



BLDE

(DEEMED TO BE UNIVERSITY)

Regulations and Curriculum for Post Graduate Degree in Respiratory Medicine

2020-21

M.D.

Respiratory Medicine

Published by

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(DEEMED TO BE UNIVERSITY)

Declared as Deemed to be University u/s 3 of UGC Act, 1956

The Constituent College

SHRI B. M. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, VIJAYAPURA

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), Vijayapura - 586103, Karnataka, India.

BLDE (DU): Phone: +918352-262770, Fax: +918352-263303, Website: www.bldedu.ac.in, E-mail: office@bldedu.ac.in

College: Phone: +918352-262770, Fax: +918352-263019, E-mail: bmpmc.principal@bldedu.ac.in

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SHRI B. M. PATIL MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTRE

BLDE(DU)/REG/PG-Curr/2020-21/144

April 30, 2020

NOTIFICATION

Sub: Post Graduate Curriculum

Ref: 1. Medical Council of India Regulation on Graduate Medical Education, 1977 and subsequent amendments of the same from time to time.

2. Minutes of the 4th meeting Standing Committee of Academic Council of the University held on April 23, 2020

3. On approval of the Hon'ble Vice-Chancellor vide order no. 1816 dt. April 30, 2020.

The Standing Committee of the Academic Council is pleased to approve the Curriculum for Post Graduate Degree Course in Respiratory Medicine, Psychiatry and Emergency Medicine.

The curriculum shall be effective, from the Academic Session 2020-21 onwards, for Post Graduate Degree course in the Constituent College of the University viz. Shri B. M. Patil Medical College, Hospital and Research Centre, Vijayapura.



REGISTRAR
REGISTRAR

BLDE (Deemed to be University)
Vijayapura-586103. Karnataka

To,
The Dean, Faculty of Medicine and Principal
Shri B. M. Patil Medical College,
Hospital and Research Centre,
Vijayapura

Copy to:

- The Secretary, UGC
- The Secretary, MCI
- The Controller of Examinations
- The Vice Principal
- The Vice Principal (Academics)
- The Prof. & HODs Pre, Para and Clinical Departments
- The Co-ordinator, IQAC
- PS to the Hon'ble Chancellor
- PS to the Hon'ble Vice-Chancellor

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Our Vision

“To be a Leader and be recognized as an Institution striving for maintenance and enhancement of Quality Medical Education and Healthcare”

Our Mission

- To be committed to promote sustainable development of higher education including Health science education, consistent with the statutory and regulatory requirements.
- Reflect the needs of changing technology and make use of the academic autonomy to identify the academic programs that are dynamic.
- Adopt global concepts in education in the healthcare sector.

Section - I

Goals and General Objectives of Postgraduate Medical Education Program

Goal

The goal of postgraduate medical education shall be to produce a competent specialist and / or a medical teacher as stated in the Post Graduate Medical Education Regulations 2000 and its amendments thereof [May2018]

- (i) Who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy.
- (ii) Who shall have mastered most of the competencies, pertaining to the specialty, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system.
- (iii) Who shall be aware of the contemporary advances and developments in the discipline concerned.
- (iv) Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology, and
- (v) Who shall have acquired the basic skills in teaching of the medical and paramedical professionals.

General Objectives

At the end of the postgraduate training in the discipline concerned the student shall be able to:

- (i) Recognize the importance of the concerned specialty in the context of the health need of the community and the national priorities in the health sector.
- (ii) Practice the specialty concerned ethically and in step with the principles of primary health care.
- (iii) Demonstrate sufficient understanding of the basic sciences relevant to the concerned specialty.
- (iv) Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measures/strategies.
- (v) Diagnose and manage majority of the conditions in the specialty concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
- (vi) Plan and advice measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty.
- (vii) Demonstrate skills in documentation of individual case details as well as morbidity and mortality data relevant to the assigned situation.
- (viii) Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behavior in accordance with the societal norms and expectations.
- (ix) Play the assigned role in the implementation of national health programs, effectively and responsibly.
- (x) Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.

- (xi) Develop skills as a self-directed learner; recognize continuing educational needs, select and use appropriate learning resources.
- (xii) Demonstrate competence in basic concept of research methodology and epidemiology, and be able to critically analyse relevant published research literature.
- (xiii) Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
- (xiv) Function as an effective leader of a team engaged in health care, research or training.

Statement of the Competencies

Keeping in view the general objectives of postgraduate training, each discipline shall aim at the development of specific competencies, which shall be defined and spelt out in clear terms. Each department shall produce a statement and bring it to the notice of the trainees in the beginning of the program so that he or she can direct the efforts towards the attainment of these competencies.

Components of the PG Curriculum

The major components of the PG curriculum shall be:

- Theoretical knowledge
- Practical/clinical Skills
- Training in writing thesis/research articles
- Attitudes, including communication.
- Training in research methodology, medical ethics & medicolegal aspects
- Teaching skills to the undergraduates, juniors and support teams

Source: Medical Council of India, Regulations on Postgraduate Medical Education, 2000. [amended upto May 2018]

Eligibility for Admission:

1. Postgraduate degree course:

The candidate seeking admission should have passed MBBS from a college recognized by Medical Council of India.

As per requisites of statutory bodies & as laid out in Postgraduate regulations of MCI & its amendments thereof, the minimum percentage of marks obtained in the entrance test conducted by the competent authority shall be as per MCI regulations & its amendments as applicable time to time.

Eligibility for Foreign / PIO / NRI students will be based on qualifying examination marks and MCI amendments as applicable at the time of selection and admission process.

Candidates seeking admission to super speciality [M.Ch]

The candidate seeking admission to super specialty course should have passed MS/MD in concerned subjects (As per MCI regulations & its amendments thereof) or passed DNB in concerned broad specialties & should fulfill requirements of MCI regulations.

1. As per the requisites of statutory bodies & as laid out in Postgraduate regulations of MCI & its amendments thereof, the minimum percentage of marks obtained in the entrance test conducted by the competent authority shall be as per MCI regulations & its amendments as applicable time to time.

Eligibility for Foreign / PIO / NRI students will be based on qualifying examination marks and MCI amendments as applicable at the time of selection and admission process.

The MCI norms to qualify for Admissions

Candidates seeking admission to these Post Graduate Degree courses should have passed M.B.B.S. recognized by Medical Council of India or equivalent qualification and should have obtained permanent Registration from the Medical Council of India or any of the State/ Medical council or candidate should register the same within one month from the date of admission, failing which the admission of the candidate shall be cancelled. Provided that in the case of a foreign national, the MCI may on the payment of prescribed fee for the registration, grant temporary registration for the duration of post graduate training restricted to the medical college/ institute to which the applicant is admitted for the time being exclusively for post graduate studies; provided further, that temporary registration to such foreign national shall be subjected to the condition that such person is duly registered with appropriate registering authority in his /her country wherefrom he has obtained his basic medical qualification, and is duly recognized by the corresponding Medical Council or concerned authority.

If the candidate fails to fulfill the relevant eligibility requirements as mentioned above he/she will not be considered eligible for admission for Medical Postgraduate Degree Courses even if he/she is placed in the merit list of statutory authority and BLDE (Deemed to be University).

Obtaining Eligibility Certificate by the University before making Admission

Candidate shall not be admitted for any postgraduate degree course unless he/she has obtained and produced the eligibility certificate used by the University. The candidate has to make an application to the University with the following documents along with the prescribed fee:

1. MBBS pass/degree certificate issued by the University.
2. Marks cards of all the university examinations passed MBBS course.
3. Attempt Certificate issued by the Principal
4. Certificate regarding the recognition of the Medical College by the Medical Council of India.

5. Completion of internship certificate.
6. In case internship was done in a non-teaching hospital, a certificate from the Medical Council of India that the hospital has been recognized for internship.
7. Registration by any State Medical council and
8. Proof of SC/ST or OBC or physically handicapped status, as the case may be.
In addition to the above mentioned documents, candidate applying for admission to superspeciality courses has to produce degree/pass certificate of MD/MS/DNB degree with prescribed fee.

Intake of Students

The intake of students to each course shall be in accordance with the ordinance in this behalf.

Course Duration

- a. M.D. / M.S. Degree Courses:

The course of study shall be for a period of 3 completed years including examinations. (MCI PG REG 2000 10:1)

- b. D.M/M Ch Degree Courses; (MCI PG REG 2000, 10:2)

The duration of these courses shall be for a period of 3 completed years including examinations.

Training Method

The postgraduate training for degree shall be of residency pattern. The post graduate shall be trained with graded responsibilities in the management and treatment of patients entrusted to his/her care. The participation of the students in all facets of educational process is essential. Every candidate should take part in seminars, group discussions grand rounds, case demonstration, clinics, journal review meetings, CPC and clinical meetings. Every candidate should be required to participate in the teaching and training program of undergraduate students. Training should include involvement in laboratory and experimental work, and research studies. Basic medical sciences students should be posted to allied and relevant clinical departments or institutions. Exposure to applied aspects of their learning should be addressed. Similarly, clinical subjects' students should be posted to basic medical sciences and allied specialty departments or institutions.

Training of superspeciality [M.Ch] should follow similar pattern. In addition, they have to be trained in advanced techniques of diagnosis and treatment pertaining to their specialty, participate actively in surgical operations as well.

Attendance, Progress and Conduct

A candidate pursuing degree course should work in the concerned department of the institution for the full period as a full time student. No candidate is permitted to run a clinic/laboratory/nursing home while studying postgraduate course

Each year shall be taken as a unit for the purpose of calculating attendance. Every student shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons. Every Candidate is required to attend a minimum of 80% of the training during each academic year of the post graduate course. This shall include assignments, assessment of full time responsibilities and participation in all facets of educational process. Provided further, leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% attendance of training period every year. Leave benefits shall be as per university rules.

A post graduate student pursuing degree course in broad specialties, MD, MS and superspeciality courses DM, M.Ch would be required to present one poster presentation, read one paper in national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him/her to be eligible to appear at the university degree examinations. (MCI, PG 2000, 13.9)

Any student who fails to complete the course in the manner stated above shall not be permitted to appear for the University Examinations.

Monitoring Progress of Studies

The learning process of students should be monitored through continuous appraisal and regular assessment. It not only helps teachers to evaluate students but also students to evaluate themselves. The monitoring is done by the staff of the department based on the participation of students in various teaching/learning activities. It may be structured and assessment is done by using checklists that assess various aspects.

The learning outcomes to be assessed include:

- Personal Attitudes,
- Acquisition of Knowledge,
- Clinical and operative skills, skills of performing necessary tests/experiments
- Teaching skills.
- Documentation skills

Personal Attitudes:

The essential items are:

- Caring attitude, empathy
- Initiative in work and accepting responsibilities
- Organizational ability
- Potential to cope with stressful situations and undertake graded responsibility
- Trustworthiness and reliability
- To understand and communicate intelligibly with patients and others

- To behave in a manner which establishes professional relationships with patients and colleagues.
- Ability to work in a team.
- A critical enquiring approach to the acquisition of knowledge.

The Methods used mainly consist of observation. Any appropriate methods can be used to assess these. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors and peers. However every attempt should be made to minimize subjectivity.

Acquisition of Knowledge:

Lectures: Lectures/theory classes as necessary may be conducted. It is preferable to have one class per week if possible. They may, be employed for teaching certain topics. Lectures may be didactic or integrated.

The following selected common topics for post graduate students of all specialties to be covered are suggested here. These topics can be addressed in general with appropriate teaching-learning methods centrally or at the departmental level.

- History of medicine with special reference to ancient Indian medicine
- Basics of health economics and health insurance
- Medical sociology, Doctor-Patient relationship, role of family in disease
- Professionalism & Medical code of Conduct and Medical Ethics
- Research Methods, Bio-statistics
- Use of library, literature search, use of various software and databases
- Responsible conduct of research
- How to write an article, publication ethics and Plagiarism
- Journal review and evidence based medicine
- Use of computers & Appropriate use of AV aids
- Rational drug therapy
- National Health and Disease Control Programmes
- Roles of specialist in system based practice
- Communication skills.
- Bio medical waste management
- Patient safety, medical errors and health hazards
- Patient's rights for health information and patient charter.

These topics may preferably taken up in the first few weeks of the 1st year commonly for all new postgraduates and later in 2nd year or 3rd year as required during their progression of the programme. The specialty wise topics can be planned and conducted at departmental level.

- a) Integrated teaching: These are recommended to be taken by multidisciplinary teams for selected topics, eg. Jaundice, Diabetes mellitus, thyroid diseases etc. They should be planned well in advance and conducted.

Journal Review Meeting (Journal club):

The ability to do literature search, in depth study, presentation skills, use of audio – visual aids, understanding and applying evidence based medicine are to be focused and assessed. The assessment is made by faculty members and peers attending the meeting using a checklist.

Seminars / symposia:

The topics should be assigned to the student well in advance to facilitate in-depth study. The ability to do literature search, in-depth study, presentation skills and use of audio-visual aids are to be assessed using a checklist.

Clinico-Pathological conferences:

This should be a multidisciplinary case study of an interesting case to train the candidate to solve diagnostic and therapeutic problems by using an analytical approach. The presenter(s) are to be assessed using a check list similar to that used for seminar.

Medical Audit:

Periodic morbidity and mortality meeting be held. Attendance and participation in these must be insisted upon. This may not be included in assessment.

Clinical Skills:

Day to Day Work: Skills in outpatient and ward work should be assessed periodically. The assessment should include the candidates' sincerity and punctuality, analytical ability and communication skills

Clinical Meetings:

Candidates should periodically present cases to his peers and faculty members. This should be assessed using a check list.

Group discussions:

Group discussions are one of the means to train and assess the student's ability to analyse the given problem or situation, apply the knowledge and make appropriate decisions. This method can be adopted to train and assess the competency of students in analyzing and applying knowledge.

Death review meetings/Mortality meetings:

Death review meetings is important method for reflective learning. A well conducted morbidity and mortality meetings bring about significant reduction in complications, improve patient care and hospital services. They also address system related issues. Monthly meetings should be conducted with active participation of faculty and students. Combined death review meetings may be required wherever necessary.

Clinical and Procedural Skills:

The candidate should be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation. Particulars are recorded by the student in the log book.

Teaching Skills:

Candidates should be encouraged to teach undergraduate medical students and paramedical students, if any. This performance should be based on assessment by the faculty members of the department and from feedback from the undergraduate students

Attitude and Communication skills:

Candidates should be trained in proper communication skills towards interaction and communication with patients, attendees and society in general. There should be appropriate training in obtaining proper written informed consent, discussion and documentation of the proceedings. Structured training in various areas like consent, briefing regarding progress and breaking bad news are essential in developing competencies.

Variety of teaching –learning methods like Role play, video based training, standardized patient scenarios, reflective learning and assisting the team leader in all these areas will improve the skills. Assessment can be done using OSCE simulated scenarios and narratives or any appropriate means. Training to work as team member, lead the team whenever situation demands is essential. Mock drills to train and assess the readiness are very helpful.

Work diary / Log Book:

Every candidate shall maintain a Work Diary/Log Book and record his/her participation in the training programs conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures, conducted by the candidate. A well written and validated Log Book reflects the competencies attained by the learner and points to the gap which needs address. This Log Book shall be scrutinized by concerned teachers periodically and certified, by the Head of Department and Head of the Institution, and presented during University Practical / Clinical examination.

Periodic tests:

In case of degree courses of three years duration (MD/MS, DM, M.Ch), the concerned departments may conduct three tests, two of them be annual tests, one at the end of first year and the other in the second year. The third test may be held three months before the final examination. The tests may include written papers, practical / clinical and viva voce.

One of these practical/clinical tests should be conducted by OSPE (objective structured practical examination or OSCE (objective structured clinical examination) method. Records and marks obtained in such tests will be maintained by the Head of Department and sent to the University, when called for,

Assessment

Assessment should be comprehensive & objective. It should address the stated competencies of the course. The assessment needs to be spread over the duration of the course.

FORMATIVE ASSESSMENT, ie., assessment during the training would include:

Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.

General Principles:

Internal Assessment should be frequent, cover all domains of learning and used to provide feedback to improve learning: it should also cover professionalism and communication skills. The Internal Assessment should be conducted in theory and clinical examination.

Quarterly assessment during the Postgraduate training course should be based on following educational activities:

1. Journal based/recent advances learning
2. Patient based/Laboratory or Skill based learning
3. Self directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and outreach Activities/CMEs

Records:

Records and marks obtained in tests will be maintained by the Head of the Departments and will be made available to the University or MCI.

Procedure for defaulter:

Every department should have a committee to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set himself or herself right.

Dissertation:

Every candidate pursuing MD/MS degree course is required to carry out work on a selected research project under the guidance of a recognized post graduate teacher. The results of such a work shall be submitted in the form of a dissertation.

The dissertation is aimed to train a post graduate student in research methods and techniques. It includes identification of a problem, formulation of hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis and comparison of results and drawing conclusions.

Every candidate shall submit to the Registrar (Academic) of the University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within six months

from the date of commencement of the course on or before the dates notified by the University. The synopsis shall be sent through the proper channel.

Such synopsis will be reviewed and the dissertation topic will be registered by the University. No change in the dissertation topic or guide shall be made without prior approval of the University.

The dissertation shall be written under the following headings:

1. Introduction
2. Aims or Objectives of study
3. Review of Literature
4. Material and Methods
5. Results
6. Discussion
7. Conclusion
8. Summary
9. References
10. Tables
11. Annexure

The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexure. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27” x 11.69”) and bound properly. Spiral binding should be avoided. The dissertation shall be certified by the guide, head of the department and head of the Institution.

Adequate number of copies as per norms and a soft copy of dissertation thus prepared shall be submitted to the Controller of Examinations six months before final examination on or before the dates notified by the University.

The dissertation shall be valued by examiners appointed by the university. Acceptance of dissertation work is an essential precondition for a candidate to appear in the University examination.

Guide:

The academic qualification and teaching experience required for recognition by this University as a guide for dissertation work is as per Medical Council of India Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 and its amendments thereof. Teachers in a medical college/institution having a total of eight years teaching experience out of which at least five years teaching experience as Lecturer or Assistant Professor gained after obtaining post graduate degree shall be recognized as post graduate teachers.

A Co-guide may be included provided the work requires substantial contribution from a sister department or from another medical institution recognized for teaching/training by this University / Medical Council of India. The co-guide shall be a recognized post graduate teacher of BLDE (Deemed to be University).

Change of guide:

In the event of a registered guide leaving the college for any reason or in the event of death of guide, guide may be changed with prior permission from the University.

Schedule of Examination:

The examination for M.D. /M.S and DM/M.Ch courses shall be held at the end of three academic years. The university shall conduct two examinations in a year at an interval of four to six months between the two examinations. Not more than two examinations shall be conducted in an academic year.

Scheme of Examination

M.D. /M.S. Degree

M.D. / M.S. Degree examinations in any subject shall consist of dissertation, written papers (Theory), Practical/Clinical and Viva Voce.

Dissertation:

Every candidate shall carryout work and submit a Dissertation as indicated above. Acceptance of dissertation shall be a precondition for the candidate to appear for the final examination.

Written Examination (Theory):

Written examination shall consist of **four** question papers, each of **three** hours duration. Each paper shall carry 100 marks. Out of the **four** papers, the 1st paper in clinical subjects will be on applied aspects of basic medical sciences and 4th paper on Recent advances, which may be asked in any or all the papers. In basic medical subjects and para-clinical -subjects, questions on applied clinical aspects should also be asked.

Practical / Clinical Examination:

In case of practical examination, it should be aimed at assessing competence and skills of techniques and procedures as well as testing students ability to make relevant and valid observations, interpretations and inference of laboratory or experimental work relating to his/her subject.

In case of clinical examination, it should aim at examining clinical skills and competence of candidates for undertaking independent work as a specialist. Each candidate should examine at least one long case and two short cases minimum. However additional assessment methods can be adopted which will test the necessary competencies reasonably well.

The total marks for Practical / Clinical examination shall be 300.

Viva Voce:

Examination shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills.

The total marks shall be 100:

- 80 Marks, for examination of all components of syllabus
- 20 Marks for Pedagogy

Examiners:

There shall be at least four examiners in each subject. Out of them two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

Criteria for pass & distinction:

Criteria for declaring as pass in University Examination: A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical/clinical and (3) viva voce examination. The candidate should pass independently in practical/clinical examination and Viva Voce: vide MCI pg 2000 Reg no 14(4) (Ciii)

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examinations. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree examination as the case may be.[amendment of MCI PG Regulations clause 14 dated 5.4.2018]

A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Controller of Examinations.

Declaration of distinction:

A successful candidate passing the University examination in first attempt will be declared to have passed the examination with distinction, if the grand total aggregate of marks is 75 percent and above.

Distinction will not be awarded for candidates passing the examination in more than one attempt.

D.M/M.Ch Degree:

DM/M.Ch Degree examinations in any subject shall consist of written theory papers (theory), practical/clinical and Viva voce.

Written Examination (Theory):

Written examination shall consist of **four** question papers, each of **three** hours duration. Each paper shall carry 100 marks. Out of the **four** papers, the 1st paper in clinical subjects will be on applied aspects of basic medical sciences. Recent advances may be asked in any or all the papers. In basic medical subjects and para-clinical -subjects, questions on applied clinical aspects should also be asked.

Practical / Clinical Examination:

In case of practical examination, it should be aimed at assessing competence and skills of techniques and procedures as well as testing students ability to make relevant and valid

observations, interpretations and inference of laboratory or experimental work relating to his/her subject.

In case of clinical examination, it should aim at examining clinical skills, competence of candidates for undertaking independent work as a specialist. Each candidate should examine at least one long case and two short cases.

The total marks for Practical / clinical examination shall be 300.

Viva Voce:

Examination shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills.

The total marks shall be 100:

- 80 Marks, for examination of all components of syllabus
- 20 Marks for Pedagogy

Examiners:

There shall be at least four examiners in each subject. Out of them two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

Criteria for passing and distinction:

Criteria for declaring as pass in University Examination: A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical including clinical and (3) viva voce examination. The candidate should pass independently in practical/clinical examination vide: MCI pg 2000 Reg no 144-c (iii).

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examinations. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree examination as the case may be.[amendment of MCI PG Regulations clause 14 dated 5.4.2018]

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A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Controller of Examinations.

Distinction will not be awarded for candidates passing the examination in more than one attempt.

Number of candidates per day:

The maximum number of candidates for practical/clinical and viva-voce examination shall be as under:

MD / MS Courses: Maximum of 8 per day

DM/M.Ch Maximum of 3 per day

Additional annexure to be included in all curricula

Postgraduate Students Appraisal Form
Pre/Para/Clinical Disciplines

Name of Department/Unit :
Name of the PG Student :
Period of Training : FROM..... TO.....

Sr. No	PARTICULARS	Not Satisfactory	Satisfactory	More Than Satisfactory	Remarks
		1 2 3	4 5 6	7 8 9	
1	Journal based/recent advances learning				
2	Patient based /Laboratory or Skill based learning				
3	Self directed learning and teaching				
4	Departmental and interdepartmental learning activity				
5	External and Outreach Activities/CMEs				
6	Thesis/Research work				
7	Log Book Maintenance				

Publications Yes/No

Remarks*
.....
.....
.....

*Remarks: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

SIGNATURE OF ASSESSEE

SIGNATURE OF GUIDE

SIGNATURE OF HOD

SIGNATURE OF UNIT CHIEF

Section-II

M. D. IN RESPIRATORY MEDICINE

Preamble:

The purpose of PG in Respiratory Medicine is to create specialists who would be able to provide high quality health care with confidence and advance the respiratory medical science through research & training.

The person shall be abreast with the recent advances and developments in the specialty of Respiratory Medicine. It is expected that the person will develop a spirit of enquiry and get oriented to apply recent advances and medical evidence to the practice of Respiratory Medicine. And to learn the fundamentals of Research Methodology. The syllabus to be covered during post graduate training in Respiratory Medicine is designed to develop a sound and scientific foundation. It is intended to serve as a guide to impart basic knowledge and develop skills.

PGs should become good consultants, good teachers and good human beings who practise ethics, who will have passion for all living beings and being Respiratory Medicine physician will take care of ecosystem.

SUBJECT SPECIFIC OBJECTIVES

The primary goal of the MD course in Respiratory Medicine is to produce post graduate clinicians able to provide health care in the field of Respiratory medicine. It is expected that a physician qualified in Pulmonary Medicine at the end of the course should be able to diagnose and treat pulmonary diseases, take preventive and curative steps for these diseases in the community at all levels of health care and qualify as a consultant. Equally important aspect is to make them talented teachers who would teach other students with great interest, dedication and deep knowledge. Apart from this the course should produce medical scientists in future by creating interest in research and publications.

The objective of PG Respiratory Medicine course is to give appropriate treatment , good teaching, research will also include humane approach to the needy may be patients, animals, plants to save environment and save our living globe. Environment plays very important role in environmental lung diseases including air pollution, high altitude and diving health aspects.

Each student should obtain proficiency in the following domains during the period of training:

1. Theoretical knowledge of different aspects of Pulmonary Medicine including the status in health and disease.
2. Acquire clinical skills.
3. Acquire practical skills.
4. Acquire Art of teaching.
5. Management of emergencies including intensive care.

6. Preparation of Dissertation / thesis as per MCI guidelines.

These involve patient management in the outpatient, inpatient and emergency situations, case presentations, didactic lectures, seminars, journal reviews, clinico-pathological conferences and mortality review meetings and working in the laboratories.

SUBJECT SPECIFIC COMPETENCIES

By the end of the course, the student should have acquired knowledge (cognitive domain), professionalism (affective domain) and skills (psychomotor domain) as given below:

A. Cognitive domain

At the end of the MD course in Pulmonary Medicine, the students should be able to:

1. Demonstrate sound knowledge of common pulmonary diseases, etiology, pathogenesis, their clinical manifestations, including emergent situations and of investigative procedures to confirm their diagnosis. A comprehensive knowledge of epidemiological aspects of pulmonary diseases should be acquired.
2. Demonstrate comprehensive knowledge of various modes of therapy used in treatment of pulmonary diseases.
3. Describe the mode of action of commonly used drugs, their doses, side-effects / toxicity, indications and contra-indications and interactions, generic and trade names and their rationale use.
4. Describe commonly used modes of management including medical and surgical procedures available for treatment of various diseases and to offer a comprehensive plan of management inclusive of National Tuberculosis Elimination Programme (NTEP).
5. Manage common pulmonary emergencies and understand the basic of intensive care in patients with pulmonary diseases.
6. Practice the field of pulmonary medicine ethically and assiduously, show empathy and adopt a humane approach towards patients and their families.
7. Recognize the national priorities in pulmonary medicine and play an important role in the implementation of National Health Programmes including tuberculosis.
8. Demonstrate competence in medical management.
9. Should inculcate good reading habits and develop ability to search medical literature and develop basic concept of medical research.

B. Affective Domain:

1. Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.

2. Always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information and second opinion.
3. Develop communication skills to word reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching and develop qualities of an ideal teacher.

C. Psychomotor Domain:

At the end of the course, the student should acquire following clinical skills and be able to:

1. Interview the patient, elicit relevant and correct information and describe the history in chronological order.
2. Conduct clinical examination, elicit and interpret clinical findings and diagnose common pulmonary disorders and emergencies.
3. perform simple, routine investigative and office procedures required for making the bedside diagnosis, especially sputum collection and examination for etiologic organisms especially Acid Fast Bacilli (AFB), interpretation of the chest x-rays and lung function tests.
4. Interpret and manage various blood gases abnormalities in various pulmonary diseases.
5. Develop management plans for various pulmonary diseases.
6. Assist in the performance of common procedures, like bronchoscopic examination, pleural aspiration and biopsy, pulmonary physiotherapy, endotracheal intubation and pneumo-thoracic drainage / aspiration etc.
7. Recognize emergency situations in intensive care, respond to these appropriately and perform basic critical care monitoring and therapeutic procedures.
8. Collect, compile, analyse, interpret, discuss and present research data.
9. Teach pulmonary medicine to undergraduate and postgraduate students.

To acquire the above skills, the student should be exposed and trained in the following tests and procedures:

1. Diagnostic tests: Performance and interpretation

- Sputum and other body fluids examination with ZN stain for AFB, culture methods for pathogenic bacteria, fungi and viruses.
- Newer diagnostic techniques for tuberculosis including molecular techniques.
- FNAC of lung masses (blind and image-guided)
- Arterial blood gas analysis and pulse oximetry
- Imaging: Interpretation of plain radiography, ultrasound examination, Computed tomogram, PET scan, MRI
- Sputum cytology
- Simple haematological tests
- Immunological and Serological tests
- Polysomnography (full-night and split-night studies) including CPAP titration,

evaluation of daytime sleepiness

- Cardiopulmonary exercise testing
- Pulmonary function tests and interpretation (Spirometry, lung volume, diffusions, body plethysmography, other lung function tests)
- Bronchoprovocation tests
- BCG vaccination
- Mantoux testing; interferon gamma release assays
- Bronchoscopy: fiber-optic/rigid, diagnostic and therapeutic
- ECG, 2D and Doppler echocardiography
- Venous Doppler ultrasound
- Skin tests for hypersensitivity
- Sputum induction and non-invasive monitoring of airway inflammation
- Medical thoracoscopy

2. Therapeutic procedures

- Fine needle aspiration and other guided procedures
- Tube thoracostomy
- Cardiopulmonary rehabilitation exercises
- Postural drainage
- Pleural biopsy, lymph node biopsy
- Administration of inhalation therapy
- Administration of oxygen therapy
- Administration of continuous positive airway pressure (CPAP)/ Bilevel Positive Airway Pressure (BiPAP)
- Monitoring and emergency procedures in intensive care

Syllabus

Course contents:

The student should acquire knowledge in the following:

I. Basic Sciences

A. Anatomy and Histology of Respiratory System

1. Development and Anatomy of Respiratory System
2. Applied embryology of lungs, mediastinum and diaphragm
3. Developmental anomalies.

B. Physiology and Biochemistry

1. Assessment of pulmonary functions.
2. Control of mechanics and pulmonary mechanics, Surfactant.
3. Ventilation, pulmonary blood flow, gas exchange and transport
4. Non-respiratory, metabolic functions of lung
5. Principles of electrocardiography
6. Inhalation kinetics and its implication in aerosol therapy, and sputum induction etc.
7. Acid-base and electrolyte balance
8. Physiology of sleep and its disorders
9. Pulmonary innervation and reflexes
10. Pulmonary defence mechanisms
11. Principles of exercise physiology and testing
12. Physiological changes in pregnancy, high altitude, aging
13. Physiological basis of pulmonary symptoms

C. Microbiology

1. Mycobacterium tuberculosis and other mycobacteria
2. Bacteria causing pulmonary diseases
3. Atypical organisms and respiratory tract infections
4. Anaerobes in pleura-pulmonary infections
5. Laboratory diagnosis of non-tubercular infections of respiratory tract
6. Laboratory diagnosis of TB including staining, culture and drug sensitivity testing, Newer Diagnostic Methods
7. Virulence and pathogenicity of mycobacteria, strains of mycobacteria.
8. Respiratory viruses: Viral diseases of the respiratory system and diagnostic methods
9. Respiratory fungi: (i) Classification of fungal diseases of lung: candidiasis, Actinomycosis, Nocardiosis, Aspergillosis, Blastomycosis etc. (ii) Laboratory diagnostic procedures in pulmonary mycosis
10. Opportunistic infections in the immuno-ompromised individuals
11. HIV and AIDS. Virological aspects, immuno-pathogenesis, diagnosis
12. Parasitic lung diseases.

D. Pathology

1. Acute and chronic inflammation: Pathogenetic mechanisms in pulmonary diseases
2. Pathology aspects of Tuberculosis
3. Pathology aspects of Pneumonias and bronchopulmonary suppuration
4. Chronic bronchitis and emphysema, asthma, other airway diseases
5. Occupational lung diseases including Pneumoconiosis
6. Interstitial lung diseases including sarcoidosis, connective tissue diseases, pulmonary vasculitis syndromes, pulmonary eosinophilias
7. Tumours of the lung, mediastinum and pleura

E. Epidemiology

1. Epidemiological terms and their definitions
2. Epidemiological methods
3. Epidemiology of tuberculosis, pneumoconiosis, asthma, lung cancer, COPD and other pulmonary diseases
4. National Tuberculosis Control Programme and RNTCP; Epidemiological aspects of BCG
5. Epidemiological aspects of pollution-related pulmonary diseases
6. Research methodology, statistics and study designs

F. Allergy and Immunology

1. Various mechanisms of hypersensitivity reactions seen in pulmonary diseases
2. Diagnostic tests in allergic diseases of lung - *in vitro* and *in vivo* tests, bronchial provocation test
3. Immunology of tuberculosis, Sarcoidosis and other diseases with an immunological basis of pathogenesis

G. Pharmacology

1. Pharmacology of antimicrobial drugs
2. Pharmacology of antitubercular drugs
3. Pharmacology of antineoplastic and immunosuppressant drugs
4. Bronchodilator and anti-inflammatory drugs used in pulmonary diseases
5. Drugs used in viral, fungal and parasitic infections
6. Other drugs pharmacokinetics and drugs interaction of commonly used drugs in pulmonary diseases
7. Pharmacovigilance.

II. Clinical Pulmonary Medicine

Clinical pulmonary medicine covers the entire range of pulmonary diseases. All aspects of pulmonary diseases including epidemiology, aetiopathogenesis, pathology, clinical features, investigations, differential diagnosis and management are to be covered.

A. Infections

1. Tuberculosis

- Aetiopathogenesis and Clinical features
- Diagnostic methods
- Differential diagnosis
- Management of pulmonary tuberculosis; RNTCP, DOTS, and DOTS-Plus; International Standards of TB Care, PMDT.
- Complications in tuberculosis
- Tuberculosis in children
- Tuberculosis in pregnancy.
- Tuberculosis in special situations.
- Geriatric tuberculosis
- Pleural and pericardial effusion and empyema
- Mycobacteria other than tuberculosis
- Extrapulmonary tuberculosis
- HIV and TB; interactions of antitubercular drugs with antiretrovirals
- Diabetes mellitus and tuberculosis
- Management of MDR and XDR tuberculosis.

2. Non-tuberculous infections of the lungs

- Approach to a patient with pulmonary infection
- Community-acquired pneumonia
- Hospital-associated pneumonia, ventilator-associated pneumonia
- Unusual and atypical pneumonias including bacterial, viral, fungal and parasitic and rickettsial, anaerobic
- Bronchiectasis, lung abscess and other pulmonary suppurations
- Acquired immunodeficiency syndrome and opportunistic infections in immuno-compromised host
- Principles governing the use of antibiotics in pulmonary infections
- Other pneumonias and parasitic infections, Zoonosis.

B. Non-infectious Lung Diseases

3. Immunological disorders

- Immune defence mechanisms of the lung
- Sarcoidosis
- Hypersensitivity pneumonitis and lung involvement
- Eosinophilic pneumonias and tropical eosinophilia
- Pulmonary vasculitides
- Connective tissue diseases involving the respiratory system
- Interstitial lung disease of other etiologies
- Reactions of the interstitial space to injury, drugs
- Occupational and environmental pulmonary diseases

4. Other non-infectious disorders of the lungs and airways

- Aspiration and inhalational (non-occupational) diseases of the lung
- Drug induced pulmonary diseases
- Bullous lung disease
- Uncommon pulmonary diseases (metabolic, immunological, unknown etiology), pulmonary haemorrhagic syndromes
- Other pulmonary diseases of unknown etiology, including PLCH, LAM, PAP, alveolar microlithiasis
- Cystic fibrosis and disorders of ciliary motility
- Obesity-related pulmonary disorders
- Upper airways obstruction syndromes
- Occupational lung diseases and pneumoconiosis
- Air-pollution induced diseases, toxic lung and other inhalational injuries
- Health hazards of smoking
- Drug-induced lung diseases.

5. Pulmonary Circulatory disorders

- Pulmonary hypertension and cor pulmonale
- Pulmonary edema
- Pulmonary thromboembolic diseases and infarction
- Cardiac problems in a pulmonary patient and pulmonary complications produced by cardiac diseases.

6. Obstructive diseases of the lungs

- Asthma including allergic bronchopulmonary aspergillosis, specific allergen immunotherapy and immunomodulation.
- Chronic obstructive lung disease and diseases of small airways.
- Special aspects of management including Long term oxygen therapy, Inhalation therapy and Pulmonary rehabilitation.

7. Tumors of the lungs

- Comprehensive knowledge of neoplastic and non-neoplastic diseases of lung including epidemiology, natural history, staging, and principles of treatment (medical, surgical, and radiation).
- Solitary pulmonary nodule.

1. Diseases of the mediastinum

- Non-neoplastic disorders
- Benign and malignant (primary and secondary) neoplasms and cysts

2. Disorders of the pleura

- Pleural dynamics and effusions

- Non-neoplastic and neoplastic pleural diseases
 - Pneumothorax
 - Pyothorax and broncho-pleural fistula
 - Fibrothorax
- 3. Critical Care Pulmonary Medicine**
- Management of emergency problems of different pulmonary diseases
 - Adult respiratory distress syndrome
 - Respiratory failure in the patient with obstructive airway disease
 - Respiratory failure in other pulmonary diseases
 - Management of sepsis
 - Respiratory and haemodynamic monitoring in acute respiratory failure
 - Non-invasive and Mechanical ventilation
 - Principles of critical care, diagnosis and management of complications; severity of illness scoring systems
 - Ethical and end-of-life issues in critical care
- 4. Extra pulmonary manifestations of pulmonary diseases**
- 5. Sleep-related pulmonary diseases**
- Polysomnography
 - Sleep apneas
 - Other sleep-disordered breathing syndromes
- 6. Miscellaneous aspects**
- Diseases of the diaphragm
 - Disorders of chest wall
 - Obesity-related pulmonary disorders
 - Oxygen therapy
 - End-of-life care
 - Aerospace Medicine
 - Pulmonary problems related to special environments (high altitude, diving, miners)
 - Assessment of quality of life using questionnaires
 - Health impacts of global warming
- 7. Preventive Pulmonology**
- Principles of smoking cessation and smoking cessation strategies
 - Cardiopulmonary rehabilitation
 - Preventive aspects of pulmonary diseases
 - Vaccination in pulmonary diseases

III. Surgical aspects of Respiratory Medicine

- Pre- and post-operative evaluation and management of thoracic surgical patients
- Chest trauma/trauma related lung dysfunction
- Lung transplantation

TEACHING AND LEARNING METHODS

Postgraduate teaching programme

General principles

Acquisition of practical competencies being the keystone of PG medical education, PG training should be skills oriented. Learning in PG program should be essentially self- directed and primarily emanating from clinical and academic work.

Teaching methodology

This should include regular bedside case presentations and demonstrations, didactic lectures, seminars, journal clubs, clinical meetings, and combined conferences with allied departments. The post graduate student should be given the responsibility of managing and caring for patients in a gradual manner under supervision.

In addition to bedside teaching rounds, at least 5-hr of formal teaching per week are necessary. The departments may select a mix of the sessions, as given under formative assessment.

Further, the student should:

- Attend accredited scientific meetings (CME, Seminars, Journal Club, Symposia, and Conferences).
- Attend additional sessions on resuscitation, basic sciences, biostatistics, research methodology, teaching methodology, hospital waste management, health economics, medical ethics and legal issues related to medical practice are suggested.
- There should be a training program on Research methodology for existing faculty to build capacity to guide research.
- The postgraduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
- A postgraduate student of a postgraduate degree course in broad specialities/super specialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.
- Department should encourage e-learning activities.
- Intradepartmental and interdepartmental conferences related to case discussions.

- Ward rounds along with emergency admissions.
- Attendance at sub-specialty and symptom specific clinics external rotation postings in departments like cardiology, cardiothoracic surgery, general medicine and other subspecialties
- Skills training
- Research Presentation and review of research work.

Log book:

During the training period, the post graduate student should maintain a Log Book indicating the duration of the postings/work done in Wards, OPDs and Casualty. This should indicate the procedures assisted and performed, and the teaching sessions attended. The Log book shall be checked and assessed periodically by the Guide / HOD imparting the training.

Format of the Log Book:

- Cases seen in rounds-description of interesting cases.
- Cases seen in OPD-description of interesting cases.
- Procedures done on patients either in OPD or IPD.
- Clinical teaching done to Undergraduates.
- PG training Programs attended.
- Size of the book- A4 Size, 200 pages per year.
- Information regarding research and latest advances.

Thesis

All M.D (Respiratory Medicine) post graduate students should carry out work on an assigned topic under the direct guidance of a recognised post graduate teacher. A written protocol of the proposed work should be submitted before the end of the first 6 months. Subsequently, the post graduate student should carry out the proposed work for at least 1 year (not inclusive of the period for submitting the protocol and writing-up the final thesis).

During the training programme, patient safety is of paramount importance; therefore, skills are to be learnt initially on the models, later to be performed under supervision followed by performing independently. For this purpose, provision of skills laboratories in medical colleges is mandatory.

ASSESSMENT

FORMATIVE ASSESSMENT, ie., assessment during training

Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.

General Principles

Internal Assessment should be frequent, cover all domains of learning and used to provide feedback to improve learning; it should also cover professionalism and communication skills. The Internal Assessment should be conducted in theory and practical/clinical examination. Also Research attitude can be assessed from PG thesis work.

Quarterly assessment during the MD training should be based on:

1. Journal based / recent advances learning
2. Patient based /Laboratory or Skill based learning
3. Self directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and Outreach Activities / CMEs

The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I).

SUMMATIVE ASSESSMENT i:e, assessment at the end of training

The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

University examinations

The Post Graduate Examination shall be in three parts:

1. Thesis:

Every post graduate student shall carry out work on an assigned research project under the guidance of a recognized Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature.

Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. Theory Examination:

There shall be four theory papers of 100 marks each:

Paper I: General pulmonary medicine and basic sciences;

Paper II: Clinical pulmonary medicine including medical emergencies;

Paper III: Clinical pulmonary medicine including critical care medicine;

Paper IV: Recent advances in pulmonary medicine, and research methodology.

The final qualifying examination should include an assessment of clinical skills in the form of case presentations and discussions. Other rules laid down by the MCI regarding M.D. examinations shall apply here as well.

3. Practical/Clinical and Oral/viva voce Examination:

The post graduate students shall examine a minimum of one long case (1x150=150marks) and three short cases (3 x 50 =150 marks). Total – 300 marks.

Oral/viva voce Examination

The oral examination shall be thorough and shall aim at assessing the knowledge and competence of the post graduate student on the subject, investigative procedures,

therapeutic technique and other aspects of the specialty which form a part of the examination.

These include- X-rays/ Radiological reports, ECG, PFT, ABG Analysis, Instruments, Drugs, Microbiological tests, Specimen and Sleep Reports. The division of marks shall be 80 for viva voce and 20 for pedagogy, total 100.

Max. Marks in Respiratory	Theory	Practical's	Viva-Voce	Total
Medicine	400	300	100	800

Recommended reading:

Books (latest edition)

1. Harrison's Principles of Internal Medicine ed. Petersdorf (McGraw Hill)
2. Cecil Text book of Medicine ed. Wyngaarden
3. Crofton & Douglas Respiratory diseases ed. Seaton et al (Oxford)
4. Pulmonary diseases & disorders by Fishman (McGraw Hill)
5. Textbook on Pulmonary disease by Fraser & Pare
6. Asthma by Clarke et al
7. Bronchoscopy by Straddling
8. Tuberculosis by SK Sharma
9. Lung diseases in the Tropics ed. OP Sharma (Marcel Dekker)
10. The Normal Lung by Murray (Saunders)
11. Pulmonary Function Testing by Clausen (Academic Press)
12. Respiratory Physiology by J.B. West (Williams & Wilkins)
13. Physiology of Respiration by J.H. Comroe (Yearbook Med Pub.)
14. Respiratory Function in disease by Bates et al (Saunders)
15. Textbook of Pulmonary & Critical Care Medicine (vol 1& 2) by SK Jindal (Jaypee Pub.)
16. Atlas of Flexible Bronchoscopy by Pallav Shah and Suveer Singh by CRC Press.

Clinical Methods

- Hutchinson's Clinical Methods
- Macleod's Clinical examination
- John Patten : Neurological Differential Diagnosis
- Neurological examination in Clinical Practice by Bickerstaff

Journals

- Indian J of Tuberculosis and Chest Diseases
- Lung India

- The European Respiratory Journal (ERJ)
- American Journal of Respiratory and Critical Care Medicine.
- North American Clinics in Chest Medicine
- CHEST® Journal.

Annexure I**Postgraduate Students Appraisal Form Pre/ Para/ Clinical Disciplines****Name of the Department/Unit:****Name of the PG Student:****Period of Training: FROM.....TO.....**

SL No.	PARTICULARS	Not Satisfactory			Satisfactory			Remarks
		1	2	3	4	5	6	
1.	Journal based / recent advances learning							
2.	Patient based /Laboratory or Skill based learning							
3.	Self directed learning and teaching							
4.	Departmental and interdepartmental learning activity							
5.	External and Outreach Activities / CMEs							
6.	Thesis / Research work							
7.	Log Book Maintenance							

Publications- Yes/ No**Remarks**

*REMARKS: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended

SIGNATURE OF ASSESSEE**SIGNATURE OF CONSULTANT****SIGNATURE OF HOD**

Section-III

Check List – I
MODEL CHECK-LIST FOR EVALUATION OF JOURNAL
REVIEW PRESENTATIONS

Name of the Student:

Name of the Faculty/Observer:

Date:

Sl. No.	Items for observation during presentation	Poor 1	Average 2	Good 3	Excellent 4
1.	Article Chosen was				
2.	Extent of understanding of scope & objectives of the paper by the candidate				
3.	Whether cross references have been consulted				
4.	Whether other relevant publications consulted				
5.	Ability to respond to questions on the paper / subject				
6.	Audio-Visual aids used				
7.	Ability to defend the paper				
8.	Clarity of presentation				
9.	Any other observation				
	Total Score				

Check List – II
MODEL CHECK-LIST FOR EVALUATION OF
SEMINAR PRESENTATIONS

Name of the Student:

Name of the Faculty/Observer:

Date:

Sl. No	Items for observation during presentation	Below Average 1	Average 2	Good 3	Very Good 4
1.	Whether other relevant publications consulted				
2.	Whether cross references have been consulted				
3.	Completeness of Preparation				
4.	Clarity of Presentation				
5.	Understanding of subject				
6.	Ability to answer questions				
7.	Time scheduling				
8.	Appropriate use of Audio-visual Aids				
9.	Any other observation				
	Total Score				

Check List – III**MODEL CHECK LIST FOR EVALUATION OF CLINICAL WORK IN
WARD / OPD**

(To be completed once a month by respective Unit Heads including posting in other departments)

Name of the Student:

Name of the Unit Head:

Date:

Sl. No.	Points to be considered	Below Average 1	Average 2	Good 3	Very Good 4
1.	Regularity of attendance				
2.	Punctuality				
3.	Interaction with colleagues and supportive staff				
4.	Maintenance of case records				
5.	Presentation of cases during Rounds				
6.	Investigations work up				
7.	Bedside manners				
8.	Rapport with patients				
9.	Counseling patient's relatives for blood donation or Postmortem and Case follow up.				
10.	Over all quality of Ward work				
	Total Score				

Check List – IV**EVALUATION FORM FOR CLINICAL PRESENTATION**

Name of the Student:

Name of the Faculty:

Date:

Sl. No	Points to be considered	Below Average 1	Average 2	Good 3	Very Good 4
1.	Completeness of history				
2.	Whether all relevant points Elicited				
3.	Clarity of Presentation				
4.	Logical order				
5.	Mentioned all positive and negative points of importance				
6.	Accuracy of general physical Examination				
7.	Whether all physical signs elicited Correctly				
8.	Whether any major signs missed or misinterpreted				
9.	Diagnosis: Whether it follows logically from history and findings				
10.	Investigations required				
	▪ Complete list				
	▪ Relevant order				
	▪ Interpretation of Investigations				
11	Ability to react to questioning Whether it follows logically from history and findings				
12.	Ability to defend diagnosis				
13.	Ability to justify differential Diagnosis				
14.	Others				
	Total Score				

Check List – V

MODEL CHECK LIST FOR EVALUATION OF TEACHING SKILL PRACTICE

Sl. No		Strong Point	Weak Point
1.	Communication of the purpose of the talk		
2.	Evokes audience interest in the subject		
3.	The introduction		
4.	The sequences of ideas		
5.	The use of practical examples and/or illustrations		
6.	Speaking style (enjoyable, monotonous, etc., specify)		
7.	Attempts audience participation		
8.	Summary of the main points at the end		
9.	Asks questions		
10.	Answers questions asked by the audience		
11.	Rapport of speaker with his audience		
12.	Effectiveness of the talk		
13.	Uses AV aids appropriately		

Check List – VI

**MODEL CHECK LIST FOR DISSERTATION SYNOPSIS
PRESENTATION**

Name of the Student:

Name of the Faculty:

Date:

Sl. No	Points to be considered	Poor	Below Average 1	Average 2	Good 3	Very Good 4
1.	Interest shown in selecting a topic					
2.	Appropriate review of literature					
3.	Discussion with guide & Other Faculty					
4.	Quality of Protocol					
5.	Preparation of proforma					
	Total Score					

Check List – VII

**CONTINUOUS EVALUATION OF DISSERTATION WORK BY
GUIDE / CO-GUIDE**

Name of the Student:

Name of the Faculty:

Date:

Sl. No	Items for observation during presentation	Below Average 1	Average 2	Good 3	Very Good 4
1.	Periodic consultation with guide/co-guide				
2.	Regular collection of case Material				
3.	Depth of analysis / discussion				
4.	Departmental presentation of Findings				
5.	Quality of final output				
6.	Others				
	Total Score				

Section-IV

MEDICAL ETHICS & MEDICAL EDUCATION

Sensitization and Practice

Introduction

There is now a shift from the traditional individual patient, doctor relationship, and medical care. With the advances in science and technology and the needs of patient, their families and the community, there is an increased concern with the health of society. There is a shift to greater accountability to the society. Doctors and health professionals are confronted with many ethical problems. It is, therefore necessary to be prepared to deal with these problems. To accomplish the Goal (i), General Objectives (ii) stated in Chapter II (pages 2.1 to 2.3), and develop human values it is urged that **ethical sensitization** be achieved by lectures or discussion on ethical issues, clinical case discussion of cases with an important ethical component and by including ethical aspects in discussion in all case presentations, bedside rounds and academic postgraduate programs.

Course Contents

1. Introduction to Medical Ethics
 - What is Ethics?
 - What are values and norms?
 - Relationship between being ethical and human fulfillment
 - How to form a value system in one's personal and professional life
 - Heteronomous Ethics and Autonomous Ethics
 - Freedom and personal Responsibility
2. Definition of Medical Ethics
 - Difference between medical ethics and bio-ethics
 - Major Principles of Medical Ethics 0
 - Beneficence = fraternity
 - Justice = equality
 - Self determination (autonomy) = liberty
3. Perspective of Medical Ethics
 - The Hippocratic Oath
 - The Declaration of Helsinki
 - The WHO Declaration of Geneva
 - International code of Medical Ethics (1993)
 - Medical Council of India Code of Ethics
4. Ethics of the Individual
 - The patient as a person
 - The Right to be respected
 - Truth and confidentiality
 - The autonomy of decision
 - The concept of disease, health and healing

The Right to health
Ethics of Behavior modification
The Physician – Patient relationship
Organ donation

5. The Ethics of Human life
 - What is human life?
 - Criteria for distinguishing the human and the non-human
 - Reasons for respecting human life
 - The beginning of human life
 - Conception, contraception
 - Abortion
 - Prenatal sex-determination
 - In vitro fertilization (IVF), Artificial Insemination by Husband (AIH)
 - Artificial Insemination by Donor (AID)
 - Surrogate motherhood, Semen Intra fallopian Transfer (SIFT),
 - Gamete Intra fallopian Transfer (GIFT), Zygote Intra fallopian Transfer (ZIFT),
 - Genetic Engineering

6. The family and society in Medical Ethics
 - The Ethics of human sexuality
 - Family Planning perspectives
 - Prolongation of life
 - Advanced life directives – The Living Will
 - Euthanasia
 - Cancer and Terminal Care

7. Profession Ethics
 - Code of conduct
 - Contract and confidentiality
 - Charging of fees, Fee-splitting
 - Prescription of drugs
 - Over-investigating the patient
 - Low – Cost drugs, vitamins and tonics
 - Allocation of resources in health cares
 - Malpractice and Negligence

8. Research Ethics
 - Animal and experimental research / humanness
 - Human experimentation
 - Human volunteer research – Informed Consent
 - Drug trials\
 - ICMR Guidelines for Ethical Conduct of Research – Human and Animal
 - ICH / GCP Guidelines
 - Schedule Y of the Drugs and Cosmetics Act.

9. Ethical work -up of cases
 - Gathering all scientific factors
 - Gathering all human factors
 - Gathering value factors

Identifying areas of value – conflict, setting of priorities,
Working our criteria towards decisions

Recommended Reading

1. Francis C. M., **Medical Ethics**, 2nd Ed, 2004 Jaypee Brothers, Bangalore/-
2. Ethical guidelines for biomedical research on human participants, ICMR publication 2017
3. Santosh Kumar: the elements of research, writing and editing 1994, Dept of Urology, JIPMER, Pondicherry
4. Srinivas D.K et al, Medical Education Principles and Practice, 1995, National Teacher Training Centre, JIPMER, Pondicherry
5. Indian National Science Academy, Guidelines for care and use of animals in scientific Research, New Delhi, 1994
6. International committee of Medical Journal Editors, Uniform requirements for manuscripts submitted to biomedical journals, N Engl J Med 1991
7. Kirkwood B.R, Essentials of Medical Statistics, 1st Ed., Oxford: Blackwell Scientific Publications 1998
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