



CURRICULUM/STATUTES/REGULATIONS

FOR 2 YEARS DIPLOMA PROGRAMME IN

TUBERCULOSIS & CHEST DISEASES

Faisalabad Medical University

Faisalabad

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Section A

VISION STATEMENT:

Faisalabad Medical University has been established since 05-05-2017 for purpose of imparting better medical education and encouraging and arranging extensive research and publication in the field of medical science. The vision of university is:

"Striving to achieve national and international stature in undergraduate and postgraduate medical education with strong emphasis on professionalism, leadership, community health services, research and bioethics"

MISSION STATEMENT

The mission of the University is:

"Educate Healthcare professionals to prevent, diagnose and treat human illnesses to practice evidence-based medicine with focus on lifelong healthcare in order to meet the challenges of community needs and competitive medical profession at the same time"

STATUTES

Nomenclature

The name of degree is "Diploma in Tuberculosis & Chest Diseases" (DTCD)

Course Title:

DTCD (Diploma in Tuberculosis and Chest Diseases)

Training Centers

Department of Pulmonology Affiliated with Faisalabad Medical University, Faisalabad.

Duration of Course

The duration of course shall be 2 years with structured training in a recognized department as per university rules and curriculum

Course structure:

The course is structured in two parts:

Part I: The candidate shall undertake the training in the basic sciences as per curriculum. 75% content will be uniform for all the specialties, approved by the Dean basic sciences and academic council, while 25% will be subject specific, provided and approved by the relevant department and academic council. At the end of 6-month, Part I Examination will be held by the examination department of Faisalabad medical University as per the table of specification in the basic medical Sciences subjects with same percentage of content from uniform and subject specific content as indicated above i.e. 75% and 25% respectively. All the candidates will attend classes in basic science departments as per the time table for 5 days (Mon-Fri) and on Saturday they will attend the class in their respective specialty as per the time table provided by the university during first 6 months.

Part II: The candidate shall undertake training in the specialized department as per the curriculum. At the end of 2 years, Part II Examination will be held by the examination department of Faisalabad medical University as per the table of specification in the subject concerned.

Workshops:

The basic workshops will be attended by all candidates from all the specialties and will be evenly distributed as

- 1. Basic Biostatistics and Research Methodology (Part I)
- 2. Communication skills (Part II)

At the end of each workshop, assessment will be done regarding the workshop and certificates will be issued to passing trainees only. The workshops will be conducted by the University and supervised by the department of Medical Education, FMU, Faisalabad.

Section B:

Admission and Eligibility Criteria:

Applications for admission to DIPLOMA will be invited through advertisement in print and electronic media and according to guidelines and rules approved by the Faisalabad Medical University

Candidates shall have MBBS or equivalent classification, valid PMDC registration, one year House job (Three months house job in relevant specialty will be preferred), secured pass percentage in entry test conducted by The Faisalabad medical university, qualify the interview successfully

Required Documents:

- 1. Completed application Form
- 2. Copy of MBBS degree with mark sheets of Professional Examinations and certificate of number of attempts in Professional Examination
- 3. Copy of PMDC Registration certificate.
- 4. Certificate of completion of required experience.
- 5. Reference letters from two consultants, with whom the applicant has worked
- 6. Three latest passport size photograph

Accreditation Related Issues of the Institution

A. Faculty

Properly qualified teaching staff in accordance with the requirements of Pakistan Medical and Dental Council (PMDC).

B. Adequate resources

The university will provide adequate resources Including class-rooms (with audiovisual aids), demonstration rooms, computer lab, clinical pathology lab, theaters, instruments and other equipment etc. for proper Training of the residents as per their course outcomes and objectives.

C. Library

Departmental library should have latest editions of recommended books, reference books and latest journals (National and International).

Section C:

AIMS AND OBJECTIVES OF THE COURSE

AIM

The aim of two years Diploma program in Department of Pulmonology is to equip medical graduates with relevant professional Knowledge, skill and ethical values to enable them to apply their acquired expertise at health care institutions.

LEARNING OBJECTIVES:

GENERAL OBJECTIVES

At the end of the training in DTCD, a trainee doctor should be able to:

- 1. Take a comprehensive and pertinent history of a patient presenting with respiratory tract problems
- 2. Perform detailed physical examination in a rational sequence that is both technically correct as well as methodical
- 3. Elicit physical signs without discomfort to the patient
- 4. Evaluate patients in the setting of outpatients department, hospital wards and emergency
- Order a set of relevant investigations considering availability, diagnostic yield, cost-effectiveness, side effects, and implications for management
- 6. Comprehend Community Indicators related to individual's health
- 7. Aware of and can apply national and international guidelines for

treatment and assessment

- 8. Counsel patients and relatives in patient's preferred language in elective and emergency situations in keeping principles of good communication skills, empathy and empowerment to patients
- 9. Exhibit emotional maturity and stability, integrity, ethical values and professional approach, sense of responsibility in day-to-day professional activities.
- 10. Take proper informed consent for physical examination and ensure confidentiality and appropriate environment for physical examination.
- 11. Act as an independent specialist at community level/Tehsil and District Headquarter hospital.
- 12. Show initiative and become life long self-directed learners tapping on resources including clinical material, faculty, internet and on-line learning programmes and library

SPECIFIC LEARNING OUTCOMES

Following competencies will be expected from a student completing 2 years' course in DTCD, including clinical and preventive chest medicine, student should be able to:

- Discuss etiology, pathogenesis, epidemiology and management of disorders in Chest Medicine on topics given in the list of course contents
- Discuss principles of basic sciences as applied to Chest Medicine like haemorrhage, infection, inflammation, malignancy, allergy and immunity, repair & healing, blood transfusion, shock, antibiotics, sterilization of instruments
- Formulate a working diagnosis and consider relevant differential diagnosis

- Decide and implement suitable treatments considering safety, cost factors, complications and side effects
- Diagnose chest related problems and emergencies, provide optimum health care, and if required, can refer to the tertiary care centers
- 6. Understand clearly various Tuberculosis Eradication

Programmes, their relevance, needs and impact on community and the methodology employed for implementation of all such programmes

- Identify common chest related problems in a scientific manner while keeping in mind the logical reasoning and a clear understanding of their impact on human mind and body
- 8. Perform recommended chest related clinical procedures with expertise
- 9. Educate community regarding their health issues
- Maintain follow-up of patients at appropriate intervals, recognizing new developments and/or complications and offering sensible management protocols

Content list:

PART I:

A: Basic science:

Anatomy:

Gross Anatomy of Head & Neck

- SCALP & FACE
- BONY ORBIT
- MANDIBLE & CERVICAL VERTEBRA

- TEMPORAL FOSSA, INFRA TEMPORAL FOSSA & MANDIBLE
- EYE BALL & EXTRAOCCULAR MUSCLE
- FASCIA & TRIANGLES OF NECK
- TONGUE, ORAL CAVITY & SALIVARY GLAND
- · LARYNX & THYROID GLAND
- PHARYNX
- EAR
- NOSE & PARANASAL AIR SINUSES
- VESSELS OF HEAD & NECK
- LYMPHATIC DRAINAGE OF HEAD & NECK
- RADIO GRAPHY OF HEAD & NECK
- Cranial Cavity

Gross Anatomy of Abdomen & Pelvis

- ANTERIOR ABDOMINAL WALL
- ANTERIOR ABDOMINAL WALL & RECTUS SHEATH
- INGUINAL CANAL & HERNIA, SCROTUM & EXTERNAL GENITALIA
- PERITONEUM
- STOMACH & SMALL INTESTINE
- LIVER, PANCREAS, SPLEEN & EXTRAHEPATIC BILLIARY APPARATUS

- BLLOD SUPPLY & NERVE SUPPLY OF ABDOMEN

 LARGE INTESTINE + APPENDIX
 - POSTERIOR ABDOMINAL WALL
 - BONY PELVIS + JOINTS OF PELVIS
 - FEMALE REPRODUCTIVE SYSTEM
 - ANAL REGION
 - NERVES & VESSELS OF PELVIS
 - RADIO GRAPHS OF ABDOMEN & PELVIS

Neuroanatomy

- DURAL VENOUS SINUSES &MENINGIES
- BRAINSTEM 1
- BRAINSTEM 2
- BRAINSTEM 3
- ANS
- CEREBRUM 1
- CEREBRUM 2
- DIENCEPHALON 1
- DIENCEPHALON 2
- VENTRICULAR SYSTEM

• CRANIAL 2 Part I: Part I-SIX MONTHS Theoretical Component **GROSS ANATOMY OF SPINAL CORD General & Special Embryology General & Special Histology Physiology: CLINICAL DIPLOMA COURSE OF PHYSIOLOGY** Conceptual and considered approach to 1. Cell physiology 2. Basic and Clinical Neurophysiology 3. Blood physiology 4. Heart and overview of Circulation 5. Renal Physiology 6. Advance Endocrinology 7. Respiratory Physiology 8. Molecular and physiological aspects of Nerve and Muscle 14

• CRANIAL 1

CELL PHYSIOLOGY

4. Disorders of the blood

1. Functions of cells, cell membranes and its organelles 2. Homeostasis 3. Necrosis 4. Apoptosis **BASIC AND CLINICAL NEUROPHYSIOLOGY** 1. Nerve physiology 2. Action potential in nerve fiber, mechanism of generation action potential in a nerve fiber 3. Parts of central, peripheral nervous system and their physiology 4. Autonomic nervous system 5. Special sense vision (eye) 6. Pathophysiology of the diseases involved **BLOOD PHYSIOLOGY** 1. Components of blood, functions of blood plasma and plasma proteins 2. Blood grouping and principles of transfusion 3. The body defense systems (Immunology)

HEART AND OVERVIEW OF CIRCULATION

- 1. The basic structure and function of heart, ECG recording and interpretation
- 2. Conductive pathway of heart
- 3. Physiological principles to manage a person in shock due to various reasons
- 4. Disorders of the CVS

RENAL PHYSIOLOGY

- 1. Basic structure and function of the kidney.
- 2. Glomerular filtration, tubular function and urine formation.
- 3. Role of kidney in acid base, Na, K, Ca balance.
- 4. Endocrine and regulatory functions of the kidney.

ADVANCE ENDOCRINOLOGY

- 1. Endocrine glands, classification their functions
- 2. Feedback control mechanisms
- 3. Disorders of endocrine glands

Biochemistry

- 1. Buffers
- · lonization of water
- Henderson Hasselbach equation
- Body buffers and regulation of Acid base balance human body

- Acids produced in the body, mechanisms of regulation of pH, role of lungs and kidney in buffering mechanism
- · Disorders of acid base metabolism

2. Enzymes:

- Classification/nomenclature, Properties of enzymes and catalysts, regulation of enzyme activity
- Functions of enzymes and catalysts,
- Therapeutic use and application of enzymes in clinical diagnosis
- Enzyme kinetics, Factors affecting enzyme activity (Michaelis Menten and Lineweaver Burk equations)
- Classification of enzyme inhibitors and their biochemical importance

3. Carbohydrates:

- Definition, biochemical function and classification of carbohydrates, Structure and functions of mono-saccharides and their derivatives
- Disaccharides, Oligosaccharides, Polysaccharides and their Biochemical importance.

4. Proteins:

- Definitions, biochemical importance and classification of proteins based on physiochemical properties, Structure of proteins and their significance in pH maintenance.
- Amino acids and their structure, properties, functions, Classification and nutritional significance of amino acids,
- Immunoglobulins and their biomedical significance
- Plasma proteins and their clinical significance

5. Porphyrins and Hemoglobin:

- Chemistry and biosynthesis of porphyrins and related disorders
- Structures, functions and types of hemoglobin, Oxygen binding capacity of hemoglobin, factors affecting and regulating the oxygen binding capacity of hemoglobin,

Haemoglobinopathies (Sickle cell disease, Thalassemia etc.) and their biochemical causes

- Degradation of haem, formation of bile pigments, its types, transport and excretion
- Hyperbilirubinemias, biochemical causes and differentiation

6. Lipids and Fatty Acids:

- Classification of lipids and their biochemical functions, Structure and biochemical function of neutral lipids phospholipids, glycolipids and sphingolipids
- Classification of fatty acids and their biochemical functions,
- Eicosanoids and their function in health and disease
- · Steroids and their biochemical role, Cholesterol, its structure, chemistry and functions
- · Bile acids and bile salts
- Lipid peroxidation and its clinical significance.

7. Vitamins and minerals:

- Vitamins and their different types, Classification of vitamins, their chemical structure and biochemical function, Absorption of vitamins and minerals
- Daily requirements, sources of water- and fat-soluble vitamins
- Clinical effects of vitamin deficiency, Role of vitamins as co-enzymes, Hypo- and hyper-vitaminosis
- Minerals in human nutrition, sources, biochemical actions and recommended daily allowance (RDA), Sodium, potassium, chloride, calcium, phosphorus, magnesium, sulfur, iodine, fluoride, Trace elements: Iron, Zinc, Selenium, Iodine, Copper, Chromium, Cadmium, Manganese (Fe, Zn, Se, I, Cu, Cr, Cd and Mn)

8.Endocrinology:

- Introduction of hormones, mechanism of hormone action, classification of hormones
- Endocrine hormones of human body (Synthesis, Secretion, Mechanism of Action, effects on target tissues, regulation, related disorders)
 - a. Anterior Pituitary Hormones
 - b. Posterior Pituitary Hormones
- c. Hormones of Adrenal Cortex, Adrenal Medulla

- d. Sex Hormones of male & female reproductive system
- e. Hormones of thyroid gland
- f. Parathyroid Hormone
- g. Endocrine portion of Pancreas

9. Nucleotides and Nucleic acids:

- Chemistry of purines and pyrimidines, their derivatives, structure and function, Derivatives of purines and pyrimidines, their role in health and disease
- Chemistry and structure of nucleoside and nucleotide and their biochemical role, Nucleic acids (DNA & RNA) their types, structure and functions.

10. Bioenergetics and Biological oxidation:

- Endergonic and exergonic reactions, coupling through ATP
- Oxidation and reduction, methods of electron transfer, redox potential, enzymes and coenzymes of biologic oxidation and reduction
- Respiratory chain and oxidative phosphorylation, components of respiratory chain, electron carriers
- · ATP synthesis coupled with electron flow
- ADP coupled to electron transfer
- Uncouplers and inhibitors of oxidative Phosphorylation

11.Metabolism of carbohydrates:

- Glycolysis, Phases and reactions of glycolysis
- Energetics of aerobic and anaerobic glycolysis and their importance, Regulation of glycolysis
- Cori's cycle, The fate of pyruvate
- Citric Acid Cycle, Reactions, energetics and regulation and importance of citric acid cycle
- Amphibolic nature of citric acid cycle (tricarboxylic acid cycle –TCA or the Krebs's cycle)
- Anpoleratic reactions and regulations of TCA cycle
- Gluconeogenesis

- Important three by-pass reactions of gluconeogenesis
- Entrance of amino acids and intermediates of TCA cycle and other nutrients as gluconeogenic substrates
- Significance of gluconeogenesis
- Glycogen metabolism
- Reactions of glycogenesis and glycogenolysis
- Importance of UDP-Glucose
- Regulation of glycogen synthase and glycogen phosphorylase
- · Glycogen phosphorylase A and the blood glucose sensor
- Disorders of glycogen metabolism (glycogen storage diseases)
- · Secondary pathways of carbohydrate metabolism
- Hexose Mono Phosphate (HMP) shunt, its reactions and importance
- · Glucuronic acid pathway, its reactions and importance
- Metabolism of fructose, galactose and lactose
- Regulation of Blood Glucose level
- Hyperglycemia, hypoglycemia and their regulating factors
- · Biochemistry of Diabetes Mellitus, its laboratory findings and diagnosis

12. Metabolism of Lipids:

- Mobilization and transport of fatty acids, triacylglycerol and sterols
- Oxidation of fatty acids
- Activation and transport of fatty acid in the mitochondria
- β-oxidation, fate of acetyl CoA, regulation of β-oxidation
 - Other types of oxidations, i.e., αoxidation, ω-oxidation, peroxisome oxidation, oxidation of odd number carbon-containing fatty acids and unsaturated fatty acids etc.
- Ketogenesis
- Mechanism and utilization of ketone bodies and significance
- Ketosis and its mechanism
- Biosynthesis of fatty acids
- Eicosanoids, synthesis from arachidonic acid, their mechanism and biochemical functions

- Triacylglycerol synthesis and regulation
- Synthesis and degradation of phospholipids and their metabolic disorders
- Cholesterol synthesis, regulation, functions, fate of intermediates of
- Cholesterol synthesis, hypercholesterolemia, atherosclerosis
- Plasma lipoproteins, VLDL, LDL, HDL, and chylomicrons, their transport, functions and importance in health and disease
- Glycolipid metabolism and abnormalities

13. Metabolism of proteins:

- Amino acid oxidation, metabolic fates of amino acid, transamination, deamination decarboxylation, deamidation and transamination
- Transport of amino group, role of pyridoxal phosphate, glutamate, glutamine, alanine
- Ammonia intoxication, nitrogen excretion and urea formation,
- Urea cycle and its regulation, genetic defects of urea cycle
- Functions, pathways of amino acid degradation and genetic disorders of individual amino acids

14. Metabolism of Nucleotides:

- De novo purine synthesis
- Synthesis of pyrimidine
- Recycling of purine and pyrimidine bases (Salvage pathway)
- Degradation of purine, formation of uric acid
- Disorders of purine nucleotide metabolism

15. Bio signaling:

- G-Protein Coupled Receptor
- Second Messengers
- Tyrosine Kinase Receptor
- Role of cGMP
- Multivalent Adaptor Proteins and Membrane Rafts
- Gated Ion Channels
- Bidirectional Cell-Adhesion Receptors
- Regulation of Transcription by Nuclear Hormone Receptor

- Regulation of Cell Cycle by Protein Kinases
- Oncogenes, Tumor Suppressor Genes, Programmed Cell Death

16. Genes and Chromosomes:

- Chromosomal elements
- DNA supercoiling
- Structure of chromosomes
- Genetic Mutations

17. DNA Metabolism:

- DNA structure
- DNA replication
- DNA damage and repair mechanism
- DNA Recombination

18. RNA Metabolism:

- DNA dependent synthesis of RNA
- RNA processing
- RNA dependent synthesis of RNA & DNA
- HIV Reverse Transcriptase
- Methods for generating RNA polymers

19. Regulation and gene expression:

- Principles of gene regulation
- Process of Transcription, Post-Transcriptional Modification
- Regulation of gene expression in bacteria/eukaryotes
- · Genetic code
- Process of Translation, Post-Translational Modification

Metabolic disorders and their Clinical importance

1. Metabolic disorders related to Carbohydrate Metabolism

• Diabetes Mellitus& its complications

- All types of Glycosuria
- Classical Galactossemia
- Hereditary fructose intolerance
- Essential Fructosuria
- Essential Pentosuria
- G-6 PD deficiency
- Hyperosmolar Non-ketotic Diabetic Coma
- Glycogen Storage Diseases
- Hypoglycemia
- Lactose intolerance

2. Metabolic disorders related to Lipid Metabolism

- Lipid Storage Diseases
- Ketosis and Ketonuria including Diabetic Ketoacidosis
- Respiratory Distress Syndrome
- Hypercholesterolemia
- All types of Hyperlipidemias including hyperlipoproteinemia
- Hypo lipoproteinemia
- Atherosclerosis, CVA, CHD
- Steatorrhea
- Chyluria
- Cholelithiasis/Obstructive Jaundice
- Congenital Adrenal Hyperplasia
- Carnitine Deficiency
- Fatty liver
- Obesity/Metabolic Syndrome
- Disorders related to oxidation of Fatty Acids (Refsum's Disease, Zellweger syndrome, Methyl-Malonic Acidemia, SIDS)

3. Metabolic disorders related to Protein Metabolism

- All types of Uremia
- Hepatic Encephalopathy

- Hyperammonemia
- Arginine-succinic aciduria
- Citrullinemia
- Isovaleric academia
- Glycinuria /Hyperoxaluria
- Cystinuria / Cystinosis
- Phenylketonuria/Albinism
- Tyrosinemia
- Alkaptonuria
- Homocystinuria
- · Hartnups disease
- Maple Syrup Urine Disease
- Histidinemia
- Creatinuria
- Carcinoid syndrome

4. Metabolic disorders related to Nucleotides and Nucleic Acids Metabolism

- Hyperuricemia & Hypouricemia
- Gout
- Lesch-Nyhan Syndrome
- Severe Combined Immunodeficiency Disease (SCID)
- Oroticaciduria
- Purine Nucleoside Phosphorylase Deficiency

5. Metabolic disorders related to Heme metabolism

- Porphyria's
- Hyperbilirubinemia
- Jaundice

6. Disorders related to Vitamins and Minerals

- Vitamin Deficiency Diseases
- Minerals & Trace elements Deficiency Diseases

7. Clinical Enzymology

- Principles of Diagnostic Enzymology
- Isoenzymes and their role in clinical diagnosis
- Types of various enzymes in human body
- Functional & Non-Functional Enzymes
- Enzymes used as reagents and drugs

8. Clinical Nutrition

- Factors altering nutrition requirements in different conditions
- Nutritional assessment and support in health & convalescence
- Diseases that produce nutrition problems
- Protein Energy Malnutrition (PEM)

9. Single-Gene Disorders:

Major Modes of Inheritance (Autosomal Dominant, Autosomal Recessive, X-Linked Recessive)

10. Cytogenetics:

- Numerical chromosome abnormalities:
- Euploidy, Aneuploidy
- Structural chromosome abnormalities:
- Translocations, deletions
- Other chromosomal abnormalities:
- Inversions, Ring Chromosome, Isochromosome, Uniparental Disomy
- Advances in molecular cytogenetics:
- Fluorescence in situ hybridization (FISH), Spectral Karyotyping

11. Genetics of Common Diseases

Multifactorial inheritance

12. Gene Mapping

Different types of DNA Polymorphism

- Restriction Fragment Length Polymorphisms (RFLPs)
- Variable Number of Tandem Repeats (VNTRs)
- Short Tandem Repeat Polymorphisms (STRPs)
- Single Nucleotide Polymorphisms (SNPs)

13. Gene Mapping: Linkage Analysis

14. Genetic Diagnosis Recombinant DNA Technology

- Isolation of DNA from Blood
- Isolation of DNA from tissues
- RNA isolation from blood and tissues
- Restriction enzymes

Practical work:

(A) Basic biochemical practical

1. pH metery

- Principle of pH metery
- Components and working of pH meter
- Applications of pH metery in Biochemistry laboratory

2. Centrifugation

- Principle of Centrifugation
- Types of centrifuge machines
- Ultracentrifugation
- · Uses in Biochemistry lab

3. Spectrophotometer and Photometry

- Spectrophotometry
- LFT's
- RFT's
- Lipid Profile
- Sugar
- Uric Acid
- Serum Bilirubin Direct / Indirect
- Serum Albumin A/G ratio

4. Elisa Based Test

- Principal of Elisa
- Thyroid Profile
- Hepatitis B & C (ICT & Elisa based)
- Cortisol
- HIV (ICT & Elisa based)

5. Urine Complete Examination

- pH, Specific gravity
- Albumin, Sugar, proteins
- Microscopy
- UPT

6. Specimen Collection & Processing; Sources of Biological variation:

- Sources & composition of blood specimen
- Types of blood specimen & equipment
- Venipuncture, skin puncture, arterial puncture, anticoagulants & preservatives of blood, hemolyzed sample
- Preanalytical considerations
- Capillary specimen collection
- Specimen handling & processing for testing
- · Collection of urine, faces, spinal fluid, other fluids for analysis

7. Establishment and use of reference values • Introduction to statistical terms & techniques • Use of reference values 8. Quality assurance Elements of quality assurance Pharmacology: 1. Cardiovascular system a. Antihypertensive drugs b. Drugs for heart failure c. Antianginal drugs d. Anticoagulants 2. Respiratory system a. Anti-asthmatic drugs b. Antihistamines 3. Central nervous system a. General anesthetics b. Local anesthetics c. Antipsychotics d. Antidepressants

a. Tocolytic drugs b. Drugs for labor and delivery 5. Endocrinology a. Antidiabetic drugs b. Estrogens and androgens 6. Chemotherapeutic drugs a. Antibiotics of general use **GENERAL PATHOLOGY:** Cell as a unit of Disease • The genome. · Cellular metabolism & cellular activation. • Signal transduction pathways, growth factors and receptors. • Cell cycle and stem cell. Cell injury and adaptation • Reversible and Irreversible Injury

4. Drugs acting on uterus

• Fatty change, Pigmentation, Pathological classification

• Necrosis and Gangrene

Cellular adaptation

- Atrophy, Hypertrophy,
- Hyperplasia, Metaplasia, Aplasia

Inflammation

- Acute inflammation, Vascular changes, Chemotaxis, Opsonization and Phagocytosis
- Enlist the cellular components and chemical mediators of acute inflammation
- Differentiate between exudates and transudate
- Chronic inflammation
- Etiological factors, Granuloma

Cell repair and wound healing

- Regeneration and Repair
- Healing---steps of wound healing by first and second intention
- Factors affecting healing
- · Complications of wound healing

Hemodynamic disorders

- Define and classify the terms Edema, Hemorrhage, Thrombosis, Embolism, Infarction & Hyperemia.
- Define and classify Shock with causes of each.

Describe the compensatory mechanisms involved in shock.

• Describe the pathogenesis and possible consequences of thrombosis.

• Describe the difference between arterial and venous emboli.

Neoplasia

- Dysplasia and Neoplasia.
- Differences between benign and malignant neoplasm
- Enlist the common etiological factors of Neoplasia
- Define and discuss the different modes of metastasis
- TNM staging system and tumor grade

Immunity and Hypersensitivity

• Humoral and cell mediated immunity and types of Hypersensitivity with examples.

General Microbiology

General Microbiology

Introduction to microbiology

Role of microbes in various human diseases

Sources of infection

Classification of microorganisms.

Morphology and identification of bacteria.

Bacterial metabolism and growth.

Sterilization and disinfection, definition, use of physical and chemical disinfectants and their practicalutility in clinical practice.

Infection and immunity pathogenicity, pathology of infection, Resistance and natural immunity, antigens and antibodies.

B: Specialty Specific:

APPLIED ANATOMY

- Histology of lungs
- Respiratory tract
- Thoracic cage, nerves and muscles of respiration
- Lungs, pleurae, mediastinum
- Lymphatic system of the thorax

APPLIED PHYSIOLOGY

- Physical principals governing respiration
- Intrathoracic pressure, respiratory movements, law of gases, gaseous exchange in lungs, vital capacity, artificial respiration, mechanisms in breathing
- Pulmonary respiration and its regulation
- Control of breathing, nervous and chemical
- Effect of exercise on respiration and other body functions
- Work of breathing lung compliance
- Pulmonary ventilation and lung volume
- Chemistry of respiration
- Electrolyte and water balance
- Hydrogen lon regulation
- Pulmonary function tests and their interpretation
- Pathologic physiology of abnormal respiration
- Pulmonary circulation
- Electrocardiography

PHYSIOLOGY DEMONSTRATIONS

- Basal metabolism
- Pulmonary function tests

PRINCIPLES OF PHARMACOLOGY & THERAPEUTICS

- Basic Pharmacological Concepts
- Pharmacokinetics and pharmacodynamics
- Drug-receptor interactions
- General principles of clinical toxicology
- The mode of action of commonly used drugs related to respiratory system including antituberculous drugs; their doses, side-effects/toxicity, indications and contra-indicationsBasic concepts of pathophysiology and pharmacotherapeutics in tuberculosis and chest diseases
- Drug treatment during special clinical conditions

EPIDEMIOLOGY OF TUBERCULOSIS AND CHEST DISEASES

- Descriptive and analytical epidemiology.
- Epidemiological methods and their application to communicable and non communicable diseases in the community or hospital situation.
- Demographic pattern of the country and the roles of the individual, family, community and socio -cultural milieu in health and disease.
- Principles and components of primary health care and the national health policies
- Basis of epidemiologic approach to disease e.g. Prevalence, incidence.
- Epidemiological aspects of major respiratory and public health problems like tuberculosis, asthma, interstitial lung disease & occupational & environmental disorders.
- Common chest diseases, their clinical manifestations, including emergent situations and of investigative procedures to confirm their diagnosis.
- Various modes of therapy used in treatment of respiratory diseases
- Management including medical and surgical procedures available for treatment of various diseases and a comprehensive plan of management

inclusive of national tuberculosis control programme.

- Health care delivery system including rehabilitation with DOTS
- Principles of health economics, health administration, health education for community in relation to tuberculosis and chest diseases
- Need for referral care in tuberculosis and chest diseases
- Differentiation of community diagnosis from patient diagnosis
- Quality of health or rehabilitation services in a community factors that will contribute in improving the quality of services.
- Identification of the users and nonusers of health/rehabilitation services.
- Designing a flow chart for an epidemiological investigation and to construct components like problem posing planning, field work, data processing, analysis and conclusion in it.
- The purpose of record keeping; to write survey records in relation to tuberculosis and chest diseases
- Effectiveness of immunization programmes, immunization schedule and the factors that contribute to improper immunization procedures.
- Brief introduction to research design: basic design of different types of studies: cross-sectional, case-control, cohort, clinical trial, including their respective measures of effect.

Part II:

Theoretical Component

PULMONARY TUBERCULOSIS

Introduction and history of Tuberculosis

Diseases/factors predisposing to Pulmonary Tuberculosis

Primary Tuberculosis, Tuberculosis in children, Tuberculosis in adults. Principles of early diagnosis, symptomatology, clinical features, complications and diagnosis

Classifications of Tuberculosis
Tuberculosis of the pleura
Miliary Tuberculosis

Differential diagnosis

Prognosis

Management and treatment - Medical aspect

Management and treatment - Surgical aspect

Dot Programme and its implementation

Tuberculosis in relation to diabetes

Tuberculosis in relation to pneumoconiosis

Tuberculosis and HIV

- Tuberculosis in relation to pregnancy
- Epidemiology of Tuberculosis
- Tuberculosis control
- Surveys, statistics, health education
- Tuberculin test and B.C.G. Immunization
- Mass miniature radiography
- Domiciliary care
- After care and rehabilitation
- TB clinic, hospitals and sanatoria
- Social Insurance
- Public Health Administration and Tuberculosis
- Health services
- The state and Tuberculosis (legislations)
- Role of voluntary o rganizations, private practitioners
- Problem of Tuberculosis in Pakistan and other countries and Anti-Tuberculosis Scheme

EXTRA-PULMONARY TUBERCULOSIS

- Tuberculosis of glands and differential diagnosis of enlarged lymph nodes
- Bone s and joints' Tuberculosis
- Abdominal Tuberculosis
- Tuberculosis of Precardium
- Tuberculosis of Urogenital tract
- Pelvic Tuberculosis and infertility
- Tuberculosis of Skin
- Tuberculosis of Eye

- Tuberculosis of Larynx and Ear
- Tuberculosis of Nervous System
- Fistula in Ano

NON-TUBERCULOUS CHEST DISEASES

- Diagnostic procedures including bronchoscopy, oesophagoscopy etc.
- Chronic bronchitis and emphysema
- Bronchiectasis
- Lung abscess
- Pneumoconiosis
- Occupational diseasess
- Bronchial and intrathoracic neoplasia
- Atelectasis
- Spontaneous pneumothorax
- Pulmonary cysts
- Pleural effusions and diseases of pleura
- Eosinophilic pulmonary disease
- Pneumonias bacterial, viral and chemical
- Fungal Diseases of Lungs
- Sub-phrenic abscess
- Bronchial asthma
- Congential diseases of the lungs and bronchial tree
- Parasitic diseases
- Pulmonary embolism and infarction
- Pulmonary hypertension
- Pulmonary heart diseases
- Heart failure
- Pulmonary Oedema and Haemosidrosis
- Pulmonary alveolar proteinosis, pulmonary alveolar microlithiasis
- Sarcoidosis
- Pulmonary manifestation of collagen disease
- Diseases of the diaphragm

- Diseases of Oesophagus and other mediastinal conditions
- Differential diagnosis of Cough
- Differential diagnosis of haemoptysis
- Smoking cessation
- Physiotherapy
- Radiotherapy

RADIOLOGY

- X-ray plant, technique of radiology
- Normal chest
- Diseases of chest wall
- Pulmonary tuberculosis
- Diseases of the pleura, mediastinum and diaphragm
- Non-tuberculo us diseases of the lungs
- Abdominal tuberculosis
- Tuberculosis of spine, bones and joints
- Mass miniature radiography
- Ultrasound, computer tomography, stereoscopy
- Interpretation of X-ray films

Clinical Component

Regular duties in ward and OPD

- Routine history taking examination and investigations.
- Diagnostic and therapeutic procedures like FNA aspirations, biopsy, spirometry, ABGs, chest intubation and observations and assistance of major procedures like bronchoscopy.

Instructional Strategies:

As a policy, active participation of students at all levels will be encouraged.

Following teaching modalities will be employed:

1. Lectures

2.	Seminar Presentation and Journal Club Presentations
3.	Group Discussions
4.	Grand Rounds
5.	Conferences and seminars
6.	Assignments
7.	Self-study, and use of internet
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Section D:

Assessment Plan:

Program duration	Course contents		Assessment method
At the end of 6 months of program	Basic medical sciences: Anatomy including histology Physiology Biochemistry Pharmacology Pathology	⁻ 75%	Part I to be taken by university. It will include: Written (MCQ) = 100 (1 mark each) Total Marks = 100
	Specialty specific	25%	

At the end of 2 nd year	Specialized	training in the relevant Departme	
			A) Paper A MCQ = 50 (1 mark each) = 50 SEQ = 10 (5 marks each) = 50 Total Marks = 100
			B) Paper B MCQ = 50 (1 mark each) = 50 SEQ = 10 (5 marks each) = 50 Total Marks = 100
			C) Log Book = 20 Marks D) Clinical Paper = 180 OSCE/OSPE = 90 marks Clinical = 90 marks
			1 long cases = 30 marks Total = 30 marks
			Short cases = 4 Each of 15 marks Total = 60 marks
			Total Marks = 400

Part I Examinations:

Part I would be conducted for the candidate at the end of 6 months of the program.

Components of Part I Examination

MCQ = 100 (each 1 mark)

Total = 100

Eligibility Criteria:

To appear in the Part II Examination the candidate shall be required: .

1. At least 75% Attendance in all the basic medical sciences subjects as per the

curriculum provided.

2. Evidence of payment of examination fee as prescribed by the university from time to

time.

3. The examination fee once deposited cannot be refunded / carried over to the next

examination under any circumstances.

4. Candidate remained on institution roll during the period required for appearing in

examination.

Declaration of Results

The candidates scoring 60% marks in the written examination will be considered

pass and will then be eligible to appear in the Part II examination.

A maximum of total SIX (6) consecutive attempts, availed or un availed, will be

allowed in Diploma Part I examination. If the candidate fails to pass this

examination within the above mentioned limit of SIX (6) attempts, he/she shall be

removed from the program and the seat will fall vacant.

Part II Examination

(At the end of 2nd Calendar year of the program)

Components of Part II Examination

A) Paper A

MCQ=50 (1 each) = 50

SEQ=10 (5 each) = 50

Total Marks=100

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Paper B

MCQ = 50 (1 each) = 50

SEQ = 10 (5 each) = 50

Total Marks=100

C) Log Book = 20 Marks

D) Clinical Paper = 180

OSCE/OSPE = 90 marks

Clinical=90 marks

Long case= 30 marks

Short cases=4 caring 15 marks each total 60

Total Marks=400

Eligibility Criteria:

To appear in the Part II Examination the candidate shall be required:

- 1. Result card showing that the candidate has passed Part I Examination.
- 2. Certificate of completion of 2 Years training as per the curriculum approved by the university.
- 3. Evidence of payment of examination fee as prescribed by the university from time to time.
- 4. The examination fee once deposited cannot be refunded / carried over to the next examination under any circumstances.

Declaration of Results

a. The candidates scoring 60% marks in aggregate of Paper A and Paper B of the written examination will be declared pass and will become eligible to appear in the Clinical Examination.

Clinical, TOACS/OSCE:

- a) The Clinical Examination will consist of 04 short cases, 01 long case and TOACs/OSCE with 01 station for a pair of Internal and External Examiner.
- b) The Total Marks of Clinical and TOACs/OSCE & Oral will be 270 and to be divided as follows:

• 4 Short Cases (15 each) Total Marks = 60

• 1 Long Case Total Marks = 30

• TOACS/OSCE & ORAL Total Marks = 90

Total= 180

Log Book=20 marks

Declaration of Results

 A student scoring 60% in long case, 60% in short cases ad 60% in TOACS/OSCE will be considered pass in the examination.

Section E **Award of Diploma In** A candidate having declared successful in all the components of examination i.e. Theory and Clinical shall be declared pass and shall be conferred Diploma In DTCD (Diploma in Tubercukosis and Chest Diseases) 44

Section F:

Log Book

The trainees must maintain a log book and get it signed regularly by the supervisor. A complete and duly certified log book should be part of the requirement to sit for the DTCD examination. Log book should include adequate number of diagnostic and therapeutic procedures, routine and emergency management of patients, case presentations in CPCs, journal club meetings and literature review.

Proposed Fo	Proposed Format of Log Book is as follows:				
Candidate's	Name:				
Roll No.					

PROCEDURES:

- 1. Aspirations
- 2. Biopsy
- 3. Spirometry
- 4. ABGs
- 5. Chest Intubation
- 6. Observation and assistance of major procedures like Bronchoscopy and Brochoalveolar lavage

Sr.#		Name	of Patier	nt,	Diagnosis	Procedure	Supervisor's
	Doto	Age,	Sex	&		Performed	Signature
1							
2							

Emergencies Handled

Sr.		Name	of Patient,		Procedure	Supervisor's
#	Date	Age,	Sex &	Diagnosis	/Management	Signature
1						
2			_		_	

Case Presented

Sr.#	Date	Name of	Patient,	Case Presented	Supervisor's
		Age,	Sex		Signature
			8.		
1					
2					

Seminar/Journal Club Presentation

Sr.#	Date	Topic	Supervisor's
			Signature
1			
2			

Evaluation Record

(Excellent, Good, Adequate, Inadequate, Poor)

		Method of Evaluation		Supervisor's
Sr.#	Date	(Oral, Practical, Theory)	Rating	Signature
1				
2				

Section G

Paper Scheme

Part I

Topics included in paper 1

Written

• General Pathology (8 MCQs)

• General anatomy & Histology (20 MCQs)

• Basic Biochemistry (20 MCQs)

• General pharmacology (7 MCQs)

General physiology (20 MCQs)Speciality specific (25 MCQs)

MCQ Paper (100 One Best Type)

Total Marks 100 Marks

Part II Examination

Written

Sr No.	Paper	Number Of MCQ	Number Of SEQ	Total Marks
1	Paper I	50 MCQ	10	100
		(1 mark each)	(5 marks each)	
2	Paper II	50 MCQ	10	100
		(1 mark each)	(5 marks each)	

Paper I:

S no.	Topic	MCQs	SEQs
1	Epidemiology of Tb	3	0
2	Primary pulmonary TB	5	1
3	Miliary Tb/disseminated TB	5	2
4	Side effects of ATT	7	1
5	TB in special Conditions (HIV, Pregnancy, CLD, CKD)	10	2
6	Extrapulmonary TB	7	2
7	Drug Resistant TB	3	0
8	Extra Pulmonary TB	7	2
	Radiology	3	
	Total	50	10

PaperII:

S No	Topic	MCQs	SEQs
1	Asthma	7	2
2	COPD	6	2
3	ILD	6	2
4	Bronchiectesis	4	1

5	Pleural diseases	7	2
6	Musceloskeletal problems	3	0
7	Lung Tumour	5	1
8	Pulmonary Embolism	3	0
9	Occupational Lung Diseases	4	0
10	Radiology	5	0
	Total	50	10

Section H

Resources and references (books and other resource material)

1. Fishman's Pulmonary Diseases and Disorders, 5e

Michael A. Grippi, Jack A. Elias, Jay A. Fishman, Robert M. Kotloff, Allan I. Pack, Robert M. Senior, Mark D. Siegel

- 2. Davies P. D. O. *Clinical Tuberculosis*. London: Chapman and Hall.
- Pakistan Journal of Chest Medicine, Pakistan Chest Society, Karac.
- 4. Journal of British Thoracic Society, London.
- 5. Indian Journal of Tuberculosis, Tuberculosis Association of India
- 6. Indian Journal of Chest Diseases and Allied Sciences, University of Delhi and National College of Chest Physician
- 7. Rana M. H., Ali S. Mustafa M. A Handnook of Behavioural Sciences for Medical and Dental Students. Lahore: University of Health Science; 2007.
- 8. Fathalla M. F. and Fathalla M. M. F. *A Practical Guide for Health Researcher.* Cairo: World Health Organization;

Section I

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Signed by head of Department