# **Curriculum for Under-graduate Medical Education in Bangladesh- Updated 2012**



# Approved by Bangladesh Medical & Dental Council (BM&DC)

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### **Preface**

Medical science is constantly advancing with the advancement of science and technology. Global changes are happening in medical education in accordance and conformity of these advancements and changes. With the application of these knowledge and skills of medical science, future doctors should satisfy their patients with the changing needs of the community. Much changes are happening in teaching methods and teaching sites or learning environment. It is now an established fact that best learning is achieved through utilizing the learning environment in factual situation. A doctor can better learn from his own patients. Slogan of today is now the unity of education and practice. The undergraduate curriculum for future doctor is expected to be so designed that it should focus more on real life situation and of learning i.e. more community oriented as well as more community based. To serve this purpose community campus partnership is very much appropriate and essential.

The undergraduate medical curriculum followed in the medical colleges was developed in 1988 through UNDP and WHO support by the Centre for Medical Education with an aim to produce community oriented doctors who will be able to provide essential primary health care to the community. That was the first documented curriculum ever developed in the country. But evaluation by UNDP (1990) and Godfrey et al (1996) revealed that it is neither community oriented nor competency based and there is room for much improvement. The need to develop a community- oriented and competency-based curriculum was felt by all concerned. For that series of workshops with specialists and experts from every discipline took place to develop a curriculum, which would reflect institutional, departmental objectives as well as subject wise learning objectives. The curriculum should have contents relevant to the health problems of the country and assessment method should be scientific, reliable and valid and also questions should be objectively set and designed. The teaching methods should also be scientific and more biased for effective small group teaching. As a whole the other components of the curriculum such as, course contents, strategy for teaching, materials or media used and the assessment system within the available timeframe were to be identified scientifically to provide the medical graduates with proper knowledge, skills and attitude. Thus the Undergraduate Medical Curriculum 2002 was developed and implemented.

Now after a decade, with the combined efforts of the Directorate General of Health Services (DGHS), Centre for Medical Education (CME) and Bangladesh Medical & Dental Council (BM&DC), MOH&FW and different Dean offices reviewed and updated the Undergraduate Medical Curriculum 2002 with the inclusion of national goal, objectives, learning outcomes, competencies. The updated MBBS Curriculum 2012 is ready to be implemented from session 2012-2013. This enormous task has been efficiently completed with the most sincere and heartiest effort of the teachers of both public and private medical colleges and also delegates of concerned authorities and faculty members of CME. The activities in regards to technical support, compilation and editing were done by Centre for Medical Education (CME) as per it's terms of reference.

Prof. Abu Shafi Ahmed Amin

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President

**Bangladesh Medical & Dental Council (BM&DC)** 

### **Preamble**

The quality of health care is under scrutiny all over the world because of increasing public expectation of their health care services. Therefore a positive change is needed in the role of doctors. The role of teachers and students in teaching learning with positive changes in medical education, its strategy and process also needs to be reviewed and developed.

This reviewed MBBS curriculum 2012 has been developed and scientifically designed, which is responsive to the needs of the learners and of the community. The present curriculum, its assessment method is expected to effectively judge competencies acquired that are required to meet the health need of our people. It is gratifying to note that all concerned in the promotion of medical education in the country have involved themselves in the planning and formulation of this need-based and competency based curriculum which has been initiated under the auspices of the Centre for Medical Education (CME).

Though curriculum is not the sole determinant of the outcome, yet, it is very important as it guides the faculty in preparing their instruction and tells the students what knowledge, skills and attitude they are to develop through the teaching learning process. The ultimate indicators of assessing curriculum in medical education is the quality of health services provided by its graduates with required competencies.

In conclusion, I would like to mention that the curriculum planning process is continuous, dynamic and never-ending. If it is to serve best, the needs of the individual students, educational institutions and the community to whom we are ultimately accountable, must be assessed.

I congratulate all who were involved in reviewing, redesigning, updating and developing the MBBS curriculum, particularly the Centre for Medical Education. They contributed to complete this activity a commendable job and deserve special appreciation.

Prof. Dr. Khondhaker Md. Shefyetullah

Director General, DGHS

Govt. of the Peoples Republic of Bangladesh

### **Background and Rationale**

Curriculum planning, scheming and updating is not a stationary process, rather a nonstop course of action done on a regular basis through a scheme. More than one decade have over and done since the Centre for Medical Education (CME), planned and developed the "Curriculum for Under-graduate Medical Education in Bangladesh 2002"

After a decade the "Curriculum for Under-graduate Medical Education in Bangladesh 2002" has been reviewed and updated for that reason. Centre for Medical Education (CME) in association with BM&DC, Deans Offices, DGHS, MOH&FW under took the whole process. Review workshops were held through active participation of different professional groups, faculty members. Accordingly, first, second, third and final professional group meetings were held with support from Action Aid Bangladesh, PSTC, PSE, DGHS, WHO. Later on, in order to give a final shape with recommendation it was sent to BM&DC for further action. A **taskforce** group examined the revised undergraduate medical curriculum.

The revised undergraduate medical curriculum is expected to be implemented with the newly admitted students of 2012 – 2013 session. Performance of these; students as graduates will articulate about the achievement of this "Curriculum for Under-graduate Medical Education in Bangladesh – Updated 2012" as need-based, community oriented & competency based.

I hope this curriculum will continue to serve as guiding principle for the students and faculty members. It is readily understood that in order to further improve, update this Curriculum for Under-graduate Medical Education in Bangladesh – Updated 2012 needs constant review, revision and updating.

Last but not least, I would like to extend my deep gratefulness to all faculty members of Centre For Medical Education and others who shared their expertise and insights and worked hard to generate this precious document.

#### **Professor Dr Shah Abdul Latif**

Director Medical Education & Health Manpower Development DGHS, Mohakhali, Dhaka 1212

### Acknowledgement

Factors contributing to an effective medical education system are quality of students, quality of teaching staff, and their effective delivery of need based scientific curriculum. Although the best students are admitted in the medical colleges every year yet the medical graduates are not always of the desired quality for providing health services to the community. The answer then should be sought in other factors of which the most important is the curriculum. A curriculum is generally regarded as a programme of instruction for an educational institution and its plan takes the form of a descriptive outline of courses, their arrangement and sequence, the time assigned to them, the contents to be covered in them, the instructional methods to be employed and finally evaluation.

The enormous task of reviewing and updating of the MBBS curriculum 2002 was assigned to Centre for Medical Education (CME). The curriculum was reviewed and updated with a scientific approach of Delphi Technique in national workshops. The participants of these workshops were almost all the Professors of the concerned departments/subjects, principals of all the medical colleges, medical educationists, faculty members of CME and a good number of resource personnels including the President & members of the Bangladesh Dental Council and Deans of the Faculty of Medicine Dhaka/Chittagong/Rajshahi/Shah Jalal Universities and concerned persons from DGHS and MOH&FW. The other supplementary approach was to make it evidence based through need assessments. The overwhelming response of all categories of teachers for reviewing & updating of this curriculum is indeed praiseworthy. They have worked hard to identify and discard the superfluous elements from the course contents and added new elements to make teaching-learning process more relevant, meaningful and up-to date. Congratulations to them, they have done a commendable job. Efforts given by the principals, members of academic council, teachers, students and intern doctor providing their valuable opinions during the need assessment at the beginning of reviewing and updating of this MBBS curriculum are duly acknowledged. As director, CME I express my gratitude to all the members of National Core Committee(NCC) for their all cordial co-operation, guidance all the ways since beginning up to the completion of reviewing and updating of MBBS curriculum. I acknowledge the technical and financial support from Action Aid Bangladesh, PSTC, PSE, DGHS, WHO.

The composition of the planners of this curriculum is unique. The authorities responsible for approving, implementing and functioning of this curriculum have worked together and involved themselves in its reviewing & updating. It is only natural that they left no stone unturned to get a need based and competency based applicable curriculum.

I am grateful to all, who actively participated in this great job, specially the faculty and staffs of Centre for Medical Education who worked very hard and efficiently to develop this MBBS Curriculum 2012 which is mainly discipline based community oriented with the reflection of competency based, integrated, & community based nature.

#### Prof. Dr. Fatima Parveen Chowdhury

Director Centre for Medical Education Mohakhali, Dhaka – 1212 Bangladesh

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### National Goal and Objectives of MBBS Course, Learning Outcomes/Competences of Fresh Graduates

#### **National Goal:**

To produce competent, compassionate, reflective and dedicated health care professionals who:

- consider the care and safety of their patients their first concern
- establish and maintain good relationship with patients, their attendants and colleagues
- are honest, trustworthy and act with integrity
- are capable of dealing with common diseases and health problems of the country and are willing to serve the community particularly the rural community;
- but at the same time acquire firm basis for future training, service and research at both national and international level.
- are committed to keep their knowledge and skill up-to-date through 'Continuous Professional Development' all through their professional life.

#### **Objectives of MBBS Course:**

At the end of the MBBS Course students shall:

- 1. Acquire knowledge and understanding of
  - a) the sciences upon which Medicine depends and the scientific and experimental methods:
  - b) the structure, function and normal growth and development of the human body and the workings of the mind and their interaction, the factors which may disturb these, and the disorders of structure and function which may result;
  - c) the etiology, natural history and prognosis of the common mental and physical ailments. Students must have experience of emergencies and a good knowledge of the common diseases of the community and of ageing processes;
  - d) normal pregnancy and childbirth, the common obstetric emergencies, the principles of ante-natal and post natal care, and medical aspects of family planning and psychosexual counseling;
  - e) the principles of prevention and of therapy, including health education, the amelioration of suffering and disability, rehabilitation, the maintenance of health in old age, and the care of the dying;
  - f) human relationships, both personal and social and the interaction between man and his physical, biological and social environment;
  - g) the organization and provision of health care in the community and in hospital, the identification of the need for it, and the economic, ethical and practical constraints within which it operates; and
  - h) the ethical standards and legal responsibilities of the medical profession.

#### 2. Develop the professional skills necessary to

- a) elicit, record and interpret the relevant medical history, symptoms and physical signs, and to identify the problems and how these may be managed;
- b) carry out simple practical clinical procedures;
- c) deal with common medical emergencies;
- d) communicate effectively and sensitively with patients and their relatives;
- e) communicate clinical information accurately and concisely, both by word of mouth and in writing, to medical colleagues and to other professionals involved in the care of the patient; and
- f) use laboratory and other diagnostic and therapeutic services effectively and economically, and in the best interests of his patients.

#### 3. Develop appropriate attitudes to the practice of medicine, which include

- a) recognition that a blend of scientific and humanitarian approaches is needed in medicine:
- b) a capacity for self education, so that he may continue to develop and extend his knowledge and skills throughout his professional life, and recognize his obligation to contribute if he can to the progress of medicine and to new knowledge;
- c) the ability to assess the reliability of evidence and the relevance of scientific knowledge, to reach conclusions by logical deduction or by experiment, and to evaluate critically methods and standards of medical practice;
- d) a continuing concern for the interests and dignity of his patients;
- e) an ability to appreciate the limitations of his own knowledge, combined with a willingness, when necessary, to seek further help; and
- f) the achievement of good working relationships with members of the other health care professions.

#### **Learning Outcomes of MBBS course:**

To achieve the National goal and course objectives, a set of "Essential learning outcomes / competences" which students of the medical colleges / institutes on completion of MBBS course and at the point of graduation must be able to demonstrate has been defined.

These "essential learning outcomes / competences" are grouped under three board headings:

- I The graduate with knowledge of scientific basis of Medical Practice
- II The graduate as a practitioner
- III The graduate as a professional

#### I. The graduate with knowledge of scientific basis of Medical Practice:

The graduate will understand and be able to apply basic bio-medical (anatomy, cell biology, genetics, physiology, biochemistry, nutrition, pathology, molecular biology, immunology, microbiology, pharmacology and community medicine) principles, methods and knowledge to

- 1.1 understand the normal processes governing homeostasis, and the mechanisms underlying the common diseases and health problems of the country.
- 1.2 understand the psychological and sociological concepts of health, illness and disease and explain psychological and sociological factors that contribute to illness, course of disease and success of treatment.
- 1.3 select appropriate investigations necessary for diagnosis of common clinical cases and explain the fundamental principles underlying such investigative procedures.
- 1.4 select appropriate treatment (including rational prescribing of drugs), management and referral (if in the patient's best interest) plan for common clinical cases, acute medical emergencies and minor surgical procedures.
- 1.5 understand biochemical, pharmacological, surgical, psychological, social and other interventions in acute and chronic illness, in rehabilitation, and end-of-life care.
- 1.6 understand disease surveillance and prevention, health promotion including wider determinants of health, health inequalities, health risks.
- 1.7 understand communicable disease control in health care facility and community settings.
- 1.8 understand international health status, including global trends in morbidity and mortality of chronic diseases of social significance, the impact of trade and migration on health and the role of international health organizations.
- 1.9 undertake critical appraisal of diagnostic, therapeutic and prognostic trials and other quantitative and qualitative studies as reported in medical and scientific literature.
- 1.10 understand simple research questions in biomedical and population science and the design of relevant studies.

#### II. The Doctor as a practitioner

# 2.1. The graduate will have the ability to carry out a consultation with a patient (Appendix-III):

- 2.1.1. Obtain and record an accurate medical history, including such related issues as age, gender, and socioeconomic status.
- 2.1.2. Perform a both comprehensive and organ system specific examinations, including a mental status examination.
- 2.1.3. Elicit patients' questions, understanding of their condition and treatment options, and their views, values and preferences.
- 2.1.4. Provide explanation, advice, reassurance and support.

# 2.2. The graduate will have the ability to diagnose and manage clinical cases or will refer when necessary. (Appendix I & II):

- 2.2.1. Interpret findings from the history, physical examination and mental-state examination and make an initial assessment of a patient's problems and a differential diagnosis appreciating the processes by which such diagnosis is tested scientifically.
- 2.2.2. Construct a plan of investigation in partnership with the patient, obtaining informed consent as an essential part of this process appreciating patient's right to refuse or limit the investigation.
- 2.2.3. Interpret the results of investigations, including growth charts, x-rays and the results of diagnostic procedures in *Appendix III*.
- 2.2.4. Synthesize a full assessment of the patient's problems and define the likely diagnosis or diagnoses.
- 2.2.5. Formulate a plan for management and discharge including referrals to the right professional, according to the established principles and best evidence, in partnership with the patient, their careers and other health professional as appropriate.
- 2.2.6. Respond to patients' concerns and preferences, obtain informed consent, recognize and respect patients' right to reach decisions about their treatment and care and to refuse or limit treatment.

# 2.3. The graduate will have the ability to provide immediate care in medical emergencies in *Appendix IV*:

- 2.3.1. Assess and recognize the severity of a clinical presentation and need for immediate emergency care.
- 2.3.2. Provide basic first-aid and immediate life support.
- 2.3.3. Provide cardio-pulmonary resuscitation or direct other team members to carry out resuscitation.

# 2.4. The graduate will have the ability to prescribe drugs safely, effectively and economically. *Appendix III*:

- 2.4.1. Obtain an accurate drug history, covering both prescription and non-prescription OTC drugs including complementary and alternative medications and demonstrate awareness of the existence and range of these therapies and how this might affect other types of treatment that patient are receiving.
- 2.4.2. Formulate appropriate drug therapy and record the outcome accurately.

- 2.4.3. Recognize and respect patients' right to information about their medicines.
- 2.4.4. Detect, mange and report adverse drug reactions.

# 2.5. The graduate will have the ability to carry out practical procedures safely and effectively. *Appendix III*:

- 2.5.1. Perform, measure and record the findings of diagnostic procedures.
- 2.5.2. Perform therapeutic procedures.
- 2.5.3. Demonstrate correct practice in general aspects of practical procedures.

# 2.6. The graduate will have the ability to apply principles, method and knowledge of health informatics to medical practice:

- 2.6.1. Keep accurate, legible and complete medical records.
- 2.6.2. Use effectively computers and other information systems, including storing and retrieving information.
- 2.6.3. Stick to the requirements of confidentiality and data protection legislation in all dealings with information.
- 2.6.4. Access and use effectively information sources in relation to patient care, health promotion, research and education.

# 2.7. The graduate will have the ability to communicate effectively in a medical context. (Appendix III):

- 2.7.1. Communicate clearly and sensitively with patients, their relatives or other careers, and colleagues from medical and other professions by listening, sharing and responding.
- 2.7.2. Communicate by spoken, written and electronic methods and recognize and respect significance of non-verbal communication in medical consultation.
- 2.7.3. Communicate appropriately in difficult circumstances, such as in times of disclosing bad news and discussing sensitive issues, i.e. alcohol consumption, smoking or obesity.
- 2.7.4. Communicate appropriately with difficult, violent patients and with mentally ill people.
- 2.7.5. Communicate effectively in various roles, i.e. as patient advocate, teacher, manager or improvement leader.

#### III. The Doctor as a professional

# 3.1. The graduate will apply to medical practice ethical, moral and legal principles and will be able to:

- 3.1.1. Recognize and respect BM&DC's ethical guidance and standards and supplementary ethical guidance that describe what is expected of all doctors registered with BM&DC.
- 3.1.2. Demonstrate awareness of professional values which include excellence, altruism, responsibility, compassion, empathy, accountability, honesty and integrity, and a commitment to scientific methods.
- 3.1.3. Make the care of the patient the first concern and maintain confidentiality, respect patients' dignity and privacy and act with appropriate consent.
- 3.1.4. Respect all patients, colleagues and others regardless of their age, color, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sexual orientation or social or economic status.

- 3.1.5. Recognize patients' right to hold religious or other beliefs, and respect these when relevant to treatment options.
- 3.1.6. Know about laws and systems of professional regulation through BM & DC and others, relevant to medical practice and complete relevant certificates and legal documents and liaise with the coroner and others as appropriate
- 3.1.7. Use moral reasoning and decision-making to conflicts within and between ethical, legal and professional issues including those raised by economic constrains, commercialization of health care, and scientific advances.

#### 3.2. The graduate will be able to reflect, learn and teach:

- 3.2.1. Establish the foundations for lifelong learning and continuing professional development, including a professional development portfolio containing reflections, achievements and learning needs.
- 3.2.2. Acquire, assess, apply and integrate new knowledge, learn to adapt to changing circumstances and ensure highest level of professional care to the patients.
- 3.2.3. Recognize own personal and professional limits and seek help from colleagues and supervisors as necessary.
- 3.2.4. Work with colleagues in ways that best serve the interests of patients, pass on information and hand over care, demonstrate flexibility, adaptability and a problem-solving approach.
- 3.2.5. Function effectively as a mentor and teacher, contribute to the appraisal, assessment and review of colleagues and give effective feedback.

## 3.3. The graduate will be able to learn and work effectively within a multi-professional team:

- 3.3.1. Recognize and respect the roles and expertise of health and social care professionals in the context of working and learning as a multi-professional team.
- 3.3.2. Build team capacity and positive working relationships and undertake leadership and membership roles in a multi-professional team.

#### 3.4. The graduate will have the ability to protect patient and improve care:

- 3.4.1. Place patients' needs and safety at the center of the care process and deal effectively with uncertainty and change.
- 3.4.2. Know about the framework of medical practice in Bangladesh including the organization, management and regulation of healthcare provision; the structures, functions and priorities of the National Health Policy; and the roles of, and relationships between the agencies and services involved in protecting and promoting individual and population health.
- 3.4.3. Apply the principles of risk management and quality assurance to medical practice including clinical audit, adverse incident reporting and how to use the results of audit to improve practice.
- 3.4.4. Understand own personal health needs, consult and follow the advice of a qualified professional and protect patients from any risk posed by own health.
- 3.4.5. Recognize the duty to take action if a colleague's health, performance or conduct is putting patients at risk.

#### **Basic Information About MBBS Course**

- **1. Name of the course:** Bachelor of Medicine & Bachelor of Surgery (MBBS)
- 2. Basic qualifications & prerequisite for entrance in MBBS Course:
  - (i) HSC or equivalent with Science.(Biology, Physics, Chemistry)
  - (ii) Candidate has to secure required grade point in the SSC and HSC examinations.
- **3. Students selection procedure for MBBS course:** According to decision by the proper competent authority as per merit.
- 4. Medium of Instruction: English
- **5. Duration:** MBBS course comprises of 5 Years, followed by logbook based rotatory internship for one year

#### 75 Course structure and duration

The MBBS course is divided into four phases.

Phase	Duration	Subjects	Examination
1 <sup>st</sup> phase	1½ year	Anatomy Physiology Biochemistry	First Professional MBBS
2 <sup>nd</sup> phase	1 year	Community Medicine Forensic Medicine	Second Professional MBBS
3 <sup>rd</sup> phase	1 year	Pharmacology & Therapeutics Pathology Microbiology	Third Professional MBBS
4 <sup>th</sup> phase	1½ year	Medicine & Allied subjects Surgery & Allied subjects Obstetrics and Gynaecology	Final Professional MBBS

NB: All academic activities including professional examination of each phase must be completed within the specified time of the phase.

### 7. Phase wise distribution of teaching-learning hours:

1st Phase

Subject	Lecture (in	Tutorial	Practical	Others	Integr ated	Forma	tive Exam	Summat	ive exam	Total
	hours)				teachi ng	Prepar atory leave	Exam time	Prepar atory leave	Exam time	
Anatomy	115	53	52	Dissection +Card exam 310	30 hrs	35 days	42 days	30 days	30 days	530
Physiolo gy	120	120	100	-						340
Biochemi stry	120	100	100	-						320
Total	355	273	252	310						1190
Behaviora	l science, co			edical ethics sion of Comn				s (5 hours) v	within 1 <sup>st</sup>	5
								Gra	and Total	1195

(Time for integrated teaching, exam. preparatory leave of formative & summative assessment is common for all subjects of the phase)

Subject	Lecture (in	Tutorial	Practical/Demons tration	Integrated teaching	Forma	tive Exam	Summat	Total	
	hours)		tration .	teaching	Prepa ratory leave	Exam time	Prepar atory leave	Exam time	
Commun ity Medicine	110	160	COME (community based medical education):30 days (10 days day visit + 10 days RFST+ 10 days study tour)-  30 days (10+10+10)	05	15 days	15 days	15 days	20 days	275 + 30 days
Forensic Medicine	80	55	55	05					195
Total	190	215	55	10					470

(Time for exam. preparatory leave and formative and summative assessment is common for all subjects of the phase)

Subject	Lecture (in hours)	Tutorial	Practical	Others	Format	ive Exam	Sumn	native am	Total
					Prepa ratory leave	Exam time	Prepa ratory leave	Exam time	
Parmacol ogy & Therapeu tics	100	30	50	Clinical Pharmaco logy 20	10 days	15 days	10 days	15 days	200
Patholog y	100	100	28	-					228
Microbio logy	100	45	45	-					190
Total	300	175	123	20					618

(Time for exam. preparatory leave and formative and summative assessment is common for all subjects of the phase)

4<sup>th</sup> Phase
Medicine & Allied Subjects

Subject			ture ours)		Tutorial classes	Integrated teaching	Clinical (bedside teaching), in weeks			Total weeks	Block posting	Formative Exam	Summative exam
	2 <sup>nd</sup> phase	3 <sup>rd</sup> phase	4 <sup>th</sup> phase	Total	Tuto	Inte	2 <sup>nd</sup> phase	3 <sup>rd</sup> phase	4 <sup>th</sup> phase			days	days
Internal medicine	26	24	110	160	200	20 hrs.	14	06	12+2(OP D)	34	4	S S	-15 ys
Psychiatry	-	-	20	20	-		-	03	-	03	weeks	a 2	leave 30 da
Dermatology	-	-	20	20	-		-	03	-	03			
Pediatrics	04	20	26	50	25		04	-	06	10		atory time	atory
Physical Medicine	-	-	05	05	-		-	02	-	02		Preparatory Exam time	Preparatory Exam time
Emergency	-	-	-	-	-		02			02		互田	互田
Total	30	44	181	255	225	20 hrs.	20	14	20	54	4 weeks		
Grand Total			500 h	ours	ı			I	58 weeks	1	,	75 (	days

Time for exam, preparatory leave, formative & summative assessment is common for all subjects of the phase

Preventive aspects of all diseases will be given due importance in teaching learning considering public health context of the country and others parts of the world.

Related ethical issues will be discussed in all clinical teaching learning

### **Surgery & Allied Subjects**

Subject		Lecture (in hours)			Tutoria I/Practi cal/Dem onstrati on	Integr ated teachin g	Clinical/Bedside teaching (in week)			Total Weeks	Block posting	Formative Exam	Summative Exam
	2 <sup>nd</sup> Phase	3 <sup>rd</sup> Phase	4 <sup>th</sup> Phase	Total			2 <sup>nd</sup> Phase	3 <sup>rd</sup> Phase	4 <sup>th</sup> Phase				
General Surgery	35	30	60	125			12+4	-	6	22			
Orthopaedic s	5	10	30	45			-	4	4	8	4 wks		
Radiology	-	-	5	5			1	-	-	1			
Radiothera py	-	-	8	8			-	1	-	1			
Transfusio n medicine	-	5	-	5			1	-	-	1		Preparatory leave -15 days Exam time -15 days	Preparatory leave -15 days Exam time –30 days
Anesthesia	-	10	-	10	200	20	1	_	-	1		e - 15 (	e - 30
Neurosurg ery	-	2	5	7			-	1	-	1		paratory leave -15 da Exam time -15 days	paratory leave -15 de Exam time –30 days
Pediatric Surgery	-	5	10	15			-	-	2	2		arator Sxam t	arator Exam t
Urology	-	5	10	15			-	-	2	2		rep	rep
Burn Plastic Surgery	3	-	2	5			-	-	1	1			Ъ
Emergency & casualty	-	-	-	-			-	-	1	1			
Dentistry	-	-	-	-			1	-	-	1			
Ophthalmo logy	-	40 1	hrs	40			-	4	4	8			
Otolaryngo logy	-	401	hrs	40			-	4	4	8			
Total		30	0 hrs		200	20	20 wks	14 wks	24 wks	58wks	4wks		
Grand total			52	0 hours	•	•		•	62 weeks	•		75	days

(Time for exam. preparatory leave and formative & summative assessment is common for all subjects of the phase)

Preventive aspects of all diseases will be given due importance in teaching learning considering public health context of the country and others parts of the world.

Related ethical issues will be discussed in all clinical teaching learning

### **Obstetrics & Gynaecology**

Leo	cture	Tutorial / Demonstr	Integrated Teaching	Total hours	Clinical bed side	Block placement	Formative Exam			native am
3 <sup>rd</sup> Phase	4 <sup>th</sup> Phase	ation			teaching in 3 <sup>rd</sup> & 4 <sup>th</sup> phase		Preparator y leave	Exam time	Prepa ratory leave	Exam time
30 hrs	70 hrs	85 hrs	15hrs	200 hrs	16 weeks (8+8)	4 weeks	15 day	15 day	15 day	30 day

(Time for exam. preparatory leave and formative & summative assessment is common for all subjects of the phase)

Preventive aspects of all diseases will be given due importance in teaching learning considering public health context of the country and others parts of the world.

Related ethical issues will be discussed in all clinical teaching learning

#### 8. Teaching & learning methods

The following teaching and learning methods will be followed:

Large Group Teaching:

- Lecture
- Seminar

#### Small Group Teaching:

- Tutorial
- Demonstration
- Students interaction
- Problem Based Learning (PBL)

#### Practical session:

- Use of practical manual
- Performing the task/examination by the student
- Writing the practical note book

Field Placement (Community based medical education):

- In small groups for performing activities by the student themselves
- Clinical teaching:
  - In ward, OPD, OT, POW, ED, ICU, etc.
  - By concerned persons

Integrated teaching

Encourage to learn ICT through computer lab of the college.

#### 9. Assessment:

- A. There will be in-course (card/item/term) and end-course (professional) assessment for the students in each phase (1st, 2<sup>nd</sup>, 3rd & 4<sup>th</sup> phase) of the course i.e. formative and professional examination.
- B. Formative assessment will be done through results of items, card and term ending examination & class attendance.
- C. For formative assessment, 10 % marks of written examination of each paper of each subject is allocated
- D. For MCQ of each paper, 20% marks are allocated. There will be separate answer script for MCQ part of examination. Total number of MCQ will be 20.
- E. For SAQ of each paper, 70% marks are allocated
- F. Oral part of the examination will be structured
- G. OSPE / OSCE will be used for assessing skills/competencies. Traditional long & short cases will be also used for clinical assessment
- H. There will be phase final professional examination within the each academic phase.

#### I. Eligibility for appearing in the professional examination:

- ➤ Certificate from the respective head of departments regarding students obtaining at least 75% attendance in all classes (theory, practical, tutorial, residential field practice, clinical placement etc.) during the phase.
- ➤ Obtaining at least 60% marks in examinations.
- ➤ No student shall be allowed to appear in the professional examinations unless the student passes in all the subjects of the previous professional examinations

#### J. Pass Marks:

Pass marks is 60%. Student shall have to pass written (MCQ + SAQ + formative), oral, practical and clinical examination separately.

#### K. Examinations & distribution of marks:

#### **First Professional Examination**

Subjects	Written Exam marks	Struct ured Oral		tical marks Hard	Formative Exam marks	Total Marks
	marks	Exam marks	part	part		
Anatomy	180	150	75	75	20	500
Physiology	180	100	10	00	20	400
Biochemistry	180	100	10	00	20	400
Total					•	1300

#### **Second Professional Examination**

Subjects	Written Exam marks	Structu red Oral Exam marks	Practical Exam marks	Formative Exam marks	Total Marks
Community Medicine	90	100	100	10	300
Forensic Medicine	90	100	100	10	300
Total					600

#### **Third Professional Examination**

Subjects	Written Exam marks	Structu red Oral	Practical Exam marks	Formative Exam marks	Total Marks
		Exam			
		marks			
Pharmacology & Therapeutics	90	100	100	10	300
Pathology	90	100	100	10	300
Microbiology	90	100	100	10	300
	Total				900

#### **Fourth Professional Examination**

Subjects	Written Exam marks	Struc tured Oral Exam mark s	Clinical	Practical	Formative Exam marks	Total Marks
Medicine & Allied	180	100	100	100	20	500
Subject						
Surgery & Allied Subject	180	100	100	100	20	500
Obstetrics & Gynecology	180	100	100	100	20	500
	•	Total	•			1500

#### L. Common Rules for Examinations

- a) University professional examination to be started from May and November.
- b) University professional examinations will be completed within the specified time of the concerned phase
- c) No carry on system before passing 1<sup>st</sup> professional examination
- d) After passing 1<sup>st</sup> professional examination students can appear for 2<sup>nd</sup> professional examinations if all other prerequisites for 2<sup>nd</sup> professional examination are fulfilled. In the mean time students can attend clinical ward placement, teaching learning.
- e) To appear 3<sup>rd</sup> professional examination students have to pass all the subjects of previous 2<sup>nd</sup> professional examination if all other prerequisites are fulfilled. In the mean time students can attend clinical ward placement, teaching learning. Students can also attend the classes of subjects of 4<sup>th</sup> phase
- f) To appear 4<sup>th</sup> (Final) professional examination students have to pass all the subjects of previous 3<sup>rd</sup> professional examination if all other prerequisites are fulfilled. In the mean time students can attend clinical ward placement, teaching learning.

# M. Few directives and consensus about the following issues of assessment:

- i. Incase of OSPE/OSCE- Instruments/equipments to be taken to oral boards to ask open questions to the students apart form Structured Oral Examination (SOE). There will be scope of instruments related viva, specially in clinical subjects and where applicable. Central OSPE/OSCE from Dean Office after moderation will be encouraged.
- ii. Incase of Structured Oral Examination (SOE), instead of preparing specific structured question, topics will be fixed considering wide range of contents coverage. Rating scale will be used for marking the students concurrently. Each student will be asked questions from all topics of the set. Equal or average duration of time will be set for every student.

### 10. Internship:

After passing final professional MBBS examination students have to enroll for one year log book based rotatory internship programme. Within this one year 11 months and 15 days at medical college hospital and 15 days at UHC. Internship programme will be more structured and supervised. It is compulsory to complete Internship Training Programme designed by BM&DC to get permanent registration for doing independent practice.

### **Anatomy**

#### **Departmental Objectives**

At the end of the Anatomy course, the students should be able to:

- mention, identify, show, draw and describe the structural components of the body responsible for carrying out normal body functions;
- use the above knowledge to understand, correlate and appreciate the other preclinical, para-clinical and clinical medical subjects;
- apply the knowledge of Anatomy with the knowledge of other medical subjects to provide optimum health services in the country and abroad.

#### **List of Competencies to acquire :**

- Adequate knowledge of the structural components of the body & correlate it with normal body functions.
- Using the above knowledge to understand, correlate and appreciate the other subjects to be taught in the para-clinical and clinical medical courses.
- Applying the knowledge of Anatomy with the knowledge of other medical subjects to provide optimum health services in the country and abroad.

#### **Distribution of teaching - learning hours**

Lecture	Tutorial	Practical (Histology)	Demons tration	Total Teaching	Integrat ed	Formati	ve Exam	Summati	ve exam
			+Dissectio n +Card exam	hours	teaching in for phase I	Preparat ory leave	Exam time	Preparato ry leave	Exam time
115 hrs	53hrs	52 hrs	310hrs	530hrs	30 hrs	21+14= 35 days	42 days	30days	30 days

(Time for exam. preparatory leave and formative & summative assessment is common for all subjects of the phase)

### Teaching - learning methods, teaching aids and evaluation

	<b>Teaching Method</b>	S		
Large group	Small group	Self learning	Teaching aids	In course evaluation
Lecture Integrated teaching	Tutorial Practical Demonstration	Self-study & self-assessment	Computer / laptop & Multimedia OHP, Transparency & Transparency marker White board & different colour white board markers Black board & white and coloured chalks Cadavers, prosected parts, bones, viscera Slide and slide projector Microscope	<ul> <li>Item         Examination</li> <li>Card Final         Examination         (written/oral +         practical)</li> <li>Term Final         Examination         (written, oral+         practical)</li> </ul>

**Related Equipments:** Flip Chart, Photograph, Model, X-ray films (CT scan and other imaging films), View box, Diagram, Preserved specimens, Living body for surface marking, Simulation.

#### 1<sup>st</sup> Professional Examination:

Marks distribution of Assessment of Anatomy

Total marks – 500

- Written=200 (Formative 20+MCQ 40+SAQ140)
- SOE=150
- Practical=150

### **Learning Objectives and Course Contents in Anatomy**

Learning Objectives	Contents	Teaching hours Total: 12 hrs
<ul> <li>General Anatomy</li> <li>Student will be able to</li> <li>define anatomy, explain the subdivisions of anatomy</li> <li>describe the anatomical terminology, planes &amp; positions</li> <li>define bone. Describe the composition ,blood supply, functions &amp; ossification of bones.</li> <li>describe composition characteristics, location and functions of different types of cartilages.</li> <li>define &amp; classify joints, the characters, stability &amp; movements of joints and correlate with the clinical conditions</li> <li>classify muscles, their properties and functions and also classify</li> </ul>	CORE:  Definition, subdivisions of Anatomy and its importance in the study of medicine.  Anatomical terminology and anatomical planes & positions.  Skeletal system- Bones – classification, composition, functions, parts of a developing long bone, blood supply, periosteum & endosteum. Ossification-definition, centres, processes. Factors affecting growth of bone  Cartilages- composition, types, characters, locations and functions  Joint: classification, characteristics of each type & movements, stability of the joints. Clinical conditions associated with joints. General plan of blood supply & nerve supply of joints.  Muscular system, classification, characteristics and functions. Skeletal muscle -classification	
<ul> <li>skeletal muscle morphologically &amp; functionally</li> <li>define &amp; classify blood vessels,</li> <li>describe the systemic, portal &amp; pulmonary circulation.</li> <li>describe different types of vascular anastomosis with their functional &amp; clinical implications.</li> <li>describe components ,functions &amp; the general plan of lymphatic drainage of the whole body.</li> <li>classify &amp; describe the functions of lymphoid organs</li> </ul>	Blood vascular system: component parts. General plan. Structure, classification     Differences between different types of vessel. Nutrition & innervations of vessels     Circulation: types, characteristic features of each type      Lymph vascular system: components, characteristic features of lymph capillaries. Differences with blood capillary. Lymphoid organs: classification & functions	02 hrs 01 hr

Learning Objectives	Contents	Teaching hours
Student will be able to  Describe the basic facts on origin of life, evolution of life and animal kingdom.	Additional:  Origin of life on earth. Evolution of life on earth. The animal kingdom	
<ul> <li>Cell Biology</li> <li>Student should be able to:</li> <li>define and describe the human cell &amp; its constituents ,structure &amp; functions of cell membrane.</li> <li>describe the structure &amp; functions of nucleus</li> </ul>	<ul> <li>CORE:</li> <li>Human Cell-Basic organization, types constituents, cell membrane</li> <li>nucleus</li> </ul>	Total:06 hrs. TERM I 02 hrs 01 hr
<ul> <li>describe the structure &amp; functions of organelles &amp; inclusions</li> <li>describe the features of different types of cells: protein secreting, ion transporting, steroid secreting, mucus secreting, antibody producing cell.</li> </ul>	<ul> <li>cytoplasm &amp; organelles and inclusions</li> <li>Functional correlation of different types of cell with their particular-nuclear, cytoplasmic, membrane and surface feature</li> </ul>	02 hrs 01hr
<ul> <li>Human Genetics</li> <li>Students will be able to: <ul> <li>define terms related to human genetics</li> </ul> </li> <li>describe the different basic features of chromosomes</li> <li>explain structure, function, basis of protein synthesis of DNA &amp; RNA</li> <li>define allele homozygous, Heterozygous karyotyping</li> <li>explain Mendel's Law of inheritance &amp; Lyon's hypothesis</li> </ul>	CORE:  Terms & definitions: Gene, Gene locus, genome, genotype, phenotype, genetic trait etc.  Chromosomes: Structure, types, bio-chemical nature, & chromosomal disorders  DNA and RNA: Structure, function, basis of protein synthesis  Allele, homozygous, Heterozygous Karyotyping  Additional:  Mendels law of inheritance & Lyon's hypothesis  Outline of recent advances in Genetics  Principles of genetic engineering  Principles of cloning	Total: 04 hrs TERM I 01hr 01 hrs 01 hrs 01 hr

Learning Objectives	Contents	Teaching hours Total :12 hours
<ul> <li>General Histology Student should be able to: <ul> <li>define and classify the basic tissues in the body</li> <li>describe the different types, characters, distribution and the</li> </ul> </li></ul>	General Histology Basic tissues: Definition, Classification, Components, Characters, Distribution and Functions of • Epithelium	TERM I 04hrs
functions of epithelial tissue describe the cell Surface specialization & Junctional complexes.  describe the composition, characters, distribution and the functions of connective tissue. Describe the structure & functions of different types of connective tissue cells	-Surface epithelium -glandular epithelium	04 hrs TERM II
describe the histological structures of smooth muscle, cardiac muscle & skeletal muscle. Describe the mechanism of muscle contraction.	Muscular tissue     -smooth     -cardiac     -skeletal	02 hrs  TERM III
describe the structure & functions of neuron & neuroglia	Nervous tissue     -neurons     -neuroglia	02 hrs

Learning Objectives	Contents	Teaching hours Total 18 hrs
Systemic Histology: Students will be able to describe the histological structures of different parts of body system	<ul> <li>Systemic Histology: histological structures of</li> <li>Respiratory system</li> <li>Vascular system</li> <li>Lymphoid organs</li> <li>Digestive system &amp; associated Glands</li> <li>Exocrine glands (salivary)</li> <li>Urinary system</li> <li>Endocrine glands</li> <li>Male reproductive system</li> <li>Female reproductive system</li> <li>Integumentary system</li> <li>Special sense organs</li> </ul>	TERM I 01 hr 01 hr TERM II 02 hrs 03 hrs 01 hr 02 hr 02 hrs 02 hrs 02 hrs 02 hrs 01 hr 01 hr

Learning Objectives	Contents	Teaching hours Total 18hrs
General Embryology Students will be able to:	CORE:	TERM I
<ul> <li>define terms related to embryology</li> <li>explain the significance of study of embryology</li> <li>explain proliferation, growth, differentiation, inductors, evocators and organiser</li> </ul>	Introduction: Terms and Definition     Significance of study of embryology     Basic process of development:     proliferation, growth, differentiation, inductors, evocators	01 hr
<ul> <li>describe different types of cell division</li> <li>describe chromosomal changes during cell division with anomalies</li> <li>describe oogenesis and spermatogenesis</li> </ul>	<ul> <li>and organizer</li> <li>Cell division: Types</li> <li>Gametogenesis and maturation of Germ cells.</li> </ul>	01 hr
<ul> <li>describe the process of fertilization</li> <li>describe the events of 1<sup>st</sup> week of development.</li> <li>describe the events2<sup>nd</sup> week of development.</li> </ul>	Fertilization: Events, factors influencing the fertilisation     Progress in 1 <sup>st</sup> week of development	02 hrs 02 hrs
<ul> <li>describe the events 3<sup>rd</sup> week of development.</li> <li>describe the development &amp; derivatives of ectoderm, mesoderm &amp;</li> </ul>	• Progress in 2 <sup>nd</sup> week of development.	02 hrs 02 hr
<ul><li>endoderm.</li><li>explain the development of foetal membranes</li></ul>	<ul> <li>Progress in 3<sup>rd</sup> week of development.</li> <li>Derivatives of germ layers: ectoderm, mesoderm &amp; endoderm.</li> </ul>	02 hrs
<ul> <li>explain the development of twins &amp; their types.</li> <li>describe the causes &amp; types of congenital anomalies</li> <li>explain the process of human evocation</li> </ul>	Foetal membranes :     Placenta, Chorion, Amnion, Umbilical cord, Yolk sac etc.	01 hr TERM II
describe the Molecular regulation & cell signaling pathways	<ul> <li>Twins         Teratology     </li> <li>Additional:</li> <li>Human Evolution</li> </ul>	03 hrs 02 hrs
	<ul> <li>Concepts of medical biotechnology in relation to embryology</li> <li>Molecular regulation &amp;cell signaling</li> </ul>	

Learning Objectives	Contents	Teaching hours Total 24 hrs
Systemic Developmental Anatomy Student will be able to:  • describe the process of development of different body system  • describe the developmental anomalies of different body system  • mention general outline of development of: Thoracic duct, Cysterna chyli, Inferior Vena Cava, Superior Vena Cava, Portal Vein, Brachiocephalic veins, & Renal veins.	CORE: Development and their Anomalies of  Skeletal system & vertebral column Muscular system  Upper and lower limb  Digestive system with associated glands  Respiratory system  Cardiovascular System & aortic arches  Coelomic cavity & the diaphragm  Skin & mammary gland  Urinary system  Male and female Reproduction system  Pituitary & suprarenal gland  Face & neck & their associated organs  Nervous System  Eye & Ear  Additional: Development of  Lymphatic System  Vascular System	7ERM II  02 hrs  01 hr  03 hrs  01 hr  03 hrs  01 hr  01 hr  02 hrs  03 hrs  TERM III  01 hr  03 hrs  01 hr

Learning Objectives	Contents	Teaching hours Total 21 hrs
<ul> <li>Neuroanatomy Students will be able to: <ul> <li>classify nervous system. Describe composition of grey matter and white matter</li> <li>explain the structure, process of myelination, degeneration &amp; regeneration of nerve fibres</li> <li>define &amp; classify synapse, receptors .describe the structure &amp; functions of receptor &amp; synapse</li> </ul> </li> <li>define autonomic nervous system, describe the different parts of autonomic nervous system .nerve plexuses &amp; ganglia Pia, arachnoid and dura mater  Extension, folds, spaces, nerve supply</li> </ul>	<ul> <li>CORE:         <ul> <li>Introduction to Nervous system,</li> </ul> </li> <li>Nerve fibres, : structure classifications &amp; functions, myelination degeneration, regeneration</li> <li>Receptors : structure classifications location &amp; functions</li> <li>Synapse : structure classifications &amp; functions</li> </ul> <li>Autonomic nervous system, autonomic nerve plexuses &amp;</li>	TERM I 01 hr  TERM III 01hr  01 hrs  TERM I & TERM II 02 hrs
<ul> <li>&amp; blood supply</li> <li>explain blood brain &amp; blood CSF barrier</li> <li>describe the formation, composition, circulation, absorption &amp; functions of CSF</li> <li>describe the ventricles of brain</li> <li>describe the different lobes, Gyri, sulci and important functional areas with effects of lesion .Explain the mode of blood supply of cerebrum</li> </ul>	<ul> <li>Coverings of brain and spinal cord, Pia, arachnoid and dura mater Extension, folds, spaces, nerve supply &amp; blood supply Barriers of brain</li> <li>Cerebrospinal fluid (CSF)</li> <li>Ventricles of brain</li> </ul>	TERM III  02 hrs
	Motor system     Cerebrum: Lobes: gyri, sulci     Functional Areas ,Blood supply	02 hrs

		Teaching hours
Learning Objectives	Contents	
Neuroanatomy	CORE:	TERM III
Students will be able to:		
describe Pyramidal & extrapyramidal system & effects of their	Pyramidal & extrapyramidal system	02 hrs
lesion	Cerebellum: parts , functions , blood supply, clinical	
<ul> <li>describe functional lobes, nuclei, peduncles, blood supply,</li> </ul>	conditions	01 hr
functions & clinical conditions of cerebellum		
describe location,, parts, blood supply, functions & clinical		01 hr
conditions of basal nuclei	Basal nuclei : locations, parts , functions artery supply &	O1 nr
classify cranial nerves, explain functional components and	clinical conditions	
cranial nerve nuclei, and describe the course of III, IV,V,VI,VII,		
IX, X, XI, XII cranial nerves .	Motor & mixed cranial nerves	02 hr
1 ' 0 1 0' 1 0 ' 11'	Iviotor & mixed cramai nerves	02 III
explain & define dermatome & axial line    describe the recognition to a side of fine tendence		
describe the ascending tracts with effects of lesions	Sensory system: Dermatome & axial line	01hr
describe the thalamus, hypothalamus	Ascending tracts of spinal cord	V
explain functional components nuclei, and course of I, II, VIII,      explain functional components nuclei, and course of I, II, VIII,      explain functional components nuclei, and course of I, II, VIII,      explain functional components nuclei, and course of I, II, VIII,      explain functional components nuclei, and course of I, II, VIII,      explain functional components nuclei, and course of I, II, VIII,      explain functional components nuclei, and course of I, II, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course of I, III, VIII,      explain functional components nuclei, and course nuclei, and co	7 iscending tracts of spinar cord	
<ul> <li>cranial nerves . Explain the smell, visual &amp; auditory pathway</li> <li>describe the length, extension, enlargements sections of spinal</li> </ul>	Diencephalon : parts & functions	01 hr
cord at different level	2 to not plants to tunions	OT III
<ul> <li>describe the parts, blood supply and significance of brain stem.</li> </ul>	Sensory cranial nerves & Smell, visual & auditory pathway	01 hr
describe the parts, blood suppry and significance of brain stem.     describe the cross sections of midbrain, pons & medulla	The state of the s	OT III
oblongata at different level	Spinal Cord: Length, extension, Enlargement ,Blood supply,	02 hrs
oorongaaa at dirioront lovoi	Cross-sections at different level	02 III 5
describe the arrangement & functions reticular formation		
describe the parts & functions of limbic system	Brain stem: blood supply, cross sections at different levels	01hr
r	Reticular formation	OTH
	Limbic system	

Learning Objectives	Contents	Teaching hours
Living (surface) Anatomy Students will be able to:  • locate and count ribs and costal cartilages • draw and demonstrate on the surface of the body important anatomical points and structures of Thorax	Thorax CORE:  Counting of ribs and costal cartilages  Heart- apex and borders Lung-borders and apex, Trachea & Bronchi Esophagus Triangle of auscultation Jugular notch Sternal angle Area of Superficial Cardiac dullness	06 hrs.
Students will be able to:  • draw and demonstrate on the surface of the body important anatomical points and structures of Superior extremity	Common carotid and subclavian artery Internal thoracic artery  Superior extremity  CORE  Nerves: Radial, Ulnar, Median nerve, Axillary nerve Arteries: Brachial, Radial, Ulnar artery, Superficial and deep palmar arch Veins: cephalic, basilic & Median cubital vein Flexor retinaculum Anatomical snuff box Medial humeral epicondyle	04 hrs.

Learning Objectives	Contents	Teaching hours
Living (surface) Anatomy Students will be able to:  locate, demonstrate on the surface of the body the different anatomical planes and land marks  draw, demonstrate on the surface of the body the nine regions of the abdomen  draw and indicate inguinal canal on the surface of the body  draw and demonstrate on the surface of the body Important anatomical points, borders and parts of important organs of abdomen  Students will be able to:  locate and demonstrate on surface of the body important points and structures of inferior extremity	CORE: Abdomen  Trans-pyloric plane, Trans tubercular plane, Subcostal plane, mid clavicular line  Regions of abdomen  Superficial & deep inguinal ring. Inguinal canal  Abdominal aorta & inferior vena cava  Stomach, Duodenum, Pancreas, Liver, Gall bladder, Bile duct, spleen, Kidney from back & Mac Burney's point.  Transverse colon, ureter from front and back, celiac trunk, splenic artery, Root of the mesentery.  Inferior extremity  Common peroneal nerve, Tibial nerve  Popliteal artery  Anterior & posterior tibial artery  Arteria dorsalis pedis  Great Saphenous vein  Small Saphenous vein  Adductor tubercle  Lateral and Medial Malleolus  Greater trochanter of femur  Anterior superior iliac spine  Additional  Femoral nerve, sural nerve, Medial and lateral plantar artery, plantar arch.	6 hrs. 4 hrs.

	Contents	Teaching hours
Learning Objectives		
Students will be able to:  • draw and demonstrate on the surface of the body important anatomical points and structures of Head and Neck	Head and neck  Facial artery, Facial vein  Internal jugular vein, External jugular vein  Common Carotid artery & its bifurcation  Facial Nerve & their branches  vagus nerve in the neck  Parotid gland and its duct  Frontal and maxillary air sinuses  Thyroid gland  Tip of the coracoid process  Inferior angle of scapula  Tip of the 7 <sup>th</sup> cervical spine  Additional:  Pterion, lambda  Middle meningeal artery	04 hrs.

Learning Objectives	Contents	Teaching hours
Anatomy of Radiology & Images Students will be able to:  • describe Radio opaque structures Radio-lucent structures • identification and location of normal structures by: Radiography	Radio opaque structures Radio-lucent structures Plain X-ray of the  -chest PA view -abdomen AP view -pelvis AP view -arm including proximal & distal joints AP & lateral view -forearm including proximal & distal joints AP & lateral view -hand including proximal & distal joints -thigh including proximal & distal joints AP & lateral view -leg including proximal & distal joints AP & lateral view -leg including proximal & distal joints AP & lateral view -foot including proximal & distal joints AP & lateral view -head & neck (cervical spine) AP & lateral view -head & neck (cervical spine) AP & lateral view -Paranasal sinuses OM view  Additional:  Common normal Ultrasonographs, Isotope scan, Magnetic Resonance Images (MRI), CT Scan Coronary Angiograph	

Learning Objectives	Contents	Teaching hours
Clinical Anatomy Students will be able to:  • describe the anatomical basis of clinical disorder of thorax, abdomen.	<ul> <li>Pleurisy / Pleural effusion</li> <li>Pneumothorax</li> <li>Coronary artery disease</li> <li>Pericarditis/ pericardial effusion</li> <li>Flail chest</li> <li>Paralysis of the diaphragm</li> </ul> Abdomen <ul> <li>Portal vein obstruction</li> <li>Hydrocele</li> <li>Hernia</li> <li>Peritonitis, ascitis</li> <li>Gastric ulcer</li> <li>Duodenal ulcer</li> <li>Gall stone/cholecystitis</li> <li>appendicitis</li> <li>Benign hyperplasia of prostate, Prostatic cancer</li> <li>Cystocele</li> <li>Stress incontinence</li> <li>Rupture urethra</li> <li>Salphingitis</li> <li>Ectopic pregnancy</li> <li>Prolapse of uterus / vagina</li> <li>Haemorrhoids</li> <li>Undescended testis</li> <li>Psoas abscess</li> <li>Ischiorectal abscess</li> </ul>	

Learning Objectives	Contents	Teaching hours
Clinical Anatomy Students will be able to:  • describe the anatomical basis of clinical disorder of Head & Neck, CNS & Extremities	### Head & Neck  Fracture of the skull bones  Scalp injury  Piriform fossa and foreign body  Otitis media  Sinusitis  Epistaxis  Tonsilitis  Swelling of thyroid gland  Mumps  Cavernous vein thrombosis  Cervical rib  CNS & Eyeball  Injury to brain /eye ball / spinal cord/cranial nerves  Meningitis  Hydrocephalus  Cerebral ischaemia  intracranial haemorrhage (extradural,subarachnoid, cerebral) papilledema Horner syndrome  Superior extremity  Dislocation of shoulder joint  Brachial plexus & injury to its nerves  Carpal tunnel syndrome  Colle's fracture  Breast abscess & breast cancer  Inferior extremity  Varicose vein  Deep vein thrombosis  Nerve injury  Dislocation of hip joint  Rupture of menisci & cruciate ligament, Bursitis  Deformities of foot	

Learning Objectives	Contents	Teaching hours
Clinical Anatomy Students will be able to:  describe the anatomical basis for selection of arteries, veins & Muscles of clinical importance.  demonstrate the different auscultatory areas	<ul> <li>Arterial pulsation</li> <li>Intravenous injections</li> <li>Intramuscular injection</li> <li>Apex beat, mitral ,tricuspid, aortic &amp; pulmonary areas</li> </ul>	
describe the anatomical basis for clinical procedure of Thorax, Abdomen, Head & Neck , CNS & Eyeball Extremities	<ul> <li>Sternal puncture</li> <li>Pleural effusion</li> <li>pericardial effusion</li> <li>Coronary angiogram</li> <li>Bronchoscopy</li> <li>Laryngoscopy</li> <li>Paracentesis /peritoneal dialysis</li> <li>Liver abscess</li> <li>Vasectomy</li> <li>Tubal ligation</li> <li>Nasogastric intubation</li> <li>Palpation of Cervical lymph node</li> <li>Lumbar puncture</li> <li>Epidural/spinal anaesthesia</li> <li>Pudendal block</li> <li>Fundoscopy</li> </ul>	

# Regional Anatomy : THORAX CARD (DISSECTION, DEMONSTRATION & TUTORIAL)

Learning Objectives		Contents	Teaching hours
St	udents will be able to:		
•	demonstrate the boundary & identify the contents of thoracic wall, thoracic cavity mediastinum & inter costal space identify & demonstrate the gross features of bones & joints of thorax describe the formation, course, branches & distribution of Spinal nerve / intercostal nerve identify & demonstrate the surfaces, borders, parts, chambers- including structures within the chambers of the heart explain blood supply & nerve supply of heart identify & demonstrate the layers of pericardium	<ul> <li>Thoracic wall formation, thoracic cavity, intercostal space and mediastinum.</li> <li>Bones and joints of the thorax</li> <li>Spinal nerve / intercostal nerve</li> <li>Heart with pericardium.</li> </ul>	49 hrs.
•	identify & demonstrate the surfaces, borders, fissures, lobes, hilus & bronchopulmonary units of the lung identify & demonstrate the layers & parts of pleura. explain the blood supply, lymphatic drainage & nerve supply of lung & pleura. identify & demonstrate the trachea bronchus & bronchial tree. explain blood supply & nerve supply of trachea & bronchial tree. explain the blood supply, nerve supply & lymphatic drainage of thoracic wall.	Lung with pleura, trachea and bronchus.  Blood vessels, nerves and lymphatics of the thorax.	
•	identify & demonstrate the surfaces, parts openings, attachments of the diaphragm. explain the blood supply & nerve supply of the diaphragm. explain the significance of the orifices of the diaphragm. explain & demonstrate the extension ,parts ,relations & constrictions of oesophagus explain the blood supply, lymphatic drainage & nerve supply of the oesophagus.	<ul><li>The diaphragm.</li><li>oesophagus</li></ul>	
•	correlate clinical conditions associated with structures of thorax (Heart with its vessels, lung, trachea, bronchus, bronchial tree & the Diaphragm)	Clinical Anatomy	

# Regional Anatomy: SUPERIOR EXTREMITY CARD (DISSECTION, DEMONSTRATION & TUTORIAL)

Learning Objectives	Contents	Teaching hours
Students will be able to:  identify & demonstrate muscles, vessels, nerves of pectoral region including attachment of muscles  describe the parts of mammary gland & its blood supply, lymphatic drainage & nerve supply  demonstrate the boundary & identify the contents of axilla, Quadrangular & triangular spaces, & cubital fossa  demonstrate the attachments of muscles, and identify vessels, nerves, lymphatics & lymph nodes of different parts of superior extremity  demonstrate the gross features of bones & joints of superior extremity and muscles acting on joints  correlate clinical conditions associated with structures (nerves, vessels, bones, joints) of superior extremity	<ul> <li>Pectoral region with mammary gland</li> <li>Axilla</li> <li>Superficial dissection of the upper limb, back and scapular region including quadrangular &amp; triangular space Front of the arm, forearm and palm</li> <li>Back of the arm, forearm and dorsum of the hand</li> <li>Blood supply, lymphatic drainage, cutaneous innervation &amp; dermatome of superior extremity</li> <li>Bones &amp; joints of the upper limb</li> <li>Removal of the limb</li> <li>Clinical Anatomy</li> </ul>	42 hrs.

# Regional Anatomy: ABDOMEN CARD (DISSECTION, DEMONSTRATION & TUTORIAL)

Learning Objectives	Contents	Teaching hours
Students will be able to:  demonstrate the different layers of anterior abdominal wall & hernial region explain clinical types of hernia demonstrate the different parts of GI Tract & its peritonium explain their mode of blood supply, lymphatic drainage & nerve supply demonstrate the features of liver, pancreas, supra renal gland & different parts of biliary system explain blood supply, lymphatic drainage & nerve supply of them. demonstrate the features of kidney, ureter, urinary bladder, & urethra explain their blood supply, lymphatic drainage & nerve supply demonstrate the features of different parts of male & female reproductive system. explain their blood supply, lymphatic drainage & nerve supply. demonstrate the muscles and identify the vessels, nerves & lymphatics of posterior abdominal wall demonstrate the parts and identify the contents of the pelvis differentiate between male & female pelvis demonstrate the gross features & joints of lumbar vertebra & bony pelvis and muscles acting on joints correlate with clinical conditions associated with different organs of the abdomen	<ul> <li>Anterior wall of the abdomen with hernial region.</li> <li>Stomach, abdominal part of the oesophagus; coeliac artery.</li> <li>Duodenum, pancreas and spleen.</li> <li>The mesentery and mesenteric vessels, jejunum and ileum.</li> <li>Large intestine. rectum &amp; anal canal</li> <li>Liver with the biliary appartus including gall bladder; portal vein.</li> <li>Kidney, suprarenal gland and ureter.</li> <li>Muscles, blood vessels, lymphatics and nerves of the posterior abdominal wall.</li> <li>Muscles, blood vessels lymphatics, nerves and the pelvis; urinary bladder.</li> <li>Ovary, uterus, uterine tube, female external organs and perineum.</li> <li>Vas deferens, seminal vesicle, prostate and male external genital organs.</li> <li>Lumbar vertebra, bony pelvis &amp;joints</li> <li>Clinical Anatomy</li> </ul>	103 hrs.

# Regional Anatomy: INFERIOR EXTREMITY CARD (DISSECTION, DEMONSTRATION & TUTORIAL)

Learning Objectives	Contents	Teaching hours
Students will be able to:  • demonstrate muscles attachments and identify vessels & nerves of different parts of inferior extremity  • demonstrate the boundary and identify the contents of femoral triangle, adductor canal, popliteal fossa & sole of the foot  • demonstrate the features of bones, joints, & muscles acting on joints  • explain the Venous drainage, lymphatic drainage, & dermatome of inferior extremity  • correlate the clinical conditions associated with structures (nerves, vessels, bones, joints) of inferior extremity	<ul> <li>Front and medial side of the thigh</li> <li>Gluteal region and back of the thigh</li> <li>Front of the leg and dorsum of the foot</li> <li>Lateral side, medial side and back of the leg including the popliteal fossa sole of the foot</li> <li>Bones &amp; joints of lower limb</li> <li>Arches of the foot</li> <li>Removal of lower limb</li> <li>Blood supply, lymphatic drainage, cutaneous innervation &amp; dermatome of inferior extremity</li> <li>Clinical Anatomy</li> </ul>	41 hrs.

# Regional Anatomy: HEAD & NECK CARD (DISSECTION, DEMONSTRATION & TUTORIAL)

Learning Objectives	Contents	Teaching hours
Students will be able to:  • identify and demonstrate the different parts of bones of head & neck, joints, & muscles acting	Bones & joints of head and neck	88 hrs.
on joints		
• state the gross features & attachments of skull bones including base of skull & cervical vertebrae.	Scalp and temporal region	
demonstrate movements of joints of Head & Neck	Face and orbit	
• demonstrate the layers of scalp identify the contents of temporal region	Anterior triangle and submandibular	
• demonstrate the boundary of face and identify muscles and sensory supply of face	region including thyroid gland	
• identify parotid gland & duct & explain the structures within the parotid gland	D 1	
• demonstrate the boundary and identify contents of anterior triangle, posterior triangle, sub-	Posterior triangle	
occipital triangle & sub-mandibular region	Mouth and tongue	
demonstrate the boundary and identify contents of mouth cavity      demonstrate the grass features for name average of tensors.	Wouth and tongue	
<ul> <li>demonstrate the gross features &amp; nerve supply of tongue</li> <li>explain Auditory pathway (VIII – cranial nerve)</li> </ul>	Pharynx	
<ul> <li>demonstrate the parts of</li> </ul>	1 ma yim	
pharynx with their extension & muscles of pharynx	Nose and paranasal sinuses	
the walls of nose and paranasal air sinuses	•	
the extension, cartilages & muscles of larynx	Larynx	
• identify structures present in the internal surface of the larynx	Vertebral column and deep dissection	
demonstrate the region of vertebral column and attachments of muscles of the back	of the	
• demonstrate the different parts of external, middle & internal Ear		
correlate important clinical conditions associated with structures in Head & Neck (Thyroid	0 (1 ) 1 77	
gland, parathyroid gland, air sinuses, Larynx, scalp, ear, face etc.)	Organs of hearing and equilibrium.	
	Clinical Anatomy	

# Regional Anatomy: CENTRAL NERVOUS SYSTEM & EYEBALL CARD (DISSECTION, DEMONSTRATION & TUTORIAL)

Learning Objectives	Contents	Teaching hours
Students will be able to:  demonstrate  the boundary & contents of cranial cavity & orbit  the different parts of brain & cranial nerves attached to brain  the layers of meninges- Pia, arachnoid, and durameter  explain the processes of dura & its contents  explain the blood supply & nerve supply of the meninges  demonstrate the boundary of different lobes of cerebrum, sulci, gyri & important functional areas  explain the blood supply of cerebrum including the formation of Circle Willis  demonstrate the parts & describe the functions & connections of  diencephalon, pituitary gland, basal nuclei,  internal capsule, extra pyramidal system &  locate &describe  the nuclei, course, functional components & distribution of cranial nerves  the boundary & parts of ventricles circulation of CSF through ventricles  gross features of spinal cord and its meninges and spinal nerves attached to it  the coats of eyeball & the course of optic nerve  explain Refractive Media explain the effects of lesion and loss of blood supply to different parts of nervous system.	<ul> <li>Introduction to the nervous system, cranial cavity and orbit.</li> <li>General examination of the brain</li> <li>Superficial attachments of cranial nerves</li> <li>meninges of the brain</li> <li>Cerebrum.:lobes of cerebrum, sulci gyri &amp; important functional areas blood supply formation of Circle Willis.</li> <li>Diencephalon:Thalamus, hypothalamus, metathalamus, epithalmus and pituitary gland</li> <li>Basal nuclei, internal capsule, extra pyramidal system and limbic system</li> <li>Brain stem and reticular formation</li> <li>Cranial nerves</li> <li>Ventricles and cerebrospinal fluid Spinal cord &amp; spinal nerves</li> <li>Visual apparatus including the eyeball</li> <li>Clinical Anatomy.</li> </ul>	40 hrs

## Cell Biology & Histology Tutorial & Practical (Card I)

Learning Objectives	Contents	Teaching hours
Students will be able to:  • demonstrate different parts of microscope & how to handle it  • state the principles of tissue preparation  • explain cell division  • identify different types of tissue on slide under microscope	<ul> <li>Microscope: Parts &amp; how to handle Principles of different types of microscopy</li> <li>Principles of tissue preparation and staining: Fixation, embedding, sectioning &amp; routine staining</li> <li>Cell and cell division</li> <li>Epithelium: Simple squamous, cuboidal, columnar Pseudo stratified Stratified squamous, cuboidal Stratified columnar Transitional</li> <li>Connective tissue:: General, special ,bone, cartilage</li> <li>Muscular tissue: Smooth, skeletal &amp; cardiac muscle</li> <li>Nervous tissue in general</li> </ul>	17 hrs.

## Cell Biology & Histology Tutorial & Practical (Card II)

Learning Objectives	Contents	Teaching hours
Students will be able to identify different structures of the following systems on slides under microscope:     Respiratory system.     Cardiovascular system     Digestive system and & associated Glands.     Urinary system     Male reproductive system and associated glands female reproductive system and associated glands  female reproductive system and associated glands  The structures of the following system and associated with the system and associated glands  The structures of the following system associated glands.  The structures of the following system associated glands.  The structures of the following system and associated glands.	<ul> <li>Respiratory system         Larynx, trachea, bronchial tree and Lung</li> <li>Large artery, medium sized artery, large vein</li> <li>Digestive system &amp; associated glands         Tongue, pharynx, oesophagus, stomach,         small intestine &amp; large intestine         (including vermiform appendix)         Liver and gall bladder, Pancreas</li> <li>Urinary system         Kidney, ureter, urinary bladder, urethrae</li> <li>Male reproductive system and associated glands         Testis, epididymis, vas deferens,         seminal vesicle, prostate</li> <li>Female reproductive system and associated glands         Ovary, fallopian tube, uterus, vagina</li> <li>Mammary gland, placenta</li> </ul>	17hrs.

## Cell Biology & Histology Tutorial & Practical (Card III)

Learning Objectives	Contents	Teaching hours
Students will be able to identify following structures on slides under microscope:     Lymphatic system     Salivary glands     Nervous system     Endocrine system     Special sense organs     Skin	<ul> <li>Lymphatic system     Lymph node, tonsil, spleen &amp; thymus</li> <li>Exocrine glands (salivary glands)</li> <li>Nervous system     spinal cord, cerebrum, cerebellum, peripheral nerve     (including the optic nerve)</li> <li>Endocrine gland (Pituitary, Thyroid, Parathyroid, Adrenal     and Islet's of Langerhans</li> <li>Special sense organs: Eyeball (cornea, retina), internal ear</li> <li>Thick skin &amp; thin skin</li> </ul>	18 hrs.

### **Integrated Teaching in Anatomy**

• Integrated teaching program on a particular topic/organ /organ system should be organized in each term. The topics which are related should be prepared after discussion with the teachers of Anatomy/Physiology/Biochemistry. The horizontal process of Integrated teaching program will help the students to have a simultaneous views of different aspects of Anatomical/Physiological/Biochemical details of a particular topic/organ /organ system.

TOPICS	LEARNING OBJECTIVES	TERM	DEPARTMENT
1. Cell	Students will be able to  describe the structure & functions of different constituents of cell explain membrane transport, membrane potentials &	I	Anatomy Physiology
	<ul> <li>action potentials</li> <li>state the composition of ECF &amp; ICF compartments</li> </ul>		Biochemistry
2.Heart	Students will be able to  describe the gross anatomy & clinical anatomy of heart describe the types & regulation of blood pressure	I	Anatomy Physiology
	<ul> <li>describe the physiologic basis of shock management</li> <li>describe &amp; interpret the cardiac markers</li> </ul>		Biochemistry
3.Lung	Students will be able to  describe the gross anatomy & clinical anatomy of lung describe the spirometry & its clinical application	I	Anatomy Physiology
	describe the regulation of respiration		Biochemistry
4. Hepatobiliary system	Students will be able to  describe the gross anatomy & clinical anatomy of hepatobiliary system interprete the liver function test & explain its clinical importance explain the role of liver in metabolism	II	Anatomy Physiology
	- Capitali die 1016 of fivel in incluoonsin		Biochemistry

TOPICS	LEARNING OBJECTIVES	TERM	DEPARTMENT
5.Kidney	Students will be able to  describe the gross anatomy & clinical anatomy of kidney explain the mechanism of urine formation interpret e kidney function test explain the renal chemistry in relation to water, electrolytes & acid base	II	Anatomy Physiology Biochemistry
	balance	***	·
6.Pancreas	<ul> <li>Students will be able to</li> <li>describe the gross anatomy &amp; clinical anatomy of pancreas</li> <li>describe hormones of islets of Langerhan's</li> <li>describe functions ,mechanism of action &amp; regulations of secretion of insulin</li> <li>describe causes &amp; consequences of hyper &amp; hypoglycaemia</li> <li>describe laboratory diagnosis of diabetes mellitus</li> </ul>	II	Anatomy Physiology Biochemistry
7.Adrenal gland	Students will be able to  describe the gross anatomy & clinical anatomy of adrenal gland  describe the functions, mechanism of action & regulation of secretion of adrenal hormones  describe hypo & hyperadrenalism	III	Anatomy Physiology Biochemistry
8. Thyroid & Parathyroid gland	Students will be able to  describe the gross anatomy & clinical anatomy of thyroid & parathyroid gland  describe the hormones of thyroid & parathyroid gland: biosynthesis, transport functions, mechanism of action & regulation of secretion  describe hypo & hyperthyroidism  describe tetany  describe thyroid function tests & their interpretation	III	Anatomy Physiology Biochemistry
9. Pituitary gland	Students will be able to  describe the gross anatomy & clinical anatomy of pituitary gland describe Hormones of pituitary gland: functions, mechanism of action & regulation of secretion	III	Anatomy Physiology
	describe Hypo & hyperpituitarism		Biochemistry

TOPICS	LEARNING OBJECTIVES	TERM	DEPARTMENT
10. Sensory system & Motor system	Students will be able to  describe receptors, synapse & sensory pathways describe the pyramidal and extrapyramidal system describe cerebellum, basal nuclei & their disorder describe the different types of neurotransmitter & their functions	III	Anatomy Physiology Biochemistry

## **Teaching - Learning & Assessment Methods**

Teaching / Learning Method	Teaching Aid	In Course Assessment	Summative Assessment
Lecture	Computer & multimedia Slide projector, overhead projector (OHP), black board white and different colour chalk, white board and different colour white board markers.	<ul> <li>Item Examination:         Oral,         Practical</li> <li>Card Completion</li> </ul>	<ul><li>Written</li><li>Oral</li><li>Practical</li></ul>
Regional Anatomy: Demonstration & Tutorial	Cadavers, prosected parts, bones, viscera and other specimens of body parts, models, charts, black board white and different colour chalk, white board and different colour white board markers, Illustration sheets/posters, OHP, video, slide projector, computer with CD ROM, radiographs & other images.	<ul> <li>Examination</li> <li>Term     Examinations:     Written,     Oral,     Practical</li> <li>Preparation of</li> </ul>	
Regional Anatomy: Dissection	Cadavers, prosected parts, specimens and bones, black board white and different colour chalk, white board and different colour white board markers, Computer & multimedia.	exercise book	
Cell Biology & Histology Tutorial & Practical	Microscope, slide projector, black board white and different colour chalk, white board and different colour white board markers, OHP, Illustration sheets (including photomicrographs & drawings)/posters, video projector, computer with CD ROM drive		

### **Assessment in Anatomy**

Component	Marks	Total Marks
Formative assessment	10+10	20
WRITTEN EXAMINATION		
paper-I- MCQ	20	
SAQ	70	
paper-II- MCQ	20	180
SAQ	70	
ORAL EXAMINATION (Structured)		
Hard part	75	150
Soft part	75	
PRACTICAL EXAMINATION		
Soft part		
Objective structured practical Exam (OSPE)	30	
Dissection	30	
Anatomy of Radiology and imaging	15	75
Hard part		
OSPE	30	
Lucky slides	20	75
Living Anatomy	20	
Practical Khata	05	
		Grand Total 500

- There will be separate Answer Scripts for SAQ
- Pass marks 60 % in each of theoretical, oral and practical examination

## **Time allocation in Anatomy**

### **Lecture & Review - 115 hours**

Term	General Anatomy Hours	Cell Biology Hours	General Histology Hours	Systemic Histology Hours	General Embryology Hours	Systemic Embryology Hours	Neuro anatomy Hours.	Human Genetics Hours.	Total Hours
First Term	12	06	08	02	13	-	01	04	46
Second Term	-	-	02	14	05	17	02	-	40
Third Term	-	-	02	02	-	07	18	-	29
Grand Total Hours (Class +Exam)		06	12	18	18	24	21	04	115

### Cell Biology & Histology - Tutorial & Practical – 52 hours

Term Class Hours (Including Item		Card Completion Exam Hours	Total Hours
	Exam hrs)		
First Term (Card I)	15	2	17
Second Term (Card II)	15	2	17
Third Term (Card III)	16	2	18
<b>Grand Total Hours</b>	46	6	52

Term	Cards	Dissection &	Tuto	rial Review	Part Completion Examination Hours	Total Hours	
		Demonstration	Living (surface) Anatomy	Anatomy of radiology & Images	Clinical Anatomy		
First Term	Thorax	32	6	2	3	06	49
	Superior Extremity	33	3	2	3	01	42
Second	Abdomen	83	6	2	6	06	103
Term	Inferior Extremity	33	3	2	2	01	41
Third Term	Head, Neck	74	4	2	3	05	88
	Central Nervous system and Eye ball	35	00	1	3	01	40
Grand Total Hours		290	22	11	20	20	363

### **ACADEMIC CALENDAR for ANATOMY**

Class/Exam	Hours(i ncludin g Class exams hrs)	First Term (14 working weeks)	Evaluation	Second Term (15 working weeks)	Evaluation	Third Term (14 working weeks)	2.Evaluation 1.Evaluation & 1
Lecture and Review	115	<ul> <li>General Anatomy-12 hrs</li> <li>Cell Biology -06 hrs</li> <li>Human Genetics - 04 hrs</li> <li>General Histology-08 hr</li> <li>Systemic Histology - 02 hrs</li> <li>General Embryology - 13 hrs</li> <li>Neuroanatomy - 01 hrs</li> </ul>	n & leave 04 weeks	<ul> <li>General Histology-02 hr</li> <li>Systemic Histology - 14 hrs</li> <li>General Embryology - 05 hrs</li> <li>Systemic Embryology- 17 hrs</li> <li>Neuroanatomy – 02 hrs</li> </ul>	n & leave 04 weeks	a) General histology - 02 hr b) Systemic Histology -02 hrs c) Systemic Embryology - 07 hrs d) Neuroanatomy - 18hrs	on & preparatory leave for first p & preparatory leave for third term;03
Tutorial/ Review	53	Thorax Card – 11 hrs Sup. Ext. Card – 08 hrs	=	Abdomen Card – 14 hrs Inf. Ext. Card – 7 hrs	<u>.</u>	Head & Neck Card –9 hrs C.N.S & Eyeball – 04 hrs	for first prof-08 ird term;03 weeks
Dissection	290	Thorax Card - 32 hrs Sup Ext Card- 33 hrs		Abdomen Card – 83hrs Inf. Ext. Card – 33 hrs		Head & Neck Card – 74 hrs C.N.S & Eyeball Card - 35 hrs	prof_0
Card Completion Exam	20	Thorax Card- 06hrs Sup Ext. Card- 01hrs		Abdomen Card– 06 hrs Inf. Ext. Card – 01 hrs		Head & Neck Card –05 hrs C.N.S & Eyeball Card - 01 hrs	8 weeks
Cell Biology & Histology- Tutorial/ Practical	52	Card I – 17 hrs	<b>-</b>	Card II - 17 hrs		Card III – 18 hrs	
<b>Grand Total</b>	530						_

N.B. – Card completion examinations will be arranged on discussion with other departments (Physiology, Biochemistry)
Prerequisite for 1<sup>st</sup> professional examination

- 1. A Student must pass all term exam before appearing 1<sup>st</sup> professional exam.
- 2. Class attendance must be 75 %

#### **DEPARTMENT OF ANATOMY**

### .....MEDICAL COLLEGE

#### THORAX CARD

### (ITEM EXAM FOLLOWING DISSECTION, DEMONSTRATION & TUTORIAL)

Year			C	Card no.	
Session			C	Cadaver no.	
Roll No.			Т	otal marks	
Batch			P	ass marks	
Name of the student					
Period of placement	From:		To:		
Part for dissection (iter	m)	Date of	Date of	Marks	Remarks and
rart for dissection (ner	,	beginning	examination	obtained	Signature of the Lecturer
1. Thoracic wall, Intercostal space cavity and mediastinum.	, thoracic				
2.Bones and joints of the thorax					
3.Heart with pericardium.					
4.Lung, Pleura, trachea and bron	chus.				
5.The Diaphragm & oesophagus					
6.Blood vessels, nerves and lymp of the thorax.	hatics				
7. Clinical & Functional anatomy	у				
8. Living Anatomy.					
9.Anatomy of Radiology & Imag	es				
No. of attendance in the practical of the card	classes		O	ut of	
Mark obtained					
Remarks					
Signature of the Lecturer					
Signature of Head of the Departme	ent				

# SUPERIOR EXTREMITY CARD (ITEM EXAM FOLLOWING DISSECTION, DEMONSTRATION & TUTORIAL)

		-				
Year				Ca	rd no.	
Session				Ca	daver no.	
Roll No.				Tot	tal marks	
Batch				Pas	s marks	
Name of the student		<u> </u>		J		
Period of placement F	rom:			To:		
Part for dissection (item)		e of nning	Date o		Marks obtained	Remarks and Signature of the Lecturer
Bones and introduction to the join the superior extremity     Pectoral region with mammary gl						
3. Axilla.						
4. Superficial dissection of the upper back and scapular region.						
5. Front of the arm, forearm & palm	n					
6 .Back of the arm, forearm & dorsu the hand.	ım of					
7. Blood vessels, nerves and lympha of the superior extremity	atics					
8. Removal of the limb; shoulder joi acromioclavicular joint, elbow joi joint						
9. Clinical & Functional Anatomy.						
10. Living Anatomy						
11. Anatomy of Radiology & Image	S					
No. of attendance in the practical classes of the card				Out	of	
Mark obtained						
Remarks						
Signature of the Lecturer						
Signature of Head of the Departm	ent	 				

#### ABDOMEN CARD

(ITME EXAM FOLLOWING DISSECTION, DEMONSTRATION & TUTORIAL)

Year					Card	no.	
Session					Cada	ver no.	
Roll No.					Total	marks	
Batch					Pass	marks	
	• /						
Name of the stu		_				_	
Period of place	cement	From .			То	):	
Part f	for dissection (item)	-	te of nning	Date examin		Marl obtain	Remarks and Signature of the Lecturer
1.Bones and joints	s of abdomen & pel	vis					
2.Anterior wall of	the abdomen with	hernial					
region. 3.Stomach, abdom coeliac trunk	ninal part of the oes	ophagus;					
4.Duodenum, pan	creas and spleen.						
	and mesenteric vess	els,					
6.Large intestine.							
7. Rectum and and	al canal						
gall bladder; porta							
bladder ,Urethrae							
nerves of the post	d vessels, lymphatic erior abdominal wa	11.					
11. Muscles, blood of the pelvis	d vessels, lymphatic	es, nerves					
	s, uterine tubes,vagi gans and perineum						
	ic diaphragm.uroge al pouches,ischiore						
14. Vas deferens, s prostate, testes and							
organs.							
15.Clinical & Further 16.Living Anaton							
	diology & Images						
177 matomy of Ra	diology & images					<u> </u>	
card	the practical classes of	f the			Ou	ıt of	
Mark obtained			 				 
Remarks							
Signature of the Lec	turer						
Signature of Head of	f the Department						

# ${\bf INFERIOR~EXTREMITY~CARD} \\ ({\bf ITEM~EXAM~FOLLOWING~DISSECTION, DEMONSTRATION~\&~TUTORIAL})$

	Year				Card	l no.	
	Session				Cada	aver no.	
	Roll No.				Tota	l marks	
	Batch				Pass	marks	
	Name of the student						
	Period of placement	From:			To	0:	
	Part for dissection (item)		Date of beginnin	Date examina		Marks obtained	Remarks and Signature of the Lecturer
	Bones and introduction to the joints of inferior extremity	f the					
2.	Front and medial side of the thigh.						
3.	Gluteal region and back of the thigh.						
4.	Hip joint and removal of the lower limb.						
5.	Front of the leg and dorsum of the foot.						
	Lateral side, medial side and back of the lincluding the popliteal fossa., Sole of the						
	Blood vessels, nerves and lymphatics of the inferior extremity						
8.	Knee, tibiofibular joints and ankle joint						
	Joints and arches of the foot.						
	Clinical & Functional Anatomy. Living Anatomy						
12.	Anatomy of Radiology & Images						
	No. of attendance in the practical classes of the card	of			Out	of	
	Mark obtained Remarks						
	Signature of the Lecturer						
	Signature of the Lecturer  Signature of Head of the Department						
	Signature of Head of the Department						

# $\label{eq:head} \textbf{HEAD AND NECK CARD} \\ \textbf{(ITEM EXAM FOLLOWING DISSECTION, DEMONSTRATION \& TUTORIAL)}$

Year			Card no.		
Session			Cadaver n	10.	
Roll No.			Total mar	ks	
Batch			Pass mark	S	
Name of the student					
	-				
Period of placement	From:		To		
Part for dissection (item)		Date of beginning	Date of examination	Mark obtained	Remarks and Signature of the Lecturer
Bones of head and neck.					
2. Joints of head and neck.					
3. Scalp and temporal region.					
4. Face and orbit.					
5. Anterior triangle and submandibul	ar				
region.					
<ul><li>6. Posterior triangle.</li><li>7. Mouth and tongue.</li></ul>					
<u> </u>					
<u> </u>					
10. Larynx.	ion of the				
<ol> <li>Vertebral column and deep dissect back.</li> </ol>	ion of the				
12. Blood vessels, nerves and lymphat	ics				
of the Head & Neck					
13. Exocrine & Endocrine Glands of F	Head &				
14. Organs of hearing and equilibrium					
15. Clinical & Functional Anatomy.	•				
16. Living Anatomy.					
17. Anatomy of Radiology & Images.					
		<u> </u>		<u> </u>	<u> </u>
No. of attendance in the practical classes of t card	he		Ou	it of	
Mark obtained					
Remarks					
Signature of the Lecturer					
Signature of Head of the Department					

# CENTRAL NERVOUS SYSTEM AND EYEBALL CARD (ITEM EXAM FOLLOWING DISSECTION, DEMONSTRATION & TUTORIAL)

Year			Card no.		
Session			Cadaver n	10.	
Roll No.			Total mar	ks	
Batch			Pass mark	XS .	
Name of the student					
Period of placement	From:		To	):	
	•				
Part for dissection (item)		Date of beginning	Date of examination	Mark obtained	Remarks and Signature of the Lecturer
General introduction to the nervou cranial cavity and orbit.	ıs system,				
2. General examination of the brain	with its				
nerve attachments and meninges.  3. Cranial nerve – nuclei, course. functional					
components, supply & lesions	ctional				
4. Cerebrum.					
5. Diencephalon					
6. Basal ganglia, internal capsule, ex					
7. Brain stem, reticular formation & Cerebellum	em.				
8. Ventricles and cerebrospinal fluid					
9. Spinal cord & Spinal nerve					
10. Visual apparatus including the eye	eball.				
11. Clinical & Functional Anatomy					
12. Living Anatomy.					
13. Anatomy of Radiology & Images					
No. of attendance in the practical classes of the card	l		Ot	ut of	
Mark obtained					
Remarks					
Signature of the Lecturer					
Signature of Head of the Department	nent				

### HISTOLOGY CARD NO. I

Year			Total m	arks	
Session			Pass ma		
Roll No.					
Batch					
Name of the student					
Period of placement	From:		To:		
			<u> </u>		
Item		Date of beginning	Date of examination	Marks obtained	Remarks and Signature
1. Study of microscope.					0
Principles of tissue prepare staining (routine)	ration and				
3. Cell and cell division					
4. Epithelium					
5. Connective tissue-General					
6. Connective tissue-Special					
7. Muscular tissue					
8. Nervous tissue in general					
Total No. of attendance			Out of	f	
Marks obtained					
Remarks					
Signature of the Lecturer					
Signature of the Prof. of Anatom	<b>T</b> 7				

### HISTOLOGY CARD NO. II

		_			
Year			Total ma	arks	
Session			Pass ma	rks	
Roll No.				•	
Batch					
•		<u> </u>			
Name of the student					
Period of placement From	1:		To:		
Item		Date of eginning	Date of examination	Marks obtained	Remarks and
Cardiovascular system					Signature
1. Cardiovasculai system					
2. Respiratory system					
3. Digestive system & associated glands					
4. Urinary system					
5. Male reproductive system					
6. Female reproductive system					
	l				
Total No. of attendance			Out	of	
Marks obtained					
Remarks					
Signature of the Lecturer					
Signature of the Prof. of Anatomy					

### HISTOLOGY CARD NO. III

Year Session Roll No. Batch  Name of the student			Total Pass 1	marks narks	
Period of placement	From:		To:		
			-		
Item		Date of beginning	Date of examination	Marks obtained	Remarks and Signature
1. Lymphatic System					
2. Exocrine Glands in general					
3. Endocrine Glands					
4. Nervous system					
5. Special sense organs					
6. Skin – Thick & Thin skin					
Total No. of attendance			Out of		
Marks obtained			•		
Remarks					
Signature of the Lecturer					
Signature of the Prof. of Anatomy	7				

### **Physiology**

#### **Departmental Objectives**

At the end of the course in physiology the **MBBS** students will be able to:

- Demonstrate basic knowledge on the normal functions of human body and apply it as a background for clinical subjects.
- Explain normal reactions to environment and homeostatic mechanism.
- Interpret normal function with a view to differentiate from abnormal function.
- Demonstrate knowledge & skill for performing and interpreting physiological experiments.
- Develop knowledge and skill to proceed to higher studies and research in physiology in relation to need and disease profile of the country.
- Develop sound attitude for continuing self-education to improve efficiency & skill [including information technology (IT) skill] in physiology.

#### **Competencies in Physiology:**

Medical courses in physiology teach the essentials of the processes of life.

The physiology courses are very clinically relevant because the knowledge of the processes underlying the normal physiological functions of all the major organ systems is crucial for understanding pathology, pharmacology, and for competent clinical practice. In fact, all of medicine is based on understanding physiological functions.

In the process of completing these courses, students acquire the following competencies:

- Describe transport across the plasma membrane, the basis of resting membrane potential, the genesis and propagation of action potentials. Explain muscle excitation and contraction.
- Describe the heart and circulation starting from a molecular level and ending with how the circulatory system functions as a dual pump and dual circulatory system.
- Explain respiratory processes with the knowledge of structures, ventilation, diffusion, blood flow, gas transport, mechanics of breathing, and control of ventilation.
- Identify how the kidney plays an important role in the maintenance of homeostasis by regulating both the composition and volume of ECF compartment.
- Explain how the brain works at the neuronal systems level. The role of electrical & chemical signals in information transmission & processing. Brain circulation, metabolism, neurotransmitter release & receptors,
- Describe the physiological mechanism underlying sensory perception, motor control & maintenance of homeostasis as well as higher cortical functions. Understanding autonomic nervous system.
- Describe endocrine physiology: describe the synthesis, secretion, functions & mechanism of action of the endocrine hormones.
- Explain human reproduction, functional changes in the reproductive tract, the formation of sperm & ovum, fertilization & hormonal regulation of fertility, role of hormones in pregnancy, parturition & lactation.
- The students will be able to equip themselves with adequate knowledge and develop skill for performing physiology laboratory tests and interpreting these normal functions with a view to differentiate from abnormal conditions. such as
- Measurement of blood pressure
- Examination of radial pulse.
- Recording & analysis of normal ECG (electrocardiogram)(12 Lead).
- Auscultation of heart sounds, breath sounds & bowel sound.
- Estimation of Hb concentration.
- Estimation of total count of red blood cell (RBC).
- Estimation of total and differential count of white blood cell (WBC).
- Determination of bleeding time & clotting time.
- Determination of blood grouping & cross matching.

- Determination of erythrocyte sedimentation rate (ESR).
- Determination of packed cell volume.
- Measurement of pulmonary volumes & capacities.
- Examination of urine for volume, specific gravity/osmolarity and water diuresis.
- Elicitation of reflexes (e.g., knee jerk, ankle jerk, planter response, biceps jerk, triceps jerk).
- Recording of body temperature.
- Elicitation of light reflex.
- Interpretation of Snellen's chart and colour vision chart.
- Conduction and interpretation of Rinne test.
- Conduction and interpretation of Weber test.
- Develop competencies in IT, related to applied physiology,

#### **Organization of the Course:**

The course is offered in 3 terms (1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup>) total 1&1/2 years for phase –1 MBBS Course.

#### Distribution of teaching - learning hours

Lecture	Tutorial	Practi cal			Exam	Summative exam		
			hours	for Phase I	Preparatory leave	Exam time	Preparat ory leave	Exam time
120 hrs	120 hrs	100 hrs	340 hrs	30hrs	35 days	42 days	30days	30 days

(Time for exam. preparatory leave and formative & summative assessment is common for all subjects of the phase)

### Teaching/learning methods, teaching aids and evaluation

	Teaching Methods	3		
Large group	Small group	Self learning	Teaching aids	In course evaluation
Lecture Integrated teaching	Tutorial Practical Demonstration	Assignment, self assessment & self study.	Computer & Multimedia & other IT materials Chalk & board White board & markers OHP Slide projector Flip Chart Models Specimens projector Study guide & manuals.	Item examination(oral) Practical item examination(Oral & practical) Class examination Card completion Examination (Written & oral) Term final Examination(Written, oral & practical)

### 1<sup>st</sup> Professional Examination:

#### Marks distribution of Assessment of Physiology

**Total marks – 400** (Summative)

- Written= 200 (SAQ140 + MCQ 40+Formative 20)
- SOE =100
- Practical= 100 (OSPE40 + Traditional 50 +Note Book 10)

#### **Related Equipments:**

Microscope, test tube, glass slide, centrifuge machine, micro pipette, thermostatic water bath, chemicals & reagents, Sphygmomanometer, Stethoscope, Kymograph, ECG machine, Spirometer, Pneumograph, Peak flow meter, Urinometer clinical hammer, cotton, pin, clinical thermometer, spirit, pencil, torch, Ishihara charts, Snellen's chart, tuning fork, perimeter, models, specimens, Haemocytometer, Shahlis haemometer, haematocrit tube, westergren ESR tube & ESR stand etc.

### **Learning Objectives and Course Contents in Physiology**

## Cellular Physiology

Learning Objectives	Contents	Hours / days
At the end of the course the students will be able to explain about :  • goal of physiology.  • principles of homeostasis  • functional organization of the human body & cell physiology.  • cell membrane transport.  • membrane potential, resting membrane potential and action potential.  • muscle physiology  • neuromuscular junction.	<ul> <li>CORE:</li> <li>Physiology: definition, goal &amp; importance of physiology.</li> <li>Homeostasis: definition, major functional systems, control systems and regulation of the body function.</li> <li>The cell: functions of cell membrane and cell organelles.</li> <li>The cell membrane transport: active &amp; passive transport, exocytosis &amp; endocytosis, intercellular communication,</li> <li>Membrane potential: definition, basic physics of membrane potential. Resting membrane potential.</li> <li>Action potential: definition &amp; propagation of action potential.</li> <li>Mechanism of skeletal muscle contraction &amp; relaxation.</li> <li>Neuromuscular junction: transmission of impulse from nerve ending to muscle fibre.</li> </ul>	L=5 T=6 P=2 IT=1

### Physiology of Blood

Learning Objectives	Contents	Hours / days
At the end of the course the students will be able to:  • describe the composition & functions of blood. • demonstrate knowledge about plasma proteins. • demonstrate knowledge about the formation, morphology, types & functions of RBC,WBC & platelets. • describe synthesis & breakdown of haemoglobin. • demonstrate knowledge about the blood grouping & blood transfusion. • describe about hemostasis & coagulation. • describe about the bleeding disorders.	CORE:  Blood: composition & functions.  Plasma proteins: origin, normal values, properties, functions & effect of hypoproteinaemia  Development and normal values of formed elements.  RBC: erythropoiesis.  Hemoglobin: synthesis, types, functions & fate of hemoglobin.  Red blood cell indices,  Anaemia, Polycythemia & Jaundice: definition & classification.  WBC: Classification, morphology, properties & functions, leucocytosis, leucopenia.  Platelet: morphology & functions.  Hemostasis: definition & events.  Coagulation: definition, mechanism,  Clotting factors & fibrinolysis  Blood grouping: ABO & Rh system  Hazards of blood transfusion & Rh incompatibility.  Additional/Applied Physiology  Bleeding disorder: thrombocytopenic purpura & hemophilia, tests for bleeding disorder	L=15 T=16 P=48 IT=01

## Cardiovascular Physiology

	Contents	Hours / days
At the end of the course the students will be able to:      describe the physiology of cardiac muscle     describe the rhythmical excitation of the heart.     demonstrate knowledge about events of cardiac cycle.     explain about the heart sounds.     explain about a normal ECG.     describe about hemodynamics.     describe local & humoral control of blood flow by the tissues.	<ul> <li>CORE:</li> <li>Cardiac muscle: physiological anatomy, properties.</li> <li>Junctional tissues of the heart: generation of cardiac impulse &amp; its conduction.</li> <li>Cardiac cycle: events, pressure &amp; volume changes during different phases</li> <li>Heart sounds: types &amp; characteristics</li> <li>ECG: principles, characteristics &amp;</li> </ul>	L=18 T=18 P=18 IT=02
<ul> <li>describe the microcirculation, capillary fluid &amp; interstitial fluid</li> <li>describe about cardiodynamics: cardiac output, venous return &amp; peripheral resistance.</li> <li>explain about the heart rate &amp; radial pulse.</li> <li>describe the regulation of blood pressure.</li> <li>demonstrate knowledge about the coronary circulation.</li> <li>demonstrate knowledge about shock</li> <li>describe the circulatory changes during exercise.</li> </ul> A C C	<ul> <li>interpretations</li> <li>Functional classification of blood vessels &amp; microcirculation</li> <li>Interrelationship among pressure, flow &amp; resistance.</li> <li>Local &amp; humoral control of blood flow by the tissue.</li> <li>Exchange of fluid through the capillary membrane.</li> <li>SV, EDV, ESV: definition &amp; factors affecting them.</li> <li>Cardiac output: definition, measurement, regulation and factors affecting cardiac output.</li> <li>Venous return: definition &amp; factors affecting.</li> <li>Peripheral resistance: definition &amp; factors affecting.</li> <li>Heart rate: definition, normal values, factors affecting &amp; regulation.</li> <li>Radial pulse: definition &amp; characteristics.</li> <li>Blood pressure: definition, types, measurement &amp; regulation of arterial blood pressure.</li> </ul> Additional /Applied Physiology Circulatory adjustment during exercise. Coronary circulation Cardiac arrhythmias: tachycardia, bradycardia & heart block Shock: definition, classification. Physiological basis of	

### Respiratory Physiology

Learning Objectives	Contents	Hours / days
At the end of the course the students will be able to:  • define pulmonary & alveolar ventilation.  • explain the mechanism of respiration  • describe pulmonary volumes and capacities,  • describe pulmonary circulation  • summaries the diffusion of gases through the respiratory membrane.  • describe the oxygen & carbon dioxide transport.  • describe the respiratory centers & regulation of respiration.  • define & classify hypoxia and cyanosis.	CORE  Physiological anatomy of respiratory system Respiration: definition, mechanism. Pulmonary & Alveolar ventilation. Pulmonary volumes and capacities (spirometry) Dead space: definition & types Pulmonary circulation- pressure in pulmonary system effect of hydrostatic pressure in lungs, pulmonary capillary dynamics. Composition of atmospheric, alveolar, inspired and expired air. Respiratory unit and respiratory membrane. Diffusion of Gases through the respiratory membrane. Transport of Oxygen & Carbon dioxide in blood & body fluid. Oxy-hemoglobin dissociation curve. Bohr effect, Haldane effect & chloride shift mechanism. Respiratory centers: name, location & functions. Nervous & chemical regulation of respiration. Lung function tests: name, significance Hypoxia: definition, types Cyanosis: definition & types. Definition of Dyspnea, Hypercapnea & Periodic breathing.  Additional/Applied Physiology Oxygen therapy in hypoxia Ventilation -perfusion ratio. Regulation of respiration during exercise.	L=12 T=14 P=8 IT=01

### Renal Physiology

Learning Objectives	Contents	Hours / days
At the end of the course the students will be able to:  • describe the structure & function of nephron.  • describe the mechanism of urine formation. GFR, tubular reabsorption, tubular secretion.  • describe the mechanism of water balance and osmotic diuresis.  • explain physiological mechanism of micturition.	CORE:  • Kidney: functions • Nephron: types, parts, structure & functions • Renal circulation: peculiarities & functional importance • Urine formation: basic mechanism • GFR: definition, determinants, control of GFR & regulation of renal blood flow • Reabsorption and secretion by the renal tubules • Definition of T <sub>m</sub> , Renal threshold, tubular load & plasma load and diuresis. • Mechanism of formation of concentrated urine & diluted urine. • Micturition reflex  Additional /Applied Physiology Abnormalities of micturition	L= 12 T= 10 P= 02 IT= 01

## **Gastrointestinal Physiology**

Learning Objectives	Contents	Hours / days
Gastrointestinal Physiology  At the end of the course the students will be able to:  • describe the general principles of gastrointestinal function. • describe the movements of GIT	CORE:  • Phygiological anatomy of gastrointestinal (GI) tract. • Enteric nervous system. • Local hormones of GIT: name, function & regulation of secretion • Hormonal control of GI function. • Movements of the GIT. • GI reflexes.  Additional / Applied Physiology • Peptic ulcer diseases • Diarrhoea • Vomiting	L=10 T=8 P=02 IT=01

### **Endocrine Physiology and Physiology of Reproduction**

Learning Objectives	Contents	Hours / days
At the end of the course the students will be able to:  • describe types, hormonal receptors & general mechanism of action of hormone.  • describe functions, mechanism of action & regulation of secretion of individual hormone.  • describe disorders in relation to: • pituitary gland • thyroid and parathyroid gland • adrenal gland • endocrine pancreas	CORE:  • Endocrine glands: name & name of their hormones.  • Hormone: definition, classification, mechanism of action, assessment of hormone level.  • Hypothalamic hormones, releasing & inhibitory hormones: name and functions.  • Pituitaty Gland: physiological anatomy.  • Pituitary hormones (anterior & posterior): name, functions, mechanism of action and their control by the hypothalamus and disorders (dwarfism, gigantism, acromegaly & hypopituitarism and diabetes insipidus).  • Thyroid Gland: physiological anatomy.  • Thyroid hormones: biosynthesis, transport, functions, mechanism of action, regulation of secretion, disorders (hypo and hyperthyroidism, cretinism, myxoedema and goitre)  • Parathyroid Gland: physiological anatomy.  • Parathyroid hormone: functions, mechanism of action & regulation of secretion.  • Adrenal Gland: physiological anatomy. Adrenocortical hormones: name, functions, mechanism of action, regulation of secretion & disorders (Addison's disease, Cushing's Syndrome, Conn's disease).  • Islets of Langerhan's of pancreas - hormones: functions, mechanism of action & regulation of secretion & disorders	L=20   T=20   P=02   IT=01

Learning Objectives	Contents	Hours / days
Physiology of Reproduction  At the end of the course the students will be able to:      describe male & female reproductive organs & their hormones     describe spermatogenesis     explain about functions of testosterone, oestrogen and progesterone     describe ovulation, ovarian & menstrual cycle     demonstrate knowledge about puberty     demonstrate knowledge about contraception     describe physiology of pregnancy     explain about lactation	<ul> <li>Introduction to reproductive physiology, sex determination &amp; sex differentiation. Puberty</li> <li>Functional anatomy of male reproductive system</li> <li>Secondary sex characteristics of male</li> <li>Testes: functional structure and functions</li> <li>Testosterone: function.</li> <li>Spermatogenesis: steps &amp; hormonal control.</li> <li>Functional anatomy of female reproductive system</li> <li>Secondary sex characteristics of female</li> <li>Ovaries: functional structure and functions. Functional structure of uterus.</li> <li>Menstrual cycle: definition, phages and hormonal control.</li> <li>Ovarian cycle: phages and hormonal regulation.</li> <li>Ovulation: definition, mechanism &amp; hormonal control. Indicators of ovulation.</li> <li>Definition of menstruation, menarche &amp; menopause.</li> <li>Ovarian hormones</li> <li>Functions of oestrogen and progesterone.</li> <li>Placental hormones: name &amp; functions.</li> <li>Mammogenesis: development and lactation.</li> <li>Additional/Applied Physiology</li> <li>Physiology of pregnancy</li> <li>Contraception</li> </ul>	

### Neurophysiology

Learning Objectives	Contents	Hours / days
At the end of the course the  Students will be able to:  explain organization of the nervous system explain the basic mechanism of synaptic transmission. describe the sensory system of the body. describe the organization and functions of the spinal cord. explain the cord reflexes. describe the motor control system- pyramidal and extra pyramidal systems. describe the functions of cerebellum. describe functions of basal ganglia, thalamus, reticular formation & limbic system describe functions of CSF and Blood brain barrier. describe organization & function of autonomic nervous system	CORE:  Functional organization of nervous system and functions of major levels of central nervous system(CNS).  Neuron: definition, parts, types  Nerve fiber: classification, properties, effects of injury/section to the nerve fiber  Synapse: physiological anatomy, properties, types, synaptic transmission  Neurotransmitters: definition, types, functions  Sensory receptor: definition, classification, properties, receptor potential.  General/somatic senses: definition, classification  Ascending tracts/sensory pathways: name & function.  Spinothalamic tract, tract of Gall, tract of Burdach, spinocerebellar tract: origin, course, termination & function.  Cerebral cortex: name & functions of the Brodmann's areas  Reflex definition, classification, properties,  Reflex arc: definition, components  Stretch reflex, withdrawal reflex, crossed extensor reflex, reciprocal innervation & planter response.  Muscle spindle: definition, physiological anatomy, functions.  Muscle tone: definition, function, maintenance  Descending tracts / motor pathways: name & function.  Pyramidal tract: origin, course, termination, function & effect of lesion.  Extrapyramidal tract: name, functions.  Upper motor neuron and Lower motor neuron: definition, example, effect of lesion.  Spinal cord: hemisection.	L=18 T=18 P=08 IT=01

Learning Objectives	Contents	Hours / days
	<ul> <li>Cerebellum: functional division, functions, error control mechanism of motor activity &amp; cerebellar disorder.</li> <li>Basal ganglia: functional components, functions &amp; effects of lesion</li> <li>Thalamus, Reticular formation, limbic system: components &amp; functions.</li> <li>CSF: Circulation, functions</li> <li>Blood brain barrier: function</li> <li>Hypothalamus: name of the nucleus and functions</li> <li>Autonomic Nervous system: components and functions</li> <li>Additional/Applied Physiology</li> <li>Pain: types, dual pathway for transmission of pain, referred Pain Spinal cord transection.</li> <li>Posture, equilibrium: definition, name of the areas controlling them.</li> <li>Sleep, memory: definition, name of the areas controlling them.</li> <li>Alarm or stress response</li> </ul>	

### **Physiology of Body Temperature**

Learning Objectives	Contents	Hours / days
At the end of the course the students will be able to:  • describe the physiology & regulation of body temperature.	Normal body temperature, site of measurement, sources of heat gain, channels of heat loss, regulation of body temperature in hot and cold environment.      Additional/Applied Physiology Heat stroke, hypothermia, frost bite, fever.	L=02 T=02 <b>P=02</b>
Physiolo	ogy of Special Senses	
At the end of the course the students will be able to:      describe the neurophysiology of vision and visual pathway     explain errors of refraction, accommodation reaction, light reflexes, dark and light adaptation.      explain mechanism of hearing and describe auditory pathway     describe the physiology of smell and taste	<ul> <li>CORE:         <ul> <li>Vision: physiological anatomy of eye, image formation in the eyes, visual receptors, visual pathway, common refractive errors, photochemistry of vision, accommodation reaction, light reflex, dark &amp; light adaptation, Field of vision, color vision, color blindness, visual acuity.</li> <li>Hearing: auditory apparatus, receptor, mechanism of sound wave transmission, auditory pathway.</li> <li>Smell: smell receptors, olfactory pathway.</li> <li>Taste: taste receptors, modalities of taste sensation, taste pathway.</li> </ul> </li> <li>Additional/Applied Physiology         <ul> <li>Effects of lesion in visual pathway</li> <li>Visual acuity</li> </ul> </li> </ul>	L=08 T=08 <b>P=08</b> IT=01

### **Physiology Practical**

Learning Objectives	Contents	Hours / days
Cellular Physiology & Physiology of Blood  Students will be able to  • demonstrate knowledge on common laboratory equipments used for practical hematology.  • perform common hematological tests.  • interpret results for practical purpose.	<ul> <li>CORE:</li> <li>Developing skill in using of microscope &amp; common laboratory equipments.</li> <li>Collection &amp; preparation of blood sample.</li> <li>Observation of osmotic behavior of RBC</li> <li>Determination of total count of RBC,</li> <li>Determination of total count of WBC</li> <li>Determination of differential count of WBC.</li> <li>Estimation of haemoglobin.</li> <li>Observation of osmotic fragility of RBC.</li> <li>Determination of ESR</li> <li>Determination of PCV.</li> <li>Determination of Blood grouping (ABO &amp; Rh system) &amp; cross matching.</li> <li>Determination of Bleeding time &amp; clotting time.</li> <li>Interpretation of Red Cell Indices</li> </ul>	02 48
Cardiovascular Physiology  Students will be able to:  • examine the radial pulse & its application. • measure the blood pressure and effect of exercise on it. • auscultate 1 <sup>st</sup> & 2 <sup>nd</sup> heart sounds. • record & analysis of normal ECG. • interpret the effect of drug and temperature on frog's heart.	<ul> <li>CORE:         <ul> <li>Measurement of Blood Pressure &amp; effect of exercise on it.</li> <li>Auscultation of 1<sup>st</sup> &amp; 2<sup>nd</sup> heart sounds.</li> <li>Examination of radial pulse.</li> <li>Recording &amp; analysis of normal ECG (12 leads).</li> </ul> </li> <li>Additional/Applied Physiology         <ul> <li>Interpretation of effect of worm and cold application on frog's heart (tracing provided).</li> </ul> </li> <li>Interpretation of effect of drugs on frogs heart (tracing provided).</li> </ul>	18

Learning Objectives	Contents	Hours / days
Respiratory Physiology  Students will be able to:  • examine the Respiratory system  • perform lung function tests & interpret tests on clinical conditions.  • demonstrate the knowledge about breath sounds.	<ul> <li>CORE:</li> <li>Examination of respiratory system (physiological aspect)</li> <li>Counting of respiratory rate.</li> <li>Auscultation of breath sounds.</li> <li>Determination of lung function tests including Spirometry.</li> <li>Determination of kymographic recording of respiratory movements &amp; effect of breath holding, hyperventilation, speech, deglutition (tracing provided.)</li> </ul>	08
Gastrointestinal Physiology Students will be able to:  • auscultate the intestinal sound	CORE     Auscultation of intestinal sound	02
Renal Physiology Students will be able to:  • Determine the specific gravity of urine	CORE     Determination of specific gravity of urine	02
Neurophysiology Students will be able to:  • examine the sensory & motor functions of human body.  • elicit the reflexes & interpret its clinical importance.	<ul> <li>CORE:</li> <li>Examination of motor &amp; sensory functions.</li> <li>Elicitation of the reflexes &amp; interpretation of its clinical importance. (knee jerk, biceps jerk, triceps jerks &amp; planter response).</li> </ul>	10
Physiology of Body Temperature Students will be able to  • record the body temperature	<ul> <li>CORE:</li> <li>Recording of the body temperature.</li> <li>Observation of the effect of exercise on body temperature.</li> </ul>	02
Physiology of Special senses Students will be able to:  • perform the light reflex & accommodation reaction • perform visual acuity & color vision. • conduct tests for hearing & interpret the result	<ul> <li>CORE:</li> <li>Observation of Light reflex,</li> <li>Interpretation of visual acuity, color vision &amp; Perimetry.</li> <li>Conduction and interpretation of Rinne test &amp; Weber test.</li> </ul>	08

### **Distribution of Teaching Hours**

Systems	Lecture hours	Tutorial hours	Practical hours	Integrated teaching hours
Cellular Physiology	5	6	2	1
2. Physiology of blood	15	16	48	1
3. Cardiovascular Physiology	18	18	18	2
4. Respiratory Physiology	12	14	8	1
5. Gastrointestinal Physiology	10	8	2	1
6. Renal physiology	12	10	2	1
7. Endocrine Physiology & Physiology of Reproduction	20	20	2	1
Neurophysiology & Physiology of body temperature	20	20	10	1
9. Physiology of Special Senses	08	8	8	1
Total	120	120	100	10
	(includes 2	(includes 2	(includes 2 hours	(includes 2
	hours IT)	hours IT)	IT)	hours IT)

### Time allocation in Physiology in different term

Term	Lecture hours	Tutorial hours	Practical hours	Integrated teaching hours	Total hours
1 <sup>st</sup> Term	38	40	38	03	116
2 <sup>nd</sup> Term	34	32	32	04	98
3 <sup>rd</sup> Term	48	48	30	03	126
Grand Total	120	120	100	10	340

# **Summative Assessment of Physiology** (First Professional Examination)

Assessment systems and mark distribution

Components	Marks	Total	Contents
		Marks	
WRITTEN EXAMINATION Paper – I- Formative Assessment + MCQ +SAQ Paper – II- Formative Assessment + MCQ +SAQ	10+20+70 = 100 10+20+70 = 100	200	Paper – I  1. Cellular physiology 2. Physiology of blood 3. Cardiovascular physiology 4. Respiratory physiology 5. Gastrointestinal physiology Paper – II 1. Renal physiology 2. Endocrine physiology & physiology of
PRACTICAL EXAMINATION OSPE Traditional practical methods and experiments Practical Note Book	40 50 10	100	Reproduction 3. Neurophysiology & temperature regulation 4. Physiology of Special senses
ORAL EXAMINATION (Structured) 2 boards	Board - I = 50 $Board - II = 50$	100	
Grand Total		400	

Pass marks 60% in each of written, oral and practical.

### **Department of Physiology**

Students In course Evaluation Card. (Card for card completion & Term final examination on Physiology for individual student)

Students name	Roll no	
Session	Year	Batch
Date of starting	Date of ending	

Components	Written		Oral		Practical		Remarks (Signature & Date)
	Full	Marks	Full	Marks	Full	Marks	
	Marks	Obtained	Marks	Obtained	Marks	Obtained	
Cellular	100		100				
physiology &							
Physiology of							
Blood							
Cardiovascular	100		100				
physiology							
Respiratory	100		100				
physiology							
Gastrointestinal	100		100				
Physiology &							
Renal physiology							
Endocrine	100		100				
physiology							
Physiology of	100		100				
Reproduction							
Neurophysiology	100		100				
Physiology of							
Special Senses							
1 <sup>st</sup> Term	100		100		100		
2 <sup>nd</sup> Term	100		100		100		
3 <sup>rd</sup> Term	100		100		100		

## **Department of Physiology Attendance Record**

Components	Total Class held	Total Class attended	Percentage (attended/ Held )	Remarks (Signature & Date)
Lecture (120 hours)				
Tutorial (120 hours)				
Practical (100 hours)				
Integrated teaching (10 hours)				

### **Academic Calendar for Physiology**

		1 <sup>st</sup> Term		2 <sup>nd</sup> Term		3 <sup>rd</sup> Term	
Teaching /Learning Method	Teaching hours including Examination	20 Working weeks	E V A	20 Working weeks	E V	18 Working weeks	E V
Lecture	120 Hours	GP- 05 hours Blood—15 hours CVS—18 hours	L U	Resp. Physiology— 12 hours GIT—10 hours Renal- 12 hours.	L U	Endocrine & Reproduction—20 hours  Nervous system & Body temp.—20 hours.  Special Senses-08 hours.	L U A
Tutorial	120 hours	GP—06 <u>hours</u> . Blood –16 hours. CVS—18 hours.	I O N	Respiration—14 hours.  GIT—08 hours.  Renal —10hours.	I O N	Endocrine & reproduction—20 hours.  Nervous system & Body temp. –20 hours  Special Senses—08 hours.	O N
Practical	100 hours.	GP—02 hours. Blood—36 hours.	4 W E E K	Blood 12 hours CVS18 hours. GIT—02 hours	4 W E E K	Respiration- 08 hours  Renal – 02 hours  Endocrine—02 hours  Neuro physiology -08 hours  Body temp—02 hours  Special Senses08 hours	7 W E E K

Department of Physiology	Medical college
Students name	Roll no
Session	Year Batch
Date of starting	Date of ending

### Card 1: (Cellular Physiology & Blood)

Sl. No.	Name of item	Full Marks	Marks Obtained	Remarks (signature & Date)
1.	Definition, goal & importance of physiology. Homeostasis: definition, major functional systems, control systems of the body	10		
2.	The cell: functions of cell membrane & cell organelles.	10		
3.	The cell membrane transport: active & passive transport, exocytosis & endocytosis. Intercellular communications	10		
4.	Membrane potential: definition and basic physics of membrane potential. Resting membrane potential  Nerve Action potential & propagation of action potential.	10		
5.	Neuromuscular junction, muscle contraction & transmission of impulse from nerve ending to the muscle fibre.	10		
6.	Composition & functions of blood, Plasma proteins: Origin, normal values, properties & functions.	10		
7.	RBC: normal count, morphology, functions, erythropoiesis, fate of RBC. Hemoglobin: synthesis, types, functions. Red blood cell indices. Anaemia: definition & classification Polycythemia: definition & type. Jaundice: definition & classification	10		
8.	WBC: classification with normal count, morphology, development, properties & functions. leucocytosis, leucopenia.	10		
9.	Platelets: normal count, morphology, functions & development. Hemostasis: definition & events Coagulation: definition, blood clotting factors. Mechanism of coagulation & fibrinolysis. Anticoagulant: name, mode of action. Bleeding disorder: thrombocytopenic purpura & hemophilia. Tests for bleeding disorder: bleeding time, coagulation time and prothrombin time.	10		
10.	Blood grouping: ABO & Rh system, hazards of blood transfusion & Rh incompatibility.	10		

Signature of batch teacher:

Signature of head of department:

Department of Physiology	Medical college		
Students name	Roll no		
Session	Year Batch		
Date of starting	Date of ending		

### Card 2: (Cardiovascular Physiology)

Sl. No.	Name of item	Full Marks	Marks Obtaine d	Remarks ( signature & Date)
1.	Properties of cardiac muscle. Junctional tissues of the heart. Generation of cardiac impulse & its conduction in the heart.	10	-	
2.	Cardiac cycle: definition, events, pressure & volume changes during different phases of cardiac cycle.  Heart sounds: type, characteristics and their significances ECG: definition, principles and interpretations	10		
3.	Functional classification of blood vessels, interrelationship among pressure, flow & resistance.  Local & humoral control of blood flow in the tissues.  Exchange of fluid through the capillary membrane.	10		
4.	SV, EDV, ESV: definition & factors affecting them. Cardiac output: definition, measurement, regulation and factors affecting cardiac output. Venous return: definition & factors affecting. Heart rate: factors affecting & regulation. Pulse: definition, characteristics	10		
5.	Peripheral resistance: definition & factors affecting. Blood pressure: definition, types, measurement & regulation of arterial blood pressure.	10		
6.	Circulatory adjustment during muscular exercise Cardiac arrhythmias: tachycardia, bradycardia. Heart block: definition and types Shock: definition, classification. Physiological basis of compensatory mechanism of circulatory shock.	10		

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### **Card 3: (Respiratory Physiology)**

Sl. No.	Name of item	Full Marks	Marks Obtained	Remarks ( signature & Date)
1.	Respiration: definition, mechanism. Pulmonary & Alveolar ventilation. Pulmonary volumes and capacities(spirometry) Dead space: physiological & anatomical Lung function tests: name & significance	10		
2.	Composition of atmospheric, alveolar, inspired and expired air. Respiratory unit and respiratory membrane. Diffusion of Gases through the respiratory membrane. Peculiarities of pulmonary circulation Ventilation -perfusion ratio.	10		
3.	Transport of Oxygen & Carbon dioxide in blood. Oxy-hemoglobin dissociation curve. Bohr effect, Haldane effect & Chloride shift.	10		
4.	Respiratory centers: name, location & functions.  Nervous & chemical regulation of respiration.  Regulation of respiration during exercise.	10		
6.	Hypoxia: definition, types Cyanosis: definition & types. Definition of dyspnea, hypercapnea & periodic breathing.	10		

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Signature of head of department :

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Students name	Roll no		
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Date of starting	Date of ending		

### Card 4: (Gastrointestinal Physiology & Renal physiology)

Sl. No.	Name of item	Full Marks	Marks Obtained	Remarks (Signature & Date)
1.	Physiological anatomy of gastrointestinal (GI) tract.	10		
	Enteric nervous system.			
	Local hormones of GIT: name, functions & regulation of			
	secretion			
	Neural and hormonal control of GI function.			
2.	Movements of the GIT.	10		
	GI reflexes.			
3.	Kidney: functions of kidneys.	10		
	Renal circulation: peculiarities with functional			
4	importance.	10		
4.	Urine formation	10		
	Glomerular filtration, determinants of GFR,			
	Autoregulation of renal blood flow and GFR.			
5.	Reabsorption and secretion by the renal tubules	10		
	Definition of T <sub>m</sub> , Renal threshold, tubular load & plasma			
	load and diuresis			
6.	Mechanism of formation of concentrated & dilute urine.	10		
7.	Micturition reflex	10		
	Abnormalities of micturition			

Department of Physiology,	Medical college
Students name	Roll no
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Date of starting	Date of ending

### **Card 5 : (Endocrine Physiology)**

Sl.	Name of item	Full	Marks	Remarks
No.		Marks	Obtained	
1.	Endocrine glands: name	10		
	Hormones: definition, classification, mechanism of			
	action, regulation of secretion			
2.	Hypothalamic hormones.	10		
	Pituitary hormones (anterior & posterior): name,			
	functions and their control by the hypothalamus and			
	disorders (Dwarfism, gigantism, acromegaly &			
	hypopituitarism and diabetes insipidus)			
3.	Thyroid hormones: biosynthesis, transport, functions,	10		
	regulation of secretion, disorders (Hypothyroidism			
	hyperthyroidism, Cretinism, Myxoedema and goitre)			
4.	Parathyroid hormone: functions, mechanism of action &	10		
	regulation of secretion.			
5.	Adrenocortical hormones: name, functions, mechanism	10		
	of action, regulation of secretion & disorders (Addison's			
	disease, Cushing's Syndrome, Conn's disease).			
6.	Hormones of Islets of Langerhan's of pancreas: functions,	10		
	mechanism of action, regulation of secretion & disorders			

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**Card 6: (Physiology of Reproduction )** 

Sl.	Name of item	Full Marks	Marks	Remarks
No.			Obtained	
1.	Introduction to reproductive physiology, sex determination & sex differentiation. Puberty Functional anatomy of male reproductive system.  Secondary sex characteristics of male Gonad: functional structure and functions of testes.  Testosterone: functions,  Spermatogenesis: steps & hormonal control.	10		
2.	Functional anatomy of female reproductive system. Secondary sex characteristics of female Gonad: functional structure and functions of ovaries. Functional structure of uterus Menstrual cycle: definition, hormonal control Ovarian and endometrial cycle with their hormonal regulation.  Ovulation: definition, mechanism & hormonal control. Indicators of ovulation  Definition of menstruation, menarche & menopause.  Ovarian hormones  Oestrogen and progesterone: functions	10		
3.	Physiology of pregnancy & Lactation: Pregnancy: physiological changes during pregnancy. Placental hormones: name & functions. Mammogenesis: hormonal influence for mammogenesis & lactation Physiology of contraception	10		

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### Card 7: (Neurophysiology & special senses)

Sl. No	Name of item	Full Marks	Marks Obtained	Remarks & signature
1.	Functional organization and functions of major levels of central nervous	10		
	system(CNS).			
	<b>Neuron:</b> definition, parts, types			
	Nerve fiber: classification, properties, effects of injury to the nerve fiber			
	<b>Synapse</b> : physiological anatomy, type, properties & synaptic transmission			
	Neurotransmitters: definition, types & functions			
2.	Sensory systems of the body:	10		
	<b>Sensory receptor</b> : definition, classification, properties, receptor/generator potential.			
	<b>Cerebral cortex:</b> Name and functions of the Brodmann's areas.			
	General/somatic senses: definition and classification.			
	Ascendingtracts/sensory pathways – name.(Tract of Gall & Burdach,			
	spinothelamic tract, spinocerebellar tract): origin, course, termination, functions, and			
	effect of lesions.			
3.	Reflex: définition, classification, properties. Reflex arc: définition, component	10		
	stretch reflex, knee jerk, planter response and Withdrawal reflex- with reciprocal			
	innervations & crossed extensor-pathway.			
	Muscle spindle, Golgi tendon organ: definition, physiological anatomy and			
	functions. Muscle tone: definition, function and maintenance.			
4.	Descending tracts/ motor pathways- name	10		
	Pyramidal tract: origin, course, termination, function, effect of lesion.			
	Extrapyramidal tract: name, functions.			
	Upper motor neuron and lower motor neuron: definition, effect of lesion.			
	Spinal cord : effect of hemisection.			
5.	Cerebellum: functional division, neuronal circuit, functions, error control	10		
	mechanism of motor activity & cerebellar disorder,			
6.	Basal ganglia: functional components, functions & effects of lesions.	10		
	Thalamus, Reticular formation, Limbic system: functional components and			
	functions.			
	<b>CSF:</b> circulation & functions.			
	Blood brain barrier: function.			
8.	Hypothalamus: name of the nucleus, functions			
	Body Temperature	10		
	Normal body temperature, site of measurement, sources of heat gain, channels of heat			
	loss, regulation of body temperature in hot and cold environment.			
9.	Autonomic Nervous system: physiological anatomy of sympathetic and	10		
	parasympathetic system, functions.			
	Alarm or stress response			
10.	Vision: physiological anatomy of eye,	10		
	image formation in the eyes, visual receptors, visual pathway, common refractive			
	errors, accommodation reaction, light reflex, dark and light adaptation. Field of			
	vision, color vision, visual acuity			
11.	Hearing: auditory apparatus, receptor,	10		
	Mechanism of hearing, mechanism of sound transmission and auditory pathway.			
12.	Smell: receptor and pathway.	10		
	<b>Taste:</b> receptors, modalities of taste sensation and pathway.			

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### Card 8: Physiology Practical

### ( I hear and I forget, I see and I remember, I do and I understand ) $\,$

SL NO	Name of experiment	Full Marks	Marks obtained
1	laboratory equipment. laboratory animals, blood sample, collection (venous & capillary ) of blood.	10	
2	Preparation & staining of blood film & differential count of WBC with interpretation and analysis of result	10	
3	Determination of total count of WBC with interpretation and analysis of result	10	
4	Determination of total count of RBC with interpretation and analysis of result	10	
5	Estimation of haemoglobin with interpretation and analysis of result	10	
6	Determination of packed cell volume (PCV), Calculation of MCV, MCH & MCHC with interpretation and analysis of result	10	
7	Estimation of ESR by Westergren method with interpretation and analysis of result	10	
8	Determination of bleeding time, clotting time with interpretation and analysis of result	10	
9	Study of morphology and osmotic behavior of RBC with interpretation and analysis of result	10	
10	Determination of ABO & Rh blood groups with interpretation and analysis of result	10	
11	Auscultation of 1 <sup>st</sup> & 2 <sup>nd</sup> heart sounds	10	
12	Clinical examination of radial pulse.	10	
13	Measurement of normal blood pressure & effects of exercise on blood pressure.	10	
14	Recording & analysis of 12 leads normal ECG	10	
15	Auscultation of breath sounds	10	
16	Spirometric measurement of lung function test. Determination of FVC, FEV <sub>1</sub> ,FEV <sub>1</sub> /FVC %, PEFR, MVV with analysis of result.	10	
17	Study on the tracing of respiratory movements & effects of breath holding, hyperventilation, speech, deglutition (physiological apnoea).	10	
18	Auscultation of intestinal sound.	10	

19	Elicitation of knee jerk, planter response	10	
20	Recording of oral & axillary temperature & effects of exercise on it	10	
21	Mapping of visual field by perimeter	10	
22	Observation of light reflexes and analysis of result	10	
23	Determination of color vision	10	
24	Determination of visual acuity by Snellen's chart.	10	
25	Determination of hearing tests: Rinne and Weber test with interpretation and analysis of result	10	
26.	Determination of specific gravity of urine	10	
27.	Demonstration of uses of computer and other IT materials	10	
	(One observer station should remain in 1st professional MBBS examination in the physiology discipline)		

Signature of batch teacher:

Signature of head of the department:

### **Integrated Teaching in Physiology**

Integrated teaching program on a particular topic/organ /organ system should be organized in each term. The topics which are related should be prepared after discussion with the teachers of Anatomy/Physiology/Biochemistry. The horizontal process of Integrated teaching program will help the students to have a simultaneous views of different aspects of Anatomical/Physiological/Biochemical details of a particular topic/organ /organ system.

TOPICS	LEARNING OBJECTIVES	TERM	DEPARTMENT
1. Cell	Students will be able to  describe the structure & functions of different constituents of cell explain membrane	I	Anatomy Physiology
	transport, membrane potentials & action potentials  state the composition of ECF & ICF compartments		Biochemistry
2.Heart	Students will be able to  describe the gross anatomy & clinical anatomy of heart  describe the types & regulation of blood pressure  describe the physiologic basis of shock management	I	Anatomy Physiology Biochemistry
3.Lung	<ul> <li>describe &amp; interpret the cardiac markers</li> <li>Students will be able to describe</li> <li>the gross anatomy &amp; clinical anatomy of lungs</li> <li>the spirometry &amp; its clinical application</li> <li>the regulation of respiration</li> </ul>	I	Anatomy Physiology Biochemistry
4. Hepatobi liary system	Students will be able to  • describe the gross anatomy & clinical anatomy of hepato-biliary system  • interpret the liver function test & explain its clinical importance  • explain the role of liver in metabolism	II	Anatomy Physiology Biochemistry
5.Kidney	Students will be able to  describe the gross anatomy & clinical anatomy of kidney  explain the mechanism of urine formation  interpret kidney function test  explain the renal chemistry in relation to water, electrolytes & acid base balance	II	Anatomy Physiology Biochemistry
6.Pancre as	Students will be able to  describe the gross anatomy & clinical anatomy of pancreas  hormones of islets of Langerhan's of pancreas  functions ,mechanism of action & regulations of secretion of insulin  causes & consequences of hyper & hypoglycaemia laboratory diagnosis of diabetes mellitus	II	Anatomy Physiology Biochemistry

TOPICS	LEARNING OBJECTIVES	TERM	DEPARTMENT
7.Adrena l gland	Students will be able to describe  • the gross anatomy & clinical anatomy of adrenal gland  • the functions ,mechanism of action & regulation of secretion of adrenal hormones  • hypo & hyperadrenalism	Ш	Anatomy Physiology Biochemistry
8. Thyroid & Parathyr oid gland	Students will be able to describe  • the gross anatomy & clinical anatomy of thyroid & parathyroid gland  • the hormones of thyroid & parathyroid gland: biosynthesis, transport functions, mechanism of action & regulation of secretion  • hypo & hyperthyroidism  • tetany  • Thyroid function tests & their interpretation	III	Anatomy Physiology Biochemistry
9. Pituitary gland	Students will be able to describe  • the gross anatomy & clinical anatomy of pituitary gland  • hormones of pituitary gland : functions ,mechanism of action & regulation of secretion  • hypo & hyperpituitarism	III	Anatomy Physiology Biochemistry
10. Sensory system & Motor system	Students will be able to describe  • receptors, synapse & sensory pathways  • the pyramidal system, extrapyramidal  • system cerebellum, basal nuclei & their disorder  • the different types of neurotransmitter & their functions	III	Anatomy Physiology Biochemistry
11. Informati on Technolo gy (IT)	Students will be able to describe, demonstrate and usees of -  • IT materials  • World wise web (www)  • Email and Email address  • MS word, MS excel, MS power point etc	III	11 Departments Anatomy Physiology Biochemistry Community Medicine Pathology Microbiology Forensic Medicine Pharmacology Medicine Surgery Gynecology & Obstetrics

### **Biochemistry**

#### **Departmental Objective**

At the end of the course in Biochemistry the students should be able to:

- demonstrate basic knowledge on major biomolecules, enzymes, hormones and nutrients and of fundamental chemical principles involved in body mechanism upon which life process depends
- demonstrate skills in performing and interpreting Bio-chemistry laboratory tests and procedures with emphasis on those used in Bangladesh
- demonstrate skills in using the modern biochemical appliances
- equip themselves with requisite knowledge for higher studies and research
- develop sound attitude towards the need for continuing self education

#### **List of Competencies to acquire:**

After completing the course of biochemistry in MBBS course the students will-

- 1) apply the impact of biochemistry in medicine.
- 2) acquinted the biomolecules forming the structure of the human body, their functions and their role in health and diseases.
- 3) explain the role of enzymes in the diagnosis and treatment of diseases.
- 4) identify the source of energy in human body and the process by which this energy is derived from food.
- 5) explain metabolism of the body in fed and fasting state and consequences of prolonged starvation.
- 6) explain the role of liver in metabolism and derangement of metabolism in impaired liver function. Explain dyslipidemia and their clinical consequence
- 7) describe the water and electrolyte content of human body and their functions. Know the types, causes and consequences of dehydration and over hydration. Explain the causes the consequences of electrolyte imbalance.
- 8) describe the sources of acids and bases in our body and the mechanism of their normal balance. Explain the causes and consequences of acidosis and alkalosis and the parameters to diagnose them.
- 9) demonestrate about nutrients, balanced diet. Describe the common nutritional disorders of our country and their causes and consequences.
- 10) describe the components of balanced diet and explain the basic principles of making a diet chart. Attain the skill to assess nutritional disorders anthropometrically.
- 11) explain the basis of genetics and molecular biology and the common genetic disorders and explain the modern technology in molecular biology in the diagnosis and treatment of diseases.
- 12) diagnose diabetes mellitus, impairment of renal, liver and thyroid functions.

Attain the skill to perform and interpret the common biochemical tests in the diagnosis of diseases. Attain the skill to perform common bedside biochemical tests.

#### Distribution of teaching - learning hours

Lecture	Tutorial	Practical	Total Integrated Formative Exam Summer teaching teaching for		Formative Exam		Summa	tive exam
			hours	Phase I	Preparat ory leave	Exam time	Prepar atory leave	Exam time
120 hours	100 hours	100 hours	320 hrs	30 hrs	35 days	42 days	30 days	30 days

(Time for exam. preparatory leave and formative & summative assessment is common for all subjects of the phase)

#### Teaching - learning methods, teaching aids and evaluation

Teaching Methods						
Large group	Small group	Self learning	Teaching aids	In course evaluation		
Lecture Integrated teaching	Tutorial Practical Demonstration Problem solving	Assignment, self assessment and self study.	OHP Video tapes, Audio player Slide Projector Charts, Flip charts, Models, Specimens White board and marker Chalk board and chalk Computer and multimedia Study guide and manuals	Item Examination (oral & or written) Card final (written) Practical examination (OSPE & traditional practical) Term Examination Term final (written, oral+ practical [OSPE & traditional])		

#### **Related Equipments:**

Glass wares, micropipette, distilled water plant, p<sup>H</sup> meter.

#### **Laboratory equipments:**

Photoelectric colorimeter, Centrifuge machine, Incubator, Water bath, Hot air oven, Height and weight measuring instrument.

#### 1<sup>st</sup> Professional Examination:

#### Marks distribution of Assessment of Biochemistry:

Total marks - 400

- Written=200 (Formative- 20+MCQ- 40+SAQ-140)
- SOE=100
- Practical= 100 (OSPE-50+ Traditional-40 +Note Book-10)

### Learning Objectives and Course Contents in Biochemistry Biophysics & Biomolecules

### Food, Nutrition, Vitamins and Minerals

Learning Objectives	Contents	Teaching Hours
<ul> <li>At the end of the course, students will be able to:</li> <li>define and explain nutrients, essential nutrients, macro and micro nutrients, food, proximate principles of food, diet, balanced diet.</li> <li>state the full meaning of the abbreviations- MR, BMR, BMI, SDA, DRI, RDA, and also define and explain them.</li> <li>state the basis of calculating the calorie requirement of a person.</li> <li>describe the sources, requirement and function of carbohydrate as nutrient and describe the importance of fibers in diet.</li> <li>state glycaemic index(GI).</li> <li>describe sources, requirement and function of protein as nutrients; mention the name and significance of essential amino acid; state the biological value of protein.</li> <li>describe the sources, requirement and function of lipids as nutrients.</li> <li>mention the sources and nutritional role of polyunsaturated fatty acids.</li> <li>define and classify vitamins.</li> <li>describe the sources, function, RDA, deficiency disorders of water soluble vitamins.</li> <li>describe the sources, functions, RDA, deficiency disorders and toxicity of fat soluble vitamins.</li> <li>state the role of minerals as nutrients, define trace elements.</li> <li>state the importance of minerals: sodium, potassium, calcium, iron, iodine, fluoride, selenium, manganese, copper, zinc etc.</li> <li>describe iron metabolism.</li> <li>state and describe the phenomenon of the common nutritional disorders e.g. PEM, night blindness, goiter, obesity.</li> </ul>	<ul> <li>Basic concepts of food, nutrition and dietary principles.</li> <li>Energy balance and calculation of energy equivalent of food.</li> <li>Nutritional aspect of carbohydrates, fats and proteins, Fibers.</li> <li>Vitamins and minerals.</li> <li>Common Nutritional disorders.</li> </ul>	Lecture: 18 hours Tutorial: 15 hours Practical: 10 hours Total teaching hours: 43 hours

### Digestion, Absorption, Bioenergetics and Metabolism

Learning Objectives	Contents	Teaching Hours
<ul> <li>At the end of the course, students will be able to:</li> <li>define digestion, absorption, metabolism, anabolism, and catabolism.</li> <li>describe the phases of metabolism, enumerate digestive juices, their composition and functions, enumerate local hormones of GIT, their source and functions.</li> <li>describe biological oxidation, respiratory chain and oxidative phosphorylation.</li> <li>enumerate high and low energy compounds, describe ATP.  Carbohydrate Metabolism:</li> <li>state the names and sources of digestive enzymes, their location and process of digestion and absorption of carbohydrate.</li> <li>define glycolysis and describe the pathway, state the conversion of pyruvate to lactate, acetyl CoA and oxaloacetate.</li> <li>calculate the amount of energy liberated in glycolysis and oxidative decarboxylation of pyruvate.</li> <li>describe citric acid cycle and explain why it is called an amphibolic and final common metabolic pathway.</li> <li>calculate the amount of energy liberated in TCA cycle and total energy liberated from complete oxidation of a mole of glucose in aerobic and in anaerobic conditions.</li> <li>define glycogenesis and glycogenolysis and state their role in storage and supply of glucose to meet body's demand.</li> <li>state the importance of HMP pathway.</li> <li>define gluconeogenesis and describe its process and importance.</li> <li>describe glucose homeostasis and mention its importance,</li> <li>state the glucostatic functions of liver with other biochemical functions.</li> </ul>	<ul> <li>CORE:</li> <li>Introduction to metabolism</li> <li>Biological oxidation, respiratory chain and oxidative phosphorylation.</li> <li>High and low energy compounds. ATP</li> <li>Phases of metabolism (digestion, absorption and intermediary metabolism)</li> <li>Glycolysis</li> <li>Citric acid cycle</li> <li>Glycogenesis and glycogenolysis</li> <li>Hexose monophosphate shunt</li> <li>Gluconeogenesis</li> <li>Blood glucose homeostasis</li> <li>Cori cycle</li> </ul>	Lecture: 30 hours Tutorial: 18 hours Practical: 25 hours  Total teaching hours: 73hours

Learning Objectives	Contents	Teaching Hours
<ul> <li>Lipid Metabolism</li> <li>state the name and sources of digestive enzymes, their location and process of digestion and absorption of lipids (triacylglycerol, phospholipids, cholesterol esters)</li> <li>enumerate the blood lipids with their sources and mention the anabolic and catabolic pathways of lipid metabolism.</li> <li>describe the process of degradation of triacylglycerol.</li> <li>state the processes of fatty acid oxidation and describe beta-oxidation of even and odd chain fatty acids.</li> <li>state the sources and fate of acetyl-CoA.</li> <li>name the ketone bodies.</li> <li>describe ketogenesis and fate of ketone bodies, state the biomedical importance of ketone bodies.</li> <li>define ketosis and mention the causes of ketosis and describe its pathogenesis.</li> <li>enumerate the lipoproteins, state its general structure and functions, describe the metabolism of chylomicron, VLDL, LDL and HDL cholesterol, explain the clinical importance of LDL &amp; HDL cholesterol.</li> <li>state the role of HMG-CoA reductase in regulation of blood cholesterol level.</li> <li>define eicosanoids, mention the basic steps of their synthesis.</li> </ul>	<ul> <li>Digestion and absorption of lipid.</li> <li>Blood lipids and pathways of lipid metabolism.</li> <li>Triglyceride metabolism.</li> <li>Beta-oxidation</li> <li>Ketogenesis and ketosis.</li> <li>Lipid transport and lipoprotein metabolism.</li> <li>Ecosanoids.</li> </ul>	

Learning Objectives	Contents	Teaching Hours
<ul> <li>Protein Metabolism</li> <li>state the name and sources of digestive enzymes, their location and process of digestion and absorption of protein.</li> <li>state the concept of protein turnover, amino acid pool</li> <li>define nitrogen balance, mention its types and state the routes of nitrogen loss.</li> <li>state the pathways of amino acid catabolism.</li> <li>define and describe transamination and deamination.</li> <li>describe sources and way of disposal of ammonia, explain ammonia intoxication</li> <li>describe the urea cycle including sites, reactions and importance of the cycle.</li> </ul>	<ul> <li>CORE:</li> <li>Digestion and absorption of protein</li> <li>Protein turnover, common amino acid pool,nitrogen balance</li> <li>Pathways of protein metabolism</li> <li>Deamination and transamination.</li> <li>Fate of amino acid in the body</li> <li>Source and disposal of ammonia</li> <li>ADDITIONAL:</li> <li>Role of liver in over all metabolisms.</li> <li>Integrated metabolism</li> <li>Metabolic adjustment of fed, fasting and starvation state.</li> </ul>	

### Renal biochemistry, body fluid, electrolytes and acid-base balance

Learning Objectives	Contents	Teaching Hours
<ul> <li>At the end of the course, students will be able to:</li> <li>define GFR, plasma load, tubular load, transport maximum, renal threshold, plasma clearance, osmolar clearance and free water clearance, describe mechanism of acidification of urine.</li> <li>state the body fluid compartments and state the composition of ECF and ICF</li> <li>state water turn over, water intake and output, describe volume homeostasis (water balance), enumerate volume disorders with example, define water intoxication.</li> <li>explain the importance of major electrolytes (Na<sup>+</sup>, K<sup>+</sup>, Ca<sup>++</sup>, Mg<sup>++</sup> and PO<sub>4</sub><sup></sup>) and mechanism of their homeostasis.</li> <li>describe acid base homeostasis &amp; state the simple acid base disorder with causes of acidosis and alkalosis and mechanism of their compensation and correction.</li> <li>state acid base parameters, anion gap and base excess,</li> <li>state the role of kidneys in water, electrolyte and acid-base balance.</li> <li>state abnormal constituents in urine with normal urine volume and obligatory urine volume, explain limiting p<sup>H</sup> of urinr.</li> <li>define and classify diuresis with example.</li> </ul>	CORE:  Renal biochemistry in relation to water, electrolytes and acid base homeostasis  Total body water and body fluid compartments. Composition of body fluids.  Regulation of normal water balance.  Major electrolytes and their homeostasis.  Volume disorders.  Acid base homeostasis & disorders.	Lecture: 20 hours Tutorial: 12 hours Practical: 20 hours Total teaching hours: 52 hours

### Clinical Biochemistry and clinical endocrinology

Learning Objectives	Contents	Teaching Hours
At the end of the course, students will be able to:  • state the basic concepts of clinical biochemistry.  • mention measurements of unit, SI unit  • state the laboratory hazards with its types.  • state the normal level of serum bilirubin and mechanism of causation of jaundice.  • describe the common liver function tests with interpretation.  • explain the basis of application of clinical enzymology in disease.  • state the lipid profiles of blood & their clinical importance.  • state the causes and consequence of hyperglycaemia and hypoglycaemia.  • state the laboratory diagnosis of diabetes mellitus, OGTT and its interpretation, define IFG, IGT and HBA <sub>1c</sub> .  • state renal function tests, define proteinuria and microalbuminuria  • state thyroid function tests with interpretation.	<ul> <li>CORE:</li> <li>Introduction to clinical biochemistry.</li> <li>Normal biochemical values in conventional and Sl. Units.</li> <li>Clinical enzymology related to liver and myocardial diseases.</li> <li>Lipid profiles and dyslipoproteinemias.</li> <li>Organ function tests (liver, kidney &amp; thyroid)</li> <li>Diagnosis of diabetes mellitus</li> <li>Bilirubin metabolism and Jaundice.</li> <li>Proteinuria and microalbuminuria</li> </ul>	Lecture: 14 hours Tutorial: 15hours Practical: 20 hours Total teaching hours: 49 hours

### Fundamentals of Molecular Biology and genetics

		Teaching Hours
Learning Objectives	Contents	
At the end of the course, students will be able to:	CORE:	
<ul> <li>explain chemistry, &amp; functions of nucleic acid, nucleosides, and nucleotides.</li> <li>describe the structure and functions of DNA.</li> <li>describe the structure, types and functions of RNA.</li> <li>describe DNA organization, cell cycle and genetic code.</li> <li>describe the the central dogma &amp; processes of replication of DNA,</li> <li>define gene, allele, genome, genotype, phenotype, trait, and codon.</li> <li>describe transcription and post transcriptional modification.</li> <li>describe translation and post translational modification.</li> <li>explain the concepts &amp; application of medical Biotechnology</li> <li>explain the concept of DNA cloning, PCR, Polymorphism.</li> <li>define and classify mutations, mutagens.</li> </ul>	<ul> <li>Basic concepts of molecular biology.</li> <li>Nnucleic acid, nucleosides, and nucleotides.</li> <li>Replication, transcription and translation.</li> <li>Gene, genome, allele, trait, genetic code, mutation, mutagens.</li> <li>PCR, DNA cloning, recombinant DNA technology</li> <li>Biomedical aspects of medical biotechnology: understanding &amp; application.</li> </ul>	Lecture: 18 hours  Tutorial: 15 hours  Practical: 05 hours  Total teaching hours: 38 hours

### **Biochemistry practical**

Learning Objectives	Contents	Teaching Aids	Teaching Hours
<ul> <li>Students will be able to:</li> <li>list the laboratory hazards and the precautions to prevent them.</li> <li>identify the different laboratory glass wares and equipments. Mention their uses.</li> <li>prepare different type of standard solution from supplied solute, solvent and standard solution.</li> <li>identify different parts of photoelectric colorimeter. Demonstrate its technique and the basic principle of calculation.</li> <li>perform different biochemical tests according to given method and manual.</li> <li>know the clinical indication of performing biochemical tests.</li> <li>interpret biochemical values to apply in clinical situations.</li> </ul>	<ul> <li>CORE</li> <li>Identification of laboratory glass wares and equipment.</li> <li>Preparation of solutions.</li> <li>Photometry.</li> <li>Estimation, demonstration of technique, calculation and interpretation of result:</li> <li>Blood glucose estimation.</li> <li>Serum cholesterol estimation.</li> <li>Serum urea</li> <li>Serum creatinine</li> <li>Serum total protein</li> <li>Serum bilirubin</li> <li>Abnormal constituents of urine and their clinical significance.</li> </ul>	<ul> <li>OHP</li> <li>Video tapes, Audio player.</li> <li>Charts, Flip charts, Models, Specimens</li> <li>White board and marker</li> <li>Chalk board and chalks</li> <li>Computer and multimedia</li> <li>Study guide and manuals</li> <li>Glass ware, micropipette</li> <li>Distil water plant</li> <li>pH meter</li> <li>Laboratory equipments:</li> <li>photoelectric colorimeter</li> <li>Centrifuge machine</li> <li>Incubator</li> <li>Water bath</li> <li>Hot air woven</li> <li>Height and weight measuring instrument</li> </ul>	100 hours

# **Evaluation of Biochemistry Summative Assessment (1st Professional Examination)**

Components	Marks	Total Marks
Formative assessment	10+10	20
WRITTEN EXAMINATION Paper – I- MCQ SAQ Paper - II- MCQ SAQ	20 70 20 70	180
PRACTICAL EXAMINATION OSPE Traditional methods Practical Note Book	50 40 10	100
ORAL EXAMINATION (Structured)		100
Gran	d Total	400

<sup>➤</sup> OMR sheet will be provided for MCQ.

Pass marks 60 % in each of theoretical, oral and practical.

### **Card No- 1. Biophysics and Biomolecules**

No.	Items	Marks( 10 in each item)	Initials and date
1.	Introduction of biochemistry, acid, base, p <sup>H</sup> , p <sup>K</sup> , buffer, Henderson-Hasselbalch equation.		
2.	Solutions, crystalloid, colloid, dialysis and isotopes.		
4.	Carbohydrates.		
5.	Lipids		
6.	Amino Acids and Protein.		
7.	Enzymes, coenzymes, cofactors, isoenzsymes		

### Card No- 2. Food, nutrition and vitamins

No	Items	Marks( 10 in each item)	Initial and date
1.	Basic concepts of Nutrient, food, diet, balanced diet, essential dietary		
	components, , total calorie calculation, DRI, RDA, MR, BMR, BMI, SDA.		
2.	Dietary fibers, nutritional importance of carbohydrate, lipid & protein,		
	glycaemic index (GI) of food.		
3.	Minerals- (macro & micro), trace elements, common nutritional disorders, PEM, BMI. obesity, iron metabolism and its deficiency, iodine deficiency		
4.	Water soluble vitamins		
5.	Fat soluble vitamins		

### Card No- 3. Digestion, absorption, bioenergetics and metabolism

No	Items	Marks( 10 in each item)	Initial and date
1.	<b>Digestive juices</b> , local hormone of GIT, digestion & absorption of		
	carbohydrate, lipid, protein.		
2.	<b>Bioenergetics-</b> biological oxidation, high energy phosphates, oxidative		
	phosphorylation, respiratory chain. metabolism-definition, phases; anabolism,		
	catabolism		
3.	Carbohydrate metabolism- glycolysis, fate of pyruvate, TCA cycle, HMP		
	pathway, gluconeogenesis, glycogenesis, glycogenolysis, blood glucose		
	regulation.		
4.	<b>Lipid metabolism:</b> lipolysis, Beta-oxidation of fatty acid, fate of Actyl-CoA,		
	ketone bodies, ketosis & its pathoghenesis. Lipoproteins & their metabolism,		
	Cholesterol metabolism.		
5.	<b>Protein metabolism:</b> Amino acid pool, Transamination, Deamination.		
	Source & fate of ammonia, ammonia intoxication, Urea cycle.		

### Card No- 4. Renal biochemistry, body fluid, electrolytes and acid base balance

No	Items	Marks( 10 in each item)	Initial and date
1.	Renal biochemistry- GFR, tubular load, TM, renal threshold, plasma		
	clearance, osmolar clearance, free water clearance, acidification of urine.		
2.	<b>Body fluid-</b> Body fluid compartments, daily water intake & output, water		
	turnover, body fluid volume regulation, volume disorders and diuresis.		
3.	<b>Acid-Base Balance-</b> origin of acids & bases, maintenance of static blood p <sup>H</sup> .		
	Acid base disorders, their compensation & coprrection, anion gap and base		
	excess.		
4.	Serum Electrolytes- Serum electrolytes & their reference ranges. Functions,		
	regulations, hypo & hyper states of serum [Na <sup>+</sup> ], [K <sup>+</sup> ] [Ca <sup>++</sup> ] & [PO <sub>4</sub> <sup>-</sup> ]		

### Card No- 5. Clinical biochemistry and clinical endocrinology

No	Items	Marks( 10 in each item)	Initial and date
1.	Clinical biochemistry- S I unit, Laboratory hazards, Sample collection,		
	Photometry. Clinical enzymology, lipid profiles of blood.		
2.	Clinical enzymology and lipid profiles of blood.		
3.	Diagnosis of diabetes mellitus.OGTT, IGT, IFG and HbA <sub>1C</sub> .		
4.	Thyroid function tests and interpretation.		
5.	Commonly done LFT. Jaundice.		
6.	Renal function tests and interpretation.		

### Card No- 6. Fundamental of molecular biology and genetics

No	Items	Marks(10 in each item)	Initial and date
1.	Nucleic acids, nucleotides, DNA, RNA, DNA organization, Cell cycle.		
2.	The central dogma, Genome, Gene, Genetic code, Codon, Mutation, mutagens, Genotype, Phenotype, trait, allele.		
3.	Replication, Transcription and post transcriptional modification,		
4.	Translation and post translational modification.		
5.	Recombinent DNA technology, PCR, Cloning.		

### **Total Teaching Hours for Biochemistry**

System	Lecture	Tutorial	Practical	Integrated teaching
1. Biophysics and biomolecules'	20	25	20	
2. Food, nutrition, vitamins and minerals	18	15	10	
3. Digestion, absorption, bionergetics and metabolism	30	18	25	
4. Body fluids, electrolytes and acid base balance	20	12	20	
5. Clinical biochemistry and clinical endocrinology	14	15	20	
6. Molecular Biology and genetics (Fundamentals)	18	15	05	
<b>Total Teaching Hours: (350)</b>	120	100	100	30

# **Academic Calendar for Biochemistry**

First Term					
System(Two)	Lectures	Tutorials	Practical	Seminar	
Card-1.Biophysics and biomolecules and	20 hrs.	25 hrs.	20 hrs.	2 hrs.	
Card-2. Food and Nutrition	18 hrs. 38 hrs.	15 hrs. 40 hrs.	10 hrs. 30 hrs.	1 hrs. 3 hrs.	

Second Term				
System(Two)	Lectures	Tutorials	Practical	Seminar
Card-3.Digestion, absorption,	30 hrs.	18 hrs.	25 hrs.	2 hrs.
bioenergetics and metabolism				
Card-4.Bodyfluids, electrolytes,renal	<u>20 hrs.</u>	<u>12 hrs.</u>	<u>20 hrs.</u>	<u>1 hrs.</u>
chemistry and acid base balance	50 hrs.	30 hrs.	45 hrs.	3 hrs.
•				

Third Term				
System (Three)	Lectures	Tutorials	Practical	Seminar
Card-5.Clinical biochemistry and	14 hrs.	15 hrs.	20 hrs.	02 hrs.
clinical Endocrinology	<u>18 hrs.</u>			
Card-6.Molecular Biology	32 hrs.	<u>15 hrs.</u>	<u>05 hrs.</u>	<u>02 hrs.</u>
		30 hrs.	25 hrs.	04 hrs.

### **Integrated Teaching in Biochemistry**

Integrated teaching program on a particular topic/organ /organ system should be organized in each term. The topics which are related should be prepared after discussion with the teachers of Anatomy/Physiology/Biochemistry. The horizontal process of integrated teaching program will help the students to have a simultaneous views of different aspects of Anatomical/Physiological/Biochemical details of a particular topic/organ /organ system.

TOPICS	LEARNING OBJECTIVES	TERM	DEPARTMENT
1. Cell	Students will be able to  describe the structure & functions of different constituents of cell explain membrane transport, membrane potentials & action potentials state the composition of ECF & ICF compartments	I	Anatomy Physiology Biochemistry
2.Heart	Students will be able to  describe the gross anatomy & clinical anatomy of heart describe the types & regulation of blood pressure describe the physiologic basis of shock management describe & interpret the cardiac markers	I	Anatomy Physiology Biochemistry
3.Lung	Students will be able to  describe the gross anatomy & clinical anatomy of lung describe the spirometry & its clinical application describe the regulation of respiration	I	Anatomy Physiology Biochemistry
4. Hepatobiliary system	Students will be able to  describe the gross anatomy & clinical anatomy of hepatobiliary system interprete the liver function test & explain its clinical importance explain the role of liver in metabolism	II	Anatomy Physiology Biochemistry
5.Kidney	Students will be able to  describe the gross anatomy & clinical anatomy of kidney  explain the mechanism of urine formation  interpret e kidney function test  explain the renal chemistry in relation to water, electrolytes & acid base balance	II	Anatomy Physiology Biochemistry

TOPICS	LEARNING OBJECTIVES	TERM	DEPARTMENT
6.Pancreas	Students will be able to  describe the gross anatomy & clinical anatomy of pancreas describe hormones of islets of Langerhan's describe functions, mechanism of action & regulations of secretion of insulin describe causes & consequences of hyper & hypoglycaemia describe laboratory diagnosis of diabetes mellitus	II	Anatomy Physiology Biochemistry
7.Adrenal gland	Students will be able to  describe the gross anatomy & clinical anatomy of adrenal gland describe the functions, mechanism of action & regulation of secretion of adrenal hormones describe hypo & hyperadrenalism	III	Anatomy Physiology Biochemistry
8. Thyroid & Parathyroid gland	Students will be able to  describe the gross anatomy & clinical anatomy of thyroid & parathyroid gland  describe the hormones of thyroid & parathyroid gland: biosynthesis, transport functions, mechanism of action & regulation of secretion  describe hypo & hyperthyroidism  describe tetany  describe thyroid function tests & their interpretation	III	Anatomy Physiology Biochemistry
9. Pituitary gland	Students will be able to  describe the gross anatomy & clinical anatomy of pituitary gland describe Hormones of pituitary gland: functions, mechanism of action & regulation of secretion describe Hypo & hyperpituitarism	III	Anatomy Physiology Biochemistry
10. Sensory system & Motor system	Students will be able to  describe receptors, synapse & sensory pathways  describe the pyramidal and extrapyramidal system  describe cerebellum, basal nuclei & their disorder  describe the different types of neurotransmitter & their functions	III	Anatomy Physiology Biochemistry

### **Community Medicine**

### **Departmental Objectives**

### General objective:

To produce medical graduates to meet community health needs and demands of the country.

#### **Specific objectives:**

At the end of the course, the students should be able to:

- provide comprehensive health care to the people
- deliver primary health care and essential services package
- conduct epidemiological studies on common health problems
- organise health education sessions in the community / OPD
- provide health care with appropriate attitudes
- work as a member of health team
- co-ordinate with national and international health organizations and national health programmes

### **List of Competencies to acquire :**

- 1. Identify health needs and problems of the community and prioritise them.
- 2. Take measures to meet health needs and problems
- 3. Provide comprehensive health care to the community
- 4. Organize health education sessons at the level of community
- 5. Collect and compile sociodemographic data from the community
- 6. To manage mass casuality incident
- 7. Conduct community based research work and write report

#### **Distribution of teaching - learning hours**

Lecture	Tutorial	Practical	Integ rated	Total	Formative Exam		Summa	ative exam
			Teach ing		Preparatory leave	Exam time	Preparat ory leave	Exam time
110 hrs	160 hours	COME (community based medical education):30 days (10 days day visit + 10 days RFST+ 10 days study tour)	5 hrs	275 hrs + 30 days	15 days	15 days	15 days	20 days

(Time for exam. preparatory leave and formative and summative assessment is common for all subjects of the phase)

### Teaching-learning methods, teaching aids and evaluation

	Teaching Methods			Teaching aids	In course
Large group	Small group	Self learning	Others		evaluation
Lectur e Video show	Demonstration Tutorial: Classroom exercise Question answering session Brain-storming and discussion Role play Problem solving exercise	Assignme nt, Self study	RFST, Day visit, Study tour	Multimedia, OHP, Slide projector Chalk board, Flip chart, Handout / Charts, Reading materials, Paper cutting /Film strip, Textbook Questionnaire, Video film or slide tape.	Item     Examination     Card final     Term     Examination     Term final     (written,     oral+     practical)

<sup>2&</sup>lt;sup>nd</sup> Professional Examination:

Marks distribution of Assessment of Community Medicine:

#### Total marks - 300

- Written = 100 (MCQ-20, SAQ-70+ formative assessment marks 10)
- Structured oral examination= 100
- Practical (Conventional Practical / OSPE, RFST including Survey Report, Study Tour Report and Report on Day Visit)=100

### **Related Equipments:**

Weighing machine, Sakip's tape/Measuring tape, Growth chart, Specimen and model, Posters and diagram, Laboratory equipment (to be procured)

# **Learning Objectives and Course Contents in Community Medicine**

### Concept of Public Health, Community Medicine, Health and Disease

Learning Objectives	Contents	Teaching hours
	CORE	Hours
Students will be able to: 1. define:	Concept of Public Health and Community Medicine	L=10
Community, Community medicine,	Concept of Health and Disease	T =10
Public Health, Comprehensive health care,	Common Health and Social problems	
Hygiene, Health, Disease,	Health Team Concept	
Preventive medicine, Social medicine,	Changing concepts of Public Health and Health	
Family medicine 2. explain epidemiological triad in causation of disease	Natural history of disease	
3. classify agents for causation of diseases     4. list the host factors responsible for diseases     5. describe, the environmental factors of disease causation	Indicators and Determinants of Health	
6. illustrate the natural history of disease. 7. describe the multifactorial aetiology of disease	Prevention and Intervention of Diseases	
8. describe social factors related to health  9. mention the health indicators and their interpretations	Characteristics of Ideal Health Care	
10. describe common health and social problems of Bangladesh		

### **Behavioural Science**

Learning Objectives	Contents	Teaching
Students will be able to:  1. define:     Behaviour     Behavioural science     Anthropology     Psychology     Sociology     Society, Family, Culture     Motive and Motivation     Personality and IQ  2. describe the elements of medical psychology 3. explain the concepts of perception, cognition, learning, motivation, emotion, attitude 4. state the effects of culture and custom factors on health 5. describe the impact of urbanization on health and disease	CORE  Concept of Behavioural Science  Components of Behavioural Science.  Perception, Learning, Motivation, Attitude, Emotion  Social, Cultural and Psychological Factors In Health and Illness  Doctor-Patient Relationship  Family and Society  Social Change In Health and Disease  Behavioural Change Communication (BCC)	Teaching hours  L = 6 T = 10
<ul> <li>6. value the importantce of doctor-patient relationship for effective health care services</li> <li>7. describe different types leadership and mention the characteristics of an ideal leader</li> </ul>	Intelligence	
8. describe the role of family in health and illness	<ul><li>Personality</li><li>Leadership</li></ul>	

### **Health Communication & Health Education**

Learning Objectives	Contents	Teaching hours
Health Communication  Students will be able to:  1. define and classify communication 2. state functions of communication 3. state the elements of communication 4. classify methods and media for communication 5. mention communication skills 6. describe barriers of communication  Health Education  Students will be able to:  1. define health education 2. state the objectives, principles, contents, approaches of health education 3. state the stages of adoption of new ideas and practices	Health Communications:      Functions     Elements     Barriers     Media and methods  Health Education:     Objectives     Contents     Principles     Approaches     Stages of adoption of a new idea	L = 4 T = 10
Medical Ento	mology	
Students will be able to:  1. define and classify arthropods of medical importance 2. describe the morphology and lifecycle of important arthropods 3. enumerate the vector borne diseases 4. describe the principles of vector control measures 5. use specific insecticides	<ul> <li>Classification of Arthropods of medical importance</li> <li>Metamorphosis of Arthropods</li> <li>Arthropod-borne diseases.</li> <li>Principles of Vector/Arthropod control measures</li> <li>Insecticides</li> </ul>	L = 4 T = 6

# **Biostatistics**

Learning Objectives	Contents	Teaching hours
Students will be able to: 1. define Bio-statistics and Vital statistics 2. define and classify data 3. define and classify variable 4. define: study population, sample, sample size; 5. describe sampling techniques 6. calculate central tendency: mean, median, mode 7. calculate measure dispersion:     variance, standard deviation (SD); 8. analyse and present data accordingly such as: table and graphs etc. 9. describe normal distribution curve	<ul> <li>Introduction to Bio-statistics</li> <li>Uses of Bio-statistics</li> <li>Vital statistics</li> <li>Data and Variable</li> <li>Sample and Sampling techniques</li> <li>Methods and Tools of data collection</li> <li>Interpretation of data</li> <li>Analysis and Presentation of data</li> <li>Measures of central tendency</li> <li>Measures of dispersion</li> <li>Normal distribution curve.</li> </ul>	L = 4 T = 8

### **Environment & Health**

Learning Objectives	Contents	Teaching hours
Students will be able to:  1. define environment and describe its components  Water  2. mention the criteria of safe and wholesome water  3. state the sources, uses and requirement of water  4. mention types of water impurities  5. explain the principles and methods of purification of water  6. state the water quality standards for drinking water  7. state the water borne diseases  Air and ventilation  8. state the composition of air and indicators of air pollution  9. state the air pollutants and their sources  10. describe the effects of air pollution on health  11. describe the methods of prevention and control of air pollution  12. define and classify ventilation  13. describe effects of ill ventilation on health  14. describe the impact of climate change and global green house effect  Light  15. state criteria of good lighting  16. mention measurements of light  17. describe effect of improper lighting on health  Noise  18. describe the sources and properties of noise  19. mention the acceptable noise levels  20. state effects of noise exposure  21. describe the control measures of noise  Radiation  22. state the sources and types of radiation  23. state effects of radiation on health  24. describe measures of radiation protection	Environment and its components     Water     Safe and wholesome water     Sources, uses and requirement of water     Water impurities     Principles and methods of purification of water     Water quality standards for drinking water     Water borne diseases     Air and ventilation     Composition of air     Air pollutants and their sources     Indicators of air pollution     Effects of air pollution on health     Methods of prevention and control of air pollution     Ventilation     Climate change and green house effect     Light     Criteria of good lighting     Measurements of light     Effect of improper lighting on health     Noise     Sources and properties of noise     Acceptable noise levels     Effects of noise exposure     Control measures of noise     Radiation     Sources and types of radiation     Effects of radiation on health     Measures of radiation protection	hours  L = 10 T = 12

<u>Learning Objectives</u>	<u>Contents</u>	Teaching
		hours
Housing	<u>Housing</u>	
25. state the criteria of healthful housing and housing standards	Criteria of healthful housing	
26. describe the effects of poor housing	Housing standards	
	Effects of poor housing	
<u>Disposal of solid waste</u>		
27. define solid waste and mention its sources	Disposal of solid waste	
28. mention health hazards of solid wastes	Solid waste and its sources	
29. state the methods of solid wastes disposal and medical biotechnology	Methods of disposal and medical biotechnology	
- · · · ·	Health hazards of solid wastes	
Excreta disposal	Excreta disposal	
30. state the methods of excreta disposal	Methods of excreta disposal	
31. explain sanitation barrier	Sanitation barrier	
32. mention the diseases borne by human excreta	Diseases borne by human excreta	

### Immunity, Immunization

Learning Objectives	Contents	Teaching hours
Student will be able to  1. define and classify immunity 2. classify immunizing agents 3. state immunization schedule 4. list adverse effects ollowing immunization 5. explain herd immunity 6. describe EPI and NID 7. define cold chain and mention its equipments 8. explain the importance of maintaining cold chain at different levels 9. describe left out and drop out in EPI 10. describe Disinfection and sterilization	CORE Immunity and Immunization  Immunization Immunization senedule Immunization schedule Adverse Events following Immunization Herd immunity EPI and NID Cold chain Left out and drop out	L = 4 T = 8

### **Public Health Nutrition**

Learning Objectives	Contents	Teaching
Students will be able to:  1. classify food and its sources 2. assess nutritional status:  • collect, record and interpret the data on Road to Health Card (growth chart)  • estimate BMI 3. state normal values and range of indices used for growth monitoring, nutritional status and grading of PEM 4. identify different types Vitamin deficiency diseases 5. state minerals and trace elements essential for health 6. assess the prevalence and types of malnutrition in the community by different methods: a. dietary survey b. anthropometry c. clinical examination 7. enumerate the food borne, milk borne diseases and food intoxication 8. state methods of milk purification, specially process of pasteurization 9. state the process of humanization of cow's milk, explain balanced diet	<ul> <li>Types of foods and its sources</li> <li>Balanced diet</li> <li>Protein Energy Malnutrition (PEM)</li> <li>Vitamins and their deficiency diseases.</li> <li>Minerals and trace elements</li> <li>Assessment of nutritional status</li> <li>Calorie requirements of different groups</li> <li>Food borne, milk borne diseases and food toxins</li> <li>Pasteurization</li> <li>Food adulteration, additives and fortification</li> <li>Humanization of cow's milk</li> </ul>	L = 8 T = 8

# **Principles of Epidemiology**

Learning Objectives	Contents	Teaching hours
Students will be able to:  1. define epidemiology 2. state the aims and use of epidemiology 3. explain the components of epidemiology 4. define terms related to epidemiology:  Communicable disease, Non-communicable disease, Infection, Infestation, Contamination, Infectious disease, Contagious disease, Period of communicability, Incubation period. Sporadic disease, Endemic disease, Epidemic disease, Pandemic disease, Zoonotic disease, Disease prevention, Disease control, Elimination, Eradication, Isolation, Quarantine	<ul> <li>Epidemiology:         Concept         Components         Aims and uses         Approaches         Measurements and tools</li> <li>Epidemiological triad</li> <li>Definition of Epidemiological terms and conditions</li> <li>Methods of epidemiological studies</li> <li>Epidemic and its investigation</li> <li>Research methodology</li> <li>Community diagnosis and treatment</li> <li>Investigation of an epidemic</li> <li>Screening tests</li> <li>Dynamics of transmission of communicable diseases</li> <li>Principles of prevention and control of communicable diseases</li> <li>Monitoring</li> <li>Surveillance</li> </ul>	L = 10 T = 16

	Learning Objectives	Contents	Teaching
			hours
5.	describe Epidemiological triad		
6.	state the approaches, measurments and tools of epidemiology		
7.	classify epidemiological studies		
8.	describe descriptive and analytical studies		
9.	state the characteristics of experimental studies		
10.	distinguish between cross-sectional and longitudinal; cohort and case- control studies		
11.	describe the steps of investigations of an epidemic Outbreak		
12.	define and classify screening		
13.	define specificity, sensitivity, validity, reliability and predictive value		
	of a screening test		
14.	define and classify source and reservoir		
15.	explain modes of transmission of diseases		
16.	describe the interruption of modes of disease transmission		
17.	describe the criteria of a susceptible host		
18.	describe the host defence mechanism		
19.	explain the steps for controlling the reservoir of infectious diseases		
20.	define and explain community diagnosis and community treatment		
21.	explain basic concepts and state contents of a scientific research.		
22.	develop a research protocol		
23.	state monitoring and servillance		

# **Epidemiology of Communicable & Non-Communicable Disease (NCDs)**

Learning Objectives	Contents	Teaching hours
The students will be able to:  1. state the epidemiological determinants (agent, host and environmental factors) of common diseases  2. explain risk factors of NCDs  3. describe the measures of prevention of common health problems in the community, specially EPI diseases, Helminthiasis and Diarrhoeal diseases, STDs and selected vector borne diseases  4. describe the preventive measures of common health problems in the community  5. define, classify Disaster, Mass Casualty Management, triage and Accidents  6. describe Geriatric health problems  7. describe factors of substance abuse	CORE Epidemiology and Prevention of:  EPI diseases Diarrhoeal diseases and Enteric fever Malaria, Kala-azar, Filaria, Helminthiasis Leprosy Viral hepatitis, Dengue, ARI, SARS, Bird flu Rabies, Chicken pox, Mumps, Rubella, Yellow fever STDs Emerging and Re-emerging Diseases  Epidemiology and Prevention of common non-communicable diseases: Hypertension, IHD and Stroke Tobacco as risk factor for NCD Rheumatic fever and RHD Cancer Diabetes Obesity Arsenicosis Disaster Accidents (RTA, domestic, industrial) Mass Casualty Management (MCM) Triage Geriatric problems Substance abuse	L = 25 T = 36

**MCH-FP & Demography** 

Learning Objectives	Contents	Teaching hours
Students will be able to  1. define MMR, IMR 2. state the components of MCH care package 3. State factors influencing maternal and infant mortality and morbidity 4. State the measures for reducing maternal and infant mortality and morbidity 5. mention the organisations involved for MCH care 6. define low birth weight baby and mention its risk factors 7. describe EMONC 8. plan for interventions of low birth weight 9. describe ANC, intranatal and postnatal care 10. state Concept of IYCF 11. mention the recommended feeding practices in IYCF 12. identify the barriers of recommended IYCF practices 13. state the composition and preparation of complementary foods 14. explain advantages of breast feeding and disadvantages of formula feeding 15. advise for domiciliary and Institutional delivery 16. identify high risk mother and at risk child	MCH  Objectives of antenatal, intranatal and postnatal care, advices and investigations  High risk mothers and at risk child  IMR, MMR  Care of under-5 children  IYCF (Infant and Young Child Feeding):  What is IYCF  Present situation of IYCF- Global and National  Recommended feeding practices in IYCF  Advantage of BF  Disadvantages of formula feeding  Composition of colostrum and mature human milk  Barriers of recommended IYCF practices  BFHI 10 steps- special emphasis on mother support group  What is Complementary Feeding (CF)?  Why CF is necessary  Guideline for CF  Video on BF  Video on IYCF  - Composition of food  - Frequency  - Amount  Density  Who provide help  Responsive feeding  Refusal of food  CF and ongoing BF  - Case study  Domiciliary and institutional delivery  EMONC: Emergency Obstetric and Neonatal Care	L= 09 T= 16

#### **Family planning**

#### Students will be able to

- 18. state the aims and objectives of family planning
- 19. list the contraceptive methods with their advantages and disadvantages
- 20. identify the candidates appropriate for different contraceptives
- 21. calculate safe period
- 22. define MR and abortion and state their indications
- 23. define eligible and target couples, CPR
- 24. discuss MCH based family planning

#### **Demography**

#### Students will be able to

- 25. define demography
- 26. state demographic processes
- 27. discuss demographic stages
- 28. define fertility and mention its influencing factors
- 29. define growth rate and population explosion
- 30. enumerate the factors responsible for high growth rate in Bangladesh
- 31. calculate GR, GFR, TFR, and NRR
- 32. describe population pyramid
- 33. define and classify census

#### **Family planning**

- Concept of family planning
- Aims and objectives of family planning
- Contraceptive methods
- MR and abortion
- Eligible and target couples, CPR
- MCH based family planning

#### **Demography**

- Definition of demography
- Demographic processes
- Demographic transition and indices
- Population pyramid
- Census
- Fertility and its influencing factors

### **School Health Services**

Learning Objectives	Contents	Teaching hours
Students will be able to:  1. state the objectives of school health programme 2. describe the aspects/components of school health service 3. mention the task of school health medical officer 4. state health problems of school children 5. state the school health emergencies 6. mention the activities of school health clinic	CORE  Objectives of school health service Aspects/components of school health service Task of school health medical officer Health problems of school children School health emergencies School health clinic	L = 4 T = 4
Occupational	Health	
Students will be able to:  1. define occupational health and its objectives 2. explain various occupational environments 3. list the common occupational health hazards 4. list the locally prevailing common occupational diseases with preventive strategies of:  a. Pneumoconiosis  b. Occupational cancer  c. Anthrax  d. Occupational dermatoses 5. describe the general measures of health protection in different occupations 6. describe the health care facilities and safety measures for industries 7. state employees' benefits	<ul> <li>Occupational health and its objectives</li> <li>Occupational environment</li> <li>Occupational health hazards</li> <li>Principles of prevention of occupational diseases</li> <li>Employees' benefits</li> </ul>	L = 4 T = 6

# Health For All (HFA), Primary Health Care (PHC) & MDG

	Contents	Teaching
Students will be able to:  1. define PHC and HFA 2. explain principles of PHC 3. list the components of PHC 4. list the components of ESP 5. involve community in identifying priority health problems 6. describe the organisational structure in delivery of PHC in Bangladesh 7. mention the goal of Health For All (HFA) in the context of Bangladesh 8. state the national health programmes 9. recognise important international health organizations and programmes 10. describe activities of UHandFWC/Community Clinics those rendering PHC 11. describe activities of GP/ Traditional healer in context of Pl 12. describe different levels of health care services 13. state health related MDGs, ESP 14. state the vision,mission and Components of existing Nation Health Programmes 15. state the global indicators of HFA 16. state the activities of different National Health Programmes 17. state the purpose and scope,evolution and diseases under International Health Regulations[IHR]-2005	Definition: HFA and PHC Principles and components of PHC Health related MDG Components of ESP Vision, mission and components of existing national health programmes Organisational structure for the delivery of PHC Goal and indicators of HFA by the year of 2000 AD Levels of health care service delivery National Health Programmes Concept, purpose and scope, evolution and diseases under IHR-2005 National organizations. International health organizations: WHO, UNICEF, RED CRESCENT, ICCDRB, CARE etc.	Teaching hours  L = 5 T = 6

# **Public Health Administration & Management**

Learning Objectives		Contents	Teaching hours
3. 4. 5. 6. 7. 8. 9. 10.	define Management and Administration state the Functions and Principles of Management and Administration define Planning state the indication of Planning describe Planning Process and Planning Cycle define Policy, Resource, Needs and Demands, Objective, Target and Goal describe the health care delivery system of Bangladesh illustrate the organizational structures of health care delivery at different levels state the health care referral system in Bangladesh state the charter of duties of different health personnel	<ul> <li>Definition, Functions, Principles of Management and Administration</li> <li>Definition, Indication and Process of Planning and Planning Cycle</li> <li>Definition: Policy, Resource, Needs and Demands, Objective, Target and Goal</li> <li>Health Care Delivery System of Bangladesh</li> <li>Organizational Structure of Health Care Delivery in Bangladesh</li> <li>Health Care Referral System in Bangladesh</li> <li>Charter of duties of different health personnel</li> </ul>	L = 3 T = 4

# Summative assessment of Community Medicine $2^{nd}$ Professional Exam Assessment systems and mark distribution

Components	Marks	Total Marks
WRITTEN EXAMINATION MCQ (10-20 QUESTIONS TO BE ANSWERED) SAQ (12 QUESTIONS TO BE ANSWERED) FORMATIVE	20 70 <b>10</b>	100
PRACTICAL EXAMINATION CONVENTIONAL PRACTICAL / OSPE (3 PROCEDURAL AND 7 QUESTION STATIONS) RFST, SURVEY REPORT ANDSTUDY TOUR REPORT REPORT ON DAY VISIT	50 30 20	100
ORAL EXAMINATION (Structured) 2 Boards of 2 examiners		100
Grand Total		300

- There will be separate Answer Script for MCQ
   Pass marks 60 % in each of theoretical, oral and practical

# **TIME SCHEDULE**

Students' Time			
	TOPIC	LECTURE	TUTORIAL
1.	Concept of Public Health, Community Medicine, Health and Disease	10 hours	10 hours
2.	Behavioural Science	06 hours	10 hours
3.	Health Communication and H Ed	04 hours	10 hours
	1 <sup>ST</sup> PART SUB-TOTAL	20 hours	30 hours
4	Medical Entomology	04 hours	06 hours
5	Biostatistics	04 hours	08 hours
6	Environment and Health	10 hours	12 hours
7	Immunity, Immunization and Disinfection	04 hours	08 hours
8	Public Health Nutrition	08 hours	08 hours
9	Principles of Epidemiology	10 hours	16 hours
10	Epidemiology of CD and NCD	25 hours	36 hours
11	MCH-FP and Demography	09 hours	16 hours
12	School Health Service	04 hours	04 hours
13	Occupational Health	04 hours	06 hours
14	HFA, Primary Health Care and existing	05 hours	06 hours
	National Health Programmes, MDGs		
15	Public Health Adminstration and Management	03 hours	04 hours
	2 <sup>ND</sup> PART SUB-TOTAL	90 hours	130 hours
	GRAND TOTAL	110 hours	160 hours

### **Subject: Community Medicine**

1st part : Lecture : 20 hours

Tutorial : 30 hours

2nd Part : Lecture : 90 hours

Tutorial : 130 hours

COME (community oriented medical education):30 days (10 Days day visit + 10 Days RFST+ 10 Days study tour)

Total (1st Part + 2nd Part): Lecture : 110 hours

Tutorial : 160 hours

Integrated teaching : 5 hours COME : 30 days

**Residential Field Site Training Program** 

➤ RFST Course for Fourth Year Students is an integral part of the curriculum of Community Medicine.

- ➤ Head of the Department of Community Medicine will implement the program as a coordinator.
- > Teachers of Community Medicine assisted by UNHFPO will perform the responsibility for successful implementation of the program.
- ➤ Health Educator of Community Medicine will organize field level activities of the students.
- All categories of personnel involved in this program will be given remuneration as per WHO rules regulation approved by MOHandFW

#### **Objectives of RFST**

After completion of the Residential Field Site Training Program as future health care providers students will be able to:

- become accustomed with the environment and lifestyle of peoples of rural community.
- identify health needs and problems of the community people and prioretise them
- conduct survey based on health needs and problems of the community
- be acquainted with health care delivery system at PHC level in Bangladesh.
- develop intersectoral coordination.

#### **Schedule Programme**

Daily activities schedule will be designed by the Department of Community Medicine.

#### **Thana Health Complex**

The use of the teaching facilities, access to patient areas and employment of THC staff are all under the control of the Thana Health and Family Planning Officer (TH and FPO), and teachers from medical college must respect his/her authority in these matters.

Apart from the outdoor, ward and laboratory area two rooms are available for teaching sessions. These are the classroom and the Resident Medical Officer's room.

### **Transport**

Two microbus having capacity of 25 seats would be engaged for taking students and teachers from the college campus to the Thana Health Complex during RFST Programme and preparatory period.

The driver of the micro-bus has a fixed schedule to follow. This is under the control of the Head of Department of Community Medicine.

### **Accommodation**

There are two dormitories both with twenty beds for the students. In each dormitory there are two single seated rooms with sanitary facilities for teachers.

08 (eight) supporting staff (two drivers, two guards, two cook and two table boy) will be appointed for the conduction of the RFST Programme at Thana Health Complex.

The THFPO will support the programme by engaze in the working doctors and staffs.

### **Games**

Arrangement for badminton, caromboards and volleyballs could be made available at the dormitories.

Students may take their own music player or Walkman. But no loud music will be allowed in the dormitories. No music is allowed after 10:00 p.m.

### **Student supervision**

Supervision of the students is the responsibility of the Principal, teachers of Community Medicine and TH & FPO.

# **Community Medicine Teaching Programme**

# **Residential Field Site Training Course**

# **RFST Implementation Schedule**

Day 1	Introduction to UHC and briefing on primary level health care
	activities and Upazila Health Profile
	Indoor patients care
Day 2	Community health survey
and	
Day 3	
Day 4	MCH and FP Services
	Health Education in MCH
	Family Planning and
	Immunisation
Day 5	Attending the OPDs and Investigation facilities at upazilla level
	Attending the emergency department
Day 6	Visit to health related sector working at upazilla level
Day 7	Visit to a local NGO
Day 8	Visit to Community Clinic and USC
Day 9	Visit to FWC and Sattelite clinic
Day 10	Evaluation of the programme and presentation
	Comments by students, teachers and local health authorities

# Draft Structured Questionnaire For Field Site Epidemiological Survey

This questionnaire should be completed by students after interviewing the head of household or an adult. For some questions, may need to interview an adult female member of the family.

SECTION A: GENERAL DETAILS

1	Name of village						
1.	Name of village		·				
2.	Name of Union		:				
3.	Name of Thana		:				
4.	Name of Head of famil	У	:				
5.	Name of person intervi	ewed	:				
6.	Name of student (s)		:				
	Batch / Group:		Roll :			Year :	
SEC	TION B : HOUSEHOLI	DETAILS					
8.	Please state number of	people in the fa	mily	(oldes	t member	of family first)	
	<b>N</b> 7	Relationship t		a		0 4	Education
I	Name	head of famil	y	Sex	Age	Occupation	Level achieved
II							
III							
IV							
V							
VI							
VII							
VIII							
IX							
X							

10.	Family income per month :					
11.	If landowner, approx. amount of land owned :					
12.	Source of drinking water? Tubewell/ River / Pond / Others					
	Of others, please specify:					
SEC	CTION B: MATERNAL HEALTH AND FAMILY PLANNING					
13.	Any pregnancy in the household ending within the last 12 months (excluding current pregnancy ) Yes / No:					
	If yes, outcome of baby : normal alive / abnormal alive / dead  Outcome of mother : alive / dead					
	Was there any complications?					
	a) During the pregnancy (before delivery) e.g. anaemia, pre-eclampsia : Yes/ No					
	If yes, specify:					
	b) At the time of delivery: Yes / No					
	If yes, specify:					
	c) After delivery e.g. fever, painful perineum, urinary incontinence : Yes / No					
	If yes, specify:					
14.	Who attended the pregnant woman at the time of delivery?					
	TBA / FWV / others  If others, please specify:					
	If other why did the family not contact a health worker?					
	<ul> <li>a) Not aware of any health worker (HW) in the village</li> <li>b) Aware but did not wish to see the HW</li> <li>c) Aware but HW too far to visit and she did not come to the village</li> <li>d) Other reasons, specify:</li></ul>					

15.	Where v	was t	he place of d	elivery?		: Home / Hospital	
16.		there any body currently pregnant in the family? : Yes / No yes, duration : months					
17.				given to women nonths) pregnancy		: Yes / No	
	If yes, n	numb	ers of doses	÷			
	If not gi	iven,	because of	:			
	1	<ul><li>b) N</li><li>c) A</li><li>d) A</li></ul>	Not aware of to Aware but did	(already received the need for TT not wish to have nic too far away ecify:	it		
18.	Male If yes, ty If no, re Female If yes, ty If no, re	type: eason type: eason	: Oral pill / Inj :	: Yes / No asectomy / Other, : Yes / No ection / IUCD / L	igation / Other, s	pecify:	
			ILD HEALT				
OPV BCG Meas	1, 2, 3	isatio	n status of un	nder 5 children (cl <u>Child 2</u>	neck immunisatio	on card if available) <u>Child 4</u>	Child 5
If none	e given, b	becau	ise of:				
	a) ]	Not a	aware of the i	need for vaccine			
	b)	Awai	re but not wis	sh to have it			
	c) .	Awai	re but clinic t	oo far away			
	d)	Othe	r, specify:				

20.	Breast feeding	of under 5			
	a) b) c) d) e)	<u>Age</u>	<u>Duratio</u>	on of suckling	Weaning time
21.		ry of under 5: n circumferenc	e (MUAC) an	d / or height and weigh	t
	a) b) c) d) e)	Age	Wt in Kg	Ht in Cm	MUAC Cm
SEC	CTION E : MOR	BIDITY			
	Below is a list of any of these.	f diseases. Plea	ase indicate if	anybody in your house	ehold currently suffers from
		<u>Diseases</u>		No. of persons affect	ted Age
	blindness) Dental caries Chronic supp Tuberculosis	nfection fection nency (child nigourative otitis r			
23.		disabilities in t		: Yes/	No

24.	Who do you normally contact first if any of your family become ill?						
		-		path / Hakim (Kabiraj) / Others			
	If not government d	octor, give re	eason:				
SEC	CTION F: MORTALI	ΓY					
25.	Has there been any If yes:	death in the h	ousehold within t	he last 5 years?			
		t death	<u>Sex</u>	Possible cause of death			
	a) b)						
	c)						
	d)						
	e)						
SE	CTION G: KNOWLE	DGE, ATTIT	TUDE AND PRAC	CTICE			
26.	Illness related to sm	oking					
27.	ORS and its prepara	ation / use					
28.	Personal hygiene						

Personal hygiene

29.

Transmission of infectious disease e.g. malaria, dysentery etc.

### **Glossary**

AFB = Acid Fast Bacilli

AHI = Assistant Health Inspector

ARI = Acute Respiratory Infections

EPI = Expanded Programme on Immunization

HI = Health Inspector

IPD = In-Patient Department

M.P. = Malarial Parasite

MCH = Maternal and Child Health

MCQ = Multiple Choice Questions

MO, MCH = Medical Officer, Maternal and Child Health

OHP = Over Head Projector

OPD = Out-Patient Department

ORS = Oral Dehydration Salt

SI = Sanitary Inspector

TH&FPO = Thana Health and Family Planning Officer

TFPO = Thana Family Planning Officer

RFST = Residential Field Site Training

### **Day Visit**

### Objectives of day visits:

- The students will be acquainted with the-
- organogram of the Organization
- objectives of the Organization
- goal and target of the Organization
- strategy settings by the Organization to fulfil the objectives
- existing resources available of the Organization
- activities of the Organization to reach the target and goal
- achievement of the Orgainization
- constrains of the Organization

# Sites of Day Visit (At least 8 visits)

- DOTS corner attached to Medical College Hospital
- ORT corner
- MCH clinic attached to Medical College Hospital
- Model FP Clinic attached to Medical College Hospital
- Upazilla Health Complex and Community Clinic
- Health related NGOs
- Pharmaceuticals Industries
- Industries
- Civil Surgeon Office
- Superspecialized health care institutions: Cancer Hospital, ICDDRB, IPH, Leprosy Hospital, CRP, etc.

# **Guideline for Day visit**

Sl. No.	Description
01.	Name of the Organization
02.	Type and date of establishment of the Organization
03.	Location of the Organization
04.	Organogram of the Organization (use separate sheet)
05.	Objectives of the Organization
06.	Strategy settings by the Organization
07.	Existing resources available of the Organization
08.	Target and achievement of the Organization
09.	Activities of the Organization
10.	Social mobilization
11.	Problems/constraints of the Organization
12.	Personal observation and opinion regarding the visit of the Organization
13.	Conclusion

### **Study Tour**

(For the duration of 10 days)

### **Objective**

To observe different natural and health related organizations of the country for acquiring knowledge and developing skills in assessing health needs and demands of the population.

### Sites of study tour

- Cox's bazar / Kuakata
- St. Martin's Island
- Seaport health: Chittagong / Mongla
- Chandraghona paper mill
- Sylhet: Tea Garden / Jaflong
- Health Organizations in Capital City
- Mental Hospital, Pabna

#### **Financial support:**

- I. Ministry of Health will allocate budget in a revenue sector for individual Government Medical College to conduct RFST, Day Visit and Study Tour.
- II. Governing body of private medical colleges will collect money from the students during 1<sup>st</sup> year admission for the implementation of RFST, Day Visit and Study Tour.

### **Forensic Medicine**

#### Goal

The goal of teaching Forensic Medicine in the undergraduate medical course is to produce a physician who will be well informed and alerts about his/her medico-legal responsibilities and is capable of being discharging medico-legal duties in medical practice.

### **Departmental Objectives:**

At the end of the course in Forensic Medicine, the undergraduate student will be able to:

- □ Examine and prepare reports or certificates in Medico-legal cases/situations in accordance with the law of land.
- □ Perform medico-legal postmortem and interpret autopsy findings and results of other relevant investigations to logically conclude about the cause, manner and time since death.
- □ Practice & apply medical ethics, etiquette, duties, rights, medical negligence and legal responsibilities of the physician toward patient, profession, society, state and humanity at large.
- ☐ Identify & apply relevant legal/ court procedures applicable to the medico-legal/ medical practice.
- □ Collect preserve and dispatch specimens in medico-legal/ postmortem cases and other concerned materials to the appropriate Government agencies for necessary examination.
- □ Diagnose, apply principles of therapy & understand medico-legal implications of common poisons.
- □ Apply general principles of analytical, environmental, occupational and preventive aspects of toxicology.

### List of Competencies to acquire

- 1. Practice Forensic Medicine according to the expectation of the community and maintaining the dignity & honour of the medical profession.
- 2. Perform ethical practice.
- 3. Capable to give deposition in the court of law as a medical expert.
- 4. Collect, preserve & despatch the medico-legally important specimen.
- 5. Keep the proper records.
- 6. Proper examination of physical assault victim.
- 7. Perform medico-legal examination including autopsy and interpret the findings.
- 8. Prepare certificates and reports according to the law of the land.
- 9. Write discharge certificate and death certificate properly and authentically as per ICD
- 10. Supervise and guide the member of a medical team regarding the ethical and legal consequence related to medical issues.
- 11. Handling dead body ethically & morally
- 12. Write injury and medical certificate correctly

Finally, on the basis of above context, those who are concern with Forensic Medicine should initiate the thinking to redesign the curriculum where appropriate and give emphasis on those aspects in teaching learning and assessment of the students in under graduate medical education in Forensic Medicine.

## Distribution of teaching - learning hours

Lecture	Tutorial	Practical	Other classes (Integrated	Total teaching	Formati	ve Exam	Summat	ive exam	
			Teaching / Assignment)	0	hours	Preparat ory leave	Exam time	Prepara tory leave	Exam time
80 hrs	55 hrs	55 hrs	05 hrs	195 hrs	15 days	15 days	15 days	20 days	

(Time for exam. preparatory leave and formative & summative assessment is common for all subjects of the phase )

### Teaching-learning methods, teaching aids and evaluation

Teaching Methods				Teaching aids	In course evaluation
Large group	Small group	Self learning	Others		
Lecture Integrated teaching	Tutorial Practical Demonstration	Assignment, self assessment & self study.	Video & slide presentation. Community Oriented teaching and learning.	Multimedia. Camera (Still & Video) Overhead Projector (OHP). Slide Projector (SP). Black board.	<ul> <li>Item Examination</li> <li>Card final</li> <li>Term Examination</li> <li>Term final (written, oral+ practical)</li> </ul>

## 2<sup>nd</sup> Professional Examination:

#### Marks distribution of Assessment of Forensic Medicine:

Total marks - 300

- Written =100 (MCQ-20, SAQ-70+ formative assessment marks 10)
- Structured oral examination= 100
- Practical=50, OSPE=40 & Others (PM report, Injury certificate & Practical khata)=10

#### Related Equipments, Aids, Specimen / Models:

Post-mortem video tape, TV, Cassette Player (available on different events/topics), Module on Teaching Health Ethics (WHO, CME and BM&DC)

Sexual Assault examination kit

Autopsy set, dummy and photographs showing all major types of injuries & other cases Specimen of poisons and related instruments (e.g. Ryles tube, stomach wash tube etc.)

#### Weapons:

Mechanical weapons

Firearms and ammunitions

# **Learning Objectives and Course Contents in Forensic Medicine**

Learning Objectives	Contents	Teaching hours
Student will be able to:	CORE:	
<ul> <li>define Forensic Medicine, Medical Jurisprudence &amp; differentiate between them.</li> <li>describe different courts in Bangladesh and their powers.</li> <li>describe various court procedure and deposition in the court.</li> </ul>	<ul> <li>Discipline of Forensic Medicine and its subdivisions &amp; Medical Jurisprudence.</li> <li>Courts in Bangladesh and their jurisdiction:         <ul> <li>Supreme Court, High Court, Sessions Court, Additional Sessions Court, Magistrates Court, Metropolitan Magistracy.</li> </ul> </li> <li>Court procedures:         <ul> <li>Summons, conduct money, oath, affirmation, perjury, types of witness, types of examination, recording evidence, court questions, conduct of doctor in witness box, medical examiner's system.</li> </ul> </li> <li>Additional:         <ul> <li>Coroner, medical examiner &amp; continental Medico-legal systems.</li> </ul> </li> </ul>	1 hr. 2 hrs. 2 hrs. 2 hrs.
<ul> <li>describe various medico-legal systems.</li> <li>write various medical documentary evidences (certificate, reports &amp; dying declaration)</li> <li>define and describe different types of death.</li> </ul>	<ul> <li>CORE:</li> <li>Medical certification and Medico-legal reports including dying declaration &amp; medical documentary evidence.</li> <li>Death:         <ul> <li>Definition, types: somatic, cellular and brain-death. Sudden death.</li> </ul> </li> </ul>	1 hr. 3 hr.

Learning Objectives	Contents	Teaching hours
<ul> <li>identify and interpret different signs and modes of death.</li> <li>diagnose deaths due to environmental cause</li> <li>identify the artefacts on the dead body- both ante-</li> </ul>	<ul> <li>Natural and unnatural death:</li> <li>Signs of death.</li> <li>Modes of death.</li> <li>Presumption of death and survivorship.</li> </ul>	2 hrs. 2 hrs.
<ul> <li>mortem &amp; post-mortem</li> <li>manage dead body</li> <li>write death certificate as per ICD</li> </ul>	<ul> <li>Suspended animation.</li> <li>Death due to occupational and environmental causes e.g.</li> <li>Chronic metallic poisoning (Arsenic, lead).</li> </ul>	2 hr. 2 hr.
	<ul> <li>Starvation.</li> <li>Electrical injuries.</li> <li>Snake bite.</li> </ul>	2 hrs.
	<ul> <li>Food poisoning.</li> <li>Precaution in handling high risk cases during Autopsy (AIDS, Hepatitis).</li> </ul>	2 hr.
	<ul><li>Handling and management of dead body</li><li>Death certificate as per ICD</li></ul>	2 hr.
Students will be able to identify & differentiate: <ul><li>rigor Mortis, saponification, Putrefaction,</li></ul>	<ul><li>Changes after death:</li><li>Cooling of body, lividity, Rigor mortis.</li></ul>	2 hr.
<ul> <li>mummification &amp; maceration.</li> <li>determination of time since death.</li> <li>identify &amp; describe the eye &amp; skin changes after death.</li> </ul>	<ul> <li>Changes of Eyes &amp; Skin.</li> <li>Putrefaction, mummification, adepocere.</li> <li>Principles of estimation of time of death.</li> <li>Post-mortem artefacts.</li> </ul>	2 hr.

Learning Objectives	Contents	Teaching hours
Students will be able to:  • establish identity of living & dead persons (Age, sex, race).  • determine the cause & nature of death from the	CORE: Identification:  Definition, Identity of living persons & dead bodies.  Race, age, sex.  Identification in mass death & examination of human remains.  Trace Evidence.  Forensic – Radiology.  Forensic Dactylography.	10 hrs.
<ul> <li>mention medico-legal importance of blood grouping, typing to establish identification, paternity &amp; maternity.</li> </ul>	<ul> <li>Forensic Odontology.</li> <li>DNA Profiling.</li> <li>Bioinformatics</li> <li>Blood groups:</li> <li>Medico-legal importance; blood grouping. HLA typing, DNA Profiling.</li> <li>CORE:</li> <li>INQUEST Report:</li> </ul>	2 hrs. 2 hrs. 2 hrs. 1 hr.
Students will be able to demonstrate about:  • inquest done by police, magistrate and coroner.	<ul> <li>Medico-legal autopsies:</li> <li>Medico-legal post-mortem.</li> <li>Objectives, procedures, formalities of Medico-legal autopsies. Obscure autopsy, Negative autopsy.</li> <li>Special procedures in suspected poisoning cases.</li> <li>Examination of mutilated bodies and exhumation.</li> <li>Additional:</li> <li>Criteria of a modern mortuarry.</li> </ul>	2 hrs. 2 hrs. 2 hrs. 2 hrs. 2 hrs.
<ul> <li>autopsy</li> <li>exhumation &amp; its medicolegal importances.</li> <li>Perception about safe working &amp; proper utilization of a modern morgue &amp; Laboratory facilities.</li> </ul>		

Learning Objectives	Contents	Teaching
		hours
<ul> <li>Students will be able to</li> <li>describe different types of wounds, produced by different weapons.</li> <li>identify the cause of death due to wounds.</li> </ul>	Wounds and its types & M.L Aspects:  Mechanical injuries. Fire arm & injuries Blast injury & injuries caused by explosive. Cause of death due to wounds & its legal aspects. Age of wound (Healing of wound) Battered Wives and battered baby syndrome. Mass disaster and its management  Additional:	12 hrs. 2 hrs. 2 hr.
<ul> <li>identify the nature of the wounds.</li> <li>differentiation of deaths due to different regional injuries.</li> </ul>	<ul> <li>Differences between accidental, suicidal and homicidal wound.</li> <li>Regional injuries:         <ul> <li>Head, neck, chest, abdomen, genitalia.</li> <li>Extremities.</li> </ul> </li> <li>Injuries due to physical agents:         <ul> <li>Thermal, chemical, electricity, lightning &amp; radiation injuries.</li> </ul> </li> <li>Wounds certification:         <ul> <li>Medicolegal aspect of wounds (Simple &amp; Grievous)</li> </ul> </li> </ul>	<ul><li>3 hr.</li><li>3 hrs.</li><li>3 hrs.</li></ul>

Learning Objectives	Contents	Teaching hours
Students will be able to  • identify various forms of battery & their medico-legal importances.	<ul> <li>Violence against women.</li> <li>Domestic violence.</li> <li>Additional:</li> <li>Cot death, SIDS</li> <li>Death due to neglect</li> </ul> CORE:	2 hr. 2 hrs.
diagnose various forms of asphyxial deaths, and their medico-legal aspects.	<ul> <li>Asphyxial deaths:</li> <li>Drowning, hanging, throttling and strangulation &amp; suffocation</li> <li>Traumatic Asphyxia</li> <li>Additional:</li> <li>Sexual Asphyxia.</li> </ul>	10 hrs.
diagnose Pregnancy & delivery with their medico-legal importances.	<ul> <li>CORE:</li> <li>Pregnancy signs &amp; pregnancy period in the living and in the dead. Medicolegal importance of pregnancy</li> <li>Delivery: signs of recent and remote delivery in the living and dead.</li> </ul>	5 hrs.

Learning Objectives	Contents	Teaching hours
<ul> <li>Students will be able to:</li> <li>define &amp; diagnose abortion its types &amp; complications &amp; medicolegal importances.</li> <li>differentiate between criminal and justifiable abortion.</li> <li>describe medico-legal importances of viable age.</li> </ul>	<ul> <li>CORE: Abortion &amp; its legal bearing.</li> <li>Spontaneous, Artificial-justifiable and criminal abortion, delivery</li> <li>Infanticide: <ul> <li>Additional:</li> <li>Foeticide and viability</li> </ul> </li> </ul>	2 hrs. 2 hrs. 2 hrs.
<ul> <li>describe collection, preservation, and dispatch of visceras, blood and body fluid for chemical analysis.</li> <li>differentiate between true &amp; false virginity, impotency &amp; sterility.</li> <li>describe – Procedure of examination of victim or accused.</li> <li>identify sign &amp; symptoms of rape &amp; other sexual offences with their medico-legal importances.</li> <li>describe different sexual deviations, artificial insemination with their medico-legal importance.</li> </ul>	<ul> <li>Definition and Medico-legal considerations of viability;</li> <li>Determination age of foetus. Foeticide &amp; IUF death.</li> <li>CORE:</li> <li>Biological fluids and stain: Collection</li> <li>Collection, preservation, dispatch of visceras &amp; blood &amp; body fluids for chemical analysis.</li> <li>Impotency, sterility, virginity and defloration. Artificial insemination and other artificial methods of conception with medico-legal implication. </li> <li>Surrogated mother &amp; baby.</li> <li>Sexual offences: <ul> <li>Natural: Rape, Adultery, Incest.</li> <li>Unnatural: sodomy, Lesbianism, Bucculcoitus, Bestiality</li> </ul> </li> <li>Additional: <ul> <li>Sexual perversions.</li> <li>Paternity and maternity.</li> </ul> </li> </ul>	<ul><li>2 hr.</li><li>2 hrs.</li><li>2 hrs.</li><li>5 hrs.</li><li>2 hrs.</li></ul>
<ul> <li>Students will be able to:</li> <li>describe how to diagnose a case of mental disorder.</li> <li>describe how to fix-up civil, criminal and social responsibilities of an insane person.</li> </ul>	Forensic Psychiatry  CORE:  Types of mental disorder, lucid interval, testamentary capacity.  Criminal responsibility of an insane person.  Diminished responsibility.  True insanity and feigned insanity:  Important terms of Forensic Psychiatry.  Civil & Social responsibilities.	4 hrs.

Learning Objectives	Contents	Teaching hours
<ul> <li>explain the codes of medical ethics &amp; state legislations.</li> <li>"HEALTH ETHICS"</li> <li>describe the functions and disciplinary control of BM&amp;DC.</li> <li>describe the rights and privileges of a registered medical practitioner.</li> <li>describe the patients' rights.</li> <li>describe the professional negligence and its legal responsibilities.</li> <li>describe consent and its type.</li> <li>describe Workmen's compensation act, Medical maloccurance, product liabilities &amp; mercy killing with their medico-legal importances.</li> </ul>	Medical Jurisprudence  CORE:  Code and law of medical ethics, its history and Geneva declaration, Tokyo declaration & other declarations.  Bangladesh Medical & Dental Council (BMDC), its constituents, functions and disciplinary control.  Rights and privileges of a registered medical practitioner & rights of patients.  Professional secrecy & privileged communication  Medical Malpractice: civil & criminal, Negligence, Misconduct.  "PHYSICIAN-PATIENT RELATIONSHIP"  Components of the physician-patient relationship  Fairness and Equity  Specific Health Issues  Jargons in the field of medical ethics.  CODE OF MEDICAL ETHICS OF BM&DC  Duties of a medical practitioner towards his patient and the society, Professional infamous conduct/misconduct.  Precuations against professional negligence.  Consent  Duties and responsibilities of a doctor.  Medical Maloccurance & Product Liabilities, vicarious liability.  Additional:  Euthanasia or Mercy killing.  Organ transplantation Act.  Consumer protection Act.  Workmen's compensation Act.	hours  10 hrs.  6 hrs

Learning Objectives	Contents	Teaching hours
Students will be able to:      define a poison.     describe the factors modifying the action of poisons.     classify poisons.     describe the duties of a doctor in case of poisoning.     outline the principles of management of acute poisoning.     describe post-mortem appearances of respective poisoning cases.	CORE: General aspects of poisoning: Forensic Toxicology& general toxicology. Poisons. Factors modifying the action of poison. Antidote. Classification of poisons. Principles of Management of acute & chronic poisoning. Corrosive poisons: strong acids & alkalis. Metallic poisons: Lead, Arsenic and Copper. Delirients: Dhatura, Cannabis. Somniferous agents: Opium and its derivatives Hypnotics – Barbiturate. Inebriates: Alcohol, Kerosine. Gaseous poisons: Carbon monoxide, Chlorine & CO <sub>2</sub> , Cooking gass (methane). Insecticides: Organo-phosphorus & chlorocomponds. Snake Bite. Potka fish(Puffer fish)	20 hrs.
<ul> <li>describe post mortem appearances in the dead body of the posoining cases.</li> </ul>		

Learning Objectives	Contents	Teaching hours
	Tutorial & Observations CORE:	
Students will be able to:  • performing medico-legal cases individually.	<ul> <li>Observation of ten medicolegal autopsies.</li> <li>Injuries in the casualty department and weapons in the Forensic Medicine department.</li> </ul>	10 hours 2 hours
<ul> <li>performing medico-legal autopsies under supervision.</li> </ul>	<ul><li>Specimens of poisons.</li><li>Age estimation from bones by X-rays.</li></ul>	2 hours
• attend the court as a witness and dispose there.	Observation/examination of intoxicated persons in the ward (Indoor).	3 hours
	• Examination of victim and accused of sexual offences in the Forensic Medicine department.	2 hours
	Practical Skill CORE:	2 hours
<ul> <li>prepare/write certificates on injury cases, births, deaths, sickness &amp; fitness, medical, dicharge etc.</li> <li>write reports on medico-legal autopsies.</li> <li>prepare dying declaration.</li> </ul>	<ul> <li>Preparation of certificates on following: Medico-legal situations:</li> <li>Injury certificates, medical certificate &amp; discharge certificate</li> <li>Birth and death, Physical fitness &amp; sickness certificates.</li> <li>Autopsy report writting of ten cases</li> </ul>	3 hours
<ul> <li>recognize medico-legal cases individually.</li> </ul>	<ul> <li>Autopsy report writing of tell cases</li> <li>Dying declaration.</li> <li>Insanity.</li> <li>Age certificate.</li> </ul>	3 hours
	Certificates of sexual assault.	4 hours
<ul> <li>Students will be able to:</li> <li>explain the procedures of examination of sexual offences.</li> <li>explain and describe the procedure of post. mortem examination.</li> </ul>	<ul> <li>CORE:</li> <li>Examining cases of sexual offences.</li> <li>Post mortem examination.</li> <li>Determination of age.</li> </ul>	
<ul> <li>explain the procedures of determination of age.</li> <li>describe the suspected poisoning cases and can describe the emergency management of an intoxicated patient in the ward.</li> </ul>	<ul> <li>Management of Poisoning:</li> <li>Stomach wash.</li> <li>Visit to court, police station, DNA lab, OCC, Forensic lab.</li> </ul>	2 hrs.

# **Existing summative assessment of Forensic Medicine**

Assessment systems and mark distribution.

Components	Marks	Total Marks
Formative assessment	10	10
WRITTEN EXAMINATION		
MCQ	20	
SAQ	70	90
Practical Examination		100
ORAL EXAMINATION (Structured).		100
Grand Total		300

- There will be separate Answer Script for MCQ.
- Pass marks 60 % in each of theoretical, oral and practical.

# Example of a "Format" for Integrated Teaching

Teacher of	Teacher of	Teacher of	Teacher of Forensic Medicine
Anaesthesiology	Pharmacology	Medicine	
Hazards of anaesthesia and causes of death, injury and disability.	The Pharmacological aspects of opium and opoids.	Clinical aspects of acute opium and opoids poisoning.	<ul> <li>When and how far anaesthetists are responsible for such death?</li> <li>Legal responsibilities of an anaesthetist.</li> <li>Forensic aspects of acute opium and opoid poisoning.</li> <li>Determination of causes of death due to above poison.</li> <li>Methods for determination and confirmation of the poison.</li> </ul>

# **Program for Integrated teaching**

Topics	Learning Objective	Teaching & Learning Methods	Assessment	Department
<ul> <li>Sudden natural death – Medicine + F. Medicine.</li> <li>Clinical toxicology – Pharmacology. + F.Medicine</li> </ul>	Students will be able to:  Identify sudden natural death cases.  Identification and legal aspects of deaths due to poisoning.	Lectures & Seminers		Medicine & Forensic Medicine
<ul> <li>Identification and blood group &amp; inheritance.</li> <li>Blood Transfusion hazards and death.</li> <li>Determination of parenthood.</li> <li>Legal responsibility of a blood transfusion officer.</li> </ul>	Students will be able to:  Ascertain legitimacy and paternity of a child.  Students will be able to:			Blood Transfusion & Forensic Medicine
<ul> <li>Legal responsibilities of a Radiologist.</li> <li>Determination of 'bone age.</li> <li>Detection of foreign bodies in victims of crime.</li> <li>Diagnosis – pregnancy etc.</li> <li>Ultra-sonographic diagnosis of pregnancy.</li> <li>Radiological hazards (hazards of radiation).</li> </ul>	<ul> <li>Ascertain age of victim (person) from radiological studies.</li> <li>Diagnose pregnancy.</li> </ul>			Radiology & Forensic Medicine
Toxicological and forensic aspect  Common poisons.  Atropine.  Morphine and its derivatives- heroin /phensidyl  Tranquillisers.  Barbiturates.  Alcohol.  Cannabis indica in different forms.	Identify the P.M Findings in case of these poisons.			Pharmacology & Therapeutics & Forensic Medicine
Insecticides / pesticides  Organophosphorus compounds. Chlorocompounds.	-Do-			
<ul> <li>Classification and definition of mental disorders.</li> <li>Mental disorders and crime.</li> <li>Mental disorders and Civil and Criminal responsibilities.</li> </ul>	Diagnose a case of mental disorder & fix up his civil, criminal & social responsibilities.			Psychiatry & Forensic Medicine

	Continued	
<ul> <li>legal aspect and clinical aspect.</li> <li>Injuries in general.</li> <li>Head injury and neck injury.</li> <li>Chest injuries.</li> <li>Abdominal injuries.</li> <li>Burns and scalds.</li> </ul>	Identify & interpret these injuries in living and dead bodies.	Surgery & Forensic Medicine
<ul> <li>Anaesthetic hazards and causes of death</li> <li>Respiratory failure in poisoning.</li> </ul>	Identify death due to anaesthetic hazards.	Anaesthesiology & Forensic Medicine
<ul> <li>Inflammation</li> <li>Infection</li> <li>Histopathological studies: <ol> <li>Antemortem wounds.</li> <li>Post-mortem wounds.</li> <li>Lungs and other viscera in asphyxial death and correlation with pneumonia and pulmonary oedema.</li> <li>Detection of bloodstain and seminal stain.</li> </ol> </li> <li>Pathological study of hair: <ol> <li>Pathological studies of sudden death.</li> <li>Pregnancy tests.</li> <li>H.L.A., blood group and paternity.</li> </ol> </li> </ul>	Understand the pathological changes in these conditions.	Pathology & Forensic Medicine
<ul><li>Pregnancy.</li><li>Abortion.</li><li>Labour.</li><li>Lactation.</li></ul>	Understand how to diagnose these cases with their medico-legal importance.	Obstetric & Gynaecology & Forensic Medicine

## **Academic Schedule for Forensic Medicine**

	2 <sup>nd</sup> Phase															
$1^{st}$	1 <sup>st</sup> TERM 2 <sup>nd</sup> TERM															
	1	2	3	4	5		6		7	8		9	10	11		12
	Jurisp HEAI BMDe Code Profes Inques Medic declar legal s Malpr practif Death identif Asphy Mass	sic Medicine orudence CTH ETHIC C, Rights & & law of me ssional Secrest, Medical cologal reportation, Court systems. Taxis, Consertioners. Changes affication, Medical death disaster profiling	S Privileges of dical ethics bey, ertificate, ets including s procedure at, Duties of ter death,	g dying es, Medico- f medical	Lecture- 40		Internal assessment  Practical 30 hrs. Tutorial 30hrs.		due to certification of the ce	aticide, B ervation a aces, Imp icial inse ated pater asic psyc eral aspec ification,	al agen Vehicu d delivi iologicand des otence minati mity a hiatry et of pe Medi bisonir of visc of acu- ant po	nts, Wular in very, A cal flu spatch e and sion and ma colegang, Procera, te pois kalis, bison, assection	Yound Ajuries. Abortion, Aid/ swabs A, Sexual Sterility, Ad Atternity, Ang and its Al Beservation Soning. Metallic	Lecture- 40		Internal Assessment  Practical 25 hrs. Tutorial 25 hrs.

# • Hours of Teaching:

• Large group

\* Lecture - 80 hours.

• Small group

\* Practical - 55 hours.

\* Tutorial - 55 hours.

\* Integrated teaching/ Assignment - 5 hours.

Total = 195 hours.

## **Summary of the Forensic Medicine Academic Programme**

	1st Term	2 <sup>nd</sup> Term	Total
Lecture/Revision	40 hrs	40 hrs	80 hrs
Practical/ Demonstration	30 hrs	25 hrs	55 hrs
Tutorial	30 hrs	25 hrs	55 hrs
Integrated	3 hrs	2 hrs	5 hrs
Teaching/Assignment			
Total			195 hrs

# **Pharmacology & Therapeutics**

#### **DEPARTMENTAL OBJECTIVES:**

The objective is to provide a need based integrated 'Basic Pharmacology for a safe and effective prescribing' Course so that the students on graduation will be competent to:

- Describe the pharmacological effects, mechanisms of action, pharmacokinetic characteristics and adverse reactions of drugs in order to be able to prescribe safely and effectively.
- describe the basic principles and concepts considered essential for rational (effective, safe, suitable and economic) prescribing and use of medicines in clinical practice.
- understand the principles of rational prescribing and the basis of utilizing the principles of rational evaluation of therapeutic alternatives.
- Recognize, manage and report the adverse drug reactions (ADRs) and drug interactions.
- Obtain informed consent by providing enough information about disease(s), treatment(s) and alternative options available, in order to allow the patient to make informed decision about their treatment.
- identify and assess objectively the drug information sources.
- state the Essential Drug List and principles underlying the 'Concept of Essential Drugs', and apply them in community oriented health care delivery service.
- recognize the implications of poly pharmacy and other means of irrational prescribing, identify influences favouring irrational prescribing and develop means to resist them.
- evaluate the ethical and legal issues involved in drug prescribing, development, manufacture and marketing.
- acquire methods of learning needed for evaluation of existing and new drugs and to follow trends and approaches in pharmacological research.
- develop attitude for continuous self learning and professional development throughout their practicing life.

## Competencies related to Pharmacology to be acquired by the graduates-

## A) Knowledge and Understanding

- Basic pharmacodynamics (effects, mechanism), and clinical pharmacokinetics required for safe and effective prescribing.
- Adverse Drug Reactions (ADRs): recognizing, management & reporting
- Basic principles & concepts essential for rational (effective, safe, suitable and economic) prescribing and use of drugs in clinical practice.
- Concept of essential drugs and selection of essential drug list for use in community oriented health care services.
- Drug information sources: access to unbiased drug compendia and use of standard treatment guidelines, formularies to support safe and effective prescribing
- Ethics of Prescribing: Informed patient consent about disease, treatment given and alternative options available.
- The ethical and legal issues involved in drug prescribing, development and marketing.

#### B) Skill -

- Taking drug history.
- Prescription writing: choosing safe & effective drugs and appropriate dosage formulations.
- Selecting appropriate drugs (P Drug) to support rational prescribing considering efficacy, safety, suaitability and cost.
- Recognizing, managing and reporting Adverse Drug Reactions (ADRs) and drug interactions.
- Obtaining accurate objective information to support safe and effective prescribing.
- Prescribing drugs for special groups: elderly, children, pregnancy, breast feeding mothers, renal &/or hepatic impairment or failure.
- Getting informed consent from patients
- Analyzing new evidence:
  - Reading, assessing and critically analyzing clinical trial results
  - Practicing evidence based medicine
  - Assessing the possible benefits and hazards of new therapy

#### C) Attitude –

- Continuous self learning to keep their knowledge & skill up to date through continuous professional development.
- Communicating with patients regarding disease, the drug treatment and alternative options to obtain informed consent and respecting patients' own views and wishes in relation to drug treatment.

## Distribution of teaching - learning hours

Lecture	Tutorial	Practical and	Clinical Case Report	Total teaching	Formative Exam		Summati	ive exam
		Demonstr ation	•	hours	Preparatory leave	Exam time	Preparat ory leave	Exam time
100 hrs	30 hrs	50 hrs	20 hrs	200 hrs	10 days	15 days	10 days	15 days

(Time for exam. preparatory leave and formative & summative assessment is common for all subjects of the phase)

## Teaching-learning methods, teaching aids and evaluation

	Teaching Methods			Teaching aids	In course evaluation
Large group	Small group	Self learning	Others		
Lecture	Tutorial Practical & Demonstrations	Assignment	Integrated teaching/Assignmen t with presentation, clinical case report Block Placement at the end of term II	Laptop multimedia Microphone, Speaker Overhead Projector With Screen, Laser Pointer, Slide Projector, Black Board, White Board, Marker, Duster Tracing paper showing drug effect, reference books	<ul> <li>Item         Examination</li> <li>Card final         (written)</li> <li>Term         Examination</li> <li>Term final         (written, oral+         practical)</li> </ul>

## **3<sup>rd</sup> Professional Examination:**

Marks distribution of Assessment of Pharmacology & Therapeutics:

#### Total marks - 300

- Written = 90 (MCQ-20, SAQ-70) + formative assessment marks -10= 100
- Structured oral examination= 100
- Practical (Traditional + OSPE) =100

Term I

Learning Objectives	Core Contents	Teaching- Learning Strategies	Teaching Hours	* Evaluations
A. GENERAL PRINCIPLES OF PHARMACOLOGY	A. GENERAL PRINCIPLES OF PHARMACOLOGY LECTURES:			
At the end of the course students shall be able to:  • describe the role and scope of pharmacology	01: Introducing Pharmacology 02: Drug Administration			
• understand the principles of drug disposition (kinetics)-absorption, distribution, metabolism and excretion	Routes, drug delivery and Formulations for local & systemic effects			
<ul> <li>understand the basic principles related to cellular and molecular aspects of drug action (dynamics), selectivity, specificity and quantitative aspects of drug action</li> </ul>	03: <b>Drug Absorption</b> Transfer of drugs across cell membrane & specialized barriers, Factors influencing absorption	Lectures/ Practical/		
<ul> <li>recognize adverse drug reactions, interactions and problems of drug misuse and abuse</li> <li>describe the ethical, legal and economic aspects of prescription writing and compliance</li> </ul>	04: <b>Bio-availability</b> Studies to compare bio-equivalence & to monitor therapy	Tutorials/ Assignments	15 hrs	Three item Examinations (Item 1,2,3)
	05: <b>Drug Distribution</b> V <sub>d</sub> , Plasma protein & tissue binding, redistribution			
	06: <b>Drug Metabolism</b> Where, why and how of biotransformation, hepatic microsomal enzymes- induction & inhibition Genetic influence on Drug metabolism (Pharmacogenetics)			
	07: <b>Drug Elimination</b> Routes, Renal Excretion & Factors influencing renal excretion			

Learning Objectives	Core Contents	Teaching- Learning Strategies	Teaching Hours	* Evaluations
	08: Clinical Pharmacokinetics			
	V <sub>d</sub> , Cl, First & Zero order kinetics of			
	Elimination, t <sub>1/2</sub> , Steady state			
	concentration, loading dose &			
	maintenance dose			
	09: Dynamics: How do drugs act?			
	Receptor-effectors linkages			
	10: Quantitative aspects of drug action Dose-response relationships & curves Information obtained from D-R curves: Agonists – efficacy, potency, shift of curves Antagonists -			
	11:Individual variations in drug responses			
	12: <b>Drug safety and vigilance</b> Adverse drug reactions: Types, detecting & managing ADR ADR monitoring & reporting			

Learning Objectives	Core Contents	Teaching- Learning Strategies	Teaching Hours	* Evaluations
B. AUTONOMIC PHARMACOLOGY  At the end of the course the students will be able to:  understand the organization of autonomic nervous system, physiology of neuro-chemical transmission, co-transmission and their pre and post synaptic modulation  understand the physiology of cholinergic neurotransmission, classify the cholinoceptors and identify the drugs affecting cholinergic transmission and cholinoceptors	B. AUTONOMIC PHARMACOLOGY  LECTURES:  01: Introduction  Organization of ANS – sympathetic, parasympathetic, and enteric NS Transmitters in ANS (ACh, NA, NANCs) Co-transmission, pre and postsynaptic modulation Cholinergic neurotransmission & drugs modifying the events, Cholinergic receptors  02: Cholinergic Drugs Effects of the stimulation of Cholinoceptors Classification of cholinergic drugs – cholinoceptor agonists and anti-cholinesterase  03: Drugs for Glaucoma Role of Cholinergic drugs compared to other drugs  04: OPC insecticide poisoning Manifestation & management  05: Anti-cholinergic Anti-muscarinic Atropine and atropine substitute  06: Anti-cholinergic anti-nicotinic Classification – Neuromuscular blockers & their role as skeletal muscle relaxant during anaesthesia Ganglion blocker (names only)	Lectures/ Practicals/ Tutorials/ Assignments	12 hrs	Two item Examinations (Item 4,5)
	anacomeon Gangnon Glocker (numes only)			

Learning Objectives	Core Contents	Teaching- Learning Strategies	Teaching Hours	* Evaluations
	07: Adrenergic neurotransmission			
	Drugs modifying the events			
	Adrenergic receptors			
	Effects of stimulation of adrenoceptors			
	08: Adrenergic Drugs:			
	Classification			
	Adrenergic inotropic agents &their role in therapy			
	Role of Adrenaline, Noradrenaline, Isoprenaline,			
	Dopamine, & Dobutamine in therapy			
	Adrenergic vasoconstrictors, nasal decongestants			
	09: Selective β <sub>2</sub> agonists as			
	Bronchodilators, compared to other Drugs			
	used in asthma			
	10: α–adrenoceptor antagonist			
	Role of selective $\alpha_1$ antagonist in therapy			
	11: β adrenoceptor antagonist			
	Role of <b>β</b> blockers in therapy			

Learning Objectives	Core-Content	Teaching- Learning Strategies	Teaching Hours	* Evaluations
RENAL & CARDIOVASCULAR PHARMACOLOGY  Students will be able to:  Classify or list drugs which affect the Cardiovascular System  Identify their pharmacological effects  Interprete mechanisms of actions, kinetics and toxicity  Correlate these knowledge to form the basis for their rational use in a given clinical situation	Renal & Cardiovascular PharmacologyLectures:  01: Diuretics  Classification of diuretics: based on sites & mechanism of action and efficacy Pharmacology of Thiazides, Loop, Potassium sparing diuretics: their role in therapy edema and hypertension  02: Drugs used in hypertension  Epidemiology and pathophysiology of hypertension, Objectives of anti-hypertensive therapy, Classification of anti-hypertensive drugs.  Pharmacology of Diuretics, β blockers, Ca channel blockers, ACE inhibitors, Angiotensin receptor antagonists, α blockers, α methyl dopa, Vasodilaotrs Principles of selection of drug in different clinical situations  03: Drugs used in congestive cardiac failure Pathophysiology of heart failure Objectives of therapy Drugs used in CCF: Diuretics, ACE inhibitors & ARBs, Selective β-blockers, (Additional) Cardiac glycosides, vasodilators, Phosphodiasterase inhibitors.  04: Antianginal drugs Pathophysiology of angina, Objectives of therapy Drugs used in angina: Nitrates, □ blockers, Ca²+ channel blockers.  Additional: Antiarrhythmic Drugs Pathophysiology of arrhythmia Pharmacology of antiarrhythmic drugs	Lecture/ Tutorial/ Class Assignments	8 hrs	Two item Examinations (Item 6, 7)

Learning Objectives	Core Contents	Teaching- Learning Strategies	Teaching Hours	* Evaluations
Students will be able to:  Classify or list drugs which affect the hematopoietic system  Identify their pharmacological effects  Interprete mechanisms of actions, kinetics and toxicity  Correlate these knowledge to form the basis for their rational use in a given clinical situation	HEMATOPOIETIC PHARMACOLOGY  LECTURES:  01: Anticoagulants & Thrombolytics     Pathophysiology of thrombo-embolism     Pharmacology of Anti-coagulants: Heparin     and LMW heparin, warfarin.     Pharmacology of thrombolytics:     Streptokinase, Alteplase, Reteplase etc.  02: Antiplatelet drugs     Pharmacology of low dose aspirin,     clopidogrel, glycoprotein Ilb/IIIa inhibitors     and their role in therapy  03: Lipid regulating drugs     Pharmacology of statins. fibrates, nicotinic     acid, resins etc.  04: Drugs for anaemia     Pathophysiology of anaemia Pharmacology of     hemopoeitics     iron, folic acid, vit B <sub>12</sub> Pharmacology of erythropoietin	Lecture/ Tutorial/ Class Assignments	7 hrs	One item Examination (Item 8)

Learning Objectives	Core Contents	Teaching- Learning Strategies	Teaching Hours	* Evaluations
At the end of the session the students will be able to:  • understand the physiology of endocrine and metabolic systems  • list the pancreatic islet hormones and understand their role in the control of blood glucose; define and classify diabetes; understand the diagnostic criteria and monitoring tests and describe the pharmacology of insulin and oral antidiabetic drugs.  • list and describe the physiology of adrenocortical hormones. Identify the synthesis inhibitors & their role in therapy; describe the pharmacology of adrenocorticosteroids to assess their role in therapy as anti-inflammatory and immunosuppressive drugs	Diabetes mellitus – types, diagnostic criteria, monitoring Insulin & preparations Oral Hypoglycemic agents Hypoglycemic reactions & management  02: Adrenal cortex and drugs used in therapy Adrenocortical hormones: synthesis & blockers; Control of secretion, mechanism of action Pharmacological actions, uses and preparations Adverse effects  03: Reproductive system  Hypograph control of formula reproductive system	Lectures/ Practicals/ Tutorials/ Assignments	9 hrs	One item Examination (Item 9)

Learning Objectives	Core Contents	Teaching- Learning Strategies	Teaching Hours	* Evaluations
GASTROINTESTINAL PHARMACOLOGY  Students will be able to:  Classify or list the drugs affecting GIT  Identify pharmacological effects of the drugs  Interpret the mechanism of action, kinetics of the drugs and their toxicity  Correlate the gained knowledge to form the basis for rational use of medicines in a given clinical situation	Gastrointestinal Pharmacology LECTURES  01: Drugs used in Peptic ulcer Pathophysiology of peptic ulcer Therapeutic goal and approach Antacids, H <sub>2</sub> - blockers, Proton pump inhibitors, gastric cytoprotective agents, Helicobactor pylori eradication regimen Gastroprokinetic drugs and other agents  02: Drugs to treat diarrhoea Epideiology, Principles of management Fluid and electrolyte replacement Selection of route and preparations ORS and different IV fluids Role of Antimicrobial drugs Antimotility drugs  03:Drugs used in helminthiasis  04: Laxatives  05: Drugs for Inflammatory Bowel Diseases (IBS) & Irritable Bowel Syndrome (IBS)	Lecture/ Tutorial/ Class Assignment	7 hrs	One item Examination (Item 10)

Term II

LEARNING OBJECTIVES	Core Contents	Teaching- Learning Strategies	Teaching Hours	* Evaluations
PHARMACOLOGY OF DRUGS ACTING ON CNS  Students will be able to:  Classify or list of drugs acting on Central Nervous System Explain the mechanisms of action, kinetics and toxicity of these drugs Describe the uses, administration, adverse effects & precautions of drugs used in diseases of CNS	Central Nervous System LECTURES:  01:Introduction to CNS Drugs Neurotransmitters of CNS (distribution, ion channel) general characteristics of CNS drugs  02: Opioid analgesic Pathophysiology of pain, Pain pathway, endogenous opioids and opioid receptors Opioids: morphine, codeine, pethedine, tramadol, fentanyl used as analgesics compared. Role of morphine in myocardial infarction and pulmonary edema. Other clinical uses of opioids  03: Anxiolytics and hypnotics Pathophysiology of sleep Benzodiazepines and other non-BDZ sedative-hypnotics Centrally acting muscle relaxants  04: Antidepressant drugs Neurochemical basis of depression TCAs, SSRIs, MAOIs and other atypical antidepressants, Anti-manic drugs  05: Antipsychotic drugs Neurochemical basis of psychosis Pharmacology of anti-psychotic drugs:  06: Local anaesthetic Drugs, mechanism of action, techniques of local anaesthesia, uses and hazards	Lecture/ Tutorial/ Class Assignment	14 hrs	Three item Examinations (Item 11, 12, 13)

LEARNING OBJECTIVES	Core Contents	Teaching- Learning Strategies	Teaching Hours	* Evaluations
	O7: General anaesthetics Principles of General Anaesthesia Preanaesthetic medication, Balanced Anaesthesia Induction & Maintenance: Intravenous anaesthetics &Inhalation anaesthetics (nitrous oxides, halothane, fluranes)  O8: Skeletal muscle relaxation Depolarizing and Non depolarizing  O9: Anti-emetics Pathophysiology of vomiting Pharmacology of anti-emetic drugs  10: Antiparkinsonian Drugs Pathophysiology of Parkinson's diseases Pharmacology of antiparkinsonian drugs  11: Antiepileptics/Anticonvulsants Pathophysiology of epilepsy Pharmacology of antiepileptic drugs			

Learning Objectives	Core-Content	Teaching- Learning Strategies	Teaching Hours	* Evaluations
Student will be able to  • describe:the role of biogenic amines & prostaglandins in health & diseases  • explain their mechanism of actions, pharmacological effects, kinetics and toxicity  • correlate these knowledge to form the basis for rational use of drugs in a given clinical situation	Autacoids and drugs used in inflammation LECTURES:  01: Autacoids     Definition and lists of autacoids     Histamine: synthesis, storage & release, pharmacological actions & physiological role     Histamine antagonist: H1 antagonists: classification, role in allergic conditions & other clinical uses and adverse reactions     H2-receptor antagonists: role in peptic ulcer (covered with GIT Pharmacology)  02: Ecosanoids     Prostaglandins, Leukotrienes, Platelet Activating Factor (PAF) Synthetic pathways & antagonists     Physiological roles, pharmacological actions and possible clinical uses of synthetic analogues and antagonists  03: NSAIDs/ Non-opioid analgesics     Paracetamol (mechanism of antipyretic and analgesic action, adverse effects)     NSAIDs (mechanism of action, adverse effects and precaution) Selective COX II inhibitors  Drugs for Migraine	Lecture/ Tutorial/ Class Assignment	5 hrs	One item Examination (Item 14)
students will be able to:  list drugs which affect the respritory system  describe their pharmacological effects  explain mechanism of actions, kinetics and toxicity  correlate these knowledge to form the basis for rational use of drugs in a given clinical situation	Respiratory Pharmacology  01. Drug treatment of bronchial asthma Bronchodilators-β <sub>2</sub> agonists, Aminophylline, Ipratropium and others Anti-inflammatory drugs – steroids, Leukotriene antagonist Chromolyn Sodium & related drugs  May be covered with ANS Pharmacology  ADDITIONAL CONTENTS			

Learning Objectives	Core Contents	Teaching- Learning Strategies	Teaching Hours	* Evaluations
CHEMOTHERAPY Students will be able to:  Classify or list each group/ class of antimicrobial drugs  Understand & explain the mechanism of action, kinetics and toxicity of the antimicrobial drugs  Describe the clinical uses, administration, adverse effects of different antimicrobial drugs used in different clinical situations and the precautions that should be taken before their use  Correlate the gained knowledge to form the basis for rational use of medicines in a given clinical situation	CHEMOTHERAPY LECTURES:  01: Introduction General concept, Mode of action & Classification of antimicrobials Principles of antimicrobial therapy  02: Drug Resistance Mechanism of development of drug resistance by microbes  03: β-lactam Antibiotics Penicillins Cephalosporins Other β-lactam  04: Protein Synthesis Inhibitors Aminoglycosides Macrolides Tetracyclines Chloramphenicol  05: Sulfonamides & Cotrimoxazole Sulfonamides combinations, Topical uses Cotrimoxazole  06: Quinolones & Fluoroquinolones  07: Azoles: Metronidazole and other azoles  08: Drugs used in Tuberculosis  09: Drugs used in Malaria: Therapy & Prophylaxis  11: Drugs used in Fungal Infections  12: Drugs used in Viral Infections  13: Cancer Chemotherapy	Lecture/ Tutorial/ Class Assignment	17 hrs	Five item Examination (Item 15, 16, 17,18, 19)

Learning Objectives	Core Contents	Teaching- Learning Strategies	Teaching Hours	* Evaluations
Students will be able to:  • state the principles of rational prescription  • identify means of irrational prescribing and consequences  • take measures to prevent irrational prescribing  • select essential drugs in common diseases from EDL  • select P drug – in some clinical situation  • correlate these knowledge to form the basis for rational use of drugs in a given clinical situation	CLINICAL PHARMACOLOGY  LECTURES:  01: Rational Prescribing General Principles, cuses & consequences of irrational prescribing, Measures to prevent irrational prescribing  02: Drug Compendia (Information Sources) Pharmacpoeiea, Formulary, Treatment guidelines, BP, INN, BNF, BDNf, etc.  03: Essential Drug concept Definition, Selection criteria, Essential Drug List Rationale for prescribing from this Drug List  04: 'P Drug' concept Definition, Selection criteria, selection of 'P Drug' for some clinical situations  05: Drug selection for some special clinical conditions: Pregnancy, different age groups, renal / hepatic failure	Lecture/ Tutorial/ Class Assignment	06 hrs	One item Examination (Item 20)

# **Pharmacology Practicals**

Learning Objectives	Core Contents	Teaching Hours
GENERAL PRINCIPLES OF	GENERAL PRINCIPLES OF PHARMACOLOGY	
PHARMACOLOGY	1. Prescription writing	
PRACTICALS:  Laboratory experiments and demonstrations have been designed to help students to	Format, legal & ethical aspects, drug nomenclature, compliance and Exercise on Prescription Writing  2. Drug Dosage Formultions	04 hrs
<ul><li>achieve:</li><li>the ability to relate the principles and concepts to specific clinical situations</li></ul>	Source & Routes of drug administration Drug Formulation & Delivery Techniques Exercise on Drug Dosage Formulations	04 hrs
At the end of the course, students shall be able to:  • identify different dosage formulations and their usage	3. Clinical Pharmacokinetics Study of Time-Plasma Concentration Curves Determination of t <sub>1/2</sub> , V <sub>d</sub> , Cl, K <sub>e</sub> , steady-state concentration, Loading & Maintenance dose	04 hrs
<ul> <li>understand, interpret and analyze experimental data relating to drug disposition</li> <li>perform experiments using isolated animal tissues to understand drug action</li> </ul>	4. Study of Pharmacodynamics  i. Study of Dose Response Relationship  Construction of Log Dose-Response Curves  ii. Study of Drug Antagonism	06 hrs
	Construction of Log Dose-Response Curves in presence of Antagonists  5. Adverse drug Reaction – Exercise on ADRs reporting & monitoring	02 hrs

Learning Objectives	Core Contents	Teaching Hours
AUTONOMIC PHARMACOLOGY	AUTONOMIC PHARMACOLOGY	
PRACTICALS:	1. Interpretation of Tracings on Blood Pressure	06 hrs
Laboratory experiments and demonstrations have been designed to help students to	Demonstration of presence of Autonomic receptors	
achieve:	2. Langendorff's Preparation: Isolated Mammalian Heart	04 hrs
the ability to relate the principles and concepts to specific clinical situations	Isolated Rabbit Heart Preparation Study of effect of drugs on isolated heart preparation	
At the end of the session, students shall be able to:	3. Study of Effect of Drugs on Skeletal Neuromuscular Junction	02 hrs
<ul> <li>understand, interpret and analyze experimental data relating to drug disposition</li> </ul>	Demonstration of presence of Nicotinic receptors & effect of competitive reversible & irreversible neuromuscular blockers on them	
perform experiments using isolated animal tissues to understand drug action		

Learning Objectives	Core Contents	Teaching Hours
CLINICAL PHARMACOLOGY	CLINICAL PHARMACOLOGY	
PRACTICALS:	1. Drug Information Sources	04 hrs
Exercises have been designed to help students to understand the principles and concepts related to rational prescription.	Acomparative study of the 'Prescribing binformation of Drugs' as probided by the Manufacturers' Product Literatures and the authentic Drug Compendia (British National Formulary/ Bangladesh National Formulary)	
At the end of the session, students shall be able to:	2. Essential Drug Concept Exercise on selection Essential Drugs	04 hrs
<ul> <li>evaluate drug information sources</li> <li>understand the principles of rational prescription &amp; essential drug concept</li> <li>select P drug</li> </ul>	3. <b>'P Drug' Concept</b> Exercise on selection 'P Drugs for different clinical situations & preparation of student formulary	06 hrs
interprete and analyse the prescription supplied	Prescription Audit     Exercise on 'Prescription Audit' using INRUD indicators	04 hrs

# **Pharmacology Tutorials**

Learning Objectives		Contents	Teaching Hours
Students will be able to:  Iist each group/class of dugs  explain the mechanisms of action and Describe the uses, administration, kinetics, adverse effects & precautions of used in different clinical conditions  state the principles of rational prescription  correlate these knowledge to form the basis for rational use of drugs in a given clinical situation	TERM I	<ul> <li>General Pharmacology: Pharmacokinetics and Pharmacodynamics Autonmic Pharmacology: Review of Cholinergic–Anticholinergic drugs</li> <li>Revives of Adrenergic–Antiadrenergic drug</li> <li>Drugs acting on Renal &amp; CVS</li> <li>Review on Endocrine drug</li> <li>Drugs for Bronchial asthma, PUD, Anemia</li> <li>Drugs ued in Anxiety, sleep disorder</li> <li>Drugs used in depression, epilepsy and parkinsonism</li> <li>Autacoids &amp; NSAIDs</li> <li>Chemotherapy for specific infections: Shigellosis, Enteric fever, ARIs UTIs, malaria, tuberculosis, fungal infections</li> <li>RUM: Principles of Rational prescribing &amp; means to resist pressure for irrational prescribing, Essential Drug Concept</li> </ul>	20 hours 10 hours
	Clinical cas	se studies & presentation – 5 clinical Cases	20 hours

# Department of Pharmacology & Therapeutics Clinical Pharmacology Case Report

Student's Name	
Class Roll #	
Remark of the Batch Teacher	
Professor of Pharmacology & Thera	eutics
Patient's Particulars	
Personal history	
Patient's name:	Age:
Education:	Occupation:
Socio-economic Status:	Ward/Bed:
Date of Admission:	Date of discharge:
History of past illness (includi	g Drug History)
<b>Description of present illness</b>	History & Clinical Findings)
Investigation done with resu	S:
Provisional diagnosis:	
C	
Treatment given:	
<b>.</b>	
Drug therapy given	
(mention the exact brand name	written in the treatment sheet and their corresponding generic name):

**Result &Outcome of the treatment:** 

**Make a Summary of the Case Report** (Stating personal history, complaints, clinical findings, reports of investigations done, diagnosis made, treatment given & outcome of the treatment)

- A. Discussion about therapeutic problem & drug therapy given
- 1. Define the therapeutic problem(s) of the case you have reported.
- $\label{eq:problem} \textbf{2.} \qquad \textbf{Did the } \textbf{drug}(\textbf{s}) / \textbf{treatment given address all the therapeutic problem?}$

Yes/No

Relate the treatment/drugs given to specific therapeutic problem.

If no, explain why?

- 3. For each drug given, was their other alternatives?
- 4. Considering the drug(s) given & the alternatives, whether the choice was MOST appropriate (consider drug's effectiveness (benefit), Risk & Cost, Route of Administration, Dosage, Frequency & Duration of Therapy and Patient's Factors like age, Pregnancy & Diseases).
- **B.** Comments on Prescription
- 1. Was the route of administration, dosage, frequency & duration of therapy properly mentioned?
- 2. Was the patient warned about possible adverse effects of each drug & how to avoid them?

### **C.** Report on Averse Effects

Was there any reported adverse effects in this case?

If yes, what are the clinical manifestations & how they have been managed?

### **D.** Final Comments:

## E. Drug Discussion

**Brief information about the drug(s) used in the therapy** (including Generic name/ International Non-proprietary name, Pharmacological effects, Mechanism of action, Metabolism and Elimination, Important drug-drug and drug-food interactions)

### **Signature of the student**

# **Department of Pharmacology & Therapeutics**

## **Students' In-Course Evaluation Card**

Name of Student:						
Year:	Roll No.:	Batch:	Session:			
Address:						
SSC Exam Year:	GPA:					
HSC Exam Year:	GPA:					
Admission in Medical College:						
First Professional Examination Passe	ed in	at first/second/thin	rd chance			
For Official Use Only						

	TERM I		TE	RM II	FINAL		
	Held	Attended	Held	Attended	Held	Attended	
Lecture							
Practical							
Tutorial							
Seminar							

Head of the Department
Department of Pharmacology & Therapeutics
Medical College

## **Students' In-Course Evaluation Card**

### TERM I

SL No	Title and contents	Marks	Initial of teacher
	TERM I		
01.	Introduction to Pharmacology		
	Sources of Drug and Dosage Formulation		
	Routes of Drug Administration		
02.	Pharmakokinetics		
	Absorption, Distribution, Biotransformation and Excretion		
03.	Pharmacodynamics		
	Mechanism of Drug Action, Adverse Drug Events		
04.	Cholinergic agonists and antagonists		
05.	Adrenergic agonists and antagonists		
06.	Diuretics and Drugs used in Hypertension		
07.	Antianginal, anticoagulant, thrombolytic, lipid lowering agents		
	Drugs used in heart failure		
08.	Hemopoietics		
09.	Drugs used in Diabetes Mellitus		
	Hormonal Contraceptives		
	Thyroid hormones and Anti-thyroid Drugs		
10.	Gastrointestinal Pharmacology		
	FIRST TERM EXAMINATION		

## **Students' In-Course Evaluation Card (contd.)**

### TERM II

11.	Drugs used in anxiety and sleep disorder
	Benzodiazepines and Non-Benzodiazepines
12.	Antipsychotics, Antidepressants and Anticonvulsants
13.	Analgesics, Anesthetics and Drug dependence
14.	Autacoids, Anti-inflammatory drugs (NSAIDs) and Steroidal agents
15.	General aspects of chemotherapy
	Development of Drug resistant
	Microbiological profile of common infections
16.	β lacatms
	Sulphonamides, Cotrimoxazole, Quinolones and Azoles
17.	Tetracyclines, Chloramphenicol, Aminoglycosides and Macrolides
18.	Drugs used in
	Tuberculosis, Leprosy, Malaria, Kala-azar, Amebiasis,
	Filariasis and Helminthiasis
19.	Antifungal, Antiviral, Anti-scabies, Anti-neoplastic
20.	Clinical Pharmacology & Rational prescribing
	SECOND TERM EXAMINATION

# Summative Assessment of Pharmacology & Therapeutics Assessment Systems and Mark Distribution

Components	Marks	Total Marks
Formative assessment		10
WRITTEN EXAMINATION MCQ SAQ	20 70	90
PRACTICAL EXAMINATION  Traditional Practical Examination OSPE	60 40	100
ORAL EXAMINATION (Structured) 2 Boards	50+50	100
	Grand Total	300

There will be separate Answer Script for MCQ

Pass marks 60 % in each of theoretical, oral and practical

# **Summary of the Pharmacology Academic Program**

	Term I	Term II	<b>Total Teaching</b>
			hours
Lectures/Revision	58 hours	42 hours	100 hours
Practicals & Demonstrations	32 hours	18 hours	50 hours
Tutorials	20 hours	10 hours	30 hours
Clinical case report Assignment with presentation		20 hours	20 hours
Total	100 hours	100 hours	200 hours

## **Time allocation for Examination:**

Time for delivering 200 hrs	Formative Examination	<b>Summative Examin</b>	Total Time	
teaching	& holidays	Preparatory leave	Exam time	12 months
7 months	2 months	1 month	2 months	

## PHARMACOLOGY COURSE ORGANIZATION

TERM I			TERM II		
REGULAR			REGULAR		
1 2 3 4 5 6 7 8 9 10 11 12 13		21— 26	27         28         29         30         31         32         33         34         35         36         37         38         39	40 41 4 43 44 4 46 47-52	
<b>Total hours for lecture</b>	= 58 hours		Total hours for lecture	= 42 hours	
General Principles of Pharmacology	= 15 hours		Central nervous System	= 14 hours	
Autonomic Nervous System	= 12 hours		Autacoids and Dugs used in Inflammation	= 05 hours	
Renal and Cardiovascular Pharmacology	= 08 hours		Chemotherapy	= 17 hours	
Haemopoietic Pharmacology	= 07 hours		Clinical Pharmacology	= 06 hours	
Gastrointestinal Pharmacology	= 07 hours				
Endocrine pharmacology	= 09 hours				
<b>Total hours for Practicals</b>	= 32 hours		Total hours for Practicals	= 18 hours	
Prescription writing	= 04 hours		Drug information Sources	= 04 hours	
Dosage Formulations & Drug delivery	= 04 hours		Prescription Audit	= 04 hours	
techniques			Essential Drug List	= 04 hours	
Pharmacokinetic Study	= 04 hours		Exercise on selection of "P" drugs	= 06 hours	
Pharmacodynamic Study	= 06 hours				
Study of the cardiovascular effects of drugs	= 02 hours				
Study of autonomic receptor function	= 06 hours				
Study of drugs on Skeletal N-M junction	= 04 hours				
Exercise on ADR reporting form fillup	= 02 hours				

TERM I cont.		TERM II cont.		
Total hours for Tutorials	= 20 hours	Total hours for Tutorials	= 10 hours	
General Pharmacology:		Drugs ued in Anxiety, sleep disorder,	= 01 hours	
Pharmacokinetics and	= 02 hours	Drugs used in depression, epilepsy and	= 01 hours	
Pharmacodynamics	= 02 hours	parkinsonism		
<b>Autonmic Pharmacology:</b>		Autacoid & NSAIDs	= 02 hours	
• Review of Cholinergic &	= 02 hours	• Chemotherapy for specific infections:		
Anticholinergic drugs		Shigellosis, Enteric fever, ARIs, UTIs,	= 04 hours	
• Revives of Adrenergic&	= 02 hours	malaria, tuberculosis, fungal infections		
Antiadrenergic drug	= 04 hours	• RUM: Principles of Rational prescribing &	= 02 hours	
• Drugs acting on Renal & CVS		means to resist pressure for irrational		
Review on Endocrine drug	= 04 hours	prescribing Essential Drug Concept		
• Drugs for Bronchial asthma,	= 04 hours			
PUD, Anemia	- U4 HUUI S			

## **Pathology**

#### Goal:

The goal of teaching pathology to the undergraduate students is to provide comprehensive knowledge of the cause and mechanism of disease, in order to enable them to achieve complete understanding of the clinical manifestation and natural history of the disease.

#### **Departmental Objectives**

After completion of pathology course, undergraduate medical students will be able to:

- Explain basic mechanism of diseases: Etiology, pathogenesis, morphological changes with emphasis on common diseases prevalent in Bangladesh.
- Co-relate between clinical findings and pathological changes.
- Chalk out simple investigation plan for diagnosis and follow up of diseases.
- Interpret laboratory results and understand their implication.
- Demonstrate knowledge about the use of Histopathology, FNAC, Cytological examination, Pap smear, Frozen section and Immuno-histochemistry
- Develop attitude for further learning of the subject.
- Develop skills to perform
  - TC, DC, Eosinophil count, estimation of Hb% and ESR
  - Semen analysis
  - Routine examination of Urine
  - Microscopic examination of body fluids
  - CSF examination
  - Writing a requisition form for histo-pathological and cytological examination

#### **List of Competencies to acquire:**

- 1. Writing a histo-pathological requisition form
- 2. Preservation of surgical specimens in Upozila health complexes and district hospitals and preparation of fixative for surgical specimens in 10% formalin
- 3. Sending of surgical specimens from Upozila health complexes and district hospitals to nearby medical college and larger hospitals where histopathology service is available
- 4. Collection of Paps' smear/ FNAC from superficial mass lesions
- 5. Preservation of cyto-pathological smears
- 6. Sending of cytopathology specimens from Upozila health complexes and district hospitals to nearby medical college and larger hospitals where histopathology and cytopathology service is available
- 7. Preservation of surgical specimens for immunohistochemistry and immunoflorescence
- 8. Writing a requisition form for immunohistochemistry or immunoflorescence examination
- 9. Determination of Hb%, ESR, TC & DC of WBC, total count of eosinophil, BT and CT, preparation of stain and comment on PBF.
- 10. Performing routine urinary examination at health complexes
- 11. Handling and maintenance of Microscope

- 12. Performing semen analysis
- 13. Performing microscopic examination of fluid-CSF
- 14. Interpretation of pathology reports and data
- 15. Writing advice for pathological investigations

### Distribution of teaching - learning hours and days

Lecture	Tutorial	Practical	Total Teaching hours	Formative Exam		Summativ	e exam
				Preparatory leave	Exam time	Preparator y leave	Exam time
100 hrs	100 hrs	28 hrs	228 hrs	10 days	15 days	10 days	20 days

(Time for exam. preparatory leave and formative & summative assessment is common for all subjects of the phase)

### Teaching-learning methods, teaching aids and evaluation

	<b>Teaching Methods</b>		Teaching aids	In course evaluation	
Large	Small	Self	Others		
group	group	learning			
				Computer & Multimedia	
Lecture	Tutorial	Assignment,	Integrated	Chalk & board	• Item
	Practical	Self study	Teaching	White board & markers	Examination
				OHP	<ul> <li>Card final</li> </ul>
				Slide projector	(written)
				Flip Chart	<ul> <li>Term final</li> </ul>
				Models	(written, oral+
				Specimens	practical)
				Projector	, ,
				Study guide & manuals. etc.	

#### 3<sup>rd</sup> Professional Examination:

#### Marks distribution of Assessment of Pathology:

Total marks - 300

- Written=100 (MCQ 20+SAQ 70+formative Assessment Marks 10)
- Structured oral examination= 100
- Practical and OSPE =100

#### **Related Equipments:**

Bino-ocular and teaching microscope, Microscope with projection, (magnified) system, Centrifuge machine, Colorimeter, Spectrophotometer, Auto-analyser, Incubator, Balance, Water bath, Cell Counter, Autoclave, Computer, Electrolyte and gas analyzer, Elisa reader, Haemocytometer, haemometer, Westergren ESR tube, ESR stand etc.

## **Learning Objectives and Course Contents in Pathology**

## **Group I- General Pathology**

Learning Objectives	Contents	Teaching hours
Introduction to pathology: Students will be able to  define pathology and its different branches define aetiology, pathogenesis and morphology  Cell injury: Student will be able to: define reversible and irreversible injury. identify the causes of cell injury. describe the mechanisms of reversible and irreversible injury. define cellular swelling and fatty change. define necrosis and apoptosis. describe types of necrosis and cite examples. describe the morphological changes in necrosis and apoptosis. describe the mechanism of different types of necrosis including gangrene describe clinical effects of tissue necrosis.	Introduction to pathology: Core: Introduction to different branches of pathology Definition of aetiology, morphology and pathogenesis  Cell injury: Core: Cause of cell injury Reversible and irreversible injury: mechanism Mechanism of hypoxic injury Name of free radical, target of free radical and scavenging system (name of the anti-oxidant), definition of reperfusion injury Definition of necrosis and apoptosis, types of necrosis and feature with examples  Additional: Mechanism of free radical injury and reperfusion injury, apoptosis Consequences of mitochondrial dysfunction and loss of calcium homeostasis	L = 1  T = 1  P = 0 $L = 2,3,4  T = 2,3  P = 0$
Pigments and calcification Students will be able to:  ■ Define Hyaline changes, pathological calcification, Intracellular accumulation.	Pigments and calcification Core:  Pathological calcification- dystrophic and metastatic: definitions with examples.  Different intracellular pigmentation particularly their name Additional: Mechanism of calcification	L = 5 T = 3

Learning Objectives	Contents	Teaching hours
Acute Inflammation Student will be able to:  define inflammations  describe the sequence of vascular changes  define exudates and transudate and their mechanism of formation  describe the acute inflammatory cells and their functions.  name the various types of chemical mediators and their role  describe morphological types of inflammation  describe the local and general clinical features of acute inflammation  explain the local and general body response in acute inflammation  list the hazards and complications of acute inflammation.  explain the various fates of acute inflammation	<ul> <li>Acute Inflammation</li> <li>Core: <ul> <li>Causes and cardinal signs or features of acute inflammation;</li> <li>Vascular and cellular events Chemical mediators and their function</li> <li>Morphological patterns of acute inflammation</li> <li>Out come of acute inflammation</li> <li>Local and systemic effect of acute inflammation</li> </ul> </li> <li>Additional: <ul> <li>Recruitment of leukocytes</li> <li>Role of complement, coagulation and kinin system</li> <li>Mechanism of neutrophil recruitment</li> <li>Recognition of microbes and dead tissue</li> <li>Defects in leukocyte function</li> <li>How the chemical mediator works</li> </ul> </li> </ul>	L = 6,7,8,9 T = 4,5 P = 1
Chronic inflammation: Student will be able to: define chronic Inflammation describe the characteristic features and types of chronic Inflammation define granuloma mention a etiological classification of granuloma with example describe the morphological features of tubercular granuloma describe clinical implications of chronic inflammations.	Chronic inflammation: Core:  Cause Difference with acute inflammation Role of macrophage Examples of granulomatous lesion Type of granuloma  Additional:	L = 10 T = 6 P = 1

Learning Objectives	Contents	Teaching hours
Repair and healing: Student will be able to: Define healing, repair and regeneration Describe the mechanisms of primary and secondary wound healing Distinguish the differences between healing by first and secondary intention List the local and general factors influencing healing List the complications of wound healing	Repair and healing: Core: Definition of healing, repair and regeneration Steps of cutaneous wound healing, Factors influencing wound healing Complications of wound healing, Fracture healing Nerve regeneration Additional: Stem cell Growth cycle Extracellular matrix	L = 11,12 T = 6
Edema and electrolyte disorder Student will be able to:  define oedema and classify oedema describe the pathogenesis and mechanism of inflammatory and noninflammatory oedema describe various types of clinical oedema a) Cardiac b) Hepatic, c) Renal, d) Pulmonary, e) Nutritional explain the clinical significance of oedema	Edema and electrolyte disorder Core:  Pathophysiology of oedema  Mechanism of oedema in cirrhosis, renal disease and heart failure  Examination of body fluids such as pleural effusion, ascitic fluid  Electrolyte disorder: causes of metabolic acidosis, metabolic alkalosis, respiratory acidosis & respiratory alkalosis  Additional:	L = 13, 14 T = 7
Student will be able to:  define hyperaemia, congestion and hemorrhage describe different types of hemorrhage and effects of acute and chronic haemorrhage explain the mechanism of hyperaemia and congestion describe the tissue changes of passive venous congestion of liver and lung. define shock list the different types of shock describe the pathophysiology of shock with its various stages.	Hyperemia, congestion and haemorrhage and Shock Core:  Definition of hyperaemia, congestion and haemorrhage Cause of passive Congestion in lung and liver Shock: type, pathogenesis of septic shock, stages  Additional: Morphology of passive congestion in lung and liver Mechanism of compensation in shock	L = 15,16 T = 8,9

Learning Objectives	Contents	Teaching hours
Thrombosis and embolism: Student will be able to:  define thrombosis and thrombus describe the pathogenesis of thrombosis describe morphology of thrombus, difference with post mortem clot list the effects of thrombi, DIC list the fate of a thrombus	Thrombosis and embolism: Core:  • Mechanism of thrombosis  • fate of thrombus,  • Clinical consequence of venous thrombosis, arterial and cardiac thrombosis  • DIC	L = 17 T = 10
Embolism and infarction Student will be able to:      define embolism     list types of emboli     describe the pathogenesis of pulmonary and systemic embolism and their effects     list the fates of emboli     define infarct and infarction     describe the pathogenesis of infarction     list different types and common sties of infarct     describe morphological changes and fate of an infarct	Embolism and infarction Core:  Definition of embolism Pulmonary embolism: source and consequence Systemic thromboembolism: source and consequence Air embolism, fat embolism, amniotic fluid embolism: source and consequence Infarct: definition, types, factors influencing the formation of infarct	L = 18 T = 10
Growth disturbance and adaptive change Student will be able to:  define cellular adaptation list the different types of cellular adaptations describe the pathogenesis and morphological features of different types of cellular adaptations.	Growth disturbance and adaptive change Core:  • Adaptive change  • Definitions and examples of atrophy, metaplasia, hypertrophy, hyperplasia  Additional: Mechanism of the adaptive changes	L = 19 T = 11 P = 2

Learning Objectives	Contents	Teaching hours
Neoplasia Student will be able to:  define neoplasia and different tumor like conditions  classify tumors  list the characteristic features of benign and malignant tumors  list the characteristic features of carcinoma and sarcoma  describe the mechanism of spread of malignant tumors  classify & enlist the different carcinogens.  describe the parameters required for grading and staging of malignant tumors  describe the significance of grading and staging  list the precancerous conditions  explain the difference between invasive carcinoma, carcinoma in situ, locally malignant tumors, latent cancer and dormant cancer.  list clinical effects of neoplasia.  list the various methods in the laboratory for diagnosis of cancer.  describe briefly principles of histo-pathological examination, cytological examination, tumor markers and immunocyto/histochemistry.	Neoplasia Core:  Definition and characteristics of neoplasia Nomenclature Features of benign and malignant tumour Spread of tumour Genetic predisposition of cancer Example of proto-oncogene, cancer suppressor gene Precancerous conditions  Additional: Molecular basis of cancer Multiple step of carcinogenesis,	L = 20,21,22,23 T = 12,13 P = 3,4,5
Carcinogenesis Student must be able to  I ist the major chemical carcinogens, radiant carcinogens and biological carcinogens  explain the initiation and promotion of carcinogenesis.	Carcinogenesis Core:	L = 24, 25, T = 14

Learning Objectives	Contents	Teaching hours
Tumor immunity and clinical aspects of neoplasia and laboratory diagnosis of tumor Student will be able to:	Tumor immunity and clinical aspects of neoplasia and laboratory diagnosis of tumor  Core:  Tumor antigen Antitumor mechanism Immune surveillance Cancer cachexia Paraneoplastic syndrome Grading and staging of tumor: basis and their use Laboratory diagnosis: role of FNAC, cytological examination, pap smear, frozen section and immunohistochemistry  Additional: Mechanism of immune surveillance Praraneoplastic syndrome Molecular diagnosis of cancer	L = 26 T = 14
Genetics Student will be able to:  • explain the basic concepts of inheritance.  • classify the different genetic disorders.  •	Genetics Core:  Basic definitions, mutation, type, Classification of genetic disease, Mendelian disorder: characteristics and examples, karyotype, features of down syndrome, turner syndrome and Klinefelter syndrome and hermaphrodite Name of the tools for diagnosis of genetic disease Additional: Biochemical and molecular basis of single gene disorder, lysosomal storage disease Single gene disorder non-classical inheritance Indications of prenatal diagnosis	L = 27,28 T = 15

Learning Objectives	Contents	Teaching hours
Immunopathology Student will be able to:  Describe the basic mechanism of immunological disorders — hypersensitivity, autoimmune disease, immunodeficiency	Immunopathology Core:  Name of immune deficiency diseases  Autoimmune diseases: name of the organ specific auto immune diseases and the basic pathogenesis (name of the antibody)	L = 29, 30 T = 16
Infectious Disease Student will be able to:  Describe & classify the diseases caused by environmental hazards and infectious disease	Infectious Disease Core: • Lesions produced by tuberculosis, leprosy and syphilis	L = 31 T = 16
Nutritional disorders Student will be able to:  • define and briefly describe PEM, Kwashiorkor, Marasmus & vitamin deficiencies with their clinical consequence	Nutritional disorders Core:  Bone changes in deficiency states Features of vitamin A, Vit B <sub>12</sub> and folic acid deficiency  Additional: Iron metabolism Vitamin A and D metabolism Vitamin B <sub>12</sub> and folic acid deficiency mechanism	L = 32,33 T = 17
Environmental diseases and hazards Student will be able to:  describe and classify the diseases cost by environmental hazards	Environmental diseases and hazards Core:  Diseases associated with smoking, arsenicosis, radiation hazard	L = 34,35 T = 18

Total teaching hour in General Pathology Lecture: 35

**Tutorial:**  $18 \times 2 = 36$ **Practical:**  $05 \times 1 = 05$ 

Total teaching hours of General Pathology = 76 hours

## **Group II- Systemic Pathology**

Learning Objectives	Contents	Teaching
Blood vessels Student will be able to:  define arteriosclerosis and atherosclerosis list the risk factors and discuss the pathogenesis of atherosclerosis list the sites of involvement of atherosclerosis.  describe the complications of atherosclerosis.	Blood vessels     Core:         Name of different vasculitis, and vascular tumor,     Core:         Define arteriosclerosis and atherosclerosis, aneurysm and dissection,         Risk factors of atherosclerosis, site of involvement and complications         Lipid profile     Additional: Pathogenesis of atherosclerosis	hours  L = 1.2  T = 1
<ul> <li>Heart</li> <li>define ischaemic heart disease and describe the types.</li> <li>describe the pathogenesis of ischaemic heart disease.</li> <li>describe the morphological features of myocardial infarction.</li> <li>describe the haematological and biochemical changes in myocardial infarction.</li> <li>define rheumatic heart disease.</li> <li>describe the pathogenesis and morphology of rheumatic heart disease.</li> <li>define infective endocarditis.</li> <li>define the aetiology and types of infective endocarditis.</li> <li>define hypertension and list the causes of essential and secondary hypertension.</li> <li>discuss the pathogenesis and describe the vascular changes in hypertension.</li> </ul>	2. Heart  Must know  Ischemic heart disease and myocardial infarction: pathogenesis, morphological features and biochemical indicators, complications  Rheumatic fever: pathogenesis, morphology and complications  Infective endocarditis: pathogenesis, morphology and complications  Causes of myocarditis, pericarditis  Additional:  Names of congenital heart disease.	L = 3,4,5,6 T = 2,3

Lymphoreticular	3. Lymphoreticular	L = 7.8
Student will be able to:	Core:	T=4
• list the causes of lymphadenitis and describe the morphological	Causes of lymphadenopathy, Outline of classification of NHL	P = 1
features.	Hodgkin and non-Hodgkin lymphomas : Classification, morphology	
classify Hodgkin and non-Hodgkin lymphomas.	Additional:	
describe the morphological features of Hodgkin's and non-Hodgkin	Immune diagnosis of Hodgkin lymphoma	
lymphoma and correlate with clinical course.	Burkitt lymphoma: morphology	
	Follicular lymphoma: morphology	
	Causes of splenomegaly	

Learning Objectives	Contents	Teaching
		hours
Student will be able to:	4. Hematopathology	
• describe main findings in a peripheral blood film.	Core:	
state the indications of bone marrow examination and describe	Hematopoiesis, different stages of RBC and WBC	L = 9-18
normal bone marrow findings.	Causes of Leukocytosis, leucopenia, eosinophilia, monocytosis and	T = 5-12
• state normal haemoglobin level with age & sex variations and red cell	thrombocytopenia	P = 2,3,4,5
indices (MCV, MCH, MCHC)	Anemia: morphological and etiological classification	
define and classify anaemia based on morphology and aetiology	Lab. diagnosis of nutritional anemia, iron deficiency anemia,	
list the causes of iron deficiency anaemia and state the laboratory	megaloblastic anemia, pernicious anemia	
investigations.	Hemolytic anemia: classification	
list the causes of megaloblastic anaemia and other conditions that	Thalassemia and sickle cell anemia: lab diagnosis	
leads to macrocytosis.	Aplastic anemia: etiology and lab diagnosis	
describe laboratory investigations for megaloblastic anaemia	PNH, AIHA, Coombs test	
classify haemolytic anaemia.	Classification of bleeding disorder	
describe the findings on peripheral blood film and list further	ITP: causes and lab diagnosis	
investigations to identify its aetiology.	Hemophilia: causes and lab. investigation	
list different types of haemoglobino-pathies and thalassaemia	Leukemia: classification and lab.diagnosis	
• describe the pathogenesis of sickle cell anaemia and thalassaemia.	• CGL	
list the causes of pancytopenia and describe peripheral blood film	Multiple myeloma: lab. Diagnosis	
findings and bonemarrow findings of aplastic anaemia.	Additional:	
list the causes of haemorrhagic disorders and interpret its screening	Constituents of blood and bone marrow	
lists.	Polycythemia	
discuss haemophilia and ITP		
define leukaemia, classify leukaemia and describe peripheral blood	Blood Group and blood transfusion	
film and bone marrow findings in different leukaemias.	Core:	L = 19,20
explain leukaemoid reactions.	Blood transfusion: grouping and cross matching, transfusion	T = 13,14
• define polycythemia and classify it.	reaction, blood transmissible disease, Rh incompatibility, Blood	
define paraproteinaemia and describe the laboratory investigations of	products	
multiple myeloma		

Learning Objectives	Contents	Teaching
		hours
Respiratory System	5. Respiratory System	L = 21-26
Student will be able to:	Core:	T = 15-16
mention the common inflammatory lung diseases.	Cause of Pulmonary oedema	P = 6
• define and describe the different types of pneumonia, tuberculosis and lung abscess.	<ul> <li>Define: ARDS, obstructive pulmonary disease and pneumoconiosis</li> </ul>	
list the causes and describe the pathogenesis of pneumonia,	<ul> <li>Morphology of obstructive airway disease</li> </ul>	
tuberculosis and lung abscess.	<ul> <li>Pathogenesis and morphology of Pneumonia</li> </ul>	
describe the morphology and enlist the complication of pneumonia,	<ul> <li>Lung abscess: pathogenesis and morphology</li> </ul>	
tuberculosis and lung abscess.	<ul> <li>Pulmonary tuberculosis: pathogenesis, morphology, fate</li> </ul>	
appreciate the clinical course and correlate it with the morphological	<ul> <li>Cause of pleural effusion</li> </ul>	
features.	Classification of lung tumor	
define the different types of chronic obstructive airway diseases.		
describe the pathogenesis, morphological and clinical features of	Additional:	
COPD.	<ul> <li>Congenital anomalies</li> </ul>	
classify lung tumours and describe aetiology and pathogenesis.	• Pathogenesis of obstructive airway disease, name of the	
describe the morphological features and clinical course of common	granulomatous lesion of lung	
lung tumour.	<ul> <li>Defense mechanism of lung</li> </ul>	
• list the causes of pleuritis and describe the various types of pleural	<ul> <li>Definition of restrictive disease</li> </ul>	
effusion.	Morphology and clinical effect of lung tumor	

Learning Objectives	Contents	Teaching
		hours
GIT	6. GIT	L = 27-34
Student will be able to:	Core:	T = 19-21
define and list the causes of oral ulcer and leucoplakia	Leukoplakia, , name of the carcinoma of oral cavity	P = 7
• list the precancerous, benign and malignant tumour of the oral cavity	Salivary gland tumor, morphology of pleomorphic adenoma	
and identify the predisposing factors.	Oesophagus:causes of oesophagitis, Barretts oesophagus	
classify histologically benign and malignant tumours of salivary	Congenital anomalies of GIT – morphology of Hirschprung	
glands.	disease and hypertrophic pyloric stenosis	
• list the tumours of oesophagus and describe their morphological	PU: pathogenesis, morphology, complications	
features.	Inflammatory bowel syndrome, difference between crohns and	
• list the causes of acute and chronic gastritis.	ulcerative colitis	
define peptic ulcer and describe its pathogenesis, morphological	Tumors of stomach	
features and clinical course.	Gastric cancer: morphology and etiopathogenesis	
• list the various types of benign and malignant tumours of stomach and	Acute appendicitis Morphology	
identify the predisposing factors for gastric carcinoma.	Ca colon: morphology and etiopathogenesis	
list the causes of acute appendicitis describe the morphological	Name of the different polyp of GIT	
features and correlate with its clinical course.		
• name ulcero inflam matory diseas0es involving intestine.	Additional:	
differentiate ulcerative colitis from crohn's disease.	Pathogenesis of IBD	
• list the different types of polyp, benign and malignant tumour of	Diverticulosis	
intestine.	Infarction	
	Necrotizing enterocolitis	
	Ulcerative lesion of GIT	

Learning Objectives	Contents	Teaching hours
Hepato biliary system  Student will be able to:  Ilist the causes of hepatitis.  describe the various types of viral hepatitis and explain their modes of transmission and state their clinical outcome.  list the causes and describe the morphological features of liver abscess.  list the causes, pathogenesis and complications of cirrhosis.  lescribe the morphology of cirrhosis and correlate it with clinical features.  list the different types of benign and malignant tumours of liver and describe briefly the epidemiology.  identify the risk factors, describe the pathogenesis, morphological features and complications of cholelithiasis.  list the tumours of gall bladder.	7. Hepato biliary system  Core:  Liver function tests & their interpretation Jaundice: types, differences Hepatitis: cause, morphology Cirrhosis: etiology, pathogenesis, morphology and complication Portal hypertension and hepatic failure: feature Liver abscess: morphological features Tumor of liver: types Cholecystitis and cholelithiasis: etiology, pathogenesis, Additional: Neonatal jaundice Diseases of exocrine pancreas Hepatic Cysts	L = 35-40 T = 22-24 P = 7

Learning Objectives	Contents	Teaching hours
<ul> <li>Renal system</li> <li>Student will be able to:</li> <li>classify glomerular diseases.</li> <li>list clinical manifestations of renal diseases. describe briefly aetiology, pathogenesis and clinical course of acute and chronic glomerulonephritis.</li> <li>define nephrotic syndrome, list its causes and describe the pathophysiology.</li> <li>define pyelonephritis, list the causes, describe the morphological features, and clinical course of acute and chronic pyelonephritis.</li> <li>define and list the causes of acute renal failure and discuss briefly its clinical course.</li> <li>list the different types of renal tumours and discuss briefly the morphological features.</li> <li>discuss briefly uropathy and renal calculi.</li> <li>describe different types of cystitis.</li> <li>list the different types of urinary bladder tumour, describe its pathogenesis and morphological features.</li> </ul>	<ul> <li>8. Renal system Core: <ul> <li>Classification of renal disease and their clinical manifestation</li> <li>Renal function test including examination of urine</li> <li>Immune basis of glomerulonephritis</li> <li>Classification of glomerulonephritis:</li> <li>Acute post streptococcal glomerulonephritis: etiopathogenesis, morphology, complications</li> <li>Nephrotic syndrome: definition, causes</li> <li>Pyelonephritis:etiopathogenesis, morphology and complications</li> <li>Renal tumour: different types</li> <li>Renal cell carcinoma</li> <li>Urinary bladder tumor: different types</li> </ul> </li> <li>Additional: <ul> <li>Congenital disease of kidney</li> <li>Polycystic kidney disease</li> <li>Urolithiasis: Types</li> <li>Morphology of renal cell carcinoma</li> <li>Morphology of different types of cystitis</li> </ul> </li> </ul>	L = 41-46 T = 25-28 P = 8,9
<ul> <li>Male genital system</li> <li>Student will be able to:</li> <li>describe types and causes of prostatitis.</li> <li>outline epidemiology, pathogenesis and morphological features of nodular hyperplasia.</li> <li>describe types of pathology and methods of diagnosis of prostatic carcinoma</li> <li>list the causes of orchitis and epididymitis.</li> <li>classify testicular tumours and describe their morphological features and prognosis.</li> </ul>	<ul> <li>9. Male genital system</li> <li>Core:</li> <li>Prostate: causes of prostatitis</li> <li>Aetiopathogenesis and morphology of nodular hyperplasia</li> <li>Role of PSA in prostatic carcinoma</li> <li>Testis</li> <li>Undescended testis: importance</li> <li>Inflammatory diseases of testis</li> <li>Testicular tumor: classification and clinical outcome</li> <li>Morphology of seminoma, yolk sac tumor and embryonal carcinoma</li> <li>Tumour markers for testicular tumors</li> <li>Semen analysis</li> </ul>	L = 47-49 T = 39-30 P = 10

Learning Objectives	Contents	Teaching hours
<ul> <li>Female genital system</li> <li>Student will be able to:</li> <li>list the causes of cervicitis and discuss briefly non-neoplastic lesions of cervix.</li> <li>identify the risk factor for cervical carcinoma, discuss briefly the precancerous, and cancerous lesions of cervix and methods of diagnosis.</li> <li>list the causes of endometriosis and discuss briefly neoplastic and non-neoplastic lesions of uterus.</li> <li>list the non-neoplastic cysts of ovary.</li> <li>describe ovarian tumours and describe briefly morphological features and clinical course of common tumour.</li> <li>list the gestational trophoblastic tumours, name the type of hydatidiform mole, describe the morphological features and methods of diagnosis of hydatidiform mole.</li> <li>identify the predisposing factors and discuss the morphological changes and prognosis of Choriocarcinoma.</li> </ul>	<ul> <li>10. Female genital system</li> <li>Core: <ul> <li>Causes of cervicitis, salpingitis</li> <li>Risk factors of cervical cancer</li> <li>Role of human papilloma virus –screening for cervical cancer</li> <li>Different histological types of cervical cancer</li> <li>Endometriosis: possible mechanism, sites and effect of endometriosis</li> </ul> </li> <li>Common tumor of the corpus of uterus: morphology of leiomyoma,</li> <li>Endometrial hyperplasia: different types, their morphology and importance</li> <li>Classification of ovarian tumor and role of tumor marker</li> <li>Morphology of teratoma, dysgerminoma, choriocarcinoma and the different surface epithelial tumor, Krukenberg tumor</li> <li>Hydatidiform mole and choriocarcinoma predisposing factors, morphology and diagnosis</li> <li>Pregnancy test</li> </ul>	L = 50 -54 T =31-32 P = 10,11
Breast Students will be able to:  Ist the inflammatory diseases of breast.  describe the epidemiology, types and biological importance of fibrocystic disease.  list the benign and malignant tumours of breast, classify malignant breast tumour and discuss the risk factors.	<ul> <li>11. Breast</li> <li>Core: <ul> <li>Name of the different inflammatory diseases of breast, cause of lump of breast</li> <li>Fibrocystic disease: different types and their importance</li> <li>Classification of breast tumor</li> <li>Breast carcinoma: risk factors and the prognostic factors</li> <li>Screening of breast carcinoma</li> </ul> </li> </ul>	L = 55-57 T = 33 P = 11

Learning Objectives	Contents	Teaching hours
<ul> <li>Endocrine system—thyroid and endocrine pancreas diabetis mellitus Students will be able to: <ul> <li>list the causes of thyroiditis and describe briefly Hashimotos thyroiditis.</li> <li>discuss pathogenesis and clinical course of diffuse and multinodular goitre.</li> <li>describe the morphological features of goitre.</li> <li>list the benign and malignant tumors of thyroid.</li> <li>describe the morphological features of papillary, follicular carcinoma and the prognosis of thyroid tumors.</li> <li>types of diabetes mellitus, pathogenesis, diagnosis and complications</li> </ul> </li></ul>	<ul> <li>12. Endocrine system—thyroid and endocrine pancreas diabetes mellitus</li> <li>Core: <ul> <li>Causes of goiter, name of the different auto immune disease of thyroid</li> <li>Thyroiditis: types and morphology</li> <li>Different types of thyroid tumor, their morphology and prognosis</li> <li>Diabetes mellitus: different types, pathogenesis, and complications</li> <li>Estimation of blood sugar</li> <li>Glucose tolerance test and its interpretation</li> </ul> </li> <li>Additional: Mechanism of ketoacidosis</li> </ul>	L = 58-61 T = 34, 35 P = 12
Student will be able to:  define the terms used in dermatology list common papulo-squamous and visicobullous diseases of skin.  list the benign, premalignant and malignant epidermal tumors describe briefly the morphological features of squamous cell carcinoma, basal cell carcinoma, malignant melanoma	<ul> <li>13. Skin Core:</li> <li>Terms used in dermatology</li> <li>Cause of bullous lesions</li> <li>Name of premalignant and malignant lesions of skin</li> <li>Basal cell carcinoma, malignant melanoma and squamous cell carcinoma: morphology</li> </ul>	L = 62 T = 36 P = 13
Student will be able to:  Iist the course of acute and chronic meningitis and encephalitis and describe CSF findings in different types of meningitis.  Iist the benign and malignant tumors of central nervous system and peripheral nerve sheath	<ul> <li>14. CNS     Core: <ul> <li>Indications of Examination of CSF and the findings in different types of meningitis</li> <li>Name of the CNS tumor</li> </ul> </li> <li>Additional: <ul> <li>Changes in cerebral infarction</li> </ul> </li> </ul>	L = 63 T = 36 P = 13

Learning Objectives Contents		Teaching hours
Student will be able to:	15. Bone, soft tissue, eye and ENT	L = 64,65
	Core:	T = 37
list the tumors of eye	Soft tissue tumor : names	P = 13
list the tumors of Nasal Cavity	Bone tumor : names and their histogenesis	
<ul> <li>classify the tumors of soft tissue</li> <li>Osteomyelitis: aetiopathogenesis, morphology</li> </ul>		
<ul> <li>describe the pathogenesis of sinusitis/ otitis media</li> <li>Name of the tumors of eye and nasal cavity</li> </ul>		
classify tumors of bone		
<ul> <li>describe causes &amp; pathogenesis of osteomyelitis</li> </ul>	Additional:	
list the disease skeletal muscle	<ul> <li>Morphology of retinoblastoma, giant cell tumor of bone, Ewings</li> </ul>	
	sarcoma,	

Total teaching hour in systemic pathology;

Lecture 65x1 = 65 hour Tutorial 37 x2 = 74 hour Practical 13 x1 = 13 hour Total = 152

## Contents of group I and group II

**Group I** will include all chapters of GP, fluid and electrolyte imbalance covering acid base balance, electrolyte disorders, CHO metabolic disorders, including hypo and hyperglycemia, lipid metabolic disorder, Cardiovascular system, lymphoreticular system and hematopathology, examination of body fluid, obesity.

**Group II,** will cover the systemic pathology and hematology. Different item of clinical pathology will be incorporated in the relevant chapter of systemic pathology, such as urine examination and KFT can be included in renal system, semen analysis in male genital system, LFT in HBS, CSF examination in CNS.

## **Class Performance record Card I**

SL	Name of Item	Full	Marks	Signature
No		Marks	Scored	Remarks
A. G	eneral Pathology			
1	Introduction and preservation and transportation of specimen and Tissue processing			
2	Reversible cell injury			
3	Irreversible cell injury			
4	Pigment and Calcification			
5	Acute inflammation (1)			
6	Acute inflammation (2)			
7	Chronic inflammation			
8	Repair and Healing			
9	Edema and electrolyte disorder (1)			
10	Edema and electrolyte disorder (2)			
11	Hyperemia, congestion, hemorrhage and shock			
12	Thrombosis			
13	Embolism and infarction			
14	Growth disturbance and adaptive change			
15	Neoplasia (1)			
16	Neoplasia (2)			
17	Carcinogenesis			
18	Tumor immunity, clinical aspect of neoplasia and laboratory			
	diagnosis of tumor			
19	Outline of genetics			
20	Immunopathology			
21	Infectious disease			
22	Nutritional disorders and childhood tumor			
	ystemic Pathology (1)			
23	Blood vessels – vasculitis, tumors and atherosclerosis, lipid			
	profile			
24	Ischemic heart disease and hypertensive heart disease,			
	cardiac enzymes			
25	Rheumatic heart disease, infective endocarditis,			
26	Myocarditis, pericarditis, cardiomyopathy and other			
27	Lymph Node—Lymphadenitis, Lymphoma			
28	Hematolymphoid i. Constituents of blood and bone marrow,			
	hematopoiesis, developmental stages of RBC and WBC,			
	causes of leukocytosis, eosinophilia, lymphocytosis, iron			
• 0	metabolism, RBC indices , PBF, DC, TC			
29	Hematolymphoid ii, RBC Anemia, classification, iron deficiency, folic acid and Vitamin B <sub>12</sub> , deficiency anaemia			
30	Hematolymphoid iii, Hemolytic anemia			
31	Hematolymphoid iv. Thallassemia and aplastic anemia			
32	Hematolymphoid Bleeding disorder (a)			
33	Hematolymphoid Leukemia (a)			
34	Hematolymphoid Practical Hb estimation, ESR			
35	Hematolymphoid Practical DC, TC and other			
36	Blood grouping			

## **Class Performance record Card II**

SL No	Name of Item	Full Marks	Marks Scored	Signature Remarks
S	Systemic Pathology (II)			
1	Respiratory system— Congenital anomalies, inflammatory disease,			
2	Respiratory system – Obstructive air way disease,			
3	Respiratory system–lung tumor and other diseases, pleural effusion			
4	Urinary system (i) renal function test, clinical presentation of renal disease, congenital disease			
5	Urinary system (i) Glomerular diseases			
6	Urinary system (ii)Tubular disease			
7	Urinary system ((iii) Renal tumors			
8	Urinary system –Examination of urine			
9	Diseases of urinary bladder			
10	GIT – Oral cavity, salivary gland, esophagus and peptic ulcer			
11	GIT – polyps of GIT and gastric carcinoma			
12	GIT – small intestine			
13	GIT – large gut			
14	Hepatobiliary – acute and chronic hepatitis, liver function test			
15	Hepato-biliary—Cirrhosis, portal hypertension, hepatic failure,			
16	Hepato-biliary— tumor			
17	Gall bladder			
18	MGS—testis, semen analysis			
19	MGS – Prostate			
20	FGS – cervix, ovary			
21	FGS – Corpus of uterus and placenta			
22	Breast—inflammatory and fibrocystic diseases			
23	Breast—benign and malignant tumor			
24	Endocrine – thyroid			
25	Endocrine – Diabetes mellitus			
26	Endocrine – Diabetes mellitus, GTT,			
27	GTT, Benedicts test			
28	Skin and CNS			
29	Bones and soft tissue—tumor, osteomyelitis			
30	Eye & ENT—tumor, sinusitis, otitis media			
30	An out line of autopsy  Tachniques in historythology, gross exemination			
31	Techniques in histopathology –gross examination			
32	Techniques in histopathology – FNAC, Pap smear Tissue processing			
34	Miscellaneous			
34	IVIISCEITAITEOUS			

## Microbiology

### **Departmental Objectives:**

Undergraduate medical students after completing the course on Microbiology will become well versed in the etiology of microbial diseases, their pathogenesis, immunological responses involved and some important clinical features that would enable them to plan and interpret necessary laboratory investigations for diagnosis, treatment and prevention. The department will provide teaching-learning experiences to achieve the following learning objectives.

#### KNOWLEDGE

At the end of the course, students will be able to:

- describe and understand the aetiopathogenesis of microbial agents such as bacteria, virus, parasite and fungi commonly prevalent in Bangladesh
- explain the host-parasite relationship, normal flora of the body, pathogens and opportunistic pathogens
- understand the principles and applications of immunology involved in the pathogenesis, diagnosis and prevention of microbial and immunological diseases.
- understand hospital acquired infection and its prevention
- understand the emerging and re-emerging microbial diseases in Bangladesh and their diagnosis, control and prevention
- understand antibiotic resistant pattern and selection of appropriate antibiotics and its rational use.

#### **SKILL:**

Students will be able to:

- plan necessary laboratory investigations selecting appropriate clinical samples at the right time, using the right method of their collection and interpret the results of these laboratory investigations to arrive at laboratory diagnosis of microbial and immunological diseases.
- perform simple laboratory tests available in Upazila Health Complex.
- carry out the techniques of asepsis, antisepsis and sterilization in day to day procedures.
- undertake universal precautions in laboratory and clinical practices.

#### **ATTITUDE:**

Students will be able to:

 demonstrate the attitude for further learning, research and continuing education for improvement of efficiency and skill in the subject.

#### **List of Competencies to acquire:**

After completion of graduation, an MBBS doctor is expected to achieve the following competency in the area of Microbiology. An MBBS graduate will be competent to:

- 1. perceive the etio-pathogenesis of diseases caused by microbes commonly prevalent in Bangladesh
- 2. proceed for diagnosing a case caused by microbes in terms of :
  - a. appropriate specimens necessary for diagnosis
  - b. timing of specimen collection and appropriate transport
  - c. appropriate diagnostic tests to advise
- 3. interpret the values of tests and the test results.
- 4. identify the basic problems of hospital acquired infection and its prevention
- 5. select appropriate antimicrobial agents for the treatment of common microbial diseases
- 6. use of antibiotics rationally
- 7. provide Counseling regarding vaccination against common diseases and chemoprophylaxis
- 8. appraise the need for research on common microbial diseases encountered in medical practice Note: Microbial diseases include: bacteria, parasites, viruses and fungi

### **Distribution of teaching - learning hours**

Lecture	Tutorial	Practical	Total Teaching	Formative Exam		Summa	tive exam
			hours	Preparatory leave	Exam time	Preparat ory leave	Exam time
100 hrs	45 hrs	45 hrs	190 hrs	10 days	15 days	10 days	15 days

(Time for exam. preparatory leave and formative & summative assessment is common for all subjects of the phase)

### Teaching-learning methods, teaching aids and evaluation

	Teaching Methods			Teaching aids	In course evaluation
Large group	Small group	Self learning	Others (integrated teaching)		
Lecture	Tutorial Practical	Assignment, Self study		Computer and Multimedia Bino-ocular and teaching microscope Microscope with projection (magnified) system Multimedia Overhead projector Slide projector , Fixed Learning Module (FLM) Tape slide Video Coloured charts Hand out White board /chalk board	<ul> <li>Item         Examination</li> <li>Card final</li> <li>Term         Examination</li> <li>Term final         (written, oral+         practical)</li> </ul>

### 3<sup>rd</sup> Professional Examination:

#### Marks distribution of Assessment of Microbiology:

#### Total marks - 300

- Written= 100 (MCQ 20+SAQ 70+formative Assessment Marks 10)
- Structured oral examination=100
- Practical =100 (OSPE-50+Traditional- 50)

#### **Related Equipments:**

Hot air oven, Bunsen burner, slide & cover slip, pipette, Micro pipette, Gram staining, Acid fast staining and other staining materials, different reagent, Bino-ocular and teaching microscope, Microscope with projection, (magnified) system, Centrifuge machine, Colorimeter, Spectrophotometer, Incubator, Balance, Water bath, Cell Counter, Autoclave, Computer, Electrolyte and gas analyzer, Elisa reader, Petri dish, media etc.

## Learning Objectives and Course Contents in Microbiology General Bacteriology

Learning Objectives	Contents	Teaching hours
Students will be able to:  describe historical background and outline the scope and importance of Microbiology in medical science.	CORE: Introduction of Microbiology:  Brief historical background Branches of Microbiology Concept of medical biotechnology in relation to Microbiology Importance and scope of microbiology in medical science.	L-1
<ul> <li>describe the prokaryotic and eukaryotic cells.</li> <li>describe different structures of bacterial cell and their functions.</li> <li>classify bacteria based on staining and morphology</li> <li>explain the theoretical basis of staining and clinical significance of certain staining including Gram and Z-N staining</li> </ul>	<ul> <li>Bacterial cell:</li> <li>Prokaryotic and Eukaryotic cells with examples</li> <li>Different structures of bacterial cell and their functions.</li> <li>Brief description of cell wall of Gram positive and Gram negative bacteria.</li> <li>Spores structure and clinical importance.</li> <li>L-forms, protoplast, spheroplast</li> <li>Bacterial classification and staining:</li> <li>Nomenclature</li> <li>Classification by staining and morphology.</li> <li>Staining- Theoretical basis and clinical significance of Gram and Z-N</li> <li>Practical on staining: Gram, Z-N staining</li> </ul>	L-2, T-1 L-1, T-1

NB: L = Lecture. T = Tutorial

Students will be able to:  • describe the general requirements of microbial growth • classify bacteriological media and describe their uses  • define sterilization, disinfection and antisepsis • describe certain methods of sterilization and disinfection, and outline their application • select appropriate method of sterilization in their clinical practice. • explain the mechanism of action of certain anti-microbial agents • select appropriate antimicrobial agents  • Sterilization and Disinfection: • Definition, classification and applications of sterilization, disinfection and antisepsis • Methods of sterilizations: details of autoclaving, hot air oven and chemical methods. • Sterilization of medical equipments: Critical. Semi-critical and non-critical devices • Disinfection body fluid spillage  Antimicrobial agents; • Definition of antibiotics, antimicrobial agents, bacteriostatic, bacteriocidal, synergism, antagonism, selective toxicity etc. • Mechanism of action on bacteria with examples • Drug resistance: origin, mechanism, transmission and prevention • Indication of combination of antibiotics in bacterial infection	Learning Objectives	Contents	Teaching
<ul> <li>describe the general requirements of microbial growth</li> <li>classify bacteriological media and describe their uses</li> <li>define sterilization, disinfection and antisepsis</li> <li>describe certain methods of sterilization and disinfection, and outline their application</li> <li>select appropriate method of sterilization in their clinical practice.</li> <li>explain the mechanism of action of certain anti-microbial agents</li> <li>select appropriate antimicrobial agents</li> <li>Methods of sterilizations: details of autoclaving, hot air oven and chemical methods.</li> <li>Sterilization of medical equipments: Critical. Semi-critical and non-critical devices</li> <li>Disinfection body fluid spillage         <ul> <li>Antimicrobial agents</li> <li>Definition of antibiotics, antimicrobial agents, bacteriostatic, bacteriocidal, synergism, antagonism, selective toxicity etc.</li> <li>Mechanism of action on bacteria with examples</li> <li>Drug resistance: origin, mechanism, transmission and prevention</li> </ul> </li> <li>Indication of combination of antibiotics in bacterial infection</li> </ul>			hours
Hazards of indiscriminate use of antibiotics	<ul> <li>describe the general requirements of microbial growth</li> <li>classify bacteriological media and describe their uses</li> <li>define sterilization, disinfection and antisepsis</li> <li>describe certain methods of sterilization and disinfection, and outline their application</li> <li>select appropriate method of sterilization in their clinical practice.</li> <li>explain the mechanism of action of certain anti-microbial agents</li> </ul>	<ul> <li>Nutritional requirement for the growth</li> <li>Growth curve: phases with clinical significance</li> <li>Common bacteriological media: classification and uses.</li> <li>Sterilization and Disinfection:</li> <li>Definition, classification and applications of sterilization, disinfection and antisepsis</li> <li>Methods of sterilizations: details of autoclaving, hot air oven and chemical methods.</li> <li>Sterilization of medical equipments: Critical. Semi-critical and non-critical devices</li> <li>Disinfection body fluid spillage</li> <li>Antimicrobial agents:</li> <li>Definition of antibiotics, antimicrobial agents, bacteriostatic, bacteriocidal, synergism, antagonism, selective toxicity etc.</li> <li>Mechanism of action on bacteria with examples</li> <li>Drug resistance: origin, mechanism, transmission and prevention</li> </ul>	L-2, T-2

## **Systemic Bacteriology**

Learning Objectives	Contents	Teaching hours
	CORE:	
describe the different aspects of host-parasite relationship differentiate between normal, opportunistic and pathogenic bacteria and explain their clinical importance.	Host-Parasite relationship:  Terms and Definitions. Parasite and Host attributes Normal flora, opportunistic pathogens and their clinical importance.	L-1
enumerate the virulence factors and explain their role in pathogenesis	<ul> <li>Pathogenesis of bacterial diseases:</li> <li>Transmission of bacterial agents.</li> <li>Koch's Postulates</li> <li>Virulence factors e.g. toxins, enzymes, invasiveness and their role in pathogenesis of diseases with some examples.</li> </ul>	L-1

Learning Objectives	Contents	Teaching hours
Student will be able to:  • enumerate the common bacterial agents in Bangladesh: describe epidemiology, their morphology, classification and important cultural characteristics  • mention their virulence factors and describe pathogenesis and brief clinical features.  • describe the laboratory diagnosis: selection, collection, transportation and preservation of clinical samples, laboratory tests and their interpretation	Staphylococci: S. aureus, S. epidermidis, S. saprophyticus.	L –2, T - 1
	Streptococci : Gr A and Streptococcus pneumoniae	L -2, T -2
	Neissreia: N. gonorrhoea, N. meningitides	L-1, T-1
	Corynebacterium diphtheriae	L –1
	Enterobacteriaceae: Classification, Salmonella, Shigella, and Esch. coli,	L –3, T - 2
	Vibrio cholerae	L-1, T-1
	Helicobacter <i>pylori</i>	L -1
	Mycobacterium: M. <i>tuberculosis</i> , Atypical mycrobacteria and M. <i>leprae</i> .	L –3, T - 2
	Anaerobic bacteria: Clostridium: Cl. tetani, Cl. botulinum, Cl. perfringens	L -3, T - 1
	Spirochaetes: Treponemma palladium	L-1, T-1
	Important characteristics and diseases produced by: Rickettssia	
	Haemophilus Influenza, Haemophilus ducrey, Mycoplasma, Chlamydia, ,	L-3, T - 2
	Nocardia, Actinomycetes species	
list the important characteristics and diseases produced by bacteria	<ul> <li>Additional:</li> <li>Strpt. Group B, D</li> <li>Klebsiella, Proteus , Pseudomonas: Ps. aeruginosa , Aeromonas, Plesiomonas, Campylobacter jejuni</li> <li>Bacteroides species</li> <li>Clostridium deficille</li> <li>Listeria</li> </ul>	L-2, T - 2

## Immunology

Learning Objectives	Contents	Teaching
		hours
	CORE:	
	1. Introduction:	L-1
Students will be able to:	Brief historical background	
explain the importance of history and role of	Basic concepts of immunity: types and components with examples.	
immunology in modern medicine	2. Immune system:	L-2, T-1
describe the basic components of immune	Organs, cells and soluble components	
system	3. Antigens and Immunogens:	L-1
explain the normal defense mechanism	Terms and definitions, criteria of immunogenicity, hapten, epitopes and their clinical	
mention the disorders of the immune system	significance.	
explain the immunological principles involved	4. Major histocompatibility complex (MHC/ HLA):	L-1
in different diagnostic tests	<ul> <li>Terms and definitions, types and distribution, clinical and biological significance.</li> </ul>	
	5. Immunoglobulins and Antibodies:	1 2 7 1
	<ul> <li>Terms and definitions, classification, structure, biological properties and functions.</li> </ul>	L-2, T-1
	6. Complements:	L-1
	<ul> <li>Terms and definitions, activation, biological functions and clinical significance.</li> </ul>	L-1
	7. Mechanisms of immune response :	L -1
	Antibody and cell mediated immune response.	L -1
	Primary and secondary immune response	
	8. Hypersensitivity:	L-2, T-1
	Terms and definitions, classifications, mechanisms, clinical significance with examples.	
	9. Transplantation and Tumour immunity:	L-2, T-1
	<ul> <li>Terms and definitions, types and outline of prevention of graft rejection.</li> </ul>	,
	<ul> <li>Tumour antigens, role in diagnosis and clinical significance.</li> </ul>	
	10. Autoimmunity:	L –1
	Terms and definitions, basic concepts	
		L -1
	<u> </u>	
		L -1
	Terms and definitions, types and applications in diagnostic medicine	L –1
	<ul> <li>Terms and definitions, basic concepts</li> <li>Immunodeficiency disorders and immunotherapy:         <ul> <li>Classification with examples</li> </ul> </li> <li>Agents of immunotherapy</li> <li>Immunodiagnostic tests         <ul> <li>Terms and definitions, types and applications in diagnostic medicine</li> </ul> </li> </ul>	L -1

### Parasitology

Learning Objectives	Contents					
Students will be able to:  • mention the important characteristics and epidemiology of common parasitic diseases  • describe pathogenesis  • list major complications and laboratory diagnosis of common parasites in Bangladesh.	CORE: Introduction: Introduction to parasitology, common parasitic diseases of Bangladesh, Terms and definitions, classifications of parasites according to habitate, Intestinal, luminal and free living protozoa: Entamoeba histolytica:  • Classification • Geographical distribution, morphology, disease, clinical features, pathogenesis, laboratory diagnosis  Giardia intestinalis and Trichomonas vaginalis: • Morphology, transmission, disease, clinical features, pathogenesis, laboratory diagnosis  Blood and Tissue Protozoa: Leishmania species: Leishmania donovani and PKDL: Geographical distribution morphology, lifecycle, disease, clinical features, pathogenesis laboratory diagnosis	L -2, T-1  L -2, T-1  L -1  L -2, T-1				

Learning Objectives	Contents	Teaching hours
	Plasmodium species: Epidemiology, morphology, lifecycle, disease, clinical features, pathogenesis, complications, laboratory diagnosis Cestodes and Trematodes:  Classify according to habitate with examples  Morphology, lifecycle, diseases, clinical features, pathogenesis, laboratory diagnosis of Taenia saginata and Taenia solium:  Echinococcus granulosus:  Morphology, lifecycle, disease, clinical features, pathogenesis and laboratory diagnosis Intestinal Nematodes:  Geographical distribution, morphology, lifecycle, disease, clinical features, pathogenesis, laboratory diagnosis of Ascaris lumbricoides, Hook worm, Trichuris trichiura, Enterobious vermicularis, Strongyloides stercoralis and larva migrans Tissue nematodes: Wuchareria bancrofti:  Morphology, lifecycle, disease (classical and occult filariasis, tropical pulmonary eosinophilia), clinical features, pathogenesis, complications, laboratory diagnosis	L -2, T-2 L -1 L -1 L -3, T- 2 L -2, T-1
	<ul> <li>Additional:</li> <li>1. Important characteristics and disease produced by: <ul> <li>Acanthemoeba and Negleria</li> <li>Toxoplasma gondii, Crytosporidium, Balantidium coli</li> <li>Hymenolepes nana, Diphylobothrium latum</li> <li>Trypanosoma</li> <li>Loa loa, Onchosercous volvulous</li> <li>Fasiolopsis buski, Faciola hepatica: habitate, disease, clinical features, laboratory diagnosis</li> </ul> </li> </ul>	L-2, T-2

### Virology

Learning Objectives	Contents	Teaching hours
Students will be able to:  differentiate the basic structure of virus from bacteria.  mention epidemiology, diseases, important clinical features, pathogenesis and laboratory diagnosis of common viral diseases  dentify the appropriate measures for prevention.	CORE:  1. General virology:  Introduction to virology, common viral diseases in Bangladesh.  Basic structure of virus  Outline of viral replication  Classification  Antiviral agents  Herpes viruses:  Classification, important characteristics, diseases, important clinical features, transmission, pathogenesis, complications, laboratory diagnosis and prevention  Thomas or the patitic viruses:  Important characteristics, diseases, important clinical features, transmission, pathogenesis, complications, laboratory diagnosis and prevention  Hepatitis viruses:  Classification, important characteristics, diseases, transmission, pathogenesis, complications, laboratory diagnosis and prevention  Classification, important characteristics, diseases, transmission, pathogenesis, complications, laboratory diagnosis and prevention	L-2, T-1  L-2, T-1  L-2, T-1  L-1, T-1

Learning Objectives	Contents	Teaching
		hours
	<ul> <li>Polio virus</li> <li>Important characteristics, diseases, transmission, pathogenesis, laboratory diagnosis</li> </ul>	L –1
	<ul><li>and prevention</li><li>Merits and demerits of oral and injectable polio vaccine</li></ul>	
	<ul> <li>6. Rabies virus:</li> <li>Important characteristics, diseases, transmission, pathogenesis, laboratory diagnosis and prevention, merits and demerits of different types of vaccines</li> </ul>	L -1 (+7)
	<ul> <li>7. Rota virus:</li> <li>Diseases, transmission, pathogenesis, laboratory diagnosis and prevention</li> <li>8. HIV:</li> </ul>	
	• Classification, important characteristics, diseases (AIDS), transmission, pathogenesis, laboratory diagnosis and prevention	L –1
	<ul> <li>Dengue</li> <li>Important characteristics, diseases (DHF, DSS), transmission, pathogenesis, laboratory diagnosis and prevention</li> </ul>	L-1
	10. Emerging viral diseases Avian flue, SARS, Nipah, Swine flue, etc.	L – 2 (+ 11)
	<ul> <li>Important characteristics of virus, important clinical features, transmission, pathogenesis, laboratory diagnosis and prevention</li> <li>Oncogenic virus</li> </ul>	
	Definitions, list of onchogenic viruses with their associated tumours	

## Mycology

Learning Objectives	Contents	Teaching hours
Students will be able to:  • describe morphology, medically important fungal agents and the diseases caused by them  • describe pathogenesis, important clinical features and laboratory diagnosis of superficial, cutaneous, subcutaneous and systemic mycosis	CORE:  1. Introduction:  • Introduction to Mycology, beneficial and detrimental effects, morphology, classification  • Difference between fungal and bacterial spores  2. Superficial and cutaneous mycoses:  • Aetiological agents and diseases  • Transmission and pathogenesis, laboratory diagnosis of Pityriasis versicolor, Dermatophytosis, Candidiasis.  3. Subcutaneous  • Aetiological agents and diseases  • Transmission and pathogenesis  • Laboratory diagnosis of Rhinosporiodiasis and Madura foot	L-1 L-2, T-1 L-1
	<ul> <li>4. Systemic mycoses (Primary and opportunistic):</li> <li>Aetiological agents and diseases</li> <li>Transmission and pathogenesis</li> <li>Laboratory diagnosis of histoplasmosis, cryptococcal meningitis, candidiasis</li> <li>Brief description of pneumocystis jerovici, fungus ball, mycotoxin</li> </ul>	L-2, T-1

### **Clinical Microbiology**

Learning Objectives	Contents	Teaching hours
Student will be able to:  • know organisms causing diseases, plan and select appropriate investigation for diagnosis  • interpret the findings of the investigations  • design appropriate steps for antimicrobial therapy and prevention	CORE:  1. Collection of samples, transportation and storage  2. Microbial diseases of Gastrointestinal and Hepatobiliary diseases and Food poisoning  3. Microbial diseases of Genito-Urinary system  4. Microbial diseases of upper and lower Respiratory Tract infections  5. Microbial diseases of CNS infection	_
	<ol> <li>Hospital Acquired Infections</li> <li>Microbial diseases of Bone and Soft Tissue infection</li> <li>Microbial diseases of Cardiovascular System</li> <li>Microbial diseases of eye, ear, nose and throat</li> <li>Pyrexia of unknown origin (Microbial cause with emphasis on blood culture).</li> </ol>	L-1 L-1 L-1 L-1, T-1 L-1, T-1

### **Practical**

Learning Objectives	Contents	Teaching hours
<ul> <li>Students will be able to:</li> <li>perform and interpret Gram's and Z-N stain.</li> <li>Observe the common bacteriological media with growth of <i>Staphylococcus aureus</i>, <i>Streptococcus pyogenes</i>, <i>Escherechia coli</i>, <i>Salmonella</i>, <i>Shigella</i>, <i>Klebsiella</i>, <i>Proteus and Pseudomonas</i></li> <li>Observe the drug sensitivity test of bacteria.</li> </ul>	<ol> <li>Gram's staining</li> <li>Z-N staining</li> <li>Demonstration of culture media namely Nutrient agar, Blood agar, Chocolate agar, MacConkey's agar, Lowenstein Jensen, Robertson's cooked meat media, Blood culture media, transport media (Carry-Blair/Stuart/Peptone water) with and without bacterial growth</li> </ol>	4 4 5 5
Students will be demonstrated:  • autoclave and Hot air oven.	4. Demonstration of colony morphology of common bacteria: <i>Staphylococci</i> , <i>Streptococcus</i> Lactose fermenters, Lactose nonfermenters, <i>Proteus</i> , <i>Pseudomonas</i> .	3
	5. Demonstration of inoculation, incubation (aerobic, CO2 and Anerobic condition) and plate reading.	2
	6. Demonstration of catalase, coagulase, and oxidase, TSI, MIU and Simmon's citrate tests	4
	7. Demonstration of in vitro antibiotic sensitivity test by disk diffusion method,	4
	8. Demonstration of sterilization by chemical agents autoclaving and hot air oven.	2

Learning Objectives	Contents	Teaching hours
<ul> <li>Students will be able to:</li> <li>prepare stool smear and examine under microscope</li> <li>observe cyst/trophozoites of intestinal and luminal protozoa namely Entamoeba histolytica, Giardia intestinalis, Trichomonas</li> <li>obsserve ova of <i>A. lumbricoides</i>, <i>T. trichiuria</i>, Hook worms</li> <li>observe pus cell, macrophage and RBC in stool sample</li> <li>examine blood slide under microscope for demonstration of Plasmodium species and microfilaria</li> <li>examine bone marrow smear for LD body</li> <li>Observe and interpret the results of immunological tests</li> <li>Observe pus cell and RBC in urine</li> </ul>	<ul> <li>Microscopic examination of stool for demonstration of cyst/trophozoites of protozoa, ova/larva of intestinal helminthes, pus cells, macrophage and RBC.</li> <li>Microscopic examination of urine for demonstration of epithelial cells, pus cells, RBC, etc.</li> <li>Examination of blood smear for demonstration of malarial parasites</li> <li>Examination of bone marrow smear for LD body</li> <li>Microscopic examination of Gram stain smear of throat swab, wound swab, urethral discharge.</li> <li>Microspic examination of Z-N smear of sputum for AFB</li> <li>Immunological tests: Demonstration and interpretation of Widal, RPR, ICT for HBsAg, Dengue and Plasmodium</li> <li>Microscopic examination of skin scrapping for demonstration of fungal elements (dermatophytes and candida)</li> </ul>	6 2 1 1 2 1 2 2

### Consolidated teaching hours for Microbiology

Subject	Theo	oretical	Practical	Total
	Lecture	Tutorial		
1. General Bacteriology	10	5	12	26
2. Systemic Bacteriology	23	15	02	41
3. Immunology	17	04	05	25
4. Parasitology	18	10	14	43
5. Virology	13	4	00	16
6. Mycology	6	2	2	10
7. Clinical Microbiology	13	5	10	29
Total	100	45	45	190

1 <sup>st</sup> 7	Term Allotted	time ( 92 Hour	s)	2 <sup>nd</sup> Term Allotted time (In 98 Hours)					
Subject	Lecture –	Tutorial-	Practical-	Subject	Lecture -	Tutorial –	Practical -		
	49 hours	24 hours	19 hours		51 hours	21 hours	26 hours		
General	9	05	12	Parasitology	19	10	14		
bacteriology									
Systemic	24	15	02	Virology	12	04	00		
Bacteriology									
Immunology	16	04	05	Mycology	06	02	02		
				Clinical Microbiology	14	05	10		

**Grand Total** = 92+98 = 190 hours

### **Academic Calendar for Microbiology**

	4th Year (In months)											
1	2	3	4	5	6	7	8	9	10	11	12	
Syste Bacte	eriology	7	Preparation + 1 <sup>st</sup> Internal Assessment	V M	asitolog irolog ycolog llinica robiol	y gy l	Preparation + 2nd Internal Assessment	Prepatory leave	3	Brd Profes Exan		

### There will be 2 (two) Cards

- 1. Item card 1: General Bacteriology, Systemic Bacteriology and Immunology
- 2. Item card 2: Parasitology, Virology, Mycology and Clinical Microbiology

### **Medicine & Allied Subjects**

#### **Departmental Objectives**

At the end of clinical postings in Medicine, the under graduate medical students will be able to:

- acquire appropriate knowledge, attitude and skill to become an effective doctor for the society
- elicit an appropriate clinical history, and physical findings, elucidate the clinical problems based on these and identify the means of solving the problems
- write requisition form for relevent laboratory tests and perform common bed side lab procedures, justify and interpret them
- outline the principles of management of various diseases considering the patient's socio-economic circumstances
- diagnose and manage medical emergencies
- recognize& provide competent initial care and refer complicated cases to secondary and tertiary care centres at appropriate time
- perform clinical procedures
- possess knowledge to consider the ethical and social implications of his/ her decision
- demonstrate the art of medicine involving communication, empathy and reassurance with patients
- develop an interest in care for all patients and evaluate each patient as a person in society
- have an open attitude to the newer developments in medicine to keep abreast of new knowledge
- learn how to adapt new ideas in situations where necessary
- learn to keep the clinical records for future references
- make them oriented to carry out clinical research in future

#### List of competencies to acquire

At the end of the course of Medicine the undergraduate medical students will be able to:

- diagnose and manage various common medical conditions prevalent in the community and give proper counselling to patients and relatives
- recognize & provide competent initial care and refer complicated cases to secondary and tertiary care centres at appropriate time
- diagnose and manage medical emergencies commonly encountered in hospital practice
- demonstrate the awareness of the need to keep abreast to new knowledge and techniques in medicine

Distribution of teaching - learning hours

Subject	Lecture (in hours)				Tutorial classes	Integrated teaching		cal (bearing), in	dside a weeks	Total weeks	Block posting	Formative Exam	Summative exam
	2 <sup>nd</sup> phase	3rd phase	4th phase	Total	Tutc	Inte	2 <sup>nd</sup> phase	3 <sup>rd</sup> phase	4th phase			days	days
Internal medicine	26	24	110	160	200	20 hrs.	14	06	12+2(OP D)	34	4	15 ys	15 'S
Psychiatry	-	-	20	20	-		-	03	-	03	weeks	s a	leave- 30 day
Dermatology	-	-	20	20	-		-	03	-	03		y le e -1	
Pediatrics	04	20	26	50	25		04	-	06	10		atory time	atory
Physical Medicine	-	-	05	05	-		-	02	-	02		Preparatory Exam time	Preparatory Exam time
Emergency	-	-	-	-	-	1	02			02		日日	互田
Total	30	44	181	255	225	20 hrs.	20	14	20	54	4 weeks		
Grand Total	500 hours							58 weeks		,	75	days	

Time for exam, preparatory leave, formative & summative assessment is common for all subjects of the phase

#### Teaching-learning methods, teaching aids and evaluation

Teaching Methods			Teaching aids	In course	
Large group	Small group	Self learning	Others		evaluation
Lecture Integrated Teaching	Bed side clinical teaching in ward, emergency room, OPD, Clinical teaching in CCU/ ICU. Clinical case presentation. Demonstration of Xray,CT scan,MRI,ECG,Instruments,Photos,Data etc. Practice in medical skill centre Practical Demonstration Writing case problem Practical Skills (Video)	Self-directed learning, assignment, self test/assesmen t	Integrated teaching, With other dept.	Laptop, Computer, OHP/ Multimedia presentation, Slide Projectors, Video, Slide, Dummy (Manikins), Model, Real patients, attendants, Simulation, Charts e.g. growth chart, IMCI Chart, Others e.g. ECG machine, X-ray, photographs, Black board, White board, Flow chart, X-rays, ECG Reports, Samples, Audio, Instrument, Photographs Reading materials o Modules & guidelines on different childhood /adult illnesses o Study guide o Books, journals	Item Examination Card final (written), Term Examination  Term final (written, OSPE,oral+ practical+ clinical)

#### **Final Professional Examination:**

#### Marks distribution:

**Total marks – 500** (Summative)

- Written = 200( MCQ-40+ SAQ -140+marks for formative assessment -20 =200)
- Oral and Clinical-(Oral 150+Clinical 100= 250)
- OSPE 50.

#### **Related Equipments:**

Stethescope, BP Machine, Hammer, Fluid bags, Blood bags, I.V sets & canula, Transfusion sets, Feeding tubes (Ryles tube, Catheter, airway, X-rays, ECG, Appliances, Water seal drainage bottle ESR tube. LP needle, BM needle, Tongue depressor etc

## **Learning Objectives and Course Contents in Medicine**

Learning Objectives	Contents	Teaching Hours
Students will be able to:  • value Doctor-Patients relationship	Introduction to General Medicine (to be covered in 3 <sup>rd</sup> year classes)	L- 24 hrs.
<ul> <li>define, differentiate, diagnose diseases</li> <li>demonstrate clinical skills required for history taking, physical care and laboratory tests, care for diagnosing a disease stepwise and participate in the management plan of a patient under doctor supervision</li> <li>differentiate clinically (History&amp;Physical examination)</li> </ul>	Overview of Medicine as a discipline and subject Learning Clinical Approach  1. Doctor- Patient Relationship, Medical Ethics, Patient's safety.  2. Communication Skills 3. Behavioural Science	4 hrs(1x4)
one DD from other.  • participate in patient education and counselling	Approach to common symptoms of disease:  General concept of Pain, chest pain and abdominal pain  Fever  Dyspnoea  Cough, expectoration, and Haemoptysis  Anorexia, Nausea, Vomiting, Weight loss and Weight gain  Haematemesis, Melaena, Haematochezia  Diarrhoea, Dysentery and Constipation  Oedema and Ascites  Jaundice  Syncope and Seizures  Fainting and Palpitations  Headache and Vertigo  Paralysis, movement disorders & disorders of gait  Coma and other disturbances of consciousness  Common urinary symptoms including anuria, oliguria, nocturia, polyuria, incontinence and enuresis  Anaemia and Bleeding  Enlargement of Lymphnodes, Liver and Spleen  Joint pain, neck pain and back ache	20 hrs.(1x20)

Learning Objectives	Contents	Teaching Hours
The students will be able to:  • define nutrition and its importance • describe normal requirement of nutrients for maintaining health at various periods of human life including healthy adult, pregnancy, infancy, childhood and adolescence • classify nutritional disorders • define protein energy malnutrition and explain its associated factors, precipitating factors • list the clinical features, describe treatment of protein-energy malnutrition • list and recognise the clinical features, provide treatment and advise for prevention and treatment of vitamin deficiency diseases • list and recognise the clinical features, provide treatment and advise to be given for prevention and treatment of deficiency diseases • list and recognise the clinical features, provide treatment and advice to be given for prevention of obesity • apply basic principles of nutrition in clinical medicine	Clinical Medicine: Nutritional Factors in diseases  CORE:  • Energy yielding nutrients • Protein energy malnutrition in adult • The vitamins- deficiency  Additional • Nutrition of patients in hospital • Obesity  Lectures to be covered on  1. Nutrients and vitamin deficiency 2. Obesity	L - 2 hrs.
<ul> <li>The students will be able to:</li> <li>list the clinical features, describe principles treatment and advise for prevention of heat hyperpyrexia, heat syncope and heat exhaustion and hypothermia</li> <li>list the clinical features, describe principles of treatment and advise for prevention of pollution related to: <ul> <li>Arsenic problem</li> <li>Lead poisoning</li> <li>Environmental radiation</li> </ul> </li> </ul>	Climatic and environmental factors in disease  CORE:  Disorders related to temperature Disorders related to pollution Drowning, electrocution and radiation hazards Health hazards due to climate change	L - 2 hrs.

Learning Objectives	Contents	Teaching Hours
The students will be able to:  diagnose infectious diseases. explain principles of management of infection describe general principles and rational use of antibiotics and other chemotherapy against infectious and parasitic diseases list the clinical features, describe principles of treatment and advise for prevention of common infectious and tropical diseases.	Diseases due to infections  CORE:  Approach to infectious diseases-diagnostic and therapeutic principles  General principles and rational use of antibiotics  Enteric fever  Acute Diarrhoeal Disorders  Cholera & food poisoning  Amoebiasis, Giardiasis  Tetanus  Influenza and infectious mononucleosis  Malaria  Kala-azar  Filariasis  Helminthic diseases  Nematodes  Cestodes	L-17 hrs.
	Influenza and infectious mononucleosis	
	Kala-azar	
	<ul> <li>Helminthic diseases</li> <li>Nematodes</li> </ul>	

Learning Objectives	Contents	<b>Teaching Hours</b>
The student will be able to define, describe prevalence, aetiologic factors, pathophysiology, pathology, investigations and principles of treatment of the common problems in haematology.	Diseases of the blood CORE:	L - 9 hrs.
The students will be able to:  • describe applied anatomy and physiology & explain lung function tests;  • describe prevalence, aetiologic factors, pathophysiology, pathology, investigations and principles of treatment of common respiratory diseases.	CORE:  Applied anatomy and physiology Investigations for respiratory diseases Upper respiratory tract infections Pneumonias Tuberculosis: 1(Pulmonary) Tuberculosis: 2 (Extra-pulmonary) Lung abscess and bronchiectasis Diseases of the pleura: Pleurisy, Pleural effusion & empyema, Pneumothorax Chronic Obstructive lung diseases and corpulmonale Bronchial asthma & pulmonary eosinophilia Acute and chronic respiratory failure Neoplasm of the lung  Additional: Common occupational lung disease with DPLD	L - 13 hrs.

Learning Objectives	Contents	Teaching
		Hours
The student will be able to:	Diseases of the cardiovascular system	
describe applied anatomy, applied physiology and	CORE:	L - 12 hrs.
investigations for the diseases of cardiovascular system	Applied anatomy and physiology and investigations	
• describe aetiology, pathophysiology, clinical features,	Ischaemic heart disease	
investigations and treatment of Ischaemic heart disease	☐ _Angina pectoris	
• describe aetiology, pathophysiology, clinical features,	<ul><li>Myocardial infarction</li></ul>	
investigations and treatment of acute rheumatic fever &	☐ Sudden (cardiac) death	
rheumatic heart diseases	Rheumatic fever	
• describe aetiology, pathophysiology, clinical features,	Valvular diseases of heart	
investigations and treatment of valvular diseases	☐ Mitral stenosis & regurgitation	
• describe aetiology, pathophysiology, clinical features,	□ Aortic stenosis & regurgitation	
investigations, treatment and complications of infective	☐ Tricuspid & pulmonary valve diseases	
endocarditis	Infective endocarditis	
• describe aetiology, pathophysiology, clinical features,	Hypertension	
investigations, treatment and complications of systemic	Cardiac arrhythmias (common)	
hypertension	♣ Sinus rhythms	
define and describe cardiac arrhythmias	Atrial tachy arrhythmias	
	Ventricular tachyarrhythymias	
	♣ Cardiac arrest	
	♣ Anti arrhythmic drugs	
	Heart block and pacemakers.	
	Heart failure – acute and chronic	
	Acute and chronic pericarditis, pericardial effusion, & cardiac	
	tamponade	
	Additional:	
	Peripheral arterial diseases	
	Common congenital heart diseases in child and adult	
	Venous Thrombosis and Pulmonary Thromboembolism	

Learning Objectives	Contents	Teaching Hours
<ul> <li>describe congenital heart diseases</li> <li>define, describe patho-physiology, types, clinical features, investigation and treatment of heart failure</li> <li>define, describe patho-physiology, causes, clinical features, and treatment of acute circulatory failure</li> <li>describe aetiology, pathophysiology, clinical features, investigations, treatment and complications of diseases of the pericardium</li> </ul>	Congenital heart diseases  ASD VSD PDA TOF Coarctation of Aorta Acute circulatory failure Diseases of pericardium Acute pericarditis Pericardial effusion Cardiac tamponade Cardiomyopathies	
<ul> <li>The student will be able to</li> <li>define, describe the aetiology, pathophysiology, investigation, complications and management. of peptic ulcer disease</li> <li>define, describe the aetiology, pathophysiology, investigation and management. of gastrointestinal haemorrhage</li> <li>describe Investigations of the alimentary tract.</li> <li>define, describe the causes, pathophysiology, investigation and management. of gastro-oesophageal reflux disease</li> <li>define, describe the aetiology, pathophysiology, investigation and management of dysphagia.</li> <li>define &amp; describe the aetiology pathophysiology, investigation and management of malabsorption disorders</li> <li>define &amp; describe the aetiology, pathophysiology, investigation and management of Inflammatory bowel disease - Crohn's disease, Ulcerative colitis.</li> <li>define &amp; describe the aetiology, pathophysiology, investigation and management of acute pancreatitis</li> <li>define &amp; describe the aetiology, pathophysiology, investigation and management of functional disorders of GIT</li> <li>define &amp; describe the aetiology, pathophysiology, investigation, complications and management of acute and chronic liver disease</li> </ul>	Diseases of the Gastro-intestinal and Hepato-biliary systems  CORE:  Applied physiology and investigation of the alimentary tract. Stomatitis and Mouth Ulcers Peptic Ulcer disease and non-ulcer dyspepsia Malabsorbption syndrome Irritable bowel syndrome Inflammatory bowel disease Acute viral hepatitis Chronic Liver Diseases and its complications Acute and chronic Pancreatitis Additional: Dysphagia Hepatotoxicity of drugs Carcinoma of stomach/colon,Hepatocellular carcinoma	L – 12 hrs.

Learning Objectives	Contents	Teaching Hours
The students will be able to  define, diagnose, investigate and treat different nephrological diseases  make differential diagnosis  mention basic/ initial treatment  name the conditions for referral & follow-up care  describe preventive measures  explain the reasons for gender differences & issues, e.g. UTI in males & females  describe the special dietary modulations & Nutrition  outline of RRT  mention indications for RRT  list the special renal medicines & their interactions with commonly used medicines  describe nephrotoxicity of drugs  list indication for Renal biopsy and patient preparation  provide patient education about renal disorders  list the common disorders with renal sequel e.g., malaria, diabetes, hypertension, pregnancy  explain appropriate use of therapeutic tools  use interpretation of charts & lab data  orientation & care of modified anatomy & physiology, e.g. A-V Fistula,renal allograft.	Nephrology & Urinary System  CORE:  Nephritic & Nephrotic Illness UTI/ Pyelonephritis ARF/Acute Kidney Injury Chronic Kidney Disease Renal manifestations of systemic diseases  Additional:  Adult polycystic kidney disease	5 hrs.

Learning Objectives	Contents	Teaching Hours
Student should be able to:  identify syndromes of CNS & PNS diseases identify signs of CNS & PNS diseases identify clinical syndromes of brain, spinal cord & peripheral nerve. disorders plan investigations in neurological disease  identify Vascular neuralgic syndromes. define where? & What? is the lesion describe the risk factors for CVD's perform acute management & Subsequent management. identify complicating, management value the importance of rehabilitation / return of function  identify clinical syndrome of meningeal infection plan immediate and subsequent investigations including confirmation of diagnosis. provide give empiric therapy or clinical judgement. provide Diagnosis & exclusion identify & treats complications.  able to make a D/D of coma & differentiate structural cause of diseases from others plan investigations in a suspected V. encephalitis. describe general management of patient with fever, coma & convulsion. state the specific Diagnosis of encephalitis & treatment identify acute & chronic syndromes of P.N.S. identify emergencies and manage make D/D describe management & Rehabilitation	<ul> <li>Neurology</li> <li>Concept of neurological diagnosis including investigations</li> <li>Cerebrovascular diseases(I &amp;II)</li> <li>Headache</li> <li>Meningitis: viral, bacterial and tuberculous</li> <li>Encephalitis</li> <li>Peripheral neuropathy</li> <li>Disorder of cranial nerves</li> </ul>	13 hrs.

Learning Objectives	Contents	Teaching Hours
Student should be able to:  identify a seizure & elicit history from an eyewitness.  identify common clinical syndrome of Epilepsy  plan management  advise to the patient and attendants.  identify syndrome of EP system  mention aetiologic agent(s)  plan investigations  decide for initial and subsequent treatment.  provide explanation, motivation and rehabilitation advises to patient.  identify common syndromes of motor system disease.  plan investigations  identify primary muscle diseases and differentiate from primary neurologic diseases  identify clinical syndrome of Neuromascular junctional defect.  plan investigations in a suspected muscle diseases  provide treatment for myasthenia gravis.  advises & genetic conselling for muscular dystrophy.	<ul> <li>Epilepsy</li> <li>Extrapyramidal diseases</li> <li>Common compressive and noncompressive spinal cord syndromes</li> <li>Myasthenia gravis</li> <li>Myopathies and skeletal muscle disease</li> </ul>	13 hrs. (Total)

Learning Objectives	Contents	Teaching Hours
The students will be able to:  describe causes, clinical features and management of fluid and electrolyte disorders including  Hyponatrenia Hypernatremia Hyperkalemia Hypokalemia describe causes, clinical features and management of disorders of acid-base balance in particular relevance to vomiting, diagnoses of uraemia and diabetic ketoacidois.	Water and electrolytes and acid-base homeostasis  CORE:  Disorders due to Sodium and Potassium imbalance Disorders of acid-base balance	L – 2 hrs.
The student will be able to:  describe applied anatomy, physiology and investigations of endocrine disorders  describe epidemiology, aetiology, pathophysiology, clinical features, complications, investigation, treatment and management of diabetes mellitus  describe epidemiology, aetiology, pathophysiology, clinical features, complications, investigation, treatment and management of disorders of thyroid including  Hyperthyroidism  Solitary thyroid nodule Parathyroid disorders and calcium metabolism  describe epidemiology, aetiology, pathophysiology, clinical features, complications, investigation, treatment and management disorders of adrenal gland including  Cushing's syndrome Addison's disease  describe epidemiology, aetiology, pathophysiology, clinical features, complications, investigation, treatment and management of disorders of hypothalamus and pituitary gland including  Acromegaly, Sheehan's syndrome	Endocrine and Metabolic diseases  CORE:  Diabetes mellitus(I & II) Thyrotoxicosis Hypothyroidism. Cushing's syndrome and Addisons disease. Hypo- and Hyperparathyroidism Calcium and Vitamin –D related disorders  Additional  Acromegaly and Sheehan's syndrome	L – 6 hrs.

Learning Objectives	Contents	Teaching Hours
<ul> <li>The students will be able to:</li> <li>classify diseases of the connective tissues, joints and bones</li> <li>mention the epidemiology, aetiology, pathology, clinical features, complications, investigation, treatment and management of Inflammatory joint diseases.</li> <li>mention epidemiology, aetiology, pathogenesis, clinical features, investigation, diagnosis, treatment and management of osteoarthritis.</li> <li>mention the epidemiology, aetiology, pathogenesis, clinical features, investigation, diagnosis, treatment and management of connective tissue diseases including systemic lupus erythematosus &amp; systemic sclerosis</li> <li>mention the epidemiology, aetiology, clinical features, investigation, diagnosis, treatment and management of gout</li> <li>mention the causes, clinical features, investigations, treatment and management of back disorders including lowback pain &amp; spondylosis</li> </ul>	CORE:  Rheumatoid arthritis Degenerative joint diseases Gout Ankylosing spondylitis and other spondyloarthropathies. The collagen vascular diseases including systemic lupus erythematosus, systemic sclerosis Osteoporosis	L - 6 hrs.

Learning Objectives	Contents	Teaching Hours
The students will be able to:  take history of elderly patients perform physical examination perform mental status examination evaluate functional capacity of the elderly interpret the report of laboratory examinations & imaging state the general principles of treating the elderly.	<ul> <li>Geriatric medicine</li> <li>CORE:</li> <li>General Principles of treating the elderly</li> <li>Health problems of the elderly</li> <li>Four Geriatric Giants – Acute confusional State, Falls, Incontinence and Frailty.</li> <li>Healthy aging</li> <li>Rehabilitation and Physical medicine.</li> </ul>	L – 3 hrs.
The students will be able to describe medical genetics including  Genes and chromosomes  Mutation Genes in individual Genes in families Disorders of multifactorial causation Chromosomal aberrations  The student will be able to describe the techniques of Medical genetics including  Cyto genetics Biochemical genetics Biochemical genetics Molecular genetics Prenatal diagnosis Neoplasia: chromosomal & DNA analysis	Genetic Disorders  CORE:  General concept of genetic diseases and management of genetic disorder Single gene disorder Clinical aspects of medical biotechnology Chromosal disorder(Down, Turner, klinefelters)	L -2 hrs.

Learning Objectives	Contents	Teaching Hours
The students will be able to describe basic facts of immunology including  Immunoglobulins & antibodies  Cellular immunity  Autoimmunity  The students will be able to describe aetiology, pathogenesis, pathology, clinical features, investigations and treatment of  Immunologic deficiency diseases  Autoimmune disease  Allergic disease	Immunologic disorders  CORE:  Immunologic deficiency diseases Auto immunity, Allergy & hypersensitivity and immunogenetics & transplantation Immunosuppressive drugs	2 hrs.
The students will be able to describe:  • prevention and early detection of common cancers	Oncology, Principles CORE:	2 hr.
<ul> <li>primary cancer treatment including</li> <li>Surgery and radiation</li> <li>Chemotherapy</li> <li>Adjuvent therapy</li> </ul>	<ul> <li>General principles of diagnosis and management of neoplastic diseases</li> <li>Palliative care</li> </ul>	1hr 1 hr.
<ul> <li>evaluation of tumour response including         <ul> <li>Tumour size</li> <li>Tumour markers</li> <li>General well being and performance status</li> </ul> </li> <li>role of nuclear medicine in diagnosis and treatment in Medical conditions.</li> </ul>		

Learning Objectives	Contents	Teaching Hours
The students will be able to describe:  initial evaluation of the patient with poisoning or drug overdose general principles of management including	<ul> <li>Poisoning and drug overdose</li> <li>CORE:         <ul> <li>Initial evaluation of the patient with poisoning or drug overdose and general principles of management</li> <li>Treatment of common specific poisonings</li></ul></li></ul>	6 hrs.
The students will be able to describe:  • general principles of intensive care  • acute disturbances of haemodynamic function including Shock  • aetiology, pathogenesis, clinical features, investigations, and management in acute medical emergency	CORE:  Cardiac Arrest – ALS, BLS  Acute pulmonary oedema and severe acute asthma Hypertensive emergencies Diabetic ketoacidosis and hypoglycaemia Status epileptics Acute myocardial infarction, shock and anaphylaxis Upper G.I bleeding and hepatic coma Diagnosis and management of comatose patient  Environmental disease & heat illness Global warming & Health hazards	6 hrs.

Learning Objectives	Contents	Teaching Hours
<ul> <li>write a proper discharge summary with all relevant information</li> <li>write an appropriate referral note to secondary or tertiary centres or to the physicians with all necessary details</li> <li>assess the need for and issue proper medical certificates to patients for various purposes</li> <li>record and interpret an ECG and be able to identify common abnormalities like myocardial infarction, arrhythmias</li> <li>start I.V. line and infusion</li> <li>performe venous cut down</li> <li>give intradermal / SC / IM / IV / injections</li> <li>insert and manage a C.V.P. line</li> <li>conduct CPR (Cardiopulmonary resuscitation) and first aid in new born/ children including endotracheal intubation.</li> <li>introduce a nasogastric tube</li> <li>manage hyperpyrexia</li> </ul>	<ul> <li>CORE</li> <li>Lumbar puncture</li> <li>Bone marrow aspiration</li> <li>Thoracocentesis / paracentesis</li> <li>Oxygen Therapy</li> <li>Oropharygeal suction</li> <li>Shock management</li> <li>Brochodilator inhalation technique, nebulization</li> <li>Urethral Catheterisation</li> </ul> Additional <ul> <li>Administration of Enema</li> <li>Postural drainage</li> <li>Dialysis</li> </ul>	
	Electro convulsive therapy	
Attitude:		
The student should:	Attitudes to be supervised by clinical teachers.	
1. develop a proper attitude towards patients, colleagues and the staff.		
2. demonstrate empathy and humane approach towards patients, relatives and attendants.		
3. maintain ethical behaviour in all aspects of medical practice.		
4. develop a holistic attitude towards medicine taking in social and cultural factors in each case		
5. obtain informed consent for any examination / procedure		
6. appreciate patients right to privacy		
7. adopt universal precautions for self protection against HIV and hepatitis and counsel patients		
8. be motivated to perform skin sensitivity tests for drugs and serum		

## **Clinical Taching**

2 <sup>nd</sup> Phase 1 <sup>st</sup> Round	14 Weeks	
Learning Objectives	Contents	Teaching Hours
<ul> <li>The student will be able to:</li> <li>narrate the role of ward duties in learning clinical medicine.</li> <li>develop interpersonal and communication skills befitting a physician order to discuss illness and its outcome with patient and family</li> <li>elicit different components of history and understand its importance particulars of the patient, the presenting symptoms, the history of the present illness, H/O previous illness, Family history, Personal &amp; Soci history, Drug history, &amp; allergy, menstrual history (in female)</li> <li>record and analyze symptoms of presentation</li> </ul> History taking	<ul><li>Art of Medicine</li><li>Doctor patient relationship</li></ul>	
<ul> <li>The student will be able to ask patients about:</li> <li>cough- nature, relation with chest pain, time of the day, any particular condition aggravates or relieves:</li> <li>shortness of breath- onset, duration, relation with exertion, episodic on not etc.</li> <li>haemoptysis- amount, is it rusty or fresh blood</li> <li>sputum- amount, colour, odour, associated with wheezing.</li> </ul>	□ Shortness of breath	

Learning Objectives	Contents	Teaching Hours
<ul> <li>The student will be able to ask patients about symptoms mentioned in contents in detail e.g. site, nature, aggravating or relieving factor of chest pain.</li> <li>The student will be able to elicit informations related to the symptoms of presentation e.g. frequency of bowel, nature of stool, amount, blood in stool, tenesmus etc. if complaining of diarrhoea.</li> </ul>	<ul> <li>CVS</li> <li>Palpitation</li> <li>Chest pain</li> <li>Leg oedema</li> <li>Shortness of breath</li> </ul>	
The student will be able to ask patients about:  • H/O vaccination, transfusion  • Chronology of development of symptoms with different parameters.	<ul> <li>Abdominal pain</li> <li>Haematemesis and Melaena</li> <li>Loss of appetite</li> <li>Diarrhoea &amp; Constipation</li> <li>Haematochezia</li> <li>Nausea, Vomiting</li> <li>Weight loss</li> <li>Difficulty in swallowing</li> <li>Hepatobiliary</li> <li>Jaundice</li> <li>Abdominal swelling</li> <li>Impaired consciousness</li> <li>Rheumatology</li> <li>Multiple joint pain</li> <li>Monoarticular joint pain</li> </ul>	

Learning Objectives	Contents	Teaching Hours
<ul> <li>The student will be able to:</li> <li>ask the patient about the symptoms e.g. seizure – duration, interval between attack, any injury during attack, sphincter disturbance, aura,</li> <li>define fit, syncope, hemiplegia, monoplegia, paraplegia etc.</li> <li>The student will be able to:</li> <li>ask the patients about the presenting symptom</li> <li>define – oliguria, anuria, polyuria, dysuria</li> </ul>	Nervous System      Loss of consciousness     Fit or convulsion     Syncope     Paralysis     Headache     Vertigo Urinary System	
Students will be able to take relevant history, related to disorders of Haemopoetic system  The student will be able to:  • take detail history about fever and different tropical & infection diseases, animal bite diseases, animal bite like snakebite, dog bite.	<ul> <li>Puffiness of face</li> <li>Oliguria &amp; anuria, Polyuria</li> <li>Dysuria</li> <li>Incontinence</li> <li>Nocturnal enuresis</li> <li>Loin pain</li> <li>Pus per urethra</li> <li>Endocrine System</li> <li>Swelling of neck</li> <li>Weight gain</li> <li>Weight loss</li> <li>Haemopoetic system</li> <li>Pallor</li> <li>Bleeding</li> <li>Other</li> <li>Tropical and infections diseases</li> </ul>	

Learning Objectives	Contents	Teaching Hours
Perform general physical examination and observe record and interpret findings.	<ul> <li>Appearance → Facies</li> <li>Built</li> <li>Nutrition</li> <li>Hydration status</li> <li>Decubitus</li> <li>Anthropometric measurement</li> <li>Anaemia, Jaundice, Cyanosis</li> <li>Clubbing, Koilonychia, leukonychia</li> <li>Oedema, Dehydration, Pulse, BP, Temperature, Respiration</li> <li>JVP</li> <li>Lymph node</li> <li>Thyroid, salivary gland</li> <li>Skin, Hair, Nail</li> <li>Skin (Petichae, purpura, echymosis, bruise, haematoma, rashes), pigmentation etc</li> <li>Hair distribution</li> <li>Nail</li> <li>Breast</li> <li>Eye – Proptosis</li> </ul>	

Learning Objectives	Contents	Teaching Hours
Students will be able to:  record pulse e.g. radial pulse and peripheral pulse and observe Jugular Venous Pressure  record Blood Pressure  inspect chest shape, symmetry, movement, type of breathing  palpate apex beat, trachea, thrill  percuss cardiac outline, liver dullness and areas of resonance  auscultate the heart sounds, murmur, pericardial rub	Systemic examination  CVS  Pulse, BP, JVP  Pericardium  Inspection Palpation Percussion Auscultation of heart Auscultation of lung base Related G/E of CVS e.g. clubbing, cyanosis,edema.	
<ul> <li>Students will be able to:</li> <li>inspect the chest, palpate trachea, chest for expansion, vocal fremitus</li> <li>percuss the lungs.</li> <li>auscultate for breath sounds, rhonchi, creps, pleural rub.</li> </ul>	Respiratory System  Respiration rate /Type Inspection Palpation Percussion, Auscultation Examination of sputum Lung function test Pleural fluid aspiration	

Learning Objectives	Contents	Teaching Hours
Students will be able to:      assess levels of consciousness     identify the facial expression     examine cranial nerves	Nervous System  Higher mental function Co-operation Appearance Level of consciousness GCS Memory Speech Orientation of time, space, person Hallucination, Delusion, Illusion	
Students will be able to:      examine motor system     examine sensory system     observe different types of gait     elicit signs of meningeal irritation     perform SLR test     observe lumbar puncture     examine Fundus by ophthalmoscope	<ul> <li>Cranial nerves. (1<sup>st</sup> -12<sup>th</sup>)</li> <li>Motor function</li> <li>Sensory function</li> <li>Gait</li> <li>Signs of meningeal irritation</li> <li>Examination of peripheral nerves</li> <li>Involuntary movement</li> </ul> CSF Study Ophthalmoscopy <ul> <li>Ophthalmoscope</li> </ul>	

Learning Objectives	Contents	Teaching Hours
Students will be able to:  assess joints and muscles by inspection, palpation  test range of movement  test muscle around joints  assess posture  Students will be able to:  inspect oral cavity, orpharynx.  palpate abdomen e.g. Liver, spleen, kidney  demonstrate fluid thrill, shifting dullness  perform PR examination  observe aspiration of peritoneal fluid  Students will be able to:  detect general signs of renal disease  perform bimanual palpation of kidney, renal tenderness  examinational gthitalia  examine urine for sugar, albumin.  prepare and read blood film (eg. Malarial parasite)  The student will be able to do: physical examination and certain minor procedures e.g. blood film, ESR, Hb%, Urine – albumia, Sugar, Stool ME.	Rheumatology  Joints → (Look & feel) Inspection Palpation Movement  Muscle Wasting Swelling  Skeleton Survey  GIT  Inspection of oral cavity & oropharynx Abdomen Inspection / Palpation Test for ascites Percussion/ auscultation Per-rectal examination Per-rectal examination Aspiration of stool, vomitus, groin, genitalia, perianal region Aspiration of peritoneal fluid  Urinary system  Kidneys Bladder Uretheral orifice Urine analysis  Haemopoetic system  Tropical and infectious illness Animal bite – snakebite, dog bite	

Annex	_	1
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# Department of Medicine <u>CARD - 1</u>

<b>±</b>	
	_ Medical College (3 <sup>rd</sup> Year)

Clinic	cal Registration No.		Grading
			Grading A = 75 - 100 B = 60 - 74
Roll 1	s:		B = 60 - 74 C = 50 - 59
Medio	cine unit :		$\mathbf{D} = 40 - 49$
Profe	ssor :		E = 00 - 39
	ion of Placement (1st Round) from		
No.	Items	Marks Obtained	Signature of teacher
1.	Procedure of History taking and writing and questions related to elaboration of different systems.		
2.	General examination and questions related to general examination.		
3.	Systemic examination of the Alimentary system and related questions.		
4.	Systemic examination of the Respiratory system and related questions.		
5.	Systemic examination of the Cardiovascular system and related questions.		
6.	Systemic examination of the Renal system and related questions.		
7.	Systemic examination of the Nervous system and related questions.		
8.	Examination of the haemopoietic system and related questions.		
9.	Examination of the musculoskeletal system and related questions.		
10.	Miscellaneous e.g. examination of the hands, lower limbs, neck etc.		
Total	attendance days, out of		days
Mark	s obtained in all items (%) & in Card to	final Examinati	on
Comr	ment		

Professor Department of Medicine Registrar Department of Medicine

## Appendix -2

# **Clinical Teaching**

3 <sup>rd</sup> Phase	2 <sup>nd</sup> Round	6 Weel	ks
Learning Objective		Contents	Teaching Hours
Continue to develop skills in history taking examination.  Students will be able to:  • interpret the findings in terms of dise causes, make a differential diagnosis investigations.	GIT & HBS  Ascites  Hepatosplenome  Abdominal swel  Abdominal pain  Vomiting & diar  Haematemesis, r  Jaundice  CVS  Respiratory distr  Chest pain  Jugular Venous  Hypertension  Abnormal heart  Pulse  Respiratory System  Haemoptysis  Cough  Pleural effusion  Pneumothorax	egaly  lling rroehea melaena  ress  Pulse (JVP)  sound & murmur	

Learning Objectives	Contents	Teaching Hours
Students will be able to:  • interpret the findings in terms of diseases, possible causes, to make a differential diagnosis & plan investigations.  Students will be able to:  • be acquainted with instruments commonly used for medical procedure observe the doctors performing the procedures	Urinary System Approach to patient with:  Oliguria, polyuria, anuria Anasarca Urine analysis  Nervous System  Unconscious patient Hemiplegia, monoplegia, paraplegia Upper Motor Neuron Lesion (UML) Lower Motor Neuron Lesion (LML) Cerebellar sign Extrapyramidali sign Involuntary movement Vertigo & Headache Haematology Approach to patient with: Bleeding disorder Anaemia Lymphadenopathy Rheumatology Approach to patient with polyarthiritis oligoarthiritis Clinical skills Lumbar puncture Bone marrow aspiration Aspiration of serous fluid/synovial fluid Ryles tube Catheterization I/V fluid, IV Canula Stomach wash	

# **Department of Medicine**

# Card - II (4<sup>th</sup> Year)

	(4 <sup>th</sup> Year)	Grading A = 75 - 100 B = 60 - 74 C = 50 - 59 D = 40 - 49 E = 00 - 39
Name of the student:		$\mathbf{B} = 60 - 74$
Roll No		C = 50 - 59
Medicine unit:		D = 40 - 49
Name of Professor:		E = 00 - 39
Duration of Placement (2 <sup>nd</sup> Round) from	to	
Total attendance	days, out of	days

No.	Items	Marks obtained	Signature of Teacher
1.	Review of clinical methods		
2.	Respiratory diseases		
3.	Cardiovascular diseases		
4.	Alimentary & Hepatobiliary disorders		
5.	Renal diseases		
6.	Endocrine disorders		
7.	Haemopoietic disorders		
8.	Diseases of Nervous system		
9.	Infectious diseases		
10.	Common Laboratory investigations		
11.	Basic knowledge on X-ray & ECG		

Marks Obtained:

Comments:

**Professor** Registrar

Department of Medicine Department of Medicine

## Appendix -3

# **Clinical Teaching**

4<sup>th</sup> Phase 3<sup>rd</sup> Round 12 Weeks

4 Thase 5 Kot	ind 12 Weeks	
Learning Objectives	Contents	Teaching Hours
Students will be able to:  • take detailed history from a patient  • carry out detailed general and systemic clinical examination  • present long cases on different body system including Respiratory System Cardiovascular System Gastro-intestinal System Endocrine System Urinary System Haematology system Nervous System Rheumatology Infections  • plan appropriate investigations  • plan appropriate treatment of common medical conditions	Review of history taking & clinical examinations (3 <sup>rd</sup> year, 4 <sup>th</sup> year)  Case discussion  Long cases  Respiratory System COPD Bronchogenic carcinoma Pneumonia  CVS CCF CHD HID VHD Rheumatic heart disease Hypertension Pericardial diseases	Hours
		<u> </u>

Learning Objectives	Contents	Teaching Hours
Students will be able to:  • evaluate the patients by follow up and monitoring • assist in managing critically ill patients • interpret various common investigation reports – ECG, X-rays, Biochemical tests, etc. • assist doctors in counselling patients and their families about treatment, follow up and prevention.	Function   Haematemesis & mealena   PUD   V. Hepatits   CLD   Carcinoma of Liver   Pancreatitis   Heapatic failure   Endocrine   Hyperthyroidism   Hypothyroidism   DM   Rheumatology   Rheumatoid arthritis   Seronegative arthritis   Osteoarthritis   Gout   Urinary   Glomerulonephritis   Nephrotic Syndrome   Acute Kidney Injury   Chronic Kidney Disease   Urinary Tract Infection   Haematology   Anaemia   Leukaemia   Bleeding diathesis	

Learning Objectives	Contents	Teaching Hours
Students will be able to:  • demonstrate in-depth skills, in history taking, clinical examination, diagnosis and management of NS diseases & infectious diseases.	Nervous System	

Learning Objectives	Contents	Teaching Hours
Students will be able to:  • present short cases on different body system	Short Cases:      Hepato or Splenomegaly or both     Pleural effusion     Pneumothorax     Consolidation     Collapse     Fibrosis     Hemiplegia     Paraplegia     Facial nerve palsy (UMN + LMN)     Ascites     Lymphadenopathy     Thyroid     Examination of knee     Examination of precordium     Auscultation of lung	
Students will be able to:  • demonstrate certain skills  • carry out certain procedures e.g. lumbar puncture under supervision, IM injection, IV injection, Infusion	Clinical skills:  Bone Marrow aspiration  Aspiration of serous fluid Pleural Peritoneal Pericardial  Foley's catheterization Intercostal tube I/V canula Lumbar puncture Venesection CPR	

Learning Objectives	Contents	Teaching Hours
Students will be able to:  • interpret routine examination findings for Blood, Stool, Urine • interpret FBS, GTT and HbA1C	Interpretation of Laboratory Data  • General:  □ Blood for R/E  □ Urine for R/E  □ Stool for R/E  □ FBS / GTT	
interpret certain specific laboratory tests e.g. Liver Function Tests etc.	Specific:     Liver function test (LFT)     Thyroid function test (TFT)     Kidney function test     Pulmonary function tests (PFT)     Test for malabsorption     Test for rheumatology     Test for neurology     Cardiac function test     Haematological test     Test for certain infectious diseases, e.g. Widal test.	
Students will be able to:  • interpret common radiological findings on plain skiagrams of chest, skull, sinuses, neck, abdomen, pelvis, upper and lower extremities	<ul> <li>Radiology:</li> <li>X-ray chest</li> <li>X-ray</li> <li>Bones</li> <li>Skull</li> <li>Joints</li> <li>X-ray abdomen</li> </ul>	

Learning Objectives	Contents	Teaching Hours
<ul> <li>Students will be able to: <ul> <li>interpret findings on certain contrast X-rays e.g. Barium Meal etc.</li> </ul> </li> <li>establish a good-student patient relationship</li> <li>communicate with patients in understanding manner.</li> <li>observe and assist in terminal care</li> <li>observe in care of death &amp; dying patient</li> </ul>	<ul> <li>Contrast X-rays:</li> <li>Barium Meal</li> <li>Barium Follow through</li> <li>Barium Enema</li> <li>OCG</li> <li>ERC</li> <li>Myelogram</li> <li>IVU.</li> <li>USG</li> <li>CT &amp; MRI</li> <li>Communication Skills</li> </ul>	
	<ul><li>Terminal Care</li><li>Care of death and dying</li></ul>	

### Note:

- 1. Each student will be able to get certain number of beds, they will write down their history, physical examination, follow-up, observe the management and follow-up including counselling.
- 2. Each student will submit a complete case history per week of placement in every assignment in medicine.

# **Department of Medicine**

	<u>Card - III</u> (5 <sup>th</sup> Year)		Grading A = 75 - 100 B = 60 - 74 C = 50 - 59 D = 40 - 49 E = 00 - 39
Name of the student :			
Roll No.			C = 50 - 59
Medicine unit :			D = 40 - 49
Name of Professor :			E = 00 - 39
Duration of Placement (3 <sup>rd</sup> Round) from		to	
Total attendance	days, out of		days

No.	Items	Marks obtained	Signature of Teacher
1.	Respiratory diseases		
2.	Cardiovascular diseases		
3.	Alimentary & Hepatobiliary disorders		
4.	Renal diseases		
5.	Endocrine disorders		
6.	Bones, joints & connective issue diseases		
7.	Diseases of nervous system		
8.	Haemopoietic disorders		
9.	Interpretation of X-ray		
10.	Interpretation of ECG		
11.	Instrumental uses in clinical practice		
12.	Interpretation of laboratory investigations		

Marks obtained (%):

**Professor**Department of Medicine

**Registrar** Department of Medicine

# **Physical Medicine**

Learning Objectives	Contents	Teaching Hours
Students will be able to:  • describe historical aspect, spectrum of physical medicine, and various modalities of physical therapy  • describe rehabilitative management of certain conditions including:  □ Rheumatoid Arthritis and other inflammatory arthritides  □ Degenerative Joint diseases  □ Stroke  □ Degenerative Joint diseases  □ Stroke and other neurological diseases  □ identify the various modalities of physical therapy  • plan to apply physical therapy for certain clinical conditions	CORE:  • Introduction to physical Medicine and Rehabilitation	5 <sup>th</sup> year 5 hours lecure

# Physical Medicine Clinical Attachment (WARD DUTY) 4<sup>th</sup> Year- 2 weeks

Learning Objectives	Contents	Teaching Hours
Students will be able to:  • outline the role and importance of Physical Medicine • identify the various modalities of Physical Medicine • plan to apply physical therapy for certain clinical conditions	<ul> <li>Introduction to Physical Medicine</li> <li>History</li> <li>Background</li> <li>Spectrum</li> <li>Visit to Physical Medicine Ward</li> <li>Modalities of Physical Therapy</li> <li>Management and Rehabilitation of</li> <li>Neck pain</li> <li>Back pain</li> <li>Painful Conditions of upper &amp; lower extremities</li> <li>Neurological conditions including Stroke</li> <li>Spinal injuries</li> <li>Arthritis &amp; allied conditions</li> <li>Non-surgical &amp; post operative complications</li> </ul>	2 hrs 2 hrs 12 hrs

# **CARD** for Physical Medicine

ITEM	MARKS	Signature
Definition, Historical aspects, background, spectrum of Physical Medicine & visit in Physical Medicine		
ward		
Various modalities of Physical therapy		
Management and Rehabilitation of Neck Pain		
Management and Rehabilitation of Back Pain		
Management and Rehabilitation of painful conditions of upper & lower limbs		
Management and Rehabilitation of stroke and other Neurological conditions		
Management and Rehabilitation of Spinal injuries		
Management and Rehabilitation of Arthritis and allied conditions		
Management and Rehabilitation of non surgical orthopaedic & post operative complication		
Management and Rehabilitation of Cerebral Palsy and other paediatric paralytic conditions		

**Time Schedule Medicine lecture** 

Discipline	2 <sup>nd</sup> phase	3 <sup>rd</sup> phase	4 <sup>th</sup> phase	Total hours
	(In hrs.)	(In hrs.)	(In hrs.)	
Internal	26	24	110 hours	160
Medicine				
Pediatrics	04	20	26 hours	50
Psychiatry	1	-	20 hours	20
Skin & VD	-	-	20 hours	20
Physical	-	-	05 hours	05
Medicine				
Total	30 hrs.	44 hrs.	181 hrs.	255 hrs.

Ward duty

**Subjects (weeks)** Time: 9.30-11.30am & 7.00pm- 9.00pm (4 hours)

Phase	Medicine (weeks)	Emergency (weeks)	Pediatrics (weeks)	Psychiatry (weeks)	Skin & VD Infectious disease	Total weeks
2 <sup>nd</sup>	14	02	04	-	-	20
3 <sup>rd</sup>	6	PHYSICAL MEDICINE 02	-	03	03	14
4 <sup>th</sup>	12+2 (OPD) =14	-	06	-	-	20
Total	34 wks.	4 wks.	10 wks.	03 wks.	03 wks.	54

Note: Teachers for supervising the evening duties must be available

## Final professional examination

## **Assessment of Medicine**

Assessment systems and mark distribution

Components		Marks		Total Marks
WRITTEN EXAMINATION				
Paper – I- Internal Medicine				
MCQ (Format- 10 multiple true false and 10 single best response)		20		
SAQ		70		100
Marks from formative assessment	10			
Paper - II- Internal medicine with allied subjects & Paediatrics				
Psychiatry, Dermatology& Veneral disease, Neurology, Poisoning,	Int.Me.&	Paediatrics	Total	
Infections, Geriatrics, Genetics and Paediatrics	Allied			100
MCQ	10	10	20	100
SAQ	35	35	70	
Marks from formative assessment	05	05	10	
		Total		200
OSPE	1	0 stations x 05	j	50
ORAL & CLINICAL	Oral			150
6 Examiners in 3 boards.	50 Marks	for Each Boar	d	
Board- I- 1 examiner from internal Medicine	(10 marks for each board for		d for	$(Oral-40 \ marks \ x \ 3 \ boards) = 120$
1 examiner from internal Medicine	Xray, ECG,lab data, photographs		otographs	$(Practical-10 \ marks \ x \ 3 \ boards) = 30$
Board-II- 1 examiner from Internal Medicine	etc and 40 marks for each board		ch board	
1 examiner from sub specialities/ allied subjects	for structu	red oral exam	ination)	
Board- III- 1 examiner from Paediatrics				
1 examiner from Paediatrics	Clinical			
	_	se =50 Marks	, ,	
Examiner will be selected according to seniority	3 Short cases=30 Marks (IM)		` /	
During oral examination Xrays, ECG, photographs, lab data etc. are to be	2 Short cases=20 Marks (Paed)		(Paed)	100
included and 50 marks are to be allotted for this purpose				
No temp. Chart, slides, specimen in Practical Exam.				
		Gran	nd Total	500

There will be separate Answer Script for MCQ. Pass marks 60% in each of written, oral and practical examinations.

After aggregating obtained marks of 3 oral boards (comprising of SOE & Practical) students pass or fail will be finalized in oral section.

#### INTEGRATED TEACHING EXERCISE

- The integrated teaching should be established as a routine
- It should be on selected topics
- It should be started from year 3 M.B.B.S Class
- It should involve teachers of pre-clinical, para-clinical & clinical subjects
- It should be on theoretical, clinical & Paraclinical aspects aided by audio-visual devices
- Programme should be made well ahead of commencement of the course & concerned persons shall be informed in time
- It should be mostly community, Primary Health Care & National Health problems oriented
- It should be held preferably twice a year ,each for two hours between 9 11 a.m
- It should involve all clinical students & teachers and the site, lecture theatre & attendance must be recorded

# Some examples of Multi-Disciplinary Integrated Exericise topics are:

Trauma

Cancer

**Tuberculosis** 

CPR

Jaundice

Acid base electrolyte balance / imbalance

Death and dying

- Medical ethics
- Maternal and child health

Diabetes Mellitus

**Departments:** 

**MEDICINE + SURGERY + OBGYNE** 

Day : Thursday

Time : 09.00 – 11.00 a.m. Frequency : Once in a month

#### WARD PLACEMENT

- To introduce uniform card system and feasible card in all the medical colleges
- To prepare a central card for different components of medicine incorporating teachers of all medical colleges on priority basis
- Each card will carry 100 marks, 10% of the card marks will be added to the summative assessment
- 52 weeks- 100 mark.

#### OPPORTUNITY FOR COMMUNITY ORIENTATION

- Teaching learning sessions will be organised in inpatient departments in different wards e.g. Internal medicine, Paediatrics, Psychiatry, Dermatology, etc, outpatient departments, emergency room, infections diseases hospital
- The patients attending the different areas will mostly represent the community
- Medical college hospitals cover a good area of community health problems
- Attempt can be made to motivate students for meeting health needs of people

3days

For further attitudinal shift to serve people, field site training in 3<sup>rd</sup> 4<sup>th</sup> year and a short stay (1-2 weeks) during internship in Thana Health Complex will be of much help

### **BLOCK POSTING**

Time : Total 4 weeks

: Internal medicine Break up 12days **Paediatrics** 6 days **Psychiatry** 3 days Dermatology

#### **WORKING HOURS**

- 09.00 a.m. 02.30 p.m (Compulsory for all)
- 02.30 p.m. 08.30 p.m.(Roaster duty time)

Teaching / learning schedule: to be arranged locally

The duties of the students during block posting will include:

- a. small group teaching,
- **b.** ward round
- c. roaster duty during morning and evening hours

Every student will have a separate log book for his attendance, performance etc

Log book to be attached with the formative assessment

## SKIN & VD

## **Course Objectives:**

At the end of the course students will be able to:

- grasp the importance of dermatology and venereology in modern medicine
- take appropriate history from the patients and perform relevant clinical examination
- select and interpret relevant investigations
- diagnose and manage the most common skin and venereal diseases prevalent in Bangladesh
- deal dermatological and venereological emergencies
- identify problematic patients that require specialised care and refer them appropriately
- communicate effectively with patients, relatives and colleagues regarding complications,
   prognosis and others
- participate in the related national disease control programs
- conduct relevant research

## **List of Competencies:**

- Appropriate history from the patients with the following diseases
- Proper cutaneous examination of the said patients
- Perform the relevant investigations and interpret the results
- Manage and counsel the patient after proper diagnosis of Skin / Venereal Disease
- Refer the complicated cases to appropriate authority for better management.

# **Learning Objectives and Course Contents in SKIN & VD**

Learning Objectives	Contents	Teaching Hours
Students will be able to:  • explain the structure and functions of the skin as an organ  • describe aetiology, clinical features, and management of common skin and venereal diseases  • take appropriate history from the patients and perform proper clinical examination  • diagnose and manage common skin and venereal diseases  • request and interpret investigations like VDRL/TPHA/AFB/ gram staining	CORE:  Cutaneous Signs /Symptoms Scabies and Pediculosis Atopic Dermatitis&Contact and Seborrhoeic dermatitis Superficial fugal infections  Candidiasis,Pyoderma leprosy Bullous diseases(Pemphigus) Cutaneous menifestations of systemic diseases  Viral disease(Herpes) Syphilis Chancroid & Genital ulcer AIDS Gonorrhoea,Non Gonococcal Urethritis Psoriasis Acne ,Skin Tuberculosis Urticaria Drug Reactions Pigmentary diseases (Vitiligo), Alopecia Chronic Arsenicosis Skin Diseases with Climate Change	1 hour
		hours

## Skin & Venereal Diseases Clinical Attachment (WARD DUTY) Total 72 hours (18 Days) in 3<sup>rd</sup> Phase

Learning Objectives	Contents	Teaching Hours
<ul> <li>Students will be able to:</li> <li>describe aetiology, clinical features, and management of common skin and venereal diseases</li> <li>acquaint with universal precautions, syndromic management, counselling of STD/ AIDS Cases.</li> <li>take appropriate history from the patients and perform clinical examination</li> <li>diagnose and manage common skin and venereal diseases</li> <li>demonstrate nerve thickening in leprosy.</li> <li>demonstrate punch biopsy, electrocautery, cryosurgery, PUVA procedures.</li> </ul>	<ul> <li>Dermatology</li></ul>	2 hours

Learning Objectives	Contents	Hours/days
Students will be able to  • describe the clinical feature, management.  • Interpret result of patch test/ prick test / tuberculin test.	<ul> <li>Additional:</li> <li>Drug Reactions</li> <li>Urticaria</li> <li>Skin tuberculosis</li> <li>Genodermatoses (Icthyosis, Neurofibromatosis, etc.)</li> <li>Skin tumours</li> <li>Bullous diseases (Pemphigus, Dermatitis herpetiformis)</li> </ul>	2 hours 2 hours 2 hours 2 hours
<ul> <li>be acquainted with syndromic management/universal precaution, counselling on STD/ AIDS</li> <li>perform gram staining/ bubo aspiration</li> <li>request &amp; interpret tests like VDRL/ TPHA/ ELISA/ Western blot/ CFT for chlamydia.</li> </ul>	Venereology  CORE  Sexually transmitted infection Syphilis Chancroid Gonorrhoea Nonspecific Urethritis AIDS	2 hours 2 hours 2 hours 2 hours 2 hours

**Integrated Teaching: SKIN & VD** 

Topic	Learning Objective	Department
Leprosy	<ul> <li>Student should be able to:</li> <li>describe epidemiology, aetiology, investigations clinical feature and management.</li> <li>demonstrate partial nerve thickening/Anaesthesia</li> <li>request and interpret investigations like Slit Skin smear for AFB and BI / MI.</li> </ul>	Skin & VD Community Medicine Microbiology Leprosy Hospital
AIDS	<ul> <li>describe epidemiology/ aetiology/ investigations/ CF / management</li> <li>request investigation like ELISA/Western Blot.</li> </ul>	Skin & VD Medicine Virology (Pathology) Community Medicine
Chronic Arsenicoses	describe the epidemiology, investigation clinical features and management	Skin & VD Medicine

## While taking history and examining a patient the following steps should be followed by students:

Greetings to the patient

Introduction of self as a medical student

Explanation to the patient what is to be done

Use of understandable language of patient

Seeking permission and co-operation

Adequate exposure in lighted area having maintaining privacy

Giving thanks to the patient at the end of examination

Adopting correct procedure by use of appropriate instrument while doing procedure.

## **Instructions for Item Cards:**

Students should complete the cards during clinical attachment

Teacher should sign the card against the item completed

At the end of the attachment the card must be submitted to the Head of the department for countersigning.

## **Psychiatry**

#### **COURSE OBJECTIVES**

After completion of the course a medical student will be able to:

- comprehend the concept of mental health care and be aware of the role of the medical doctor in detecting common mental disorder in the community
- provide appropriate management to patients in the community
- comprehend the historical concept of psychiatry and its gradual development.
- comprehend normal and abnormal human behaviour in terms of personality, memory, intelligence, and learning.
- classify psychiatric disorders, recognise clinical manifestation of common psychiatric syndrome during clinical assessment and plan their appropriate management.
- deal psychiatric emergencies in hospital and community.

# **Learning Objectives and Course Contents in Psychiatry**

Learning Objectives	Contents	Teaching Hours 20 hours
Students will be able to:  describe the historical concepts related to psychiatry  describe psychosocial aspects of patients in medical settings  explain the basic concepts related to learning, memory, personality, and intelligence  classify common psychiatric disorders prevalent in Bangladesh  describe the aspects of mental health care to patients at the community level including drug abuse  classify common child psychiatric, neurological, behavioral, and psychosocial disorders prevalent in Bangladesh  recognise clinical manifestation of common psychiatric syndrome during clinical assessment  plan their appropriate management.	<ul> <li>Historical concepts &amp; classification</li> <li>Behavioural Science</li> <li>Learning, memory, personality, intelligence</li> <li>Symptommatology</li> <li>Organic psychiatry: Dementia &amp; Delirium</li> <li>Substance Abuse &amp; Alcoholosim</li> <li>Child psychiatry including Autism</li> <li>Psychosexual Disorders</li> <li>Psychoparmacology</li> </ul>	1 hour 1 hour 1 hour 2 hour 1 hour 1 hour 1 hour 1 hour 1 hour 1 hour
<ul> <li>provide care to the patients presenting with psychiatric emergencies in hospital</li> <li>give long term care to patients at the community level provide preventive mental health care especially to high risk groups</li> </ul>	Clinical Placement:  Mental state exam  Schizophrenia  Mood Disorders: Depression & Bipolar Mood Disorder (BMD)  Anxiety Disorders: GAD, phobia, obsession, panic dis.  Psychiatric emergencies  Psychotherapy	1 hours 2 hours 2 hours 2 hour 1 hour 1 hour

# **CARD** for Psychiatry

ITEM	MARKS	Signature
History taking		
Mental State Examination		
Symptomatology		
Schizophrenia		
Mood Disorder - Mania		
Mood Disorder Depression - Suicide & DSH		
Anxiety Disorders (GAD, phobic disorders, OCD, panic disorder, PTSD, ASD)		
Somatoform Disorder (Somatization, Hypochondriasis, body dysmorphic disorders, chronic pain)		
Delirium – Dementia		
Childhood Psychiatric Disorders including Autism		
Substance Abuse Disorder & Alcoholism		
Psychotherapy & ECT		

## **Paediatrics**

The curriculum in paediatrics, 2002 has been revised and updated in 2012 to emphasize the issues related to child health problems of the country.

The undergraduate medical students need to know these common childhood problems and how to manage these efficiently. This need based revised curriculum will certainly enable them to serve the community.

The contents of the curriculum as well as the skills to be acquired by the students are categorized as "must know", "useful to know", "nice to know" according to their importance at this level. These categories are marked as \*\*\*, \*\* and \* respectively. Teachers are requested to follow this guideline while planning their teaching-learning sessions.

### **Departmental Objective:**

To train medical graduates who will be able to manage common childhood problems in the community. Hence, at the end of the course they will be able to –

- manage common paediatric and neonatal problems at hospital and the community level.
- manage acute neonatal and paediatric emergencies efficiently
- identify neonatal and paediatric problems that require secondary and tertiary care and refer them appropriately.
- refer appropriately for rehabilitation where necessary
- use growth chart in order to assess the growth of a child to differentiate normal from abnormal.
- provide emergency cardiopulmonary resuscitation to newborns and children
- select and interpret relevant investigations
- perform routine therapeutic procedures
- communicate effectively with the child, parents, relatives and colleagues.
- counsel, explain and guide parents and relatives regarding the illness, the management plan, the possible complications and the prognosis
- participate in the national programmes providing both service and training and preventive activities: IMCI, NNS, EPI and other programmes
- serve the community during disaster and epidemics
- update with latest information related to core paediatric problems
- conduct research
- perform/discharge medico-legal and ethical responsibilities

### List of Compentencies to be acquired:

- communicate and counsel patients, parents and relatives.\*\*\*
- demonstrate empathy and humane approach towards patients, parents and relatives.
- exihibit a proper attitude towards colleagues and other staffs.\*\*\*
- take relevant history and perform clinical examination to arrive at a working diagnosis\*\*\*
- perform the anthropometric measurements in order to assess the growth of a child.\*\*\*\*
- use and interpret the growth chart to compare the anthropometric values with the standard one.\*\*\*
- suggest appropriate investigations keeping in mind their relevance and cost effectiveness\*\*\*

- plan and outline a treatment at primary facilities which is need based, cost effective and evidence based\*\*\*
- recognize situations which need urgent treatment at secondary and tertiary level hospitals and be able to
  make a prompt referral with a referral note after giving first aid or emergency treatment at primary health
  care facilities.\*\*\*
- use and interpret the Integrated Management of Childhood Illness (IMCI) Chart prepared by WHO\*\*\*
- prepare and administer oral rehydration therapy (ORT)\*\*\*
- explain mother about appropriate positioning and attachment in breast feeding & effective suckling\*\*

#### Students must observe the following skills

- Hand/ forearm washing \*\*\*
- Cardio-pulmonary resuscitation (CPR)\*\*\*
- First aid to children and neonates including endotracheal intubation and mouth to mouth breathing.\*\*
- Lumbar puncture\*\*\*
- Bone marrow aspiration\*\*\*
- Thoracocentesis/ paracentesis\*
- Umbilical catheterization\*
- Exchange transfusion\*
- Blood and blood products transfusion including mobile transfusion\*\*\*
- I/V canulation, collection of samples for routine examination (RE)\*
- Use of AMBU bag\*\*\*
- Administration of an enema\*
- Phototherapy\*\*
- Incubator (open and closed) care\*
- Oxygen therapy\*\*\*
- Nebulisation\*\*\*
- Bedside urine for albumin & sugar\*\*\*
- Capillary blood glucose estimation\*\*
- Preparing balanced diet\*\*
- Performing intradermal / subcutaneous/ intramuscular/intravenous or per rectal injections in children\*
- Constructing a vaccination schedule for a child\*
- Applying vaccine to children\*
- Mantoux test and interpret the result\*
- Introduction of nasogastric tube\*
- Managing hyperpyrexia or hypothermia and convulsion and other paediatric emergencies\*
- Applying otoscope, tongue depressor during examination of the child\*
- Writing discharge certificate\*

## **Paediatrics**

Learning Objectives	Contents	Teaching Hours
At the end of the sessions, students will be able to  define Pediatrics and Primary health care  state the stages of a child's life  describe the current child health status in Bangladesh  describe the major child health problems in the country  describe Millennium Developmental Goals (MDG), particularly MDG 4	Preventive Paediatrics  CORE: An introduction to Paediatrics & MDG***  IMCI***	1 hr 2 hrs
<ul> <li>describe the components of essential service package (ESP) and essential newborn care (ENC)</li> <li>discuss the emergency triage assessment and treatment</li> <li>state the National Child Health programmes</li> <li>describe the preventive programmes of paediatrics e.g. Integrated Management of Childhood Illness (IMCI), EPI, National Nutrition Services (NNS), Infant and Young Child Feeding (IYCF), vitamin-A supplementation</li> </ul>	<ul> <li>EPI***</li> <li>IYCF***</li> <li>IDD**</li> <li>ENC**</li> <li>NNS***</li> <li>ETAT**</li> <li>ECD**</li> <li>Vitamin-A supplementation**</li> </ul>	1hr Total = 4 hrs

Learning Objectives	Contents	Teaching Hours
At the end of the sessions, students will be able to	Neonatology	
<ul> <li>describe the procedure for taking care of new-born e.g. maintenance of body temperature, feeding, care of eyes etc.</li> <li>define perinatal asphyxia, hypoxic ischaemic encephalopathy (HIE), describe APGAR Score, causes, management (Newborn resuscitation) &amp;</li> </ul>	<ul> <li>CORE:</li> <li>Care of a normal newborn***</li> <li>Perinatal asphyxia***</li> <li>Neonatal resuscitation***</li> </ul>	1hr
complication of perinatal asphyxia.	Pre-term/ Low birth weight/ SGA***	1hr
state the common causes of respiratory distress in newborn (RDS & meconium aspirates) & clinical presentation and management	Neonatal infection***	1hr
define preterm & low birth weight, epidemiology, causes, clinical presentation, complications & management of preterm low birth weight	Neonatal jaundice***	1hr
<ul> <li>babies.describe the common infections of newborn (neonatal sepsis), their aetiology /organism patterns, risk factors and types of neonatal sepsis</li> <li>describe the clinical presentation of neonatal sepsis, diagnosis (e.g. sepsis screening), treatment and prevention of neonatal sepsis</li> <li>describe the causes of neonatal jaundice, clinical presentation, complications&amp; management of different types of neonatal Jaundice.</li> <li>State the causes and clinical presentations of neonatal convulsions and it's diagnosis and treatment</li> <li>describe the different types of birth injuries &amp; their management</li> </ul>	Neonatal seizure**  • Birth injuries *  • Respiratory distress in newborn*	1hr  Total = 5 hrs

Learning Objectives	Contents	Teaching Hours
At the end of the sessions the students will be able to	Infant and young child feeding (IYCF)	
define Infant and young child feeding (IYCF)	CORE:	
describe IYCF global & national perspectives and IYCF recommendations	Breast feeding***	1 hr
describe the effective breast feeding; exclusive breast feeding (including)		
colostrum)		
describe advantages of breastfeeding and hazards of artificial feeding	Complementary feeding***	1hr
describe anatomy of breast and physiology of lactation		
describe techniques of breastfeeding: position and attachment & effective		
succling		
counsel for breast feeding & complimentary feeding		
describe the baby friendly hospital initiatives		
describe breast milk substitute (BMS) code		
describe maternal nutrition & drugs in breastfed mother		Total =
describe guiding principle of complementary feeding & advantage of		2 hrs
complementary feeding, age specific appropriate food		

Learning Objectives	Contents	Teaching Hours
At the end of the sessions the students will be able to	Growth and Development, ECD	
define growth and development	CORE:	
describe normal growth and development of a child	Growth & Development***	1 hr
describe factors influencing growth and development		
state the principles of development	_	
describe early childhood development (ECD) and its importance	Failure to thrive**	
describe ways of assessing growth and development of a child	Early childhood development*	1hr
describe growth chart		
define failure to thrive and state it's causes and management		Total =
		2hrs
At the end of the sessions the students will be able to	Nutritional Disorders	
define and classify protein energy malnutrition (PEM)	CORE:	
define severe acute malnutrition (SAM)	PEM, SAM & CMAM***	1 hr
state the risk factors of protein energy malnutrition	,	
describe the clinical presentation, complications & management of a child	Vitamin deficiencies (Xerophthalmia,	
with severe acute malnutrition	Rickets, Scurvy)***	
describe the various types of vitamin deficiency disorders & their	Micro nutrient deficiencies (Iron, Zinc,	1 hr
management	Calcium)**	
describe micro nutrients and their importance in malnutrition/child health	Obesity*	Total =
list the causes of obesity, consequences & management of obesity		2 hrs

Learning Objectives	Contents	Teaching Hours
At the end of the sessions the students will be able to	Infectious Diseases	
list the common infectious diseases of children in Bangladesh	CORE:	
• discuss the aetiology, clinical presentation, complications, treatment &	• Tetanus**	1 hr
prevention of vaccine preventable disease.	Diphtheria**	
discuss the pathogenesis, clinical presentation, diagnosis & treatment of	Pertussis***	
enteric fever		
discuss the aetiology, clinical presentations of dengue fever and the	Tuberculosis***	1hr
complications	•	
describe the management of a case of dengue haemorrhagic fever (DHF)	Measles**	
and dengue shock syndrome (DSS)	• Mumps**	1hr
describe the aetio-pathology, clinical presentation, complications and	Poliomyelitis***	
management of kala-azar	_	
describe the aetio-pathology, clinical presentation, complications and	Enteric fever***	1hr
management of malaria	Dengue***	1hr
describe national programme for eradication of kala-azar and malaria	Malaria***	1hr
	Kala-azar***	1hr
		Total =
		7 hrs

Learning Objectives	Contents	Teaching Hours
At the end of the sessions the students will be able to	Gastrointestinal disorders	
define diarrhoea, it's aetio-pathogenesis, classification, clinical presentation,	CORE:	
complications of diarrhoea	Diarrhoeal disorders & management***	
define persistent diarrhoea and dysentery	- Acute watery diarrhoea***	
assess dehydration & to offer appropriate management (Plan A, B,C)	- Dysentery***	1 hr
select relevant investigations and their interpretation	- Persistent diarrhoea***	
describe the composition of ORS, Cholera Saline, Ringer's solution.		
describe prevention of diarrhoea	Abdominal Pain & Helminthiasis**	1 hr
describe helminthiasis and their management		
		Total =
		2 hrs
At the end of the sessions the students will be able to	Respiratory Disorders	
state the common respiratory illnesses of children	CORE:	
describe aetiology, clinical presentation, complication& management of	• ARI***	1 hr
pneumonia	Pneumonia***	
describe aetiology, clinical presentation, complication& management of	Bronchiolitis***	
bronchiolitis	·	
state the common causes of respiratory distress	Childhood Asthma***	1hr
differentiate asthma, pneumonia and bronchiolitis		
define childhood asthma & describe the presentation & management of asthma.	Croup and other causes of stridor	
describe the common differential diagnoses of stridor in children	And their management**	1hr
describe the management of a case of acute laryngotracheobronchitis	, - , , , , , , , , , , , , , , , , , ,	
		Total =
		3 hrs

Learning Objectives	Contents	Teaching Hours
At the end of the sessions the students will be able to	Haematological Disorders	
list the common causes of anaemia in children	CORE:	
classify anaemia.	Iron deficiency anaemia***	1hr
describe the risk factors, clinical presentation & management of iron	•	
deficiency anaemia.	Congenital haemolytic anaemia ***	
describe the pathogenesis, clinical & laboratory features and management	Hypoplastic anaemia/ aplastic anaemia**	1 hr
of congenital haemolytic anaemia (CHA)	1135 popularie unuenna aprarrie unuenna	
differentiate the laboratory features of these 2 diseases	• ITP ***	
counsel the parents about the prognosis of CHA.	Haemophilia***	1 hr
describe the cause/ differential diagnoses of bleeding disorder.	J	
describe the etiopathogenesis, clinical presentations, laboratory features		
and management of ITP, hemophilia, von Willebrand disease and aplastic		Total =
anaemia		3 hrs

Learning Objectives	Contents	Teaching Hours
At the end of the sessions the students will be able to		
list the common causes of generalized swelling and haematuria among	Renal disorder	
children		
define and classify nephrotic syndrome	CORE:	
describe the aetio-pathology, cardinal features, complication, diagnosis,	Nephrotic syndrome***	1 hr
treatment and prognosis of nephrotic syndrome.		
describe aetio-pathogenesis of acute glomerulonephritis, clinical	Acute glomerulonephritis***	1 hr
presentation, complication & management of acute glomerulonephritis.		
identify & describe management of a child with hypertensive	Urinary Tract Infection***	1hr
encephalopathy & acute LVF		
differentiate nephrotic syndrome from acute glomerulonephritis	Acute Renal Failure**	
describe the aetiology, risk factors, pathogenesis, cardinal features,	Fluid & Electrolytes & acid base balance***	1hr
complications, laboratory findings & management of UTI in children	J	
counsel the parent for prevention of UTI		
describe the causes, clinical presentation, complication & management of		
acute renal failure		Total =
describe the fluid & electrolytes homeostasis and acid base homeostasis		4 hrs
name common fluid, electrolytes and describe acid base imbalance.		

Learning Objectives	Contents	Teaching Hours
At the end of the sessions the students will be able to	Diseases of Liver	
state the different causes of jaundice	CORE:	
describe the clinico-pathological consequences of hepatotrophic viruses	Viral hepatitis ***	1 hr
describe the aetiopathogenesis, clinical presentation and complications of	Fulminant hepatic failure***	
acute hepatitis	Hepatic coma/ hepatic encephalopathy***	
describe the stigmata of chronic liver diseases (CLD)/ cirrhosis of liver	_	
list the relevant investigations for a child with liver disease e.g. acute	Portal hypertension **	
hepatitis or chronic liver disease etc and their interpretation.	Chronic liver disease eg. cirrhosis**	1 hr
describe the treatment of a child with acute hepatitis or chronic liver		
diseases		
describe the clinical presentation & management of hepatic coma.		
list the common causes of haematemesis in children		
describe the aetio-pathogenesis, clinical presentation of a case of portal		Total = 2 hrs
hypertension.		2 1115
outline the management of a case of hematemesis and malaena		

Learning Objectives	Contents	Teaching Hours
At the end of the sessions the students will be able to	Disease of Cardio-vascular system	
classify congenital heart diseases	CORE:	
describe the haemodynamics, clinical presentation, complication &	Congenital heart disease (ASD, VSD, TOF	2 hrs
management of common congenital heart diseases e.g. ASD, VSD, TOF &	& PDA)***	
PDA.	Rheumatic fever & Rheumatic heart	
describe aetio- pathogenesis of acute rheumatic fever	disease***	1 hr
describe the clinical presentation, diagnosis, & management of acute	Heart failure in infancy & childhood***	
rheumatic fever and rheumatic carditis.		
describe the prevention of acute rheumatic fever		
describe the causes, clinical presentation & management of heart failure in		Total =
infant & children		3 hrs

Learning Objectives	Contents	Teaching Hours
At the end of the sessions the students will be able to	Disease of Nervous system	
describe causes of convulsions in children	CORE:	
describe the criteria of diagnosis & management of febrile convulsion	Febrile convulsion ***	
describe the aetio-pathogenesis, clinical presentation & management &	Epilepsy**	1hr
prognosis of acute pyogenic and viral meningitis	Meningitis & Encephalitis	
describe the aetio-pathogenesis, clinical presentation & management &		
prognosis of encephalitis	Mental retardation **	
describe the pathogenesis, clinical staging, management & prognosis of	Cerebral palsy**	1hr
tubercular meningitis.		
describe the CSF findings of acute bacterial, tubercular and viral	Acute Flaccid Paralysis (AFP)***	
meningitis	Guillain Barre syndrome	
define and classify epilepsy	Transverse myelitis	1hr
describe the clinical presentation, management & prognosis of epilepsy	Polio myelitis	
• define and list the differential diagnoses of acute flaccid paralysis (AFP).		
describe the clinical presentation, management & complication of		
Guillain Barre syndrome (GBS), poliomyelitis and transverse myelitis		
differentiate GBS, polio and transverse myelitis		T 1
describe causes of mental retardation, it's management, counseling &		Total = 3 hrs
rehabilitation		3 III'S
define cerebral palsy & describe its causes, types, clinical feature,		
management, counseling & rehabilitation		

Learning Objectives	Contents	Teaching Hours
At the end of the sessions the students will be able to	Malignant diseases	
Enumerate common childhood malignancies	CORE:	
define and classify leukaemia	Leukaemia***	1 hr
describe the clinical presentation and diagnosis of acute leukaemia	Lymphoma & other tumours*	
describe the blood & bone marrow features of acute leukemia		
describe the treatment of acute leukaemia		
classify lymphoma		
At the end of the sessions the students will be able to	Endocrine and Chromosomal Disorders	
describe the causes of short stature	CORE:	
describe the aetiopathology, clinical presentation, diagnosis &	Short stature ***	1 hr
management of hypothyroidism	Hypothyroidism***	
classify diabetes mellitus & describe the clinical presentation, diagnosis	_	
& management of type I (IDDM) Diabetes Mellitus	Diabetes Mellitus *	
classify the chromosomal disorders	Down syndrome***	1hr
describe clinical presentation, management and prognosis of Down		
syndrome		Total =
counsel parents about the prognosis of the diseases mentioned above		2 hrs

Learning Objectives	Contents	Teaching Hours
At the end of the sessions the students will be able to	Connective Tissue & Musculo-skeletal	
list the common causes of pain and swelling of joints	Disorders	
classify juvenile idiopathic arthritis (JIA)	CORE:	
describe clinical manifestations and complications of JIA.	Juvenile idiopathic arthritis (JIA)***	
describe relevant investigation and interpretation	Myopathy	
enumerate the different treatment options of JIA	Pseudohypertrophic muscular	1 hr
classify myopathy	dystrophy**	
describe the clinical features and diagnosis of pseudo hypertrophic		
muscular dystrophy/ Duchene muscular dystrophy (DMD)		
describe the relevant investigations and their interpretation		
describe the management including counseling & rehabilitation of		
pseudo hypertrophic muscular dystrophy ( DMD)		
At the end of the sessions the students will be able to	Accidental poisoning & Drowning	
list the common accidents and emergencies of children	CORE:	
describe the principles and management of poisoning	Kerosene***	
describe the clinical presentation, complications and management of	Organophosphorus compound***	1 hr
kerosene poisoning	7	
describe the clinical presentation, complications and management of	Snake bite**	
organophosphorus poisoning	Drowning**	1hr
describe the aetio-pathogenesis, clinical presentation and management of		
snake bite		Total =
describe the pathogenesis and clinical presentation of drowning (salt and		2 hrs
fresh water drowning)		

Learning Objectives	Contents	Teaching Hours
	Paediatric Psychological and Psychiatric	
At the end of the sessions the students will be able to	disorder	
state the common behavioral disorders of children	CORE:	
describe the risk factors & management of nocturnal enuresis	Childhood behavioural disorders**	
differentiate true seizure from pseudo-seizure	Autism spectrum disorder (ASD)***	
describe causes, early identification management & counseling of autism	Somatoform disorder**	1 hr
spectrum disorder (ASD)	Enuresis*	
describe child abuse and neglect		
	Communication & Counseling	
At the end of the sessions the students will be able to		
describe the steps of communication /counseling	CORE:	1 hr
counsel a parent or care giver regarding any illness	Counseling	

# Paediatrics Teaching/ Learning Methods & Aids

Teaching methods	Aids
Lectures:	OHP/ Multimedia presentation, Video, Slide
<ul> <li>Large group teaching &amp; lectures</li> <li>Small Group teaching: (Clinical)</li> <li>Bedside teaching</li> <li>Case demonstration &amp; practice</li> <li>Practical Skills (Video)</li> </ul>	<ul> <li>Patients</li> <li>Simulated Patients</li> <li>Dummy (Manikins)</li> <li>Charts e.g. growth chart, IMCI Chart</li> <li>Reading materials <ul> <li>Modules &amp; national guidelines on different childhood</li> </ul> </li> </ul>
<ul><li>Field Site training: (with Community Medicine)</li><li>Integrated Teaching</li></ul>	<ul><li>illnesses</li><li>Study guide</li><li>Books, journals</li></ul>
Self-directed learning	Others e.g. ECG, Instruments, X-ray, photographs

## ACADEMIC CALENDAR – PAEDIATRICS

		2 <sup>nd</sup>	Phase	3 <sup>rd</sup> Phase	4 <sup>th</sup> Phase / Final l	Phase
>	4 hour		1111100	20 hours	26 hours	indo .
LECTURE	INTRO PREV	ODUCTION ENTIVE MATRICS		IYCF, Growth & development, Nutritional disorders, Infectious diseases, Childhood tuberculosis, Respiratory disorders, Gastrointestinal disorders, Accidental poisoning	Neonatology, Hematologic disorders, Renal disord cardiovascular system, Diseases of nervous system chromosomal disorders, Connective tissue & must Psychological and Psychiatric disorders, Communication	, Malignant diseases, Endocrine and culoskeletal disorders, , Paediatric
	4 weel	ks			6 weeks	
	2 WEE	KS	2 WEEKS		INDOOR PLACEMENT	
	Day	IMCI	Neonatology		Morning (2 hours)	Evening (2 hours)
	1	IMCI	History writing	No clinical placement in 4 <sup>th</sup> year	1st Week D1-2: Introduction + history taking D3: IMCI D4-5: Cough & difficult breathing, diarrhoea D6: Presentation & discussion	Self-directed learning Self-directed learning Self-directed learning
	2	IMCI	Clinical examination of i. Newborn ii. Child		2 <sup>nd</sup> Week D1 : Bleeding disorder D2 : Pallor	Self-directed learning Self-directed learning
	3	IMCI			D3-4 : Fever, Leukaemia D5 : Accidental poisoning	Self-directed learning Self-directed learning
	4	IMCI			D6: Presentation & discussion	
CAL	5	IMCI	Common neonatal problems:		3 <sup>rd</sup> Week D1- 2: PEM D3-4: Hepatosplenomegaly	Self-directed learning Self-directed learning Self-directed learning
CLINICAL	6	IMCI	<ul><li>Perinatal asphyxia</li><li>Low birth weight</li><li>Neonatal sepsis</li></ul>		D5 : Lymphadenopathy D6 : Presentation & discussion	Self-directed learning Self-directed learning
	7	IMCI	Neonatal Jaundice     Neonatal     convulsion		4th Week D1- 3: Scanty urine, ARF, NS/AGN D4 : RF & RHD	Self-directed learning Self-directed learning
	8	IMCI			D5 : Joint swelling D6 : Presentation & discussion  5 <sup>th</sup> Week	Self-directed learning Self-directed learning
	9	IMCI			D1-4: Neonatology D5: IYCF D6: Presentation & discussion	Self-directed learning Self-directed learning Self-directed learning
	10	IMCI	IYCF		6 <sup>th</sup> Week D1-2: Convulsion	Self-directed learning
	11	Assessment	Assessment		D3 : Developmental Assessment D4- 5: OSCE D6- : Feedback	Self-directed learning
	12	Feedback	Feedback			

## PLAN FOR ACADEMIC CALENDAR – PAEDIATRICS

Annex- FIRST PROF. SECOND PROF. THIRD PROF. FINALPROF.

6m	6m	6m	6m	6m	6m	6m	6m	6m	6m
			4 LEC	TURE	20 L	ECTURE	26 L	ECTURE	
			Introduction to MDG -1  IMCI-2  National prog		IYCF-2 (breast to complementery) Growth & devel Protein energy to SAM, CMAM-Other Nutritional Infectious disease Respiratory disconstructional Accidental Poison	feeding-1) opment-2 nalnutrition, 1 nl disorders -1 ses -7 orders- 3 disorders -2	Renal disorce Disease of li Disease of c system – 2 Disease of n 3 Malignant d Endocrine a disorders – 2 Musculoske	ic disorders – 3 lers – 4 lers – 4 lever – 3 ardiovascular ervous system – isease – 1 nd chromosomal letal disorders sychological and disorders – 1 tion and	
			CLINICAL				CLINICAL	4	il .
			4 WEEKS				6 WEEKS		10 days for block teaching
0	Yr	-1	3 <sup>rd</sup>	Yr -2	4 <sup>th</sup>	Yr -3	5 <sup>th</sup>	Yr -4	Yr -5

### **Pediatric Assessment Card**

Name of the student :		
Batch:	Roll:	Group:
Period of attachment:	from	to

#### Instruction to the students/ teachers

- Students must complete the activities shown on the card during the clinical attachment in pediatrics
- The teacher will sign the card when each item has been completed to a satisfactory standard
- The level of the teachers will be at least Registrar grade or above
- At the end of the attachment the card must be presented to the Head of Department (HOD) who will countersign it and also check whether an appropriate standard has been maintained. The card will be retained by the department (Registrar's responsibility)

## Standard of performance expected

When the activity involves interaction with patients and parents or the performance of an examination/ a procedure, the teacher will be expected to see whether an acceptable standard of performance has been achieved in the following ways:

- -introduction of oneself as a student
- -good communication with the patient/ parents (giving salam/ greetings)
- -explanation of what is to be done
- -taking consent
- -appropriate and understandable language used
- -application of correct method of examination
- -adequate exposure during examination

In case of performing a procedure, the teacher will concentrate on the following activities of the students in relation to the use of instrument:

- -correct use of the instrument
- -correct procedure followed
- -demonstration of findings to the teacher
- -proper disposal of the instrument used
- -communication with patient/ parents about the findings
- -explaining to the patient/ parents about the findings
- -giving thanks to the patient/ parents at the end of procedureIn all cases the ability of the students to interpret the findings of the examination or procedure is expected.

Activities in Pediatric Out Patient Department (OPD)

The student is expected to take an active part in the activities listed below and not only doing mere observation

At the end of clinical attachment, the card must be presented for final review and signature by HOD

	Cases	Date	Supervisor
A. History writing (1)			
(2)			
(3)			
(4)			
(5)			
B. Cases to be observed in	the management of the	he following (at least	10 cases)
(1) Diarrhoea			
(2) Pneumonia/ bronchioliti	s/ asthma		
(3) SAM (marasmus/ kwash	iorkor/ MK		
(4) Febrile convulsion/ men	ingitis/ encephalitis		
(5) NS/ AGN/ARF			
(6) IDA/ thalassemia/ aplast	ic anemia		
(7) ITP/ ALL/ Hemophilia			
(8) Enteric fever/ tuberculos	sis/ FOU		
(9) Rheumatic fever/ RHD			
(10) Viral fever/ CLD			
(11) Malaria/ kala-azar			

Students should longitudinally follow up the cases since admission till discharge taking the notes of history, physical findings, investigations and treatment in separate sheets to be presented to the teacher on demand.

C. Procedures to be performed	Date	Supervisor
(1) Recording PTR		
(2) Measurement of BP		
(3) Clinical examination (different systems)		
(4) Child restrain for painful examination		
(Throat with spatula and ear with aurisc	ope)	
(4) Anthropometry (wt/ Ht/OFC/ MUAC)		
D. Procedures to be observed	Date	Supervisor
(1) Lumber puncture		
(2) Bone marrow aspiration		
(3) Opening IV line		
(4) Drug administration in different routes (IV/ IM/ SC/ ID)		
(5) NG tube introduction		
(6) Enema administration		
(7) Blood transfusion		
(8) Collection of blood samples		
(9) Collection of throat swab		
(10) Thoracentesis/ paracentesis		
(11) CPR		
(12) Positioning & Attachment of breast fee	eding	
(13) Hand Washing		
(14) Preparation of F-75, F-100		
E. Pediatric accidents and emergency ma	nagement observation	
(1) Acute asthma		
(2) Convulsion		
(3) Heart failure		
(4) Acute poisoning (Kerosene, OPC)		
(5) Snake bite		
(6) Drowning		

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# **Integrated Teaching**

(4<sup>th</sup> year & 5<sup>th</sup> year)

Sl.	Diseases	Discipline
	Diarrhoeal diseases	1. Community Medicine
1		2. Microbiology
		3. Paediatrics
	PEM: SAM, CMAM	1. Community Medicine
2		2. Paediatrics
		3. Radiology
	ARI diseases	1. Comunitiy Medicine
3		2. Microbiology
3		3. Paediatrics
		4. Radiology
	Tuberculosis	1. Community Medicine
4		2. Microbiology
•		3. Paediatrics/ Pharmacology
		4. Radiology
5	IYCF	1. Paediatrics
		2. Obstetrics & gynaecology
6	LBW	1. Paediatrics
U		2. Obstetrics & gynaecology
7	Perinatal Asphyxia	1. Paediatrics
,		2. Obstetrics & gynaecology
8	Rheumatic fever/ AGN	1. Microbiology
0		2. Paediatrics
9	Nephrotic syndrome	1. Pathology
9		2. Paediatrics

## **Surgery & Allied Subjects**

#### **Departmental Objectives**

# The aim of this course is to provide community oriented & need based education so as to produce basic doctors who will be able to:

- elicit a complete clinical history & physical findings and formulate diagnosis of common surgical problems prevalent in Bangladesh.
- carry out necessary investigations & interpret the results
- perform minor surgical procedures and treat minor surgical problems
- recognize the major surgical problems needing specialized care, initiate the primary treatment and refer to the appropriate centers
- diagnose and provide competent primary care in surgical emergencies.
- carry out the responsibility of management in common casualties or natural calamities to offer and arrange basic life support.
- take necessary preventive & prophylactic measures in surgical patients.
- be involved in continued care & rehabilitation of surgical patients.
- deliver health education in the community with emphasis on the preventive aspects of surgical disorders.
- demonstrate the right attitude in
  - □ Patient Care
  - Community health care
  - □ Continuing medical education & research
  - □ Observing the moral & legal codes of medical ethics

#### List of Competencies to acquire abilities to:

#### 1. Clinical -

- a. build rapport with patients, colleagues and supporting staffs of the hospital
- b. take detail relevant history
- c. conduct thorough clinical Examination
- d. decide on a provisional working diagnosis
- e. perform and/or order relevant investigations considering the cost effectiveness
- f. interpret common laboratory and imaging investigations
- g. calculate fluid and electrolyte requirements
- h. evaluate and make initial management of acute trauma patient
- i. adopt aseptic techniques and procedures and maintain principles of sterilization

#### 2. Communication-

- a. obtain permission before any examination and clinical procedures
- b. obtain informed consent for surgical procedures including organ ablation.
- c. appreciate right to privacy and information about the disease and its consequence

#### 3. Managerial-

- a. provide leadership during team work
- b. implement time management skills
- c. issue certificates (discharge, death, medical and injury).
- d. write notes (case notes, operation notes, referrals)
- e. keep detail and systematic records and
- f. use computer and IT facilities.

#### 4. Manipulative and practical skills-

- a. adopt universal aseptic techniques in handling surgical patient
- b. start IV lines
- c. insert NG tubes
- d. introduce urethral catheter and perform supra-pubic cystostomy
- e. drain superficial abscess
- f. perform per-rectal examination
- g. achieve control external hemorrhage
- h. carry out initial management of wound
- i. repair minor wounds
- j. complete primary management of fractures and arrange transfer to appropriate centers.
- k. apply splints, slings, POP casts and slabs, tractions

## Distribution of teaching - learning hours Surgery & Allied Subjects

Subject	Lecture (in hours)			Tutoria l/Practi cal/Dem onstrati on	Integr ated teachin g	Clinica	l/Bedside t (in week)	teaching	Total Weeks	Block	Formative Exam	Summative Exam	
	2 <sup>nd</sup> Phase	3 <sup>rd</sup> Phase	4 <sup>th</sup> Phase	Total			2 <sup>nd</sup> Phase	3 <sup>rd</sup> Phase	4 <sup>th</sup> Phase				
General Surgery	35	30	60	125			12+4	-	6	22			
Orthopaedic s	5	10	30	45			-	4	4	8	4 wks		
Radiology	-	-	5	5			1	-	-	1	T WKS		
Radiothera py	-	-	8	8			-	1	-	1			
Transfusio n medicine	-	5	-	5			1	-	-	1		Preparatory leave -15 days Exam time -15 days	-15 days days
Anesthesia	-	10	-	10	200	20	1	-	-	1		ave -	ve -
Neurosurg ery	-	2	5	7			-	1	-	1		ry lea ime –	Preparatory leave -15 d Exam time -30 days
Pediatric Surgery	-	5	10	15			-	-	2	2		paratory le Exam time	arato xam t
Urology	-	5	10	15			-	-	2	2		ep E	rep E
Burn Plastic Surgery	3	1	2	5			-	-	1	1		<u> </u>	P
Emergency & casualty	-	ı	-	ı			-	-	1	1			
Dentistry	-	-	-	-			1	-	-	1			
Ophthalmo logy	-	40 ]	hrs	40			-	4	4	8			
Otolaryngo logy	-	40 1	hrs	40			-	4	4	8			
Total		30	0 hrs		200	20	20 wks	14 wks	24 wks	58wks	4wks		
Grand total			52	0 hours					62 weeks			75 (	days

(Time for exam. preparatory leave and formative & summative assessment is common for all subjects of the phase)

# Teaching-learning methods, teaching aids and evaluation

Teaching Methods				Teaching aids	In course
Large group	Small group teaching	Self learning	Others		evaluation
Lectures	Tutorials, Problem Based Learning, Clinical demonstrations OPD / indoor Attending & observing minor operations Demonstrations of X-rays specimen, Observations in ICU, Postoperative ward, Case Presentation and discussion.	Assignment, Self study	Integrated teaching,  Visit to radiotherapy & nuclear medicine centre  Attend centers where investigations for hearing impairment, vertigo, Tinnitus are available.	Computer, Chalk & board, OHP, Multimedia, Photographs &Videos, Specimens, & Models, Plain & Contrast X-rays of Upper & lower GIT, I.V.U, Fractures Skull X-rays Sinogram & Fistulogram Ultrasonogrph, Abdomen HBS & Pancreas Urinary tract Scans, thyroid scans,, C.T. Scan, MRI,	Item Examination Card final , Term Examination Term final (written, oral+ practical + clinical)

## **Final professional examination:**

## Marks distribution for assessment of surgery

**Total marks – 500** (Summative)

- Written = 200 (Formative Assessment-20 +MCQ-40+ SAQ -140=200)
- Oral = 100
- Clinical = 100
- Practical = 100

### **Related Equipments:**

General surgery	
I.V sets, butterfly needle & cannula, Transfusion sets, Feeding tubes, NG tube, Flatus tube, 'T' tube, Chest drain set, Endo-tracheal tube Blood bags, Stoma bags, Fluid bags,  BP blade and handle, surgical scissors, Needle holder, Surgical suture materials,  Sponge holding forceps, towel clip Alli's tissue forces, artery forceps, Sinus forceps, dissecting forceps, Kocher's artery forceps, kidney tray, gully pot, intestinal clamps, Deavers' abdominal retractor, Morris abdominal retractor	Langhanbach's retractor, Lane's twin gastro jejunostomy clamp, proctoscope, metalic urethral dilators, nephrolithotomy forceps, Bone nibber, Osteotome, chisel, hammer, amputation saw,  Plaster of paris bandage, crape bandage. Splints & supporting aids- Cervial collar, Cricle brace, artificial limb, Anasthesia machine, Laryngoscope, airway tube, Umbo bag,
ENTD	
Thudicum nasal speculum, Killians self retaining nasal speculum, Lichwitz antrum puncture trocar and cannula, Higginson's rubber syringe, Walsham's forceps, Luc's forceps, Tilleys forceps, St Clair Thomson post nasal mirror, Jobson horne probe and ring curette, Tuning fork, Head mirror,	Boyle Davis mouth gag, Luc's tongue depressor, Draffins bipod metallic stand, Eve's tonsillar snare, St Clare Thomson Adenoid curette and cage, Trousseau's tracheal dilator, Jackson's metallic tracheostomy tube, Direct laryngoscope Chevalier Jackson's oesophagoscope, Negus bronchoscope etc.
Ophthalmology	
Trial lens, trial frame, Eye speculums (Wire, Universal), DCR punch, Tonometer, Ophthalmoscope, Cat's paw retractor, BP Blade & handle, Keratome, Squint hook	Iris repositor, lens dialer, two way cannula, chalazion clamp and scoop, corneal forceps, irrigating vectis, sac guard, sac dissector, lacrimal probe, punctum dialtor etc.

**Learning Objectives and Course Contents in Surgery** 

Learning Objectives	Contents	Teaching Hours
A. Basic and Principles of Surgery  Student should be able to:  1. state the history, evolution and scope of Surgery 2. assess and prepare patient for surgery 3. understand the patho-physiology of trauma 4. diagnose, treat and manage minor wounds 5. diagnose, treat and manage surgical infections (boil, abscess, carbuncle & gangrene). 6. diagnose and provide basic treatment for shock & haemorrhage. 7. recognize all external hernias & their complications & initiate primary care for complicated hernias. 8. recognize & differentiate different types of burns and initiate primary care & take measure to prevent complications.	CORE Phase II  1. History, evolution and scope of surgery 2. Approach to a surgical patients 3. Surgical diagnostic process and techniques 4. Surgical Infection (Boil, Furuncle, Abscess, Carbuncle, cellulites) 5. Septicemia (causes, complications and treatment) 6. Sinus, Fistula and cysts 7. Wounds (classification and management) 8. Ulcers, pressure sores 9. Groin hernias 10. Haemorrhage 11. Shock	20 hours
<ol> <li>9. recognize fluid &amp; electrolytes imbalance states, investigate &amp; initiate appropriate therapy.</li> <li>10. recognize, &amp; investigate different types of skin ulcerations.</li> <li>11. recognize, investigate &amp; treat superficial skin tumour &amp; cysts</li> <li>12. take appropriate measures to prevent hospital infection.</li> <li>13. understand and comply with ethical principles in clinical practice</li> </ol>	Phase III 12. Metabolic response to injury 13. Principles of Management of Trauma 14. Management of a severely injured patient 15. Fluid and electrolytes balance 16. Enteral and Parenteral nutrition	10 hours
	Phase IV 17. Pre operative assessment and preparation 18. Tumours of skin 19. Lymphadenopathy (causes, investigations, diagnosis, biopsy) 20. Surgical ethics  ADDITIONAL Organ transplantation	10 hours

Learning Objectives	Contents	Teaching Hours
B. Systemic Surgery     1. Alimentary System     Student should be able to:     1. investigate and diagnose the common surgical diseases of alimentary system and suggest management	CORE Phase II Complications of Peptic ulcer ( Perforation, Pyloric stenosis ) Upper G.I. Tract bleeding Appendicitis Intestinal obstruction;	5 hours
<ol> <li>diagnose the acute conditions of alimentary system and initiate primary care</li> <li>identify the patient requiring specialty surgical intervention &amp; refer to appropriate centre</li> </ol>	Phase III Abdominal trauma ( Diagnostic and Management principles ) Ruptured Spleen Ruptured liver Ruptured intestine	5 hours
<ul><li>4. take continued care of the operated patients</li><li>5. recognise post operative complications &amp; take appropriate measures.</li></ul>	Phase IV Tongue, Lip & other oral lesions ( ulcer, cancer ) Oesophagus Carcinoma oesophagus and stricture Carcinoma stomach Neoplasm of colon and rectum Intestinal tuberculosis Anal canal Haemorrhoids, Fistula, Sinus & Fissure, Carcinomma anus Colostomy & ileostomy ( indications and management ) Abdominal incisions ( Tutorial )  ADDITIONAL Abdominal abscess Diseases of salivary glands Hiatus hernia.	5 hours

Learning Objectives	Contents	Teaching Hours
2. Genito-Urinary System  Student should be able to-  1. diagnose common congenital G.U. anomalies & advise / refer to appropriate centers  2. diagnose and manage acute GU conditions like	Phase III  1. Urinary symptoms & definitions 2. Urological investigations and their interpretations, 2. Devepmental genitor-urinary anomalies 3. Scrotal swelling	20 hours
<ul> <li>Acute retention of urine</li> <li>Acute epidedymo- orchitis</li> <li>Torsion testis</li> <li>Paraphimosis</li> <li>Phimosis</li> </ul>	<ul> <li>Hydrocele</li> <li>Scrotal cullulitis</li> <li>4. Acute scrotal conditions</li> <li>Epidedymo- orchitis</li> <li>Torsion testis</li> </ul>	20 100.0
<ul><li>Acute ureteric colic</li><li>Urosepsis</li></ul>	<ul> <li>Phase IV</li> <li>Urolithiasis (Causes ,Diagnosis , Principles and modalities of treatment )</li> </ul>	
<ul> <li>3. evaluation of scrotal swelling</li> <li>4. evaluate a case of haematuria</li> <li>5. order necessary investigations, and interpret the result of investigation &amp; suggest principles of management</li> </ul>	6 Retention of urine ( acute and chronic 7 Hydronephrosis 8 UTI 9 Urinary tract t injury. • Renal injury • Urethral injury	10 hours
<ul><li>6. recognize a case of retention of urine, find out causes perform aseptic catheterization</li><li>7. introduce suprapubic catheter</li><li>8. describe the steps of circumcision</li></ul>	10. Renal Neoplasm  RCC  Wilm's Tumour  11 Testicular Tumour  12 BPH  13 Stricture urethra	
	<ul> <li>ADDITIONAL</li> <li>Male infertility</li> <li>Minimal Invasive Surgery in Urology</li> </ul>	

	Learning Objectives	Contents	Teaching Hours
Student 1. 2. 3.	Hepatobiliary & Pancreas  will be able to: diagnose, investigate cholecystitis, cholelithiasis & Choledocholithiasis suspect pancreatitis; initiate primary case management & suggest management investigate & interpret the results in case of obstructive jaundice & suggest appropriate treatment diagnose & investigate suspected case of liver & sub-phrenic abscess & suggest appropriate treatment.	CORE Phase II Cholelithiasis ( causes and complications ) Cholecystitis ( acute & chronic ) Pancreatitis ( acute pancreatitis )  Phase IV Obstructive jaundice Pancreatic tumours Liver abscess  ADDITIONAL Hepatic neoplasm Cysts of liver Neoplasm of Gall Bladder	5 hours 4 hours
1. 2.	Endocrine & Breast  as will be able to: assess, investigate & diagnose thyroid swelling & thyrotoxicosis and suggest principles of management diagnose & manage a case of breast abscess assess, investigate & interpret the status and diagnose a case of breast lump & suggest principles of treatment.	CORE Phase IV  Thyroid Goiter and Neoplasms of thyroid  Breast Breast pain, Mastitis and Breast Abscess Fibro-adenosis and Fibroadenoma Carcinoma of breast  ADDITIONAL Diseases of adrenal gland Diseases of Parathyroid gland	4 hours 4 hours 2 hours

Learning Objectives	Contents	Teaching Hours
Students will be able to:     assess & diagnose traumatic haemopneumo-thorax, associated injuries & introduce water seal drain in appropriate case.	CORE  Phase IV Chest injury ( Haemothorax, Pneumothorax )  ADDITIONAL Dysphagia Empyaema thoracis	3 hours
6. Cardio-vascular System  Students will be able to:  1. recognize chronic ischaemic conditions of limbs 2. take appropriate preventive measures & refer to specialised centre. 3. take appropriate measure to prevent DVT 4. recognize early cases of DVT	CORE  Phase III  Vaso occlusive disorders     Atherosclerosis,     Buerger's disease     Varicose vein     Deep vein thrombosis  ADDITIONAL     Pulmonary embolism     Angeoplasty, CABG and cardiac surgery	5 hours
7. Plastic & Reconstructions  Students will be able to  1. manage Burn patient and minimize their complications 2. take any major wound care 3. suggest measures for con. External deformity & disfiguration	Core Phase II  Burn ( Causes , complications and management ) Skin grafting  Phase IV Skin tumours, Special area burn , Inhalation and electric burn	3 hours 2 hours

Learning Objectives	Contents	Teaching Hours
<ol> <li>8. Neuro surgery</li> <li>Students will be able to:         <ol> <li>provide primary care of head injury &amp; Spinal injury cases.</li> <li>take measures to prevent complications in neuro surgical patients.</li> <li>involve effectively in continued care &amp; rehabilitation of neuro surgical cases.</li> </ol> </li> </ol>	CORE Phase III Head injury  Phase IV Spinal injury Paraplegia/hemiplagia  ADDITIONAL Hydro cephalus Tumours of brain Tumours of spinal cord	2 hours 5 hours
<ol> <li>9. Operative Surgery</li> <li>Student should be able to perform:         <ol> <li>primary &amp; delayed primary &amp; Secondary suture closure of wounds</li> <li>Circumcision</li> <li>Vasectomy</li> <li>drainage of superficial Abscess</li> <li>Venesection</li> <li>Hydrocele operation</li> <li>excision of superficial cysts &amp; tumours</li> <li>dressing of surgical wounds</li> </ol> </li> </ol>	CORE Phase III Principles of Asepsis & Antisepsis Pre-operative assessment & preparation Venesection Cricumcision Operation for hydrocele Repair of D.U perforation Wound care  Tutorials Universal precautions ( Scrubbing , gloving & gowning ) O.T. environment & behavior Preoperative skin preparation and draping Suturing materials ,Stitches	5 hours 5 hours

Learning Objectives	Contents	Teaching hours
	Phase IV	
Student should be able to:  assist in common major operations & take post operative care  state post operative care	Common Abdominal incision Operation for inguinal hernia Drainage of abscesses Catheterisation, Supra-pubic cystostomy Anastomosis Appendicectomy Cholecystectomy Gastrojejunostomy Basic principles of Laparoscopy.  Additional Thyroidectomy, Nephrectomy, Mastectomy / Prostatectomy	10 hours
Student should be able to:      apply ATLS protocol to provide resuscitation of polytrauma patient .      manage simple and undisplaced factures     demonstrate skill in wound excision of open fractures .      demonstrate skill in:         application of splints, slings , traction.         application of plaster slab and cast         manipulative reduction of common fracture and dislocation.         aseptic technique of joint fluid aspration .         diagnose and outline treatment for acute osteomylities and septic arthritis         identify patient for referral to appropriate centre         demonstrate knowledge and understanding of the basic principle of physiotherapy and rehabilitation.	Phase II  a) General Orthopaedics  • Introduction to orthopaedics  • Hard tissue trauma:  - Fracture classification  - Principal of management of open and closed facture  - Fracture healing —nonuninon, malunion, delayed union.  • Infection of bone (Acute and chronic osteomyelitis)  Phase III  b) Regional orthopedics Upper limb  Colles' fracture Supracondylar fracture Clavicle fracture Radius Ulna fracture (Shaft) Humerus fracture (Shaft) Lower limb Fracture of Shaft of femur Fracture of Tibia fibula	5 hours 10 hours

Learning Objectives	Contents	Teaching Hours
Learning Objectives	Phase IV Regional Orthopaedics  • Upper Limb     Hand injuries and Hand Infection  • Lower Limb     Frac ture of Neck of femur     Fracture of Pelvis     Ankle and foot injuries     Amputations Additional     Dislocation – Hip, Haemarthosis  • Soft tissue trauma ( muscle and tendon injuries, compartmental syndrome )  • Infection of joint including osteoarticular tuberculosis  b) Mass Casuality-ATLS, Disaster management. c) Regional Orthopaedics Additional	
	Dislocation of shoulder and elbow  d) Paediatric orthopaedics:    Congenital anomaly talipes, CDH e) Bone tumors:    Classification of bone tumor    Common benign and malignant bone tumor – osteochondroma, Giant cell tumor, Osteosarcoma, Metastatic bone tumor.  f) Spine: Tuberculosis of spine    Vertebral fracture – ( primary management, transportation.    Principles of definitive management )  Additional g) Tendinitis, Tenosynovitis, bursitis.	

Learning Objectives	Contents	Teaching Hours
<ul> <li>11. Anaesthesiology</li> <li>Student should be able to:</li> <li>be aware of the safety in Anaesthesia.</li> <li>be aware of the possible complications &amp; management</li> <li>demonstrate basic knowledge and perform Cardio-Pulmonary Resuscitation (CPR)</li> <li>describe the scope of Anaesthesia in rural environment.</li> </ul>	CORE  a) Anaesthesia as a subject: its scope, outline- present & future b) Anaesthesia Pharmacology:    Drugs: induction, maintenance, muscle relaxants c) Intra-operative management d) Post-operative management and complication e) General Anaesthesia (G.A) f) Local/Regional anaesthesia g) Management of Pain (chronic) h) Intensive Care Unit (ICU) i) Cardio-Pulmonary Resuscitation (CPR)	10 hours
Practical Skills  Student should be able to perform:  • pre-operative assessment  • induction  • intubation  • I/V line  • artificial ventilation  • post-operative room care	Exposure to practical procedures (Tutorial):  Pre-operative assessment Induction Endo tracheal Intubation CV line Artificial ventilation Face mask ventilation. Recovery room experience	

Learning Objectives	Contents	Teaching Hours
<ul> <li>12. Radio Diagnosis &amp; Imaging</li> <li>Student should be able to:</li> <li>demonstrate knowledge and understanding of the principles of radiology and imaging</li> <li>appreciate the importance of imaging as investigation &amp; diagnosis of clinical conditions</li> <li>describe the hazards of radiation</li> <li>describe the protection measures for personal patient and the community.</li> <li>write proper requisition for various x-rays &amp; imaging.</li> <li>X-RAY Chest</li> </ul>	CORE  Phase IV  Introduction of radiology & imaging including CT & MRI  Hazards of radiation and protection for personals, and patients.  Principles of ultra-sonography & its clinical application  Plain & contrast X-Rays  Interventional_imaging  USG	6 hours
<ul> <li>Student should be able to:</li> <li>differentiate normal anatomical images from those due to pathological states,</li> <li>diagnose the common conditions like tuberculous consolidation, pleural effusion, pneumothorax, lung abscess, collapse, bronchogenic carcinoma.</li> <li>make radiological diagnosis of mediastinal masses</li> </ul>	<ul> <li>CORE:</li> <li>Normal and pathological image</li> <li>Pneumonic and Tuberculous consolidation</li> <li>Pleural effusion</li> <li>Pneumo Thorax</li> <li>Additional</li> <li>Lung abscess</li> <li>Mediastinal mass</li> </ul>	2 hours

Learning Objectives	Contents	Teaching Hours
<ul> <li>Gastro intestinal system</li> <li>Student should be able to:</li> <li>diagnose intestinal obstruction, perforation etc.</li> <li>recognise indications and contra-indication for barium studies e.g. meal, swallow, follow-through &amp; enema.</li> <li>make differential diagnosis of stones &amp; calcification on plain X-Ray.</li> <li>diagnose gastric ulcer, duodenal ulcer, growth in the stomach, oesophageal cancer on barium studies.</li> <li>interpret the finding of cholangiogram.</li> </ul>	<ul> <li>Core:         <ul> <li>Plain X-ray findings of Acute abdomen.</li> </ul> </li> <li>Indications &amp; contraindicatious for barium studies.             Hepatobiliary system             Cholangiogram &amp; ERCP</li> <li>USG of HBS and Pancreas</li> <li>Additional: MRCP</li> </ul>	
Student should be able to:  • diagnose common fractures, dislocations & bone tumours bone infections with the help of X-rays  Excretory System Should be able to:  • identify renal calculi in plain X-ray  • understand USG & IVU findings in renal stone and other renal diseases.	Diagnosis of common fractures of upper and lower limb     skull fractures     Spinal fractures and caries spine     osteomylitis     common bone tumours     diseases of joints     dislocations  CORE     X-ray KUB & IVU     USG of Kidney, Ureter, Bladder and prostate	

Learning Objectives	Contents	Teaching Hours
Students will be able to:  appreciate the role of radiotherapy in the management of cancer  demonstrate knowledge of radiation  identify different sources of radiation  refer the patients to radiotherapy department  recognize common radiation hazards after primary care  Students will be able to:  recognise common cytotoxic drugs.  refer appropriate cases for chemotherapy.  recognise common complication & offer primary care.	CORE  Introduction to Radiotherapy Radiation oncology, basic principles and practices:  • Aims of radiation oncology • Sources of radiation, Isotopes and their mechanism of action • Curative/Palliative radiotherapy • Radiosensitivity, radioresistance, radiocurability and normal tissue tolerance. • Common radiation reactions and management.  Medical oncology, basic principles and practice: • Cell cycle and Mechanism of action of cytotoxic drugs • Clinical aspect of cancer chemotherapy • Complications of chemotherapy (Infection and bleeding tendency) • Chemotherapy of common cancers, • Common Chemotherapeutic regimes	5 hours

Learning Objectives	Contents	Teaching Hours
<ul> <li>Students will be able to:</li> <li>appreciate the role of doctors in prevention and early diagnosis of cancer &amp; referral of cancer patients.</li> <li>take leadership in the community to offer rehabilitative support</li> </ul>	<ul> <li>Prevention of common cancer:</li> <li>Primary prevention, Secondary prevention</li> <li>Early diagnosis</li> <li>Referral to appropriate centre</li> </ul>	1 hour
• offer follow up & terminal care of cancer patients.	Palliative support and terminal care :	
<ul> <li>recognise clinical condition as which could be diagnosed by radio-isotope &amp; interpret the results.</li> <li>recognise diseases requiring isotope therapy.</li> </ul>	<ul> <li>Follow-up of cancer patients and terminal care</li> <li>Nuclear Medicine, basic Principles and practice:</li> <li>Radio-isotope in diagnosis</li> <li>Radio-isotope in therapy</li> </ul>	1 hour 1 hour

Learning Objectives	Contents	Teaching Hours
<ul> <li>14. Paediatric Surgery</li> <li>Students will be able to: <ul> <li>identity common paediatric surgical problems including emergencies.</li> <li>initiate primary care</li> <li>refer the cases to appropriate hospital</li> </ul> </li> </ul>	CORE Phase III  Examination of a child and neonate (Special considerations) Infantile Inguino scrotal swellings Acute abdomen in infants & children Congenital hypertrophic pyloric stenosis	5 hours
	<ul> <li>Phase IV</li> <li>Neonatal/Infantile intestinal obstruction</li> <li>Intussusception</li> <li>Anorectal malformations.</li> <li>Maldescended Testis</li> <li>Torsion Testis</li> <li>Haemangioma and other Cutaneous lesions</li> <li>Child-hood tumours.</li> <li>Rectal bleeding and prolapsed rectum</li> </ul>	
	<ul> <li>Tutorials</li> <li>Cystic hygroma, Branchial fistula</li> <li>Phimosis/balanitis</li> <li>Paraphimosis</li> <li>Phimosis/balanitis</li> <li>Paraphimosis</li> </ul>	10 hour

COLLEGE MONOGRAM

Photograph of the student

# **CLASS PERFORMANCE RECORD CARD**

# DEPARTMENT OF SURGREY ----- Medical College Bangladesh.

Name of the student: Father's Name: Address: -- Village/road with no.... P.O: \_\_\_\_\_\_Dist: \_\_\_\_\_ Postal Code no.....Country: Address: Year of admission in 1st year MBBS..... Promoted to 3rd year: Jan/ July - Year..... 2nd Professional examination due in- Jan/ July- Year..... 2nd professional passed on Jan/July-Year..... 3<sup>rd</sup> Professional due on Jan/July, Year-----3<sup>rd</sup> Professional Passed on Jan/July-----Final Professional examination due in- Jan/ July- Year..... For foreign students Citizenship: .....

# **SURGERY**

Cl. Reg. No.	
Roll No.	
Group	
Batch	

Card No.	1 (One) :16 wk
Year	3rd year
Total marks	100
Pass marks	60%

Name of the student				
Period of placement	From:	To:	Unit:	
Professor / Associate Professor				
Academic Co-ordinator				

No.	CLINICAL	Satisfactory / Unsatisfactory	Marks	Signature
1.	Rapport development with patient and hospital			
	supporting stuffs			
2.	History taking and writing (at least 10 different			
	cases)			
3.	General examination and general principle of			
	examination			
4.	Examination of swelling, ulcer, sinus, fistula, etc.			
	(at least 10 different cases)			
5.	Examination of			
	a) Inguino-scrotal swelling			
	b) Vascular system			
6.	Examination of chronic abdominal conditions. (5			
	cases) a) G.I. tract condition			
	,			
	Lumps in different quadrants.			
	Gastric outlet obstruction     Hence   Filippy and distance   Filippy   Gastric outlet			
	b) Hepato biliary conditions     c) Pancreatic conditions			
	Examination of acute abdominal conditions			
	Acute Appendicitis			
7.	<ul> <li>Perforation of the hollow viscus</li> </ul>			
7.	Acute Pancreatitis			
	Intestinal obstruction			
	Short cases in out patient clinics			
	Lipoma, Neurofibroma			
8.	-			
δ.	• Cyst			
	Haemangioma     Haemangioma			
	<ul> <li>Inguinal Hernias ,Hydrocele</li> </ul>			

No.	PRACTICAL	Satisfactory / Unsatisfactory	Marks	Signature
1.	5-infusions are to be observed & recorded			
2.	10 I.M. injections are to be given & recorded			
3.	Observe Ryles tube introduction in 5 cases			
4.	10 X-rays are to be seen & findings recorded			
5.	6 operations are to attain & observe in OT & record			
6.	Specimen-Gallstone, G. Bladder, Appendix, Urinary stones			
7.	Instruments			
	TUTORIAL			
1.	Shock			
2.	Fluid electrolyte balance			
3.	Strelization, Tetanus, gas gangrene			
4.	Gangrene, Boil, abscess, crubucle, ulcers			
5.	Sepsis and asepsis in surgery			
6.	Preoperative & postoperative care			

OFFICIAL RECORD (To be completed by department of Surgery)		
Date of issue of Card		
Date of return of the Card		
Date of entry of the Result		
Date of issue of next Card		
Card No.		
Remarks and Counter signature of Unit Chief	Registrar Department of Surgery	

# Neurosurgery (1wk )

No.	CLINICAL	Satisfactory / Unsatisfactory	Marks	Signature
1.	Examination of Neurosurgical patients			
2.	Examination of Hydrocephalus, Meningocele, Brain tumours, Extradural & Sub dural haemorrhage, Brain Abscess			
5.	Examination and assessment of Head injury patients.			
6.	PLID- Back pain			

#### CARD COMPLETION EXAMINATION

CARD COMPLETION EXAMINATION					
Attendance	out of				
Total marks obtained in items	Percentage				
Marks obtained in card Completion	Percentage				
Remarks					
Unit chief of Orth-Surgery	Registrar Ortho- Surgical Unit				

OFFICIAL RECORD  (To be completed by department of Surgery)				
Date of issue of Card				
Date of return of the Card				
Date of entry of the Result				
Date of issue of next Card				
Card No.				
Remarks and Counter signature of Academic Co-ordinator	Dealing Assistant Department of Surgery			

Cl. Reg. No.	
Roll NO.	
Group	
Batch	

Card no.	2(Two)-A
Year	4 <sup>th</sup> year
Total marks	100
Pass marks	60%

# **ORTHOPAEDIC & TRAUMATOLOGY**

Name of the student				
Period of placement	From:	То:	Unit:	
Professor/Associ ate Professor				
Academic coordinator				

	CLINICAL	Satisfactory/ Unsatisfactory	Marks	Signature
1.	General principle of Musculoskeletal history taking			
2.	General principle of Musculoskeletal examination			
3.	Clinical examination of Hand & Wrist, Elbow& Shoulder.			
4.	Clinical examination Hip, Knee, Foot & Ankle.			
5.	Examination of Bone disorders – Chronic pyogenic osteomyelitis, Bone tumours.			
6.	Examination of fractures & dislocations			
7.	Examination and assessment of polytrauma patient.			
8.	Examination of bones & joints deformity, club foot.			

No.	PRACTICAL	Satisfactory	Marks	Signature
		/Unsatisfactory		
1	ORTHOPAEDICS			
	a. Splint, Bandage, technique of			
	immobilization-Plaster slab & cast.			
	b. Observation of orthopaedics OT			
2	CASUALTY			
	a. At least five emergency cases to be			
	received at Emergency Department &			
	recorded.			
	b. At least five minor wounds to be			
	repaired.			
	c. At least three operations are to be			
	assisted.			
3	<b>X-ray</b> of fractures, dislocations,			
	tumours and osteomyelitis			
	Specimens of BoneTumours and			
	Ostemyelitis			
	Common Orthopaedic Instruments			
	TUTORIAL			
1	Fracture, Complication			
2	Dislocation, Subluxation			
3	Open fracture Management			

## **CARD COMPLETION EXAMINATION**

Attendance	Out of
Total marks obtained in	
items	Percentage
Marks obtained in card	
completion	Percentage
Remarks	
Professor of Orthopeadics	Registrar (Ortho Unit- )

## **ORTHOPAEDIC & TRAUMATOLOGY**

Cl. Reg. No.	
Roll No.	
Group	
Batch	

Card No.	2 (Two)-B
Year	5 <sup>th</sup> year
Total Marks	100
Pass marks	60%

Name of the Student				
Period of placement	From:	To:	Unit:	
Professor/Associate				
Professor				
Academic				
coordinator				

N	CLINICAL	Satisfactory/ Unsatisfactory	Marks	Signature
1	Review on General principle of Musculoskeletal history			
	taking&examination			
2	Clinical examination of upper & lower extremities.			
3	Principle of examination of muscles, tendons & joints			
	instabilities.			
4	Examination of muscles, tendons & joints instabilities of			
	Knee& Shoulder.			
	Examination of Spine& spinal cord injury.			
6	Examination of peripheral nerves.			
7	Long cases presentation & discussion.			
8	Short cases presentation & discussion.			

No.	PRACTICAL	Satisfactory/ Unsatisfactory	Marks	Signature
	ORTHOPAEDICS			
1	a. Use of functional braces, Walking aids, Caliper.			
	b. Observation of orthopaedics OT&Operations (At			
	least five)			
2	CASUALTY			
	a. At least five emergency cases to be received at			
	Emergency Department & recorded.			
	b. At least five minor wounds to be repaired.			
	c. At least three operations are to be assisted.			
3	<b>X-ray</b> of fractures, dislocations, tumours and osteomyelitis			
	<b>Specimens</b> of BoneTumours and Ostemyelitis& others			
	Common Orthopaedic Instruments			
	TUTORIAL			
1	Bone tumours& Osteomyelitis			
2	Children fractures& Compart ment Syndrom			
3	Mass casualty & ATLS			

## **CARD COMPLETION EXAMINATION**

Attendance	Out of
Total marks obtained in	Percentage
items	
Marks obtained in card	Percentage
completion	
Remarks	
Professor of Orthopaedics	Registrar Ortho unit
-	

## **SURGERY**

Cl. Reg. No.	
Roll No.	
Group	
Batch	

Card No.	3 (Three) 6 wk
Year	5th year
Total marks	100
Pass marks	60%

Name of the student				
Period of placement	From:	To:	Unit:	
Professor / Associate Professor				
Academic Co-ordinator				

		<u> </u>	T	T
No.	CLINICAL	Satisfactory / Unsatisfactory	Marks	Signature
1.	Examination of neck swelling  • Lymph Nodes  • Thyroid  • Thyroglossal Cyst			
2.	Examination of extremities for peripheral vascular conditions			
4.	Examination of chronic abdominal conditions. (5 cases)  a) G.I. tract condition  • Lumps in different quadrants.  • Gastric outlet obstruction  b) Hepato biliary conditions  c) Pancreatic conditions  Examination of acute abdominal conditions  • Acute Appendicitis, lump  • Perforation of the hollow viscus  • Acute Pancreatitis			
5.	Intestinal obstruction  Examination of face & oral cavity			
6.	Examination of breast & axillary's lymph node (Benign & Malignant tumours)			
7.	Examination of anorectal condition			
8.	UROLOGY(2 Wk)  Examination of Genitor-Urinary system  a. Hydronephrosis, Kidney tumours  b. Bladder tumours  c. BEP & Carcinoma Prostate with Retention of Urine  d. Scrotal Swellings, Epididymo orchitis  e. Hypospedias, Phimosis, Para phimosis			

	PAEDIATRIC SURGERY (2 WK)	
9.	Examination of Paediatric surgical cases  Anorectal malformation Hernias Urogenital malformations Congenital Hypertrophic Pyeloric stenosis Cleft lip, palate. Haemangioma, Cystic Hygroma, Branchial cyst Neonatal Intestinal obstruction	
10.	Short cases in out patient clinics  Lipoma, Neurofibroma  Cyst  Haemangioma  Inguinal Hernias ,Hydrocele  Neck swellings  Breast tumours & abscess	
	PRACTICAL	
1.	Ten complete histories with clinical examination are to	
	be taken & recorded	
2.	Three proctoscopic examination are to be done & recorded	
3.	Observe surgical dressings & stitch-usually in 3 cases.	
4.	Ten X-rays (Including Urological) are to be seen and findings recorded	
5.	Three operations are to be assisted	
6.	Observe & introduce urethral Catheter in 5 cases	
7.	Specimen-Ca-Breast, Prostate, Sequestrum, Stomach, Thyroid, testis, Gallstones & Urinary stones.	
	TUTORIAL	
1.	Gastro-intestinal bleeding	
2.	Acute abdomen	
3.	Surgical jaundice	
4.	Chronic abdominal condition	
5.	Burn, Fluid & electrolytes, Parentral Nutrition	
6.	LUTS, Haematuria	
7.	Retention of urine	

CARD COMPLETION EXAMINATION				
Attendance	out of			
Total marks obtained in items	Percentage	e		
Marks obtained in card Completion	Percentage	e		
Remarks				
		Registrar		
Unit Chief of Surgery		Surgical Unit		

OFFICIAL RECORD (To be completed by department of Surgery)				
Date of issue of Card				
Date of return of the Card				
Date of entry of the Result				
Date of issue of next Card				
Card No.				
Remarks and Counter signature of	Registrar			
Unit Chief of Surgery	Department of S	urgery		

## **Ophthalmology**

## **Departmental Objectives**

The objective of this course is to provide need-based education so as to produce a quality doctor who will be able to

- deal with common ocular ailments
- identify, give initial management & refer ocular emergency cases appropriately
- provide leadership in the sphere of primary eye care in the country as well as abroad.

To achieve the above mentioned departmental objectives, the following learning objectives will be required:

## **List of Competencies to acquire:**

- 1. Measure visual acuity of adult and children, a. unaided b. with pin hole c. with glass;
- 2. Examine color vision & examination of visual field (confrontation method)
- 3. Examine ocular movement and alignment; assessment of pupillary light reflex (direct and consensual)
- 4. Perform direct ophthalmoscopy.
- 5. Perform digital tonometry.
- 6. Perform Regurgitation test of lacrimal sac.
- 7. Perform Fluorescein dye test, irrigation of conjunctival sac & installation of eye drops/ointment.
- 8. Perform eversion of upper lid & removal of conjunctival foreign body.
- Diagnose and give treatment of bacterial conjunctivitis, vitamin A deficiency disease (night blindness, Bittot's spot, xerophthalmia), initiate treatment of minor trauma, correction of simple presbyopia and referral of difficult cases.
- 10. Diagnose and initiate treatment and referral of ocular emergency cases:a. trauma, b. painful red eye. c. corneal ulcer/keratits, d. corneal foreign body, e. acute dacryocystits.
- 11. Diagnose and referral for specialist management: cataract, chalazion, pterygium, leucocoria of children, squint, cases with reduced vision

## Fundamentals and principles of ophthalmology

**Goal:** The students will have the overall understanding of external and internal ocular structures of the normal human eye and will be able to perform the eye examination in normal and disease conditions.

#### **Topic Specific objectives:**

At the end of the teaching of the course the students will be able to:

- describe normal ocular anatomy.
- obtain detail ocular history.
- measure and record visual acuity in adults and children.
- assess pupillary reflexes.
- evaluate ocular motility.
- use the direct ophthalmoscope for gross assessment of red reflex, the optic disc and fundus examination.
- perform and evaluate visual fields by confrontation.

#### Specific contents in this subject will include:

A. Ocular Anatomy.

Students should be able to define gross anatomy of the eyeball& adnexa

- 1. Eyelids.
- 2. Extraocular muscles.
- 3. Lacrimal apparatus
- 4. Conjunctiva.
- 5. Cornea
- 6. Sclera.
- 7. Anterior chamber
- 8. Iris
- 9. Pupil.
- 10. Lens
- 11. Ciliary body
- 12. Posterior chamber
- 13. Vitreous cavity.
- 14. Retina
- 15. Optic disc.
- 16. Macula.
- 17. Choroid.
- 18. Optic nerve.

## **Learning Objectives**

## A. Knowledge components:

Students will be able to describe:

- 1. basic ocular anatomy
- 2. concept of measuring visual acuity without correction ,with pinhole and with correction
- 3. the importance of assessing ocular motility in the six cardinal positions of gaze and ocular alignment in primary position
- 4. the basic function of ophthalmoscope
- 5. importance of dilatation of pupil for fundus examination
- 6. abnormal fundal appearance in diabetic and hypertensive retinopathy
- 7. the concept of measuring intraocular pressure
- 8. the technique of determining the peripheral visual field by confrontation method
- 9. referral guideline

#### **B. Skill Components:**

At the end of the course, the students will able to demonstrate the skill of:

- 1. examination of each eye individually.
- 2. test V/A each eye individually and with pinhole.
- 3. evaluation of the position of the lids, and inspection of the conjunctiva, sclera, cornea and iris with a penlight.
- 4. examination of the pupil and assessment of the pupillary reaction.
- 5. ocular motility test in six positions and cover test
- 6. manual sac regurgitation test
- 7. assessment of intraocular pressure by digital method
- 8. performing visual field assessment by confrontation method
- 9. eversion of the upper lid and examine for the presence of foreign bodies
- 10. fluorescein dye test and its interpretation.
- 11. performing direct ophthalmoscopy and identify structures eg. optic disc, macula, and major vessels.

#### C. Attitude component:

Students will show continuous interest in gaining information in the subject and at the end of the teaching; they will be able to demonstrate the following:

- a. A patient-centered role:
- b. Scientific Integrity:
- c. Ethical medical Professional Behavior:
- d. Dedication to Continuous Learning:

## Learning will be facilitated by:

Active participation in the

- a. Classroom discussion
- b. Completion of assignments
- c. Formal presentations in tutorials.
- d. Self-initiated independent thinking, presentation skill.

#### **Evaluation:**

## Students will be evaluated by

- a. Written examination(Short Essay test and MCQ test)
- b. Formal and informal observations by instructor
- c. Terms examinations
- d. Final assessment together with other topics in the final Professional MBBS examination.
- e. Class and ward attendance

## **Remediation during training:**

- 1. The course coordinator will review the student's performance and will:
  - i. Identify any specific deficits
  - ii. Document all areas requiring remediation or additional concentration.
  - iii. Provide additional recommendations for remediation of specific lackings.

### **Method of teaching:**

- a. Didactic lecture
- b. In-class group session
- c. Clinical class in the hospital out-patient, in-patient and Operation Theatre settings
- d. Problem based discussion.

## **Materials**

Models, power point presentation will be provided and students will get copies of handout whenever available.

## **Learning Objectives and Course Contents in ophthalmology**

Learning Objectives	Contents	Teaching Hours
Student will be able to:  1. describe the anatomy of orbit and its contents  2. describe gross anatomy of the extra ocular muscles  3. diagnose orbital cellulitis, proptosis, squint /deviation and asymmetry and refer to specialist care  4. list the conditions for further referral to specialist care	Orbit:  1. Gross Anatomy:  a. Bones of the orbit constituting walls, roof and floor  b. Contents of the orbit  2. Clinical examination of orbital disease:  3. Orbital diseases:  a. Orbital cellulitis  b. Proptosis	2 hrs
Students will be able to  1. describe gross anatomy of the lid  2. describe surgical steps of chalazion operation.  3. demonstrate the skill of step wise clinical examination,  4. describe diagnosis and treatment procedure of the followings; Stye, chalazion and blepharitis.  5. identify and refer the following: Trichiasis, ptosis, ectropion, entropion, chalazion  6. perform eversion of the lid.	Eye lids:  1. Gross Anatomy of the eye lid & its disease  2. Clinical Examination procedure  a. Corneal light reflex & palpebral fissure height  b. Visual inspection of eyelids and periocular area.  3. Diseases of Lid  a. Malpositions.(definitions)  i. Trichiasis  ii. Ptosis  iii. Ectropion  iv. Entropion.  b. Inflamations.  i. Stye  ii. Chalazion  iii. Blepharitis  iv. Internal hordeolum	2 hrs

Learning objectives		Contents	<b>Teaching Hours</b>	
Students will be able to:  1. describe gross anatomy of conjunctiva 2. name diseases of the conjunctiva 3. describe surgical steps of pterygium operation. 4. examine the conjunctiva 5. diagnose and manage of viral, bacterial, allergic conjunctivitis & ophthalmia Neonatorum 6. diagnose pterygium and refer for surgical management 7. remove superficial conjunctival foreign body		Conjunctiva:  1. Gross Anatomy of the Conjunctiva & its diseases:  2. Examination procedure for conjunctiva  3.Disease of conjunctiva:  a. Conjunctivitis  - Bacterial  - Viral  - Allergic  b. Ophthalmia neonatorum  c. Trachoma (Gross idea)  d. Pterygium  4.Precautionary measures:	2 hrs	
Students will be able to:  1. describe the anatomy of lacrimal apparatus 2. describe production, and functions of tear. 3. describe steps of sac patency test with interpretation 4. describe symptoms, signs of lacrimal sac diseases. 5. diagnose and manage lacrimal sac diseases. 6. mention indication, contraindication and major complications of DCR and DCT 7. perform digital regurgitation test 8. perform digital massage in congenital nasolacrimal duct obstruction. 9. initiate treatment of acute & chronic dacryocystitis, and congenital nasolacrimal duct obstruction, and referred to an ophthalmologist		Lacrimal Apparatus: 1. Gross Anatomy of the Lacrimal Apparatus& its diseases: 2. Physiology:     Function of tear. 3. Examination Technique: 4. Lacrimal sac disease:     a. Actute dacryocystitis.     b. Lacrimal sac abscess     c. Chronic dacryocystitis. d. Congenital nasolacrimal duct obstruction	2 hrs	

Learning objectives	Contents	Teaching Hours	
Students will be able to  1. describe gross anatomy of the fibrous coat of the eye  2. describe supply of nutrition to cornea and maintenance of its transparency  3. describe steps of performing fluorescein dye test.  4. describe Keratoplasty  5. examine cornea  6. perform fluorescein dye test (to detect corneal epithelial defect)  7. remove superficial nonimpacted corneal foreign body  8. diagnose, and initiating treatment of corneal ulcer, keratitis and appropriate referral	Cornea and sclera:  1. Gross anatomy of cornea and sclera 2. Physiology:     a. Maintenance of nutrition& transparency of cornea     b. Function of cornea     c. Tear film 3. Diseases of cornea     a. corneal ulcer     b. keratitis     c. Keratoplasty (Gross idea)	3 hrs	
Student will be able to  1. describe the parts of uveal tract.  2. describe diseases of uveal tract, symptoms, signs and management of acute iritis & endophthalmitis  3. identify circumcorneal / ciliary congestion  4. perform pupil examination  5. identify ciliary tenderness  6. diagnose, initiation of treatment of iritis, endophthalmitis and appropriate referral.	Uveal tract  1. Gross Anatomy 2. Diseases of uveal tract  a. Anterior uveitis/uveitis b. Endophthalmitis c. Panopthalmitis	2 hrs	

Learning objectives	Contents	Teaching Hours
Students will be able to:  1. describe clinical features of age related cataract 2. describe stages of senile cataract 3. mention indications of cataract surgery 4. mention complications of untreated cataract 5. perform the preoperative evaluation 6. state ECCE, SICS and phaco surgery. 7. mention Complications of cataract operation 8. state Advantage of IOL implantation over spectacle 9. demonstrate the skill of diagnosis of cataract and referral to proper ophthalmologist	Lens and cataract:  1. Gross Anatomy:  2. Physiology:     Accommodation  3. Disease of the lens     a. Cataract     b. Pseudophakia     c. Aphakia  4. Management of cataract: a. Cataract surgery (Gross idea) b. Intraocular lens and its advantage (Gross idea)  5. Referral criteria of a cataract case	3 hrs
Student will be able to:  1. describe anatomy of the anterior chamber and anterior chamber angle 2. describe production circulation and outflow of the aqueous humor 3. define and classify glaucoma. 4. describe Symptoms, signs and management of POAG, PACG and congenital glaucoma 5. demonstrate the skill of:  a. taking history of glaucoma patients.  b. digital tonometry.  c. conformation test  d. direct ophthalmoscopy 6. diagnose and provide initial management of PACG and early referral. 7. counseling of all glaucoma patient regarding blinding nature of disease & necessity of life long regular treatment & follow up	Glaucoma:  1. Gross Anatomy  2. Physiology  a) Production, circulation and outflow of the aqueous humor. b) Intra ocular pressure and factors influencing IOP.  3. Classification of glaucoma.  4. Disease.(gross aspect) a) Primary angle closure glaucoma i) Risk factors ii) Symptoms iii) Signs iv) Management b) Primary open angle glaucoma: i) Risk factors ii) Symptoms c) Congenital glaucoma i) Genetics ii) Symptoms iii) Signs d) Secondary Glaucoma: Causes  6. Principles of Management: a. Pharmacological treatment. b. Surgical Management: c. Laser treatment	4 hrs

Learning objectives	Contents covered in this topic	Teaching Hours
Student will be able to:  1. describe the gross anatomy of the retina and its function 2. describe the normal fundus. 3. describe the fundal features of diabetic, hypertensive retinopathy. 4. examine normal eye with use of direct ophthalmoscope 5. identify or suspect vitro retinal disorder and refer patient	Retina and vitreous:  1. Gross Anatomy:     i. Vitreous     ii. Retina  2. Function of retina.     i. Normal vision.(acuity of vision)     ii. Color vision  3. Symptoms Suggestive of vitro- retinal disorder.  4. Examination of normal eye with direct ophthalmoscope.  5. Fundal features of     a. Diabetic retinopathy.     b. Hypertensive retinopathy.  6. Referral criteria     a. Abnormal red reflex of fundus     b. Visual loss or symptoms	3 hrs
<ol> <li>Student will be able to:</li> <li>define the common refractive errors eg. myopia, hypermetropia &amp; astigmatism.</li> <li>define Aphakia and pseudophakia</li> <li>define presbyopia and describe the rule of thumb for correction of presbyopia</li> <li>demonstrate basic knowledge about contact lens and refractive surgery.</li> <li>define low vision and mention importance of low vision aid for rehabilitation.</li> <li>record visual acuity.</li> <li>do prescription of presbyopic glass as per rule of thumb and referring difficult patients to ophthalmologists.</li> <li>refer all cases for final correction by ophthalmologist</li> <li>detection of cases with low vision and refer to low vision aid centers</li> </ol>	Refraction, Contact lens, Refractive Surgery and Low vision (Gross idea):  1. Refractive status& management a. Emetropia. b. Myopia. c. Hypermetropia. d. Astigmatism. e. Presbyopia f. Aphakia- I. Spectacle correction II. Contact lens III. Intraocular lens and pseudophakia IV. Refractive surgery (Basic idea) 6. Low vision. Definition of low vision. Refer to low vision aid centre	3 hrs

Learning objectives	Contents	Teaching Hours
Students will be able to.  1. name tumors affecting the eye and adnexa  2. name the causes of leucokoria in children.  3. describe stages, symptoms, signs and management of retinoblastoma  4. diagnosef Leucokoria and mention its importance for early referral	Leucocoria in children a. Cataract b. Retinoblastoma c Endophthalmitis d. Persistent fetal vasculature(PVF/PHPV) e. Retinopathy of prematurity	1 hrs
<ol> <li>describe Strabismus.</li> <li>describe the importance of measuring visual acuity of children of two to five years old</li> <li>describe the causes of amblyopia in children</li> <li>describe the causes of Leukocoria</li> <li>demonstrate the skill of:         <ul> <li>recording visual acuity in children</li> <li>ocular motility test</li> <li>recognize strabismus, nystagmus and amblyopia for immediate specialist referral.</li> </ul> </li> </ol>	Ocular motility and paediatric ophthalmology:  1. Gross Anatomy.  Extra-ocular muscles  2. Amblyopia Definition, cause & impact  3. Strabismus/squint: Definition, cause, diagnosis, effects and management principle  4. Nystagmus: Definition & identification	2 hrs

Learning objectives	Contents	Teaching Hours	
Student will be able to:  1. describe visual and pupillary, path ways.  2. describe manifestations of III, IV & VI cranial nerve palsy.  3. describe Papilloedema  4. record visual acuity.  5. perform confrontation visual field testing in four quadrants for each eye.  6. examine pupillary light reflex  7. recognize and diagnose nystagmus.  8. examine the optic disc with the direct ophthalmoscope	A. Gross Anatomy 1. Visual path way. 2. Pupillary Pathway  B. Examination procedure: 1. VA 2. Visual field testing (confrontation) 3. Pupillary light reflex. 4. Direct Ophthalmoscopy	2 hrs	
1. describe types of ocular injury 2. explain the effect of different types of ocular trauma 3. mention criteria for referral of the patients 4. demonstrate skill of: a) examination of the eye to assess the effect of injury b) removal of superficial conjunctival, sub-tarsal and superficial corneal foreign body c) performing pad-bandage of the eye d) providing primary management of ocular trauma e) referring the patient after primary management to ophthalmologist /hospital	Ocular trauma:  1. Blunt injury (Details)  2. Perforating Injury.  3. Foreign Body:(Extra and intra ocular)  4. Chemical Injury (details)  5. Thermal injury (Basic idea)  6. Radiation injury (Basic idea)	2 hrs	

Learning objectives	Contents	Teaching Hours
Students will be able to:  a. describe fundal change in hypertension  b. describe fundal change in diabetes mellitus.  c. describe ocular manifestation of vitamin-A deficiency and management.  d. provide health education regarding importance of yearly eye checkup by ophthalmologist for prevention of blindness due to diabetes.  e. demonstrate the skill of detecting disc oedema on fundus examination with direct ophthalmoscope  f. recognize Bittot's spot, xerophthalmia and Kerotomalacia & referal.	Ocular Manifestations of systemic diseases (Gross idea):  1. Diabetes mellitus 2. Hypertension 3. Vitamin A Deficiency 4. Auto-immune diseases (Basic idea) 5. Tuberculosis 6. AIDS	2 hrs
Student will be able to: a. describe etiology, magnitude and impact of blindness. b. demonstrate the concept of 'Primary Eye care' c. describe Ocular hygiene. d. describe diseases and conditions for referral. e. describe concept of school sight test. f. define low vision g. demonstrate gross idea about communicable and preventable eye diseases. h. perform school sight test i. identify cases of low vision and referral. j. implement "Primary Eye Care" concept at the place of work k. develop awareness about eye donation in the community. l. diagnose & initiate initial management of ocular emergency	Miscellaneous & Community eye care:  1. Etiology and magnitude of blindness 2. School sight test. 3. Primary eye care 4. Referral guide line 5. Low vision and rehabilitation 6. Outreach activities. 7. Eye donation & eye banking. 8. Vision 2020, The right to sight (Gross idea) 9. Ocular therapeutics 10. Ocular emergency 11. Sudden loss of vision 12. Painful loss of vision 13. Painless loss of vision 14. Gradual dimness of vision 15. Red eye 16. Ocular effects of environmental change	5 hrs

EXAMINATION SKILLS	Skills-		Assist	Observe
	Able to perform Independently	Able to Perform under Guidance		
1. Visual Acuity test and Use of pinhole	✓			
(including light perception, projection)				
2. Colour Vision test		✓		
3. Visual field by confrontation	✓			
<b>4.</b> Examination of ocular movements	✓			
<b>5.</b> Flourescien staining to identify corneal abrasion		✓		
<b>6.</b> Pupillary size and reaction	✓			
<b>7.</b> Distant direct ophthalmoscopy on dilated pupils to diagnose lens opacities		<b>√</b>		
8. Method of Direct ophthalmoscopy		✓		
9. Digital tonometry	✓			
<b>10.</b> Schiotz tonometry				✓
11. Regurgitation for NLD Block	✓			
12. Syringing				✓
13. Instillation of eye drops/ ointment	✓			
14. Irrigation of conjunctiva	✓			
<b>15.</b> Applying of patching	✓			
<b>16.</b> Epilation of cilia		✓		
17. Eversion of upper eye lid	✓			
18. Removal of corneal foreign body				✓
19. Cataract surgery				✓
20. Glaucoma surgery				✓
21. Chalazion/Stye				✓
22. Tarsorraphy			✓	
23. Assessment of Opacity in the media	✓			
24. Lacrimal Sac Surgery				✓

## DEPARTMENT OF OPHTHALMOLOGY CARD FOR EVALUATION

## First clinical Card (4<sup>th</sup> year)

Total Marks = 100

Name of the student		
Roll No	Class	
Session	Batch	
Period of placement is	1 Eye 4 weeks	
From	То	

No.	Items	Day of teaching	Marks obtained	Teacher's Signature
1.	History taking	1 day		
2	Examination of the Eye: Adnexa, Lid, Chalazion, Ext.Hordeolum, Int.Hordeolum Visual Acuity (Adult & children unaided, with pinhole, with present glass), Ant. Segment. Ocular motility, Digital tonometry, Confrontation test. (Visual field test)	3 days		
3	Methods of application of ocular drugs: Eye Bandage, removal of sup. Corneal F.B, Irrigation of conj. Sac.	1 day		
4	'RED EYES' - case demonstrations. Including fluorescein dye test & cilliary tenderness.	2 day		
5	Trial box, Snellen's chart	1 day		
6	Regurgitation test, Sac Patency Test and Epiphora 3 cases	1 day		
7	Assessment	1 day		
8	Total	10 days		

Total No. of attendance	
Marks obtained	
Comment	
Signature of the Registrar/RS	Signature of Head of the Department

## DEPARTMENT OF OPHTHALMOLOGY CARD FOR EVALUATION

Second clinical Card (5<sup>th</sup> Year )

Total Marks = 100

Name of the student				
Roll No	Class			
Session	Batch			
Period of placement in Eye Ward 4 (four) weeks. ( ward + OPD )				
From	То			

Total No. of attendance	
Marks obtained	
Comment	
Signature of the Registrar/RS	Signature of Head of the Department

## **Teaching Hours**

No.	Items	Day of teaching	Marks obtained	Teacher's Signature
1.	History & Exam (Colour vision, Field of vision, pupillary light reflex)	4 days		
2.	Corneal ulcer, Corneal abrasion: Diagnosis and management.	2 days		
3.	Uveitis: Diagnosis and management.	2 days		
4.	Cataract diagnosis and management.	3 days		
5.	OT, surgical demonstration Chalazion, Stye, DCR, Cataract surgery with IOL implantation (SICS/ECCE/Phaco)	2 days		
6.	Glaucoma.	3 days		
7.	Ocular Injury, Conjunctival irrigation, Eversion of lid, Epilation	2 days		
8.	Ophthalmoscopy, Tonometry, Assessment of opacity in media	2 days		
9.	Dacryocystitis: Diagnosis & management.	2 days		
10.	Xerophathalmia, paediatric cases.	2 days		
11.	Assessment	2 days		
	Total	26 days		

Methods	Total
Lectures	40 hours
Ward Teaching	8 weeks

## **Otorhinolaryngology & Head-Neck Surgery**

## **Departmental Objectives**

The aim is to teach undergraduate medical students so as to produce need based community oriented doctors who will be capable of :

- 1. diagnosing and managing common ENT & Head-Neck disorders.
- 2. referring complicated ENT and head-neck disorders to appropriate centres if and when necessary
- 3. managing common emergencies in ENT & head-neck disease
- 4. giving preventive advice on certain aspects of ENT & head-neck diseases

## To achieve above mentioned departmental objectives the following learning objectives should be achieved:

- 1. The art of appropriate history taking
- 2. Should perform primary ENT & head-neck examination procedure
- 3. Should use the aural speculum, nasal speculum, tongue depressor, laryngeal mirror, tuning fork and head mirror/light, otoscope & other instruments as listed in the enclosure
- 4. Should be able to describe the clinical application of basic anatomy & physiology of Ear, Nose and Throat
- Should be able to describe the pathology of common ENT disorders & disorders of the Head-Neck region
- 6. Should list commonly used drugs and describe their adverse effects
- 7. Should recommend common investigative procedures and special investigation (CT, MRI, and sonography, etc)

## <u>Learning Objectives and Course Contents in Otorhinolaryngology & Head-Neck Surgery</u>

Learning Objectives	Contents	Teaching
Students will be able to:  1. demonstrate the applied Anatomy of ear.  2. demonstrate the applied Physiology of ear.  3. take History of ear diseases  4. conduct clinical hearing test and value the significance of audiometry and caloric test.  5. diagnose various ear diseases by clinical examination (FB, Otitis Exerna, Traumatic Tympanic membrane perforation, ASOM, CSOM, Otosclerosis.  6. remove impacted wax, foreign body, Aural toileting  7. diagnose ear diseases and Its complications and refer to appropriate hospital when needed.  e.g perichondritis     otosclerosis     extra and intracranial     complications of middle ear diseases  8. make D/D of earache  9. differentiate safe from unsafe variety of CSOM.	EAR  CORE  1. applied Anatomy of ear 2. applied Physiology of ear:- hearing, Balance 3. congenital diseases of ear-Preauricular sinus 4. causes of earache 5. causes of deafness 6. diseases of ext. ear-Furuncle, Otitis externa ,Otomycosis, Foreign body,Trauma,Perichondritis of pinna 7. diseases of middle ear-ASOM, CSOM, OME, Otosclerosis. 8. diseases of internal Ear-Meniere's disease, Labyrinthitis. 9. Tuning fork test, Audio metry, Caloric test 10. micro ear surgery-Myringotomy Myingoplasty & different types of mastoidectomies. 11. neurootological complications:     Lateral sinus thrombosis, general idea about intra cranial complications of ASOM & CSOM.  Additional: 12. causes of Vertigo &Tinnitus 13. management of deafness.	Hours

Learning Objectives	Contents	Teaching Hours
Learning Objectives	Contents	
	NOSE	
<ol> <li>describe applied anatomy and applied physiology of nose.</li> <li>manage epistaxis</li> <li>remove FB and reduction of Fracture nasal bone.</li> <li>diagnose nasal diseases by clinical examinations</li> <li>refer the patient to specialized ENT centre</li> <li>apply ANS Pack.</li> <li>history taking of disease of Nose and PNS.</li> </ol>	CORE:  1. Anatomy of nose 2. Physiology of nose 3. Epistaxis. 4. FB nose, Fracture nasal bone 5. Nasal allergy 6. Nasal polyp 7. Rhinitis, Sinustitis 8. DNS, septal perforation, septal abscess, septal haematoma 9. Nasal papilloma, rhinosporidiosis. 10. Atrophic rhinitis 11. Nasopharyngeal angiofibroma and naso-pharyngeal carcinoma. 12. Sino-nasal malignancy  Additional Headache Tumours of nose and PNS Common nasal and sinus Operation: Polypectomy SMR, Septoplasty Caldwell Luc operation BAWO	

Learning Objectives	Contents	Teaching Hours
Learning Objectives  Student will be able to:  1. Describe anatomy of oral cavity, pharynx, larynx and oesophagus.  2. Describe Physiology of deglutition.  3. Make D/D of white patches, ulcers in oral cavity, Leukoplakia and Sorethroat.  4. Diagnose Diphtheria and refer it to appropriate hospital  5. Diagnose acute & recurrent tonsillitis, adenoids,  6. Describe indications of adenotonsillectomy and principles of post operative management and contraindications.  7. Diagnose complications of adenotonsillectomy and its management	Contents  Mouth cavity, pharynx, larynx and esophagus  CORE  1. Anatomy of oral cavity, pharynx, larynx and Oesophagus 2. Physiology of salivation, deglutition and functions of larynx, pharynx. 3. Diseases of oral cavity Congenital anomalies like Hare lip, cleft palate White patch-oral cavity, oral ulceration, Leukoplakia and neoplasm. 4. Acute & recurrent tonsillitis faucial diphtheria. 5. Adenoids 6. Tonsillectomy and adenoidectomy 7. Peritonsillar abscess, retro pharyngeal abscess,	Teaching Hours
<ul> <li>8. List D/D of dysphagia.</li> <li>9. List D/D of hoarseness of Voice.</li> <li>10. List D/D of Stridor</li> <li>11. Describe indications of trachestomy &amp; its steps, postoperative management and complications.</li> </ul>	parapharyngeal abscess.  Larynx  Acute Epiglottitis, Acute Laryngo tracheo bronchitis Acute & chronic laryngitis Papillomalarynx Stridor Causes of hoarseness of voice Tracheostomy Carcinoma-larynx. Foreign Body larynx, trachea, bronchus.	

Learning Objectives	Contents	Teaching Hours
	Pharynx FB Malignancy of Pharynx  Oesophagus PV syndrome Dysphagia Foreign Body Benign & malignant lesion of Oesophagus (strictures, rupture)  Head-Neck  1. Applied anatomy of salivary glands, Thyroid & Parathyroid glands 2. Physiology of salivary glands, Thyroid & Parathyroid glands 3. Salivary gland diseases 4. Thyroid and parathyroid diseases 5. Neck mass 6. Congenital sinus & cyst of head neck (Thyroglossal cyst, Branchial cyst, Branchial sinus)  General Idea about head neck malignancies	

## **Integrated Teaching**

Topic	Learning Objective	<b>Teaching Aids</b>	Assessment	Department
Otogenic and Rhinogenic extracranial & intra-cranial complications      Facio-Maxillary Neoplasm	Student will be able to:  • state the causes of extra-cranial & intra-cranial complications of ASOM and CSOM  • describe the symptoms & signs of acute mastoiditis, facial palsy, labyrinthitis lateral sinus thrombosis.  • Investigate & interpret the results of investigation.  • treat different complications (gross idea)  State common causes of maxillary swelling/carcinoma of Maxilla.	Video cassette film of C.T. Scan, X-ray, Diagram, Otoscope, Hammer, Cotton, Pin & Patients. Tongue depressor, PNS mirror, laryngeal mirror Nasal speculum. (Nice to know fundoscopy) Ophthalmoscope	Performance, Interpretation, Short Question, Modified short Question, MCQ Practical Exam OSCE	ENT & Neuro Surgery  ENT & Eye

## **Teaching Methods:**

- Lecture/ Mini Lecture
- Tutorial/ Demonstration Video
- Case presentation- Subject Operation- Programe side Teaching Theatres
- Discussion, Visit to RHC / Specialised Centre (If available)

Teaching Hours for Otorhinolaryngology & Head-Neck Surgery

Methods	Total
Lectures	40 hours
Ward Teaching	8 weeks

CARD SYSTEM FOR WARD & OUTDOOR DUTIES Clinical Card in Otorhinolaryngology & Head-Neck Surgery

(4 weeks in  $4^{th}$  year and 4 weeks in  $5^{th}$  year - Total marks = 100)

Name of the student					
Roll No	Class				
Session	Batch				
Period of placement in ENT Outdoor /Ward					
From	To				

## 4<sup>th</sup> - YEAR

No.	Item	Date of teaching & learning	Marks obtained	Signature of teacher
1.	History taking, examination & investigations of ear diseases			
2.	History taking, examination & investigations of diseases of nose & Paranasal Sinuses.			
3.	History taking, examination and investigation of diseases of pharynx, larynx & Oesophagus			
4.	Examination of Head-Neck & differential diagnosis of neck swellings.			
5.	Observe 10 cases of discharging ears and establish diagnosis			
6.	Observe 10 cases of deafness and establish diagnosis			
7.	Observe 10 cases of nasal obstruction & establish diagnosis. Learn all about septal deviation			
8.	Observe 5 cases of nose bleeding and learn nasal packing			
9.	Observe 5 cases of wax in ears and learn toileting			
10.	Observe 10 cases of neck swellings and establish diagnosis			

## 5<sup>th</sup> - Year

No.	Items	Date of teaching & learning	Marks obtained	Signature of teacher
1.	Observe 5 cases of Recurrent tonsillitis tonsillectomy, also learn pre & postoperative management.			
2.	Observe cases of Peritonsillar abscess/ retropharyngeal abscess. Establish diagnosis. Learn principles of management			
3.	Observe 10 cases of hoarseness of voice. Establish diagnosis & learn principles of treatment			
4.	Observe instruments for laryngoscopy, oesophagoscopy & bronchoscopy. Learn procedures of each			
5.	Observe 5 cases of tracheostomy. Learn technique of pre & post-operative management			
6.	Observe 2 antral washout operation. Learn instruments & principles of operation. See 3 cases of FB Nose. Learn technique of removal.			
7	Observe 5 cases of dysphagia. Learn management. Learn all about nasogastric feeding			
8.	Observe 10 cases of Head & Neck swellings Establish diagnosis.			
9.	Observe ENT X-rays. Interpret common findings			

Total Number of attendance		Out of
Punctuality		
Attitude to learning		
Relationship with staff & patients		
Percentage of marks obtained in items		
examination		
	Date :	
Signature of Professor / Associate Professor		

#### Instruments

- 1. Ear speculum
- 2. Otoscpe
- 3. Nasal speculum (Thudicum)
- 4. Antrum puncture trocar and cannula (Lichwitz)
- 5. Tongue depressor (Luc's)
- 6. PNS mirror
- 7. Laryngeal mirror
- 8. Boyle Davis mouth gag
- 9. Adenoid curette with / without cage (St Clare Thomson)
- 10. Tracheostomy tube-metallic/PVC
- 11. Laryngoscope
- 12. Oesophagoscope
- 13. Bronchoscope
- 14. Head light/mirror
- 15. Tuning Fork

### **Operative Procedures**

- a. Tonsillectomy
- b. Adenoidectomy
- c. Septoplasy/SMR
- d. Caldwell-Luc operation
- e. Myringoplasty
- f. Mastoidectomy
- g. Thyroidectomy
- h. Salivary gland excision
- i. Biopsy for diagnosis of carcinoma of tongue, oral lesions etc
- j. Direct larygnoscopyk. Neck node biopsy
- 1. Antral washout

### X-ray

- m. X-ray paranasal sinus (occipito-mental view)
- n. X-ray nasopharynx lateral view
- o. X-ray mastoid
  - Towne's view
- p. X-ray neck
  - Lateral view
  - Ba swallow x-ray of esophagous

#### Nice to know

CT scan /MRI

FOL – Fibre Optic Laryngoscopy

## CLINICAL PLACEMENT OF STUDENTS DURING PHASE II, III & IV (for 62 weeks)

WEEKS	PHASE II 20 WEEKS	WEEKS	PHASE III 14 WEEKS	WEEKS	PHASE IV 12+12 + 04 WEEKS
01-16	Surgery indoor -12 wks Surgery opd- 04 wks	01-04	Othopaedics & traumatology		1 <sup>st</sup> term
17	Anaesthesia	05-08	Ophthalmology	01-04	Orthopedics
18	Blood transfusion	09-12	Entd	05-08	Ophthalmology
19	Radiology	13	Radiotherapy	09-12	Entd
20	Dentistry	14	Neurosurgery		2 <sup>nd</sup> & final term
					Surgery
					UROLOGY
					PAEDIADRIC SURGERY
					EMERGENCY & CASUALTY
	etion exam at the end of rotation &				BURN & PLASTIC SURGERY
Term exam at 41 <sup>st</sup> week		Term exam at 41st week		04 weeks	BLOCK POSTING
					Final assessment

Tima	cchodula	for the	lactura	loccoc i	(number)

		1		
DICIPLINE	2ND PHASE	3RD PHASE	4TH PHASE	TOTAL
Gen Surgery	35	30	60	120
Orthosurgery	5	10	30	30
Radiology	0	0	5	5
Radiotherapy	0	0	8	8
Transfusion Medicines	0	5	0	5
Anaesthesia	0	10	0	10
Neurosurgery	0	2	5	7
Paediactric Surgery	0	5	10	15
Urology	0	5	10	15
Burn Plastic Surgery	3	0	2	5
	38	57	125	220

#### LARGE GROUP TEACHING

All lectures should be interactive one.

It should be directed to develop analytical and problem solving attitude.

Student should be encouraged to adopt self-directed learning.

## .

## Clinical Teaching and tutorials

- Students are to attend the wards as per placements twice in a day in morning and evening sessions as fixed by the respective college authority.
- They must be well dressed along with apron & nameplate.
- They will carry stethoscope, percussion hammer, pencil torch and measuring tape and other necessary clinical examination tools.
- During their ward visit, they will examine patients and try to make working diagnosis and write the history as per prescribed format.
- They will go through hospital documents and look what necessary measures and decision has been taken to follow the management of the patient in the ward.
- They will observe and practice techniques of IV & IM injection, infusion, dressing of the wounds. Student will also attend the operation theater and observe the instruments and equipments used in the operation theater.
- They will observe the techniques of different anaesthesia and the drugs used, techniques of hand
  - scrubbing, gowning gloving, scrubbing and draping of operation field, making incisions, haemostesis, saturating technique and wound repair.
- Students performance will be assessed by item examinations, ward and term examinations.

## Integrated teaching-

It should be run throughout the year under a centrally prepared routine involving as many as specialties possible. There should be at least once in a month, duration of the program will be 02.30hours 12 noon to 2.30pm.

## Following topics are being proposed from the department of surgery-

- 1. Jaundice
- 2. Vomiting
- 3. Per rectal bleeding
- 4. Abdominal pain
- 5. Multiple Trauma
- 6. Respiratory distress
- 7. Surgical complications of Diabetes Mellitus
- 8. Extra pulmonary Tuberculosis
- 9. Endoscopic diagnostic and therapeutic procedures
- 10. Documentation and record keeping
- 11. Communication Skills (Counselling, Breaking bad News)
- 12. Rehabilitation after trauma and ablative procedures

## **Assessment-**

- 1. Internal assessment: (Marks for formative assessment)
  - a. Items & Card completion examination,
  - b. Year final assessment at the end of Phase-II & III (written)
  - c. Final assessment examination ( similar to final professional examination ) at the end of block posting. (Medicine, Surgery, Obs & Gynae)
- 2. Final professional MBBS Examination:
  - a. **Written:** (MCQ- 20; SAQ- 4 X 17.5 = 70) each paper Time allocation: MCQ- 30 minutes; SAQ/SEQ 02hrs 30minutes.
    - i. Paper I SAQ consists of 4 groups.
      - 1. Group -1:- Principles of surgery, Vascular Diseases, Anaesthesia, Radiology,

Radiotherapy, Blood Transfusion.

- 2. Group -2:- GIT, Paediatric surgery, Operative Surgery.
- 3. Group -3:- HBS & Pancreas, Urology, Breast, Endocrine.
- 4. Group 4: Orthopaedics & Traumatology, Neurosurgery, Chest disease There will be 06 questions in each group and out of those 05 are to be answered carrying 3.5 marks each.
  - Each group will contain compulsory 01 problem solving and 02 analytical questions.
- ii. Paper -II (Ophthalmology-- MCQ-10 & SAQ-35; ENTD-- MCQ-10 & SAQ-35)
  - 1. Group-1 and group 2 Ophthalmology
  - 2. Group-3 and Group 4 ENTD
- Iii Questions will be of

recall type- 30%,

understanding or data interpretation type- 30% and problem solving type- 40%

iv Question should cover the whole syllabus.

80% of the questions should preferably be from core content and 20% from additional content of course.

#### b. OSPE-

- i. Stations will be constructed centrally by two experience examiners nominated and supervised by chairman of the examination committee of the respective university.
- ii. Each station will of 3 minutes time and marks will be allocated according to rules mentioned in the subject concerned.
- iii. All the examinee under each university will appear in OSCE/OSPE exam in their respective centers on a same date and time scheduled by University for a particular subject.
- iv. OSPE examination of Surgery, Ophthalmology and ENTD will be in two different days.
- v. Answer scripts of OSPE will be divided among the examiners for evaluation and the marks are to be submitted prior to final day of the oral examination scheduled in the respective centre.
- vi. Every examination center should be prepared for testing competencies including different procedure stations, data analysis, counseling, displaying x-ray, specimens and instruments.
- vii. Station setup
  - 1. Total 20 stations will be made comprising 10 from Surgery,
  - 2. 5 Ophthalmology and
  - 3. 5 ENT stations.

Out of those, at least two stations from surgery, one from Ophthalmology and one from ENT will be procedural station.

#### ix Marks allocation

Surgical stations are-  $(10 \times 6 = 60 \text{ marks})$ 

			•	No.
	a.	Plain x-ray		-1
	b.	Contrast x-ray		-1
	c.	Orthopaedic X-ray		-1
	d.	Specimen		-1
	e.	Instrument/s		-1
	f.	Appliances (Catheter, tubes, stoma	or reservoir bags etc)	-1
	g.	Data interpretation		-1
	h.	Procedure stations		-2
	i.	Splint/bandage		-1
4.	Ophtha	almology -5 and ENT-5 stations are-	(5+5) x4 = 40 marks	
	-		No.	
	a.	Instrument station	= 1	
	b.	X-ray station/ Specimen	= 1	
	c.	Clinical photograph/ tracing	= 1	
	d.	Procedure	= 1	

#### c. Structured Oral Examination. (SOE)

### Paper-1 (General surgery and allied)

Marks-30X2=60

- i. Two separate boards comprising one internal and one external examiner will assess written scripts, oral, practical and clinical examination.
- ii. There are two other reserve examiners in each internal and external pool.
- iii. Out of four examiner one will preferably be an orthopaedician.
- iv. There will be four boxes covering questions on surgery and allied specialties assigned for each examiner.
- v. Each box will contain at least 20 sets of questions.
- vi. A set of question will contain 3 small questions of three-difficulty level (Must Know, Better to Know & Nice to Know)
- vii. Content of the box-
  - 1. Box-1:- Principles of surgery, Vascular Diseases, Anaesthesia, Radiology, Radiotherapy, Blood Transfusion.
  - 2. Box-2:- GIT, Paediatric surgery, Operative Surgery.
  - 3. Box-3:- HBS & Pancreas, Urology, Breast, Endocrine.
  - 4. Box-4: Orthopaedics & Traumatology, Neurosurgery, Chest disease.

### Paper –II (Ophthalmology and ENTD)

Marks 20X 2= 40

- i. Two separate boards for each specialty comprising one internal and one external examiners will assess written scripts, oral, practical and clinical examination.
- ii. There will be one reserve examiner in each specialty.
- iii. Instruments and x-rays will not be examined in viva board.
- iv. Each student will be allocated 15 minutes
- v. Problem solving skills / Judgment of knowledge should be examined
- vi. The question and answer will be constructed by the examiners in advance
- vii. Question is typed in a card and put in box of defined domain
- A number of questions from each topic should be constructed covering the content area.
- ix. Content will be changed on alternate days
- x. The candidate randomly selects one card from each box and answer.
- xi. The candidate should answer selected number of question in the board
- xii. The examiner read the question, repeat it if necessary or the candidate reads the question if allowed.
- xiii. When candidate answers the questions, the examiner will put a tick in appropriate site on a prepared rating scale

## d. Clinical examination of surgery

- i. Surgery -60
  - 1. Short cases  $3 \times 10 = 30$
  - 2. One Long case-
- ii. Ophthalmology cases -2 x 10=20
- iii. ENTD cases- 2 x 10=20

## Mark distribution of oral, clinical and practical examination in surgery in final professional examination

Subject	Oral	Practical/OSPE	Clinical	Total
Surgery	30+30	30+30	30+30	180
Ophthalmology	20	20	20	60
ENTD	20	20	20	60
Total	100	100	100	300

<sup>□</sup> There will be separate Answer Script for MCQ

<sup>□</sup> Pass marks 60 % in each of theoretical, oral, practical and clinical

<sup>□</sup> Oral, Clinical & Practical Examination will be in 2 days,
One day- G. Surgery, another day- Ophthalmology + ENT.

# FINAL PROFESSIONAL EXAMINATION Assessment of Surgery (MARKS DISTRIBUTION)

Components	Marks On each component	Sub total Marks	Total Marks
Written examination			
Formative assessment marks General Surgery Ophthalmology ENT	10 05 05	20	20
Written Paper – 1: General Surgery: (MCQ+SAQ)	(20+70)	90	100
Paper – II: Ophthalmology: (MCQ+SAQ)	(10+35)	45	180
ENT: (MCQ+SAQ)	(10+35)	45	

Oral, Clinical & Practical			
General Surgery (Oral+ Clinical+ Practical)	(60+60+60)	180	
Ophthalmology (Oral+ Clinical+ Practical)	(20+20+20)	60	300
ENT (Oral+ Clinical+ Practical)	(20+20+20)	60	
Oral examination should be structured.			
			500
Grand Total Marks			

## **Obstetrics & Gynaecology**

#### **Departmental Objectives**

At the end of the course of obstetrics & gynaecology the undergraduate medical students will be able to:

- provide proper care in managing women's health including pregnancy, labour and puerperium and to ensure maternal and neonatal health and well being and give proper advices.
- diagnose and manage patients with common obstetrical and gynaecological problems.
- describe the basic concept of Counselling and counsel the women in the field of Obstetrics and Gynaecology.
- refer high risk cases appropriately.
- resuscitate new born babies and impart proper care.
- initiate & promote infant & young child feeding practices including exclusive breast feeding
- demonstrate appropriate attitude required to practise obstetrics and gynaecology.
- demonstrate an understanding about the impact of socio-cultural beliefs and environmental factors on women in pregnancy, labour and puerperium including their overall reproductive health.
- counsel and motivate women about contraception and family planning, and women's right.
- be acquainted with ongoing programme to reduce maternal mortality & morbidity.
- value the ethical issues in obstetrics and gynaecology.

## List of Competencies to acquire:

- History taking, communication skill, obstetrical examination, gynaecological examination.
- Diagnosis of common clinical problems
- Preparation of a patient before anaesthesia
- Writing a discharge certificate after
  - Normal delivery
  - Caesarean section
  - D & C
  - Evacuation of mole
  - Hysterectomy
- Care of antenatal patients
- Care of postnatal patient
  - Appropriate technique of breast feeding including position and attachment.
  - Demonstation of complementary feeding- amount, frequency, content of food
- Management of normal labour
- 1st stage, 2nd stage & 3rd stage (AMTSL)
- Skill about Episiotomy
- PPH management
- Management of Eclampsia
- Shock management
- Writing a BT order
- Blood transfusion note
- Insertion of a cannula
- Catheterization
- Drawing of blood
- Hand washing

- Wearing of gloves
- Identification of instruments/suture materials
- Trolly preparation for major & minor surgery

## **Distribution of teaching /learning hours**

Lecture		Tutorial / Demonstr ation	Integrated Teaching	Total hours	Clinical bed side teaching	Block placement	Formative Preparator	Exam Exam	Sumn exa Prepa	native am Exam
3 <sup>rd</sup> Phase	4 <sup>th</sup> Phase				in 3 <sup>rd</sup> & 4 <sup>th</sup> phase		y leave	time	ratory leave	time
30 hrs	70 hrs	85 hrs	15hrs	200 hrs	16 weeks (8+8)	4 weeks	15 day	15 day	15 day	30 day

(Time for exam. preparatory leave and formative & summative assessment is common for all subjects of the phase)

## Teaching/learning methods, teaching aids and evaluation

	Teaching Methods			Teaching aids	In course	
Large group	Small group	Self learning	Others	-	evaluation	
Lecture (video presentati on)	Bed side teaching, Tutorials PBL (Problem based learning) OPD- teaching Teaching in Family planning clinic Demonstration in Operation theatre Demonstration in wards/ skill room (video presentation) Field side teaching	Assignme nt, Self study	Integrated	Laptop, Computer & Multimedia OHP, Transparency & Marker White board & Marker, Black board & chalks, Flip Chart, Slide projector Video, Dummy, Ultrasonography report, X-ray plate, View Box Model, Television, VCR, Cassette, Specimen, Analysis report	Item Examination     Card final     Term     Examination     Term final     (written,     oral+     practical+clin     ical)	

#### **Final Professional Examination:**

#### Marks distribution of Assessment of Obstetrics & Gynaecology

**Total marks – 500** (Summative)

- Written =200 (Formative =20, MCQ=40, SAQ & SEQ=140)
- SOE=100
- Clinical=100
- Practical=100

#### **Related Equipments/Instrument:**

Forceps, Ventouse, Female bony pelvis & dummy foetus, Folley's catheter, Plain rubber catheter Sponge holding forceps, Alli's tissue forceps, Artery forceps, Volsellum, Hegar's dilators, Uterine sound & Currette, Sim's vaginal speculum, Cusco's speculum, BP blade with handle,

Dissecting forceps, Niddle holder, Suture materials

Contraceptives – OCP, Implanol, Injectable contraceptives, IUCD, Barrier methods.

MR Syringe with Canula

## **Core contents of Obstetrics:**

#### Conception and development of fetoplacental unit

- (a) Fertilisation, implantation, fetoplacental unit, placental barrier
- (b) Placenta, amniotic fluid and umbilical cord: Development, structure and function

## Anatomical and physiological changes during pregnancy

#### Diagnosis of pregnancy

## Consulting in reproductive health:

#### Antenatal care

- (a) Counselling
- (b) Objectives, principles of antenatal care, identification of high risk pregnancy
- (c) Nutrition during pregnancy and lactation
- (d) Vomiting in early pregnancy

#### Normal labour

#### Assessment of Patients in labour.

- (a) Onset of labour
- (b) Stages, mechanism of normal labour
- (c) Management of normal labour
- (d) Diagnosis of stages and assessment of progress of labour
- (e) Partograph
- (f) Pain relief
- (g) Monitoring Progress of labour:

#### Foetal condition, Maternal conditions.

#### Normal puerperium

- (a) Anatomical and physiological changes during puerperium
- (b) Management of normal puerperium
- (c) IYCF -- Breast feeding & Complementary feeding

### Hypertensive disorder in pregnancy including pre-eclampsia and eclampsia

## Medical disorders in obstetrics

- (a) Anaemia in pregnancy
- (b) Urinary problems in obstetrics
- (c) Diabetes
- (d) Heart disease
- (e) Hepatitis

#### Ante-partum haemorrhage

Definitions, classification, clinical features, complications and management

### Rh incompatibility and blood transfusion in Obstetrics

## Multiple pregnancy

Definitions and types, clinical features, complications, diagnosis and principles of management

## Malposition and malpresentation: causes and management

Types, causes, diagnosis, complications and management

### Abnormalities of labour

- (a) Prolonged labour: Definition, aetiology, diagnosis, complications, management
- (b) Obstructed labour: Definition, aetiology, diagnosis, complications, management

#### Post-partum haemorrhage (PPH)

Definitions, causes (atonic, traumatic and others) of PPH, prevention and management, follow up.

### Abnormal puerperium

Abnormal puerperium and management

### The newborn

Resuscitation, examination and care of the newborn.

Definitions related to newborn

## **Neonatal problems**

Birth Asphyxia

Jaundice

Infection

Feeding

Other problems of newborn

IYCF -- Breast feeding & Complementary feeding

#### **IUGR & IUD**

Causes, diagnosis and management

### Obstetric operative procedures

perineotomy, caesarean section, vacuum and forceps deliveries, version, destructive operations: their indications an complications

#### **Vital statistics:**

Maternal morbidity & mortality

Perinatal morbidity.and mortality

Neonatal morbidity & mortality

### Diagnostic aids in obstetrics

- (a) Ultrasonography
  - Basics of ultrasound
  - Role in obstetrics
- (b) Fetal monitoring- CTG
- (c) Amniocentesis and other prenatal diagnostic techniques

#### **Social Obstetrics**

- (a) Maternal & perinatal morbidities and mortalities
- (b) Direct causes of maternal & perinatal morbidity and mortality Contributing socio-economic & environment factors
- (c) Importance of family planning in prevention of obstetric problem
- (d) Strategies for promotion of maternal health & prevention of illness emphasising maternal nutrition, hygiene & medical care
- (e) National programs for MCH&FP, EOC, Combined service delivery

## Core contents of Gynaecology

## Anatomy of the female reproductive organs

- (a) Basic anatomy of uterus, ovaries, tubes, vagina and vulva
- (b) Relationship of uterus, ovaries, tubes and vagina to other pelvic organs
- (c) Developmental anomaly of genital organs

## Physiology of reproduction

- (a) Puberty, menstruation, ovulation
- (b) Fertilisation and implantation

#### Bleeding in early pregnancy

- Abortion:
  - Definition, types, causes and management of all types of abortion and this complications.
- Ectopic pregnancy:
  - Definition, aetiopathology, clinical feature, differential diagnosis and abdomen of acute principles of surgical management
- Trophoblastic tumours:
  - (i) Hydatidiform mole: types, clinical features, complications, differential diagnosis, management and follow up.
  - (ii) Choriocarcinoma: diagnosis and management, follow up

#### Vaginal discharge

Physiological and pathological, Diagnosis and treatment.

## Menstrual disorder

(a) Amenorrhoea:

Types, causes and principles of management

(b) Menorrhagia:

Definition, causes and management

(c) Metrorrhagia:

Definition, causes and management

- (d) Dysmennorhoea: Definition types, causes and management.
- (e) Dysfunctional uterine bleeding:

Definition, classification, diagnosis, principles of investigation and management

#### Genital tract infection

- (a) Defensive mechanism of genital tract
- (b) Pelvic inflammatory diseases: acute and chronic
- (c) Sexually transmitted diseases
- (d) Genital tuberculosis

## <u>Urinary incontinence – definition, types</u>

(a) Genitourinary fistula:-

Types, causes, clinical features, principles of management, prevention

## Other genital tract injuries:

- (a) Perineal tear
- (b) RVF

#### Genital prolapse

Types, aetiology, clinical features, diagnosis, differential diagnosis, principles of management

#### Endometriosis

Definition, types, clinical features, principles of management

## Neoplasia of reproductive organs

- Benign & malignant conditions of vulva & vagina
- Benign and malignant conditions of cervix
- Benign and malignant conditions of uterus
- Benign and malignant tumours of ovary

#### Infertility counselling

- (a) Causes, investigation and management both male and female partner.
- (b) Assisted reproductive techniques
- (c) Concepts of medical biotechnology in relation to Obstetrics

## Contraception

#### Counselling

Importance of contraception: personal and national characteristics of ideal contraceptive, classification, mechanism of action, advantages, disadvantages, complications of all methods particularly sterilization and MR.

### Menopauses

- (a) Definition, physiological basis, changes in different organs of body, clinical features of menopausal syndrome, principles of management
- (b) Post-menopausal bleeding
- (c) Hormone replacement therapy

### **Diagnostic Technique**

- (a) Cervical smear
- (b) Laparoscopy
- (c) Hysteroscopy
- (d) Colposcopy
- (e) Ultrasonography

Principles of common gynaecological operations

#### **Additional Contents**

#### **Obstetrics**

- (1) Developmental structure of placenta
- (2) Antenatal foetal screening
- (3) Mechanism of onset of normal labour (theories)
- (4) Labour analgesia
- (5) Thromboembolism
- (6) Other hypertensive disorders
- (7) Pathophysiology of pre-eclampsia and eclampsia in details
- (8) Haemolytic anaemia
- (9) Nephritis and renal failure in obstetrics
- (10) Treatment of Rh incompatibility
- (11) Management of IUGR
- (12) Management of inversion of uterus

- (13) Diagnostic aids in obstetrics
  - (a) Ultrasonography
  - (b) Foetal monitoring-CTG
  - (c) Amniocentesis, CVS, MSAFP
  - (d) X ray

## **Gynaecology**

- (1) Genital tuberculosis
- (2) Management of endometriosis recent advances
- (3) Assisted reproductive techniques
- (4) Hormone replacement therapy
- (5) Diagnostic techniques
  - (a) Laparoscopy
  - (b) Hysteroscopy
  - (c) Colposcopy
  - (d) Ultrasonography
- (6) Hormonal disorders in gynaecology
- (7) STDS

## **Lectures in Obstetrics (4<sup>th</sup> Year)**

	Cont	tent	<b>Lecture Hours (16)</b>
FIRST PHASE			
1. Conception and dev	elopment of		1 hour
fetoplacental unit  2. Fertilisation, implanta	tion,		1 hour
placental barrier  3. Placenta, amniotic fl function	uid and umbili	iucal cord: Development, structure and	1 hour
	iological chan	ges during pregnancy	1 hour
5. Diagnosis of pregnar	cy		1 hour
	(a) Objecti	ives, principles of antenatal care	1 hour
6. Antenatal care	(b) identif	fication of high risk pregnancy	1 hour
	(c) Nutrition	on during pregnancy, lactation and	1 hour
	Counseling on IYCF		
	(d) Vomiti	ing in early pregnancy	1 hour
Evaluation			1 hour
SECOND PHASE			
7. Normal labour		(a) Def, Stages, mechanism of normal labour	1 hour
		(b) Management of normal labour	1 hour
8. Normal puerperium		Physiology & Management	1 hour
9. Baby		(a) Examination and care of newborn	1 hour
•		baby	
		(b) IYCF	1 hour
Evaluation			1 hour

**Lecture contents in Obstetrics (5<sup>th</sup> Year)** 

Deett	Lecture contents in Obstetrics (5 Year)			
	Content	Lecture Hours		
FIRST PHASE				
1. Hypertensive disorder in pre	gnancy including pre-eclampsia and eclampsia	2 hours		
2. Medical disorders in	(a) Anaemia in pregnancy			
obstetrics	(b) Diabetes			
	(c) Heart diseases	4 hours		
	(d) UTI, Hepatitis, malaria & other			
3. RH incompatibility		1 hour		
4. Ante-partum haemorrhage	(a) Definitions, classification, clinical features,	2 hours		
	complications and management			
5. Multiple pregnancy	Types and definitions, clinical features,	1 hour		
	complications, diagnosis and principles of			
	management			
6. Malposition and malpresenta	ation: causes and management	3 hours		
Formative Assesment		1 hour		
SECOND PHASE				
7. Normal labour	<ul> <li>Review of what has already been taught</li> </ul>	2 hours		
	<ul> <li>Diagnosis of stages and assessment of</li> </ul>			
	progress of labour			
	• PARTOGRAPH			
	Pain relief			
	Foetal monitoring			
8 Induction of labour		1 hour		
9. Abnormal labour	(a) Prolonged labour: Definition, aetiology,	3 hours		
	diagnosis, complications, management			
	(b) Obstructed labour: Definition, aetiology,			
	diagnosis, complications, management			
	(c) Ruptured uterus			
10. Post-partum haemorrhage	Definitions, causes (atonic, traumatic and	1 hour		
(PPH)	others) of PPH, prevention and management			
11. Puerperium	(a) Review of what has already taught	1 hour		
	(b) Abnormal puerperium and management	1 hour		
12. The new born	(a) IYCFBreast feeding and complementary	2 hours		
	feeding			
	(b) Management of asphyxia neonatorum	1 hour		
	(c) Jaundice & other problems in new born	1 hour		
Formative Assesment		1 hour		

THIRD PHASE				
12. IUGR, Pre-maturity, Post-maturit	3 hours			
13. Obstetric operative procedures	perineotomy, caesarean section,	2 hours		
	vacuum and forceps deliveries,			
	version, destructive operations: their			
	indications and complications			
14. Vital statistics: MMR and perinat	al mortality and morbidity: Definitions	2 hours		
& ethical obstetrics, MDG, EOC				
15. Diagnostic aids in obstetrics and	2 hours			
(a) Ultrasonography				
- Basics of ultrasound				
- Advantages of ultraso	und			
- Role in obstetrics				
- Limitation				
(b) Foetal monitoring - CTG				
(c) Amniocentesis, CVS				
Formative Assesment		1 hour		

## **Learning Objectives and Course Contents in Obstetrics**

Learning Objectives	Contents	Teaching hours
The student should be able to     define the common terms used in obstetrics     define conception, fertilization implantation, fetoplacental unit and placental barrier.	<ul> <li>Feto placental Unit:</li> <li>Terms &amp; definition</li> <li>Fertilisation, implantation, fetoplacental unit, placental barrier</li> </ul>	2hrs
<ul> <li>mention development, structure &amp; function of placenta.</li> <li>describe the formation, circulation and function of amniotic fluid.</li> <li>mention structural, function and development of umbilical cord.</li> </ul>	Placenta, amniotic fluid and umbilical cord: Development, structure and function	1 hr
<ul> <li>describe the anatomical changes during pregnancy</li> <li>describe the physiological changes of pregnancy</li> </ul>	Anatomical and physiological changes during pregnancy	1 hr
<ul> <li>take history of early pregnancy</li> <li>mention the early symptoms and signs of pregnancy</li> </ul>	Diagnosis of Pregnancy     Antenatal care	1 hr 4 hours
<ul> <li>describe the characteristics of normal labour.</li> <li>recognise each stage of labour</li> <li>plot the events of labour on partograph and interpret the graph</li> <li>describe the mechanism of labour</li> <li>mention the management of each stage of labour</li> </ul>	Normal Labour – stages, Mechanism and management.	2 hrs
define pre-eclampsia, eclampsia, mention incidence, etiology, theories ognise complications and describe management	<ul><li>Pregnancy induced Hypertension</li><li>Pre-eclampsia</li><li>Eclampsia</li></ul>	3 hrs
<ul> <li>define APH, mention its causes understand the types of APH</li> <li>differentiate between placenta previa and abruptio placentae</li> <li>mention the complication of abruptio placentae including DIC.</li> <li>manage the placenta praevia, abruptio placentae</li> </ul>	<ul><li>APH</li><li>Placenta previa</li><li>Abruptio placenta</li></ul>	2 hrs
define post-dated pregnancy, state etiological factors, diagnose post-dated pregnancy, list complications, manage post-dated pregnancy	Post Dated Pregnancy	1 hr

Learning Objectives	Contents	Teaching hours
The student should be able to  define and describe, incidence, complications, diagnosis and management of anaemia, Diabetes in pregnancy, Hypertensive disorders and heart disease in pregnancy	Medical disorder in pregnancy :- a. Anemia b.Diabetes in pregnancy c.Hypertensive disorders d. Heart disease in pregnancy	6hrs
The student should be able to  define obstructed labour  mention the etiological factors diagnose and manage the obstructed labour describe the complications of obstructed labour define prolonged labour differentiate prolonged labour from obstructed labour describe the complications manage the prolonged labour define the ruptured uterus mention the etiological factors and incidence diagnose and manage	Abnormal labour:     Obstructed Labour     Prolonged Labour     Raptured Uterus	3 hrs
<ul> <li>define PPH</li> <li>list the types</li> <li>describe the causes of PPH</li> <li>describe the complications of PPH</li> <li>describe retained placenta</li> <li>diagnose and manage retained placenta</li> <li>diagnose and manage PPH.</li> </ul>	PPH     Retained placenta	1 hrs

Learning Objectives	Contents	Teaching hours
The student should be able to  describe the common obstetric procedures  describe the role of these procedures in obstetrics  define and to differentiate it from trial of Labour  mention the types of induction  describe the indication and complication of each type of induction  define and know the types  describe the procedure of version  describe the indication and complications  describe the post version management  define and state the types and Episiotomy  explain the indication and procedure  describe the management  describe the complications  list the types  explain the indication and prerequisite and contraindications  describe the procedure  list the complications  write down the postnatal management	Obstetric operative procedure:  Induction of Labour  Version  Episiotomy /perineotomy  Forceps delivery	2 hrs

Learning Objectives	Contents	Teaching hours
The student should be able to  describe the ventouse extraction  mention the indications and contraindications  mention the advantages  describe the complications  give postnatal management  describe common obstetrics operations  mention the history & define LUCS  mention the different types  describe the indications  mention the steps of operation  describe the complications  mention the pre-operative and post-operative treatment.  describe the different types & perineal tear  diagnose and to manage the perennial tears  describe Cervical Tears  mention the etiological feature  diagnose and manage  mention the complications and its relations to PPH	Ventouse     LUCS     Perineal tear     Cervical Tear	

Learning Objectives	Contents	Teaching hours
The student should be able to     describe the different destructive operations     mention the indication of each destructive operations     mention the pre-operative and post-operative management     describe the complication of each destructive operation     mention the role of destructive operations in modern obstetrics	Destructive operations	2hrs
<ul> <li>define and understand the normal puerperium</li> <li>mention the anatomical and physiological changes in normal puerperium</li> <li>describe the process of involution</li> <li>manage the normal puerperium</li> <li>describe the abnormal puerperium</li> <li>mention the complications of puerperium</li> <li>manage the abnormal puerperium</li> </ul>	Normal and abnormal puerperium	1hrs
<ul> <li>describe the care of new born</li> <li>mention the immunization schedule of new born care</li> <li>mention the management of umbilical cord</li> </ul>	Care of New Born:	1 hr

Learning Objectives	Contents	Teaching hours
The student should be able to		
describe the asphyxia neonatorum	Asphyxia, Neonatorum	5 hours
mention the causes of asphyxia	Breast Feeding & IYCF	
describe APGAR score and its interpretation	Birth Injuries	
diagnosis and manage	Neonatal Infections	
list the complications	Neonatal Jaundice	
describe the physiology of lactation		
describe the pre-lacteal feed, attachment, nipple infection, exclusive Breast		
feeding Describe the physiology of lactation		
mention the advantages of breast feeding		
describe		
exclusive Breast feeding		
colostrum and mature milk		
<ul> <li>position, attachment and expression</li> </ul>		
breast problem		
breast feeding in special situation		
• list the 10 (Ten) steps		
describe BMS code		
describe LAM		
state maternity protection (leave and creche)		
counsel a mother for Breast feeding		
mention the advantages of breast feeding		
counsel a mother for Breast feeding		
• list the 10(Ten) steps		
list the types		
describe the aetiology		
manage the birth injuries		
describe the common neonatal infection		
outline Diagnose and to manage		
list the complications	Foetal Monitoring	
describe foetal monitoring in pregnancy and in labour		
mention the different method used for foetal monitoring		
recognise the foetal distress and describe the management		
describe the interpretation of foetal monitoring.		

Learning Objectives	Contents	Teaching hours
The student should be able to  describe the diagnosis and in obstetrics  mention the principles of ultrasound  mention the role and advantages of ultrasonography in obstetrics  describe the indications of ultrasonography  mention the limitations  mention the principles of radiology  mention the role and advantages  describe its limitation in obstetrics  mention the different views of Radiology in obstetrics  define amniocentesis  mention the advantages  state the indications	Diagnostic aid in obstetrics:  Ultrasonography Radiology Amniocentesis, CVS	2 hrs

## **Learning Objectives for Obstetrics**

The student will be able to apply knowledge and understand of the following:

- 1. Normal pregnancy
  - Diagnosis of pregnancy
  - Antenatal Care
  - Screening for high risk pregnancy
  - Nutrition and Hygiene of a pregnant mother
- 2. Hypertensive disorders of pregnancy including pre-eclampsia, Eclampsia. APH, Rh incompatibility, IUGR, Multiple pregnancy, grand multiparity, pre-maturity, post maturity.
  - Definition
  - Aetiology
  - clinical presentation
  - Diagnosis
  - Management
  - Complication
  - Follow up of treatment.
- 3. Medical disorders in pregnancy (Anaemia, Diabetes, UTI, Heart disease, Jaundice, Tuberculosis & others)
  - Incidence of diseases
  - Natural history of diseases
  - Aetiology
  - Clinical presentation
  - Diagnosis
  - Management
  - Effect on pregnancy and vice versa
- 4. Normal labour
  - Definition
  - Stages; mechanism
  - Diagnosis
  - Management
  - Partograph
- 5. Abnormal labour
  - Definition
  - Types
  - Diagnosis
  - Management
  - Follow-up

#### 6. Puerperium:

- Definition of normal puerperuim
- Anatomical and physiologial changes
- Management of normal puerperium
- Post-natal care including general advice
- Course of abnormal puerperium
- Management of abnormal puerperium

#### 7. New born:

- Definitions related to newborn
- Examinations and care of newborn
- Resuscitations
- Diagnosis and management of asphyxia, jaundice and neonatal infections
- Feeding problems

# 8. Common diagnostic techniques Ultrasonography, Radiology, Foetal Monitoring and Amniocentesis, CVS

- Uses
- Advantages
- Disadvantages

## 9. Obstetric procedures and operations:

- Induction of labour
- Version
- Episiotomy
- LUCS
- Forceps delivery
- Ventouse delivery
- Destructive operations

#### 10. Vital statistics and social obstetrics

- Maternal & Perinatal mortality and morbidities
- Causes of maternal and perinatal mortality and morbidities including socio-economic and environmental factors.
- Method of calculating MMR, PNMR
- National programs for MCH&FW, EOC,
- Counseling –basic concepts and specific counselling in specific obstetric situations.
- Ethical issues in obst. & gynae

# Lectures in Gynaecology (4<sup>th</sup> Year)

	Content	Lecture Hours
FIRST PHASE		
Anatomy of the female reproductive organs	<ul> <li>(a) Basic anatomy of uterus, ovaries, tubes, vagina and vulva</li> <li>(b) Relationship of uterus, ovaries, tubes and vagina to other pelvic organs</li> <li>(c) Development &amp; developmental anomaly of genital organs</li> </ul>	2 hours
2. Physiology of reproduction	<ul><li>(a) Puberty, menstruation, ovulation</li><li>(b) Fertilisation and implantation</li></ul>	2 hours
3. Formative Assesment		1 hour
SECOND PHASE		
4. Bleeding in early pregnancy	<ul> <li>(a) Abortion Definition, types, causes and management of all types of abortion</li> <li>(b) Ectopic pregnancy Definition, aetiopathology, clinical features, differential diagnosis and principles of surgical management.</li> </ul>	2 hours 1 hour
	(c) Trophoblastic tumours  I. Hydatiform mole: types, clinical features, complication differential diagnosis, management and follow up.  II. Choriocarcinoma: diagnosis and management	1 hours
4. Formative Assesment		1 hour
THIRD PHASE		
6. Vaginal discharge	<ul><li>(a) Physiological, vaginal discharge</li><li>(b) Pathological and their management</li></ul>	1 hour
7. Menstrual disorder	<ul> <li>(a) Amenorrhoea</li></ul>	1 hour 2 hours
9 Formative Assessment	principles of investigation and management	1 hour
8. Formative Assesment		1 hour

Lecture contents in Gynaecology (5<sup>th</sup> Year)

	Content Contents in Gynaecology (5 1 ear)	Lecture Hours
FIRST PHASE		
1. Genital tract infection	(a) Defense mechanism of genital tract	1 hour
	(b) Pelvic inflamatory diseases: acute and chronic	1 hour
	(c) Sexually transmitted diseases including AIDS	
	(d) Genital tuberculosis	1 hour
2. Urinary incontinence	(a) Definition, types	1 hour
•	(b) Genitourinary fistula:	1 hour
	Types, causes, clinical features, principles of management,	
	prevention	
3. Genital tract injuries:	(a) Perineal tear	1 hour
	(b) RVF	
	(c) Vaginal stenosis	
4. Genital prolapse	Types, aetiology, clinical features, diagnosis, differential diagnosis,	2 hours
	principles of management	
5. Formative Assesmen	t	1 hour
SECOND PHASE		
6. Endometriosis	Definition, types, clinical features principles of management	1 hour
7. Neoplasia of	(a) Benign and malignant tumours of cervix	6 hours
reproductive organs	Classification (fibroid, polyp, carcinoma cervix), clinical	3+2+1
	features, staging investigation, diagnosis, principles of	
	management	
	(b) Benign and malignant tumours of uterus	
	(c) Benign and malignant tumours of ovary	
8. Infertility	(a) causes, investigation and management both male and female	2 hours
	partner	
	(b) Assisted reproductive techniques	
9. Formative Assesmen	t	1 hour
THIRD PHASE	In the second se	4.1
10. Contraception	Importance of contraception: personal and national characteristics of	4 hours
	ideal contraceptive, classification, mechanism of action, advantages, disadvantages, complications of all methods particularly sterilization	
	and menstrual regulation.	
	and mensural regulation.	
11. Menopause	(a) Definition, physiological basis, changes in different organs of	2 hours
	body, clinical features of menopausal syndrome, principles of	
	management	
	(b) Post menopausal bleeding	
	(c) Hormone replacement therapy	
12. Diagnostic Technique	(a) Cervical smear	2 hours
	(b) Laparoscopy	
	(c) Hysteroscopy	
	(d) Coloscopy	
	(e) Ultrasonography	
13. Principle of common g		1 hour
14. Formative Assesmen	t	1 hour

## **Learning Objectives and Course Contents in Gynaecology**

Learning Objectives	Contents	Teaching hours
<ul> <li>At the end of session the students will be able to:</li> <li>describe the gross anatomy of ovaries, uterus, fallopian tubes, vagina &amp; vulva</li> <li>mention the blood supply, lymphatic drainage and nerve supply of these organs</li> <li>discuss the relations of the pelvic organs with each other</li> <li>describe the development and developmental anomly of pelvic organs</li> </ul>	Basic Anatomy of genital organs	2 hours
<ul> <li>define puberty, ovulation, menstruation, menopause, climacteric, fertilisation and implantation</li> <li>mention the changes in reproductive organs in different stages of life</li> <li>describe the mechanism of ovulation, menstruation fertilisation, implantation</li> <li>mention the situations where physiology can get disturbed.</li> <li>describe the subject more clearly</li> <li>demonstrate communication and presentation skill.</li> </ul>	Physiology of reproduction	2 hours

Learning Objectives	Contents	Teaching hours
At the end of session the students will be able to:  define each problems  mention the incidence of each problem  classify abortions  differentiate different abortions  describe the pathology of mole and choriocarcinoma  diagnose each problem  manage each problem  mention the complication of each problem  describe the physiology of vaginal discharge.  differentiate physiological and pathological vaginal discharge.  diagnose the diseases causing vaginal discharge  mention the treatment of vaginitis, cervicitis  define amenorrhoea, menorrhagia, polymenorrhoea, polymenorrhagia, Metrorrhegia, dysmenorrhoea, dysfunctional	Bleeding in early pregnancy Abortion, ectopic pregnancy, hydatidiform mole, choriocarcinoma  Vaginal discharge	(2 + 1+ 2+ 1) hour  1 hour
<ul> <li>uterine bleeding.</li> <li>mention types of amenorrhoea its causes and management</li> <li>mention types of dymenorrhoea</li> <li>describe the causes and management of metrorrhagia</li> <li>mention the classification, diagnosis, principles of investigations and management of dysfunctional uterine bleeding.</li> </ul>	Menstrual Disorder	4 hours

Learning Objectives	Contents	Teaching hours
At the end of session the students will be able to:  describe the defence mechanism of genital tract define, classify, diagnose manage pelvic inflammatory disease.	Genital Tract infections	3 hours
<ul> <li>mention the effects of sexually transmitted diseases on reproductive health of women</li> <li>diagnose and treat a case of genital tuberculosis.</li> <li>define and classify urinary incontinence</li> <li>mention the types, causes, diagnosis, presentation and management of genitourinary fistula.</li> </ul>	Urinary Incontinence	2 hours
<ul> <li>mention different types of perineal tear</li> <li>diagnose and manage perineal tear and RVF, vaginal stenosis</li> </ul>	Genital tract injuries	1 hour
<ul> <li>describe the aetiology of genital prolopse</li> <li>classify genital prolapse</li> <li>mention the clinical features</li> <li>diagnose a case of genital prolapse</li> <li>mention the principles of management of genital prolapse.</li> </ul>	Genitourinary prolapse	2 hours
demonstrate communication and presentation skill		2 hours

Learning Objectives	Contents	Teaching hours
At the end of session the students will be able to:  define endometriosis and adenomyosis  mention the clinical features and pathology of endometriosis  describe the effects of endometriosis on reproductive health  mention the principles of treatment of endometriosis.	Endometriosis	1 hours
<ul> <li>mention the different types of tumours arising from uterus, cervix, ovraries, vagina, vulva</li> <li>classify the tumours of individual organs</li> <li>diagnose the tumours</li> <li>differentiate tumours arising from different organs.</li> <li>describe the complications of different tumours.</li> <li>discuss the principles of management of tumours of individual organs.</li> <li>name different screening tests done for gynaecological cancers.</li> </ul>	Neoplasm of reproductive organs	6 hour
<ul> <li>define infertility</li> <li>classify infertility</li> <li>describe the aetiology of infertility</li> <li>suggest investigations for both male and female partners.</li> <li>interprete the investigation reports.</li> <li>suggest appropriate treatment</li> <li>mention the assisted reproductive techniques available.</li> </ul>	Infertility	2 hours

Learning Objectives	Contents	Teaching hours
At the end of session the students will be able to:	Contraception	4 hours
define contraception		
<ul> <li>mention different types of contraceptions available</li> </ul>		
describe the characteristics of ideal contraceptive		
describe the mechanism of action of each contraceptive		
• state the advantages and disadvantages of different contraceptives.		
describe the methods of tubal ligation and vasectomy and		
anaesthesia used		
mention the complications of tubectomy		
• define MR.		
• name the instruments used in MR.		
describe the procedure and importance of follow-up		
mention advantages and complications of MR		
mention the importance of counselling		
define menopause		
describe the anatomical and physiological changes in menopause		
describe menopausal syndrome and its management		
define post-menopausal bleeding (PMB)		
mention the causes of post-menopausal bleeding		
write down the investigation PMB	Menopause	2 hours
• mention the management		
• mention the hormone replacement therapy(HRT) in post-		
menopausal women		

Learning Objectives	Contents	Teaching hours
At the end of session the students will be able to:		
mention the different diagnostic techniques commonly used	Diagnostic Technique	2 hours
mention the indication of cervical smear		
describe the procedure of cervical smear	Cervical Smear	
• interprete the findings		
explain its relation with carcinoma cervix		
be acquainted with instruments used in laparoscopy		
mention the indications and contraindications	T	
• describe the procedure	Laparoscopy	
• mention the complications		
• interprete the findings		
describe colposcopy		
• be acquainted with instruments		
<ul> <li>mention the indications</li> </ul>	Colposcopy	
• describe the procedure	T P I I I I	
• interprete findings		
• describe the advantages		
be acquainted with ultrasonography		
• be acquainted with instrument		
describe the role of ultrasonography in gynaecology	Ultrasonography	
• interprete the findings		

# CLINICAL TEACHING OF OBSTETRICS & GYNAECOLOOGY

#### INTRODUCTION

The Core Curriculum for Clinical Attachment of 16 weeks has been organised into components of clinical experience as follows:

1.	Basic Clinical Skills (in-patient)	4 weeks
2.	Family Planning Clinic	2 weeks
3.	Gynae & Antenatal Out-patient Clinic	2 weeks
4.	Routine Obstetrics	3 weeks
5.	Routine Gynaecology	3 weeks
6.	Emergency Obstetric Care E.O.C (Labour Room)	2 weeks

Fourth year M.B.B.S. students will participate in batches in turns in components 1, 2 and 3.

Component 1 will have 24 clinical teaching and learning sessions ( $4w \times 6d=24$ ) and component 2 & 3 will have 12 like-wise sessions each ( $2w \times 6d=12$ ).

Each session will be conducted for 2 hours every morning from 09.00 a.m. – 11.00 a.m.

In the evenings, students will clerk/ practise for 2 hours from 07.00 p.m. – 09.00 p.m., under supervision

<u>Fifth year M.B.B.S.</u> students will participate in components 4, 5 and 6.

Component 4 and 5 will have 18 clinical teaching and learning sessions each  $(3w \times 6d = 18)$  and component 6 will have 12 like-wise sessions  $(2w \times 6d = 12)$ .

Each session will be conducted for 2 hours every morning from 09.00 a.m. – 11.00 a.m.

In the evenings, students will clerk/ practise under supervision from 7.00 p.m. – 9.00 p.m.

The evening timing for component 6, however, will be from 4.00 p.m. - 9.00 p.m.

#### **CONTENTS:**

Topics included are relevant to every day clinical practise in the field of Gynaecology and Obstetrics.

Learning objectives (skills) are shown against each topic under each sessions.

Many of the topics of the content of the clinical course are supplemented by a study guide.

The study guides are structured to provide students with varied opportunities to facilitate active involvement and self-directed learning and also to enable them to exercise responsibility under guidance by making maximum and productive use of the period of time of their clinical attachment.

The study guide for the respective topic details

- (a) introduction,
- (b) pre-requisite learning,
- (c) the learning objectives,
- (d) learning opportunities,
- (e) assignments,
- (f) tasks to be performed,
- (g) resources,
- (h) self assessment questions.

## 4<sup>TH</sup> YEAR BASIC CLINICAL SKILLS (COMPONENT – ONE)

4 weeks - 24 sessions in the morning

SESSIONS	TOPIC	LEARNING OBJECTIVES	TEACHING METHOD	
			TEACHERS' ROLE	STUDENTS' ROLE
Session 1	(a) Introduction to Obstetrics & Gynaecology Review	At the end of the session student will acquire knowledge and understanding of:	Tutorial/small group discussion	Participate in the discussion
	<ol> <li>Common diseases</li> <li>Commonly used definitions</li> <li>Brief students on course objectives/ activities and student's cards</li> <li>Visit to ante-natal/ postnatal wards; labour/ eclampsia room; septic ward; Gynae ward; operation theatres</li> </ol>	(a) common gynaecological & obstetrics terms, common disease of O&G that are prevalent in the community (b) Course objectives, activities and students, continuous assessment card	Organise	Visit to different activity areas of O&G Department
Session 2	Obstetric History taking  This session will take the format of a discussion detailing Obs. History taking, followed by the opportunity to clerk an Obs. patient in the ward and subsequently present the case history.	Student will be able to:  (a) Take history of an obstetrical case (b) Record the information on the history sheet (c) Present case history	Demonstration by teacher	<ul><li>a) Practice by students in groups</li><li>b) Practice by individual student</li><li>c) Case presentation</li></ul>

SESSIONS	TOPIC	LEARNING OBJECTIVES	TEACHING METHOD	
			TEACHERS' ROLE	STUDENTS' ROLE
Session 3	Gynaecology history taking  This session will take a similar format to Session II.	Student will be able to:  (a) Take history of gynaecological case (b) Record the information on the history sheet (c) Present a case	Demonstration by teacher	<ul> <li>a) Practice by students in groups</li> <li>b) Practice by individual student</li> <li>c) Case presentation</li> </ul>
Session 4	Obstetric examination	(a) Perform obstetrical examination  (i) General  (ii) Abdominal	Demonstration by teacher	<ul> <li>a) Practice by students in groups</li> <li>b) Individual case study using study guide</li> <li>c) Present clinical findings</li> </ul>
Session 5	Gynaecological examination  Taking of cervical smears (using models).	Perform gynaecological examination I. General II. Abdominal III. Speculum examination IV. Bimanual examination	Demonstration by teacher	Practice by students on dummy in clinical skill room
Session 6	Antenatal care with identification of high risk pregnancies	To record the finding on the antenatal cards by     (I) Taking proper history     (II) Performing general & abdominal examination     To advise pregnant women for appropriate investigation for screening for common risks	(a) Demonstration by a teacher (b) Lecture	Practice by case study in groups Case study by group
Session 7 & 8	Bleeding in early pregnancy Abortion, Ectopic Pregnancy, molar pregnancy- chorio-carcinoma	Rationalize the plan of management	Lecture/ video show	Discussion on individual case study

SESSIONS	TOPIC	LEARNING OBJECTIVES	TEACHING METHOD	
			TEACHERS' ROLE	STUDENTS' ROLE
Session 9	Septic Abortion	Rationalize the plan of	Lecturette/ video show	Discussion, individual
		management		case study
Session 10 to 12	Normal labour and Partogram Diagnosis, stages, Mechanism, Management with partogram	Recognise the events of labour  Plot the events on the partogram and interpret the graph  Rationalize the use of analgesic  Conduct normal labour	Arrange video show/ Demonstration on partograph  Demonstration of conducting normal labour	<ul> <li>a. Observe video show</li> <li>b. Observe teacher's demonstration</li> <li>c. Plotting on partograph by individual</li> <li>d. Conduction of labour under supervision</li> </ul>
Session 13	APGAR score, examination of new born, resuscitation & care of new born, breast feeding	Examine, diagnose problems and take immediate care of a new born	Arrange video show/ slide show/ demonstration	Observe:     - video show     - slide show     - teacher's     demonstration
Session 14 & 15	Normal puerperium & post natal care Abnormal puerperium	Counsel on  (a) Nutrition of mother (b) Personal hygiene (c) Postnatal exercise (d) Breast feeding and weaning (e) Immunisation of baby (f) Postnatal check-up (g) Contraception	Role play by teacher	Role play by students in small group  Practice with patients

SESSIONS	TOPIC	LEARNING OBJECTIVES	TEACHIN	NG METHOD
			TEACHERS' ROLE	STUDENTS' ROLE
Session 16	Abnormal uterine bleeding Definition, differential diagnosis	<ul> <li>(a) Collect appropriate clinical information by history taking and examination</li> <li>(b) Suggest appropriate investigation</li> <li>(c) Interpret and correlate the investigations data with clinical findings for clinical diagnosis</li> <li>(d) To plan and rationalize the management</li> </ul>	Lecture/ video show/ case demonstration	Discussion Individual case study
Lump Abdomen	-do-	-do-	-do-	
Abdominal / pelvic pain – P.I.D.	-do-	-do-	-do-	
Theatre sessions Preparation of patient, preoperative management, operative procedure, post operative management	<ul><li>(a) Write up appropriate pre &amp; post operate order</li><li>(b) Rationalize the order</li></ul>	Demonstration	Practise by students and peer group discussion Using study guide	
<b>Evening Session</b>	Clerk patients, observe labou	ir room activities and practise the	skills that the student learn	ned in the morning sessions.
Session 23	Assessment (Oral/ Clinical / OSCE)			
Session 24	Feedback			

N.B: Students must submit 3 obs. & 2 Gynae, history and must fill up assessment card.

## Family Planning Course For 4<sup>th</sup> year Medical Students (COMPONENT -TWO)

## **Venue – Model Clinics of the Medical College Hospitals**

**Duration-2 weeks** 

Day	1	-	Administration	on and maintenance of records
	2	-	Promotion of	family planning
	3	-	Counselling	
	4	-	Oral contrace	ptive pills
	5	-	Intra-uterine	contraceptive device
	6	-	Permanent me	ethods
	7	-	Injectable cor	ntraceptives
	8	-	Norplant	
	9	-	Safe period, l	actation, condoms, spermicides, coitus interruptus
	10	-	Day visit:	Management issues in family planning. Organisation of a clinic.
	11	-	Day visit:	Organisation of a clinic(continued) Working as a member of a team. Acting as a supervisor.
	12	-	Assessment a	nd feedback

## **Family Planning Course**

Methods	Aids	Assessment
Lecture		
Visit antenatal clinic & paediatric clinic.		
Group discussion	Black board	Question & answers
Demonstration of record keeping	OHP	Observation
Inspection of raw data collected at the clinic.	Radio	of students
Interpretation of the results in group discussion	Cassette	Check-list completion
Small group teaching	• Posters	
Role play	Flip chart	
Demonstration	Video	
Brainstorming	Variety of OCPs	
• Visit postnatal ward, Interview of patients individually to motivate them towards	Menstrual chart	
family planning.	Client	
History of patients & counselling observation of examination.	Specimen of IUCD	
Demonstration of operative steps on models or video	Clients and dummy	
Demonstration of counselling of a patient in real life or by video	Models	
Lecturette	Chart	
Demonstrating on injection, syringes, needle	Different types of injectable	
Demonstrate on storage	contracepting	
Demonstration of condoms	Norplant capsule	
Referral procedures	Model of arm Methods	
	<ul> <li>Model breast + baby</li> </ul>	
	Condom	
	•	

## Day 1: Administration and Maintenance of records

Intermediate Educational Objective: At the end of the session the student will be able to perform the necessary supervisory and administrative procedures of a family planning clinic and maintain proper records.

Specific educational objectives	Contents
The student will be able to:	
1) monitor staff programme	Administration (organogram, responsibility, supervisory method,
maintain harmonious staff relations maintain good communications monitor the out	Method of communication)
put of a worker	Staff pattern
2) make appropriate referrals in an effective way between departments like the antenatal	Interdepartmental linkages and Co-operation.
clinic, paediatric clinic, menstrual regulation clinic, and the family planning clinics	Informed consent before prescription or procedure.
3) follow standard procedures which will prevent medico-legal problems	Written consent.
4) write useful clinical records and maintain the ledger book	Standard procedure manuals.
	Communication with other staff
5) maintain data in an accessible and analysable form.	Clinical record keeping
analyse data collected at a family planning clinic and interpret the results	Data recording, analysis and interpretation.

## Day 2: Promotion of Family Planning

Intermediate role: At the end of the session the student will be able to play a leadership role in the promotion of family planning.

Specific educational objectives	Contents
A. At the end of the session the student should be able to:	Definition of family planning
1. define Family Planning	The population explosion
2. describe the importance of Family planning, particularly for our country	- Health & population indices
3. demonstrate understanding that pregnancies can be avoided and spaced	- Demographic pattern & trends in Bangladesh
4. describe the personal benefits of birth spacing	Benefits of Family Planning:
5. communicate with, advice and motivate individuals and group of clients	- personal
6. supervise and support health education programme	- national
7. administer available posters/ leaflets	- environmental
8. use electronic and other media	Health education
9. demonstrate the ways and means of community education/ mobilization	Community mobilization and participation
10. list the opportunities a medical practitioner has to promote Family Planning	The use of media in the promotion of family planning
B. At the end of this session the students should have acquired the required skill to:	The role of general practitioners, medical officers and specialists in the
1. communicate with an individual client about family planning	promotion of family planning
2. build rapport	Health care interview

## Day 3: Counselling

Intermediate Educational Objective: At the end of the session the student should be able to explain the component of counselling, and be able to achieve good Inter-personal relations in a counselling situation.

to achieve good finer-personal relations in a counseling situation.				
Specific educational objectives	Contents			
-				
A. At the end of the session the student should be able to:	I) Definition of counselling and the need for it			
i) explain and define counselling and it's need	II) Level of communication			
ii) explain inter-personal communication	III) Inter-personal communication and feedback			
iii) list the barriers to inter-personal communication	IV) Barrier to communications			
B. Students should have acquired the skill to be able to:				
1. greet the client	i) Communication skill			
2. establish rapport	ii) Counselling skill			
3. ask reasons for coming	iii) Taking account of educational status of the client			
4. Inform about available contraceptive methods with their				
- mode of actions	Merits and demerits			
- effectiveness				
- method of application				
- availability of services				
- follow up				
- referral system				
5. Assist the client in making decisions				

## Day 4: Oral Contraceptive Pill

Intermediate Educational Objective: At the end of the session the student will be able to prescribe an appropriate Oral Contraceptive pill to the client.

Specific educational objectives	Contents
The student should be able to:	
1. explain the mode of action and effectiveness of the OCP	Pharmacology of Oral contraceptives
2. list the advantages and disadvantages of OCP	
3. make a checklist for indications and contraindications, and make appropriate case	Comparison of OCP with other contraceptives
selection	
4. describe different OCP for making options for the client and advise the client about	Side effects and complications of their management
proper administration of OCP	
5. write history and physical findings to identify contraindications to the OCP	
6. list the appropriate investigations	
7. explain the follow-up procedure to the patient	History and physical examination prior to OCP
8. describe the side-effects and complications of OCP and their management	prescription
9. describe how to keep proper records for patients on OCP	

Day 5: I.U.C.D.

Intermediate Educational Objective: Student will be able to advise clients on I.U.C.D. insertion & refer them to specific clinic.

Specific educational objectives	Contents	
A. At the end of the session the student should have acquired knowledge of the following and be able to:  1. explain IUCD as a method of contraception  2. explain mode of action of IUCD and its effectiveness  3. explain the advantage & disadvantage of IUCD  4. list different types of IUCD  5. take history and describe the steps of physical examination for case selection  6. describe the insertion procedure  7. describe the follow-up procedure  8. explain the need of record keeping	<ol> <li>Definitions &amp; varieties</li> <li>Mode of action and effectiveness</li> <li>Advantage &amp; disadvantage</li> <li>Selection criteria</li> <li>Time of insertion</li> <li>P.V. steps of examination</li> <li>Management of complications and referral</li> </ol>	
B. Student should have acquired skills to do the following:  1. Communicate with client  2. Build rapport with his/her client  3. Assure clients  4. Take history of the client  5. Physical examination of the client  6. Refer to insertion centre  C. Should be able to describe the 3(three) procedure of IUCD insertion	a. Health care interview - interview planning - time - space - kind of exchange - interview questions - termination of interview b. Assurance c. Steps of history taking d. Steps of physical examination e. procedure of referral Procedure of insertion of IUCD	

### Day 6: Permanent Methods

Intermediate Educational Objective: Students will be able to counsel clients to enable them to make a choice about the acceptance of vasectomy or tubal occlusion.

Specific educational objectives	Contents
· ·	
At the end of the session, students should be able to:	Description of different method
1. name and define different permanent methods of contraception and their effectiveness	Description of different method
2. counsel the patients	Health care interview
3. select the patients	
4. list the merits and demerits of these methods	Steps of history taking and physical
5. refer the patients to the appropriate centres	examination
6. take informed consent of the couple	
7. describe the steps of the operative techniques of these methods and the anaesthetic techniques used	Steps of operative techniques
8. list the complication sand their management	
9. mention the time of effectiveness of each method	Advantages and disadvantages
10. describe the importance of record keeping	
11. give appropriate advice for post-operative follow-up	Complications and their management
12. give advice about the very limited scope of reversal and the techniques used	

### Day 7: Injectables

Intermediate Educational Objective: Student will be able to select suitable patients for use of injectable contraceptives and counsel them appropriately.

Specific educational objectives	Contents
At the end of the session the student should be able to:	
1. name different types of injectables	Nature and type of injectables
2. counsel the clients	
3. establish rapport	Mode and duration of their action
4. describe mode of action	
5. describe the advantage of injectables	Advantages and disadvantages
6. describe the route of administration and duration of action	
7. take an appropriate history and carry out an appropriate physical examination	Indications and contra-indications
8. identify the different injectables and state their dose	
9. select appropriate cases	Complications and their management
10. list and manage the complications	
11. advise the clients for follow-up	
12. describe the importance of record-keeping	

Day 8: Norplant

Intermediate Educational Objective: Student will be able to advise clients on norplant implantation and refer them to specific clinic for implantation.

Specific educational objectives

Contents

Specific educational objectives	Contents
A. At the end of the session the student should be able to:  1. explain norplant as a contraceptive method  2. explain mode of action of norplant and its effectiveness  3. list advantages and disadvantages of norplant  4. describe how to take history  5. describe how to do physical examination needed for selection of client for implantation  6. list important laboratory investigation before doing implantation  7. describe implantation procedure  8. describe follow-up procedure  9. explain the management of minor complication  10. describe the implant removal procedure	<ol> <li>Definition</li> <li>Role of norplant as contraceptive method</li> <li>Pharmocokinetics of norplant</li> <li>Mode of action of norplant</li> <li>Advantages and disadvantages of norplant</li> <li>Steps of history taking of the client for norplant</li> <li>Steps of physical examination</li> <li>Hb% urine for routine and microscopy</li> <li>Implantation procedure</li> <li>Follow-up procedure</li> <li>Management of minor complications and referral for the major one</li> <li>Implant removal procedure with indications</li> </ol>
B. At the end of the session the student should acquire skills to do the following:  1. Communicate with the client  2. Build rapport  3. Obtain consent paper signed by couple  4. assure client  5. take history of the client  6. physical examination of clients  7. refer to implantation clinic  C. Should be able to describe the procedure of norplant implantation	1. Health care interview    - interview planning    - time    - space    - kinds of exchange    - interview questions    - terminating interview  2. Consent paper and obtain sign/ agreement from the couple  3. Assurance  4. Steps of history taking  5. Steps of physical examination  6. Procedure of referral  Procedure of norplant implantation

### Day 9: Safe period, lactation, condoms, spermicides, coitus interruptus

Intermediate Educational Objective: Student will be able to advise clients about safe period as contraceptive procedure.

#### Session 1 – Safe period

Debbion 1 Dute period			
Specific educational objectives	Contents		
A. At the end of the session the student should acquire knowledge of the following and be able to:  1. explain safe period as a method of contraceptive  2. explain how safe period works as contraception  3. list advantages and disadvantages of safe period  4. describe how to produce menstrual chart and its use  5. describe follow-up procedure	<ol> <li>Definition of safe period</li> <li>Physiology of safe period and its role as contraceptive</li> <li>Advantages and disadvantages</li> <li>Menstrual chart         <ul> <li>definition</li> <li>preparation</li> </ul> </li> </ol>		
<ul> <li>B. Should be able to:</li> <li>1. communicate with the client</li> <li>2. take history of the client</li> <li>3. construct menstrual chart and explain to client</li> </ul>	<ul> <li>use</li> <li>Follow up advice</li> <li>Health care interviewing</li> <li>Steps of history taking</li> <li>Menstrual chart and its use</li> </ul>		

#### **Session 2- Lactation**

Intermediate Educational Objective: Student will be able to advise clients about lactation as a contraceptive method.

Specific educational objectives	Contents	
A. At the end of the session the student should acquire knowledge of the	1. Physiology of lactation	
following and be able to:	2. Role of lactation as contraception	
1. explain lactation as a method of contraception, & describe exclusive breast	3. Advantages and disadvantages of lactation as contraceptive method	
feeding	4. History taking of breast feeding	
2. explain the amount of protection afforded by 'exclusive breast feeding'	5. Follow-up measures	
3. describe the mode of action	6. Place of adopting additional method	
4. list the advantages and disadvantages	1. Communication skill	
5. describe the steps of history taking of breast feeding		
6. describe the follow-up advice	2. Steps of history taking of breast feeding	
7. explain the place of adopting additional method		
B. Should have skill of the following and be able to:		
1. communicate with client		
2. take history of breast feeding of the client		

#### Session 3 – Condom

Intermediate Educational Objective: Student will be able to advise the clients about the condom and its use.

Specific educational objectives	Contents
A. At the end of the session the student should acquire knowledge of the following and be able to:  1. explain condom as a method of contraception	Description of condom     materials
<ul><li>2. describe its mode of action</li><li>3. list its advantages and disadvantages</li></ul>	<ul><li>2. How it works as contraceptive</li><li>3. Advantages and disadvantages</li></ul>
<ol> <li>describe the role of condoms in preventing STD/HIV infection.</li> </ol>	- follow-up 4. STD/HIV- AIDS
B. At the end of the session the student should acquire skill of the following and be able to: explain what to tell about the use of condom to the client	Use of condom

#### Session 4 – Spermicide

Intermediate Educational Objective: Student will be able to advise clients about the Spermicide

Specific educational objectives	Contents
A. At the end of the session the student should acquire knowledge of the following and be able to: (10	
minutes)	1. Definition and varieties of spermicide
1. explain spermicide as a method of contraceptive	2. Mode of action
2. describe the mode of action	<ol><li>Advantages and disadvantages</li></ol>
3. list advantages and disadvantages	4. Use of spermicide
4. explain to the client how to use spermicide	_

#### <u>Session 5 – Coitus Interruptus</u>

Intermediate Educational Objective: Student will be capable of advising a client about coitus interruptus

Specific educational objectives	Specific educational objectives Contents	
At the end of the session the student should be able to:  1. describe the place played by coitus interruptus in reducing the fertility rate in the population  2. recognise from what a couple say that they are using coitus interruptus as a method of family planning  3. communicate with clients about the method and describe its advantages and disadvantages, especially the failure rate	<ol> <li>Local terminology used to describe coitus interruptus</li> <li>Reasons for failure of the method</li> <li>Advantages and disadvantages</li> </ol>	

### Management issues in family planning. Organisation of a clinic

### **Day 10:**

Specific educational objectives	Contents
At the end of the session the student should be able to:  1. list characteristics of a good Manager/ Team Leader  2. identify weaknesses of a bad Manager/ Team Leader  3. differentiate good management and poor management  4. identify management issues	<ol> <li>Management issues</li> <li>Leadership         <ul> <li>strengths</li> <li>weaknesses</li> </ul> </li> </ol>

#### Organisation of a clinic. Working as a member of a team. Acting as a supervisor

### **Day 11**

Specific educational objectives	Contents
<ul> <li>5. discuss organisational issues related to: <ul> <li>booking of patients,</li> <li>record keeping,</li> <li>signed consent forms,</li> <li>prescription, and</li> <li>follow-up procedure</li> <li>issuing &amp; administration of FP methods</li> </ul> </li> <li>6. describe a good referral procedure</li> <li>B. Should acquire the necessary skill and be able to: <ul> <li>write report on day visit</li> <li>present in forum</li> </ul> </li> </ul>	<ul> <li>3. Record keeping <ul> <li>booking</li> <li>signed consent form</li> <li>follow-up procedure</li> </ul> </li> <li>4. Referral procedure</li> <li>1. Report writing</li> <li>2. Presentation</li> </ul>

## Day 12: Assessment and Feedback

- (1) An OSCE will be held. Questions will be based on the educational objectives.
- (2) Feedback on performance will be given by different teachers
- (3) Students will provide the teacher with feedback on their perception of the course
- (4) Marks will be awarded for attendance,

General performance,

Team performance on report and presentation,

The O.S.C.E.

Marks will be sent to the students the week after the course.

# 4<sup>TH</sup> YEAR GYNAE AND ANTENATAL OUTPATIENT CLINIC COMPONENT – THREE

### 2 weeks (12 sessions in the morning)

SESSION	TOPIC	LEARNING OBJECTIVES	TEACHING METHOD	
			TEACHERS' ROLE	STUDENTS' ROLE
Session 1	Introduction to Gynaecology and obstetrics  (a) Commonly used definitions  (b) Common diseases prevalent in the community  (c) Vital statistics: birth rate, MMR, causes, prevention, perinatal mortality, live birth, still birth  (d) Brief students on course objectives/ activities and student's cards.	At the end of the session student will demonstrate knowledge and understanding of:  (a) common gynaecological & obstetrics terms, common disease of O &G that prevalent in the community  (b) vital statistics  (c) course objectives, activities and students continuous assessment card	Lecture	Participate Discussion Collect student assessment card
Session 2	History taking (obstetric & Gynae history)	Student will be able to:  (a) take history of an obstetric and a gynaecological case (b) record the information on the history sheet	Demonstration by teacher	a) Practice by students in groups b) Practice by individual

SESSION	TOPIC	LEARNING OBJECTIVES	TEACHING METHOD			
			TEACHERS' ROLE	STUDENTS' ROLE		
Session 3	Clinical examination (Obstetrical & Gynaecology)	(a) Perform obstetrical & gynaecological examination (i) General (ii) Abdominal	Demonstration by teacher	<ul><li>a) Practice by students in groups</li><li>b) Individual case study using study guide</li></ul>		
Session 4 & 5	(a) Diagnosis pregnancy, antenatal care and advice and advice.	(a) Collect appropriate clinical information by history taking and examination	Case demonstration Tutorial	Participation by students  Case study in groups		
	(b) Hyperemesis and minor ailments common in pregnancy.	<ul> <li>(b) Suggest appropriate investigation</li> <li>(c) Interpret and correlate the results of investigations with clinical findings for clinical diagnosis</li> <li>(d) To plan and rationalize the management</li> </ul>				
Session 6 to 11	Common out patient gynaecological problem  Abdominal swelling, abdominal pain/ P.I.D., vaginal discharge, amenorrhea, menorrhagia, infertility.	-do- Counsel patient or her spouse or relative or hospitalization for any common gynaecological problems	Case demonstration Tutorial  Demonstration Role play	Participation by students  Case study in groups  Role play  Practice by students		
Session 12	Assessment (Oral/ Clinical/ OSCE	) & feedback				

## 5<sup>th</sup> YEAR ROUTINE OBSTETRICS

(COMPONENT – FOUR)

### 3 weeks – 18 sessions in the morning

SESSION	TOPIC	LEARNING OBJECTIVES	TEACHING	METHOD
			TEACHERS' ROLE	STUDENTS' ROLE
Session 1 & 2	Ante-natal Care and Screening for high risk pregnancies	Interpret the findings obtained by history taking physical examination and investigation	Demonstration by a teacher	Practise by case study in groups
		2. Identify anaemia clinically		Case study by group
		3. Identify nutritional status	Lecture	Practice by students on individual cases
		4. Identify hypertension		
		5. Counsel women on importance of	Demonstration by the teacher	-do-
		<ul> <li>(a) Regular antenatal care</li> <li>(b) Nutrition</li> <li>(c) Personal hygiene</li> <li>(d) Healthy life style during pregnancy</li> <li>(e) Breast feeding</li> <li>(f) Contraception</li> </ul>	Role play by a teacher	Role play by students in small group  Exercise with patient

SESSION	TOPIC	LEARNING OBJECTIVES	TEACHING METHOD			
			TEACHERS' ROLE	STUDENTS' ROLE		
Session 3 &4	Hypertensive disorders in pregnancy	<ul> <li>(a) Collect appropriate clinical information by history taking and examination</li> <li>(b) Suggest appropriate investigation</li> <li>(c) Interpret and correlate the investigations data with clinical diagnosis</li> <li>(d) Plan and rationalize the management</li> </ul>	Case demonstration by the teacher	Practise with problem solving exercise in tutorial		
Session 5	Abnormal lie/ presentation (Breech)	-do-	-do-	-do-		
Session 6	Multiple pregnancy & hydromnios	-do-	-do-	-do-		
Sessions 7 & 8	Medical disorders Diabetes, Heart disease & others	-do-	-do-	-do-		
Session 9	Rh isoimmunization/ Grand Multipara / BOH/ H/O / C/S	-do-	-do-	-do-		
Session 10	Ante partum haemorrhage	-do-	-do-	-do-		
Session 11	I.U.G.R.	-do-	-do-	-do-		
Session 12 to 13	Puerperium & its complications	-do-	-do-	-do-		

SESSION	TOPIC	LEARNING OBJECTIVES	TEACHING	G METHOD
			TEACHERS' ROLE	STUDENTS' ROLE
Session 14 to 16	Theatre Session Writing of preoperative orders, operation note, post operative order, observe common obstetric operations.	To write preoperative orders, operation notes, post operative orders	Demonstration by teacher	Write preoperative orders, operation notes, post operative orders  Observe common obstetric operations
<b>Evening Session</b>	Clerk patients, observe labour roo	om activities and emergency operations	and practise skills that the students	learned in the morning sessions
Session 17	Assessment (Oral/ Clinical/ OS	CE		
Sessions 18	Feedback			

**N.B.** All students must submit 5 histories and fill up the assessment card.

# 5<sup>TH</sup> YEAR ROUTINE GYNAECOLOGY

(COMPONENT – FIVE)
3 weeks – 18 sessions in the morning

SESSION	TOPIC	LEARNING OBJECTIVES	TEACHING METHOD			
			TEACHERS' ROLE	STUDENTS' ROLE		
Session 1 & 2	Bleeding in early pregnancy Abortion, ectopic pregnancy, molar pregnancy including	(a) Collect appropriate clinical information by history taking and examination	Case demonstration by the teacher	Practise with problem solving exercise in tutorial		
choriocarcinoma		<ul> <li>(b) Suggest appropriate investigation</li> <li>(c) Interpret and correlate the investigations data with clinical findings for clinical diagnosis</li> <li>(d) To plan and rationalize the management</li> </ul>	Arrange problem solving tutorial	Case study		
Session 3 & 4	Abnormal uterine bleeding/ Amenorrhea	-do-	-do-	-do-		
Session 5	Abdominal pain Pelvic inflammatory disease	-do-	-do-	-do-		
Sessions 6	Abdomino-Pelvic swelling Ovarian tumour, Fibroid	-do-	-do-	-do-		
Session 7 & 8	Infertility Causes, investigations and treatment	-do-	-do-	-do-		
Session 9 &10	Genital cancer Carcinoma Cervix, Endometrial Carcinoma	-do-	-do-	-do-		
Session 11	Genital tract injuries Vesico vaginal fistula, recto vaginal fistula, third degree perineal tear, vaginal stenosis	-do-	-do-	-do-		

SESSION	N	TOPIC	LEARNING OBJECTIVES	TEACHING	G METHOD	
				TEACHERS' ROLE	STUDENTS' ROLE	
Sessions	12	Fertility Control	Counsel clients on:	Demonstration by teacher	Role play	
& 13		O.C.P, P.O.P, post-coital	Fertility Control	Video		
		contraception, barrier and	O.C.P, P.O.P., post-coital	Role play	Practise with the clients	
		natural methods, I.U.D.,	contraception, barrier and natural	Tutorial		
		T.O.P/ M.R.	methods, I.UD., T.O.P./ M.R.			
<b>G</b> :	1.4	TTI . C .	***		XX	
Sessions	14	Theatre Session	Write preoperative orders, operation	Demonstration by teacher	Write preoperative orders,	
to 16		Dra anarativa managament	notes, post operative orders		operation notes, post operative orders	
		Pre-operative management, post-operative management			operative orders	
		To Observe common			Observe common	
		gynaecological operation			gynaecological operations	
		gjilaceorogical operation			gymeeorogrem operations	
Evening		Clerk patients	, observe gynae ward activities and pract	ise those had learned in the morn	ning sessions	
Session						
Session 17	Session 17 Assessment (Oral/ Clinical/ OS		SCE			
Sessions 1	.8	Feedback				

 ${\bf N.B.}$  All students must submit 5 histories and fill up the assessment card.

# 5<sup>TH</sup> YEAR/ EMERGENCY OBSTETRIC CARE (EOC) AND LABOUR ROOM (COMPONENT – SIX)

2 weeks – 12 sessions in the morning

SESSION	TOPIC	LEARNING OBJECTIVES	TEACHING METHOD			
			TEACHERS' ROLE	STUDENTS' ROLE		
Session 1	Management of normal labour, partogram	Recognise the events of labour  Plot the events on the partogram and interpret the graph  Rationalise the use of analgesic Conduct normal labour	Arrange video show/ Demonstration on partograph  Demonstration on conducting normal labour	<ul> <li>a. Observe video show</li> <li>b. Observe teacher's demonstration</li> <li>c. Plotting on partograph by individual</li> <li>d. Conduction of labour under supervision</li> </ul>		
Session 2	Induction of labour	<ul> <li>(a) Collect appropriate clinical information by history taking and examination</li> <li>(b) Suggest appropriate investigation</li> <li>(c) Interpret and correlate the investigations data with clinical findings for clinical diagnosis</li> <li>(d) Plan and rationalize the management</li> </ul>	Demonstration by the teacher	Practise with problem solving exercise in tutorial		
Session 3	Management of bleeding in early pregnancy	-do-	-do-	-do-		
Sessions 4	Management of bleeding in late pregnancy	-do-	-do-	-do-		
Session 5	Management of eclampsia	-do-	-do-	-do-		
Session 6	Management of prolonged and obstructed labour/ ruptured uterus	-do-	-do-	-do-		
Session 7	Management of retained plaenta & PPH	-do-	-do-	-do-		
Session 8	Management of shock & sepsis	-do-	-do-	-do-		
Session 9	Obstetric operations (C.S, Forceps & ventouse deliveries, craniotomy.)	Write preoperative orders, operation notes, post operative orders	Demonstration by teacher	Write preoperative orders, operation notes, postoperative orders Observe obstetric operations		

SESSION	TOPIC	LEARNING OBJECTIVES	TEACHING	METHOD			
			TEACHERS' ROLE	STUDENTS' ROLE			
Sessions 10	Clinical Project work	Present a case in a small group or seminar	Allocate students the project works. At the outset of the labour room placement the students will be divided into sub groups and allotted with a common clinical problem.	information about etiology, diagnosis and management of the problem which will be presented by them during			
<b>Evening Session</b>	Review sessions 1–9:						
Session 11	Assessment (Oral/ Clinical/ OSCE						
Sessions 12	Feedback						

#### OBSTETRICS & GYNAECOLOGY MBBS COURSE SCHEDULE TOTAL TEACHING HOURS =200

#### 4<sup>TH</sup> YEAR M.B.B.S in 3<sup>rd</sup> Phase

Lecture 28 hours + Evaluation 2 hours = 30 hours

PHASE - I = 15	hours	PHASE - II = 15 hours			
Lecture – 14 hours Obstetrics	Evaluation 1hr (MCQ, SBA, SEQ, SAQ)	Lecture – 14 hours Gynaecology	Evaluation 1hr ( MCQ, SBA, SEQ, SAQ)		

#### 5<sup>th</sup> YEAR M.B.B.S

Lectures 67 hours +Evaluation-3hr+ Demonstration/Practical/Tutorial 85 hours+ Integrated teaching 15 hrs = Total 170 hours

PHASE – 1 = 24 hours		PHASE – II = 22 hours		PHASE – I	II = 24 hours	Demonstration/Practical/Tutorial in Phase I, II & III= 85 hours
23 hours	Evaluation 1hr	21 hours	21 hours Evaluation 1hr		Evaluation 1hr	
Lecture –	NB: Lectures will	Lecture –	NB: Lectures will	Lecture –	NB: Lectures will	Demonstration /
23 hours	be followed by	21 hours	be followed by	23 hours	be followed by	Video presentation
Gynae – 10 hrs	evaluation	Gynae – 11hours	evaluation	Gynae –11 hours	evaluation	
Obs – 13 hrs	(MCQ, SBA,	Obs – 10 hours	(MCQ, SBA,	Obs –12 hours	(MCQ, SBA,	Gynae & Obs
	SEQ, SAQ)s		SEQ, SAQ)		SEQ, SAQ)	

<sup>(\*)</sup> A demonstration will be a practical teaching session with a small group of students. It will be based on a patient's history, specimens or instruments, graphs or models or employ a video. Student participation is expected.

<sup>\*</sup>Integrated teaching : Only for  $5^{th}$  year- 15 hours ( 7 classes)

Integrated Teaching

Topic	Learning Objective	Teaching Aids	Assessment	Department
<ul> <li>Medical disorders in pregnancy</li> <li>Hypertension in pregnancy</li> <li>(PIH)</li> <li>Diabetes, -Anaemia, - Jaundice</li> </ul>	Pathology, management	Multimedia	On presentation	Internal Medicine
<ul><li>APH</li><li>PPH</li></ul>	Aetiology, Management	Multimedia		Haematology Blood Transfusion
Septic Abortion:	Pathophysiology, management	Multimedia		Blood transfusion Pathology Onchology
Acute abdomen in obstetrics and gynaecology	Aetiology, management	Multimedia		Surgery,pathology
Genital tract infection	<ul><li>Defensive mechanism</li><li>PID, STD, Genital tuberculosis</li></ul>	Multimedia		Pathology
Ca cervix	Aetiology, prevention, management	Multimedia		Immaging, Oncology

### **CLINICAL SCHEDULE**

#### **TOTAL TEACHING HOURS – 336 HOURS**

	TOTAL I						JOINS SE				
	1 <sup>ST</sup> ROUND – 4 <sup>TH</sup> YEAR							2 <sup>ND</sup> ROUND -	- 5 <sup>TH</sup> YEAR		
	5	8 WEEF	KS = 144  H	OURS			8 WEEKS = 192 HOURS				
2 V	Weeks	2	Weeks	4 Wee	eks	3 Wee	eks	3 Wee	ks	2 We	eks
$2W \times \epsilon$	$5D \times 2 HS$	$2W \times$	$6D \times 2 HS$	$4W \times 6D$	$4W \times 6D \times 4 \text{ HS}$ $3W \times 6D \times 4 \text{ HS}$		$\times$ 4 HS	$3W \times 6D \times 4$ HS		$2W \times 6D \times 4HS$	
= 24	= 24 HOURS		= 24 HOURS = 96HOURS		= 72 HOURS		= 72 HOURS		= 48 HOURS		
Family	Assessment	GOPD	Assessment	Basic clinical	Assessment	Routine	Assessment	Routine	Assessment	E.O.C.	Assessment
Planning				skill (indoor		obstetrics		Gynaecology		(Labour Word	
				placement)		(indoor		(indoor		Placement)	OSPE
				-morning 2 hrs		placement)		placement)		-morning 2 hrs	
				-evening 2 hrs		-morning 2 hrs		-morning 2 hrs		-evening 2 hrs	
						-evening 2 hrs		-evening 2 hrs			

# Final Professional Examination **Assessment of Gynaecology & Obs.**

Components	Marks	Total Marks
WRITTEN EXAMINATION		
Paper – I –SBA & MCQ	10+10 =20	
SAQ	35	100
SEQ	35	
Marks from formative assessment	10	
Paper - II- SBA & MCQ	10+10 =20	100
SAQ	35	
SEQ	35	
Marks from formative assessment	10	
PRACTICAL EXAMINATION		
OSCE / OSPE		100
CLINICAL EXAMINATION		
Obs. Case	<u>50</u>	100
Gynae. Case	<u>50</u>	
ORAL EXAMINATION (Structured)		
Obs	50	100
Gynae	50	
Gran	d Total	500

Pass marks 60 % in each of theoretical, oral and practical

There will be separate answer script for MCQ & SBA

## Appendix I

# MBBS doctors will be competent enough to diagnose and manage the following diseases / health problems.

**Medicine and Allied Subjects** 

Medicine and Allied Subjects			
Diarrhoea	Tuberculosis, Leprosy, Malaria,	Scabies	
Common cold, upper respiratory	Kala-azar, Dengue, Measles,	Urticaria/ Allergy	
tract infection, Pneumonia	Mumps, Chickenpox, Tetanus,	Atopic dermatitis / Eczema	
Fever (especially viral fever / flue	Pertussis, Filariasis,	/contact dermatitis	
/ hyperpyrexia)	Insect bite, Snake bite (nonpoisonous)	Candidiasis & Ringworm	
Enteric fever	Mild to moderate adverse reaction	Pityriasis versicolor	
Shigellosis, Amoebic dysentery	of drugs	Syphilis & genital ulcers	
Peptic ulcer diseases, GERD,	or drugs	Gonorrhoea / Urethritis &	
Dyspepsia, Vomiting, Hiccough,	Helminthic infestation	vaginitis	
Dysphagia & Constipation	Febrile convulsion	Herpes simplex / herpes	
Irritable Bowel Syndrome		zoster	
Jaundice / Viral hepatitis	Rheumatic fever	Acne	
Hypertension	Neonatal care	Impetigo /bacterial Skin	
UTI	Infantile colic	infection	
Diabetes Mellitus	Bronchiolitis	Aphthous ulcer	
Headache (especially migraine and	Nutritional assessment, growth	Seborrheic dermatitis	
tension headache)	monitoring & nutritional counseling		
Anaemia (nutritional)	Counseling for breast feeding and	Uncomplicated psychiatric	
Cough, Bronchial asthma,	weaning (complementary feeding)	disorders (Anxiety neurosis,	
Bronchitis	Mild malnutrition /PEM /obesity/ underweight	HCR)	
	Deficiency disorders (Specially	Malingering	
Arthritis & arthralgia, Rheumatoid	Vitamin-A, Iodine, Iron, Vitamin-B	Vertigo	
arthritis, Osteoarthritis of knee, Gout	and protein)	Insomnia	
	Physiological jaundice, Omphalitis	Bell's palsy	
Tetany	Nocturnal enuresis, Overactive		
	bladder / urge incontinence		

## **Appendix I continued**

## **Surgery and Allied Subjects**

Abscess (superficial), Boil, Carbuncle,	Frozen shoulder
paronychia, Erysipelas, cellulitis,	Back pain, Cervical pain & other
Minor trauma, wound, haemorrhage,	musculoskeletal pain
burn and animal bite	
Lymph adenitis	Conservative management of tonsillitis,
Corn, pyogenic granuloma, watt	sinusitis, acute otitis media
Sebaceous cyst, superficial tumours	Rhinitis (allergic, viral)
Epididymo-orchitis	
Circumcision	Infantile dacryocystitis, Sty
	Conjunctivitis (allergic, viral, bacterial)
	Non impacted foreign body in eye, ear and
	nose

## **Obstetrics and Gynecology**

Ante natal care	Trichomoniasis, Moniliasis
Conduction of normal labour	Menstrual disorders
Intra- natal and post natal care of mother	Pelvic inflammatory disease
and child	Post-menopausal syndrome
Birth spacing and family planning advice	

## **Appendix II**

# MBBS doctors will be competent enough to diagnose and refer after primary management of the following diseases /health problems

## **Medicine & Allied Subjects**

Acute severe chest pain	Complicated UTI, Acute renal	Persistent Diarrhoea,
Diabetes with	failure, Chronic renal failure, Nephrotic syndrome, Acute	Febrile convulsion (1 <sup>st</sup> attack)
complications	glomerulonephritis (AGN)	Ascariasis crisis
Complicated hypertension	Cerebro vascular accident	Severe Under-nutrition / PEM /
Valvular heart diseases	Parkinson's disease	Low birth weight, prematurity,
Left ventricular failure	Urinary & fecal incontinence	Birth asphyxia, birth injury,
Complicated pneumonia,	Loss of libido, impotency,	neonatal septicemia, high neonatal jaundice
Respiratory failure, Pleural effusion, haemothorax,	premature ejaculation	Delayed mile stone of
pneumothorax,	MDR and complicated	development (cretinism,
Meningitis, Septicemia	Tuberculosis, Typhoid, Rabies, HIV & AIDS, Polio, Diphtheria	Autism), Epilepsy
Pancreatitis		Haemophilia, purpura,
Cancers / carcinomas	Psoriasis, severe drug reactions / SJS, Arsenecosis	haemepoetic disorders, leukemia,
Snake bite (poisonous)	Drug addiction, Complicated	Goiter, hypothyroidism,
Oedema, ascites, CCF,	psychiatric disorders	Thyrotoxicosis, hormonal
Chronic liver diseases	(schizophrenia, depressive illness, psychosomatic disorders,	disorders
	personality disorders etc.)	Congenital diseases and deformities

## **Appendix II continued**

# **Surgery & Allied Subjects**

<b>-</b>		
Deep abscess	Stone in urinary tract, retention of	Cataract, pterygium,
Complicated trauma, wound, haemorrhage and burn (including acid injury), Appendicitis, Cholecystitis	urine, prostatic enlargement, haematuria Fracture of bone, dislocation of joints, Gangrene, deep vein thrombosis, head / spinal injury, injury to vital organs	Refractive error, Glaucoma, corneal ulcer & corneal injury, Chalazion, Impacted foreign body
and cholelithiasis  Hydrocele, hernia & testicular torsion	Disc prolapse, osteomyelitis  Per rectal bleeding ( Anal fissure,	in eye, ear & nose Perforation and injury of tympanic membrane,
Intestinal obstruction (including gastric outlet obstruction, intussusception, volvulus), perforation, peritonitis, paralytic ileus,	Rectal polyp, Hemorrhoids, rectal cancer)  Deep tumor and cancer  Peripheral vascular occlusive diseases	Deafness, epistaxis, Chronic tonsillitis, Chronic otitis media, Chronic sinusitis,

## **Obstetrics and Gynecology**

Pelvic tumor (fibroid uterus, ovarian	Obstetrical and
tumour, hydatidiform mole, Ca cervix	Gynecological cases
<b>'</b>	with medical
Sterility	conditions with like heart, renal diseases
	etc.
	``

## **Appendix III**

# MBBS doctors will be competent enough to perform the following professional task independently--

Taking history from patient systematically	All clinical subjects,
Performing general and systemic examination of patient	All clinical subjects,
Writing and interpretation of history and examination findings of a patient	
for provisional diagnosis.	
Advising appropriate investigations and interpretation of the investigation	
findings to conform the diagnosis.	
Writing rational prescription	Pharmacology, All
Identifying any adverse effect of those dug and taking necessary measure to	clinical subjects
protect the patient	
Writing a discharge certificate as per ICD	All clinical subjects,
Writing a death certificate as per ICD	Physiology & Pathology
Writing a requisition form for different investigation	
Measuring blood pressure, pulse rate, body temperature	
Introducing naso gastric (N/G) tube, mouth gauge	
Introducing enema simplex, flatus tube,	
Performing tepid sponging	
Performing air-way suction	
Appling pressure bandage	
Performing CPR	
Performing P/R examination	
Tacking care of bed sores	
Tacking care of peripheral and central venous line	
Maintaining a input & output chart	
Performing pre-operative management when it is indicated	Surgery, Gynecology
	and Obstetrics'
Collecting sputum for AFB	Pathology, Biochemistry
Collecting, preserving and sending of blood and urine samples for different	& Physiology
investigations including culture	
Collecting, preserving and sending of body tissues for histopathology	Pathology & all clinical
	subjects
Measuring urine protein, sugar & urine analysis	Pathology, Physiology,
	all clinical subjects
Performing pregnancy test	Pathology, Gynecology
	and Obstetrics'
Measuring Hb%, ESR, TC, DC, TPC	Pathology, Physiology
Preparing blood film for malarial parasite	
Measuring blood glucose	Pathology &
	Biochemistry
Taking nose, throat, skin and wound swabs	Microbiology, all
	clinical subjects
Performing and interpreting a electrocardiograph (ECG)	Medicine, Physiology
Performing and interpreting basic respiratory function tests	
Performing lumber puncture	

## **Appendix III continued**

Appendix III co	
Administering oxygen	All clinical
Making up drugs for parenteral administration	subjects
Administering intravenous, intramuscular, subcutaneous and intradermal injections	
Establishing peripheral intravenous access including venipuncture and setting up	
an infusion devices	
Establishing safe blood transfusion / fluid infusion	
Dosage and administration of insulin and use of sliding scales	
Introducing male and female urinary catheter	
Maintaining correct techniques for 'moving and handling' of sick and injured	
patients	
Use of personal protective equipment (gloves, gowns, masks)	
Controlling cross infection among patients in relation to procedures and infectious	
patients	
Ensuring safe disposal of clinical waste, needles and other 'sharps'	
Explaining the patients and attendants about the disease and its outcome	
Giving information about the procedure and treatment options to the patients and	
attendants	
Obtaining and recording consent from patients and attendants for invasive	
procedure	
1	
Developing and maintaining medical records	
Counseling the patients and attendants about the medication and aftercare	
Giving follow-up to the patients when needed	D1 1 111
Instructing patients and attendants about oral, per rectal, parenteral, tropical and	Pharmacology, All
inhaler medications including eye and ear drops.	clinical subjects
Washing hands (including surgical 'scrubbing up' before any invasive procedure)	Surgery
Handling of sterile instruments	Gynaecology and
Ensuring wound care and basic wound dressing	obstetrics
Use of local anaesthetics	
Skin suturing	
Nutritional assessment, growth monitoring, nutritional advice	Community
Birth spacing & family planning	medicine
Immunization advice	Pediatrics
Breast feeding and weaning / complementary feeding advice	Obstetrics
Advice of hygiene and healthy lifestyles	Community
Participating in disaster management (cyclone, earth slide, flood, epidemic	medicine
outbreak, earth quake etc.), Perform triage, Perform mass casualty	All clinical
management(MCM)	subjects
Work in community setting	
Promoting community health of people and preventing communicable and non-	Community
communicable diseases at individual and community level by counseling and	medicine
involving in the activities about safe drinking water, food safety, healthy life	Incurente
styles, sanitary disposal of wastage and refuse, environmental sanitation,	
occupational health, school health program etc.	
Conduct survey to assess community health problems and using health related data to	
provide cost effective better health care.	
Injury/assault assessment for medico-legal purposes	
Performing autopsy for medico-legal purposes, Handling & Managing Dead body	Forensic medicine
Writing report for medico-legal purposes /writing medical certificates.	1 OTCHSIC INCUICING
mining report for medico-regai purposes / writing medical certificates.	

#### **Appendix IV**

# MBBS doctors will be competent enough in providing management in following emergency situation and will be able to refer the patients appropriately when necessary-

Acute chest pain / Ischemic heart diseases	Electrolyte imbalance
(Myocardial Infraction)	Drowning
Acute abdomen	Poisoning, Snake bite
Any kind of moderate to severe pain	Burn including Acid injuries
CVA / Unconscious patients / Convulsion	Haematemesis
Pre-coma, Coma and All types of Shock	Melaena
Cardio Respiratory arrest	Haemoptysis
Dyspnoea	Severe vomiting
Cyanosis	Pancreatitis
Dehydration	All types of injuries, Road Traffic Accidents
Haemorrhage	Mass casualty (cyclone, flood, epidemic
Anaphylactic reactions	outbreak, earth quake etc.)

Doctor should refer a case when there is any complication in the course of treatment / management.

The areas of the competencies listed in the above table have shown to be obtained from one or more disciplines arbitrarily. In reality, to obtain one single competency multiple disciplines (possibly all) have to contribute.

This list provided to find out the minimum competencies that all doctors must be obtained from MBBS course and internship training. A MBBS doctor may show more competencies in certain areas beyond the list.

List of competencies are also provided in the concerned subject.

## Appendix –V

## **Outline of a Prescription**

Registration :	No:
----------------	-----

Name of Doctor Degree(s), (Specialty) Address of Chamber Telephone No:

Name of Patient:		
Age:		Sex:
Address of Patient :		
Chief complaints:	RX	
•	1.	
Examination findings : • Pulse/min	2.	
• • Investigation :	3.	
•		
Provisional diagnosis:		
Diagnosis :		
Advise :		
•		
•		
	•	Signature of Doctor
		Date :
		Reg. No.:

## Appendix –VI

## **Outline of Medical & Fitness Certificate**

Signature of the app	olicant									
After careful exam	ination of the cas	e hereb	y I certi	fy that M	Ir./Ms					
whose signature is given above, is suffering form									a period of	
absence from duty	/ study / job for		days	with effe	ct from		to		is	
absolutely necessar	y for the restoration	on of his	s / her he	alth.						
Place : Date :					(Signature of Doctor) Name of the Doctor Registration No:					
Signature of Applic					CAL FITN					
After careful	examination	of	the	case	hereby	I	certify	that	Mr./Ms.	
			whose s	signature	is given ab	ove is 1	now fit to re	esume du	ty / study /	
job from	I also certify	that be	fore arri	ving at n	ny decision	I have	examined t	the origin	nal medical	
certificate(s) and s	tatement(s) of the	e case	(or the	certified	copies ther	reof) o	n which lea	ave was	granted or	
extending, and have	e taken these in co	nsiderat	ion in ar	riving at	my decision	1.				
Place :							re of Doctor	)		
Date :							ion No:			

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