

# Pharmacology and Pharmacotherapeutics

#### 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 -

- Describe the pharmacokinetics and pharmacodynamics of essential and commonly used drugs
- ii. List the indications, contraindications, interactions and adverse reactions of commonly used drugs
- iii. 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
- iv. Describe the pharmacokinetic basis, clinical presentation, diagnosis and management of common poisonings
- v. Integrate the list the drugs of addiction and recommend the management
- vi. Classify environmentaland occupational pollutants and state the management issues
- vii. Explain pharmacological basis of prescribing drugs in special medical situations such as pregnancy, lactation, infancy and old age
- viii. Explain the concept of rational drug therapy in clinical pharmacology
- ix. State the principles underlying the concept of 'Essential Drugs'
- x. 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 -

- i. prescribe drugs for common ailments
- ii. identify adverse reactions and interactions of commonly used drugs
- iii. interpret the data of experiments designed for the study of effects of drugs and bioassays which are observed during the study
- iv. scan information on common pharmaceutical preparations and critically evaluate drug formulations
- v. be well-conversant with the principles of pharmacy and dispense the medications giving proper instructions



## (c) 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 subjects.

## 3. Total duration of para-clinical teaching

3 Semesters (III,IV,V) Total 360 teaching days

(N=1)

Total number of teaching hours allotted to Pharmacology

300 hours

## 4. Syllabus

## A) Learning methods

Lectures, tutorials, Practicals
Distribution of teaching hours

## i) Theory

| •    | Lectures                                    |       | 109 + 5  |
|------|---|-------|----------|
| •    | Tutorials                                   |       | 17 + 5   |
|      |   | Total | 126 + 10 |
| ii)  | Practicals                                  |       | 120 + 5  |
| iii) | Revision & Evaluation (Internal Assessment) |       | 60       |

## B) Sequential organisation of contents & their division

a) INTRODUCTION: Pharmacology - a foundation to clinical practice

Development of the branch of pharmacology; Scope of the subject; role of drugs as one of the modalities to treat diseases,

Definition of drug;

Nature and sources of drugs;

Subdivisions of pharmacology

Rational pharmacotherapy



| b) GENERAL PHARMACOLOGY:  | (N=7 ± 2)  |
|---|--|
| Pharmacokinetics: Absorption, Distribution, Biotransformation, Elimination  |  |
| Pharmacodynamics: Principles of Drug Action, Mechanisms of drug action  | (n=3)  |
| Receptors (Nature, Types, Theories, Principles, Regulation)   | (n=1)  |
| Application to pharmacotherapeutics: Relevance of Pharmacokinetics and dynamics and dynamics of Pharmacokinetics and dynamics are provided by the pharmacokinetics. |  |
| in clinical practice, Sequale of repeated administration of drug  | (n=2)  |
| Adverse Drug Reactions  | (n=1)  |
| New Drug delivery system, New Drug development (Bioassay & animal studies a   | re   |
| minimized as part of NDD)   |  |
|   |  |
| c) AUTONOMIC PHARMACOLOGY:  | $(N = 8 \pm 2)$                                    |
| General Considerations  | (n=1)  |
| Adrenergic agonists   | (n=1)  |
| Adrenergic antagonists I: 2-blockers  | (n=1)  |
| Adrenergic antagonists II:   2-blockers   | (n=1)  |
| Cholinergic agonists  | (n=1)  |
| Anticholinesterases   | (n=1)  |
| Antimuscarinic drugs  | (n=1)  |
| Skeletal muscle relaxants   | (n=1)  |
| d) CARDIOVASCULAR SYSEM INCLUDING DRUGS AFFECTING COAGULATION and those acti  | ng on kidneys:                                     |
|   | $(N=14 \pm 2)$                                     |
| General Considerations and Overview of antihypertensive therapy;  |  |
| Diuretics   | (n=2)  |
|   |  |
| Angiotensin Converting Enzyme (ACE) inhibitors  | (n=1)  |
| Angiotensin Converting Enzyme (ACE) inhibitors Sympatholytics & vasodilators  | (n=1)<br>(n=1)                                     |
| Sympatholytics & vasodilators   |  |
| Sympatholytics & vasodilators  Management of hypertension   | (n=1)  |
| Sympatholytics & vasodilators  Management of hypertension  Antianginal: Nitrates & others   | (n=1)  |
| Sympatholytics & vasodilators  Management of hypertension  Antianginal: Nitrates & others  Calcium channel blockers   | (n=1)  |
| Sympatholytics & vasodilators  Management of hypertension Antianginal: Nitrates & others Calcium channel blockers Pharmacotherapy of chest pain   | (n=1)  |
| Sympatholytics & vasodilators  Management of hypertension Antianginal: Nitrates & others Calcium channel blockers Pharmacotherapy of chest pain Anticoagulants & Coagulants   | (n=1)<br>(n=1)<br>(n=1)                            |
| Sympatholytics & vasodilators  Management of hypertension Antianginal: Nitrates & others Calcium channel blockers Pharmacotherapy of chest pain   | (n=1)  |
| Sympatholytics & vasodilators  Management of hypertension Antianginal: Nitrates & others Calcium channel blockers Pharmacotherapy of chest pain Anticoagulants & Coagulants   | (n=1)<br>(n=1)<br>(n=1)                            |
| Sympatholytics & vasodilators  Management of hypertension Antianginal: Nitrates & others Calcium channel blockers Pharmacotherapy of chest pain Anticoagulants & Coagulants Thrombolytics & Antiplatelet Agents   | (n=1)<br>(n=1)<br>(n=1)                            |
| Sympatholytics & vasodilators  Management of hypertension Antianginal: Nitrates & others Calcium channel blockers Pharmacotherapy of chest pain Anticoagulants & Coagulants Thrombolytics & Antiplatelet Agents  Drugs for CCF: Digitalis glycosides, Others agents   | (n=1)<br>(n=1)<br>(n=1)                            |
| Sympatholytics & vasodilators  Management of hypertension Antianginal: Nitrates & others Calcium channel blockers Pharmacotherapy of chest pain Anticoagulants & Coagulants Thrombolytics & Antiplatelet Agents  Drugs for CCF: Digitalis glycosides, Others agents Management of CCF Antiarrhythmic Agents Agents used for the management of shock   | (n=1)<br>(n=1)<br>(n=2)<br>(n=2)<br>(n=1)<br>(n=1) |
| Sympatholytics & vasodilators  Management of hypertension Antianginal: Nitrates & others Calcium channel blockers Pharmacotherapy of chest pain Anticoagulants & Coagulants Thrombolytics & Antiplatelet Agents  Drugs for CCF: Digitalis glycosides, Others agents Management of CCF Antiarrhythmic Agents   | (n=1)<br>(n=1)<br>(n=2)<br>(n=2)<br>(n=1)          |



| e) HAEMATINICS AND HAEMATOPOIETIC FACTORS:                                  | (N=1)              |
|---|--------------------|
| Agents used in therapy of iron deficiency anaemia and megaloblas            | tic anaemia;       |
| Erythropoietin,   |                    |
| GM-CSF  | (n=1)              |
| Management of anaemia   |                    |
| f) NEUROPSYCHIATRIC PHARMACOLOGY INCLUDING INFLAMMATON, PAIN & SUBSTANCE AS | BUSE (N=15 ±       |
| 2)  |                    |
| General Considerations  | (n=1)              |
| Sedative-Hypnotics  | (n=2)              |
| Psychopharmacology: Antianxiety; Antipsychotics; Antidepressants            | (n=3)              |
| Antiepileptics  | (n=2)              |
| Therapy of neurodegenerative disorders:                                     |                    |
| Anti-Parkinsonian agents; cerebral vasodilators/nootropics                  | (n=1)              |
| Local anaesthetics  | (n=1)              |
| Analgesics: Opioids; NSAIDs   | (n=3)              |
| Pharmacotherapy of pain including migraine                                  |                    |
| Pharmacotherapy of rheumatoid arthritis and gout                            |                    |
| Substance abuse: Management of opioid, alcohol and tobacco addictions       | (n=1)              |
| -) MUSCELL ANIFOLIS TORICS . I.   | (N. C. L.2)        |
| g) MISCELLANEOUS TOPICS - I: Autocoids (to be covered before pain lectures) | (N=6 ± 2)<br>(n=1) |
| Antiallergics: Antihistaminics  | (n=1)              |
| Drugs used for bronchial asthma   | (n=1)              |
| Drago ascaror pronenta astimia  | ()                 |
| Pharmacotherapy of cough  |                    |
| Drugs acting on immune system:  |                    |
| Immunostimulants, immunosuppressants; pharmacology of vaccines & sera       | (n=1)              |
| Drugs acting on the uterus  | (n=1)              |
| Pharmacovigilance and ADR-form filling & Monitoring                         | (n=1)              |
| h) CHEMOTHERAPY INCLUDING CANCER CHEMOTHERAPY:                              | (N=22 ± 2)         |
| General considerations  | (n=1)              |
| Antimicrobial agents:   | (n=7)              |
| Sulphonamides & Cotrimoxazole   |                    |
| Quinoline derivatives   |                    |

Penicillins, Cephalosporins & Other 2 Lactams



- Aminoglycosides
- Macrolides
- Tetracyclines & Chloramphenicol

| Pharmacotherapy | of UTI |
|-----------------|--------|
|-----------------|--------|

| General principles of Antimicrobial use   | (n=1)  |
|---|--|
| Antimycobacterial therapy: Anti-Kochs agents; Anti-leprotic agents  | (n=3)  |
| Pharmacotherapy of tuberculosis   |  |
| Antiprotozoal agents:   |  |
| Antiamoebic, Antimalarials and Anti Kala azar   | (n=3)  |
| Pharmacotherapy of malaria  |  |
| Antihelminthics   | (n=1)  |
| (against intestinal Nematodes and Cestodes; extra intestinal Nematode   | s and Trematodes)                                  |
| Antifungal agents   | (n=1)  |
| Antiviral agents including antiretroviral agents  | (n=2)  |
| Pharmacotherapy of STDs   | (n=1)  |
|   | ,  |
| Principles of cancer chemotherapy and their adverse drug reactions  | (n=1)  |
| (Individual agents and regimes need not be taught)  |  |
| i) ENDOCRINOLOGY:   | (N=12 ± 2)   |
|   |  |
| Introduction to endocrinology   |  |
| Introduction to endocrinology (Including Hypothalamic and Anterior Pituitary hormones)  | (n=1)  |
|   | (n=1)<br>(n=2)                                     |
| (Including Hypothalamic and Anterior Pituitary hormones)  | , ,  |
| (Including Hypothalamic and Anterior Pituitary hormones) Steroids   | , ,  |
| (Including Hypothalamic and Anterior Pituitary hormones) Steroids Glucocorticoids: Use and Misuse   | (n=2)  |
| (Including Hypothalamic and Anterior Pituitary hormones) Steroids Glucocorticoids: Use and Misuse Oestrogens & antagonists  | (n=2)<br>(n=1)                                     |
| (Including Hypothalamic and Anterior Pituitary hormones) Steroids Glucocorticoids: Use and Misuse Oestrogens & antagonists Progestins & antagonists   | (n=2)<br>(n=1)<br>(n=1)                            |
| (Including Hypothalamic and Anterior Pituitary hormones) Steroids Glucocorticoids: Use and Misuse Oestrogens & antagonists Progestins & antagonists Oral contraceptives & profertility agents   | (n=2)<br>(n=1)<br>(n=1)<br>(n=1)                   |
| (Including Hypothalamic and Anterior Pituitary hormones) Steroids Glucocorticoids: Use and Misuse Oestrogens & antagonists Progestins & antagonists Oral contraceptives & profertility agents Testosterone & anabolic steroids  | (n=2)<br>(n=1)<br>(n=1)<br>(n=1)                   |
| (Including Hypothalamic and Anterior Pituitary hormones) Steroids Glucocorticoids: Use and Misuse Oestrogens & antagonists Progestins & antagonists Oral contraceptives & profertility agents Testosterone & anabolic steroids Fertility control  | (n=2)<br>(n=1)<br>(n=1)<br>(n=1)<br>(n=1)          |
| (Including Hypothalamic and Anterior Pituitary hormones) Steroids Glucocorticoids: Use and Misuse Oestrogens & antagonists Progestins & antagonists Oral contraceptives & profertility agents Testosterone & anabolic steroids Fertility control Thyroxine and antithyroid agents   | (n=2)<br>(n=1)<br>(n=1)<br>(n=1)<br>(n=2)          |
| (Including Hypothalamic and Anterior Pituitary hormones) Steroids Glucocorticoids: Use and Misuse Oestrogens & antagonists Progestins & antagonists Oral contraceptives & profertility agents Testosterone & anabolic steroids Fertility control Thyroxine and antithyroid agents Agents affecting calcification Antidiabetic agents: Insulin; Oral antidiabetic drugs  | (n=2)<br>(n=1)<br>(n=1)<br>(n=1)<br>(n=2)<br>(n=1) |
| (Including Hypothalamic and Anterior Pituitary hormones) Steroids Glucocorticoids: Use and Misuse Oestrogens & antagonists Progestins & antagonists Oral contraceptives & profertility agents Testosterone & anabolic steroids Fertility control Thyroxine and antithyroid agents Agents affecting calcification Antidiabetic agents: Insulin; Oral antidiabetic drugs  Pharmacotherapy of Diabetes Mellitus  | (n=2)  (n=1) (n=1) (n=1) (n=2) (n=1) (n=2)         |
| (Including Hypothalamic and Anterior Pituitary hormones)  Steroids  Glucocorticoids: Use and Misuse  Oestrogens & antagonists  Progestins & antagonists  Oral contraceptives & profertility agents  Testosterone & anabolic steroids  Fertility control  Thyroxine and antithyroid agents  Agents affecting calcification  Antidiabetic agents: Insulin; Oral antidiabetic drugs  Pharmacotherapy of Diabetes Mellitus  j) AGENTS USED IN GASTROINTESTINAL DISORDERS: | (n=2)  (n=1) (n=1) (n=1) (n=2) (n=2) (n=2)         |
| (Including Hypothalamic and Anterior Pituitary hormones) Steroids Glucocorticoids: Use and Misuse Oestrogens & antagonists Progestins & antagonists Oral contraceptives & profertility agents Testosterone & anabolic steroids Fertility control Thyroxine and antithyroid agents Agents affecting calcification Antidiabetic agents: Insulin; Oral antidiabetic drugs  Pharmacotherapy of Diabetes Mellitus  | (n=2)  (n=1) (n=1) (n=1) (n=2) (n=1) (n=2)         |



## Management of dyspepsia

Management of diarrhoea and constipation

## k) PERIOPERATIVE Management: to be covered as a case study

Preanaesthetic medication

Preparation of surgical site: antiseptics etc.

**Local Anaesthetics** 

Skeletal muscle relaxants

Drugs used in post-operative period: analgesics, antiemetics etc.

| I) MISCELLANEOUS TOPICS – II  | (N=5-7) |
|---|---------|
| Drug-Drug Interactions  | (n=1)   |
| Drug use at extremes of age, in pregnancy & in organ dysfunction                | (n=2)   |
| Use of chelating agents in heavy metal poisonings; Environmental & occupational | ıl      |
| toxicants and principles of management (particularly cyanide and CO)            | (n=1)   |
| Ocular pharmacology   | (n=1)   |
| Dermatopharmacology   | (n=1)   |

#### Pharmacotherapy of glaucoma and conjunctivitis

#### m) RATIONAL PHARMACOTHERAPY:

(N=4)

Prescription writing and P-drug concept

Rational Drug Use; Essential Drug List (EDL)

Criticism with reference to Fixed Drug Combinations (FDCs)

Use and misuse of commonly used preparations: vitamins, antioxidants, enzymes etc.

#### C) Term-wise distribution

## III term

Section B

General Pharmacology including drug interactions

Drugs used in pregnancy, at extremes of age & in organ dysfunction

Gastro intestinal system

#### Section C

Autonomic nervous system and skeletal muscle relaxants

Glaucoma

Respiratory System with Histaminics, Antihistaminics



## IV term

Section B

Blood

Diuretics &

Cardiovascular system

#### Section C

Central nervous system

Parkinsonism, Autocoids,

Endocrinology 1-Pituitary, Thyroid, Diabetes

## V term

Endocrinology and Chemotherapy with miscellaneous would be taught during V term but examination will be preliminary as per university examination pattern.

## D) Practicals: Total hours, number & contents

Total hours: 120 Number: 18

## Contents:

I term practicals (N=7)

Introduction to Practical Pharmacology, Prescription Writing, Pharmacokinetics I, Routes of Administration: Oral, Routes of Administration: Topical, Routes of Administration: Parenteral, Pharmacokinetics II: Applied Pharmacokinetics

II term practicals (N=7)

Pharmacodynamics I (Isolated Tissue, Cat NM junction), Pharmacodynamics II (Dog: BP and Respiration), Screening Techniques for New Drugs, Adverse Drug Reactions, Rational Pharmacotherapy I, Rational Pharmacotherapy II, Sources of Drug Information including scrutiny of Promotional Literature

V term practicals (N=4)

Case Study 1, Case Study 2 Revision Practicals (n=2)



#### e. Books 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
- 5. Pharmacology Book by H. L. Sharma

#### 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.

#### 5. Evaluation

#### a. Methods

Theory, Practical & viva

## b. Pattern of Theory Examination including Distribution of Marks, Questions & Time

Nature of Question Paper

- i) Total duration -6 hrs (each paper of 3 hrs or 180 minutes)
- ii) Each paper of 3 sections
- iii) Pattern and marking for each paper of 60 marks

| Sections | Nature of Questions              | Total No. of<br>Questions | Mark (s) per<br>Question | Total<br>Marks |
|----------|----------------------------------|---------------------------|--------------------------|----------------|
| A)       | Multiple Choice Questions (MCQs) | 10                        | 1                        | 10             |
| D)       | Short Note B1                    | 3 out of 4                | 5                        | 15             |
| B)       | LAQ B2                           | 1 out of 2                | 10                       | 10             |
| C)       | Short Note B1                    | 3 out of 4                | 5                        | 15             |
| C)       | LAQ B2                           | 1 out of 2                | 10                       | 10             |
| Total    |                                  |                           |                          |                |

#### c. Topic distribution

#### **PHARMACOLOGY-PAPER I**

## **Section B-**

General Pharmacology including drug -drug interactions and New Drug Delivery systems and new drug development



Drug use at extremes of age, in pregnancy & in organ dysfunction;

Pharmacovigilance;

Autonomic Nervous System and skeletal muscle relaxants;

#### Section C-

Glaucoma and Ocular pharmacology

**Haematinics Agents** 

Cardiovascular System including drugs affecting Coagulation and those acting on the Kidneys;

Gastro-Intestinal Disorders;

#### **PHARMACOLOGY- PAPER II**

#### **Section B-**

Neuro-Psychiatric Pharmacology including Antiinflammatory-Analgesics and Addiction & its management; Pharmacology in Surgery (particularly perioperative management);

Allergy - Histaminics & Antihistaminics including anti-vertigo; Anti Asthmatics;

Anti-tussive agents

Diagnostic & Chelating agents

Vitamins

#### **Section C-**

Chemotherapy including Cancer Chemotherapy;

Endocrinology including Drug Acting on uterus

Dermatology;

Immunomodulators Gene Therapy

Vaccines & sera;

Environmental & Occupational Pollutants;

## d. Nature of practicals and duration

| Practical Heads                                  | Marks 40 |
|--|----------|
| 1. Prescription writing                          | 8 Marks  |
| Long   | (5)      |
| Short  | (3)      |
| 2. Criticism                                     | 12 Marks |
| Prescription & rewriting                         | (6)      |
| Fixed dose formulation                           | (6)      |
| 3. Clinical Pharmacy                             | 10 Marks |
| dosage forms, label information and instructions | (5)      |
| routes of administration in the form of OSPE     | (5)      |



4. Spots 10 Marks

 Experimental Pharmacology – Graphs, Models for evaluation, Identification of a drug, Interpretation of data (2 Spots)

- Human Pharmacodynamics Drug Identification urine analysis, eye chart, Subjective / objective effects of a drug (2 Spots)
- Therapeutic problems based on pharmaceutical factors Outdated tablet,
   Bioavailability, Dosage form, Ethics and Sources of drug information (2 Spots)
- Recognition of ADRs & interaction of commonly used drugs (2 Spots)
- Recent advances and rational pharmacotherapy. (2 Spots)

From <u>each</u> of the five groups (a, b, c, d, e), <u>two spot</u> should be kept to answer the number of questions based on respective spot. <u>Each</u> spot to carry <u>1 mark</u> amounting to a total of <u>10 marks</u> for spotting.

#### Time distribution:

For prescription and criticism, the time given will be ½ hour.

For clinical pharmacy practical viva will be taken on pre-formed preparations and/or marketed formulations. The students may be asked to write labels and instructions to be given to the patients or demonstrate how specific dosage forms are administered and state the precautions to be taken/ explained to the patients while using them. The time for this will be 5 min.

For spots 20 min will be given (2 min per spot).

Thus the total time for the practical examination will be approximately 2 hour.

## e. Viva: duration and topic distribution

Viva 20 marks Duration 10 mins

Four examiners 5 mins with each candidate

Two examiners for topics of paper I - systems to be distributed Two examiners for topics of paper II - systems to be distributed

At each table marks will be given out of 10.

- 20 marks of viva to be added in theory marks in university exams.

## f. Plan for internal assessment

The time-table for internal assessment will be as follows:

III term

1<sup>st</sup> midterm: After 60 teaching days in the form of viva-voice

1<sup>st</sup> term ending: After 120 teaching days (Theory and Practicals)



#### IV term

2<sup>nd</sup> midterm: After 60 days of 2<sup>nd</sup> term in the form of viva-voice

2<sup>nd</sup> term ending: At the end of 2<sup>nd</sup> term (Theory and Practicals)

For each mid-term examination total marks will be 50.

#### **Term Ending**

The term ending examination will be of 50 marks theory consisting of one paper with duration of 2 hours.

This will be followed by practical of 40 marks (total time 1½ hours).

Term Ending Theory Paper - III & IV term

| Sections | Nature of Questions              | Total No. of<br>Questions | Mark (s) per<br>Question | Total<br>Marks |
|----------|----------------------------------|---------------------------|--------------------------|----------------|
| A)       | Multiple Choice Questions (MCQs) | 10                        | 1                        | 10             |
| B)       | Short Note B1                    | 2 out of 3                | 5                        | 10             |
|          | LAQ B2                           | 1 out of 2                | 10                       | 10             |
| C)       | Short Note B1                    | 2 out of 3                | 5                        | 10             |
| C)       | LAQ B2                           | 1 out of 2                | 10                       | 10             |
| Total    |                                  |                           |                          |                |

## **Term Ending Practical**

| Sections | Question      | Marks | Total    |
|----------|---------------|-------|----------|
| Α        | Table-Work    | 3+2   | 5        |
| В        | Spots         | 5     | 5        |
| С        | Pharmacy Tray | 5     | 5        |
| D        | OSPE          | 5     | 5        |
| Е        | Viva-I        | 10    | 10       |
| F        | Viva-II       | 10    | 10       |
|          | Total         |       | 40 Marks |

#### V term

Prelims examination on the basis of University pattern -Theory, Practicals and Viva (Minimum 4 weeks gap mandatory between Preliminary and University examinations)

Preliminary Examination would be of 120 marks theory consisting of two paper 60 marks each with duration of 3 hours and Practical of 60 marks. The pattern would be similar to University Examination Pattern.

#### **Internal Assessment**

Internal Assessment would be of 20 Marks.

50% would be passing - 10 and

35% would be for eligibility to appear in University Exam-7

Distribution of Marks has been divided as follows-



- a. Theory Marks total 220 marks (50+50+120) will be reduced to out of 10
- b. Practical Marks- total 140 marks (40+40+60) will be reduced to out of 7
- c. Departmental performance during the whole IInd MBBS will be assessed for 3 marks of Internal Assessment. Headings in which it would be done are following
  - i) Seminar
  - ii) Attendance
  - iii) Internal Exams and Tests
  - iv) Journal
  - v) Over all behaviour, attitude and punctuality throughout IInd MBBS.

## Standard of Passing (Theory/Practical/Internal Assessment)

The student must secure 50% marks in Internal Assessment also. However, even if the student secures minimum 35% marks, he/she will be allowed to appear for University Examination subject to compensating 15% marks more than minimum 50% in the concerned subject.

In University Exam the division of marks would be as follows-

| Subject Name        | Maximum Marks | Minimum Marks |  |  |
|---------------------|---------------|---------------|--|--|
| Pharmacology        |               |               |  |  |
| Theory              | 120           |               |  |  |
| Oral Viva           | 20            |               |  |  |
| Theory + Oral viva  | 140           | 70            |  |  |
| Int-Theory          | 10            |               |  |  |
| Int-Practical       | 10            |               |  |  |
| Internal Assessment | 20            | 7/20          |  |  |
| Practical Exam      | 40            | 20            |  |  |



## **Curricula for II M.B.B.S. (Subject-wise)**

- Phase II- (3 semesters consisting of Para-Clinical/Clinical subjects. During this phase teaching of Para-Clinical & Clinical subjects shall be done concurrently. The Para-Clinical subjects shall consist of Pathology, Pharmacology, Microbiology, Forensic Medicine including Toxicology and Part of Community Medicine.)
- Out of the time for Para-Clinical teaching approximately equal time be allotted to Pathology, Pharmacology, Microbiology, Forensic Medicine and Community Medicine combined (1/3 Forensic Medicine & 3/4 Community Medicine)

# **Pathology**

#### 1. 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 and half years, the student shall be able to -

- 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 Pathophysiology 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.



## (b) Skills

At the end of one and half years, the student shall be able to -

- i. Describe the rationale and principles of technical procedures of diagnostic laboratory tests.
- ii. Interpret diagnostic laboratory tests and correlate with clinical and morphological 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.

## (c) Integration

At the end of one and half years, 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

3 Semesters (III, IV and V) Minimum 315 working days.

Total number of teaching hours allotted to the discipline 300 hrs
Distribution of teaching hours

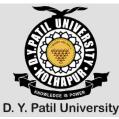
| A) | Theory (lectures &               | 101 |
|----|----------------------------------|-----|
|    | tutorials)                       | 58  |
|    | Total                            | 159 |
| B) | Practicals                       | 110 |
| C) | Revision & Evaluation (Internal) | 31  |

## 4. Syllabus

#### I. Learning methods

Distribution of teaching hours

| DIVISIONS             | A) LECTURES(n) | B) TUTORIALS (n) | C) PRACTICALS (n) |
|-----------------------|----------------|------------------|-------------------|
| DIVISIONS             | (1 hr)         | (2 hrs)          | (2 ½ hrs)         |
| 1. General Pathology  | 35             | 07               | 12                |
| 2. Haematology        | 15             | 04               | 07                |
| 3. Systemic Pathology | 47             | 13               | 18                |
| 4. Clinical Pathology | 03             | 04               | 05                |
| 5. Autopsy            | 01             | 01               | 02                |
| TOTAL                 | 101            | 29x2             | 44x2.5            |



## II. Sequential organization of course contents

The Broad area of study shall be:-

- General Pathology (including general neoplasia)
- Systemic Pathology (including systemic neoplasia)
- ➤ Haematology/ Blood Transfusion
- Clinical Pathology

## A) GENERAL PATHOLOGY: (n=35)

1. Definitions and causes of diseases:-

Must know: - Able to recall common definitions in Pathology and causes of cell injury.

2. Modes of cell injury:-

Must know: - Able to appreciate mechanisms of cell injury & relate them to the morphological changes.

3. Necrosis & gangrene:-

Must know: - Able to recognize types of necrosis and gangrene at gross and microscopic levels.

Must know: - Apoptosis and its relevance.

4. Intracellular accumulations and alterations:-

Must know:- Able to list the types of intracellular accumulations & alterations in reversible cell injury along with alterations in cell organelles and cytoskeleton.

5. Cellular Adaptations/ Growth disturbances:-

Must know:- Define the various growth disturbances and appreciate the clinical significance of each.

6. Acute inflammation:-

Must know: - Define and describe changes occurring in acute inflammation and integrate the changes with morphological patterns of injury.

7. Chemical mediators of Inflammation:-

Must know:- Definition, Classification, description of each type, role of acute chronic inflammation.

8. Chronic inflammation (including granulomatous):-

Must know:- differentiate it from acute inflammation, describe aetiology, patterns and systemic effects of granulomas.

9. Regeneration and repair (general):-

Must know:- Define & describe regeneration and repair and understand the mechanisms and list factors modifying repair.



## 10. Repair in specialized tissues:-

Must know:- Describe repair in fractures and parenchymal organs and list modifying factors and complications.

#### 11. Oedema: -

Must know: - Define oedema, classify and describe pathogenesis & correlate morphology with clinical significance with emphasis on transudate and exudate.

#### 12. Shock: -

Must know: - Define, classify and understand pathogenesis, recognize the of mediators and stages of shock.

#### 13. Thrombosis: -

Must know:- Describe etio-pathogenesis, fate, morphology and effects of thrombosis.

#### 14. Embolism and Infarction:-

Must know: - Enumerate types of embolism and infarction, recognize morphological changes and correlate clinical significance.

#### 15. Hyperaemia and Haemorrhage:-

Must know: - Definitions, morphology of acute and chronic congestions, clinical significance of haemorrhage.

#### 16. Disturbances of pigment metabolism:-

Must know: - State the type of pigment disturbances and describe the changes associated with common disturbances like lipofuscin, melanin, Hemosiderin and Bilirubin.

#### 17. Disturbances of Mineral metabolism:-

Must know: - Describe the types and morphological changes of calcification.

Desirable to know: - Disturbances of other minerals like zinc etc.

#### 18. Genetic disorders: -

Must know: - Normal karyotype, classification of genetic disorders, types of genetic change, Down's syndrome, Klinefelter's syndrome, Turner's syndrome

Desirable to know: - Lysosomal storage disorders, glycogen storage diseases, methods of disease diagnosis.

#### 19. Hypersensitivity reactions: -

Must know: - Classify, differentiate between different types of Hypersensitivity reactions.

Desirable to know: - Be conversant with transplant rejections.



#### 20. Autoimmune diseases:-

Must know: - Understand mechanisms of autoimmunity and diagnose common autoimmune diseases; overview of SLE.

#### 21. Amyloidosis:-

Must know: - Definition, physical characters, chemical characters, classification, pathogenesis morphology, clinical correlation and lab diagnosis.

#### 22. AIDS:-

Must know:- Understand the natural history of the disease and recommend relevant investigations in the management.

#### 23. Typhoid fever:-

Must know:- Correlate Pathogenesis with morphology and clinical features of the disease.

## 24. Syphilis:-

Must know:- Classify and describe lesions in various stages of syphilis

#### 25,26,27 (3 lectures) Tuberculosis:-

Must know:- Appreciate the importance of tuberculosis in the present day Context, its Pathogenesis & basic histopathology. List and describe the various pulmonary lesions of tuberculosis. Describe changes in various organs in TB and understand their functional correlation, sequelae, lab diagnosis and TB in AIDS.

## 28. Leprosy:-

Must know:- Classify, differentiate between different types of leprosy and describe the diagnostic histologic features and sequelae.

## 29. Fungal diseases:-

Desirable to know:- Classification and be conversant with relevance of fungal diseases in the world with emphasis on opportunistic fungal infections.

#### 30. Malaria:-

Must know:- Identify, morphological features in vivax and falciparum malaria and recommend lab investigations in the management. Dengue, Chikungunya, Swine flu.

#### 31 & 32. Neoplasia - Nomenclature and classification:-

Must know:- Define important terms, classify and differentiate benign from malignant neoplasms.

Desirable to know: Precancerous conditions

#### 33. Neoplasia - Carcinogenesis:-

Must know:- Understand carcinogenesis and analyse the mechanism of genetic changes in carcinogenesis.



## 34. Neoplasia - Biology and Lab diagnosis:-

Must know:- Understand the tumour host interactions in neoplasia and recommend the diagnostic workup for detection of cancer.

### 35. Neoplasia - Spread, grading and staging:-

Must know:- Biology of tumour growth, metastases, types, mechanisms, clinical correlations, grading of cancer and staging of cancer.

#### B) HAEMATOLOGY: (n=15)

## 1. Introduction to haematology and hemopoiesis:-

Must know:- Understand the importance of haematology in clinical practice and enumerate the stages of hemopoiesis.

#### 2. Anaemias (general):-

Must know:- Definition, classify anaemia by various methods, clinical features and lab approach to anaemias.

#### 3. Iron deficiency anaemia:-

Must know:- Definition, causes, haematological features, morbid anatomical features, laboratory diagnosis and differential diagnosis.

#### 4. Megaloblastic anaemia:-

Must know:- Definition, causes, haematological features, morbid anatomical features, laboratory diagnosis and differential diagnosis.

## 5. Haemolytic anaemia:-

Must know:- Definition, classification, Pathogenesis and haematological features.

#### 6. Haemoglobinopathies:-

Must know:- Definition, classification, Lab diagnosis of Thalassaemia and Sickle cell anaemia.

#### 7&8. Haemorrhagic disorders:-

Must know:- Classify haemorrhagic disorders, describe clinical distinction between Purpuras and Coagulation disorders and laboratory screening tests for haemorrhagic disorders. Normal coagulation and fibrinolytic mechanism. Describe etio-pathogenesis, clinical significance and lab diagnosis of haemophilia and DIC.Describe etio-pathogenesis, morphological features (haematological and morbid anatomical) clinical significance and lab diagnosis of ITP.

#### 9. Leukocytic disorders:-

Must know:- Leukocytosis, Leukopenia and Leukemoid reactions.



#### 10. Acute Leukaemias:-

Must know:- Classify and differentiate different types of acute Leukaemias.

#### 11. Chronic Leukaemias:-

Must know:- Definition, general features, classification, aetiology, haematological change, morbid anatomy, clinical course and lab. investigations. Myelodysplasia , Myeloproliferative D (Desirable to know)

#### 12. Paraproteinemia:-

Must know:- Understand the relevance of paraproteinemia's and integrate the various diagnostic modalities with the diagnosis, multiple myeloma.

## 13. Aplastic Anaemias:-

Desirable to know:- Aplastic anaemias and Agranulocytosis.

#### 14. Blood groups:-

Must know:- Appreciate the relevance of blood groups in haematology and transfusion medicine. Erythroblastosis foetalis

#### 15. Blood Transfusion:-

Must know:- Indications, selection of blood donors, autologous transfusions, complications of blood transfusions, investigation of suspected transfusion reactions, Component Therephy

## C) SYSTEMIC PATHOLOGY: (n=46)

#### 1. Atherosclerosis:-

Must know:- Definition, etiopathogenesis, gross and microscopic description, complications and clinical correlation.

#### 2. Hypertension:-

Must know:- Relate the mechanisms of the disease to the clinical course and sequelae.

## 3. Other diseases of blood vessels:-

Must know:- Develop an index of suspicion for vasculitides and aneurysms.

#### 4. Ischaemic heart disease:-

Must know:- Incidence, risk factors, Pathogenesis, morphological changes, clinical course, complications and investigations including MI

#### 5. Congenital heart disease:-

Desirable to know:- Correlate the anatomical malformations of disorders to the clinical consequences of the disease.



#### 6. Rheumatic heart disease:-

Must know:- Incidence, etiopathogenesis, morbid anatomy, histopathology, lesions in the organs, clinical course and sequelae.

#### 7. Endocardial and pericardial diseases:-

Must know:- Infective endocarditis - Pathogenesis, morphology, differential diagnosis of cardiac vegetations, aetiology and basic morphology of different forms of pericarditis.

#### 8. Cardiomyopathies:-

Desirable to know:- Recognize the disorders as part of differential diagnosis in primary myocardial diseases.

#### 9. Pneumonias:-

Must know:- Aetiology, classification, gross, histopathological description in different forms and complications.

#### 10. Lung Abscess and Bronchiectasis:-

morbid anatomy and cardiac sequelae.

Must know:- Etiopathogenesis, morphological appearances and complications.

# Chronic Bronchitis and Emphysema:- Bronchiectasis, Br. Asthma (COPD) Must know:- Pathogenesis, types of emphysema, definition of chronic bronchitis,

#### 12. Occupational lung diseases:-

Must know:- Types, etiopathogenesis, gross anatomical differences between different forms and sequelae.

#### 13. Tumours of lung and pleura:-

Must know:- Classification, aetiology, gross appearances, histological description of important forms, natural history, pattern of spread, Para neoplastic syndromes and secondary Pathology.

## 14. Lesions of oral cavity and salivary glands:-

Must know:- Differential diagnosis of swelling of salivary glands, oral cancer - etiopathogenesis, gross and histopathological descriptions.

#### 15. Gastritis and Peptic Ulcer:-

Must know:- Definition of peptic ulcer, etiological factors, gross and microscopic appearances and sequelae.

Desirable to know:- Overview of aetiology and types of gastritis.



#### 16. Ulcers of Intestines:-

Must know: - Etiological classifications, Morphological appearances of typhoid, tubercular, amoebic ulcers and bacillary dysentery. Differential diagnosis of different forms of ulcers.

## 17. Idiopathic Inflammatory Bowel disease:-

Must know:- Enumerate similarities and differences between the two component disorders viz., Crohn's disease and ulcerative colitis.

## 18. Tumours of upper GIT:-

Must know:- Etiopathogenesis, morphological features of carcinoma oesophagus, classification and morbid anatomy and histopathology of gastric carcinomas. Desirable to know:- Overview of carcinoid tumours of GIT.

#### 19. Tumours of lower GIT:-

Must know:- Pathology of carcinoma colon.

Desirable to know:- Intestinal polyps & GI stromal tumours.

#### 20. Viral Hepatitis:-

Must know:- Aetiology, clinical source and enzymology, salient histological features and sequelae.

#### 21. Alcoholic liver disease:-

Must know:- Pathogenesis, morphological manifestations and correlation with clinical features.

#### 22. Cirrhosis:-

Must know:- Etiopathogenesis, classification, important histological features and differential diagnosis.

#### 23. Tumours of liver, Pancreas and gall bladder:-

Must know: - Pathology of Hepatocellular carcinoma.

Must know: - Pathology of tumours of Pancreas and gall bladder and Gall bladder Stones

#### 24. Diabetes mellitus:-

Must know: - Classification, pathogenesis of system involvement, sequelae and complications.

#### 25. Acute nephritis and rapidly progressive GN:-

Must know:- Understand and integrate clinical and pathologic features of these syndromes.



## 26. Nephrotic syndrome:-

Must know:- Integrate clinical and pathological features of this disorder.

#### 27. Renal failure:-

Must know:- Definitions, criteria, aetiology, systemic manifestations and investigations.

#### 28. Pyelonephritis and interstitial Nephritis:-

Must know:- Aetiology, Pathogenesis of Pyelonephritis acute and chronic morphological features and clinical correlation.

#### 28A. Obstructive uropathy: -

Must know: - Types of kidney stones, Pathogenesis and complications.

#### 29. Tumours of kidney and Pelvis:-

Must know:- Classification, Morphological features, clinical course including Para neoplastic syndromes of common tumours.

#### 30. Male Genitel System :- Cryptorchidism,Infections & tossion

Must know:- Classification, salient morphological features of most common tumours and clinical course. Male Genitel System – Lesions of penis + Tumors

#### 31. Tumours of Cervix and Uterus:-

Must know:- Etiopathogenesis, salient morphological features, dysplasia and role of cytological screening.

#### 32. Tumours of Ovary and trophoblastic tissue:-

Must know:- Classification and morphological description of important types.

#### 33. Non-neoplastic and Neoplastic lesions of the breast:-

Must know:- Classification, morphological features and grading of carcinoma breast and differential diagnosis of breast swellings.

#### 34. Non-neoplastic lesions of lymph nodes and Spleen:-

Must know:- Aetiology, differential diagnosis, morphological features of common causes of lymphadenopathy, common causes and appearances of splenomegaly.

#### 35. Hodgkin's Lymphoma:-

Must know:- Definition, classification, salient diagnostic features and clinical course.

#### 36. Non-Hodgkin's Lymphoma:-

Must know:- Definition, classification, salient diagnostic features and clinical Correlation.

Desirable to know:- Extra nodal lymphomas.



- 37. Tumours of skin Non-pigmented:- Lesions of skin Psoriasis, Lichen Planus Must know:- Classification, morphological features of most common types and natural history.
- 38. Tumours of skin Pigmented & Non Pigmented staging: -Must know:- Classification, morphological features
- 39 &40. Soft tissue tumours :-

Must know:- Classification, morphological features of lipomatous, fibrous and blood vessel tumours. Morphological features of neural, muscle and fibro histiocytic tumours.

41. Non-neoplastic lesions of bone and joints:-Must know:- Etiopathogenesis and morphological changes of OA/RA and osteomyelitis.

42 & 43. Tumours of bone, cartilage and joints:-

Must know:- Classification, radiological and pathological features of important bone tumours (Osteosarcoma, Osteochondroma, GCT and Ewing's sarcoma).

44. Inflammatory and neoplastic conditions of CNS:-

Must know:- Morphological features and differential diagnosis of meningitis. Desirable to know:- Classification, morphological features of important CNS tumours, clinical course and sequelae (Meningioma and Astrocytome).

- 45. Lesions of Thyroid:- / Tumors of thyroid

  Must know:- Differential diagnosis of thyroid nodule ,Goiter
- 46. Myopathies:-

Desirable to know:- Differential diagnosis of common muscle disorders.

- 47. Molecular Diagnosis
- 48. Flow Cytometry
- 49. Recent Advances in Blood Bank
- 50. Thyroid Function tests
- 51. Immuno-histochemistry

Interdepartmental Seminars – heptospirosis, Chikungunya, Swineflu, Dengue, Tuberculosis

#### D) CLINICAL PATHOLOGY: (n=3)

Differential diagnosis of Jaundice:- LFT.
 Must know:- The differential diagnosis and laboratory investigations in jaundice



2. Renal function tests:-

Must know:- Laboratory approach to a case of renal dysfunction

3. Diabetes mellitus:-

Must know:- Laboratory diagnosis of Diabetes mellitus

#### **TUTORIALS-**

#### **GENERAL PATHOLOGY:**

- 1. Cell injury and cell death
- 2. Cellular accumulations
- 3. Inflammation and repair
- 4. Circulatory disturbances
- 5. Immunological disorders
- 6. Infections
- 7. Neoplasia

#### **HAEMATOLOGY:**

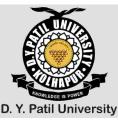
- 1. Anaemias
- 2. Leukaemias
- 3. Interpretation of haematological case charts and identification of instruments
- 4. Haemorrhagic disorders

#### **SYSTEMIC PATHOLOGY:**

- 1. Atherosclerosis and IHD
- 2. Rheumatic heart disease
- 3. Pneumonias
- 4. Tumours of lung
- 5. Oral cancer
- 6. Peptic Ulcer
- 7. Cirrhosis
- 8. Glomerulonephritis
- 9. Carcinoma Breast
- 10. Carcinoma Cervix
- 11. Bone Tumours
- 12. Revision of Specimens

#### **CLINICAL PATHOLOGY:**

- 1. Glucose Tolerance Test
- 2. Renal Function Tests
- 3. Differential Diagnosis of Meningitis
- 4. Identification of needles and instruments used in clinical pathology



- 5. Molecular Diagnosis D
- 6. Flow Cytometry- D
- 7. TFT
- 8. CSF Analysis
- 9. Pregnancy test
- 10. Semen Analysis
- 11. Cell counter Routine, Histogram. Tutorials

#### III. Term-wise distribution

1st term: 1. General Pathology 2. General Neoplasia 3. Haematology & Transfusion Medicine

2nd term: 1. Systemic Pathology 2. Systemic Neoplasia 3. Clinical Pathology

3<sup>rd</sup> term: System Path + Tutorials + Revision

IV. Practicals: Total hours, number & contents

Total hours: 110 Number: 44

#### Contents:

A) GENERAL PATHOLOGY: (n=12)

- 1. Microscopy and tissue processing
- 2. Identify the common types of cells by light microscopy
- 3. Intracellular accumulation
- 4. Acute inflammation
- 5. Chronic inflammation and Repair
- 6. Thrombosis, embolism, infarction and gangrene
- 7. Oedema and congestion
- 8. Disturbances of pigment metabolism
- 9. Tuberculosis
- 10. Leprosy
- 11. Amyloidosis
- 12. Disturbances of growth (Atrophy, hypertrophy, hyperplasia, metaplasia, Dysplasia, hypoplasia)
- B) HAEMATOLOGY: (n=7)
  - 1. Collection of specimen, anticoagulants and common haematological tests (Hb)
  - 2. Common Haematological Counts (TLC, DLC) & Interpretation of ESR/ PCV
  - 3. Haemopoiesis9
  - 4. Investigations in Anaemia
  - 5. Investigations in Leukaemia
  - 6. Investigations in haemorrhagic disorders BT CT D-PT
  - 7. Blood Banking Grouping



## C) SYSTEMIC PATHOLOGY: (n=18)

- 1. Diseases of blood vessels (Atherosclerosis, syphilitic aortitis)
- 2. Diseases of Heart (IHD & RHD)
- 3. Pneumonias
- 4. Tumours of lung Squmous cell
- 5. Diseases of kidney
- 6. Gross and Microscopic features of peptic ulcer and duodenal ulcer
- 7. Gross and Microscopic features of other intestinal ulcers
- 8. Tumours of GIT
- 9. Diseases of Liver
- 10. Lymphomas
- 11. Diseases of male and female genital system
- 12 &13. Tumours of breast
  - 14. Tumours of skin (Pigmented)
  - 15. Tumours of skin (non-pigmented)
  - 16. Soft tissue tumours
  - 17. Tumours of bone
  - 18. Diseases of thyroid

#### D) CLINICAL PATHOLOGY: (n=5)

- 1. Urine RE Carryout a bedside routine urine examination and interpret the results.
- 2. Pregnancy test and Semen Analysis (Practical demonstration).
- 3. Common cytological preparations (lecture demonstration).
- 4. CSF examination.
- 5. Serous effusion examination.

#### E) AUTOPSY: (n=2)

1 & 2) To study and describe five autopsy reports.

CPC of common diseases like 1. Tuberculosis 2. Myocardial infarction 3. Carcinoma/sarcoma

4. Hypertension by students (2 or 3), RHD, dM, Liver Cirrhosis, HIV

List of Slides and Specimens that should be shown during the Pathology Practical Classes
These are grouped under two headings: The students

- 1) must see (M)
- 2) desirable to see (D)

Please note that this will be applicable for the batch which will be joining Pathology term in August 2012 and later.



## DRAWING SLIDES: HISTOPATHOLOGY:

- 1. Kidney cloudy change (M)
- 2. Fatty change liver (M)
- 3. Uterus leiomyoma with hyaline change (M)
- 4. Kidney amyloid (M)
- 5. Lymph node caseous necrosis (M)
- 6. Kidney infarct (Coagulation necrosis) (M)
- 7. Acute ulcerative appendicitis (M) GIT
- 8. Pyogenic meningitis (M)
- 9. Lepromatous leprosy skin (M)
- 10. Tuberculoid leprosy skin (M)
- 11. Actinomycosis (M)
- 12. Granulation tissue (M)
- 13. Ileum typhoid ulcer (M) GIT
- 14. Tuberculous lymphadenitis (M)
- 15. Amoebic colitis (M) GIT
- 16. Lung haemosiderin pigment or CPC (M)
- 17. Liver CPC (M)
- 18. Artery recent / organised thrombus (M)
- 19. Hashimoto's thyroiditis (D)
- 20. Skin papilloma (M)
- 21. Squamous cell carcinoma (M) GIT
- 22. Adenocarcinoma Colon (M) GIT
- 23. Lymph node metastasis (M)
- 24. Skin capillary haemangioma (M)
- 25. Cavernous haemangioma (M)
- 26. Benign cystic teratoma (Dermoid cyst) (M)
- 27. Stomach chronic peptic ulcer (M)
- 28. Liver- portal and biliary cirrhosis (M)
- 29. Lung lobar and broncho pneumonia (M)
- 30. Lung fibrocaseous tuberculosis (M)
- 31. Heart healed infarct (M)
- 32. Aorta atherosclerosis (M)
- 33. Kidney chronic glomerulonephritis (M)
- 34. Kidney chronic pyelonephritis (M)
- 35. Kidney RCC (D)
- 36. Benign prostatic hyperplasia (M)



- 37. Testis seminoma (M)
- 38. Uterus leiomyoma (M)
- 39. Products of conception (M)
- 40. Hodgkin's lymphoma (M)
- 41. Brain tuberculous meningitis (M)
- 42. Brain meningioma (D)
- 43. Bone osteogenic sarcoma (M)
- 44. Bone osteoclastoma (M)
- 45. Breast fibroadenoma (M)
- 46. Breast carcinoma (M)
- 47. Thyroid colloid goitre (D)
- 48. Thyroid papillary carcinoma (M)
- 49. Skin basal cell carcinoma (M)
- 50. Lipoma (M)
- 51. Neurofibroma (M)
- 52. Neurilemmoma (M)
- 53. Pleomorphic Adenoma (M)
- 54. Rhhinosporidiosis (M)
- 55. Seminoma (M)
- 56. Actinomyeosis (M)
- 57. Pyogenic & TB (M)

#### **HAEMATOLOGY:**

- 1. Acute blast cell leukaemia (M)
- 2. Chronic myeloid leukaemia (M)
- 3. Eosinophilia (M)
- 4. Iron deficiency anaemia (M)
- 5. Haemolytic anaemia (M)
- 6. Macrocytic anaemia (M)
- 7. Leucocytosis (M)
- 8. Various biochemical charts LFT, GTT, CSF, etc (M)
- 9. M.M.

#### **LIST OF SPECIMEN:**

- 1. Cell injury and adaptation (Degeneration)
  - a) Liver fatty change (M)
  - b) Aorta atheroma (M)
  - c) Atheroma with calcification (D)
  - d) Kidney stones (M)

- 2. Amyloidosis
  - a) Kidney amyloidosis (M)
  - b) Spleen amyloidosis (M)
- 3. Necrosis and Gangrene
  - a) Spleen infarct (M)
  - b) Intestine gangrene (M)
  - c) Foot gangrene (M)
  - d) Lymph node caseation (M)
- 4. Acute inflammation
  - a) Lobar pneumonia (M)
  - b) Kidney abscess (D)
  - c) Liver abscess (D)
  - d) Mycetoma foot (D)
  - e) Acute appendicitis (M)
  - f) Purulent meningitis (M)
  - g) Fibrinous pericarditis (M)
- 5. Chronic inflammation
  - a) T.B.- LN
- 6. Repair
  - a) Heart healed infarct (M)
- 7. Specific inflammation
  - a) Ileum typhoid (M)
  - b) Amoebic colitis (M)
  - c) Amoebic liver abscess (M)
- 8. Chronic specific granulomatous inflammation
  - a) Intestine TB ulcer (M)
  - b) Brain TB meningitis (M)
  - c) Lymph node TB (M)
  - d) Lung miliary TB (M)
  - e) Fibrocaseous TB (M)
- 9. Pigment disorders
  - a). Liver and spleen Prussian blue reaction (D)
  - b). Liver and spleen malaria (M)
  - c). Skin melanoma (any site) (M)
- 10. Disorders of vascular flow and shock
  - a). Liver CPC (M)
  - b). Lung CPC (M)



## 11. Thrombosis embolism and infarction

- a) Thrombus artery / vein (M)
- b) Infarction kidney / spleen / brain (M)
- c) Intestine gangrene (M)

## 12. Immunopathology

- a) Heart Rheumatic carditis (M)
- b) Kidney acute glomerulo nephritis (M)

#### 13. Growth disorders

- a) Heart LVH (M)
- b) Kidney Hydronephrosis (M)

#### 14. Neoplasm

- a) Papilloma skin (M)
- b) Adenomatous polyp (M)
- c) Fibroadenoma breast (M)
- d) Squamous cell carcinoma skin (M)
- e) Adenocarcinoma colon (M)
- f) Metastasis lung (M)
- g) Leiomyoma uterus (M)
- h) Soft tissue lipoma (M)
- j) Haemangioma any site / type (M)
- k) Melanoma (M)
- I) Dermoid cyst (M)
- m) Teratoma (M)

#### 15. Alimentary System

- a) Oesophagus carcinoma (M)
- b) Stomach chronic peptic ulcer (M)
- c) Perforated peptic ulcer (M)
- d) Stomach carcinoma (linitis plastica) (M)
- e) Intestine TB ulcer (M)
- f) Colon Amoebic colitis / bacillary colitis / carcinoma ulcerative / carcinoma
- polypoidal growth (M)

## 16. Liver

- a) Acute diffuse necrosis (D)
- b) Amoebic abscess (M)
- c) Micronodular / macronodular / mixed cirrhosis (M)
- d) Hepatoma (M)
- e) Metastasis (M)

## 17. Respiratory system

- a) Lung lobar / bronchopneumonia (M)
- b) Bronchogenic carcinoma (M)
- c) Lung abscess (D)
- d) Fibrocaseous TB (M)

## 18. Cardiovascular System

- a). Rheumatic endocarditis (D)
- b) Fibrinous pericarditis (M)
- c) Mitral stenosis (M)
- d) Aortic stenosis (M)
- e) Bacterial endocarditis (M)
- f) Recent myocardial infarct (D)
- g) Healed myocardial infarct (M)
- h) Atheroma aorta (M)
- j) Atheroma with complications (M)

## 19. Urinary System

- a) Shrunken granular kidney (M)
- b) Acute pyelonephritis (M)
- c) RCC (D)
- d) Wilm's tumour (D)

#### 20. Male Reproductive System

- a) SCC penis (M)
- b) Seminoma testis (M)
- c) Teratoma testis (M)
- d) Benign prostatic hyperplasia (M)

#### 21. Female Reproductive System

- a) Uterus leiomyoma (M)
- b) Carcinoma cervix (D)
- c) Ovary cyst adenocarcinoma (D)
- d) Ovary dermoid cyst (D)

#### 21. Lymphoreticular System

- a) Lymph node TB Lymphadenitis (M)
- b) Lymph node lymphoma (M)
- c) Spleen infarct (M)

## 22. Central Nervous System

- a) Brain purulent meningitis (M)
- b) Brain tuberculous meningitis (M)
- c) Tuberculoma (D)



- d) Meningioma (D)
- e) Glioma (D)
- f) Haemorrhage CVA (D)
- 23. Bone lesions
  - a) Chronic osteomyelitis (D)
  - b) Osteoclastoma (M)
  - c) Osteogenic sarcoma (M)
- 24. Skin lesions
  - a) Squamous cell carcinoma (M)
  - b) Basal cell carcinoma (M)
  - c) Melanoma skin (any site) (M)
- 25. Diseases of Endocrine organs
  - a) Breast fibroadenoma (M)
  - b) Breast carcinoma (M)
  - c) Thyroid multinodular goitre (M)

## f. Books recommended:

- a) Text book of Pathology by Robbins
- b) Text book of General Pathology Part I & II by Bhende and Deodhare
- c) Clinical Pathology by Talib
- d) Text book of Pathology by Harsh Mohan, Tejender Singh- Pathology + Haematology .
- e) Text book of Pathology by Muir
- f) Haematology De Gruchi
- g) Clinical Pathology: Ramnik Sood, Todd Sanfard, Godkar, Kawathalkar

## Reference books:

- a) Anderson's text book of Pathology Vol I & II
- b) Oxford text book of Pathology Vol. I, II & III
- c) Pathology by Rubin and Farber
- d) Pathologic basis of Disease Robbins
- e) Haemetology Wontrobes, Hoffbrand, Melunzi, Rodakk



#### 5. Evaluation Methods

#### 1. Theory

Practicals and Viva

## Pattern of Theory Examination including Distribution of Marks, Questions, Time.

Nature of Question Paper

- i) Total duration 6 hrs (each paper of 3 hrs or 180 minutes)
- ii) Each paper will have 3 sections.

#### **Pattern of Theory Exam**

III rd Terminal - 50 Marks (Gen Pathology + Neoplasia)

 $MCQ - 1 \times 10 = 10 \text{ Marks} (50\% \text{ Problem based})$ 

SAQ  $(4/5) - 5 \times 4 = 20 \text{ Marks}$ 

LAQ  $(2/3) - 2 \times 10 = 20 \text{ Marks}$ 

IV th Terminal – 50 Marks (Systemic Pathology + Hematology)

 $MCQ - 1 \times 10 = 10 \text{ Marks}$  (50% Problem based)

 $SAQ(4/5) - 5 \times 4 = 20 Marks$ 

LAQ  $(2/3) - 2 \times 10 = 20$  Marks

Prelims – Paper –I (Haematology + Gen Pathology) = 60 Marks

## Section -A - Gen Pathology

MCQ – 10 Marks (50% Problem based)

SAQ  $(3/4) - 5 \times 3 = 15$  Marks

LAQ  $(1/2) - 1 \times 10 = 10$  Marks

#### Section -B - Haematology

 $SAQ (3/4) - 5 \times 3 = 15 Marks$ 

LAQ  $(1/2) - 1 \times 10 = 10$  Marks

Prelims – Paper – II (60 Marks) – Systemic Pathology + Clinical Pathology

## Section -A - Systemic Pathology

 $MCQ - 1 \times 10 = 10 \text{ Marks}$  (50% Problem based)

 $SAQ (3/4) - 5 \times 3 = 15 Marks$ 

LAQ  $(1/2) - 1 \times 10 = 10$  Marks

#### Section -B - Clinical Pathology

 $SAQ (3/4) - 5 \times 3 = 15 Marks$ 

LAQ  $(1/2) - 1 \times 10 = 10$  Marks

<u>Direction:-</u> Only short answer questions may be permitted from the portions marked as "Desirable to know"

Paper wise distribution of theory topics and number of questions:-

Paper I:- General Pathology inclusive of general neoplasia

Haematology inclusive of transfusion medicine.

Out of 2 LAQs in Section C, 1 question should be from General Pathology and General

Neoplasia and one question should be from Haematology inclusive of transfusion medicine.



<u>Paper II:-</u> Systemic Pathology inclusive of systemic Neoplasia and Clinical Pathology.

Out of 2 LAQs in Section C, 1 question should be from Systemic Pathology and Systemic Neoplasia and one question should be from Clinical Pathology.

## d. Nature of practicals and duration

| 2. | Р | ra | ctı | cal | ١s |
|----|---|----|-----|-----|----|
|    |   |    |     |     |    |

| 2. Practicals   |                                 |               |                   |                |
|-----------------|---------------------------------|---------------|-------------------|----------------|
| a. 10 S         | pots 2 minutes each (4 specir   | nen,          |                   |                |
| 1 instr         | ument, 3 histopathology         |               |                   | 10             |
| slides,         | 1 haematology slide and 1 ch    | art)          |                   |                |
| Identif         | ication - 1/2 mark              | together 1    | mark for          |                |
| Specifi         | c short question - 1/2 mark —   | each spot     |                   |                |
| b. Urin         | e Examination - Physical and    | two abnorma   | al constituents   | 10             |
| c. Histo        | opathology slides : Diagnosis a | and discussio | n                 | 10             |
| d. Hae          | matology examination            |               |                   |                |
|                 | i) Peripheral blood smear sta   | in and repor  | t                 | 05             |
|                 | ii) Hb/TLC/Blood group          |               |                   | 05             |
|                 | Total                           |               |                   | 40             |
| 3. Viva : durat | tion and topic distribution     |               |                   | 20             |
|                 | Gross                           | (08)          |                   |                |
|                 | Clinical Tray                   | (08)          |                   |                |
|                 | Problem Based(2)                | (04)          |                   |                |
| Examination     | Semester/term wise              |               |                   |                |
| Head            | distribution marks              |               | marks             |                |
| Theory          |                                 |               |                   |                |
|                 | III Term endir                  | _             |                   |                |
|                 | IV Term endi                    | -             |                   |                |
|                 | V (Prelims ex                   | (amination)   | 120<br>           |                |
|                 | Total theory                    |               | 220               |                |
|                 | -                               |               | (reduced to o     | ut of 10)      |
| Practicals      | •                               |               | 40                |                |
|                 | IV Semester examina             | ation         | 40                |                |
|                 | Prelims examination             |               | 60(Table exa      | n 40, V.V. 20) |
|                 | Total Practica                  | ıl            | 140               |                |
|                 |                                 | (red          | uced to out of 7) | + Journal (3)  |
| Journal         | Journal                         |               | 03                |                |
|                 | Internal assessment Practical   | al            | 10 (7+3)          |                |
|                 | Internal assessment Theory      |               | 10                |                |
|                 | Total                           |               | 20                |                |



Pattern and marking for each paper of 60 marks

| Sections | Nature of Questions                                    | Total No. of<br>Questions | Mark (s) per<br>Question | Total<br>Marks |
|----------|--|---------------------------|--------------------------|----------------|
| A)       | Multiple Choice Questions (MCQs)                       | 10                        | 1                        | 10             |
| В)       | Q.1. Short Notes (S.N.)                                | 3 out of 4                | 5                        | 15             |
|          | Q.2. Long Answer Question (LAQ)                        | 1 out of 2                | 10                       | 10             |
| C)       | Q.3. Short Note (S.N.) Q.4. Long Answer Question (LAQ) | 3 out of 4<br>1 out of 2  | 5<br>10                  | 15<br>10       |
|          | Total  |                           |                          | 60             |

At the end of Vth semester Prelims examination will be conducted on the basis of University pattern (Theory, practical and viva):

Minimum 4 weeks gap between Prelims and University examination. There will be 2 papers in theory, each of 2 ½ hours duration and 60 marks each.

## Standard of Passing (Theory/Practical/Internal Assessment)

The student must secure 50% marks in Internal Assessment also. However, even if the student secures minimum 35% marks, he/she will be allowed to appear for University Examination subject to compensating 15% marks more than minimum 50% in the concerned subject.

In University Exam the division of marks would be as follows-

| Subject Name        | Maximum Marks | Minimum Marks |  |  |
|---------------------|---------------|---------------|--|--|
| Pathology           |               |               |  |  |
| Theory              | 120           |               |  |  |
| Oral Viva           | 20            |               |  |  |
| Theory + Oral viva  | 140           | 70            |  |  |
| Int-Theory          | 10            |               |  |  |
| Int-Practical       | 10            |               |  |  |
| Internal Assessment | 20            | 7/20          |  |  |
| Practical Exam      | 40            | 20            |  |  |



## **MICROBIOLOGY**

#### 1. Goal

The goal of teaching Microbiology is to provide understanding of the natural history of infectious diseases in order to deal with the etiology, pathogenesis, pathogenicity, laboratory diagnosis, treatment, control and prevention of these infections and infectious diseases.

## 2. Educational objectives

#### (a) Knowledge

The student at the end of one and half years should be able to: -

- i. state the etiology, pathogenesis and methods of laboratory diagnosis and apply that knowledge in the diagnosis, treatment, prevention and control of communicable diseases caused by microorganisms.
- ii. understand commensal, opportunistic and pathogenic organisms of human body and describe host parasite relationship.
- iii. know and describe the pathogenesis of diseases caused by microorganisms.
- iv. state the sources and modes of transmission of pathogenic and opportunistic microorganisms including knowledge of insect vectors & their role in transmission of infectious diseases.
- v. choose appropriate laboratory investigations required for clinical diagnosis.

#### (b) Skills

- i. plan and interpret laboratory investigations for diagnosis of infectious diseases and correlate the clinical manifestations with the etiological agent.
- ii. identify common infectious agents with the help of laboratory procedure, acquire knowledge of antimicrobial agents, use of antimicrobial sensitivity tests to select suitable antimicrobial agents for treatment.
- iii. perform simple laboratory tests, which help to arrive at rapid diagnosis.
- iv. be conversant with proper methods of collection, storage & transport of clinical material for microbiological investigations.
- v. understand the principles of immunology and its application in the diagnosis and prevention of infectious diseases including immunization schedule, acquire knowledge of the scope of immunotherapy and different vaccines available for the prevention of communicable diseases.
- vi. understand methods of disinfection and sterilization and their application to control and prevent hospital and community acquired infections including universal biosafety precautions and waste disposal.



- vii. recommend laboratory investigations regarding bacteriological examination of food, water, milk and air.
- viii. the student should be well equipped with the knowledge of prevalent communicable diseases of national importance and of the newer emerging pathogens.

#### (c) Attitude

- i. the student will be regular, sincere, punctual and courteous and regular in studies.
- ii. the student will follow all the rules laid down by the department and participate in all activities.
- iii. the student will understand the importance of, and practice asepsis, waste segregation and appropriate disposal.
- iv. the student will understand the importance of, and practice the best methods to prevent the development of infection in self and patient. (E.g. hand washing, using aprons for hospitals in hospitals only, regularly washing the aprons, wearing gloves (as and when required / handling specimens etc.).
- v. the student will understand the use of the different antimicrobial agents including antibiotics to use judiciously and prevent misuse, (prescribing attitude).
- vi. the student will understand the significance of vaccinations and will receive appropriate vaccines (e.g. TT, Hepatitis B and any other as per needs).
- vii. the student will wash his/her hands with soap after each practical class.
- viii. the student will leave the area allotted for his practical neat and tidy.
- ix. the student will discard the slides in the appropriate container provided for the same.
- x. the student will report any injury sustained in class, immediately.
- xi. the student will report any breakage occurring during class times immediately.
- xii. the student may give suggestions to improve teacher student association.
- 3. Total duration of para-clinical teaching

3 semesters

Total 360 teaching days

Total number of teaching hours (n) allotted for Microbiology 250 hrs (As per MCI guidelines 1997).

4. Syllabus

a. Learning methods

Lectures, practicals
Distribution of teaching hours
A) Theory :lectures
:tutorials seminars

.... 71 .... 26

Total ..... **97** 

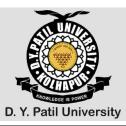


#### b. Sequential organisation of contents and their division

The areas of study in Microbiology will include General Microbiology, Systemic Microbiology including Bacteriology, Immunology, Mycology, Virology, Rickettsia, Chlamydia, Parasitology and Applied microbiology in relation to infections and diseases of various systems of the body.

#### i) GENERAL MICROBIOLOGY: (n=10)

| No | Topic of<br>lecture   | Must know (MK)   | Desirable to know (DK)  | Hrs |
|----|---|--|---|-----|
| 1. | Introduction<br>and Historical<br>background                      | Definitions: Medical Microbiology, pathogen, commensal, symbiont etc. To cover Anton van Leewenhoek, Pasteur, Lister, Koch, Flemming etc. In History: Scope to cover the importance of Med. Microbiology on diagnosis and prevention of infectious diseases.   | Micro-organisms<br>as models in<br>Molecular Biology<br>and Genetic<br>engineering.             | 1   |
| 2. | Morphology<br>of bacteria<br>and<br>Classification                | Bacterial cell and its organelles, morphological classification, methods of studying bacteria, staining methods & their principles Grams & Zeil Nelson staining, their importance in presumptive diagnosis, negative staining, dark ground illumination, phase contrast and fluorescent microscopy, briefly about electron microscopy. Principles and applications of all microscopes. |   | 1   |
| 3. | Physiology of bacteria including growth requirements & metabolism | Nutrition, respiration (anaerobic & aerobic) and growth of bacteria, growth curve, physical factors influencing growth. Culture media: Definition, classification and application.   | Important constituents of culture media.  | 1   |
| 4. | Sterilization   | Definition of sterilization, disinfection, asepsis, antiseptics. Ubiquity of bacteria, modes of killing microbes and preventing them, factors determining selection of the mode, factors adversely affecting sterilization. Enumeration of physical methods of sterilization including principle & their application.  | Working and efficacy testing of autoclave, inspissator and hot air oven. Central Sterile Supply | 1   |



|     |  |  | Department<br>(CSSD) – concept<br>only.                     |   |
|-----|--|--|---|---|
| 5.  | Disinfectants  | Asepsis and antisepsis, modes of Action of chemical agents on microbes. Phenols, Halogens, Aldehydes, Acids, Alcohol, heavy metals, oxidizing agents etc. Universal biosafety precautions.   | Dyes, soaps and detergents. Concentration and contact time. | 1 |
| 6.  | Waste<br>disposal  | Definition of waste, classification, segregation, transport and disposal.  |   | 1 |
| 7.  | Bacterial genetics and drug resistance to antimicrobial agents.                                | Introduction – codon, lac operon, mutation, transformation, transduction & conjugation, R factor, mode of action of antimicrobials on bacteria, mechanism of drug resistance and antimicrobial susceptibility tests, steps taken to minimize emergence of resistant strains (Antibiotic Stewardship ESBL New antimicrobial substances, Nanoparticles for treatment of infectious diseases. |   | 1 |
| 8.  | Host parasite<br>relationship<br>and bacterial<br>infections                                   | Commensal, pathogenic and opportunistic organisms, their pathogenic factors and modes of transmission. Microbial factors: spores, capsule, toxins, enzymes, intracellular parasitism, antigenic variation & extrinsic factors etc. leading to establishment of infection. Types of infection: primary, secondary, general, local, natural, nosocomial, iatrogenic, zoonotic.               |   | 1 |
| 9.  | Normal flora   | Introduction – various sites, types and role, Association of Micro-biome with different diseases.  |   | 1 |
| 10. | Methods of identification of bacteria. Diagnosis of infectious diseases ( direct and indirect) | Principles of laboratory diagnosis of infectious diseases. General procedures for collection transport, processing of specimens for microbiological diagnosis. PCR, RIA, DNA probes.   |   | 1 |



# ii) IMMUNOLOGY: (n=12)

| No | Topic                 | Must know  | Desirable to know   | Hrs |
|----|-----------------------|--|---|-----|
| 1  | Introduction          | Definition of immunity, types of immunity, factors responsible, mechanism of innate immunity, active and passive immunity, local immunity.   | Herd immunity   | 1   |
| 2  | Antigens, HLA         | Definition, types, antigen determinants, properties of antigen.  MHC- concept, class- I, II & III functions, indication of typing, MHC restriction.  | Nature of determinants, e.g. of haptens, e.g. of cross-reactive antigen.  | 1   |
| 3  | Antibodies            | Definition, nature, structure of immuno-<br>Globulins, papain digestion, understand isotypic,<br>allotypic and idiotypic markers, immunoglobulin<br>classes, physical and biological properties of<br>immunoglobins.,  | Pepsin digestion, amino acid sequence, immunoglobin domain, abnormal immunoglobins.   | 1   |
| 4  | Serological reactions | Definition, characteristics, titre, sensitivity & specificity, antigen- antibody interaction- primary, secondary & tertiary, prozone phenomenon, principle, types and application of precipitation, agglutination, complement fixation, enzyme immunoassay, radioimmunoassay, immunofluoroscence test, neutralization and opsonisation.  | Techniques of precipitation and their uses, blocking antibodies, antiglobulin reactions, coagglutination, in vitro test, techniques of EIA, IF & electron microscopy. | 2   |
| 5  | Immune<br>response    | Types, development, role ofthymus, bone marrow, lymph nodes & spleen, cells of lymphoreticular system, morphology and role of T subsets, NK cells, B cells , plasma cells and macrophages, B & T cell activation, antigen processing and presentation, primary and secondary immune response, principle and uses of monoclonal antibodies, factors affecting antibody production, CMI- definition, types, role of T cell and macrophages, definition of immune tolerance and mechanism of tolerance. | selection,  | 2   |



| _   |  |   | ı   |   |
|-----|--|---|---|---|
|     |  |   | immunotolerance   |   |
| 6   | Complement                                 | Definition, synthesis, pathways, activation, role & biological functions, components, measurement.  | Regulation of complement activation, complement deficiency                                | 1 |
| 7   | Hypersensitivi<br>ty                       | Definition, classification, , difference between immediate and delayed reaction, mechanism of anaphylaxis, manifestations of anaphylaxis, types of anaphylaxis, atopy, e.g. of anaphylactic reaction, tests for anaphylaxis, mechanism and e.g. of type-II & type-III reactions, mechanism & types of delayed hypersensitivity. | Desensitization in<br>anaphylaxis, type<br>V reaction, ADCC,<br>Shwartzman<br>phenomenon. | 1 |
| 8   | Autoimmunity                               | Definition, mechanism, classification, pathogenesis.  |   | 1 |
| 9   | Transplantati<br>on & tumour<br>immunology | Types of transplants, mechanism of transplant rejection, prevention of graft rejection, GVH reaction, IR to tumours, tumour antigens, mechanism of IR to tumours.   | Type of tumour antigens, immune surveillance.   | 1 |
| 10. | Immuno-<br>Deficiency                      | Classification, examples, laboratory tests for detection, manifestations.   |   | 1 |
| 11. | Immunisation                               | Schedule for different vaccines   | _   | 1 |

# iii) SYSTEMIC BACTERIOLOGY: (n=21)

#### Pathogenesis includes:

| ratilogenesis ilitiades.                       |      |                        |
|--|------|------------------------|
| <ul><li>Infectious agent</li></ul>             | - MK | *MK- Must know         |
| <ul><li>Habitat</li></ul>                      | - MK | *DK- Desirable to know |
| <ul><li>Source / reservoir</li></ul>           | - MK |                        |
| <ul><li>Mode</li></ul>                         | - MK |                        |
| <ul><li>Infective dose</li></ul>               | - MK |                        |
| <ul><li>Multiplication, spread</li></ul>       | - MK |                        |
| <ul><li>Clinical features, pathology</li></ul> | - MK |                        |
| <ul><li>Complications</li></ul>                | - MK |                        |
| <ul><li>Virulence factors</li></ul>            | - MK |                        |
| <ul><li>Immunological response</li></ul>       | - DK |                        |
|  |      |                        |
| Laboratory diagnosis:                          | -MK  |                        |
| <ul><li>Specimen selection</li></ul>           | -MK  |                        |
| <ul><li>Collection</li></ul>                   | -MK  |                        |
| <ul><li>Transport</li></ul>                    | -MK  |                        |
| <ul><li>Primary smear, hanging drop</li></ul>  | -MK  |                        |
|  |      |                        |



Selection of media -MK
 Pathogenicity testing -MK
 Anti microbial drug susceptibility testing -MK
 Serological interpretation -MK

Key to the abbreviations used in the table below:

A- Classification, B- Morphology, C- Culture and isolation, D- Biochemical reactions,

E- Viability, F - Virulence, G- Diseases, H- Antigens, I- Pathogenesis, J- Laboratory diagnosis,

**K**- Prevention and control, **L**- Immune response

| No | Topic/ hours  | Α  | В  | С                    | D  | E  | F  | G  | Н  | I  | J  | K  | L  |
|----|---|----|----|----------------------|----|----|----|----|----|----|----|----|----|
| 1  | Staphylococci<br>(1 hour)   | MK | MK | DK                   | DK | MK | MK | MK | DK | MK | MK | MK | -  |
| 2  | Streptococci<br>Pneumococci<br>(1 hour)   | MK | MK | BA-MK,<br>DK         | DK | MK | DK |
| 3  | Neisseria<br>(1 hour)   | DK | MK | DK                   | DK | MK | MK | MK | DK | MK | MK | MK | -  |
| 4  | C.diptheriae<br>(1 hour)  | DK | MK | DK                   | -  | МК | MK | MK | -  | MK | МК | MK | DK |
| 5  | M.Tuberculosi<br>s<br>(1 hour)  | MK | MK | LJ,Growth<br>Time MK | DK | MK | DK |
| 6  | Atypical<br>mycobacteria<br>(1hour)   | MK | MK | DK                   | DK | MK | MK | MK | -  | MK | MK | MK | -  |
| 7  | M.leprae<br>(1 hour)  | MK | MK | Isolation-<br>MK     | -  | MK |
| 8  | Bacillus Methods of anaerobiosis & classification. Non sporing anaerobes (1 hour) | MK | MK | MK                   | DK | MK | MK | MK | -  | MK | MK | MK |    |
| 9  | Clostridium welchii, tetani, botulinum (1 hour)                                   | MK | DK | MK                   | -  | -  | -  | MK | -  | -  | MK | -  | -  |
| 10 | Enterobacteri<br>aceae  | MK | MK | DK                   | DK | MK | MK | MK | DK | -  | MK | -  | -  |



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|------|-------------|-------|------|--------|
|------|-------------|-------|------|--------|

|    | ( 1 hour)                                 |                  |    |    |    |    |    |    |    |   |    |   |    |
|----|---|------------------|----|----|----|----|----|----|----|---|----|---|----|
| 11 | Salmonella<br>typhi<br>(1 hour)           | MK               | MK | DK | DK | MK | MK | MK | DK | - | MK | - | MK |
| 12 | Shigella (1 hour)                         | MK               | MK | DK | DK | MK | MK | MK | DK | - | MK | - | -  |
| 13 | Vibrio & Campylobacte r (1 hour)          | MK               | MK | DK | DK | MK | MK | MK | -  | - | MK | - | -  |
| 14 | Pseudomonas<br>(1 hour)                   | -                | MK | DK | DK | MK | MK | MK | -  | - | MK | - | -  |
| 15 | Other GNB (1 hour)                        | List<br>onl<br>y | MK | DK | -  | -  | MK | -  | -  | - | MK | - | -  |
| 16 | Emerging and reemerging bacteria (1 hour) | List<br>onl<br>y | MK | DK | -  | -  | -  | -  | -  | - | MK | - | -  |
| 17 | Spirochetes (3 hour)                      | MK               | MK | DK | -  | MK | -  | MK | -  | - | MK | - | DK |
| 18 | Actinomycosis<br>& Nocardia (1<br>hour)   | DK               | MK | DK | -  | -  | -  | -  | -  | - | MK | - | -  |
| 19 | Rickettsia (1 hour)                       | MK               | MK | -  | -  | -  | -  | -  | -  | - | MK | - | -  |
| 20 | Chlamydia &<br>Mycoplasma<br>(1 hour)     | MK               | MK | -  | -  | -  | -  | -  | -  | - | MK | - | -  |

#### iv) MYCOLOGY: (n=4)

| No | Topic                       | Must know   | Desirable to know                                       | Hrs |
|----|-----------------------------|---|---|-----|
| 1  | Introduction<br>to Mycology | Nature of fungus (definition, differences with bacteria), characteristics of fungi, common terminologies, brief account of types of sporulation and morphological classification of fungi. Methods of identification , Infections | Growth requirements, ecological, medical and industrial |     |
|    |                             | produced,   | brief account).   |     |
|    |                             | Lab Diagnosis, processing of skin, hair and nail,   |   |     |



| 2 | Agents of    | Enumerate, predisposing factors, morphological | Colony             |   |
|---|--------------|--|--------------------|---|
|   | Superficial  | features, Lab. Diagnosis                       | characteristics of | 1 |
|   | mycosis      |  | dermatophytes      |   |
| 3 | Subcutaneou  | Enumerate, predisposing factors, Mycetoma,     | -                  | 1 |
|   | s mycosis    | Rhinosporidiosis, Pathogenesis, Lab. Diagnosis |                    | 1 |
| 4 | Systemic     | Classification, predisposing factors, Candida, | Cultural           |   |
|   | mycosis      | Cryptococcus, Histoplasma morphology,          | characteristics    | 1 |
|   | Opportunisti | pathogenesis, lab. Diagnosis                   |                    | 1 |
|   | c fungal     | Classification, predisposing factors, Mucor,   |                    |   |
|   | infections   | Aspergillus, Pneumocystis carinii              |                    |   |

#### v) VIROLOGY: (n=12)

Morphology, pathogenesis, laboratory diagnosis, prevention and control for all viruses (Must know).

| No | Topic of lecture   | Must know  | Desirable to know | Hrs |
|----|--------------------|--|-------------------|-----|
| 1  | General Virology   | Size, shape, symmetry, structure, resistance,          | -                 | 1   |
|    |                    | multiplication, properties and classification of       |                   |     |
|    |                    | viruses, pathogenesis, bacteriophages, concept of      |                   |     |
|    |                    | virons   |                   |     |
| 2  | Laboratory         | Collection of samples, transport, cultivation and      | -                 | 1   |
|    | diagnosis of viral | methods of diagnosis                                   |                   |     |
|    | infections         |  |                   |     |
| 3  | Viral immunity     | Viral immunity, interferon, viral vaccines             | -                 | 1   |
| 4  | Pox viruses        | Small pox and Molluscum                                | -                 | 1   |
| 5  | DNA viruses        | Papova, Adeno, Herpes viruses ( Herpes simplex,        | -                 | 1   |
|    |                    | Varicella zoster, CMV, EBV)                            |                   |     |
| 6  | Respiratory        | Orthomyxo and Paramyxoviruses, Ag shift and drift      | Rhinoviruses      | 1   |
|    | viruses            | H1N1, SARS   |                   |     |
| 7  | Picornaviruses     | Polio, Coxsackie, Enteroviruses, Viruses causing       | -                 | 1   |
|    |                    | diarrhoea – Rota viruses, Immunity (polio)             |                   |     |
| 8  | Hepatitis viruses  | Hepatitis viruses , immunity and laboratory diagnosis  | -                 | 2   |
| 9  | Arboviruses        | Dengue, KFD, Japanese encephalitis – definition,       | -                 | 2   |
|    |                    | classification, enumeration in India, Pathogenesis,    |                   |     |
|    |                    | laboratory diagnosis and control Chikungunya           |                   |     |
| 10 | Rhabdoviruses      | Rabies   | -                 | 1   |
| 11 | Slow and           | Characteristics of slow virus infections, pathogenesis | -                 | 1   |
|    | Oncogenic viruses  | and laboratory diagnosis and viruses associated with   |                   |     |
|    |                    | it   |                   |     |
| 12 | Retroviruses       | HIV/AIDS, Immunity, USP                                | -                 | 2   |
| 12 | Retroviruses       | HIV/AIDS, Immunity, USP                                | -                 | 1   |

vi) PARASITOLOGY: (n=11)

#### Must know -

- Geographical distribution
- Habitat
- Morphology ( different stages ) found in human beings



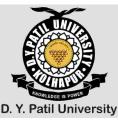
- Life cycle
- Pathogenesis
- Laboratory diagnosis
- Treatment
- Control
- Immunoprophylaxis

| No | Topic of lecture | Must know  | Desirable to know    | Hrs |
|----|------------------|--|----------------------|-----|
| 1  | Introduction to  | Parasites: their nature, classification, and explanation |                      | 1   |
|    | medical          | of terminologies, epidemiology, emerging parasitic       |                      |     |
|    | Parasitology     | infections, (pathogenicity and laboratory diagnosis)     |                      |     |
| 2  | E. histolytica   | Amoebic infections                                       |                      | 1   |
| 3  | Free living      | Free living amoebae, PAME, Giardia & Trichomonas         |                      | 1   |
|    | amoebae and      |  |                      |     |
|    | flagellates      |  |                      |     |
| 4  | Hemoflagellate   | L. donovani: life cycle, morphology, pathogenicity,      | Brief account of     | 1   |
|    | S                | and lab. Diagnosis etc.                                  | Trypanosomes         |     |
| 5  | Malaria          | Malarial parasites: life cycle, morphology,              |                      | 1   |
|    |                  | pathogenicity, laboratory diagnosis etc.                 |                      |     |
| 6  | Misc.            | Toxoplasma,  | Cryptosporidium,     | 1   |
|    | Pathogenic       |  | Isospora, B.coli     |     |
|    | protozoa         |  |                      |     |
| 7  | Cestodes         | Taenia saginata & solium, Echinococcus granulosus,       | Brief mention of     | 1   |
|    |                  | life cycle, morphology, pathogenicity and laboratory     | other cestodes       |     |
|    |                  | diagnosis.   |                      |     |
| 8  | Trematodes       | Schistosomiasis: life cycle, morphology, pathogenicity   | Brief account of     | 1   |
|    |                  | & lab diagnosis.   | Fasciola hepatica    |     |
| 9  | Intestinal       | A.duodenale, A. lumbricoides, E. vermicularis, T.        | brief mention of     | 2   |
|    | Nematodes        | tritura  | S. stercoralis, life |     |
|    |                  |  | cycle,morphology     |     |
|    |                  |  | laboratory           |     |
|    |                  |  | diagnosis            |     |
| 10 | Tissue           | W. bancrofti, D. medinensis, in brief T. spiralis        |                      | 1   |
|    | Nematodes        |  |                      |     |

#### **TUTORIALS (APPLIED MICROBIOLOGY): (n=26)**

Regular tutorials, student seminars & symposia shall be conducted in addition to lectures. Students must know:

- Micro-organisms causing diseases & pathological lesions
- Methods of collection & transportation of specimens
- Methods of laboratory diagnosis



- Serological response produced by organisms
- Interpretation of laboratory report

| No | Topic of Tutorial  | Hrs |
|----|--|-----|
| 1  | Gastrointestinal infections (diarrhoea and dysentery) and their laboratory diagnosis         | 2   |
| 2  | Upper respiratory tract infection (patch and sore throat) and their laboratory diagnosis     | 2   |
| 3  | Lower respiratory tract infection ( pneumonia, bronchitis, bronchiolitis etc.) and their     | 2   |
|    | laboratory diagnosis   |     |
| 4  | Urinary tract infection and their laboratory diagnosis                                       | 2   |
| 5  | Infections of the central nervous system (meningitis, encephalitis, brain abscess) and their | 2   |
|    | laboratory diagnosis   |     |
| 6  | Wound infections and pyogenic infections   | 2   |
| 7  | Septicemia and laboratory diagnosis and PUO  | 2   |
| 8  | Eye infections and their laboratory diagnosis  | 2   |
| 9  | Sexually transmitted disease (STD) and their laboratory diagnosis ( genital ulcerative       | 2   |
|    | disease)   |     |
| 10 | Role of laboratory in cross infection, Nosocomial infections / outbreak / epidemic           | 2   |
| 11 | Vehicles and vectors of communicable disease & zoonosis                                      | 2   |
| 12 | Preventive inoculations, immunomodulation and immunotherapy                                  | 2   |

#### Suggested topics for integrated teaching:

- ◆ Tuberculosis and Leprosy These topics may
- ◆ Pyrexia of Unknown Origin (PUO)
- ♦ Sexually Transmitted Diseases
- ♦ Hepatitis
- ♦ HIV / AIDS
- ♦ Malaria
- ♦ Diarrhoea and Dysentery

Note: Each topic may be allotted 3 hours.

be covered in 2<sup>nd</sup> and 3<sup>rd</sup> term of 2<sup>nd</sup> MBBS.

#### c. Term-wise distribution

| First term (4 months)    | Theory- 32 hours | Practical- 32 hours |
|--------------------------|------------------|---------------------|
| Second term (5 ½ months) | Theory- 66 hours | Practical- 44 hours |
| Third term (4 months)    | Theory- 48 hours | Practical- 32 hours |
| Total teaching hours     | 254 hours        |                     |



# System-wise distribution

|             |                       | NO. OF CLASSES |               | TUTORIALS |  |
|-------------|-----------------------|----------------|---------------|-----------|--|
| TERM        | BROAD TOPICS          | Lectures (1    | Practicals (2 | (2 hours) |  |
|             |                       | hour)          | hours)        |           |  |
| First term  | General Microbiology  | 10             | 28            | -         |  |
|             | Systemic Bacteriology | 18             | 24            | -         |  |
|             |                       |                |               |           |  |
| Second term | Systemic bacteriology | 3              | 19            | -         |  |
|             | Immunology            | 12             | 4             | -         |  |
|             | Virology              | 12             | 4             | -         |  |
|             | Mycology              | 5              | 4             | -         |  |
|             | Parasitology          | 11             | 24            | -         |  |
| Third term  | Applied microbiology  | -              | -             | 26        |  |

# d. Practicals: Total hours, number & contents: (n=100)

| No  | Торіс   | Hrs |
|-----|---|-----|
| 1.  | Introduction to Microbiology, Microscopy and Micrometry.  | 4   |
| 2.  | Morphology and physiology of bacteria and methods staining.                                     | 4   |
| 3.  | Growth requirements of bacteria (media) and identification of bacteria (biochemical reactions). | 4   |
| 4   | Scheme for laboratory diagnosis of infectious diseases and collection, storage and              | 4   |
| 4.  | transport of microbiological specimens and laboratory animals.                                  |     |
| 5.  | Sterilization- the physical agents.   | 4   |
| э.  | Sterilization- the chemical agents and method of waste disposal.                                |     |
| 6.  | Serological tests for diagnosis of microbial infections.  | 4   |
| 7.  | Staphylococci and other gram-positive cocci.  | 4   |
| 8.  | Streptococci and Pneumococci.   | 4   |
| 9.  | Gram negative cocci   | 4   |
| 10. | C. diphtheriae and other gram positive non sporing bacilli                                      | 4   |
| 11. | Mycobacteria  | 4   |
| 12. | Spore bearing aerobic and anaerobic bacilli.  | 4   |
| 13. | Enteric gram-negative bacilli – lactose fermenters - E.coli etc                                 | 4   |
| 14. | Non lactose fermenters – Salmonella and Shigella  | 4   |
| 15. | V. cholerae and other Vibrio like organisms   | 4   |
| 16. | Other gram-negative bacilli including Pseudomonas, Proteus and hospital acquired infection.     | 4   |
| 17. | Spirochetes   | 4   |
| 18. | Actinomycetes, Nocardia   | 4   |
| 19. | Fungi KOH Mount, LCB mount  |     |
| 20. | Rickettsia, Chlamydia, Mycoplasma and Viruses   | 4   |
| 21. | Bacteriology of water milk air  |     |
| 22. | Introduction to Parasitology and Protozoal infections (including Isospora & Cryptosporidium)    | 4   |
| 23. | Haemoflagellates  | 4   |



| 24. | Plasmodia and toxoplasma.   | 4 |
|-----|-----------------------------|---|
| 25. | Cystodes and trematodes     | 4 |
| 26. | Intestinal nematodes        | 4 |
| 27. | Extra-intestinal nematodes. | 4 |

The number of practicals and lectures can be changed as per the needs.

#### e. Books recommended:

| 1. Essentials of Medical Microbiology |
|---------------------------------------|
|---------------------------------------|

- 2. Textbook of Microbiology
- 3. A Textbook of Microbiology
- 4. Textbook of Medical Microbiology
- 5. Textbook of Medical Microbiology
- 6. Textbook of Medical Parasitology
- 7. Textbook of Medical Parasitology
- 8. Textbook of Medical Parasitology
- 9. Microbiology in clinical practice
- 10. A Textbook of Parasitology
- 11. Microbiology & Immunology
- 12. Practical Microbiology

- Apurbasankar Sastry & Sandya Bhat K.
- R. Ananthanarayan, C. K. Jayaram Panikar
- P. Chakraborty
- Rajesh Bhatia & Itchpujani
- Arora and Arora
- C. K. Jayaram Panikar
- Arora and Arora
- S.C.Parija
- D. C. Shanson
- Dr. R.P. Karyakarte and Dr. A.S. Damle
- Subhash Chandra Parija
- C. P. Baveja

#### Reference books:

1. Mackie McCartney practical Medical Microbiology-Colle JG, Fraser AG

2. Principles of Bacteriology, Virology &

Immunology vol. 1, 2, 3, 4, 5-**Topley Wilsons** 3. Medical Mycology (Emmons)-Kwon – Chung

4. Review of Medical Microbiology (Lange)-Jawetz

5. Immunology-Weir DM

6. Medical Microbiology-David Greenwood, Richard Stack, John Pentherer

7. Parasitology-KD Chatterjee

8. Medical virology-Timbury MC

9. Mackie McCartney Medical, Microbiology vol.1-**Duguid JP** 

10.Microbial infections-Marmion BP, Swain RHA

#### 5. Evaluation

#### a. Methods

Theory, Practical & Viva

| No |                                    | Total marks |
|----|------------------------------------|-------------|
| 1  | Theory ( 2 papers – 60 marks each) | 120         |
| 2  | Oral (Viva) 20                     | 20          |
| 3  | Practical - 40                     | 40          |
|    | TOTAL                              | 180         |



**Passing:** A candidate must obtain 50% in aggregate with a minimum of 50% in Theory including oral and minimum of 50% in practicals and 50% in internal assessment (combined theory and practical).

#### b. Pattern of Theory Examination including Distribution of Marks, Questions, Time.

Nature of Question Paper

- i) Total duration 6 hrs (each paper of 3 hrs or 180 minutes)
- ii) Each paper will have 3 sections

Pattern and marking for each paper of **60** marks

| Sections | Nature of Questions                                    | Total No. of<br>Questions | Mark (s) per<br>Question | Total<br>Marks |
|----------|--|---------------------------|--------------------------|----------------|
| A)       | Multiple Choice Questions (MCQs)                       | 10                        | 1                        | 10             |
| В)       | Q.1.Short Notes(S.N.) Q.2. Long Answer Question (LAQ)  | 3 out of 4<br>1 out of 2  | 5<br>10                  | 15<br>10       |
| C)       | Q.3. Short Note (S.N.) Q.4. Long Answer Question (LAQ) | 3 out of 4<br>1 out of 2  | 5<br>10                  | 15<br>10       |
|          | Total  |                           |                          | 60             |

<sup>\*</sup> One compulsory question of 10 marks on applied Microbiology in paper I.

Paper I - Related to General Microbiology & Systematic Bacteriology & Immunology, Clinical Microbiology

Paper II – Related to Parasitology, Mycology, Virology

#### c. Topic distribution

#### **MICROBIOLOGY PAPER I**

- Section A- MCQs
- Section B General Microbiology & Immunology
- Section C Systematic bacteriology including Rickettsia, Chlamydia and Mycoplasma Clinical Microbiology

#### **MICROBIOLOGY PAPER II -**

- Section:- A MCQs
- Section B- Parasitology
- Section C- Mycology, Virology

#### d. Marking scheme

Each paper of 60 marks as shown in the above table.

#### e. Nature of practicals and duration

Practical examination in MICROBIOLOGY will be of 40 marks and oral (viva) of 20 marks of THREE hours duration.

| Q.1: Gram staining/Zeil – Nelson's staining | 10 |
|---|----|
| Q.2: Stool examination for Ova or cyst      | 10 |
| Q.3 - Clinical Microbiology exercise        | 10 |



Q.4: Spot identification (Ten spots)\* - Spot

10

Total- 40

20 added to the Vivo

- \* Gram staining –of given smear
- \* Z.N. staining of given smear.
- \* Clinical Microbiology Case presentation and writing of lab diagnosis.
- \* Stool examination of given stool sample.
- \*Spots- Microscopic slides, Mounted specimen, Instruments used in laboratory, Serological tests, Inoculated culture medium, Sterile culture medium, Vaccines / serum.

| f. Viva (Two tables) |  | Marks |
|----------------------|--|-------|
| A:                   | General Microbiology Systemic Bacteriology, Immunology | 10    |
| B:                   | Mycology, Parasitology, Virology,                      | 10    |

#### g. Plan for internal assessment

Marks for Internal Assessment:

Theory: 10 Practical: 10

#### Theory examination

Internal assessment for theory shall be calculated on the basis of two term ending examinations (I<sup>st</sup> & II<sup>nd</sup>), preliminary examination at the end of the course (total 3 examinations).

#### Marks Distribution for theory examination: (Internal assessment)

For the terminal theory examination students will be evaluated by a combination of 10 MCQs (each worth 1 mark), 4 short notes (options 4 out of 5 each 5 marks and 2 LAQs (option of 2 out of 3 each worth 10 marks). The total time allotted for this 120 marks paper will be 2 hours.

MCQ = Multiple choice questions, SN = Short answer questions, LAQ = Long answer questions

Preliminary examination (as per the University pattern – 2 papers, 3 h each) **120** marks Internal assessment marks for theory will be computed to **10** out of total **220** marks.

#### Practicals (Internal assessment):

Two term ending and preliminary practicals only.

Group Project work in clinical microbiology before 4<sup>th</sup> term end.



#### **Marks Distribution of Practicals:**

|  | Total- | 140 |
|--|--------|-----|
| Preliminary Practical examination        |        | 60  |
| II <sup>nd</sup> term ending examination |        | 40  |
| I <sup>st</sup> term ending examination  |        | 40  |

Internal assessment marks for Practicals have to be computed **to 07** marks out of 140 at the end of the curriculum and add 3 marks for journals. Thus, total marks for practical assessment will be **10**.

Pattern for computation of 'Internal Assessment' in the subject of Microbiology.

#### THEORY:

Internal assessment shall be computed on the basis of three term ending examinations (two terminals & one preliminary examination before the university examination).

| EXAMINATION                                   | No. of Papers          | Duration of each paper | Total Marks |
|---|------------------------|------------------------|-------------|
| 1 <sup>ST</sup> TERMINAL                      | One -50 Marks          | 2 Hours                | 50          |
| 2 <sup>ND</sup> TERMINAL                      | One - 50 marks         | 2 Hours                | 50          |
| PRELIMINARY (As per final University pattern) | Two - 60 marks<br>each | 3 Hours each paper     | 120         |
|   |                        | TOTAL                  | 220         |

Final internal assessment in THEORY shall be computed on the basis of actual marks obtained out of 220, reduced to marks out of 10.

#### PRACTICAL:

Internal assessment in PRACTICALS shall be computed on the basis of three term ending examinations and the marks allotted to practical record book.

| EXAMINATION               | PATTERN                       | MARKS | TOTAL |
|---------------------------|-------------------------------|-------|-------|
|                           | Exercise (eg.Gram's/ZN Stain) | 10    |       |
| 1 <sup>ST</sup> TERMINAL  | Spotting                      | 10    | 40    |
|                           | Viva                          | 20    |       |
|                           | Exercise/removed KOH & LCB    | 10    |       |
| 2 <sup>ND</sup> TERMINAL  | Spotting                      | 10    | 40    |
|                           | Viva                          | 20    |       |
| PRILIMINARY EXAM          | Gram's Stain                  | 10    | 40    |
| As per University pattern | Ziehl-Neelson Stain           |       |       |
|                           | Stool Exam./Removed KOH & LCB |       |       |
| Clinical Microbiology     |                               | 10    |       |
|                           | Spotting                      | 10    |       |
|                           | Viva                          | 20    | 20    |
|                           |                               | TOTAL | 140   |



Actual marks obtained out of 140 shall be reduced to **out of 07**. Add marks obtained out of 3 for Practical Record Book. Total internal assessment marks for Practical shall be out of (7+3) 10.

Total Internal Assessment: Theory 10

Practical 10

Total: 20

#### Standard of Passing (Theory/Practical/Internal Assessment)

The student must secure 50% marks in Internal Assessment also. However, even if the student secures minimum 35% marks, he/she will be allowed to appear for University Examination subject to compensating 15% marks more than minimum 50% in the concerned subject.

In University Exam the division of marks would be as follows-

| Subject Name        | Maximum Marks | Minimum Marks |  |
|---------------------|---------------|---------------|--|
| Microbiology        |               |               |  |
| Theory              | 120           |               |  |
| Oral Viva           | 20            |               |  |
| Theory + Oral viva  | 140           | 70            |  |
| Int-Theory          | 10            |               |  |
| Int-Practical       | 10            |               |  |
| Internal Assessment | 20            | 7/20          |  |
| Practical Exam      | 40            | 20            |  |



# FORENSIC MEDICINE AND MEDICAL JURISPRUDENCE INCLUDING TOXICOLOGY

#### 1. Goal

The broad goal of teaching undergraduate students Forensic Medicine and Toxicology is to produce a physician who is well informed about Medico-legal responsibility during his/her practice of Medicine. He/She will also be capable of making observations and inferring conclusions by logical deductions to set enquiries on the right track in criminal matters and associated medico-legal problems. He/She acquires knowledge of law in relation to Medical practice, Medical negligence and respect for codes of Medical ethics.

#### 2. Educational objectives

#### (a) Knowledge

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

- i. identify the basic Medico-legal aspects of hospital and general practice
- ii. define the Medico-legal responsibilities of a general physician while rendering community service either in a rural primary health centre or an urban health centre
- iii. appreciate the physician's responsibilities in criminal matters and respect for the codes of Medical ethics
- iv. diagnose, manage and identify also legal aspect of common acute and chronic poisonings
- v. describe the Medico-legal aspects and findings of post-mortem examination in cases of death due to common unnatural conditions and poisonings
- vi. detect occupational and environmental poisoning, prevention and epidemiology of common poisoning and their legal aspects particularly pertaining to Workmen's Compensation Act
- vii. describe the general principles of analytical toxicology

#### (b) Skills

A comprehensive list of skills and attitude recommended by Medical Council of India Regulation, 1997 desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) Graduate for <u>Forensic Medicine and Toxicology</u>

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

 Make observations and logical inferences in order to initiate enquiries in criminal matters and Medico-legal problems



- To be able to carry on proper Medico-legal examination and documentation /Reporting of Injury, Age and Drunkenness.
- b. To be able to conduct examination for sexual offences and intoxication
- c. To be able to preserve relevant ancillary materials for medico legal examination
- d. To be able to identify important post-mortem findings in common unnatural deaths
- ii. Diagnose and treat common emergencies in poisoning and chronic toxicity
- iii. Make observations and interpret findings at post-mortem examination
- iv. Observe the principles of medical ethics in the practice of his profession

#### (c) Integration

Department shall provide an integrated approach towards allied disciplines like Pathology, Radiology, Forensic Sciences, Hospital Administration etc. to impart training regarding Medico-legal responsibilities of physicians at all levels of health care. Integration with relevant disciplines will provide scientific basis of clinical toxicology e.g. Medicine, Pharmacology etc.

3. Total duration of Para-clinical teaching 3 Semesters

Total 360 teaching days

**Total number of teaching hours allotted for Forensic** 

Medicine & Toxicology 100 hours

#### 4. Syllabus

#### a. Learning methods

Lectures, tutorials, practical demonstrations

Distribution of teaching hours

Didactic lectures should not exceed one third of the time schedule, two third schedule should include Practical, Demonstrations, Group discussions, Seminars and Tutorials.

Learning process should include living experiences and other case studies to initiate enquiries in criminal matters and Medico-legal problems.

A) Theory (lectures & 40

Tutorials, seminar & allied) 20

Total 60

B) Practicals (including demonstrations)

Practical 25

Demo 15

Total 40



This period of training is minimum suggested. Adjustments whenever required, depending on availability of time, be made.

#### b. & c. Sequential organization of contents & their division

#### **Topic wise distribution**

The course is designed to meet the needs of a General Practitioner and includes the following topics:

|    |  | Total: 100 Hrs |
|----|--|----------------|
| 7. | Tutorial and Seminars                  | 10 Hrs         |
|    | Allied disciplines                     | 06 Hrs         |
| 6. | Integrated approach towards            |                |
|    | Evidence is being recorded             | 04 Hrs         |
| 5. | Court attendance when medical          |                |
| 4. | Legal Procedures in Medico-Legal cases | 08 Hrs         |
| 3. | Medical Jurisprudence                  | 12 Hrs         |
| 2. | Toxicology                             | 20 Hrs         |
| 1. | Forensic Medicine                      | 40 Hrs         |

Part – 1 Forensic Medicine: (N=40)

#### **Contents & division**

Note: MUST KNOW (MK), Desirable to Know (DK) and `\*' is Nice to Know (NK)

- A) DEFINITION, SCOPE RELEVANT TO SUBJECT
- 1. History of Forensic Medicine
- 2. Need, Scope, Importance and probative value of Medical evidence in Crime Investigation
- B) PERSONAL IDENTITY NEED AND ITS IMPORTANCE.
- 1. Data useful for Identification of Living and Dead
- 2. Age estimation and its medico-legal Importance
- 3. Sex determination and it's medico-legal importance
- 4. Other methods of establishing identity: Corpus Delicti, **Dactylography**, **Tattoo marks**, Deformities, **Scars** and other relevant factors
- 5. Identification of decomposed, Mutilated bodies and skeletal remains
- 6. Medico legal aspect of DNA fingerprinting a brief introduction
- 7. Medico legal aspect of blood and blood stains

Collection, Preservation and Dispatch of Specimen for Blood and other ancillary material for identification and Medico-legal examination



- C) MECHANICAL INJURIES AND BURNS
- 1. Definition and classification of injuries: Abrasions, Contusions, Lacerations, Incised and Stab injury, Firearm and Explosion injury, Fabricated and Defence injury
- 2. Medico-legal aspect of injury/hurt, simple and grievous hurts, murder, Ante –mortem & Postmortem Wounds, Age of the injury, cause of death and relevant sections of I.P.C., Cr.P.C. (Students should not know actual IPC & Cr. P.C. Section)
- 3. Causative Weapon and appearance of Suicidal, Accidental and Homicidal injuries
- 4. Physical methods of Torture and their identification
- 5. Reporting on Medico-legal cases of Hurts
- 6. Regional injuries: Head injury, cut throat injuries and Road traffic accident injuries
- 7. Thermal injuries: Injuries due to heat and cold, Frostbite, Burns, Scalds and Bride burning
- 8. Injuries due to Electricity, Lightening

Collection, Preservation and Dispatch of Specimen for Blood and other ancillary material for Medico-legal examination

- D) MEDICO-LEGAL ASPECTS OF SEX, MARRIAGE AND INFANT DEATH
- Sexual Offences and perversions: Natural (Rape, Adultery, and Incest), Unnatural (Sodomy, Bestiality and Buccal coitus) Lesbianism, perversions and relevant sections of I.P.C. and Cr.P.C.
- 2. Fertility, Impotence, Sterility, Virginity, and Nullity of marriage and divorce on Medical ground
- 3. Pregnancy, Delivery, Paternity, Legitimacy, Artificial Insemination, \*Fertilisation in Vitro, \*Sterilization (Family Planning Measures)
- **4. Abortions, Medical Termination of pregnancy, criminal abortions,** Battered Baby Syndrome, Cot deaths and relevant sections of I.P.C. and Cr.P.C., **M.T.P. Act of 1971 and foetal sex determination Act**
- 5. Infant death (Infanticide)
  - i. Definition Causes, Manners and Autopsy features
  - ii. Determination of age of Foetus and Infant
  - iii. Signs of live-born, stillborn and dead born child
  - iv. Child Abuse & Protection of Children from Sexual Offences (POCSO) Act, 2012.

Collection, Preservation and Dispatch of Specimen: Hair, seminal fluid/ stains and other ancillary material for medico-legal examination, examination of seminal stains and vaginal swabs

- E) MEDICO-LEGAL ASPECTS OF DEATH
- 1. Definition and concept of death, stages, modes, Signs of death and its importance



- 2. **Changes after death**, Cooling, Hypostasis, Changes in eye, Muscle changes, Putrefaction, Saponification, Mummification, **Estimation of time since death**
- 3. MCCD (Medical Certification of Cause of Death), Proximate causes of death, causes of sudden deaths, Natural deaths. Presumption of death and survivorship, disposal and preservation of dead
- 4. Introduction to \*The Anatomy Act, \*The Human organ transplantation Act. 1994
- 5. Medico-legal aspects and findings of post-mortem examination in cases of **death due to** common unnatural conditions
- 6. **Sudden unexpected death**, deaths from starvation, cold and heat and their medico-legal importance
- 7. Medico-legal aspects of death from Asphyxia, Hanging, Strangulation, Suffocation and Drowning
- F) MEDICO-LEGAL AUTOPSY
- 1. Autopsy: Objectives, Facilities, Rules and Basic techniques, Proforma for reporting medico-legal autopsy
- 2. **Exhumation**, examination of mutilated remains, Obscure autopsy and **post-mortem** artifacts

Collection, preservation and dispatch of material for various investigations to Forensic Science Laboratory

- G) \*FORENSIC PSYCHIATRY
- 1. **Definition, General terminology** and \* Hallucination, Delusion, Impulse, Illusion, Testamentary capacity. Civil and Criminal responsibility
- 2. Examination, \* Certification, restraint and admission to Mental Hospital
- 3. \*Mental Health Act Principles and Objectives
- 4. True insanity & feigned insanity

Part - 2 Toxicology: (N=20)

#### A) POISONS AND THEIR MEDICO-LEGAL ASPECTS

- 1. **Definition of poison, General consideration and Laws in relation to poisons**\Narcotic drugs and psychotropic substances Act, \*Schedules H and L drugs, \*Pharmacy Act, **Duties and responsibilities of attending physician**
- Common poisons and their classification, Identification of common poisons, Routes of administration, Actions of poisons and factors modifying them, Diagnosis of poisoning (Clinical and Confirmatory), Treatment/ Management of cases of acute and chronic poisonings



- 3. Addiction and Habit forming drugs, drug dependence
- Occupational and environmental poisoning, prevention and Epidemiology of common poisoning and their legal aspects particularly pertaining to Workmen's Compensation Act
- 5. Medico-Legal aspects and findings of postmortem examination in cases of death due to poisonings
- 6. Centres for diagnosis of poisoning.

#### **B) POISONS TO BE STUDIED**

- 1. Corrosive: Sulphuric Acid, Nitric Acid, Hydrochloric Acid, Carbolic Acid and Oxalic Acid, Sodium and Potassium and Ammonium Hydro-Oxide
- 2. Non-metallic, Metallic Poisons and Industrial hazards: Phosphorus and compounds of Lead, Arsenic, Mercury, Copper, and Glass powder
- 3. **Plant Poisons: Castor, Croton**, Capsicum, Semicarpus Anacardium (Bhilawa), Calatropis Gigantea, **Abrus Precatorius (Ratti), Dhatura, Cannabis Indica, Cocaine, Opium**, Aconite, Yellow Oleander, **Strychnine**
- 4. Animal and Bacterial Poisons: Snakes, Scorpion and Food poisoning
- 5. Alcohol (Drunkenness) Ethyl Alcohol, Methyl Alcohol, Kerosene, Barbiturates
- 6. **Asphyxiant & Gaseous Poisons: Carbon Monoxide**, War gases, Hydrocyanic acid, and Cyanides
- 7. Insecticides, pesticides and Miscellaneous poisons: Organo-Phosphorus Compounds, Organo-Chloro Compounds, Carbamates (Carbaryl) and Rodenticides (Phosphides) Collection, Preservation and forwarding of evidence, remains of poison, body discharges and viscera etc. to Forensic Science Laboratory in cases of poisoning
- C) FORENSIC SCIENCE LABORATORY: (BRIEF)
- 1. Aims, objects, general knowledge about Forensic Science Laboratory
- 2. General principles of analytical toxicology

#### Part – 3 Medical Jurisprudence: (N=12)

- A) LEGAL AND ETHICAL ASPECTS OF PRACTICE OF MEDICINE
- 1. The **Indian Medical Council**, the Act, Formation and Functions; **State Medical Council**: Formation, Functions, and Registration
- 2. Rights and obligations of Registered Medical Practitioners and patient, Duties of physicians and patients, Euthanasia
- 3. Infamous conduct, Professional secrecy and privileged communications
- 4. Codes of Medical Ethics, medical etiquette, Medical Negligence and contributory negligence, Precautionary measures and defenses for Medical Practitioners against



# legal actions, Medical/Doctors indemnity insurance, Consumer Protection Act relevant to medical practice

- 5. Medical Ethics and prohibition of Torture & care of Torture Victims
- B) DEFINITION OF HEALTH AND ITEMS TO CERTIFY ABOUT HEALTH
- Common medico-legal problems in Hospital practice, Consent in Medical Examination and treatment, under treatment/ Sickness and Fitness certificate, maintenance of medical records
- 2. \*Social, Medical, Legal and Ethical problems in relation to AIDS
- C) ACTS AND SCHEMES RELATED TO MEDICAL PROFESSION IN BRIEF:

**Workmen's compensation Act**, \* Mental Health Act, **Medical Practitioner Act**, Protection of human rights Act, 1993, \* National Human Rights Commission,

\* Human Organ Transplantation Act and other relevant sections of I.P.C., Cr.P.C. and I.E. Act. Maharashtra civil medical code, Hospital administration manual

#### Part – 4 Legal procedures in medico-legal cases: (N=8)

- Medico-Legal Investigations of death in suspicious circumstances, Inquest and it's types
- B. Types of Criminal courts and their powers, punishments prescribed by law, kinds of witnesses, Evidence, Documentary Medical evidence, Dying declaration
- C. The Trial of criminal cases, Rules and Conventions to be followed by Medical Witness at Medical evidence, subpoena, conduct money
- D. Relevant Sections from the Indian Evidence Act, Indian Penal code and Criminal Procedure code

**NOTE:** Must know, desirable to know and '\*' is nice to know

#### d. Term-wise distribution

| <b>Terms Lectures</b> | Non – Lectures | Pracs. | Demos. | Tuts/Sem/Allied |
|-----------------------|----------------|--------|--------|-----------------|
| I Term                | 15             | 08     | 06     | 06              |
| II Term               | 15             | 10     | 05     | 06              |
| III Term              | 10             | 07     | 04     | 08              |
| Total                 | 40             | 25     | 15     | 20              |

This period of training is the minimum suggested. Adjustments whenever required, depending on availability of time, be made



#### e. Practicals (including demonstrations): Total no. of hours & contents

Practicals will be conducted in the laboratories.

Objective will be to assess proficiency in skills, conduct of experiment, interpretation of data and logical conclusion.

Emphasis should be on candidate's capacity in making observations and logical inferences in order to initiate enquiries in criminal matters and medico-legal problems.

Total Time: 25 + 15 = 40

#### **Contents:**

Part 1 Forensic Medicine

#### Report on:

- 1. Estimation/Certification of Age
- 2. Recording of fingerprints to be deleted
- 3. Examination/Certification of the Injured [Prescribed Forms]
- 4. Examination of the Causative Agents in cases of Injuries (e.g. Weapons, Instruments)
  - a. Hard and blunt weapons
  - b. Sharp cutting, sharp pointed and Sharp Heavy cutting weapons
  - c. Firearm weapons
- 5. Sexual offences:
  - a. Examination/Certification of Victim
  - b. Examination/Certification of Accused
- 6. Examination of Foetus to opine about age
- 7. Examination of Bones and teeth for Medico-legal purpose to determine age, sex, stature, cause of death, time since death
  - a. Skull and Mandible
  - b. Scapula, Sternum and Upper limb bones
  - c. Sacrum and hip bone/ Pelvic bone
  - d. Lower limb bones

#### Study of:

- 8. Medical certification of cause of Death as per Birth and Death registration Act [Prescribed Forms]
- 9. Studies of Skiagrams for estimation of age, bony injury, foreign body, and pregnancy
- 10. Photograph of different events of Medico-legal importance and post-mortem changes
- 11. Study of Various museum specimens of medico-legal significance
- 12. Study of Various slides of medico-legal significance
- 13. **Demonstration of Instruments:**



- a. Used in treatment of acute poisoning cases
- b. Used for causing abortions
- c. Used for carrying out autopsy [Standard human autopsy dissection Box/set]

#### Part 2 Forensic Toxicology

- 1. Examination/Certification of Alcoholic [Prescribed Forms 'A' &'B']
- 2. Study of Common poisons:

[Sulphuric Acid, Nitric Acid, Hydrochloric Acid, Carbolic Acid and Oxalic Acid, Sodium and Potassium Hydro-Oxide, Phosphorous, Lead, Arsenic, Mercury, Copper, Glass powder, Castor, Croton, Capsicum, Semicarpus Anacardium (Bhilawa), Calatropis Gigantea, Abrus Precatorius (Ratti), Dhatura, Cannabis Indica, Opium, Aconite, Yellow Oleander, Strychnine, Snakes, Scorpion, Alcohol, Methyl Alcohol, Kerosene, Barbiturates, Organo-phosphorus compounds, Organo Chloro compounds, Carbamates (Carbaryl)] and other commonly used poisons, antidotes and preservatives

#### Part 3 Medical Jurisprudence

**Study of Medical Certificates [Prescribed Forms]** 

- a. Sickness Certificate
- b. Fitness Certificate
- c. Certificate of Physical fitness
- d. \* Medical certificate prescribed under Mental Health Act : 1987
- e. \* Medical Certificate of Sound/ Unsoundness of mind.

#### Part – 4 Legal procedures in medico-legal cases

Study of the various prescribed Forms:

Consent to surgery Anaesthesia and other Medical services, Request for sterilization, Consent to access to hospital records, Authorization for Autopsy, Dead body Challan used for sending a dead body for post-mortem examination, Request for the second inquest by Magistrate on the dead body, Provisional post-mortem certificate, Post-mortem form, Pictorial Post-mortem form, Form for the Final cause of death, Forms for despatch of exhibits other than the viscera to chemical analyser, Forms for despatch of Viscera for Histopathological Examination, Form for dispatch of viscera to chemical analyser, Forensic Science Laboratory report form, Summons to witness.

Each student shall attend and record as a clerk

- a. As many as possible cases / items of medico-legal importance
- b. 10 cases of medico-legal autopsies



Both above 'a' and 'b' should be recorded in the approved Proforma in the single Journal. The Journal should be scrutinised by the teacher concerned and presented for the inspection and evaluation during the university examination.

Each student shall attend the court at least 2 cases when Medical Evidence is being recorded.

#### f. Books recommended

- The Essentials of Forensic Medicine & Toxicology 34<sup>th</sup> Edition 2017 by K.S. Narayan Reddy.
- 2. Parikh's Textbook of Medical Jurisprudence and Toxicology. 6<sup>th</sup> Edition
- 3. Modi's Textbook of Medical Jurisprudence and Toxicology Ed. 25<sup>th</sup>, 2016, by B.V. Subramanyam, Butterworth
- 4. Tetbook of Forensic Medicine & Toxicology. By V.V. Pillay. 18<sup>th</sup> Edition 2017.
- 5. Principles of Forensic Medicine & Toxicology. By Rajesh Bardale. 2<sup>nd</sup> Edition 2017.
- 6. Bernard Knight' Forensic Pathology, 4<sup>th</sup> edition 2016.
- 7. Text Book of Forensic Medicine J.B. Mukherjii VOL 1 & 2
- 8. Principles of Forensic Medicine A. Nandy
- 9. Toxicology at a Glance by Dr S.K. Singhal

#### Reference books

- 1. Russell S. Fisher & Charles S.Petty: Forensic Pathology
- 2. Keith Simpson: Forensic Medicine. 13<sup>th</sup> Edition
- 3. Jurgen Ludwig: Current Methods of autopsy practice.
- 4. Gradwohl Legal Medicine
- 5. A Doctors Guide to Court Simpson
- 6. Polson C.J.: The essentials of Forensic Medicine
- 7. Adelson, L.: The Pathology of Homicide.
- 8. Atlas of Legal Medicine (Tomro Watonbe)
- 9. Sptiz, W.U. & Fisher, R.S.: Medico-legal Investigation of Death.
- 10. A Hand Book of Legal Pathology (Director of Publicity)
- 11. Taylor's Principles & Practice of Medical Jurisprudence. Edited by A. Keith Mant, Churchill Livingstone.
- 12. Ratanlal & Dhirajlal, The Indian Penal Code; Justice Hidayatullah & V.R. Manohar
- 13. Ratanlal & Dhirajlal, The Code of Criminal procedure; Justice Hidayatullah & S.P. Sathe
- 14. Ratanlal & Dhirajlal, The Law of Evidence; Justice Hidayatullah & V.R. Manohar
- 15. Medical Law & Ethic in India H.S. Mehta
- 16. Code of medical ethics: Medical Council of India, approved by Central Government, U/S 33 (m) of IMC Act, 1956 (Oct 1970)
- 17. Krogman, W.M.: The human skeleton in legal medicine.
- 18. FE Camps, JM Cameren, David Lanham: Practical Forensic Medicine
- 19. V.V. Pillay: Modern Medical Toxicology.



#### 5. Evaluation

#### a. Methods

Theory, Practical & viva

#### b. Pattern of Theory Examination including Distribution of Marks, Questions, Time

Nature of Question Paper

Faculty with year: Second MBBS

Subject: Forensic Medicine & Toxicology

Paper: Total Marks: 60, Time: 3 hours. The paper will be in 3 sections.

| Sections | Nature of Questions   | Total No. of<br>Questions | Mark (s) per<br>Question | Total<br>Marks |
|----------|---|---------------------------|--------------------------|----------------|
| A)       | Multiple Choice Questions (MCQs)  | 20                        | 1/2                      | 10             |
| В)       | Short Answer Questions (SAQs) (Attempt any 6 out of 7) (must include 3 questions from Toxicology) | 6 out of 7                | 5                        | 30             |
| C)       | Long Answer Questions (LAQ) (Attempt any 2 out of 3)  | 2 out of 3                | 10                       | 20             |
| Total    |   |                           | 60                       |                |

#### c. Topic distribution in the theory paper

e. Nature of practicals and duration

Section A & C: Forensic Medicine, Toxicology, Medical Jurisprudence, Legal Procedure Section B: Forensic Medicine, Toxicology and/or Medical Jurisprudence, Legal Procedure

#### d. Marking scheme

As shown above

| Pra  | cticals   |          |
|------|---|----------|
| A) S | potting: 5 spots of 1 mark each with 2 minutes time per spot              | Marks 05 |
| B) N | Nedicolegal Report on Three Exercises 15 minutes time for each exercise   | Marks 15 |
| 1    | . An Injured OR Age of the child/Foetus OR An alcoholic OR Sexual Offence | Marks 05 |
| 2    | . Bone OR Weapon  | Marks 05 |
| 3    | . Certificate of Sickness, fitness OR Death                               | Marks 05 |
|      |   |          |

Time: about 1 hrs.

In respect of items B)1 to 3, students will be expected to prepare their reports as if they would be required to submit it to the investigating authority concerned within the time allotted, and the examiners will be assessing proficiency in skills, conduct of experiment, interpretation of data and logical conclusion. Emphasis should be on candidate's capacity in making observations and logical inferences in order to initiate enquiries in criminal matters and medico-legal problems.

#### f. Viva: duration and topic distribution

Viva-vocé: Time: About 30 Min

Marks 20



There will be TWO tables examining each student separately on the topics 'a' and 'b'.

Viva 20 marks Duration 30 mins

Four examiners 15 mins with each candidate

Two examiners for topics **a. Toxicology and Medical Jurisprudence**Two examiners for topics **b. Forensic Medicine and Legal Procedures** 

At each table marks given will be out of 10 and then added together (total out of 20)

#### g. Plan for internal assessment

The time-table for internal assessment will be as follows:

#### SCHEME OF INTERNAL ASSESSMENT WITH FREQUENCY OF EXAMINATIONS

Marks for internal assessment 'A' (10 marks) shall be calculated on the basis of three terminal college examinations conducted.

Marks for internal assessment 'B' (10 marks) shall be calculated on the basis of three terminal college examinations (7 marks) & day-to-day class practical work and Record (3 marks).

Department will maintain a register for periodic evaluation of their students. The internal assessment will be done separately for theory and practical examinations.

#### A total of 3 (three) examinations will be conducted as under:

FREQUENCY AND MARKING OF EXAMINATION FOR INTERNAL ASSESSMENT

Term wise distribution Theory/Practical (Total Marks)

I Term A/B  $1^{st}$  Terminal 30 / 20 II Term

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2<sup>nd</sup> Terminal 30 / 20

**III Term** 

3<sup>rd</sup> Term ending (Preliminary) 60 / 40

### SCHEME OF INTERNAL ASSESSMENT WITH FREQUENCY OF EXAMINATION

I term- 1<sup>st</sup> term ending: After 120 teaching days (Theory and Practicals)

II term- 2<sup>nd</sup> term ending: At the end of the 2<sup>nd</sup> term (Theory and Practicals)

#### III term-

Prelims examination on the basis of University pattern -Theory, Practicals and Viva (Minimum 4 weeks gap mandatory between Preliminary and University examinations)

For the terminal theory examination for I and II Term students will be evaluated by a combination of 10 MCQs (each worth ½ mark), 3 SAQs (each of 5 marks with an option of 3 out of 5) and 1 LAQ (option of 1 out of 2 worth 10 marks, each LAQ will be split into part a and part b of 5 marks each). The total time allotted for this 30 marks paper will be 2 hour.

III term or Prelim pattern will be as per the University exam i.e. 20 MCQ (1/2 mark each) to be attempted in 30 minutes, 6 SAQ (5 marks each with option of 6 out of 7; 3 questions from Toxicology must) and 2 LAQ (10 marks each LAQ with option of 2 out of 3; each question will have 5 marks part a from Forensic Medicine and 5 marks part b from Toxicology). Total time allotted for the 60 marks theory paper is 3 hours.

This will be followed by practicals (total time 1½ hours). The marks for the I term and II term practicals will be 20 each. To familiarize the students with the 'viva-vocé', for the I term and II



term the marks for the practicals exercises' may be kept as 15 (5 spots of 1 mark each and two reports of 5 marks each), while 05 marks be reserved for viva on theory topics (total 20 marks).

#### Standard of Passing (Theory/Practical/Internal Assessment)

The student must secure 50% marks in Internal Assessment also. However, even if the student secures minimum 35% marks, he/she will be allowed to appear for University Examination subject to compensating 15% marks more than minimum 50% in the concerned subject. In University Exam the division of marks would be as follows-

| Subject Name                   | Maximum Marks | Minimum Marks |  |
|--------------------------------|---------------|---------------|--|
| Forensic Medicine & Toxicology |               |               |  |
| Theory                         | 60            | -             |  |
| Oral Viva                      | 20            | -             |  |
| Theory + Oral viva             | 80            | 40            |  |
| Int-Theory                     | 10            | -             |  |
| Int-Practical                  | 10            | -             |  |
| Internal Assessment            | 20            | 7/20          |  |
| Practical Exam                 | 20            | 10            |  |