Shri Vithalrao Joshi Charities Trust's

B. K. L. WALAWALKAR RURAL MEDICAL COLLEGE



Kasarwadi, At-Post Sawarda, Taluka Chiplun, Dist. Ratnagiri - 415606. Maharashtra State, INDIA

Tel.: +91 02355 264636 / 264637

Fax: +91 02355 264693 Email: info@bklwrmc.com

Website: www.walawalkarmedicalcollege.com

Index

Sr. No.	Content	Page no.
1	Method of Assessment of Formative and summative assessment	2
2	Details of assessment process of each subject	3
3	Flow chart for Calculation of Course outcome and Course outcome attainment	248

Methods of assessments

- Internal and summative assessment for undergraduate students is done as per MUHS guideline.
- Knowledge component is assessed by theory paper comprising of MCQ, SAQ and LAQs are used for assessing components of knowledge like problem solving, simple recall, analytical questions and case based scenarios and clinical application; and also of viva voce
- · The skill component is tested by practical and clinical examinations
- The departments are also motivated from time to time to include innovative methods of formative assessments like OSPE/OSCF
- The detailed methods of formative and summative assessment of each subjects is provided in following manner

DEAN

B.K., Watermiter Rural Medical Ecologii Al, Kasurwack, Post Sanonce Tal Chepius Dist Flathagus



B. K. L. Walawalkar Rural Medical College

2.6.1 (b) Methods of assessment of learning outcomes and graduate attributes

Index of methods of internal assessment

Sr. No.	Subject	Page no				
id.	Anatomy	3-11				
2	Physiology	12-20				
3	Biochemistry	21-31				
4	Community Medicine	32-44				
5	FMT	45-53				
6	Microbiology	54-62				
7	Pathology	63-71				
8	Pharmacology	72-80				
9	ENT	81-97				
10	General Medicine	98-189				
11	General Surgery	190-204				
12	Obstetrics and gynecology	205-212				
1.3	Opthalmology	213-219				
14	Paediatrics	220-233				
15	Radiodiagnosis	234-246				

CAPARE

B.K.: Walgumbar Rural Medical College At. Kasarwack, Post Sawarde Tel Chiphot Dist Ratnager

Paper wise distribution of topics for Prelim & MUHS Annual Examination

Year: First MBBS Subject: Anatomy

Paper	Section	Topics
t	A	MCQs on all topics of the paper I
	B & C	Superior extremity
		General embryology
		Genetics
		Head , neck , face
		Central nervous system
		One short answer question on AETCOM module 1.1 & 1.5
		Scenario based / application questions can be on any topic of the paper i
		For long answer question and scenario based / application questions , region will not be repeated
11	A	MCQs on all topics of the paper II
	B & C	General Anatomy
		General histology
		Gross Anatomy of Abdomen and Pelvis
		Gross Anatomy of Inferior extremity
		Thorax
		Scenario based / application questions can be on any topic of the paper II
		For long answer question and scenario based / application questions , region will not be repeated

Internal Assessment

Anatomy

Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 & onwards

Sr.	1	-Exam (December	7	II-Exam (March)				
No	Theory	Practical (Including 05 Marks for Journal & Log Book)	Total Marks	Theory	Practical Including 05 Marks for Journal & Log Book	Total Marks		
1	100	50	150	100	50	150		

		Preliminary Examina III-Exam (July)	APPLICATION AND APPLICATION APPLICATION AND APPLICATION APPLIC	Remedial Examination (after University Examination)				
Sr, No	Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks	Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks		
1	200	100	300	200	100	300		

- There will be 3 internal assessment examinations in the academic year. The structure of the internal assessment theory examinations should be similar to the structure of University examination.
- There will be only one additional examination for absent students (due to genuine reason) after approval by the Institutional Grievances Committee. It should be taken after preliminary examination and before submission of

DEAN

internal assessment marks to the University. (It is mandatory for the students to appear for all the three internal assessment examination.)

- First internal assessment examination will be held in December, second internal assessment examination will be held in March and third internal assessment examination will be held in July.
- Internal assessment marks for theory and practical will be converted to out of 40. Internal assessment marks, after conversion, should be submitted to university by 7th of August.
- The student who scores 35% marks separately in theory & practical internal assessment examinations is eligible to appear for university examinations
- It is mandatory to secure at least 50% marks of the total marks (combined in theory & practical) assigned for internal assessment in the particular subject in order to be declared successful at the final University Examination of that subject.

7. Remedial internal assessment examination for students:

- a. Applicable for students who got individual theory or practical marks between 35% and 50% but did not score aggregate 50% (combined in theory and practical) for the subject: Remedial internal assessment should be organized by the college Immediately after the completion of university examination of the affected students. The revised internal assessment marks (converted out of 40 each) of such students should be sent to the University within maximum of 15 days after university examination of these students. Such a remedial examination shall be conducted by allocating only three days per subject without any gap (two days for theory and one day for practical).
- 8. The internal assessment marks of the remedial examination alone shall be considered.

B.K.: Waterwiker Rings Medical College Althasarwad, Pool Sewards Tal Chiphin Dist Ratinguin

9. Conversion Formula for calculation of marks in internal assessment examinations

	First	Second IA	Third IA (Prelim)	Total	Internal assessment marks: Conversion formula (out of 40)	Eligibility to appear for final University examination (after conversion out of 40)	Minimum marks to be obtained to declare the final University examination result (Out of 80 Combined in theory and practical)
Theory	100	100 200 400 <u>Total marks</u> 14		14	40		
Practical	50	50	100	200	Total marks 5	14	

While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table

Internal Assessment Marks	Final rounded marks
13.01 to 13.49	13
13.50 to 13.99	14

10.The result of the final University examination for students, who fail to secure 50% marks of the total marks (40 marks after conversion - combined in theory & practical) in internal assessment, even after remedial examination, shall not be declared by University and his / her performance in the final examination shall be annulled.

11.

a) Non eligible students having less than 35% internal assessment marks AND students who fail to secure 50 % combined in theory and practical in remedial examination will have to appear for a remedial internal assessment examination which will be held before supplementary examination. Eligible students (minimum 35 % separately in theory and practical) will be permitted to appear for supplementary examination, but students have to undergo remedial examination after university supplementary examination & score aggregate 50% marks for results to be

declared (Same as described in point 8). The result of the supplementary University examination for students, who fail to secure 50% marks of the total marks (40 marks after conversion-combined in theory & practical) in internal assessment, even after remedial measures, shall not be declared by University and his / her performance in the supplementary examination shall be annulled.

- b) Students who score less than 35% separately in theory & practical AND the students who were unable to score aggregate 50% in remedial measures after supplementary examination will have to appear for III internal assessment examination (Preliminary examination) along with next regular batch of students & marks obtained in this examination will be used to calculate internal assessment marks. Further rules for these students will remain similar to the students admitted in next regular batch.
- 13) Supplementary University examination shall be held within 45 90 days of declaration of results of first professional University examinations.

CAPAS

B.K.L. Waterwater Right Medical College ALLESSINGUE, Post Sementis Tall Chipmen Dist Flatourin

First Year MBBS Practical Mark's Structure

Internal Assessment Examinations I & II

(Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 & onwards)

110000	Anatomy Practical											
Soft Part	Micro Anatomy (5 Spots)	Micro Anatomy slide for Discussion (1 slide)	Hard Part (Bones)	Embryology Models	Clinical Anatomy Including Genetics charts (2 spots)	Journal/ Logbook	Radiology	Living Anatomy	Practical Total			
A	В	¢	D	E	F	G	н	T	3			
10	05	05	05	05	05	05	05	05	so			
	A 10	Part Anatomy (5 Spots) A B 10 05	Part Anatomy (5 Spots) Slide for Discussion (1 slide) A B C	Part Anatomy (Bones) (5 Spots) slide for Discussion (1 slide) A B C D	Part Anatomy (5 Spots) Anatomy (Bones) Models (5 Spots) Slide for Discussion (1 slide) A B C D E	Part Anatomy (5 Spots) Anatomy slide for Discussion (1 slide) (2 spots) A B C D E F	Part Anatomy (5 Spots) Anatomy slide for Discussion (1 slide) D E F G	Part Anatomy (5 Spots) Anatomy slide for Discussion (1 slide) D E F G H	Part Anatomy (5 Spots) Anatomy slide for Discussion (1 slide) D E F G H I			

DEAN

B.K.: Walawakar Rural Medical College At.Kasarwad, Post Sawarda Tal Chiphin Dist Ratnagur

First Year MBBS Practical Mark's Structure (Prelim)

Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 & onwards

					Anat	tomy						
			Practical					Oral/Viva				
Soft Part	Micro Anatomy (10 Spots)	Micro Anatomy slides for Discussion (2 slides)	Axial Skeleton	Embryology Models	Clinical Anatomy Including Genetic charts (2 Spots)	Journal /logbook	Total	Appendicular Skeleton	X - ray	Surface Living Anatomy	Total	PR/Ora Total
А	В	C	D	E	F	G	н	Ĭ.	à	K	ř	М
25	10	05	10	10	10	10	80	10	05	05	20	100
	Part A	Part Anatomy (10 Spots) A B 25 10	Part Anatomy (10 slides for Discussion (2 slides) A B C	Soft Micro Micro Axial Part Anatomy Anatomy slides for Spots) Discussion (2 slides) A B C D	Part Anatomy (10 slides for Discussion (2 slides) A B C D E	Soft Micro Micro Axial Embryology Clinical Part Anatomy Anatomy slides for Spots) Discussion (2 slides) C D E F	Soft Micro Micro Axial Embryology Clinical Journal Part Anatomy Anatomy slides for Spots) Discussion (2 slides) A B C D E F G	Soft Micro Micro Axial Embryology Clinical Journal Total Part Anatomy (10 slides for Spots) Discussion (2 slides) A B C D E F G H	Soft Micro Micro Axial Embryology Clinical Journal Total Appendicular Part Anatomy Anatomy slides for Spots) Discussion (2 slides) A B C D E F G H I	Soft Micro Micro Axial Embryology Clinical Journal Total Appendicular X-ray Part Anatomy (10 slides for Spots) Discussion (2 slides) A B C D E F G H I J	Soft Micro Micro Axial Embryology Clinical Journal Total Appendicular X-ray Surface Part Anatomy (10 slides for Spots) Discussion (2 slides) A B C D E F G H I J K	Soft Micro Micro Axial Embryology Clinical Journal Appendicular X-ray Surface Part Anatomy (10 slides for Discussion (2 slides) A B C D E F G H I J K L

DEAN

B.K.L. Watzunkar Rurzi Medical Gollege At. Assawadi, Poot Sawards Tal. Chiplion Dist. Ratingun

First Year MBBS Practical Mark's Structure (MUHS Exam)

Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 & onwards

Anatomy Oral/Viva Practical Total Embryology Appendicular Surface PR/Oral Seat Soft Micro Micro Axial Clinical Total Radiol Skeleton No. Anatomy Skeleton Models Living Total Total Part Anatomy Anatomy ogy (10 stides for Including Anatomy Spots) Discussion Genetic (2 slides) charts (2 Spots) K А B C D Ε F G H 1 1 L Max. 80 30 10 10 10 10 10 10 05 05 20 100 Marks

DEAN

8.K.L. Watzwakar Rinzi Medical College Alt. Kasarwadi, Pool Saverde Tal. Chiphin Dist. Ratnagin

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

			ourse Year	and			MBB	2.0	ine 20	20 30	onwar	eds	examinations)		2 Subject	Code	: 4)	ppen	dix - a	
		3 3	solyer	11/8/9	A	nato	my														
				(TT)																	
		# 3	haper_		L	11	50	Total	Marks	10	10	0	Total Trine	3	Hrs.						
		7	Wen P	astem	Ĭ	Ī	8	Web Skelet	Dit	Ü	Î	÷	Wieb Syllabus	Ī	Ī	(i) Web O	la QP	Ť	ĺ		
		tnsi	ructie	ms÷	71 27 31 41	l sa hai	hlur	hull po stum c	int par arries So oth	etale ! conly One n	nark nark nark (hou he	" MCQ the question whenever with	5 417)			on the c	CPTTAA T	riu e a	narked	
			7. TO S C	AND ROLL			n+107 (77 (22)	0.07 T 0.07 E-p. 5					CQ (20 Mar		naga-e	Page Trade & discourse	à			C-44000000	55.00
		1	Mul	liphi Ch	nice (Įnesti	ons (f	oral 20	MEQ	of ()	the mai	th s	rach) (4 MCI	2 She	uld be	CASE basea	4			£20×1=	20)
			11)	b)	£		11 =)	n	g)	h)	111	1).								
			k)	- 1)	111	j j	0	p)	q)	1)	8)	- (ż.								
Instr	uctions		27 3) 2; 5) 67	attempl All que The an Dear o Distrib pantern	write there vision; mber hages utton ts a se	anyther to the t	ing or runki right hereve kabus ruideli t af syl	the bit mean lsory. Isory. I	lank po ne full soury zaon l estions ds (t i	l marii Sapier e can t	is is well by usk for th	i-m ed j	eant to week from any pape lacement sake	entic r's s	e svikab	has within the Into any que.	supul	ared t	Pittele	Пы Que	ation paper
								;	SECTI	ON-	B" (40	Marks)								
2.	Short A	nsw	er Que	estions	(Any	Four:	out of	Prve &	two 5	AQs	will b	c C	linical Applic	ution	Based	(3)					(4 x 5 = 20
	a)	bi		e)	dì		e)														
1	Long A	neu	r Qu	utions (Am 1	Tun n	of of I	mee)													(2 (10 = 20)
	62	Ы		ej.																	
									SECT	ION	-(-	(40	(Marks)								
ī.	(I Sho	uld b	e an i		M mo		1.1.1.		iper l	5 25	AQ w	iil t	be clinical app	dica	ian bus	<u>iedj</u>					(4 x 5 = 20
	nii Tomore	bi		C1	(d)	Danie	e)	Place									11.6.79111	2119 ×	and the second		
2	Long A	inssus Tri		istions	CAny	LWO:	HIL DE	nree	E								6.1.8	10 =	20.1		
	-91	19.63		- 1																	

DEAN

Paper wise distribution of topics

Year: First MBBS Subject: Physiology

Paper	Section	Topics							
ţe.	A	MCQs on all topics of the paper t							
	B & C	General Physiology							
		Blood							
		Respiratory System							
		Cardio Vascular System,							
		Cardio-respiratory and metabolic adjustment during exercise							
		Renal system							
		Gastro intestinal system							
		Life style, aging, Meditation							
		AETCOM module no. 1.2 & 1.3							
		Scenario based / application questions can be on any topic of the paper I							
		For long answer question and scenario based / application questions, topics will not be repeated							
n:	A	MCQs on all topics of the paper II							
	B & C	Endocrine Physiology							
		Reproductive System, Physiology of Infancy							
		Special senses							
		Central nervous system including brain death							
		Temperature Regulation & applied							
		Nerve muscle physiology							
	Î	Scenario based / application questions can be on any topic of the paper II							
		For long answer question and scenario based / application questions , topics will not be repeated							

Internal Assessment

Physiology

Applicable w.e.f August 2019 onwards examination for batches admitted from June 2019 onwards

Sr.	1	-Exam (December)	II-Exam (March)				
No	Theory	Practical (Including 05 Marks for Journal & Log Book)	Total Marks	Theory	Practical Including 05 Marks for Journal & Log Book	Total Marks		
1	100	50	150	100	50	150		

		Preliminary Examin	55.72567. X		Remedial internal assessment examination for Non - eligible students				
Sr. No	Theory	III-Exam (July Practical Including 10 Marks for	Total Marks	Sr. No	Theory	October Practical Including 10 Marks for Journal &	Total Marks		
		Journal & Log Book				Log Book	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
1	200	100	300	1	200	100	300		

DETN

B.K.L. Walawakar Rutal Medical College ALtiasarwad, Post Sawerde Ent. Chiplus Det Rathagun

- There will be 3 internal assessment examinations in the academic year. The structure of Preliminary examinations should be similar to the structure of University examination.
- There will be only one additional examination for absent students (due to genuine reason) after approval by the Committee Constituted for the same. It should be taken after preliminary examination and before submission of internal assessment marks to the University.
- First internal assessment examination will be held in December, second internal assessment examination will be held in March and third internal assessment examination will be held in July.
- Internal assessment marks for theory and practical will be converted to out of 40. Internal assessment marks, after Conversion, should be submitted to university by 7th of August.
- 5. The student must secure at least 50% marks for total marks (combined in theory and practical / clinical: not less than 40% marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final university examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
- 6. Remedial internal assessment examination for Non eligible students: Student who were not eligible due to less than 50% combined or less than 40% in any theory or practical, will re appear as repeater student for Prelim exam which will be conducted before Supplementary Exam. His/her internal assessment will be calculated on the basis of this Examination marks only. Students who will not be eligible in this Examination will appear with regular batch as repeater student.
- 7. The internal assessment marks of the remedial examination alone shall be considered and converted into out of 40.
- 8. Conversion Formula for calculation of marks in internal assessment examinations

DEAN

R.K.L. Walancekar Rutal Medical College
 Al. Basarwards, Post Sawards
 Fall Chimlus Ches Ratoanin

	First IA	Second IA	Third IA (Prelim)	Total	Internal assessment marks: Conversion formula (out of 40)	(after conversion out o	final University examination f 40) ory and Practical, 50% Combined)
Theory	100	100	200	400	Total marks obtained 10	16 (minimum)	Total of Theory + Practical
Practical	50	50	100	200	<u>Total marks obtained</u> 5	16 (minimum)	Must be 40.

9. Conversion formula for calculation of marks in Remedial internal assessment examination

	Remedial Exam (Prelim)	Int. Assess. marks conversion formula (out of 40)	(after conversion or	ar for Supplementary Exam. ut of 40) n Theory and Practical, 50%
Theory	200	<u>Total marks obtained</u> 5	16 (minimum)	Total of Theory + Practical
Practical	100	<u>Total marks obtained</u> 2.5	16 (minimum)	Must be 40.

While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table

Internal Assessment Marks	Final rounded marks
15.01 to 15.49	15
15.50 to 15.99	16

DEAN

B.K.L. Walaweker Rutal Medical College ALKasarwadi, Post Sawerde Ent. Chiptup Det Ratnagur

First Year MBBS Practical Mark's Structure Internal Assessment Examinations I & II (Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 & onwards)

Physiology

	Hematology	Clinical Examination/Human Physiology expt. / Short exercises	Journal/ Logbook	Oral Viva	Total
	A	В	C	D	ε
Max. Marks	15	20	5	10	50

DEAN

B.K.: Waisweker Rutal Medical College At. Kabanwadi, Pool Sawerde EM Chiplus Det Pathagun

First Year MBBS Physiology Practical Mark's Structure (Prelim exam)

(Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 & onwards)

Seat No.			Exercise 1		Exercise 2	3	Exercise 3 *	Exercise 4**		Practical (Total)	Oral/Viva (Total)	PR/Ora Total
		Clini	cal Examinati	on								
	c.v.s	R.S	C.N.S. & Special Senses	General Exam & Abdomen	Hematol	gy	Short exercise	Human Physiology Experiment	Journal & Log book			
	А	В	c	D	E		,F	G	н	1	ä	К
Max, Mark's	10.0	10.0	10.0	10.0	10.0)	15.0	15.0	10.0	90	10.0	100

^{*}Short exercises 3 marks each(3X5)

1. Case based scenarios/ endocrine disorders photographs .2. Interpretation of function tests. 3. One skeletal graph 4.

One cardiac graph 5. Calculation

** Exercise 4: Human Physiology Experiment 1. Basic Life Support in a simulated environment 2. ECG 3. Spirometry 4. PEFR 5. EEG Interpretation 6. Ergography 7. Harward step test 8. Perimetry

* Suggested Methods of Assessment

Preclinical exam & OSPE

DEAN

B.K.L. Walawakar Rutal Medical College Al. Rabarward, Pool Sawards Eat Chintup Des Rathague

First Year MBBS Physiology Practical Mark's Structure(MUHS)

(Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 & onwards)

		Exercise 1		Exercise 2	Exercise 3	Exercise 4**	Practical (Total)	Oral/Viva (Total)	PR/Ora Total
	Clini	cal Examinati	on						
c.v.s	R.S	C.N.S. & Special Senses	General Exam & Abdomen	Hematology	Short exercises	Human Physiology Experiment			
A	В	č	D	E	F	G	Ĥ	ĩ	1
10.0	10.0	10.0	10.0	10.0	15.0	15.0	80	20.0	100
	A	C.V.S R.S	Clinical Examinati C.V.S R.S C.N.S. & Special Senses A B C	Clinical Examination C.V.S R.5 C.N.S. & General Special Exam & Senses Abdomen A B C D	Clinical Examination C.V.S R.S C.N.S. & General Hematology Special Exam & Senses Abdomen A B C D E	Clinical Examination C.V.S R.S C.N.S. & General Hematology Short exercises Special Exam & exercises Senses Abdomen A B C D E F	Clinical Examination C.V.S R.S C.N.S. & General Special Exam & Special Exam & Senses Abdomen A B C D E F G	* 4** (Total)	* 4** (Total) (Total)

^{*}Short exercises 3 marks each(3X5)

1. Case based scenarios/ endocrine disorders photographs .2. Interpretation of function tests, 3. One skeletal graph 4.

One cardiac graph 5. Calculation

** Exercise 4: Human Physiology Experiment 1. Basic Life Support in a simulated environment 2. ECG 3. Spirometry 4. PEFR 5. EEG Interpretation 6. Ergography 7. Harward step test 8. Perimetry

* Suggested Methods of Assessment

Clinical exam & OSPF

B.K.: Nationalizer Right Medical College ALExamination Foot Saverde En Christia Cest Rotanois

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

Course Year				MBI		20208	E irm	eard	s examinatio	(PR		2	Sabject Code	: Appendix - a
Suffice I	(Tr)	P	aysio	logy										
Paper		T.		1		16	10	$\widehat{\boldsymbol{y}}$	Intal Time	3	Hrs.	7	Remu (PS)	Rs. 3007-
					Marks							W.	Remn (PM)	Rs. 350/-
Web I's	attern	4	1	(1)	Web Skeleton	1	1	7.1	Web Syllature	10	1	12	Web Old QP	E. J.

- 2c Use him half point pen only
- Ir Tach question carries One mark.
- Studenty will don be allotted mark if he site inversions within or put white ink on the given some marked.

SECTION "A" MCQ (20 Marks)

Multiple Choice Questions (Total 20 MCQ of One mark each) (A MCQ Should be CASE based)

(30x1=20)

a(h) e(il) e) () g) h) i) j) (a) (i) ii) ii) (i) j) q) () (i)

SECTION "B" & "C"

Instructions.

- 1) Use blue/bluck half point pen only
- 21 Do not write anything on the blank partion of the question paper. If westien anything such repe of act will be considered in an attempt to seemet to anythin means.
- 3) All questions are compulsory
- 1) The number to the right indicates full marks
- 5) Draw dugrams wherever necessary
- 6) Distribution of syllabus in Question Paper is only means to cover entire syllabus within the supulated frame. The Question paper pattern is a more guideline. Questions can be asked from one paper's syllabus into any question paper Students cannot claim that the Question is out of syllabus. As It is only for the placement sake, the distribution has been done.
- 7) Esc a common unswerbook for all sections

SECTION "B" (40 Marks)

2. Shan Answer Questions (Any Foor out of Five& two SAQs will be Clinical Application Based)

(4x,5=39)

a) b) c) di e)

3. Long Answer Questions (Any Two out of Three)

12x 10=201

a) (d) (s)

SEC 1105 "C" (40Marks)

4. Short arriver questions. (Any Faul out of Five of 1 Should be not AETCOMmodule, 1,2,1,3).

(-0.5=20)

(a) (b) (c) (d) (d)

5. Long Asswer Questions (Any Torn out of Three 3) 2 x 10 = 20 t

at b) (a)

DEAN

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

	Course.	Articl			MBE able is		24243	t m	eard	examinatio	na)			Subject Code	: Appendix - a
ų t.	Subject I	PSP		hysic	logy										
ю	Paper		11		17	Locar	16	10	18	lotal time	3	Hrs.	14	Keniu (195)	Rs. 300/-
						Marke							20	Remin (PM)	Rs. 350/-
2)	With Pa	HENRY .	2	1	22	Weh Skeleton	t	1	23	Web Sulfahus	1	1	21	A SP CHI OF	t I

histructions:

SECTION "A" MCQ

- 31 Put m the appropriate box below the question number and units
- I've blad ball point pen only 161
- Each unestime exerces One murk.
- Studients will not be afferted mark if he she inversering striker or put white sik on the cross since marked:

SECTION "A" MCQ (20 Marks)

Multiple Choice Operations (Total 20 MCT) of the mark each) [4 MCD Should be CASE based)

(20):1-20)

di ei fl gi bi XX. 111 mi. mi wi pi

SECTION "B" & "C"

Instructions:

- Is L'se blue/black ball pount pen unity
- 2. Do not write auxiliary on the blank partion of the question paper II written anything each type of act will be considered as an attempt to eculer as softair means
- 3. All questions are compulsory
- 2. The number to the right indicates full marks

 1) their diagrams wherever originary
- 6) Disposingtion of exhibits in Day class Primer is only mount to except gately excludes a thirt the http://doi.org/10.110/10.11 pages pattern is a mere guideline. Questions can be unded from any paper a reliables into any quartum pager. Students current claims that the Question is out of cylinhus. It Is at only for the passement tasks the distribution has been done
- "r I so a common agree or head for all sections.

SECTION "B" (40 Marks)

Short Answer Questions (Art) Four out of Freek iwn SAQs will be Clinical Application Based)

1 4= 5-20)

nt hi si di et

Long Answer Questions (An) Two out of Three)

0.2x 10= 201

TH 100 23

SECTION "C" (40 Marks)

Short mower questions (Air) Four out of The (

(4x3-20)

161 4) d) 100

Long Answer Questions (Any Iwo out of Three)(2 x 10 = 20)

h) cz



Paper wise distribution of topics Year First MBBS Subject: Biochemistry

Paper	Section	Topics	Competency nos. Bi
T	A	MCQs on all topics of the paper I	
	B & C	Basic Brochemistry	1.1
		Enzymes	2.1-2.7
		Chemistry & metabolism of carbohydrates	3.1-3.10
		Chemistry & metabolism of lipids	4.1-4.7
		Biological oxidation	6.6
		Xenabiatics	7.5
		Antioxidants & defence system	7.6-7.7
		Nutrition	8.1-8.5
		Extracellular matrix	9.1-9.3
		Oncology, oncogenesis & immunity	10.1-10.5
		Biomedical waste	11.1
		Physical characteristics and chemical composition of CSF	11.15
		Energy contents of lipids, carbohydrates & proteins in common food items, Advantages of unsaturated fats. Disadvantages of saturated and trans fats in food	11 23 & 11 24
		AETCOM- 1.4	
	50	nswer question and scenario based / application repeated.	questions, top
i i	А	MCQs on all topics of the paper II	
	B & C	Chemistry & metabolism of proteins	5.1-5.5
		Integration & starvation	5.1
		Nucleic acid metabolism	5.2-6.4
		Vitamins	6.5
		Water electrolyte balance & acid base balance	6.7-6.8
		Mineral metabolism	6.9-6.10
		Haemoglobin chemistry and metabolism	6.11-6 12



Organ function test	5 13-6 15
Molecular biology	7.1-7.3
Genetic engineering	7.4
Urine: Screening of inborn errors.	11,5
Principle, application and working of following lab equipments/techniques: pH meter, paper chromatography of amino acids, protein electrophoresis. TLC, PAGE, Electrolyte analysis by ISE, ABG analyzer, ELISA, immunodiffusion, auto analyzer, quality control, DNA isolation from blood/tissue	11 16

For long answer question and scenario based / application questions, topics will not be repeated.

Internal Assessment

Biochemisry

Applicable w.e.f August 2019 onwards examination for batches admitted from June 2019 onwards

S	I-E	xam (Decembe	r)	II-Exam (March)				
	Theory	Practical (Including 05 marks For Journals And Log Book)	Total Marks	Theory	Practical (Including 05 marks For Journals And Log Book)	Total Mark		
1	100	50	150	100	50	150		

	Preliminary Exami	nations	Remedial	internal assessment exam Non - eligible students	ination fo
	III-Exam (Jul	y)		October	
Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks	Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks
200	100	300	200	100	300

DEAN

8.K.L.Wateweiter Rural Medical College At, Kasarwad, Pool Sawards Tal, Chiphin, Ost, Ratnagur

- There will be 3 internal assessment examinations in the academic year. The structure of Preliminary examinations should be similar to the structure of University examination.
- There will be only one additional examination for absent students (due to genuine reason) after approval by the Committee Constituted for the same. It should be taken after preliminary examination and before submission of internal assessment marks to the University.
- First internal assessment examination will be held in December, second internal assessment examination will be held in March and third internal assessment examination will be held in July.
- 4. Internal assessment marks for theory and practical will be converted to out of 40. Internal assessment marks, after Conversion, should be submitted to university by 7th of August.
- 5. The student must secure at least 50% marks for total marks (combined in theory and practical / clinical: not less than 40% marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final university examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
- 6. Remedial internal assessment examination for Non eligible students: Student who were not eligible due to less than 50% combined or less than 40% in any theory or practical, will re appear as repeater student for Prelim exam which will be conducted before Supplementary Exam. His/her internal assessment will be calculated on the basis of this Examination marks only. Students who will not be eligible in this Examination will appear with regular batch as repeater student.
 - 7. The internal assessment marks of the remedial examination alone shall be considered and converted into out of 40.

B.K.L. Walawakar Rurai Medical College As.Kasarwadi, Pool Sawarda Tal. Chipiun, Dist. Ratnagiri

8. Conversion Formula for calculation of marks in internal assessment examinations

8	First IA	Second IA	Third IA (Prelim)	Total	Internal assessment marks: Conversion formula (out of 40)	(after conversion	ear for final University examination out of 40) in Theory and Practical, 50%
Theory	100	100	200	400	Total marks obtained 10	16 (minimum)	Total of Theory + Practical
Practical	50	50	100	200	Total marks obtained 5	16 (minimum)	Must be 40.

9. Conversion formula for calculation of marks in Remedial internal assessment examination

	Remedial Exam (Prelim)	Int. Assess. marks conversion formula (out of 40)	Exam. (after co	pear for Supplementary onversion out of 40) n Theory and Practical, d)
Theory	200	<u>Total marks obtained</u> 5	16 (minimum)	Total of Theory +
Practical	100	Total marks obtained 2.5	16 (minimum)	Practical <u>Must</u> be 40.

While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table

Internal Assessment Marks	Final rounded marks
15.01 to 15.49	15/
15.50 to 15.99	Called
	DEAN

First Year MBBS Practical Mark's Structure Internal Assessment Examinations I & II (Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 & onwards)

Biochemistry Practical Oral/Viva Total Quantitative Journal/ Quantitative Seat Experiment/Urine organic/Urine Report/Quality Spots. Logbook No. Experiment Control/Interpolation of lab Report /Interpolation of Special Technique B c D Ε F A Max. 15 5 50 15 5 10 Marks

DEAN

B.K.L. Watzunkar Rurzi Medical College At. Kasarwadi, Pool Sawarde Tal. Chiphin Dist. Ratnagiri

First Year MBBS Practical Marks Structure (Prelim)

(Applicable w.e.f August 2019 onwards examination for batches admitted from June 2019 onwards)

Biochemistry

Seat No	Case Based Quantitative Estimation	Urine Report/ Quantitative estimation	Quality Control	Interpretation of lab Reports & special techniques (Minimum 2 Interpretation)	Spots	Journal & Logbook	Practical Total	Viva Voce/ Oral	Practical/Viva Total Marks
	A	В	C	D	E	f	G	н	T.
Max. Marks	25	15	10	20	10	10	90	10	100
Marks	100			*		1232	, 23-		-

(Please Note - The above examination pattern will be applicable to the students admitted from Academic Year 2019-20 and onwards, which is informed to all Medical Colleges vide University letter No MUHS /X-1 /UG /1692 /2020 Date: 28/02/2020)

8.K.: Waterwalter Russi Medical College At. Rasarwadi, Pool Sewards Tal. Chiplion Dist. Ratinagin

First Year MBBS Practical Marks Structure (MUHS Exam)

(Applicable w.e.f August 2019 onwards examination for batches admitted from June 2019 onwards)

Biochemistry

Seat No	Case Based Quantitative Estimation	Urine Report/ Quantitative estimation	Quality Control	Interpretation of lab Reports & special techniques (Minimum 2 Interpretation)	Spots	Practical Total	Viva Voce/ Oral	Practical/Viva Total Marks
	Α	В	C	D	E	F	G	н
Max. Marks	25	15	10	20	10	80	20	100

(Please Note - The above examination pattern will be applicable to the students admitted from Academic Year 2019-20 and onwards, which is informed to all Medical Colleges vide University letter Na MUHS /X-1 /UG /1692 /2020 Date: 28/02/2020)

B.K.L.Waterwiiter Rinzi Medicei College Althasarwedi, Pool Sewards Tal.Chiplion.Dist.Ratnagin

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

F Course and Y	ear	(2.0		ABBS		Sept. 2	2026£	om	urds	exan	drea	lons)			23	Subject Code	Appendix -	u
Subject (PS)	iti	Ar	aton	y/P	hy	intog	y / Bi	ioche	mis	try								
(IT	4			stime.	-0.00	×1111111111	MALLE CO.											
7 Paper		1		3	T	oral Ma	urks		100		b.	Total Time	3	Hrs.	-	Renn (PS)	Rs. 300/-	
															81	Rensa (PM)	Rs. 350/-	
Weh Paners		V	1	iè	j ý	Ven Sta	terui.		i dk		11	Web Syllabus	1	. II	12	Websitt OP	4 1	
		- 7					\$1.44mm		177			- CAN		1 16			200 €	
Instructions:		0 2) 3) 4) 5)	Use Eaci 4 st War Door	Mue/s h Ques adent kened not we	Mac stice www.	sk ball e corr ll eon	point ies On he al. ing on	neate pen a re ma lasted the hi	ongi nly rk. .arg. lank	mar portu	ister 1 Kai yi		rites	etrikas o	ill sir	puo uhuu ml	un the sirele once act will be curinde	
SECTIO	N-4	· 110	'Q (2	0 Mar	ka)													
Q1 Multiple	choi	ce Qu	estion	s (Tot	al 2	0 MC	Qafc	ne m	irk x	nech)	(4 N	ICQ Should be	ellinie	al applic	ation	based)		(20x1):20
at b		er.	di	ēi i	Ď.	65	fo	10	1									
(A) 16		HCI	61	200	70. 72.1	.P7.	74											
35 0		HCI	011	111	pi	40		- 21	= 1	-								
	11	Cryss Taxir Jastic That I	dias distriction on a contraction	rums (er a) v d eren ustrot	ivite (16) (18)	intelin	necess Quest e Lui syllab	arv ton P estten us di	aper s re	n or n he nade	rohe		m+ 17	ythehan i	ethe cut	w question pap	rame. The Question or Students candin	
									SEC	TIO	(North	B" (80 Marks)						
2	Brit	e fume	wer un	pestion	ne t	Any T	cu out	of E	even	11							110x 2	= 200
370		ni.				e)					33	lici					11.00.0	
77	gir.		- SI .								32	7					92 mg	1000
1						(Am)											1895	411)
												ns. Climically a				For Biochemis	try.	
		a i	ы	c)		ďì	ži.	W:	g).	hi	ñ							
A			00000 e	e racional	e uco	f Kare	lanca con	intovar	www.	55V1							(2x)	0-261
		ie /tu	1000		aire.	(Any	1400	at of	inte	-							1-4	
	4)		by	61														
	Not	te: All	ques	tivos :	sha	uld be	struc	ture	ı.w	herev	er i	ccessary; split	up o	murks	should	be specified.	Gr	D

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

Course and Year	First 5	MBBS ble w.e.f. Sept.	2020A am	ers Asses	mina	tlous)		23	Subject Code	Appendix - u
3 Subject iP					*****					
. T7		ny / Physiolo	gy / Dinen	emany						
4 Paper	11	5 Total N	tarks	100	6	Tesai Time	3 Hrs.	2	Rema (PS)	Rs. 300/-
								90	Rensa (EM)	Rs. 350/-
9 Weh Parteti	1 1	10 Web Si	reletion	1.1	11	Web Syllabus	t) r	12	Websita OP	4. 1
Instructions:			40.670	ON -A- 2		5				
	fi Fill	(dark) the a			0 To 5 3 3 7	lew the guistion	manber once i	111/5		
	 1/ne 	blue/black ball	рони рен	anty.		200 1000	ALTERNATION CONT.			
		r Question care			ara ara	ALCONOMIC VICTOR DE	ed as the second	ecoclo	er and countries can	cle mov filled (darkened)
										act will be considered as
	an a	ttempt to reserv	to unfor n	ieans						
SECTION	"A" MCQ (20	Markst								
	C. WARRING	MACA STORY	Yes Color Inc.	arki esse kita	азм	O Should be ch	nicat anniloati	an Ke	e ad)	#20x1=20
		TO 128 1419	2 of Case In		4 111	O SHORIN DE CH	пісаг аррисан	OH DE	a cay	#20X1=2X
n) tii	c) d)	es to gr	10.	31						
30 (1)	300	or by di	£1 81	36						
		SECT	ION-B"							
Instructions		lack ball point	M. A. S.							
		te anything on rexon to unfair	A CONTRACTOR OF THE PARTY OF TH	ertion of t	the qu	vestion paper 17	weaten anythu	TK YM	A trype of eat or	ill by considered in an
	3) 4H questio									
	d). The anniho	A SECTION AND DESCRIPTION OF THE PERSON OF T	THE PARTY OF THE P	1 marks						
	Oraw shap,				97		(A) 45		2 21 720	1927 17
			The state of the s	The second secon						ame. The Union paper indents extremt dam that
	The second of the second	the state of the s				iacomeni sake ri			Company of the second of the s	The state of the s
	7) Cae ii saani	non amuer bo	ick feer cell no	thoms.						
			3	SECTION	· "B"	(80 Marks)				
2 Brief	авчет фасато	us (Any Tenan	n of Eleven	0)						(10×2-20)
40	hi ch	n en ov	gi hi	n p	kέ					
3 Shor	Anwer Quest	ons (Am Eigh	out of Nu	1C>						(855=40)
Min	mum 2 SAQs s	hould be Case	Based Ques	tions/ Clu	m-all	applied Coests	ms			
4	21 711	et di	es 6	at the	15					(2), 10 - 20)

Note: All questions should be structured. Wherever necessary, split up of marks should be specified.

Long Answer Questions (Am. I'vi) out of Three i

hi 30



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK MARKLIST FOR PRACTICAL / ORAL / VIVA VOCE

MARKETST TORTHAGTICAL / OTAL / TITA TOCK

(Summer / Winter – 20...Exam (MBBS UG Courses)

(Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 & onwards)

Course : FIRST MBBS Subject : Biochemistry

CENTRE: Marks: (Practical = Practical/Clinical + Viva) Min. 50 Max. 100

Date: / /20 Batch:

				Practical			Oral/Viva	Total
Seat No.	Case Based Quantitative Estimation	Drine Report/ Duantitative estimation	Quality Control	Interpretation of lab Report & special techniques (Minimum Z interpretations)	Spots	Practical (Total)	Viva Voce/Oral Total	Practical/Viva Total Marks
	А		¢	Ď.	E	ř.	G	н
Max. Marks	25	15	10	20	10	80	20	100
			j	ļ,				
8								
								ji

Note | Both Examiners should jointly conduct practical examination for each student

Verified above entries from Answerbooks and we hereby certify that the marks entered against each Seat Number are found correct.

NAME OF EXAMINER	COLLEGE	SIGNAT	URE WITH DATE
1 2	e.	Convenor	L.
3		External	Carr
4	F	External	DEAN

Paper wise distribution of topics for Prelim & MUHS Annual Examination Year: III-I MBBS Subject: Community Medicine

aper	Section	Topics	
j	A	MCQs on all topics of the paper I	
		Concept of health and disease	
		Epidemiology	
		Screening for disease	
		Communicable diseases & related NHP	
		Emerging & Remerging diseases	
		Sociology	
		Environmental health	
		Occupational Health	
		Hospital waste management	
		Biostatistics & Vital statistics	
		AETCOM Module no. 3.1 & 3.3	
11	A	MCQs on all topics of the paper II	
		Demography & FP & NHP	
		MCH. Geriatrics & related NHP	
		Nutrition & related NHP	
		Mental Health	
		Health education & Communication	
		Health planning & Management	
		Health care delivery system	
		Non communicable Diseases & related NHP	
		International health	
		Disaster Management	

Internal Assessment

Subject: Community Medicine

Applicable w.e.f March 2020 onwards examination for batches admitted from June 2019 onwards

Phase	I-Exam (March)						
	Theory	Practical (Including 10 Marks for Journal- Nutrition & Log Book)	Total Marks				
First MBBS	50	50	100				

Phase	II-Exam			III-Exam		
	Theory (Jan)	Practical Two weeks after clinical posting (Mid Clinical Posting)	Total Marks	Theory (May)	Practical End of Clinical Posting	Total Mark
Second MBBS	50	50	100 s	50	50	100

Phase	IV-Exam (March)			V-Exam Preliminary examination-August		
	Theory	Practical End of Clinical Posting	Total Marks	Theory	Practical	Total Marks
III MBBS	50	50	100	200	100 100	300

B.K.L. Walawa R.ar Rutzi Medical College At. Rasarward, Post Sawards Tal. Chiping Dist. Ratnagur

1. Assessment in CBME is ONGOING PRCESS,

No Preparatory leave is permitted.

- 1. There shall be 5 internal assessment examinations in Community Medicine.
- The suggested patterns of question paper for first three internal assessment theory examinations is given below. Pattern of the prelims examinations should be similar to the University examinations.
- Internal assessment marks for theory and practical will be converted to out of 40 (theory) + 40 (practical).
 Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University. Conversion Formula for calculation of marks in internal assessment examinations.

Phase	Theory	Practical
Phase I	50	50
Phase II	100	100
Phase III Part I	250	150
Total	400	300
Conversion out of	40	40
Conversion formula	Total marks in 4 IA theory examinations /10	Total marks in 4 IA Practical examinations 17.5
Eligibility criteria after conversion	16	DEAN B.K.L. Waterweiter River Medical College
arter conversion	Combined theor	y + Printe Spilato Retring 100

 While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table.

Total Internal Assessment Marks	Final rounded marks
33.01 to 33.49	33
33.50 to 33.99	34

- 5. Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject.
- Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

7. Remedial measures

A. Remedial measures for non-eligible students

- At the end of each internal assessment examination, students securing less than 50% marks shall be identified. Such students should be counseled at the earliest and periodically.
- ii) Extra classes for such students may be arranged. If majority of the students found to be weak in a particular area then extra classes must be scheduled for all such students. Even after these measures, if a student is failed to secure 50% marks combined in theory and practical (40% separately in theory and practical) after prelim examination, the student shall not be eligible for final examination.
- iii) Non eligible candidates are offered to reappear for repeat internal assessment examination/s, which must be conducted 2 months before next University examination. The pattern for this repeat internal assessment examination shall be similar to the final University examination. Only the marks in this examination shall be considered for deciding the eligibility criteria. Following conversion formula shall be used for converting the marks.

 Recommendation

 Recommendation

At, Kasarwadi, Poot Sawarda Tal, Chiphen, Dist, Ratnager

	Theory	Practical		
Remedial examination (pattern as per final examination)	200	100		
Conversion out of	40	40		
Conversion formula	Marks in remedial theory examinations /5	Marks in remedial Practical examinations /2.5		
Eligibility criteria after conversion	16	16		
	Combined theo	ry + Practical = 40		

B. Remedial measures for absent students:

If any of the students is absent for any of the 5 IA examinations due to any reasons, following measures shall be taken.

- i. The student is asked to apply to the academic committee of the college for reexamination, through HOD, to ascertain the genuineness of the reason for absentee.
- II. If permitted by academic committee, an additional examination for such students is to be conducted after prelims examination. Marks for such additional examination shall be equal to the missed examination.
- Even if a student has missed more than one IA examination, he/she can appear for only one additional IA examination. In such scenario, eligibility should be determined by marks obtained in internal assessment examinations for which the candidate has appeared, without changing the denominator.

B.K.L. Waterwiker Rural Medical College At. Kasarwadi, Poot Savenda Tal. Chiphon Dist Ratnagun

1st /2nd /3rd MBBS Practical Mark's Structure

Internal Assessment Examinations

(Applicable w.e.fOctober 2020 onwards examination for batches admitted from June 2019 onwards)

Seat		Subject :C	ommunity Medicine Practical – 1	1 Internal assessment -	
Na.	Spotters marks	Log book	Skill assessment utrition exercises	Viva Voce	Practical Total
Max. Marks	10 marks	10-marks	10 marks	20 marks	50 marks

Seat	Subject :Community Medicine Practical – 2 nd Internal assessment								
No.	Spotters	Log book	Viva Voce	Practical Total					
Max. Marks	20 marks	10-marks	20 marks	50 marks					

Seat	22	Subject	:Community Medicine Practical – 3'd Inte	rnal assessment	
No.	Spotters marks	Log book	Clinico-epidemiological case	Vīva Voce	Practical Total
Max. Marks	10 marks	10 marks	20 marks	10 marks	50 marks

No.			:Community Medicine Practical – 4th Into		
	Spotters marks	Log book	Clinico-epidemiological case	Viva Voce	Practical Total
Max. Marks	10 marks	10 marks	20 marks	10 marks	50 marks
				1 mil	

Method of Clinico epidemiological Case evaluation

Sr.no.	Head	Marks allotted
01	Identifying and socio demographic information (with house landmark, facilities for health care)	05
02	Present and past illness history (with risk factors, exposures) Environmental, behavioural and family information	05
03	Demonstration of relevant clinical signs/skills	05
05	Management plan and relevant control measures at individual, family and community level	05
	Total	20

DEAN

B.K.L. Waterunkar Rurei Medical College At. Kasarwedi, Poot Sevende Tal Chiphin Ost Ratnagur

III-I MBBS Practical Mark's Structure (Prelim exam)

Applicable w.e.f October 2021onwards examination for batches admitted from June 2019 onwards

			Practical	Oral/Viva	Total	
Seat No.	Spotters	Statistical Ex	Clinicoepidemilogical case	Skill assessment (10 skills) *	Viva/ voce	Practical & Oral
Max. Marks	20	20	20	20	20	100

As per MCI competency based document

Method of Clinico epidemiological Case evaluation

Sr.no.	Head	Marks allotted
	Identifying and socio demographic information	05
	(with house landmark, facilities for health care)	
	Present and past Illness history	05
	(with risk factors , exposures)	
	Environmental, behavioural and family information	
	Demonstration of relevant clinical signs/skills	05
	Management plan and relevant control measures at individual, family and community level	05
	Total	20

DEAN

B.K.L. Watzunkar Rurzi Medical College At. Kasarwadi, Pool Sawarde Tal. Chiphin Dist. Ratnagiri

III-I MBBS Practical Mark's Structure (University exam)

Applicable w.e.f October 2022onwards examination for batches admitted from June 2019 onwards

			Subje	ct: Community Medicine		
			Practical	Oral/Viva	Total	
Seat No.	Spotters	Statistical Ex	Clinicoepidemilogical case	Skill assessment (10 skills) *	Viva/ voce	Practical &Oral
Max. Mark s	20	20	20	20	20	100

DEAN

B.K.: Waterinkar Rival Medical College At.Kasarwack, Post Severde Tal Chiphen Dist Ratnager

Format for Internal Assessment Theory Paper IA - 1, IA - 2, IA - 3 & IA - 4

Question No.	Type of Question	No. of Questions	Max. Marks
1.	MCQ	10	10 (1 marks each)
2.	SAQ	5 (Any four out of 5)	28 (7 marks each)
3.	LAQ	1 (Compulsory)	12
		Total	50

CARAS DEAN

8.K.: Watawakar Rural Medical College At.Kasarwadi, Post Sawards Tal. Chiphin. Dist.Ratnagin

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER-1

1	Course and	h cui		III-I- MBBS (applicable w.e.f. October 2022 & onwards examinations)					1 Subsem Codu			
3	Subject	(PSP)	Comme	inity Me	dicine							
a	Paper.		1		nl Marks	100	6	I oral Time	3 Hrs	7 Remu (Rs) 8 Remu (Rs)	Rs. 350	
ò	Web Parter	m	1.3	10 We	b Skelemn	9.96	11	Web Syllabus	1. (12 Web Old (#	1: 1	

Instruction	K.	1) 2) 3) 4)	Eac	triue It grie	BARE SE STEEN	отн р саты	prime en one s On e	hax i b mark		were notice and entry white out on the cross once murked	
SEC	nov.	A" 310	TQ /2	0 Ma	rks)						
H Müh	ipte Che	rice Qu	cston	s.tTo	tal 20	MCQ	of Oi	ж тин	k each)		120 N + 20
16.3	911	11)	di	ett.	17	g.)	hy	17	37		
46	1)	mj	100	40)	pi	91	0	53	Ţ1		

SECTION "B"

Instructions

- 1) Use blue/black bull point pen only
- Do not write onlything on the blank portion of the question paper. If written onlything, such type of act will be consulered as an entempt to respect to unlan means.
- 3) All questions are compulsory
- 1) The number to the right indicines full marks
- 5) Uran chagrams wherever necessary
- 6) Discribution of villabus in Question Paper is only meant to cover entire villabus within the supulated frame. The Question paper patient is a more guideline. Questions can be asked from our paper vivillabus into any question paper. Students cannot claim thin the Question is out of syllabus. As it is only for the placement soke the distribution has been done.
- 7) I se a common answertmok for all websites

SECTION "B"

Whort Answer Questions (One Questian AETCOM(3.1 and 3.3)(compulsory) 67x(1±07) n) Short Answer Questions (Answer Am 3 out of 4) 77x1-244 hi ci di Structured Long Answer Questions (Compulsory) (12x1=12) Short Answer Questions LARSWEE Any 4 Out of 51 (7x4=28) Structured Long Answer Questions (Compulsory) 45

22

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER-

1	Course and Year	III-I- V	IBBS Ne = ,e.f. October 202.	M onwara	b car	minutiveri		Seffrest Lode	G
i	3sepec : 1957	Commu	nity Medicine						
	Paper	ü	Total Marke	100	100	bin time	3066	f Renn (R)	Rs 150
ú	Web Falters	1.1	III. Wat Madelini	0.00	(1)	Web Sellabus	T.T.	12 Web CRAIGP	1 1

Instructions:		16.3	EZI	191.10	hi appe	SECTIO	han become the date second returnment country.	
	4.6	6.00	titue à	had good	m pen	units-		
	31	Em	is gues	meri cu	era e O	ne mark		
	(4)	3300	drives a	all ma	pe ulli	FEEL MILE	ll if he also smortes that the dies car find white this was the critics come matrices.	
SECTI	ON "A" N	KO (2	s Mar	640				
		La Company of the Company	and the same		No recognist	d Sandy and and	di sessiti i	129 54 = 201
1 Multipl	r Chorce Q	uestion	H.I.I.OE	H-20-W	n. Cran	CHE HIN	N CACTO	129.14 - 211
I Multiple	t Choice Q		(4) (4)			() ()		12834 - 20

estructions	SECTION *B? 12 Un blue black half power pers wells 22 Die not west anything on the blank portion of the question paper. It western constitution on attempt to course in unless meyon. 32 All questions are dominatory.	ng such nips of act will be considered
	4) The manufact is the right multivative full marks. 5.4 Drew diagrams wherever necessary. 6) Outsituation of extlatus in Question Pages is only meant to cover units a flictus or paper pattern is a more gradultus. Questions can be asked from any paper i syllograms came to time the Question is one of a flature. As it is only for the planament with T is to a consistent answer book for all accrease.	авы што ытр дысатын рарыт Заыбстег
	SECTION "B"	
	WAR Questions (Amount Am 4 out of 9)	(1x4=28)
nt to	c) (b) c)	
Simetura	d Long Anwer Question (Compulsory)	(1241+17)
91		
	proce Questions (Arguses Arg. Lent of St.	17,4=28)

CAPS.

(12st=12)

(Compulsory)

Structured Long Answer Questions

7. Record of Internal Assessment Examinations

Exam no	Theory	Practical including Viva	Signature of student	Signature of Teacher
I Internal Assessment	/50	/50		
II Internal Assessment	/50	/50		
III Internal Assessment	/50	/50		=
IV Internal Assessment	/50	/50		
PRELIMS	/200	/100		
TOTAL				
	I Internal Assessment II Internal Assessment III Internal Assessment IV Internal Assessment PRELIMS	I Internal /50 Assessment /50 II Internal /50 Assessment /50 III Internal /50 IV Internal /50 Assessment /50 PRELIMS /200	Internal	including Viva of student I Internal Assessment /50 /50 II Internal Assessment /50 /50 III Internal Assessment /50 /50 IV Internal Assessment /50 /50 PRELIMS /200 /100

Note: Above information is for the benefit of students and parents. In case of any discrepancy departmental record will be treated as final.

DEAN

8.K.L.Watzweikar Rurzi Medical College At,Kasarwati, Poet Savarda Tal, Chiphun,Cast Ratnaguri

Year: III-II MBBS Subject: Forensic Medicine

Paper	Section	Topics
	A	MCQs on all Topics of the paper I
Only one paper		ALL SYLLABUS OF FORENSIC MEDICINE AND TOXICOLOGY,
t) Not	A	MCQs on all topics of the paper II –Not applicable Not applicable
pplicable		

MBBS Second & Third Phase Part -I

Internal Assessment

Subject: Forensic Medicine & Toxicology

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

Phase	1-Exar	m (At the end of first to	erm)	II-Exam	(At the end of second	term)
	Theory	Practical (Including 10 Marks for Journal & Log Book)	Total Marks	Theory	Practical Including 5Marks for Journal & Log Book	Total Marks
MBBS	50	40+10	100	50	40+10	100

Phase	1-Exar	m (At the end of first to	erm)		II-Exam (preliminary)	
	Theory	Practical (Including 10 Marks for Journal & Log Book)	Total Marks	Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks
III/I MBBS	50	40+10	100	100	90+10	200

- There will be 4 internal assessment examinations in Forensic medicine. The structure of the Preliminary internal assessment theory
 examinations should be similar to the structure of University examination.
- It is mandatory for the students to appear for all the internal assessment
 Examinations in the respective phases. A student who has not taken minimum required number of tests for Internal Assessment each in theory and practical will not be eligible for University examinations.

- There will be only one additional examination for absent students (due to genuine reason) after approval by the Institutional Grievances Committee. It should be taken after preliminary examination and before submission of internal assessment marks to the University.
- 4. Internal assessment marks for theory will be out of 250 and practical will be out of 250.
- Reduce total theory internal assessment to 40 marks and total practical internal assessment to 40 marks. Students must secure at least 50% marks of the total marks (combined in theory and practical; not less than 40% marks in theory and practical separately) to be eligible for appearing University examination
- Conversion Formula for calculation of marks in internal assessment examinations.

	First IA II Phase	Second IA II Phase	Third IA III Phase Part -I	(Prelim) III Phase Part -I	Total	Internal assessment marks: Conversion formula (out of 40)	examination (after conve	appear for final University rsion out of 40) tely in Theory & Practical, 50%
Theory	50	50	50	100	250	Total marks obtained <u>6</u> .25	16 (Minimum)	Total of Theory + Practical Must be 40.
Practical	50	50	50	100	250	Total marks obtained 6.25	16 (Minimum)	, DE 40.

7. While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table

Internal Assessment Marks	Final rounded marks
15.01 to 15.49	15
15.50 to 15.99	16

- Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical
 - Separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
- 9. Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

CAPA SE

10

Second MBBS Practical Mark's Structure

Internal Assessment Examinations

(Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards)

TERM END INTERNAL ASSESSMENT EXAMINATION-AUTONOMY AT INSTITUTE LEVEL.

DELIN

B.K., Watershar Roma Medical College Autor preed, Proc Severdy Ed. Chipren Ont Rathagen

III-I MBBS Practical Mark's Structure MUHS

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

					S	ubject:)	Forensi	c Med	icine & To	oxicolog	У					
					Prac	tical							Oral	/Viva		Total
Seat No.	Age Estim ation	MCCD	Injury report	Survivor of sexual assault report	Drunkenn ess report/acc used of sexual assault	Weapon	Foetus exami nation	Bone Exam	Spots- specimen /slide/ DNA preservati	Journal marks	Tota	Forensic patholog V	Toxic ology , FSL,	Med juris, Forensic psychlatr Y	Tota)	Practical & Oral
	A	В	c	D	E	£	G	н	ı	ij	ĸ	t	м	N	o	P
Max. Marks	8	8	8	8	6	6	5	5	16	5	75	9	8	8	25	100

Carol

III-I MBBS Practical Mark's Structure (Prelim)

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

					Pract	ical							Oral	/Viva		Total
seat Vo	Age Estim ation	MCCD	Injury report	Survivor of sexual assault report	Drunken ness report/ac cused of sexual assault	Weapon report	Foetus examin ation	Bone Exam	Spots- specime n/slide/ DNA preserva tion	Jour nal mar ks	Total	Forensic pathology	Toxic alogy , FSL,	Med juris, Forensic psychiatry	Total	Practica & Oral
	۸	В	c	D	£	£	G	н		J.		ĸ	t	м		
Max. Marks	8	8	8	8	6	6	5	5	15	10	79	7	7	7	100	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

	Course and Year	1000	l- 1 M plicub		s.f. Oct. 2012 &	onward:	exumi	nations)		2 Subject Code	*
5	Subject (PSP)	Fo	rensi	ic M	edicine & To	oxicolo	gy				
	Paper		ì	3	Lotal Marks	100	6	Ioral Time	\$ Firs	* Remu (Rs)	R1 100
,	Well Pattern	1	7	10	Web Skeimon	1 1	17	Web Syllabus	ā 6	8 Remu (Rs) (2 Web Old QF	Hq. 150::

Instructions:

SECTION "A" MCQ

- 1) Fat M in the appropriate but below the question number once unly.
- 21 Low blue ball point pensonly
- 3) Each question exercies One mark.
- 4) Students will not be altorted mark if be she overwrites strikes at put white ink on the cross once marked

SECTION "A" MCQ (20 Marks)

Multiple Choice Questions (Total 20 MCQ of One mark each)

 $120 \times 1 = 201$

- at hi et di et h a) hi h p
- k) () mi n) o) p) q) r) s) f)

SECTION "B"

Instructions

- 1) Use blue/black ball noon per outs:
- 2) Do not write southing on the blank portion of the question paper. If written onything, such type of act will be considered as an attempt to resort to unfair means.
- 31 All questions are compulsory
- 4) The number to the right indicates full marks
- 5) Oraw diagrams wherever necessors
- 60 Distribution of selfabus in Question Paper is only mean to cover entire selfabus within the supulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any paper's syllabus into any question paper. Students cannot claim that the Question is out of syllabus. As It is only for the placement sake the distribution has been done.
- "I Use a common unswerbook for all sections

SECTION "B"

2. 5	hort Answer Questions	(AETCOM(3.2)(compulsory)	(7x1-07)
------	-----------------------	---------------------------	----------

37.1

Short Answer Questions (Answer Any 3 out of 4)

a) b) c) d)

4. Structured Long Answer Questions (Compulsory) (12x1=12)

aj

5 Short Answer Questions (Answer Am. 4 out of 5) (7x4=28)

i) b) c) d) c)

Structured Long Answer Questions (Compulsory) (12x1=12)

a)

Section 5. Records of Internal Assessment Examinations

Records of Internal Assessment examinations

S.No	Exam	Theory	Practical Including viva	Signature of student	Signature of Teacher
1	I Internal Assessment	/ 50	/ 50		
2	II Internal Assessment	/ 50	/ 50		
3	III Internal Assessment	/ 50	/ 50		
4	IV Internal Assessment (Prelim)	/100	/100		
4	Internal Assessment marks	/ 250	/ 250		
5	Betterment exam	/ 100	/ 100		
6	Final Internal Assessment	/ 250	/ 250		

Note: Above information is for the benefit of students and parents. In case of any discrepancy departmental record will be treated as final.

CAPS.

Paper wise distribution of topics for Prelim & MUHS Annual Examination Year: Second MBBS Subject: MICROBIOLOGY

Paper	Section	Topics
¥.	Α	MCQs on all topics of the paper I
		General Microbiology and Immunity
		CVS and Blood
		Gastrointestinal and hepatobiliary system
		AETCOM Module No- 2.5,2.6 and 2.7
II	A	MCQs on all topics of the paper II
		Musculoskeletal system, skin and soft tissue infection
		Central nervous system infections
		Respiratory tract infections
		Genitourinary and sexually transmitted infections
		Zoonotic diseases and miscellaneous

Second MBBS Internal Assessment

Subject: Microbiology

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

	l-Exam	(After 3 months	s , Jan)	II-Exam	(After 7 months	s, May)	Preli	Prelims (July)			
Phase	Theory	Practical (Including 10 Marks for Journal & Log Book)	Total Marks	Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks	Theory	Practical	Total Marks		
Second MBBS	50	50	100	50	50	100	Paper 1 -100 Paper 2 -100	100	300		

- There will be 3 internal assessment examinations in Microbiology. The structure of the internal assessment theory
 examinations should be similar to the structure of University examinations.
- It is mandatory for the students to appear for all the internal assessment examinations.
- First internal assessment examination will be held in January, second internal assessment examination will be held in May and third internal assessment examination will be held in July.
- 4. A student who has not taken minimum required number of tests for Internal Assessment each in theory and practical will not be eligible for University examinations.
- There will be only one additional examination for absent students (due to genuine reason) after approval by the Institutional Grievances Committee. It should be taken after preliminary examination and before submission of internal assessment marks to the University
- 6 Internal assessment marks for theory will be out of 300 and practical will be out of 200

- 7. Reduce total theory internal assessment to 40 marks and total practical internal assessment to 40 marks. Students must secure at least 50% marks of the total marks (combined in theory and practical; not less than 40 % marks in theory and practical separately) to be eligible for appearing University examination
- 8. Conversion Formula for calculation of marks in internal assessment examinations

	First IA	Second	Third IA (Prelim)	Total	Internal assessment marks: Conversion formula (out of 40)	University e (after conve (40% separa	appear for final examination ersion out of 40) ately in Theory & D% Combined)
Theory	50	50	200	300	Total marks obtained 7.5	16 (Minimum)	Total of Theory +
Practical	50	50	100	200	Total marks obtained 05	16 (Minimum)	40.

While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table

Internal Assessment Marks	Final rounded marks
15.01 to 15.49	15
15.50 to 15.99	16

- 9. Internal assessment marks will reflect as separate head of passing at the summative examination.
- Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

Second MBBS Practical Mark's Structure Internal Assessment Examinations

(Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards)

Seat			! Term			II Term						
No.	Gram Stain	P.S. for M.P.	Journal/Log book	Viva	Total	Z-N stain	Stool - Routine microscopy	Journal/Log book	Viva	Total		
Max. Marks	10	10	10	20	50	10	10	10	20	50		

DELA

Second MBBS Practical Mark's Structure (Prelim)

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

				Subject: MICR	OBIOLOGY					
			Practical					Oral/Viva		Total
Seat No.	Gram/ Z-N staining	P.S. for M.P./ Stool -routine microscopy	Use of PPE/ Hand hygiene	Interpretation of reports	Journal/ Log book	Total	Viva-I	Viva-II	Total	Practical & Oral (F + 1)
Max. Marks	15	15	10	20	10	70	15	15	30	100

Second MBBS Practical Mark's Structure (M.U.H.S Examination)

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

			Practical					Oral/Viva		Total
Seat No.	Gram/ Z-N staining	P.S. for M.P./ Stool ~routine microscopy	Use of PPE/ Hand hygiene	Interpretation of reports	Journal/ Log book	Total	Viva-l	Viva-II	Total	Practical & Oral (F + 1)
	A	В	С	D	E	F	G	н	-	J
Max. Marks	15	15	10	20	10	70	15	15	30	100

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

1 Course and Year	41:	Second (applical		BS e.f. September 2	021 A m	wards	examinations)		2 Subject Code	<u>F</u>
3 Subject (PSI)	Ø	MICRO	вю	LOGY						
4 Paper		ij	:5	Youl Marks	100	:6.	Total Time	3 Hrs.	7 Remu (Rst 8 Remu (Rst	Ks 100 Rs 150/-
9 Web Pattern		T. T.	10	Web Skeleion	1.3	11	Web Syllahus	31 31	12 Web Old OP	3.3

Instructions:

- SECTION "A" MCQ
- 1) Pra in the appropriate box helow the question number once only
- 2) Use blue ball point pen only
- 3) Each question carries One mark.
- 4) Students will not be altotted mark if he she overwrites writes or put white ink on the cross once marked

SECTION "B"

(s. L'se blue/black ball point per only

Instructions.

- 2) Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered as an artempt to resort to imfair means.
- 3) All questions are compulsory
- 43 The murber to the right indicates full marks
- 5). Draw diagrams wherever necessury
- b) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the supulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any paper s syllabus rate any question paper. Students cannot claim that the Question is out of syllabus. As It is only for the placement suke, the distribution has been done.
- 2) Use a common unswerbook for all sections

SECTION "B" (40 Marks)

(Compulsors)

Short Answer Questions (AETCOM 2.5, 2.6, 2.7) (compulsory) 17x1=071 Short Answer Questions (Answer Any 3 out of 4) 17x1=21r by ch di 117x1=12y Structured Long Answer Questions (Compulsory) 43 (7x4=28) (Answer Any Lout of 5) Short Answer Ougstions di ei 48

Structured Long Answer Questions

n)

CANA

(12x1=12)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

Ť,	L'eurse and Year		I MBBS ble w.e.f. September	2021& oan	vards examinations)		2 Subject Code	\$Q
3.	Subject (PSP) (TT)		OBIOLOGY					
ė	Paper	11	5 I mai Morks	100	n Total Tone	3 Ties	7 Rema (Rs)	Rs 100c
							8 Remn (Rs)	Rs 150r-
9	Web Pattern	H H	10 Web Skeleton	TI II	11 Web Syllabea	II II	12. Web Old OP	

Instr	uchems	#3	27.51	Use Esta	htue h ijur	tull p	uent p aurie	priate en sin s One	box b ts mark	N.A. MCO elim the spacetion number once only If he she overwrites strikes or put white.	ink on the cross once marked.	
	SECT	105	A= 110	Q (2	0 Ma	rks)						
I.	Multip	ple Cho	ice Qu	estion	silo	ud 20	MCC	of O	ne mu	k cach)	(20 x	1-20
	8.)	(d:	(c)	di	2)	D.	#1	fi.)	(+)	3) ·		

SECTION "B"

Instructions:

- 1) Use blue/black ball point pen only
- Do not write anything on the blank partion of the question paper. If written anything, such type of act will be considered as an attempt to resort to unfair means.
- 3) All questions are compulsory
- 4) The manher to the right (wilcomes full marks
- 3x Drive magrams wherever necessary.
- 6) Preprietation of villabus in Question Paper is anti-mosm to cover entire syllabus within the supulated frame. The Question paper patient is a more guideline. Questions can be asked from any paper's syllabus into any question paper. Students cannot claim that the Question is out of syllabus. As it is only for the placement sake, the distribution has been done.
- 71 Use a common answerhook for all sections

	- m)		
5.	Structured Long Answer Questions	(Compulsory)	(12x1=12)
4.	Short Answer Questions a) b) c) d) e)	(Answer Any 4 out of 5)	[784:28]
3,	Structured Long Answer Questions a)	(Compulsory)	112x1=12x
2	Shart Answer Questions a) b) c) d) e)	SECTION "B" {Answer Any 4 out of 5}	1754=281

Section 4 Records of Internal Assessment Examinations

Sr. No	Exam no	Theory	Practical including Viva	Signature of student	Signature of Teacher
ñ	I Internal Assessment	/50	/50		
2	II Internal Assessment	/50	/50		
3	III Internal Assessment	/200	/100		
4	Internal assessment (1+2+3)	/100	/100		
5	Betterment exam (If Any)	/200	/100		
6	Final Internal Assessment	/100	/100		

Note: Above information is for the benefit of students and parents. In case of any discrepancy departmental record will be treated as final.

Paper wise distribution of topics for Prelim & MUHS Annual Examination

Year: Second MBBS Subject: Pathology

Paper	Section	Topics
i	Α	Topics of the paper I
		General Pathology:
		Cell injury and adaptation
		2 Amylaidasis
		3. Inflammation and repair
		4. Tuberculosis and leprosy
		5. Hemodynamic disturbances
		6. Immunopathology
		7. Neoplasia
		8. Infections and infestations
		Basic diagnostic cytology
		10. Histological techniques, tissue processing
		11 Genetic and pediatric diseases
		12. Environmental and nutritional diseases
		Hematology
		1. Introduction to hematology
		2. Microcytic anemia
		Macrocytic anemia
		4. Hemolytic anemia
		5. Aplastic anemia
		6 Leukocyte disorder
		7. Lymph node and spleen
		8. Plasma cell disorders
		Hemorrhagic disorders
		10 Blood banking and transfusion medicine
		AETCOM 2.4 and 2.8
ii .	A	Topics of the paper II
1		Systemic Pathology
		Gastrointestinal tract
		Hepatobiliary system
		3. Respiratory system
		4. Cardiovascular system
		5 Urinary tract
		6. Male genital tract
		7. Female genital tract
		8. Breast
		Breast Endocrine system
		8. Breast 9. Endocrine system 10. Bone and soft tissue
		8. Breast 9. Endocrine system 10. Bone and soft tissue 11. Skin
		8. Breast 9. Endocrine system 10. Bone and soft tissue 11. Skin 12. Central nervous system
		8. Breast 9. Endocrine system 10. Bone and soft tissue 11. Skin 12. Central nervous system Clinical Pathology
		8. Breast 9. Endocrine system 10. Bone and soft tissue 11. Skin 12. Central nervous system Clinical Pathology 1. Urine analysis
		8. Breast 9. Endocrine system 10. Bone and soft tissue 11. Skin 12. Central nervous system Clinical Pathology 1. Urine analysis 2. Body fluid analysis
		8. Breast 9. Endocrine system 10. Bone and soft tissue 11. Skin 12. Central nervous system Clinical Pathology 1. Urine analysis 2. Body fluid analysis 3. CSF analysis
		8. Breast 9. Endocrine system 10. Bone and soft tissue 11. Skin 12. Central nervous system Clinical Pathology 1. Urine analysis 2. Body fluid analysis 3. CSF analysis 4. Liver function test
		8. Breast 9. Endocrine system 10. Bone and soft tissue 11. Skin 12. Central nervous system Clinical Pathology 1. Urine analysis 2. Body fluid analysis 3. CSF analysis



Second MBBS

Internal Assessment

Subject: Pathology

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

	I-Ex	cam (After 3 months , J	lan)	II-Exa	m (After 7 months, N	Prelims (July)			
Phase	Theory	Practical (Including 10 Marks for Journal & Log Book)	Total Marks	Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks	Theory	Practical	Total Marks
Second MBBS	100	100	200	100	100	200	Paper 1 -100 Paper 2 -100	100	300

- There will be 3 internal assessment examinations in Pathology. The structure of the internal assessment theory examinations should be similar to the structure of University examinations.
- 2. It is mandatory for the students to appear for all the internal assessment examinations.
- First internal assessment examination will be held in January, second internal assessment examination will be held in May and third internal assessment examination will be held in July.
- A student who has not taken minimum required number of tests for Internal Assessment each in theory and practical will not be eligible for University examinations.
- There will be only one additional examination for absent students (due to genuine reason) after approval by the Institutional Grievances Committee. It should be taken after preliminary examination and before submission of internal assessment marks to the University.
- 6. Internal assessment marks for theory will be out of 400 and practical will be out of 200

- 7. Reduce total theory internal assessment to 40 marks and total practical internal assessment to 40 marks. Students must secure at least 50% marks of the total marks (combined in theory and practical; not less than 40% marks in theory and practical separately) to be eligible for appearing University examination
- 8. Conversion Formula for calculation of marks in internal assessment examinations

	First IA	Second IA	Third IA (Prelim)	Total	Internal assessment marks: Conversion formula (out of 40)	University ex (after conver	sion out of 40) ely in Theory &
Theory	100	100	200	400	Total marks obtained 10	16 (Minimum)	Total of Theory +
Practical	50	50	100	200	Total marks obtained 05	16 (Minimum)	Practical Must be 40.

While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table

Internal Assessment Marks	Final rounded marks
15.01 to 15.49	15
15.50 to 15.99	16

- 9. Internal assessment marks will reflect as separate head of passing at the summative examination.
- 10.Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

Second MBBS Practical Mark's Structure

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

					Subject: Path	ology (I te	rm)				
			Practical				Or	al/Viva			Total
Seat No											
	OSPE	PS/DLC	CBC report interpretation	Blood	Histopathology slide	Total	Gross specimen General Pathology	Hematology		Log book	Practical & Oral
Max. Marks	10	5	S	s	5	30	7	8	15	5:	:SO :
											-

					nology (II term)				
			Practical		00	ral/Viva			Total
Seat No.						-1)			Practical & Oral
	OSPE	Urine report interpretation	Histopathology slide	Total	Gross specimen Systemic Pathology	Clinical pathology	Total	Log book	Total
Max, Marks	20	5)	S	30	7	8	15	5	50
						S			

Subject: Pathology Prelim Examination

				Practical						Oral/Viva		
Seat No.		<i>y</i> .						25.			Total	Practical & Oral
	OSPE	PS/DLC	Urine interpretation	CBC report interpretation	Blood group	Histopathology slide	Logbook	Total	Gross specimens	Clinical and hematology	Total	Total (G +)
Max. Marks	32	10	10	5	s	8	10	80	10	10	20	100
									,			

Subject: Pathology M.U.H.S. Final Exam.

				Practical				3	Oral/Viva		
Seat No.	OSPE	PS/DLC	Urine interpretation	CBC report Interpretation	Blood group	Histopathology slide	Total	Gross specimens	Clinical and hematology	Total	Practical & Oral Total (G+J)
	A	В	c	D	E	F	G	н	1	1	К
Max. Marks	32	10	10	5	5	8	70	15	15	30	100
				-							+
-								20			

B.K.: Waterwaker Rittel Medical College ALEASAINADE, Pool Sewards Tal.Chipiun,Ost.Ratnagin

For Urine examination

Students are not expected to perform urine examination, but to interpret results. Clinical cases with urinary findings may be given to them for interpretation.

Suggested OSPE stations

- 1. Clinical chart interpretation (Clinical Pathology) 5 marks
- 2. Clinical chart interpretation (Clinical Pathology) 5 marks
- 3. Clinical chart interpretation (CSF) 5 marks
- 4. Clinical chart interpretation (Hematology)- 5 marks
- 5. Slides (3)- Hematology, benign, inflammatory- 6 marks
- 6. Specimens (3) 6 marks

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

1	Course and Year		l MBBS ble w.e.f. September	2021 & o	nwards examination:	vi	2 Numeri Ende	11
	Subject (PSP)	PATH	DLOGY					
ı	Papei	1	5 Total Marks	100	6 Fural Tring	3 Hrs.	Remuiksi	Rs. 500
							8 Remu (Rs)	Rs. 350
1)	Web Pattern	10 00	16. Web Sweleton	67.46	11 Web Syllabin	W W	11 Web Old OP	60 K

	Da 34	ni	1500	Dic	gi.	400	67	1287	(i	
81	in i	da	वा	21	()	μ, τ	hi	11	Ď.	
I Multiple	Charce	Que	estion	s):To	tat 20	MCQ	oFO:	ne ma	each. At least 5 should be scenario-based MCC	(20 V4820)
						SEC	тю	N "A"	MCQ (20 Marks)	
Instructions:	3	11-29-31-41	town !	bilan i i gues	hall p mon s	ont p	prane en ani s One	mark	"A" MCQ from the spacestron reumber crace and y of ha she coversorites strakes or put where enk incl	ie cress unce markes

1; I'm bluerblack half	posmi.	770.14	anh
------------------------	--------	--------	-----

- Instructions. 21 Do not write anothing on the blank portion of the question paper. If writen anothing, such type of act will be considered as an attempt to resort to unfair nivars
 - 3) All questions are compulsory
 - 4) The number to the right indicates full marks
 - 5) Draw chagrams wherever necessary
 - 6) Distribution of sylliabia in Unestian Paper is only meant to give entire will along within the significant frame. The Oversion paper pattern is a mere guideline. Trastroms can be asked from any paper's willolins into any question. paper Students carmed claim that the Question is out of solidays in it is such for the placement rake, the distribution has been done
 - 7) The a common answerbank for all westness.

2	SAQ - AETCOM Module (2.4 and 2.8)	(741+7)
	a)	
3	Short Asswer Questions (Any 3 and of 4)	(7x3=21)
	as to es di	
4	Long Answer Quessins (Structured)	11211=121
	a)	
5	Short answer question. (Any 4-out of 5)	17×4-28+
	a) b) e) d) e)	
6	Long Answer Guestains (Structured)	(12x1-12)
	and the second s	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

1	Course and Year Second MBBS tapplicable w.e.f. September 2021 & onwards examine		examinations)		Subsect Code	3							
Ť	Subject (PSP)			bsect (PSP) PATHOLOGY									
		FTT											
÷	Paper			11	4	Forat Marks	100	0	Datal Force	1 1155	Rema (Ra)	R+	300 -
											8 Renna (R5)	184	340
9	Web Pa	nera	4	1	(0)	Web Sketerum	3 3	41	Web Syllabio	1.00	12. Was Old OP	£.	10

ctu	4	į.	()) We	5 Skele	(m	3 3	Ji Web Sy	Uabio	1.1	12 Walson	OP	£.	Ĭ.	
	h 25 3) 3)	L'se Each	trine i	ball pe	ond per arries	rata onti One	box be	los the question			ite ink on the c	ross one	e mar	kee!	
					SEC	rios	"A"	MCQ (20 Mark	s)						
e Cho	rice Qu	estion	silnt	nal-20	MCO	e£13p	e mari	each At least 5	should be	scenario-	pased MCQ)				(20 × (=20)
DI	63	d)	ai	1)	47	h)	T	n							
(16)	1113	100	int	10.1	44)	ří.	al.	77							
	te Cho	lj 23 31 31 31 31 41 te Choice Qu M c)	l) Puri 2) Use 3) Each 3) Stud te Choice Question M G d)	i) Pract 2) Use trine 3) Each ques 3) Studement de Choice Questions (To	i) Par in the 23 in the 31 Each question of 31 Studeme will not be Choice Questions (Total 20) ii) Questions (Total 20)	1) Put make approp 2) Use blue holf point per 3) Each question corres 4) Studeme will not be all SECTOR Choice Questions (Total 20 MCQ) M ci d) ci f) gi	SEC 1) Part in the appropriate 2) Use three half point per only 3) Each question curries One: 3) Studems will not be allowed SECTION to Choice Questions (Total 2) MCQ of One M(G) d) e) f) g) ha	NECTION 1) Put m the appropriate box be 2) Use blue boll point pen only 3) Each question carries One mark 3) Students will not be allotted mark; SECTION "A"! to Choice Questions (Total 20 MCQ of One mark M G d et f) gi be it	SECTION "A" MCQ 1) Put m the appropriate but below the question 2) Use blue ball point pen only 3) Each question carries One mark 4) Studems will not be alloated mark if he she oversers SECTION "A" MCQ (20 Mark to Choice Questions (Total 20 MCQ of One mark each A) least 5	NECTION "A" MCQ 1) Put m the appropriate box below the quextion number of 2) Use blue ball point pen only 3) Each question carries One mark 3) Studients will not be allowed mark if he she overwrites strikes. SECTION "A" MCQ (20 Marks) be Choice Questions (Total 20 McQ of One mark each A) least 5 should be by (1) (2) (3) (4) (7) (6) (6) (7)	SECTION "A" MCQ 1) Put me the appropriate but below the question immber once only. 2) Use blue ball point pen only. 3) Each question corries One mark. 3) Studems will not be affected mark if he she overwroes strikes or our who sections (Total 20) McQ of One mark cach. At least 5 should be scenario-tot. B) G) d) all f) g) b) (i) (i)	SECTION "A" MCQ 1) Put me the appropriate but below the question number once only. 2) Use bine ball point pen only. 3) Each question corress One mark. 3) Students will not be altaited mark if he she overwrites strikes or put white ink on the control of the she overwrites strikes or put white ink on the control of the control of the she overwrites strikes or put white ink on the control of the substance of the strikes of put white ink on the control of the control of the strikes of put white ink on the control of the control of the strikes of put white in the control of the control	SECTION "A" MCQ 1) Put m the appropriate box below the quextion number once only. 2) Use blue half point yea only. 3) Each question corries One mark. 3) Studems will not be allowed mark if he she overwrites strikes or you whate ink on the cross one sections will not be allowed mark if he she overwrites strikes or you whate ink on the cross one sections. SECTION "A" MCQ (20 Marks) to Choice Questions (Total 20 MCQ of One mark each A) least 5 should be scenario-based MCQ. No. (1) (2) (3) (3) (4) (1) (1)	SECTION "A" MCQ 1) Put m the appropriate but below the question number once only. 2) Use blue ball point pen only. 3) Each question curries One mark. 3) Students will not be allowed mark if he she overviews strikes or put white ink on the cross once mark. 5) Students will not be allowed mark if he she overviews strikes or put white ink on the cross once mark. 5) Students will not be allowed mark if he she overviews strikes or put white ink on the cross once mark. 6) Students will not be allowed mark if he she overviews strikes or put white ink on the cross once mark. 6) Students will not be allowed mark if he she overviews strikes or put white ink on the cross once mark. 6) Students will not be allowed mark if he she overviews strikes or put white ink on the cross once mark. 6) Students will not be allowed mark if he she overviews strikes or put white ink on the cross once mark. 6) Students will not be allowed mark if he she overviews strikes or put white ink on the cross once mark. 6) Students will not be allowed mark if he she overviews strikes or put white ink on the cross once mark. 6) Students will not be allowed mark if he she overviews strikes or put white ink on the cross once mark. 6) Students will not be allowed mark if he she overviews strikes or put white ink on the cross once mark. 6) Students will not be allowed mark if he she overviews strikes or put white ink on the cross once mark.	SECTION "A" MCQ 1) Put m the appropriate box below the quextion number once only. 2) Use blue half point yea only. 3) Each question corries One mark. 3) Studems will not be allowed mark if he she overwrites strikes or you whate ink on the cross once marked. SECTION "A" MCQ (20 Marks) by Choice Questions (Total 20 MCQ of One mark each A) least 5 should be scenario-based MCQ. by Ci d) (i) (j) (j) (ii) (i) (j)

			SECTION B. A. C.	
ustructions	æ	t/se-blug/black	heell greatti port confe	
	39		wheng on the blank portion of the question paper. If w	critish anything, such type of act will be
			a sattemps to remove to meliate messes.	
			he right indicates full marks	
			wherever nevessary	G G G G G G G G G G G G G G G G G G G
	:0,2	Questian paper	rellation in Question Paper is only mount to vower ex- oraners in a mere guideline (Discretions can be asked from claims that the Question is our of syllation. As it is on	m um paper s sillabas ento ans question paper
	36		inswerhood for all sections	
я) б	Mr.	c) d) uestions (Any 4	c)	[744 28] [12x]+[2]
Short mess	er qu	estion (Any 4a)	n of St	(8x3-24)
bi b	1	c) di	e)	
Long Answ	er D	uestions (Scenar)	Based ((12x1-12
11.7				9.

Records of Internal Assessment examinations

S.No	Exam	Theory	Practical including viva and log book	Signature of student	Signature of Teacher
1	Internal Assessment	/100	/ 50		
2	II internal Assessment	/100	/ 50		
3	III Internal Assessment (Prelim)	/ 200	/ 100		
4	Internal Assessment marks	/ 400	/ 200		
5	Remedial exam (if any)	/ 200	/ 100		
6	Internal Assessment marks after conversion	/100	/ 100		

Note: Above information is for the benefit of students and parents. In case of any discrepancy departmental record will be treated as final.

Paper wise distribution of topics for Prelim & MUHS Annual Examination

Year: Second MBBS Subject: Pharmacology

Paper	Section	Topics
1	А	MCQs on all topics of the paper I
	В	General Pharmacology
		Autonomic Nervous system including skeletal muscle relaxant
		Cardiovascular system
		Haematology
		Gastro intestinal drugs
		Respiratory system
		AETCOM - 2.1, 2.2, 2.3 (section B one SAQ)
ii	Α	MCQs on all topics of the paper II
	В	Central Nervous system including general/local anaesthesia
		Endocrine system
		Chemotherapy system
		Autacoids
		MISC. TOPICS - Chelating agents, Vaccines and Antisera,
		ocular pharmacology, dermatological pharmacology, nutraceuticals, occupational and environmental
		pharmacology, toxicology)

Second MBBS

Internal Assessment

Subject: Pharmacology

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

		I-Exam (Jan)			II-Exam (May))		Prelim (July	Ú
Phase	Theory	Practical (Including 10 Marks for Journal & Log Book)	Total Marks	Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks	Theory	Practical	Total Marks
Second MBBS	100	100	200	100	100	200	Paper 1 -100 Paper 2 -100	100	300

- 1. There will be 3 internal assessment examinations in Pharmacology. The structure of the internal assessment theory examinations should be similar to the structure of University examinations.
- 2. It is mandatory for the students to appear for all the internal assessment examinations.
- 3. First internal assessment examination will be held in January, second internal assessment examination will be held in May and third internal assessment examination will be held in July.
- 4. A student who has not taken minimum required number of tests for Internal Assessment each in theory and practical will not be eligible for University examinations.
- 5. There will be only one additional examination for absent students (due to genuine reason) after approval. by the Institutional Grievances Committee. It should be taken after preliminary examination and before submission of internal assessment marks to the University.

- Internal assessment marks for theory will be out of 400 and practical will be out of 300.
- 7 Reduce total theory internal assessment to 40 marks and total practical internal assessment to 40 marks. Students must secure at least 50% marks of the total marks (combined in theory and practical; not less than 40 % marks in theory and practical separately) to be eligible for appearing University examination
- 8. Conversion Formula for calculation of marks in internal assessment examinations

	First IA	Second IA	Third IA (Prelim)	Total	Internal assessment marks: Conversion formula (out of 40)	examination (after conversion	near for final University on out of 40) on Theory & Practical, 50%
Theory	100	100	200	400	Total marks obtained 10	16 (Minimum)	Total of Theory + Practica
Practical	100	100	100	300	Total marks obtained 7.5	16 (Minimum)	Must be 40.

While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as Illustrated in following table

Internal Assessment Marks	Final rounded marks
15.01 to 15.49	15
15.50 to 15.99	16

- 9. Internal assessment marks will reflect as separate head of passing at the summative examination.
- 10.Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

Practical marks Distribution:

- A. For I st and II he term examinations
 - 1 Journal / Logbook 10 Marks
 - 2. Viva 20 marks
 - 3. Clinical Pharmacy (20 marks) -
 - a. Dosage form- 10 marks
 - b ORS preparation/ IV drip setting-5 marks
 - Dose calculation 5 marks
 - 4 Clinical Pharmacology (30 marks)
 - a. Prescription writing- 10 marks
 - b. Prescription criticism and rewriting / justification of FDC 10 marks
 - c. ADR identification / ADR reporting- 5 marks
 - d P. drug list- 5 marks
 - 5. Experimental Pharmacology (10 marks) OSPE
 - a Drug administration using maniquin / drug effect using CAL software (or any other)- 10 marks
 - 6 Communication (10 marks) OSPE-
 - a. prescription communication / ethics- legal drug storage/ use of device/drug adherence-compliance/ drug dependence/OTC/ interaction with Medical representative- 10 marks
- B. For Preliminary examinations
 - 1 Viva 30 marks
 - a. Viva I- 15 marks
 - b Viva II- 15 marks
 - 2 Clinical Pharmacy (20 marks)
 - a Dosage form- 10 marks
 - DRS preparation/ IV drip setting- 5 marks
 - Dose calculation 5 marks
 - 3 Clinical Pharmacology (30 marks)-
 - a. Prescription writing- 10 marks
 - b Prescription criticism and rewriting / justification of FDC 10 marks
 - c ADR identification / ADR reporting- 5 marks
 - d P- drug list- 5 marks.
 - 4. Experimental Pharmacology (10 marks) OSPE
 - a Drug administration using maniquin / drug effect using CAL software (or any other)- 10 marks
 - 5 Communication (10 marks) OSPE-
 - a. prescription communication / ethics- legal drug storage/ use of device/drug adherence-compliance/ drug dependence/OTC/ interaction with Medical representative- 10 marks

Second MBBS Practical Mark's Structure (I, II & Prelim Exam.)

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

			Subje	ect: PHARMACOLO	GY			
		P	ractical			evene.	Log Book/	
Seat No.	Clinical Pharmacy	Clinical Pharmacology	Experimental Pharmacology	Communication	Total	VIVA	Journal	Practical & Oral
Max. Marks	20	30	10	10	70	20	10	100
	-			-			100	

Second MBBS Practical Mark's Structure (M.U.H.S. Final Exam.)

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

			Subject: PHARI	VIACULUGI	<u> </u>			-TI
		Practical				Oral/Viva		Total
Clinical Pharmacy	Clinical Pharmacology	Experimental Pharmacology	Communication	Total	VIVA 1	VIVA Z	Total	Practical & Oral (E + H)
A	В	c	D	E	F	G	н	i i
20	30	10	10	70	15	15	30	100
			0					-
	Pharmacy A	Clinical Clinical Pharmacology A B	Pharmacology Pharmacology A B C	Clinical Clinical Experimental Pharmacology Pharmacology Communication	Clinical Clinical Experimental Pharmacology Pharmacology Communication Total A B C D E	Clinical Clinical Experimental Pharmacology Pharmacology Communication Total VIVA 1 A B C D F	Clinical Clinical Experimental Pharmacology Pharmacology D E F G	Clinical Clinical Pharmacology Pharmacology Communication Total VIVA 1 VIVA 2 Total A B C D E F G H

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

£	Course and		eco n		BBS .e.f. Septemb	er 20	21&	nnw	reds examina	tions)	2 Subject Code	Ť	
3	Subject (PSP) (TT)	P	harm	acolo	gy								
4	Paper		Ü	5	Fuggi Marks	10	10	18	Total Lime	3105	? Remu (Rs)	R5	300/+
											8 Remu (Rs)	Rs	350/
ų	Wen Pattern	ŀ	1	111	Web Skeleton	1	9)	11	Web- Syllabus	1 7	11 Web uid QP	M A	1

Instruction	N.C.	2) (3) 1 4) 3	ar bi ach g	tie ha questi us wh	il por on ca	улгорі пі ұкт тысэ 4	care h conty One n	or hel	"A" MCQ on the question number once if he she overwrites strikes i	only white ink on the cross ince
SECT	107.	4" MC	Q (2	0 Ma	rkel					
I Multig	de Cho	sice Qu	estion	s (To	tal 20	MCÇ	of O	ne ma	k cach)	$(20 \text{ x}1 \times 20 \text{ m})$
14.7	b):	(6):	dj	c)	Ð.	18	ħj	1)	D	
1.)	16	mi	611	.44	193	0.1	71	-1	F)	

1) I've blue/black ball po	CTION "B" not pen units. on the blank portion of the question paper. If written on	othing, such type of
3) All questions are comp 4) The number to the right 5) Draw diostroin where 6) Distribution of syllohe reams. The Charstion syllabus into any ques	n indicates full marks. wer necessors, is in Question Paper is only meant to cover entire syllabil is in Question Paper is only meant to cover entire syllabil is in Question is a more guideline. Questions can be as tion paper. Students summed claims that the Question is a sake, the distribution has been done.	ked from any paper s
	SECTION "B"	
Short Answer Questions	(AETCOM(2.1, 2,2, 2.3)(compulsory)	(7x1-07)
\u1		
Short Answer Questions a) b) c) d)	(Answer Any 1 aut of 4)	(7x3=21)
Structured Long Answer Questions	(Compulsory)	(12x1=12)
a) Short Answer Questions	(Answer Ant 4 out of 5)	(7 x 4 = 28)
al b) c) d) e)	Canadam and Approx 23	
Structured Long Answer Questions	(Compulsors)	(12x1=12)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

Œ	Course and Year		eco no		BBS .e.f. Septembi	er 26	21&	anw	irds examina	tious)	2 Subject Code	7
3	Subject (PSP)	P	harn	aco	logy							
ı	Pape		11	¢.	Total Mark C	10	0	ė.	Lond Time	3105	7 Remu (Rs)	Ks tau-
											# Remu (Rs)	Rs 150/-
è	Web Pattern	l.	1	111	Web Skeleton	t	1	1)	Weh Syllabor	1 1	12. Web Old QP	111

Instructio		2) (i)		tur bi gursti str wi	di poi On cu	he apy ni per ertes	ropri only One n	ute bo	"A" MCO A before the question number of the 5he overwrites strikes or to	vace only. ut white ink on the cross once marked
					0.79.24	мец	of Ch	ne ma	k each)	(20 x) = 20
10	153	¢1	di	01	T)	g).	(h)	4)/	7)	
3.7	15	mà	01	03	DI.	91	11	11	0	

SECTION "B" Instructions 1) I se blue/bluck bull point pen omy. 2) Do not write anything on the blank portion of the question paper. If written onything such type of act will be considered as an attempt to resert to unfair means 31 All questions are compulsory. It The manher to the right indicates full mucks 5) Draw diagrams wherever necessary 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. The Quartien paper pattern is a more guideline. Questions can be asked from any paper's schabus two um question paper. Students cannot claim that the Ourstion is our of syllatius. As h is only for the placement sake, the distribution has been done "1 Use a common auswerbook for all sections SECTION "B" 2 Short Answer Questions(Answer Any 4 out of5). 17x4 = 281h) (c) (d) (e) 3. Structured Long Answer Questions (Compulsory) 112×1=121 $(7 \times 4 - 28)$ Short Answer Questions (Answer Any 4 out of 5) 11 33 61 Structured Long Answer Questions (Compulsory) 01

Section 5. Records of Internal Assessment Examinations

Records of Internal Assessment examinations

S.No	Exam	Theory	Practical including viva	Signature of student	Signature of Teacher
1	I Internal Assessment	/ 100	/ 100		
2	II Internal Assessment	/ 100	/ 100		
3	Assessment (Prelim)	/ 200	/100		
4	Internal Assessment marks	/ 400	/ 300		
5	Betterment exam	/ 200	/ 100		
6	Final Internal Assessment	/ 400	/ 300		

Note: Above information is for the benefit of students and parents. In case of any discrepancy departmental record will be treated as final.

Internal Assessment

Subject - Otorhinolaryngology

Applicable w.e.f batches admitted from 2019 and onwards

Phase		
-	Theory	Practical
Second MBBS	=	EOP Practical Examination may be conducted. However, these marks shall not be added to the Internal Assessment.

Phase		I-Exam (Mare	:h)	II-Exam Prellm (August)				
	Theory	Practical	Total Marks	Theory	Practical	Total Marks		
III/I MBBS	50	50	100	100	100	200		

Assessment in CBME is ONGOING PRCESS,

No Preparatory leave is permitted.

- There shall be 2 internal assessment examinations in Otorhinolaryngology including Prelim.
- The suggested pattern of question paper for internal assessment internal examinations, except prelim examination is attached at the end. Pattern of the prelims examinations should be similar to the University examinations.
- 3. Internal assessment marks for theory and practical will be converted to out of 25 (theory) + 25 (practical). Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University. Conversion Formula for calculation of marks in internal assessment examinations.

	Theory	Practical				
Phase II	(2)	<u>.</u>				
Phase III/I	150	150				
Total	150	150				
Conversion out of	25	25				
Conversion formula	Total marks in 2 IA theory examinations /6	Total marks in 2 IA Practical examinations /6				
Eligibility criteria	10 10					
after conversion	Combined theory + Practical = 25					

 While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table.

Total Internal Assessment Marks	Final rounded marks				
13.01 to 13.49	13				
13.50 to 13.99	14				

- 2. Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject.
- Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

4. Remedial measures

A. Remedial measures for non-eligible students

DEAN

B.K.L. Waterweiter River Medical College
Atthespressor Post Severals

Tal. Chiphun Dist. Ratnagiri

- i) At the end of each internal assessment examination, students securing less than 50% marks shall be identified. Such students should be counseled at the earliest and periodically. Extra classes for such students may be arranged.
- ii) If majority of the students found to be weak in a particular area then extra classes must be scheduled for all such students. Even after these measures, if a student is failed to secure 50% marks combined in theory and practical (40% separately in theory and practical) after prelim examination, the student shall not be eligible for final examination.
- iii) Non eligible candidates are offered to reappear for repeat Internal assessment examination/s, which must be conducted 2 months before next University examination. The pattern for this repeat Internal assessment examination shall be similar to the final University examination. The marks in this examination shall be considered for deciding the eligibility criteria. Following conversion formula shall be used for converting the marks.

	Theory	Practical			
Remedial examination	100	100			
Conversion out of	25	25			
Conversion	Marks in remedial	Marks in remedia			
formula	theory examinations /4	Practical examinations /4			
Eligibility criteria	10	10			
after conversion	Combined theory + Practical = 25				

B. Remedial measures for absent students:

If any of the students is absent for any of the 2 IA examinations due to any reasons, following measures shall be taken.

i. The student is asked to apply to the academic committee of the college for reexamination, through HOD, to ascertain the genuineness of the reason for absentee.

- If permitted by academic committee, an additional examination for such students is to be conducted after prelims examination. Marks for such additional examination shall be equal to the missed examination.
- iii. Even if a student has missed more than one IA examination, he/she can appear for only one additional IA examination. In such scenario, eligibility should be determined by marks obtained in internal assessment examinations for which the candidate has appeared, without changing the denominator.

Format for Practical Examinations

Otorhinolaryngology

Internal Assessment Practical

Seat No.					Table viva			Practical Total
	Case	OSCE 1	OSCE 2	Surgical Pathology Radiology	Instruments and Surgical Procedure	Journal	Log Book	
Max. Marks	20	5	5	5	5	5	5	50

OSCE stations checklists to be prepared so as to give more weightage to crucial steps, if skills are small two or more skills may be included in same station

OSCE stations to include any of these - Clinical skills (case/audiology), Certifiable skils, AETCOM skills

Prelims Practical

				Subject: (Otorhinolary	ngology Practic	cal				
Seat No.	Table Viva										
	Case	OSCE 1 (Clinical skills)	OSCE 2 (Clinical skills)	OSCE 3 (Certifiabl e skills)	OSCE 4 (AETCOM skills)	Surgical Pathology Radiology	Instruments and Surgical Procedure	Journal &log book			
Max. Marks	30	10	10	10	10	10	10	10	100		

MUHS Final Practical

2000				Subject: (Otorhinolary	ngology Practic	cal Table Viva	T-Accessed
Seat No.					,	Practica		
	Case	OSCE 1 (Clinical skills)	OSCE 2 (Clinical skills)	OSCE 3 (Certifiabl e skills)	OSCE 4 (AETCOM skills)	Surgical Pathology Radiology	Instruments and Surgical Procedure	
Max. Marks	30	10	10	10	10	15	15	100

Internal Assessment Theory Examination (I)

Otorhinolaryngology

SECTION "A" MCQ

	Instructi	7470	SECTION "A" MCQ 1) Put m the appropriate has below the question number once only 2) Use blue ball point pen only 3) Each question carries One mark. 4) Students will not be allotted mark of he the overwrites strikes or just white ink marked. **MCQ OR Marks**							ink on the ero	us ance				
	SECTION "A" MCQ (10 Marks) Multiple Choice Questions (Lotal 10 MCQ oCOne mark each)									HER FOREST TO					
	NI			d) d)				hr.	i)		J)				(1+10-10)
Instruction	K: A)	Do not anemp All que The mi Draw	n to resi externa imber te	aything ori to ut are com the rig as wher	ou the fair m pulvar ht hall ever no	eans cates f cessar	all)	marks		e q	u estid	o n paper U written anythis	ng, auch type	of acr will be a	convidered as an
						SI	c	TON	-H-	(4	e Ma	irks)			
2. 1.6	ng Answ	er Ques	tions sr	nicture	t elmic	al que	stice	26;							(15 x1=15)
a) 3.Sho	on Answe	er Quest	ons 1/	iny 5 or	t of %x	, inclu	ding	no 1	At T	¢.,	эMı				(5 x 3=25)
25	b)	ci	di c	1 1											

B.K.L. Waterunkar Rural Medical College ALTasanvati, Post Severde

Tal.Chiplion,Ost.Ratnagin

MUHS Final Theory Examination

Otorhinolaryngology

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

Instri	ictions.	É	6) 7) 8)	Law b Each	ine bo quest uts w	all po ion co	int per irries	eiate l i only One n	nark,	"A" MCQ ow the question number one con I if he she overwrites strikes o		ансе
1	SECT	05-	A" M	'Q (2	0 Mu	rks)						
t.	Multiple Choice Questions (Total 20 MCQ of One mark each)											
	a)	Đ)	C3 (di	(e)	Û	g)	hi:	i)	ji:		
	ks.	51	m	0.7	01	63	97	ři.	35	i)		

SECTION "B" & "C"

Instructions

- 1. Use blue/black hall paint pen only
- Do not write anything on the blank portion of the question paper. If written anything such type of act will be considered as an
 attempt to resert to unfair means.
- 3. All questions are compulsory
- 4. The number to the right indicates full marks.
- 2. Draw diagrams wherever necessary.
- 6. Use a common answer book for all sections

SECTION "B" (40 Marks)

2 Long Answer Questions (Any 2 out of 5) structured clinical questions

(15 x 2=30)

ai 5) c

15 x 3-151

3.Short Answer Questions (All 3) amending 1 on AETCOM)

b) c)

SECTION C (40 Marks)

4 Long miswer questions

(15x1=13)

(1)

5 Short answer questions(any 4 out of 5) (4 limited Reasoning)

a) b) el d) e)

(5x4=20)

DEAN

8.K.L.Wateweikar Rinzi Medical College At.Kasarwack Post Sewards Tal. Chiphin Cost Ratnagus

Section wise distribution of topics for Prelim & MUHS Annual Examination

Year: III-I MBBS Subject: Otorbinolaryngology

Paper	Section	Topics
Ì	Α	MCQs on all topics of Otorhinolaryngology Basic Science (2), Otology (6), Rhinology (6), Head Neck Laryngology (6)
	B Basic Sciences. Recent Advances. Otology	Anatomy and Physiology of Ear, Nose, Throat & Head and Neck; Recent Advances; Audiology and Hearing loss; Vestibular System, Diseases of External Ear and Middle Ear; Eustachian Tube and its disorder: Cholesteatoma, Chronic Otitis media and Complications; Otosclerosis; Facial Nerve and its Disorder;
		Meniere's Disease; Tumours of External Ear, Middle Ear and Mastoid; Deaf Child & Rehabilitation of Hearing Impaired
	C Rhinology, Laryngology, Head and Neck	Diseases of External Nose; Nasal Septum and its diseases Acute and Chronic Rhinitis and Sinusitis and its complications: Allergic, Vasomotor Rhinitis and NARES; Nasal Polypi; Epistaxis; Facial Trauma; Granulomatous Diseases of Nose; Neoplasm of Nasal Cavity and PNS; Disorders and Lumours of Oral Cavity and Salivary Gland; Acute and Chronic Tonsilitis, Adenoiditis and Pharyngitis Head and Neck space infections; Tumours of Nasopharynx, Hypopharynx, Oropharynx and Pharyngeal Pouch; Snoring and Sleep Apnoea; Laryngotracheal Trauma.
	MI.	Acute and Chronic inflammation of Larynx. Congenital Lesions and Benign Tumours of Larynx; Laryngeal paralysis; Carcinoma Larynx; Stridor and Tracheostomy; Voice and Speech Disorder; Foreign Bodies in Air and Food passage; Disorders of Oesophagus and Dysphagia

Records of Examinations and Internal Assessment

Sr. No.	Exam No	Date	Theory	Date	Practical (Exam 1 and 2 – 5 marks each for journal and logbook, Prelim exam-10 marks each for journal and logbook)	Feedback provided	Signature of student	Signature of teacher
ĭ	Exam no.1- *Phase II (end of 1st clinical postings)		=		/40+10			
2	Exam no.2- Phase III/I (end of 2 nd clinical postings)		/50		/40+10			
3	Preliminary Examination		/100		/80+20			
4	Total		/150		/150			
5	Conversion		/30		/30			
6	Final Internal Assessment Marks (to be submitted to University)	•	/30		/30	***		

*The practical examination conducted in phase II will be college level examination and marks of the same will not be included in the internal assessment.

Signature of Head of the Department

B.K.L. Walzwak at Rick I Medical College A.K. Kasarwad, Post Sawrids Tat Chiphus Dist Ratingun

PHASE II-clinical (minimum two assessments)

Sr. No	Competency # addressed	Name of Activity	Site Ward, skill lab, opd , casualty,	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty	Feedback received initial of Learner	Method of assessme nt and Score
1.		- 1								
2.					-					
3										
4.	2									
5.	,									
ő						B				
					DEAN					

BLC: Waterwick Russ Wedges Cologs ALKasamed, Post Sewerds Tal Chiphot Dist Ratingon

PHASE II-Psychomotor

Sr. No.	Competency # addressed	Name of Activity	Site Ward, skill lab, opd , casualty,	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectation S OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
1,								ă.	
2.								to.	

DEAN

&K2. Waterakar Russi Wedical College Al, Kasamud, Post Saweds Tal Chiplion Dest Ratingun

PHASE III Part I -clinical (Minimum two assessments)

Sr. No.	Competency# addressed	Name of Activity	Site Ward, skill lab, opd , casualty,	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectatio ns OR Numerical Score	(C) Repeat	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
Ĭ.				-						
2,										
3.	3									
4,			:- V	4				242		
5.										
6.					law	B				
6.		au-rock			CAP.	B		7		

B.G.I. Waterakar Ricci Widocai College Al. Nasarwid, Post Sawirde Tat Chiplint Dest Ratingun

PHASE III Part I-Psychomotor skill

Sr. No.	Competency# addressed	Name of Activity	Site Ward, skill lab, opd , casualty,	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
0:										
2.										

CAPA

& CL Watzwakar Russ Wedocal Cologe A.Kasarwed, Post Sewerds Tal Chiphocolog Ratingon

PHASE III Part I - AETCOM

Sr. No.	Competency # addressed	Name of Activity	Site Ward, skill lab, opd, casualty,	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectatio ns OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty	Feedback received Initial of Learner	Method of assessme nt and Score
1.	,									
2.										
3.										

DEAN

BELWatewakar Rinti Medical Cologe Arkasanwid, Post Sawerds Tat Chiphun Dist Ratingun

ANNEXURE 1:

RECORDING FORM FOR MINI - CEX

EVALUATOR : DATE: STUDENT: YEAR : PATIENT DIAGNOSIS . SETTINGS . AMBULATORY NEW IN PATIENT FOLLOW UP ED OTHER! PATIENT AGE PATIENT SEX FOCUS I DATA GATHERING / DIAGNOSIS / THERAPY / COLINSCLLING MEDICAL INTERVIEWING SKILLS. (OBSERVED / NOT OBSERVED) 3 / 7 8 PHYSICAL INTERVIEWING SKILLS (OBSERVED / NOT OBSERVED) HUMANISTIC QUALITIES / PROFFESIONALISM (OBSERVED / NOT OBSERVED) 4 5 6 / 7 B CUNICAL JUDGEMENT (DUSERVED / NOT OBSERVED) 1 1 8 X. COUNSELLING SKILLS (OBSERVED / NOT OBSERVED) / / 13 3 ORGANIZATION / EFFICIENCY (OBSERVED / NOT OBSERVED) OVERALL CLINICAL COMPETENCE (OBSERVED / NOT OBSERVED) A 5 6 MINI CEX TIME . OUSERVING . _____ MINS PROVIDING FEEDBACK _____ UNSATISFACTORY 1,2,3 SATISFACTORY 4, 5, 6 SUPERIOR 7, 8, 9 EVALUATOR SATISFACTION WITH MINI CEX LOW 1 2 3 4 4 5 6 7 8 9 HIGH

RESIDENT SATISFACTION WITH MINI CEX

LOW 1 2 3 4 4 5 6 7 8 9 HIGH

COMMENTS-

STUDENT SIGNATURE

COMPLEXITY LOW

MODERATE

HIGH

B.K.L. Watewakar Russ I Medical College ALKasanwid, Post Sawride Tal Chiplion Dist Rathagin

EVALUATOR SIGNATURE

ANNEXURE 2:

AetCom skills can be assessed by use of Kalamazoo consensus.

		*	
	-	9.7	 ~
С		18	 -
_			 •

Builds relationship

Opens the discussion

Gathers information

Understands the patient's perspective

Shares information

Manages flow

Overall rating

Signature of teacher

Rating 1-3 - Poor. 4 -6 Satisfactory, 6 -10 Superior

Communication skills rating scale adapted from Kalamazoo consensus statement.

B.K.; engues at Rose Medical College Authors and Post Selection Tel Chepha Distriction

Page 49 of 49

Maharashtra University of Health Sciences

Internal Assessment General Medicine

Phase	16	A – 1 -Exam		IA - 2 -Exam			
	Theory (Gen Med only) (January)	Practical EOP	Total Marks	Theory (Gen Med only) (May)	Practical of Allied	Total Marks	
Second MBBS	50	50	100	50	(divided into three allied subjects as follows)	100	
					DVL = 15 marks		
					Psychiatry = 15 marks		
					Respiratory Medicine = 20 marks		

^{*} The marks for internal assessment - 2 shall be communicated by DVL. Psychiatry and Respiratory Medicine departments to General Medicine department immediately after completion of examination and assessment.

Phase		IA - 3 -Exam		IA - 4 -Exam			
	Theory (Gen Med and Allied) (January)	Practical EOP (Including 10 marks for Journal / Log Book)	Total Marks	Theory (Gen Med and Allied) (April)	Practical of Allied	Total Marks	
Third MBBS Part I	50	40+10=50	100	50	50 (divided into two allied subjects as follows)	100	
					DVL = 25 marks		
					Psychiatry = 25 marks		

^{*} The marks for Internal assessment – 4 shall be communicated by DVL and Psychiatry departments to General Medicine department immediately after completion of examination and assessment.

DEAN

B.K.L. Waterweiter Rurel Medical College At. Naserweid: Poet Severide Tal. Chiphun Chef, Patriagun

Phase	1	IA - 5 -Exam	Prelim Exam				
	Theory (General Medicine and Allied) (May)	Practical EOP (Including 10 marks for Journal / Log Book)	Total Marks	Theory General Medicine and Allied) (November)	Practical	Total Marks	
Third MBBS Part II	100	90+10=100	200	100 x 2 papers = 200	200	400	

There will be End of Postings Exam at each end of posting. (There will be FORMATIVE ASSESSMENT at the End of <u>four weeks Clinical Posting</u> of General Medicine NOT to be added to INTERNAL ASSESSMENT).

DEAN

8.K.L.Walawakar Rural Medical College At.Kasarwati, Poet Savarda Tal. Chiphun.Cast.Ratnagur

Assessment in CBME is ONGOING PRCESS,

No Preparatory leave is permitted.

- There shall be 6 internal assessment examinations in General Medicine including allied.
- The suggested pattern of question paper for internal assessment, except prelim examination is attached at the end. Pattern of the prelims examinations should be similar to the University examinations.
- 3. Internal assessment marks for theory and practical will be converted to out of 50 (theory) +50 (practical). Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University. Conversion Formula for calculation of marks in internal assessment examinations.

	Theory	Practical			
Phase II	100	100			
Phase III/I	100	100			
Phase III/II	300	300			
Total	500	500			
Conversion out of	50	50			
Conversion formula	Total marks in 6 IA theory examinations /10	Total marks in 6 IA Practical examinations /10			
Eligibility criteria	20 20				
after conversion	Combined theory + Practical = 50				

While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table.

Total Internal Assessment Marks	Final rounded marks
33.01 to 33.49	33
33.50 to 33.99	34

- Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject.
- Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

7. Remedial measures

A. Remedial measures for non-eligible students

- At the end of each internal assessment examination, students securing less than 50% marks shall be identified. Such students should be counseled at the earliest and periodically.
- ii) Extra classes for such students may be arranged. If majority of the students found to be weak in a particular area then extra classes must be scheduled for all such students. Even after these measures, if a student is failed to secure 50% marks combined in theory and practical (40% separately in theory and practical) after prelim examination, the student shall not be eligible for final examination.
- iii) Non eligible candidates are offered to reappear for repeat internal assessment examination/s, which must be conducted 2 months before next University examination. The pattern for this repeat internal assessment examination shall be similar to the final University examination. Only the marks in this examination shall be considered for deciding the eligibility criteria. Following conversion formula shall be used for converting the marks.

8.K.L.Wateweikar Rinzi Medical College At.Rasarwack Post Sewards Tal. Chiphim.Ost.Ratnagur

	Theory	Practical		
Remedial examination (as per final examination pattern)	200	200		
Conversion out of	50	50		
Conversion formula	Marks in remedial theory examinations /4	Marks in remedial Practical examinations /4		
Eligibility criteria	20	20		
after conversion	Combined theory + Practical = 50			

B. Remedial measures for absent students:

- If any of the students is absent for any of the 6 IA examinations due to any reasons, following measures shall be taken.
- The student is asked to apply to the academic committee of the college for reexamination, through HOD, to ascertain the genuineness of the reason for absentee.
- iii. If permitted by academic committee, an additional examination for such students is to be conducted after prelims examination. Marks for such additional examination shall be equal to the missed examination.
- Even if a student has missed more than one IA examination, he/she can appear for only one additional IA examination. In such scenario, eligibility should be determined by marks obtained in internal assessment examinations for which the candidate has appeared, without changing the denominator.

Internal Assessment Practical Examinations

II MBBS

Internal Assessment - 1

General Medicine

	Subject: General	Medicine Practical (IA -	- 1}	
OSCE 1	OSCE 2	Viva	Journal & log book	Practica Total
10	10	10	10	50
	excession in the	OSCE 1 OSCE 2	OSCE 1 OSCE 2 Viva	OSCE 1 OSCE 2 Viva & log book

OSCE Stations to include Signs of General examinations, Local examinations, Psychomotor skills and Communication skills.

OSCE DETAILS: 1. History taking of a particular symptom;

- 2. Demonstration of signs- Pulse/BP/JVP;
- 3. Identification of General examination findings etc.
- 4. Communication Skills with patient or relative etc.

Viva on Drugs: Drugs Indication/Contraindication/ Adverse Effects etc.

Viva on emergency: eg. Snake bite, OP poisoning, Status asthmatics etc.

DEAN

B.K.: Waterinkar Rival Medical College At. Rassawack Post Sewards Tal. Chiphin Dist. Ratnagus

Internal Assessment - 2

DVL, Psychiatry and Respiratory Medicine (to be conducted at the end of respective clinical postings)

Su	bject: General Medicine Allied Practical (IA Examination in DVL	- 2)
Case	Viva	Practica Total
10	5	15
St	bject: General Medicine Allied Practical (IA Examination in Psychiatry	- 2)
Case	Viva	Practica Total
10	5	15
St	bject. General Medicine Allied Practical (IA Examination in Respiratory Medicine	-2)
Case	Viva	Practical Total
15	5	20

^{*} The marks for internal assessment – 2 shall be communicated by DVL, Psychiatry and Respiratory Medicine department to General Medicine department immediately after completion of examination and assessment.

III MBBS Part I

Internal Assessment - 3

General Medicine

		Subject: Gener	al Medicine Practical (IA -	- 3)	
Case	OSCE 1	OSCE 2	Viva	Journal & log book	Practica Total
20	5	5	10	10	50

OSCE Stations to include Signs of General examinations, Local examinations, Psychomotor skills and Communication skills.

OSCE DETAILS: 1. History taking of a particular symptom;

- 2. Demonstration of General examination findings;
- 3. Demonstration of systemic findings
- 4. AETCOM or Communication Skills with patient or relative.

DEAN

8.K.L.Watawaikar Rurai Medical College At, Kasarwaidi, Poat, Savanda Tal, Chiphun, Cist, Ratnaguri

Internal Assessment - 4

DVL and Psychiatry

	Subject	t: General Medicine Allied Practical (Examination in DVL	(IA - 4)
Case	DSCE 1	Viva	Practical Tota
10	5	10	25
	Subj	ject: General Medicine Allied Practical (IA Examination in Psychiatry	-4)
Case	OSCE 1	Viva	Practical Total
10	5	10	25

^{*} The marks for Internal assessment – 4 shall be communicated by DVL / Psychiatry department to General Medicine department immediately after completion of examination and assessment.

III MBBS Part II

Internal Assessment - 5

General Medicine

			Subject:	General Medicin	e Practical (IA – 5)		
Long Case	OSCE1	OSCE2	OSCE 3	OSCE 4	Viva	Journal & log book	Practica Total
50	5	5	5	5	20	10	100

OSCE Stations to include Signs of General examinations, Local examinations, Psychomotor skills and Communication skills.

OSCE DETAILS-

- Demonstration of signs (Deep Tendon Reflex, Tone, Power of Muscle, Palpation of spleen and liver);
- 2. Demonstration of systemic findings
- 3. Certifiable procedural skills
- 4. AETCOM or Communication Skills with patient or relative etc.

Viva - X-ray, ECG, Instruments, Drugs

DEAN

8.K.L.Watawaikar Rurai Medical College At, Kasawaidi, Poat, Savanda Tal, Chiphun, Crat, Ratnaguri

MUHS final practical examination

General Medicine

Long Case	Short Case – 1	Short Case -2	OSCE * 4 Stations (15 x 4)	Viva (Table 1 – Instruments, Drugs, Emergencies Table 2- X-rays, ECGs, Laboratory reports) (2 tables of 20 marks each)	Practical Total
50	25	25	60	40	200

OSCE Stations may include General examinations, Local examinations, psychomotor skills, Communication skills, AETCOM etc.

OSCE 1 - Clinical Skills

OSCE 2 - Certifiable procedural skills

OSCE 3 - Certifiable procedural skills

OSCE 4 - AETCOM related skills

DEAN

8.K.L.Watewnikar Rinzi Medical College At, Kasarwack, Post Sewards Tal, Chiphin Dist, Ratnaguri

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK Format / Skeleton of question paper for 1 th & 2 nd internal

Assessment Theory Examinations.

. No.							
	structions:			SECTI	ON "A"	MCQ	
****	structions:	(1) W	ut 🖂 in thi	e appropriat	r boe b	elew the question number once only.	
		(2) 1/	se blue ball p	ains pen ani	y		
		3) 25	ach aueston	curries One	mark.		
		(Cont.) 10.	tudents will i narked	not be allot	ted me	uk if he/she overwrites strikes or put i	white ink on the cross once
	SECTION	"A" MCQ (I	(OMarks)				
S.	Multiple	Choice Ques	stions (Total	-10 MCQ of	One m	ark each from General Medicine)	(1×1-10)
	a) b) ()	d) of fi	gj hj	11)	
tructions:	2) Do no utter 3) All qu	t write anyt pt to resort estions are i	to unfair me computsory. e right indica	alank portio ans. stes full mar		e question paper. If written anything, su	ich type of act will be considered as a
Long Answ	5) Draw	diagrams w	of 3) (Gener		ř.		(2 = 10 = 20)
Long Answ	5) Draw	diagrams w	name		É		(2 = 10 = 20)
aj	S) Draw wer Question b)	diagrams w	of 3) (Gener	al Medicine		ning question) (General Medicine)	(2 × 10 = 20)

Assessment examination.

6.5. Wagnestar Rural Medical College

Format / Skeleton of question paper for 3rd and 4th internal

Assessment Theory Examinations (III MBBS Part I)

1) Use 2) Do any med	Use blue to Each ques Students marked (10Marks) uestions (To blue/ble not write thing, su	oall point; tion carrie will not b otal -10 N f) g) ock ball	pen pri es One es One de allo MCQ of h)	te bo	k. mark mark i)	on the quest if he/she o	verwrites strik	cine)	paper.	(1x10=10)	en
DN "A" MCCople Choice Quality (1) Use 2) Do any	Each ques Students marked (10Marks) uestions (10 d) e) blue/ble not write thing, su	tion carrivall not b otal -10 N f) g) ack ball	es One one ollo ncq on h) l poin ing o	tone	mark mar i) en o	k each from only. dank port	General Medi	cine) question	paper.	(1x10=10)	en
DN "A" MCCople Choice Quality (a) 1) Use 2) Do any	of thing, su	otal -10 N f) g) ack ball	ncq of h) I politing to	t One	mark mar i) en o	k each from only. dank port	General Medi	cine) question	paper.	(1x10=10)	en
on "A" MCC ple Choice Q b) c) 1) Use 2) Do any med	marked. (20Marks) uestions (Total blue/ble not write thing, su	otal -10 N f) g) ack ball canyth	h) I poli	t One	mar i) en o	k each from only. dank port	General Medi	cine) question	paper.	(1x10=10)	en
1) Use 2) Do any	d) e) blue/blue thing, su	otal -10 N f) g) ack ball	h) I poli	nt po	i) en o	only. Jank port	ion of the (question	paper. I	If writte	en
1) Use 2) Do any med	d) e) blue/ble not write thing, su	n 8) ack ball	h) I poli	nt po	i) en o	only. Jank port	ion of the (question	paper. I	If writte	en
1) Use 2) Do any med	blue/ble not write thing, su	ack bal	l poli	nt p	en o	lank port			(F) (F)	-	
2) Do any med	not write thing, su ans.	anyth	ing o	m ti	he b	lank port			(F) (F)	-	
any me	thing, su ans.	127				1 (-1)			(F) (F)	-	
me	ans.	ich type	e of a	ct v	will.	be consid	pred as an	attempt	to reso	rt to un	fair
me	ans.		-				LICU US UII			CONTRACTOR OF CASE	
21 40	STATE OF THE PARTY							Sales and the sales			
31 4411	auestion	s are co	mnı	ilsoi	rv.						
						tes full m	arks				
1.5			-			500					
wer Que	stion (Ar	ıy 2 oul	t of 3) (0	Gen	eral Medi	cine)			Ċ	2 x 10 = 20
b)	c)										
swer que	stions (1	from A	NET C	ом) (G	ieneral M	edicine)			(2 x 5 = 10)
b)											
swer que	stions (A	ny 2 ou	ut of	3) ((At I	east 2 Cli	nical reaso	ning que	estion) (DVL,	
& Respira	itary Me	dicine)								(2 x 5 = 10)
b)	c)										
5	4) The 5) Dra wer Que b) swer que & Respira	4) The number 5) Draw diagro wer Question (Ar b) c) swer questions (1 b) swer questions (A	A) The number to the 5) Draw diagrams who wer Question (Any 2 out b) c) swer questions (1 from A b) swer questions (Any 2 out & Respiratory Medicine)	4) The number to the right 5) Draw diagrams wherev wer Question (Any 2 out of 3 b) c) swer questions (1 from AETC) b) swer questions (Any 2 out of 8 & Respiratory Medicine)	4) The number to the right ince 5) Draw diagrams wherever re wer Question (Any 2 out of 3) (6 b) c) swer questions (1 from AETCOM b) swer questions (Any 2 out of 3) (6 8 Respiratory Medicine)	5) Draw diagrams wherever necessary wer Question (Any 2 out of 3) (Gental) (Company 2) (See the company 2) (At 1)	4) The number to the right indicates full m 5) Draw diagrams wherever necessary. wer Question (Any 2 out of 3) (General Medicates full m b) c) swer questions (1 from AETCOM) (General Medicates full m	4) The number to the right indicates full marks. 5) Draw diagrams wherever necessary. wer Question (Any 2 out of 3) (General Medicine) b) c) swer questions (1 from AETCOM) (General Medicine) b) swer questions (Any 2 out of 3) (At least 2 Clinical reaso & Respiratory Medicine)	4) The number to the right indicates full marks. 5) Draw diagrams wherever necessary. wer Question (Any 2 out of 3) (General Medicine) b) c) swer questions (1 from AETCOM) (General Medicine) b) swer questions (Any 2 out of 3) (At least 2 Clinical reasoning questions (Any 2 out of 3) (At least 2 Clinical reasoning questions (Medicine)	4) The number to the right indicates full marks. 5) Draw diagrams wherever necessary. wer Question (Any 2 out of 3) (General Medicine) b) c) swer questions (1 from AETCOM) (General Medicine) b) swer questions (Any 2 out of 3) (At least 2 Clinical reasoning question) (& Respiratory Medicine)	4) The number to the right indicates full marks. 5) Draw diagrams wherever necessary. wer Question (Any 2 out of 3) (General Medicine) b) c) swer questions (1 from AETCOM) (General Medicine) b) swer questions (Any 2 out of 3) (At least 2 Clinical reasoning question) (DVL, & Respiratory Medicine)

Separate answer sheets for question 4 (SAQ from DVL, Psychiatry & Respiratory Medicine) may be used for the ease of evaluation.

8.K.L.Watawakar Rural Medical College At, Nasanwadi, Poat, Savarda Tal, Chiphun, Cost, Ratraguri

DEAN

Format / Skeleton of question paper 5th internal assessment

Theory Examinations (III MBBS Part II)

	-												-
	le.	struct	ions:						1000		"A" f		
	***	SUIDE	10113.	9)		7					ox bel	aw the question number once only	
					Use Each						à.		
												d he/she overwrites strikes or put white ink on th	e cross once
						ked.		10000	P. 56. 13P.33.	2033818		and the state of t	
		58	CTION	"A" MC	Q (20N	/lark	5)						
	1.	M	ultiple	Choice C	luestic	ons (Total	-20 N	(DO				(1 x20=20)
			a) b)	c	d)	e)	n	g)	hj	77	ji		
		į,	i ii		14	-1	-1	.60	IIV		per Colo		
	-	н) 13	ml	n)	0)	P)	4)	r)	5)	ti		
					SEC	TION	"B"	8. "C"	*				
nstruct	lans.	*1	ttenhi	ue/black	v hall	nobat	200	nah					
STIME	10115.				300000000000000000000000000000000000000		17			ion o	the	question paper. If written anything, such type of act w	vill be considered as an
		15563		pt to res		MEMBELL			Salar Contract	2000	Name of Street		
				estions o		1.71							
				ımber to						arks.			
		5)	Draw	diagram	is whe	reve	nec	essar	y.:				
								S	ЕСТІО	N "B	" (60r	flarks)	
long	Answ	er Qu	estions	(Any 2	out of	310	Struc	tured	t Case	Base	d 10	eneral Medicine)	(2×15=30)
al	b)	9	1										
3.Sho	rt Ans	ver Q	uestlor	s (Any 2	out o	f 31 (Any	one s	houle	be C	linica	reasoning), 1 from AETCOM (General Medicine)	(2×5=10)
al	b)		1										
4.5ho	rt Ansı	wer Q	uestion	s (Any 4	out o	F5) [Gene	eral N	/ledici	ne)			(4 x 5 = 20)
a)	11))	d) e)									
							SE	CTIO	N "C"	-Alli	ed (2	DMarks)	
5. Sho	ort Ans	wer C	Questio	ns (alliec	DVL.	Psyc	hiati	γ & A	tespir	atory	Med	cine)	(4 x 5=20)
	a)	Ł	o) c)	dl									

Separate answer sheets for question 4 (SAQ from DVL, Psychiatry & Respiratory Medicine) may be (used for the ease of evaluation.

> B.K.L. Waterwalker Rural Medical College ALKasarwati, Post Spanide Tal. Chiplion, Ost, Ratnagiri

DEAN

Format / Skeleton of question paper for University Theory Examinations (III MBBS Part II) Paper – I

(Subject names to be removed)

	ins	truction	ns:	14)	Use Eac Stud	blue h que	balls rstion will	carri	pen o es On	ntir bo niy e ma	rk.	the question number ance only. he/shc overwrites strikes or put white	esk on the trass once
		***	TON "A	" NACO	2 (20)	Annie	-83						
									50		20	SALVER PER SALV	2 22/227
	1.		7539		-	502		0.00		1127	17.00	ch) - (General Medicine)	(1 x20=20)
		a)	b)	c)	q)	n)	TI.	gy	h)	1)	31		
		k)	11	m	0)	0}	p)	4)	9	sl	U		
					SEC	TION	"B"	8 °C					
area e a ca	SATURE O	a	i Transaction	***	100000								
nstructi	ans:		ise blue							ion of	the ques	stion paper. If written anything, such ty	pe of act will be considered as an
			ttempt			-				2.5	11.72		
			ili ques					or o	040	7			
			he nun haw di							Trk's.			
		ISAC G							60.				
									58	ECTIO	N "B"		
Long	Answe	r Ques	tions (Struct	ured (Case	Bases) (6	enera	Met	dicine)		(2×15=30)
a)	6)												
3.5hor	t Answ	er Que	estions	(Any o	me sh	ould	be C	inical	reas	oning	1 from	AETCOM) (General Medicine)	(3x5=15)
a)	hj	51		2. 10								2.50	A A
		41											
									SEC	TION	*C		
4. Long	Answ	er Que	stion	Struct	ured	Case	Bases	dile					(1 x15=15)
a)													17.075.0751
							27.94			1.01			
3.5hor						marci	ne) (A	avy a	out o	10)			(4 x5=20)
a)	b)	c)	d		4)								0.000
													0
													. 2
													Car.

E.K.: Waterman Form Medical College ALT-express, Post Sevence Ext. Chipmin Dist. Ratinguit

Format / Skeleton of question paper for University Theory Examinations (III MBBS Part II) Paper II

(Subject names to be removed)

	5.1	200							SEC	TION	"A" I		
	Anc	rruction	962	271	Put	DX.	in th	е арг	aropri	ate bo	ar bei	he question number once only.	
				200					pen s				1
				120.00					3-77-50-		120		
				- 10					re Or				
				20)				not	be as	orted	was	he/she overwrites strikes or put white ink on the crass ance	
					inar	Ard.							
													l .
		SECT	ION "A"	* MCC	(20n	tark	5)						
	1							208	aco n	f One	mar	h - 15 General Medicine , 2 DVL,	
	1.					A Company					11165	(1 x20=20)	
	1		spirator	WARRY OF THE		-0.00	sychi	-2.00%	C/ 210011	7547		Wast consider. It	
		-1	6)	5)	43	*1	n	#3	10)	13	п		
		k)	0	mi	m)	0)	pl	(q)	13	13)	10		
	1	76.0		444	234	41	6.6	31	_56	-99	- 4		
					SECT	TION	"B" (8 °C					
Instruction	167	12.0	se blue/				7	- 1 m / m / m					
		2) De	nat w	rire an	ythin	g on	the	elani	porti	on of	the c	tion poper. If written anything, such type of act will be considered	as an
		of	tempt t	a reso	orf to	unfa	ir me	ans.					
		3) Al	questi	ans ar	e con	npul	ory.						
		254.50	e numb					ites i	full mi	reks.			
			ow dia										
		20 100	Oss tire	A. estina	witte		· ince	casps					
									S	ECTIO	B"- 10		
2 Long Ar	15W @1	Quest	ions (5)	tructu	red C	ase t	Basec	IIG	enera	Med	ficine	(2x15=30))
45 V	1214												
4)	b)												
									SEC	TION	mp#		
									36.6				
3.Short 4	Answ	M Que	tions (any 4	out o	f 5) (DVL	E				(4x5=20)	
CAMPON.													
*()	ts).	<)	(d)		e)								
4.Short A	hnew	or Oues	tions (4	low 2	our of	A) I	Devel	inte	18			(3 x5=15)	
marine L.		- Mag	Comme ()	-114 A	Jul III		S. S. A. P. S.	erincer,	19			(,)	
2)	b)	1.3	d)										
5.Short A	Answ	er Ques	stions (/	Any 3	out of	4) (Hesp	rato	ry Me	dicine	•)		
521	16.4	126	11.00									(3 ×5=15)	
41	b)	43	d)										

S.K., Watermiter Forei Medical College ALMasarwadi, Post Sessorie Tal Chipson Cost Statinagen

SCHEME OF EXAMINATION - Internal Assessment

Sr. No.	Internal assessment	Date/Month /Year	Marks ob	tained	Out of 4.5	Signature of student
			Theory out of	Practical out of		
Ť	First	September				
2	Second	September		4		r
3	Third Part 1	October		1		r
4	Third Part II	January	1			r
	Total	57 W 11 W 2			1:	13
la .	Round up-					

Duration and details of course

Sr. No.	Phases		Semester	No of Months
3	1	First professional Preclinical phase	Semester I & Semester 2	1 + 12 months
2	TI.	Second professional Paractinical Phase	Semester 3 & Semester 4	11 Months
3	III Part I	Third professional Clinical Phase	Semester 5 & Semester 6	13 Months
4	Electives, ski	Ils and assessment		2 Months
5	III Part II	Third professional Clinical Phase	Semester 7. Semester 8 Semester 9	13 Months

DEAN

Phase	Hours	Total hrs	
First I	ji.		
Early clinical exposure	-90		
Second II			
Lectures	75	615 hrs	
Tutorial/Seminars/Integrated learning	**	*:	
Self directed learning	₩/A		
Third Part I	1		
Lectures	25		
Tutorial/Seminars/Integrated learning	35	65 hrs	
Self directed learning	5		
Third Part II			
Lectures	70		
Tutorial/Seminars/Integrated learning	125	210 hrs	
Self directed learning	15		

Theory teaching

Learner - Doctor Programme (Clinical clerkship) (Reference- The Gazette of India: Part III-sec 4 pg 74 74)

The learner will function as a part of the health care team with the following responsibilities:

- Be part of the unit's outpatient services on admission days.
- (ii) Remain with the admission unit until 6 PM except during designated class hours,
- Be assigned patients admitted during each admission day for whom he/she will undertake responsibility, under the supervision of a senior resident or faculty member,
- (iv) Participate in the unit rounds on its admission day and will present the assigned patients to the supervising physician.
- (v) Follow the patient's progress throughout the hospital stay until discharge.
- (vi) Participate, under supervision, in procedures, surgeries, deliveries etc. of assigned patients (according to responsibilities outlined in table 9),
- (vii) Participate in unit rounds on at least one other day of the week excluding the admission day.
- (viii) Discuss ethical and other humanitarian issues during unit rounds.
- (ix) Attend all scheduled classes and educational activities,
- (x) Document his/her observations in a prescribed log book / case record.
- (xi) No learner will be given independent charge of the patient.

Year of curriculum	Focus of Learner- Doctor programme	0
Year I	Introduction to hospital environment, early clinical exposure, understanding	Low
	perspectives of illness	DEAN

Year 2	History taking, physical examination, assessment of change in clinical status, communication and patient education
Year 3	All of the above and choice of investigations, basic procedures and continuity of care
Year 4	All of the above and decision making, management and outcomes

Details of internal assessment

Internal Assessment Subject: General Medicine

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onward

Phase	I-Exa	m (At the end of first to	erm)	II-Exam (At the end of second term)			
	Theory	Practical (Including 10 Marks each for Journal & Log Book)	Total Marks	Theory	Practical (Including 10 Marks each for Journal & Log Book)	Total Marks	
Second MBBS	50	50	100	50	50	100	

Phase	1-Exan	(At the end of first	term)	II-Exam (At the end of second term)			
	Theory	Practical (Including 10 Marks each for Journal & Log Book	Fotal Marks	l'heory	Practical (Including 10 Marks each for Journal & Log Book)	Total Marks	
III/I MBBS	50	50	100	50	50	100	

Phase	1-Exa	m (at the end of first	term)	II-Exam Preliminary examination				
	Theory	Practical (Including 10 Marks each for Journal & Log Book)	Total Marks	Theory	JOHEDAL & J. 02 (100K)	Fotal Marks		
TH/H	50	50	100	200	200 DEAN	400		

MBBS		(100 x 2		
		papers)		

- There will be 5 internal assessment examinations (2 each in 2nd MBBS and 3rd Part 1 and 1 in 3rd Part II MBBS) in the Subject of General Medicine and 1preliminary examination (3rd Part II MBBS). The structure of the internal assessment theory examinations should be similar to the structure of University examination.
- It is mandatory for the students to appear for all the internal assessment Examinations in the respective phases. A student who has not taken minimum required number of tests for Internal Assessment each in theory and practical will not be eligible for University examinations.
- There will be only one additional examination for absent students (due to genuine reason) after approval by the Institutional Grievances Committee. It should be taken after preliminary examination and before submission of internal assessment marks to the University.
- Internal assessment marks for theory and practical will be converted to out of
- 100. Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University.
- 6. Conversion Formula for calculation of marks in internal assessment examinations
- Formula for Theory (out of 450) = Total marks/4,5 Formula for Practical (out of 450) = Total marks/4.5
- While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table

Internal Assessment Marks	Final rounded marks
13.01 to 13.49	L3
13.50 to 13.99	14

- 9. Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical Separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
- Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

- Preliminary examination (3rd Part II MBBS). The structure of the internal assessment theory examinations should be similar to the structure of University examination.
- 12. It is mandatory for the students to appear for all the internal assessment Examinations in the respective phases. A student who has not taken minimum required number of tests for Internal Assessment each in theory and practical will not be eligible for University examinations.
- 13. There will be only one additional examination for absent students (due to genuine reason) after approval by the Institutional Grievances Committee. It should be taken after preliminary examination and before submission of internal assessment marks to the University.
- 14. Internal assessment marks for theory and practical will be converted to out of
- 15. 100. Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University.
- 16. Conversion Formula for calculation of marks in internal assessment examinations
- 17. Formula for Theory (out of 450) = Total marks/4.5 Formula for Practical (out of 450) = Total marks/4.5
- While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table

Internal Assessment Marks	Final rounded marks
13.01 to 13.49	,13
13.50 to 13.99	14

- 19. Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical Separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
- Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

DEAN

B.K.L.Waterinkar Rinzi Medical College Attraserweck Post Spende Tal. Chiphin Dist. Ratnager

Second MBBS Practical Mark's Structure Internal Assessment Examinations

(Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards)

II MBBS- TERM-I

Seat No.	JOURN	BOOK	OSCE-1	OSCE- 2	OSCE-3	OSCE-4	CASE	Practical Total
Max. Marks	10	10	5	5	5	5	10	50

 OSCE DETAILS: 1. History taking of a particular symptom; 2. Demonstration of signs-Pulse/BP/JVP; 3. Identification of General Examination Finding; 4. Communication Skills with Pt or Relative

II MBBS- TERM-II

Seat No.	JOURN AL	LOG BOOK	OSCE-1	OSCE- 2	OSCE-3	OSCE-4	CASE	Practical Total
Max. Marks	10	10	5	5	5	5	10	50

OSCE DETAILS: 1. Demonstration of Syst Exam signs; 2. Spot Diagnosis - Jaundice, Clubbing, LN etc; 3. Drugs Indication/Contraindication/ Adverse Effects Etc; 4. Equipment – Name / Indication/ Contraindications

B.K.L. Waterwiker Rurel Medical College Alt Reserved: Post Sewards Tal Chiphin Dist Ratingur

Paper wise distribution of topics for Internal assessment Year: Second MBBS Subject: GENERAL MEDICINE

nternal Assessment	Section	Topics
	Section A MCQs on all topics (15x1=15 marks)	Fever & Febrile Syndromes
I (50 marks)	Section B SAQ on all topics (4x5=20)	HIV
100000000000000000000000000000000000000	Section C LAQ on all top:cs	Diarrhoeal Diseases
	(15x1=15 marks)	Envenomation
	Section A MCQs on all topics	Pneumonia
n	(15x1=15 marks) Section B SAQ on all topics	Miscellaneous Infections
(50 marks)	(4x5=20) Section C	Paisoning
	LAQ on all topics (15x1=15 marks)	Nutrition & Vitamin Deficiencies

B.K.L. Waterweiter River Medical College Attrassmedic Post Sewards Tal. Chiphin. Dist. Ratnagun

Year: III-I MBBS Subject: GENERAL MEDICINE

Internal Assessment	Section	Topics
(50 morks)	Section A	Hypertension
(50 marks)	MCQs on all topics (15x1=15 marks)	Heart failure
	Section B	
	SAQ on all topics (4x5-20)	Acute MI/IHD
	Section C	The role of physician in the
	LAQ on all topics (15x1=15 marks)	community
		AET-COM

DEAN

Paper wise distribution of topics for Prelim & MUHS Annual Examination

Subject: General Medicine

Paper	Section	Topics			
1	Section A	Fever & Febrile Syndromes			
(100	MCQs on all topics of	HIV			
marks)	the paper I (20x1=20)	Diarrhoeal Diseases			
		Pneumonia			
		Enveromation			
	Section B	Miscellaneous Infections			
	SAQ on all topics of the paper I	Poisoning			
	TRACE OF THE CO.	Nutrition & Vitamin Deficiencies			
	(7x5=35)	Anaemia			
	entral transcorp	Obesity			
	Section C LAQ on all topics of the	Hypertension			
	paper I (3x15-45)	Heart failure			
		Acute MI/IHD			
		The role of physician in the community			
		AET-COM			
	Section A	G1 Bleed			
110	MCQs on all topics of the paper II (20x1=20)	Liver Diseases			
(100		Mineral Fluid Electrolyte and acid base disorder			
marks)		Acute kidney injury and chronic renal failure			
		Headache			
	Section B	Cerebrovascular accident			
	SAQ on all topics of the paper II	Movement disorder			
	Particular of	Diabetes			
	(7x5=35)	Thyroid Dysfunction			
	amminus.	Rheumatological Problems			
	Section C LAQ on all topics of the	Common Malignancies			
	paper II	Geriatries Geriatries			
	(3x15≠45)	Psychiatry, Dermatology & Leprosy (DVL) and			
	Amagan Control to	Respiratory Medicine including Tuberculosis			
		AET-COM			
	7	1 2			

B.K.L. Waterwiker Rurel Medical College Althoursemedi, Pool Sevende Tal Chiphun Ost Ratnegur

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NAS FORMAT/SKELETON OF QUESTION PAPEL

	1 fourse: Yest			di III					rds esaminal	Termiy	⊃ Subspa Code
	t Nations	(PSE)	vn	4	Total N	larks.			Total Teme	3 Hrs.	
	- Web Pu	uens ,	l ř		Web	el incomo	100	4	Web	Eli-	to was not ge
					5 xelet-	6			Syllabor		
	Instruction	í	1 Con - bin) Sys	e filme) ch ystr	adi en Armen	hat iron my-	roue h eveke One m	na hel ark	"A" MCQ with question the property of		nex and
	ľ					SEC	T10.5	C."A"	MCQ (Marks	
	i Mistr	ріг Онов	e Que	арил г	out	1	dCID)	t One	muck-cuchs		
	40	D)	64	d) ge	- 0	#1	hi.	0	97		
	3/1	(ib)	1000	93.08	0.00	90	33	930	79		
	64 17	apor parei	n n/ 158 rrd fr u i fre Line	las Perio de Provincia de Prio de Provincia Princia Provincia	s general modernam constant children	inin P r Cfus gyllari ill was	Marija na Kr meter	anti Anto	ia thayd Protection who Borother golden	ir salytes (+1)	altus makin din sage diakas man utergin: Din diakahalisin ha
m own con-	No. of the second						H. (Marks i		
T-3MD30	Answei Ones			nured et		100					
-3	Allawer (740)			untor							
2 10	p) c)		8 0			71					
					det in	05.7			75 0 0 1 0 0		
	aus est dimisi	ONE LAY	6.61						TEMP MAY		
Ph 11					Y.	1			- Markey		
	b) c				X.	1	2 10		- Startes		
5 1 01	b) e ig Answy Qu	1 (1)		± l							

B.K.L. Waterweiter Rural Medical College At Kasanwadi, Post Sawards Tal Chiphen Out Ratnager

Assessment of Skill competencies

8.K.: Walaunikar Rural Medical College At, Kasarweck, Poot Savarda Tal, Chiphen Ost Ratnager

Assessment of DOAP Sessions

Phase	Com pete ncy Nos.	Topics & Subtopics	Teaching & Learning method	Attempt at activity First (F) Repeat (R) Remedial (Re)	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date
Phase II	1.12	Pulse examination with demonstration				
	1.13	Measure BP accurately				
	1.14	JVP				
	4.10	Examination of skin, lymph node, chest and abdominal examination				
	2.7	CVS Examination with demonstration				
	3.4 & 3.5	Orientation to history taking, general examination & systemic examination of Respiratory system				
Phase III part II (fourth year)	IM 3.9/ IM 5.15	Demonstrate in a mannequin and interpret results of a pleural fluid Aspiration				
-	IM5. 15	Assist in the performance and interpret the findings of an ascitic fluid analysis	Mannequi ns/bedsid e clinic/Rea I patient			
	M6. 15/ M 17.8 17.9	Demonstrate in a model the correct technique to perform a lumbar Puncture	Mannequi ns/bedsid e clinic/ Real patient			
Feedback	by Fac	ulty-	Î			Ì
Phase II			-1			4
Phase III P	art I					
Phase III P	art II					t

8.K.L. Watzunkar Rurzi Medical Gollege At, Kasarwedi, Poet Savarda Tal, Chiphin Ost, Ratnagur

Assessments of Skill acquisition Sessions

Phase	Competen cy Nos.	Topics & Subtopics	TL Method	Attempt at activity First (F) Repeat (R) Remedial (Re)	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date
Phase II	1.30	Intramuscular injection	Simulator / Mannequi n/Small group discussion			
		Communication with patient Patient Education				
Phase III Part I	IM4.15	Peripheral blood smear interpretation&Perform and interpret a malarial smear	Small group discussion			
		Ryles tube insertion	Simulatio n/ Real patient			
	IM4.20	Interpret a PPD (Mantoux)	Small group discussion			
	IM11.19	Demonstrate(and counsel) patients on the correct technique to administer insulin	Real patient			
	IM3.17	Describe and discuss the supportive therapy in patients with pneumonia including	Small group discussion			8.K.L.Wala

L Waterwater Rural Medical College At, Rasgreed, Poet Severda Tal, Chiphen Ost, Ratnager

oxygen use and

Phase III I	Part I		-	Askas Tal.C
Feedback	by Faculty			ō.K⊥ Walz/
	IM2.21	Observe and participate in a controlled environment an ACLS Program	Session in skills lab	
	IM2,22	Perform and demonstrate in a mannequin BLS	DOAP	
	IM15.13	Observe cross matching and blood / blood component transfusion	Bed side clinic/real patients	
	IM9.19	Assist in a blood transfusion	Bed side clinic/real patients	
	IM25.9	Assist in the collection of blood and other specimen cultures	Bed side clinic/real patients	
	IM11.12	Perform and interpret a capillary blood glucose test	Real	
	IM4.19	Assist in the collection of blood	Bed side clinics	
Phase III part II (fourth year)	IM1.22	Assist and demonstrate the proper technique in collecting specimen for blood culture	Simulator s/manneq uin	\$\frac{1}{2}
	IM15.2 M15.11	Setting up IV Infusion and calculating drip rate	Seminar/ Small group discussion /Casualty real patient	
	IM11.13	Bedside urine analysisv&vPerform and interpret aurinary ketone estimation with a dipstick	Real	
		indications for ventilation (K)		

DEAN

B.K.; Watzunkar Rival Medical College At, has presd; Post Sevenda Tal, Chiphin, Ost, Ratnaguri

Phase III Part II	

Assessments of case presentation Sessions

Phase	Competenc y Nos.	Topics & Subtopics	TL Method	Attempt at activity First (F) Repeat (R) Remedial (Re)	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	initial of faculty and date
Phase II	20.4 & 20.5	Medical emergency - snake bite - Elicit, present and document an detail history. Perform a systematic examination, document and present a local, appropriate cardiac and neurologic examination	Seminar/ Small Group discussion			
	CT2.20	Describe and discuss the principles and use of oxygen therapy in the hospital and at home	Lecture/ seminar/s mall group discussion /bedside clinic	<u></u>		
	CT2.22	Demonstrate and counsel patient on the correct use of inhaler	Small group discussion	-		
Phase III part II (fourth year)	IM10.21	Describe and discuss the indications for and insert a peripheral intravenous catheter	Seminar / lecture	-		
	IM11.20	Demonstrate to and counsel patients correct technique on the of self-monitoring of blood glucoses	Seminar/le cture			Care
	IM15.2	Enumerate, describe and discuss the evaluation and steps involved in	Seminar/le cture/smal	=	At.	DEAN DEWRIEST RUSS Medic Linsurweck, Pool Spin d.Chiphun.Dost.Ratina

	stabilizing a patient who presents with acute volume loss and GI Bleed	l group discussion
IM15.11	Develop, document and present a treatment plan that includes fluid resuscitation, blood and blood component transfusion, and specific therapy for arresting blood loss	Seminar/le cture/smal l group discussion
AS2.1	Enumerate the Indications, describe the steps and demonstrate in a simulated environment basic life support in adults children and neonates	Seminar/le cture/smal l group discussion
IM17.9	Interpret the CSF findings when presented with various parameters of CSF fluid analysis	Seminar/le cture/smal l group discussion
Feedback by Faculty		
Phase III Part I		
Phase III Part II		

Assessment of OSCE

Phase	Com pete ncy Nos.	Topics & Subtopics	Attempt at activity First (F) Repeat (R) Remedial (Re)	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date
Phase II	IM4. 15 IM9. 10	Perform and interpret a malarial smear Describe, perform and interpret a peripheral smear			
	IM11 .13	Perform and interpret a urinary ketone estimation with adipstick			
	BI11. 4	Perform urine analysis to estimate and determine			

DEAN

B.K.L. Wateunkar Rural Medical Gollege
Al. Kaserwedi, Post Sewerds
Tal. Chiphun Ost, Ratnagur

constituents			
Interprete Chest X Ray			
Interprete blood culture			
Interprete Hemogram- CBC etc			
Interprete Liver function tests			
Interprete CSF analysis			
Interprete ascitic, pleural fluid			
Interprete ABG			
aculty			
-			
	Interprete Chest X Ray Interprete blood culture Interprete Hemogram- CBC etc Interprete Liver function tests Interprete CSF analysis Interprete ascitic, pleural fluid	Interprete Chest X Ray Interprete blood culture Interprete Hemogram- CBC etc Interprete Liver function tests Interprete CSF analysis Interprete ascitic, pleural fluid Interprete ABG	Interprete Chest X Ray Interprete blood culture Interprete Hemogram- CBC etc Interprete Liver function tests Interprete CSF analysis Interprete ascitic, pleural fluid Interprete ABG

Skill acquisition Vertical integration

Phase	Comp etency Nos.	Topics & Subtopics	Teaching & Learning method	Attempt at activity First (F) Repeat (R) Remedial (Re)	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date
Phase III	OG35. 17	OBGY Demonstrate the correct technique of urinary catheterization in a simulated/ supervised environment	Small group discussion / real patient/ simulatio			
	CT2.20	Chest Medicine - Describe and discuss the principles and use of oxygen therapy in the hospital and at home	Seminar/ Group discussion			
	CT2.22	Chest Medicine Demonstrate and counsel patient on the correct use of inhalers	Small group discussion / Role play/ Real patient			DEAN DEAN BACKET COTE
	A52.1	Enumerate the indications,	DOAP			Ar.Kasarwadi, Post Sawards Tal Chiplen Dist Ratnager

ah di	describe the steps and demonstrate in a simulated environment basic life support in adults children and neonates	Session in skills lab	
A52.2	Enumerate the indications, describe the steps and demonstrate in a simulated environment advanced life support in adults and children	DOAP Session in skills lab	
Feedback by Faci	ulty		
Phase III Part I			
Phase III Part II			

Integrated teachings-

Phase	Subject	Hours	Competency Nos. Topics & Subtopics	Teaching & Learning method	Attempt at activity First (F) Repeat (R) Remedial (Re)	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial o faculty and date
III Pa	rt I	1	hours (3 hours each for c	linical Pharm	acology, cli	nical Path	ology
	Clinical Pharmac ology	3hours	Clinical pharmacokinetics-1 hr Adverse drug reaction-1 hr Drug-Drug interaction-1 hr				
	Clinical Patholo gy	3hours	Anaemia and haemoglobinopathies-1 hr Hematological malignancies-1 hr Platelet disorder-1 hr				
	Clinical Microbi ology	3hours	Pyrexia of unknown origin - 1 hr Antimicrobial resistance -1 hr Viral haemorrhagic fever -1 hr				
III Pa	rt II	Integr	ated teachings- Total 1	9 hours			
	Care of patients during Pandemi cs	6 hours	Interactive Discussion- 2 hours Triage practices to be followed Primary care to be given to a patient on reaching hospital		ž.	DEAN DEAN ALKasanwati, Pos	

hase III Part II			B.C.: Waltermark Prof. Server At Keeumeark Prof. Server	
Phase III Part I			DEAN	
eedback by aculty		.,	, 9,	3.
cs	5 hours	Polypharmacy Falls Incontinence		
Managin g Death during Pandemi cs	2 hours	intubation, CPR. ALS, PALS etc - 4 hours (This may be linked with the routine Skill training component as well) III. Role Plays for communication skills and documentation - 1 hour IV. Debriefing and Feedback - Ihour Interactive discussion - 1 hour a. Confirmation and documentation of death b. Steps to be taken to reduce transmission of infections c. Anitude and Communication Issues related to handling of dead bodies d. Responding to media ii. Role Play for communication skills and documentation with debriefing and feedback - 1 hour Polypharmacy		
Emerge ncy Procedu res during Pandemi es	8 hours	Interactive Discussion 2 hours 1. Indications for invasive procedures in Pandemics 2. Paints to be verified before emergency procedures 3. Steps to be taken to reduce transmission of infections 4. Attitude and Communication Issues related to complicated procedures II. Skill development program with mannequins e.g.		
		Steps t be taken to reduce transmission of infections in emergency area Role Play- 1 hour Visit to hospital with discussion with staff- 2 hour Debriefing and feedback- 1		

AETCOM

75% Attendance is required for eligibility to appear for final examination in each professional year.

Gener		sity of Health Sciences rce for CBME Implement	ation
Summary of AETCOM mo	dules for Third and l	Fourth professional years	
	Third professional Year	Fourth Professional Year	Total
Number of Modules	5	9	14
Number of Hours for training	19	28	47
Number of Hours for SDL	06	16	22
Nui		e shown in time table nents for AETCOM	of
Hours of training by Medicine	10	1.5	25
Hours of training by Surgery	10	15	25
Hours of training by OBGY	05	09	14
Hours of training by Pediatrics	00	05	05

8.K.: Waterwiker Rural Medical College At. Kasarwadi. Poet Speerde Tal. Chiphun, Diet Rathagun

Assessment of AETCOM -

Phase	Competency Nos.	Topics & Subtopics	Teaching & Learning method	Attempt at activity First (F) Repeat (R) Remedial (Re)	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date
II	26.20	Demonstrate ability to communicate to patients in a respectful, non threatening, non judgemental and empathetic manner	Small group discussion/Role play			
	26.21 & 26.22	- Demonstrate respect to patient privacy - Demonstrate ability to maintain confidentiality in patient care	Lecture/ Small group discussion			
	26.19 , 26.24 & 26.25	- Demonstrate ability to work in a team of peers and superiors - Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers- Demonstrate responsibility and work ethics while working in the health care team	Lecture/ self directed learning/Small group discussion			
	26.35	Demonstrate empathy in patient encounters	Role play/ Case presentation			
III Part I	26.29 - 26.31	Role of Physician in Community- Communicate diagnostic and therapeutic options to patient and family in a simulated environment Communicate care options to patient and family with a terminal illness in a simulated environment Demonstrate awareness of limitations and seeks	Lecture/ Small group discussion/Role play			Rival Medical College St. Post Sevende

	help and consultations appropriately		
Module 3.3	Administer informed consent and appropriately address patient queries to a parient undergoing a Surgical/ therapeutic procedure in a simulated environment	Small group discussion/ Real patient/ Role play	
Module 4.4	Communication. Attitude and Ethics Empathy, Doctor Patient Relationship , Effective Communication in terminally ill	CBL /video with interactive lecture, role play / small group session with standardized patient in soft skills lab.	
Module 4.5	Ethics and attitude Doctor Industry relationship- Conflicts of interests in patients care and professional	Role play/ CBL with interactive lecture	
Module 4.8	Communication, Attitude and Ethics Empathy, Death declaration, Handling emotions during death, Euthanasia, Breaking Bad News effectively	CBL/video with interactive lecture. role play / small group session with standardized patient as relative in soft skills lab.	
Phase III Part		A STAN A CAPTAN	
Module 4.1	Foundation of Communication 5 Effectively communicating Diagnosis, Prognosis and therapy (Counseling skills)	Small group teaching with soft skills lab session related to Counseling skills	
Module 4.2	Ethics Abartion, MTP, Reproductive rights and ethical conflicts	CBL with interactive lecture (Can be a large class teaching)	DEAN B.K.L. Waterward Prof. Semente Alchastingth, Post Semente

Module 4.9	Lithics Legal aspects of Care, Medical negligence and malpractices	CBI, with interactive lecture small group discussions	
Feedback by Faculty			
Phase III Part I			
Phase III Part II			

Assessment of Tutorials

Phase	Topic	Hours	Attempt at activity First (F) Repeat (R) Remedial (Re)	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date
III	Medical emergencies	1 hr			
Part	Valvular heart disease in adults	1 hr			
I	Acynotic congenital heart disease in adults (ASD, VSD, PDA)	1 hr			
	Cynotic congenital heart disease in adults (TOF)	1 hr			
	Instruments- Video of procedures/Real/casewise	1 hr			85
	Instruments	1 hr			Ĭ.
	X rays	1 br			
	X rays	1 hr			
	ECG- Approach to basics of ECG	1 br			
	ECG- How to read ECG?	1 hr			
Ш	ECG-	10 Hours			3
Part	How to interprete ECG?	1 hr			
П	ECG-Diagnosing Myocardial infarctions	1 hr			
	ECG; Chamber enlargement	l hr			
	ECG-Bundle branch blocks	I hr			1000
	Electrolyte abnormalities on ECG	Lhr			DEYN
	Narrow Complex tacehyarrythmias	1 hr		At.Kas	unicar Riural Medical Colleg sarwadi, Post Sawards higilion Dist Ratnaguri

Bradyarrthmias	1 hr	
Valvular Heart diseases	I hr	
ECG Quiz	I hr	
Misceleneous	1 hr	
Radiology-	11 Hours	
Basics of Chest X Ray	1 hr	
Reading Normal X Ray Chest	1 hr	
Abnormalities on Chest X Ray – Cardiovascular system	1 hr	
Pulmonary venous hypertension vs pulmonary arterial hypertension	1 hr	
Chest X ray - Respiratory system	1 hr	
Abdominal system(Chest & Abdomen X Ray)	1 fir	
Miscelleneous X ray	1 hr	
Basics of CT Scan	I hr	
Basics of MRI	2 hr	
Basies of PET scan	1 he	
Drugs- Case based	13	
approach	Hours	
Anti epileptics	I hr	
Cardiovascular Drugs	I hr	
Anti Tubercular Therapy	1 hr	
Anti Retroviral Therapy	t hr	
Emergency Drugs	I hr	
Antiviral Drugs	1 hr	
Drugs in respiratory system	1 hr	
Glucocorticoids	I hr	
Drugs in Rheumatology	1 hr	
Anticoagulants	1 hr	
Inotropes and inodilators	1 br	
Anti hypertensives	1 hr	
Antidiabetic drugs	I hr	
Interpretation of Lab Charts	12 Hours	
Interpretation of Ascitic		
tluid analysis		
Interpretation of Pleural		1
fluid analysis		2
Interpretation of		Calo
Cerebrospinal fluid		DEÁN
analysis		8.K.: Waterrak at Rivel Med Al, Nasurweck, Post Se

Interpretation of Abnormal LFT	
Interpretation of Anemia	
Interpretation of thyroid function test	
Interpretation of Peripheral blood smear	
Interpretation of urine analysis	
Interpretation of Fundus examination	
Interpretation of renal function tests	
Interpretation of Bone marrow studies	
Interpretation of ABG	
Feedback by Faculty Phase III Part I	- 19
Phase III Part II	

Assessment of Seminars

Phase	Topic	Hours	Attempt at activity First (F) Repeat (R) Remedial (Re)	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date
III Part I	Seminars	16 Hours			
	Clinical approach to Ascites				
	Clinical approach to Anaemia				
	Clinical approach to lymphadenopathy				
	Clinical approach to Jaundice		77		
	Clinical approach to chest pain				
	Clinical approach to headache		-		
	Clinical approach to bleeding diathesis		_		
	Clinical approach to Comatose patient				
	Portal hypertension and its complications				
	Pulmonary arterial hypertension				
	Pulmonary function tests				
	Thyroid function tests				0
	Grave's disease		Ÿ		1.00
	Micro-vascular complications of DM				DEAN
	Macro-vascular complications of DM	7	1.	À	Valavnikar Riiral Medical College L.K.asarwack, Post Sawarda Tall Chiplion Ost Ratinagus

	Insulin and analogues		
II) Part II	Seminars	45 hours	
	Clinical approach to Hypertensive emergencies	=	
	Clinical approach to Acute myocardial infarction		
	Clinical approach to solitary Seizure		
	Clinical approach to ischemic stroke	1	
	Clinical approach to intracranial bleed	200	
	Clinical approach to Heart Failure		
	Clinical approach to Acute renal failure		
	Clinical approach to Chronic kidney disease		
	Clinical approach to hyponatremia	7/	
	Clinical approach to potassium imbalance disorders	*	
	Clinical approach to disorders of calcium metabolism		
	Interpretation of ABG Mixed Acid Base disorders		
	Emerging Viral Infections		
	Clinical approach to Geriatric Syndromes		
	Clinical approach to a case of Pulmonary Tuberculosis	· · · · · · · · · · · · · · · · · · ·	
	Clinical approach to a case of Extra Pulmonary Tuberculosis		
	Clinical Approach to a case of PLHIV		
	Clinical approach to opportunistic infections in a case of PLHIV	93. TT	
	Clinical approach to prescription of ART	7	
	Clinical approach to a case of Dengue		
	Clinical approach to a case of Complicated malaria	=======================================	
	Recent advances in the diagnosis of tuberculosis	=	
	Vaccines for tuberculosis	Ŷ.	
	Recent advances in anti-retroviral drugs	**	9.
	Clinical approach to a case of Interstitial lung disease		DEAN
	Clinical approach to a case of snake bite	**	B.K.: Walgunkar Rival Medical Colleg At.Kasarwadi, Post Savarda Tal: Chipilin Dist Ratinagin

Clinical approach to a case of			
electric injury Clinical approach to a case of	-		
acute meningitis			
Clinical approach to a case of Chronic meningitis			
Ageing			
Human Microbiome			
Clinical approach to oncolog emergencies	al		×.
Clinical approach to a case of			
Acute Leukemia			
Clinical approach to a case of			
Chronic leukemia			
Medicolegal, socioeconomic	ind		
ethical issues as			
it pertains to organ donation			
Role of physician in commun	ty		
Medicolegal, sociocultural,			
economic			
and ethical issues as it pertain	sto		
rights, equity and justice in			
access to health care			
Medicolegal, socio-cultural a	ocl		
ethical			
issues as it pertains to			
confidentiality in patient care			
Medicolegal, socio-cultural a	nd	1	
ethical			
issues as it pertains to research	ı în		
human subjects			
Medicolegal, socio-cultural,			
professional and ethical issue	as		
it pertains to the physician			
patient relationship (including	8		
fiduciary duty)			
Documentation in health			
care (including correct use of			
medical records)			
Use of information			
technology that permits			
appropriate patient care and			
continued			
learning	<u> </u>		
Understanding of the implica	ions		
and the			124
appropriate procedures and			0
response to be followed in the			, 72
event of medical errors			 grate
Conflicts of interest in patien	care		DEAN
and professional			turkar Rural Medical College
Law wollton and department for the		1	asarwad, Post Sewards

	relationships and describe the correct response to these conflicts	
	Clinical approach to a case of DIC	
	Clinical approach to a case of arthritis	
	Clinical approach to a case of multisystem involvement	
	Clinical approach to a case of peripheral neuropathy	
	Clinical approach to a case of flaceid quadriparesis	
Feedbad	ck by Faculty	
Phase II	Part	
Phase II	Part II	

Assessment of Theory Competencies

B.K.L.Waterweiter Rural Medical College At, Kasarwadi, Poet Sewards Tal, Chiphin Ost, Ratnagur

35

t	2	3	4	5	6	7	8
Comp etency # addres sed	Name of Activity	Date com plete d: dd- mm- yyyy	Attempt at activi ty First or Only (F) Repea t (R) Remed ial (Re)	Rating Below (B) expectations Meets (M) expect ations Exceeds (E) expectations OR Numerical Score	Decision of faculty Complete d (C) Repeat (R) Remedia I (Re)	Initial of faculty and date	Feedback Received Initial of learner
Heart I	Failure		13332	<u>II</u>			
IM1.10	Elicit, document and present an appropriate history that will establish the diagnosis, cause and severity of heart failure including presenting complaints, precipitating and exacerbating factors, risk factors						
IMI.II	Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and estimate its severity including; measurement of pulse, blood pressure and respiratory rate, jugular venous forms and pulses, peripheral pulses, conjunctiva and fundus, lung, cardiac examination including palpation and auscultation with identification of heart sounds and murmurs, abdominal distension and splenic palpation						
IM1.12	Demonstrate peripheral pulse, volume, character, quality and variation in various causes of heart failure						
IM 1.13	Measure the blood pressure accurately, recognise and discuss alterations in blood						DEAN

	pressure in valvular heart disease and other causes of heart failure and cardiac tamponade			
IM1.14	Demonstrate and measure jugular venous distension			
IM1.15	Identify and describe the timing, pitch quality conduction and significance of precordial murmurs and their variations			
IM1.16	Generate a differential diagnosis based on the clinical presentation and prioritise it based on the most likely diagnosis			
IM1.17	Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures			
IM1.18	Perform and interpret a 12 lead ECG			
IM1.20	Determine the severity of valvular heart disease based on the clinical and laboratory and imaging features and determine the level of intervention required including surgery			
IM1.21	Describe and discuss and identify the clinical features of acute and subacute endocarditis. echocardiographic findings, blood culture and sensitivity and therapy			
IM1.22	Assist and demonstrate the proper technique in collecting specimen for blood culture			GARA

IM1.23	Describe, prescribe and communicate non pharmacologic management of heart failure including sodium restriction, physical activity and limitations			
IM1.26	Develop document and present a management plan for patients with heart failure based on type of failure, underlying actiology			
IM1.30	Administer an intramuscular injection with an appropriate explanation to the patient			
Acute N	Ayocardial Infarction/ IHD			
IM2.6	Elicit document and present an appropriate history that includes onset evolution, presentation risk factors, family history, comorbid conditions, complications, medication, history of atherosclerosis, IHD and coronary syndromes			
IM2.7	Perform, demonstrate and document a physical examination including a vascular and cardiac examination that is appropriate for the clinical presentation			
IM2.8	Generate document and present a differential diagnosis based on the clinical presentation and prioritise based on "cannot miss", most likely diagnosis and severity			
IM2.9	Distinguish and differentiate between stable and unstable angina and AMI based on the			DEAN

	clinical presentation			
IM2.10	Order, perform and interpret an ECG			
IM2.11	Order and interpret a Chest X- ray and markers of acute myocardial infarction			
IM2.12	Choose and interpret a lipid profile and identify the desirable lipid profile in the clinical context			
IM2.22	Perform and demonstrate in a mannequin BLS			
IM2.24	Counsel and communicate to patients with empathy lifestyle changes in atherosclerosis / post coronary syndromes			
Pneum	1 3 3 4	 · ·		
IM3.4	Elicit document and present an appropriate history including the evolution, risk factors including immune status and occupational risk			
IM3.5	Perform, document and demonstrate a physical examination including general examination and appropriate examination of the lungs that establishes the diagnosis, complications and severity of disease			
IM3.6	Generate document and present a differential diagnosis based on the clinical features, and prioritise the diagnosis based on the presentation			Garage .

IM3.7	Order and interpret diagnostic tests based on the clinical presentation including: CBC. Chest X ray PA view. Mantoux. sputum gram stain, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing and ABG			
1M3.8	Demonstrate in a mannequin and interpret results of an arterial blood gas examination			
IM3.9	Demonstrate in a mannequin and interpret results of a pleural fluid aspiration			
IM3.10	Demonstrate the correct technique in a mannequin and interpret results of a blood culture			
IM3.11	Describe and enumerate the indications for further testing including HRCT. Viral cultures. PCR and specialised testing			
IM3.12	Select, describe and prescribe based on the most likely actiology, an appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum			
IM3.13	Select, describe and prescribe based on culture and sensitivity appropriate empaling antimicrobial based on the pharmacology and antimicrobial spectrum.			
IM:5.14	Perform and interpret a sputum gram stain and AFB			2
IM3.18	Communicate and counsel patient on family on the diagnosis and therapy of			DEAN

	pneumonia			
Fever a	nd febrile syndromes			
IM4.9	Elicit document and present a medical history that helps delineate the actiology of fever that includes the evolution and pattern of fever, associated symptoms, immune status, comorbidities, risk factors, exposure through occupation, travel and environment and medication use			
IM4.10	Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen)			
IM4.11	Generate a differential diagnosis and prioritise based on clinical features that help distinguish between infective, inflammatory, malignant and rheumatologic causes			
IM4.12	Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, peripheral smear, urinary analysis with sediment. Chest X ray, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures. CSF analysis, pleural and body fluid analysis, stool routine			Salar S

	and culture and QBC			
IM4.13	Perform and interpret a sputum gram stain			
IM4.14	Perform and interpret a sputum AFB			
IM4.15	Perform and interpret a malarial smear			
IM4.17	Observe and assist in the performance of a bone marrow aspiration and biopsy in a simulated environment			
IM4.19	Assist in the collection of blood and wound cultures			
IM4.20	Interpret a PPD (Mantoux)			
IM4.23	Prescribe drugs for malaria based on the species identified, prevalence of drug resistance and national programs			
IM4.24	Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis			
IM4.25	Communicate to the patient and family the diagnosis and treatment			
IM4.26	Counsel the patient on malarial prevention			
Liver d	iseases	-		
IM5.9	Elicit document and present a medical history that helps delineate the actiology of the current presentation and			DEAN

	includes clinical presentation, risk factors, drug use, sexual history, vaccination history and family history			
IM5.10	Perform a systematic examination that establishes the diagnosis and severity that includes nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy			
IM5.14	Outline a diagnostic approach to liver disease based on hyperbilirubinemia, liver function changes and hepatitis serology			
IM5.17	Enumerate the indications. precautions and counsel patients on vaccination for hepatitis			
HIV		1186		
IM6.7	Elicit document and present a medical history that helps delineate the actiology of the current presentation and includes risk factors for HIV, mode of infection, other sexually transmitted diseases, risks for opportunistic infections and nutritional status			
IM6.8	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific actiology for the presenting symptom			
IM6.14	Perform and interpret AFB sputum			Sart

IM6.15	Demonstrate in a model the correct technique to perform a lumbar puncture			
IM6.19	Counsel patients on prevention of HIV transmission			
IM6.20	Communicate diagnosis, treatment plan and subsequent follow up plan to patients			
IM6.21	Communicate with patients on the importance of medication adherence			
IM6.22	Demonstrate understanding of ethical and legal issues regarding patient confidentiality and disclosure in patients with HIV			
IM6.23	Demonstrate a non-judgemental attitude to patients with HIV and to their lifestyles			
Rheum	atologic problems	 	 	
IM7.[1	Elicit document and present a medical history that will differentiate the actiologies of disease	15.		
IM7.12	Perform a systematic examination of all joints, muscle and skin that will establish the diagnosis and severity of disease			
IM7.15	Enumerate the indications for and interpret the results of : CBC, anti- CCP, RA, ANA. DNA and other tests of autoimmunity			
IM7.17	Enumerate the indications and interpret plain radiographs of joints			DEAN

IM7.18	Communicate diagnosis, treatment plan and subsequent follow up plan to patients			
IM7.20	Select, prescribe and communicate appropriate medications for relief of joint pain			
IM7.21	Select, prescribe and communicate preventive therapy for crystalline arthropathies			
IM7.22	Select, prescribe and communicate treatment option for systemic rheumatologic conditions			
IM7.24	Communicate and incorporate patient preferences in the choice of therapy			
IM7.25	Develop and communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions			
IM7.26	Demonstrate an understanding of the impact of rheumatologic conditions on quality of life, well being, work and family			
Hypert	ension		33	
IM8.9	Elicit document and present a medical history that includes: duration and levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary assessment, previous and concomitant therapy			Gros Se

IM8.10	Perform a systematic examination that includes : an accurate measurement of blood pressure, fundus examination of vasculature and heart					
IM8.11	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific actiology					
LM8.15	Recognise, prioritise and manage hypertensive emergencies					
IM8.16	Develop and communicate to the patient lifestyle modification including weight reduction, moderation of alcohol intake, physical activity and sodium intake					
IM8.17	Perform and interpret a 12 lead ECG					
IM8.18	Incorporate patient preferences in the management of HTN					
IM8.19	Demonstrate understanding of the impact of Hypertension on quality of life, well being, work and family					
Anemia		***	-0.5	7.5	t:	
IM9.3	Elicit document and present a medical history that includes symptoms, risk factors including GI bleeding, prior history, medications, menstrual history, and family history					J. S.

	idney injury and chronic renal I	-1_	1	 L
M9.20	Communicate and counsel patients with methods to prevent nutritional anemia			n
M9.19	Assist in a blood transfusion			
M9.16	Incorporate patient preferences in the management of anemia			
M9.15	Communicate the diagnosis and the treatment appropriately to patients			
M9.13	Prescribe replacement therapy with iron, B12, folate			
M9.10	Describe, perform and interpret a peripheral smear and stool occult blood			
M9.9	Order and interpret tests for anemia including hemogram, red cell indices, reticulocyte count, fron studies, B12 and folate			
M9.6	Describe the appropriate diagnostic work up based on the presumed actiology			
M9.5	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific actiology			
M9.4	Perform a systematic examination that includes: general examination for pallor, oral examination. DOAP session of hyper dynamic circulation, lymph node and splenic examination			

IM10.1 2	Elicit document and present a medical history that will differentiate the actiologies of disease, distinguish acute and chronic disease, identify predisposing conditions, nephrotoxic drugs and systemic causes			
IM10.1 3	Perform a systematic examination that establishes the diagnosis and severity including determination of volume status, presence of edema and heart failure, features of uraemia and associated systemic disease			
IM10.1 5	Describe the appropriate diagnostic work up based on the presumed actiology			
IM10.1 7	Describe and calculate indices of renal function based on available laboratories including FENa (Fractional Excretion of Sodium) and CrCl (Creatinine Clearance)			
IM10.1 8	Identify the ECG findings in hyperkalemia			
IM10.2 0	Describe and discuss the indications to perform arterial blood gas analysis: interpret the data			
IM10.2	Describe and discuss the indications for and insert a peripheral intravenous catheter			
IM 10.2 2	Describe and discuss the indications, demonstrate in a model and assist in the insertion of a central venous or a dialysis catheter			DEAN

tм 10.2 3	Communicate diagnosis treatment plan and subsequent follow up plan to patients			
IM10.2 4	Counsel patients on a renal diet			
Diabete	s Mellitus			
IM J L.7	Elicit document and present a medical history that will differentiate the aetiologies of diabetes including risk factors, precipitating factors, lifestyle, nutritional history, family history, medication history, co-morbidities and target organ disease			
IM11.8	Perform a systematic examination that establishes the diagnosis and severity that includes skin, peripheral pulses, blood pressure measurement, fundus examination, detailed examination of the foot (pulses, nervous and deformities and injuries)			
IMIT.I	Order and interpret laboratory tests to diagnose diabetes and its complications including: glucoses, glucose tolerance test, glycosylated hemoglobin, urinary micro albumin, ECG, electrolytes, ABG, ketones, renal function tests and lipid profile			
IMTL.I	Perform and interpret a capillary blood glucose test			
IMTL.1 3	Perform and interpret a urinary ketone estimation with a dipstick			Gran DEAN

IM11.1 9	Demonstrate and counsel patients on the correct technique to administer insulin			
IM11.2 0	Demonstrate to and counsel patients on the correct technique of self monitoring of blood glucoses			
Thyroid	1 Dysfunction			
IM 12.5	Elicit document and present an appropriate history that will establish the diagnosis cause of thyroid dysfunction and its severity			
IM12.6	Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and severity including systemic signs of thyrotoxicosis and hypothyroidism, palpation of the pulse for rate and rhythm abnormalities, neck palpation of the thyroid and lymph nodes and cardiovascular findings			
IM12.7	Demonstrate the correct technique to palpate the thyroid			
TM 12.9	Order and interpret diagnostic testing based on the clinical diagnosis including CBC, thyroid function tests and ECG and radio iodine uptake and scan			
IM12.1 0	Identify atrial fibrillation, pericardial effusion and bradycardia on ECG			
IM12.1 1	Interpret thyroid function tests in hypo and hyperthyroidism	19		Cyral Dela

1M12.1 4	Write and communicate to the patient appropriately a prescription for thyroxine based on age, sex, and clinical and biochemical status			
Commo	on malignancies			
IM13.8	Perform and demonstrate a physical examination that includes an appropriate general and local examination that excludes the diagnosis, extent spread and complications of cancer			
Obesity				Ŷ.
IM14.6	Elicit and document and present an appropriate history that includes the natural history, dietary history, modifiable risk factors, family history, clues for secondary causes and motivation to lose weight			
IM 14.7	Perform, document and demonstrate a physical examination based on the history that includes general examination, measurement of abdominal obesity, signs of secondary causes and comorbidities			
IM14.8	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis			
IM14.9	Order and interpret diagnostic tests based on the clinical diagnosis including blood glucose, lipids, thyroid function tests etc.			gr. S

IM14.1	Communicate and counsel patient on behavioural, dietary and lifestyle modifications			
1M14.1 2	Demonstrate an understanding of patient's inability to adhere to lifestyle instructions and counsel them in a non - judgemental way			
GI Blee			33.	
IM15.2	Enumerate, describe and discuss the evaluation and steps involved in stabilizing a patient who presents with acute volume loss and GI bleed			
IM15.4	Elicit and document and present an appropriate history that identifies the route of bleeding. quantity, grade, volume loss, duration, etiology, comorbid illnesses and risk factors			
IM15.5	Perform, demonstrate and document a physical examination based on the history that includes general examination, volume assessment and appropriate abdominal examination			
IM15.7	Demonstrate the correct technique to perform an anal and rectal examination in a mannequin or equivalent			
IM15.8	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely.			Carolin Control

	diagnosis			
IM15.9	Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count. PT and PTT, stool examination, occult blood, liver function tests. H.pylori test.			
IM15.1 3	Observe cross matching and blood / blood component transfusion			
IM15.1 8	Counsel the family and patient in an empathetic non-judgmental manner on the diagnosis and therapeutic options			
Diarrhe	al diseases			
IM16.4	Elicit and document and present an appropriate history that includes the natural history, dietary history, travel, sexual history and other concomitant illnesses			
IM 16.5	Perform, document and demonstrate a physical examination based on the history that includes general examination, including an appropriate abdominal			
IM16.7	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis			2
1M16.8	Choose and interpret diagnostic tests based on the			DEAN

	clinical diagnosis including complete blood count, and stool examination			
IM16.9	Identify common parasitic causes of diarrhea under the microscope in a stool specimen			
[M16.] 0	Identify vibrio cholera in a hanging drop specimen			
1M 16.1 5	Distinguish based on the clinical presentation Crohn's disease from Ulcerative Colitis			
Headac	he	 		
IM17.2	Elicit and document and present an appropriate history including aura, precipitating aggravating and relieving factors, associated symptoms that help identify the cause of headaches			
IM17.4	Perform and demonstrate a general neurologic examination and a focused examination for signs of intracranial tension including neck signs of meningitis			
tM17.5	Generate document and present a differential diagnosis based on the clinical features, and prioritise the diagnosis based on the presentation			
IM17.6	Choose and interpret diagnostic testing based on the clinical diagnosis including imaging			
IM17.8	Demonstrate in a mannequin or equivalent the correct technique			DEAN

	for performing a lumbar puncture			
IM17.9	Interpret the CSF findings when presented with various parameters of CSF fluid analysis			
4	Counsel patients with migraine and tension headache on lifestyle changes and need for prophylactic therapy			
Cerebr	ovascular accident			
IM18.3	Elicit and document and present an appropriate history including onset, progression, precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the cerebrovascular accident			
IM18.5	Perform, demonstrate & document physical examination that includes general and a detailed neurologic examination as appropriate, based on the history			
IM18.6	Distinguish the lesion based on upper vs lower motor neuron, side, site and most probable nature of the lesion			
IM18.7	Describe the clinical features and distinguish, based on clinical examination, the various disorders of speech			
IM18.1 0	Choose and interpret the appropriate diagnostic testing in young patients with a cerebrovascular accident (CVA)			GARA

_	T T		1		
1M18.1 7	Counsel patient and family about the diagnosis and therapy in an empathetic manner				
Movem	ent disorders				
IM19.3	Elicit and document and present an appropriate history including onset, progression precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the movement disorders				
IM19.4	Perform, demonstrate and document a physical examination that includes a general examination and a detailed neurologic examination using standard movement rating scales				
IM 19.5	Generate document and present a differential diagnosis and prioritise based on the history and physical examination				
IM19.6	Make a clinical diagnosis regarding on the anatomical location, nature and cause of the lesion based on the clinical presentation and findings				
IM19.7	Choose and interpret diagnostic and imaging tests in the diagnosis of movement disorders				
Enveno	mation	100-1			
IM20.2	Describe, demonstrate in a volunteer or a mannequin and educate (to other health care workers / patients) the correct initial management of patient				DEAN

	with a snake bite in the field		T	I		
IM20.4	Elicit and document and present an appropriate history, the circumstance, time, kind of snake, evolution of symptoms in a patient with snake hite					
IM20,5	Perform a systematic examination, document and present a physical examination that includes general examination, local examination, appropriate cardiac and neurologic examination					
IM20.6	Choose and interpret the appropriate diagnostic testing in patients with snake bites					
Poisoni	ng		-			
1112222	Counsel family members of a patient with suspected poisoning about the clinical and medico legal aspects with empathy					
Nutritio	onal and Vitamin deficiencies		-			r
IM23.5	Counsel and communicate to patients in a simulated environment with illness on an appropriate balanced diet					
Geriatr	ies					
IM24,2	Perform multidimensional geriatric assessment that includes medical, psycho-social and functional components					
Miscella	aneous infections	- 10	į.		7	
IM25.4	Elicit document and present a medical history that helps delineate the actiology of these diseases that includes the					DEAN

	evolution and pattern of symptoms, risk factors, exposure through occupation and travel			
IM25.5	Perform a systematic examination that establishes the diagnosis and severity of presentation that includes; general skin, mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen)			
IM25.6	Generate a differential diagnosis and prioritise based on clinical features that help distinguish between infective. inflammatory, malignant and rheumatologic causes			
M25.7	Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, blood biochemistry, peripheral smear, urinary analysis with sediment, Chest X ray, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures. CSF analysis, pleural and body fluid analysis, stool routine and culture and QBC			
M25,9	Assist in the collection of blood and other specimen cultures			
IM25.1	Develop an appropriate compiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis			2

IM25.1 2	Communicate to the patient and family the diagnosis and treatment of identified infection				
IM25.1 3	Counsel the patient and family on prevention of various infections due to environmental issues				
The rol	e of physician in the community	1 44		38 3	
IM26.1 9	Demonstrate ability to work in a team of peers and superiors				
IM26.2 0	Demonstrate ability to communicate to patients in a patient, respectful, non threatening, non judgemental and empathetic manner				
IM26.2 I	Demonstrate respect to patient privacy				
1M26.2 2	Demonstrate ability to maintain confidentiality in patient care				
IM26.2 3	Demonstrate a commitment to continued learning				
IM26.2 4	Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers				
IM26.2 5	Demonstrate responsibility and work ethics while working in the health care team				
IM26.2 6	Demonstrate ability to maintain required documentation in health care (including correct use of medical records)				
1M26.2 7	Demonstrate personal grooming that is adequate and appropriate for health care		5		and .

	responsibilities			
IM26.2 8	Demonstrate adequate knowledge and use of information technology that permits appropriate patient care and continued learning			
IM26.2 9	Communicate diagnostic and therapeutic opitons to patient and family in a simulated environment			
IM26.3 0	Communicate care opitons to patient and family with a terminal illness in a simulated environment			
IM26.3 I	Demonstrate awareness of limitations and seeks help and consultations appropriately			
IM26.3 2	Demonstrate appropriate respect to colleagues in the profession			
1M26.3 3	Demonstrate an understanding of the implications and the appropriate procedures and response to be followed in the event of medical errors			
IM26.3 4	Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts			
IM26.3 5	Demonstrate empathy in patient encounters			
IM26.3 6	Demonstrate ability to balance personal and professional priorities			Care S

IM26.3	Demonstrate ability to manage time appropriately			
/ IM26.3 8	Demonstrate ability to form and function in appropriate professional networks			
IM26.3 9	Demonstrate ability to pursue and seek career advancement			
tM26.4 0	Demonstrate ability to follow risk management and medical error reduction practices where appropriate			
IM26.4 I	Demonstrate ability to work in a mentoring relationship with junior colleagues			
IM26.4 2	Demonstrate commitment to learning and scholarship			
1M26.4 8	Demonstrate altruism			
IM26.4 9	Administer informed consent and approriately adress patient queries to a patient being enrolled in a research protocol in a simulated environment			
Integra			•	
Vertical	Identify & demonstrate palpation of femoral, popliteal, post tibial, anti tibial & dorsalis pedis blood vessels in a simulated environment			
Vertical	Identify & demonstrate Palpation of vessels (femoral, popliteal,dorsalis pedis,post tibial), Mid inguinal point, Surface projection of: femoral nerve. Saphenous opening, Sciatic, tibial, common peroneal & deep peroneal			CAPPA

	nerve, great and small saphenous veins			
AN24 .2 Vertic al integration	Identify side, external features and relations of structures which form root of lung & bronchial tree and their clinical correlate			
AN25, 7 Vertic al integr ation	Identify structures seen on a plain x-ray chest (PA view)			
AN25. 8 Verric al integr ation	Identify and describe in brief a barium swallow			
AN25 ,9 Vertic al integr ation	Demonstrate surface marking of lines of pleural reflection, Lung borders and fissures, Trachea, Heart borders, Apex beat & Surface projection of valves of heart			
AN56. I Vertic al integr ation	Describe & identify various layers of meninges with its extent & modifications			
AN62 .2 Vertic al integr ation	Describe & demonstrate surfaces, sulci, gyri, poles, & functional areas of cerebral hemisphere			
AN62. 6 Vertic	Describe & identify formation, branches &			DEAN

al integr ation	major areas of distribution of circle of Willis			
	Discuss the physiology aspects of, peptic ulcer, gastro- oesophageal reflux disease, vomiting, diarrhoea, constipation, Adynamic ileus, Hirschsprung's disease			
PY5.13	Record and interpret normal ECG in a volunteer or simulated environment			
PY5.16	Record Arterial pulse tracing using finger plethysmography in a volunteer or simulated environment			
4	Demonstrate Basic Life Support in a simulated environment			
Vertical	Demonstrate the correct techinque to perform & interpret Spirometry			
Vertical	Perform urine analysis to estimate and determine normal and abnormal constituents			
Vertical	Calculate albumin: globulin (AG) ratio and creatinine clearance			
Vertical	Calculate energy content of different food Items, identify food items with high and low glycemic index and explain the importance of these in the diet			0
PA 13.5	Perform, Identify and describe the peripheral			DEAN

	blood picture in anemia			
and the second control of the second	Identify and describe the peripheral smear in microcytic anemia			
PA21.3	Differentiate platelet from clotting disorders based on the clinical and hematologic features			
PA24.	Describe and identify the microscopic features of peptic ulcer			
6	Interpret a liver function and viral hepatitis serology panel. Distinguish obstructive from non obstructive jaundice based on clinical features and liver function tests			
PA27. 8	Interpret abnormalities in cardiac function testing in acute coronary syndromes			
Vertical	Identify the etiology of meningitis based on given CSF parameters			
MI2.3	Identify the microbial agents causing Rheumatic heart disease & infective Endocarditis			
M12.6	Identify the causative agent of malaria and filariasis			
MI3,2	Identify the common etiologic agents of diarrhea and dysentery			
MI5.3	Identify the microbial agents causing meningitis			4

DEAN

MI6.2	Identify the common etiologic agents of upper respiratory tract infections (Gram Stain)			
MI6.3	Identify the common etiologic agents of lower respiratory tract infections (Gram Stain & Acid fast stain).			
PHI.12	Calculate the dosage of drugs using appropriate formulae for an individual patient. including children, elderly and patient with renal dysfunction			
PH2.4	Demonstrate the correct method of calculation of drug dosage in patients including those used in special situations			
PH371	Write a rational, correct and legible generic prescription for a given condition and communicate the same to the patient			
PH3.3	Perform a critical evaluation of the drug promotional literature			
PH3.3	To prepare and explain a list of P-drugs for a given case/condition			
PH5.1	Communicate with the patient with empathy and ethics on all aspects of drug use			
PH5.4	Explain to the patient the relationship between cost of treatment and patient compliance			
CM5.2	Describe and demonstrate the correct method of performing a nutritional assessment of			GAN

	individuals, families and the community by using the appropriate method			
CM5.4	Plan and recommend a suitable diet for the individuals and families based on local availability of foods and economic status, etc in a simulated environment			
СМ6.2	Describe and discuss the principles and demonstrate the methods of collection, classification, analysis, interpretation and presentation of statistical data			
CM6.3	Describe, discuss and demonstrate the application of elementary statistical methods including test of significance in various study designs			
CM6.4				
СМ7.4	Define, calculate and interpret morbidity and mortality indicators based on given set of data			
СМ7,6	Enumerate and evaluate the need of screening tests			
CM7.7	Describe and demonstrate the steps in the Investigation of an epidemic of communicable disease and describe the principles of control measures.			- Land

FM14.2	Demonstrate the correct technique of clinical examination in a suspected case of poisoning & prepare medicolegal report in a simulated/supervised environment			
FM14.3	Assist and demonstrate the proper technique in collecting, preserving and dispatch of the exhibits in a suspected case of poisoning, along with clinical examination.			
DR9.2	Demonstrate (and classify based on) the clinical features of leprosy including an appropriate neurologic examination			
DR 10.1	Identify and classify syphilis based on the presentation and clinical manifestations			
DR10.5	Counsel in a non-judgemental and empathetic manner patients on prevention of sexually transmitted diseases			
DR 10. 7	Identify and differentiate based on the clinical features non-syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)			
DRII. 2	Identify and distinguish the dermatologic manifestations of HIV its complications, opportunistic infections and adverse reactions			
DR12. 7	Identify and distinguish fixed drug eruptions and Steven Johnson syndrome from other skin lesions			
DR16.	Identify and distinguish skin lesions of SLE			DEAN

DR16. 2	Identify and distinguish Raynaud's phenomenon			
DR17.	Enumerate and identify the cutaneous findings in vitamin A deficiency			
integrati	Enumerate the indications, describe the steps and demonstrate in a simulated environment basic life support in adults children and neonates			
AS2.2	Enumerate the indications, describe the steps and demonstrate in a simulated environment advanced life support in adults and children			
Horizon tal	Elicit, present and document an appropriate history including medication history in a patient undergoing Surgery as it pertains to a preoperative anaesthetic evaluation			
Horizon tal	Demonstrate and document an appropriate clinical examination in a patient undergoing General Surgery			
Horizon	Choose and interpret appropriate testing for patients undergoing Surgery			
Horizon tal	Determine the readiness for General Surgery in a patient based on the preoperative evaluation			
PS4.2 Horizon tal	Elicit, describe and document clinical features of alcohol and substance use disorders			J.

Horizon tal integrati	Enumerate and describe the indications and interpret laboratory and other tests used in alcohol and substance abuse disorders			
Horizon tal	Enumerate, elicit, describe and document clinical leatures in patients with somatolorm, dissociative and conversion disorders			
Horizon tal	Enumerate and describe the indications and interpret laboratory and other tests used in somatoform, dissociative and conversion disorders			
Horizon tal	Enumerate, elicit, describe and document clinical features in patients with magnitude and etiology of psychosomatic disorders			
Horizon tal	Enumerate and describe the indications and interpret laboratory and other tests of psychosomatic disorders			
4 Horiz	Demonstrate family education in a patient with psychiatric disorders occurring in the elderly in a simulated environment			
PE32.3 Horizon tal integrati on	Interpret normal Karyotype and recognize Trisomy 21			
	Counsel the child with asthma on the correct use of inhalers in a simulated environment			
PE34.5	Able to elicit, document and present history of contact with tuberculosis in every patient			DEAN

	encounter			
PE34.6	Identify a BCG scar			
PI_14.7	Interpret a Mantoux test			
PE 34,8	Interpret a Chest Radiograph			
PE34.9	Interpret blood tests in the context of laboratory evidence for tuberculosis			
PE-14 11	Perform AFB staining			
PE28.19	Describe the etio-pathogenesis, clinical features, diagnosis, management and prevention of asthma in children			
Horizon tal	Demonstrate correct assessment of muscle strength and range of movements			
PM6.1 Horizon tal	Perform and demonstrate a clinical examination of sensory and motor deficits of peripheral nerve			
CT1.5	Elicit, document and present an appropriate medical history that includes risk factor, contacts, symptoms including cough and lever CNS and other manufestations			
CT1.6	Demonstrate and perform a systematic examination that establishes the diagnosis based on the clinical presentation that includes a a) general examination, b) examination of			DEAN

	the chest and lung including loss of volume, mediastinal shift, percussion and auscultation (including DOAP session of lung sounds and added sounds) c) examination of the lymphatic system and d) relevant CNS examination			
CT1.3	Perform and interpret a PPD (mantoux) and describe and discuss the indications and pitfalls of the test			
C III IO	Perform and interpret an AFB stain			
CTLII	Assist in the performance, outline the correct tests that require to be performed and interpret the results of a pleural fluid aspiration			
CT1.15	Prescribe an appropriate antituberculosis regimen based on the location of disease, smear positivity and negativity and co-morbidities based on current national guidelines including directly observed tuberculosis therapy (DOTS)			
CT1:17	Define criteria for the cure of Tuberculosis; describe and recognise the features of drug resistant tuberculosis, prevention and therapeutic regimens			
CT1.18	Educate health care workers on National Program of Tuberculosis and administering and monitoring the DOTS program			
C 11/19	Communicate with patients and family in an empathetic manner about the diagnosis, therapy			Gran S

CT2.8	Elicit document and present a medical history that will differentiate the actiologies of obstructive airway disease, severity and precipitants			
CT2.10	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology			
CT2.11	Describe, discuss and interpret pulmonary function tests			
0 12 12	Perform and interpret peak expiratory flow rate			
CT2.13	Describe the appropriate diagnostic work up based on the presumed aetiology			
CT2.14	Enumerate the indications for and interpret the results of a pulse oximetry. ABG, Chest Radiograph			
CT2.15	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific actiology			
CT2.18	Develop a therapeutic plan including use of bronchodilators and inhaled corticosteroids			
CT2.19	Develop a management plan for acute exacerbations including bronchodilators, systemic steroids, antimicrobial therapy			
CT2,21	Describe discuss and counsel patients appropriately on smoking cessation			
CT2.22	Demonstrate and counsel patient on the correct use of inhalers			4

	1	 T		
CT2.23	Communicate diagnosis treatment plan and subsequent follow up plan to patients			
CT2.9	Perform a systematic examination that establishes the diagnosis and severity that includes measurement of respiratory rate, level of respiratory distress, effort tolerance, breath sounds, added sounds, identification of signs of consolidation pleural effusion and pneumothorax			
DR5.2	Identify and differentiate scabies from other lesions			
DR6.2	Identify and differentiate pediculosis from other skin lesions			
DR 17.1	Enumerate and identify the cutaneous fundings in vitamin A deficiency			
AS2.1	Enumerate the indications, describe the steps and demonstrate in a simulated environment basic life support in adults children and neonates			
PS14,2	Enumerate, elicit, describe and document clinical features in patients with psychiatric disorders occurring in childhood and adolescence			
PS14.4	Demonstrate family education in a patient with psychiatric disorders occurring in childhood and adolescence in a simulated environment			
PS15.3	Elicit and document a history and clinical examination and choose appropriate			DEAN

	investigations in a patient with mental retardation			
OG18.2	Demonstrate the steps of neonatal resuscitation in a simulated environment			
PM3.4	Demonstrate spasticity. rigidity and dystonia in children with cerebral palsy			
PS1.1	Establish rapport and empathy with patients			
PS1,3	Demonstrate breaking of bad news in a simulated environment			
PS1.4	Describe and demonstrate the importance of confidentiality in patient encounters			
PS3,3	Elicit, present and document a history in patients presenting with a mental disorder			
PS3.4	Describe the importance of establishing rapport with patients			
PS3.5	Perform, demonstrate and document a minimental examination			
PS3.9	Describe the steps and demonstrate in a simulated environment family education in patients with organic psychiatric disorders			
PS4,2	Elicit, describe and document clinical features of alcohol and substance use disorders			
P\$4.3	Enumerate and describe the indications and interpret laboratory and other tests used in alcohol and substance abuse			DEAN

	disorders			
PS4.5	Demonstrate family education in a patient with alcohol and substance abuse in a simulated environment			
PS5.2	Enumerate, elicit, describe and document clinical features, positive s			
PS5,4	Demonstrate family education in a patient with schizophrenia in a simulated environment			
PS6.2	Enumerate, elicit, describe and document clinical features in patients with depression			
PS6.3	Enumerate and describe the indications and interpret laboratory and other tests used in depression			
PS6.5	Demonstrate family education in a patient with depression in a simulated environment			
PS7.2	Enumerate, elicit, describe and document clinical features in patients with bipolar disorders			
PS7.3	Enumerate and describe the indications and interpret laboratory and other tests used in bipolar disorders			
PS7.5	Demonstrate family education in a patient with bipolar disorders in a simulated environment			J.

PS8.2	Enumerate, elicit, describe and document clinical features in patients with anxiety disorders			
PS8.3	Enumerate and describe the indications and interpret laboratory and other tests used in anxiety disorders			
PS8.5	Demonstrate family education in a patient with anxiety disorders in a simulated environment			
PS9.2	Enumerate, elicit, describe and document clinical features in patients with stress related disorders			
PS9.3	Enumerate and describe the indications and interpret laboratory and other tests used in stress related disorders			
PS9,5	Demonstrate family education in a patient with stress related disorders in a simulated environment			
PS10,2	Enumerate, elicit, describe and document clinical features in patients with somatoform, dissociative and conversion disorders			
PS10.3	Enumerate and describe the Indications and interpret laboratory and other tests used in somatoform, dissociative and conversion disorders			
PS10.5	Demonstrate family education in a patient with somatoform, dissociative and conversion disorders in a			DEAN

	simulated environment			
PS11.2	Enumerate, elicit, describe and document clinical features in patients with personality disorders			
PS11.3	Enumerate and describe the indications and interpret laboratory and other tests used in personality disorders			
PS11.5	Demonstrate family education in a patient with personality disorders in a simulated environment			
PS12.2	Enumerate, elicit, describe and document clinical features in patients with magnitude and etiology of psychosomatic disorders			
PS12.3	Enumerate and describe the indications and interpret laboratory and other tests of psychosomatic disorders			
PS12.5	Demonstrate family education in a patient with psychosomatic disorders in a simulated environment			
PS13.2	Enumerate, elicit, describe and document clinical features in patients with magnitude and etiology of psychosexual and gender identity disorders			
PS13,3	Enumerate and describe the indications and interpret laboratory and other tests used in psychosexual and gender identity disorders			GARAS

PS13.5	Demonstrate family education in a patient with psychosexual and gender identity disorders in a simulated environment			
PS14.2	Enumerate, elicit. describe and document clinical features in patients with psychiatric disorders occurring in childhood and adolescence			
PS14,4	Demonstrate family education in a patient with psychiatric disorders occurring in childhood and adolescence in a simulated environment			
PS15.3	Elicit and document a history and clinical examination and choose appropriate investigations in a patient with mental retardation			
PS16.4	Demonstrate family education in a patient with psychiatric disorders occurring in the elderly in a simulated environment			
PH5.6	Demonstrate ability to educate public & patients about various aspects of drug use including drug dependence and OTC drugs.			
IM17.1 4	Counsel patients with migraine and tension headache on lifestyle changes and need for prophylactic therapy			
IM24.2	Perform multidimensional geriatric assessment that includes medical.			Grand .

	psycho-social and functional components			
DR1.2	Identify and grade the various common types of acne			
DR3.I	Identify and distinguish psoriatic lesions from other causes			
DR3.2	Demonstrate the grattage test			
DR4.I	Identify and distinguish lichen planus lesions from other causes			
DR5.2	Identify and differentiate scables from other lesions in adults and children			
DR6.2	ldentify and differentiate pediculosis from other skin lesions in adults and children			
DR7.2	Identify Candida species in fungal scrapings and KOH mount			
DR8.2	ldentify and distinguish herpes simplex and herpes labialis from other skin lesions			
DR8.3	ldentify and distinguish herpes zoster and varicella from other skin lesions			
DR8,4	ldentify and distinguish viral warts from other skin lesions			
DR8.5	Identify and distinguish molfuscum contagiosum from other skin lesions			
DR8.6	Enumerate the indications, describe the procedure and perform a Tzanck smear			7
DR9.2	Demonstrate (and classify based on) the clinical features of leprosy including an			DEAN

	appropriate neurologic examination			
DR10.1	Identify and classify syphilis based on the presentation and clinical manifestations			
DR10.2	Identify spirochete in a dark ground microscopy			
DR10.5	Counsel in a non-judgemental and empathetic manner patients on prevention of sexually transmitted disease			

General Medicine

Subject: General Medicine Third Year MBBS

Sub Item: Theory lectures/ Clinical postings/Tutorials/seminars/self directed learning/ Electives

Final Summary

Sr. No	Description	Dates		Attendance	Status	Signature of
		From	To	percentage	Complete/ Incomplete	Teacher
į	Theory lectures					
2	Clinical postings					
3	AETCOM Module					
4.	Electives					
3	Vertical Integraon					Cape

6	Extracurricular activities		
7	Sports /Physical Education		

Internal Assessment

Subject: General surgery and allied including Orthopedics Applicable for batches admitted from 2019 and onwards

Phase	IA – 1 -Exam			IA – 2 -Exam				
	Theory General Surgery Only (January)	Practical EOP	Total Marks	Theory General Surgery Only (May)	Practical of Allied EOP	Total Marks		
Second	50	50	100	50	Orthopedics = 25	100		
MBBS					Radiodiagnosis = 25			
					The second secon			

Phase	IA-	– 3 -Exam			IA – 4 -Exam	
	Theory General Surgery + allied) (January)	Practical EOP	Total Marks	Theory General Surgery + allied) (April)	Practical of Allied EOP	Total Marks
III	50	50	100	50	Orthopaedics =25	100
MBBS Part I					Anaesthesia =25	

Phase		IA - 5 - Exam		Prelim Exam	(As per universit	iversity pattern)			
	Theory Gen Surgery + Allied (May)	Practical End of 8 Weeks posting	Total Marks	Theory (November)	Practical (November)	Total Marks			
III MBBS Part II	100	100	200	100 x 2 papers = 200	200	400			

(There will be FORMATIVE ASSESSMENT at the End of <u>four weeks Clinical Posting of</u>
General Surgery NOT to be added to INTERNAL ASSESSMENT).

DEAN

Assessment in CBME is ONGOING PRCESS.

No Preparatory leave is permitted.

- There shall be 6 internal assessment examinations in General Surgery including allied.
- The suggested pattern of question paper for internal assessment internal examinations, except prelim examination is attached at the end. Pattern of the prelims examinations should be similar to the University examinations.
- Internal assessment marks for theory and practical will be converted to out of 50 (theory) +50 (practical). Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University.
- Conversion Formula for calculation of marks in internal assessment examinations

	Theory	Practical
Phase II	100	100
Phase III/I	100	100
Phase III/II	300	300
Total	500	500
Conversion out of	50	50
Conversion	Total marks in 6	Total marks in 6
formula	examinations /10	examinations /10
Eligibility criteria	20	20
after conversion	Combined theory	y + Practical = 50

While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table.

Total Internal Assessment Marks	Final rounded marks
33.01 to 33.49	33
33.50 to 33.99	34

- Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject.
- Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

8. Remedial measures

A. Remedial measures for non-eligible students

- i) At the end of each internal assessment examination, students securing less than 50% marks shall be identified. Such students should be counseled at the earliest and periodically. Extra classes for such students may be conducted. If needed.
- If majority of the students found to be weak in a particular area then extra classes must be scheduled for all such students.
- iii) Even after these measures, if a student is failed to secure 50% marks combined in theory and practical (40% separately in theory and practical) after prelim examination, the student shall not be eligible for final examination.
- iv) Non eligible candidates are offered to reappear for repeat internal assessment examination/s, which must be conducted 2 months before next University examination. Extra classes for such students may be conducted for such students. The pattern for this repeat internal assessment examination shall be similar to the final University examination. Only the marks in this examination shall be considered for deciding the eligibility criteria. Following conversion formula shall be used for converting the marks.

E.S.: Responsor Roma Medical College Authorstwept, Post Session Tel. Chipmed Det Patogost

	Theory	Practical
Remedial examination (as per final examination)	200	200
Conversion out of	50	50
Conversion formula	Marks in remedial theory examinations /4	Marks in remedial Practical examinations /4
Eligibility criteria	20	20
after conversion	Combined theor	y + Practical = 50

B. Remedial measures for absent students:

- If any of the students is absent for any of the 6 IA examinations due to any reasons, following measures shall be taken.
- ii. The student is asked to apply to the academic committee of the college for reexamination, through HOD, to ascertain the genuineness of the reason for absentee.
- iii. If permitted by academic committee, an additional examination for such students is to be conducted after prelims examination. Marks for such additional examination shall be equal to the missed examination.
- iv. Even if a student has missed more than one IA examination, he/she can appear for only one additional IA examination. In such scenario, eligibility should be determined by marks obtained in internal assessment examinations for which the candidate has appeared, without changing the denominator of 500.

DEÁN

8.K.L. Waterweiter Russi Medicai Gollege
Att. Reservado Post Sevendo

Tal. Chiplion, Dist. Ratnagiri

Internal Assessment Practical Examinations

II MBBS

Internal Assessment - 1 General Surgery

Demonstration of clinical signs	Communicatio n skills	OSCE & OSCE of Psychomotor	Table viva (20) Table viva	Grand Total A +B= 50
			Table viva	
		Skills	Surgical pathology, X rays, Instruments, Logbook, Journal	
5	5	10	10	50
	5	5 5	5 5 10	Instruments, Logbook, Journal

Internal Assessment - 2 Orthopaedics and Radiodiagnosis (to be conducted at the end of respective clinical postings)

		cililical postiligs)		
		Subject: General Surgery Allied Practical (IA	A - 2)	
		Examination in Orthopaedics		
Case	OSCE 1	Viva (Surgical Pathology, Radiology, Instrument Procedure, Journal / log boo	(Co)	Practical Tota
10	5	10		25
		Subject: General Surgery Allied Practical (I/ Examination in Radiodiagnosis	4-2)	Dr.
diagnostic	and other c modalities - lasics	Viva (Knowledge of legal aspects, radiation protection etc)	Journal / log book	Practical Total
	15	5	5	25
				DEAN

* The marks for internal assessment – 2 shall be communicated by orthopedics / Radiology department to General Surgery department immediately after completion of examination and assessment.

III MBBS Part I

Internal Assessment - 3

General Surgery

	Clinical A (3	U)	OSCE	& Viva B (20)	
Long	Demonstration	Communicatio	OSCE	& Table viva	Grand Total
Case	of clinical signs	n skilis	OSCE of Psychomotor Skills	Table viva Surgical pathology, X rays, Instruments, Logbook, Journal	A +B= 50
20	5	5	10	10	50

Internal Assessment - 4

Orthopaedics and Anaesthesia

		Viva		
Case	OSCE 1	(Surgical Pathology, Radiology, In Procedure, Journa		Practical Tota
10	5	10		25
		Subjects Congred Surgary Alliad	Department (16 - 2)	
		Subject: General Surgery Allied Examination in Anest	C-22 1/1	
	DSCE	And a second second second second second	C-22 1/1	Practical Total

ALKasarwaci, Post Sawards Tal Chiphen Dest Ratnager * The marks for Internal assessment – 4 shall be communicated by orthopedics / Anaesthesia department to General Surgery department immediately after completion of examination and assessment.

III MBBS Part II

Internal Assessment - 5

General Surgery

	Clinical A (6	0)	OSCE	& Viva B (40)	
Long Case	Demonstration of clinical signs	Communicatio n skills	OSCE &	Table viva (40)	Grand Total A +B= 100
			OSCE of Psychomotor Skills	Table viva [Surgical pathology, X rays, Instruments, Logbook, Journal]	
40	10	10	20	20	100

MUHS final practical examination

General Surgery

	in com	eneral urgery cluding municatio skill (60)		neral ery (30)		ortho 30)	OSCE #	& Table v	iva	ho (20)	Total
1	11 15 55 50 77	Communic ation skills *	Short	Clinical signs demo	Short case	Clinical signs demo	Instruments +Procedure+ Log book	X rays + Surgical Pathology +Journal	OSCE	OSCL (10) + Table (10)	
	50	10	20	10	20	10	20	20	20	20	200

[#] OSCE Stations may include General examinations, Local examinations, psychomotor skills, Communication skills, AETCOM etc.

^{*}Communication skills to be assessed by Kalamazoo Consensus, clinical signs to be assessed by either GLOBAL Rating Scale or OSCE, Psychomotor Skills to be assessed by OSCE with checklist. If the skills are small, 2 or 3 skills may be combined.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK Format / Skeleton of question paper for 1st & 2nd internal

Assessment Theory Examinations.

SECTION "A" MCQ

h	nstruct	attempt to resort to unfair means. All questions are compulsory. The number to the right indicates full marks.															
	se	CTION "	" MCO	(10N	tarks	g.											
1						Take 1						ngetyi		(Lx1)	3=10 i		
1	3	el pl	(2	(4)	63	η	H.)	97	11	14							
	23					100	LC COST	porti	on of	the	question paper. If writt	ten anything, s	uch type	of act w	ill be co	onsidered	03-01
Instructions		Do not attemp All gues The nur	write or to reso tions or ober to	nythin ort to i or com the ric	g on unfai opuk aht i	the to me ndico	ani. Ites fo	ull ma		the	question paper. If writt	ten anything, s	uch type	of act w	ill be co	onsidered	as ar
Instructions Licing Ans	3) 4) 5)	Do not attemp All ques The nur Draw de	write or to reso tions or ober to ograms	ort to o ort to o ore com the ric when	g on unfai opuli aht i rever	the to me to	ans. etes fe	ull ma	orks.	the	question paper. If writt	ten anythung. s	uch type	of act w	be co	(2 x LO =	
	3) 4) 5) swer D	Do not attemp All ques The nur Draw de	write or to reso tions or ober to ograms	ort to o ort to o ore com the ric when	g on unfai opuli aht i rever	the to me to	ans. etes fe	ull ma	orks.	the	question paper. If writt	ten anything, s	uch type	of act w	be co		
2. Long Ans	3) 4) 5) swer Di	Do not attemp All ques The nur Draw do	write oil r to resc tions oil ber to ograms Any 1 o	ort to in com the ric when	g on unfai opuli aht i rever	the to me to me con me	olank ans. ites for essory	ull mo	neks.		question paper. If writt		uch type	of act w	ill be co		20 (

B.K.: Watermicar Rurar Medical College ALKasarwadi, Post Sawords Tal.ChipronCostRatnager

Format / Skeleton of question paper for 3rd and 4th internal Assessment Theory Examinations (III MBBS Part I)

SECTION "A" MCQ

5) Put in the appropriate box below the question number once only.

Instructions .

				i i	6) 7) 8)	Each Stud	que	stian will		les O	ne m		grk .	f he/she averwrites strikes at po	ut white ink on the cr	oss once
	1.		CTION			S. Londi		7.1	-10 A	nca i	of On	e ma	irk e	ach from General surgery)	(1x10=10	ı.
		F	0 1	ы	c)	d)	(÷)	η	R)	h)	П	ı)	The ball of the state of the st	1 Accessive Party Conference	
Instruction	\$2.5		Do no	npr to vestion wribe	te un reso ns ar	ythin rt to e con the ri	a on unfo npuls ght i	the lir me sory	ons ons	port		f the	qui	estian paper. If written anything,	such type of act will be	considered as an
2. Long A	nswe	ra	uestion	n (Any	/ 2 01	nt of	3) (G	iener	ai su	rgery	1					
b			6)	C)												(2 x 10 = 20)
3. Short a	mswe	er an	uestia	ns (I f	rom	AETC	OM) (Ge	neral	surg	ery)					[2×5=10]
B)	9	t	1)													
4 Short a	nswe	r q	estion	ns (An	v 2 o	ut of	3) 6	At le	151 2	Clinic	al rea	950N	ing :	question) (Drthopaedics)		(2×5=10)
a)		t	10 3	c)												

Separate answer sheet for question 4 (SAQ from orthopaedics) may be used for the ease of evaluation.

B.K.L. Watzunkar Rural Medical College A.K. Rasarwati, Post Savarda Fal Chiphin Ost Ratnager

Format / Skeleton of question paper 5th internal assessment Theory Examinations (III MBBS Part II)

									SEC	TION	-4-	ICD .	
	inst	truct	temer	9)	Part	×	in th	e nav				w the question number once only	
				101					perc				
									ies Or			2.5 6 1.0	
				221		ked.		100	he ni	offest	ritige	of he/she precruittes strikes or put white ink an ti	le crass ance
		10.72				2001	2001						
				"A" MCC	10000		7.1						
	1.			Choice (sia. 1 de						of On	d de	k each - 15 General surgery , 2 orthopsedics,	(1+30=30)
					12	70	12	100	W.C.	17			
			a) 6)	E.[(1)	(6)	n	W.Y	91	100	100		
		K	1 17	m):	. n)	0)	p)	્યા	:11	3)	11		
										_	_		
					SEC	TION	4 "B"	& "C					
						os:	3 50						
truct	ions			ue/blaci							the .	vestion paper if written anything, such type of act w	ill he consistent of
		2)		ot to ces	4500000	ATT 1 3.77			parti	an of	the i	vestion paper if written anything, such type of act w	with the contribution of
		31		stions o									
		41	The ne	mberto	the n	ght	mHc	ates f	ult me	riks			
				imber to diagram						reks			
										iriks			
									y.				
		5)	Draw	žugrom	whe	reve	rnec	PASOL	y. 3	ЕСТЮ	(10)		
Long	Answe	5)	Draw		whe	reve	rnec	PASOL	y. 3	ЕСТЮ	(10)		(2425-30)
	Answe b)	5)	Draw	žugrom	whe	reve	rnec	PASOL	y. 3	ЕСТЮ	(10)		(2425-30)
	ы	f Qui	Draw	Bugrom (Structs	whe	ace t	r nec	pasar s) (Ge	y. S	ECTIC Surg	ery)	easoning). 1 from AETCOM (General Surgery)	(3x35-30) (3x5=25)
5ha	ы	f Qui	Draw	Bugrom (Structs	whe	ace t	r nec	pasar s) (Ge	y. S	ECTIC Surg	ery)		2 2
5ha	b) n Answ	s) e Qu ee Q	Draw	Structs (Any 3	whe	ace t	r nec	pasar s) (Ge	y. S	ECTIC Surg	ery)		2 2
5ha	b) n Answ	s) e Qu ee Q	Draw	Structs (Any 3	whe	ace t	r nec	pasar s) (Ge	y. S	ECTIC Surg	ery)		2 2
5ha	b) n Answ	s) e Qu ee Q	Draw	Structs (Any 3	whe	ace t	r nec	pasar s) (Ge	y. S	ECTIC Surg	ery)		2 2
.5ha	b) n Answ	s) e Qu ee Q	Draw	Structs (Any 3	whe	ace t	r nec	pasar s) (Ge	y. S	ECTIC Surg	ery)		2 2
1	b) n Answ	s) e Qu ee Q	Draw	Structs (Any 3	whe	ace t	r nec	pasar s) (Ge	y. S	ECTIC Surg	ery)		2 2
.5ha	b) n Answ	s) e Qu ee Q	Draw estions uestion	Structs (Any 1	whe	ace t	r nec	pasar s) (Ge	y. S	ECTIC Surg	ery)		2 2
Shai	b) ch Answ b)	s) rQu	Draw sistions uestion	(Structs (Any 1)	whe	acu (Any o	rysor r) (Ga	5 Seneral should	ECTIO Surgi	ory)	easoning). 1 from AETCOM (General Surgery)	2 2
Sho	b) c) Answ b)	S) FQuier Quier Q	Draw Bistions Destions SEC	(Structu (Any) d)	whe	acu (Any o	rysor r) (Ga	5 Seneral should	ECTIO Surgi	ory)		(3x5=35)
Shai	b) ch Answ b)	S) FQuier Quier Q	Draw sistions uestion	(Structs (Any 1)	whe	acu (Any o	rysor r) (Ga	5 Seneral should	ECTIO Surgi	ory)	easoning). 1 from AETCOM (General Surgery)	(3x5=15)
5ha	b) of Answ b)	s) eQuier Quier Q c	Draw astions uestion SEC	(Structs (Any 1 d)	wheel court of	aco (Any o	s)/Ga	5 seneral hould	ECTIO Surgi	ery)	easoning). 1 from AETCOM (General Surgery)	(3x5=15)
Sho	b) of Answ b)	s) eQuier Quier Q c	Draw astions uestion SEC	(Structu (Any) d)	wheel court of	aco (Any o	s)/Ga	5 seneral hould	ECTIO Surgi	ery)	easoning). 1 from AETCOM (General Surgery)	(3x5=15)

Separate answer sheet for question 5 (LAQ from orthopaedics) may be used for the ease of evaluation.

Format / Skeleton of question paper for University Theory Examinations (III MBBS Part II) Paper - I

(Subject names to be removed)

	Inst	ructi	ons:		West 1		in the				"A" I			where:			
									propn (pen		ox. Del	aw the question numb	per ance or	in No.			
									nes O		rrk.						
				0.77		20,7500						if he/she overwrite:	s strikes o	r put whi	te ink o	n the c	ross ance
				100,000		ked.	erene I		(DEVE)	101112	1.0540.354.0	19. 4 1.17.44.2002-702-201.000	-5-1110-5-507.	AT NUMBER SOCIE	NEW TOWNS OF	1	V230-27 V237 I
		SE	CTION."	A" MCC	(20N	/arks	1										
	1:	M	iltiple Cl	noice Q	uestio	ins (T	otal	-20N	ACQ o	One	mark	each) – (General surge	ery)			(1 x20=20 i
		а) b)	c }	d)	εĵ	Ð.	g)	hj	1)	11						
		k	11	mì	nj	0)	p)	q.	1	5)	11						
					SEC	TION	"B"	& "	275								
structio			use blu							lan a	rat -			ane verupis	ma a F	a 3.100 k	and the second second
		41	Do not attemp			100				ion oj	the q	uestion paper if writ	sen anythi	ng, such t	rpe of ac	r will bi	r considered as i
			ALCOHOLDS.	1.055.7531	til til	RELEGICA	4. 1116	4 4 6 7 7 7 1									
		31		tions o	re cor	nout											
			All que			7.4	ory			arks							
		41		nber to	the ri	ght	ory	ates	full re	arks							
		41	All que: The nur	nber to	the ri	ght	ory	ates	full ro ry		ON "B						
Lone A		4) 5)	All ques The nur Draw d	nber to lagram	the ri	ght i rever	ndic nec	ates essa	full ro ry	SECTIO		•					/7v85=300
	nswer	4) 5)	All que: The nur	nber to lagram	the ri	ght i rever	ndic nec	ates essa	full ro ry	SECTIO		•					(7×15=30)
ì	nswer b)	4) 5) Qui	All ques The nur Draw d	nbei to lagram Structu	the ris whe	ght in rever	nec	essa 1) (6	full ro ry s ienera	SECTIO	ery)		s				
Short	hiswer ti) Answe	4) 5) Que	All questions The nur Draw d estions	nbei to lagram Structu	the ris whe	ght in rever	nec	essa 1) (6	full ro ry s ienera	SECTIO	ery)	n AETCOM) (General:	Surgery)				(2×15=30) (3×5=15)
) Short	nswer b)	4) 5) Qui	All questions The nur Draw d estions	nbei to lagram Structu	the ris whe	ght in rever	nec	essa 1) (6	full ro ry s ienera	SECTIO	ery)		Surgery)				
) Short	hiswer ti) Answe	4) 5) Que	All questions The nur Draw d estions	nbei to lagram Structu	the ris whe	ght in rever	nec	essa 1) (6	full ro ry s ienera	SECTIO	ery)		Surgery)				
Short	hiswer ti) Answe	4) 5) Que	All questions The nur Draw d estions	nbei to lagram Structu	the ris whe	ght in rever	nec	essa 1) (6	full ro ry s ienera	SECTIO	ery)		Surgery)				
a) 3.Short	hiswer ti) Answe	4) 5) Que	All questions The nur Draw d estions	nbei to lagram Structu	the ris whe	ght in rever	nec	essa 1) (6	full ro ry s ienera	SECTIO	ery)		Surgery)				
a) 3.Short	hiswer ti) Answe	4) 5) Que	All questions The nur Draw d estions	nbei to lagram Structu	the ris whe	ght in rever	nec	essa 1) (6	full ro ry s ienera	SECTIO	ery)		Surgery)				
i) Short	hiswer ti) Answe	4) 5) Que	All questions The nur Draw d estions	nbei to lagram Structu	the ris whe	ght in rever	nec	essa 1) (6	full ro ry Sienera I reaso	SECTIO	ery)		Surgery)				(3x5=15)
a) 3.Short a)	h) Ariswe b)	A) 5) Queen Que	All questions The nur Draw d estions	nbei to lagram: Structu (Any or	the rise when	ght in reverse and a second se	ndici nec	ates ; essa 11)(6	full ro ry Sienera I reaso	4 Surg	ery)		Surgery)				
i) 3.Short i)	h) Ariswe b)	A) 5) Queen Que	All que: The nur Draw d estions	nbei to lagram: Structu (Any or	the rise when	ght in reverse and a second se	ndici nec	ates ; essa 11)(6	full ro ry Sienera I reaso	4 Surg	ery)		Surgery)				(3x5=15)
a) 3.Short a) 4. Long a)	h) Ariswe b) Answe	4) 5) CQueer Queer	All que: The nur Draw d estions	Structu	the rise when some shared Co	ght i rever asse 8 asse 8	asec	ates, essa d)(G inica	full m ry Sienera I reaso SE Senera	CTION	ery)		Surgery)				(3x5=15)

B.K.L. Waterunkar Rural Medical College ALKasawati, Post Sewards Tal. Chiphen Ost Ratnager

Format / Skeleton of question paper for University Theory Examinations (III MBBS Part II) Paper II

(Subject names to be removed)

15												
Ī.									380	TION	"A" I	MCQ
	nstru	KT10	nic	17)	Put	×	in th	е арр	ropri	are b	ar bei	low the question number once only.
				14)	Use	blue	c ball	point	pen	pritřy		
				2.9)	èac	77 (044)	estio	Carr	rei O	ne mo	ark.	
				20)		dent rked		not	be at	lottes	t mor	it if he/she overwrites strikes or put white ink on the cross once
	9	SEC	non "A	" MC	G (30)	Mark	is)					
1			tiple Cr esthesi				3.00			0 10	ne m	nark each = 15 General surgery , 2 orthopedics. (1 x20=20)
		ėΙ	bi	6)	11)	49	ri.	(1)	11	1)	10	
		F)	4	m)	n)	D	p)	d)	r1	3)	ti	
					SEC	TION	N "B"	s *c	-			
tructions	1	1 1	lse blue	/blaci	k ball	роп	rpen	anly				
	2	77	o not i						part	lon of	the a	question paper if written anything, such type of act will be considered a
	3	1 4	Il ques	tions o	ורכ במו	mpa	isory					
	4	1 1	he nun	ber to	the t	ight	maio	ates f	uit m	QVKS.		
	5	1 7	Draw die	aacam	1 who	-	et more	*****	2.5			

SECTION "B"

2 Long Answer Questions (Structured Case Baser:) (General Surgery)

b) c)

3. Short Answer Questions (any 5 out of 6) (1 Gen. Surgery, 2 Rediodiagnosis, 2 Anesthesia. 1 Dentistry) (5×5=25)

SECTION *C*

4. Long Answer Question (Structured Case Based) (Orthopedics) (1×15=15)

All

3. Short Answer Questions (Any 2 out of 3) (Orthopedics) (2 x5=10)

DELN

[3xt5=30]

8.K.L. Watermaar Parrel Medical Cologe Al. Resarwacii, Post Sawarde Tat. Chipine Lost Stateaper

Paper wise distribution of topics for Prelim & MUHS Annual Examination

Year III-II MBBS Subject: General Surgery and allied

Paper	Section	Topics
Ř	Ä	MCQs on all topics of paper I of Surgery
	В	Metabolic response to injury. Shock, Blood and blood components.
		Burns, Wound healing and wound care. Surgical infections,
		Surgical Audit and Research, Nutrition and fluid therapy,
		Transplantation, Biohazard disposal, Trauma, Skin and
		subcutaneous tissue, Developmental anomalies of face, mouth
		and jaws. Oropharyngeal cancer. Disorders of salivary glands
		Endocrine General Surgery Thyroid and parathyroid. Adrenal
		glands, Breast, Vascular diseases, Ethics & AETCOM (module
		43.4546)
		Abdomen-including Flemia, Pentoneum, GiT tract including
	C	esophagus stomach, small intestine, colon rectum and anal canal,
		Liver , Spleen, Pancreas, Biliary tract , Minimally invasive
		Surgery. Pediatric surgery
II.	A	MCQs on all topics of the paper II including orthopaedics,
		anaesthesia, radiology, radiotherapy and dentistry,
	В	Cardio-thoracic - Chest - Hearl and Lungs - Urinary System- Kidney
		ureter and urmary bladder. Penis, Testis and scrotum. Plastic
		surgery Oncology Investigation of surgical patient. Pre intra and
		post- operative management Radiology, Radiotherapy
		Anesthesia and pain management. Dentistry
	Č	Orthopedics
		51

GAN S

ANNEXURE 1

Paper wise distribution of topics for Prelim & MUHS Annual Examination
Year: III-II MBB5 Subject: _General Surgery and allied

Paper	Section	Topics
1	A	MCQs on all topics of paper I of Surgery
	В	Metabolic response to injury, Shock, Blood and blood components,
	1172	Burns, Wound heating and wound care, Surgical infections, Surgical
		Audit and Research, Nutrition and fluid therapy, Transplantation
		Biohazard disposal, Trauma, Skin and subcutaneous tissue
		Developmental anomalies of face, mouth and jaws. Oropharyngeal
		cancer Disorders of salivary glands. Endocrine General Surgery
		Thyroid and parathyroid Adrenal glands. Breast, Vascular diseases
		Ethics &AETCOM(module 4 3.4.5.4 6)
		Abdomen- including Hernia Peritoneum, GIT tract including
	c	esophagus, stomach small intestine colon rectum and anal canal
		Liver Spleen: Pancreas Biliary tract Minimally invasive Surgery Pediatric surgery
.10	A	MCQs on all topics of the paper II including orthopaedics,
,0)	N'AII	anaesthesia, radiology and dentistry
.10	A B	Lighteen and the company of the comp
.00	N'AII	anaesthesia, radiology and dentistry . Cardio-thoracic - Chest - Heart and Lungs Unnary System- Kidney
.00	N'AII	anaesthesia, radiology and dentistry . Cardio-thoracic - Chest - Heart and Lungs Unnary System- Kidney ureter and urinary bladder . Penis, Testis and scrotum, Plastic
,10	N'AII	anaesthesia, radiology and dentistry. Cardio-thoracic - Chest - Heart and Lungs Urinary System- Kidney ureter and urinary bladder. Penis, Testis and scrotum, Plastic surgery. Oncology, Investigation of surgical patient, Pre, intra and

DEAN

B.K.L. Waterwicz Ruce (Medical College Al. Kaserwed, Phil Sesende Tal Chiphin Ost Ratnegur

Internal Assessment

Obst. & Gynaec.

Applicable w.e.f August 2019 onwards examination for batches admitted from June 2019 onwards

Phase	1.4	A-1-Exam	IA - 2 -Exam			
	Theory (January)	Practical EOP	Total Marks	Theory (May)	Practical	Total Marks
Second MBBS	50	50	100	50	50	001

Phase	12	4 – 3 Exam	1A - 4 - Exam			
	Theory (January)	Practical EOP	Total Marks	Theory (April)	Practical	Total Marks
Third MBBS Part I	50	50	100	50	50	100

Phase	(1	A - 5 - Exam		Prelim	Prelim Examination			
	Theory (May)	Practical EOP (after 8 weeks posting)	Total Marks	Theory (November)	Practical	Total Marks		
Third MBBS Part I	100	100	200	100 x 2 papers = 200	200	400		

DEAN

8.K.L.Watzweikar Rurzi Medical College At,Kasanwati, Poet Savarda Tal, Chiphen Cost Ratnager

Internal Assessment Practical Examinations II MBBS

Internal Assessment - 1

OBGY

Spotting	OSCE	OSCE 2	Viva	Journal & log book	Practica Total
10	10	10	10	1.0	50

OSCE Stations to include Signs of General examinations, Local examinations, Psychomotor skills and Communication skills.

		Subject: OBG1	Practical (IA - 2)							
Long Case										
History	Examination	Investigation	Treatment	AETCOM	Practica Total					
10	10	10	10	10	50					

		Subject: OBG	Y Practical (IA - 3)		
Spotting	OSCE 1	OSCE 2	Viva	Journal & log book	Practica Total
16	10	10	10	1.0	50

OSCI: Stations to include Signs of General examinations, Local examinations, Psychomotor skills and Communication skills.

B.K.: Waterwitter River Medical College At. Raserweck Pool Sewerds Tall Chiphun Dest Ratnager

		Lor	g Case		
History	Examination	Investigation	Treatment	AETCOM	Practical Total
10	10	10	1.0	10	50

Subject: OBGY Practical (IA -5)						
Long Case (Obstetrics)	Gynsecology Case	Family Planning	Journal & log book	Practica Total		
50	20	20	10	100		

	Subject: OBGY Practical (Prelim)							
ANC Case	Gynaecology Case	PNC / Post - Op Case	Family Planning Viva	Obstetrics Table Viva	Gynaec Table Viva	Spotting (2 x 10 spots)	Journal & log book	Practical Total
50	25	20	25	20	20.	20	20	200

	Subject:	OBGY Pra	etical (MUI	HS Final)		
Gynaecology Case (Diagnosis and discussion)	PNC / Post - Op Case (Diagnosis and discussion)	Family Planning Viva	Obstetrics Table Viva	Gynaec Table Viva	Spotting (4 x 10 spots)	Practica Total
25	20	25	20	20	40	200
	Case (Diagnosis and discussion)	Gynaecology PNC / Post Case - Op Case (Diagnosis (Diagnosis and and discussion) discussion)	Gynaecology PNC / Post Case - Op Case Family (Diagnosis (Diagnosis Planning and and Viva discussion)	Gynaecology PNC / Post Case - Op Case Family Obstetrics (Diagnosis (Diagnosis Planning Table and and Viva Viva discussion)	Gynaecology PNC / Post Case - Op Case Family Obstetrics Gynaec (Diagnosis (Diagnosis Planning Table Table and and Viva Viva Viva discussion)	Case - Op Case (Diagnosis and and discussion) - Op Case (Diagnosis and discussion) - Op Case (Diagnosis and and discussion) - Op Case (Diagnosis Planning Table Viva Viva Viva Viva Viva Viva Viva Viva

^{* 10} marks each for history, examination, AETCOM, investigation & treatment.

B.K.L. Waterweiter Rurel Medical College At. Naserweid: Poet Severide Tal. Chiphun Chet. Patriagun

Assessment in CBME is ONGOING PRCESS.

No Preparatory leave is permitted.

- There shall be 6 internal assessment examinations in OBGY.
- The suggested pattern of question paper for internal assessment, except prelim examination is attached at the end. Pattern of the prelims examinations should be similar to the University examinations.
- 3. Internal assessment marks for theory and practical will be converted to out of 50 (theory) +50 (practical), Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University. Conversion Formula for calculation of marks in internal assessment examinations.

	Theory	Practical
Phase II	100	100
Phase III/I	100	100
Phase III/II	300	300
Total	500	500
Conversion out of	50	50
Conversion formula		Total marks in 6 IA Practical examinations /10
Eligibility criteria	20	20
after conversion	Combined theory + I	Practical = 50

 While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table.

Total Internal Assessment Marks	Final rounded marks
33.01 to 33.49	33
33.50 to 33.99	34

- 5. Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject.
- Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

7. Remedial measures

A. Remedial measures for non-eligible students

- At the end of each internal assessment examination, students securing less than 50% marks shall be identified. Such students should be counseled at the earliest and periodically.
- ii) Extra classes for such students may be arranged. If majority of the students found to be weak in a particular area then extra classes must be scheduled for all such students. Even after these measures, if a student is failed to secure 50% marks combined in theory and practical (40% separately in theory and practical) after prelim examination, the student shall not be eligible for final examination.
- iii) Non eligible candidates are offered to reappear for repeat internal assessment examination/s, which must be conducted 2 months before next University examination. The pattern for this repeat internal assessment examination shall be similar to the final University examination. Only the marks in this examination shall be considered for deciding the eligibility criteria. Following conversion formula shall be used for converting the marks.

	Theory	Practical	
Remedial examination (as per final examination pattern)	200	200	
Conversion out of	50	50	
Conversion formula	Marks in remedial theory examinations /4	Marks in remedial Practical examinations /4	
Eligibility criteria after	20	20	
conversion	Combined theory	+ Practical = 50	



B. Remedial measures for absent students:

- If any of the students is absent for any of the 6 IA examinations due to any reasons, following measures shall be taken.
- The student is asked to apply to the academic committee of the college for reexamination, through HOD, to ascertain the genuineness of the reason for absentee.
- iii. If permitted by academic committee, an additional examination for such students is to be conducted after prelims examination. Marks for such additional examination shall be equal to the missed examination.
- iv. Even if a student has missed more than one IA examination, he/she can appear for only one additional IA examination. In such scenario, eligibility should be determined by marks obtained in internal assessment examinations for which the candidate has appeared, without changing the denominator.

Format for Internal Assessment Theory Examination

IA - 1, IA - 2, IA - 3 & IA - 4

Question No.	Type of Question	No. of Questions (no. To be solved)	Max. Marks
1.	MCQ	10	10 (1 marks each)
2.	SAQ	6 (Any 5 out of 6)	25 (5 marks for each question x 5 questions)
3,	LAQ	I (Compulsory)	15
		Total	50

Format for Internal Assessment Theory Examination IA - 5

Question No.	Section	Type of Question	No. of Questions	Max. Marks
I.	Α	MCQ	20	20 (1 marks each)
2.	В	LAQ	4 (Any 3 out of 4)	45 (15 marks for each question x 3 LAQ)
3.	С	SAQ	7 (Any 6 out of 7)	30 (5 marks for each question x 6 SAQ)
4.	C	SAQ	1 question from AETCOM	5
			Total	100

DEAN

8.K.L.Watzwakar Rural Medical College At.Kasarwaci, Post Savards Tal.Chiplun.Cost.Ratnagur

Format for MUHS Final Theory Examination Paper I & II

Question No.	Section	Type of Question	No. of Questions	Max. Marks
315	Α	MCQ	20	20 (1 marks each)
2.	В	ĹAQ	4 (Any 3 out of 4)	45 (15 marks for each question x 3 LAQ)
3.	C	SAQ	7 (Any 6 out of 7)	30 (5 marks for each question x 6 SAQ)
4.	C	SAQ	1 question from AETCOM	5
			Total	100

DEAN

8.K.L. Waterweiter Rural Medical College At, Kasarweit, Poet Saverde Tal, Chiphun Ost Ratnagur

Internal Assessment

Subject - Ophthalmology

Applicable w.e.f batches admitted from 2019 and onwards

Phase		
-	Theory	Practical
Second MBBS	2	EOP Practical Examination may be conducted. However, these marks shall not be added to the Internal Assessment.

3 rd Year (III MBBS, PART I)							
Phase	1-Exam (March)			II-Exam Prellm (August)			
	Theory	Practical	Total Marks	Theory	Practical	Total Marks	
III/I MBBS	50	50	100	100	100	200	

Assessment in CBME is ONGOING PRCESS,

No Preparatory leave is permitted.

- There shall be 2 internal assessment examinations in Ophthalmology including Prelim.
- The suggested pattern of question paper for internal assessment internal examinations, except prelim examination is attached at the end. Pattern of the prelims examinations should be similar to the University examinations.
- 3. Internal assessment marks for theory and practical will be converted to out of 25 (theory) + 25 (practical). Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University. Conversion Formula for calculation of marks in internal assessment examinations.

	Theory	Practical
Phase II	(2)	<u>.</u>
Phase III/I	150	150
Total	150	150
Conversion out of	25	25
Conversion formula	Total marks in 2 IA theory examinations /6	Total marks in 2 IA Practical examinations /6
Eligibility criteria after conversion	10	10
	Combined theory + Practical = 25	

 While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table.

Total Internal Assessment Marks	Final rounded marks
13.01 to 13.49	13
13.50 to 13.99	14

- 2. Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject.
- Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

4. Remedial measures

A. Remedial measures for non-eligible students

- i) At the end of each internal assessment examination, students securing less than 50% marks shall be identified. Such students should be counseled at the earliest and periodically. Extra classes for such students may be arranged.
- ii) If majority of the students found to be weak in a particular area then extra classes must be scheduled for all such students. Even after these measures, if a student is failed to secure 50% marks combined in theory and practical (40% separately in theory and practical) after prelim examination, the student shall not be eligible for final examination.
- iii) Non eligible candidates are offered to reappear for repeat Internal assessment examination/s, which must be conducted 2 months before next University examination. The pattern for this repeat Internal assessment examination shall be similar to the final University examination. The marks in this examination shall be considered for deciding the eligibility criteria. Following conversion formula shall be used for converting the marks.

	Theory	Practical
Remedial examination	100	100
Conversion out of	25	25
Conversion	Marks in remedial	Marks in remedia
formula	theory examinations /4	Practical examinations /4
Eligibility criteria	10	10
after conversion	Combined theory + Practical = 25	

B. Remedial measures for absent students:

If any of the students is absent for any of the 2 IA examinations due to any reasons, following measures shall be taken.

i. The student is asked to apply to the academic committee of the college for reexamination, through HOD, to ascertain the genuineness of the reason for absentee.

- If permitted by academic committee, an additional examination for such students is to be conducted after prelims examination. Marks for such additional examination shall be equal to the missed examination.
- iii. Even if a student has missed more than one IA examination, he/she can appear for only one additional IA examination. In such scenario, eligibility should be determined by marks obtained in internal assessment examinations for which the candidate has appeared, without changing the denominator.

DEAN

Format for Practical Examinations

Ophthalmology

Internal Assessment Practical

Seat No.	Long case including communication skills	OSCE (2 stations of 5 marks each)	Viva including Dark room instruments, Operative instruments	Log book and Journal viva	Practical Total
Max Marks	20	10	10	10	50

OSCE Stations to include Signs of General examinations, Local examinations, Psychomotor skills and Communication skills, history taking of a particular symptom.

Prelims and MUHS Final Practical

Seat No.	including communic ation skills	OSCE (4 stations)	Log book and Journal viva	Dark room instruments	Operative instruments	Practical & Oral
Max. Marks	50	20	10	10	10	100

*Communication skills to be assessed by Kalamazoo Consensus, clinical signs to be assessed by either GLOBAL Rating Scale or OSCE, Psychomotor Skills to be assessed by OSCE with checklist. If the skills are small, 2 or 3 skills may be combined.

DEAN DEAN BARRON CON

8.K.L.Watawaikar Rurai Medical College At, Nasawadi, Poat Savarda Tal, Chiphun, Crat, Ratnaguri

Internal Assessment Theory Examination (I)

Ophthalmology

	Instructi		2) 31 4)	Use b Each Stude marke	ine hi quext ats w	all poi ion ca ill noi	nt per cries	riate l i only One n	ar be	elen	A* Mt Q a the question of he she wa				v ink ou s	he syasii ance
			"A" Mi				*11.00	ee	ro cari	200	227.7					(1-10-10)
	1 /01.0		200000000	(f) (cs(19))	400000			K			-27/4/2/19					(3.411-16)
Instruction	18: 	Do not anemp All que The nu Draw	weite a weite a to reso wher to mher to diagram; common	ything ri to in re con the rig wher	g ou t nfair npulsi elit in rever	he bl ai means a ry dicates necess	nk po full ary	marks		e qu	vestion paper	r Uwrian	n anythi	ng, anch tj	pe of act v	III be comidered as an
						â	SEC	HON	-H-	(4	Marks)					
2. 1.0	ong Answ	er Quest	ions and	ucture	d cim	ical qu	testio	£25;								115 x1=151
3.She	on Answe	er Questi		171.0		kalne	ludin	g t on	At I	C'E)Mı					15 × 5=251

MUHS Final Theory Examination

Ophthalmology

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

Instructions:	. 59	Put	< m	the ign				"A" MCQ ow the question number one w	Iŭ
	6)	_	_	II poir					
	7.7	Each		100					
	.80	Studen		ill not	be ii	llaue	d mar	k if he she overwrites strikes i	r put white ink on the crass once
SECTIO	N "A" N	IC Q (2	9 Atu	rks)					
	Choice C	vestion)	silon	al 20 t	MCQ	of Ot	e mu	k each)	(3×20=20
1. Multiple						-			
* 1.510H0	b) c)	(d)	(e)	D:	81	POC.	()	ji	

SECTION "B" & "C"

Instructions

- 1. Use blue/black hall point pen outs
- Do not write anything on the blank portion of the question paper. If written anything such type of act will be considered as an attempt to recent to unfair means.
- 3. All questions are compulsory
- 4. The number to the right indicates full marks.
- 2. Draw diagrams wherever necessary.
- 6. Use a common answer book for all sections

SECTION "B" (40 Marks)

2. Long Answer Questions (Any 2 out of 3) structured clinical questions

 $(15 \times 2 = 30)$

15 x 3-151

at p) c

3.Short Answer Questions (All 3) are luding 1 on AETCOM)

ai bì cì

SECTION C (40 Marks)

4 Long answer questions

(15x1=13)

(1)

5 Short answer questions) any 4 out of 513 limited Reasoning)

a) b) el d) e)

(5x4=20)

DEAN

Internal Assessment

Subject - Pediatrics

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2019 onwards

Phase		
1	Theory	Practical
Second MBBS	įŧ.	EOP Practical Examination may be conducted. However, these marks shall not be added to the Internal Assessment.

3 rd Year	(III MBB	S, PART I)						
Phase	ı	-Exam (Janua	ry)	II-Exam (April)				
	Theory	Practical	Total Marks	Theory	Practical	Total Marks		
III/I MBBS	50	50	100	50	50	100		

Clinical	posting- 4		35, self-direc	ted learning-1	LO. Total 65 hrs	
Phase		III-Exam (Ma	(Y)	IV-Exam (Preliminary exam (November)	ination)
	Theory	Practical	Total Marks	Theory	Practical	Total Marks
III/II MBBS	50	50	100	100	100	200

DEAN
B.K.: Waterwiker Rurel Medical College

Assessment in CBME is ONGOING PRCESS,

No Preparatory leave is permitted.

- There shall be 4 internal assessment examinations in Pediatrics including Prelim.
- The suggested pattern of question paper for internal assessment examinations, except prelim examination is attached at the end. Pattern of the prelims examinations should be similar to the University examinations.
- 3. Internal assessment marks for theory and practical will be converted to out of 25 (theory) + 25 (practical). Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University. Conversion Formula for calculation of marks in internal assessment examinations.

	Theory	Practical
Phase II	> =)	
Phase III/I	100	100
Phase III/II	150	150
Total	250	250
Conversion out of	25	25
Conversion formula	Total marks in 4 IA theory examinations /10	Total marks in 4 IA Practical examinations /10
Eligibility criteria	10	10
after conversion	Combined theory	y + Practical = 25



 While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table.

Total Internal Assessment Marks	Final rounded marks
13.01 to 13.49	13
13.50 to 13.99	14

- Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject.
- Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

Remedial measures

A. Remedial measures for non-eligible students

- At the end of each internal assessment examination, students securing less than 50% marks shall be identified. Such students should be counseled at the earliest and periodically. Extra classes for such students may be arranged.
- ii) If majority of the students found to be weak in a particular area then extra classes must be scheduled for all such students. Even after these measures, if a student is failed to secure 50% marks combined in theory and practical (40% separately in theory and practical) after prelim examination, the student shall not be eligible for final examination.
- iii) Non eligible candidates are offered to reappear for repeat internal assessment examination/s, which must be conducted 2 months before next University examination. The pattern for this repeat internal assessment examination shall be similar to the final University examination. The marks in this examination shall be considered for deciding the eligibility criteria. Following conversion formula shall be used for converting the marks.

B.K.: Watawakar Rural Medical College Al.Kasarwadi, Post Savarda Tal.Chiplun.Ost.Ratnagur

	Theory	Practical
Remedial examination	100	100
Conversion out of	25	25
Conversion formula	Marks in remedial theory examinations /4	Marks in remedial Practical examinations /4
Eligibility criteria	10	10
after conversion	Combined theor	y + Practical = 25

B. Remedial measures for absent students:

If any of the students is absent for any of the 4 IA examinations due to any reasons, following measures shall be taken.

- The student is asked to apply to the academic committee of the college for reexamination, through HOD, to ascertain the genuineness of the reason for absentee.
- If permitted by academic committee, an additional examination for such students is to be conducted after prelims examination. Marks for such additional examination shall be equal to the missed examination.
- iii. Even if a student has missed more than one IA examination, he/she can appear for only one additional IA examination. In such scenario, eligibility should be determined by marks obtained in internal assessment examinations for which the candidate has appeared, without changing the denominator.

DEAN

Internal Assessment Practical Examinations

Pediatrics

Internal Assessment Practical - I, II and III

	Subject: Pediatri	CS Practical (IA – I, II	and III)	
Case	OSCE 1	OSCE 2	Journal & log	Practica Total marks
20	10	10	10	50

OSCE Stations to include Signs of General examinations, Local examinations, Psychomotor skills and Communication skills., history taking of a particular symptom; nutrition history, developmental history, immunization history.

Prelim Practical

Subject: Pediatrics Practical (Prelims)									
Long Case (Including clinical skills demonstration)	Short Case (Including communication skills)	OSCE (4 stations x 10 marks each)	Viva	Journal & log book	Practical Total marks				
25	15	40	10	10	100				

OSCE 1 - Clinical Skills , OSCE 2 - Anthropometry assessment, OSCE 3 - Certifiable procedural skills , OSCE 4-AETCOM related skills

MUHS Final Practical

Subject: Pediatrics Practical (Prelims)							
Long Case (Including clinical skills demonstration)	Short Case (Including communication skills)	OSCE (4 stations x 10 marks each)	Viva	Practical Total marks			
30	20	40	10	100			

OSCE 1 - Clinical Skills , OSCE 2 - Anthropometry assessment, OSCE 3 - Certifiable procedurally skills , OSCE 4 - AETCOM related skills

Internal Assessment Examination (I, II and III) Pediatrics

Instructions: Par	have ank our the cross since
J) I so the ball pump per and; l) Each question varies One mark. d) Students will not be allotted mark if he she invertible strikes or put a marked. SECTION *A** MCQ (18 Marks) 1. Mainple Chance Questions (Fotal 10 MCQ of One mark each) at b) c) d) e) f) g) ht i) j).	
b) Faith question curries One mark. b) Students will not be allotted mark if he she invertibles writes or put a marked SECTION *A** MCQ (18 Marks) 1. Mainple Chance Questions (Foral 10 MCQ of One mark each) at b) c) d) e) f) g) ht i) j).	
SECTION *A* MCQ (18 Marks) 1. Mainple Chance Questions (Fotal 10 MCQ of One mark each) at b) c/ d) c/ f) g) h/ i) j)	
Multiple Choice Questions (Foral 10 MUQ of One mark cach) at by cr d) of fr g) bi i) ji	+ 10 x_1 = 10+
at by ex di et #1 hi i) ja	(10 x 1 = 10)
SECTION -B" & -C"	
restructions 1) I se this black half prompt pure com-	
2) Do not write anything on the blank portion of the question paper If written anothing ruch	tage of act will be considered as un-
offengit to report to sofficir negative	ev =20 = 20 = 2 =
1) All questions are compulsory	
1) The number to the right subscates full marks	
5) Dean diagrams wherever nearthers 6) Lee a common answer back for all vectors	
Sec. 1. The Residence of the same of the secretary with secretary to the secretary of the s	
SECTION "R" (20 Marks)	
Short Answer Questions. (Five marks each) (Any. 5 mit of 6)	(5x5 - 25)
at 0 41 (b) at 0	
Long Amsion Questions	(154)=15)
NI .	

DEAN

B.K., Waterway Rural Medical College Achangreedi, Post Sesende Tal Chipmin Dist Flatnagin

MUHS Final Theory Examination

Paediatrics

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

Instructions	5) 6) 7) 8)	Lach Lach	ine bo unesti als w	dl pan loe ca	grapi ni pen rries (rane l i anțe One n	os te urk	*A* MCQ low the question number once only k if he she overwrites sinkes or	init white ink in the cross once
SECT	ION = A*:	223		"	MEO	»TCh	ne mili	k cachi	(1×20=20
	e Choice	Arrestion	ER 4 O	at 20	\$100 miles (1975)				(X = U - Z /
	le Choice b) c) d)						11	(1324-24

	SECTION "B" & "C"	
Instructions	 the blue/bluck half point pen only. Do not write swithing on the blank partion of the question paper. If writen mostly attempt to resent to unfale means. All questions are compulsory. The number to the right indicates full marks. Ocas diagrams wherever necessary. Use a common answer book, for all nections. 	hing such type of act will be considered as an
	SECTION "B" (40 Marks)	
2 Long	Answer Questions (Any 2 mit of 3) structured clinical questions	(15 x 2=30)
(0)	b) c)	VECATORY
3.Short /	Answer Questions (All 3), (including 1 on AETCOM)	15 x 3-15)
4.6	by cy	
	SECTION C: (40 Marks)	
4 Long a	numer questions	(15x1=15)
181		
5 Short i	answer questionst any 4 out of 5) (Ulmical Reasoning)	
	at bi ci di ci	Grand Comments

Annexure- 4.

Exam Pattern - Paediatrics

Theory Paper (100 marks)

- Section A- MCQ-:
- Section B-
- Section C-

Practical exam (100 marks)

- · Long case-
- · Short case/ New born-
- · Table viva- (Drugs, Instruments, Nutrition, Vaccines and X-Rays-
- OSCE-

Internal Assessment:

 50% combined in theory and practical (not less than 40% in each) for eligibility for appearing for University

University Examination

Mandatory 50% marks separately in theory and practical (practical = practical/clinical + viva)

DEAN

8.K.L.Watawakar Rurai Medical College At, Nasawati, Poet Savarda Tal, Chiphun Chat, Ratnaguri

Annexure- 5 Distribution of journal marks

Total- 10 marks

Parameter	Total	Marks	Phase	
Long cases	3	i e	Phase: II (Second year)	
575;	6 (CNS-2, RS-1, PA-1, CVS-2)	Î	Phase: III-I (Third Minor) Phase: III-II (Third Major)	
	66 (CNS-2, RS-1, PA-1, CVS-2)	T		
Short cases	3	1/2	Phase: II (Second year)	
	3	1/2	Phase: III-1 (Third Minor)	
	3	1/2	Phase: III-II (Third Major)	
Newborns	3)	1/2	Phase: II (Second year)	
	3	1/2	Phase: III-1 (Third Minor)	
	3	1/2	Phase: III-II (Third Major)	
Emergencies	.5	Ì	Phase: III-1 (Third Minor)	
Procedures	5	Ţ	Phase: III-II (Third Major)	
Vaccines	All vaccines as per Government of India.	t:	Phase: III-I	
Drugs	10	Ť	Phase: III-II	
Instruments	10	1/2	Phase: III-II	
Nutrition	10	1/2	Phase: III-II	
	Total- 10 marks	1		

DEAN

B.K.L. Waterweiter Rurel Medical College At. Naserweid: Poet Severide Tal. Chiphun Chef, Patriagun

PEDIATRICS (CODE: PE) IN GENERAL

Competencies: The student must demonstrate:

- Ability to assess and promote optimal growth, development and nutrition of children and adolescents andidentify deviations from normal.
- Ability to recognize and provide emergency and routine ambulatory and First Level Referral Unit care forneonates, infants, children and adolescents and refer as may be appropriate.
- 3. Ability to perform procedures as indicated for children of all ages in the primary care setting.
- Ability to recognize children with special needs and refer appropriately.
- 5. Ability to promote health and prevent diseases in children.
- Ability to participate in National Programmes related to child health and in conformation with the IntegratedManagement of Neonatal and Childhood Illnesses (IMNCI) Strategy.
- 7. Ability to communicate appropriately and effectively.

Integration: The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for neonates, infants, children and adolescents based on a sound knowledge of growth, development, disease and their clinical, social, emotional, psychological correlates in the context of national health priorities.

, Alm	Sell	Xtor	Apr	May	Jun	34	766	-	thic	No	Dec
							Entendation Course		EMB	RS	
			JM	nas				Mines I		MBBS	
			H b	mas				Exam II MBBS		n mins	
	T		10	smis	Part.				Esam III MBBS Part I	Becover	ác 39ath
					III	MRIIS	Part II				
Fran III String Par II						-	sterediği.				
(Intern	Map										-

B.A., Nazumkar Forei Nethoel College ALExamedi, Post Nazumi'e Tat Chiping Det Flatzagen

Table 2: Distribution of subjects by Professional Phuse

Phase & year of MBBS training	Subjects & New Teaching Elements	Duration#:	University examination
First Professional MBBS	Foundation Course (1 growth) Human Anatomy Physiology & Brochemistry introduction to Community Medicine, Humannies	1 + 13 months	1 Protessional
	 Early Chunal Exposure 		

	Attitude Ethics, and Communication Midus (AETCOM)		
	Pathology, Microbiology, Pharmacology, Forensic Medicine and Toxic ology.		
Second Professional MBBS	Introduction to clinical subjects including Community Medicine	12 months	RPsolessional
	Clain al postenza		
	Attitude Ethics & Communication Module (AETCOM)		
Third Professional MBBS Part 1	General Medicine: General Surgery, Obstetrals & Gynecology, Pediatrics, Orthopedics, Dermatology Psychians, Obstimology Ophthalmology Community Medicine, Foremer Medicine and Toxicology Respiratory medicine Radiostiagnosis & Radiosterapy, Anesthesiology Climical subjects /postings Antitude, Ethics & Communication, Medule, (AETCOM)	13 ments	13 Professional (Part I)
History	Piectives, Skills and assessment*	2 months	
Third Professional MBBS Pan II	Corneral Medicine: Pediatrics, General Surgery, Orthopedics, Obstetrics and Gynecology, including hamily written and officed specialism. Clinical postings/subjects.	13 mendis	10 Professional
	Attitude: Ethics & Communication Module (AETCOM)		

[&]quot;Assessment of glectives shall be nactaded in Internal Assessment

DEAN

B.K.L. Waterwiker Rurel Medical College At, Kaserwedi, Poet Severde Tal, Chiphun, Ost, Ratnegur

Table 6: Third Professional Part I teaching hours

Subjects	Teaching Hours	Tutorials/Seminars /Integrated Teaching (bours)	Self- Directed Learning (hours)	Total
General Medicine:	21	- 11:		.65
General Steepery	21	HC	4	85
Obstantis and Gyna diegy	29	16	- 1	6.5
Pediatrica	26	10	4	31
Ottopovilius	T.F.	20	4	-401
Formule Medicine and Toxicology	25	145	5	75
Community Medicine	201	80	4.	105
Demias Cery	26	-	,	80
Fsychian y	39	iń	,	40
Reginnory Medicine	107	(8)	2	213
Otrahianlaryngológy	297	140	9	1760
Ophilaticology	16	90	10	FOIG
Ratiofingminis and Buttorberry	14.		2	30
Amstheorings	-	To.	,	†n
Clinical Postinge*				150
Attitude, Ethics & Communication Module AffCOM)		0.00	19-	25
Final	eq.i	an	Sep.	1751

² The clima of marings in the third progressional pure I deal by OC hours per nech (1 hrs pre due from Mondre to Solvedge).

Table 7: Third Professional Part II teaching hours

Sabjects	Teaching Hours	Tutorials/Seminars / Integrated Teaching (hours)	Seif - Directed Learning (hones)	Total? (hoses
Disneral Medicine	:10	125	18.	210
General Surgery	10	0125	1490	310
Intercies and Gynesotopy	10	1125	3%	210
Schools	Jo .	is .	10	6.5
Irmepanilica	20	. 9		93
Clinical Postings***	7			19.
Otinide, litties & Communication Module ARTCOM(***	34		116	25
Elemene	-			591
Dienst	250	415	100	1.580

 ^{25%} of allisted time of third professional shall be utilized for integrated learning with per- and parts clinical subjects as a small be allotted time will be arrived as integrated teaching by parts clinical subjects with clinical subjects (as Clinical Pathones). Clinical Pharmacology and Clinical Microbiology.

DEAN

B.K.L.Waltrunkar Rural Medical College

Table #: Clinical postings

	Period of training in weeks					
Sultjects	II MBBS	III MBBS Part	III MIRS Part II	Total		
Electives			8" (4 regular (linical posing)	÷		
General Medicine			N-4	20		
General Surgery	- 14	40	8+4	20		
Ommittee & Gymercology	1	+	8.44	20		
Polistrica	2	4	4	10		
Community Medicine	.54	-0.	17	10		
Otthopoilus - metading Tourns	- 2		3	. 8		
Otorhinidaryngology	- 14	4.				
Ophilialmalogy	4			- 8		
Respiratory Medicine	- 2			2.		
Psychiatry	72	2: 1		-04		
Katholia psode*	- 2			2		
Dermandogy Venerosingy & Lapsmy	9	3	¥ .	16		
Dentisity & Assesthesia		2:		2		
Casualty		2		2		
	Ms	42	48.	120		

[&]quot; In four of the eight weeks of electives, regular clinical postings shall be accommodated.

Clinical preturgs may be adjusted within the time framework.

DEAN

This pooling metades Laboratory Medicine (Para-stimed) A. Infactions Discours, Phase III Part II

That includes materiary training and family welfare outsiding Family Plantings

This posting includes Physical Medicine and Relunthmesin

^{&#}x27;This posting include: Radiotherapy, wherever available

List of abbreviations

A Attitude

AETCOM Attitude Ethics and Communication

Anat Anatomy
Biochem Biochemistry
Cardio Cardiology

Com Med Community Medicine

Derm Dermatology

DOAP Demonstrate Observe Assist Perform

ENT ENT

Forensic Forensic Medicine Gastro Gastroenterology

K Knows
KH Know How
S Shows

C Communication
Med Gen Medicine
Micro Microbiology

N No

OBG Obstetrics & Gynecology

Ophthal Ophthalmology

OSCE Objective Structured Clinical Examination
OSPE Objective Structured Practical Examination

Psych Psychiatry

PMR Physical Medicine Rehabilitation

Path Pathology Physio Physiology Pharm Pharmacology

SAQ Short Answer Question SGD Small Group Discussion

Surg Gen Surgery
RadioD Radio diagnosis
Resp Med Respiratory Medicine

Y Yes

Pages for all the phases will be added and color coded as follows-

Phase III-I: Green
Phase III-II: Brown.

B.K.L.Watewalkar Rural Medical College Al.Kasarwack Pool Sewards Tal. Chiphim.Dist.Ratnagur

RADIODIAGNOSIS

Course Content

Second / III-I/ III-II MBBS

Subject: Radio Diagnosis Theory / Practical

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. Vol. 2 / 3; page nos. 161 to166)

- 1. Total Teaching hours :20
- A. Lectures (hours): 10
- B. Self directed learning (hours):

 2

Tel.Chiphun.Dist.Ratnagirt

- C. Small group teachings/tutorials/Integrated teaching/Practicals (hours): 8 hours
- D. Clinical Postings (hours): 2 weeks (3hours /day x 12 days Monday to Saturday

Term I/II

A. Lectures/ Large Group Teachings Total Number of Competencies: 13 In institutes where radiotherapy facility is available 2 hours will be allotted to Radiotherapy department. Time Table in these institutes will be prepared by Radio Diagnosis and Radiotherapy department in joint collaboration

Serial No.	Competency Nos.	Topics & Subtopics	Suggested Teaching Method	Hours	Vertical Integration	Horizontal Integration
LEC L	ROLL	Define radiation and the interaction of radiation and importance of radiation protection	Lecture. Demonstration	t		
	RDI 2	Describe the evolution of Radiodiagnosis Identify various radiological equipments in the current era				
LEC 2	RD1,3	Enumerate indications for various common radiological investigations, choose the most appropriate and cost	f ecture. Demonstration	j		ENT CAPACE
		offective method and				Waterunicar Rural Medical Col At Kesarwack, Post Sawarde

Serial No.	Competency Nos.	Topics & Subtopies	Suggested Teaching Method	Hours	Vertical Integration	Horizontal Integration
		interpret findings in common conditions pertaining to disorder of EN1				
LEC 3	RD1.4	Enumerate indications for various common radiological	Lecture. Demonstration	1		Obstetrics &Gynaccology
		investigations, choose the most appropriate and cost effective method and interpret findings in common conditions pertuning to disorder in Ob				
	RD1-12	Describe the effects of radiation in pregnancy and the methods of presention minimization of radiation exposure				
	RD1.13	Describe the companents of the PC & PNDT Act and its medicolegal implications				
LE€	RDT.5	Enumerate indications for various common radiological investigations, choose the most apprepriate and cost offective inethod and interpret findings in common conditions pertaining to				Medicine
		disorder in internal medicine				
LEC 5	R131 6	Enumerate indications for various common radiological investigations, choose the most appropriate and cost				Surpery
		effective orethod and interpret findings in common conditions pertaining to				DE AN Walgrunitar Rural Madical Coli

ALKasarwadi, Post Sawarde Tel Chiplus Dist Ratnagin

Serial No.	Competency Nos.	Topics & Subtopies	Suggested Teaching Method	Hours	Vertical Integration	Horizontal Integration
LFC 6	RD1.7	disorderis in surgery				Pediatrics
	A ACCIDITION OF	indications for various common radiological investigations, choose the most appropriate and cost effective method and interpret findings in common conditions perfaming to disorder in				
		Pediatrics				
LLC 7	RDL8	Enumerate indications for various common radiological investigations, choose the most appropriate and cost effective method and interpret findings in common conditions pertaining to common mall goancies				All clinical departments
EC 8	RDI 9	Describe the role of Interventional Radiology in common clinical				All clinical departments
FC 9	RD1:10	Describe the role of finergency Rudiology, miscellaneous & applied aspects, interaction with clinical departments				All clinical departments
LFC 10	ROLLI	Describe preparation of patient for common imaging procedures	i ecture, Demonstration			All clinical departments

Serial No.	Competency Nos.	Topics & Subtopies	Suggested Teaching Method	Hours	Vertical Integration	Horizontal Integration
Serial No.	Competency No:	Topics & Sub Topics	Suggested Teaching Method	Hours	Vertical Integration	Horizontal Integration
SDL I	RDE5	Inumerate indications for various common radiological investigations, choose the most appropriate and cost effective method and interpret findings in common conditions pertaining to disorder in internal medicine	Small group discussion, Quiz. etc			All clinical departments
	RD1.10	Describe the role of Emergency Radiology, miscellaneous & applied aspects, imeraction with clinical departments	Small group discussion, Quiz. etc			
SDL 2	RDI-4	Enumerate indications for various common radiological investigations, choose the most appropriate and cost effective method and interpret findings in common conditions pettaining to disorder in Oh-&Gs	Small group discussion, Quiz,	1		Obstetrics &Gynsecology
	RD1.13	Describe the components of the PC & PNDT Act and its medicolegal implications				
	RDL	Define radiation and the interaction of radiation and importance of radiation protection				
C		iall group teach ing/Practicals(I	(42)	(34)	ed	gode
Serial No.	Competency No	Topics & Sub	Suggested	Hours	Vertical BK	DEAN Horizontal Wateunkar Rural Medical Coll At Kasarwad, Post Sawarde

Serial No.	Competency Nos.	Topics & Subtopies	Suggested Teaching Method	Hours	Vertical Integration	Horizontal Integration
		Topics	Teaching Method		Integration	Integration
SGT I	AN20.6. AN25.7. AN43.7. AN43.9. AN51.1. AN51.2. IM7.18	Identify anatomical parts on radiographic images	Lecture/Small group discussion	3		Anatomy & All Clinical Departments
SGT 2	AN25.8. AN54.2	Role of Barium Studies in gastro Intestinal Tract Evaluation	Lecture Small group discussion	3		Medicine, Surgery
SGT 3	1 M1.9	Medicolegal aspects in Radiology	t ecture/ Small group discussion	j		Forensic Medicine
SGT 4	1M1-19, 1M3-7 1M3-11, M13-12, PE34-8, PE23-13	Role of Radiology in Chest Diseases	Lecture/Small group discussion	î		Medicine. Pediatrics
SGT 5	SU25.3	Role of Radiology in Breast Diseases	Lecture: Small group discussion	î		Surgery
SGT 6	P£28.17	Role of Radiology in Ear Nose Throat and Eye Diseases	1.ecture: Small group discussion	1		ENT &Opthalmology
SG1 7	IM10.19, PE21.12, IM10.19, AN54.2	Role of Radiology in Diseases of the Genito Urinary System	Lecture Small group discussion	. t		Medicine
SGT 8	IM19.7. PE30.23. IM6.12. AN43.7. AN43.8. AN45.9	Role of Radiology in Central Nervous System	Lecture Small group discussion	-1		Medicine Surgery Pedicines DEAN Mateunian Rural Madical College AcKasanwad, PostSawards

ALKasarwad, Fost Sawarde Tel Chiphus Dist Ratnager

Serial No.	Competency Nos.	Topics & Subtopies	Suggested Teaching Method	Hours	Vertical Integration	Horizontal Integration
		Diseases				
D	Sature hours these	inical Postings(day. In institute will be allotted institutes will l otherapy depar	es where radiot d to Radiothera be prepared by	herapy t apy depa Radio I	facility is ava artment. Tin Diagnosis an	illable 6 ie Table in
CP I	RD1:1	Introduction to All modalities under Radiodiagnosis and Radiation Protection.	Lecture, Demonstration, Small group teaching	Ĵ		
CP 2	RD1.5	Role of Radiology in Chest Conditions lungs and heart	Lecture, Demonstration, Small group teaching			Medicine and Pediatrics
CP3	Role of Radiology in Abdominal Conditions hepatobilary system and Gastrointestinal System		Lecture, Demonstration, Small group teaching	ক্		Surgery
CP 4	BDI 6	Role of Radiology in Abdominal Conditions - Genitourinary system	Lecture, Demonstration, Small group teaching	3		Surgery
CP 5	RD1 4 & RD 1 5	Role of Radiology in Obstetrics and Gynaecolgy	Demonstration, Small group teaching	3		Obstetrics & Gynecology
CP 6	RD16	Role of	Demonstration,	3		DEAN Orthopedics Watermiter Rural Medical Coll AttRasanwadi. Foat Samerda

Serial No.	Competency Nos.			Hours	Vertical Integration	Horizontal Integration
		Radiology in Musculoskeletal system	Small group teaching			
CP 7	RDE6	Role of Radiology in Discases of Central Nervous System	Demonstration. Small group teaching	3		All clinical Branches
CP 8	RD1.2	Basic Principles of Computed Tomography	Demonstration, Small group teaching	3		
CP 9	RD1.2	Basic Principles of Magnetic Resonance Imaging	Demonstration, Small group teaching	3.		
CP 10	Radiation Demonstration, Hazards and Small group Radiation teaching Protection					
CP II	RT	Radiotherapy related topics	Radiotherapy related topics	3		
CP-12	RT	Radiotherapy related topics	Radiotherapy related topics	3		

Learning Resource Material

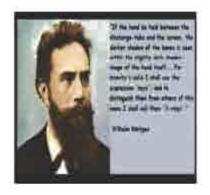
Sr.no.	Author	Title of book Material	Publisher
David Sutton		Text Book of Radiology and Medical	Elseivier
		Imaging for Medical Students Seventh	
		Edition	
2	David Sutton	Text Book of Radiology & Imaging	Elseivier
		Students Seventh Edition	4
3	Grainger Allison	Diagnostic Radiology	Elseivie



Name of the Institute



LOG BOOK DEPARTMENT OF RADIODIAGNOSIS





CONTENTS

Sr. No.	Subject	Page No.
1	LOGBOOK CERTIFICATE	04
2	RECORD OF INTERNAL ASSESSMENT EXAMINATIONS	05
3	SELF DIRECTED LEARNING / TUTORIALS / SEMINARS / EXTRA CURRICULAR ACTIVITIES	06
4	LIST OF COMPETENCIES	08
5	PHASE III/I	10



RADIODIAGNOSIS LOGBOOK CERTIFICATE

Th	is is t	o certify	that this	logi	ook	is the	bonaf	ide	record	of	Mr.	7
Ms							Ro	oll N	No			2
Admissio	n Yea	ır		of	the	Depar	tment	of	Radiol	Diagn	osis a	ţ
,,,,,,,,,,,,			*****	****		· · · · · · · · · · · · · · · · · · ·				. 8	Medica	1
College,												

The logbook is as per the guidelines of Competency Based Undergraduate Medical Education Curriculum, Graduate Medical Regulation 2019.

He / She has satisfactorily attended/ completed all assignments mentioned in this logbook as per the guidelines prescribed by National Medical Commission.

Head of Department
Department of Radio Diagnosis
Signature with Date

DEAN

B.K.L.Watrumker Runel Medical College
Al.Kesarwadi, Post Spwarde
Tel.Chiphus.Dist.Ratnager

INTERNAL ASSESSMENT EXAMINATION IN RADIODIAGNOSIS

Please refer General Surgery Syllabus (available on https://www.muhs.ac.in/upload/syllabus/Third%20MBBS%20General%20Surgery%20Syllabus%20030621.p

Format / Skeleton of question paper for University

Please refer General Surgery Syllabus (available on https://www.muhs.ac.in/upload/syllabus/Third%20MBBS%20General%20Surgery%20Syllabus%20030621.pdf) for details question paper for university in radio diagnosis.

Self-Directed Learning: Seminars, Tutorials, Projects, Quizzes,

Extra-curricular activities

Sr. No.	Self- directed learning (Seminars, Tutorials, Projects, Quizzes, Extracurricular activities)	Date	Phase III/I	Signature of Teacher
Ť				
2				

DEAN

8.K.L.Watgumicar Rural Medical College At.Kesarwack, Post Sawarde Tel Chiphus Cint Ratnager Reflection (minimum 200 words) -1

Date:

TOPIC:



LOGBOOK CLINICAL SKILLS: LIST OF COMPETENCIES

Clinical skills can be assessed by case presentation, case-based discussion, objective structured clinical assessment the checklist, MiniCex, as per the institutional preference.

Sr. No	Competencies Addressed	Name of the Activity
Î	PE21,12	How will you interpret a KUB Report?
2	PE23.13	How will you report a Chest radiograph and rule out cardiomegaly?
3	PE23.16	How will you use the ECHO reports in management of case of Cardiac disease?
4	PE30.23	How will you interpret CT scan and MRI Report?

Radiotherapy

For theory Competencies to be included in Surgery & Radiology Syllabus

Clinical Postings-3 days where ever department ex



B. K. L. Walawalkar Rural Medical College

Flow chart of CO (Course Outcome) Attainment

CO: Course Outcome **PO**: Program Outcome

COs are measured through CIE (Internal assessment) and University Examination (External assessment)

CIE (Internal assessment)

Preparation of mark sheet of all Internal Assessments (Term end & Prelim exam)

Calculation of marks in percentage of Individual student

Determination of Level of that student based on his/her marks in percentage

Level 3: > 60% marks

Level 2: 50% - 60% marks

Level 1: < 50% marks

Calculation of average of percentage of All students in the MUHS batch

Determination of Level of that batch based on Average of percentage

Level 3: > 60% average

Level 2: 50% - 60% average

Level 1: < 50% average

CO attainment for CIE (internal assessment) is taken as average of percentage and its level

University Examination (External assessment)

Obtain result sheet of University examination

Calculation of marks in percentage of Individual student

Determination of Level of that student based on his/her marks in percentage

Level 3: > 60% marks

Level 2: 50% - 60% marks

Level 1: < 50% marks

Calculation of average of percentage of All students in the MUHS batch

Determination of Level of that batch based on Average of percentage

Level 3: > 60% average

Level 2: 50% - 60% average

Level 1: < 50% average

CO attainment for University examination taken as average of percentage and its level

Calculation of Overall CO Attainment of the subject (course) by following formula: Overall CO Attainment = $\{(CO \text{ attainment of CIE} * 0.20) + (CO \text{ attainment of University} * 0.80)\}$

Calculation of "Level of overall CO attainment" of that batch = {(Level of CO attainment of CIE * 0.20) + (level of CO attainment of University * 0.80)}(This value is used for calculation of PO/PSO attainment)