MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)
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COMPETENCY BASED MEDICAL EDUCATION

(CBME)

(with effect from 2020-2021 Batches)

Curriculum for

Third M.B.B.S – Part II

General Medicine

Amended upto AC-49/2024, Dated 25/04/2024

Amended History

1. Approved as per AC-41/2021, [Resolution No. 4.34.i], Dated 27/08/2021.
2. Amended upto AC-42/2022, [Resolution No. 3.32], Dated 26/04/2022. (Incorporatet at the end of syllabus).
3. Amended upto AC-44/2022, [Resolution No. 5.38], Dated 09/12/2022.
4. Amended upto AC-46/2023, [Resolution No. 5.25], [Resolution No. 5.26] Dated 09/12/2022.
5. Amended upto AC-49/2024, [Resolution No. 4.25], Dated 25/04/ 2024.

Resolution No. 4.34.i of AC-41/2021: Resolved to approve the changes in "Syllabus & Assessment Scheme" in Medicine & Allied, from CBME batch (UG) admitted in 2019 onwards

[ANNEXURE-53A, 53B SYLLABUS FOR MBBS CBME BATCH
SUB- MEDICINE & ALLIED
MEDICINE
PHASE II

Total teaching hours- 25

TEACHING HOURS	LECTURE	TUTORIAL/SEMINAR/ INTEGRATED TEACHING	SDL
25	25	-	-

Syllabus

TOIPC	NUMBER OF COMPETENCIES TO BE COVERED AS THEORY	LECTURE	TUTORIAL/SEMINAR/ INTEGRATED TEACHING (NA)	SDL (NA)
IM3 **Pneumonia**	7	3	-	-
IM4 **Fever andfebrilesyndromes**	11	5	-	-
IM6 **HIV**	10	3	-	-
IM25 **MiscellaneousInfections**	4	3	-	-
IM15 **GI bleeding**	10	4	-	-
IM16 **Diarrhealdisorder**	11	3	-	-
IM 5 **Liverdisease**	8	4	-	-

PHASE III

TEACHING HOURS	LECTURE	TUTORIAL/SEMINAR/ INTEGRATED TEACHING	SDL
65	25	35	5

SYLLABUS

TOIPC	NUMBER OF COMPETENCIES TO BE COVERED AS THEORY	LECTURE	TUTORIAL/SEMINAR/ INTEGRATED TEACHING	SDL
IM9 **Anemia**	10	8	5	2
IM13 **Commonmalignancies**	6	2	1	-
IM11 **Diabetes Mellitus**	10	4	3	1
IM12 **Thyroiddysfunction**	6	3	2	1
M14 **Obesity**	8	2	1	-
IM23 **Nutritional andVitamin Deficiencies**	4	1	3	1
M24 **Geriatrics**	21	5	2	-
Total		25	17	5
			Remaining 18 hrs Integrated sessions-12 hrs (for all topics) Seminars by students- 6 hrs Total- 35 hrs	

PHASE IV

TEACHING HOURS	LECTURE	TUTORIAL/SEMINAR/ INTEGRATED TEACHING	SDL
210	70	125	15

SYLLABUS

TOIPC	NUMBER OF COMPETENCIES TO BE COVERED AS THEORY	LECTURE	TUTORIAL/SEMINAR/ INTEGRATED TEACHING	SDL
IM1 **Heart Failure**	13	10	2	3
IM2 **Acute MyocardialInfarction/IHD**	14	5	2	2
IM8 **Hypertension**	9	5	1	1
IM7 **Rheumatologicproblems**	11	5	1	1
IM10 **Acute Kidney Injury and Chronicrenalfailure**	19	10	2	1
IM22 **Mineral, Fluid Electrolyte and AcidbaseDisorder**	13	4	1	1
IM17 **Headache**	6	1	1	-
IM18 **Cerebrovascularaccident**	9	8	2	2
IM19 **Movementdisorders**	4	1	1	1
IM20 **Envenomation**	5	2	1	1
IM21 **Poisoning**	5	4	1	2
		=55	=15	15
		+15 REVISION TOPICS FROM PHASE 3	+**60** {10(ECG)+10(XRAYS)+10(LAB REPORTS)+10(EMERGENCIES)+10(INSTRUMENTS)+10(DRUGS)} **+16** INTEGRATED TEACHING**+34** SEMINARS	
		55+15=70	**=15+60+16+34=125**	**15**

Resolution No. 5.25 of Academic Council (AC-46/2023): Resolved to consider attendance of more than 75% along with logbook and a logbook is to be maintained. No marks to be considered for elective postings for undergraduate students with effect from the batch admitted in 2019 onwards **[ANNEXURE-30A, 30B].**

Annexure-30A of AC-46/2023

SCHEME OF INTERNAL ASSESSMENT FOR CBME BATCH

SUBJECT – MEDICINE& ALLIED

Total marks- 400

Theory-200

Practical-200

THEORY

PHASE	Phase II IV thsem II MBBS Two exams 50 marks each IA 1 & 2	Phase III VIthsem III MBBS Part I Allied Subjects IA-3	Phase III VIIthsem III MBBS Part I IA-4	Phase IV VIIIthsem III MBBS Part II IA-5	Phase IV IXthsem (Prelim) III MBBS Part II IA-6	TOTAL	CONVERT to 200
MARKS	100	50	50	100	200 (Two papers)	500	Marks Out of 200

PRACTICAL (EOP exams)

PHASE	Phase II IIIrdsem II MBBS	Phase III VIIth sem III MBBS Part I	Electives	Phase IV VIIIthsem III MBBS Part II	Phase IV IXth sem (Prelim) III MBBS Part II	Total	Allied Subjects	Total	Convert to 200
MARKS	50	50	50	50	200	400	125	525	Marks Out of 200

ALLIED SUBJECTS

PRACTICAL-

Dermatology-

III rdsem, (Phase II)- 25 marks

VI th(III MBBS Part I)-25 marks

VIIIthsem(III MBBS Part II) – 25marks

Total = 75 marks

Respiratory Medicine-

IV thSem (Phase II)– 25 marks

Psychiatry-

III rdsem(Phase II)- 25 marks

VII thsem (III MBBS Part I) – 25

Total = 50 marks

Total (All allied subjects) =150 marks

Pattern of question paper

50 marks paper

Section A

MCQ- 10 of ½ mark each- 5 marks

Section B

LAQ- 2 of 10 marks each- 20 mark SAQ – 5 of 5 marks each- 25

Total- 50 marks

100 marks paper

Section A

MCQ- 20 of ½ mark each-10 marks

Total – 10 marks

Section B-

LAQ- 2 of 10 marks each- 20 mark

SAQ – 6 of 5 marks each- 30

Total- 50

Section C-

LAQ 1 of 1o mark-10 mark

SAQ 6 of 5 marks each- 30

Total -40

Grand total- 100 (Section A+B+C)

SCHEME OF SUMMATIVE ASSESSMENT FOR BATCH JOINED IN AUG 2019

SUBJECT – MEDICINE& ALLIED

Theory

Total marks-200

Paper I

Total marks- 100

Section A – MCQ- Total marks-20 (20 questions of 1 mark each)

Time- 20 minutes

Section B- Total marks- 40

Q 1 Give reasons (5 out of 6) = 1 mark each=5marks

Q 2 LAQ= 20 marks

A Problem based question- 10 marks

B Structured long answer question- 10 marks **(one out of two questions)**

Q 3 SAQ (3 out of 4)= 15

Section C-

Total marks- 40

Q 1 Give reasons (5 out of 6) = 1 mark each=5marks

Q 2 LAQ= 20 marks

A Problem based question- 10 marks

B Structured long answer question- 10 marks **(one out of two questions)**

Q 3 SAQ (3 out of 4)= 15

Paper II

Total marks= 100

Section A –

MCQ- Total marks-20 (20 questions of 1 mark each)

(10 questions from allied subjects, ieResp Med, Psychiatry , Dermatology)

Time- 20 minutes

Section B- Total marks- 40

Q 1 Give reasons (5 out of 6) = 1 mark each=5marks

Q 2 LAQ= 20 marks

A Problem based question- 10 marks

B Structured long answer question- 10 marks **(one out of two questions)**

Q 3 SAQ (3 out of 4)= 15

Section C-

Total marks- 40 (allied subjects, ie Resp Med, Psychiatry , Dermatology)

Q 1 LAQ= 10 marks (Resp Medicine) **(one out of two questions)**

Q 2 SAQ (2 out of 3)= 10 (Resp Medicine)

Q 3 SAQ (2 out of 3)= 10

Psychiatry

Q 4 SAQ (2 out of 3)= 10

Dermatology

Total marks for allied subjects – 50 (MCQ-10 + LAQ & SAQ= 40)

Time for Section B & C= 2 & half hours

Passing criteria – Minimum 40 % in each paper & 50 % cumulative of both papers

Syllabus
Paper I
Section A

1. Heart Failure
2. Acute Myocardial Infection/ HD
3. Liver DIS
4. Fever and Febrile Syndrome
5. HIV
6. Hypertension
7. AKI/CKI
8. DM
9. Thyroid
10. Obesity
11. GI BLED
12. Diarrhea
13. Envenomation
14. Poison
15. Min/Fluids/ELE/Acid-Base
16. Nutrition, Vitamin
17. Miscellaneous Infections (Lepto/ Rabies/Tetanus)

Cardiovascular System, Gastrointestinal System, Hepatobiliary System & Pancreas, & Genetics Endocrinology, infectious disease & Nephrology, Clinical Nutrition, Miscellaneous
Section B

1. Heart Failure
2. Acute Myocardial Infection/ HD
3. Liver DIS
4. Hypertension
5. GI BLEED
6. Diarrhea

Cardiovascular System, Gastrointestinal System, Hepatobiliary System & Pancreas,

Section C –

1. Fever and Febrile Syndrome
2. HIV
3. AKI/CKI
4. DM
5. Thyroid
6. Obesity
7. Envenomation
8. Poison
9. Min/Fluids/ELE/Acid- base
10. Nutrition Vitamin
11. Miscellaneous Infections (Lepto/ Rabies/Tetanus)

Genetics Endocrinology, infectious disease & Nephrology, Clinical Nutrition, Miscellaneous

Paper II

Section A

1. Resp. Med including Pneumonia
2. Rheumatology
3. Anemia
4. Malignancy
5. Headache
6. CVA
7. MOVT DISORD
8. Geriatrics
9. Psychiatry
10. Dermat./VD/Leprosy

Section B

1. Rheumatology
2. Malignancy
3. Headache
4. CVA
5. MOVT DISORD
6. Geriatrics

Section C

1. Resp. Med, including Pneumonia
2. Psychiatry
3. Dermat./VD/Leprosy

Pattern of Practical (Clinical + Oral viva)

Total marks- 200

Long case Max marks	Short case 1 Max Marks	Short case2 Max Marks	Total Case viva	Table viva1 Max marks	Table viva 2 Max marks	Grand total
80	40	40	160	20	20	200

Passing criteria-

Minimum 50 %, cumulative in case & oral viva

Resolution No. 4.25 of Academic Council (AC-49/2024):
Resolved to keep “simple procedures & communication” as part of OSCE stations in University Practical examination for UG, as per NMC guidelines, to be applicable from batch admitted in academic year 2020-21 onwards **[ANNEXURE-54].**

Annexure-54 of AC-49/2024

Revised pattern of university practical exam

Pattern of Practical (Clinical + Oral viva)

Total marks- 200

Long case Max marks	Short case 1 Max Marks	Short case2 Max Marks	Total Case viva	OSCE Station 1 Procedural skills	OSCE Station 2 Communication skills	OSCE Station 3 Clinical skills	Table Viva 1	Table viva 2	Grand total
50	25	25	100	20	20	20	20	20	200

Annexure-25 of AC-42/2022

SCHEME OF INTERNAL ASSESSMENT FOR CBME BATCH

SUBJECT – MEDICINE& ALLIED

Total marks- 400

Theory-200

Practical-200

THEORY

PHASE	Phase II IV thsem II MBBS Two exams 50 marks each IA 1 & 2	Phase III VIthsem III MBBS Part I Allied Subjects IA-3	Phase III VIIthsem III MBBS Part I IA-4	Phase IV VIIIthsem III MBBS Part II IA-5	Phase IV IXthsem (Prelim) III MBBS Part II IA-6	TOTAL	CONVERT to 200
MARKS	100	50	50	100	200 (Two papers)	500	Marks Out of 200

PRACTICAL (EOP exams)

PHASE	Phase II IIIrdsem II MBBS	Phase III VIIth sem III MBBS Part I	Electives	Phase IV VIIIthsem III MBBS Part II	Phase IV IXth sem (Prelim) III MBBS Part II	Total	Allied Subjects	Total	Convert to 200
MARKS	50	50	50	50	200	400	125	525	Marks Out of 200

ALLIED SUBJECTS

PRACTICAL-

Dermatology-

III rd sem, (Phase II)- 15 marks

VI th(Phase III -III MBBS Part I)-25 marks

VIIIth sem(Phase IV- III MBBS Part II) – 25marks

Total = 65 marks

Respiratory Medicine-

IV th Sem (Phase II)– 20 marks

Psychiatry-

III rdsem(Phase II)- 15 marks

VII thsem (Phase III- III MBBS Part I) – 25

Total = 40 marks

Total (All allied subjects) =125 marks

Pattern of question paper for formative assessment

50 marks paper

Section A

MCQ- 10 of ½ mark each- 5 marks

Section B

LAQ- 2 of 10 marks each- 20 mark SAQ – 5 of 5 marks each- 25

Total- 50 marks

100 marks paper

Section A

MCQ- 20 of ½ mark each-10 marks

Total – 10 marks

Section B-

LAQ- 2 of 10 marks each- 20 mark

SAQ – 6 of 5 marks each- 30

Total- 50

Section C-

LAQ 1 of 1o mark-10 mark

SAQ 6 of 5 marks each- 30

Total -40

Grand total- 100 (Section A+B+C)

SUMMARY OF SCHEME OF INTERNAL ASSESSMENT FOR CBME BATCH

SUBJECT – MEDICINE & ALLIED

Total marks- 400

Theory-200

Practical-200

	IA- 1 Exam	IA-1 Exam		IA- 2 Exam	IA-2 Exam	
PHASEII	Theory (Gen Med)	Practical EOP	Total	Theory (Gen Med)	Practical EOP Allied	TOTAL
MARKS	50	50 45 (clinical skills) + 5 (Log book)	100	50	50 Dermatology-15 Psychiatry- 15 Resp Med- 20	100

	IA- 3 Exam	IA-3 Exam	Electives	Total	IA- 4 Exam	IA-4 Exam	
PHASEIII	Theory (Gen Med	Practical EOP	50		Theory (Allied)	Practical EOP Allied	TOTAL
MARKS	50	50 45 (clinical skills) + 5 (Log book)	50	150	50	50 Dermatology-25 Psychiatry- 25	100

	IA- 5 Exam	IA-5		IA- 6	IA-6	

		Exam		Exam Prelim	Exam Prelim	
PHASEIIV	Theory (Gen Med	Practical EOP + EOP Dermatology	Total	Theory Medicine & (Allied)	Practical	TOTAL
MARKS	50	50 45 (clinical skills) + 5 (Log book) + 25 = 75	125	200	200	400

Final internal assessment

THEORY

	IA-1 Phase II	IA-2 Phase II	IA-3 Phase III	IA- 4 Phase III	IA-5 Phase IV	IA-6 Phase IV (prelim)	Total	Convert Out of 200
MARKS	50	50	50	50	50	200	450	

PRACTICAL

	IA-1 Phase II EOP	IA-2 Phase II EOP (allied)	IA-3 Phase III EOP	IA- 4 Phase III EOP (Allied)	Electives	IA-5 Phase IV EOP (Med + Dermatology)	IA-6 Phase IV (prelim)	Total	Convert Out of 200
MARKS	50	50	50	50	50	75	200	525	

Annexure-31B of AC-46/2023

Resolution No. 5.26 of Academic Council (AC-46/2023): Resolved to approve proposed pattern of practical examinations in Medicine with effect from the batch admitted in 2019 onwards. One short case is of OSCE pattern **[ANNEXURE-31A, 31B, 31C].**

Division of marks of long case in subheadings

Long case Max marks	History taking	Clinical examination	Diagnosis	Investigation	Management plan	Attitude
80	15	20	10	10	15	Ethics 10

Long case Max marks	Short case 1 Max Marks OSCE format	Shortcase 2 Max Marks	Total Case viva	Table viva1 Max marks	Table viva 2 Max marks	Grand total
80	40	40	160	20	20	200

Time for preparation-

Long case- 45 minutes

Short case 2- 15 minutes

Time for viva-

Long case- 10 minutes

Short case 2-7 minutes

Short case 1- OSCE- 10 minutes

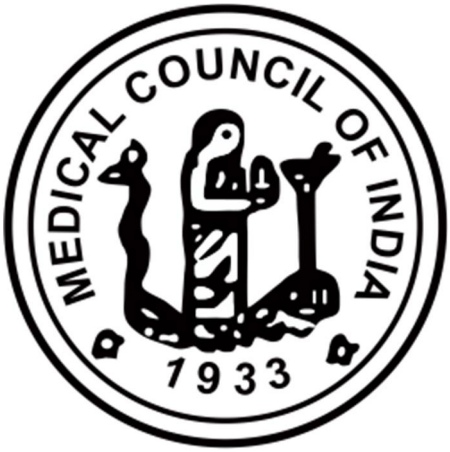
Attitude, Ethics and Communication

(AETCOM)

Competencies for the

Indian Medical Graduate

2018



Medical Council of India

Pocket-14, Sector-8, Dwarka,

New Delhi 110 077

Resolution No. 5.38 of Academic Council (AC-44/2022): Resolved to add one short note in Theory Paper II General Medicine on Bioethics for undergraduate MBBS from the batch joined in 2019 (CBME Batch) onwards [ANNEXURE-37] (pg 55 onwards/module 4.1 ,4.6,4.8).

Module 4.1: The foundations of communication - 5

Background

Communication is a fundamental prerequisite of the medical profession and beside skills is crucial in ensuring professional success for doctors. This module continues to provide an emphasis on effective communication skills. During professional year phase III part II (year four), the emphasis is on communicating, diagnosis, prognosis and therapy effectively.

Competencies addressed

The student should be able to:	Level
1. Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non-judgmental and empathetic manner	SH
2. Communicate diagnostic and therapeutic options to patient and family in a simulated environment	SH

Learning Experience

Year of study: Professional year 4

Hours: 5 (1 + 2 + 2)

i. Introductory small group session - 1 hour
ii. Focused small group session - 2 hours
iii. Skills Lab session - 2 hour

Contents:

This module includes 3 inter-dependent learning sessions:

1. Introductory small group session on the principles of communication with focus on administering communication, of diagnosis, prognosis and therapy.
2. Focused small group session with role play or video where students have an opportunity to observe critique and discuss common mistakes in communicating diagnosis, prognosis and therapy.
3. Skills lab sessions where students can perform tasks on standardised or regular patients with opportunity for self critique, critique by patient and by facilitator.

Assessment

1. **Formative:** Participation in session 2 and performance in session 3 mentioned above may be used as part of formative assessment.
2. **Summative:** A skills station in which the student may communicate a diagnosis management plan and prognosis to a patient.

Resources

Same as Module 3.1

Module 4.6: Case studies in ethics and the doctor - industry relationship

Background

This module discusses some nuances in the professional relationships and conflicts there of (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts	SH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The Offer

You get a call from the secretary of the promoter of the largest and most successful corporate hospital in the city asking for an appointment for you with him. You are perplexed but make it to the appointment. You enter a large well appointed room. The owner of the hospital gets up from his chair, welcomes you and asks you to sit down.

"Welcome to our hospital, doctor." After a few minutes of empty banter, he says – "My marketing executives tell me that you are the most successful practitioner in this area. As you know, we are a growing organisation; we are eager to partner with you. Doctor, I know that you use the services of another hospital here but we can make it worth your while to consider". You look enquiringly. He continues. "In addition to your professional charges that you can determine, we can provide you with 20% of the hospital's collections from your patient including radiology and laboratory charges. If you send us your

outpatients for consultations, laboratory or radiology we will give you back 30% of our collections. We hope that you will consider this, doctor and become part of our extended family."

Points for discussion:

1. Fee splitting and other practices.
2. Can doctors become entrepreneurs?
3. Can doctors own pharmacies or hold stock in pharmaceutical companies?
4. What comprises professional conflict of interest?

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on: 1) Fee splitting and its implications for patient care,
   2) Conflicts in professional relationships.

Module 4.8: Dealing with death

Background

Thanatology is a branch of science that deals with death. Death is an event that any medical student will inevitably face during the course of their professional career. Dealing with death empathetically and at the same time not being overwhelmed by it is an important coping skill for doctors.

Competencies addressed

The student should be able to:	Level
1. Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts.	SH
2. Demonstrate empathy to patient and family with a terminal illness in a simulated environment.	SH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The Empty Bed

You are a house surgeon in the night shift of the ICU. A 19 year old girl Sharmila is wheeled into the ICU. She has a complicated history. She had surgery for cyanotic congenital heart disease at age 8. She has a history of severe asthma often requiring admission for steroids. She lives in a home near a construction site and recently the attacks have flared up. She now has frequent admissions for asthma exacerbations. She is now constantly on steroids. In the last month, she has had 3 admissions. But she fights it bravely. She carries her books with her when she comes in and after the attack settles down she sits quietly reading. Despite the struggle you noticed that the staff nurses liked her. She was positive and charming. Today was no different but the attack seemed worse.

In the ER, the FEV1 was horrible. They had pumped her with steroids, put her on continuous nebulization, an aminophylline infusion was in place when you received her. The smile was smaller but there. The face was cushingoid with all the steroids and the body looked tired. She was moved to her usual bed number 9. Your shift was getting over at 7 a.m. but you stayed on an hour. She looked better, the smile was back you reassured her and said I'll be back in the evening and left.

That evening you report for duty and as you look through the patients, bed number 9 is empty. "Have you discharged Sharmila?" you asked the nurse. No doctor – she developed a sudden cardiac arrest at 12 noon – we could not revive her.

Points for discussion:

1. How should doctors deal with the emotions of patients and family facing death?
2. What does the patient experience when he/she is dying? Can physicians make the process of death comfortable?
3. What are the emotions faced by doctors when confronting death in patients? Is death a defeat for the doctor? Should the doctor be emotionally detached from a dying patient?
4. What are the cultural aspects of dying?

Alternate Case: I have decided to die

You are a physician in a community care practice for over 20 years and caring for various patients. Mr. Bhaskara Rao is a patient in your care for the past 14 years. He is 76 years old and has diabetes for the past 30 years. He had renal failure for the past 10 years and is CKD stage V requiring dialysis for 3 years. While he is following up with the nephrologist he values your position in his family as a family doctor and regularly visits you to check if his treatment is correct and more often to seek reassurance. He has invited you to all his family events – the last being one month ago for his grandson's wedding.

This morning you get a call from him. "Doctor! He says in his usual cheerful voice. Can I meet you tomorrow? I have fulfilled all my responsibilities in life. I am not sad. My children are all settled; my grandson is married; my wife as you know is no more. I have decided to stop my dialysis and say goodbye to this world. I thought I'll talk to you about how to prepare for my death!"

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Points for discussion:

1. Can patients choose to die? Is there a role for doctors in the death of patients? Can doctors assist death?
2. How should doctors deal with the emotions of patients and family facing death?
3. What does the patient experience when he/she is dying? Can physicians make the process of death comfortable?
4. What are the emotions faced by doctors when confronting death in patients? Is death a defeat for the doctor? Should the doctor be emotionally detached from a dying patient?
5. What are the cultural aspects of dying?

Assessment

1. **Formative:** Participation in sessions may be used as part of formative assessment. Submitted narrative on the socio cultural aspects of death may be used as assessment**.**
2. **Summative:** Short question on assisted dying.

MGM INSTITUTE OF HEALTH SCIENCES

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Grade 'A' Accredited by NAAC

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