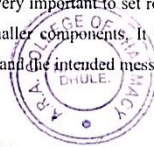
- Do not assume that previous physicians have already discussed with patients the medications they prescribe. In fact, one study found that physicians frequently omit critical information.
- Do not assume patients understand all information given.
- Do not assume that if patients understand what is required, they are able to take medication correctly. Medication regimens take time to get adjusted to.
- Do not assume that patients don't take medication because they don't care or aren't motivated. These assumptions prevent you from focusing on their real problems.
- Do not assume that once patients have problems they will contact you. Doctors need to constantly initiate interaction by asking open-ended questions.
- Patients must not only know key points of information about their medication but also perform specific behaviors (taking medication at certain time, using an inhaler properly, etc) to optimize therapeutic outcomes. Doctors must assess patient knowledge about medication and educate them regarding essential information.

Liability is a legal obligation that arises when a duty owed is breached.

Negligence or malpractice is a professional's failure to exercise an accepted level of skill and knowledge, which results in harm to a client or patient. Compensation is usually sought from doctor negligence.

Communication with special patients

- The Elderly account for 30% of all prescription medication taken in the United States and 40% of all OTC medication. As a group, sometimes the aging process affects certain elements of the communication process in some older adults. In certain individuals, the aging process affects the learning process, but not the ability to learn. Some older adults learn at a slower rate than younger persons. They have the ability to learn but they process information at a different rate. The elderly might also have problems such as poor vision, speech or hearing. Therefore, it is very important to set reasonable short-term goals, and break down learning tasks into smaller components. It is also important to encourage feedback as to whether they understand the intended message.



Rajendra D. Wagh

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Dhule Charitable Society's
Annasaheb Ramesh Ajmera
College of Pharmacy, Nagaon, Dhule

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- Terminally Ill patients are usually intimidating to work with because people do not want to say the "wrong" things that would upset them. Before interacting with them, be aware of your own feelings about death and about interacting with terminally ill patients. Simply being honest with them can improve their interaction with them. It will also open them up to voice out their concerns as well. Many terminally ill patients know that they can make others feel uncomfortable. You should not avoid talking to them unless you sense that they do not want to talk. Not interacting with them only contributes further to their isolation and may reaffirm that talking about death is uncomfortable.
- Patients with AIDS are not only dealing with life threatening diseases, but also the social stigmas that often accompany their conditions. The key is not to treat them as different from others. Due to the advent of highly effective antiretroviral therapy, health professionals should adjust their thinking to perceive HIV infections as a chronic condition rather than a terminal disease.
- Patients who are mentally ill can be difficult to communicate with. Open-ended questions would be more effective as they can be used to determine the patient's cognitive abilities. Ethical considerations include whether they require consent from the patient for treatment. Mentally Ill Patients might not always understand their treatments or medication purposes.

Communication with Children

- Attempt to communicate at the child's developmental level
- Ask open-ended questions rather than questions requiring only a yes or no response
- Use simple declarative sentences for all children
- Ask the child whether he or she has questions for you
- Augment verbal communication with written communication
- Nonverbal communication is very important with children therefore be aware of your facial expressions, tone of voice, gestures, and so on.

Children want to know. Healthcare professionals should communicate directly with children about medicines and treatment.

Ethical principles

Beneficence is the principle that health professionals should act in the best interest of the patient.

Autonomy is the principle that establishes patient rights to self-determination- to choose what will be done to them.

Honesty principle states that patients have the right to the truth about their medical condition, the course of disease, the treatments recommended and the alternative treatments available.



Rajendra D. Wagh

Principal
Dhule Charitable Society's
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College of Pharmacy, Nagaon, Dhule

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Informed Consent has occurred and treatment can be implemented if all relevant information is provided, if the patients understand the information, and if consent is given freely without coercion.

Confidentiality serves to assure patients that information about their medical conditions and treatments will not be given to individuals without their permission.

Fidelity is the right of patients to have health professional provide services that promote patients' interests rather than their own. Ethically, the responsibilities of physicians should be directed towards the patients rather than directed at the financial well-being of the clinic.

Steps in ethical decision making

- Recognize and state the ethical dilemmas involved in each situation or case
- Collect all relevant facts including both medical as well as social or psychological aspects of the case. These facts may clarify whether the problem really does involve ethical issues or not.
- If the problem involves ethical issues, generate all possible alternatives to resolving the dilemma
- Evaluate alternatives in terms of principles that apply as well as possible consequences of the difference choices.
- Choose the best alternative and justify your choice in terms of the prioritization of ethical principles involved. Often one principle must be suspended in favor of a more compelling principle in resolving a dilemma.

Physicians must understand the principles that serve as foundations for ethical decisions in health care. The obligation to respect patient autonomy, to protect confidentiality of patient information, to serve patient welfare, and to treat patients with respect and compassion are fundamental duties for any health care professional. Use of a systematic decision-making process when ethical dilemmas arise and principles seem to compete can assist you in reaching decisions that are ethically valid.



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1	Chavan Dipali Arun	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
2	Chavan Lokesh Subash	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
3	Chavhan Kavita Eknath	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
4	Chavhan Pradip Shaigram	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
5	Dashpute Rupesh Ravindra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
6	Deore Dinesh Sanbhaji	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
7	Desale Snehal Sureshtrao	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
8	Dhangar Kiran Sanjay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
9	Gaikwad Sagar Dipak	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
10	Gangurde Jyoti Ashok	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
11	Jade Pratiksha Vijay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
12	Jadhav Charushila Sanjay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
13	Jaiswal Punima Raminivas	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
14	Kakad Pooja Pravin	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
15	Karpe Karishma Kalas	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
16	Kasab Shital Ramechandra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
17	Khivarsa Monika Bihichand	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
18	Khonde Kaja Ramkumar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P

Dhule Charitable Society's Annasaheb Ramesh Ajmera College of Pharmacy, Nagaon, Dhule-424005

Patient Counselling

List of Students Enrolled 2018-19



Dr. Rajendra D. Wagh

Principal

Dhule Charitable Society's
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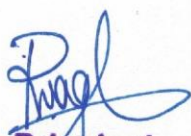
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Summary of Lectures 2018-19

Sr. No.	Date	Topic	Name of the Speaker	Total no. of Students presents
1	19/10/2018	Introduction and need	Dr. H. V. Deore	99
2	20/10/2018	Communication	Dr. H. V. Deore	102
3	21/10/2018	Communication during drug therapy	Dr. H. V. Deore	103
4	22/10/2018	Listening	Dr. H. V. Deore	103
5	23/10/2018	Nonverbal communication	Mr. V. S. Ahire	99
6	24/10/2018	Barriers	Mr. V. S. Ahire	102
7	25/10/2018	Ethical principles	Mr. V. S. Ahire	101
8	26/10/2018	Communication with special patient	Mr. V. S. Ahire	100
9	27/10/2018	False assumption about patient	Mr. H. S. Bhandari	99
10	28/10/2018	Steps in ethical decision making	Mr. H. S. Bhandari	98
11	29/10/2018	Ethical decision in healthcare	Mr. H. S. Bhandari	100
12	30/10/2018	Interpersonal communication	Mr. H. S. Bhandari	102
13	31/10/2018	Role of physician in ethical decisions	Mr. M. A. Bagul	102
14	01/11/2018	Foundations for ethical decisions in health care	Mr. M. A. Bagul	100
15	02/11/2018	Summary and valedictory	Mr. M. A. Bagul	100




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A Certificate Course on PATIENT COUNSELLING



HIGHLIGHTS

- Specialized services -
- Online medicine services -
- Medicine prescription -
- Ethical Counselling

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Communication during drug therapy

- Purpose of medication
- How medication works
- Dose and duration of therapy
- Goals of therapy
- How effectiveness will be monitored
- Adverse effects and how to deal with them
- Drug specific issues

The physician must keep in mind that it is his or her responsibility to help patients achieve desired health outcomes. Communication skills of pharmacists can facilitate formation of trusting relationships with patients. An effective communication process can optimize the chance that patients will make informed decisions, use medications properly, and meet therapeutic goals.

Interpersonal communication is the transmission and reception of verbal and non-verbal messages between people.

Listening is an ability which effectively enhances the communication process.

Listening techniques for the patient interview process

- Stop talking. You can't listen while you are talking.
- Get rid of distractions.
- Use eye contact to show you are listening.
- React to ideas rather than the person.
- Read nonverbal messages.
- Provide feedback to clarify the message. This shows that you listen and are trying to understand.

Non-verbal communication consists of meaning conveyed through body language and facial expressions.

As a physician, you must recognize that interpersonal communication is a lot more than just speaking to others or giving a prescription. You must make sure that the messages you transmit to others are received accurately. There is no guarantee that the meaning of your message will be translated as intended. You need to make sure you enhance your listening skills so you can become a better receiver of messages as well.



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Interactive communication involves dialogue with patients involving health condition or treatment. Patients are engaged in conversation so practical matters are covered by the doctor. **Empathy** is the ability to see the world through another person's eyes and perceive his or her emotions.

The meaning of the message is influenced by the receiver's perception of the message. Therefore, it is important to remember the following points when communicating with others.

1. Always anticipate different perceptions in the communication process.
2. Try to be aware of stereotypes you hold that may influence your perception of others and also be aware of stereotypes others have on you.
3. Ask for feedback from the receiver about how well your intended message was received.
4. Provide feedback to the sender to check your perception of the message and make sure you understood correctly.

Barriers to effective communication include physical, psychological, administrative or time conflict. Such conflicts prevent effective communication from being established.

Environmental barriers such as a lack of privacy or furniture that creates physical barriers between patients and doctors/pharmacists can prevent effective communication. Environmental barriers are examples of physical barriers.

Semantics relate to meanings of words and symbols used in interpersonal communication. Words only contain meaning in terms of people's reactions to them. Words can also have multiple meanings. Therefore, effective patient communication requires the use of words that are carefully chosen. Jargon should be clearly defined or avoided. Semantics is an example of a psychological barrier.

Perception is how a message is perceived by a patient. The patient may view the doctor as only being interested in diseases, drugs and money, not people. If the patient views the doctor as being incompetent or uncaring, he/she is less likely to trust the doctor's advice. Perception is an example of a psychological barrier.

Negative attitude from doctors or pharmacists are usually caused by a lack of confidence and low self-esteem. Communication is far from ideal all the time, and doctors or pharmacists should strive to improve their skills through practice. Many doctors believe that it is not their job to counsel their patients, but it is. Negative attitude is an example of a psychological barrier.



Rajendra D. Wagh

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Personal barriers include low self-confidence, shyness, dysfunctional internal monologue, lack of objectivity, cultural differences, discomfort in sensitive situations, and conflicting values to healthcare practice.

Administrative barriers such as management may view the lack of money compensated for communication as a reason not to communicate. More money is made by prescribing medication, not caring for patients.

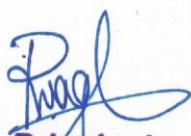
Time barriers are interlinked with administrative barriers because management is responsible for staffing levels as well as allocation of work duties. Time limits are very common when it comes to pharmacists and patients. Time restraints are often excuses not to counsel, though it often does not take very long.

Interpersonal communication, because of its complexity and human involvement, is a fragile process. Messages become helpful to the patient only when they are accurately received and understood. If messages are distorted or incorrect, they could be harmful to the patient and prevent a positive patient outcome. It is important to understand these potential communication barriers so a strategy could be developed to minimize or remove them.

To conduct a more efficient patient interview

- Avoid making recommendations during the information-gathering phases of the interview. Such recommendations prevent the patient from giving you all the needed information and can interfere with your ability to grasp the big picture of patient need.
- Similarly, do not jump to conclusions or rapid solutions without hearing all of the facts.
- Do not shift from one subject to another until each subject has been followed through.
- Guide the interview using a combination of open ended and closed ended questions.
- Similarly, keep your goals clearly in mind, but do not let them dominate how you go about the interview.
- Determine the patient's ability to learn specific information in order to guide you in your presentation of the material. Reading ability, language proficiency, and vision or hearing impairment all would influence the techniques you use in interviewing and counseling a patient.
- Maintain objectivity by not allowing the patient's attitudes, beliefs, or prejudices to influence your thinking.
- Be aware of the patient's nonverbal messages.
- Depending on your relationship with patient, move on from less personal to more personal topics. This may remove some of the patient's initial defensiveness.
- Note taking should be as brief as possible.




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Assertiveness is a style of response that focuses on resolving conflicts in relationships in an atmosphere of mutual respect. To be assertive, each person must be able to directly and honestly convey their opinions. This type of communication allows people to stand up for their rights without infringing on the rights of others.

False assumptions about patient understanding and medication adherence

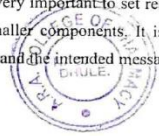
- Do not assume that previous physicians have already discussed with patients the medications they prescribe. In fact, one study found that physicians frequently omit critical information.
- Do not assume patients understand all information given.
- Do not assume that if patients understand what is required, they are able to take medication correctly. Medication regimens take time to get adjusted to.
- Do not assume that patients don't take medication because they don't care or aren't motivated. These assumptions prevent you from focusing on their real problems.
- Do not assume that once patients have problems they will contact you. Doctors need to constantly initiate interaction by asking open-ended questions.
- Patients must not only know key points of information about their medication but also perform specific behaviors (taking medication at certain time, using an inhaler properly, etc) to optimize therapeutic outcomes. Doctors must assess patient knowledge about medication and educate them regarding essential information.

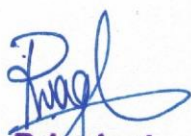
Liability is a legal obligation that arises when a duty owed is breached.

Negligence or malpractice is a professional's failure to exercise an accepted level of skill and knowledge, which results in harm to a client or patient. Compensation is usually sought from doctor negligence.

Communication with special patients

- The Elderly account for 30% of all prescription medication taken in the United States and 40% of all OTC medication. As a group, sometimes the aging process affects certain elements of the communication process in some older adults. In certain individuals, the aging process affects the learning process, but not the ability to learn. Some older adults learn at a slower rate than younger persons. They have the ability to learn but they process information at a different rate. The elderly might also have problems such as poor vision, speech or hearing. Therefore, it is very important to set reasonable short-term goals, and break down learning tasks into smaller components. It is also important to encourage feedback as to whether they understand the intended message.




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- Terminally Ill patients are usually intimidating to work with because people do not want to say the "wrong" things that would upset them. Before interacting with them, be aware of your own feelings about death and about interacting with terminally ill patients. Simply being honest with them can improve their interaction with them. It will also open them up to voice out their concerns as well. Many terminally ill patients know that they can make others feel uncomfortable. You should not avoid talking to them unless you sense that they do not want to talk. Not interacting with them only contributes further to their isolation and may reaffirm that talking about death is uncomfortable.
- Patients with AIDS are not only dealing with life threatening diseases, but also the social stigmas that often accompany their conditions. The key is not to treat them as different from others. Due to the advent of highly effective antiretroviral therapy, health professionals should adjust their thinking to perceive HIV infections as a chronic condition rather than a terminal disease.
- Patients who are mentally ill can be difficult to communicate with. Open-ended questions would be more effective as they can be used to determine the patient's cognitive abilities. Ethical considerations include whether they require consent from the patient for treatment. Mentally Ill Patients might not always understand their treatments or medication purposes.

Communication with Children

- Attempt to communicate at the child's developmental level
- Ask open-ended questions rather than questions requiring only a yes or no response
- Use simple declarative sentences for all children
- Ask the child whether he or she has questions for you
- Augment verbal communication with written communication
- Nonverbal communication is very important with children therefore be aware of your facial expressions, tone of voice, gestures, and so on.

Children want to know. Healthcare professionals should communicate directly with children about medicines and treatment.

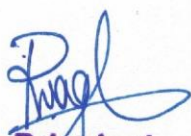
Ethical principles

Beneficence is the principle that health professionals should act in the best interest of the patient.

Autonomy is the principle that establishes patient rights to self-determination- to choose what will be done to them.

Honesty principle states that patients have the right to the truth about their medical condition, the course of disease, the treatments recommended and the alternative treatments available.




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Informed Consent has occurred and treatment can be implemented if all relevant information is provided, if the patients understand the information, and if consent is given freely without coercion.

Confidentiality serves to assure patients that information about their medical conditions and treatments will not be given to individuals without their permission.

Fidelity is the right of patients to have health professional provide services that promote patients' interests rather than their own. Ethically, the responsibilities of physicians should be directed towards the patients rather than directed at the financial well-being of the clinic.

Steps in ethical decision making

- Recognize and state the ethical dilemmas involved in each situation or case
- Collect all relevant facts including both medical as well as social or psychological aspects of the case. These facts may clarify whether the problem really does involve ethical issues or not.
- If the problem involves ethical issues, generate all possible alternatives to resolving the dilemma
- Evaluate alternatives in terms of principles that apply as well as possible consequences of the difference choices.
- Choose the best alternative and justify your choice in terms of the prioritization of ethical principles involved. Often one principle must be suspended in favor of a more compelling principle in resolving a dilemma.

Physicians must understand the principles that serve as foundations for ethical decisions in health care. The obligation to respect patient autonomy, to protect confidentiality of patient information, to serve patient welfare, and to treat patients with respect and compassion are fundamental duties for any health care professional. Use of a systematic decision-making process when ethical dilemmas arise and principles seem to compete can assist you in reaching decisions that are ethically valid.



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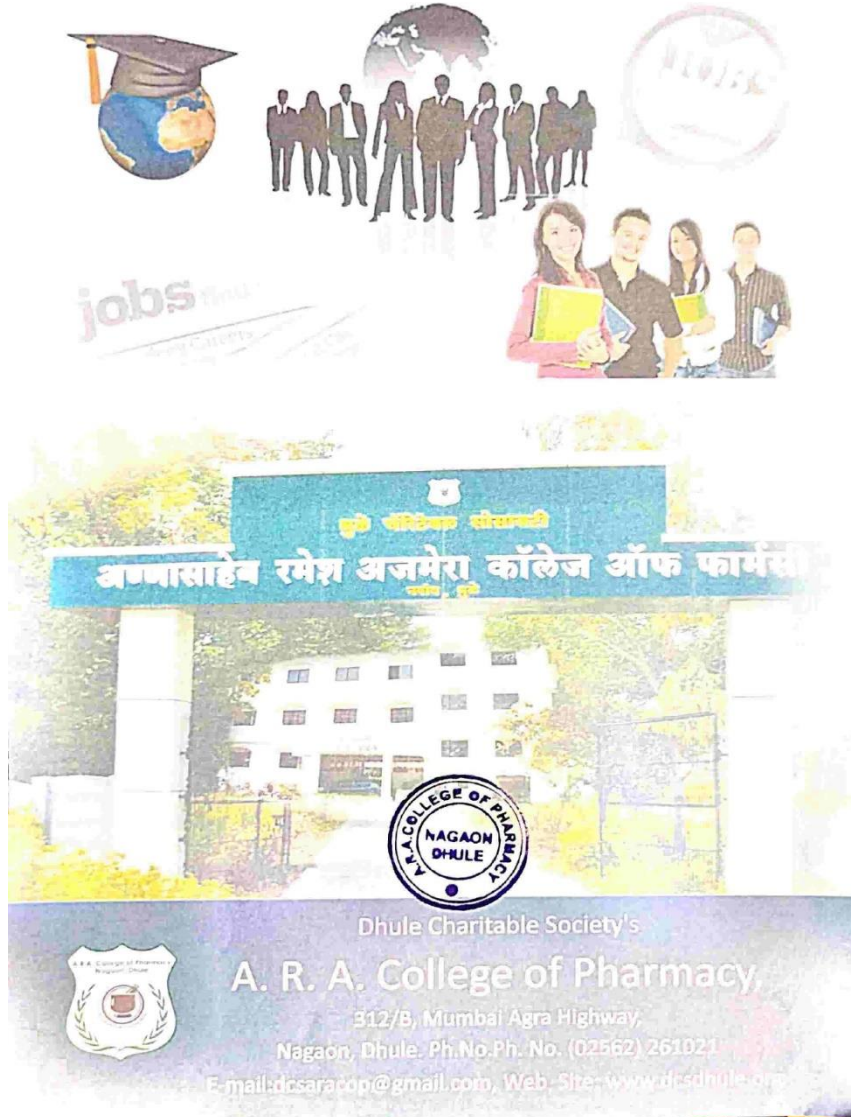
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Sr No	Name of Student	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1	Dhule Bhanu Ravindra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
2	Patil Madhendra Laxmi	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
3	Patil Mayur Bhaskarrao	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
4	Patil Nilesh Vijay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
5	Patil Nitin Rajmal	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
6	Patil Samadhan Satish	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
7	Patil Shrikant Kishor	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
8	Patil Soeha Sandip	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
9	Patil Sumit Prakash	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
10	Patil Tejash Narendra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
11	Patil Vaishnavi Bhushan	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
12	Bhadane Mayuri Pratulla	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
13	Bhagunde Sakshi Dinesh	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
14	Bharamare Rutuja Ravindra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
15	Bhavsar Divesh Pravin Kumar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
16	Bobade Sakshi Ravindra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
17	Bodke Harshada Vilas	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
18	Chaudhari Kiran Yashwanth	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P

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List of Students Enrolled 2019-20

Patent Counseling



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11	19/10/2019	Ethical decision in healthcare	Mr. P. S. Salunke	99
12	20/10/2019	Interpersonal communication	Mr. P. S. Salunke	98
13	21/10/2019	Role of physician in ethical decisions	Dr. T. J. Shaikh	97
14	22/10/2019	Foundations for ethical decisions in health care	Dr. T. J. Shaikh	97
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**Certificate Course On
Intellectual Property Rights**

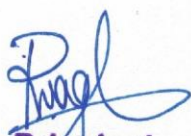
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Intellectual Property Rights

ABOUT THE COURSE

Intellectual Property is a subject of increasing global importance. Policymakers have long recognized the need for IP rights to protect the inventions and creative works of individuals and enterprises. In an age when knowledge capital, the product of the intellect, has become an increasingly important basis of social and economic progress, IP has acquired unprecedented importance, and issues relating to the generation, evaluation, protection, and exploitation of IP systems have become crucial. The IPR viz., Patent, Design, Trademark, Copyright, etc. are key components for business success and tools for enhancing the competitiveness of Industries. Intellectual Property Regime in India has been substantially refurbished after joining TRIPS by amending all IP legislations. As India is one of the rapidly growing economies in the world and plays a major role in IPR on the global IPR platform, it is necessary to develop an efficient IPR regime in the country which will result in building a strong IPR profile for the stakeholders and, in turn, for the country that will strengthen "Make In India" and "Atmanirbhar Bharat" in the long run.

In view of this, DPIIT IPR Chair and CRIP, MNLU Mumbai are organizing the comprehensive and compact "One Week Online Certificate Course on Patenting System & Procedures". The present course is bound to benefit all those engaged in manufacturing, services, business, IP education, and research by enriching their knowledge, skill, and expertise and may include legal fraternity, professionals, IP academicians, industry managers, MSME, Startups, students in IPRs and individuals and enterprises willing to protect their Patents.

The course is meticulously designed to impart detailed legal and practical knowledge on Patents and Patenting systems in India along with recent technical developments and process re-engineering that have taken place over the years.

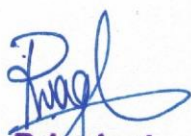
ABOUT FACULTIES

Academicians who are known for their knowledge and expertise.

WHO SHOULD JOIN?

- Pharmacy students interested in understanding the legal aspects of pharmaceutical innovations.
- Aspiring pharmaceutical researchers, patent analysts, and regulatory professionals.
- Professionals in the pharmaceutical industry seeking to expand their knowledge of intellectual property rights.
- Individuals passionate about exploring the intersection of pharmacy and legal frameworks.




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Course Fee- Nil

Course Content

Day 1 & 2 | Inauguration of the Programmed Introduction and Importance of IPRs, Evolution of Patent Law in India

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Day 5 & 6 | Types of Patent Applications, Structure of Patent Application Provisional and Complete Specification, Unity of Inventions, Sufficiency of Disclosure, Permission for Foreign Filing, Inventions using Biological Materials, Applications by Startup and MSME

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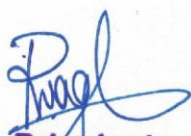
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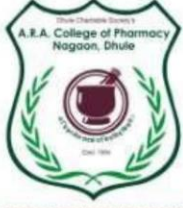


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Sr. No.	Name of Student	01/03/19	02/03/19	03/03/19	04/03/19	05/03/19	06/03/19	07/03/19	08/03/19	09/03/19	10/03/19	11/03/19	12/03/19	13/03/19	14/03/19	15/03/19
1	Aher Roshan Kalas	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
2	Ahire Jaykar Chitra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
3	Ahire Sachin Shyamrao	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
4	Ahirao Nikita Surendra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
5	Bagale Kunal Panchanath	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
6	Bagul Mohini Ravindra	A	P	P	P	P	P	P	P	P	P	P	P	P	P	P
7	Bhadage Pratik Suresh	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
8	Bhadane Vishakha Bharati	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
9	Bhanure Parinita Chandrakant	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
10	Bhanure Sarika Rajendra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
11	Bhanure Shubhangi Kaysahab	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
12	Bhiv Renu Kishor	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
13	Borse Ganesh Chandrakant	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
14	Chaudhari Gaurav Ramchandra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
15	Chaudhari Harshda Ramesh	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
16	Chaudhari Hitesh Pradip	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
17	Chaudhari Suvarna Anant	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
18	Chavan Arvind Ramesh	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P

List of Students Enrolled 2018-19
Intellectual Property Rights

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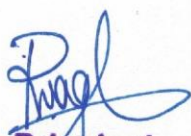
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Summary of Lectures 2018-19

Sr. No.	Date	Topic	Name of the Speaker	Total no. of Students presents
1	01/03/2019	Introduction to IPR	Mr. B. L. Deore	103
2	02/03/2019	Evaluation of Patent Law	Mr. B. L. Deore	102
3	03/03/2019	TRIPS	Mr. B. L. Deore	101
4	04/03/2019	Patentability criterion	Mr. B. L. Deore	102
5	05/03/2019	Patent Application	Mr. T. J. Shaikh	103
6	06/03/2019	Startup and MSME	Mr. T. J. Shaikh	101
7	07/03/2019	Filing of patent	Mr. T. J. Shaikh	100
8	08/03/2019	E- Filing procedure	Mr. T. J. Shaikh	100
9	09/03/2019	International Patents	Mr. H. V. Deore	100
10	10/03/2019	Drafting of patent	Mr. H. V. Deore	101
11	11/03/2019	Grant of patent	Mr. H. V. Deore	100
12	12/03/2019	Patent act	Mr. H. V. Deore	100
13	13/03/2019	Commercialization of patents	Mr. M. A. Bagul	99
14	14/03/2019	Infringement and Suits for Infringement	Mr. M. A. Bagul	104
15	15/03/2019	Summary and Valedictory	Mr. M. A. Bagul	104




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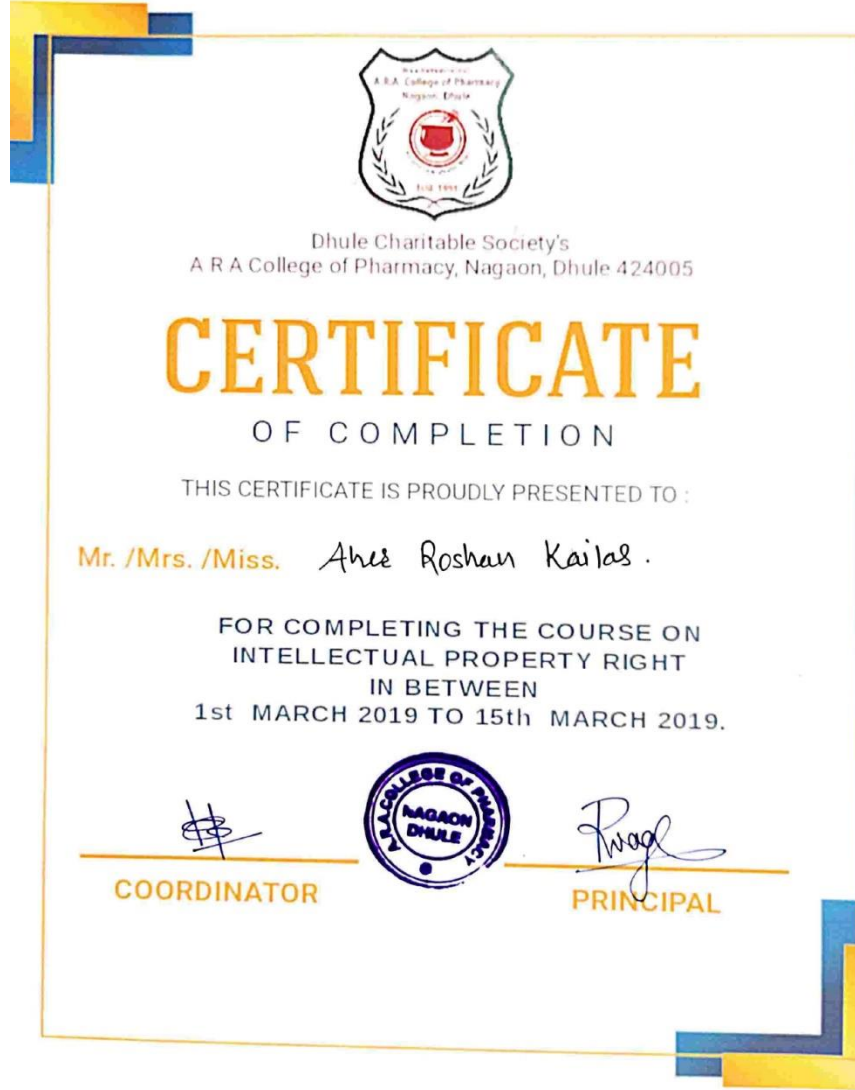
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CERTIFICATE COURSE ON YOGA

FOR ALL PHARMA ASPIRANTS

Highlights

- Aspects of Yogic Science
- Duration: 30 Hours
- Designed for aspiring Pharma students
- Covering major aspects of yoga

DATE- 14TH FEB 2020
28 FEB 2020
TIME 7.00-9.00 AM



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Certificate Course in YOGA

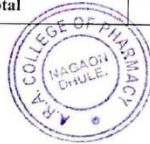
1. Name of the Certification: Certificate Course in YOGA
2. Course Objectives and Learning Outcomes:
Promoting positive health and holistic wellness,
3. Requirement/ Eligibility: For all students
4. Age: No age limit.
5. Duration of course: 30 Hrs.
6. Certification of Yoga: The candidate who has 80% attendance in the class shall be eligible for certification. Certificate to the candidate shall be issued after getting the report from the institution about the attendance of the candidate and the program conducted.
7. Scheme of Examination

THEORY

Subject Name	Marks		
	I	E	
Foundation of Yoga	30	20	50
Introduction to Human Body	30	20	50
Yoga and Allied Science	30	20	50
Total			150

PRACTICAL

Subject Name	Marks		
	I	E	
Practical – I			
(Yogasana&Meditation I)	50	30	80
Yogasana(Yogic)	10	10	20
Meditation			
Shatkarma\	10	10	20
Suksma Vyayama, Sthul	20	10	30
Vyayama, Surya Namaskar			
Pranayam	20	10	30
Bandha and Mudra	10	10	20
Total			200



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SYLLABUS

Certificate Course in Yoga (Theory)

Who should join Yoga?

All students a

Foundation of Yoga

- Yoga: Etymology, definitions, aim, objectives and misconceptions.
- Yoga: Its origin, history and development.
- Ashtanga Yoga (Yama, Niyam, Asana, Pranayama, Pratyahara, Dharna, Dhyana, Samadhi)
- Principles and Practices of Jnana Yoga, Bhakti Yoga, Karma Yoga
- Introduction of Yogic Text (Hatha Yoga Pradeepka, GherandSamhita, Patanjali Yoga Sutra)
- Principles of Hatha Yoga

Introduction to Human Body

- Basic knowledge of Human Body Skeleton; organization of body cells, tissues, Systems, membranes and glands.
- Basic Knowledge of Anatomy and Physiology of the following systems Musculoskeletal system Digestive system; Respiratory System Cardio vascular system Excretory system; Endocrine system. Nervous system

Yoga Therapy

- Yoga Therapy: Meaning and Definition, Principles and Discipline, Area and Limitation, Role of Lifestyle and Diet in Yoga Therapy, Yoga for Holistic Health, Panchkosha
- Yoga Management: - Arthritis, Cervical Spondylosis, Back Pain, Sciatica Pain, Hernia, Gynecology
- Kidney Disease, Thyroid, Obesity, Liver Related Problem, Diabetes, Constipation, Asthma,
- Hypertension, Heart Disease, Vision Defects, Insomnia, Headache, Mental Stress, Depression, Anxiety

Yoga and Allied Science

- Knowledge of Yogic Principles -Ahara, Vihar, Achar- Vichar.
- Alternative Therapy: Basic principles of Ayurveda, Naturopathy.
- Yogic concept of healthy living: Tridosha.
- Therapeutic importance of Dinacharya and Ritucarya,
- Importance of Diet (Aahara).
- Yoga as preventive and promotive health care.




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SYLLABUS

Certificate Course in Meditation and Yoga Sciences (Practical))

PRACTICAL-1

1. Yogic SukshmaVyayama, SthulaVyayama and Surya Namaskar

- Yogic SukshmaVyayama
- Yogic SthulaVyayama
- Surya Namaskara

2 Yogasana

- Standing Asana: Tadasana, Trikonasana, Urdhahastotanasana, Vrikshasana, ArdhaChakrasana, Padhastanasana, Ashwasthasana
- Sitting Asana: Padmasana, Vakrasana, Ardhamatsyendrasana, Janusirsasana, Paschimottanasana, Vajrasana, Ushtrasana, Shasankasana Gomukhasana, Mandukasana, Bhadrasana, Singhasana
- Prone Lying Asana: Bhujangasana, Shalabhasana, Dhanurasana, Makarasana
- Supine Lying Asana: Pawanmuktasana and its variation, setubandhasana, sarvangasana, ArdhaHalasana, Uttanpadasana, Halasana, Naukasana, Cakrasana, Markatasana, Shavasana.

3. Practices leading to Meditation

- Pranav and Soham Japa
- Yoga Nidra
- Chakra Meditation
- Ajapa Dharana
- Om Meditation

Practical II

Shatkarma: Knowledge and ability to perform the following Practices:

- Neti (Jal and sutra)
- Dhauti (Vaman+ Vastra)
- Nauli
- Agnisara
- Trataka
- Kapalbhati




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Pranayama

- 4.1 Breath Awareness
- 4.2 Yogic Breathing
- 4.3 Nadishodhan Pranayama
- 4.4 Suryabhedhi
- 4.5 Ujjayi
- 4.6 Shitali
- 4.7 Sitkari
- 4.8 Bhastrika
- 4.9 Bhramari

Bandha and Mudra

- 5.1 JalandharaBandha, UddiyanaBandha, MulaBandha, Tri Bandha
- 5.2 Yoga Mudra, Shanmukhi Mudra, shambhavi mudra, VipareetKarni Mudra

Practices leading to Meditation

- 6.1 Pranav and SohamJapa
- 6.2 Yoga Nidra
- 6.3 Chakra Meditation
- 6.4 AjapaDharana
- 6.5 Om Meditation



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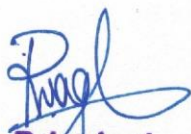
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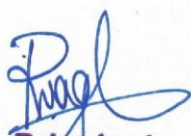
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- Individuals passionate about exploring the intersection of pharmacy and legal frameworks.




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1	Ahimsa Ashish Dipak	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
2	Radhika Laxmi Kishor	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
3	Radhika Pranjal Sunil	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
4	Bagul Bhavesh Sanjay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
5	Bagul Vikas Ramkrishna	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
6	Banshod Sanskar Chandrashekar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
7	Baviskar Harshada Dipak	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
8	Bhadane Bhau Supadu	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
9	Bhadane Hrishika Kailas	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
10	Bhanare Mohini Sunil	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
11	Bhanare Nilesh Dadaji	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
12	Bhanare Yash Dnyaneshwar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
13	Borse Ujjwal Sanjay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
14	Chaudhari Akash Ramesh	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
15	Chaudhari Akash Anil	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
16	Chaudhari Chetashree Ashok	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
17	Chaudhari Kalpesh Sanjay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
18	Chavan Nikhil Chhagan	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P

Dhule Charitable Society's Annasaheb Ramesh Ajmera College of Pharmacy, Nagaon, Dhule-424005
Intellectual Property Rights
List of Students Enrolled 2020-21



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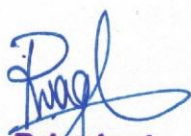
Ref No.: DCS/ARACOP/

Date:

Summary of Lectures 2020-21

Sr. No.	Date	Topic	Name of the Speaker	Total no. of Students presents
1	03/09/2020	Introduction to IPR	Dr. H. V. Deore	102
2	04/09/2020	Evaluation of Patent Law	Dr. H. V. Deore	101
3	05/09/2020	TRIPS	Dr. H. V. Deore	99
4	06/09/2020	Patentability criterion	Dr. H. V. Deore	98
5	07/09/2020	Patent Application	Dr. T. J. Shaikh	100
6	08/09/2020	Startup and MSME	Dr. T. J. Shaikh	101
7	09/09/2020	Filling of patent	Dr. T. J. Shaikh	97
8	10/09/2020	E- Filing procedure	Dr. T. J. Shaikh	95
9	11/09/2020	International Patents	Mr. M. N. Shaikh	100
10	12/09/2020	Drafting of patent	Mr. M. N. Shaikh	96
11	13/09/2020	Grant of patent	Mr. M. N. Shaikh	100
12	14/09/2020	Patent act	Mr. M. N. Shaikh	101
13	15/09/2020	Commercialization of patents	Mr. P. S. Salunke	100
14	16/09/2020	Infringement and Suits for Infringement	Mr. P. S. Salunke	99
15	17/09/2020	Summary and Valedictory	Mr. P. S. Salunke	98




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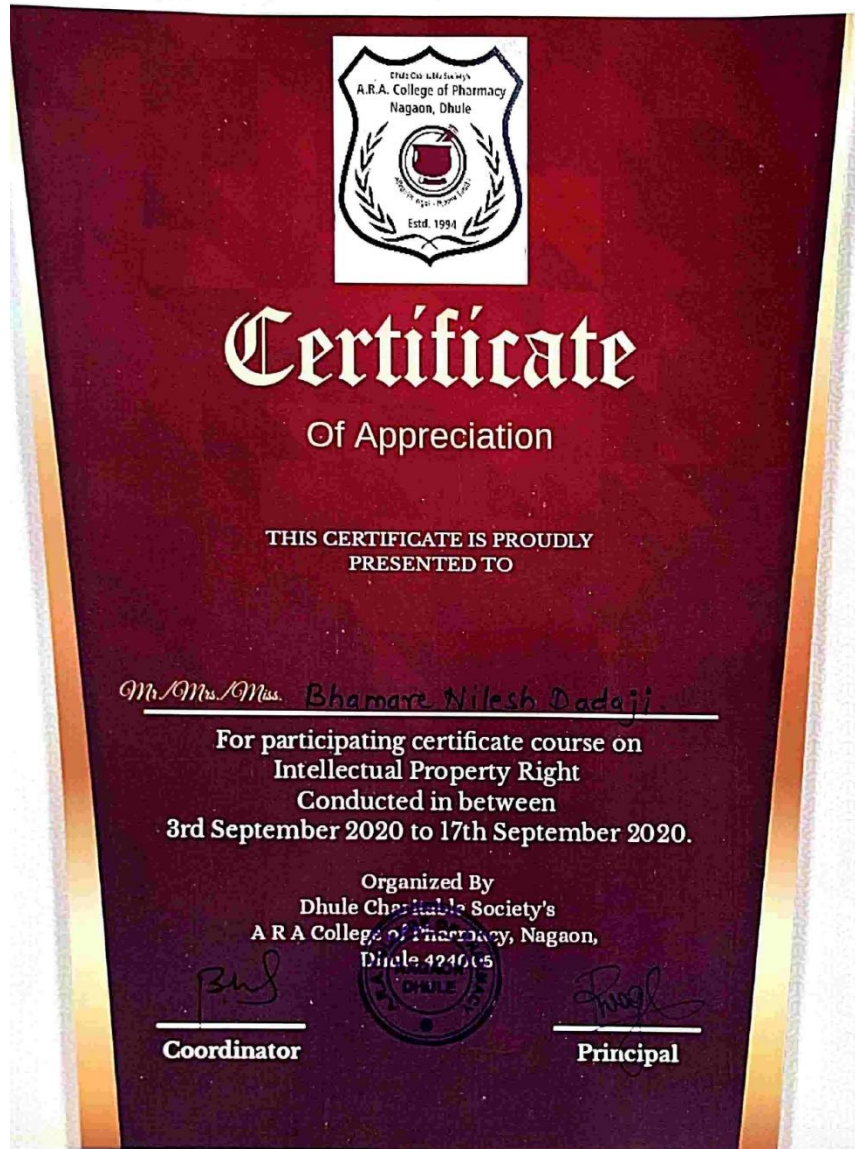
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The Flexible are Never Bend Out of Shape!



Certificate
Course on
YOGA

WHY DO YOGA?

Sleep Better - Increase energy - Improve posture -
Weight management - Learn to breathe - Become stronger



Date
31st January- 14th February 2021

Time
07.00- 9.00 AM

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Certificate Course in YOGA

1. Name of the Certification: Certificate Course in YOGA
2. Course Objectives and Learning Outcomes:
Promoting positive health and holistic wellness,
3. Requirement/ Eligibility: For all students
4. Age: No age limit.
5. Duration of course: 30 Hrs.
6. Certification of Yoga: The candidate who has 80% attendance in the class shall be eligible for certification. Certificate to the candidate shall be issued after getting the report from the institution about the attendance of the candidate and the program conducted.
7. Scheme of Examination

THEORY

Subject Name	Marks		
	I	E	
Foundation of Yoga	30	20	50
Introduction to Human Body	30	20	50
Yoga and Allied Science	30	20	50
Total			150

PRACTICAL

Subject Name	Marks		
	I	E	
Practical – I (Yogasana&Meditation I)	50	30	80
Yogasana(Yogic) Meditation	10	10	20
Shatkarma\	10	10	20
Suksma Vyayama, Sthul Vyayama, Surya Namaskar	20	10	30
Pranayam	20	10	30
Bandha and Mudra	10	10	20
Total			200



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SYLLABUS

Certificate Course in Yoga (Theory)

Who should join Yoga?

All students a

Foundation of Yoga

- Yoga: Etymology, definitions, aim, objectives and misconceptions.
- Yoga: Its origin, history and development.
- Ashtanga Yoga (Yama, Niyam, Asana, Pranayama, Pratyahara, Dharna, Dhyan, Samadhi)
- Principles and Practices of Jnana Yoga, Bhakti Yoga, Karma Yoga
- Introduction of Yogic Text (Hatha Yoga Pradeepka, GherandSamhita, Patanjali Yoga Sutra)
- Principles of Hatha Yoga

Introduction to Human Body

- Basic knowledge of Human Body Skeleton; organization of body cells, tissues, Systems, membranes and glands.
- Basic Knowledge of Anatomy and Physiology of the following systems Musculoskeletal system Digestive system; Respiratory System Cardio vascular system Excretory system; Endocrine system. Nervous system

Yoga Therapy

- Yoga Therapy: Meaning and Definition, Principles and Discipline, Area and Limitation, Role of Lifestyle and Diet in Yoga Therapy, Yoga for Holistic Health, Panchkosha
- Yoga Management: - Arthritis, Cervical Spondylosis, Back Pain, Sciatica Pain, Hernia, Gynecology
- Kidney Disease, Thyroid, Obesity, Liver Related Problem, Diabetes, Constipation, Asthma,
- Hypertension, Heart Disease, Vision Defects, Insomnia, Headace, Mental Stress, Depression, Anxiety

Yoga and Allied Science

- Knowledge of Yogic Principles -Ahara, Vihar, Achar- Vihar.
- Alternative Therapy: Basic principles of Ayurveda, Naturopathy.
- Yogic concept of healthy living: Tridosha.
- Therapeutic importance of Dincharya and Ritucarya,
- Importance of Diet (Aahara).
- Yoga as preventive and promotive health care.



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SYLLABUS

Certificate Course in Meditation and Yoga Sciences (Practical)

PRACTICAL-1

1. Yogic SukshmaVyayama, SthulaVyayama and Surya Namaskar

- Yogic SukshmaVyayama
- Yogic SthulaVyayama
- Surya Namaskara

2 Yogasana

- Standing Asana: Tadasana, Trikonasana, Urdhahastotanasana, Vrikshasana, Ardhhachakrasana, Padhastanasana, Ashwasthasana
- Sitting Asana: Padmasana, Vakrasana, Ardhamatsyendrasana, Janusirsasana, Paschimottanasana, Vajrasana, Ushtrasana, Shasankasana Gomukhasana, Mandukasana, Bhadrasana, Singhasana
- Prone Lying Asana: Bhujangasana, Shalabhasana, Dhanurasana, Makarasana
- Supine Lying Asana: Pawanmuktasana and its variation, setubandhasana, sarvangasana, Ardhalasana, Uttanpadasana, Halasana, Naukasana, Cakrasana, Markatasana, Shavasana.

3. Practices leading to Meditation

- Pranav and SohamJapa
- Yoga Nidra
- Chakra Meditation
- AjapaDharana
- Om Meditation

Practical II

Shatkarma: Knowledge and ability to perform the following Practices:

- Neti (Jal and sutra)
- Dhauti (Vaman+ Vastra)
- Nauli
- Agnisara
- Trataka
- Kapalbhati



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Pranayama

- 4.1 Breath Awareness
- 4.2 Yogic Breathing
- 4.3 Nadishodhan Pranayama
- 4.4 Suryabhedhi
- 4.5 Ujjayi
- 4.6 Shitali
- 4.7 Sitkari
- 4.8 Bhastrika
- 4.9 Bhramari

Bandha and Mudra

- 5.1 JalandharaBandha, UddiyanaBandha, MulaBandha, Tri Bandha
- 5.2 Yoga Mudra, Shanmukhi Mudra, shambhavi mudra, VipareetKarni Mudra

Practices leading to Meditation

- 6.1 Pranav and SohamJapa
- 6.2 Yoga Nidra
- 6.3 Chakra Meditation
- 6.4 AjapaDharana
- 6.5 Om Meditation

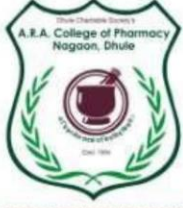



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List of Students Enrolled 2019-20

Yoga & Pranayam

Sr. No.	Name of Student	01.01.20	01.02.20	12.02.20	03.02.20	14.02.20	15.02.20	02.02.20	07.02.20	08.02.20	09.02.20	10.02.20	11.02.20	12.02.20	13.02.20	14.02.20
1	Ahite Ashwanth Vasant	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
2	Ahite Devashish Sudhakar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
3	Ahite Harikesh Utham	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
4	Akalade Nisarga Vijay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
5	Bachhav Anul Ravindra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
6	Badke Sarang Vilas	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
7	Barina Ritesh Lakhchand	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
8	Bag Harshal Ramchandrar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
9	Bagul Kapil Rajendra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
10	Bamb Mansi Mohanlal	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
11	Baviskar Poonam Sunil	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
12	Bhadane Mayuri Pratibha	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
13	Bhagunde Sakshi Dinesh	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
14	Bhannare Rutuja Ravindra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
15	Bhavsar Devesh Pravin Kumar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
16	Bodke Sakshi Ravindra	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
17	Bodke Harshada Vilas	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
18	Chaudhari Kiran Yashwant	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P



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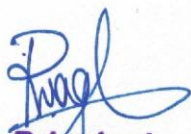
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Date:

Summary of Lectures 2019-20

Sr. No.	Date	Topic	Name of the Speaker	Total no. of Students presents
1	31-01-2020	Foundation of yoga	Dr. Rajesh Shah	99
2	01-02-2020	Introduction to human body	Dr. Rajesh Shah	101
3	02-02-2020	Yoga therapy	Dr. Rajesh Shah	101
4	03-02-2020	Ayurveda	Dr. Rajesh Shah	101
5	04-02-2020	Naturopathy	Dr. Rajesh Shah	102
6	05-02-2020	Yoga and allied science	Dr. Sanjivan Kulkarni	100
7	06-02-2020	Yoga as Preventive healthcare	Dr. Sanjivan Kulkarni	99
8	07-02-2020	Sukshma Vyayam	Dr. Sanjivan Kulkarni	99
9	08-02-2020	Suryanamaskar	Dr. Sanjivan Kulkarni	100
10	09-02-2020	Yogasana	Dr. Sanjivan Kulkarni	102
11	10-02-2020	Practice leading to meditation	Mr. Sanjay Deore	101
12	11-02-2020	Shatkarma	Mr. Sanjay Deore	102
13	12-02-2020	Pranayama	Mr. Sanjay Deore	102
14	13-02-2020	Bandha And Mudras	Mr. Sanjay Deore	102
15	14-02-2020	Practices leading to meditation and summary	Mr. Sanjay Deore	101




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Dhule 424005*

CERTIFICATE *Of Completion*

This is to certify that

Mr./Mrs./Miss. *Banshal Poonam Sunil*.

*Has successfully completed certificate course in YOGA
In between 31st January 2021 to 14th February 2021*

Cordinator



Principal



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quality education and training and to have a high level of
high level of quality and to have a high level of quality

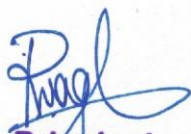
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Intellectual Property Rights

ABOUT THE COURSE

Intellectual Property is a subject of increasing global importance. Policymakers have long recognized the need for IP rights to protect the inventions and creative works of individuals and enterprises. In an age when knowledge capital, the product of the intellect, has become an increasingly important basis of social and economic progress, IP has acquired unprecedented importance, and issues relating to the generation, evaluation, protection, and exploitation of IP systems have become crucial. The IPR viz., Patent, Design, Trademark, Copyright, etc. are key components for business success and tools for enhancing the competitiveness of Industries. Intellectual Property Regime in India has been substantially refurbished after joining TRIPS by amending all IP legislations. As India is one of the rapidly growing economies in the world and plays a major role in IPR on the global IPR platform, it is necessary to develop an efficient IPR regime in the country which will result in building a strong IPR profile for the stakeholders and, in turn, for the country that will strengthen "Make In India" and "Atmanirbhar Bharat" in the long run.

In view of this, DPIIT IPR Chair and CRIP, MNLU Mumbai are organizing the comprehensive and compact "One Week Online Certificate Course on Patenting System & Procedures". The present course is bound to benefit all those engaged in manufacturing, services, business, IP education, and research by enriching their knowledge, skill, and expertise and may include legal fraternity, professionals, IP academicians, industry managers, MSME, Startups, students in IPRs and individuals and enterprises willing to protect their Patents.

The course is meticulously designed to impart detailed legal and practical knowledge on Patents and Patenting systems in India along with recent technical developments and process re-engineering that have taken place over the years.

ABOUT FACULTIES

Academicians who are known for their knowledge and expertise.

WHO SHOULD JOIN?

- Pharmacy students interested in understanding the legal aspects of pharmaceutical innovations.
- Aspiring pharmaceutical researchers, patent analysts, and regulatory professionals.
- Professionals in the pharmaceutical industry seeking to expand their knowledge of intellectual property rights.
- Individuals passionate about exploring the intersection of pharmacy and legal frameworks.



Rajendra D. Wagh

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Course Fee- Nil

Course Content

Day 1 & 2 | Inauguration of the Programmed Introduction and Importance of IPRs, Evolution of Patent Law in India

Day 3 & 4 | TRIPS Agreement & Indian Patent Act (as amended), Flexibilities Under TRIPS; Patentability Criteria; Non-Patentable Subject Matters.

Day 5 & 6 | Types of Patent Applications, Structure of Patent Application Provisional and Complete Specification, Unity of Inventions, Sufficiency of Disclosure, Permission for Foreign Filing, Inventions using Biological Materials, Applications by Startup and MSME

Day 7 & 8 | Filing of Patent application in India - Forms, Fees, and Documents required, E-Filing Procedure, Power of Attorney, Post-dating, and Withdrawal of Application

Day 9 & 10 | International Patent Classification, Prior Art Search, International Filing system under PCT System; Drafting of Patent Specifications and Claims

Day 11 & 12 | Interpretation, Amendments & Scope of Claims with examples, Processing of Patent Application- Publication, Request for Examination, Secrecy Directions, Normal & Expedited Examination of application, Pre-Grant Opposition, Amendments in Application, Specification & Claims

Day 13 & 14 | Grant of Patent, Renewal & Restoration of Patents, Working of Patent, Post-Grant opposition, Revocation of Patents, register of patents, Penalties under the Patent Act, Licensing and Assignment, Compulsory Licenses, and other public interest provisions under the Patents Act, Appeals to the High Court

Day 15 | Infringement and Suits for Infringement, Actions not amounting to Infringement Relief and Defenses in suits for Infringement, Important Decisions in Patents, Commercialization of Patents in India Valedictory




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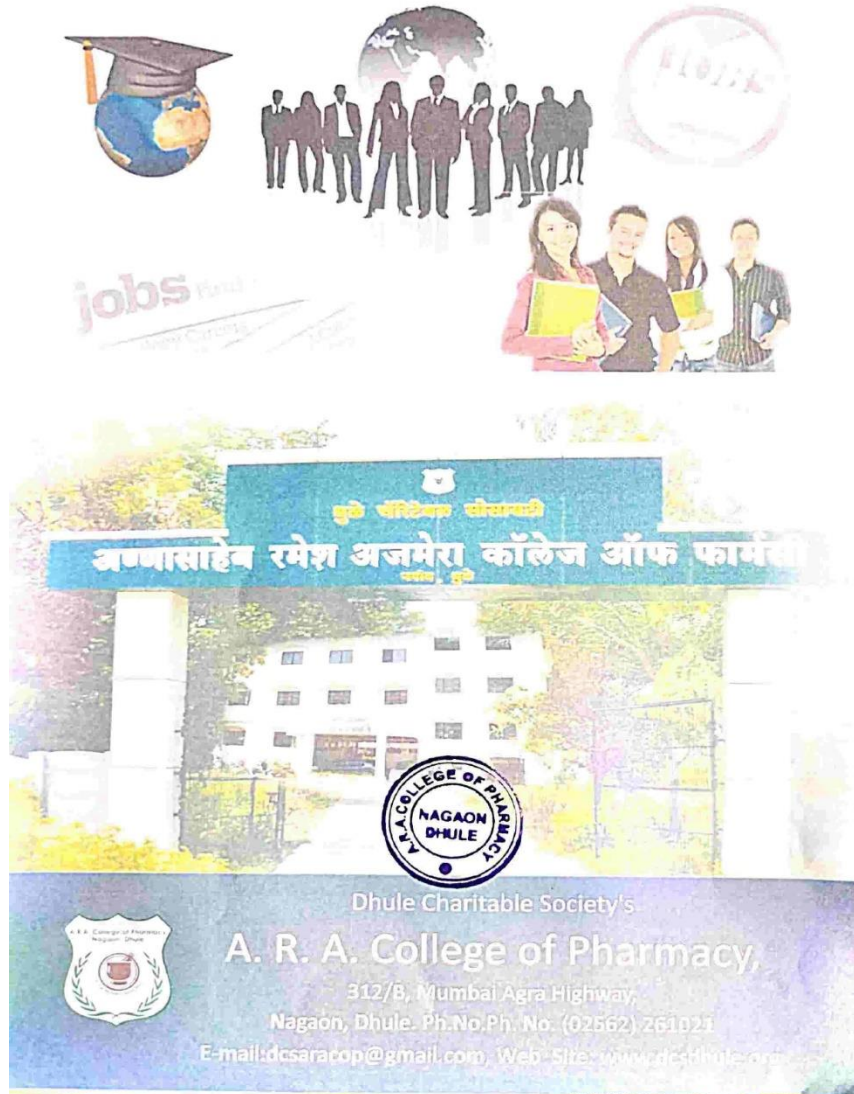
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Dr. Rajendra D. Wagh

(M.Pharm. Ph.D.)

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Summary of Lecture 2021-22

Sr. No.	Date	Topic	Name of the Speaker	Total no. of Students presents
1	04/10/2021	Introduction to IPR	Mr. P. S. Salunke	100
2	05/10/2021	Evaluation of Patent Law	Mr. P. S. Salunke	99
3	06/10/2021	TRIPS	Mr. P. S. Salunke	99
4	07/10/2021	Patentability criterion	Mr. P. S. Salunke	98
5	08/10/2021	Patent Application	Mr. M. N. Shaikh	100
6	09/10/2021	Startup and MSME	Mr. M. N. Shaikh	97
7	10/10/2021	Filling of patent	Mr. M. N. Shaikh	96
8	11/10/2021	E- Filing procedure	Mr. M. N. Shaikh	98
9	12/10/2021	International Patents	Mr. B. L. Deore	98
10	13/10/2021	Drafting of patent	Mr. B. L. Deore	97
11	14/10/2021	Grant of patent	Mr. B. L. Deore	98
12	15/10/2021	Patent act	Mr. B. L. Deore	97
13	16/10/2021	Commercialization of patents	Mr. M. A. Bagul	99
14	17/10/2021	Infringement and Suits for Infringement	Mr. M. A. Bagul	100
15	18/10/2021	Summary and Valedictory	Mr. M. A. Bagul	100



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Sr. No.	Name of Student	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	Adhve Dptl Ashok																		
2	Ansari Muhammad Arsalan Muhammad Gufan																		
3	Bagul Harshada Sunil																		
4	Bagal Neha Jyendra																		
5	Baviskar Bhunika Suresh																		
6	Baviskar Chinmayi Dipak																		
7	Bhadange Yash Dhammaraj																		
8	Bhadane Kshiti Pravin																		
9	Bhadane Rohit Sanjay																		
10	Bhanare Dhanashri Suresh																		
11	Bhavsar Dhananjay Sanjay																		
12	Bhoi Swapna Babu																		
13	Biradi Jagdish Tulsidass																		
14	Chaudhari Darshana Yogesh																		
15	Chavan Akash Ramesh																		
16	Chavan Pranjwal Madhavrao																		
17	Chavan Rahul Ravindra																		
18	Chete Ajinkya Ganesh																		

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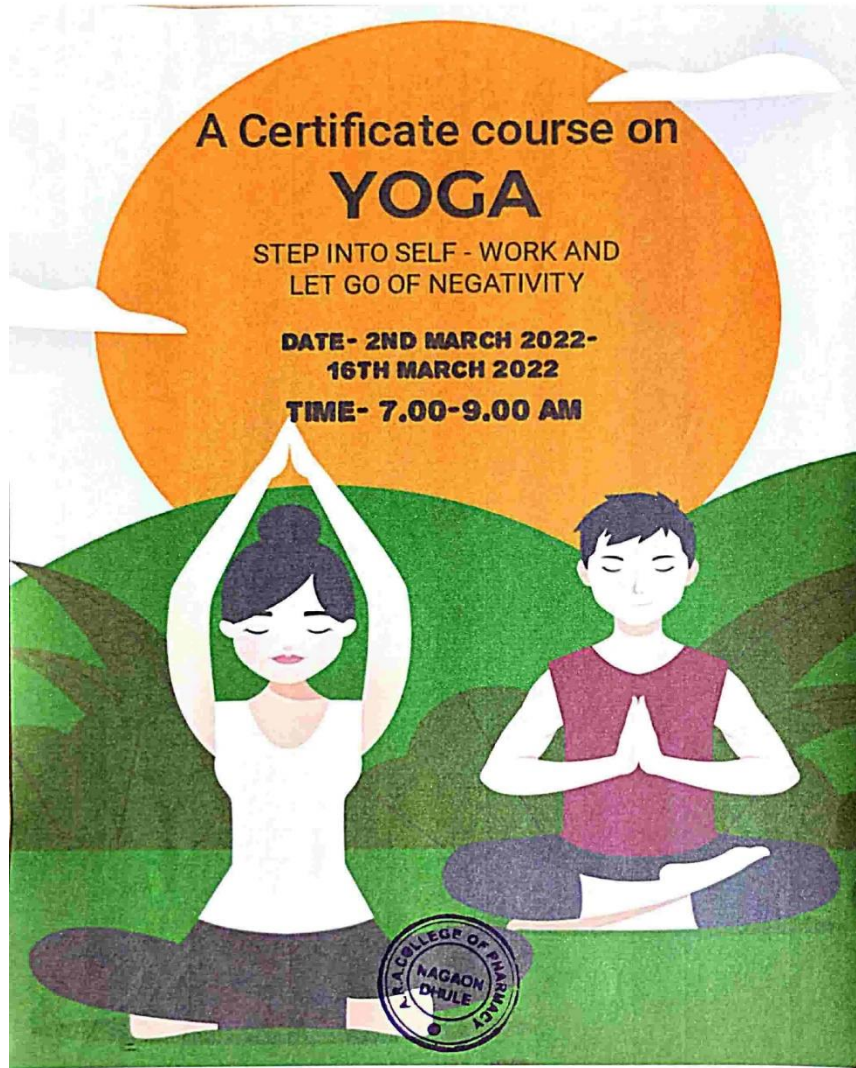
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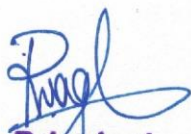
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Certificate Course in YOGA

1. Name of the Certification: Certificate Course in YOGA
2. Course Objectives and Learning Outcomes:
Promoting positive health and holistic wellness.
3. Requirement/ Eligibility: For all students
4. Age: No age limit.
5. Duration of course: 30 Hrs.
6. Certification of Yoga: The candidate who has 80% attendance in the class shall be eligible for certification. Certificate to the candidate shall be issued after getting the report from the institution about the attendance of the candidate and the program conducted.
7. Scheme of Examination

THEORY

Subject Name	Marks		
	I	E	
Foundation of Yoga	30	20	50
Introduction to Human Body	30	20	50
Yoga and Allied Science	30	20	50
Total			150

PRACTICAL

Subject Name	Marks		
	I	E	
Practical – I			
(Yogasana&Meditation I)	50	30	80
Yogasana(Yogic)	10	10	20
Meditation			
Shatkarma\	10	10	20
Suksma Vyayama, Sthul	20	10	30
Vyayama, Surya Namaskar			
Pranayam	20	10	30
Bandha and Mudra	10	10	20
Total			200



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SYLLABUS

Certificate Course in Yoga (Theory)

Who should join Yoga?

All students a

Foundation of Yoga

- Yoga: Etymology, definitions, aim, objectives and misconceptions.
- Yoga: Its origin, history and development.
- Ashtanga Yoga (Yama, Niyam, Asana, Pranayama, Pratyahara, Dharna, Dhyana, Samadhi)
- Principles and Practices of Jnana Yoga, Bhakti Yoga, Karma Yoga
- Introduction of Yogic Text (Hatha Yoga Pradheepka, GherandSamhita, Patanjali Yoga Sutra)
- Principles of Hatha Yoga

Introduction to Human Body

- Basic knowledge of Human Body Skeleton; organization of body cells, tissues, Systems, membranes and glands.
- Basic Knowledge of Anatomy and Physiology of the following systems Musculoskeletal system Digestive system; Respiratory System Cardio vascular system Excretory system; Endocrine system. Nervous system

Yoga Therapy

- Yoga Therapy: Meaning and Definition, Principles and Discipline, Area and Limitation, Role of Lifestyle and Diet in Yoga Therapy, Yoga for Holistic Health, Panchkosha
- Yoga Management: - Arthritis, Cervical Spondylosis, Back Pain, Sciatica Pain, Hernia, Gynecology
- Kidney Disease, Thyroid, Obesity, Liver Related Problem, Diabetes, Constipation, Asthma,
- Hypertension, Heart Disease, Vision Defects, Insomnia, Headache, Mental Stress, Depression, Anxiety

Yoga and Allied Science

- Knowledge of Yogic Principles -Ahara, Vihar, Achar- Vihar.
- Alternative Therapy: Basic principles of Ayurveda, Naturopathy.
- Yogic concept of healthy living: Tridosha.
- Therapeutic importance of Dincharya and Ritucarya,
- Importance of Diet (Aahara).
- Yoga as preventive and promotive health care.



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SYLLABUS

Certificate Course in Meditation and Yoga Sciences (Practical))

PRACTICAL-I

1. Yogic SukshmaVyayama, SthulaVyayama and Surya Namaskar

- Yogic SukshmaVyayama
- Yogic SthulaVyayama
- Surya Namaskara

2 Yogasana

- Standing Asana: Tadasana, Trikonasana, Urdhahastotanasana, Vrikshasana, ArdhaChakrasana, Padhastanasana, Ashwasthasana
- Sitting Asana: Padmasana, Vakrasana, Ardhamatsyendrasana, Janusirsasana, Paschimottanasana, Vajrasana, Ushtrasana, Shasankasana Gomukhasana, Mandukasana, Bhadrasana, Singhasana
- Prone Lying Asana: Bhujangasana, Shalabhasana, Dhanurasana, Makarasana
- Supine Lying Asana: Pawanmuktasana and its variation, setubandhasana, sarvangasana, ArdhaHalasana, Uttanpadasana, Halasana, Naukasana, Cakrasana, Markatasana, Shavasana.

3. Practices leading to Meditation

- Pranav and Soham Japa
- Yoga Nidra
- Chakra Meditation
- Ajapa Dharana
- Om Meditation

Practical II

Shatkarma: Knowledge and ability to perform the following Practices:

- Neti (Jal and sutra)
- Dhauti (Vaman+ Vastra)
- Nauli
- Agnisara
- Trataka
- Kapalbhati




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Pranayama

- 4.1 Breath Awareness
- 4.2 Yogic Breathing
- 4.3 Nadishodhan Pranayama
- 4.4 Suryabhedhi
- 4.5 Ujjayi
- 4.6 Shitali
- 4.7 Sitkari
- 4.8 Bhastrika
- 4.9 Bhramari

Bandha and Mudra

- 5.1 JalandharaBandha, UddiyanaBandha, MulaBandha, Tri Bandha
- 5.2 Yoga Mudra, Shanmukhi Mudra, shambhavi mudra, VipareetKarni Mudra

Practices leading to Meditation

- 6.1 Pranav and SohamJapa
- 6.2 Yoga Nidra
- 6.3 Chakra Meditation
- 6.4 AjapaDharana
- 6.5 Om Meditation



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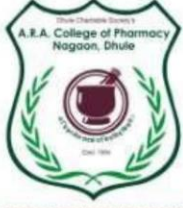


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Sr. No.	Name of Student	02/03/22	03/03/22	04/03/22	05/03/22	06/03/22	07/03/22	08/03/22	09/03/22	10/03/22	11/03/22	12/03/22	13/03/22	14/03/22	15/03/22	16/03/22
1	Ahire Kalyani Sajjan	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
2	Ahirmo Akshay Dipak	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
3	Badgajur Leena Kishor	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
4	Badgajur Pranjal Sunil	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
5	Bagul Bhavesh Sandip	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
6	Bagul Vikas Ramkrishna	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
7	Banethod Suresh Chandrashekhar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
8	Baviskar Harshada Dipak	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
9	Bhadane Bhau Supadu	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
10	Bhanare Hrishika Kailas	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
11	Bhanare Nilesh Dadaji	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
12	Bhanare Yash Dnyaneshwar	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
13	Borse Ujjwal Sanjay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
14	Chaudhari Akash Ramesh	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
15	Chaudhari Akash Anil	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
16	Chaudhari Chaturjee Ashok	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
17	Chaudhari Kalpesh Sanjay	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
18	Chavan Nikhil Chhagan	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P

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Yoga & Pranayam

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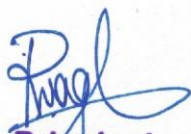
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PATIENT COUNSELLING SYLLABUS

Who Should Attend:

- Pharmacy students aspiring to excel in patient care and medication counselling.
- Practicing pharmacists looking to enhance their patient counselling skills and knowledge.
- Healthcare professionals seeking a specialization in pharmacy patient counselling.
- Individuals passionate about providing personalized guidance and support to patients in pharmacy setting.

Communication is the transfer of information meaningful to those involved. It is the process in which messages are generated and sent by one person and received and translated by another person. However, the meaning generated by the receiver can be different from the sender's intended message.

The communication process between health professionals and patients serves two primary functions.

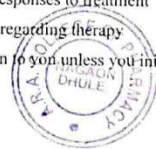
1. It establishes an ongoing relationship between the professional and the patient.
2. It provides the exchange of information necessary to assess a patient's health condition, implement treatment of medical problems, and evaluate the effects of treatment on a patient's quality of life.

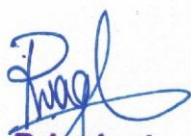
The healthcare professional must be able to

- understand the illness experience of the patient
- perceive each patient's experience as unique
- foster a more egalitarian relationship with patients
- build a therapeutic alliance with patients to meet mutually understood goals of therapy
- develop self-awareness of personal effects on patients

The healthcare professional should encourage patients to share experiences with therapy because

- they have unanswered questions
- they have misunderstandings
- they experience problems to therapy
- they can "monitor" their own responses to treatment
- they make their own decisions regarding therapy
- they may not reveal information to you unless you initiate a dialogue




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Interactive communication involves dialogue with patients involving health condition or treatment. Patients are engaged in conversation so practical matters are covered by the doctor. **Empathy** is the ability to see the world through another person's eyes and perceive his or her emotions.

The meaning of the message is influenced by the receiver's perception of the message. Therefore, it is important to remember the following points when communicating with others.

1. Always anticipate different perceptions in the communication process.
2. Try to be aware of stereotypes you hold that may influence your perception of others and also be aware of stereotypes others have on you.
3. Ask for feedback from the receiver about how well your intended message was received.
4. Provide feedback to the sender to check your perception of the message and make sure you understood correctly.

Barriers to effective communication include physical, psychological, administrative or time conflict. Such conflicts prevent effective communication from being established.

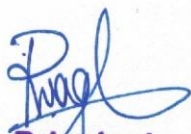
Environmental barriers such as a lack of privacy or furniture that creates physical barriers between patients and doctors/pharmacists can prevent effective communication. Environmental barriers are examples of physical barriers.

Semantics relate to meanings of words and symbols used in interpersonal communication. Words only contain meaning in terms of people's reactions to them. Words can also have multiple meanings. Therefore, effective patient communication requires the use of words that are carefully chosen. Jargon should be clearly defined or avoided. Semantics is an example of a psychological barrier.

Perception is how a message is perceived by a patient. The patient may view the doctor as only being interested in diseases, drugs and money, not people. If the patient views the doctor as being incompetent or uncaring, he/she is less likely to trust the doctor's advice. Perception is an example of a psychological barrier.

Negative attitude from doctors or pharmacists are usually caused by a lack of confidence and low self-esteem. Communication is far from ideal all the time, and doctors or pharmacists should strive to improve their skills through practice. Many doctors believe that it is not their job to counsel their patients, but it is. Negative attitude is an example of a psychological barrier.




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Personal barriers include low self-confidence, shyness, dysfunctional internal monologue, lack of objectivity, cultural differences, discomfort in sensitive situations, and conflicting values to healthcare practice.

Administrative barriers such as management may view the lack of money compensated for communication as a reason not to communicate. More money is made by prescribing medication, not caring for patients.

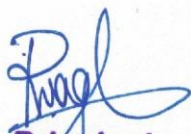
Time barriers are interlinked with administrative barriers because management is responsible for staffing levels as well as allocation of work duties. Time limits are very common when it comes to pharmacists and patients. Time restraints are often excuses not to counsel, though it often does not take very long.

Interpersonal communication, because of its complexity and human involvement, is a fragile process. Messages become helpful to the patient only when they are accurately received and understood. If messages are distorted or incorrect, they could be harmful to the patient and prevent a positive patient outcome. It is important to understand these potential communication barriers so a strategy could be developed to minimize or remove them.

To conduct a more efficient patient interview

- Avoid making recommendations during the information-gathering phases of the interview. Such recommendations prevent the patient from giving you all the needed information and can interfere with your ability to grasp the big picture of patient need.
- Similarly, do not jump to conclusions or rapid solutions without hearing all of the facts.
- Do not shift from one subject to another until each subject has been followed through.
- Guide the interview using a combination of open ended and closed ended questions.
- Similarly, keep your goals clearly in mind, but do not let them dominate how you go about the interview.
- Determine the patient's ability to learn specific information in order to guide you in your presentation of the material. Reading ability, language proficiency, and vision or hearing impairment all would influence the techniques you use in interviewing and counseling a patient.
- Maintain objectivity by not allowing the patient's attitudes, beliefs, or prejudices to influence your thinking.
- Be aware of the patient's nonverbal messages.
- Depending on your relationship with patient, move on from less personal to more personal topics. This may remove some of the patient's initial defensiveness.
- Note taking should be as brief as possible.




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(M.Pharm. Ph.D.)

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Assertiveness is a style of response that focuses on resolving conflicts in relationships in an atmosphere of mutual respect. To be assertive, each person must be able to directly and honestly convey their opinions. This type of communication allows people to stand up for their rights without infringing on the rights of others.

False assumptions about patient understanding and medication adherence

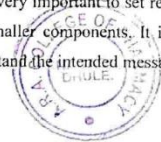
- Do not assume that previous physicians have already discussed with patients the medications they prescribe. In fact, one study found that physicians frequently omit critical information.
- Do not assume patients understand all information given.
- Do not assume that if patients understand what is required, they are able to take medication correctly. Medication regimens take time to get adjusted to.
- Do not assume that patients don't take medication because they don't care or aren't motivated. These assumptions prevent you from focusing on their real problems.
- Do not assume that once patients have problems they will contact you. Doctors need to constantly initiate interaction by asking open-ended questions.
- Patients must not only know key points of information about their medication but also perform specific behaviors (taking medication at certain time, using an inhaler properly, etc) to optimize therapeutic outcomes. Doctors must assess patient knowledge about medication and educate them regarding essential information.

Liability is a legal obligation that arises when a duty owed is breached.

Negligence or malpractice is a professional's failure to exercise an accepted level of skill and knowledge, which results in harm to a client or patient. Compensation is usually sought from doctor negligence.

Communication with special patients

- The Elderly account for 30% of all prescription medication taken in the United States and 40% of all OTC medication. As a group, sometimes the aging process affects certain elements of the communication process in some older adults. In certain individuals, the aging process affects the learning process, but not the ability to learn. Some older adults learn at a slower rate than younger persons. They have the ability to learn but they process information at a different rate. The elderly might also have problems such as poor vision, speech or hearing. Therefore, it is very important to set reasonable short-term goals, and break down learning tasks into smaller components. It is also important to encourage feedback as to whether they understand the intended message.



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Annasaheb Ramesh Ajmera
College of Pharmacy, Nagaon, Dhule

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President
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- Terminally Ill patients are usually intimidating to work with because people do not want to say the "wrong" things that would upset them. Before interacting with them, be aware of your own feelings about death and about interacting with terminally ill patients. Simply being honest with them can improve their interaction with them. It will also open them up to voice out their concerns as well. Many terminally ill patients know that they can make others feel uncomfortable. You should not avoid talking to them unless you sense that they do not want to talk. Not interacting with them only contributes further to their isolation and may reaffirm that talking about death is uncomfortable.
- Patients with AIDS are not only dealing with life threatening diseases, but also the social stigmas that often accompany their conditions. The key is not to treat them as different from others. Due to the advent of highly effective antiretroviral therapy, health professionals should adjust their thinking to perceive HIV infections as a chronic condition rather than a terminal disease.
- Patients who are mentally ill can be difficult to communicate with. Open-ended questions would be more effective as they can be used to determine the patient's cognitive abilities. Ethical considerations include whether they require consent from the patient for treatment. Mentally Ill Patients might not always understand their treatments or medication purposes.

Communication with Children

- Attempt to communicate at the child's developmental level
- Ask open-ended questions rather than questions requiring only a yes or no response
- Use simple declarative sentences for all children
- Ask the child whether he or she has questions for you
- Augment verbal communication with written communication
- Nonverbal communication is very important with children therefore be aware of your facial expressions, tone of voice, gestures, and so on.

Children want to know. Healthcare professionals should communicate directly with children about medicines and treatment.

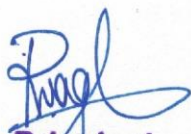
Ethical principles

Beneficence is the principle that health professionals should act in the best interest of the patient.

Autonomy is the principle that establishes patient rights to self-determination- to choose what will be done to them.

Honesty principle states that patients have the right to the truth about their medical condition, the course of disease, the treatments recommended and the alternative treatments available.




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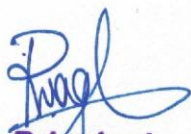
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Summary of Lectures 2022-23

Sr. No.	Date	Topic	Name of the Speaker	Total no. of Students presents
1	09/02/2022	Introduction and need	Dr. H. V. Deore	98
2	10/02/2022	Communication	Dr. H. V. Deore	98
3	11/02/2022	Communication during drug therapy	Dr. H. V. Deore	100
4	12/02/2022	Listening	Dr. H. V. Deore	99
5	13/02/2022	Nonverbal communication	Mr. H. D. Mahajan	100
6	14/02/2022	Barriers	Mr. H. D. Mahajan	100
7	15/02/2022	Ethical principles	Mr. H. D. Mahajan	99
8	16/02/2022	Communication with special patient	Mr. H. D. Mahajan	98
9	17/02/2022	False assumption about patient	Mr. P. S. Salunke	100
10	18/02/2022	Steps in ethical decision making	Mr. P. S. Salunke	96
11	19/02/2022	Ethical decision in healthcare	Mr. P. S. Salunke	99
12	20/02/2022	Interpersonal communication	Mr. P. S. Salunke	98
13	21/02/2022	Role of physician in ethical decisions	Dr. T. J. Shaikh	97
14	22/02/2022	Foundations for ethical decisions in health care	Dr. T. J. Shaikh	97
15	23/02/2022	Summary and valedictory	Dr. T. J. Shaikh	96




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Dhule Charitable Society's
A R A College of Pharmacy, Nagaon, Dhule 424005

CERTIFICATE

This certificate is presented to

Mr. Miss. Wagh Bhagyashai Mahazu

For participating in a certificate course in Patient counselling
conducted in between
9th Feb 2022 to 23rd Feb 2022



D.R.S.
Cordinator

R. Wagh
Principal



R. Wagh
Principal
Dhule Charitable Society's
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College of Pharmacy, Nagaon, Dhule