SYLLABUS
for
III - MBBS
(Part - II)

2014-15
# INDEX

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General Medicine</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Pediatrics</td>
<td>47</td>
</tr>
<tr>
<td>3</td>
<td>Pulmonary Medicine</td>
<td>64</td>
</tr>
<tr>
<td>4</td>
<td>Psychiatry</td>
<td>70</td>
</tr>
<tr>
<td>5</td>
<td>Skin &amp; VD</td>
<td>74</td>
</tr>
<tr>
<td>6</td>
<td>General Surgery</td>
<td>79</td>
</tr>
<tr>
<td>7</td>
<td>Obstetrics and Gynaecology</td>
<td>95</td>
</tr>
<tr>
<td>8</td>
<td>Orthopaedics</td>
<td>108</td>
</tr>
<tr>
<td>9</td>
<td>Anaesthesiology</td>
<td>124</td>
</tr>
<tr>
<td>10</td>
<td>Radiology</td>
<td>129</td>
</tr>
</tbody>
</table>
PULMONARY
MEDICINE
1. GOALS:

The main aim of teaching the undergraduate students in Tuberculosis is to impart such knowledge and skill that may enable him/her to diagnose and manage common elements affecting the chest with the special emphasis on management and prevention of Tuberculosis, especially National TB control Programme and DOTS.

In view of rapid advances in the field of Pulmonology, the student will be given broad knowledge about modern diagnostic and critical care, therapeutic interventions in the field of Pulmonology.

2. OBJECTIVES:

2.1 Knowledge:

At the end of the course of Tuberculosis and Respiratory diseases, the student shall be able to:

2.1.1. Demonstrate sound knowledge of common Chest diseases, their clinical manifestations, including emergent situations and of investigative procedures to confirm their diagnosis.

2.1.2. Demonstrate comprehensive knowledge of various modes of therapy used in treatment of respiratory diseases.

2.1.3. Describe the mode of action of commonly used drugs, their doses, side-effects/toxicity, indications and contra-indications and drug-drug interactions.

2.1.4. Demonstrate commonly used modes of managements inclusive of National Tuberculosis Control Programme and DOTS.
2.2 Skills:

The student shall be able to:

2.2.1. Interview the patient, elicit relevant and correct information and describe the history in chronological order.

2.2.2. Conduct clinical examination, elicit and interpret clinical findings and diagnose common respiratory disorders and emergencies.

2.2.3. Perform simple, routine investigative and office procedures required for making the bedside diagnosis, especially sputum collection and examination for etiologic organism especially Acid Fast Bacilli (AFB), interpretation of chest x-ray and respiratory function tests, body plethysmography, bronchoscopy, pleuroscopy etc.

2.2.4. Interpret and manage blood gas and PH abnormalities in various respiratory diseases.

2.2.5. Manage common diseases, recognizing need for referral for specialized care, in case of less than expected therapeutic response.

2.2.6. Assist in the performance of common procedures, like laryngoscopic examination, pleural aspiration, respiratory physiotherapy, laryngeal intubation, Pleural aspiration and Intercostal drainage tube insertion.

2.3 Integration:

2.3.1. The broad goal of effective teaching can be obtained through integration with departments of Medicine, Intensive care unit, PSM, Microbiology, Radio diagnosis and Pediatrics.
2.3.2. Seminars can be arranged on particular topics and multiple departments can be involved to discuss various angles to the topic.

3. LECTURE TOPICS: TUBERCULOS

3.1: History and Epidemiology
3.2: Pathogenesis and pathology of TB
3.3: Clinical features and diagnosis of TB
3.4: Anti-tubercular drugs and Basics of Chemotherapy
3.5: Managing treatment failure
3.6: RNTCP & DOTS – Modular training
3.7: HIV and Tuberculosis
3.8: Prevention of Tuberculosis (Including chemo prophylaxis and BCG)
3.9: Extra-pulmonary TB- Part 1 (TB-GIT, TB-GUT)
3.10: Extra-pulmonary TB- Part 2 (TB-CNS, TB-spine)
3.11: Extra-pulmonary TB- Part 3 (TB-LN, TB- heart and others)
3.12: MDR and XDR TB
3.13: Role of surgery in TB
4. LECTURE TOPICS : RESPIRATORY SYSTEM

4.1: Applied anatomy and physiology of Respiratory System

4.2: Pneumonia

4.3: Suppurative lung diseases
   (Bronchiectasis, Lung abscess)

4.4: Pleural Effusion

4.5: Bronchial Asthma

4.6: COPD

4.7: Occupational lung diseases

4.8: Mediastinal disorders

4.9: Respiratory Emergencies
   (Haemoptysis, Pneumothorax)

4.10: Lung and pleural malignancies

4.11: Syn-pneumonic effusion and Empyema

4.12: Respiratory Failure

4.13: Intestinal Lung disease

4.14: Pulmonary Hypertension
5. LECTURE CUM DEMONSTRATIONS

5.1 Lung function testing and ABG analysis
5.2 Asthma and Inhalational devices
5.3 Sputum collection and examination
5.4 Pulmonary Rehabilitation
5.5 Interventional (Tapping, ICD, Bronchoscopy, Pleuroscopy)
5.6 Oxygen Therapy
5.7 RNTCP- Modular training Part I
5.8 RNTCP- Modular training Part II

6. CLINICAL POSTING - 15 days per batch

6.1 Two days - 10am to 11am: Ward rounds
6.2 One day - 10am to 11am: Hands on training on spirometry, DLCO and Bodybox
6.3 One day – 10 am to 11am: bronchoscopy, Pleuroscopy and RNTCP (in Rotation)
6.4 Other days – Attend OPD from 10 am to 11am
6.5 All days: 11 am-12 noon – Bedside teaching (Bed side clinics for common respiratory diseases) as per following schedule:
<table>
<thead>
<tr>
<th>No of days</th>
<th>Teaching topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>History taking</td>
</tr>
<tr>
<td>03</td>
<td>Respiratory system examination</td>
</tr>
<tr>
<td>01</td>
<td>X-ray readings</td>
</tr>
<tr>
<td>01</td>
<td>Instruments commonly used in various procedures</td>
</tr>
<tr>
<td>02</td>
<td>Sundays</td>
</tr>
<tr>
<td>01</td>
<td>Examination</td>
</tr>
</tbody>
</table>

7. FORMATIVE ASSESSMENT

An Internal assessment exam of 20 marks each is taken at the end of the clinical posting.

Evaluation pattern is as per university examination pattern which is as follows.

<table>
<thead>
<tr>
<th>Total Marks (20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 marks</td>
</tr>
<tr>
<td>X-ray</td>
</tr>
</tbody>
</table>