

# D.Y. PATIL EDUCATION SOCIETY [Deemed to be University], Kolhapur

Re-accredited by NAAC with 'A' Grade

# D. Y. PATIL MEDICAL COLLEGE KOLHAPUR

Syllabus For

MBBS - II

According to NMC'S Competency Based Medical Education (CBME) Curriculum

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(DEEMED TO BE UNIVERSITY)



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Syllabus For

**MBBS - II** 

(According to NMC'S Competency Based Medical Education (CBME) Curriculum)

Year of Implementation: 2022-23 Year of Examination: 2022-23

#### **PHARMACOLOGY**

#### Vision

> To become a world class dynamic institution of education, research and training to develop globally competitive professional and socially responsible human resource.

#### Mission

- To ensure globally relevant quality higher education and skill enhancement for providing required trained manpower to the nation & the world.
- > To promote symbiotic relations with industry, academic & research institutions and community to meet the expectations of various stakeholders.
- > To engage in interdisciplinary research and innovate for furtherance of knowledge, technology and growth.
- > To put in place dynamic technocracy for effective use of emerging trends in curriculum development, andragogy, evaluation and system management.
- To provide an environment for holistic evolution of the learners as human, socially responsible and conscious of sustainable ecosystem.

#### **Educational objectives**

#### Knowledge

At the end of the course, the student shall be able to -

- 1. Describe the pharmacokinetics and pharmacodynamics of essential and commonly used
- 2. List the indications, contraindications, interactions and adverse reactions of commonly used drugs
- 3. Indicate the use of appropriate drug in a particular disease with consideration of its cost, efficacy and safety for - individual needs, and mass therapy under national health programmes
- 4. Describe the pharmacokinetic basis, clinical presentation, diagnosis and management of common poisonings
- 5. Integrate the list the drugs of addiction and recommend the management
- 6. Classify environmental and occupational pollutants and state the management issues

- 7. Explain pharmacological basis of prescribing drugs in special medical situations such as pregnancy, lactation, infancy and old age
- 8. Explain the concept of rational drug therapy in clinical pharmacology
- 9. State the principles underlying the concept of 'Essential Drugs'
- 10. Evaluate the ethics and modalities involved in the development and introduction of new drugs

#### Skills

At the end of the course, the student shall be able to -

- 1. Prescribe drugs for common ailments
- 2. Identify adverse reactions and interactions of commonly used drugs
- 3. Interpret the data of experiments designed for the study of effects of drugs and bioassays which are observed during the study
- 4. Scan information on common pharmaceutical preparations and critically evaluate drug formulations.
- 5. Be well-conversant with the principles of pharmacy and dispense the medications giving proper instructions

#### Integration

Practical knowledge of rational use of drugs in clinical practice will be acquired through integrated teaching vertically with pre-clinical & clinical subjects and horizontally with other para-clinical subject

#### **PROGRAME OUTCOMES**

At the end of MBBS program, the Indian Medical Graduate should be able to:

#### PO 1:

- Demonstrate knowledge of normal and abnormal human structure, function and development from a molecular, cellular, biologic, clinical, behavioural and social perspective.
- Demonstrate knowledge about established and evolving biomedical and clinical sciences.
- Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety

#### PO 2:

- Demonstrate ability to apply this knowledge to the practice of medicine in routine, emergency and disaster situations.
- Demonstrate ability to appraise and assimilate scientific evidence into their own ongoing learning, research, and patient care.
- Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context
- Demonstrate ability to provide evidence-based care that is compassionate, respectful of patients' differences, values, and preferences.

#### PO 3:

- Demonstrate commitment to the highest standards of professional responsibility towards patient, colleagues, society, growth of medical professional and adhere to universally accepted code of ethics.
- Demonstrate personal attributes of compassion, honesty, integrity, accountability, empathy in patient encounters.

#### PO 4:

- Demonstrate ability to communicate effectively, respectfully, non-judgemental, empathetic manner with patients, their families and colleagues that will improve patient satisfaction, health care and encourages participation and shared decision-making.
- Demonstrate the ability to listen clearly, inform, communicate and educate patients &/ caregivers for the promotion of health, diagnosis of disease and the treatment of illness; advocate for disease prevention, wellness and the promotion of healthy lifestyles including a focus on population health

#### PO 5:

- Demonstrate the ability to work effectively, efficiently & in rational way with his/ her colleagues and other team members, educate & motivate the team members in a manner to maximize the health delivery potential of the team, considering various roles, responsibilities and competencies of the other health professionals.
- Identify the self- potential, functioning ability as a team leader in primary and secondary health care settings, utilize various indicators of the health care system and to promote appropriate, low cost, ethical, fair and qualitative health delivery.

#### PO 6:

- Demonstrate ability to acquire new knowledge, skills and reflect upon their experience to enhance personal and professional growth and apply the information in the care of the patient.
- Demonstrate self-motivation and awareness to their own limitations.
- Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

#### **PO7**:

 Demonstrate an attitude of inquiry/search/investigation, scientific and objective effort to uncover facts.

#### PO8:

Demonstrate accountability in fulfilling their dutyfor the benefit of the entire society.

#### PO9:

 Demonstrates responsibility to conserve natural resources and protect global ecosystems to support health and wellbeing, now and in the future.

#### **COURSE OUTCOMES**

CO1: Able to choose the appropriate, cost-effective drug or therapy and interpret these with clinical context to prescribe rationally.

CO2:To describe the pharmacokinetics and pharmacodynamics indications, contraindications, interactions and adverse reactions of essential and commonly used drugs

CO3: To explain pharmacological basis of prescribing drugs in special medical situations such as pregnancy, lactation, infancy and old age & integrate the list the drugs of addiction and recommend the management.

**CO4:**To explain the concept of rational drug therapy in clinical pharmacology.

CO5: To demonstrate ability to evaluate the ethics and modalities involved in the development and introduction of new drugs

**CO6:** To demonstrate communication with patient with empathy and ethics on aspects of drug use.

**CO7:**To motivate patient with chronic disease to adhere to the prescribed management by the health care provider.

CO8:To demonstrate how to interact with pharmaceutical representative to get authentic information of drug.

CO9:To explain to the patient the relationship between cost of treatment and patient compliance.

**CO10:** To prepare and explain a list of p-drug for a given condition.

#### 1. Goal

The broad goal of teaching pharmacology to undergraduate students is to inculcate in them a rational and scientific basis of therapeutics.

#### 2. Educational objectives

#### (a) Knowledge

At the end of the course, the student shall be able to -

- 1. Describe the pharmacokinetics and pharmaco dynamics of essential and commonly used
- 2. List the indications, contraindications, interactions and adverse reactions of commonly used drugs
- 3. Indicate the use of appropriate drug in a particular disease with consideration of its cost, efficacy and safety for -individual needs, and mass therapy under national health programmes.
- 4. Describe the pharmacokinetic basis, clinical presentation, diagnosis and management of common poisonings
- 5. Integrate the list the drugs of addiction and recommend the management
- 6. Classify environmental and occupational pollutants and state the management issues
- 7. Explain pharmacological basis of prescribing drugs in special medical situations such as pregnancy, lactation, infancy and old age
- 8. Explain the concept of rational drug therapy in clinical pharmacology
- 9. State the principles underlying the concept of 'Essential Drugs'
- 10. Evaluate the ethics and modalities involved in the development and introduction of new drugs

#### (b) Skills

At the end of the course, the student shall be able to -

- 1. Prescribe drugs for common ailments
- 2. Identify adverse reactions and interactions of commonly used drugs
- 3. Interpret the data of experiments designed for the study of effects of drugs and bioassays which are observed during the study
- 4. Scan information on common pharmaceutical preparations and critically evaluate drug formulations.
- 5. Be well-conversant with the principles of pharmacy and dispense the medications giving proper instructions.
- (b) Integration- Practical knowledge of rational use of drugs in clinical practice will be acquired through integrated teaching vertically with pre-clinical & clinical subjects and horizontally with other para-clinical subject

## **Course Content** Second MBBS (From MARCH 2021)

**Subject: PHARMACOLOGY Theory / Practical** 

### Based on National Medical Commission, Competency based Undergraduate curriculum for the **Indian Medical Graduate,**

- 1. Total Teaching hours: 230 + 6
  - A. Lectures(hours): 80 hrs.
  - B. Self-directed learning (hours): -12Module 12 hrs
  - **C.** Small group teachings/tutorials/Integrated teaching/Practical (hours): **138 hrs.** Including DOAP SESSIONS- 07module- 14 hrs & AETCOM Module- 03 module - 9 hrs
  - **D.** Pandemic Module 01 module 6hrs

#### LIST OF DIDACTIC LECTURER SCHEDULE - PHASE- II

#### 1. GENERAL PHARMACOLOGY.

Sr. No	Торіс	Competency	Integration
		No.	
1.	Principals of Pharmacology & Nomenclature of drug, sources of drugs	PH-1.1 & 1.9	
2.	Local and oral route of drug administrations	PH-1.11	
3.	Parenteral Routes of Administration and New drug delivery system	PH-1.11	
4.	Bioavailability absorption of drug (Definition Bioequivalence, AUC and factors affecting bioavailability	PH-1.4	
5.	Distribution and storage of drug (pro drug, plasma protein binding of a drug)	PH-1.4	
6.	Biotransformation (fate of drug) Phase – I, Phase-II, metabolism induction and Enzyme inhibition.	PH-1.4	
7.	Clinical pharmacokinetics- Plasma half-life, loading, maintenance lose.1 <sup>st</sup> order and zero order kinetics of elimination	PH-1.4	
8.	Evidence based medicine, TDM	PH-1.2	
9.	Pharmacodynamics- I (mechanism or action of drug – Receptor meditated, enzyme and non-receptor mediated actions,)	PH-1.5	
10.	Pharmacodynamic – II synergism potentiation and antagonism	PH-1.5	
11.	Pharmacodynamic- III- factors Modifying effect of a drug	PH-1.5	
12.	ADR- Definition Types of ADRS	PH-1.7	
13.	Drug-Drug interaction	PH-1.8	
14.	Drug development Phases of clinical trial Good clinical Practice. (role of placebo in clinical trial.)	PH-1.64	
15.	Drug regulation acts and other legal aspects (Animal well fare and CPCSEA Guidelines)	PH-1.63	
SDL-1	Excretion of drug	PH-1.4	
Seminar	New drug delivery system	PH-1.3	

#### 2. DRUGS AFFECTING AUTONOMIC NERVOUS SYSTEM-ANS

Sr. No	Topic	Competency No.	Integration
1.	Cholinergic I – Chronologic	PH-1.14	
	(Cholinergic agonists)		
2.	Cholinergic -II- Anticholinesterases	PH-1.14	
3.	Anticholinergics	PH-1.14	
4.	Sympathomimetics – I (Adrenergic agonists)	PH-1.13	
	(catecholamines)		
5.	Sympathomimetics – II (Non catecholamines (Adrenergic	PH-1.13	
	agonists - II))		
6.	Alpha blockers (alpha blockers)	PH-1.13	
7.	Beta blockers (Beta blockers)	PH-1.13	
8.	Skeletal muscle relaxants	PH-1.15	Vertical integration
			physiology/Anaesthesia
Tutorial	Glaucoma		
Seminar	Respecter concept and drug regulation.		

#### 3. DRUGS FOR HEMATOLOGIC DISORDERS AND IMMUNO PHARMACOLOGY.

Sr. No	Topic	Competency No.	Integration
1.	Anemia (IDA)	PH-1.35	Vertical integration -physiology/Medicine
2.	Physiology of hemostasis and Antiplatelets	PH-1.25	Vertical integration -Physiology/Medicine
3.	Coagulation and Anticoagulants	PH-1.25	Vertical integration -physiology/Medicine
4.	Thrombolytics and Antibiotics	PH-1.25	Vertical integration -physiology/Medicine
5.	Immuno modulator and organ transplant rejection management and colony stimulating rectors.	PH-1.50	
6.	HIV (HIV)	PH-1.48	Horizontal integration -Microbiology
7.	Malaria- I	PH-1.47	Vertical integration- Medicine/ Microbiology
8.	Malaria - II	PH-1.47	Vertical integration- Medicine/ Microbiology
SDL-2 Seminar	Management of Megaloblastic anemia Vaccine	PH-1.54	

#### 4. DRUGS AFFECTING CARDIOVASCULAR SYSTEM- CVS

Sr. No	Topic	Competency No.	Integration
1	Diuretic – I	PH-1.24	
2	Diuretic- II	PH-1.24	
3.	Calcium channel blockers (CCBs)	PH-1.27	
4.	Drugs acting on renin-angiotensin	PH-1.26	Vertical integration
	system		physiology/Medicine
5.	Drugs for Angina	PH-1.28	Vertical integration Medicine
6.	Antihypertensive- I	PH-1.27	Vertical integration Medicine
7.	Antihypertensive- II	PH-1.27	Vertical integration Medicine
8.	Drugs used CCF(CCF)	PH-1.29	Vertical integration Medicine
9.	Ant arrhythmic drugs	PH-1.30	Vertical integration Medicine
SDL 3	Management of Angina and MI	PH-1.28	
Seminar	Management of Shock	PH-1.27	

#### 5. DRUGS AFFECTING GASTROINTESTRAL SYSTEM.-GIT

Sr. No	Topic	Competency No.	Integration
1	Drugs used in Peptic ulcer – I	PH-1.34	Vertical integration Medicine
2	Drugs used in Peptic ulcer- II	PH-1.34	Vertical integration Medicine
3	Emetic and antiemetic	PH-1.34	Vertical integration Medicine
4	Constipation/Laxatives	PH-1.34	Vertical integration Medicine
5	Amoebiasis	PH-1.47	Vertical integration Medicine
SDL 4	Anthelminthic	PH-1.48	
Seminar	Diarrheal (ORS)	PH-1.34	

#### 6. DRUGS AFFECTING RESPIRATORY SYSTEM.- RS

Sr. No	Topic	Competency No.	Integration
1.	Histamine and antihistaminic	PH-1.32	
2.	Bronchial asthma- I	PH-1.32	Vertical integration Medicine
3.	Bronchial asthma- II	PH-1.32	Vertical integration Medicine
4.	Mucolytics, Expectorant and Antitussives	PH-1.33	Vertical integration Medicine
5.	Drugs used in Tuberculosis I	PH-1.44	Vertical integration
			Respiratory Medicine
6.	Drugs used in Tuberculosis – II	PH-1.44,1.45	Vertical integration
	(with MDRS ADR)		Respiratory Medicine
SDL 5	Management of T. B	PH-1.44	
Seminar	Different National Programme	PH-1.55	

#### 7. DRUGS AFFECTING CENRAL NERVOUS SYSTEM -CNS

Sr. No	Topic	Competency		Integration
		No.		
1.	Local anesthetics	PH-1.17	Vertic	al integration Anesthesia
2.	General anesthetics- I	PH-1.18	Vertic	al integration Anesthesia
	(Pre-anesthetic medication.)			
3.	General anesthetics- II	PH-1.18	Vertic	al integration Anesthesia
4.	Sedative hypnotics (Barb BZD non	PH-1.19	Vertic	al integration Physiology/Psychiatry
	BZDs)			
5.	Antiepileptic- I	PH-1.19	Vertic	al integration Physiology/Psychiatry
6.	Antiepileptic- II	PH-1.19	Vertic	al integration Physiology/Psychiatry
7.	NSAID	PH-1.16	Vertic	al integration Physiology/Psychiatry
8.	Opioid	PH-1.19	Vertic	al integration Physiology/Psychiatry
9	Antiparkinsonian agents	PH-1.19	Vertic	al integration Physiology/Psychiatry
10	Antipsychotics	PH-1.19	Vertic	al integration Physiology/Psychiatry
11	Anti-depressants Antianxiety drugs	PH-1.19	Vertic	al integration Physiology/Psychiatry
SDL 6	Management of drug abuse, Opioid, Tobacco, Alcohol			PH-1.16 & PH- 1.36
SDL 7	Sertonins agonist, antagonize, and Migraine –			PH-1.20, PH-1.21, PH-1.22, PH-1.23
Seminar	Management Rheumatoid arthritis, gout, Calcium metabolism		PH-1.16,1.36	
	and Osteoporosis -			

#### 8. DRUGS AFFECTING ENDOCRINE SYSTEM & MISCELLANEOUS.

Sr. No	Торіс	Competency No.		Integration		
1	Thyroid – I	PH-1.36	Vertical integration Medicine			
2	Thyroid- II	PH-1.36	Vertica	al integration Medicine		
3	Diabetes Mellitus – I	PH-1.36	Vertica	al integration Medicine		
4	Diabetes Mellitus- II	PH-1.36	Vertica	al integration Medicine		
5	Gluco- corticoids- I	PH-1.38				
6	Gluco- corticoids- II	PH-1.38				
7	Sex hormones (Male and Female)	PH-1.37				
8	Female reproductive hormones	PH-1.39,1.40	Vertical integration			
	contraceptives and predrilling agents, Drugs		Obg/G	Obg/Gynac		
	used in erectile dysfunction.					
9	Uterine pharmacology (uterine stimulants	PH-1.40	Vertica	al integration		
	and uterine relaxants)		Obg/G	iynac		
SDL 8	Chelating agent and Management of metal po	oison		PH-1.53		
SDL 9	Occupational and environmental pesticides a	nd food adulteration	1	PH-1.51, PH-1.52		
	Obesity and measure to be taken with Hypolipemic drug					
SDL 10	Management of diabetics		PH-1.31			
Seminar	Vitamin, Drug supplement and Neuroleptics			PH-1.36		

#### 9. CHEMOTHERAPUTIC AGENTS

Sr. No	Торіс	Competency No.	Integration
1	General principles of chemotherapy with Geriatric and	PH-1.42,PH-1.56	
	pediatric pharmacology		
2	Sulphonamide and co-trimoxazole	PH-1.42	
3	Fluoroquinolones	PH-1.42	
4	Penicillin	PH-1.42	
5	Cephalosporin (Typhoid)	PH-1.42	
6	Tetracycline, Chloramphenicol, macro ides	PH-1.42	
7	Amino glycosides	PH-1.42	
8	Antifungal and skin pharmacology with antiseptics and	PH-1.57	Vertical
	disinfectants		integration
			Dermatology
9	Anticancer drugs (Mechanism, classification, side	PH-1.49	
	effects, indications)		
SDL 11	Leprosy	PH-1.46	
SDL 12	Management of Typhoid	PH-1.42	
Seminar	Pharmacotherapy of UTI/STD	PH-1.48	

## SELF-DIRECTED LEARNING – SDL

Sr. No	Торіс	Competency No.
PH-SDL-1	Excretion of drug	PH-1.4
PH-SDL-2	Megaloblastic-anemia	PH-1.35
PH-SDL-3	Management of Angina/Myocardial Infraction	PH-1.28
PH-SDL-4	Anti-helminthic Anti-helminthic	PH-1.48
PH-SDL-5	Management of Tuberculosis-DOTS	PH-1.44
PH-SDL-6	Management of Abuse with - Alcohol/Opioid/Tobacco	PH-1.20,PH-1.21,
		PH-1.22,PH-1.23
PH-SDL-7	Serotonin-agonist/antagonist/role in Migraine	PH-1.16
PH SDL-8	Management of Typhoid	PH-1.42
PH-SDL-9	Management of Leprosy	PH-1.46
PH-SDL-10	Management of Obesity/ Hypolipidemic drugs	PH-1.31
PH-SDL-11	Chelating agent	PH-1.53
PH-SDL-12	Occupation/ Environmental Pollutants, Pesticides, Food adulteration	PH-1.51,PH-1.52

	LIST OF SMALL GRO	UP TEACHING /	PRACTICAL S	<b>SCHEDULES - PHASE</b>	- II	
Sr. No	Торіс	Competency No.	Teaching learning method	Assessment method	Number required certify	Integration
1	Introduction to practical (Instruments, animal)					
2	Oral dosage form	PH-2.1, PH-1.3	DOAP	Skill Assessment		
3	Parenteral dosage form	PH-2.1, PH-1.3	DOAP	Skill Assessment		
4	Topical dosage forms	PH-2.1, 1.3	DOAP	Skill Assessment		
5	Administrate of drugs through various routes in simulated environment using (Mannequins)	PH-4.1	DOAP	Skill Assessment		
6	Preparation of ORS and Explain use	PH-2.2	DOAP	Skill Assessment		
7	Describe setting of IV drip in simulated environment	PH-2.3	DOAP	Skill Assessment		
8	Calculation of drug dosage in patients in special situations	PH-2.4, PH-1.12	DOAP	Skill Assessment		V.I- Paediatrics /Medicine
9	Pharmacokinetics (graphical representation, Disintegration, Dissolution)	PH-1.4	Skill Lab	Skill station		
10	Pharmaco dynamic (DRC agonist, antagonist potentiation, graphical representation	PH-1.5	Skill Lab	Skill station		
11	Rational prescription (correct complete legible generic prescription for given condition)	PH-3.1 PH-1.10	Skill station	Skill station Maintain logbook	05	V.I- Medicine
12	Prescription audit (identify errors in given prescription and rewrite prescription) with legal and ethical aspect of prescribing drug	PH-3.2, PH 3.3, PH- 5.7	Skill Lab	Maintain logbook	03	
13	Critical evaluation of drug Promotional literature	PH-3.3	Skill Lab	Skill station Maintain logbook	03	V.I- Medicine
14	Spots- I <sup>st</sup>		Skill station			
15	Prescription writing – Ist		Skills			
16	Rewriting Prescription – Ist		Skills			

17	F.D.C- Ist		Skills			
18	ADR reporting and Pharmaco vigilance and Filling ADR form	PH-3.4	Skill station	Skill station Maintain logbook		
19	To prepare and explain list of P-drug for given condition	PH-3.5	Skill station	Maintain logbook	03	V-I Medicine
20	Interaction with pharmaceutical representative to get authentic information of drug	PH-3.6	Skill station	Maintain logbook		
21	Prepare a list of Essential medicines for a health care facility drug concept	PH-3.7, PH-1.59	Skill station	Maintain logbook		
22	Communication with patient for proper use of prescribed medication and antibiotic stewardship programme.	PH-3.8,1.43	Skill Lab	Skill station		
23	Antibiotic steward programme					
24	Demonstration of effects of drugs on Blood pressures	PH-4.2	CBL	Skill station		
25	Screening techniques -I		CBL	Skill station		
26	Screening techniques -II		CBL	Skill station		
27	Case study – I (O.P. poisoning)		Small group discussion	Viva-Voce		
28	Case study – II (perioperative management)		Small group	Viva voce		
29	Communication with patient with empathy and ethic on all aspect of drug use and motivate patient with chronic diseases to adhere to prescribed the management.	PH-5.1 + PH- 5.3	Small group discussion	Skill patients		V.I/ Medicine
30	Community with patient with regarding optimal use of a) Drug therapy, b) Devices storage of Medicine	PH-5.2	Small group discussion	Skill patient		
31	Explain to patients the relation - ship between cost of treatment and patient compliance	PH-5.4	Small group discussion	Viva - voce		V.I- Medicine
32	Spots- IInd		Skill station			

33	Prescription writing – IInd	Skills		
34	Rewriting Prescription – IInd	Skills		
35	F.D.C- IInd	Skills		
36	Spots – III rd	Small group	Viva voce	
37	Prescription writing -IIIrd	Small group	Viva voce	
38	rewrite prescription- IIIrd	Small group	Viva voce	
39	FDC-IIIrd	Small group	Viva voce	

	LIST OF DOAP SESSIONS SCHEDULES - PHASE- II							
Sr. No	Торіс	Competency No.	Teaching learning	Assessment method	Number required	Integration		
			method		certify			
1	Oral dosage form	PH-2.1	DOAP	Skill				
				Assessment				
2	Parenteral dosage form	PH-2.1	DOAP	Skill				
				Assessment				
3	Topical dosage forms	PH-2.1	DOAP	Skill				
				Assessment				
4	Administrate of drugs through	PH-4.1	DOAP	Skill				
	various routes in simulated			Assessment				
	environment using (Mannequins)							
5	Preparation of ORS and Explain	PH-2.2	DOAP	Skill				
	use			Assessment				
6	Describe setting of IV drip in	PH-2.3	DOAP	Skill				
	simulated environment			Assessment				
7	Calculation of drug dosage in	PH-2.4	DOAP	Skill		V.I-		
	patients in special situations			Assessment		Pediatrics		
						/Medicine		

	LIST OF PANDEMIC MODULE -SCHEDULES - PHASE- II (6 hours)						
No	Topic	Competency No.	Teaching learning method	Assessment method			
1	Therapeutic Strategies including New Drug Development	PH-2.5	Lecture / SGT	Formative Assessment & Viva voce			

	LIST OF AETCOM MODULE -SCHEDULES - PHASE- II (9hours)						
No	Topic	Competency No.	Teaching learning	ng method	Assessment method		
1	The foundations of	PH 2.1	Lecture		Formative Assessment & Viva		
	communication		SGT (AV method	d)	voce		
2	Foundation of Bioethics	PH 2.2	Lecture		Formative & Summative		
					Assessment		
3	Health care as a right	PH 2.5	Lecture		Formative Assessment & Viva		
					voce		
		TERM WISE	TOPIC DISTRIBU	TION			
First	Internal Assessment Exam	ination-Syllabus					
Topi	CS						
1	General Pharmacology including Drug Interactions			1. Blo	ood		
2. New drug delivery system & New drug development			2. Au	tonomic Nervous system			
3	<ol><li>Drugs used in pregnance</li></ol>	y, at extremes of ag	ge & in organ	3. Sk	eletal Muscle Relaxants		

4. Glaucoma & Ocular Pharmacology

 $\ \, dys function$ 

4. Pharmacovigilance

Second Internal Assessment Examination – Syllabus							
Topics	Topics						
1. C	ardiovascular system	5.	Central Nervous System				
2. D	iuretics	6.	Parkinsonism				
3. G	astrointestinal system	7.	Respiratory system				
4. A	ETCOM	8.	Autocoids				

Third I	nternal Assessment(Preliminary Examination)& Universi	ty Examination Syllabus
Paper	l	·
Topics		
1.	General Pharmacology including Drug Interactions	6. Autonomic Nervous system
2.	New drug delivery system & New drug development	7. Skeletal Muscle Relaxants
3.	Drugs used in pregnancy, at extremes of age & in	8. Glaucoma & Ocular Pharmacology
	organ dysfunction	9. Respiratory system
4.	Pharmacovigilance	10. Autocoids
5.	AETCOM	
Paper	ll .	
Topics		
1.	Cardiovascular system	8. Central Nervous System
2.	Diuretics	9. Parkinsonism
3.	Blood	10. Chemotherapy including cancer
4.	Gastrointestinal system	chemotherapy
5.	Endocrinology including drugs acting on uterus	11. Drugs in Dermatology
6.	Vitamins	12. Immunomodulators & Gene therapy
7.	Diagnostic & chelating agents	13. Vaccines & Sera
		14. Environmental & Occupational Pollutant

# NATURE OF THEORY EXAMINATION PAPER

	THEORY PAPER PATTERN – I ST TERM ENDING							
Section		Total questions	Marks allotted	Total Marks				
Section – A	MCQs- Multiple choice questions	20	1 mark each	20 marks				
Section – B	SAQs- Structured short answer questions	12 (Out of 13)	5 marks each	60 marks				
Section – C	LAQs- Structured long answered questions	2 (Out of 3)	10 marks each	20 marks				
		Total		100 marks				

	THEORY PAPER PATTERN – II ND TERM ENDING								
Section		Total questions	Marks allotted	Total Marks					
Section – A	MCQs- Multiple choice questions	20	1 mark each	20 marks					
Section – B	SAQs- Structured short answer questions	One AETCOM question (compulsory)	5 marks	5 marks					
		11 (Out of 12)	5 marks each	55 marks					
Section – C	LAQs-Structured long answered questions	2 (Out of 3)	10 marks each	20 marks					
		Total		100 marks					

	THEORY PAPER PATTERN – PRELIMINARY & UNIVERSITY EXAM PAPER – I								
Section		Total questions	Marks allotted	Total Marks					
Section – A	MCQs- Multiple choice questions	20	1 mark each	20 marks					
Section – B	SAQs-Structured short answer questions	One AETCOM question (compulsory)	5 marks	5 marks					
		11 (Out of 12)	5 marks each	55 marks					
Section – C	LAQs- Structured long answered questions	2 (Out of 3)	10 marks each	20 marks					
			Total	100 marks					

	THEORY PAPER PATTERN – PRELIMINARY &UNIVERSITYEXAM PAPER – II						
Section		Total questions	Marks allotted	Total Marks			
Section – A	MCQs- Multiple choice questions	20	1 mark each	20 marks			
Section – B	SAQs-Structured short answer questions	12 (Out of 13)	5 marks each	60 marks			
Section – C	LAQs-Structured long answer questions	2 (Out of 3)	10 marks each	20 marks			
		Total		100 marks			

# NATURE OF PRACTICAL EXAMINATION PAPER

	Practical Examination Pattern (First, Second Internal Assessment & Preliminary Examination)									
Practical				Oral/Viva				Total		
Seat	Clinical	Clinical	Experimental	Commun	Tota	VIVA 1	VIVA II	Log	Tota	Practical
No.	Pharmacy	Pharmacology	Pharmacolog	ication	- 1			Book	1	& Oral
			У					Journal		(E + H)
	20	30	10	10	70	10	10	10	30	100

Practical Is	st Internal a	ssessment / II nd Internal Assessment / Preliminary Examinations				
Clinical Pharmacy	20 marks	Dosage form + New drug Delivery system	10 marks			
		ORS preparation	5 marks			
		Dose calculation	5 marks			
Clinical Pharmacology	30 marks	Prescription writing	10 marks			
		Criticism & Rewrite	5 marks			
		FDC	5 marks			
		ADR identification / ADR reporting	5 marks			
		P- Drug list	5 marks			
Experimental Pharmacology/ OSPE	10 marks	Drug administration using mannequin / Drug effect using CAL software	10 marks			
Communication OSPE	10 marks	Prescription communication / ethics- legal drug storage/ use of device/drug adherence-compliance/ drug dependence/OTC/ interaction with medical representative/ / IV drip setting/ MDI/ Promotional Drug Literature	10 marks			
Log Book + Journal	10 Marks		10 marks			
Viva	30 marks	Viva I	10 marks			
		Viva II	10 marks			
	Total 100 Marks					

		Practical University Examinations Pattern				
Clinical Pharmacy	20 marks	Dosage form + New drug Delivery system	10 marks			
		ORS preparation	5 marks			
		Dose calculation	5 marks			
Clinical Pharmacology	30 marks	Prescription writing	10 marks			
		Criticism & Rewrite	5 marks			
		FDC	5 marks			
		ADR identification / ADR reporting	5 marks			
		P- Drug list	5 marks			
Experimental Pharmacology OSPE	10 marks	Drug administration using mannequin / Drug effect using CAL software	10 marks			
Communication OSPE	10 marks	Prescription communication / ethics- legal drug storage/ use of device/drug adherence-compliance/ drug dependence/OTC/ interaction with medical representative/ / IV drip setting/ MDI/ Promotional Drug Literature	10 marks			
Viva	30 marks	Viva I	15 marks			
		Viva II	15 marks			
Total 100 Marks						

INTERNAL ASSESSMENT									
Phase	I-Exam (June)			II-Exam (September)			Prelim (December)		
	Theory	Practical	Total	Theory	Practical	Total	Theory	Practical	Total
		(Including 10	Marks		(Including	Marks			Marks
		Marks for			10 Marks				
		Journal &			for Journal				
		Log Book)			& Log Book)				
Second	100	100	200	100	100	200	Paper I -100	100	300
MBBS							Paper II -100		

#### 1. Eligibility criteria:

- a. 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.
- b. It is mandatory for the students to appear for all the internal assessment examinations.
- c. First internal assessment examination will be held in June, second internal assessment examination will be held in September and third internal assessment examination will be held in December.
- d. A student who has not taken minimum required number of marks for Internal Assessment each in theory and practical will not be eligible for University examinations.
- e. 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.
- f. Internal assessment marks for theory will be out of 400 and practical will be out of 300.
- g. 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.

#### 2. Passing criteria:

- a. Complete passing in phase I examination is compulsory before proceeding to phase II.
- b. A student who fails in the second year course examination should not be allowed to appear for III phase examination unless he /she passes all the subjects of second year course.
- c. The students must secure at least 50 % marks of total marks (combined theory & practical /clinical) and not less than **40** % **marks in theory and practical separately** assigned for particular internal assessment.
- d. **Additional Internal assessment** examination for non-eligible students (less than 50 % combined in theory and practical or 40% separately)will be conducted after prelims and before submission of internal assessment marks.
- e. Student who will not be eligible after additional internal examination will appear with next regular batch as repeater student.

#### 3. Supplementary examination

Supplementary examination should be conducted within 4-6 weeks after University result.

#### 1. Conversion Formula for calculation of marks in internal assessment examinations.

	First	Second	Third IA	Total	Internal assessment	Eligibility to appear for final University		
	IA	IA	(Prelim)		marks: Conversion	examination (after conversion out of		
					formula (out of 40)	40) (40% separately in Theory &		
						Practical, 50% Combined)		
Theory	100	100	200	400	Total marks obtained	16 (Minimum)	Total of Theory +	
					(Divide by10)		Practical Must be	
Practical	100	100	100	300	Total marks obtained	16 (Minimum)	40.	
					(Divide by7.5)			

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

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

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

#### **LEARNING RESOURCE MATERIAL BOOKS**

#### **Textbooks Recommended:**

- 1. Basic & Clinical Pharmacology. Katzung BG (Ed), Publisher: Prentice Hall International Ltd., London.
- 2. Pharmacology & Pharmacotherapeutics. Satoskar RS, Bhandarkar SD (Ed), Publisher: Popular Prakashan, Bombay.
- 3. Essentials of Medical Pharmacology. Tripathi KD (Ed), Jaypee Brothers, publisher: Medical Publishers (P) Ltd.
- 4. Clinical Pharmacology. Laurence DR, Bennet PN, Brown MJ (Ed). Publisher: Churchill Livingstone

#### Reference books:

- 1. Goodman & Gilman's The Pharmacological Basis of Therapeutics. Hardman JG & Limbird LE (Ed), Publisher: McGraw-Hill, New York.
- 2. A Textbook of Clinical Pharmacology. Roger HJ, Spector RG, Trounce JR (Ed), Publisher: Hodder and Stoughton Publishers.

#### **PATHOLOGY**

#### Vision

> To become a world class dynamic institution of education, research and training to develop globally competitive professional and socially responsible human resource.

#### Mission

- To ensure globally relevant quality higher education and skill enhancement for providing required trained manpower to the nation & the world.
- To promote symbiotic relations with industry, academic & research institutions and community to meet the expectations of various stakeholders.
- ➤ To engage in interdisciplinary research and innovate for furtherance of knowledge, technology and growth.
- > To put in place dynamic technocracy for effective use of emerging trends in curriculum development, andragogy, evaluation and system management.
- ➤ To provide an environment for holistic evolution of the learners as human, socially responsible and conscious of sustainable ecosystem.

#### **Educational objectives**

#### Knowledge

At the end of one year, the student shall be able to -

- I. Describe the structure and ultra-structure of a sick cell, the mechanisms of the cell degradation, cell death and repair.
- II. Correlate structural and functional alterations in the sick cell.
- III. Explain the Patho physiological processes which governs the maintenance of homeostasis, mechanism of their disturbances and the morphological and clinical manifestation associated with it.
- IV. Describe the mechanisms and patterns of tissue response to injury to appreciate the Patho physiology of disease processes and their clinical manifestations.
- V. Correlate the gross and microscopic alterations of different organ systems in common diseases to the extent needed to understand disease processes and their clinical significance.
- VI. Develop an understanding of neoplastic change in the body in order to appreciate need for early diagnosis and further management of neoplasia.
- VII. Understand mechanisms of common haematological disorders and develop a logical approach in their diagnosis and management.

#### Skills

At the end of one year, the student shall be able to -

- Describe the rationale and principles of technical procedures of diagnostic laboratory tests.
- Interpret diagnostic laboratory tests and correlate with clinical and morphological II. features of diseases.
- III. Perform simple bedside tests on blood, urine and other biological fluid samples.
- IV. Draw a rational scheme of investigations aimed at diagnosing and managing common disorders.
- V. Recognise morbid anatomical and histopathological changes for the diagnosis of common disorders.

#### Integration

At the end of one year, the student shall be able to integrate the causes and mechanisms of disease most prevalent in India with their natural history for the understanding of their clinical course and management

#### **Programme Outcomes**

At the end of MBBS program, the Indian Medical Graduate should be able to:

#### 1. Graduate Attributes: Medical and Scientific Knowledge.

#### PO 1:

- Demonstrate knowledge of normal and abnormal human structure, function and development from a molecular, cellular, biologic, clinical, behavioral and social perspective.
- Demonstrate knowledge about established and evolving biomedical and clinical sciences.
- Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety

#### 2. Graduate Attributes: Planning Patient Care and problem solving abilities

#### PO 2:

- Demonstrate ability to apply this knowledge to the practice of medicine in routine, emergency and disaster situations.
- Demonstrate ability to appraise and assimilate scientific evidence into their own ongoing learning, research, and patient care.
- Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.
- Demonstrate ability to provide evidence-based care that is compassionate, respectful of patients' differences, values, and preferences.

#### 3. Graduate Attributes: Professional excellence & Ethics

#### PO 3:

- Demonstrate commitment to the highest standards of professional responsibility towards patient, colleagues, society, growth of medical professional and adhere to universally accepted code of ethics.
- Demonstrate personal attributes of compassion, honesty, integrity, accountability, empathy in patient encounters.

#### 4. Graduate Attributes: Communication Skills.

#### PO 4:

- Demonstrate ability to communicate effectively, respectfully, non-judgemental, empathetic manner with patients, their families and colleagues that will improve patient satisfaction, health care and encourages participation and shared decision-making.
- Demonstrate the ability to listen clearly, inform, communicate and educate patients &/
  caregivers for the promotion of health, diagnosis of disease and the treatment of illness;
  advocate for disease prevention, wellness and the promotion of healthy lifestyles
  including a focus on population health

# 5. Graduate attributes: Leader & Member of the health care team & System

#### PO 5:

- Demonstrate the ability to work effectively, efficiently & in rational way with his/ her
  colleagues and other team members, educate & motivate the team members in a
  manner to maximize the health delivery potential of the team, considering various roles,
  responsibilities and competencies of the other health professionals.
- Identify the self- potential, functioning ability as a team leader in primary and secondary health care settings, utilize various indicators of the health care system and to promote appropriate, low cost, ethical, fair and qualitative health delivery.

#### 6. Graduate attributes: Life long learner

#### PO 6:

- Demonstrate ability to acquire new knowledge, skills and reflect upon their experience to enhance personal and professional growth and apply the information in the care of the patient.
- Demonstrate self-motivation and awareness to their own limitations.
- Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

#### 7. Graduate attributes: Research Aptitude

#### PO7:

• Demonstrate an attitude of inquiry/search/investigation ,scientific and objective effort to uncover facts.

#### 8. Graduate attributes: Societal Responsibilities

#### PO8:

Demonstrate accountability in fulfilling their duty for the benefit of the entire society.

#### 9. Graduate attributes: Awareness towards Environment and sustainability PO9:

 Demonstrates responsibility to conserve natural resources and protect global ecosystems to support health and wellbeing, now and in the future.

#### **Course Outcome**

At the end of the course, the student should be able to:

**CO1.** Comprehension of the causes, evolution and mechanism of diseases. Ability to correlate the natural history, structural and functional changes with the clinical manifestation of diseases, their diagnosis and therapy.

**CO2.** Describe the basic pathological processes in terms of pathogenesis and morphological changes in tissues. Correlate the morphological alterations of different organ systems in nonneoplastic and neoplastic disorders to the extent needed to understand disease processes, their clinical significance, appreciate need for early diagnosis and further management of diseases.

CO3.understand mechanism of common hematological disorders and develop a logical approach in their diagnosis and management. Describe the rationale and principles of technical procedures of diagnostic laboratory tests. Interpret diagnostic laboratory tests and correlate with clinical and morphological features of diseases.

CO4. Demonstrate commitment towards the patient, colleagues, society and adhere to universally accepted code of ethics. Respect and maintain professional boundaries between patients', colleagues and society.

**CO5**. Demonstrate ability to communicate effectively, respectfully, non-judgmental, empathetic manner with patients, their families and colleagues that will improve patient satisfaction in a simulated environment. Demonstrate ability to work in a team of peers and superiors. Demonstrate respect in relationship with fellow team members, superiors and other health care workers.

CO6. Demonstrate an ability to perform an objective self- assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills. Demonstrate ability to search (including through electronic means), and critically evaluate medical literature and apply the information in the diagnosis of the disease and patient care. Describe and discuss the commitment to lifelong learning as an important part of professional growth.

#### Goal

The goal of teaching pathology is to provide undergraduate students comprehensive knowledge of the causes and mechanisms of disease, in order to enable them to achieve complete understanding of the natural history and clinical manifestations of the disease.

#### 2. Educational objectives

#### (a) Knowledge

At the end of one year, the student shall be able to -

- VIII. Describe the structure and ultra-structure of a sick cell, the mechanisms of the cell degradation, cell death and repair.
- IX. Correlate structural and functional alterations in the sick cell.
- X. Explain the Patho physiological processes which governs the maintenance of homeostasis, mechanism of their disturbances and the morphological and clinical manifestation associated with it.
- XI. Describe the mechanisms and patterns of tissue response to injury to appreciate the Patho physiology of disease processes and their clinical manifestations.
- XII. Correlate the gross and microscopic alterations of different organ systems in common diseases to the extent needed to understand disease processes and their clinical significance.
- XIII. Develop an understanding of neoplastic change in the body in order to appreciate need for early diagnosis and further management of neoplasia.
- XIV. Understand mechanisms of common haematological disorders and develop a logical approach in their diagnosis and management.

#### (b) Skills

At the end of one year, the student shall be able to -

- VI. Describe the rationale and principles of technical procedures of diagnostic laboratory
- VII. Interpret diagnostic laboratory tests and correlate with clinical and morphological features of diseases.
- VIII. Perform simple bedside tests on blood, urine and other biological fluid samples.
- IX. Draw a rational scheme of investigations aimed at diagnosing and managing common disorders.
- X. Recognise morbid anatomical and histopathological changes for the diagnosis of common disorders.

#### (c) Integration

At the end of one year, the student shall be able to integrate the causes and mechanisms of disease most prevalent in India with their natural history for the understanding of their clinical course and management.

# 3. Total duration of teaching Minimum 315 working days.

## 2 Semesters (III and IV)

# Total number of teaching hours allotted to the discipline

230 hrs

Distribution of teaching hours

A.	Theory (Interactive lectures)	80
В.	Practicals/ SGD/ Seminar	138
C.	SDL	12

# Course Content Second MBBS (From MARCH 2021)

**Subject: PATHOLOGY Theory / Practical** 

Based on <u>National Medical Commission</u>, <u>Competency based Undergraduate curriculum for the Indian Medical Graduate</u>,

1. Total Teaching hours: 230

2. A. Lectures(hours):80

B. Self-directed learning (hours): - 12

C. Clinical Postings (Hours): NA

D. Small group teachings/tutorials/Integrated teaching/Practical (hours): 138

Competency Nos.	Topics & Subtopics	Lecture 80	SGT/ DOAP/ Tutorial/ IT /Seminar	SDL
		hours	hours	hours
PA1.1-1.3	Introduction to Pathology  Core: common definitions and terms, role of pathologist, branches of pathology Practical: histological techniques, working of amicro scope Non-core: history and evolution of pathology	1	2	
PA2.1-2.8	Cell injury and adaptations  Core: Cellinjury, necrosis, apoptosis, intracellular accumulatio ns, celldeath, cellular adaptations, calcification, disorder sofpi gment metabolism, Non-core: cellular aging	4	5	2
PA3.1-3.2	<b>Amyloidosis-</b> <i>Core</i> : Pathogenesis and pathology of amyloidosis	1	2	
PA4.1-4.4	Inflammation  Core: Acute and chronic inflammation, mediators of inflammation, granulomatous inflammation, including TB	3	3	
PA5.1	Healing and repair-Core: Repair and wound healing	1	1	
PA6.1-6.7	Hemodynamic disorders  Core: Edema, hyperemia, congestion, hemorrhage, shock, thro mbosis, embolism, ischemia, infarction	4	4	1
PA7.1-7.5	Neoplasia Core: Definition and classification of neoplasia, molecular basis of cancer, carcinogenesis, effects of tumour on host, paraneoplastic syndrome, laboratory diagnosis of cancer Non-core: Immunology and immune response to cancer	4	6	
PA8.1-8.3	Basic diagnostic cytology  Core: Diagnostic role of cytology, exfoliative cytology	1	4	
PA9.1-9.7	Immuno pathology  Core: Principles of immunity, hypersensitivity reactions, HLA system, transplant rejection, autoimmunity, systemic lupusery the matosus, pathology of HIV/AIDS	4	-	

r				1
PA10.1-10.4	Infections and infestations-	1	1	1
	Core: Malaria, cysticercus, leprosy, Non-			
	core:Commonbacterial,viral,protozoal,andhelminthicdiseas			
	es			
PA11.1-11.3	Genetic and pediatric diseases-	-	1	
	Non-core: Mutations, Tumors and tumour-like conditions			
	of infancy and childhood, common storage disorders			
PA12.1-12.3	Environmental and nutritional disease	2	1	
	Core: Airpollution, tobacco, alcohol, protein caloriemal			
	nutrition, starvation, obesity			
PA13.1-13.5	Introduction to hematology	1	8	
	Core: Hematopoies is and extra medullary hematopoiesis,			
	definition and classification of anemia, anticoagulants,			
	Investigations in anemia, peripheralsmear examination			
PA14.1-14.3	Microcyticanemia- Core: Ironmetabolism, microcytic	1	4	
	Hypochromic anemia, peripheralsmear in microcytic			
	anemia			
PA15.1-15.4	Macrocytic anemia	1	4	
	Core:VitaminB12metabolism.Etiologyandpathogenesisof			
	B12deficiency,laboratoryinvestigationsinmacrocyticanem			
	ia,megaloblastic anemia			
	Non-core: differences between megaloblastic and non-			
	Megaloblastic anemia			
PA16.1-16.7	Hemolytic anemia	2	6	1
	Core: Definition and classification of hemolytic anemia,			
	pathogenesis, features, hematological indices, sickle cell			
	anemia, thalassemia, peripheralsmear picture in			
	hemolytic			
	anemia, classification, clinical features of hemolytic anemia			
PA17.1-17.2	Aplastic anemia-Non-core: Etiology, pathogenesis,		-	
	findings, bone marrow aspiration and biopsy			
PA18.1-18.2	Leukocyte disorders	2	5	1
	Core: Leukocytosis, leukopenia, acute and chronic	_		_
	leukemia			
PA19.1-19.7	Lymphnode and spleen	2	4	1
	Core: Lymphade no pathy, TB lymphadenitis, Hodgkin's	_	-	_
	disease, non-Hodgkin's lymphoma, splenomegaly			
PA20.1	Plasma cell disorders- Core: Multiple myeloma	1	1	
PA21.1-21.5	Hemorrhagic disorders	2	_	
1 721.1-21.3	Core: Normal hemostasis, vascular and platelet disorders,	~		
	ITP, hemophilia, clotting disorders, DIC, Vitamin K			
	deficiency			
PA22.1-	Blood banking and transfusion	2	4	
22.7	Core: Blood group systems, compatibility testing, blood	۷	4	
££.1	components, trans fusion transmitted infections,			
	· ·			
DA22 1 22 2	transfusion reactions, auto logous transfusion		12	
PA23.1-23.3	Cinical Pathology	-	12	
	Core: Urine analysis, Body fluids, semen analysis, thyroid			
	function tests, renal function tests, liver function tests		1	

PA25.1-25.6	Gastro intestinaltract:-Core: Etiology, pathogenesis, pathology, morphology and clinical features of: oral cancer,  Pepticulcer disease, polyp, carcinomas tomach, tubercular intestine, inflammatory bowel disease, carcinomacolon  Hepatobiliary system:  Core: Bilirubinmeta bolism, etio pathogenesis and classification of jaundice, hepatic failure, pathology, complications, consequences and laboratory diagnosis of viral hepatitis; patho physiology of alcoholic liver disease and cirrhosis; portal hypertension; hepatocellularcarcinomaInterpretationofliv	3	5	
PA25.1-25.6	cancer, Pepticulcer disease, polyp, carcinomas tomach, tubercular intestine, inflammatory bowel disease, carcinomacolon  Hepatobiliary system:  Core: Bilirubinmeta bolism, etio pathogenesis and classification of jaundice, hepatic failure, pathology, complications, consequences and laboratory diagnosis of viral hepatitis; patho physiology of alcoholic liver disease and cirrhosis; portal	3	5	
PA25.1-25.6	Pepticulcer disease, polyp, carcinomas tomach, tubercular intestine, inflammatory bowel disease, carcinomacolon Hepatobiliary system:  Core: Bilirubinmeta bolism, etio pathogenesis and classification of jaundice, hepatic failure, pathology, complications, consequences and laboratory diagnosis of viral hepatitis; patho physiology of alcoholic liver disease and cirrhosis; portal	3	5	
PA25.1-25.6	intestine, inflammatory bowel disease, carcinomacolon  Hepatobiliary system:  Core: Bilirubinmeta bolism, etio pathogenesis and classification of jaundice, hepatic failure, pathology, complications, consequences and laboratory diagnosis of viral hepatitis; patho physiology of alcoholic liver disease and cirrhosis; portal	3	5	
PA25.1-25.6	Hepatobiliary system:  Core: Bilirubinmeta bolism, etio pathogenesis and classification of jaundice, hepatic failure, pathology, complications, consequences and laboratory diagnosis of viral hepatitis; patho physiology of alcoholic liver disease and cirrhosis; portal	3	5	
,	Core: Bilirubinmeta bolism, etio pathogenesis and classification of jaundice, hepatic failure, pathology, complications, consequences and laboratory diagnosis of viral hepatitis; patho physiology of alcoholic liver disease and cirrhosis; portal	3	5	
	classification of jaundice, hepatic failure, pathology, complications, consequences and laboratory diagnosis of viral hepatitis; patho physiology of alcoholic liver disease and cirrhosis; portal			
	complications, consequences and laboratory diagnosis of viral hepatitis; patho physiology of alcoholic liver disease and cirrhosis; portal			
	complications, consequences and laboratory diagnosis of viral hepatitis; patho physiology of alcoholic liver disease and cirrhosis; portal			İ
;	and cirrhosis; portal		1	I
;	and cirrhosis; portal			1
	•			1
				1
	erfunctiontests;Serologypanelinviral			1
	hepatitis(small group)			I
	Respiratory system:	5	4	1
	Core: Etio patho genesis, morphology, and complications	J	-	1
	of:			
	pneumonia,lungabscess,chronicobstructiveairwaydisease,b			1
	ronchiectasis, tuberculosis, occupational lungdisease, lung			1
	tumours, Non-core: pleural tumours, mesothelioma			<b></b>
	Cardiovascular system:	3	4	1
	Core: Arteriosclerosis, aneurysm, heart failure, is chemiche			I
	art disease, laboratory diagnosis of acute coronary			1
!	syndrome, rheumatic fever and heart disease, infective			I
	end ocarditis, pericarditis, pericardial effusion, Non-core:			I
	cardio my opathies,			1
PA28.1-	Urinary tract	9	4	
28.16	Core: Histology of kidney, clinical syndromes, acute renal			1
	failure, chronicrenal failure, acute glomerulonephritis,			1
	glomerular manifestations in systemic disease ,diseases of			I
	tubular interstitium, acute tubular necrosis, acute and			1
	chronic pyelonephritis, reflux nephropathy, vascular			1
	diseases of kidney, cystic diseases of kidney, urinary			1
	calculi and obstructive uropathy, renaltumours			1
	Non-core :thrombotic angiopathies, urothelialtumours			I
	Malegenital tract:	2	4	
	Core: Testicular tumours, carcinomapenis, being	2	4	
	•			
'	prostatichyperplasia, carcinomaprostate, Non-core:			
	prostatitis	2	4	4
	Femalegenitaltract:	3	4	1
	Core: Pathogenesis, etiology, pathology, diagnosis, and			l
	progression of: carcinomacervix, carcinoma endometrium,			
	leiomyoma, leiomyosarcoma,			I
	ovariantumours, gestational trophoblastic neoplasms, Non-			I
	core:cervicitis,endometriosis,			l
	adenomyosis, end ometrial hyperplasia			
PA31.1-31.4	Breast-	2	2	
	Core: Benign breast disease, carcinoma breast,			l
	Non-core: gyne comastia			

PA32.1-32.9	Endo crine system	4	4	
	Core: etiology, pathogenesis, pathology and iodine			
	Dependency of: goiters, thyro toxicos is, hypert hyroidism,			
	hypothyroidism; epidemiology, etio pathogenesis,			
	pathology, laboratory diagnosis, complications of diabetes			
	mellitus			
	Non-core: hyperparathyroidism, pancreatic cancer, adrenal			
	insufficiency, Cushing syndrome, adrenal neoplasms			
PA33.1-33.5	Bone and soft tissue	3	4	1
	Core: Osteomyelitis, bone tumours, soft tissue tumors			
	Non-core: Rheumatoid arthritis, Paget's disease of bone			
PA34.1-34.4	Skin	1	4	
	Core: Squamous cell carcinoma, basal cell carcinoma			
	Non-core: Nevus, melanoma,			
PA35.1-35.3	Central nervous system	2	4	
	Core: CSF findings in meningitis, CNS tumours			
PA36.1	Eye- Non-core: Retinoblastoma	-		1
	Charts and instruments		6	
	Revision & journal correction		8	

# **AETCOM**

AETCOM2.4	Working in a health care team	6	
AETCOM2.8	What does it mean to be family member of a sick patient?	6	

# LIST OF DIDACTIC LECTURE SCHEDULE - PHASE- II

Sr. No	COMP	ETENCY	Competency	Integration
		ident should be able to	No.	
Topic : Int	troducti	on to Pathology (1)		
1.	•	Describe the role of a pathologist in diagnosis and management of	1.1 - 1.3	
		disease.		
	•	Enumerate common definitions and terms used in Pathology		
	•	Describe the history and evolution of Pathology.		
	•	Histotechniques		
Topic: Cel	ll Injury	and Adaptation (4)	T	
2.	•	Demonstrate knowledge of the causes, mechanisms, types and	2.1, 2.2	
		effects of cell injury and their clinical significance.		
	•	Describe the etiology of cell injury. Distinguish between reversible-		
		irreversible injury: mechanisms; morphology of cell injury		
3.	•	Intracellular accumulation of fats, proteins, carbohydrates.	2.3	
4.	•	Describe and discuss Cell death- types, mechanisms, necrosis,	2.4, 2.5	
		apoptosis (basic as contrasted with necrosis), autolysis.		
	•	Describe and discuss gangrene		
5.	•	Intracellular accumulation, pigments.	2.3, 2.5	
	•	Describe and discuss pathologic calcifications		
SDL-1	•	Describe and discuss the mechanisms of cellular aging and Apoptosis	2.7	
Topic: Inf	lammati		1	T
6.	•	Define and describe the general features of acute and chronic	4.1	Vert int SU
		inflammation including stimuli, vascular and cellular events		
7.	•	Enumerate and describe the mediators of acute inflammation	4.2	Vert int SU
8.	•	Define and describe chronic inflammation including causes, types	4.3	
		non-specific and granulomatous; and enumerate types, non-specific		
<b>T.</b> 11.	. <b>.</b>	and granulomatous; and enumerate examples of each		
	aling and	d repair (1)	F 4	Mantint CII
9.	•	Define and describe the process of repair and regeneration including	5.1	Vert int SU
Tonia: Ua		wound healing and its types		
торіс: не 10.	mouyna	mic disorders (4)	6.1	Vert int SU
10.	•	Define and describe edema, its types, pathogenesis and clinical correlations.	0.1	vert int 30
SDL-2		Define and describe hyperemia, congestion, hemorrhage.	6.2	
11.		Define and describe rhypererina, congestion, hemorrhage.  Define and describe shock, its pathogenesis and its stages	6.3	Vert int SU
12.	•	Define and describe normal haemostasis and the etiopathogenesis	6.4	Vereineso
12.		and consequences of thrombosis	0.4	
	•	and consequences of thrombosis		
13.		Define and describe embolism and its causes and common types	6.5, 6.6	
13.		Define and describe Ischaemia/ infarction its types, etiology,	3.5, 0.0	
		morphologic changes and clinical effects		
Topic: Ne	oplastic	disorders (4)	l .	
SDL-3	•	Describe and discuss cellular adaptations: atrophy, hypertrophy,	2.6	
		hyperplasia, metaplasia, dysplasia		
		., [ [		

14.	<ul> <li>Define and classify neoplasia. Describe the characteristics of neoplasia including gross, microscopy, biologic, behaviour and</li> </ul>	7.1	
	spread. Differentiate between benign from malignant neoplasm		
15.	Describe the molecular basis of cancer	7.2	
16.	Enumerate carcinogens and describe the process of carcinogenesis	7.3	Horizontal
10.	<ul> <li>Describe the effects of tumor on the host including paraneoplastic</li> </ul>	7.4	Int MI (7.5)
	syndrome	7.5	1110 1411 (7.5)
	<ul> <li>Describe immunology and immune response to cancer</li> </ul>	7.5	
17.	Metastasis and laboratory diagnosis of Neoplasm		
	nunopathology and AIDS (4)		
18.	Describe the principles and mechanisms involved in immunity	9.1,9.2	Vert Int PE
10.	<ul> <li>Describe the principles and mechanisms involved in initiality</li> <li>Describe the mechanism of hypersensitivity reactions</li> </ul>	3.1,3.2	Horizontal
	Describe the mechanism of hypersensitivity reactions		Int MI
19.	Define autoimmunity. Enumerate autoimmune disorders	9.4,9.5,9.7	Vert Int IM
	<ul> <li>Define and describe the pathogenesis of systemic Lupus</li> </ul>	, ,	
	Erythematosus		
	<ul> <li>Define and describe the pathogenesis of other common</li> </ul>		
	autoimmune diseases		
Topic: Am	yloidosis (1)		
20.	Describe the pathogenesis and pathology of amyloidosis	3.1	
Topic: Imi	nunopathology and AIDS (continued)		
21.	Describe the HLA system and the immune principles involved in	9.3	Horizontal
	transplant and mechanism of transplant rejection		Int MI
22.	<ul> <li>Define and describe the pathogenesis and pathology of HIV and AIDS</li> </ul>	9.6	Vert Int IM
Topic: Info	ection and Infestations (1)		1
Seminar	Define and describe the pathogenesis and pathology of malaria	10.1	Vert Int IM
1			Horizontal
			Int MI
23.	<ul> <li>Define and describe the pathogenesis and pathology of leprosy</li> </ul>	10.3	Vertical Int
			IM
			Horizontal
			Int MI
SDL-4	<ul> <li>Define and describe the pathogenesis and pathology of cysticercosis</li> </ul>	10.2, 10.4	Vertical Int
	Define and describe the pathogenesis and pathology of common		IM
	bacterial, viral, protozoal and helminthic diseases.		Horizontal
			Int MI
	netic and paediatric diseases (0)	14444	
Seminar	Describe the pathogenesis and features of common cytogenetic	11.1, 11.3	Vert Int PE
2	abnormalities and mutations in childhood		
	<ul> <li>Describe the pathogenesis of common storage disorders in infancy and childhood.</li> </ul>		
Cominan		11.2	Most Int DE
Seminar	Describe the pathogenesis and pathology of tumor and tumour-like	11.2	Vert Int PE
3 Tonic: Em	conditions in infancy and childhood ironmental and nutritional diseases (2)		
24.	Enumerate and describe the pathogenesis of disorders caused by air	12.1	Horizontal
24.	pollution, tobacco and alcohol	14.1	Int CM
Seminar	Describe the pathogenesis of disorders caused by protein calorie	12.2	Vert Int BI,
4	malnutrition and starvation		PE

25.	Describe the pathogenesis of obesity and its consequences	12.3	Vert Int IM
Topic: Introduction to haematology (1)			
26.	Define and classify anemia	13.3, 13.4	Vert Int IM
	Enumerate and describe the investigation of anemia		
Topic: Microcytic anemia (1)			
27.	Describe iron metabolism	14.1	Vert Int BI
	<ul> <li>Describe the etiology, investigations and differential diagnosis of</li> </ul>	14.2	Vert Int IM
	microcytic hypochromic anemia		
Topic: Macrocytic anemia (1)			
28.	<ul> <li>Describe the metabolism of Vitamin B12 and the etiology and</li> </ul>	15.1	Vert Int BI,
	pathogenesis of B12 deficiency		IM
	<ul> <li>Describe laboratory investigations of macrocytic anemia</li> </ul>	15.2, 15.4	Vert Int IM
	<ul> <li>Enumerate the differences and describe the etiology and</li> </ul>		
	distinguishing features of megaloblastic and non-megaloblastic		
	macrocytic anemia		
Topic: Hemolytic anemia and Aplastic anemia (2)			
29.	Define and classify hemolytic anemia	16.1	Vert Int BI,
			IM
	Describe the pathogenesis and clinical features and hematologic	16.2	Vert Int BI,
	indices of hemolytic anemia		IM
	Enumerate the etiology, pathogenesis and findings in aplastic	17.1	Vertical Int
	Anemia		IM
	Enumerate the indications and describe the findings in bone marrow		
	aspiration and biopsy		
30.	<ul> <li>Describe the pathogenesis, features, hematologic indices and</li> </ul>	16.3	Vert Int BI,
	peripheral blood picture of sickle cell anemia and thalassemia		IM
SDL-5	Describe the etiology pathogenesis, hematologic indices and	16.4, 16.5	Vert Int BI,
	peripheral blood picture of Acquired hemolytic anemia		IM
	Describe the peripheral blood picture in different hemolytic		
	anaemias		
Topic: Leukocyte disorders (2)			
SDL-6	<ul> <li>Enumerate and describe the causes of leukocytosis leucopenia,</li> </ul>	18.1	
	lymphocytosis and leukemoid reactions (leukemoid reactions not		
	included in seminar)		
31.	<ul> <li>Describe the etiology, genetics, pathogenesis classification, features,</li> </ul>	18.2 (I)	
	hematologic features of acute and chronic leukemia (only acute		
	leukemia)		
32.	<ul> <li>Describe the etiology, genetics, pathogenesis classification, features,</li> </ul>	18.2 (II), 18.1	
	hematologic features of acute and chronic leukemia (only chronic		
	leukemia) + leukemoid reactions		
Topic: Lymph node and spleen (2)			
33.	Enumerate the causes and describe the differentiating features of	19.1, 19.2	Vert Int SU
	lymphadenopathy		
	<ul> <li>Describe the pathogenesis and pathology of tuberculous</li> </ul>		
	lymphadenitis		
34.	<ul> <li>Describe and discuss the pathogenesis, pathology and the</li> </ul>	19.4	Vert Int SU
	differentiating features of Hodgkin's and non-Hodgkin's lymphoma		
SDL-7	Enumerate and differentiate the causes of splenomegaly	19.6	Vertical Int
			IM, SU
			1101, 30

35.	<ul> <li>Describe the features of plasma cell myeloma</li> </ul>	20.1	
Topic: Her	norrhagic disorders (2)		
36.	<ul> <li>Describe normal hemostasis</li> </ul>	21.1,	
	<ul> <li>Classify and describe the etiology, pathogenesis and pathology of</li> </ul>	21.2,	Vert Int PE
	vascular and platelet disorders including ITP and hemophilias	•	
	<ul> <li>Differentiate platelet from clotting disorders based on the clinical</li> </ul>	21.3	Vert Int IM
	and hematologic features		1
37.	Define and describe disseminated intravascular coagulation, its	21.4, 21.5	Vert Int IM
	laboratory findings and diagnosis of disseminated intravascular coagulation		
	<ul> <li>Define and describe disseminated intravascular coagulation, its</li> </ul>		
	laboratory findings and diagnosis of vitamin K deficiency.		
-	od banking and transfusion (2)	1	1
38.	Enumerate blood components and describe their clinical uses	22.4,	Vert Int IM, SU
	Enumerate and describe infections transmitted by blood transfusion	22.5	Horizontal Int MI
39.	Describe the correct technique to perform the cross-match	16.7	
	<ul> <li>Describe transfusion reactions and enumerate the steps in the investigation of a transfusion reaction</li> </ul>	22.6	Vert Int IM
	• Enumerate the indications and describe the principles and	22.7	
	procedure of autologous transfusion		
Topic: Gas	trointestinal tract (4)		
40.	<ul> <li>Describe the etiology, pathogenesis, pathology and clinical features of oral cancers</li> </ul>	24.1	Vert Int DE
41.	<ul> <li>Describe the etiology, pathogenesis, pathology, microbiology, clinical and microscopic features of peptic ulcer disease</li> </ul>	24.2, 24.3	Vert Int IM
	<ul> <li>Describe and identify the microscopic features of peptic ulcer</li> </ul>		
42.	<ul> <li>Describe and etiology and pathogenesis and pathologic features of Tuberculosis of the intestine (Ulcers in intestine- TB, typhoid, amoebic)</li> </ul>	24.5	Vert Int SU
	<ul> <li>Describe and etiology and pathogenesis and pathologic and distinguishing features of Inflammatory bowel disease</li> </ul>	24.6	
43.	<ul> <li>Describe and etiology and pathogenesis and pathologic features of carcinoma of the stomach</li> </ul>	24.4	Vert Int SU
	<ul> <li>Describe the etiology, pathogenesis, pathology and distinguishing features of carcinoma of the colon</li> </ul>	24.7	
Topic: Her	patobiliary system (3)	ı	
Seminar	Describe bilirubin metabolism, enumerate the etiology and	25.1,	Vert Int BI,
5	pathogenesis of jaundice, distinguish between direct and indirect		IM
	hyperbilirubinemia	25.2	Vert Int SU,
	<ul> <li>Describe the pathophysiology and pathologic changes seen in hepatic failure and their clinical manifestations, complications and</li> </ul>		IM
	consequences		
44.	<ul> <li>Describe the etiology and pathogenesis of viral and toxic hepatitis: distinguish the causes of hepatitis based on the clinical and laboratory features. Describe the pathology, complications and consequences of hepatitis</li> </ul>	25.3	Vert Int IM

45.	•	Describe the pathophysiology, pathology and progression of alcoholic liver disease including cirrhosis	25.4	Vert Int SU, IM
46.	•	Describe the etiology, pathogenesis and complications of portal hypertension + Tumors of Liver + Diseases of gall bladder	25.5	Vert Int SU, IM
Topic: Re	spiratory	y system (5)		
47.	•	Define and describe the etiology, types, pathogenesis, stages, morphology and complications of pneumonia	26.1	Vert Int IM, Horizontal Int MI
SDL-8	•	Describe the etiology, gross and microscopic appearance and complications of lung abscess  Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis, morphology, microscopic	26.2	Vertical Int IM Horizontal Int MI
		appearance and complications of mesothelioma	26.7	Vertical Int IM, CM
48.	•	Define and describe the etiology, types, pathogenesis, stages, morphology and complications and evaluation of Obstructive airway disease (OAD) and bronchiectasis	26.3	Vert Int IM, PY Horizontal Int MI
49.	•	Define and describe the etiology, types, pathogenesis, stages, morphology microscopic appearance and complications of tuberculosis	26.4	Vert Int IM, Horizontal Int MI
50.	•	Define and describe the etiology, types, exposure, environmental influence, pathogenesis, stages, morphology, microscopic appearance and complications of Occupational lung disease	26.5	Vert Int IM, CM
51.	•	Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis, stages, morphology, microscopic appearance, metastases and complications of tumors of the lung and pleura	26.6	Vert Int IM
Topic: Ca	rdiovasc	ular system (3)	•	-
52.	•	Distinguish arteriosclerosis from atherosclerosis. Describe the pathogenesis and pathology of various causes and types of arteriosclerosis	27.1, 27.2	Vert Int IM
	•	Describe the etiology, dynamics, pathology types and complications of aneurysms including aortic aneurysms  Describe the etiology, pathophysiology, pathology features and complications of syphilis on the cardiovascular system	27.10	Vert Int IM, Horizontal Int MI
53.	•	Describe the etiology, types, stages pathophysiology, pathology and complications of heart failure	27.3	Vert Int IM, PY
	•	Describe the epidemiology, risk factors, etiology, pathophysiology, pathology, presentations, gross and microscopic features, diagnostic tests and complications of ischemic heart disease	27.5	Vert Int IM
54.	•	Describe the etiology, pathophysiology, pathology, gross and microscopic features, criteria and complications of rheumatic fever Describe the etiology, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of infective endocarditis	27.4, 27.6	Vert Int IM, Horizontal Int MI

SDL-9	<ul> <li>Describe the etiology, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of pericarditis and pericardial effusion</li> </ul>	27.7	Vertical Int IM
	<ul> <li>Classify and describe the etiology, types, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of cardiomyopathies</li> </ul>	27.9	Vert Int IM, PY
Topic: Uri	nary Tract (9)		
55.	<ul> <li>Describe the normal histology of the kidney</li> </ul>	28.1	
	<ul> <li>Define and classify glomerular diseases. Enumerate and describe the etiology, pathogenesis, mechanisms of glomerular injury, pathology, distinguishing features and clinical manifestations of glomerulonephritis</li> </ul>	28.5	Vert Int IM, PY
56.	<ul> <li>Describe the etiology pathogenesis pathology laboratory findings, distinguishing features progression and complications of acute and chronic pyelonephritis and reflux nephropathy</li> </ul>	28.10	Vert Int SU, AN
57.	<ul> <li>Define classify and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, distinguishing features progression and complications of renal stone disease and obstructive uropathy</li> </ul>	28.13	Vert Int SU
58.	<ul> <li>Enumerate and classify diseases affecting the tubular interstitium</li> <li>Define and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, progression and complications of acute tubular necrosis.</li> </ul>	28.8, 28.9	Vert Int IM
59.	<ul> <li>Define and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, progression and complications of IgA nephropathy</li> <li>Enumerate and describe the findings in glomerular manifestations of systemic disease</li> </ul>	28.6, 28.7	Vert Int IM
60.	<ul> <li>Define, classify and distinguish the clinical syndromes and describe the etiology, pathogenesis, pathology, morphology, clinical and laboratory and urinary findings, complications of renal failure</li> </ul>	28.2,	
	<ul> <li>Define and describe the etiology, precipitating factors, pathogenesis, pathology, laboratory urinary findings, progression and complications of acute renal failure</li> <li>Define and describe the etiology, precipitating factors, pathogenesis, pathology, laboratory urinary findings progression and complications of chronic renal failure</li> </ul>	28.3, 28.4	Vert Int IM
61.	<ul> <li>Define classify and describe the etiology, pathogenesis pathology, laboratory, urinary findings, distinguishing features progression and complications of vascular disease of the kidney</li> <li>Describe the etiology, genetics, pathogenesis, pathology, presenting features and progression of thrombotic angiopathies</li> </ul>	28.11, 28.15	Vert Int IM
62.	Define classify and describe the genetics, inheritance, etiology, pathogenesis, pathology, laboratory, urinary findings, distinguishing features, progression and complications of cystic disease of the kidney	28.12	Vert Int IM, PE
63.	<ul> <li>Classify and describe the etiology, genetics, pathogenesis, pathology, presenting features, progression and spread of renal tumors</li> </ul>	28.14	Vert Int PE
	<ul> <li>Describe the etiology, genetics, pathogenesis, pathology, presenting features and progression of urothelial tumors</li> </ul>	28.16	Vertical Int SU

Topic: Ma	e Genital Tract (2)			
64.	presenting a and spread • Describe the	ticular tumors and describe the pathogenesis, pathology, and distinguishing features, diagnostic tests, progression of testicular tumors e pathogenesis, pathology, presenting and distinguishing agnostic tests, progression and spread of carcinoma of	29.1, 29.2	Vert Int SU
65.	<ul> <li>Describe the presenting a tests of ben</li> </ul>	he pathogenesis, pathology, hormonal dependency and distinguishing features, urologic findings & diagnostic ign prostatic hyperplasia he pathogenesis, pathology, hormonal dependency	29.3, 29.4, 29.5	Vert Int SU
	presenting a	and distinguishing features, diagnostic tests, progression of carcinoma of the prostate		
	<ul> <li>Describe th prostatitis</li> </ul>	e etiology, pathogenesis, pathology and progression of		
Topic: Fer	ale Genital Tract (3)			
66.	screening, d	he epidemiology, pathogenesis, etiology, pathology, liagnosis and progression of carcinoma of the cervix e etiology and morphologic features of cervicitis	30.1, 30.6	Vert Int OG
67.	• Describe th	ne etiology, hormonal dependence and morphology of I hyperplasia	30.9, 30.2, 30.3	Vertical Int OG
	<ul> <li>Describe the progression</li> </ul>	he pathogenesis, etiology, pathology, diagnosis and and spread of carcinoma of the endometrium		
		he pathogenesis, etiology, pathology, diagnosis and and spread of carcinoma of the leiomyomas and comas		
SDL-10	morphology	the etiology, hormonal dependence, features and of endometriosis e etiology and morphologic features of adenomyosis	30.7, 30.8	Vert Int OG
68.	<ul> <li>Classify an</li> </ul>	nd describe the etiology, pathogenesis, pathology, , clinical course, spread and complications of ovarian	30.4, 30.5	Vert Int OG
		e etiology, pathogenesis, pathology, morphology, clinical read and complications of gestational trophoblastic		
Topic: Bre	st (2)			
69.	and hormor	d describe the types, etiology, pathogenesis, pathology nal dependency of benign breast disease	31.1	Vert Int AN, SU
	pathogenes	and describe the etiology, hormonal dependency and is of gynecomastia	31.4	Vert Int IM, PE
70.	morphology	I describe the epidemiology, pathogenesis, classification, prognostic factors, hormonal dependency, staging and arcinoma of the breast	31.2	Vert Int SU

Topic: End	ocrine system (3)		
71.	<ul> <li>Enumerate, classify and describe the etiology, pathogenesis, pathology and iodine dependency of thyroid swellings</li> <li>Describe the etiology, cause, iodine dependency, pathogenesis, manifestations, laboratory and imaging features and course of</li> </ul>	32.1	Vert Int AN, PY, IM, SU
	thyrotoxicosis	32.2	Vert Int PY, IM
72.	Describe the etiology, pathogenesis, manifestations, laboratory and imaging features and course of thyrotoxicosis/ hypothyroidism	32.3	Vert Int PY, IM
72	Discuss the differential diagnosis of solitary thyroid nodule	22.4	Marilla I DW
73.	<ul> <li>Classify and describe the epidemiology, etiology, pathogenesis, pathology, clinical laboratory features, complications and progression of diabetes mellitus</li> </ul>	32.4	Vert Int PY, IM
Seminar 6	Describe the etiology, genetics, pathogenesis, manifestations, laboratory and morphologic features of hyperparathyroidism	32.5	Vert Int PY, IM
	<ul> <li>Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications and metastases of pancreatic cancer</li> </ul>	32.6	Vert Int SU
Seminar 7	<ul> <li>Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications of adrenal insufficiency</li> <li>Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications of Cushing's syndrome</li> </ul>	32.7, 32.8	Vert Int PY, IM
Seminar 8	<ul> <li>Describe the etiology, pathogenesis, manifestations, laboratory and morphologic features of adrenal neoplasms</li> </ul>	32.9	Vert Int AN, PY, IM, SU
Topic: Bor	ne and soft tissue (3)		
74.	<ul> <li>Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications of osteomyelitis</li> <li>Classify and describe the etiology, pathogenesis, manifestations,</li> </ul>	33.1	Vert Int AN, OR Horizontal Int MI
	radiologic and morphologic features and complications of Paget's disease of the bone	33.4	Vert Int OR
75.	<ul> <li>Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications and metastases of bone tumors</li> </ul>	33.2	Vert Int OR
76.	<ul> <li>Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications and metastases of soft tissue tumors</li> </ul>	33.3	Vert Int OR
SDL-11	<ul> <li>Classify and describe the etiology, immunology, pathogenesis, manifestations, radiologic and laboratory features, diagnostic criteria and complications of rheumatoid arthritis</li> </ul>	33.5	Vert Int IM

Topic: Ski	n (1)		
77.	<ul> <li>Describe the risk factors pathogenesis, pathology and natural history of squamous cell carcinoma of the skin</li> <li>Describe the risk factors pathogenesis, pathology and natural history of basal cell carcinoma of the skin</li> <li>Describe the distinguishing features between a nevus and melanoma. Describe the etiology, pathogenesis, risk factors morphology clinical features and metastases of melanoma</li> </ul>	34.1, 34.2, 34.3	Vert Int DR
Topic: Ce	ntral Nervous System (1)		
78.	<ul> <li>Describe the etiology, types and pathogenesis, differentiating factors, CSF findings in meningitis</li> <li>Classify and describe the etiology, genetics, pathogenesis, pathology,</li> </ul>	35.1	Vert Int IM, Horizontal Int MI
	presentation sequelae and complications of CNS tumors	35.2	Vert Int PE
Topic: Eye			
SDL-12	<ul> <li>Describe the etiology, genetics, pathogenesis, pathology, presentation, sequelae and complications of retinoblastoma</li> </ul>	36.1	Vertical Int OP
Topic: Bas	sic Diagnostic Cytology (1)		
79.	<ul> <li>Describe the diagnostic role of cytology and its application in clinical care.</li> <li>Describe the basis of exfoliative cytology including the technique &amp; stains used.</li> </ul>	8.1,8.2	Vert Int SU
Topic : Cli	nical Pathology (1)		
80.	<ul><li>Describe abnormal findings in body fluids in various disease states</li><li>CSF findings in meningitis</li></ul>	23.2, 35.1	

	SELF-DIRECTED LEARNING – SDL		
Sr. No	COMPETENCY	Competency No.	Integration
PA-SDL-1	<ul> <li>Describe and discuss the mechanisms of cellular aging and Apoptosis</li> </ul>	2.7	
PA-SDL-2	<ul> <li>Define and describe hyperemia, congestion, hemorrhage.</li> </ul>	6.2	
PA-SDL-3	<ul> <li>Describe and discuss cellular adaptations: atrophy, hypertrophy, hyperplasia, metaplasia, dysplasia</li> </ul>	2.6	
PA-SDL-4	<ul> <li>Define and describe the pathogenesis and pathology of cysticercosis</li> <li>Define and describe the pathogenesis and pathology of common bacterial, viral, protozoal and helminthic diseases.</li> </ul>	10.2, 10.4	Vertical Int IM Horizontal Int MI
PA-SDL-5	<ul> <li>Describe the etiology pathogenesis, hematologic indices and peripheral blood picture of Acquired hemolytic anemia</li> <li>Describe the peripheral blood picture in different hemolytic anaemias</li> </ul>	16.4, 16.5	Vert Int BI, IM
PA-SDL-6	<ul> <li>Enumerate and describe the causes of leukocytosis leucopenia, lymphocytosis and leukemoid reactions (leukemoid reactions not included in seminar)</li> </ul>	18.1	
PA-SDL-7	<ul> <li>Enumerate and differentiate the causes of splenomegaly</li> </ul>	19.6	Vertical Int IM, SU
PA-SDL-8	<ul> <li>Describe the etiology, gross and microscopic appearance and complications of lung abscess</li> <li>Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis,</li> </ul>	26.2	Vertical Int IM Horizontal Int MI
	morphology, microscopic appearance and complications of mesothelioma	26.7	Vertical Int IM, CM
PA-SDL-9	<ul> <li>Describe the etiology, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of pericarditis and pericardial effusion</li> </ul>	27.7	Vertical Int IM
	<ul> <li>Classify and describe the etiology, types, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of cardiomyopathies</li> </ul>	27.9	Vert Int IM, PY
PA-SDL-10	<ul> <li>Describe the etiology, hormonal dependence, features and morphology of endometriosis</li> <li>Describe the etiology and morphologic features of adenomyosis</li> </ul>	30.7, 30.8	Vert Int OG
PA- SDL-11	<ul> <li>Classify and describe the etiology, immunology, pathogenesis, manifestations, radiologic and laboratory features, diagnostic criteria and complications of rheumatoid arthritis</li> </ul>	33.5	Vert Int IM
PA-SDL-12	<ul> <li>Describe the etiology, genetics, pathogenesis, pathology, presentation, sequelae and complications of retinoblastoma</li> </ul>	36.1	Vertical Int OP

	AETCOM – PHASE- II					
PA- AETCOM	PA- AETCOM Working in a health care team					
	<ul> <li>Demonstrate ability to work in a team of peers and superiors</li> </ul>					
	•	Demonstrate respect in relationship with patients, fellow team				
		members, superiors and other health care workers.				
	i. "Tag along" session in hospital- 2 x 2 hours					
	ii.	Small group discussion session - 2 hours				
PA- AETCOM	PA- AETCOM What does it mean to be family member of a sick patient?		2.8	-		
	•	Demonstrate empathy in patient encounters.				
	i. Hospital visit & interviews - 2 hours,					
	ii. Large Group Discussions with patients' relatives - 1 hour					
	iii.	Self-directed Learning - 2 hours				
	iv.	Discussion and closure - 1 hour				

	EIST OF BOAR	/ SGD SCHEDU	LLS - FIIASL	II		
Sr. No	Topic	Competency No.	Teaching learning method	Assessment method	Number required certify	Integration
Gener	al pathology					
1	Introduction to Pathology Dept, Microscope, Histo techniques		SGD			
2	Cell injury- Identify and describe various forms of cell injuries, their manifestations and consequences in gross and microscopic Specimens	2.8	DOAP	Skill Assessment		
3	Inflammation- Identify and describe acute and chronic inflammation in gross and microscopic specimens	4.4	DOAP	Skill Assessment		
4	Hemodynamic disorders- Identify and describe the gross and microscopic features of infarction in a pathologic specimen + Chronic Venous Congestion	6.7	DOAP	Skill Assessment		
5	Disorders of Growth and Epithelial	7.1	SGD	Skill		
	tumors	7.4	CCD	Assessment		
6	Mesenchymal and miscellaneous	7.1	SGD	Written/		
7	tumors and spread of tumors  Amyloidosis- Identify and describe	3.2	DOAP	Viva voce Skill		
,	amyloidosis in a pathology specimen	3.2	DOAP	Assessment		
8	Leprosy, Pigment disorders &	10.3,	SGD	Written/		
0	Pathological calcification	2.8	300	Viva voce		
9	Define and describe the pathogenesis	9.7	SGD	Written/		Vert Int
	of other common autoimmune diseases (other than SLE)	3.7	365	Viva voce		PY, IM
	tology	124	CCD	14/21/21/		\/!!I
10	Describe hematopoiesis and extramedullary hematopoiesis	13.1	SGD	Written/ Viva voce		Vertical Int IM
	Describe the role of anticoagulants in hematology	13.2				
	Demonstration of Hb estimation, hematocrit, ESR					
11	Perform, Identify and describe the peripheral blood picture in anemia	13.5	DOAP	Skill Assessment	1	
12	Identify and describe the peripheral smear in microcytic anemia	14.3	DOAP	Skill Assessment		Vertical Int IM
	Identify and describe the peripheral smear in macrocytic anemia	15.3	DOAP	Skill Assessment		
	Prepare a peripheral blood smear and identify hemolytic anemia from it	16.6	DOAP	Skill Assessment		

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	jaundice based on clinical features and					
22	liver function tests	27 5 27 0	CCD	CIvill		\/out:!
22	Cardiovascular system-	27.5, 27.8	SGD DOAP	Skill		Vertical
	Identify & describe the gross and microscopic features of myocardial		DUAP	assessment		Int PY, IM
	infarction					
	Interpret abnormalities in cardiac					
	function testing in acute coronary					
23	syndromes (myocardial infarction).  Renal System	28.10, 28.13	SGD	Skill		Vertical
25	Identify & describe the gross and	8	300	assessment		Int IM
	microscopic features of chronic	28.14		assessifient		IIIC IIVI
	pyelonephritis, Hydronephrosis & Renal	20.14				
	cell carcinoma					
	Describe abnormal urinary findings in	23.1	DOAP			
	disease states and describe common	25.1	DOAI			
	urinary abnormalities in a clinical					
	specimen.					
24	Male Genital System	29.1 &	SGD	Skill		Vertical
	Identify & describe the gross and	29.2		assessment		Int SU
	microscopic features of Seminoma &					
	carcinoma penis.					
	Describe and interpret the	23.3	DOAP			
	abnormalities in panel containing					
	semen analysis					
25	Breast-	31.3	DOAP	Skill		Vertical
	Describe and identify the morphologic			assessment		Int SU
	and microscopic features of carcinoma					
	of the breast					
	Female Genital System	30.1, 30.3,	SGD	Written/		Vertical Int
	Identify & describe the gross and	30.4 & 30.5		Viva voce		OG
	microscopic features of carcinoma of					
	cervix, leiomyoma, ovarian tumours &					
	gestational trophoblastic neoplasms.					
26	gestational trophoblastic neoplasms.  Endocrine System	32.1, 23.3	SGD	Skill		Vertical
26	gestational trophoblastic neoplasms.  Endocrine System Identify & describe the gross and	32.1, 23.3	SGD DOAP	Skill assessment		Vertical Int IM
26	gestational trophoblastic neoplasms.  Endocrine System Identify & describe the gross and microscopic features of goitre	32.1, 23.3				
	gestational trophoblastic neoplasms.  Endocrine System Identify & describe the gross and microscopic features of goitre Thyroid function test	ŕ	DOAP	assessment		Int IM
26	gestational trophoblastic neoplasms.  Endocrine System Identify & describe the gross and microscopic features of goitre Thyroid function test Bone and Soft tissue	33.2,		assessment Written/		Int IM  Vertical
	gestational trophoblastic neoplasms.  Endocrine System Identify & describe the gross and microscopic features of goitre Thyroid function test Bone and Soft tissue Identify & describe the gross and	ŕ	DOAP	assessment		Int IM
	gestational trophoblastic neoplasms.  Endocrine System Identify & describe the gross and microscopic features of goitre Thyroid function test Bone and Soft tissue Identify & describe the gross and microscopic features of Bone & soft	33.2,	DOAP	assessment Written/		Int IM  Vertical
27	gestational trophoblastic neoplasms.  Endocrine System Identify & describe the gross and microscopic features of goitre Thyroid function test Bone and Soft tissue Identify & describe the gross and microscopic features of Bone & soft tissue tumors	33.2, 33.3	DOAP	assessment Written/ Viva voce		Vertical Int OR
	gestational trophoblastic neoplasms.  Endocrine System Identify & describe the gross and microscopic features of goitre Thyroid function test Bone and Soft tissue Identify & describe the gross and microscopic features of Bone & soft tissue tumors  Skin-	33.2,	DOAP	assessment  Written/ Viva voce  Skill		Vertical Int OR
27	gestational trophoblastic neoplasms.  Endocrine System Identify & describe the gross and microscopic features of goitre Thyroid function test Bone and Soft tissue Identify & describe the gross and microscopic features of Bone & soft tissue tumors Skin- Identify, distinguish and describe	33.2, 33.3	DOAP	assessment Written/ Viva voce		Vertical Int OR
27	gestational trophoblastic neoplasms.  Endocrine System Identify & describe the gross and microscopic features of goitre Thyroid function test Bone and Soft tissue Identify & describe the gross and microscopic features of Bone & soft tissue tumors  Skin- Identify, distinguish and describe common tumors of the skin.	33.2, 33.3	SGD	written/ Viva voce  Skill assessment	1	Vertical Int OR Vertical Int DR
27	gestational trophoblastic neoplasms.  Endocrine System Identify & describe the gross and microscopic features of goitre Thyroid function test Bone and Soft tissue Identify & describe the gross and microscopic features of Bone & soft tissue tumors  Skin- Identify, distinguish and describe common tumors of the skin.  CNS- Identify the etiology of meningitis	33.2, 33.3	DOAP	assessment  Written/ Viva voce  Skill assessment  Skill	1	Vertical Int DR  Vertical Int DR
27	gestational trophoblastic neoplasms.  Endocrine System Identify & describe the gross and microscopic features of goitre Thyroid function test Bone and Soft tissue Identify & describe the gross and microscopic features of Bone & soft tissue tumors  Skin- Identify, distinguish and describe common tumors of the skin.	33.2, 33.3	SGD	written/ Viva voce  Skill assessment	1	Vertical Int DR  Vertical Int DR
27	gestational trophoblastic neoplasms.  Endocrine System Identify & describe the gross and microscopic features of goitre Thyroid function test Bone and Soft tissue Identify & describe the gross and microscopic features of Bone & soft tissue tumors  Skin- Identify, distinguish and describe common tumors of the skin.  CNS- Identify the etiology of meningitis	33.2, 33.3	SGD	assessment  Written/ Viva voce  Skill assessment  Skill	1	Vertical Int DR  Vertical Int DR

Basic D	Basic Diagnostic Cytology (1)						
30	Observe a diagnostic cytology and its	8.3	DOAP	Skill			
	staining and interpret the specimen			assessment			
Clinica	Clinical Pathology (2)						
31	Renal function tests,	23.3	DOAP	Skill			
	liver function tests assessment						
32	Instruments and Charts	-	SGD	Viva- voce			

	LIST OF SEMINARS		
Sr. No	COMPETENCY	Competency No.	Integration
SEMINAR 1	<ul> <li>Define and describe the pathogenesis and pathology of malaria</li> </ul>	10.1	Vert Int IM Horizontal Int MI
SEMINAR 2	<ul> <li>Describe the pathogenesis and features of common cytogenetic abnormalities and mutations in childhood</li> <li>Describe the pathogenesis of common storage disorders in infancy and childhood.</li> </ul>	11.1, 11.3	Vert Int PE
SEMINAR 3	Describe the pathogenesis and pathology of tumor and tumour-like conditions in infancy and childhood	11.2	Vert Int PE
SEMINAR 4	<ul> <li>Describe the pathogenesis of disorders caused by protein calorie malnutrition and starvation</li> </ul>	12.2	Vert Int BI, PE
SEMINAR 5	Describe bilirubin metabolism, enumerate the etiology and pathogenesis of jaundice, distinguish between direct and indirect hymerbilirubin agric.	25.1	Vert Int BI, IM
	<ul> <li>indirect hyperbilirubinemia</li> <li>Describe the pathophysiology and pathologic changes seen in hepatic failure and their clinical manifestations, complications and consequences</li> </ul>	25.2	Vert Int SU, IM
SEMINAR 6	Describe the etiology, genetics, pathogenesis, manifestations, laboratory and morphologic features of hyperparathyroidism	32.5	Vert Int PY, IM
	Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications and metastases of pancreatic cancer	32.6	Vert Int SU
SEMINAR 7	<ul> <li>Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications of adrenal insufficiency</li> <li>Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications of Cushing's syndrome</li> </ul>	32.7, 32.8	Vert Int PY, IM
SEMINAR 8	Describe the etiology, pathogenesis, manifestations, laboratory and morphologic features of adrenal neoplasms	32.9	Vert Int AN, PY, IM, SU

Sr. No	Topic	Competency No.	Teaching learning method	Assessment method	Number required certify	Integration
1	Cell injury- Identify and describe various forms of cell injuries, their manifestations and consequences in gross and microscopic Specimens	2.8	DOAP	Skill Assessment		
2	Amyloidosis- Identify and describe amyloidosis in a pathology specimen	3.2	DOAP	Skill Assessment		
3	Inflammation- Identify and describe acute and chronic inflammation in gross and microscopic specimens	4.4	DOAP	Skill Assessment		
4	Hemodynamic disorders- Identify and describe the gross and microscopic features of infarction in a pathologic specimen + Chronic Venous Congestion	6.7	DOAP	Skill Assessment		
5	Basic diagnostic cytology Observe a diagnostic cytology and its staining and interpret the specimen	8.3	DOAP	Skill assessment		
6	Introduction to hematology Perform, Identify and describe the peripheral blood picture in anemia	13.5	DOAP	Skill Assessment		Vertical Int IM
7	Microcytic anemia Identify and describe the peripheral smear in microcytic anemia	14.3	DOAP	Skill Assessment		Vertical Int IM
8	Macrocytic anemia Identify and describe the peripheral smear in macrocytic anemia	15.3	DOAP	Skill Assessment		
9	Hemolytic anemia Prepare a peripheral blood smear and identify hemolytic anemia from it	16.6	DOAP	Skill Assessment	1	
10	Lymph node and spleen Identify and describe the features of tuberculous lymphadenitis in a gross and microscopic specimen	19.3	DOAP	Skill assessment		
11	Lymph node and spleen Identify and describe the features of Hodgkin's lymphoma in a gross and microscopic specimen	19.5	DOAP	Skill assessment		Vertical Int SU
12	Lymph node and spleen Identify and describe the gross specimen of an enlarged spleen	19.7	DOAP	Skill assessment		

13	Plasma cell disorders  Describe the features of plasma cell myeloma	20.1	DOAP	Skill Assessment		
14	Clinical pathology  Describe abnormal urinary findings in disease states and describe common urinary abnormalities in a clinical specimen.	23.1	DOAP	Skill Assessment		
15	Clinical pathology Describe and interpret the abnormalities in a panel containing semen analysis, thyroid function tests, renal function tests or liver function tests	23.3	DOAP	Skill Assessment		
16	Hepatobiliary system Interpret liver function and viral hepatitis serology panel. Distinguish obstructive from non-obstructive jaundice based on clinical features and liver function tests	25.6	DOAP	Skill assessment	1	Vertical Int IM
17	Cardiovascular system Interpret abnormalities in cardiac function testing in acute coronary syndromes (myocardial infarction).	27.8	DOAP	Skill assessment		Vertical Int PY, IM
18	Breast  Describe and identify the morphologic and microscopic features of carcinoma of the breast	31.3	DOAP	Skill assessment		Vertical Int SU
19	Skin Identify, distinguish and describe common tumors of the skin.	34.4	DOAP	Skill assessment		Vertical Int DR
20	CNS Identify the etiology of meningitis based on given CSF parameters	35.3	DOAP	Skill assessment	1	Vertical Int IM Horizontal Int MI

	LIST OF TOPICS FOR SMALL GROUP DISCUSSIO	N	
Sr. No	COMPETENCY		Integration
SGD 1	<ul> <li>Introduction to Pathology Dept, Microscope, Histo techniques</li> </ul>		
SGD 2	• Leprosy,	10.3	Vert Int MI
	<ul> <li>Pigment disorders, Pathological calcification</li> </ul>	2.3	
SGD 3	<ul> <li>Disorders of growth &amp; epithelial tumors</li> </ul>	2.6, 7.1	
SGD 4	Neoplasia- Mesenchymal tumors	7.1	
SGD 5	Describe hematopoiesis and extramedullary hematopoiesis	13.1	Vert Int IM
	<ul> <li>Describe the role of anticoagulants in hematology</li> </ul>	13.2	
	<ul> <li>Demonstration of Hb estimation, hematocrit, ESR</li> </ul>		
SGD 6	Enumerate the indications and describe the findings in Bone	17.2	Vert Int IM
	marrow aspiration & biopsy		
SGD 7	Describe the etiology, genetics, pathogenesis classification,	18.2	Vert Int PE
	features, hematologic features of acute and chronic leukemia		
SGD 8	<ul> <li>CBC blood count: interpretation of report (without flags) from</li> </ul>	-	Vert Int IM
	automated cell counter.		
SGD 9	<ul> <li>Define and describe the pathogenesis of other common</li> </ul>	9.7	Vert Int IM
	autoimmune diseases (other than SLE)		
SGD 10	<ul> <li>Classify and describe blood group systems (ABO and RH)</li> </ul>	22.1,	
	<ul> <li>Enumerate the indications, describe the principles, enumerate</li> </ul>	22.2	Vert Int OG
	and demonstrate the steps of compatibility test		
SGD 11	<ul> <li>Gastrointestinal System:</li> </ul>	24.3 to 24.7	Vert Int IM,
	Identify & describe the gross and microscopic features of peptic		SU
	ulcer, carcinoma stomach, tuberculosis of intestine, typhoid		
	intestine, carcinoma colon.		
SGD 12	Respiratory System:	26.1, 26.4 &	Vert Int IM
	Identify & describe the gross and microscopic features of	26.6	
	pneumonia, tuberculosis of lung & Bronchogenic carcinoma		
SGD 13	Renal System:	28.10,	Vert Int AN,
	Identify & describe the gross and microscopic features of chronic	28.13 & 28.14	SU
	pyelonephritis, Hydronephrosis & Renal cell carcinoma		Vert Int SU
		20.4.0	Vert Int PE
SGD 14	Male Genital System:	29.1 &	Vert Int SU
	Identify & describe the gross and microscopic features of	29.2	
CD 15	Seminoma & carcinoma penis.	25.4	\/ort lot 18.4
SGD 15	Hepatobiliary system:  Identify 8 describe the green and microscopic features of Circle as:	25.4	Vert Int IM
	Identify & describe the gross and microscopic features of Cirrhosi	>	
SCD 16	of liver & hepatocellular carcinoma.	25.2	\/ort ln+ IN4
SGD 16	Hepatobiliary system:  Describe the etiplomy and nathegenesis of viral and toyic.	25.3	Vert Int IM
	Describe the etiology and pathogenesis of viral and toxic hepatitis: distinguish the causes of hepatitis based on the clinical		
	and laboratory features. Describe the pathology, complications		
	and consequences of hepatitis		
	and consequences of nepatitis		

SGD 17	•	Female Genital System: Identify & describe the gross and microscopic features of carcinoma of cervix, leiomyoma, ovarian tumours& gestational trophoblastic neoplasms.	30.1, 30.3, 30.4 & 30.5	Vert Int OG
SGD 18	•	Endocrine System: Identify & describe the gross and microscopic features of goiter	32.1	Vert Int IM
SGD 19	•	Bone and Soft tissue: Identify & describe the gross and microscopic features of Bone & soft tissue tumors	33.2, 33.3	Vert Int OR
SGD 20	•	Instruments and Charts		

	LIST OF TUTORIAL TOPICS			
Sr. No	COMPETENCY			
T 1	Cell injury			
T 2	Inflammation and repair			
Т3	Hemodynamic disorders I			
T 4	Hemodynamic disorders II			
T 5	Immunopathology I			
Т 6	Immunopathology II			
T 7	Infectious diseases			
T 8	Disorders of growth and Neoplasia I			
Т9	Neoplasia II			
T 10	Gastrointestinal system I			
T 11	Gastrointestinal system II			
T 12	Hepatobiliary system			
T 13	Cardiovascular system			
T 14	Respiratory System			
T 15	Female genital system I			
T 16	Female genital system II			
T 17	Male Genital System			
T 18	Endocrine system and Skin			
T 19	Bone and Soft tissue tumors			
T 20	Central Nervous System and Eye			

	LIST OF INTEGRATED TEACHING TOPICS					
Sr. No	Topic	Dept				
IT 1	Inflammation & Repair	Surg				
IT 2	Shock	Surg				
IT 3	Autoimmune disorder with HIV/ AIDS	Med, Micro				
IT 4	Tuberculosis, Leprosy	Med/ Micro				
IT 5	Genetic disorders of childhood	Pead				
IT 6	Anaemia – Micro/ Macro	Med/ Biochem				
IT 7	Anaemia – Haemolytic	Med				
IT 8	Lesions of Lymph reticular system	Surg				
IT 9	Haemorrhagic Disorders	Pead/ GenMed				
IT 10	Haemolytic disease of newborn	Ob Gyn.				
IT 11	Blood Component/ Transfusion reaction	Med				
IT 12	Peptic ulcer	Med				
IT 13	Neoplastic and other nonneoplastic lesion of GIT	Surg				
IT 14	Hepatobiliary system	Surg/Med/Biochem				
IT 15	RS – Pneumonia, COPD, COAD, Tumors	Med/Micro/Physio/Med/PSM				
IT 16	CVS – I – Atherosclerosis MI, Cardiac failure	Med				
	CVS – II – Valvular heart disease	Med				
IT 17	Kidney – I – GN, Renal failure	Med				
	Kidney – II – Tumors, Pyelonephritis	Surg/ Pead				
IT 18	MGS – Testicular and prostatic lesion	Surg				
IT 19	FGS – I – Ca cervix, endometrium,	Ob Gyn				
	FGS – II – Ovary & Trophoblastic					
IT 20	Breast – Lesions of breast	Surg/ Anatomy				
IT 21	Endocrine – I – Thyroid, parathyroid	Med				
	Endocrine – II – Adrenal, pancreas (Diabetes Mellitus)	Med/ Surg				
IT 22	Lesion of bone & joints	Ortho				
IT 23	Tumours of skin	Skin				
IT 24	Meningitis & CSF	Gen Med				
IT 25	Retinoblastoma	Opthol				

#### LIST OF SPECIMENS

#### **GENERAL PATHOLOGY**

### **Cell injury**

- 1. Fatty liver
- 2. Vesicular mole (hydropic change)
- 3. Tubercular lymph node- caseation, matted lymph nodes
- 4. Gangrene intestine/ foot

### **Cellular adaptation**

- 5.Atrophy Uterus
- 6. Cardiac hypertrophy
- 7. Hyperplasia- Gravid uterus
- 8. Dystrophic calcification- Lymph node
- 9. Anthracosis
- 10. Melanoma

### Inflammation & repair

- 11. Acute appendicitis
- 12. Lobar Pneumonia
- 13. Abscess- lung/ liver
- 14. TB lymphnode
- 15. Mycetoma foot
- 16. Healed Myocardial infarction

#### **Tuberculosis**

- 17. TB lung- gohn's focus
- 18. TB lung- fibro caseous, cavitary
- 19. TB miliary lung
- 20. TB lymph node
- 21. TB intestine

### Hemodynamic disorders

- 22. CVC Liver
- 23. CVC Lung
- 24. Splenic infarct
- 25. Myocardial infarction

### Neoplasia

- 26. Lipoma
- 27. Leiomyoma
- 28. Fibroadenoma- breast
- 29. Intestinal adenomatous polyp
- 30. Squamous cell carcinomaskin/cervix/penis
- 31. Adenocarcinoma- intestine
- 32. Carcinoma breast
- 33. Metastasis Liver/lung

#### SYSTEMIC PATHOLOGY

#### Gastrointestinal

- 34. Benign ulcer-Peptic ulcer
- 35. Tubercular intestine
- 36. Typhoid intestine
- 37. Malignant ulcer- Carcinoma stomach
- 38. Carcinoma oesophagus
- 39. Adenocarcinoma colon
- 40. Carcinoma rectum

### **Hepatobiliary**

- 41. Cirrhosis
- 42. Fatty liver
- 43. Pyemic liver Abscess
- 44. Amoebic liver abscess
- 45. Hepatocellular carcinoma
- 46. Gall bladder with stones

#### Respiratory

- 47. Pulmonary tuberculosis
- 48. Miliary tuberculosis
- 49. Bronchectasis
- 50. Bronchogenic carcinoma
- 51. Lobar pneumonia
- 52. CVC lung

#### Cardiovascular

- 53. Atherosclerosis
- 54. Myocardial infarction
- 55. Left ventricular hypertrophy

- 56. Small contracted kidney
- 57. Renal cell carcinoma
- 58. Hydronephrosis
- 59. Renal calculi
- 60. Wilm's tumour
- 61. Acute pyelonephritis
- 62. Carcinoma bladder
- 63. Polycystic kidney

#### Male genital

- 64. Carcinoma penis
- 65. Seminoma

Female genital & Breast	
66. Carcinoma cervix	
67. Dermoid cyst	
68. Ovarian cystadenoma	
69. Leiomyoma	
70. Vesicular mole	
71. Fibroadenoma of breast	
72. Carcinoma breast	
Endocrine	
73. Goitre	
74. Solitary thyroid nodule	
Bone	
75. Sequestrum	
76. Giant cell tumour	
77. Osteogenic sarcoma	

#### **LIST OF SLIDES**

#### **GENERAL PATHOLOGY**

### **Cell injury**

- 1. Fatty liver
- 2. Cloudy change-kidney
- 3. Hyaline change in leiomyoma
- 4. Tubercular lymph node

### Cellular adaptation

- 5. Benign prostate hyperplasia
- 6. Squamous metaplasia
- 7. Calcification
- 8. Anthracosis
- 9. Melanoma

### Inflammation & repair

- 10. Acute appendicitis
- 11. Lobar Pneumonia
- 12. Tubercular lymphadenitis (Caseous necrosis, granuloma)
  - 13. Actinomycosis
  - 14. Rhinosporidiosis
  - 15. Granulation tissue

### **Tuberculosis**

- 16. TB lung
- 17. TB miliary lung, liver
- 18. TB lymph node

### **Hemodynamic disorders**

- 19. CVC Liver
- 20. CVC Lung
- 21. Organised thrombus
- 22. Myocardial infarction
- 23. Renal infarct

#### Leprosy & Amyloidosis

- 24. Amyloidosis- kidney/ spleen
- 25. Tuberculoid leprosy
- 26. Lepromatous leprosy

### Neoplasia

- 27. Lipoma
- 28. Leiomyoma
- 29. Fibroadenoma- breast
- 30. Capillary hemangioma
- 31. Cavernous hemangioma
- 32. Squamous papilloma
- 33. Squamous cell carcinoma-skin
- 34. Adenocarcinoma- intestine
- 35. Carcinoma breast
- 36. Metastasis Liver/ lung/ lymph node

#### SYSTEMIC PATHOLOGY

#### Gastrointestinal

- 37. Benign ulcer-Peptic ulcer
- 38. Acute appendicitis
- 39. Tubercular intestine
- 40. Adenocarcinoma colon

### Hepatobiliary

- 41. Fatty liver
- 42 Miliary TB
- 43. Cirrhosis
- 44. Hepatocellular carcinoma
- 45. Metastasis in liver

### Respiratory

- 46. CVC lung
- 47. Lobar pneumonia
- 48. Pulmonary tuberculosis
- 49. Miliary tuberculosis
- 50. Bronchogenic carcinoma
- 51. Metastasis in lung

#### Cardiovascular

52. Myocardial infarction

### Lymphnode

- 53. TB lymph node
- 54. Metastasis lymph node
- 55. Hodgkins lymphoma

### Urinary

- 56. Chronic pyelonephritis
- 57. Renal cell carcinoma

### Male genital

- 58. Carcinoma penis
- 59. Seminoma
- 60. Benign prostate hyperplasia

### Female genital & Breast

- 61. Leiomyoma
- 62. Products of conception
- 63. Dermoid cyst
- 64. Carcinoma cervix
- 65. Fibroadenoma of breast
- 66.Carcinoma breast

### **Endocrine**

- 67. Colloid goitre
- 68. Hashimoto's thyroiditis

#### Soft tissue & Bone

69.Lipoma

70. Giant cell tumour		
71.Osteogenic sarcoma		
Skin		
72. Nevus		
73. Squamous cell carcinoma		
74. Basal cell carcinoma		
75. Melanoma		
CNS		
<b>76.</b> Meningioma		
HEMATOLOGY SLIDES		
77. Eosinophilia		
78. Neutrophilia		
79. Microcytic anemia		
80. Megaloblastic marrow		
81. Sickle cell anemia		
82. Acute leukemia		
83. Chronic myeloid leukemia		
84. Chronic lymphocytic leukemia		

### **CASE-BASED LEARNING**

- 1. Microcytic anemia
- 2. Macrocytic anemia
- 3. Hemolyticanemia
- 4. Multiple myeloma
- 5. Hepatitis
- 6. Obstructive jaundice
- 7. Hemolytic jaundice
- 8. Nephrotic syndrome
- 9. Meningitis

### **CHARTS**

- 1. Interpretation of microcytic anemia
- 2. Interpretation of macrocytic anemia
- 3. Interpretation of hemolyticanemia
- 4. Interpretation of acute leukemia
- 5. Interpretation of chronic leukemia
- 6. Interpretation of multiple myeloma
- 7. Interpretation of bleeding disorder
- 8. Interpretation of clotting disorder
- 9. Interpretation of Liver disorders
- 10. Interpretation of Renal disorders
- 11. Interpretation of Thyroid disorders
- 12. Interpretation of acute myocardial infarction
- 13. Pyogenic meningitis
- 14. Tubercular meningitis
- 15. Viral meningitis
- 16. Diabetes mellitus

### PAPER WISE TOPIC DISTRIBUTION

#### **TERM WISE TOPIC DISTRIBUTION** First Internal Assessment Examination – Syllabus Section B + C **General Pathology**: Hematology 1. Introduction to Pathology 1. Introduction to hematology 2. Cell injury and adaptation 2. Microcytic anemia 3. Inflammation 3. Macrocytic anemia 4. Healing and repair 4. Hemolyticanemia 5. Tuberculosis and leprosy 5. Aplastic anemia 6. Hemodynamic disorders 6. Leukocyte disorders 7. Amyloidosis 7. Plasma cell disorders 8. Immunopathology and AIDS 9. Neoplasia 10. Infections and infestations 11. Genetic and paediatric diseases 12. Environmental and nutritional diseases

Second	Second Internal Assessment Examination – Syllabus						
Section	Section B + C						
1.	Gastrointestinal system	1.	Hemorrhagic disorders				
2.	Hepatobiliary system	2.	Blood banking and				
3.	Respiratory system		transfusion				
4.	Cardiovascular system	3.	Clinical pathology				
5.	Lymph node and spleen	4.	Basic diagnostic cytology				
6.	Urinary tract						
7.	Male reproductive system						
8.	AETCOM						

### Third Internal Assessment Examination – (Preliminary Examination)- Syllabus

### Paper I

### Section B + C

### **General Pathology:**

- 1. Introduction to Pathology
- 2. Cell injury and adaptation
- 3. Inflammation
- 4. Healing and repair
- 5. Hemodynamic disturbances
- 6. Amyloidosis
- 7. Immunopathology and AIDS
- 8. Neoplasia
- 9. Infections and infestations
- 10. Genetic and paediatric diseases.
- 11. Environmental and nutritional diseases

### Hematology

- 1. Introduction to hematology
- 2. Microcytic anemia
- 3. Macrocytic anemia
- 4. Hemolyticanemia
- 5. Aplastic anemia
- 6. Leukocyte disorders
- 7. Plasma cell disorders

# Blood banking and transfusion

**AETCOM 2.4 & 2.8** 

### Paper II

### Section B + C

### **Systemic Pathology**

Gastrointestinal tract

- 1. Hepatobiliary system
- 2. Respiratory system
- 3. Cardiovascular system
- 4. Lymph node & spleen
- 5. Urinary tract
- 6. Male genital tract
- 7. Female genital tract
- 8. Breast
- 9. Endocrine system
- 10. Bone and soft tissue
- 11. Skin
- 12. Central Nervous System
- 13. Eye

### Clinical pathology

- 1. Urine analysis
- 2. Body fluid analysis
- 3. CSF analysis
- 4. Liver function test
- 5. Renal function test
- 6. Diabetes mellitus
- 7. Thyroid function test

### **Basic diagnostic cytology**

#### **University Examination** Paper I **Section A MCQs** Section B + C **General Pathology** Hematology 1. Introduction to Pathology 1. Introduction to hematology 2. Cell injury and adaptation 2. Microcytic anemia 3. Inflammation 3. Macrocytic anemia 4. Healing and repair 4. Hemolyticanemia 5. Hemodynamic disturbances 5. Aplastic anemia 6. Amyloidosis 6. Leukocyte disorders 7. Immunopathology and AIDS 7. Plasma cell disorders 8. Neoplasia 8. Hemorrhagic disorders 9. Infections and infestations Blood banking and transfusion **AETCOM 2.4 & 2.8** 10. Genetic and paediatric diseases. 11. Environmental and nutritional diseases Paper II **Section A MCQS** Section B + C **Systemic Pathology Clinical Pathology** 1. Gastrointestinal tract 1. Urine analysis 2. Hepatobiliary system 2. Body fluid analysis 3. CSF analysis 3. Respiratory system 4. Cardiovascular system 4. Liver function test 5. Lymph node & spleen 5. Renal function test 6. Diabetes mellitus 6. Urinary tract 7. Male genital tract 7. Thyroid function test 8. Female genital tract 9. Breast

10. Endocrine system 11. Bone and soft tissue

13. Central Nervous System

12. Skin

14. Eye

# **NATURE OF THEORY EXAMINATION PAPER**

	THEORY PAPER PATTERN – I TERM ENDING					
Section		Total questions   Marks allotted   Total Marks				
Section – A	MCQs	20	1 mark each	20 marks		
	Multiple choice questions					
Section – B	SAQs	12 (Out of 13)	5 marks each	60 marks		
	Structured short answer questions					
Section – C	LAQs	2 (Out of 3)	10 marks each	20 marks		
	Structured Long Answered questions					
		Total		100 marks		

	THEORY PAPER PA	TTERN – II TERM ENDING		
Section		Total questions	Marks allotted	Total Marks
Section – A	MCQs Multiple choice questions	20	1 mark each	20 marks
Section – B	SAQs Structured short answer questions	One AETCOM question (compulsory)	5 marks	5 marks
		11 (Out of 12)	5 marks each	55 marks
Section – C	LAQs Structured Long Answered questions	2 (Out of 3)	10 marks each	20 marks
		Total		100 marks
	THEORY PAPER PATTERN -	- PRELIMINARY EXAM PA	PER – I	
Section		Total questions	Marks allotted	Total Marks
Section – A	MCQs Multiple choice questions	20	1 mark each	20 marks
Section – B	SAQs Structured short answer questions	One AETCOM question (compulsory)	5 marks	5 marks
		11 (Out of 12)	5 marks each	55 marks
Section – C	LAQs Structured Long Answered questions	2 (Out of 3)	10 marks each	20 marks
		Total		100 marks

	THEORY PAPER PATTERN – PRELIMINARY EXAM PAPER – II								
Section		Total questions	Marks allotted	Total Marks					
Section – A	MCQs Multiple choice questions	20	1 mark each	20 marks					
Section – B	SAQs Structured short answer questions	12 (Out of 13)	5 marks each	60 marks					
Section – C	LAQs Structured Long Answered questions	2 (Out of 3)	10 marks each	20 marks					
		Total		100 marks					

	THEORY PAPER PATTERN – UNIVERSITY EXAM PAPER – I								
Section		Total questions	Marks allotted	Total Marks					
Section – A	MCQs Multiple choice questions	20	1 mark each	20 marks					
Section – B	SAQs Structured short answer questions	One AETCOM question (compulsory)	5 marks	5 marks					
		11 (Out of 12)	5 marks each	55 marks					
Section – C	LAQs Structured Long Answered questions	2 (Out of 3)	10 marks each	20 marks					
	Total 100 marks								

	THEORY PAPER PATTERN – UNIVERSITY EXAM PAPER – II								
Section		Total questions	Marks allotted	Total Marks					
Section – A	MCQs Multiple choice questions	20	1 mark each	20 marks					
Section – B	SAQs Structured short answer questions	12 (Out of 13)	5 marks each	60 marks					
Section – C	LAQs Structured Long Answered questions	2 (Out of 3)	10 marks each	20 marks					
		Total		100 marks					

# NATURE OF PRACTICAL EXAMINATION PAPER

# **MBBS Practical Mark's Structure**

	Internal Assessment I									
Practical						Oral/Viva				Total
Seat No	OSPE	PS/DLC	CBC report interpretation	HP slide	Total	Gross specimen General Pathology	Hematology	Total	Log book	Practical & Oral
	20	20	10	10	60	15	15	30	10	100 Marks

	Internal Assessment II										
Practi	Practical							Oral/Viva			Total
Seat No	OSPE	Urine analysis chart interpretation	HP slide	Blood group	Chart Clinical case	Total	Gross specimen Systemic Pathology	Clinical Pathology	Total	Log Book	Practical & Oral
	20	10	10	10	10	60	15	15	30	10	100 Marks

				1	Prelimir	nary examin	ation						
Sea t no	Practical OSPE	s PS/DLC	CBC report	Blood	НР	Urine	Chart	Total	<b>Oral</b> / Gro	Clinical	Total	logb	Prac tical + Oral
			interpretation	group	slide	analysis chart interpret ation	Clinical case		ss spe cim ens	path & hemat		ook	
	20	10	05	05	15	10	05	70	10	10	20	10	100 Mar ks

	University Examination												
Seat no	Practicals							Oral/Viva					Practica I + Oral
	OSP E	PS/D LC	CBC report	Blood group	HP slide	Urine analysis	Total	Gross	specimens	5	Clinical &	Total	(G+L)
			interpr etation	3 1		chart interpre tation		Gen Path	System ic Path I	Systemi c Path II	hemat ology		
	Α	В	С	D	E	F	G	Н	1	J	К	L	М
Max marks	20	10	05	05	10	10	60	10	10	10	10	40	100

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

Specimens (3)- 6 marks

Phase	l IA-Exam			II IA-Exam	1		Prelims			
	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	

### Eligibility criteria for appearing in university examination:

- 1. 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.
- 3. First internal assessment examination will be held in June, second internal assessment examination will be held in September and third internal assessment examination will be held in December.
- 4. A student who has not taken minimum required number of marks 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.
- 6. 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.

	First	Second	Third IA	Total	Internal assessment	Eligibility to appear fo	r final
	IA	IA	(Prelim)		marks: Conversion	University examinatio	n (after
					formula (out of 40)	conversion out of 40)	(40% separately
						in Theory & Practical,	50% Combined)
Theory	100	100	200	400	Total marks obtained	16 (Minimum)	Total of
					10		Theory +
Practical	100	100	100	300	Total marks obtained	16 (Minimum)	Practical must
					05		be 40.

8. While preparing Final Marks of Internal Assessment, the rounding-off marks shall be 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.

### **Passing criteria:**

- a. Complete passing in phase I examination is compulsory before proceeding to phase II.
- b. A student who fails in the second year course examination should not be allowed to appear for III phase examination unless he /she passes all the subjects of second year course.
- c. The students must secure at least 50 % marks of total marks (combined theory & practical /clinical) and not less than 40 % marks in theory and practical separately assigned for particular internal assessment.
- d. Additional Internal assessment examination for non-eligible students (less than 50 % combined in theory and practical or 40% separately) will be conducted after prelims and before submission of internal assessment marks.
- e. Student who will not be eligible after additional internal examination will appear with next regular batch as repeater student.

### **Supplementary examination**

Supplementary examination should be conducted within 4-6 weeks after University result.

### **LEARNING RESOURCE MATERIAL BOOKS**

### **Textbooks recommended:**

- a) Kumar, Abbas and Aster Robbins and Cotran Pathologic basis of Disease
- b) General Pathology by IC Talbot & JB Walter
- c) Text book of Pathology by Harsh Mohan
- d) Exam preparatory manual for undergraduates by RamadasNayak
- e) Rubin R & Strayer DS Rubin's Pathology
- f) Haematology De Gruchy
- g) Text book of General Pathology Part I & II by Bhende and Deodhare

### Reference books:

- a) McKenzie SB, Williams JL. Clinical laboratory hematology
- b) Bein JB, Bates I, Laffan MA, Dacie and Lewis Practical hematology
- c) Damjnov I, Linder J. Anderson's Pathology
- d) Rosai J Rosai & Ackerman's Surgical Pathology

#### MICROBIOLOGY

#### Vision

> To become a world class dynamic institution of education, research and training to develop globally competitive professional and socially responsible human resource.

### Mission

- To ensure globally relevant quality higher education and skill enhancement for providing required trained manpower to the nation & the world.
- ➤ To promote symbiotic relations with industry, academic & research institutions and community to meet the expectations of various stakeholders.
- > To engage in interdisciplinary research and innovate for furtherance of knowledge, technology and growth.
- ➤ To put in place dynamic technocracy for effective use of emerging trends in curriculum development, andragogy, evaluation and system management.
- ➤ To provide an environment for holistic evolution of the learners as human, socially responsible and conscious of sustainable ecosystem.

### **Course Objectives: -**

### Knowledge

At the end of the course, the student will be able to:

- I. State the normal flora of the human body and describe the host parasite relationship.
- II. List the pathogenic microorganisms (bacteria, viruses, parasites, fungi and describe the Pathogenesis of the disease produced by them.
- III. State or indicate the modes of transmission of pathogenic and opportunistic Organisms and their sources including insect vectors responsible for transmission of infection.
- IV. Acquire basic knowledge of normal immune system, abnormalities, identification of conditions of immunological importance.
- V. Describe the mechanisms of immunity to infections.
- VI. Acquire knowledge on suitable antimicrobial agents for treatment of infections and scope of immune therapy and different vaccines available for prevention of communicable diseases.
- VII. Apply methods of disinfection and sterilization to control and prevent hospital and community acquired infections.
- VIII. Recommend laboratory investigations regarding bacteriological examination of food, water, milk and air.
- IX. To acquire knowledge of safe handling and disposal of infectious waste.
- X. Acquire basic knowledge of laboratory diagnosis, treatment, control and prevention of infections.
- XI. Acquire basic knowledge of microbial physiology and genetics.
- XII. Investigation of outbreaks including collection of sample.

### **Skills**

The following are the skills expected to be acquired by the students at the end of course:

- I. Operate the light compound microscope.
- II. Common laboratory techniques (as given below) for the direct demonstration of microorganisms from clinical materials and interpret their findings.
  - a. Saline and iodine wet mount preparations (stool) for the demonstration of trophozoites, Ova or cysts
  - b. Collection of blood by finger prick, preparation of smear and Giemsa/JSB staining and examination for malarial parasites and microfilaria.
  - c. Preparation of a smear and performance of Gram stain and interpretation body fluids, urine, sputum and pus specimens,
  - d. Preparation of a smear and perform Ziehl–Neelsen stain with biosafety precautions for the demonstration of acid fast bacilli from sputum.
- III. Identification of the common microorganisms isolated from clinical specimens by colony appearance and biochemical tests genus/species level. Interpretation of the results of antimicrobial testing for the diagnosis of common infectious diseases.
- IV. Identification of some common fungi based on colony morphology and LPCB microscopy;
- V. Reading and interpretation of serological tests -Widal, rapid plasma Reagin, ELISA, HIV/HBV rapid tests, latex agglutination tests-rheumatoid factor and ASO.
- VI. Blood collection through venipuncture with aseptic precautions while performing Blood culture
- VII. Collection of clinical samples :pus through syringe (aspirate) or swab; clean catch midstream urine sample; sputum with minimal contamination by saliva
- VIII. Hand hygiene and standard work precautions.

### Integration

Practical Knowledge of application of Microbiology in clinical practice will be acquired through integrated teaching vertically with Pre clinical and clinical subjects and horizontally with other Para-clinical subjects.

### **Programme Outcomes**

At the end of MBBS program, the Indian Medical Graduate should be able to:

### 1. Graduate Attributes: Medical and Scientific Knowledge.

#### PO 1:

- Demonstrate knowledge of normal and abnormal human structure, function and development from a molecular, cellular, biologic, clinical, behavioural and social perspective.
- Demonstrate knowledge about established and evolving biomedical and clinical sciences.
- Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety

## 2. Graduate Attributes: Planning Patient Care and problem solving abilities

### PO 2:

- Demonstrate ability to apply this knowledge to the practice of medicine in routine, emergency and disaster situations.
- Demonstrate ability to appraise and assimilate scientific evidence into their own ongoing learning, research, and patient care.
- Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context
- Demonstrate ability to provide evidence-based care that is compassionate, respectful of patients' differences, values, and preferences.

### 3. Graduate Attributes: Professional excellence & Ethics

### PO 3:

- Demonstrate commitment to the highest standards of professional responsibility towards patient, colleagues, society, growth of medical professional and adhere to universally accepted code of ethics.
- Demonstrate personal attributes of compassion, honesty, integrity, accountability, empathy in patient encounters.

### 4. Graduate Attributes: Communication Skills.

### PO 4:

 Demonstrate ability to communicate effectively, respectfully, non-judgemental, empathetic manner with patients, their families and colleagues that will improve patient satisfaction, health care and encourages participation and shared decision-making.  Demonstrate the ability to listen clearly, inform, communicate and educate patients &/ caregivers for the promotion of health, diagnosis of disease and the treatment of illness; advocate for disease prevention, wellness and the promotion of healthy lifestyles including a focus on population health

# 5. Graduate attributes: Leader & Member of the health care team & System PO 5:

- Demonstrate the ability to work effectively, efficiently & in rational way with his/ her colleagues and other team members, educate & motivate the team members in a manner to maximize the health delivery potential of the team, considering various roles, responsibilities and competencies of the other health professionals.
- Identify the self- potential, functioning ability as a team leader in primary and secondary health care settings, utilize various indicators of the health care system and to promote appropriate, low cost, ethical, fair and qualitative health delivery.

### 6. Graduate attributes: Lifelong learner

### PO 6:

- Demonstrate ability to acquire new knowledge, skills and reflect upon their experience to enhance personal and professional growth and apply the information in the care of the patient.
- Demonstrate self-motivation and awareness to their own limitations.
- Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

### 7. Graduate attributes: Research Aptitude

### **PO7**:

 Demonstrate an attitude of inquiry/search/investigation, scientific and objective effort to uncover facts.

#### 8. Graduate attributes: Societal Responsibilities

#### PO8:

Demonstrate accountability in fulfilling their duty for the benefit of the entire society.

# 9. Graduate attributes: Awareness towards Environment and sustainability

### PO9:

 Demonstrates responsibility to conserve natural resources and protect global ecosystems to support health and wellbeing, now and in the future.

#### **Course Outcomes:**

**CO 1:** To demonstrate ability to evaluate and estimate the various Microbiological parameters, analyse on the basis of choice of various lab diagnostic tests interpretation relevant to clinical case scenario.

CO 2: To demonstrate knowledge about the micro-organisms causing different infections, lab diagnostic tests for detection / confirmation of different infections, immunology, Hospital Infection Control (HIC), antibiotic stewardship, antibiotic resistance, personal safety, OT sterility and BMW management.

#### CO 3:

- Ι. To demonstrate respect for patient sample, during collection and processing.
- II. To get knowledge regarding the professional attributes.

**CO 4:** To demonstrate ability to utilize communication strategies involving nonverbal, verbal, written modalities in an organised and clear manner in order to communicate, create report and share relative information with clinicians.

CO 5: To demonstrate the ability to work effectively, efficiently and rationally with colleagues and team members, educate and motivate the team members, identify the self and other potential functioning ability as a team leader to maximise the outputs (departmental small project)

### CO 6:

- 1. To demonstrate lifelong learning skills (SDL) needed to stay informed new relevant scientific findings, new diseases, handling disasters and pandemic
- 2. Demonstrate reflective practice through self-assessment ability to analyse one's experience. Ability to identify limitations and areas for self-improvement and further education. Ability to acquire new knowledge skills and reflect in log book.

**Goal:** - The broad goal of the teaching of undergraduate students in Microbiology is to provide an understanding of the natural history of infectious diseases in order to deal with the etiology, pathogenesis, immune response in health and disease, laboratory diagnosis, treatment, control and prevention of infections in the community.

### Course Objectives: -

### (a). Knowledge

At the end of the course, the student will be able to:

- XIII. State the normal flora of the human body and describe the host parasite relationship.
- XIV. List the pathogenic microorganisms (bacteria, viruses, parasites, fungi and describe the Pathogenesis of the disease produced by them.
- XV. State or indicate the modes of transmission of pathogenic and opportunistic Organisms and their sources including insect vectors responsible for transmission of infection.
- XVI. Acquire basic knowledge of normal immune system, abnormalities, identification of conditions of immunological importance.
- XVII. Describe the mechanisms of immunity to infections.
- XVIII. Acquire knowledge on suitable antimicrobial agents for treatment of infections and scope of immune therapy and different vaccines available for prevention of communicable diseases.
- XIX. Apply methods of disinfection and sterilization to control and prevent hospital and community acquired infections.
- XX. Recommend laboratory investigations regarding bacteriological examination of food, water, milk and air.
- XXI. To acquire knowledge of safe handling and disposal of infectious waste.
- XXII. Acquire basic knowledge of laboratory diagnosis, treatment, control and prevention of infections.
- XXIII. Acquire basic knowledge of microbial physiology and genetics.
- XXIV. Investigation of outbreaks including collection of samples.

#### (b). Skills

The following are the skills expected to be acquired by the students at the end of course:

- IX. Operate the light compound microscope.
- X. Common laboratory techniques (as given below) for the direct demonstration of microorganisms from clinical materials and interpret their findings.
  - a. Saline and iodine wet mount preparations (stool) for the demonstration of trophozoites, Ova or cysts
  - b. Collection of blood by finger prick, preparation of smear and Giemsa/JSB staining and examination for malarial parasites and microfilaria.
  - c. Preparation of a smear and performance of Gram stain and interpretation body fluids, urine, sputum and pus specimens,
  - d. Preparation of a smear and perform Ziehl–Neelsen stain with biosafety precautions for the demonstration of acid fast bacilli from sputum.
- XI. Identification of the common microorganisms isolated from clinical specimens by colony appearance and biochemical tests genus/species level. Interpretation of the results of antimicrobial testing for the diagnosis of common infectious diseases.
- XII. Identification of some common fungi based on colony morphology and LPCB microscopy;
- XIII. Reading and interpretation of serological tests -Widal, rapid plasma Reagin, ELISA, HIV/HBV rapid tests, latex agglutination tests-rheumatoid factor and ASO.
- XIV. Blood collection through venipuncture with aseptic precautions while performing Blood culture
- XV. Collection of clinical samples :pus through syringe (aspirate) or swab; clean catch midstream urine sample; sputum with minimal contamination by saliva
- XVI. Hand hygiene and standard work precautions.

#### (c). Integration:-

Practical Knowledge of application of Microbiology in clinical practice will be acquired through integrated teaching vertically with Pre clinical and clinical subjects and horizontally with other Para-clinical subjects.

#### **Course Content**

# Based on National Medical Commission (NMC), Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018.

1. Total Teaching hours :190 hours

2. Lectures(hours): 70 hours

a. Self-directed learning (hours): - 10 hours

b. Clinical Postings (Hours):NA

c. Small group teachings/tutorials/Integrated teaching / Practical's (hours):110 hours including DOAP sessions (Gram staining, Z-N staining & Stool examination). AETCOM module: 3 modules-16 hrs

d. Pandemic module: 2 modules- 2.1 & 2.3: 10 hours

## List of Didactic Lecture schedule- Phase -II

## Part I: General Microbiology and Immunology

Sr. No	Topic	Competency No	Integration
	Section I: General Microbiology		
1	Introduction to Microbiology and historical aspects. Introduction to bacteria, viruses & Bacteriophages, fungi, parasites, host parasite relationship, normal flora.	MI1.1	Horizontal integration Pathology Vertical Integration Dermatology, Medicine, Paediatrics, Ophthalmology
2	Morphology of bacteria, microscopy, Gram staining, Z-N staining, stool examination- routine microscopy	MI1.2	Horizontal integration Pathology
3	Types of infection, source/ reservoir of infection, modes of transmission, pathogenicity, definition of prevalence, incidence, types of infectious diseases (endemic, epidemic, pandemic, sporadic)	MI1.3	Vertical Integration Community medicine
4	Methods of sterilization and disinfection, their application in the laboratory, clinical and surgical practice, demonstration of working of autoclave	MI1.4	Vertical Integration Surgery
5	Choose the most appropriate method of sterilization and disinfection to be used in specific situations in the laboratory, in clinical and surgical practice	MI1.5	Vertical Integration Surgery
6	Mechanism of drug resistance, methods of antibiotic susceptibility testing, definition of MIC, MBC, break points, Interpretation of antibiotic susceptibility test report, antimicrobial audit/use, antibiotic policy, antimicrobial stewardship.	MI1.6	Horizontal integration Pharmacology Vertical Integration Medicine

	Section II: Immunology		
7	Immunity, structure & functions of immune system	MI1.7	Horizontal integration
			Pathology
8	Antigen, antibodies, immune response and complement, antigen	MI1.8	Vertical Integration
	antibody reactions		Medicine
9	Vaccines, universal vaccination program, Immunoprophylaxis,	MI1.9	Vertical Integration
	immunotherapy		Paediatrics
	Hypersensitivity, autoimmune disorders and immunodeficiency	MI1.10	Horizontal integration
	states, laboratory methods used in their detection		Pathology
10	Immunological mechanisms of transplantation and tumor immunity	MI1.11	Horizontal integration
			Pathology
			Vertical Integration
			Surgery

# Part II:- Systemic Microbiology (Infectious Diseases)

Sr.No	Торіс	Competency No	ntegration
	Section III: Bloodstream and Cardiovascular System infections		
1	Rheumatic Heart Disease-definition, etiological agent, pathogenesis, clinical features and laboratory diagnosis. Streptococci	MI 2.1	Horizontal integration Pathology Vertical Integration Medicine
2	Infective endocarditis- classification, etiological agents, pathogenesis, clinical features and laboratory diagnosis. Streptococcus viridans, Streptococcus mutans, HACEK	MI 2.2	Horizontal integration Pathology Vertical Integration Medicine
3	Blood collection for culture, throat swab collection, blood culture, ASO test, interpretation of the test	MI 2.3	Horizontal integration Pathology
4	Anemia-definition, etiological agents, pathogenesis, clinical features and laboratory diagnosis.  Hookworm, Trichuristrichiura,	MI 2.4	Horizontal integration Pathology
5	Kala azar, malaria, filariasis and other common parasites prevalent in India - Schistosomes, Fasciolopsisbuski, Paragonimuswestermani,	MI 2.5	Horizontal integration Pathology, Pharmacology Vertical Integration Medicine, Community medicine
6	Peripheral smear staining for malaria, Identify the slide for filarial	MI 2.6	Horizontal integration Pathology, Vertical Integration Medicine
7	HIV- epidemiology, the etio- pathogenesis, evolution, complications, opportunistic infections, diagnosis, prevention and the principles of management of HIV	MI 2.7	Horizontal integration Pathology, Vertical Integration Medicine
8	Section IV: Gastrointestinal (GI) Infections  Microbial agents causing diarrhea and dysentery- epidemiology, morphology, pathogenesis, clinical features and laboratory diagnosis of Shigella, CampylobacterVibrio, salmonella, E. hystolytica, Giardia, B. coli, H. nana, Taenia, Intestinal nematodes, Norwalk virus and Rota virus, Coronavirus	MI3.1	Vertical Integration Medicine , Community medicine, Paediatrics Horizontal integration Pathology
9	Stool examination-routine microscopy, hanging drop preparation,	MI 3.2	
10	Septicemia, Enteric fever and Food poisoning Salmonella -Morphology, pathogenesis, clinical features, laboratory diagnosis.	MI 3.3	Vertical Integration Medicine
11	Blood culture, Widal test, Stool culture, Clot culture, Interpretation of the reports	MI 3.4	Vertical Integration Medicine
12	Food poisoning- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Staphylococci, Cl. botulinum, Bacillus cereus	MI 3.5	Vertical Integration Paediatrics

13	Acid peptic disease (APD)- etio-pathogenesis, clinical course laboratory diagnosis and management H. pylori	MI 3.6	Vertical Integration Medicine
14	Viral hepatitis- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Hepatitis A, B, C, D, E, Cytomegalovirus, Epstein-Barr virus, HSV, VZV, Measles, Rubella	MI 3.7	Vertical Integration Medicine, Paediatrics
15	Serological tests for the laboratory diagnosis of viral hepatitis, viral markers, interpretation of reports	MI 3.8	Vertical Integration Medicine, Paediatrics Horizontal integration Pathology
	Section V: Respiratory Tract Infections		
	Upper respiratory tract infections- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Orthomyxo virus, Paramyxo virus, Adenovirus, Rhinovirus, Diphtheria, Bordetella and Lower respiratory tract infections-etiological agents, pathogenesis, clinical features and laboratory diagnosis Streptococcus pneumonia, Mycobaterium tuberculosis	MI6.1	Vertical Integration Medicine, Paediatrics Horizontal integration Pathology
	Gram staining- Interpretation of results	MI6.2	Vertical Integration Medicine
	Z-N staining and Fluorescent staining- Interpretation of results	MI6.3	Vertical Integration Medicine, Paediatrics
	Section VI: Urogenital Tract Infections		
	Genitourinary infections- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Non-gonococcal urethritis, Trichomoniasis, . Bacterial vaginosis	MI7.1	Vertical Integration Medicine
	Sexually transmitted infections- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Syphilis, Gonorrhea, Herpes, Calymmatobacterium, HPV, Molluscumcontagiosum	MI 7.2	Vertical Integration Medicine Horizontal integration Dermatology
	Urinary tract infections- etiological agents, pathogenesis, significant bacteruria, clinical features and laboratory diagnosis. E. coli, Klebsiella, Proteus	MI7.3	Vertical Integration Medicine
	Section VII: Skin and Soft Tissue and		
	Musculoskeletal System Infections		
	Anaerobic infections- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Spore bearing and non-spore bearing anaerobes, Clostridia	MI4.1	Vertical Integration Medicine

Bone and joint infections- etio-pathogenesis, clinical features and laboratory diagnosis. Prosthetic joint	MI4.2	Vertical Integration Medicine
infections, Staphylococci, Acinetobacter  Skin and soft tissue infections- etiological agents,	MI4.3	Vertical Integration Medicine,
pathogenesis, clinical features and laboratory		Dermatology
diagnosis. Superficial, cutaneous and sub-cutaneous		Horizontal integration
fungal infections, Mycetoma, Leprosy, Herpes.		Pharmacology
Section VIII: Central Nervous System (CNS) Infections		
Meningitis- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Meningococci, Leisteria, H. influenzae, Cryptococcus neoformans	MI5.1	Vertical Integration Paediatrics
Encephalitis- etiological agents, pathogenesis, clinical features and laboratory diagnosis. Primary amoebic meningo- encephalitis, viral encephalitis, Japanese encephalitis, Rabies, Aseptic meningitis - ECHO viruses	MI5.2	Vertical Integration Medicine, Paediatrics
laboratory diagnosis of meningitis, interpretation of laboratory reports	MI5.3	
Section IX: Miscellaneous Infective Syndromes		
Zoonotic diseases- etiological agents, mode of transmission, pathogenesis, clinical features laboratory diagnosis and prevention- Yesinia, Leptospira, Anthrax and Arbo viruses, Hydatid disease	MI8.1	Vertical Integration Medicine
Opportunistic infections- etio-pathogenesis, factors contributing to the occurrence of OI, laboratory diagnosis - Toxoplasma, Pneumocystis jiroveci, Cryptospora, Isospora,	MI8.2	Vertical Integration Medicine
Oncogenic viruses in the evolution of virus associated malignancy	MI8.3	Vertical Integration Medicine Horizontal Integration Pathology
Section X: Hospital Infection Control		
Healthcare Associated Infections (HAI)- definition, types, factors that contribute to the development of HAI and the methods for prevention- Pseudomonas, MOTT, Antibiotic associated diarrhea	MI8.5	Vertical Integration Medicine
Hand hygiene, bio medical waste management, environmental hygiene, use of equipments, respiratory hygiene and cough etiquette, PEP, spill management, vaccination	MI 8.6	Vertical Integrationcommunity Medicine

Infection control practices and use of Personal Protective Equipments (PPE)	MI8.7	Vertical Integrationcommunity Medicine
Microbiology of food, water and air	MI8.8	
Methods of sample collection and transport	MI8.9	
Collection and transport of specimens	MI8.10	
Respect for patient samples sent to the laboratory	MI8.11	
for performance of laboratory tests		
Confidentiality pertaining to patient identity in laboratory results	MI8.12	
Appropriate laboratory test in the diagnosis of the infectious disease	MI8.13	Vertical Integration, Medicine, community Medicine
Confidentiality pertaining to patient identity in laboratory results	MI8.14	
Interpret the results of the laboratory tests used in diagnosis of the infectious disease	MI8.15	
National Health Programs in the prevention of common infectious diseases- Vector borne diseases control program, Revised National Tuberculosis Control Program (RNTCP) and National Tuberculosis Elimination Program (NTEP), National AIDS Control Program, National Leprosy Eradication Program, Pulse Polio Program- Poliovirus	MI8.16	Vertical Integration, community Medicine Horizontal Integration Pharmacology
Burkholderia, Mycoplasma, Borrelia,	Miscellaneous	Vertical Integration, Medicine
Actinomyses&Nocardia, Rickettsia, Bortonella,	topics - may	
Ehrlichia, Chlamydiae, Ebola virus, Slow viruses	be covered in	
	theory or SGT	
AETCOM in Microbiology		
Bioethics-Case studies on patient autonomy and decision making Topics:	MI 2.5 (6 hrs)	
- Autonomy and Decision making: At the end of phase I student shall be able to		
- Define patient autonomy		
- Know contrast autonomy and paternalism		
<ul> <li>Know responsibilities of patients and doctors in shared decision making.</li> </ul>		
- Know what is full and reasonable disclosure.		
- Difference between Autonomy and Beneficence.		
- What determines decision making capacity and		

Bioethics- case studies on patient autonomy and decision making Topics:-At the end of phase II student shall be able to know Informed consent.  Know what informed refusal.	MI 2.6 (5 hrs)	
Bioethics- case studies on patient autonomy and decision making  Topics:- Privacy and confidentiality	MI 2.7 (5 hrs)	

Sr.No	Topic	Competency No	Integration
MI-SDL-1	Antigen	MI 1.8	
MI-SDL-2	Plague /Brucella	MI 8.1	
MI-SDL-3	Viruses causing Diarrhea	MI 3.1	
MI-SDL-4	Upper Respiratory Tract Infections	MI 6.1	
MI-SDL-5	Bacillus species	MI 3.5	
MI-SDL-6	Mycobacterium leprae	MI 4.3	
MI-SDL-7	Biomedical Waste management	MI 8.6	
MI-SDL-8	Meningitis	MI 5.1	
MI-SDL-9	Structure and Function of Immune system	MI 1.7	
MI-SDL-10	Sexually Transmitted diseases	MI 7.2	

Sr. No.	Section 1: General Microbiology, Immunology and Hospital infection Control	Competency No	Teaching Learning method	Assessment Method	Number Required Certify
GENER	RAL MICROBIOLOGY	L			
1.	Introduction to Microbiology Department	MI 1.1	Small group teaching	Maintain logbook & Journal	
2.	Microscopy	MI 1.1, 1.2	DOAP	Maintain logbook & Journal	
3.	General Bacteriology				
	3.1 Morphology and Physiology of Bacteria	MI 1.1	Small group teaching	Maintain logbook & Journal	
	3.2 Specimen Collection and Transport	MI 8.10	Small group teaching	Maintain logbook & Journal	
	3.3 Direct Detection 1: Simple stain	MI 1.1,1.2	Small group teaching	Maintain logbook & Journal	
	3.4 Direct Detection 2 Gram stain	MI 1.2	DOAP	Skill assessment	05
	3.5 Direct Detection 3 : Special Stain (Acid Fast stain(Z-N staining), Albert Stain and Others ) and Other Direct Detection Methods	MI 1.1,1.2,8.15	DOAP	Skill assessment	05
	3.6 Culture Media (Including Automated Culture) and Culture Methods	MI 1.1,8.15	Small group teaching	Maintain logbook & Journal	
	3.7 Identification of Bacteria (Conventional and Autoimated)	MI 1.1,8.15	Small group teaching	Maintain logbook & Journal	
	3.8 Antimicrobial Susceptibility Tests	MI 1.6	Small group teaching	Maintain logbook & Journal	
	3.9 Molecular Diagnosis	MI 8.15	Small group teaching	Maintain logbook & Journal	
4.	Laboratory Diagnosis of Viral Diseases	MI1.1,8.10,8.	Small group teaching	Maintain logbook & Journal	
5.	Laboratory Diagnosis of Parasitic Diseases, stool examination	MI1.2,8.10,8. 15	DOAP	Skill assessment	05
6.	Laboratory Diagnosis of Fungal Diseases	MI1.1,8.10,8. 15	Small group teaching	Maintain logbook & Journal	

7.	Precipitation and Agglutination	MI 8.15	Small group teaching	Maintain logbook & Journal
8.	ELISA, ELFA and Immunofluorescence	MI 8.15	Small group teaching	Maintain logbook & Journal
9.	Western Blot, Rapid tests and CLIA	MI 8.15	Small group teaching	Maintain logbook & Journal
HOSPIT	TAL INFECTION CONTROL			
10.	Standard Precautions: Hand hygiene and PPE	MI 8.7	Small group teaching	Maintain logbook & Journal
11.	Transmission – based Precautions	MI 8.6, 8.7	Small group teaching	Maintain logbook & Journal
12.	Sterilization and Disinfection	MI 1.5	Small group teaching	Maintain logbook & Journal
13.	Biomedical Waste Management	MI 8.6	Small group teaching	Maintain logbook & Journal
14.	Needle Stick injury	MI 8.6, 8.7	Small group teaching	Maintain logbook & Journal
15.	Environmental Surveillance	MI 8.8	Small group teaching	Maintain logbook & Journal
	N 2: Systemic Microbiology (infectious Diseases)			
	stream and Cardiovascular System infections	T		
16.	Cardiovascular System Infections : Infective Endocarditis and Acute Rheumatic Fever	MI 2.3	Small group teaching	Maintain logbook & Journal
17.	Blood stream Infections	MI 2.3,8.15	Small group teaching	Maintain logbook & Journal
18.	Bacterial Infections of Blood stream : Enteric fever, Scrub typhus, Brucellosis , and Leptospitosis	MI3.4,8.10,8.	Small group teaching	Maintain logbook & Journal
19.	Viral Infections of Bloodstream: HIV/AIDS and Dengue	MI 2.7, 8.15	Small group teaching	Maintain logbook & Journal
20.	Parastitic Infections of Blood stream : Malaria, Visceral Leishmaniasis and Lymphatic Filarisis	MI 2.6	Small group teaching	Maintain logbook & Journal
21.	Fungal infections of Bloodstream: Systemic Candidiasis and Systemic Mycoses	MI 1.1, 8.15	Small group teaching	Maintain logbook & Journal

GASTR	OINTESTINAL INFECTIONS			
22.	Bacterial Diarrhea: Diarrheagenic Escherichia coli, Shigellosis, Nontyphoidal Salmonellosis, Cholera and clostridioides difficile diarrhea	MI 3.2	Small group teaching	Maintain logbook & Journal
23.	Viral Gastrogenteritis: rotaviruses and Others	MI 3.2	Small group teaching	Maintain logbook & Journal
24.	Intestinal Protozoan infections: Intestinal Amoebiasis, Glardiasis, Coccidian Parasitic Infections	MI 1.2,3.2,8.15	Small group teaching	Maintain logbook & Journal
25.	Intestinal Helminthic infections  - Intestinal Cestode infections: Intestinal Taeniasis, Hymenolepiasis and Others  - Intestinal Trematode infections: Fasciolopsisbuski, Schistosoma mansoni and Others  - Intestinal Nematode Infections: Trichufrichuriasis, Enterobiasis, Ascariasis, Hookworm infections, strongyloidiasis	MI1.2,3.2,8.1 5	Small group teaching	Maintain logbook & Journal
HEPAT	OBILLIARY SYSTEM INFECTIONS			
26.	Viral hepatitis	MI 3.8	Small group teaching	Maintain logbook & Journal
27.	Parasitic infections of Hepatobillary System: Amoebic Liver Abscess, Hydatid Disease (Echinococcosis and Others)	MI3.1,3.2	Small group teaching	Maintain logbook & Journal
SKIN S	SOFT TISSUE AND MUSCULOSKELETAL SYSTEM IN	FECTIONS		
28.	Staphylococcal infections	MI 4.2,4.3,1.2	Small group teaching	Maintain logbook & Journal
29.	Beta-hemolytic Streptococcal infections	MI 4.3,1.2	Small group teaching	Maintain logbook & Journal
30.	Miscellaneous Bacterial Infections of Skin and Soft Tissues: Anaerobic infections including Gas gangrene, Leprosy and Anthrax	MI 4.3, 1.2, 8.10,8.15	Small group teaching	Maintain logbook & Journal
31.	Viral Exanthems and Other Cutaneous Viral infections. Herpes simplex, Measles, rubella and Others	MI 4.3,8.10,8.15	Small group teaching	Maintain logbook & Journal
32.	Superficial and Subcutaneous Fungal infections	MI 4.3,8.10,8.15	Small group teaching	Maintain logbook & Journal
RESPIR	ATORY TRACT INFECTIONS			
33.	Bacterial Pharyngitis: Streptococcus pyogenes, Pharyngitis and Diphtheria	MI 6.2,8.10,8.15	Small group teaching	Maintain logbook & Journal

34.	Bacterial Pneumonia: Pneumococcal Pneumonia, Haemophilusinfluenzae Pneumonia Klebsiellapneumonlae Pneumonia and Others	MI 6.3,1.2,8.10, 8.15	Small group teaching	Maintain logbook & Journal
35.	Tuberculosis	MI 6.3,8.15	Small group teaching	Maintain logbook & Journal
36.	Pseudomonas and Acinetobacter Infections	MI 6.3	Small group teaching	Maintain logbook & Journal
37.	Viral infections of Respiratory tract: influenza, COVID-19, infectious Mononucleosis and Others	MI 6.2,6.3	Small group teaching	Maintain logbook & Journal
38.	Parasitic and Fungal Infections of Respiratory Tract: Paragonimilasis, Zygomycosis, Aspergillosis, Pneumocystosis and Others	MI 6.2,6.3	Small group teaching	Maintain logbook & Journal
	AL NERVOUS SYSTEM INFECTIONS			
39.	Bacterial Meningitis	MI 5.3,1.2,8.10, 8.15	Tutorial	Maintain logbook & Journal
40.	Viral Meningitis and Viral Encephalitis (Enteroviruses including Polio, Rabies, Japanese Encephalitis and Others)	MI1.1,5.3,8.1 5	Small group teaching	Maintain logbook & Journal
41.	Parasitic and Fungal Infections of Central Nervous System: Neurocysticercosis, Free- ;living Amoebae infections, Toxoplasmosis, Cryptococcal Meningitis and Others	MI1.1,5.1,5.3 ,8.15	Small group teaching	Maintain logbook & Journal
UROGE	ENITAL TRACT INFECTIONS			
42.	Urinary Tract infections	MI 7.3,8.10,8.15	Tutorial	Maintain logbook & Journal
43.	Infective Syndromes of Genital Tract (Sexually-transmitted infections), Syohillis, Gonorrhoea, Non-gonococcal Urethritis (Chlamydia, trachamatis), Vulvovaginitis (Trichomonlasis, Vaginal Candidiasis) and Others	MI 7.1,7.2,8.10, 8.15	Small group teaching	Maintain logbook & Journal
MISCEI	LLANEOUS			
44.	Vaccines	MI 1.9	Seminar	Maintain logbook & Journal
45.	AETCOM in Microbiology	MI 8.11, 8.14	Small group teaching	Maintain logbook & Journal

# NATURE OF THEORY EXAMINATION PAPER

First Inte	First Internal Assessment - Examination Pattern								
Section	Type of question	Number of questions	Marks to each question	Total marks					
А	MCQs	20	01	20					
В	Short Answer Questions	12 (out of 13)	05	60					
С	Structured long answer questions	2 (out of 3)	10	20					
Total	Total Marks								

Second I	Second Internal Assessment - Examination Pattern								
Section	Type of question	Number of questions	Marks to each question	Total marks					
А	MCQs	20	01	20					
В	B1. AETCOM	1 (compulsory)	05	05					
	B2. Short Answer Questions	11 (out of 12)	05	55					
С	Structured long answer questions	2 (out of 3)	10	20					
Total Marks									

Prelimin	Preliminary / University – Paper I- Examination Pattern								
Section	Type of question	Number of questions	Marks to each question	Total marks					
Α	MCQs	20	01	20					
В	B1. AETCOM	1 (compulsory)	05	05					
	B2. Short Answer Questions	11 (out of 12)	05	55					
С	Structured long answer questions	2 (out of 3)	10	20					
Total Marks									

Prelin	Preliminary / University – Paper II- Examination Pattern								
Section	Type of question	Number of questions	Marks to each	Total					
			question	marks					
Α	MCQs	20	01	20					
В	Short Answer Questions	12 (out of 13)	05	60					
С	Structured long answer questions	2 (out of 3)	10	20					
Total Marks									

# Practical first internal assessment examinations (100 marks)

	Subject Microbiology - Term -I									Grand Total
Seat No	Spots	OSPE Gram staining	Serology	Microbiology, book				Practical and Oral/Viva		
		PBS		exercise			Viva 1	Viva II		
Max. Marks	20	20	10	20	70	10	10	10	30	100

# Practical second internal assessment examinations (100 marks)

	Subject Microbiology- Term-II								
Spot	Z-N stain	Stool- Routine Microscopy	Clinical Microbiolog	Total	Journal/Log book	Viva	Viva		Practical and Oral/Viva
			y, Applied exercise			Viva I	Viva II		
20	15	15	20	70	10	10	10	30	100

# Practical Preliminary/University examinations (100 marks)

	Subject Microbiology												
	Practical									(	Oral/Viva		Grand Total
	Spots	Gram/Z- N Staining	Stool- Routin e Micros copy	Hospi tal Infect ion Contr ol	Serolog y	Clinical Microbiolo Applied ex Sample collectio n and transpor t	•	Total of Practi cal	Viva I	Viva II	Journal /Log book	Total of Viva	Practic al and Oral (G+K)
	Α	В	С	D	Е		F	G	Н	I	J	K	L
Max. Marks	10	10	10	10	100	10	10	70	10	10	10	30	100

#### **Term wise Topic Distribution**

#### **First Internal Assessment Examination Syllabus**

General Microbiology -Historical aspect, Microscopy, Sterilization, Infection, Diagnostic Microbiology General Bacteriology - Morphology and Physiology of Bacteria, **Bacterial Genetics** 

Vaccines

Blood and CVS infection: Part-I

organisms causing anemia, HIV, Streptococci (Rheumatic Infective Endocarditis (Blood culture), Toxoplasma, Schistosoma, Filarasis, Enteric Fever, Plague/Brucella General Mycology - Introduction to Mycology and general laboratory diagnosis of fungi.

Immunology – Immunity, structure and function of immune system., complement, Antigen, Antibody, Autoimmunity and Immunodeficiency, Antibody Mediated Immunity, Cell Mediated Immunity, Hypersensitivity, Transplant immunity, serological reactions.

General Virology – General Properties of Viruses, Lab diagnosis of viruses.

General Parasitology- Introduction to Parasitology and general laboratory diagnosis of Parasitology

#### Second Internal Assessment examination syllabus

Gastrointestinal infections-E.coli, V. Cholera, Food poisoning, Yersinia, H.pylori, Compylobacter, Hepatitis Viruses causing diarrhoea, cestodes, Trematodes, Intestinal nematodes,

**Respiratory Tract Infection**:-*C.diphtheriae*, *Myxo* virus, SARS, Corona, Rhino Viruses, M.tuberculosis, streptococcus Pneumoniae, Atypical mycobacteria ,Chlamydia, Mycoplasma.

Antibiotic stewardship. AETCOM

Viruses causing hemorrhagic fever,

Blood &CVS:- Leptospira, Borrelia, Arboviruses, Zika Viruses, Rickettsia, PUO.

Miscellaneous bacteria and Viruses

Genito-urinary system- Syphilis, Uropathogenic, E.coli, LGV, Gardionella, Ureaplasma, Candida, Trichomonas, Niesseriagonorrhoea

National health Programs

General Microbiology	Infections of bloodstream and
2. Immunology	cardiovascular system,
3. AETCOM	2. Infections of gastrointestinal tract
	<ol><li>Infections of Hepatobiliary system</li></ol>
Paper-II	
Infections of skin, soft tissue and	<ol> <li>Infections of central nervous system</li> </ol>
musculoskeletal system	<ol><li>Infections of genitourinary</li></ol>
2. Infections of Respiratory system	<ol><li>Sexually transmitted infections</li></ol>
3. Hospital infection control	4. Miscellaneous infective syndrome

Note: - attempt should be made to maintain appropriate proportion of questions from

## **PAPER-I**

- 1. General Microbiology- 30 Marks
- 2. Immunology 20 Marks
- 3. CVS & Bloodstream infections 23 marks,
- 4. Gastrointestinal tract infections 25 Marks
- 5. Hepatobiliary system infections- 12 Marks
- 6. AETCOM- 5 marks

Total- 115 Marks

## Paper-II

Skin & Soft tissue infections - 24 Marks
 Respiratory infections - 29 Marks
 Central Nervous System Infections -24 Marks
 Genitourinary Tract Infections - 19 Marks
 Hospital Infection Control - 12 Marks
 Miscellaneous syndromes - 7 Marks

Total 115 Marks

#### **INTERNAL ASSESSMENT**

Phase	I-Exa	am (June)		II-E>	(am (September)		Prelim (Decer	nber)	
	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 I-100 Paper II -100	100	300

## **Eligibility criteria:**

- a. 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.
- b. It is mandatory for the students to appear for all the internal assessment examinations.
- c. First internal assessment examination will be held in June, second internal assessment examination will be held in September and third internal assessment examination will be held in December.
- d. A student who has not scored minimum required number of marks for Internal Assessment each in theory and practical will not be eligible for University examination.
- e. 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.
- f. Internal assessment marks for theory will be out of 400 and practical will be out of 300.
- g. 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.

## Passing criteria:

- a. Complete passing in phase I examination is compulsory before proceeding to phase II.
- b. A student who fails in the second year course examination should not be allowed to appear for III phase examination unless he /she passes all the subjects of second year course.
- c. The students must secure at least 50 % marks of total marks (combined theory & practical /clinical) and not less than 40 % marks in theory and practical separately assigned for particular internal assessment.
- d. Additional Internal assessment examination for non-eligible students (less than 50 % combined in theory and practical or 40% separately) will be conducted after prelims and before submission of internal assessment marks.
- e. Student who will not be eligible after additional internal examination will appear with next regular batch as repeater student.

#### **Supplementary examination**

Supplementary examination should be conducted within 4-6 weeks after University result.

1. 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)		Eligibility to appear for final University examination (after conversion out of 40) (40% separately in Theory & Practical, 50% Combined)		
Theory	100	100	200	400	Total (Divide	marks by10)	obtained	16 (Minimum)	Total of Theory + Practical Must be 40.	
Practical	100	100	100	300	Total (Divide	marks by 7.5)	obtained	16 (Minimum)		

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

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

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

#### **Learning Resource Material Books in Microbiology**

#### **Textbooks recommended:**

- 1. Essentials of practical Microbiology as per the competency based Medical Education Curriculum (CBME), Apurba Sastry and Sandhya Bhat;3rd Edition Publisher, Jaypee Brothers Medical Publishers (P) Ltd.
- 2. Textbook of Microbiology as per the CBME curriculum R. Ananthanarayan C.K. Jayaram Panikar, 13<sup>th</sup> Edition, Universities press (India) Private limited, Telangana, India
- 3. Complete Microbiology for MBBS as per the Revised competency based Medical Education Curriculum (CBME) including clinical Case presentations and MCQs, - CP Baveja and V Baveja; 7th Edition, Avichal Publishing Company, HP, India.
- 4. Essentials of Medical Microbiology- Apurba Shashtry and Sandhya Bhat; 2nd Edition Publisher, Jaypee Brothers Medical Publishers (P) Ltd
- 5. Textbook of Microbiology as per the CBME curriculum R. Ananthanarayan C.K. Jayaram Panikar, 10<sup>th</sup> Edition, Universities press (India) Private limited, Telangana, India
- 6. Parasitology 13th Edition 2009 By KD Chatterjee,
- 7. Practical And Applied Microbiology-Anuradha De-5Th Edition-2019, The National Book depot, Mumbai.

#### Reference Books:

- 1. Medical Mycology (Emmons) Kwon Chung
- 2. Essentials of Microbiology and Immunology through questions and answers SK Mohanty, K Sai Leela, 1<sup>st</sup> edition, Paras Book Publisher
- 3. Prescott's Microbiology, Joanne Willey and Linda Sherwood and Christopher J. Woolverton 10th Edition Publisher
- 4. Essentials of Hospital Infection Control Apruba S Sastry and Depashree R, Jaypee Brothers Medical Publishers (P) Ltd
- 5. Competency based Practical Manual for Microbiology as per competency based Medical Education Curriculum (CBME) Upasana Bhumbla, Jaypee Brothers Medical Publishers (P) Ltd



