



# MGM INSTITUTE OF HEALTH SCIENCES

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

**Grade 'A' Accredited by NAAC**

Sector-01, Kamothe, Navi Mumbai -410 209

Tel 022-27432471, 022-27432994, Fax 022 -27431094

E-mail: [registrar@mgmuhs.com](mailto:registrar@mgmuhs.com); Website :[www.mgmuhs.com](http://www.mgmuhs.com)

COMPETENCY BASED MEDICAL EDUCATION

(CBME)

(with effect from 2023-2024 Batches)

**Curriculum for**  
**First M.B.B.S**  
**Human Physiology**

Amended upto AC-48, Dated 12/12/2023

## **Amended History**

1. Approved as per BOM 57/2019 [Resolution no. 3.1.1.13]; Dated 26/4/2019.
2. Amended upto BOM 62/2020 [Resolution No. 3.2.1.3.i]; Dated 16/09/2020.
3. Amended Up to BOM 63/2021 [Resolution No. 4.1.1.2.ii, Resolution No. 4.4.1.6]; Dated 17/02/2021.
4. Amended Up to AC-41/2021, [Resolution No. 4.1], [Resolution No. 4.3], [Resolution No. 4.4], [Resolution No. 4.6], [Resolution No. 4.7], [Resolution No. 4.8], [Resolution No. 4.9], [Resolution No. 4.10]; Dated 27/08/2021.
5. Amended Up to AC-42/2022, [Resolution No. 3.4], [Resolution No. 3.5], [Resolution No. 3.6], [Resolution No. 3.15], [Resolution No. 3.19]; Dated 26/04/2022 (incorporated at the end of syllabus).
6. Amended Up to AC -48/2023 {Resolution No 5.3,5.4,5.6, 5.8 (i),5.8 (ii), 5.9,5.10,5.11] Dated 12/12/2023

Resolution No. 4.4 of AC-41/2021 - Resolved to include "MGMIHS Graduate Attributes" in 1st MBBS Anatomy Physiology and Biochemistry syllabi and cover them in the foundation course, Journals & logbooks, with effect from the batch admitted in 2021-22 onwards

**Annexure-23 of AC-41-2021**

**MGM INSTITUTE OF HEALTH SCIENCES, NAVI MUMBAI**

**GRADUATE ATTRIBUTES**

A student graduating from MGM Institute of Health Sciences, Navi Mumbai, should attain the following attributes:

- 1** • Dynamic professionalism
- 2** • Exemplary leadership
- 3** • Effective communication skills
- 4** • Scholarly attitude
- 5** • Element of critical thinking
- 6** • Enthusiasm for research
- 7** • Social commitment
- 8** • Global competencies

**Dynamic professionalism:**

Abide by professional codes of conduct, demonstrate high personal standards of behaviour, be considerate, trustworthy and honest, act with integrity. Apply effective strategies to maintain their own physical, psychological, social and spiritual well-being. Should be able to apply profession-specific knowledge, clinical skills and professional attitudes in implementation of evidence-based protocols for optimal outcome.

**Exemplary leadership:**

Focuses on the qualities required to effectively manage a career, as a practitioner or academician, work effectively within a system aiming at quality improvement, fostering a spirit of team-building.

**Effective communication skills:**

Communicates effectively and humanely with all stakeholders, their families, colleagues, through a variety of means, gathers and conveys information respectfully, in a culturally acceptable and dignified manner.

**Scholarly attitude:**

Demonstrates a lifelong commitment to reflective learning, strives to maintain professional competence. Committed to learn, disseminate, apply and translate knowledge

**Element of critical thinking:**

Will develop a habit of inquiry, use the knowledge gained for dealing with complex situations, foster an ambience conducive for effective learning with constructive criticism, exercise critical judgement in evaluating sources of information.

**Enthusiasm for research:**

Develop intellectual curiosity and embark upon opportunities to develop research capabilities. Imbibe the basic principles of research methodology and engage in ethical research.

**Social commitment:**

Inculcate values of self-awareness, empathy, mutual respect. Understand our obligation to society and foster an ability to work in a diverse cultural setting. Understand how one's actions can enhance the well-being of others.

**Global competencies:**

Team-building, communication, self-management, collaborative working, openness and respect for a range of perspectives.

**Resolution No. 5.5 of Academic Council (AC-48/2023):** Resolved to accept distribution of subjects and teaching elements in first professional MBBS from First MBBS 2023-24 batch onwards, as per new CBME guidelines published on 01.08.2023

**(As per NMC guidelines letter No. U. 1 4021 1812023-UGMEB dated 01.08.23)**

**Distribution of subjects and teaching elements in first professional MBBS from  
First MBBS 23-24**

First Professional phase of 12 months including Foundation Course of one week and university exams. It shall consist of - Anatomy , Physiology , Biochemistry , Introduction to Community Medicine , Humanities , Professional development including Attitude , Ethics & Communication (AETCOM ) module , family adoption programme through village outreach where-in each student shall adopt minimum of three (03) families and preferably at least five (05) families , Pandemic module and early clinical exposure , ensuring alignment & all types of integration and simulation- based learning.

**Resolution No. 5.6 of Academic Council (AC-48/2023):** Resolved to accept the final distribution of subject wise teaching hours for first professional MBBS from First MBBS 2023-24 batch onwards, as per new CBME guidelines published on 01.08.2023

**Distribution of Subject Wise Teaching Hours for 1 st MBBS**

(As per NMC guidelines letter No. U. 1 4021 1812023-UGMEB dared 01.08.23, page No. 69)

Subject	Lecture (Hrs)	SGL (Hrs)	SDL (Hrs)	Total (Hrs)
<b>Foundation Course (FC)</b> will be conducted at the beginning of 1 <sup>st</sup> MBBS for 01 week				<b>39</b>
<b>Anatomy</b>	210	400	<b>10</b>	<b>620</b>
<b>Physiology</b>	130	300	<b>10</b>	<b>440</b>
<b>Biochemistry *</b>	78	144	<b>10</b>	<b>232</b>
<b>ECE**</b>	27	-	<b>0</b>	<b>27</b>
<b>Community Medicine</b>	20	20	-	<b>40</b>
<b>FAP</b>			<b>27</b>	<b>27</b>
<b>AETCOM ***</b>		26		<b>26</b>
<b>Sports + Extra –curricular activities</b>				<b>10</b>
<b>Formative Examination and Term examinations</b>				<b>60</b>
<b>Total</b>				<b>1521#</b>
<b>*Foundation Course (FC)</b> <b>Remaining 121 hours of FC will be spread throughout year.</b> <b>Thus, FC will be total 160 hours.</b>	<b>Every Saturday</b>			<b>121</b>
<b>Total</b>				<b>1642#</b>

\*Including molecular biology

\*\*Early Clinical exposure hours to be divided equally in all three subjects.

\*\*\* AETCOM module shall be a longitudinal programme.

# includes hours for Foundation course also.

**Resolution No. 5.3 of Academic Council (AC-48/2023):** Resolved to approve distribution of hours of foundation course of First MBBS 2023-24 batch as per new CBME guidelines published on 01.08.2023 [ANNEXURE-7].

(As per NMC guidelines letter No. U. 1 4021 1812023-UGMEB dared 01.08.23, page No. 69)

### **Foundation Course**

(One Week (39 hrs) + Spread over 6 months at the discretion of college (121 Hrs)

Foundation course Subject/ contents	Teaching_Hours
Orientation	30
Skill module	34
Field visit to community health center	08
Introduction to professional Deployment & AETCOM module	40
Sports, Yoga and extra- curricular activities	16
Enhancement of language/computer skills	32
<b>Total</b>	<b>160</b>

**Resolution No. 5.7 of Academic Council (AC-48/2023):** Resolved to accept “learner doctor program (Clinical clerkship)” for first professional MBBS from First MBBS 2023-24 batch onwards, as per new CBME guidelines published on 01.08.2023

(As per NMC guidelines letter No. U. 14021 1812023-UGMEB dated 01.08.23)

**Learner-Doctor program (Clinical clerkship) for first professional MBBS from  
First MBBS 23-24 batch**

- Introduction to hospital environment
- Early clinical exposure
- Understanding perspectives of illness
- Family adoption program

## Annexure – C – III

MGM Institute of Health Sciences, Navi Mumbai

**CBME-First M.B.B.S. (2019-20 batch)**

### **PHYSIOLOGY COURSE CONTENT**

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. Vol. 1; page no.91-118)

#### **Total Teaching (hours) - 440**

- Lectures(hours)-130
- Small group teachings/tutorials/Integrated teaching/Practical's (hours)-300
- Self directed learning ( hours)-10
- Early clinical exposure(hours)- 9

#### **1 General Physiology (8 hours)**

Competency No.	Topics & subtopics
PY. 1.1	Structure and Functions of a Mammalian Cell
PY. 1.2	Principles of Homeostasis
PY. 1.3	Intercellular communication
PY. 1.4	Apoptosis – Programmed cell death
PY. 1.5	Transport mechanisms across cell membranes
PY. 1.6	Fluid compartment of the body, its ionic composition & measurements
PY. 1.7	Concept of pH & Buffer systems in the body
PY. 1.8	Molecular basis of resting membrane potential and action potential in excitable tissue
PY. 1.9	Methods used to demonstrate the functions of the cells and its products, its communication and their applications in Clinical care and research.

#### **2 Hematology ( 10 hours )**

Competency No.	Topics & subtopics
PY.2.1	Describe the composition and functions of blood components
PY. 2.2	Original, forms, variations and functions of plasma proteins
PY. 2.3	Synthesis and functions of Hemoglobin & explain its breakdown. Describe variants of hemoglobin
PY. 2.4	RBC formation (erythropoiesis & its regulation) and its functions
PY. 2.5	Types of anemia's & Jaundice
PY. 2.6	WBC formation (granulopoiesis) & its regulation
PY. 2.7	Formation of platelets, functions & variations
PY. 2.8	Physiological basis of hemostasis and anticoagulants. Describe bleeding & clotting disorders (Hemophilia, purpura)
PY. 2.9	Different blood groups and clinical importance of blood grouping, blood banking and transfusion
PY.2.10	Types of immunity, development of immunity and its regulation, * Covid-19 related – role of nutrition, immunity boosters, cytokine storm



### 3 Nerve and Muscle Physiology (9 hours)

Competency No.	Topics & subtopics
PY. 3.1	Structure and functions of a neuron and neuroglia; Nerve Growth Factor & other growth factors/cytokines
PY. 3.2	Types, functions & properties of nerve fibers
PY. 3.3	Degeneration and regeneration in Peripheral nerves
PY. 3.4	Structure neuro-muscular junction and transmission of impulses
PY. 3.5	Action of neuro-muscular blocking agents
PY. 3.6	Pathophysiology of Myasthenia gravis
PY. 3.7	Types of muscle fibers and their structure
PY. 3.8	Action potential and its properties in different muscle types (skeletal & smooth)
PY. 3.9	Molecular basis of muscle contraction in skeletal and in smooth muscles
PY. 3.10	Mode of muscle contraction (isometric and isotonic)
PY. 3.11	Energy source and muscle metabolism
PY. 3.12	Gradation of muscular activity
PY. 3.13	Muscular dystrophy: myopathies

### 4 Gastro-intestinal Physiology (10 hours)

Competency No.	Topics & subtopics
PY.4.1	Describe the structure and functions of digestive system
PY. 4.2	Composition, mechanism of secretion, functions, and regulation of saliva, gastric, pancreatic, intestinal, juiceable secretion
PY. 4.3	GIT movements, regulation and functions, defecation reflex. Role of dietary fiber.
PY. 4.4	Physiology of digestion and absorption of nutrients
PY. 4.5	Source of GIT hormones, their regulation, and functions
PY. 4.6	Gut-Brain Axis
PY. 4.7	Structure and functions of liver and gall bladder
PY. 4.8	Gastric function tests, pancreatic exocrine function test & liver function tests
PY. 4.9	Physiology aspects of; peptic ulcer, gastro- oesophageal reflux disease, vomiting, diarrhea, constipation, Adynamic ileus, Hirschsprung's disease

### 5 Cardiovascular Physiology (CVS) (18 hours)

Competency No.	Topics & subtopics
PY.5.1	Describe the functional anatomy of heart including chambers, sounds; and Pacemaker tissue and conducting system.
PY. 5.2	Properties of cardiac muscle including its morphology, electrical, mechanical and metabolic functions
PY. 5.3	Events occurring during the cardiac cycle
PY. 5.4	Generation, conduction of cardiac impulse

PY. 5.5	Physiology of electrocardiogram (E.C.G.), its applications and the cardiac axis
PY. 5.6	Abnormal ECG, arrhythmias, heart block and myocardial infarction.
PY. 5.7	Hemodynamics of circulatory system
PY. 5.8	Local and systemic cardiovascular regulatory mechanisms
PY. 5.9	Factors affecting heart rate, regulation of cardiac output & blood pressure
PY. 5.10	Regional circulation including microcirculation, lymphatic, coronary, cerebral, capillary, Skin, foetal, pulmonary, and splanchnic circulation
PY. 5.11	Patho-physiology of shock, syncope and heart failure

## 6 Respiratory Physiology (12 hours)

Competency No.	Topics & subtopics
PY. 6.1	Functional anatomy of respiratory tract
PY. 6.2	Mechanics of normal respiration, pressure changes during ventilation, lung volume and capacities, alveolar surface tension, compliance, airway resistance, ventilation, V/P ratio, diffusion capacity of lungs
PY. 6.3	Transport of respiratory gases: Oxygen and Carbon dioxide
	Regulation of respiration -- Neural & chemical
PY. 6.4	Physiology of high-altitude, deep-sea diving
PY. 6.5	Principles of artificial respiration oxygen therapy, *ventilators, acclimatization, and decompression sickness
PY. 6.6	Pathophysiology of dyspnea, hypoxia, cyanosis asphyxia; drowning, periodic breathing
PY. 6.7	Lung function tests & their clinical significance, *pulse oximetry

## 7 Renal Physiology (8 hours)

Competency No.	Topics & subtopics
PY. 7.1	Structure and function of kidney
PY. 7.2	Structure and functions of juxta glomerular apparatus and role of renin-angiotensin system
PY. 7.3	Mechanism of urine formation and processes involved
PY. 7.4	Significance & implication of Renal clearance
PY. 7.5	Renal regulation of fluid and electrolytes & acid-base balance
PY. 7.6	Innervations of urinary bladder, physiology of micturition and its abnormalities
PY. 7.7	Artificial kidney, dialysis, and renal transplantation
PY. 7.8	Renal Function Tests
PY. 7.9	Cytometry and discuss the normal cystometrogram

**8 Endocrine Physiology (10 hours)**

Competency No	Topics & subtopics
PY. 8.1	Physiology of bone and calcium metabolism
PY. 8.2	Synthesis, secretion, transport, physiological actions, regulation and effects of altered (hypo and hyper) secretion of pituitary gland, thyroid gland, parathyroid gland, adrenal gland, pancreas and hypothalamus
PY. 8.3	Physiology of Thymus & Pineal Gland
PY. 8.4	Function tests: Thyroid gland; Adrenal cortex, Adrenal medulla, and pancreas
PY. 8.5	Metabolic and endocrine consequences of obesity & metabolic syndrome, Stress response. Outline the psychiatry component pertaining to metabolic syndrome
PY. 8.6	Mechanism of action of steroid, protein and amine hormones

**9 Reproductive Physiology (8 hours)**

Competency No	Topics & subtopics
PY. 9.1	Sex determination; sex differentiation and their abnormalities and outline psychiatry and practical implementation of sex determination
PY. 9.2	Puberty: onset, progression, states; early and delayed puberty and outline adolescent clinical and psychological association
PY. 9.3	Male reproductive system: functions of testis and control of spermatogenesis & factors modifying it and outline its association with psychiatric illness
PY. 9.4	Female reproductive system: (a) functions of ovary and its control; (b) menstrual cycle – hormonal, uterine and ovarian changes
PY. 9.5	Physiological effects of sex hormones
PY. 9.6	Contraceptive methods for male and female. Discuss their advantages & disadvantages
PY. 9.7	Effects of removal of gonads on physiological functions
PY. 9.8	Physiology of pregnancy, parturition & lactation and outline the psychology and psychiatry-disorders associated with it
PY. 9.10	Physiological basis of various pregnancy tests
PY. 9.11	Hormonal changes and their effects during perimenopause and menopause
PY. 9.12	Common causes of infertility in a couple and role of IVF in managing a case of infertility

**10 Neurophysiology ( 32 hours )**

Competency No	Topics & subtopics
PY. 10.1	Organization of nervous system
PY. 10.2	Functions and properties of synapse, reflex, receptors
PY. 10.3	Somatic sensations & sensory tracts

PY. 10.4	Motor tracts, mechanism of maintenance of tone, control of body movements, posture and equilibrium & vestibular apparatus
PY. 10.5	Structure and functions of reticular activating system, autonomic nervous system (ANS)
PY. 10.6	Spinal cord, its functions, lesion & sensory disturbances
PY. 10.7	Functions of cerebral cortex, basal ganglia thalamus, hypothalamus. Cerebellum and limbic system and their abnormalities
PY. 10.8	Behavioral and EEG characteristics during sleep and mechanism responsible for its production
PY. 10.9	Physiological basis of memory, learning and speech
PY. 10.10	Chemical transmission in the nervous system. (Outline the psychiatry element)
PY. 10.13	Perception of smell and taste sensation
PY. 10.14	Patho-physiology of altered smell and taste sensation
PY. 10.15	Functional anatomy of ear and auditory pathways & physiology of hearing
PY. 10.16	Pathophysiology of deafness. Hearing tests
PY. 10.17	Functional anatomy of eye, physiology of image formation, physiology of vision including color vision, refractive errors, color blindness, physiology of pupil and light reflex
PY. 10.18	Physiological basis of lesion in visual pathway
PY. 10.19	Auditory & visual evoke potentials

## 11 Integrated Physiology ( 5 hours )

Competency No	Topics & subtopics
PY. 11.1	Mechanism of temperature regulation
PY. 11.2	Adaptation to altered temperature (heat and cold)
PY. 11.3	Mechanism of fever, cold injuries and heat stroke
PY. 11.4	Cardio-respiratory and metabolic adjustment during exercise; physical training effects
PY. 11.5	Physiological consequences of sedentary lifestyle
PY. 11.6	Physiology of Infancy
PY. 11.7	Physiology of aging; free radicals and antioxidants
PY. 11.8	Cardio-respiratory changes in exercise (isometric and isotonic) with that in the resting state and under different environmental conditions (heat and cold)
PY. 11.9	Interpretation of growth charts
PY. 11.10	Interpretation of anthropometric assessment of infants
PY. 11.11	Concept, criteria for diagnosis of Brain death and its implications
PY. 11.12	Physiological effects of meditation, *Yogic breathing practices, breathing positions

\*Applicable from 2023-24 Batch onwards

## PRACTICAL COMPETENCIES

Competency Number	COMPETENCY	Suggested Teaching Learning method
<b>Topic: Hematology</b>		
PY2.11	Estimate Hb, RBC, TLC, RBC indices, DLC, Blood groups, BT/CT	DOAP sessions
PY2.12	Describe test for ESR, Osmotic fragility, Hematocrit. Note the findings and interpret the test results etc	Demonstration
<b>Topic: Nerve and Muscle Physiology</b>		
PY3.14	Perform Ergography	DOAP sessions
PY3.15	Demonstrate effect of mild, moderate and severe exercise and record changes in Cardiorespiratory parameters	DOAP sessions
PY3.16	Demonstrate Harvard Step test and describe the impact on induced physiologic parameters in a simulated environment	DOAP sessions
PY3.17	Describe Strength-duration curve	Small group discussion
PY3.18	Observe with Computer assisted learning (i) amphibian nerve - muscle experiments (ii) amphibian cardiac experiments	Demonstration, Computer assisted learning methods
<b>Topic: Gastro-intestinal Physiology</b>		
PY4.10	Demonstrate the correct clinical examination of the abdomen in a normal volunteer or simulated environment	DOAP session
<b>Topic: Cardiovascular Physiology (CVS)</b>		
PY5.12	Record blood pressure & pulse at rest and in different grades of exercise and postures in a volunteer or simulated environment	DOAP sessions
PY5.13	Record and interpret normal ECG in a volunteer or simulated environment	DOAP sessions
PY5.14	Observe cardiovascular autonomic function tests in a volunteer or simulated environment	DOAP sessions
PY5.15	Demonstrate the correct clinical examination of the cardiovascular system in a normal volunteer or simulated environment	DOAP sessions
PY5.16	Record Arterial pulse tracing using finger plethysmography in a volunteer or simulated environment	DOAP sessions, Computer assisted learning methods

<b>Topic: Respiratory Physiology</b>		
PY6.8	Demonstrate the correct technique to perform & interpret Spirometry	DOAP sessions
PY6.9	Demonstrate the correct clinical examination of the respiratory system in a normal volunteer or simulated environment	DOAP sessions
PY6.10	Demonstrate the correct technique to perform measurement of peak expiratory flow rate in a normal volunteer or simulated environment	DOAP sessions
<b>Topic: Reproductive Physiology</b>		
PY9.9	Interpret a normal semen analysis report including (a) sperm count, (b) sperm morphology and (c) sperm motility, as per WHO guidelines and discuss the results	Small group discussion
<b>Topic: Neurophysiology</b>		
PY10.11	Demonstrate the correct clinical examination of the nervous system: Higher functions, sensory system, motor system, reflexes, cranial nerves in a normal volunteer or simulated environment	DOAP sessions
PY10.12	Identify normal EEG forms	Small group teaching
PY10.20	Demonstrate (i) Testing of visual acuity, colour and field of vision and (ii) hearing (iii) Testing for smell and (iv) taste sensation in volunteer/ simulated environment	DOAP sessions
<b>Topic: Integrated Physiology</b>		
PY11.9	Interpret growth charts	Small group teaching
PY11.10	Interpret anthropometric assessment of infants	Small group teaching
PY11.13	Obtain history and perform general examination in the volunteer / simulated environment	DOAP sessions
PY11.14	Demonstrate Basic Life Support in a simulated environment	DOAP sessions

**Resolution No 5.4 of Academic council (AC-48/2023): Resolved to approve AETCOM competencies distribution from First MBBS 2023-24 batch onwards , as per new CBME guidelines published on 01.08.2023.**

**\*AETCOM Competencies distribution for Physiology First MBBS from 23-24 batch onwards**

**(Ref: NMC letter No U14021 1812023-UGMED dated 01.08.23)**

**AETCOM IN PHYSIOLOGY**

**Total Hrs :16**

**AETCOM Module taught by physiology department are**

Module 1.2: What does it mean to be a patient?	1.Enumerate and describe professional qualities and roles of a physician	KH
Module 1.3: Doctor – patient relationship	2. Demonstrate empathy in patient encounters	SH
Module 1.4: The foundation of communication-1	Demonstrate ability to communicate to patients in a patient, respectful non-threatening, non- judgmental and empathetic manner	SH

**Resolution No. 5.8 of Academic Council (AC-48/2023)**

**One Brief answer AETCOM question of 03 marks will be asked in Paper - 1 and Paper- 2 each.**

**(Ref: NMC letter No. U. 1 4021 1812023-UGMEB dated 01.08.23)**

*	<b>Common questions on AETCOM modules – Physiology 1.2, 1.3, 1.4</b>
1	Empathy in patient care.
2	Rights of Patients
3	Responsibility of Patients
4	Write dos and don'ts of doctor patient verbal communication
5	Boundaries of the doctor -patient relationship
6	Essentials elements of communication skill
7	Barriers of communication
8	Methods of communication

**\*Resolution No. 4.7 of AC-41/2021:** Resolved to approve the distribution of the MCQs marks system/topic wise for Theory Paper I & II of 1<sup>st</sup> MBBS (CBME) Physiology and Biochemistry, effect from the batch admitted in 2020-21 onwards

**Annexure-26A of AC-41-2021**

**I MBBS – CBME – PHYSIOLOGY**

**PAPER WISE TOPIC DISTRIBUTION**

PHYSIOLOGY PAPER – I	
SECTION A	All topics of paper I
SECTION B	General Physiology, Blood, CVS, AETCOM
SECTION C	RS, Endocrine, Reproduction,
PHYSIOLOGY PAPER – II	
SECTION A	All topics of paper II
SECTION B	Nerve and Muscle Physiology, GIT, Special senses AETCOM
SECTION C	CNS, Renal, Integrated Physiology

**\* SPECIFIC TOPIC DISTRIBUTION IN MCQ PHYSIOLOGY PAPER FOR I MBBS**

Sr. No.	Topic	No. of questions
PHYSIOLOGY PAPER – I		
1	General Physiology	2
2	Blood	3
3	CVS	5
4	RS	4
5	Endocrine	4
6	Reproduction	2
	Total	20
PHYSIOLOGY PAPER – II		
1	Nerve and Muscle Physiology	3
2	GIT	3
3	Special senses	3
4	CNS	6
5	Renal system	4
6	Integrated Physiology	2
	Total	20



**Resolution No. 5.8 of Academic Council (AC-48/2023):**

i. Resolved to approve internal assessment pattern of theory and practical for first professional MBBS from First MBBS 2023-24 batch onwards, as per new CBME guidelines published on 01.08.2023.

**Annexure-12A of AC-48/2023**



**MGM Institute of Health Sciences, Navi Mumbai**

**Name of Institute:**

**Department of Anatomy/Physiology/Biochemistry**

<b>Faculty:</b> MBBS	<b>year/Phase1</b>		<b>Date:</b> / /
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Roll No.	Name of Student	Formative Assessment Theory			Continuous Internal assessment Theory						
		1st PCT Theory	2 <sup>nd</sup> PCT Theory	Prelims Theory paper 1 & 2	Home Assignment	Continuous class test (LMS)	Seminar Assignment			Attendance Theory	Total
							Museum	Library	Self Directed Learning		
		100	100	200	15	30	15	15	15	10	500

**Professor & Head**

**Department of \_\_\_\_\_**

**Name of Institute:**



**MGM Institute of Health Sciences, Navi Mumbai**  
**Name of Institute:**  
**Department of Anatomy/Physiology/Biochemistry**

Faculty:MBBS		year/Phase1			Date: / /						
		Formative Assessment Practical			Continuous Internal assessment Practical						
Roll No.	Name of Student	1 <sup>st</sup> PCT Practical Examination	2 <sup>nd</sup> PCT Practical Examination	Prelims Practical Examination	Log Book (150)				Journals (Record book/ Portfolio)	Attendance Practical	Total
					Certificate skill based competencies ( Through OSPE/OSCE/Spot/ Exercise/other	AETCOM Competencies Research	SVL Lab Activity	Research			
		100	100	100	60	30	40	20	40	10	500

**Professor & Head**

**Department of \_\_\_\_\_**

**Name of Institute**

- Preliminary examination pattern will be as per University examination
- Respective colleges/ departments will conduct internal assessment examinations and maintain records of the same.

**Resolution No. 5.8 of Academic Council (AC-48/2023):** SOP for conduction of continuous internal assessment pattern of theory and practical including Attendance marks distribution tabular format for Anatomy, Physiology and Biochemistry [ANNEXURE-13]

**SOP for conduction of Continuous Internal Assessment for preclinical  
Departments - Anatomy , Physiology and Biochemistry**

(As per NMC guidelines letter No. U. 1 4021 1812023-UGMEB dated 01.08.23)

**SOP for conduction of Continuous Internal Assessment Theory/ Practical**

**1. Continuous Internal Assessment Theory : Total marks 100**

**A. Home assignment (15 marks) :**

Minimum 03 assignments to be submitted by student as per following schedule.

- 1 st home assignment (5 marks): Before Ist PCT i.e. Midterm examination .
- 2<sup>nd</sup> home assignment (5 marks): Before II nd PCT i.e. First term examination.
- 3 rd home assignment (5 marks) : Before III rd PCT i.e. Prelim examination .

**B. Continuous class tests (LMS 30 marks) :**

Minimum 03 class tests MCQ/SAQ/BAQ/LAQ to be conducted throughout the year for total 30 marks.

**C. Self directed learning (45 marks): 10 hours**

**a. Seminar (15 marks) : 04 hours**

- Each seminar to be given in group of 10-20 students as per directions of HOD of respective department .
- Total time allotted for presentation will be of 8-10 minutes followed by question answer session (maximum 02 min)
- Minimum 10 seminar topics should be completed throughout the year in allotted 04 hours for all students per subject i.e. 05 seminars of 10 min duration per hour.

**b. Museum study (15 marks): 03 hours**

- Minimum 01 specimen/model/ poster/ chart /graph/ lab instrument etc relevant to that particular subject should be given as museum study assignment .
- If museum is not available in the department or the relevant study material is available in museum of other department then collaboration can be done with that particular department where museum facility is available .
- 01 Hour will be allotted for 01 assignment .
- The students should submit assignments preferably as per given timeline or as decided by concerned HOD before Prelim examination .

**c. Library assignment (15 marks):**

- Minimum 01 library assignment of 03 hours duration per subject to be completed by student in library which will be given by Anatomy, Physiology and Biochemistry departments.
- The students should submit assignment preferably as per given timeline or as decided by concerned HOD before Prelim examination.

- Students should write assignment preferably on following topics which will be distributed amongst three departments i.e. 01 topic per department should be given to student.
  1. Working of Central library, Various facilities available in library and library research tools, E-resources / e-Database available in library eg ProQuest, UpToDate, MUHS Digital library, NDL etc
  2. How to use library resources for better research, Concept of textbook, journals, reference books, e- library.
  3. SWAYAM, Shodhganga, E-Shodhsindhu and Antiplagiarism software

**Attendance (Theory) : 10 marks**

Every 10 % attendance in Theory will be given 01 mark.

Students having 75 % attendance in theory and 80 % attendance in practical will only be eligible to appear for University examination.

Sr. No.	Attendance % (Theory)	Marks
1.	75-80	7.5-8.0
2.	81-85	8.1-8.5
3.	86-90	8.6-9.0
4.	91-95	9.1-9.5
5.	96-100	9.6-10.0

**2. Continuous Internal Assessment Practical : Total marks 200**

A. Logbook : 150 marks

B. Journal : 40 marks

C. Attendance : 10 marks

**A. Logbook :** Logbook will have four sections as per following mark distribution.

\*Section I : Certifiable skill based competencies

- Total marks : 60
- Assessment by OSPE/OSCE/Spots/exercises/Others etc evenly distributed throughout year.

\*Section II :AETCOM Competencies (30 marks) to be assessed as per MGMIHS guidelines and evenly distributed throughout year.

\*Section III :SVL Lab activity (40 marks): Minimum 01 activity one per term .

\*Section IV :Research (20 marks) : Students shall do minimum 02 activity /department evenly distributed throughout year like

1. Participation in Student induction program on Research.
2. Visit to Central Research facilities .
3. Small Group Discussion : Students will discuss topic related to research in group of maximum 20 students under supervision of teacher.
4. Data Collection
5. Simple audit.
6. Participation in Poster presentation activity on topics related to Research. One topic can be given to a group of maximum 20 students.
7. Any other.

**B. Journal :40 marks**

Ist PCT Journal marks : 10

II nd PCT Journal marks :10

Prelim Journal marks: 20

Journal marks will be counted under independent head other than formative practical assessment .

**C. Attendance practical : 10 marks**

Every 10 % attendance in practical will be given 01 mark.

Sr. No.	Attendance % (Practical)	Marks
1.	75-80	7.5-8.0
2.	81-85	8.1-8.5
3.	86-90	8.6-9.0
4.	91-95	9.1-9.5
5.	96-100	9.6-10.0

**Formative assessments (Theory): 400 marks**

- Ist PCT i.e. Midterm examination to be conducted preferably after completing first three months of academic calendar or as per MGMIHS academic calendar : 100 marks.
- II nd PCT i.e. First term examination to be conducted preferably after completing six months of academic calendar or as per MGMIHS academic calendar: 100 marks.
- III rd PCT i.e. Prelim examination to be conducted preferably after completing eight months of academic calendar or as per MGMIHS academic calendar : 200 marks.

**Formative assessments (Practical): 300 marks**

- Ist PCT i.e. Midterm examination to be conducted preferably after completing first three months of academic calendar or as per MGMIHS academic calendar : 100 marks.
- II nd PCT i.e. First term examination to be conducted preferably after completing six months of academic calendar or as per MGMIHS academic calendar: 100 marks.
- III rd PCT i.e. Prelim examination to be conducted preferably after completing eight months of academic calendar or as per MGMIHS academic calendar : 100 marks.

**Note :** Students should attend all internal examinations. If student is unable to attend any exam due to unavoidable circumstances/medical reasons, he will have to take permission of Head of the institution to appear for only one additional examination which will be conducted after prelim exam

## **BLUE PRINT OF UNIVERSITY QUESTION PAPER - PHYSIOLOGY**

### **1. THEORY EXAMINATION PATTERN**

#### **1.1. Theory Question Paper Pattern:**

Two papers each of 3 hours duration and carrying 100 marks each.

#### **1.2. Marks distribution for each paper:**

Type of question	Numbers X Marks	Total marks
Multiple Choice Questions	20X1	20
Long Answer Questions (LAQ)	2X10	20
Short Answer Questions (SAQ)	6X5	30
Brief Answer Questions (BAQ)	10X3	30
<b>Total</b>		<b>100</b>

Each Paper is divided into 3 sections:

Section A: MCQ 20 marks

Section B: BAQ 5/6x3=15; SAQ 3/4x5=15; LAQ 1/2x10=10, Total 40

Section C: BAQ 5/6x3=15; SAQ 3/4x5=15; LAQ 1/2x10=10, Total 40

#### **1.3. Paper I & Paper II Contents**

##### **A. Specific topic distribution in MCQ physiology paper for I<sup>st</sup> MBBS**

Sr. No.	Topic	No. of questions
<b>PHYSIOLOGY PAPER – I</b>		
1	General Physiology	2
2	Blood	3
3	CVS	5
4	RS	4
5	Endocrine	4
6	Reproduction	2
	Total	20
<b>PHYSIOLOGY PAPER – II</b>		
1	Nerve and Muscle Physiology	3
2	GIT	3
3	Special senses	3
4	CNS	6
5	Renal system	4
6	Integrated Physiology	1
	Total	20

## B. Specific topic distribution Physiology-PaperI& PaperII

<b>PHYSIOLGYPAPER-I</b>	
SECTIONA	All topics of Paper-I
SECTIONB	General Physiology, Blood, CVS, AETCOM
SECTIONC	RS, Endocrine, Reproduction,
<b>PHYSIOLGYPAPER-II</b>	
SECTIONA	All topics of Paper-II
SECTIONB	Nerve and Muscle Physiology, GIT, Special senses AETCOM
SECTIONC	CNS, Renal, Integrated Physiology

### 1.4. Note to exam paper setters (Ref.: GMER2019-Assessment)

1.4. A Multiple-Choice Questions (MCQs)(20X1=20Marks)		
<ul style="list-style-type: none"> <li>10% of MCQ marks should be from clinically based questions (Any2)</li> </ul>		
1.4.B Brief Answer Questions (BAQs)(10X3=30Marks)		
Various Levels of Cognitive Domain must be considered as follows:		
1 BAQ will be from AETCOM modules(In Paper I & II)		
Level of cognitive domain	Number of questions	Marks
Knowledge	3	3X3=9
Comprehension	3	3X3=9
Application	2	2X3=6
Analysis	2	2X3=6
Synthesis	1	1X3=3
Evaluation	1	1X3=3
1.4.C Short Answer Questions (SAQs)(6X5=30Marks)		
2. SAQ will be clinical application based (Each one in section B and C)		
Various Levels of Cognitive Domain must be considered as follows:		
Level of cognitive domain	Number of questions	Marks
Knowledge	2	2X5=10
Comprehension	2	2X5=10
Application	1	1X5=5
Analysis	1	1X5=5
Synthesis	1	1X5=5
Evaluation	1	1X5=5

1.4.D Long Answer Question (LAQ)(2X10=20Marks)
<ul style="list-style-type: none"> <li>Long Answer Questions (LAQ) in both Papers I &amp; II must be structured, covering various levels of cognitive domain.</li> </ul>

1.4.E Percentage of marks allotted to various levels of cognitive domains:

Level of cognitive domain	Marks (Total=76)	Percentage (%)
1.Knowledge	19	25
2.Comprehension	19	25
3.Application	11	15
4.Analysis	11	15
5.Synthesis	8	11
6.Evaluation	8	10

1.4. F Verbs in various levels in Knowledge domain.

Level	Suggested Verbs
<b>Knowledge (Remember)</b>	Define, describe, Draw, Find, Enumerate, Cite, Name, Identify, List, Label, Match, Sequence, Write, State
<b>Comprehension (Understand)</b>	Discuss, Conclude, Articulate, Associate, Estimate, Rearrange, Demonstrate understanding, Explain, Generalize, Identify, Illustrate, Interpret, Review, Summarize
<b>Application (Apply)</b>	Apply, Choose, Compute, Modify, Solve, Prepare, Produce, Select, Show, Transfer, Use
<b>Analysis (Analyze)</b>	Analyse, Characterise, Classify, Compare, Contrast, Debate, Diagram, Differentiate, Distinguish, Relate, Categorise
<b>Synthesis (Create)</b>	Compose, Construct, Create, Verify, Determine, Design, Develop, Integrate, Organise, Plan, Produce, Propose, Rewrite
<b>Evaluation (Evaluate)</b>	Appraise, Assess, Conclude, Critic, Decide, Evaluate, Judge, Justify, Predict, Prioritise, Prove, Rank

(Reference GMER-2019, Assessment Module Page no.17& Revised Bloom's Taxonomy by Anderson .L.W. et al in(2001))



### 1.5. Paper I

S. No.	Topics	MCQ (20x1= 20marks)	Brief Answer Question (BAQ) (10x3=30 marks)	Short Answer Question (SAQ) (6x5= 30marks)	Long Answer Question( LAQ) (2x10= 20marks)	Total Marks
<b>Section-B</b>						
1.	General Physiology	2X1=2	2X3=6	1X5=5( 1X5=5 option)		13 (+5option)
2.	Blood	3X1=3	1X3=3 (1X3=3 option)	1X5=5	1X10=10 (option)	11(+13 Option)
3	CVS	5X1=5	1X3=3 (1X3=3 option)	1X5=5 (1X5=5 option)	1X10=10	23 (+8)
4	AETCOM		1X3=3			3
<b>Section-C</b>						
4	RS	4X1=4	1X3=3( 1X3=3 option)	1X5=5( 1X5=5 option)	1X10=10	21(+8)
5	Endocrine,	4x1=4	2X3=6	1X5=5( 1X5=5 option)	1X10=10 (option)	15(+15)
6	Reproduction	2X1=2	2X3=6( 1X3=3 option)	1X5=5	1X10=10 (option)	14(+13)
<b>Total</b>		<b>20</b>	<b>30</b>	<b>30</b>	<b>20</b>	<b>100</b>

### 1.6. Paper II

S. No.	Topics	MCQ (20x1= 20marks)	Brief Answer Question (BAQ) (10x3=30 marks)	Short Answer Question (SAQ) (6x5= 30marks)	Long Answer Question (LAQ) (2x10= 20marks)	Total Marks
<b>Section-B</b>						
1.	Nerve and Muscle Physiology	3X1=3	1X3=3 (1X3=3option)	1X5=5	1X10=10	21(+3)
2.	GIT	3X1=3	2X3=6	1X5=5 (1X5=5option)	1X10=10 (option)	14(+10)
3	Special senses	3X1=3	1X3=3	1X5=5 (1X5=5option)	1X10=10 (option)	11(+10)
4	AETCOM		1X3=3			3
<b>Section-C</b>						
4	CNS	6X1=6	2X3=6	1X5=5	1X10=10	27
5	Renal	4x1=4	2X3=6	1X5=5 (1X5=5option)	1X10=10 (option)	15(+15)
6	Integrated Physiology	1X1=1	1X3=3 (1X3=3option)	1X5=5	-	9(+3)
	<b>Total</b>	<b>20</b>	<b>30</b>	<b>30</b>	<b>20</b>	<b>100</b>

## 1. PRACTICAL EXAMINATION PATTERN

Total Practical Marks

100 marks

Sr. No	Heading	Marks
1	Hematology	15
2	Clinical-I (RS & CVS)	15
3	Clinical-II (Abdomen& CNS)	15
4	Human Experiment (Spirometry, Ergography, Perimetry, Harvard step test, Posture, mild & moderate exercise on cardiovascular system)	10
5	Spots	20
6	Communication skill	05
7	Viva	20
	<b>Total=</b>	<b>100</b>

<b>2.1 Hematology</b>	<b>15 marks</b>
<b>Practical performance</b> (Any one of- Hemoglobin estimation, RBC count, WBC count, DLC, Blood group determination, determination of BT &CT)	10 X 1 = 10 marks
<b>Application based question discussion</b>	5 marks
<b>Total</b>	<b>15 marks</b>

<b>2.2. Clinical –I (CVS &amp; RS)</b>	<b>15 Marks</b>
Perform One skill from CVS	8
Perform One skill from RS	7
<b>Total</b>	<b>15 marks</b>

<b>2.3. Clinical –II (CNS &amp; ABDOMEN)</b>	<b>15 Marks</b>
Perform One skill from CNS including cranial nerves	8
Perform One skill from Abdomen	7
<b>Total</b>	<b>15 marks</b>

<b>2.4. Human Experiment</b> (Performance of Any one of- Spirometry, Ergography, Perimetry, Harvard step test, Posture, mild & moderate exercise on cardiovascular system)	<b>10 Marks</b>
<b>Total</b>	<b>10 marks</b>

<b>2.5. Spots</b>	<b>20 Marks</b>
Spots – 10 questions X 2 marks each	10X2
<b>Total</b>	<b>20 marks</b>

<b>2.5.a. Spots Distribution</b>	<b>Marks</b>
Amphibian graphs	3x2=6
Charts	2X2=4
Calculation	1x2=2
Endocrine photographs	2X2=4
Demonstration topics (Not included in any other heads of practicals)	2X2=4
<b>Total</b>	<b>20 Marks</b>

<b>2.6. Communication Skills</b>	<b>5 Marks</b>
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<b>2.7. VIVA VOCE</b>		<b>20 marks</b>
<b>Viva-1</b>	<b>Topics of paper-I</b> General Physiology, Blood, CVS, RS, Endocrine, Reproduction	10 marks
<b>Viva-2</b>	<b>Topics of paper-II</b> Nerve and Muscle Physiology, GIT, Special senses, CNS, Renal, Integrated Physiology	10 marks
<b>Total</b>		<b>20 marks</b>

**Resolution No. 5.10 of Academic Council (AC-48/2023):** Resolved to accept University passing criteria as per CBME guidelines published on 01.09.2023 from First MBBS 2023-24 batch onwards (Ref F.No. U/14021/8/2023-UGMEB Corrigendum Amended Page 58 guidelines) [ANNEXURE-18].

### **Criteria of passing in subject**

**(Reference No: U/14021/8/2023-UGMEB 2023)**

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**In subjects that have two papers, the learner must secure** minimum 40% of marks in aggregate (both papers together) to pass in the said subject.

**Criteria for passing in a subject:** A candidate shall obtain 50% marks in aggregate and 60: 40 (minimum) or 40:60 (minimum) in University conducted examination separately in Theory and in Practical (practical includes; practical/clinical and viva voce) in order to be declared as passed in that subject.



**Resolution No. 5.8 of Academic Council (AC-48/2023) : updated blueprint of question papers of Anatomy, Physiology and Biochemistry from First MBBS 2023-24 batch onwards, as per new CBME guidelines published on 01.08.2023.**

**MGM IHS NAVI MUMBAI**

**IMBBS –UNIVERSITY EXAMINATION  
MODEL QUESTION PAPER**

**Subject: Physiology paper –I**  
**Total Marks: 100**

**Date:**  
**Duration: 3 hours**

**Instructions to students:**

1. Attempt all questions.
2. Maximum marks are indicated in the right.
3. Draw diagrams where ever necessary.
4. Mobile phones, blue tooth or any other communications/ electronics devices are not allowed in the hall or the adjacent area

**SECTION A**

**Q-1 MCQ**

**Marks: 01X20=20**

1) During cardiac cycle immediately after closure of A.V valves there is a) isometric contraction b) isometric relaxation c) isotonic contraction d) isotonic relaxation	2) Male and female appearance is mostly dependent upon a) Genotype of somatic tissue b) Genotype of gonadal tissue c) level of circulating sex hormones d) hypothalamic sex hormones
3) The diffusion capacity of a gas across alveolo – capillary barrier a) is greater for oxygen than CO <sub>2</sub> b) remain constant during exercise c) is unaffected if one lung is removed d) is expressed as vol. per unit time per unit pressure gradient	4) Pure oxygen therapy can be of value in hypoxia due to a) carbon monoxide poisoning b) stagnant hypoxia c) hypoventilation d) anemia
5) All of the following are hormones released by anterior pituitary gland except: a. Growth Hormone b. TSH c. Oxytocin d. ACTH	6) The following tests assess the thyroid functions except a) basal metabolic rate b) Iodine uptake studies c) protein bound iodine d) plasma cholesterol level
7) Chemical regulation of respiration is maximally affected by a) O <sub>2</sub> b) CO <sub>2</sub> c) H <sup>+</sup> ions d) lactic acid	8) Coronary blood flow is normally predominantly controlled by a) hormones b) sympathetic impulse c) auto regulation d) parasympathetic impulse

<p>9) Which of the following hormones is responsible for secretory phase</p> <p>a) LH &amp; FSH b) prolactin c) progesterone d) oestrogen</p>	<p>10) Insulin promotes cellular transport of</p> <p>a) potassium b) magnesium c) glucose only d) all of the above</p>
<p>11) An act of quiet inspiration</p> <p>a) increases venous return to the heart b) involves less muscular effort than expiration c) begins when intrapleural pressure rises above atmospheric pressure d) is assisted by surface tension forces in the alveoli</p>	<p>12) The resting cardiac cell membrane:</p> <p>a) Is primarily permeable to K<sup>+</sup> ions. b) Has resting membrane potential - 65 mV. c) Favors inward movement of K<sup>+</sup> ions at -85 mV. d) Influenced by extra-cellular Na<sup>+</sup> ion concentration</p>
<p>13) Ejection fraction value:</p> <p>a) Should be about 0.6 for a healthy heart. b) Below 0.5 suggest cardiac disease. c) Below 0.3 is associated with high mortality. d) All of the above</p>	<p>14) The largest fraction of serum calcium is</p> <p>a) bound to serum albumin b) bound to serum globulin c) freely ionized d) bound with citrate</p>
<p>15) The total body water</p> <p>a) comprises 60 to 70 % of total body weight b) obesity increases the proportion of water c) in infants proportion is less than adults d) is a larger proportion of body weight with increasing age</p>	<p>16) Specific agglutinin of ABO blood group system</p> <p>a) are present at birth b) are monovalent c) appear at two to eight month after the birth d) do not agglutinate saline suspended R.B.C</p>
<p>17) Bilirubin</p> <p>a) is a blood pigment b) give colour to the urine &amp; stools c) is formed after degradation of haemoglobin d) is conjugated in R.E. cells</p>	<p>18) Resting membrane potential of an excitable tissue is affected by change in extra cellular concentration of</p> <p>a) K<sup>+</sup>                      b) Na<sup>+</sup> c) Ca<sup>++</sup>                  d) all of the above</p>
<p>19) A 66-year-old man sought medical care at the hospital due to severe chest pain lasting for 24 hours. The patient was aware of being hypertensive and was a smoker. Without any prior symptom, he started to have severe chest pain and sought emergency medical care after about 24 hours, due to pain persistence. What will be the definitive investigation to rule out Acute MI?</p> <p>A. Chest X ray B. Chest CT scan C. ECG D. Blood test</p>	<p>20) 12-year-old boy is referred by his family physician to hematologist for jaundice, recurrent acute bone pains, and weakness. Complete blood count (CBC) reveals a hemoglobin of 6.5 g/dL, MCV 82.3 fL, reticulocyte count 7 percent, and bilirubin 84 mg/dL. Sickle solubility test is positive. What can be this condition?</p> <p>a) Sickle cell anemia b) Hemolytic jaundice c) Normocytic anemia d) All</p>



## SECTION-B

**Marks:40**

**Q1. Answer any 5 out of 6 (BAQ) (5X3 marks=15 marks)**

- A. Differences between ICF & ECF
- B. Negative feedback mechanism
- C. Anticoagulants
- D. Immunoglobulins-Types & Functions
- E. Conducting system of heart
- F. Rights of patient.

**Q2. Answer any 3 out of 4(SAQ) (3X5 marks=15marks)**

- A. Active Transport
- B. Coronary circulation
- C. Extrinsic mechanism of coagulation
- D. 45-year-old man, presented to OPD having chest pain, His medical history was significant for dyslipidemia, generalized anxiety and history of smoking. On examination BP was 178/106 mm Hg. He was ruled out for acute coronary syndrome.
  - a. What condition does the case suggest of? (1mark)
  - b. What are the complications of this condition? (1mark)
  - c. Describe long term regulation of blood pressure. (3marks)

**Q3. Answer any 1 out of 2(LAQ) (1X10 marks=10marks)**

- 1. What is immunity? What are the different types of immunity? Describe the role of lymphocytes in immunity.(2+4+4)
- 2. Define shock. Classify shock. Describe the different stages of shock. (2+4+4)

## SECTION-C

**Marks: 40**

**Q1. Answer any 5 out of 6 (BAQ)  
(5X3marks=15marks)**

- 1. Intra thoracic pressure
- 2. Bohr's effect.
- 3. Actions of Insulin on muscle
- 4. Gigantism
- 5. Oxytocin
- 6. Infertility

**Q2. Answer any 3 out of 4(SAQ)**

**(3X5marks =15marks)**

1. Spermatogenesis.
2. Actions of Glucocorticoids
3. High altitude acclimatization
4. A 63-year-old self-employed plumber presented with upper respiratory tract infection 10 days ago, and he now has a productive cough with green sputum, breathlessness and fatigue. He has visited his general practitioner with similar symptoms two or three times every year in the last decade. His FEV1 was 52%, 6 months ago.
  - a. What condition does the case suggest of? (1 mark)
  - b. What are the signs and symptoms of this condition? (2mark)
  - c. Describe FVC and FEV in this condition with diagram. (2mark)

**Q3. Answer any 1 out of 2 (LAQ)**

**(1X10 marks=10marks)**

1. Describe the chemical regulation of respiration.
2. Enumerate hormones secreted by anterior pituitary gland. Describe the actions of growth hormone and regulation of GH. (3+5+2)

**Resolution No. 5.8 of Academic Council (AC-48/2023) :updated blueprint of question papers of Anatomy, Physiology and Biochemistry from First MBBS 2023-24 batch onwards, as per new CBME guidelines published on 01.08.2023.**

**MGMHS NAVI MUMBAI**

**I MBBS –UNIVERSITY EXAMINATION  
MODEL QUESTION PAPER**

**Subject: Physiology paper –II  
TotalMarks:100**

**Date:  
Duration: 3 hours**

**Instructions to students:**

1. Attempt all questions.
2. Maximum marks are indicated in the right.
3. Draw diagrams where ever necessary.
4. Mobile phones, blue tooth or any other communications/ electronics devices are not allowed in the hall or the adjacent area

**SECTION-A**

**MCQ**

**Mark: 1X20=20**

1. Troponin A. regulates some enzymes B. Has Ca <sup>2+</sup> receptor site C. is similar to calmodulin D. All	2. Secretion from the G-cells of (Gastric) antrum A. Stimulates pepsin secretion B. Inhibits Cl secretion C. Is secreted by antral distension D. Is secreted by the acid in the antrum
3. Functions of limbic system include A. intellectual development B. adaptation to external environment C. species preservation D. all	4. In the presence of ADH, The distal nephron is least permeable to : A. water B. ammonia C. urea D. sodium
5. The decrease in active force that occurs at lengths longer than the optimal length is caused by: A. Overlap of actin filaments with each other. B. Neural inhibition. C. Insufficient Ca <sup>2+</sup> release. D. d) Insufficient overlap of actin and myosin filaments.	6. Bile helps in: A. Digestion and absorption of fats B. absorption of fat soluble vitamins C. stimulate secretion of bile by liver D. all of the above
7. Which of the following ion is not handled at loop of Henle : A. Na <sup>+</sup> B. Cl C. K <sup>+</sup> D. Urea	8. Cerebellar lesion produces all EXCEPT A. Adiadokokinesia B. Dysmetria C. Ataxia D. Spontaneous tremors
9. The receptor potential A. is a generator potential B. propagates along the membrane C. travels along a myelinated fibre fast D. follows all or none law	10. Following are the structures supplied by sympathetic alone EXCEPT A. Adrenal medulla B. Most arterioles C. Ureter D. Gastric glands

<p>11. A 24-year-old man, came to OPD as he felt increasingly weak, nauseated, and feverish and pain on the right side of the abdomen. He has no appetite because the thought of food makes him nauseous. he noticed that his eyeballs were yellow. What could be the condition</p> <p>A. Anemia B. Jaundice C. Constipation D. Peptic ulcer</p>	<p>12. Concerning urinary concentration:</p> <p>A. the thick loop of Henle generates most of the osmotic gradient needed for reabsorption of water in the collecting duct B. the tubular urine that reaches the collecting duct is generally hypotonic with respect to plasma C. in the absence of ADH, urine is not concentrated along the length of the collecting duct D. all are correct</p>
<p>13. Renin causes</p> <p>A. Increased H<sub>2</sub>O reabsorption B. Decreased sodium reabsorption C. Angiotensin I formation D. Increased sodium reabsorption</p>	<p>14. Color vision is tested by</p> <p>A. Snellen's chart B. Jaeger's chart C. Ishihara's chart D. Landolt's chart</p>
<p>15. Which of these substances on accumulation causes muscular fatigue:</p> <p>A. Pyruvic acid B. Creatine phosphate C. Lactic acid D. None of these</p>	<p>16. Relationship between intensity of stimulus and number of impulses generated in a sensory nerve fibre is</p> <p>A. logarithmic B. as per Weber- Fechner law C. based on properties of receptors D. all</p>
<p>17. Broca's area is brain area for :</p> <p>A. Speech B. Writing C. Stereognosis D. None of the Above</p>	<p>18. All of the following are temperature decreasing mechanisms except:</p> <p>A. Cutaneous vasodilatation B. shivering C. sweating D. decreased voluntary activity</p>
<p>19. Bilateral pupillary defect where light reflex is lost with intact near reflex is called</p> <p>A. Argyll -Robertson pupil B. Adies pupil C. Myotonic pupil D. None</p>	<p>20. A 53-year-old male presented with a history of left-sided hearing loss. The patient denied otalgia, otorrhea, vertigo. His microscopic ear exam demonstrated a white, fleshy mass medial to the tympanic membrane. What type of Deafness is this?</p> <p>A. Conductive deafness B. Neural deafness C. Total deafness D. Cortical deafness</p>

## SECTION-B

**Marks: 40**

**Q1. Answer any 5 out of 6 (BAQ) (5X3 marks = 15 marks)**

- A. Myasthenia gravis
- B. Action potential in smooth muscle
- C. Gastrin
- D. Color vision
- E. Digestion of carbohydrate in GIT
- F. Boundaries of the doctor-patient relationship

**Q2. Answer any 3 out of 4 (SAQ) (3X5 marks = 15 marks)**

- A. Neuromuscular junction-structure and transmission
- B. Visual Pathway
- C. Five Functions of Liver
- D. A healthy male comes with the history of pain abdomen and burning sensation in stomach since 2 months associated with waterish vomiting, nausea since 10 days. History revealed that person is chronic tobacco chewer and smoker.
  - a. What condition does the case suggest? (1 mark)
  - b. How the HCl secretion in stomach regulated? (2 mark)
  - c. What is the physiological basis of treatment? (2 mark)

**Q3. Answer any 1 out of 2 (LAQ) (1X10 marks = 10 marks)**

- A. Describe the mechanism of contraction of skeletal muscle under following headings.
  - ❖ Structure of sarcomere with neat, labeled diagram (3)
  - ❖ Changes in sarcomere during contraction (3)
  - ❖ sliding filament theory of muscle contraction (4)
- B. Describe the stages & regulation of deglutition. Add a note on Achalasia cardia. (5+3+2)

## SECTION-C

**Marks: 40**

**Q1. Answer any 5 out of 6 (BAQ) (5X3 marks = 15 marks)**

- A. Difference between Cortical and Juxtra medullary Nephron
- B. Renal clearance
- C. Stretch reflex
- D. Signs of Cerebellar ataxia
- E. Heat loss mechanisms
- F. Physiological effects of meditation

**Q2. Answer any 3 out of 4(SAQ)**

**(3X5 marks =15marks)**

- A. Describe any 5 Properties of synapse
- B. Micturition reflex
- C. Physiological changes of aging process
- D. A 38 years old male patient came to medicine OPD with the complaints of periorbital puffiness on face, pedal edema, oliguria since 4 months. On examination, he had pallor, his BP was high, and on investigation he had high level of serum creatinine and presence of proteins in urine.
  - a. What is the likely diagnosis?(1mark)
  - b. What is the cause of puffiness on face, pedal edema? (2mark)
  - c. What is the treatment option and why? (2mark)

**Q3. Answer any 1 out of 2(LAQ)**

**(1X10 marks=10marks)**

- A. Describe pathway for pain sensation. Add note on referred pain. (7+3)
- B. Describe the role of kidney in regulation of acid-base balance of the body.

**Resolution No. 5.11 of Academic Council (AC-48/2023):** Resolved to accept revised books of list for Anatomy, Physiology and Biochemistry from first MBBS 2023-24 Batch onwards

Annexure-20B of AC-48/2023

**DEPARTMENT OF PHYSIOLOGY  
MGM'S MEDICAL COLLEGE**

**LIST OF PHYSIOLOGY BOOKS FOR FIRST MBBS-2023-24  
(UNDERGRADUATE COURSE)**

**A. TEXT BOOKS**

S.N.	Name of the book	Name of the Author
1	Textbook of Medical Physiology	Guyton & Hall
2.	Textbook of Physiology	Indu Khurana
3	Comprehensive Textbook of Medical Physiology Vol I & Vol II	G.K. Pal
4	Textbook of Physiology Volumes I & II	A. K. Jain
5	Textbook of Medical Physiology	D Venkatesh & H.H Sudhakar
6	CC Chatterjee's Human Physiology Volumes I & II	Nitin Ashok John
7	Fundamentals of Medical Physiology	L. Prakasam Reddy

**B. PRACTICAL BOOKS**

S.N.	Name of the book	Name of the Author
1	Practical Physiology	A. K. Jain
2	Practical Physiology	G. K. Pal
3	Textbook of Practical Physiology	C. L. Ghai
4	Physiology Practical Manual & logbook of certificate competencies	Raj Kapoor

**C. REFERENCE BOOKS**

S.N.	Name of the book	Name of the Author
1.		
2.	Ganong's review of medical physiology	Barrett & Barman
3.	Understanding Medical Physiology: A textbook for medical students	R. L. Bijlani & Manjunatha
4.	Effective Medical Communication	Subhash Parija & Balachandra Adkoli
5.	Humanities in Medical Education	Rajiv Mahajan & Tejinder Singh
6.	Human Physiology	N Geetha
7.	Clinical application based Questions in Physiology	Pranali Shimpi, Latita Chandan

दूरभाष/Phone : 25367033, 25367035, 25367036  
फैक्स/Fax : 0091-11-25367024  
ई-मेल/E-mail : [ug@nmc.org.in](mailto:ug@nmc.org.in),

पॉकेट -14, सेक्टर-8, द्वारका, फेस-1, नई दिल्ली-77  
Pocket- 14, Sector- 8, Dwarka,  
Phase - 1, New Delhi-77

राष्ट्रीय आयुर्विज्ञान आयोग

Annex-15

**National Medical Commission**  
**(Undergraduate Medical Education Board)**

**No. U.11026/1/2022-UGMEB**

**Dated the 31<sup>st</sup> March, 2022**

**Circular**

**Subject :** Implementation of new Competency Based Medical Education for Undergraduate Course Curriculum.

The new Competency Based Medical Education for Undergraduate Course Curriculum was discussed in detail in the 6<sup>th</sup> meeting of National Medical Commission, which was held on 24<sup>th</sup> March, 2022 at New Delhi.

2. After detailed discussion and deliberation, it has been unanimously decided in the said meeting of the Commission to implement new Competency Based Medical Education for Undergraduate Course Curriculum from the current batch of MBBS students i.e. 2021-22, admitted in the month Feb-March 2022.

3. The new Competency Based Medical Education for Undergraduate Course Curriculum would be implemented with the objective of covering all three domains of learning (Cognitive, Affective & Psychomotor). The new course curriculum introduced in August 2019 enriches the medical student with a sound base and balanced approach to overall aspect with the introduction of foundation course which includes Family Adoption Programme, Yoga, meditation, Local Language adaptation and skills.

4. All State Governments/UTs, universities and medical colleges/institutes are requested to take immediate necessary steps to implement the new Competency Based Medical Education for Undergraduate Course Curriculum from the current batch of MBBS students i.e. 2021-22, admitted in the month Feb-March 2022.

*Aruna V. Vanikar*

**(Dr. Aruna V. Vanikar)**  
**President**

**Encl:**

- (i) Guidelines for implementation of new CBME Course curriculum.
- (ii) Academic Calendar for MBBS Batch
- (iii) Month-wise schedule of new CBME Course
- (iv) Curriculum for Family Adoption Programme
- (v) Brief modified transliteration of Maharshi Charak Shapth



**Guidelines for implementation of new CBME Course curriculum for MBBS**

**batch 2021-22 admitted in Feb-March 2022**

1. The said guidelines are for the UG CBME **2021 (admitted in 2022)** batch.
2. The curriculum of UG CBME 2021 will begin from **14<sup>th</sup> Feb 2022** in all medical colleges across the country. The basic framework and inclusions of CBME will not be disturbed as they are vital components of outcome-based education. It is mainly the **redistribution of hours** in view of COVID-19 pandemic within the time frame that needs consideration for 2021-'22 (admitted in Feb. 2022) batch.
3. Redistribution with timeline of professional years for 2021-'22 (admitted in Feb. 2022) is provided in slides herewith.

Since the duration for 1<sup>st</sup> professional has been reduced from 14 months to 12 months, the period can be adjusted by :

- a. Having one week of Foundation Course at the beginning of the academic calendar and then spreading remaining three weeks of Foundation Course in first six months beyond curricular hours
  - b. Allocating Sports & Extracurricular hours for regular teaching
  - c. Reducing duration of vacation (1 week in Summer & 1 week in Winter, at the discretion of University and college)
  - d. Final, 1<sup>st</sup> exams will be for Forensic Medicine, Toxicology and Community Medicine
  - e. All clinical subjects will be taught as per curriculum parallel and exams will be covered under NEXT.
4. **Early clinical exposure and Integration** retained since they are all teaching-learning methods/strategies for addressing identified competencies.

5. **Self directed learning (SDL):** Some SDL hours can be reduced, specifically from Phase-I subjects like Anatomy (there are 40 hours), Physiology (20 hours). Some SDL hours can go beyond office hours if required (as such also students may be required to do certain things for SDL beyond regular hours).

6. **Electives** promote academic flexibility and may be offered onsite based on student's need and choice. One month of Electives (Block A & B, 15 days each) can be adjusted for this batch, wherein Block A (pre/para clinical electives) can have electives along with clinical postings and Block B (clinical electives) without clinical posting.

7. **Family adoption** program is recommended as a part of curriculum of Community Medicine and should begin from 1<sup>st</sup> professional year and remain throughout the curriculum. The orientation towards the same may be a part of foundation course under the theme of 'Field visit to community health centre' (8 hrs) which is already allocated to foundation course in GMER 2019.

The family adoption shall include villages not covered under PHC adopted by medical college, and if travel time from college to site is more than 2 hours on week-ends, in such situation, bastis / jhuggis/ towns or on outskirts of cities may be adopted.

7. Modified 'Maharshi CharakShapath' is recommended when a candidate is introduced to medical education.

8. Yoga training is recommended to be initiated during foundation course, (1 hour, preferably in the morning in orientation week). Yoga practices shall be for maximum 1 hour every day during the period of 10 days beginning from 12<sup>th</sup> June every year to be culminated on International Yoga day, i.e. 21<sup>st</sup> June, to be celebrated in all medical schools across the country. These may be practiced by all batches of MBBS. Yoga module will be made available to all



colleges by UGMEB- NMC. However colleges may adopt their own modules. Yoga unit may be inducted under PMR department or any other department of all colleges at their discretion.

9. **Assessment:** A robust continuous formative and internal assessment is required to ensure competencies and thereby a competent medical graduate. If required, we can have two internal assessments and the third internal assessment can be calculated from various unitary and continuous tests taken throughout the year.

10: **Supplementary examinations:**Supplementary exam be conducted between 4 to6 weeks from the date of declaration of results of regular university examinations. The result of Supplementary examinations be declared within 10 days from the date of completion of examinations.

11. There shall be no supplementary/ repeater batch. For students who fail in their university examination:

- Students who pass in 1<sup>st</sup> MBBS supplementary examination shall be offered special classes and ward postings to cover up the syllabus, so that he/she copes up with subjects. Subsequently (after passing in supplementary examination) the student shall continue with his/her regular batch. Attendance of special classes/ postings for such students shall be counted. Students who fail to pass in supplementary examination, shall be joining the subsequent junior batch.

- Students who pass in 2<sup>nd</sup> MBBS supplementary examination shall be offered special classes and ward postings to cover up the syllabus, so that he/she copes up with subjects. The student shall not join classes of the Final MBBS till he/she is given a chance of passing in first supplementary examination. He/she shall continue with his regular batch after passing in supplementary examination of 2<sup>nd</sup> MBBS.

Attendance of special classes/ postings be counted. Students who fail to pass in supplementary examination of 2<sup>nd</sup> MBBS may be allowed to continue with his/her regular batch. However the student shall have to pass 2<sup>nd</sup> MBBS before taking up Final MBBS examination, as per the existing guidelines.

12. Details and guidelines on NEXT examination shall be notified by NMC.

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## **CURRICULUM FOR FAMILY ADOPTION PROGRAMME**

### **Need of the Program:**

In India, around 65.5 % of population resides in rural settings (as per 2020 statistics) whereas availability of health care facilities and services are skewed towards urban set ups. Though adequate healthcare supplies exist in the community, it is the access to healthcare to a rural citizen that is a major concern. Issues like health illiteracy, ignorance about communicable and non communicable diseases, means to reach health care facility, services, take time off from their daily wages work and workforce shortages are some of the barriers that limits timely and quality health related awareness and care leading to a scenario of 'Scarcity in abundance'. Hence there is a need to take measures to make healthcare more accessible to the rural and needy population and impart community based and community oriented training to budding healthcare professionals.

### **Aim:**

Family adoption program aims to provide an experiential learning opportunity to Indian Medical graduates towards community based health care and thereby enhance equity in health.

### **Objectives of the Program:**

During the Medical UG training program, the learner should be able to :

1. Orient the learner towards primary health care
2. Create health related awareness within the community
3. Function as a first point of contact for any health issues within the community
4. Act as a conduit between the population and relevant health care facility
5. Generate and analyse related data for improving health outcomes and Evidence based clinical practices.



### **Specifics of the Program:**

Family adoption program is recommended as a part of curriculum of Community Medicine and should begin from 1st professional year with competencies being spread in ascending manner for entire MBBS training program. The orientation towards the same may be a part of Foundation course under the theme of 'Field visit to community health centre' (8 hrs) which is already allocated to foundation course as per GMER 2019.

The family adoption shall preferably include villages not covered under PHCs adopted by medical college. If transit time from college to site is more than 2 hours, then bastis / jhuggis/ towns on outskirts of cities may be considered for family adoption. Medical students may be divided into teams and each team may be allocated visits, with 5 families per student. These families may be introduced during their first visit; however, the model may be flexible depending upon the number of students and available families for adoption. The entire team should work under a mentor teacher for entire part of the training program.

### **Other considerations:**

Every college may arrange one diagnostic medical camp in the village wherein identification of: anemia, malnutrition in children, hypertension, diabetes mellitus, ischemic heart diseases, kidney diseases, any other local problems may be addressed.

If required, patients shall be admitted in the hospital for acute illness under care of student, charges may be waived off or provide concession or govt. schemes.

For chronic illness, students shall be involved.

Subsidized treatment charges may be provided under govt. schemes or welfare schemes.

Camps may be arranged by Dean and Community Medicine/ P.S.M. department with active involvement of Associate/ Asst. Professors, social worker and supporting staff. Local population may be involved with village leaders.

Visit by students be made to the visit as mentioned in table below. Annual follow up diagnostic camp can be continued by the PSM department. As a step towards environment consciousness, students may be encouraged for tree plantation/medicinal plants around beginning of monsoons, in the environs of the families adopted. This could be also included in the environs of the hostels/ residence of students wherever possible.

At the end of the programme, students may be envisioned to become leaders for the community.

### **TARGETS TO BE ACHIEVED BY STUDENTS:**

#### **First Professional Year:**

- Learning communication skills and inspire confidence amongst families
- Understand the dynamics of rural set-up of that region
- Screening programs and education about ongoing government sponsored health related programs
- Learn to analyse the data collected from their families
- Identify diseases/ ill-health/ malnutrition of allotted families and try to improve the standards

#### **2<sup>nd</sup> Professional Year**

- Inspire active participation of community through families allotted
- Continue active involvement to become the first doctor /reference point of the family by continued active interaction
- Start compiling the outcome targets achieved

#### **3<sup>rd</sup> Professional Year**

- Analysis of their involvement and impact on existing socio-politico-economic dynamics in addition to improvement in health conditions
- Final visit in the last months in advance to examination schedule, to have last round of active interaction with families**

**-prepare a report to be submitted to department addressing:**

- 1) Improvement in general health
- 2) Immunization
- 3) Sanitation
- 4) De-addiction
- 5) Improvement in anemia, tuberculosis control
- 6) Sanitation awareness
- 7) Any other issues
- 8) Role of the student in supporting family during illness/ medical emergency
- 9) Social responsibility in the form of environment protection programme in form of plantation drive (medicinal plants/trees), cleanliness and sanitation drives with the initiative of the medical student



Professional Year	Competency The student should be able to	Objectives	Suggested Teaching Learning methods	Suggested Assessment methods	Teaching Hours
1 <sup>st</sup> Professional	<ul style="list-style-type: none"> <li>Collect demographic profile of allotted families, take history and conduct clinical examination of all family members</li> </ul>	By the end of this visit, students should be able to compile the basic demographic profile of allocated family members	Family survey, Community clinics, Community clinics, Multispecialty camps	Community case presentation, OSPE, logbook, journal of visit	6 hrs
	<ul style="list-style-type: none"> <li>Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor</li> </ul>	By the end of this visit, students should be able to report the basic health profile and treatment history of allocated family members	Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics,	Community case presentation, OSPE, logbook, journal of visit	9 hrs
	<ul style="list-style-type: none"> <li>Maintain communication &amp; follow up of remedial measures</li> </ul>	By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment and suggested remedial measures	Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences	Community case presentation, OSPE, logbook based certification of competency, journal of visit	6 hrs
	<ul style="list-style-type: none"> <li>Take part in environment protection and sustenance activities.</li> </ul>	By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance			6hrs

		like study of environment of families, tree plantation/ herbal plantation activities conducted in the village		logbook based certification of competency, journal of visit	(Total 27 hrs, 9 visits)
2 <sup>nd</sup> Professional	<ul style="list-style-type: none"> <li>• Take history and conduct clinical examination of all family members</li> </ul>	By the end of this visit, students should be able to compile the updated medical history of family members and report their vitals and anthropometry	Family survey, Community clinics	Community case presentation, OSPE, logbook, journal of visit	6 hrs
	<ul style="list-style-type: none"> <li>• Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor</li> </ul>	By the end of this visit, students should be able to report the details of clinical examination like Hb %, blood group, urine routine and blood sugar along with treatment history of allocated family members	Community clinics, Multispecialty camps	Community case presentation, OSPE, logbook, journal of visit	9 hrs
	<ul style="list-style-type: none"> <li>• Maintain communication &amp; follow up of remedial measures</li> </ul>	By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment, and suggested remedial	Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics,	Community case presentation, OSPE, logbook based certification of competency,	9 hrs



	<ul style="list-style-type: none"> <li>Take part in environment protection and sustenance activities.</li> </ul>	<p>measures along with details of vaccination drive</p> <p>By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenancelike study of environment of families, tree plantation/ herbal plantation activities conducted in the village</p>	<p>Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences</p>	<p>journal of visit</p> <p>logbook based certification of competency, journal of visit</p>	<p>6 hrs</p> <p>( Total 30 hrs, 6 visits)</p>
3 <sup>rd</sup> Professional	<ul style="list-style-type: none"> <li>Final counselling of the family members of allotted families and analyze the health trajectory of adopted family under overall guidance of mentor</li> </ul>	<p>By the end of this visit, students should be able to update the medical history of family members and their vitals and anthropometry</p> <p>By the end of this visit, students should be able to report the details of clinical examination like Hb %, blood group, urine routine and blood sugar along with treatment history of allocated family members</p>	<p>Family survey, Community clinics</p> <p>Community clinics, Multispecialty camps</p>	<p>Community case presentation, OSPE, logbook, journal of visit</p> <p>Community case presentation, OSPE, logbook, journal of visit</p>	<p>3hrs</p> <p>4 hrs</p>

		<p>By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment, and suggested remedial measures along with details of vaccination drive</p>	<p>Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics,</p>	<p>Community case presentation, OSPE, logbook based certification of competency, journal of visit</p>	<p>4 hrs</p>
		<p>- By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation/ herbal plantation activities conducted in the village</p>	<p>Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences</p>	<p>logbook based certification of competency, journal of visit</p>	<p>4 hrs</p>
		<p>By the last visit, students should be able to analyze and report the health trajectory of adopted family along with remedial measures adopted at individual, family and community level</p>	<p>- Small group discussion (report of the health trajectory of adopted family)</p>	<p>-Logbook based certification of competency, journal of visit</p>	<p>+6 hrs in last visit ( total 21 hrs, 5 visits)</p>

<b>TOTAL</b>	1 <sup>st</sup> Prof 2 <sup>nd</sup> Prof 3 <sup>rd</sup> Prof	9 visits 6 visits <u>5 visits</u> <b>20 visits</b>	27 hrs 30 hrs 16 hrs +5 hours in <u>last visit</u> <b>78 hrs</b>		
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## PROTO-TYPE LOG BOOK FOR FAMILY ADOPTION

**COLLEGE NAME, UNIVERSITY**

**ADDRESS DETAILS**

**NAME OF THE STUDENT:**

**ROLL NO.:**

**VILLAGE NAME:**

**TEHSIL/ DISTRICT:**

**STATE/ UNION TERRITORY:**

**NAME OF THE MENTOR:**

**MENTOR STATUS: Asst. Prof/ S.R. And Details: (If changed, details of subsequent mentors)**

**NAME OF ASHA WORKER:**

**ADDRESS OF ASHA WORKER:**

**EXPERIENCE (SINCE HOW MANY YEARS IS HE/ SHE EMPLOYED)**

**(SEPARATE PAGE FOR EACH FAMILY BE MAINTAINED)**

**-FAMILY NAME AND ADDRESS**

**- Approximate size of living space of house-hold**

**- Malaria/ flu/ etc pertinent to the region**

- If there is any illness or medical emergency required by the house-hold, the student should take initiative in being the primarycontact for the family.
- The student in turn should consult his/her mentor for further management of the patient.
- The hospital to which the college is attached must provide treatment facilities to the patient.
- Government schemes may be utilized for optimal management.
- Follow-up records must be maintained by the student. These must be periodically evaluated by mentors with the help of senior residents.
- The entire data sheet may be prepared by every student and submitted latest by the end of the last visit for evaluation.
- Progress notes must include every demographic point and history recorded.





PROTO TYPE LOG B

IMMUNIZATI ON STATUS	PULSE	BP	R.R.	BLD GP, Rh	HEMOGLOBI N	URINE PROTEIN	URINE SUGAR	ANY POS.FINDIN G IN URINE	BLOOD SUGAR	IMMUNIZATION STATUS	ORAL CHECK-UP	HYGEINE STATUS
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1ST PROF/  
MBBS

SR. NO.	DATE OF VISIT
---------	------------------

1  
2

2ND  
MBBS

1  
2

FINAL-1ST  
PROF-  
FINAL  
MBBS-1ST

1  
2



### **BRIEF TRANSLITERATION OF MAHARSHI CHARAK SHAPATH**

- ❖ During the period of study I shall live a disciplined life with my teachers and peers. My action shall be guarded, service oriented and free from indiscipline and envy. In my dealings I shall be patient, obedient, humble, constantly contemplative and calm. I shall aim my full efforts and ability towards the desired goal of my profession.
  - ❖ As a Physician, I shall always use my knowledge for welfare of mankind.
  - ❖ I shall always be ready to serve patients, even if I am extremely busy and tired. I shall not harm any patient for the sake of monetary or selfish gains, nor shall I entertain a desire for lust, greed or wealth. Immorality shall not emerge even in my thoughts.
  - ❖ My dressing shall be decent yet impressive and inspiring confidence. My conduct shall always be appropriate, pleasant, truthful, beneficial and polite. I shall use my experience in actions appropriate for that time and place.
  - ❖ I shall constantly endeavor to accomplish/ keep updated with the latest developments in the field and widen my knowledge.
  - ❖ I shall treat patient of gender other than mine in presence of relatives or attendants.
  - ❖ When examining a patient, my discretion, attention and senses shall be concentrated on the cure of the disease. I shall not divulge the confidentiality related to the patient or family inappropriately.
  - ❖ Although an authority (in my subject), I shall not display my knowledge and skill with arrogance.
-



# MGM INSTITUTE OF HEALTH SCIENCES

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

**Grade 'A' Accredited by NAAC**

Sector-01, Kamothe, Navi Mumbai - 410209

Tel 022-27432471, 022-27432994, Fax 022-  
27431094

E-mail- [registrar@mgsuhs.com](mailto:registrar@mgsuhs.com) Website :  
[www.mgsuhs.com](http://www.mgsuhs.com)

