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**RESPIRATORY  
MODULE II  
STUDY GUIDE  
3RD YEAR MBBS**

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**AFFECTIVE**.....

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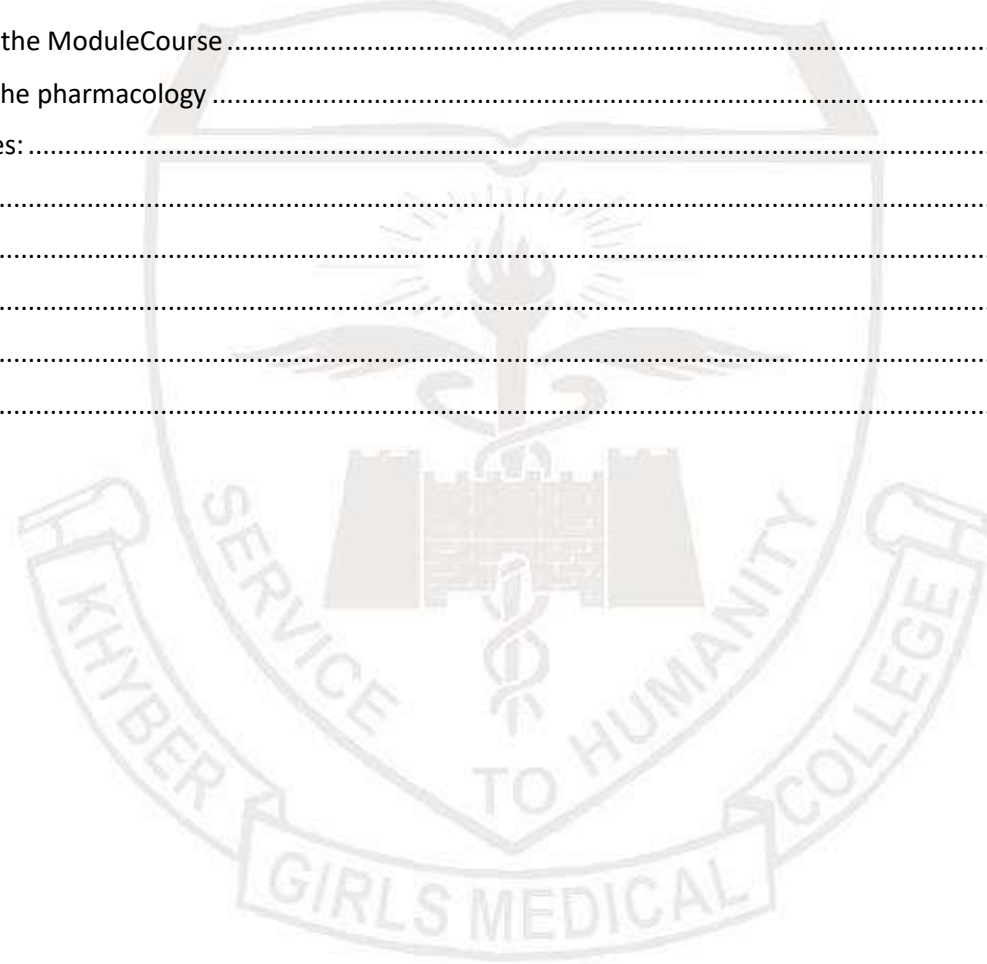
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## Vision and Mission of KGMC

### Khyber Medical University: Vision



Khyber Medical University will be the global leader in health sciences academics and research for efficient and compassionate health care.

### Khyber Girls Medical College: Vision



“Excellence in health care, research ,teaching and training in the service of Humanity”

### Khyber Girls Medical College: Mission

The mission of KGMC is to promote compassionate and professional health care leaders Who are knowledgeable, skillful, and community oriented lifelong learners serving humanity through evidence based practice

## **Curriculum Committee KGMC**

### **Chair:**

Professor Dr.Zahid Aman , Dean KGMC.

### **Co-Chair:**

Professor Dr Amir Mohammad , Associate Dean KGMC.

### **Clinical Sciences:**

- Dr. Mohammad Noor Wazir ,Department of Medicine KGMCHMC
- Dr. Bushra Rauf Department of Gynae KGMCHMC.
- Dr. Sofia Iqbal, Department of Ophthalmology KGMCHMC.
- Dr. Said Amin Department of Medicine KGMCHMC.
- Dr. Ghareeb Nawaz Department of ENT KGMCHMC.
- Dr. Jamshed Alam Department of Surgery KGMCHMC.
- Dr. Ambreen Ahmad, Department of Pediatrics KGMCHMC.
- Dr. Ain-ul-Hadi Department of Surgery KGMCHMC.
- Dr. Fawad Rahim Department of Medicine KGMCHMC.

### **Behavioral Sciences:**

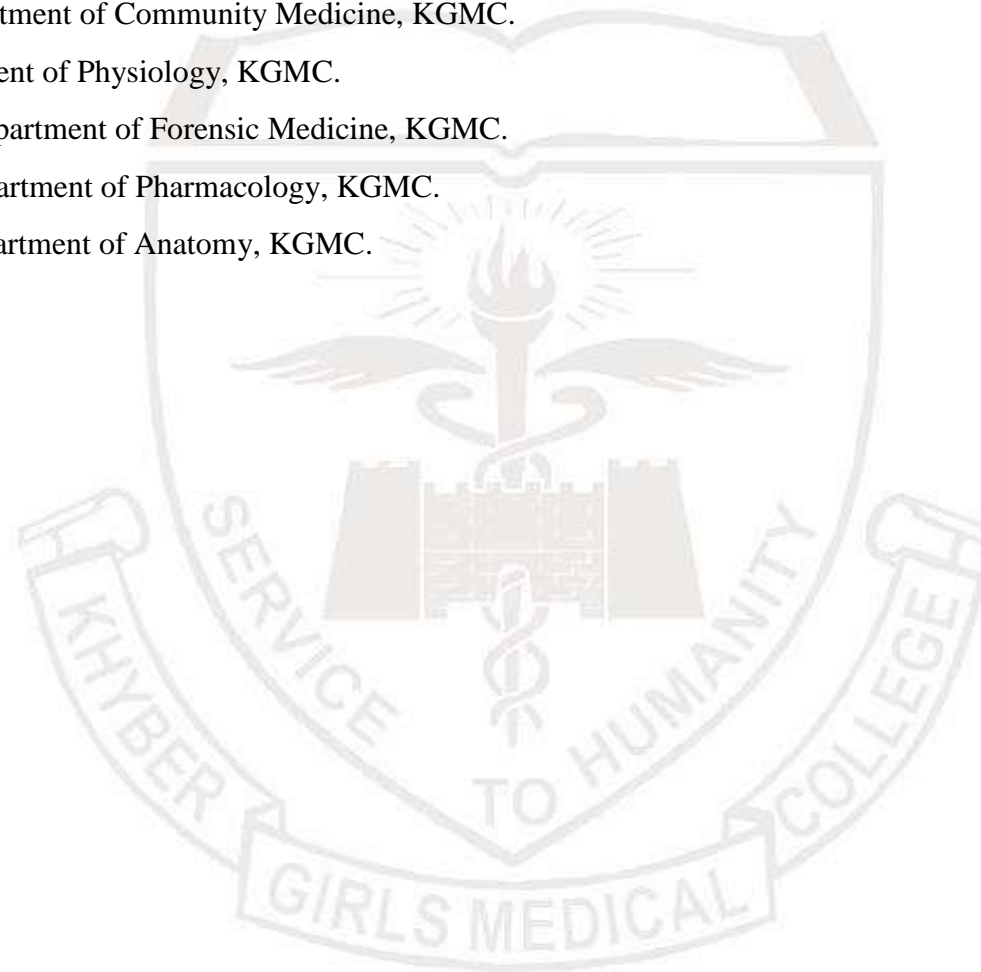
- Dr. Ameer Abbas Department of Psychiatry KGMCHMC.

### **Medical Education**

- Dr. Naheed Mahsood, Department of Medical Education, KGMC.
- Dr. Naveed Afzal Khan, Department of Medical Education, KGMC.
- Dr Onaiza Nasim , Department of Medical Education, KGMC

### **Basic Sciences:**

- Dr. Amin-ul-Haq Department of Biochemistry, KGMC.
- Dr. Khalid Javed Department of Pathology, KGMC.
- Dr. Raheela Amin Department of Community Medicine, KGMC.
- Dr. Zubia Shah Department of Physiology, KGMC.
- Dr. Naheed Siddique Department of Forensic Medicine, KGMC.
- Dr. Shams Suleman Department of Pharmacology, KGMC.
- Dr. Shahab-ud-Din, Department of Anatomy, KGMC.



## **Integrated curriculum:**

An integrated curriculum is all about making connections, whether to real life or across the disciplines, about skills or about knowledge. An integrated curriculum fuses subject areas, experiences, and real-life knowledge together to make a more fulfilling and tangible learning environment for students. Integrated teaching means that subjects are presented as a meaningful whole. Students will be able to have better understanding of basic sciences when they repeatedly learn in relation to clinical examples. Case based discussions, computer-based assignments, early exposure to clinics, wards, and skills acquisition in skills lab are characteristics of integrated teaching program.

## **Outcomes of the curriculum:**

The outcomes of the curriculum of MBBS According to the PMDC are as follows

- Knowledgeable
- Skilful
- Community Health Promoter
- Problem-solver
- Professional
- Researcher
- Leader
- Role model

## **KNOWLEDGE**

By the end of five year MBBS program the KGMC student should be able to;

1. Acquire a high level of clinical proficiency in history taking, physical examination, differential diagnosis, and the effective use of medicine's evolving diagnostic and procedural capabilities including therapeutic and palliative modalities
2. Manage the common prevalent diseases in community
3. Identify the common medical emergencies
4. Develop plan for prevention of common community diseases
5. Formulate a referral plan
6. Compose a prescription plan

## **PSYCHOMOTOR**

By the end of five year MBBS program the KGMC student should be able to;

1. Demonstrate the ability to perform the disease specific relevant examination
2. Respond to common medical emergencies
3. Master the skill of first aid
4. Perform BLS
5. Apply the best evidenced practices for local health problems

## **AFFECTIVE**

By the end of five year MBBS program the KGMC student should be able to

1. Relate to patient and careers vulnerability
2. Demonstrate ethical self-management

3. Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.
4. Display compassion with patient and colleagues
5. Demonstrate in clinical care an understanding of the impact of psychological, social, and economic factors on human health and disease





# Teaching Hours Allocation

Table 1 Hours Allocation

S. No	Subject	Hours needed
1	Pathology	18
2	Pharmacology	10
3	Forensic medicine	10
4	Community medicine	5
5	Medicine	5
6	Family medicine	5
7	Pediatrics	5
8	ENT	5
9	Anatomy	1
10	Physiology	1
11	Biochemistry	1
12	Radiology	1
13	PRIME/Medical Education	1
<b>Total</b>		<b>68</b>

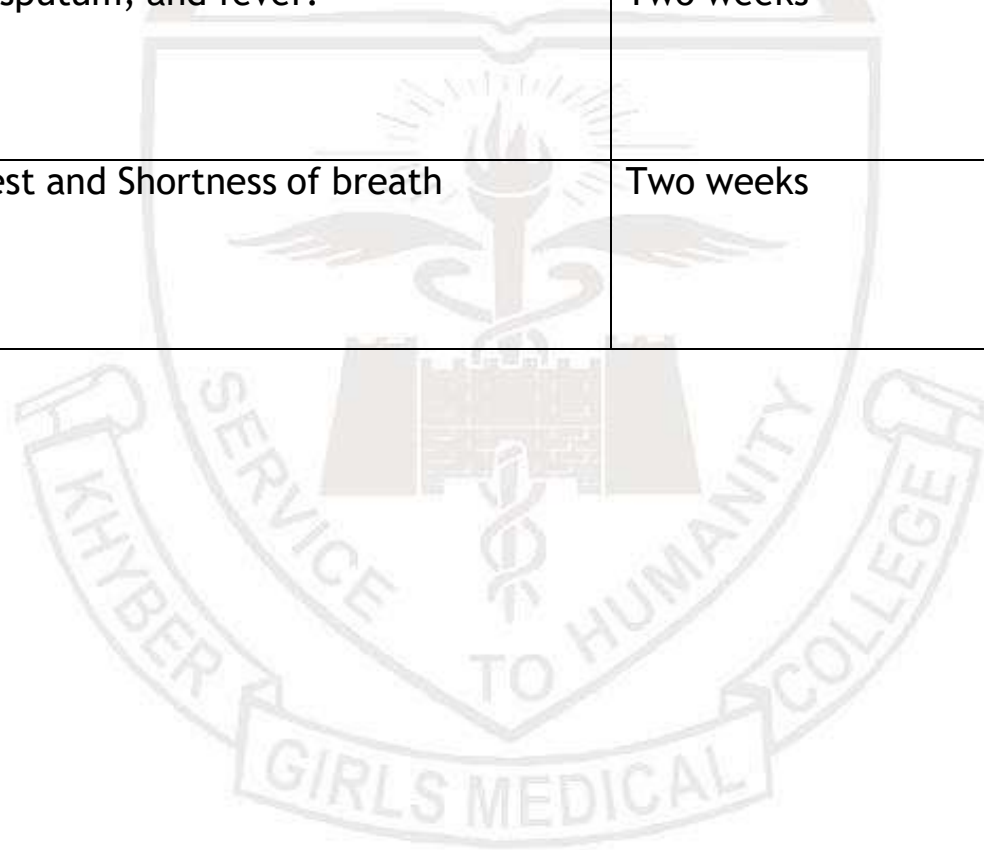
# Learning Objectives

**At the end of this module, students will be able to:**

1. Explain various lower respiratory tract infections
2. Explain obstructive respiratory diseases.
3. Describe various Granulomatous lung diseases
4. Prescribe medication according to guidelines for common respiratory disorders.
5. Describe medico legal aspect of asphyxial death.
6. Describe respiratory tract diseases of public health importance with emphasis on agent factors, epidemiology, preventive and control measures.
7. Describe management of common respiratory problems.

## List of Themes

S #	Theme	Duration
1	Cough with sputum, and fever.	Two weeks
2	Wheezy Chest and Shortness of breath	Two weeks



## Theme I: Cough with sputum, and fever.

**Table 2 : Cough with sputum, and fever**

Subject	Topic	Hours	LOS
Anatomy		1	Describe clinical anatomy of thorax including thoracic wall, lungs and trachea-bronchial tree anatomy
			Correlate the different developmental stages of lung with its congenital anomalies
			Describe the surface marking of clinically relevant areas of the respiratory system
Physiology		1	Describe the mechanics of ventilation and different volumes and capacities of lungs
			Describe respiratory gas exchange.
Biochemistry		1	Describe the effects of hyperventilation (e.g. Anxiety) and hypoventilation (e.g. COPD) on pH and blood gases, HCO <sub>3</sub> and electrolytes.
Microbiology	Legionella	1	Describe Pathogenesis, Structure, Clinical Findings & Laboratory Diagnosis of Legionella infection
	Mycoplasma	1	Describe Pathogenesis, Structure, Clinical findings & Laboratory Diagnosis of mycoplasma infection.

	<b>H-Influenza</b>	1	Describe Pathogenesis, Structure, Clinical Findings & Laboratory Diagnosis of H-Influenza infection.
	<b>Bordetella</b>	1	Describe Pathogenesis, Structure, Clinical Findings & Laboratory Diagnosis of Bordetella infection
	<b>Mycobacterium Tuberculosis</b>	1	Describe Pathogenesis, Important Properties, Clinical Findings & Laboratory Diagnosis of Mycobacterium Tuberculosis.
	<b>Pulmonary Infections</b>	2	Describe community acquired pneumonia and its different types.
			Describe community acquired atypical Pneumonia.
			Describe etiology, pathogenesis & clinical features of nosocomial pneumonia.
			Describe etiology, pathogenesis & clinical features of pneumonia.
			Describe etiology, pathogenesis & clinical features of chronic pneumonia.
			Describe etiology, pathogenesis, clinical & radiologic features of Pulmonary Tuberculosis.
			Describe pneumonia in immunocompromised host.
	<b>Granulomatous diseases</b>	1	Describe sarcoidosis its etiology, pathogenesis, morphology and clinical course.

			Describe etiology, pathogenesis, clinical & radiologic features of hypersensitivity pneumonitis.
			Describe etiology, pathogenesis, clinical & radiologic features of pulmonary eosinophilia.
	<b>Lung abscess</b>	1	Define Lung Abscess
			Describe Pathogenesis, morphology & Clinical Course of Lung abscess
	<b>Empyema</b>		Describe empyema & its pathogenesis
	<b>Laryngeal tumors</b>	1	Describe the risk factors, morphology, clinical features and staging of laryngeal tumors.
<b>Pharmacology</b>	<b>Anti-tussives</b>	1	Classify Anti-tussives
	<b>Cough Suppressants</b>		Describe the pharmacology of Cough suppressants
	<b>Expectorants</b>		Describe the pharmacology of Expectorants, Mucolytic agents in cough
	<b>Tuberculosis</b>	2	Classify Anti tuberculous drugs
			Describe the pharmacology of First line antituberculous drugs
			Describe the pharmacology of 2nd line antituberculous drugs

			Discuss the drug treatment & duration of susceptible newly diagnosed pulmonary tuberculosis patient
			Discuss the development of resistance to mycobacterium tuberculosis against conventional antibiotics
			Discuss the classification & duration of therapy in patients having MDR tuberculosis
			Discuss the drug treatment & duration of antitubercular therapy in pregnant woman & patients having Hepatic & Renal insufficiency
			Describe the rationale for the use of Multi Drug therapy against pulmonary tuberculosis.
<b>Community Medicine</b>	<b>Tuberculosis</b>	1	Describe agent, host and environmental factors for the disease.
			Describe DOTS strategy for Tuberculosis
			Explain different preventive and control measures for Tuberculosis including "stop TB" and "End TB" strategies
		1	Describe types of influenza

	<b>Influenza and COVID infection</b>		Describe agent, host and environmental factors for the disease.
			Explain the antigenic drift and antigenic shift
			Describe various preventive and control measures for influenza
			Describe the epidemiology, clinical features, control measures and vaccination for COVID-19 infection
<b>Family medicine</b>	<b>Social determinants of health</b>	1	Describe the social determinants of health
	<b>Environmental and climate factors in disease causation</b>		Explain the role of environmental and climate factors in disease causation
	<b>Principles of prevention and health promotion</b>	1	Describe the Principles of prevention and health promotion
			Describe, the role of counselling and patient education in health promotion and disease prevention
	1	Explain the types of Pulmonary Tuberculosis	



	<b>Tuberculosis (individuals` identifications , routine contact tracing, and linking to care)</b>		Explain the pathophysiology, clinical features, complications, and management of a patient with pulmonary Tuberculosis
			Describe the technique of contact tracing in a patient with non-MDR and MDR tuberculosis
			Describe the indications of specialist referrals in patients with Pulmonary Tuberculosis
<b>Forensic Medicine</b>	<b>Asphyxia (General Aspects)</b>	1	Define asphyxia
			Define anoxia
			Enlist causes of anoxia
			Explain causes of asphyxia
			Classify mechanical asphyxia
			Describe patho physiology of asphyxia
			Describe general signs of asphyxia
	<b>Hanging</b>	1	Define hanging
			Describe causes of death in hanging
			Explain mechanism of death in hanging
			Describe the procedure of neck dissection in hanging
			Describe autopsy findings in hanging

			Explain medico legal aspects of hanging
<b>Mechanical asphyxia (Strangulation)</b>	1	Define strangulation	
		Describe causes of death in strangulation	
		Explain mechanism of death in strangulation	
		Describe the procedure of neck dissection in strangulation	
		Describe autopsy findings in strangulation	
		Explain medico legal aspects of strangulation	
<b>Drowning</b>	1	Define drowning	
		Describe causes of death in drowning	
		Explain mechanism of death in drowning	
		Describe types of drowning	
		Describe autopsy findings in drowning	
		Differentiate between ante and post mortem drowning	
		Explain medico legal aspects of drowning	
<b>Suffocation</b>	1	Define suffocation and explain its medico legal aspects.	
<b>Smothering</b>		Define smothering	

			Explain medico legal aspects of smothering
	<b>Chocking</b>		Define chocking
			Explain medico legal aspects of chocking
	<b>Gagging</b>		Define Gagging
			Explain medico legal aspects of Gagging
	<b>Overlaying</b>		Define overlying
			Explain medico legal aspects of overlying
	<b>Traumatic asphyxia</b>	1	Define traumatic asphyxia
			Describe autopsy findings of traumatic asphyxia
			Explain medico legal aspects of traumatic asphyxia
	<b>Sexual asphyxia</b>		Define sexual asphyxia
<b>ENT</b>	<b>Larynx anatomy</b>	1	Describe clinical anatomy of larynx.
	<b>Laryngitis</b>		Describe etiology, clinical feature, management of acute and chronic laryngitis.
<b>Medicine</b>	<b>Respiratory symptoms</b>	1	Describe approach to a patient of respiratory symptomatology

	<b>Differential diagnosis</b>		Discuss the differential diagnosis of granulomatous inflammation including TB
	<b>Pulmonary TB</b>	1	Describe the signs & symptoms, investigations, clinical diagnosis, management protocol & prognosis for TB and MDRTB according to WHO categories.
<b>Pediatrics</b>	<b>Childhood Pneumonia</b>	1	Classify pneumonia according to IMNCI (integrated management of neonatal and childhood illnesses)
			Describe the risk factors for recurrent pneumonia in childhood.
			Describe the etiological agents for Pneumonias according to the age of the child.
			Describe the indication for hospitalization of child with pneumonia.
<b>Radiology</b>		1	Describe the common radiological abnormalities on chest x-rays

**Theme II: Wheezy chest & shortness of breath**  
**Table 3 Wheezy chest & shortness of breath**

Subjects	Topics	Hours	Los
Pathology	Atelectasis	1	Define Atelectasis
			Describe different types of atelectasis
	Acute Lung injury	1	Define Acute Respiratory distress Syndrome (ARDS)
			Describe Pathogenesis and morphological features of ARDS
	Obstructive Pulmonary disease	1	Define obstructive pulmonary disease and enlist its different types
			Define Emphysema
			Describe different types of emphysema
			Describe the pathogenesis morphology and underline course of emphysema
			Define chronic bronchitis
			Describe its pathogenesis and morphology
			Describe asthma and its pathogenesis
			Differentiate between types of asthma
Describe morphology and clinical course of asthma			
	2	Define bronchiectasis, describe the causes, morphology and pathogenesis of bronchiectasis	

	<b>Restrictive or infiltrative lung diseases</b>		Define diffuse interstitial lung disease.
			Describe pathogenesis of diffuse interstitial lung disease.
			Enlist major categories of chronic interstitial lung disease
			Describe the fibrosing lung diseases.
			Describe pneumoconiosis, its morphology and different types.
			Describe drug and radiation induced pulmonary diseases.
	<b>Diseases of vascular origin</b>	1	Describe pulmonary embolism, hemorrhage and infarction.
			Describe pulmonary Hypertension.
			Describe diffuse alveolar hemorrhage syndromes.
	<b>lung tumors</b>	1	Describe carcinoma of lung, its etiology pathogenesis, morphology and clinical course.
			Differentiate between small cell lung carcinoma and non-small cell lung carcinoma.
			Describe bronchial carcinoids
			Describe malignant mesothelioma and its morphology.
	<b>Pleural lesions</b>	1	Describe pleural effusion and pleuritis.
			Describe pneumothorax, Hemothorax and chylothorax
<b>Pharmacology</b>	<b>Asthma</b>	2	Classify the Drugs used in the treatment of asthma

			Describe the role of beta 2 agonists used in Asthma
			Describe the role of Methylxanthine drugs used in Asthma
			Describe the role of Antimuscarinic agents used in Asthma
			Describe the role of Corticosteroids used in Asthma
			Describe the pharmacokinetic & pharmacodynamic aspects of Mast cell stabilizers used in Asthma
			Describe the pharmacokinetic & pharmacodynamic aspects of Leukotriene antagonist used in Asthma
			Describe the pharmacokinetic & pharmacodynamic aspects of Anti-IgE antibodies used in Asthma
			Describe drug treatment of acute and chronic asthma and status asthmatics
<b>Community Medicine</b>	<b>Asthma</b>	1	Describe the epidemiology & preventive measures of asthma.
			Define occupational asthma and describe its preventive measures.
	<b>Pneumoconiosis</b>	1	Describe various pneumoconiosis diseases
			Describe the control and preventive measures of pneumoconiosis
		1	Describe the epidemiological determinants of Diphtheria and Pertussis

	<b>Diphtheria and Pertussis</b>		Describe preventive and control measures. Explain their current public health importance in Pakistan.
<b>Forensic Medicine</b>	<b>Asphyxiant (CO)</b>	1	Explain medico legal aspects of sexual asphyxia
			Enlist sources of CO poisoning
			Describe signs and symptoms of CO poisoning
			Explain treatment plan of CO poisoning
			Describe autopsy findings of CO poisoning
			Explain ML aspects of CO poisoning
	<b>CO2</b>	1	Enlist sources of CO2 poisoning
			Describe signs and symptoms of CO2 poisoning
			Explain treatment plan of CO2 poisoning
			Describe autopsy findings of CO2 poisoning
			Explain ML aspects of CO2 poisoning
			Enlist sources of H2S poisoning
			Describe signs and symptoms of H2S poisoning.
	<b>H2S</b>	1	Explain treatment plan of H2S poisoning
			Describe autopsy findings of CO poisoning
Explain ML aspects of H2S poisoning			
<b>War gases</b>	1	Define war gases	
		Classify war gases	
		Describe medico legal aspects of war gases	
<b>ENT</b>	<b>Non -Neoplastic laryngeal lesions</b>	2	Describe clinical features and management of different non neoplastic laryngeal lesions (Vocal cords nodules, polyps, and laryngocele)



	<b>Neoplastic laryngeal lesions</b>		Describe the clinical feature and management of neoplastic laryngeal lesions.
	<b>Vocal cord Palsy</b>	2	Describe the clinical feature and management of vocal cord palsy
	<b>Emergency Tracheotomy</b>		Describe the indication, contraindication, complications, and operative steps to perform emergency tracheotomy.
<b>Medicine</b>	<b>COPD</b>	1	Describe the epidemiology, patho-physiology and etiology of COPD
			Explain the clinical presentation of COPD
			Describe the investigations required for the diagnosis of COPD
			Describe the management plan of COPD
	<b>Asthma</b>	1	Describe the epidemiology, pathophysiology, etiology, and contributing factors related to the development of asthma
			Describe the clinical presentation, diagnosis and treatment of asthma
			Classify asthma on the basis of clinical presentation into mild, moderate, life threatening and near fatal asthma
			Explain the stepwise pharmacologic approach for the treatment of asthma status asthmaticus

			Describe long-term asthma management plan including pharmacological, physical and occupational health education.
	<b>Respiratory failure</b>	1	Describe the long term Oxygen therapy in COPD
	<b>Pneumothorax</b>	1	Describe the etiology, classification, diagnosis and management of pneumothorax
	<b>Pleural effusion</b>		Describe the causes of exudates and transudate effusion.
			Differentiate between exudate and transudate effusion.
<b>Family medicine</b>	<b>COPD</b>	1	Explain the management strategies of a patient with COPD in general practice
			Describe the strategies for prevention of complications of COPD
			Describe the methods of home oxygen therapy
			Perform routine annual health checkup of an Asthmatic and COPD patient under supervision
			Identify the red-flags in a patient with COPD and appropriately refer to speciality care when required
	<b>Bronchial Asthma</b>	1	Discuss the risk factors for Asthma in our population
			Explain the risk assessment for Asthma
			Interpret spirometry results
			Discuss the primary and secondary prevention of Asthma in a primary health setting

			Identify the guidelines that should be followed in a patient with Asthma
			Identify the red-flags in a patient that need referral for specialist care
	<b>ARIs (Croup and Epiglottitis)</b>	<b>1</b>	Differentiate Croup and epiglottitis based on etiology and clinical features.
			Explain the management of croup and epiglottitis.
			Explain the most effective ways to prevent and control ARIs
	<b>Respiratory distress syndrome(RDS)</b>		Describe the risk factors, clinical features, investigation and management for RDS.
	<b>Reactive air way disease.</b>	<b>1</b>	Describe the different types of wheezers in pediatric population
			Discuss the risk factor for persistent wheezing /asthma.
			Describe management of bronchiolitis
	<b>Cystic fibrosis and bronchiectasis</b>	<b>1</b>	Define bronchiectasis and its risk factors.
			Describe diagnostic criteria for cystic fibrosis.
			Describe the GI, respiratory and other systemic manifestations of cystic fibrosis.
<b>PRIME/MEDICAL EDUCATION</b>	<b>Power dynamics</b>	<b>1</b>	Explain the concept of power dynamics and delegate powers to juniors and team mates

## Theme 1: Cough with sputum and Fever

Table 4 Practical

Subject	Topic	Los
Pharmacology		Write the proper prescription for Pulmonary Tuberculosis
Forensic Medicine		Demonstrate the differences between hanging and strangulation on a model
		Demonstrate the differences between different types of hanging on a model
Community Medicine	Visit	Visit to TB control program center
	Mask wearing.	Demonstrate Identification of different types of masks and its uses.
		Demonstrate the proper protocol for wearing a mask
Pharmacology		Demonstrate the proper stepwise use of metered dose inhaler along with spacer.
		Write the proper prescription for Acute & Chronic Asthmatic patients
		Write the proper prescription for patients with Status Asthmaticus

# Learning Resources

S#	Subjects	Textbooks
1.	Community Medicine	<ol style="list-style-type: none"> <li>1. Community Medicine by Parikh</li> <li>2. Community Medicine by M Illyas</li> <li>3. Basic Statistics for the Health Sciences by Jan W Kuzma</li> </ol>
2.	Forensic Medicine	<ol style="list-style-type: none"> <li>1. Nasib R. Awan. Principles and practice of Forensic Medicine 1st ed. 2002.</li> <li>2. Parikh, C.K. Parikh's Textbook of Medical Jurisprudence, Forensic Medicine and Toxicology. 7th ed. 2005.</li> <li>3. Knight B. Simpson's Forensic Medicine. 11th ed. 1993.</li> <li>4. Knight and Pekka. Principles of forensic medicine. 3rd ed. 2004</li> <li>5. Krishan VIJ. Text book of forensic medicine and toxicology (principles and practice). 4th ed. 2007</li> <li>6. Dikshit P.C. Text book of forensic medicine and toxicology. 1st ed. 2010</li> <li>7. Polson. Polson's Essential of Forensic Medicine. 4th edition. 2010.</li> <li>8. Rao. Atlas of Forensic Medicine (latest edition).</li> <li>9. Rao. Practical Forensic Medicine 3rd ed ,2007.</li> <li>10. Knight: Jimpson's Forensic Medicine 10th 1991, 11th ed. 1993</li> <li>11. Taylor's Principles and Practice of Medical Jurisprudence. 15th ed. 1999</li> </ol>
3.	Pathology	<ol style="list-style-type: none"> <li>1. Robbins &amp; Cotran, Pathologic Basis of Disease, 9th edition.</li> <li>2. Rapid Review Pathology, 4th edition by Edward F. Goljan MD</li> </ol>

4.	<b>Pharmacology</b>	1. Lippincott Illustrated Pharmacology 2. Basic and Clinical Pharmacology by Katzung
5.	<b>Anatomy</b>	K.L. Moore, Clinically Oriented Anatomy



## Assessment Plan - 3rd Year MBBS

The year-3 will be assessed in 3 blocks

- 1) Block-1 (Foundation 2 and Infection and Inflammation modules) will be assessed in paper-G
- 2) Block-2 (Multisystem, blood and MSK modules) will be assessed in paper-H
- 3) Block-3 (CVS -II and Respiratory - II module) will be assessed in paper-I
- 4) Each written paper consists of 120 MCQs and
- 5) Internal assessment will be added to final marks in KMU as shown in below table.
- 6) In OSPE, each station will be allotted 6 marks, and a total of 120 (+10% marks of internal assessment) marks are allocated for each OSPE/OSCE examination

## Year 3 Professional Exam in System-based Curriculum

Theory paper	Modules	Theory marks	Internal assessment theory (10%)	OSPE/OSPE	Internal assessment OSPE/OSPE (10%)	TOTAL MARKS
Paper G	Foundation-II	12	1	12	1	268
	Inf.&Inflamm.	0	4	0	4	
Paper H	Multisystem	12	1	12	1	267
	Blood MSK-II	0	3	0	4	
Paper I	CVS-II	12	1	12	1	265
	Respiratory-II	0	3	0	2	
<b>TOTAL MARKS</b>		360	4 0	36 0	4 0	800

\*Research viva of 20 marks will be conducted in paper-L. However, the rest of 15 marks will be decided by the concerned department internally for the contribution of the students in research project/thesis.



# Assessment Blueprints

Table 5 Paper I (CVS-II & Respiratory-II)

Subjects	Total MCQs
Respiratory-II	60
CVS - II	60
<b>Total</b>	<b>120</b>

Table 6 (CVS-II & Respiratory-II) OSCEs

Subject	Total OSCE stations
Respiratory-II	10
CVS - II	10
<b>Total</b>	<b>20</b>

A minimum of 20 stations will be used in final exams. Total marks will be 120 (6 marks for each station).

## **Teaching and learning strategies:**

The following teaching learning methods are used to promote better understanding:

- Interactive Lectures
- Hospital Clinic visits
- Small Group Discussion
- Skills session
- Self-Directed Study

### **Interactive lectures:**

An interactive lecture is an easy way for instructors to intellectually engage and involve students as active participants in a lecture-based class of any size. Interactive lectures are classes in which the instructor breaks the lecture at least once per class to have students participate in an activity that lets them work directly with the material.

- The instructor might begin the interactive segment with an engagement trigger that captures and maintains student attention.
- Then the instructor incorporates an activity that allows students to apply what they have learned or give them a context for upcoming lecture material.
- As the instructor feels more comfortable using interactive techniques he or she might begin to call upon a blend of various interactive techniques all in one class period.

### **Hospital Clinic visits:**

In small groups, students observe patients with signs and symptoms in hospital or clinical settings. This helps students to relate knowledge of basic and clinical sciences of the relevant module.

### **Small group discussion (SGD):**

The shy and less articulate are more able to contribute. Students learn from each other. Everyone gets more practice at expressing their ideas. A two way discussion is almost always more creative than individual thoughts. Social skills are practiced in a 'safe' environment e.g. tolerance, cooperation. This format helps students to clarify concepts acquire skills or attitudes. Students exchange opinions and apply knowledge gained from lectures, tutorials and self-study. The facilitator role is to ask probing questions, summarize, or rephrase to help clarify concepts.

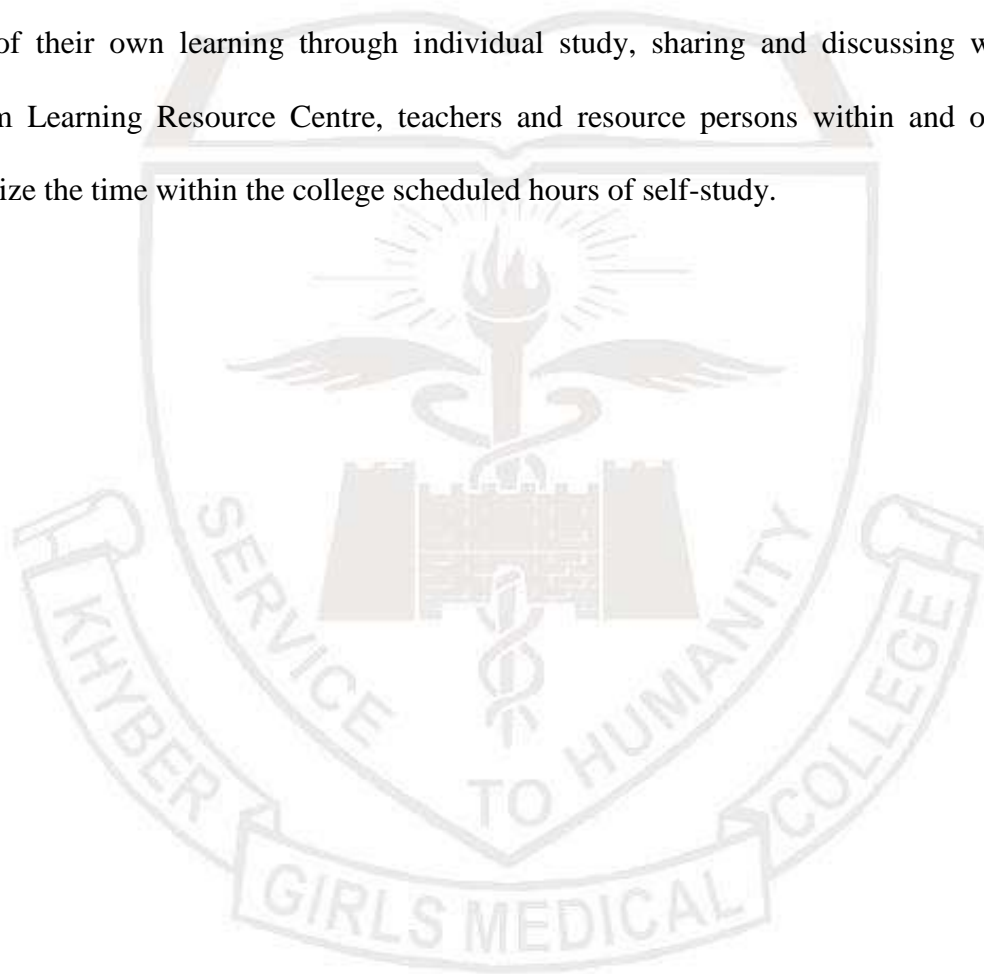


**Skills Practical session:**

Skills relevant to respective module are observed and practiced where applicable in skills laboratory or Laboratories of various departments.

**Self-Directed learning (SDL):**

Self-directed learning, which involves studying without direct supervision in a classroom Library, is a valuable way to learn and is quickly growing in popularity among parents and students. Students' assume responsibilities of their own learning through individual study, sharing and discussing with peers, seeking information from Learning Resource Centre, teachers and resource persons within and outside the college. Students can utilize the time within the college scheduled hours of self-study.



## **Time Table:**

The timetables for the module will be shared via Edmodo and the notice boards in advance.

1.

## **2. Assessment tools:**

Theoretical knowledge is tested by a written examination system constituted by multiple choice questions (MCQs). The assessment of practical knowledge involves oral, spot, or objective structured practical examinations (OSPE).

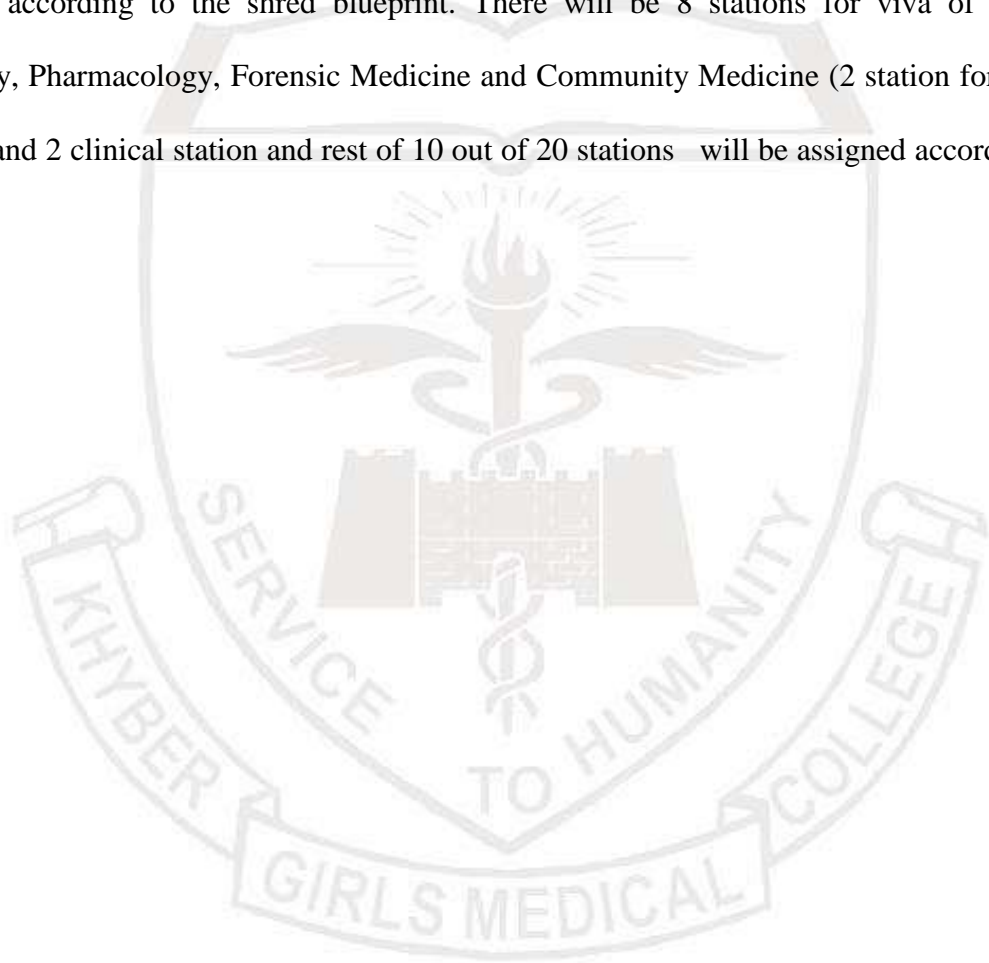
### **Multiple Choice Questions (MCQs):**

- Multiple choice questions (MCQs) are a form of assessment for which students are asked to select the best choice from a list of answers.
- MCQ consists of a stem and a set of options. The stem is usually the first part of the assessment that presents the question as a problem to be solved; the question can be an incomplete statement which requires to be completed and can include a graph, a picture or any other relevant information. The options are the possible answers that the student can choose from, with the correct answer called the key and the incorrect answers called distractors.
- Correct answer carries one mark, and incorrect 'zero mark'. There is NO negative marking.
- Students mark their responses on specified computer-based sheet designed for the college.
- The block exam will comprise of 120 MCQs and will be compiled according to the shared blueprint.

### **Objective Structured Practical Examination (OSPE)**

- The content may assess application of knowledge, or practical skills.
- Student will complete task in define time at one given station.
- All the students are assessed on the same content by the same examiner in the same allocated time.
- A structured examination will have observed, unobserved, interactive and rest stations.

- Observed and interactive stations will be assessed by internal or external examiners.
- Unobserved will be static stations in which students will have to answer the questions related to the given pictures, models or specimens the provided response sheet.
- Rest station is a station where there is no task given, and in this time student can organize their thoughts.
- The Block OSPE will be comprise of 20 examined station and 5 rest stations. The stations will be assigned according to the shred blueprint. There will be 8 stations for viva of core subjects like Pathology, Pharmacology, Forensic Medicine and Community Medicine (2 station for viva of each core subject) and 2 clinical station and rest of 10 out of 20 stations will be assigned according to shared blue prints.

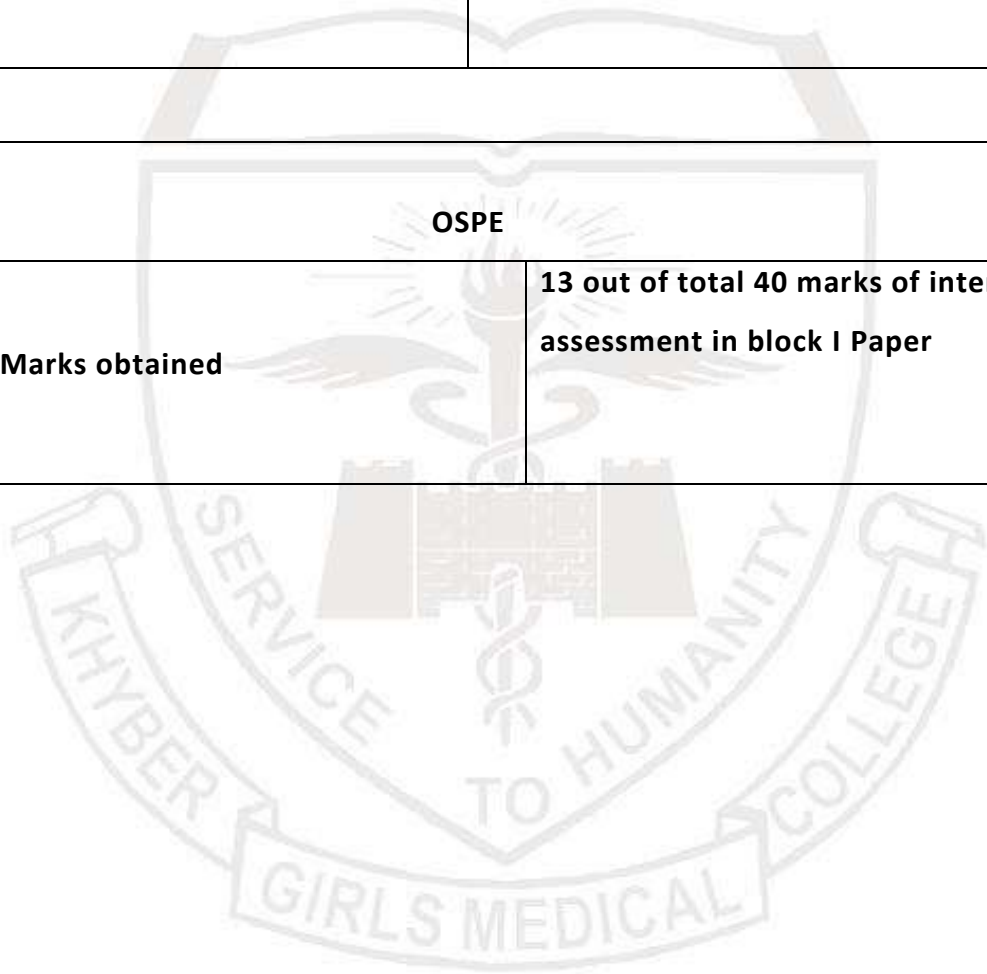


## Internal Evaluation:

Internal evaluation is a process of quality review undertaken within an institution for its own ends. 10% marks of internal evaluation will be added to final marks. This 10% will be based on

<b>PAPER</b>	
<b>Marks obtained</b>	<b>13 out of total 40 marks of internal assessment in block I Paper</b>

<b>OSPE</b>	
<b>Marks obtained</b>	<b>13 out of total 40 marks of internal assessment in block I Paper</b>



### 3. Attendance Requirement:

More than 75% attendance is mandatory to sit for the examinations.





## **Learning Resources for Students**

### **Physiology**

- Guyton Nd Hall physiology
- Gannon physiology
- Human Physiology from cells to system by Lauralee Sherwood
- BRS Physiology
- Neuroscience by Dale Purves

### **Biochemistry**

- Chatterjee text book of Biochemistry
- Harpers Biochemistry
- Lippincott's Biochemistry
- Satya Narayan biochemistry

### **PATHOLOGY**

- Robbins textbook of pathology
- Harsh mohan text book of pathology
- Levison text book of microbiology
- Paniker parasitology
- Chatterjee book of parasitology

### **PHARMACOLOGY**

- Basic & Clinical Pharmacology, 14edition
- Katzung & Trevor's Pharmacology: Examination & Board Review, 10edition
- Lippincott Illustrated Reviews: Pharmacology, 8th edition
- Pharmacology for Medical Graduates by Tara V. Shanbhag

### **GENERAL MEDICINE**

1. Kumar and Clark for Medicine 8th edition 2012
2. Davidson

### **FORENSIC MEDICINE**

- Parikh's textbook of Medical Jurisprudence and Toxicology.
- Principles and Practice of Forensic Medicine by Nasir R Awan
- Forensic medicine and toxicology principals and practice by Krishan Vij
- Knights forensic pathology by Bernard knight, Pekka Saukko
- Forensic medicine and toxicology Nagesh Kumar G Rao

Apart from these resources learning, students can consult books available in library or recommended by the specialty experts.

- Principles and Practice of Forensic Medicine by Nasir R Awan
- Forensic medicine and toxicology principals and practice by Krishan Vij
- Knights forensic pathology by Bernard knight, Pekka saukko
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