



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

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NON CBME

Curriculum for Third M.B.B.S – Part II General Medicine

Amended upto BOM- 63/2021, Dated 17/02/2021

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Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai- 410 209

Amended History

1. Approved as per BOM-04/2007, Item No. 4, Dated 14/12/2007
2. Amended upto BOM 57/2019 [Resolution no. 3.1.3.2], Dated 26/4/2019
3. Amended upto BOM 62/2020 [Resolution No 3.2.3.7], Dated 16/09/2020
4. Amended upto BOM 63/2021 [Resolution No. 4.4.3.1], [Resolution No.4.4.3.9], dated 17/02/2021.

GENERAL CONSIDERATIONS AND TEACHING APPROACH

- (1) Graduate medical curriculum is oriented towards training students to undertake the responsibilities of a physician of first contact who is capable of looking after the preventive, promotive, curative & rehabilitative aspect of medicine.
- (2) With wide range of career opportunities available today, a graduate has a wide choice of career opportunities. The training, though broad based and flexible should aim to provide an educational experience of the essentials required for health care in our country.

“Training should be able to meet internationally acceptable standards.”

- (3) To undertake the responsibilities of service situations which is a changing condition and of various types, it is essential to provide adequate placement training tailored to the needs of such services as to enable the graduates to become effective instruments of implementation of those requirements. To avail of opportunities and be able to conduct professional requirements, the graduate shall endeavour to have acquired basic training in different aspects of medical care.
- (4) The importance of the community aspects of health care and of rural health care services is to be recognized. This aspect of education & training of graduates should be adequately recognized in the prescribed curriculum. Its importance has been systematically upgraded over the past years and adequate exposure to such experiences should be available throughout all the three phases of education & training. This has to be further emphasized and intensified by providing exposure to field practice areas and training during the internship period. The aim of the period of rural training during internship is to enable the fresh graduates to function efficiently under such settings.
- (5) The educational experience should emphasize health and community orientation instead of only disease and hospital orientation or being concentrated – on - curative - aspects. As such all the basic concepts of modern scientific medical education are to be adequately dealt with.
- (6) There must be enough experiences to be provided for self learning. The methods and techniques that would ensure this must become a part of teaching - learning process.
- (7) The medical graduate of modern scientific medicine shall endeavour to become capable of functioning independently in both urban and rural environment. He/she shall endeavour to give emphasis on fundamental aspects of the subjects taught and on common problems of health and disease avoiding unnecessary details of specialization.
- (8) The importance of social factors in relation to the problem of health and diseases should receive proper emphasis throughout the course and to achieve this purpose, the

educational process should also be community based than only hospital based. The importance of population control and family welfare planning should be emphasized throughout the period of training with the importance of health and development duly emphasized.

- (9) Adequate emphasis is to be placed on cultivating logical and scientific habits of thought, clarity of expression and independence of judgment, ability to collect and analyze information and to correlate them.
- (10) The educational process should be placed in a historic background as an evolving process and not merely as an acquisition of a large number of disjointed facts without a proper perspective. The history of Medicine with reference to the evolution of medical knowledge both in this country and the rest of the world should form a part of this process.
- (11) Lectures alone are generally not adequate as a method of training and are a poor means of transferring/acquiring information and even less effective at skill development and in generating the appropriate attitudes. Every effort should be made to encourage the use of active methods related to demonstration and on firsthand experience. Students will be encouraged to learn in small groups, through peer interactions so as to gain maximal experience through contacts with patients and the communities in which they live. While the curriculum objectives often refer to areas of knowledge or science, they are best taught in a setting of clinical relevance and hands on experience for students who assimilate and make this knowledge a part of their own working skills.
- (12) The graduate medical education in clinical subjects should be based primarily on out-patient teaching, emergency departments and within the community including peripheral health care institutions. The out-patient departments should be suitably planned to provide training to graduates in small groups.
- (13) Clinics should be organized in small groups of preferably not more than 10 students so that a teacher can give personal attention to each student with a view to improve his skill and competence in handling of the patients.
- (14) Proper records of the work should be maintained which will form the basis for the students' internal assessment and should be available to the inspectors at the time of inspection of the college by the Medical Council of India.
- (15) Maximal efforts have to be made to encourage integrated teaching between traditional subject areas using a problem based learning approach starting with clinical or community cases and exploring the relevance of various preclinical disciplines in both understanding and resolution of the problem. Every attempt be made to de-emphasize compartmentalization of disciplines so as to achieve both horizontal and vertical integration in different phases.

- (16) Every attempt is to be made to encourage students to participate in group discussions and seminars to enable them to develop personality, character, expression and other faculties which are necessary for a medical graduate to function either in solo practice or as a team leader when he begins his independent career. A discussion group should not have more than 20 students.
- (17) Faculty member should avail of modern educational technology while teaching the students and to attain this objective, Medical Education Units/ Departments be established in all medical colleges for faculty development and providing learning resource material to teachers.
- (18) To derive maximum advantage out of this revised curriculum, the vacation period to students in one calendar year should not exceed one month, during the 4 ½ years Bachelor of Medicine and Bachelor of Surgery (MBBS) Course.
- (19) In order to implement the revised curriculum in Toto, State Govts. and Institution Bodies must ensure that adequate financial and technical inputs are provided.
- (20) HISTORY OF MEDICINE –The students will be given an outline on “History of Medicine”. This will be taught in an integrated manner by subject specialists and will be coordinated by the Medical Education Unit of the College.
- (21) All medical institutions should have curriculum committee which would plan curricula and instructional method which will be regularly updated.
- (22) Integration of ICT in learning process will be implemented.

OBJECTIVE OF MEDICAL GRADUATE TRAINING PROGRAMME:

- (1) **NATIONAL GOALS :** At the end of undergraduate program, the medical student should be able to :
 - (a) Recognize 'health for all' as a national goal and health right of all citizens and by undergoing training for medical profession fulfill his/her social obligations towards realization of this goal.
 - (b) Learn every aspect of National policies on health and devote himself / herself to its practical implementation.
 - (c) Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.
 - (d) Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.
 - (e) Become exemplary citizen by observation of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.
- (2) **INSTITUTIONAL GOALS:** (1) In consonance with the goals each medical institution should evolve institutional goals to define the manpower (or professionals) they intend to produce. The undergraduate students coming out of a medical institute should:
 - (a) Be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.
 - (b) Be competent to practice preventive, promotive, curative and rehabilitative medicine in respect to the commonly encountered health problems.
 - (c) Appreciate rationale for different therapeutic modalities; be familiar with the administration of the "essential drugs" and their common side effects.
 - (d) Be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.
 - (e) Possess the attitude for continued self learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills.
 - (f) be familiar with the basic factors which are essential for the implementation of the National Health Programmes including practical aspects of the following:-
 - (i) Family Welfare and Material and Child Health(MCH)
 - (ii) Sanitation and water supply

- (iii) Prevention and control of communicable and non-communicable diseases
 - (iv) Immunization
 - (v) Health Education
 - (vi) IPHS standard of health at various level of service delivery, medical waste disposal.
 - (vii) Organizational institutional arrangements.
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- (g) Acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, General and hospital management, principal inventory skills and counseling
 - (h) Be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.
 - (i) Be able to work as a leading partner in health care teams and acquire proficiency in communication skills.
 - (j) Be competent to work in a variety of health care settings.
 - (k) Have personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

All efforts must be made to equip the medical graduate to acquire the skills as detailed as under:

A comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) Graduate:

1. Clinical Evaluation:

- (a) To be able to take a proper and detailed history.
- (b) To perform a complete and thorough physical examination and elicit clinical signs.
- (c) To be able to properly use the stethoscope, Blood Pressure, Apparatus Auroscope, Thermometer, Nasal Speculum, Tongue Depressor, Weighing Scales, Vaginal Speculum etc.:
- (d) To be able to perform internal examination-Per Rectum (PR), Per Vaginum (PV) etc.
- (e) To arrive at a proper provisional clinical diagnosis.

II. Bed side Diagnostic Tests:

- (a) To do and interpret Haemoglobin (HB), Total Count (TC), Erythrocytic Sedimentation Rate (ESR), Blood smear for parasites, Urine examination /albumin /sugar /ketones /microscopic:
- (b) Stool exam for ova and cysts;
- (c) Gram, staining and Siehl-Nielsen staining for AFB;
- (d) To do skin smear for lepra bacilli
- (e) To do and examine a wet film vaginal smear for Trichomonas
- (f) To do a skin scraping and Potassium Hydroxide (KOH) stain for fungus infections;
- (g) To perform and read Montoux Test.

III. Ability to Carry Out Procedures:

- (a) To conduct CPR (Cardiopulmonary resuscitation) and First aid in newborns, children and adults.
- (b) To give Subcutaneous (SC) /Intramuscular (IM) /Intravenous (IV) injections and start Intravenous (IV) infusions.
- (c) To pass a Nasogastric tube and give gastric leavage.
- (d) To administer oxygen-by masic/catheter
- (e) To administer enema
- (f) To pass a ruinary catheter-male and female
- (g) To insert flatus tube
- (h) To do pleural tap, Ascitic tap & lumbar puncture
- (i) Insert intercostal tube to relieve tension pneumothorax
- (j) To control external Haemorrhage.

IV Anaesthetic Procedure

- (a) Administer local anaesthesia and nerve block

- (b) Be able to secure airway potency, administer Oxygen by Ambu bag.

V Surgical Procedures

- (a) To apply splints, bandages and Plaster of Paris (POP) slabs;
- (b) To do incision and drainage of abscesses;
- (c) To perform the management and suturing of superficial wounds;
- (d) To carry on minor surgical procedures, e.g. excision of small cysts and nodules, circumcision, reduction of paraphimosis, debridement of wounds etc
- (e) To perform vasectomy;
- (f) To manage anal fissures and give injection for piles.

VI Mechanical Procedures

- (a) To perform thorough antenatal examination and identify high risk pregnancies.
- (b) To conduct a normal delivery;
- (c) To apply low forceps and perform and suture episiotomies;
- (d) To insert and remove IUD's and to perform tubectomy

VII Paediatrics

- (a) To assess new borns and recognize abnormalities and I.U. retardation
- (b) To perform Immunization;
- (c) To teach infant feeding to mothers;
- (d) To monitor growth by the use of 'road to health chart' and to recognize development retardation;
- (e) To assess dehydration and prepare and administer Oral Rehydration Therapy (ORT)
- (f) To recognize ARI clinically;

VIII ENT Procedures:

- (a) To be able to remove foreign bodies;
- (b) To perform nasal packing for epistaxis;
- (c) To perform trachesotomy

IX Ophthalmic Procedures:

- (a) To invert eye-lids;
- (b) To give Subconjunctival injection;
- (c) To perform appellation of eye-lashes;
- (d) To measure the refractive error and advise correctional glasses;
- (e) To perform nasolacrimal duct syringing for potency

X. Dental Procedures:

To perform dental extraction

XI Community Health:

- (a) To be able to supervise and motivate, community and para-professionals for corporate efforts for the health care;
- (b) To be able to carry on managerial responsibilities, e.g. Management of stores, indenting and stock keeping and accounting
- (c) Planning and management of health camps;
- (d) Implementation of national health programmes;
- (e) To effect proper sanitation measures in the community, e.g. disposal of infected garbage, chlorination of drinking water;
- (f) To identify and institute and institute control measures for epidemics including its proper data collecting and reporting.

XII Forensic Medicine Including Toxicology

- (a) To be able to carry on proper medico legal examination and documentation of injury and age reports.
- (b) To be able to conduct examination for sexual offences and intoxication;
- (c) To be able to preserve relevant ancillary material for medico legal examination;
- (d) To be able to identify important post-mortem findings in common un-natural deaths.

XIII Management of Emergency

- (a) To manage acute anaphylactic shock;
- (b) To manage peripheral vascular failure and shock;
- (c) To manage acute pulmonary oedema and LVF;
- (d) Emergency management of drowning, poisoning and seizures
- (e) Emergency management of bronchial asthma and status asthmaticus;
- (f) Emergency management of hyperpyrexia;
- (g) Emergency management of comatose patients regarding airways, positioning prevention of aspiration and injuries
- (h) Assess and administer emergency management of burns

U.G. SYLLABUS SUB- MEDICINE

(General Instruction:)

1) **The Lectures** Stated below shall cover knowledge about applied aspects of basic & allied sciences, practical approaches in the management of patients in the outdoor & indoor settings as well as their management in the community. Special emphasis shall be placed on preventive aspects, National Health Programs & dietetics & nutrition.)

2) **During practical teaching & training in wards, OPD & field works** proper emphasis should be given to common health problems in addition to other diseases. Emphasis should be given to learning of knowledge & skills in diagnosis & interpretation of finding & Lab. data.

* Must know

** Desirable to know

*** Nice to know

Topic:-

Introduction to Medicine

MUST KNOW

- History of Medicine.
- Concept & objectives of history taking. Diagnosis, Provisional Diagnosis, Differential diagnosis.

Respiratory system.

MUST KNOW

- Applied Anatomy and physiology of R.S.
- P.F.T. (Pulmonary Function Testing)
- Resp. Infection- Pneumonias.
- Chronic bronchitis and emphysema
- Bronchiectasis and lung abscess.
- Bronchial asthma
- Pleural disease

TUBERCULOSIS

- History and introduction
- Pathogenesis and pathology
- Role of host related factors
- Microbiology of AFB

- Clinical features of pulmonary tuberculosis and its investigations
- Anti – Tubercular drugs
- Pharmacology & Schedules of treatment, DOTS
- Resistant tuberculosis
- Prophylaxis - Drugs /BCG
- HIV & TB.
- Extra - pulmonary tuberculosis

DESIRABLE TO KNOW

- Malignancies
- Mediastinum and its disorders.
- Occupational lung disease. Its concept and short review
- ABG- Basics & applied

NICE TO KNOW

- Fungal & Parasitic diseases
- Respiratory emergencies
- Introduction to mechanical ventilators

INFECTIOUS DISEASES :

MUST KNOW

- Introduction.
- Infections – types, Modes of Infection transmission, Incubation period, Prevention
- Host defenses, Immunity & Immunization & Management including- Tetanus/
Diphtheria
- Malaria
- Rabies
- Typhoid fever
- Gastroenteritis
- HIV Infection & AIDs
- Leptospirosis
- PUO
- Dengue

DESIRABLE TO KNOW

- Kala azar
- Approach to fever with rash

NICE TO KNOW

- Plague

CARDIO VASCULAR SYSTEM :

MUST KNOW

- Introduction-
- Functions / anatomy / physiology and its applications
- Various terminologies used
- Methods of evaluation
- Non – invasive
- Invasive
- Cardiac arrest.
- C.C.F.
- Types
- Presentations
- Pathophysiology
- Management
- Rheumatic fever
- Presentation and haemodynamics of various Valvular lesions including investigations, Diagnosis, D/D treatment & Prevention.
- Infective endocarditis
- C.A.D (Coronary artery disease)
- Hypertension
- Pericardial diseases

DESIRABLE TO KNOW

- Arrhythmias
- Concept & Classification
- Presentation
- Diagnosis
- Pharmacotherapy in short
- C.H.D.
- Aetiology and classification
- CHD in adults & its importance
- cardiomyopathy

GASTROENTEROLOGY, HEPATOBILIARY SYSTEM & PANCREAS :

MUST KNOW

- Introduction to GIT
- Oral Cavity-
Ulcers-
Bleeding-
Pigmentation
Oral manifestation of systemic diseases-
 - Oesophagus
 - Stomach
 - Peptic ulcersAetiopathogenesis
Clinical features
Investigations
D/D and management
Acute and Chronic gastritis
 - Small and large intestine diseasesSecretions & functions
 - Tuberculosis of Abdomen-
 - Ulcerative colitis & Crohn's disease-
 - Liver. -Introduction
LFT & their interpretation
 - Hepatitis - Acute & Chronic-
 - Cirrhosis of liver-
 - Pancreas

Functions-
Investigations-
Acute and Chronic pancreatitis-
Manifestation and D/D & treatment. -

DESIRABLE TO KNOW

- Mal-absorption-syndrome
- Gall bladder diseases

NICE TO KNOW

- Liver transplant

Genetics & Nutrition

MUST KNOW

Genetics

- Introduction
- Common genetic disorders
- Application of Genetic Engineering in Medicine

Nutrition

MUST KNOW

- Concepts of carbohydrate, proteins, fats, vitamins and minerals. Balanced diet.
- Protein energy malnutrition.
- Vitamin deficiency state
- Scurvy / Beriberi / Pellagra / Vit.A

DESIRABLE TO KNOW

- Obesity / Asthenia
- Diagnosis
- Complications and management

NEUROLOGY

MUST KNOW

- Introduction
- Applied anatomy & physiology
History taking in neurology
Investigations
- Disorders of cranial nerves
 - CVD (Cerebro Vasular Disease)
- Types & its differential diagnosis
Diagnosis and management
- Encephalitis and meningitis
 - Epilepsy
 - Spinal cord disorders

DESIRABLE TO KNOW

- Cerebellar syndrome
- Parkinsonism
- Peripheral neuropathy
- Muscle disorders
- Demyelinating diseases
- Degeneration diseases
- Diseases of neuromuscular junction

NICE TO KNOW

- S.O.L. (Space Occupying Lesions)
- Imaging & its role in CNS

HEMATOLOGY :

MUST KNOW

- Introduction
- Cell line of hemopoiesis
Stimulating factors
Physiology and Anatomy of RBCs.
- Anemias
- Introduction
Classification
Symptoms & signs in general
Basic investigations & its interpretation
- Microcytic hypochromic anaemias
- Fe Kinetics
C/F, investigations of Fe deficiency.
Treatment of Fe deficiency.
D/D - Sideroblastic / thalassemic.
- Macrocytic anaemias
- Kinetics of B-12 and Folic acid
C/F, investigations and management of B-12 / FA deficiency.
- Hemolytic anaemias
- Hemoglobinopathies
Hypoplastic / Aplastic anemia
Definition
Classification
Diagnosis and management
- Introduction to WBCs.
 - Blood groups & Blood Transfusion & Component Therapy

DESIRABLE TO KNOW

- Agranulocytosis - Aetiology & its significance
 - Leukemias (AML, ALL, CML, CLL)
Management of leukemia, Lymphomas
 - Hodgkin's disease / NHL (Non-Hodgkin's lymphoma)
 - Approach to a patient with bleeding disorders
- Recognition
Investigations
Physiology of Platelets
Therapy

ENDOCRINOLOGY

MUST KNOW

- Introduction - Hormones
- Concept
Types
Action

- Pituitary
 - Anatomy
 - Regulation
 - Disorders of Ant. Pituitary
 - Acromegaly
 - Disorders of Post. Pituitary
 - Hypopituitarism
 - Thyroid
 - Anatomy
 - Regulation
 - Goiter
 - Hypothyroid state & hyperthyroid state
 - Classifications
 - Management
 - Adrenal gland
 - Anatomy
 - Regulation
- Addison's & Cushing syndrome
 - Recognition
 - Investigations
 - Management
 - Diabetes Mellitus

DESIRABLE TO KNOW

- Pheochromocytoma
- Diabetes Insipidus

NICE TO KNOW

- Vit. D. Metabolism.
- Ca. Metabolism and its relations to parathyroid
- Diagnosis & management of related disorders.
- Multiple endocrine-syndrome and paraneoplastic syndrome Overview.

NEPHROLOGY

MUST KNOW

- Anatomy & Physiology of Urinary system
 - R.F.T. (Renal Function Tests)
 - Acute Glomerulonephropathy
 - Chronic Glomerulonephropathy
 - Infections of urinary system.
 - Nephrotic syndrome
 - Approach towards common problem
- i. Proteinuria
 - ii. Hematuria
 - iii. Renal colics
 - Acute & Chronic renal failure
 - Electrolyte imbalance
 - Acid base imbalance

DESIRABLE TO KNOW

- Dialysis

Connective tissue disorder & immunology

DESIRABLE TO KNOW

- SLE
- Rheumatoid arthritis
- **Gout**

NICE TO KNOW

- Allergy

Geriatrics topics

MUST KNOW

- How elderly patients are different
- Geriatric syndromes
- Fraility
- Falls & fragility fractures

DESIRABLE TO KNOW

- Sarcopenia
- Cognitive impairment & dementia in elderly
- Urinary incontinence in elderly

Miscellaneous

MUST KNOW

- Poisoning
Suicidal / Homicidal / Accidental
Concepts of management
- Chemical / Biological / Corrosives / Drugs
- Opium
- Barbiturate
- DDT
- Organophosphorus

- BITES & STINGS
- Shock

- Brain Death and Organ Donation
- Electrolyte imbalance
- Acid base imbalance

Additional topic- BLS

DESIRABLE TO KNOW

- Hyperpyrexia and Heat exhaustion
Aetiology
Pathophysiology
C / F. Types
Management
Preventive measures
 - Electrical injury
Types
Manifestations
Management
Lightening
Types
Pathophysiology / Complications
Management

Additional topic- Advanced cardiac life support

Recommended Books :

1. Hutchinson's Clinical Methods by Hunter and Bomford,
2. The Principles and practice of Medicine - Sir Stanley Davidson
3. Principles of internal Medicine - Harrison.
- 4 API text book of Medicine

Additional topics

Must know

Pandemic module in phase III

Period	Module	Broad areas	No. of hours	Major department(s) to coordinate
Phase II				
Phase III Part 2	4.1	Care of patients during Pandemics	6	Clinical departments (General Medicine, Pulmonary Medicine, Anaesthesiology as Integrated sessions)

	4.2	1. Emergency Procedures	8	
	4.3	Death related management	2	
	4.4	Communications and media management	4	
	4.5	Intensive Care Management during Pandemics	4	
	4.6	Palliative Care during Pandemics	4	

Clinical Posting

Clinical posting in major subjects in their III, IV, VI, VIII & IX Semester with total duration of posting in each subjects according to MCI guidelines.

Proposed Posting – In weeks

Sub	III Sem	IV Sem	V Sem	VI Sem	VII Sem	VIII Sem	IX Sem	Total
Gen Med	6	4	-	4	-	6	6	26
Paediatrics	-	2	-	2	-	4	2	10
TB & Chest	-	2	-	-	-	-	-	02
Skin & VD	-	2	2	-	2	-	-	06
Psychiatry	-	-	2	-	-	-	-	02
Radiology	-	-	2	-	-	-	-	02
Gen Surgery	6	4	-	4	-	6	6	26
Orthopaedics	-	-	4	-	-	4	2	10
Ophthalmology	-	4	-	-	6	-	-	10
ENT	-	4	-	-	4	-	-	08
Obst & Gynaec	6	4	-	4	-	4	6	24
Comm Med	4	4	-	2	2	-	-	12
Casualty	-	-	-	-	2	-	-	02
Dentistry	-	-	2	-	-	-	-	02
Total	22	32	12	16	16	24	22	142

Scheme of internal assessment Total- 60

Theory
Total marks- 30

Practical/clinical Skills –
Total marks- 30

Grand total- 60

Student need to score 35% marks to be eligible to appear in university examination & 50 % to be declared pass in university examination.

Deficient marks need to be scored in final university examination.

Theory -Total marks- 30

VIth semester Max marks	VIII th semester Max marks	Prelim Max marks PaperI-60 PaperII- 60 120	Total	Marks obtained Will be Converted Out of 30
60	60		240	

Practical/clinical Skills - Total marks- 30

IIIrd Sem	Vth Sem	VIIth Sem	VIIIth Sem	Prelim	Total	Psy	Resp Med	Dermat	Total	Grand Total	Marks obtained Will be Converted Out of 30
60	60	60	60	90	330	30	30	30	90	420	

University exam

Theory

Total marks- 120

Syllabus for Prelim & University Exam w.e.f-2020

As per BOM resolution 3.1.3.2 of BOM 57/2019

Paper- I (60 marks) Time 3 hours	Paper-II (60 MARKS) Time 3 hours
<p>Section A – marks 10 MCQ-20 items each of ½ marks Maximum Time -20 minute (Shall cover whole course syllabus stated in section B and C of paper I below</p>	<p>Section A-marks 10 MCQs -20 items each of ½ marks Maximum Time – 20 minutes (Shall cover whole course syllabus stated in section B and C of Paper II below)</p>
<p>Section B –(Total Marks 30) Q.1 Give reasons 4 out of 6 question (1 marks each, total 4 marks) Q.2. A One structured long answer Q.7 marks B. One Problem based question 7 marks Q.3. Write in short answer 4 out of 6 questions (3 marks each total 12 marks)</p> <p>On course content of cardiovascular System, Gastrointestinal System, Hepatobiliary System & Pancreas, & Genetics</p>	<p>Section B –(Total Marks 30) Q.1 Give reasons 4 out of 6 question (1 marks each, total 4 marks) Q.2. A One structured long answer Q.7 marks B. One Problem based question 7 marks Q.3. Write in short answer 4 out of 6 questions (3 marks each total 12 marks)</p> <p>On course contents of Neurology, Hematology, Haemato-oncology, Respiratory Diseases, Tuberculosis, Collagen Disorder.</p>
<p>Section C-(Total marks 20) One long Question of 8 marks and 4 (out of six) SAQs of 3 marks each on course</p>	<p>Section C- (Total marks 20) <u>Section – C (Total Marks 20)</u> Psychiatry, Dermatology,</p>

contents of Endocrinology, infectious disease & Nephrology, Clinical Nutrition, Miscellaneous.	Veneroleprology <u>C1 – Psychiatry Section 9 Marks 10)</u> Question 1- Short Answer Question any 2 out of 3 (5 marks each) <u>C2-Dermatology section (Marks 10)</u> Question 1- Short Answer Question any 2 out of 3(5 marks each).
The Max. Time for Section B & C shall be of 2 hours + 30 minutes	The Max. Time for Section B & C shall be of 2 hours + 30 minutes

Passing criteria

Candidate should score minimum 50 % marks in theory as cumulative marks of paper I & paper II

Practical

Total marks- 120

Long case Max marks	Short case-1 Max marks	Short case-2 Max marks	Total Max marks	Table Viva -1 Max marks	Table Viva-2 Max marks	Total	Grand Total
50	25	25	100	10	10	20	120

Passing criteria

Candidate should score minimum 50 % marks in case viva as cumulative marks in all three cases

Marks obtained in table viva will be added in theory marks