MALLA REDDY VISHWAVIDYAPEETH
(Deemed to be University)
Hyderabad

SCHOOL OF NURSING SCIENCE AND TECHNOLOGY

FELLOWSHIP IN
TUBERCULOSIS AND RESPIRATORY CARE NURSING

Curriculum 2026

Programme particulars	
Level	Post-registration fellowship (nursing)
Duration	26 weeks (6 months) – 1,000 hours
Structure	Theory 100 h · Simulation laboratory 60 h Clinical practice 840 h
Eligibility	Registered B.Sc Nursing / M.Sc Nursing in India, or equivalent
Award	Fellowship certificate of Malla Reddy Vishwavidyapeeth (Deemed to be University)

Approved Curriculum by the Board of Studies, Academic Council and Executive Council

Stage	Body	Date of approval / resolution no.
1	Board of Studies – School of Nursing Sciences & Technology	
2	Academic Council	
3	Executive Council	

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1. Preamble and Need for the Programme

Malla Reddy School of Nursing Science and Technology recognizes the need for professionally trained nurses who can provide safe, evidence-based care to people with tuberculosis and acute or chronic respiratory conditions in hospital and community settings. Nurses contribute to early recognition of respiratory deterioration, assessment, treatment support, infection prevention, patient education and continuity of care.

The Fellowship in Tuberculosis and Respiratory Care Nursing is designed to strengthen competencies in respiratory assessment, pulmonary diagnostics, tuberculosis prevention and treatment support, oxygen therapy, airway clearance, non-invasive ventilation, ventilator care and management of critical respiratory conditions. Through structured clinical exposure, simulation-based learning and case-based discussion, fellows develop clinical judgement, technical skills, communication and professional accountability.

1.1 Need

- TB remains a major public-health concern and requires consistent treatment support, infection prevention, contact tracing and coordination with public-health programmes.
- Respiratory disorders can deteriorate rapidly; nurses need structured training in assessment, monitoring, escalation and supportive respiratory interventions.
- Specialized nursing practice can strengthen patient and family education, treatment adherence, safe respiratory care and continuity between hospital and community services.

2. Vision, Mission and Programme Objectives

2.1 Vision

To prepare competent tuberculosis and respiratory care nurses who deliver safe, compassionate, evidence-based care and contribute to improved respiratory health outcomes.

2.2 Mission

- Provide competency-based education through theory, simulation and supervised clinical practice.
- Promote patient-centred care, infection prevention, ethical practice and safe use of respiratory equipment.
- Develop clinical judgement, patient education, teamwork and quality-improvement skills in TB and respiratory services.

2.3 Programme objectives

After successful completion of the fellowship, the fellow will be able to:

1. Explain the anatomy, physiology, pathophysiology, clinical manifestations and diagnostic evaluation of tuberculosis and respiratory disorders.
2. Conduct systematic respiratory assessment, monitor oxygenation and recognise signs of respiratory deterioration.

3. Provide safe nursing care and treatment-adherence support for people receiving anti-tuberculosis treatment, in accordance with current national protocols and authorised clinical orders.
4. Assist with oxygen therapy, airway clearance, non-invasive ventilation and ventilator-related care within the registered nurse's scope of practice.
5. Apply airborne infection-prevention measures, appropriate PPE, isolation practices, specimen-handling procedures and environmental cleaning.
6. Educate patients, families and communities about TB prevention, treatment adherence, respiratory health and follow-up care.
7. Participate in NTEP-related recording, reporting, contact tracing, community surveillance, clinical audit and quality improvement.
8. Maintain accurate documentation, communicate effectively with the multidisciplinary team and uphold ethical and professional standards.

3. Programme at a Glance

Item	Details
Name of programme	Fellowship in Tuberculosis and Respiratory Care Nursing
Offered by	School of Nursing Science and Technology, Malla Reddy Vishwavidyapeeth (Deemed to be University)
Duration	26 weeks (6 months), full time
Total hours	1,000 hours: Theory 100; Simulation laboratory 60; Clinical practice 840
Credits	33 (at 30 notional hours per credit; 1,000 ÷ 30 = 33.3, rounded down)
Eligibility	Registered B.Sc Nursing / M.Sc Nursing in India, or equivalent
Mode	Contact classes, simulation, supervised clinical postings, case discussion and logbook
Assessment	MCQ 25 + practical skills (three case scenarios) 60 + logbook 15 = 100 marks; minimum 50% in each component and 50% aggregate
Award	Fellowship certificate by Malla Reddy Vishwavidyapeeth (Deemed to be University)
Medium	English

4. Eligibility, Selection and Governance

4.1 Eligibility

- Registered B.Sc Nursing or M.Sc Nursing in India, or equivalent qualification.
- Current registration with a State Nursing Council; registration certificate to be produced at admission.
- Medical fitness certificate and immunization record, including hepatitis B at minimum.

4.2 Selection and commencement

Selection is made by the Fellowship Committee on the basis of academic record, a short interview and document verification. A batch commences after approval of the selected fellows and allotment of a guide.

4.3 Fellowship Committee

Sl. No.	Role / position	Description / designation
1	Chairperson	The Dean, SNST
2	Subject expert	Dean MRCON, Professor or Associate Professor of SNST
3	Guide / co-guide	Professor, Associate Professor or Assistant Professor from SNST
4	Convener	Fellowship Coordinator of MRV
5	Ex officio members	Registrar and Controller of Examinations, MRV

Functions include curriculum oversight, selection of fellows, guide allotment, monitoring attendance and logbooks, reviewing clinical postings, conducting final assessment, handling grievances and recommending award of the certificate. Additional outputs require prior written approval.

4.4 Guides and clinical preceptors

- Guide/co-guide: postgraduate-qualified nursing faculty with experience relevant to TB, respiratory or critical care nursing.
- Clinical preceptors: experienced nurses working in relevant clinical areas; appropriate current life-support training is desirable for critical-care postings.
- Recommended guide-to-fellow ratio: not more than 1:1.

5. Programme Outcomes

PO	Domain	Programme outcome
PO1	Knowledge	Explains the anatomy, physiology, pathophysiology, clinical features and diagnostic evaluation of TB and respiratory disorders.
PO2	Assessment and monitoring	Performs systematic respiratory assessment, monitors oxygenation and recognizes clinical deterioration.
PO3	Respiratory nursing interventions	Provides safe nursing care related to oxygen therapy, airway clearance, non-invasive ventilation and ventilator care under appropriate supervision.
PO4	TB care and public health	Supports TB treatment adherence, patient counselling, infection prevention, contact tracing and NTEP-related documentation.
PO5	Communication and education	Educates patients, families and communities and communicates clearly with the multidisciplinary team.
PO6	Safety and quality	Applies infection-prevention practices, accurate documentation, ethical standards, evidence-based practice and quality-improvement methods.

6. Curriculum Framework

6.1 Distribution of hours

Unit	Title	Theory (h)	Simulation lab (h)
I	Foundations of Respiratory Care	10	6
II	Tuberculosis – Clinical and Public Health	10	6

III	TB Treatment and Nursing Care	10	6
IV	Respiratory Assessment and Monitoring	10	6
V	Oxygen Therapy and Assistive Care	10	6
VI	Critical Respiratory Conditions	10	6
VII	Ventilator Care (Fundamentals)	10	6
VIII	Infection Control and Safety	10	6
IX	National and Global TB Programmes	10	6
X	Research, Audit and Quality Improvement	10	6
	Total	100	60

Component	Hours	Share
Theory (10 units)	100	10%
Simulation laboratory	60	6%
Clinical practice	840	84%
Total	1,000	100%

Average weekly load over 26 weeks: approximately 4 hours of theory, 2–3 hours of simulation and 32 hours of clinical practice, averaging about 38 hours per week.

6.2 Schedule of the 26 weeks

Weeks	Activity
1–2	Orientation, infection-prevention orientation, equipment familiarisation, baseline assessment and commencement of respiratory/TB clinical posting.
3–20	Clinical postings as listed in Section 8, with theory Units I–X and scheduled simulation sessions.
21–25	Remaining clinical postings, completion of logbook and case presentations, revision and scenario practice.
26	Final assessment and exit examination.

6.3 Teaching–learning methods

- Interactive lectures, videos and case-based learning.
- Simulation laboratory practice using oxygen delivery devices, monitors, airway equipment and ventilator scenarios.
- Bedside teaching and supervised procedures in TB, respiratory, medical and critical-care areas.
- Group discussion, case presentations, peer-led teaching and patient-education demonstrations.
- Infection-prevention drills, OSCE practice, reflective logbook entries and guide feedback.

7. Detailed Syllabus: Tuberculosis and Respiratory Care Nursing

Theory 100 hours · Simulation laboratory 60 hours · Clinical practice 840 hours

Unit I: Foundations of Respiratory Care

Theory 10 hours · Simulation laboratory 6 hours

Learning objectives

- Understand the anatomy and physiology of the respiratory system.
- Describe breathing mechanics, gas exchange and basic pulmonary diagnostics.

Content

- Review of respiratory anatomy and physiology.
- Mechanism of breathing and gas exchange.
- Normal versus pathological respiratory function.
- Overview of pulmonary diagnostic investigations.

Teaching–learning activities

Lectures; respiratory-system diagrams; demonstration of basic respiratory equipment.

Assessment methods

MCQ; viva; short-answer test.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Describe respiratory anatomy and physiology.
CO2	Explain breathing and gas exchange.
CO3	Identify common pulmonary diagnostic investigations.

Unit II: Tuberculosis – Clinical and Public Health

Theory 10 hours · Simulation laboratory 6 hours

Learning objectives

- Describe TB pathogenesis, epidemiology, transmission and risk factors.
- Identify pulmonary and extra pulmonary TB manifestations and diagnostic strategies.

Content

- Pathogenesis and epidemiology of TB.
- Types of TB; transmission and risk factors.
- Clinical manifestations of pulmonary and extra pulmonary TB.
- Diagnostic strategies: sputum microscopy, GeneXpert, culture and drug-susceptibility testing.
- Basic interpretation of chest X-rays and other imaging in clinical context.

Teaching–learning activities

Group discussion; case-study analysis; peer-led presentations.

Assessment methods

Case presentation; MCQ; viva.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Explain TB transmission and risk factors.
CO2	Recognize clinical manifestations and diagnostic pathways.
CO3	Discuss the role of laboratory testing and imaging in TB evaluation.

Unit III: TB Treatment and Nursing Care

Theory 10 hours · Simulation laboratory 6 hours

Learning objectives

- Understand TB treatment principles and nursing responsibilities.
- Support adherence and recognize possible adverse drug reactions.

Content

- Anti-TB medicines and treatment regimens in accordance with current national guidance and authorised orders.
- Principles of DOTS/NTEP in India.
- Treatment-adherence support and pill-counting where applicable.
- Recognition and prompt reporting of adverse effects and reactions.
- Nutritional support, patient education and counselling.
- Infection control and airborne precautions.

Teaching–learning activities

Lectures; video case scenarios; counselling role-play; medication-safety discussion.

Assessment methods

Practical OSCE; short-answer test; case discussion.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Explain nursing responsibilities during TB treatment.
CO2	Provide adherence support and patient counselling.
CO3	Recognize and escalate suspected adverse drug reactions.

Unit IV: Respiratory Assessment and Monitoring

Theory 10 hours · Simulation laboratory 6 hours

Learning objectives

- Perform a systematic respiratory assessment.
- Monitor oxygenation and evaluate response to therapy.

Content

- Health history and symptom assessment.
- Respiratory rate, work of breathing, oxygen saturation (SpO_2) and peak flow where indicated.
- Auscultation of breath sounds.
- Sputum collection techniques and specimen handling.
- Monitoring and documenting response to treatment; escalation of deterioration.

Teaching–learning activities

Laboratory demonstration: assessment practice; case discussion.

Assessment methods

Skill-demonstration checklist; MCQ; viva.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Complete and document a respiratory assessment.
CO2	Use monitoring findings to identify deterioration.
CO3	Collect and handle respiratory specimens safely.

Unit V: Oxygen Therapy and Assistive Care

Theory 10 hours · Simulation laboratory 6 hours

Learning objectives

- Describe oxygen delivery devices and safety principles.
- Assist with prescribed respiratory support and airway-clearance interventions.

Content

- Principles of oxygen therapy and delivery devices: nasal cannula and face masks.
- Humidification and oxygen toxicity; oxygen safety.
- Introduction to non-invasive ventilation (CPAP/BiPAP).
- Role of chest physiotherapy and airway-clearance techniques.

Teaching–learning activities

Device demonstration; scenario simulation; case discussion.

Assessment methods

Scenario OSCE; written test; skill checklist.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Select and check oxygen-delivery equipment according to prescription and protocol.
CO2	Monitor patient response and oxygen safety.
CO3	Explain airway-clearance and non-invasive ventilation principles.

Unit VI: Critical Respiratory Conditions

Theory 10 hours · Simulation laboratory 6 hours

Learning objectives

- Recognize common critical respiratory conditions and their nursing priorities.

Content

- Pneumonia; chronic obstructive pulmonary disease (COPD); asthma.
- Acute respiratory distress syndrome (ARDS).
- Pulmonary embolism; pleural effusion and pneumothorax.
- Respiratory failure: recognition, monitoring, escalation and nursing care.

Teaching–learning activities

Case-based learning; simulation of deterioration; multidisciplinary case discussion.

Assessment methods

Practical demonstration; case evaluation; MCQ.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Recognize signs of respiratory deterioration.
CO2	Priorities nursing care for common respiratory emergencies.
CO3	Monitor treatment response and communicate concerns promptly.

Unit VII: Ventilator Care (Fundamentals)

Theory 10 hours · Simulation laboratory 6 hours

Learning objectives

- Describe indications and basic principles of mechanical ventilation.

- Assist with airway maintenance and prevention of ventilator-associated complications.

Content

- Indications and basic ventilator settings; overview of ventilation modes.
- Endotracheal suctioning and airway maintenance, according to policy and competency.
- Ventilator-associated complication prevention and patient safety.
- Overview of weaning protocols and monitoring.

Teaching–learning activities

Ventilator-care simulation; equipment demonstration; group activity.

Assessment methods

Skill-demonstration checklist; OSCE; viva.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Identify ventilator components and basic settings under supervision.
CO2	Provide safe airway and ventilator-associated nursing care.
CO3	Recognize complications and report changes promptly.

Unit VIII: Infection Control and Safety

Theory 10 hours · Simulation laboratory 6 hours

Learning objectives

- Apply TB-specific infection-prevention measures and standard precautions.

Content

- TB infection prevention: appropriate masks/respirators, isolation and patient-flow procedures.
- PPE use and safe donning/doffing.
- Cross-infection prevention in wards and community settings.
- Waste disposal, environmental cleaning and safe specimen transport.

Teaching–learning activities

Demonstrations; infection-control drills; role-play; PPE practice.

Assessment methods

Practical exam; group quiz; OSCE.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Apply appropriate airborne precautions and PPE as per institutional policy.
CO2	Demonstrate safe specimen handling and environmental hygiene.
CO3	Educate patients and families about respiratory infection prevention.

Unit IX: National and Global TB Programmes

Theory 10 hours · Simulation laboratory 6 hours

Learning objectives

- Describe the structure and key functions of the national TB programme.
- Explain community surveillance, contact tracing and reporting responsibilities.

Content

- NTEP structure and reporting in India.
- Contact tracing and community surveillance.
- Recording and reporting formats; referral and follow-up.
- Public-health strategies: screening, DOTS centres and private-sector engagement.
- WHO End TB goals and global TB strategies.

Teaching–learning activities

Group activity; programme-format review; community case discussion.

Assessment methods

Group quiz; case presentation; viva.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Describe key NTEP activities relevant to nursing practice.
CO2	Explain contact tracing and reporting pathways.
CO3	Discuss community and global TB-control strategies.

Unit X: Research, Audit and Quality Improvement

Theory 10 hours · Simulation laboratory 6 hours

Learning objectives

- Understand basic clinical research and evidence-based practice.
- Use nursing indicators and audit findings to improve care.

Content

- Basics of clinical research and evidence-based practice.
- Collection and interpretation of nursing indicators.
- Quality assurance in TB and respiratory care.
- Case studies, clinical audit and improvement planning.

Teaching–learning activities

Group activity; audit exercise; journal discussion; presentation.

Assessment methods

Group quiz; audit presentation; viva.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Identify a relevant quality indicator.
CO2	Participate in a simple clinical audit.
CO3	Present a practical improvement recommendation based on evidence.

8. Clinical Practice: Postings (840 hours)

The clinical posting sequence may be adjusted to suit the institutional roster and case availability. Each posting ends with guide-verified competency sign-off in the logbook. All clinical activities must be supervised and remain within the scope of registered nursing practice.

Clinical area	Weeks	Hours

TB clinic / DOTS or NTEP-linked service	4	130
Respiratory medicine ward	5	170
Medical ICU / respiratory high-dependency unit	5	180
Pulmonary function testing, bronchoscopy and respiratory diagnostics (observation)	2	60
Emergency department / acute respiratory assessment	3	100
Isolation ward / infection-prevention service	2	70
Community TB services / contact tracing / follow-up	3	80
Ventilator and respiratory support unit / simulation-linked clinical practice	2	50
Total	26	840

8.1 Expected learning in each posting

Posting	Focus
TB clinic / DOTS or NTEP-linked service	TB assessment pathway, treatment adherence support, patient education, documentation and follow-up.
Respiratory medicine ward	Respiratory assessment, oxygen monitoring, specimen collection, nursing care plans and patient education.
Medical ICU / respiratory HDU	Monitoring critically ill patients, escalation of deterioration, oxygen/ventilatory support and infection prevention.
Pulmonary diagnostics	Observation of pulmonary function testing, bronchoscopy and related investigations; preparation and aftercare as appropriate.
Emergency department	Initial assessment of acute breathlessness, prioritization, oxygen safety, monitoring and structured handover.
Isolation / infection-prevention service	Airborne precautions, PPE, isolation workflow, cleaning, waste management and staff/patient education.
Community TB services	Contact tracing support, community awareness, referral, adherence follow-up and programme documentation under supervision.
Respiratory support / simulation	Equipment checks, airway-care principles, non-invasive ventilation and ventilator-care competencies.

9. Essential Tuberculosis and Respiratory Care Skills and Logbook

The fellow maintains a logbook recording each procedure or learning activity, signed by the clinical preceptor and verified by the guide. Minimum numbers should be finalised by the Fellowship Committee according to clinical availability, institutional policy and scope of practice. Procedures marked Sim may be completed on an approved simulator when a suitable clinical case is unavailable.

9.1 Procedures observed (O)

No.	Procedure / learning activity	Minimum
1	Chest X-ray and relevant thoracic imaging	2
2	CT chest / other indicated thoracic imaging	2
3	Pulmonary function testing / spirometry	3
4	Bronchoscopy and related preparation/aftercare	2

5	Sputum microscopy, GeneXpert and culture workflow	3
6	Non-invasive ventilation initiation / review (observation)	2
7	Mechanical ventilation and weaning review	2

9.2 Procedures assisted (A)

No.	Procedure / learning activity	Minimum	Sim
1	Respiratory assessment and structured handover	10	
2	Sputum collection and safe specimen transport	10	
3	Oxygen delivery device set-up and monitoring	10	
4	Arterial blood gas sampling / interpretation discussion, according to role	5	
5	Nebulisation and prescribed inhaled therapy	10	
6	Airway clearance / chest physiotherapy session	5	
7	CPAP/BiPAP set-up and monitoring	3	Sim
8	Ventilator checks and monitoring	5	Sim
9	Endotracheal suctioning / airway maintenance	5	Sim
10	TB treatment education and adherence counselling	10	
11	PPE donning/doffing and airborne-isolation workflow	10	
12	Contact tracing / NTEP documentation activity	3	

9.3 Procedures performed (P)

No.	Procedure / competency	Minimum	Sim
1	Respiratory history and physical assessment	20	
2	Respiratory rate, SpO_2 and vital-sign monitoring	20	
3	Oxygen therapy monitoring and documentation, as prescribed	10	
4	Sputum specimen collection and labelling	10	
5	PPE use and infection-prevention precautions	10	
6	Patient/family education on TB, adherence and cough etiquette	10	
7	Respiratory nursing care plan and reassessment	10	
8	Nebulisation / inhaled therapy assistance according to prescription	5	
9	Airway-clearance support within competency	5	
10	Recognition and escalation of respiratory deterioration	5	Sim
11	Basic life support / CPR	5	Sim
12	Ventilator-care checklist and equipment safety check	5	Sim
13	Documentation, handover and discharge education	10	

9.4 Logbook requirements

- Record date, patient identification code, procedure/activity, level (O/A/P), clinical or simulation setting, outcome, reflection and preceptor signature.
- Guide verification at the end of each posting; Fellowship Coordinator reviews progress at weeks 8, 16 and 24.
- Complete at least 10 case studies or case presentations covering TB, respiratory assessment, respiratory emergencies, critical care and community/public-health nursing.

- Submit the completed logbook to the guide one week before final assessment.

10. Scheme of Assessment

10.1 Final assessment and exit examination

The examination is conducted by the School of Nursing Science and Technology, Malla Reddy Vishwavidyapeeth. Final assessment comprises:

Component	Details	Marks	Minimum (50%)
I. Multiple-choice questions	Written paper; one mark per question; blueprint in Section 10.3	25	12.5
II. Practical skills assessment	Three case scenarios with discussion; 20 marks each	60	30
III. Logbook maintenance	Completeness, regularity, accuracy and guide verification	15	7.5
Total		100	50

10.2 Criteria to pass

- Minimum 50% in each of the three components and minimum 50% aggregate (50/100).
- Minimum 80% attendance in theory, simulation and clinical postings; missed postings must be completed before final assessment.
- A fellow who fails a component repeats that component at the next scheduled assessment within six months, once, subject to institutional regulations.
- Any additional output, such as a case study, audit or teaching session, requires prior written approval of the Fellowship Committee.

10.3 MCQ blueprint (25 marks)

Unit	Title	Theory hours	MCQs
I	Foundations of Respiratory Care	10	2
II	Tuberculosis – Clinical and Public Health	10	3
III	TB Treatment and Nursing Care	10	3
IV	Respiratory Assessment and Monitoring	10	3
V	Oxygen Therapy and Assistive Care	10	2
VI	Critical Respiratory Conditions	10	3
VII	Ventilator Care (Fundamentals)	10	3
VIII	Infection Control and Safety	10	2
IX	National and Global TB Programmes	10	2
X	Research, Audit and Quality Improvement	10	2
	Total	100	25

10.4 Practical skills assessment (60 marks)

Each fellow is assessed on three case scenarios in a simulated or clinical setting. Across the three cases, the assessment should cover TB care/adherence support, respiratory assessment or an acute respiratory condition, and infection prevention or respiratory support.

Criterion	Marks per case

Assessment, history and recognition of priorities	5
Prioritization and nursing care plan	4
Technical skill / appropriate nursing intervention	6
Safety, infection prevention and communication / handover	3
Discussion: rationale, complications and evidence	2
Total per case	20

10.5 Logbook assessment (15 marks)

Criterion	Marks
Completeness and regularity	5
Accuracy of entries	5
Guide verification	5
Total	15

10.6 Formative assessment

Unit-wise MCQ tests, skill checklists, case presentations, viva and feedback are used throughout the fellowship. The guide records progress at the end of each posting.

10.7 Award of certificate

The Fellowship in Tuberculosis and Respiratory Care Nursing certificate is awarded by Malla Reddy Vishwavidyapeeth (Deemed to be University) to a fellow who satisfies the criteria in 10.2, on the recommendation of the Fellowship Committee and under the signature of the Controller of Examinations and the Dean.

11. Infrastructure, Faculty and Quality Assurance

11.1 Clinical facilities

- Teaching hospital with respiratory medicine services, TB clinic or NTEP-linked service, medical ICU/respiratory HDU, emergency department and isolation facilities.
- Access to pulmonary diagnostics, imaging, laboratory services for TB testing, oxygen delivery systems and ventilatory support.
- Community or programme linkage for supervised exposure to contact tracing, patient follow-up and TB public-health activities.

11.2 Simulation laboratory

- Oxygen delivery devices, suction apparatus, nebulizer and airway-care equipment.
- Adult resuscitation manikin, bag-mask ventilation equipment and basic airway trainers.
- Multiparameter monitor, pulse oximeter, simulated ABG results and respiratory assessment aids.
- Non-invasive ventilation and ventilator demonstration/simulation equipment.
- PPE, fit-tested respirator training resources, isolation signage and specimen-handling supplies.

11.3 Classroom and learning resources

- Smart classroom, library and access to current TB and respiratory-care guidance.
- Learning management system for notes, videos, logbook forms and assessment records.

11.4 Quality assurance

- Fellow feedback on each unit and posting; guide feedback at mid-point and programme end.
- Annual curriculum review by the Fellowship Committee, including review of current national TB guidance and institutional protocols.
- Grievance redressal through the Fellowship Coordinator, with escalation to the Dean.
- Informed consent, confidentiality, supervised practice and compliance with infection-prevention policy in all patient contact.

12. Suggested References

- Government of India, Ministry of Health and Family Welfare: current National Tuberculosis Elimination Programme (NTEP) guidelines, manuals and operational guidance.
- World Health Organization: current consolidated guidelines and operational handbooks on tuberculosis.
- Brunner and Siddarth's Textbook of Medical-Surgical Nursing.
- Lewis's Medical-Surgical Nursing: Assessment and Management of Clinical Problems.
- Textbook of respiratory nursing and critical care nursing in current use at SNST.
- Current institutional protocols for oxygen therapy, non-invasive ventilation, ventilator-associated complication prevention and infection prevention.
- WHO guidance on tuberculosis infection prevention and control and relevant public-health resources.

Annexure A: Final Assessment Sheet – MRV Fellowship

A. Fellow details

Field	Details
Name of fellow	
Fellowship ID	
Institution / department	
Batch / year	

Component I: Multiple-choice questions (25 marks)

Number of questions: _____ Marks obtained: _____ / 25 Result: ☐ Pass ☐ Fail (minimum 50% required)

Component II: Practical skills assessment (60 marks)

Case	Maximum marks	Marks obtained	Examiner signature
Case 1	20		
Case 2	20		
Case 3	20		
Total	60		

Result: ☐ Pass ☐ Fail (minimum 50% required)

Component III: Logbook maintenance (15 marks)

Criteria: completeness and regularity; accuracy of entries; guide verification.

Marks obtained: _____ / 15 Result: ☐ Pass ☐ Fail (minimum 50% required)

Overall assessment summary

Component	Maximum marks	Marks obtained	Pass / fail
MCQs	25		
Practical skills	60		
Logbook	15		
Total	100		

Final result: ☐ Pass ☐ Fail (minimum 50% aggregate required)

Additional outputs (if approved by the Fellowship Committee): _____

Certification

We certify that the above final assessment and exit examination have been conducted in accordance with the approved MRV Fellowship guidelines.

Date: _____

1. Name of guide / examiner: _____ Signature: _____
2. Name of guide / examiner: _____ Signature: _____

Annexure B: Logbook Formats

B.1 Procedure log

Date	Patient ID	Procedure / activity	Level (O/A/P)	Clinical / Sim	Outcome and reflection	Preceptor signature

B.2 Posting summary

Posting	Dates	Hours completed	Competencies signed off	Guide signature
TB clinic / NTEP-linked service				
Respiratory medicine ward				
Medical ICU / respiratory HDU				
Pulmonary diagnostics				
Emergency department				
Isolation / infection prevention				
Community TB services				
Respiratory support / simulation				

B.3 Case study / presentation log

No.	Date	Diagnosis / condition	Area	Guide remarks and signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Annexure C: Certificate of Completion (format)

MALLA REDDY VISHWAVIDYAPEETH

(Deemed to be University)

This is to certify that

_____

Fellowship ID _____ has successfully completed the 26-week **FELLOWSHIP IN TUBERCULOSIS AND RESPIRATORY CARE NURSING** at the School of Nursing Science and Technology and has passed the final assessment and exit examination held in _____ with a total of _____ 100 marks.

Date of issue: _____ Place: Hyderabad

Controller of Examinations Dean, School of Nursing Science and Technology