

# AYUB MEDICAL COLLEGE ABBOTTABAD

DEPARTMENT OF MEDICAL EDUCATION



# RESPIRATORY II MODULE

3<sup>RD</sup> YEAR MBBS

BLOCK: I

DURATION : 4 WEEKS

SESSION: 2024

STUDENT NAME

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### **DISCLAIMER**

- Developing a study guide is a dynamic process and undergoes iteration according to the needs and priorities.
- This study guide is subjected to the change and modification over the whole academic year.
  - However, students are advised to use it as a guide for respective modules.
- It is to declare that the learning objectives (general and specific) and the distribution of assessment tools (both theory and practical) are obtained from Khyber Medical University, Peshawar. These can be obtained from: <https://kmu.edu.pk/examination/guidelines>
- The time tables are for guiding purpose. It is to advise that final timetables are always displayed over the notice boards of each lecture hall.
  - Students are encouraged to provide feedback via coordinator.

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## 1 Module Committee:

s.no	Name	Department	Role
1.	Prof. Dr. Umar Farooq		CEO & Dean
2.	Prof. Dr. Irfan U. Khattak		Director DME
<b>Module Team</b>			
3.	Dr. Salma Shazia.	Forensic medicine	Module Coordinator
4.	Dr. Anila Riyaz	Pathology	Member
5.	Dr. Fozia Jahangir	Pathology.	Member
6.	Dr. Haq Nawaz	Pharmacology.	Member
7.	Dr. Fahim	Pharmacology.	Member
8.	Dr. Zainab Nazneen	Community Medicine.	Member
9.	Dr. Rashid Ali	Medicine.	Member
10.	Dr. Saima Bibi.	Pediatrics.	Member
11.	Dr. Imran Shah	ENT.	Member
12.	Dr. Humera.	Anatomy	Member
13.	Dr. Sarwat Abbasi.	Biochemistry.	Member
14.	Dr. Sehar	Physiology.	Member
15.	Miss Ayesha Saleem	PRIME.	Member

## 2 What Is A Study Guide?

It is an aid to inform students how student learning program of the module has been organized, to help students organize and manage their studies throughout the module and guide students on assessment methods, rules and regulations.


### 2.1 The study guide:

- Communicates information on organization and management of the module.
- This will help the student to contact the right person in case of any difficulty.
- Defines the objectives which are expected to be achieved at the end of the module.
- Identifies the learning strategies such as lectures, small group teachings.

### 2.2 Module objectives.

- Provides a list of learning resources such as books, computer-assisted learning programs, weblinks, and journals, for students to consult in order to maximize their learning.
- Highlights information on the contribution of continuous on the student's overall performance.
- Includes information on the assessment methods that will be held to determine every student's performance.

### 2.3 Achievement of objectives.

-  Focuses on information pertaining to examination policy, rules and regulations.



### 3 Recommended List Of Icons



**Introduction To Case**



**For Objectives**



**Critical Questions**



**Assessment**



**Resource Material**

## 4 Organization of Module

### 4.1 Introduction:

This module is based on the cardiovascular system. It starts with the basics from anatomy, physiology, biochemistry, followed by the pathological changes, sign and symptoms, treatment, prevention and medicolegal implications. It improves professionalism, self-management and communication skills among the students of 3<sup>rd</sup> year MBBS.

### 4.2 Rationale:

The importance of studying respiratory module in detail will not only enable a student to properly diagnose and treat diseases related to respiratory system but also helps in prevention and spread of the disease in a systematic manner.



## 5 Learning Objectives

### 5.1 General Learning Outcomes

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

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



## 5.2 Themes

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

Theme I: Cough with sputum, and fever				
Subject	Topic	LOS	MIT	No. of hrs
Anatomy		Describe clinical anatomy of thorax including thoracic wall, lungs and trachea-bronchial tree anatomy	LGF	1
		Correlate the different developmental stages of lung with its congenital anomalies		
Physiology		Describe the surface marking of clinically relevant areas of the respiratory system	LGF	1
		Describe the mechanics of ventilation and different volumes and capacities of lungs		
Biochemistry		Describe respiratory gas exchange.	LGF	1
		Describe the effects of hyperventilation (e.g. Anxiety) and hypoventilation (e.g. COPD) on pH and blood gases, HCO <sub>3</sub> and electrolytes.		
Pathology/ Microbiology	Legionella	Describe Pathogenesis, Structure, Clinical Findings & Laboratory Diagnosis of Legionella infection	LGF	1
	Mycoplasma	Describe Pathogenesis, Structure, Clinical findings & Laboratory Diagnosis of mycoplasma infection.	LGF	1
	H-Influenza	Describe Pathogenesis, Structure, Clinical Findings & Laboratory Diagnosis of H-Influenza infection.	LG F	1
	Bordetella	Describe Pathogenesis, Structure, Clinical Findings & Laboratory Diagnosis of Bordetella infection	LGF	1

	<b>Mycobacterium Tuberculosis</b>	Describe Pathogenesis, Important Properties, Clinical Findings & Laboratory Diagnosis of Mycobacterium Tuberculosis.	LG F	1
	<b>Pulmonary Infections</b>	Describe community acquired pneumonia and its different types. Describe community acquired atypical Pneumonia. Describe etiology, pathogenesis & clinical features of nosocomial pneumonia. Describe etiology, pathogenesis & clinical features of pneumonia. Describe etiology, pathogenesis & clinical features of chronic pneumonia. Describe etiology, pathogenesis, clinical & radiologic features of Pulmonary Tuberculosis. Describe pneumonia in immunocompromised host.	LGF	1
	<b>Granulomatous diseases</b>	Describe sarcoidosis its etiology, pathogenesis, morphology and clinical course.	LGF	1
		Describe etiology, pathogenesis, clinical & radiologic features of hypersensitivity pneumonitis. Describe etiology, pathogenesis, clinical & radiologic features of pulmonary eosinophilia.		
	<b>Lung abscess</b>	Define Lung Abscess Describe Pathogenesis, morphology & Clinical Course of Lung abscess	LGF	1
	<b>Empyema</b>	Describe empyema & its pathogenesis		
	<b>Laryngeal tumors</b>	Describe the risk factors, morphology, clinical features and staging of laryngeal tumors.	LGF	1
<b>Pharmacology</b>	<b>Anti-tussives</b>	Classify Anti-tussives	LGF	1
	<b>Cough Suppressants</b>	Describe the pharmacology of Cough suppressants		
	<b>Expectorants</b>	Describe the pharmacology of Expectorants, Mucolytic agents in cough		
	<b>Tuberculosis</b>	Classify Anti tuberculous drugs	LGF	2

		Describe the pharmacology of First line antituberculous drugs		
		Describe the pharmacology of 2nd line antituberculous drugs		
		Discuss the drug treatment & duration of susceptible newly diagnosed pulmonary tuberculosis patient		
		Discuss the development of resistance to mycobacterium tuberculosis against conventional antibiotics		
		Discuss the classification & duration of therapy in patients having MDR tuberculosis		
		Discuss the drug treatment & duration of antitubercular therapy in pregnant woman & patients having Hepatic & Renal insufficiency		
		Describe the rationale for the use of Multi Drug therapy against pulmonary tuberculosis.		
<b>Community Medicine</b>	<b>Tuberculosis</b>	Describe agent, host and environmental factors for the disease.	LGF	1
		Describe DOTS strategy for Tuberculosis		
		Explain different preventive and control measures for Tuberculosis including "stop TB" and "End TB" strategies		
	Describe types of influenza			
<b>Influenza and COVID infection</b>		Describe agent, host and environmental factors for the disease.	LGF	1
		Explain the antigenic drift and antigenic shift		
		Describe various preventive and control measures for influenza		
		Describe the epidemiology, clinical features, control measures and vaccination for COVID-19 infection		
<b>Family medicine</b>	<b>Social determinants of health</b>	Describe the social determinants of health	LGF	1

	<b>Environmental and climate factors in disease causation</b>	Explain the role of environmental and climate factors in disease causation		
	<b>Principles of prevention and health promotion</b>	Describe the Principles of prevention and health promotion	LGF	1
		Describe, the role of counselling and patient education in health promotion and disease prevention		
	<b>Tuberculosis (individuals' identifications, routine contact tracing, and linking to care)</b>	Explain the types of Pulmonary Tuberculosis	LGF	With Medicine
		Explain the pathophysiology, clinical features, complications, and management of a patient with pulmonary Tuberculosis		
		Describe the technique of contact tracing in a patient with non-MDR and MDR tuberculosis		
		Describe the indications of specialist referrals in patients with Pulmonary Tuberculosis		
<b>Forensic Medicine</b>	<b>Asphyxia (General Aspects)</b>	Define asphyxia	LGF	1
		Define anoxia		
		Enlist causes of anoxia		
		Explain causes of asphyxia		
		Classify mechanical asphyxia		
		Describe patho physiology of asphyxia		
		Describe general signs of asphyxia		
	<b>Hanging</b>	Define hanging	LGF	1
		Describe causes of death in hanging		
		Explain mechanism of death in hanging		
		Describe the procedure of neck dissection in hanging		
		Describe autopsy findings in hanging		

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

		Explain medico legal aspects of overlying		
	<b>Traumatic asphyxia</b>	Define traumatic asphyxia		
		Describe autopsy findings of traumatic asphyxia		
		Explain medico legal aspects of traumatic asphyxia		
<b>ENT</b>	<b>Larynx anatomy</b>	Describe clinical anatomy of larynx.	LGF	1
	<b>Laryngitis</b>	Describe etiology, clinical feature, management of acute and chronic laryngitis.		
<b>Medicine</b>	<b>Respiratory symptoms</b>	Describe approach to a patient of respiratory symptomatology	LGF	1
	<b>Differential diagnosis</b>	Discuss the differential diagnosis of granulomatous inflammation including TB		
	<b>Pulmonary TB</b>	Describe the signs & symptoms, investigations, clinical diagnosis, management protocol & prognosis for TB and MDRTB according to WHO categories.		
<b>Pediatrics</b>	<b>Childhood Pneumonia</b>	Classify pneumonia according to IMNCI (integrated management of neonatal and childhood illnesses)	LGF	1
		Describe the risk factors for recurrent pneumonia in childhood.		
		Describe the etiological agents for Pneumonias according to the age of the child.		
		Describe the indication for hospitalization of child with pneumonia.		
<b>Radiology</b>		Describe the common radiological abnormalities on	LGF	1
<b>Theme II: Wheezy chest &amp; shortness of breath</b>				
<b>Pathology</b>	<b>Atelectasis</b>	Define Atelectasis	LGF	1
		Describe different types of atelectasis		

	<b>Acute Lung injury</b>	Define Acute Respiratory distress Syndrome (ARDS)		
		Describe Pathogenesis and morphological features of ARDS		
	<b>Obstructive Pulmonary disease</b>	Define obstructive pulmonary disease and enlist its different types	LGF	1
		Define Emphysema		
		Describe different types of emphysema		
		Describe the pathogenesis morphology and underline course of emphysema		
		Define chronic bronchitis		
		Describe its pathogenesis and morphology		
		Describe asthma and its pathogenesis		
		Differentiate between types of asthma		
Describe morphology and clinical course of asthma				
	Define bronchiectasis, describe the causes, morphology and pathogenesis of bronchiectasis			
	<b>Restrictive or infiltrative lung diseases</b>	Define diffuse interstitial lung disease.	LGF	1
		Describe pathogenesis of diffuse interstitial lung disease.		
		Enlist major categories of chronic interstitial lung disease		
		Describe the fibrosing lung diseases.		
		Describe pneumoconiosis, its morphology and different types.		
		Describe drug and radiation induced pulmonary diseases.		
	<b>Asthmatic Bronchiectasis</b>		LGF	1
<b>Pneumoconiosis</b>		LGF	1	
<b>Diseases of vascular origin</b>	Describe pulmonary embolism, hemorrhage and infarction.	LGF	1	
	Describe pulmonary Hypertension.			

		Describe diffuse alveolar hemorrhage syndromes.		
	<b>lung tumors</b>	Describe carcinoma of lung, its etiology pathogenesis, morphology and clinical course.	LGF	1
		Differentiate between small cell lung carcinoma and non-small cell lung carcinoma.		
		Describe bronchial carcinoids		
		Describe malignant mesothelioma and its morphology.		
	<b>Pleural lesions</b>	Describe pleural effusion and pleuritis.		
		Describe pneumothorax, Hemothorax and chylothorax		
<b>Pharmacology</b>	<b>Asthma</b>	Classify the Drugs used in the treatment of asthma	LGF	2
		Describe the role of beta 2 agonists used in Asthma		
		Describe the role of Methylxanthine drugs used in Asthma		
		Describe the role of Antimuscarinic agents used in Asthma		
		Describe the role of Corticosteroids used in Asthma		
		Describe the pharmacokinetic & pharmacodynamic aspects of Mast cell stabilizers used in Asthma		
		Describe the pharmacokinetic & pharmacodynamic aspects of Leukotriene antagonist used in Asthma		
		Describe the pharmacokinetic & pharmacodynamic aspects of Anti-IgE antibodies used in Asthma		
		Describe drug treatment of acute and chronic asthma and status asthmatics		
<b>Community Medicine</b>	<b>Asthma</b>	Describe the epidemiology & preventive measures of asthma.	LGF	1
		Define occupational asthma and describe its preventive measures.		
	<b>Pneumoconioses</b>	Describe various pneumoconiosis diseases	LGF	1
		Describe the control and preventive measures of pneumoconiosis		
		Describe the epidemiological determinants of Diphtheria and Pertussis		



	<b>Diphtheria and Pertussis</b>	Describe preventive and control measures.	LGF	1
		Explain their current public health importance in Pakistan.		
<b>Forensic Medicine</b>	<b>Asphyxiant (CO)</b>	Explain medico legal aspects of sexual asphyxia	LGF	1
		Enlist sources of CO poisoning		
		Describe signs and symptoms of CO poisoning		
		Explain treatment plan of CO poisoning		
		Describe autopsy findings of CO poisoning		
		Explain ML aspects of CO poisoning		
	<b>CO2</b>	Enlist sources of CO2 poisoning		
		Describe signs and symptoms of CO2 poisoning		
		Explain treatment plan of CO2 poisoning		
		Describe autopsy findings of CO2 poisoning		
		Explain ML aspects of CO2 poisoning		
		Enlist sources of H2S poisoning		
	<b>H2S</b>	Describe signs and symptoms of H2S poisoning.		
		Explain treatment plan of H2S poisoning		LGF
		Describe autopsy findings of CO poisoning		
Explain ML aspects of H2S poisoning				
<b>War gases</b>	Define war gases			
	Classify war gases			
	Describe medico legal aspects of war gases			
<b>ENT</b>	<b>Non Neoplastic laryngeal lesions</b>	Describe clinical features and management of different non neoplastic laryngeal lesions (Vocal cords nodules, polyps, and laryngocele)	LGF	2
	<b>Neoplastic laryngeal lesions</b>	Describe the clinical feature and management of neoplastic laryngeal lesions.	LGF	2
	<b>Vocal cord Palsy</b>	Describe the clinical feature and management of vocal cord palsy	LGF	2
	<b>Emergency Tracheotomy</b>	Describe the indication, contraindication, complications, and operative steps to perform emergency tracheotomy.	LGF	1
<b>Medicine</b>	<b>COPD</b>	Describe the epidemiology, patho-physiology and etiology of COPD	LGF	1
		Explain the clinical presentation of COPD		

		Describe the investigations required for the diagnosis of COPD		
		Describe the management plan of COPD		
	<b>Asthma</b>	Describe the epidemiology, pathophysiology, etiology, and contributing factors related to the development of asthma	LGF	1
		Describe the clinical presentation, diagnosis and treatment of asthma		
		Classify asthma on the basis of clinical presentation into mild, moderate, life threatening and near fatal asthma		
		Explain the stepwise pharmacologic approach for the treatment of asthma status asthmaticus		
		Describe long-term asthma management plan including pharmacological, physical and occupational health education.		
	<b>Respiratory failure</b>	Describe the long term Oxygen therapy in COPD	LGF	1
	<b>Pneumothorax</b>	Describe the etiology, classification, diagnosis and management of pneumothorax		
	<b>Pleural effusion</b>	Describe the causes of exudates and transudate effusion.		
		Differentiate between exudate and transudate effusion.		
<b>Family medicine</b>	<b>COPD</b>	Explain the management strategies of a patient with COPD in general practice	LGF	1
		Describe the strategies for prevention of complications of COPD		
		Describe the methods of home oxygen therapy		
		Perform routine annual health checkup of an Asthmatic and COPD patient under supervision		
		Identify the red-flags in a patient with COPD and appropriately refer to speciality care when required		
	<b>Bronchial Asthma</b>	Discuss the risk factors for Asthma in our population	LGF	1
		Explain the risk assessment for Asthma		
		Interpret spirometry results		

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

### 5.3 PRACTICAL WORK

Subject	Topic	No. of hrs	Los
Pharmacology	Pulmonary TB	2	Write the proper prescription for Pulmonary Tuberculosis
Forensic Medicine	Hanging and strangulation	2	Demonstrate the differences between hanging and strangulation on a model

			Demonstrate the differences between different types of hanging on a model
<b>Community Medicine</b>	Visit	2	Visit to TB control program center
	Mask wearing.	2	Demonstrate Identification of different types of masks and its uses.
Demonstrate the proper protocol for wearing a mask			
<b>Pharmacology</b>		2	Demonstrate the proper stepwise use of metered dose inhaler along with spacer.
		2	Write the proper prescription for Acute & Chronic Asthmatic patients
		2	Write the proper prescription for patients with Status Asthmaticus

MIT:mode of information transfer. E.g. lecture, SGD, DSL, Practical, skill lab etc

<b>Hours Distribution</b>	
<b>Theory</b>	
<b>Discipline</b>	<b>No. of hours</b>
Anatomy	01
Physiology	01
Biochemistry	01
Pathology	16
Pharmacology	05
Forensic Medicine	09
Community Medicine	05
Family Medicine	09
General Medicine	04
Pediatrics	01
ENT	08
Radiology	01
PRIME	01
<b>Total</b>	<b>57</b>
<b>Practical/ SGDs</b>	
Community Medicine	04
Pharmacology	08
Forensic Medicine	02
<b>Total</b>	<b>14</b>



## 6 Examination and Methods of Assessment:

The year-3 will be assessed in 3 blocks.

- 1) Block-1 (Foundation 2 and Infection and Inflammation modules) will be assessed in **paper-G**.
- 2) Block-2 (Multisystem, blood and MSK modules) will be assessed in **paper-H**.
- 3) Block-3 (CVS and Respiratory module) will be assessed in **paper-I**.
- 4) Each written paper consists of 120 MCQs.
- 5) Internal assessment will be added to final marks in KMU.
- 6) In OSPE, each station will be allotted 6 marks, and a total of 120 (+10% marks of internal assessment) marks are allocated for each OSPE/OSCE examination.
- 7) Practical assessment will be in the form of OSPE/OSCE which will also include embedded viva stations. The details of each section are given in the tables given below.

### Total Marks Distribution 3<sup>rd</sup> Year MBBS

Assessment Plan of 3 <sup>rd</sup> Year MBBS						
Theory paper	Modules	Theory marks	Internal assessment theory (10%)	OSPE/OSPE	Internal assessment OSPE/OSPE (10%)	Total Marks
Paper G	Foundation-II	120	14	120	14	268
	Inf.&Inflamm.I					
Paper H	Multisystem I Blood II MSK-II	120	13	120	14	267
Paper I	CVS-II	120	13	120	12	265
	Respiratory-II					
<b>Total Marks</b>		360	40	360	40	800

## Paper-I (CVS and Respiratory Module)

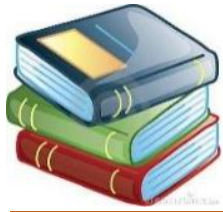
### MCQs

Subject	CVS	Respiratory module	Total MCQs
Pharmacology	12	5	17
Pathology	20	22	42
Forensic medicine	4	9	13
Community medicine	2	6	8
ENT	0	6	6
PRIME	2	1	3
Research	1	1	2
Medicine	13	2	15
Pediatrics	3	5	8
Anatomy	1	1	2
Physiology	1	1	2
Biochemistry	1	1	2
Total	60	60	120

**Table-6: OSPE**

Subject	OSPE/OSC E	Viva stations	Total*
Pharmacology	5	2	7
Pathology	2	2	4
Forensic medicine	3	2	5
Community medicine	0	2	2
Medicine (history and physical examination)	1	0	1
Pediatrics (history and physical examination)	1	0	1
Total	12	8	20

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



## 7 Learning Opportunities and Resources

### 7.1 Books:

#### 1. ANATOMY:

- Snell's regional anatomy.
- R J Last.
- K.L. Moore, Clinically Oriented Anatomy

#### 2. PHYSIOLOGY:

- Guyton.
- Hall ganong.

#### 3. Biochemistry: text books of :

- Harper.
- Lipponcott.
- Chatterjee.

#### 4. Pharmacology.

- Goodman and Gillman's, 13<sup>th</sup> edition.
- Katzung pharmacology. 14<sup>th</sup> edition.
- Kripathi 8<sup>th</sup> edition.
- Lipponcott. 6<sup>th</sup> edition.

#### 5. Forensic medicine and toxicology.

- Nasib R. Awan. Principles and practice of Forensic Medicine 1st ed. 2002.
- Parikh, C.K. Parikh's Textbook of Medical Jurisprudence, Forensic Medicine and Toxicology. 7th ed. 2005.
- Knight B. Simpson's Forensic Medicine. 11th ed. 1993.
- Knight and Pekka. Principles of forensic medicine. 3rd ed. 2004
- Krishan VIJ. Text book of forensic medicine and toxicology (principles and practice). 4th ed. 2007
- Dikshit P.C. Text book of forensic medicine and toxicology. 1st ed. 2010
- Polson. Polson's Essential of Forensic Medicine. 4th edition. 2010.
- Rao. Atlas of Forensic Medicine (latest edition).
- Rao. Practical Forensic Medicine 3rd ed, 2007.
- Knight: Jimpson's Forensic Medicine 10th 1991, 11th ed. 1993
- Taylor's Principles and Practice of Medical Jurisprudence. 15th ed. 1999

#### 6. Pathology.

- Robbins Basic Pathology

#### 7. Community medicine.

- Park K. Park's textbook for preventive and social medicine. 23<sup>rd</sup> ed. Bhanot publishers: Jabalpur; 2015

#### 8. Medicine.

- Davidson's Principles and practice of medicine.
- Kumar and Clarks, clinical medicine.

#### 9. Ent.

- Logan Turner's Diseases of Nose, Throat and ear. 10<sup>th</sup> edition.
- Diseases of ear, nose and throat and head and neck surgery, 7<sup>th</sup> edition by Dhingra.
- Oxford handbook of ENT and Head and Neck surgery 3<sup>RD</sup> Edition.

#### 10. Pediatrics

- Nelson's Textbook of pediatrics.

### 7.2 Website:

#### Community medicine.



**Link for free download PDF:**[https://medicalstudyzone.com/download-parks-textbook-of-preventive-and-social-medicine-25th-edition-pdf-free/#Download\\_Park8217s\\_Textbook\\_of\\_Preventive\\_and\\_Social\\_Medicine\\_PDF\\_free](https://medicalstudyzone.com/download-parks-textbook-of-preventive-and-social-medicine-25th-edition-pdf-free/#Download_Park8217s_Textbook_of_Preventive_and_Social_Medicine_PDF_free)

1. Ansari I. Textbook of Community Medicine
2. WHO link for COVID 19: [https://www.who.int/emergencies/diseases/novel-coronavirus-2019?adgroupsurvey={adgroupsurvey}&gclid=Cj0KCQiA5OuNBhCRARIsACgaiqWRf0GVqPOJh4TfnsKjoLx9pTR0ThMqVVQl1eFaZWA2vxooqACgdMwaAtcmEALw\\_wcB](https://www.who.int/emergencies/diseases/novel-coronavirus-2019?adgroupsurvey={adgroupsurvey}&gclid=Cj0KCQiA5OuNBhCRARIsACgaiqWRf0GVqPOJh4TfnsKjoLx9pTR0ThMqVVQl1eFaZWA2vxooqACgdMwaAtcmEALw_wcB)
3. McIntosh K. <https://www.uptodate.com/contents/covid-19-epidemiology-virology-and-prevention>

#### FORENSIC MEDICINE.

- <https://worldofmedicalsaviours.com/textbook-of-forensic-medicine-and-toxicology-by-nagesh-kumar-rao-pdf-free-download/>

## 8 Timetables

### AYUB MEDICAL COLLEGE, ABBOTTABAD

Department of Medical Education

Time Table **3<sup>RD</sup>Year MBBS**

Class Session 2024

#### CVS II, Week 04: Theme 03 (Shortness of Breath) + Respiratory II, Week 01: Theme 01 (Cough with sputum, and fever)

Days / Date	8:00 – 9:00	9:00 – 10:00	10:00 – 11:00	11:00 – 12:00	12:00 – 12:45	12:45 -1:15	PRACTICAL	
							1:15 – 2:00	2:00 – 3:00
<b>Mon</b>	Rheumatic fever & Rheumatic heart disease Pathology L-11 (LH-3) Dr. Fozia	Disorders of heart rate and rhythm Medicine L5 (LH-3) Dr. Saleem Awan	<b>HOSPITAL/CLINICAL TEACHING</b>		Antiarrhythmic drugs Pharmacology L15 (LH-3) Dr. Saad Mufti	<b>PRAYER BREAK</b>	A: Pathology B: Forensic Medicine C: Pharmacology D: Community Medicine	
<b>Tue</b>	Anatomy of Respiratory System Anatomy L1 (LH-3) Dr. Obaid Kazmi	Mechanism of Ventilation Physiology L1 (LH-3) Dr. Izhar	<b>HOSPITAL/CLINICAL TEACHING</b>		Hypo/Hyperventilation Biochemistry L1 (LH-3) Dr. Maria		A: Community Medicine B: Pathology C: Forensic Medicine D: Pharmacology	
<b>Wed</b>	Thrombosis and embolism Pathology-L12 (LH-3) Dr. Shabana	Asphyxia Forensic Med L1 (LH-3) Dr. Salma Shazia	<b>HOSPITAL/CLINICAL TEACHING</b>		Endocarditis Pathology-L13 (LH-3) Dr. Fozia		SDL	SDL
<b>Thurs</b>	A. Pharmacology B. Community Medicine C. Pathology Forensic Medicine		<b>HOSPITAL/CLINICAL TEACHING</b>		Hypertension Community Med: L-2 Dr. Awais (LH-3)		SDL	
<b>Fri</b>	<b>PRACTICAL</b> A. Forensic Medicine B. Pharmacology C. Community Medicine Pathology		Social determinants of health Community Med Family Medicine L-1 Dr. Ashfaq (LH-3)	Pulmonary embolism & hypertension, Myocarditis & Pericarditis <b>Medicine L6 (LH-3)</b> Dr. Adnan	SDL		12:45-1:30 <b>Jumma Prayer</b>	1:30-3:00 SDL

**Practical Detail:**

Pharmacy: Pharmacy: Effect of unknown drug on Rabbit's eye

Pathology: Lipoma

Forensic Medicine: Stab & Firearm injuries + Blood Examination

Community Medicine: Visit to TB control program center

**AYUB MEDICAL COLLEGE, ABBOTTABAD**

Department of Medical Education

Time Table **3<sup>RD</sup>Year MBBS**

Class Session 2024

**Respiratory II, Week 02: Theme 01 (Cough with sputum, and fever)**

Day s/ Date	8:00 – 9:00	9:00 – 10:00	10:00 – 11:00	11:00 – 12:00	12:00 – 12:45	12: 45- 1:1 5	PRACTICAL	
							1:15 – 2:00	2:00 – 3:00
Mon	Anti tussive, cough suppressants, expectorants Pharmacology L1 (LH-3) Dr. Saima Bukhari	Tuberculosis Community Med L1 Dr. Adnan (LH-3)	HOSPITAL/CLINICAL TEACHING		Dealing with patient PRIME (Surgery) L1 (LH-3) Dr. Yousaf	<b>PRAYER BREAK</b>	A: Pathology B: Forensic Medicine C: Pharmacology D: Community Medicine	
Tue	Legionella Pathology-L1 (LH-3) Dr. Sadaf	Power Dynamics PRIME (Psychiatry) L2 DR. Sobia Ali			Mycoplasma Pathology L2 Dr. Sadaf		A: Community Medicine B: Pathology C: Forensic Medicine D: Pharmacology	
Wed	H. Influenza Pathology-L 3 Dr. Nasreen gul (LH-3)	ARIs (Croup and Epiglottitis) Family Medicine (PEADS) -L2 Dr. Raza Shah	HOSPITAL/CLINICAL TEACHING		Influenza and COVID infection Community Med: L-2 Dr. Adnan (LH-3)		Hanging Forensic Med: L-2 Dr. Nighat Seema	Principles of prevention and health promotion Family medicine L3 (Community Med) Dr. Ashfaq (LH-3)
Thurs	A. Pharmacology B. Community Medicine C. Pathology Forensic Medicine				HOSPITAL/CLINICAL TEACHING		Asthma Community Med L-3 Dr. Zeeshan (LH-3)	Larynx Anatomy / Laryngitis ENT L1 (LH-3) Dr. Imran shah
Fri	A. Forensic Medicine B. Pharmacology C. Community Medicine D. Pathology		Strangulation, Sexual asphyxia Forensic Med L3 (LH-3) Dr. Omair	Anti- TB drugs Pharmacology L2 Dr. Afsheen (LH-3)			Mycobacterium Tuberculosis Pathology-L5 (LH-3) Dr. Nasreen	12:45-1:30  Jumma Prayer

**Practical Detail:**

Pharmacodynamics: Pharmacodynamics: Prescription for gout, RA, dermatological preparation.

Pathology 1: Squamous cell carcinoma

Pathology 2: Fibroadenoma

Forensic Medicine: Blood stains + Stains pattern

**AYUB MEDICAL COLLEGE, ABBOTTABAD**

Department of Medical Education

Time Table **3<sup>RD</sup>Year MBBS**

Class Session 2024

**Respiratory II, Week 03: Theme 02 (Wheezy Chest and Shortness of breath)**

Days / Date	8:00 – 9:00	9:00 – 10:00	10:00 – 11:00	11:00 – 12:00	12:00 – 12:45	12:45 -1:15	PRACTICAL	
							1:15 – 2:00	2:00 – 3:00
<b>Mon</b>	Anti- TB drugs Pharmacology L3 (LH-3) Dr. Afsheen	Antiasthamatics drugs Pharmacology L4 (LH-3) Dr. Saima Bukhari	<b>HOSPITAL/CLINICAL TEACHING</b>		Respiratory symptoms, d/dx, Pulmonary TB Medicine L1 (LH-3) Dr. Hamid Nisar	<b>PRAYER BREAK</b>	<b>PRACTICAL</b> A: Pathology B: Forensic Medicine C: Pharmacology D: Community Medicine	
<b>Tue</b>	Drowning Forensic Med L4 (LH-3) Dr. Salma Shazia	Suffocation, smothering, choking Forensic Medicine L-5 Dr. Omair (LH-3)	<b>HOSPITAL/CLINICAL TEACHING</b>		Vocal cord palsy ENT L2 (LH-3) Dr. Imran shah		A: Community Medicine B. Pathology C: Forensic Medicine D: Pharmacology	
<b>Wed</b>	Pulmonary infection Pathology-L6 (LH-3) Dr. Aneela	Gagging, overlaying, traumatic asphyxia Forensic Med L6 Dr. Salma Shazia (LH-3)	<b>HOSPITAL/CLINICAL TEACHING</b>		Childhood Pneumonia Peds LzszxX (LH-3) Dr. Raza		CVS MODULE TEST	
<b>Thurs</b>	A. Pharmacology B. Community Medicine C. Pathology Forensic Medicine		<b>HOSPITAL/CLINICAL TEACHING</b>		lung abscess, Empyema, Pathology -L7 (LH-3) Dr. Fouzia		Granulomatous disease Pathology-L8 (LH-3) Dr. Aneela	Anti-Asthmatics Pharmacology L5 (LH-3) Dr. Saima Bukhari
<b>Fri</b>	A. Forensic Medicine B. Pharmacology C. Community Medicine D. Pathology		Laryngeal tumor. Pathology -L9 (LH-3) Dr. Aneela	Asphyxiant (CO, CO2) Forensic Med L-7 Dr. Sadia Habiba (LH-3)	Radiology Chest x-ray Dr. Faiza Akram L-1 (LH-3)	12:45 – 1:30 <b>Jumma Prayer</b>	1:30 – 3:00 <b>SDL</b>	

**Practical Detail:**

Pharmacodynamics: Prescription for MI, CCF, iron deficiency anemia.

Pharmacy: use of inhaler and spacer device.

Pathology: Karyotyping

Forensic Medicine: Cardiac toxins + Hanging & Strangulation

**AYUB MEDICAL COLLEGE, ABBOTTABAD**

Department of Medical Education

Time Table **3<sup>RD</sup>Year MBBS**

Class Session 2024

**Respiratory II, Week 04: Theme 02 (Wheezy Chest and Shortness of breath)**

Days / Date	8:00 – 9:00	9:00 – 10:00	10:00 – 11:00	11:00 – 12:00	12:00 – 12:45	12:45 – 1:15	PRACTICAL			
							1:15 – 2:00	2:00 – 3:00		
<b>Mon</b>	Phneumoconiosis Community Med L-4 Dr. Zeshan (LH-3)	COPD Family Medicine (Medicine) L-4 Dr. Rashid (LH-3)	<b>HOSPITAL/CLINICAL TEACHING</b>	Asthma Family Medicine (Medicine) L-5 (LH-3) Dr. Tauqeer			RDS Family Medicine (PEADS) L6 LH-3 D. Farrukh Adil	Atelectasis Acute respiratory distress syndrome Pathology-L10 (LH-3) Dr. Anila		
<b>Tue</b>	Emergency tracheostomy ENT L3 (LH-3) Dr. Imran shah	H2S, war gases Forensic Med L8 Dr. Omair (LH-3)	<b>HOSPITAL/CLINICAL TEACHING</b>	Diphtheria & pertussis Community Med L5 Dr. Adnan (LH-3)			Obstructive pulmonary disease, empyema, chronic bronchitis Pathology -L11 (LH-3) Dr. Fouzia	Reactive airway disease Family Medicine (Peads) L7 (LH-3) Dr. Raza		
<b>Wed</b>	Cystic Fibrosis, bronchiectasis Family Medicine (Peads) L8 Dr. Raza	Asthmatic bronchiectasis Pathology-L12 (LH-3) Dr. Anila	<b>HOSPITAL/CLINICAL TEACHING</b>	Non-Neoplastic laryngeal lesions ENT L4 (LH-3) Dr. Imran shah			SDL	SDL		
<b>Thurs</b>	Respiratory failure, pneumothorax, pleural effusion Medicine L4 Dr. Hamid Nisar	Chronic interstitial lungs disease, fibrosing lung disease Pathology L-13 Dr. Fouzia	<b>HOSPITAL/CLINICAL TEACHING</b>			<b>PRAYER BREAK</b> Pneumoconiosis	Pneumoconiosis Pathology L-14 Dr. Fouzia	SDL		
<b>Fri</b>	Pulmonary diseases of vascular origin Pathology L-15 Dr. Fouzia	Lungs Tumors, Pleural Lesions Pathology L-16 Dr. Anila				Neoplastic laryngeal lesions ENT L5 (LH-3) Dr. Imran shah	<b>S D L</b>	<b>S D L</b>	12:45 – 1:30	1:30 – 3:00
									<b>Jumma Prayer</b>	<b>SDL</b>

**Practical Detail:**

Pharmacy: Pharmacy: Prescription for acute and chronic asthma, status asthmaticus.

Pharmacodynamics: Prescription for URTI, pneumonia and T.B.

Pathology 1: Normal CBC + Peripheral Smear

Pathology 2: Coagulation tests

\_\_\_\_\_  
Module Coordinator

9 For inquiry and troubleshooting



Please contact  
*To be added*

**10 Course Feedback Form**

CourseTitle: \_\_\_\_\_

Semester/Module \_\_\_\_\_

Dates: \_\_\_\_\_

Please fill the short questionnaire to make the course better.

Please respond below with 1, 2, 3, 4 or 5, where 1 and 5 are explained.

THE DESIGN OF THE MODLUE

- A. Were objectives of the course clear to you?      Y N
- B. The course contents met with your expectations        
     1. Strongly disagree      5. Strongly agree
- C. The lecture sequence was well-planned        
     1. Strongly disagree      5. Strongly agree
- D. The contents were illustrated with        
     1. Too few examples      5. Adequate examples
- E. The level of the course was        
     1. Too low      5. Too high
- F. The course contents compared with your expectations        
     1. Too theoretical      5. Too empirical
- G. The course exposed you to new knowledge and practices        
     1. Strongly disagree      5. Strongly agree
- H. Will you recommend this course to your colleagues?        
     1. Not at all      5. Very strongly

THE CONDUCT OF THE MODLUE

- A. The lectures were clear and easy to understand        
     1. Strongly disagree      5. Strongly agree
- B. The teaching aids were effectively used        
     1. Strongly disagree      5. Strongly agree
- C. The course material handed out was adequate        
     1. Strongly disagree      5. Strongly agree
- D. The instructors encouraged interaction and were helpful        
     1. Strongly disagree      5. Strongly agree
- E. Were objectives of the course realized? Y      N
- F. Please give overall rating of the course

90% - 100% (      )	60% - 70% (      )
80% - 90% (      )	50% - 60% (      )
70% - 80% (      )	below 50% (      )

Please comment on the strengths of the course and the way it was conducted.

\_\_\_\_\_

Please comment on the weaknesses of the course and the way it was conducted.

\_\_\_\_\_

\_\_\_\_\_  
Please give suggestions for the improvement of the course.

Optional - Your name and contact address:  
\_\_\_\_\_

Thank you!!