
PULMONARY MEDICINE ELECTIVES 2026

2023 Batch UG MBBS

Sl No	Title	Preceptor	No of Students
1	Being a part of the largest public health programme in India – NTEP – Where you can make a difference	Dr Anitha Thilakan	2
2	Obstructive airway diseases – Commonest but the trickiest MANAGEMENT OF COPD & ASTHMA	Dr Bindu C G	2
3	Most common cause of critical hospital admission – Pneumonia – Study the basics to save a life	Dr Sindhu S	2

PULMO1

Being a part of the largest public health programme in India – NTEP – where you can make a difference

Name of Block	Block- II Dept of Pulmonary Medicine
Name of Elective	NTEP
Location	New Medical College Hospital – OPD, CASUALTY, KICU,MDICU Chest Hospital- DRTB and DSTB Ward, NTEP Unit and Lab, Chest OP
Internal Preceptor	Dr Anitha Thilakan,Associate Professor, Department of Pulmonary Medicine, Government Medical College, Thirssur
External Preceptor	Dr Thomas George P, HOD, Dept of Pulmonary Medicine, Government Medical College, Thirssur
Learning Objectives	1) Historic aspects of TB control in India and Kerala
	2) Epidemiology of TB in India and Kerala
	3) Diagnosis of TB
	4) Treatment of TB
	5) Special situations in TB, including childhood TB and MDR TB
	6) Management of TB Infection
	7) Research in NTEP
Pre-requisites	Candidate should know the basics of microbiology, pathology and pharmacology of Tuberculosis
No of Students	2
Who might benefit?	Candidates who are likely to benefit from the program include <ol style="list-style-type: none"> 1. Those who wish to learn an ideal mix of clinical medicine with public health 2. Those with career aspirations of working for international agencies like WHO, International UNION 3. Those who wish to take up further studies outside India – the work done in this course would further their admission prospects abroad
Learning Resources	Guidelines on TB from the NTEP Website – www.tbcindia.mohfw.gov.in Guidelines on TB from WHO website - https://www.who.int/health-topics/tuberculosis#tab=tab_1

List of Activities	1) Familiarization with TB epidemiology and TB control / elimination - Seminar presentation and focused group discussion
	2) Observe and learn TB current TB elimination activities – Interaction with NTEP MO, TB HV and Laboratory technician
	3) Observe and learn current status of evaluation of respiratory symptomatics – interview 30 patients with cough >2 weeks in the Pulmonary Medicine OP
	4) Observe and learn vulnerability mapping and prevention – Interview 30 patients with “medium to high vulnerability score” in Pulmonary Medicine and General Medicine wards
	5) Learn data management – Practical exercises on assessing quality of data, program data analysis and data presentation
	6) Learn and perform operational research – pick up one OR topic of interest and finish a short study based on secondary data analysis
	7) Learn future career opportunities in WHO and international NGOs – Interviews over telephone with Medical Consultants working with WHO, International UNION, FIND, Government of India.
	8) Visit to NTEP Lab -Observe techniques of slide preparation, staining and NAAT Testing and reporting procedures
	9) Visit to District TB Centre Thrissur-To observe the District level activities of follow up, Patient support activities and logistics provided in NTEP
	10) Visit to Nodal DRTB Ward-Care of patients and Infection control practices
Log Book Entries	1) Seminars and Focus group Discussions
	2) OP patients interviewed
	3) Hospitalised patients interviewed
	4) Summary of interview of key program staff
	5) Summary of data management exercises
	6) Summary of Operational research performed
Assessment	<p>Log book will be evaluated daily by the preceptor. Short answer MCQ and VivaReport on analysis of program data – assignment</p> <p>Report of short OR</p> <p>Reflections on future job prospects</p>
Outputs expected	Participant will gain clinical skills, public health skills, data management skills and analytical thinking

	One publication on the operational research performed One conference presentation in Students National Conference on research
--	--

PULMO 2

Obstructive airway diseases – Commonest but the trickiest

MANAGEMENT OF COPD & ASTHMA

Name of block: Block 2, department of pulmonary medicine

Name of elective: Obstructive airway diseases – Commonest but the trickiest

Location: New Medical College Hospital – OPD, Ward14, Casualty, KICU

Internal preceptor: Dr Bindu CG

External preceptor:

Learning objectives

- 1) History taking, how to differentiate between Asthma & COPD
- 2)Diagnosis and assessment of COPD: Spirometry, 6minute walk test, CAT score, mMRC score
- 3)Radiology
- 4) Diagnosis, assessment and management of Asthma
- 5) pharmacological and non pharmacological management of COPD,
- 6) Management of exacerbation of COPD and ASTHMA in ER
- 7) Inhalational therapy
- 8)Rehabilitation of COPD patients, Management of stable COPD
- 9) Respiratory failure & ICU management of COPD and Asthma
- 10)Smoking & Understanding issues in smoking cessation
- 11) Oxygen therapy
- 12) Corpulmonale & ABPA

Pre requisites

Respiratory system physiology

Respiratory system pathology

Respiratory system pharmacology

Learning resources

GOLD guidelines (2024)

GINA guidelines

Spirometry ERS guidelines

ERS guideline for COPD rehabilitation

List of activities

1. To make diagnosis of patients with proper history taking
2. To read at least 10 Xray's to identify signs of COPD
3. To do at least 5 spirometry readings.
4. To attend 10 COPD patients in OP & WARD, classify them to groups (GOLD guideline), identify which inhaler and drug to give to each patient
5. To attend 5 asthma patients in OP & WARD, classify them, identify which inhaler and drug to give to each patient.
6. To teach at least 5 patients, the proper use of each inhaler device
7. Interpret ABG readings- 5
8. SDL -Indications of oxygen therapy in COPD
9. SDL- preventive measures to control Asthma
10. SDL- Vaccinations in OAD
11. SDL- Smoking & smoking cessation
12. 6minute walk test on 1patient

Portfolio entries

Short summary of patients attended everyday

Brief summary of daily activities /observations made

CXR reading

Spirometry assessment

Logbook entries:

- 1.Seminars and focus group discussions.
- 2.Case presentation with diagnosis and, COPD patients attended to in the OPD/Ward

3. CAT scoring, 6 MWT,
4. Grouping of COPD based on GOLD guidelines and prescribing appropriate inhalers
5. Case report of 2 patients of Asthma
6. X ray findings in patient- 5
7. Spirometry reading and interpretation-10
8. ABG reading -2
9. COPD patients attended to in Casualty, ICU and observations on Ventilator
10. Smoking cessation related issues noted.
11. To do CAT scoring of 1 COPD Inpatient
12. To attend 2 COPD patients in ICU, observe use of NIV and invasive ventilation

Assessment: Log book will be evaluated daily by the preceptor.

MCQ and Case scenario-based assessment at the end of posting

PULMO3

MOST COMMON CAUSE OF CRITICAL HOSPITAL ADMISSION – PNEUMONIA – STUDY THE BASICS TO SAVE A LIFE

Name of block : Block 2, department of pulmonary medicine

Name of elective : Most common cause of critical hospital admission – pneumonia – study the basics to save a life

Location : New Medical College Hospital – OPD, WARD 11, CASUALTY, MDICU

Internal preceptor : Dr Sindhu.S

External preceptor : Dr Thomas George

Learning objectives

- 1) Definition, Clinical symptoms and signs of Pneumonia
- 2) Common microbial organisms causing community acquired pneumonia , HAP and VAP
- 3) Risk factors for pneumonia (CAP, HAP, VAP)
- 4) Diagnosis and assessment of pneumonia : Radiology, Sputum investigations ,Blood biomarkers and other parameters, CURB 65 score, PSI
- 5) Non pharmacological and Pharmacological management of Pneumonia, Initial empirical antibiotic therapy for CAP in OP, IP and ICU settings
- 6) Management of HAP, VAP
- 7) Complications of pneumonia and their management

Pre requisites

Respiratory system pathology

Microbiology

Respiratory system pharmacology

Learning resources

IDSA guidelines for management of CAP

IDSA guidelines for management of HAP, VAP

ERS guidelines for management of HAP, VAP

Fishman's pulmonary diseases and disorders

List of activities

1. To learn how to make a clinical diagnosis of pneumonia.
2. To read atleast 20 Xrays to identify signs of pneumonia
3. To attend USG of atleast 5 pneumonia patients and identify the USG findings of pneumonia and pleural effusion.
4. To attend 20 pneumonia patients in OP and prescribe antibiotics accordingly

5. To do CURB 65 scoring and PSI scoring on atleast 10 patients each.
6. To attend 10 casualty pneumonia patients, learn appropriate medication and dosage, appropriate use of NIV and invasive ventilation.
7. To attend 5 pneumonia patients in ICU, and learn the antibiotic and ventilator adjustment for pneumonia patients.
8. To advice patients regarding pneumococcal and influenza vaccination.

Portfolio entries

Short summary of patients attended everyday

Logbook entries :

1. Seminars and focussed group discussions.
2. X ray findings in each patient
3. Sputum microscopy, sputum culture and routine blood investigations.
4. Categorizing pneumonia patients according to CURB 65 scoring
5. Pneumonia patients attending the OPD, Casualty
6. Ventilated patients and ventilator settings.

Assesment : Log book will be evaluated daily by the preceptor. Short answer MCQ and

Case scenario based assessment at the end of posting
