The increased emergence of drug resistance and the problem of mycobacterial persistence is threatening the efforts at TB control, especially in countries lacking the necessary health care organization like the African and Asian subcontinent. The TB burden in India is still staggering. Every year, 1.8 million persons develop the disease, of which about 800,000 are infectious; and, until recently, 370,000 died of it annually 1,000 every day. The disease is a major barrier to social and economic development. Society and the country also incur a huge cost. Recently, 4 patients from India with “totally drug resistant” tuberculosis (“TDR-TB”) were described.

XDR-TB treatment is often destined to fail because, there are very few categories of drugs left to which these patients will still respond.

Treatment of MDR and XDR TB is lab and labor intensive and should only be undertaken by a specialist, ideally in a few designated centers of excellence. TB drug sensitivity testing is one of the most neglected aspects of TB control. A quick diagnosis of MDR and XDR-TB translates into greater likelihood of patient cure and less spread of this potentially lethal strain thus benefiting individual and society.

Finally, new classes of drugs are needed urgently. There are some promising new candidates at clinical trial stage (Diarylquinoline TMC207, Nitroimidazolyl PA-824, Diamine SQ-199 to name the three most promising), and after decades of neglect global funds and attention has again focused on tuberculosis.

The notable steps by Government of India will facilitate early diagnosis and rational treatment, prevention of complications and drug resistance, and reduce deaths due to TB. It will help the healthcare providers offer better linkages for quality diagnostic and treatment services to the TB patients. It would also enable the National TB Control Program to realistically estimate TB disease burden, plan resources and control measures commensurate with the actual burden of disease.

But still a lot has to be done and the special invitees will highlight all these aspects and try to discuss solutions to this grave problem. These will include:

1. Research being done by scientists on the synthesis of new molecules
2. Work done by immunologists and microbiologists for early diagnosis and to check drug sensitivity and means to increase susceptibility to drugs
3. Work being done by medical profession for its control especially with the advent of AIDS
4. Contribution by government institutions and social organizations for its prevention and eradication
5. Research done by scientists on formulation aspects
S C O P
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Sinhgad Technical Education Society (STES) was established in the year 1993 by Prof. M. N. Navale with the objective of evolving quality education in the field of Engineering, Education, Management, Computer, Architecture, Health, Science, Pharmacy and basic school education from kindergarten onwards.

There are 110 Institutes under the aegis of STES offering full-fledged school education, diploma, graduation & post-graduation courses in various disciplines. Presently STES is having 12 educational campuses at Vaigaon(Bk.), Narhe-Ambegaon(Bk.), Kondhwa, Erandwane in Pune, at Kusgaon (Bk.), in Lonavala, and at Kondhlapuri near Shirur two more campuses are coming up. These education centers are ideally located in pollution free, lush green and picturesque environment, conducive for learning.

The Institutes under the STES are recognized by the concerned statutory bodies & meticulously fulfill the norms and standards laid down by them.

The society has established a centralized placement cell in Pune campus and regional placement cell in each of the institutes/colleges.

Traditional form of teaching is more often lecture based and students tend to become passive learners with minimal retention and are many times unable to apply the knowledge in their profession. In contrast to this, the curriculum of Problem Based Learning (PBL) consists of carefully selected and designed problems that demand from the learner acquisition of critical knowledge, problem solving proficiency, self-directed learning strategies, team participation as well as effective communication skills. Problems discussed are interdisciplinary in nature and students are only given guidelines to approach problem. Instructors serve as guides or coaches for authentic assessment of direction of work. Finally, it is the students who solve the problems.

PBL is an instructional method that challenges students to "Learn to Learn," working cooperatively in groups to seek solutions to real world problems. PBL can help students to develop reasoning and critical thinking skills.

Objective of this seminar:

- Explain the theory and practice of Problem Based Learning (PBL).
- Engage faculty in considering PBL as an instructional strategy.
- Discuss how to plan and conduct effective PBL sessions.

Guest Speakers:

Dr. S. Y. Gabhe, Professor, Pharmaceutical Chemistry, Poona College of Pharmacy, Erandwane, Pune

Dr. Krishna Priya Mohan Raj, Professor and HOD, Pharmaceutical Analysis, NMIMS, Mumbai

Dr. Sandeep S. Inamdar, Principal & Secretary, Vishwaniketan Institute of Management Entrepreneurship and Engineering Technology, Raigad

Dr. Jotsna Madan, Asso. Professor, Pharmaceutics, SKN College of Pharmacy, Kondhwa, Pune

Dr. Dias Remeth, Professor, Pharmacology, Yashoda Technical Campus, Satara

Dr. Kalpna Joshi, Professor & Head, Dept. of Biotech, SCOIE, Pune

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☐ MDR/XDR Tuberculosis: 10th to 12th August 2013
☐ Problem Based Learning 13th and 14th August 2013

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Registration Details:
Registration by D.D. in favour of “Principal, Sinhgad College of Pharmacy, Pune 41.”
Enclose D.D. with this form.
The number of seats is limited to 50, therefore, registration of the delegates will be on first come first basis. Candidates should send this filled registration form as E-Mail attachment on or before 5th August 2013.

Signature of Participant ____________________________
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Registration Charges Rs. 150/-
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