#### UNIVERSITY OF DELHI

#### NOTIFICATION

#### Sub: Amendment to Ordinances

The following Amendments to Ordinances of the University which have been approved by the Executive Council at its meeting held on 25.03.2022 are notified for information and necessary action, if any, to all the concerned:

1. Amendment to Ordinance V (2) & VII. [EC. Res. 78-7 dated 25.03.2022] regarding course curriculum prepared on competency based UG curriculum for MBBS course - 2<sup>nd</sup> Professional (New Scheme).

#### Curriculum document for MBBS CBME Phase II Batch for Microbiology

#### (Maulana Azad Medical College, University College of Medical Sciences & Lady Hardinge Medical College New Delhi)

#### 1. VISION

To provide state of the art, reliable diagnostic services and quality medical education that integrates recent advances and research to foster the development of a highly knowledgeable, skilled and competent undergraduate and postgraduate student in the subject of clinical microbiology.

#### MISSION

- To develop state of art facility, in terms of quality infrastructure and trained manpower so as to enable the students of medical microbiology to appreciate the aetiology, pathogenesis and laboratory diagnosis of infectious diseases.
- To deliver timely and quality diagnostic services to patients.
- To create an environment for need based quality research among faculty and students.

# 2. OVERALL LEARNING OBJECTIVES FOR UNDERGRADUATE MEDICAL EDUCATION

The objectives are developed to foster the development of an 'Indian Medical Graduate' possessing requisite knowledge, skills and values with regard to infectious diseases as outlined in Competency Based Medical Education curriculum of National Medical Commission.

#### The undergraduate learner should be able to demonstrate:

- 1. An understanding of role of microbial agents in health and disease.
- 2. An understanding of the immunological mechanisms in health and disease.
- 3. Ability to correlate the natural history, mechanisms and clinical manifestations of infectious diseases as they relate to the properties of microbial agents.
- 4. Knowledge of the principles and application of infection control measures.
- 5. An understanding of the basis of choice of laboratory diagnostic tests and their interpretation, antimicrobial therapy, control and prevention of infectious diseases.

#### 3. COMPETENCIES: Table 1 and Annexure I

**4. COURSE** (Topics, theory practical, laboratory clinical): As per CBME curriculum laid down by NMC for Indian medical Graduate: Table 1

#### 5. TEACHING LEARNING METHODS: Table 1

The curriculum is based on NMC Document UG curriculum Part-I (available at <u>https://www.nmc.orq.in/wp-content/uploads/2020/01/UG-Curriculum-Vol-I.pdf</u>). The Teaching learning methods, assessment tools, horizontal and vertical integration will be based on the document form NMC.

Subtopics to be	taught in	Microbiology	for fulfillment o	f competencies

Topics	Topics
Gen Microbiology	Immunology
Introduction, history, biosafety, universal precautions	Introduction
Bacteria in health and disease	Structure & Functions of Immune System
Bacterial Morphology & Physiology	Antigen & antibody
Bacterial Genetics	Antigen-Antibody Reaction
Isolation & Identification of Bacteria including Culture Media & Culture Methods	Complement System
Antimicrobial Resistance	Humoral and cellular Immune Response

Bacterial Pathogenicity	Hypersensitivity
Sterilization & Disinfection	Autoimmunity
Gen properties Virus and lab diagnosis	Transplantation & Immunodeficiency
Gen properties of fungi	Tumour Immunology, Immunohematology Immunoprophylaxis
Gen properties of parasites	GIT & Hepatobiliary
CVS & Blood	Diarrhoea & dysentery, Cholera,
Rheumatic fever & Infective endocarditis	Enteric fever
Infections causing anaemia	Food poisoning
Kala Azar & Toxoplasma	Intestinal Protozoal, nematodes & Trematodes infections
Malaria & Filariasis	Helicobacter/APD
Brucella, Borrelia, Listeria, S minor	Viral GI infections including hepatitis
Viral Haemorrhagic fevers	<b>Respiratory Infections</b>
HIV	Bacterial URTI
Musculoskeletal system skin and soft tissues infections	Viral pneumonia
Anaerobic infections	Bacterial LRTI
Bone & Joint Infections	Genitourinary & STD infections
Skin & soft tissue infections	UTI, E Coli, Proteus, Klebsiella
CNS infections	STD: Syphilis & gonorrhoea
Bacterial meningitis	Gonorrhoea
Viral Meningitis	
Encephalitis	
Zoonotic diseases and miscellaneous	
Zoonotic infections	Emerging and re-emerging infections
Oncogenic virus	Opportunistic infections
Infection control, PPE, BMW & HAI	Environmental microbiology

#### Table 1: Specific learning objective and topic as per CBME

	Session	SLOs	
	General Microbiology & Immunology		
	MI1.1Describe the different causative agents of Infectious diseases, the methods		
	used in their detection, and discuss the role of microbes in health and disease		
	MI1.1a	1. Describe the scope of clinical Microbiology	
	Introduction –	2. Describe the different branches of Microbiology with	
	Microbiology & History,	suitable examples	
1	Biosafety & standard	3. Describe Whittaker classification	
	precautions	4. Enumerate important milestones of Medical Microbiology	
Ó.		5. Describe contribution of Louis Pasteur & Robert Koch in	
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	details
	<ul> <li>6. Describe the development of Chemotherapy and contributions of Ehrlich and Fleming</li> <li>7. Describe standard precautions, Biosafety</li> </ul>
	8. Describe various components, & their use of standard precautions.
<b>MI 1.1b</b> Introduction of Bacteria in health and disease	<ol> <li>Describe Normal flora and its benefits</li> <li>Differentiate between pathogen, commensals, and saprophyte.</li> <li>Describe opportunistic pathogen</li> <li>Describe the pathogen</li> <li>Define: Health, Disease, infectious agents, commensalism, parasite, pathogen and opportunistic pathogen.</li> <li>Explain the pathogenesis of bacterial infection.</li> <li>Discuss the various microbial factors contributing to disease.</li> <li>Enumerate the Global burden of common infectious diseases</li> <li>Describe common infectious diseases in India</li> </ol>
MI 1.1c Bacterial Morphology	<ol> <li>Describe salient feature of eukaryotic and prokaryotic cell</li> <li>Describe morphology cell structure, different shapes and arrangement of bacterial cells</li> <li>Describe the structure and function of Cell organelles</li> </ol>
<b>MI 1.1d</b> Physiology & Metabolism	<ol> <li>Describe Physiology and metabolism of bacteria.</li> <li>Describe the growth curve of bacteria</li> <li>Describe anaerobiosis</li> </ol>
<b>MI 1.1e</b> General principle of identification of Bacteria	<ol> <li>Microscopy and culture of bacteria</li> <li>Enumerate common culture media and biochemical reactions and its use</li> <li>Describe the use of automation in identification of bacteria</li> <li>Enumerate molecular techniques for identification</li> </ol>
MI1.1f Bacterial genetics	<ol> <li>Discuss Replication, mechanism of gene transfer, mutation and gene rearrangement in bacteria.</li> <li>Describe Principals of genetic engineering.</li> </ol>
<b>MI1.1g</b> General Properties and Classification of Viruses (Including	<ol> <li>Describe the general features of virus</li> <li>Describe the structure and symmetry of viruses</li> <li>Describe viral replication</li> <li>Classify viruses</li> </ol>
Bacteriophages) MI1.1h Laboratory Diagnosis of Viral infection	<ol> <li>Describe bacteriophages, its replication cycles and use</li> <li>Enumerate the technique used in viral lab diagnosis</li> <li>Describe the use of Microscopy and inclusion bodies</li> <li>Describe tissue culture and detection of viral growth in it</li> <li>Describe serological methods for Lab Diagnosis</li> <li>Describe the molecular methods for laboratory diagnosis of viral diseases</li> </ol>

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MI1.1i General Properties and Classification of Fungi	<ol> <li>Describe the general features of Fungi</li> <li>Classify fungi on morphological and taxonomical bases</li> <li>Enumerate different mycoses with suitable example</li> <li>Describe lab diagnosis of fungal infections</li> </ol>
<b>MI1.1j</b> General Properties and Classification of Parasites	<ol> <li>Classify parasites giving suitable examples</li> <li>Enumerate common parasitic pathogen</li> <li>Classify protozoa and helminths giving suitable examples</li> <li>Describe various modes of transmission of different parasites.</li> <li>Enumerate different methods used for laboratory diagnosis of parasitic diseases</li> </ol>
MI 1.3 Describe the epide	emiological basis of common infectious diseases
MI 1.3 Describe the epidemiological basis of common infectious diseases	<ol> <li>Describe host parasite relationship</li> <li>Discuss the various sources and reservoirs of infections.</li> <li>Describe different routes of transmission with suitable examples</li> <li>Enumerate common strategies to prevent infectious disease.</li> <li>Describe the various epidemiological patterns of infectious</li> </ol>
	disease. ribe the different methods of sterilization and disinfection.
surgical practice MI 1.4 Sterilization & Disinfection MI 1.5 Choose the most	<ol> <li>of the different methods in the laboratory, in clinical and</li> <li>1. Define: Sterilization, disinfection, asepsis, antiseptics, and decontamination.</li> <li>2. List different methods of sterilisation and disinfection</li> <li>3. Describe various methods of sterilization (principle, method, use).</li> <li>4. Classify disinfectants and describe various methods of disinfection.</li> <li>5. Explain various monitoring methods applied for individual methods of sterilisation procedures and disinfectants.</li> <li>6. Enumerate new methods of sterilization and disinfection to be</li> </ol>
	ns in the laboratory, in clinical and surgical practice
MI 1.5 Sterilization & Disinfection	<ol> <li>Differentiate between sterilization and disinfection.</li> <li>Describe Spaulding Classification of medical devices.</li> <li>Describe the practical use of disinfectants according to clinical condition.</li> <li>Recommend various methods of sterilization / disinfection for medical devices.</li> <li>Describe the process and functioning of CSSD.</li> </ol>
MILLA Describe the m	
	nechanisms of drug resistance, and the methods of
antimicropial susceptibi	lity testing and monitoring of antimicrobial therapy
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MI 1.6 Antimicrobial agents, mechanisms of antimicrobial resistance and antimicrobial susceptibility testing	<ol> <li>Classify antimicrobial agents and their mechanism of resistance.</li> <li>Define and classify antimicrobial resistance.</li> <li>List and describe mechanism of action of antimicrobial agents.</li> <li>Describe acquired and intrinsic resistance.</li> <li>Describe various methods of antimicrobial susceptibility testing.</li> <li>Describe disc diffusion methods, E test and MIC methods in detail.</li> <li>Define: Bacteriostatic, bactericidal, pharmacodynamics, pharmacokinetics, MIC, MBC, agar dilution.</li> <li>Describe antibiotic stewardship program, its utility and principles.</li> </ol>
	nological mechanisms in health
MI1.7a Introduction to immunity	<ol> <li>Define and classify immunity</li> <li>Define and contrast innate and acquired immunity</li> <li>Describe mechanisms of innate immunity</li> <li>Define and describe the salient features of active, passive and acquired immunity</li> <li>Define local immunity, herd immunity and adoptive immunity</li> </ol>
MI 1.7b	1. Describe the structure and function of Central and
Structure and function of immune system	<ul> <li>peripheral lymphoid organs.</li> <li>2. Describe the development of T and B lymphocytes</li> <li>3. Describe the types of T and B lymphocytes</li> <li>4. Compare and Contrast T cells and B cells</li> <li>5. Describe morphology and function of macrophage</li> <li>6. Describe the structure and functions of human MHC gene complex</li> <li>7. Outline the other cells of Immune System</li> <li>8. Describe class, properties and functions of important cytokines</li> </ul>
MI 1.7c Antigens	<ol> <li>Define antigen and antigenicity</li> <li>Define and classify epitope &amp; haptens</li> <li>Describe alloantigens, isoantigen, heteroantigen, autoantigen and heterophile antigen.</li> <li>Define immunogenicity and describe the factors affecting it.</li> <li>Describe various determinants of antigenicity</li> <li>Define adjuvant with examples</li> <li>Describe mechanisms of adjuvant</li> <li>Describe T cell dependent/independent antigens and superantigens</li> </ol>
MI1.7d	superantigens
Antibody	<ol> <li>Define antibody</li> <li>Describe the structure and function of antibody</li> </ol>

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		3. Classify immunoglobulins
		4. Describe the structure and functions of IgG, IgM, IgA,
		IgE and IgD
		5. Describe antigenic determinants of immunoglobulins
		6. Describe abnormal Immunoglobulins
		7. Define the monoclonal antibody
		8. Describe the hybridoma technique for production of
		monoclonal antibody
		9. Enumerate various applications of monoclonal antibody
	MI 1.7e Antigen Antibody	1. Describe general properties of antigen antibody
	reactions	reactions.
	Teachoris	
		2. Describe lattice hypothesis
		3. Classify antigen antibody reactions.
		4. Describe the principle, method, types and uses of
		precipitation, agglutination and neutralization reaction.
		5. Describe the principle, method, types and uses of
		complement fixation test, ELISA, immunofluorescence
		assay, CLIA. Radioimmuno assay, western blot and
		rapid tests.
	MI 1.7f Complement	1. Define complement and enumerate complement
		activation pathways.
		2. Describe the classical and alternate pathway of
		complement
		3. Compare and contrast Classical and Alternative
		complement pathways
		4. Describe the biological effects of complement
		5. Enumerate common complement deficiency and
		associated diseases
	system to infections	chanisms of immunity and response of the host immune
	Immune response	1. Define cell mediated and humoral immune response
	initialie response	2. Describe the process of antigen presentation
		3. Describe the cell mediated immune response
		4. Describe humoral immune response
		5. Describe the activation and differentiation of B cells
		6. Describe, compare and contrast the events of primary
		and secondary immune response
	MI1.9 Discuss the imm	unological basis of vaccines and describe the Universal
	Immunisation schedule	
	MI 1.9	1. Define immunoprophylaxis
	Immunoprophylaxis	2. Describe the types and explain the scientific basis of
		vaccines [live attenuated, killed, toxoid, subunit
		3. Enumerate commonly used vaccines
		4. Describe Universal immunisation program and National
ndar o		Immunisation Schedule
		5. Describe the 'Cold Chain System" and the steps
Y		involved in vaccine development
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	6. Describe the newer approaches for vaccine development
(hypersensitivity, auto	immunological mechanisms in immunological disorder immune disorders and immunodeficiency states) and nethods used in detection.
<b>MI 1.10a</b> Hypersensitivity	<ol> <li>Define hypersensitivity.</li> <li>Classify hypersensitivity and describe their features.</li> <li>Describe the mechanism and clinical presentation of Type I,II,III &amp; IV hypersensitivity</li> </ol>
MI 1.10b Autoimmune	<ol> <li>Define Autoimmunity</li> <li>Describe mechanisms of immune (central and peripheral) tolerance</li> <li>Describe mechanisms of autoimmunity</li> <li>Describe the pathogenesis of common autoimmune diseases</li> <li>Describe laboratory tests of autoimmune diseases</li> <li>Describe the role of Immunofluorescent test in diagnosis of autoimmune diseases.</li> <li>Describe newer approaches for treatment of autoimmune diseases</li> </ol>
MI1.10c Immunodeficiency	<ol> <li>Define and enumerate Immunodeficiency</li> <li>Classify immunodeficiency diseases</li> <li>Describe common immunodeficiency diseases</li> </ol>
	munological mechanisms of transplantation and tumor
immunity Transplant & tumour immunity	<ol> <li>Describe the role of Histocompatibility antigens in transplant immunology</li> <li>Describe the types of graft rejection</li> <li>Describe mechanism and factors affecting graft rejection</li> <li>Describe graft versus host reaction</li> <li>Describe approaches for prevention of graft rejection</li> <li>Describe Tumor antigens (TSTA and TATA)</li> <li>Describe mechanism of immune response against tumour cells</li> <li>Describe immune surveillance theory</li> <li>Explain the role of vaccine, monoclonal antibodies and cytokines in cancer immunotherapy.</li> </ol>

### CVS and Blood

MI2.1 Describe the etiologic agents in rheumatic fever and their diagnosis

MI2.1	1. Define Rheumatic fever and name it's causative agent
Rheumatic fever	2. Classify Streptococcus species
	3. Describe the morphology, pathogenesis, toxins, virulence
	factors, antigenic structures, clinical features,
	epidemiology of streptococcus pyogenes
	4. Describe the infections caused by S pyogenes and list the
	suppurative and non-suppurative sequelae of
	Streptococcus pyogenes
	5. Describe the pathogenesis, clinical features and
	complications of Rheumatic fever
	6. Describe the laboratory diagnosis of rheumatic fever and
	of other infection caused by beta haemolytic Streptococci.
	assification etio-pathogenesis, clinical features and discuss ities of Infective endocarditis
the diagnostic modal	
MI 2.2	1. Classify IE and enumerate the causative organisms
Infective endocarditis	,
	2. Describe the morphology, pathogenesis, virulence factors,
(S. viridans, CONS,	antigenic structures, clinical features, epidemiology of S.
HACEK	viridans, CONS, HACEK organisms, Enterococcus
Enterococcus)	3. Describe the pathogenesis and clinical features of infective
	endocarditis.
	4. Describe the Laboratory diagnosis of IE.
	5. Briefly discuss the antimicrobial treatment of IE
	mmon microbial agents causing anemia. Describe the
	of infection and discuss the pathogenesis, clinical course,
	ntion and treatment of the common microbial agents causing
Anemia	
MI 2.4	1. Enumerate the microbial agents causing Anaemia
1.6.10	
Infections	2. Describe morphology, modes of transmission, pathogenicity,
causinganemia:	2. Describe morphology, modes of transmission, pathogenicity, life cycle of parasites causing anaemia ([Trematodes
	life cycle of parasites causing anaemia ([Trematodes
causinganemia: [Trematodes	life cycle of parasites causing anaemia ([Trematodes (Schistosoma), Nematodes (Ancylostoma, N. americanus
causinganemia:	life cycle of parasites causing anaemia ([Trematodes (Schistosoma), Nematodes (Ancylostoma, N. americanus Trichuris trichuria), Cestodes (D latum)]
causinganemia: [Trematodes (Schistosoma), Nematodes	life cycle of parasites causing anaemia ([Trematodes (Schistosoma), Nematodes (Ancylostoma, N. americanus Trichuris trichuria), Cestodes (D latum)] 3.Discuss clinical course of Anaemia caused by each microbial
causinganemia: [Trematodes (Schistosoma), Nematodes (Ancylostoma, N.	<ul> <li>life cycle of parasites causing anaemia ([Trematodes (Schistosoma), Nematodes (Ancylostoma, N. americanus Trichuris trichuria), Cestodes (D latum)]</li> <li>3.Discuss clinical course of Anaemia caused by each microbial agent</li> </ul>
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causinganemia: [Trematodes (Schistosoma), Nematodes (Ancylostoma, N. americanus, Trichuris trichuria) , Cestodes (D latum)]. MI2.5 Describe the e laboratory diagnosis	<ul> <li>life cycle of parasites causing anaemia ([Trematodes (Schistosoma), Nematodes (Ancylostoma, N. americanus Trichuris trichuria), Cestodes (D latum)]</li> <li>3.Discuss clinical course of Anaemia caused by each microbial agent</li> <li>4.Describe laboratory diagnosis of each microbial agent causing Anaemia.</li> <li>5. Describe treatment, prevention and control of each microbial agent</li> </ul>
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MI2.5a Kala Azar (Leishmania)& sleeping sickness (Trypanosoma)	<ol> <li>Classify the common Leishmania species causing human disease and the clinical syndromes caused by them</li> <li>Describe the morphology, modes of transmission, pathogenicity, life cycle of Leishmania donovanii and Trypanosoma</li> <li>Discuss the clinical presentation, complications and laboratory diagnosis of kala azar and trypanosomiasis.</li> <li>Describe PKDL</li> <li>Describe treatment, prevention and control of kala azar and trypanosomiasis.</li> <li>Classify the Trypanosomes infecting man and the diseases caused by them</li> </ol>
<b>MI2.5b</b> Toxoplasmosis	<ol> <li>Describe the morphology, modes of transmission, pathogenicity, life cycle of Toxoplasma gondii.</li> <li>Describe the clinical presentation, complications and laboratory diagnosis of Toxoplasmosis.</li> <li>Discuss the treatment, prevention and control of Toxoplasmosis.</li> </ol>
<b>MI 2.5c</b> Malaria and Babesia.	<ol> <li>Enumerate the causative Plasmodium species of human malaria</li> <li>Describe the morphology, modes of transmission, pathogenicity, life cycle of Plasmodium species.</li> <li>Describe the clinical presentation, complications immunity and laboratory diagnosis of malaria.</li> <li>Discuss the treatment, prevention and control of malaria.</li> <li>Describe the morphology, modes of transmission, pathogenicity, life cycle of Babesia.</li> <li>Describe the clinical presentation and laboratory diagnosis of Babesiosis</li> </ol>
<b>MI 2.5d</b> Filariasis	<ol> <li>Enumerate the filarial nematodes causing lymphatic filariasis</li> <li>Describe the morphology, modes of transmission, pathogenicity, life cycle of loaloa, oncocercavololus, Wuchereriabancrofti and Brugiamalayi.</li> <li>Describe the clinical presentation, complications immunity and laboratory diagnosis of filariasis.</li> <li>Discuss the treatment, prevention and control of filariasis.</li> <li>Differentiate between the microfilaria of loaloa, oncocercavololus, Wuchereriabancrofti and Brugiamalayi.</li> </ol>
MI2.5e Miscellaneous Infections of blood:Brucella.	<ol> <li>Describe the epidemiology of Brucella</li> <li>Describe the classification, morphology, and virulence factors of Brucella</li> <li>Describe the epidemiology pathogenesis, mode of transmission, clinical features and laboratory diagnosis of Brucellosis</li> <li>Describe the complications, treatment, prevention and control of Brucellosis.</li> </ol>

<b>MI2.5e</b>	<ol> <li>Describe the epidemiology, morphology, virulence factors and</li></ol>
Miscellaneous	pathogenicity of Borrelia, Listeria, Parvovirus and Epstein Barr
Infections of blood:	Virus and spirillum minor. <li>Describe the pathogenesis, clinical features and diagnostic</li>
Borrelia, Listeria,	modalities of infections caused by these agents. <li>Describe the complications, treatment, prevention and</li>
Spirillum minor,	control of listeriosis, rat bite fever, relapsing fever and
Parvovirus & EBV.	Lyme disease.
<b>MI2.5f</b>	<ol> <li>Enumerate and classify the viruses causing haemorrahagic</li></ol>
Viral haemmorhagic	fevers. <li>Decribe the morphology, mode of transmission pathogenesis</li>
fevers: Arboviruses,	and virulence factors of viral agents causing VHF. <li>Describe the clinical features, complications and laboratory</li>
Filovirus, robovirus	diagnosis of VHF. <li>Describe treatment prevention and control of VHF.</li>
	pidemiology, the etio- pathogenesis, evolution complications, ons, diagnosis, prevention and the principles of management
MI 2.7 HIV	<ol> <li>Describe morphology, antigenic structure, pathogenesis, serotypes, replication of HIV.</li> <li>Describe clinical features including WHO clinical staging of HIV/AIDS for adults</li> <li>Describe global and Indian epidemiology of AIDS.</li> <li>Enumerate opportunistic infections occurs in HIV infected people</li> <li>Describe laboratory diagnosis of HIV/AIDS</li> <li>Describe NACO strategy for HIV diagnosis</li> <li>Describe treatment strategies in brief.</li> <li>Describe PEP as per NACP guidelines.</li> <li>List HIV vaccine strategies</li> </ol>

#### **GIT Infections**

MI3.1 Enumerate the microbial agents causing diarrhea and dysentery. Describe the epidemiology, morphology, pathogenesis, clinical features and diagnostic modalities of these agents

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MI3.1a Gastro intestinal tract infections: general, Diarrhoea, Dysentery, Introduction to Enterobacteriaceae, E coli, Shigella, Campylobacter, other Enterobacteriaceae members.	<ol> <li>Define diarrhoea and dysentery.</li> <li>Describe the epidemiology of diarrhoea and dysentery</li> <li>Enumerate the microbial agents causing diarrhoea and dysentery</li> <li>Describe the pathogenesis, clinical features and complications of diarrhea &amp; dysentery.</li> <li>Differentiate the clinical features of diarrhoea and dysentery.</li> <li>Describe laboratory diagnosis of diarrhoea and dysentery.</li> <li>Describe the epidemiology, morphology, cultural characteristics, virulence markers, identification strategies of diarrhoea and dysentery.</li> <li>Coli, Shigella &amp; other Enterobacteriaceae causing diarrhoea and dysentery.</li> </ol>
MI3.1b Cholera: Vibrio, Plesiomonas and Aeromonas	<ol> <li>Define cholera.</li> <li>Describe the epidemiology of cholera</li> <li>Describe the pathogenesis, clinical features and complications of cholera.</li> <li>Describe various methods of clinical and laboratory diagnosis of cholera.</li> <li>Describe the epidemiology, morphology, cultural characteristics, virulence markers, identification strategies of Vibrio cholera, Aeromonas, Plesiomonas</li> <li>Describe the treatment, prevention and control of cholera.</li> </ol>
<b>MI3.1c</b> Parasitic Gastro intestinal tract infections: Entamoeba and Giardia	<ol> <li>Describe the epidemiology, morphology, life cycle, pathogenesis, clinical features and diagnosis of Entamoeba histolytica, Balantidium coli and Giardia</li> <li>Describe the epidemiology, morphology, life cycle, pathogenesis, clinical features and diagnosis of coccidian parasites.</li> <li>Describe the treatment, prevention and control of infections caused by Entamoeba histolytica, Balantidium coli, Giardia and coccidian parasites</li> </ol>
MI3.1d Viral GI infections	<ol> <li>Describe the epidemiology, morphology, pathogenesis, clinical features and diagnostic modalities of viral gastroenteritis.</li> <li>Describe the epidemiology, morphology, pathogenesis, immunity, clinical features,</li> </ol>

diseases caused by these organisms.MI 3.3 Describe the enteric fever pathogens and discuss the evolution of the clinical course and the laboratory diagnosis of the diseases caused by themMI 3.3 GI Infections: Enteric fever1. List the various pathogens causir enteric fever.GI Infections: Enteric fever2. Describe the pathogenesis of Typhoid paratyphoid fever.3. Describe the morphology, virulend factors, cultural characteristics ar identification strategies for Salmone Typhi, S. Paratyphi A and B.4. Describe the laboratory diagnosis typhoid and paratyphoid fever.5. Describe the laboratory diagnosis typhoid and paratyphoid fever.6. Describe the laboratory diagnosis typhoid and paratyphoid fever.7. Discuss treatment and complications of enter fever.6. Describe multidrug resistant Salmonella 7. Discuss treatment, prevention and contr of enteric fever.MI 3.5 Food Poisoning {Staphylococcus aureus Bacillus cereus Vibrio cholerae Vibrio parahaemolyticusMI 3.5 topic parahaemolyticus1. Describe the pathogenesis, clinical course with relation to the etiological agent.	<b>MI 3.1e</b> Parasitic GI Infections-I & II: Intestinal nematodes (Ascaris, Enterobius Trichinella Strongyloidiasis) Trematodes (Liver fluke etc. )	<ul> <li>diagnosis, prevention and control of gastroenteritis caused by rotavirus, adenovirus, Norwalk agent and norovirus</li> <li>1. Describe the epidemiology, morphology, life cycle and pathogenesis, of cestodes (Taenia saginata, T. solium, H. nana, Echinococcusgranuloses)</li> <li>2. Describe the epidemiology, morphology, life cycle, pathogenesis, clinical features and diagnosis of trematodes (Fasciola hepatica &amp; F. buski)</li> <li>3. Describe the epidemiology, morphology, life cycle, pathogenesis, clinical features and diagnosis of intestinal nematodes.</li> <li>4. Describe the laboratory diagnosis, treatment control and prevention of</li> </ul>
MI 3.3 Describe the enteric fever pathogens and discuss the evolution of the clinical course and the laboratory diagnosis of the diseases caused by themMI 3.31. List the various pathogens causir enteric fever.GI Infections: Enteric fever1. List the various pathogens causir enteric fever.3. Describe the pathogenesis of Typhoid paratyphoid fever.2. Describe the pathogenesis of Typhoid paratyphoid fever.3. Describe the morphology, virulend factors, cultural characteristics ar identification strategies for Salmone Typhi, S. Paratyphi A and B.4. Describe the laboratory diagnosis typhoid and paratyphoid fever.5. Describe the laboratory diagnosis typhoid and paratyphoid fever.6. Describe the laboratory diagnosis typhoid and paratyphoid fever.7. Discuss treatment and complications of enter fever.MI3.5 Enumerate the causative agents of food poisoning and discuss the pathogenesis, clinical course and laboratory diagnosisMI 3.5 Food Poisoning {Staphylococcus aureus 		treatment, control and prevention of
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Vibrio choleraecourse with relation to the etiological agent.		
Vibrio parahaemolyticus agent.		
Enterotoxigenic Escherichia coli 4. Describe the laboratory diagnostic of foc	Vibrio parahaemolyticus	<b>.</b>
1	Enterotoxigenic Escherichia coli	4. Describe the laboratory diagnostic of food
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Enterohemorrhagic Escherichia coli Non typhoidal Salmonella Shigella spp.}	poisoning.
· · ·	sis of Acid peptic disease (APD) and the osis and management of the causative
MI 3.6 APD:Helicobacter pylori	<ol> <li>Describe Acid peptic disease.</li> <li>Describe clinical course of APD.</li> <li>Describe the pathogenesis of APD due to H. pylori</li> <li>Describe the morphology, cultural characteristics, and identification strategies of Helicobacter pylori.</li> <li>Describe diagnosis, treatment, control and prevention of acid peptic disease.</li> </ol>
markers in the evolution of Viral h diagnosis and prevention of viral l	
MI 3.8a Viral Hepatitis	<ol> <li>Define and describe viral hepatitis</li> <li>Enumerate and describe the viruses causing hepatitis</li> <li>Describe the epidemiology, pathogenesis and clinical features of hepatitis A, B, C, D, E and G viruses.</li> <li>Discuss the viral markers in the evolution of acute and chronic Viral hepatitis.</li> <li>Describe the modalities in the diagnosis, treatment and prophylaxis of hepatitis A, B, C, D, E and G viruses.</li> </ol>
MI3.8 Choose the appropriate labored hepatitis with emphasis on viral m	pratory test in the diagnosis of viral arkers
MI 3.8b Viral Hepatitis	<ol> <li>Enumerate and describe the viral markers daignostic of viral hepatitis</li> <li>Describe the evolution, rise and fall of various markers.</li> <li>Discuss the viral markers in the evolution of Viral hepatitis (A, B, C, D, E and G).</li> <li>Describe the utility of each marker with respect to clinical stage of hepatitis.</li> </ol>

Skin and soft tissue infections MI 4.1 Enumerate the microbial agents causing anaerobic infections. Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of anaerobic infections

MI 4.1a Anaerobes and	1. Define anaerobes
	2. Describe features of anaerobic infections
	3. Enumerate and classify pathogenic anaerobic bacteri
-	4. Describe the pathogenesis, clinical course, laboratory
	diagnosis and complications of common anaerobic
	infection.
	5. Describe different methods of anaerobiosis
MI4.1b	1. Define gas gangrene
	2. Enumerate the causative agents of gas gangrene
Ū	3. Describe the morphology, virulence factors, cultural characteristics of Clostridium perfringens.
	4. Describe the pathogenesis, clinical course and
	laboratory diagnosis of gas gangrene.
	5. Describe the treatment, prevention and control of gas
	gangrene.
	6. Define tetanus and name the causative agent
	7. Describe the Morphology, virulence factors, cultural
	characteristics of Clostridium tetani
	8. Describe the pathogenesis, clinical course and
	laboratory diagnosis of tetanus
	9. Describe the treatment, prevention and control of
	tetanus
MI4.1c	1. Define botulism and its types
	2. Describe the morphology, virulence markers, cultural
Miscellaneous	characteristics of Clostridium botulinum.
anaerobes}	3. Describe the epidemiology, pathogenesis, clinical
	manifestations, complications & laboratory diagnosis
	of botulism
	4. Describe role of anaerobic organisms as normal gut flora
	5. Describe antibiotic associated colitis and its aetiology
	6. Describe the pathogenesis, clinical features and
	management of antibiotic associated colitis
	7. Enumerate non sporing anaerobes
	8. Enumerate the diseases caused by common non
	sporing anaerobes
	9. Describe the pathogenesis and clinical features of
•	various infections caused by non sporing anaerobes
	10. Discuss laboratory diagnosis for infections caused b
	nonsporing anaerobes
	thogenesis, clinical course and discuss the
laboratory diagnosis of bo MI4.2	1. Enumerate common bacterial and viral agents
Joint and bone	causing osteomyelitis, septic arthritis, diabetic foot
infections: Osteomylitis &	infections
arthritis (Staph aureus,	2. Describe the pathogenesis, clinical features and
CONS) Parvovirus	laboratory diagnosis of osteomyelitis and arthritis.
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	<ol> <li>Differentiate between gonococcal and non gonococca arthritis</li> <li>Define osteomyelitis</li> <li>Enumerate causative agents of osteomyelitis</li> <li>Describe the pathogenesis, clinical features, laboratory diagnosis and management of Osteomyelitis.</li> <li>athogenesis of infections of skin and soft tissue and se and the laboratory diagnosis</li> </ol>
<b>MI 4.3 a</b> Skin and soft tissue infections: Classification,etiology and general considerations , Parasitic Skin manifestations (Ectoparasites, Larva migrans, PKDL)	<ol> <li>Enumerate the organisms of normal skin flora</li> <li>Discuss the role of normal flora of skin</li> <li>Define and classify SSTIs</li> <li>Describe the varied clinical presentations with eiological agents of SSTIs</li> <li>Describe the etiopathogenesis, clinical presentation and management of superficial and deep skin infections</li> <li>Describe lab diagnosis of various types of SSTI</li> <li>Enumerate the parasites involved in skin and so tissue infections.</li> <li>Describe etiology, types, clinical presentation and management of larva migrans.</li> <li>Describe etiology, clinical presentation and management of PKDL</li> </ol>
MI 4.3b: Leprosy and NTM	<ol> <li>Define and classify leprosy</li> <li>Describe morphology and cultural characters of M.leprae</li> <li>Describe the pathogenesis and clinical presentations in leprosy</li> <li>Describe the role of immunity in leprosy</li> <li>Describe lepra reactions</li> <li>Describe lab diagnosis, treatment and control of leprosy</li> <li>Describe and classify Non tuberculus Mycobacteria (NTM).</li> <li>Describe the etiopathogenesis, clinical presentation and management of infections caused by NTM</li> </ol>
MI 4.3 c: Viral exanthemas	<ol> <li>Enumerate the causes of viral exanthematour infections</li> <li>Describe the etiopathogenesis of viral exanthematour infections</li> <li>Describe the morphology, virulence factors epidemiology and immunity of Measles virus, Chicke pox virus, small pox virus and Rubella virus.</li> <li>Describe the clinical features, complication and diagnosis of measles, small pox, chicken pox and Rubella.</li> </ol>

	5. Describe the treatment, prevention and control for viral exanthematous infections.
MI 4.3d Superficial fungal infections	<ol> <li>Enumerate various surface infections of the skin and its appendages caused by fungal agents, along with their etiology</li> <li>Describe the microscopic and cultural characteristics of fungal agents (Candida, Pityriasis versiclor, Tinea nigra, Piedra, onychomycosis, dermatophytes etc.) causing infections of skin</li> <li>Enumerate various clinical types of dermatophytosis with their causative agents</li> <li>Describe the morphological and cultural characters of dermatophytes.</li> <li>Describe the laboratory diagnosis of superficial fungal infections</li> <li>Describe the management of superficial fungal infections</li> </ol>
<b>MI 4.3e</b> Subcutaneous mycosis, mycetoma	<ol> <li>Define mycetoma</li> <li>Enumerate the microbial agents (Bacteria &amp; Fungi) causing mycetoma and subcutaneous mycosis</li> <li>Describe the pathogenesis, clinical presentation laboratory diagnosis and treatment of subcutaneous mycosis and mycetoma.</li> </ol>

#### **CNS Infections** MI5.1 Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of meningitis

	MI 5.1a	1. Enumerate various infective syndromes of CNS
	Infections of	2. Define and classify Meningitis .
	CNS:	3. Differentiate between Acute & Chronic meningitis
x	Introduction	4. Enumerate the bacterial, viral and parasitic causes of
	& Pyogenic	acute/pyogenic meningitis according to age.
	meningitis	5. Describe the morphology, antigenic structure and virulence
1		factors of various etiological agents of pyogenic meningitis.
		(Neisseria meningitidis, Streptococcus pneumoniae,
-		Haemophilus influenzae).
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	<ol> <li>Enumerate the bacterial, viral, fungal and parasitic etiological agents of aseptic meningitis.</li> <li>Describe the morphology, antigenic structure and virulence factors of various etiological agents of aseptic meningitis. (Leptospira, Free living amoebae, Enterovirusess (poliovirus, echovirus, Coxsackie), Cryptococcus neoformans).</li> <li>Describe the pathogenesis, clinical presentation, diagnosis, treatment, control and prevention of aseptic meningitis (Leptospira, Free living amoebae,Enterovirusess (poliovirus, echovirus, Coxsackie), Cryptococcus neoformans)</li> <li>Differentiate the clinical findings of pyogenic meningitis and aseptic meningitis.</li> <li>be the etiopathogenesis, clinical course and discuss the agnosis of encephalitis</li> </ol>
<b>MI 5.2a</b> Encephalitis	<ol> <li>Enumerate common etiological agents causing encephalitis with special reference to India.</li> <li>Describe the morphology, virulence factors, antigenic structure and pathogenesis of causative agents of encepahlitis. (Rabies, Tick borne encephalitis viruses, HSV-2 &amp; Nipah)</li> <li>Describe the epidemiology, clinical features, diagnosis, treatment, control and prevention of Rabies.</li> <li>Describe the epidemiology, clinical features, diagnosis, treatment, control and prevention of tick borne encephalitis.</li> <li>Describe the epidemiology, clinical features, diagnosis, treatment, control and prevention of tick borne encephalitis.</li> <li>Describe the epidemiology, clinical features, diagnosis, treatment, control and prevention of tick borne encephalitis.</li> </ol>
MI 5.2b Miscellaneo us infections of CNS	<ol> <li>Define prions and slow virus infections</li> <li>Describe the morphology, virulence factors, antigenic structure and pathogenesis of slow viruses and prions</li> <li>Describe the epidemiology, clinical features, diagnosis, treatment, control and prevention of prion disease.</li> </ol>

#### Respiratory Tract Infections MI6.1 Describe the etio-pathogenesis, laboratory diagnosis and prevention of Infections of upper and lower respiratory tract

MI 6.1a	1. Describe the normal defence mechanism of respiratory tract
Respiratory tract	2. Enumerate various clinical types of respiratory infections with examples.
infections: Introduction	<ol> <li>Describe the mode of transmission of upper and lower respiratory tract infections</li> </ol>
	4. Enumerate the causative agent of various type of respiratory infections.
	5. Outline the laboratory diagnosis of patient with respiratory infection.

MI 6.1c1. Define and classify tuberculosisTuberculosis2. Classify mycobacteria causing tuberculosis3. Describe morphology, pathogenesis, virulence factors and cultural characteristics of Mycobacterium tuberculosis.4. Describe the epidemiology, clinical manifestations, complications and laboratory diagnosis of pulmonary tuberculosis.5. Discuss the treatment, control and prevention of tuberculosis.6. Describe the strategies and case management as per RNTCPMI6.1d1. Enumerate the causative bacterial agents of pharyngitis, diphtheria, whooping cough (croup), sinusitis, otitis media.URTI-I2. Describe the clinical features, pathogenesis and immunity of diphtheria and whooping cough.3. Describe the treatment, prevention and control measures for diphtheria, whooping cough and pharyngitis.4. Describe the treatment, prevention and control measures for diphtheria, whooping cough and pharyngitis.7. Describe the treatment, prevention and control measures for diphtheria, whooping cough and pharyngitis.8. Describe the treatment, prevention and control measures for diphtheria, whooping cough and pharyngitis.9. Describe the treatment, prevention and control measures for diphtheria, Klebsiella, Pseudomonas, Acinetobacter Legionella ).9. Describe the clinical features, pathogenesis, clinical features pneumonia other than Mycobacteria9. Describe the clinical features, pathogenesis, clinical features complications and lab diagnosis of bacterial pneumonia.9. Describe the treatment, prevention and control measures for pneumonia, Klebsiella, Pseudomonas, Acinetobacter Legionella ).9. Describe the treatment, prevention and control measu	MI 6.1b Viral URTI including common cold & croup	<ol> <li>Enumerate the causative viral agents of common cold, pharyngitis, croup, sinusitis, otitis media.</li> <li>Describe classification, morphology, antigenic structure, virulence factor of causative agent (Adeno, Rhino, Mumps, Echo, Par echo, Coxsackie A, RSV, Corona, Influenza &amp; Parainfluenza viruses).</li> <li>Discuss the pathogenesis, epidemiology and immunity of causative agent.</li> <li>Discuss the laboratory diagnosis, treatment and control of</li> </ol>
Bacterial URTI-Idiphtheria, whooping cough (croup), sinusitis, otitis media.URTI-I2. Describe the clinical features, pathogenesis and immunity of diphtheria and whooping cough.MI6.1e Bacterial URTI-II3. Describe the morphology, virulence factors and cultural characteristics of bacterial agents causing pharyngitis.4. Describe clinical features, pathogenesis, complications and laboratory diagnosis of pharyngitis, diphtheria and whooping cough.5. Describe the treatment, prevention and control measures for diphtheria, whooping cough and pharyngitis.MI 6.1f Bacterial pneumonia other than HycobacteriaIDefine the clinical types of Pneumonia [CAP, HAP/VAP & AP]2. Enumerate the causative bacterial agents of pneumonia 		<ol> <li>Classify mycobacteria causing tuberculosis</li> <li>Describe morphology, pathogenesis, virulence factors and cultural characteristics of Mycobacterium tuberculosis.</li> <li>Describe the epidemiology, clinical manifestations, complications and laboratory diagnosis of pulmonary tuberculosis.</li> <li>Discuss the treatment, control and prevention of tuberculosis.</li> </ol>
<ul> <li>MI 6.1f</li> <li>Bacterial pneumonia other than Mycobacteria</li> <li>-I</li> <li>Describe the clinical types of Pneumonia [CAP, HAP/VAP &amp; AP]</li> <li>Enumerate the causative bacterial agents of pneumonia (other than Mycobacteria)</li> <li>Describe the morphology, antigenic structure, virulence markers, cultural characteristics of various bacterial agent (S pneumoniae, Staph. aureus, H. influenzae, Mycoplasma Chlamydia, Klebsiella, Pseudomonas, Acinetobacter Legionella ).</li> <li>Describe the clinical features, pathogenesis, clinical features complications and lab diagnosis of bacterial pneumonia.</li> <li>Describe the treatment, prevention and control measures fo pneumonia.</li> <li>Describe the clinical features, pathogenesis, clinical course o Atypical pneumonia &amp; legionella pneumonia.</li> </ul>	Bacterial URTI-I <b>MI6.1e</b> Bacterial	<ul> <li>diphtheria, whooping cough (croup), sinusitis, otitis media.</li> <li>2. Describe the clinical features, pathogenesis and immunity of diphtheria and whooping cough.</li> <li>3. Describe the morphology, virulence factors and cultura characteristics of bacterial agents causing pharyngitis.</li> <li>4. Describe clinical features, pathogenesis, complications and laboratory diagnosis of pharyngitis, diphtheria and whooping cough.</li> <li>5. Describe the treatment, prevention and control measures for</li> </ul>
MI 6.1g5. Describe the treatment, prevention and control measures fo pneumonia.Bacterial pneumonia other than5. Describe the treatment, prevention and control measures fo pneumonia.Mycobacteria5. Describe the treatment, prevention and control measures fo pneumonia.Mycobacteria5. Describe the clinical features, pathogenesis, clinical course o Atypical pneumonia & legionella pneumonia.7. Discuss the laboratory diagnosis, treatment, prevention and	Bacterial pneumonia other than Mycobacteria -I	<ol> <li>Define the clinical types of Pneumonia [CAP, HAP/VAP &amp; AP]</li> <li>Enumerate the causative bacterial agents of pneumonia (other than Mycobacteria)</li> <li>Describe the morphology, antigenic structure, virulence markers, cultural characteristics of various bacterial agent (S. pneumoniae, Staph. aureus, H. influenzae, Mycoplasma, Chlamydia, Klebsiella, Pseudomonas, Acinetobacter, Legionella ).</li> <li>Describe the clinical features, pathogenesis, clinical features,</li> </ol>
	Bacterial pneumonia other than Mycobacteria	<ol> <li>Describe the treatment, prevention and control measures for pneumonia.</li> <li>Describe the clinical features, pathogenesis, clinical course or</li> </ol>

<b>MI 6.1h</b> Fungal pneumonia	<ol> <li>Enumerate the various fungal agents of pneumonia</li> <li>Describe the morphology, epidemiology, virulence and cultural characteristics of agent (Candida, Cryptococcus, Dimorphic fungi {Histoplasma, coccidoidies, paarcoccidoides C.immitis, P.brazilliansis} Aspergilus, P.Jeroveci, Penicillium, {Oral thrush, ABPA })</li> <li>Discuss the predisposing factors and pathogenesis of fungal pneumonia.</li> <li>Describe the clinical features, complications, laboratory diagnosis, treatment, control and preventive methods of fungal pneumonia.</li> </ol>
MI 6.1i Viral LRTI-I	<ol> <li>Enumerate the causative viral agents of pneumonia, ARDS, ILI, SARI.</li> <li>Describe epidemiology, classification, morphology, virulence factors, antigenic structure, immunity of the agent (paramyxovirus, orthomyxovirus, Corona, MERS COV, SARS, SARS-CoV2).</li> <li>Describe the pathogenesis and immunity of viral pneumonia.</li> <li>Define and Classify influenza viruses.</li> <li>Discuss its pathogenesis [antigenic structure and variations]</li> <li>Describe epidemiology including antigenic shift and drift of influenza virus.</li> <li>Describe the clinical features, complications, laboratory diagnosis, treatment, control and preventive methods of viral pneumonia.</li> </ol>
MI 6.1j Miscellaneous disorders of lung (Bronchitis, Bronchiectasis , Lung abscess, empyema, pleural effusion	<ol> <li>Enumerate the causative agents of Bronchitis, Bronchiectasis, Lung abscess, empyema, pleural effusion</li> <li>Enumerate the parasitic agents causing lung infection</li> <li>Describe the pathogenesis &amp; clinical manifestations of Bronchitis, Bronchiectasis, Lung abscess, empyema, pleural effusion</li> <li>Discuss the treatment, prevention &amp; control of Bronchitis, Bronchiectasis, Lung abscess, empyema, pleural effusion</li> <li>Describe the pulmonary manifestations of various parasites causing lung disorder (E.histolytica, E.granulosus)</li> <li>Describe the epidemiology, morphology, life cycle, of P.westermani</li> <li>Describe the pathogenesis, clinical features, complications, treatment and control of paragonimiasis</li> <li>Discuss the laboratory diagnosis of varied lung infections.</li> </ol>

Genitourinary system and urinary tract infections MI 7.1 Describe the etio-pathogenesis and discuss the laboratory diagnosis of infections of genitourinary system

MI 7.1 Genitourinary system infections	<ol> <li>Enumerate the microorganisms found as part or normal flora of Genitourinary system.</li> <li>Discuss the role of normal flora in health or genitourinary tract.</li> <li>Define and Classify Genitourinary Tract infections Reproductive Tract infections and Sexually Transmitted Infections</li> <li>Describe the etio-pathogenesis of Genitourinary Tract infections, Reproductive Tract infections and Sexually Transmitted Infections</li> <li>List the clinical syndromes associated with the RTIs</li> <li>Name the etiological agents of the various clinical syndromes</li> <li>Classify Urinary Tract Infections</li> <li>Describe the laboratory diagnosis of Genitourinary infections</li> </ol>
	p-pathogenesis and discuss the laboratory diagnosis infections. Recommend preventive measures
<b>MI 7.2 a</b> <b>Painless</b> Genital ulcers: Syphilis	<ol> <li>Name the causative agent of Syphilis</li> <li>Classify Treponemes</li> <li>Describe the pathogenesis and clinical manifestations of various stages of Syphilis</li> <li>Describe the morphology, virulence factors and cultural characteristics of Treponema pallidum</li> <li>Describe the laboratory diagnosis of syphilis including congenital syphilis</li> <li>Describe treatment, control and prevention of syphilis</li> </ol>
MI 7.2b STD-II Genital ulcers and warts	<ol> <li>Decense treatment, control and protontion of cyprine</li> <li>Enumerate the causative agents of genital warts painful genital ulcer.</li> <li>Classify Herpesviruses</li> <li>Describe the pathogenesis, clinical features and laboratory diagnosis of genital herpes, chancroid Donovanosis.</li> <li>Describe the epidemiology, morphology &amp; cultura characteristics of Haemophilus ducreyi, HSV Klebsiella granulomatis</li> <li>Discuss Anogenital Warts and Human Papillom Virus associated lesions.</li> </ol>

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<b>MI 7.2c</b> Vaginal/Urethral Discharge -I Urethritis gonococcal and NGU (Gonorrhoea, Chlamydia, Trichomonas, Bacterial vaginosis, ureaplasma, Candida	<ol> <li>Enumerate the organisms causing vaginal/urethral discharge</li> <li>Describe the morphology, cultural characteristics, methods for identification and antimicrobial susceptibility testing of Neisseria gonorrhoeae</li> <li>Describe the pathogenesis, clinical features, laboratory diagnosis and treatment of gonorrhea</li> <li>Define Non-gonococcal urethritis and cervicitis</li> <li>List the causative agents of NGU, LGV</li> <li>Classify family Chlamydiaceae</li> <li>Describe the morphology, cultivation, typing and life cycle of Chlamydia trachomatis</li> <li>Discuss the pathogenesis, complications and clinical features of genital Chlamydia trachomatis infections</li> <li>Discuss the laboratory diagnosis of genital C. trachomatis infections</li> </ol>
<b>MI 7.2d</b> Vaginal/ Urethra Discharge -II (Gonorrhoea, Chlamydia, Trichomonas, Bacterial vaginosis, Candida	<ol> <li>Describe the morphology, cultural characteristics, methods for identification of Mycoplasma and ureaplasma.</li> <li>Describe the morphology, pathogenesis, life cycle and laboratory diagnosis of Trichomonas vaginalis.</li> <li>Discuss the laboratory diagnosis of NGU and non- gonococcal endocervicitis</li> <li>Enumerate the organisms associated with Bacterial Vaginosis</li> <li>Describe the morphology, pathogenesis, life cycle and laboratory diagnosis of organisms involved in bacterial vaginosis.</li> </ol>
MI 7.2e Miscellaneous STI	<ol> <li>Enumerate the non-sexually transmitted microbial causes of infections of genitourinary system</li> <li>Describe the pathogenesis of these infections. (PID, Genital warts (HPV), Molluscum contagiosum, pubic lice, scabies)</li> <li>Describe the clinical features of these infections</li> <li>Discuss the laboratory diagnosis of these infections</li> </ol>
	<ol> <li>Describe Syndromic management of STDs and Reproductive Tract Infections</li> <li>Describe treatment, prevention and control of STDs</li> <li>pathogenesis, clinical features, the appropriate method for discuss the laboratory diagnosis of Urinary tract</li> </ol>

MI 7.3	1. Enumerate the etiological agents causing Urinary					
UTI	Tract Infections					
	2. Describe the predisposing factors, pathogenesis and clinical features of UTI					
	3. Describe the laboratory diagnosis of UTI.,					
	4. Define significant bacteriuria and interpret patients test reports					
	5. Describe the methods used to differentiate between upper and lower UTI					
	6. Describe the morphology, cultural characteristics, methods for identification and antimicrobial susceptibility testing of Proteus, Morganella and					
	Providencia					

Zoonotic and	Miscellaneous	Infections

	e microbial agents and their vectors causing Zoonotic
	e morphology, mode of transmission, pathogenesis and
discuss the clinical cou	rse, laboratory diagnosis and prevention
MI8.1a Zoonotic	1. Define: Zoonoses
disease: Introduction,	2. Enumerate the microbial agents and their vectors
epidemiology and	causing Zoonotic diseases.
prevention.	3. Describe the morphology, mode of transmission,
MI 8.1b Entomology	pathogenesis, clinical course, laboratory diagnosis and
and vectors in	prevention of Zoonotic diseases:
disease	4. Describe the morphology, cultural characteristics,
MI 8.1c Rickettsia,	methods for identification of Bacillus anthracis, Brucella
Bartonella, Coxiella	species, Yersinia pestis, Leptospira, Ricketssia
MI 8.1d	species, Rhabdovirus.
Miscellaneous	5. Describe the pathogenesis, clinical features, laboratory
Zoonosis: Yersinia,	diagnosis and treatment of Anthrax, Brucellosis,
Bacillus anthracis,	Plague, Leptospirosis, Rickettsia, Rabies,
Pasteurella,	
Franscicella	
	o-pathogenesis of opportunistic infections (OI) and discuss
	to the occurrence of OI, and the laboratory diagnosis
MI 8.2a Opportunistic	1. Define Opportunistic infections
infections: General	2. Classify and enumerate opportunistic infections.
Bacterial, Parasitic	3. Describe the etiopathogenesis of Opportunistic
and Virus	infections and discuss the factors contributing to
	opportunistic infections.
	4. Describe diagnosis of opportunistic infections
MI 8.2b Opportunistic	1. Enumerate fungi causing OI
infections: Mycosis	2. Describe laboratory diagnosis of opportunistic infections
MI8.3 Describe the role	e of oncogenic viruses in the evolution of virus associated
malignancy	
)	



Oncogenic virus MI8.4 Describe the eti clinical course and diag	<ol> <li>Describe oncogenesis</li> <li>Describe the properties of cells transformed by viruses.</li> <li>Enumerate oncogenic DNA and RNA viruses</li> <li>Define and describe Oncogenes/ Proto-oncogenes</li> <li>Describe the mechanism of viral oncogenesis.</li> </ol> ologic agents of emerging Infectious diseases. Discuss the properties of the proper
Emerging and reemerging Infections MI8.5 Define Healthca	<ol> <li>Define: Emerging infectious agents.</li> <li>Enumerate emerging infectious agents in world and in India.</li> <li>Describe the factors that contribute to emerging and reemerging infections.</li> <li>Discuss epidemiology of emerging infections with special reference to Indian context.</li> <li>Discuss their clinical course and diagnosis.</li> <li>Are Associated Infections (HAI) and enumerate the types. It contribute to the development of HAI and the methods for</li> </ol>
MI 8.6 Describe the ba	<ol> <li>Define Healthcare Associated Infections (HAI)</li> <li>Enumerate and describe common types of HAI</li> <li>Enumerate microbial agents responsible for various types of HAI</li> <li>Discuss the factors that contribute to the development of HAI, including sources, mode of transmission and epidemiology of infectious agents</li> <li>Discuss the methods of prevention of HAI</li> </ol>
MI 8.6 Infection control	<ol> <li>Define and describe the concept of Hospital/ Healthcare Infection Control</li> <li>Enumerate and describe the concepts and methods of Infection control.</li> <li>Define Standard precautions, transmission based precautions, and contact precautions.</li> <li>Describe the components of Standard precautions, transmission based precautions, and contact precautions.</li> <li>Describe Respiratory etiquettes, sharps safety, safe injection practices, sterilization, disinfection, good housekeeping, PPE donning/doffing, hand hygiene, post-exposure prophylaxis, etc.)</li> <li>Describe the constitution and functions of Hospital Infection Control Committee.</li> <li>Define and classify Biomedical waste.</li> <li>Discuss management of Biomedical Waste as per latest Biomedical Waste Management Rules.</li> </ol>

MI 8.8 Milk, food and air	1. Enumerate the bacteria that can be found in food, water and air.
Microbiology	2. Describe the methods used and significance of assessing the microbial contamination of water air, food, and milk.
	propriate laboratory test in the diagnosis of the infectious
disease MI 8.13a	1. Define PUO
PUO	<ol> <li>Enumerate the causative agents of PUO</li> <li>Enumerate the samples and describe sample collection techniques and transport</li> </ol>
	<ol> <li>Describe blood collection technique</li> <li>Describe the sample processing, identification and confirmation</li> </ol>
MI 8.13b Congenital infections	<ol> <li>Enumerate various congenital infections.</li> <li>Enumerate various test to screen for congenital infections</li> </ol>
	3. Describe the pathogenesis, complications and screening for congenital infections.
MI 8.13c URTI	1. Enumerate various clinical types of upper respiratory infections with examples.
	2. Describe the mode of transmission of upper and lower respiratory tract infections
	3. Enumerate the causative agent of various type of respiratory infections.
	4. Enumerate the samples and describe sample collection techniques and transport
	5. Describe the sample processing, identification and confirmation
<b>MI 8.13d</b> LRTI	1. Enumerate various clinical types of lower respiratory infections with examples.
	2. Describe the mode of transmission of upper and lower respiratory tract infections
	3. Enumerate the causative agent of various type of respiratory infections.
	4. Enumerate the samples and describe sample collection techniques and transport
	5. Describe the sample processing, identification and confirmation
MI 8.13e	1. Enumerate various clinical types of wound infections.
Wound infection	2. Enumerate the causative agent of various type of wound infections.
	3. Enumerate the samples and describe sample collection techniques and transport
	4. Describe the sample processing, identification and

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	confirmation
MI 8.13f	1. Enumerate various clinical types of meningitis.
Meningitis	<ol> <li>Enumerate the causative agent of various type of meningitis.</li> </ol>
	3. Enumerate the samples and describe sample
	<ul><li>collection techniques and transport</li><li>4. Describe the sample processing, identification and confirmation</li></ul>
MI 8.13g Eye/ENT infections	1. Enumerate various clinical types of eye and ENT infections.
	<ol> <li>Enumerate the causative agent of various type of Eye and ENT infections.</li> </ol>
	<ol> <li>Enumerate the samples and describe sample collection techniques and transport</li> </ol>
	<ol> <li>Describe the sample processing, identification and confirmation</li> </ol>
MI8.15 Choose and In	terpret the results of the laboratory tests used in
diagnosis of the infec	
MI 8.15	1. Enumerate various clinical types of infections with
Lab diagnosis of	examples.
PUO, URTI, LRTI,	2. Describe the mode of transmission of infections
Meningitis, wound infections, Eye, ENT	<ol> <li>Enumerate the causative agent of various type of infections.</li> </ol>
infections	4. Enumerate the samples and describe sample
	collection techniques and transport
	5. Describe the sample processing, identification and
MI 8 16 Deceribe the	confirmation National Health Programs in the prevention of common
infectious disease	national realth riograms in the prevention of common
MI 8.16	1. Enumerate various National programs for prevention
	of infectious diseases.
	<ol><li>Enumerate the components and strategies of control program.</li></ol>
	<ol> <li>Describe the implementation of National Program at various levels.</li> </ol>
	<ol> <li>Describe the evaluation of National Program.</li> </ol>

#### 6. Assessment

Student will maintain a log book as given in Annexure II. Practical record book will also be maintained by students to record practical findings for day to day work and assessments. Both theory and practical to be assessed.

#### (a) Formative

#### • First Term

Assessments (2): General Microbiology, Immunology & CVS End term Exam- January last week to February 1st week.

#### Second Term

Assessment (3): Respiratory, GIT 7 Hepatobiliary End Term Exam: April last week to May 1st week.

• Third Term

Assessment (2): SDL & Zoonotic, CVS, GUT, Miscellaneous Sent Up Examination: August last week to September 1st week.

IA	1 <sup>st</sup> IA	2 <sup>nd</sup> IA	Sent up	Final
	(Jan-Feb)	(April-May)	examination	Examination
Theory	50	50	Paper 1-100	Paper 1-100
		-#q	Paper 2-100	Paper 2-100
Practical	50	50	100	100
(including 10				
marks log				
book &				
practical file)				
Total	100	100	300	300

#### Section 3: Schedule of Internal assessment (IA) in Microbiology

#### b) Internal Assessment

Maintained in card format for all teachers. Feedback given after end of each assessment. Internal assessment is divided in two components. Day to day assessments based on performance in tutorials, seminars, Practical class and skill session will be given weightage of 20%, while term exam assessments, end competency assessments will be included in term assessments given weightage of 80 %. IA sheet will be maintained for each student mentioning the suggested and taken remedial measures.

Theory

T1 T2 T3 Total %

Interest in subject (5)		
Active participation (5)		
Scientific attitude (5)		
Any other academic input (SDL,		
Quiz, Poster, Paper		
presentation, social service) (5)		
Exams assessment (80)		
Total Theory		
Practical		
Interest in subject (5)		
Attitude (5)		
Bench Work culture (5)		
Behaviour (5)		
Term exams Assessment (60)		
Log Book (10)		
Practical record Book (10)	3	
Total Practical (100)		
Total IA (Theory + Practical)		
Remarks/		
Remedial measures		
suggested		
Signature Student		
Signature Teacher In charge		
Signature Batch In charge		
Signature HOD		

•

Roll No.		Name:				Contact no:	
		Attendar	ıce (%)	Marks (%	))	Signature	Total Marks 100 (%)
S. no. 1 <sup>st</sup> Term 1.	Date	Theory	Practical	Theory	Practical		

# IA Sheet for monitoring of student's performance

2.			
End term			
2 <sup>nd</sup> Term			
3.			
4.			
5			
End term			
Total			
3 <sup>rd</sup> term			
6. SDL			
Sent up			
Exam			
Log Book		•	
Remarks/			
Remedial			
measures			
suggested			

# Table 2: Theory distribution layout

Paper Layout			
Types of questions	Marks per question	No. of questions in each paper	Total
MCQ	1	20	20
Short answer	3	10	30
Short Note	5	6	30
Long Question Total	10	2	20 100

# Table 3: Theory paper distribution

	PAPER I	Gen Microbiology	Immunolo	ogy	CVS & Blood	GIT & Hepatobiliary	Total no. of questions
Jul	Total Marks (100)	25	30		22	23	38
	A		29	)			

PAPER II	Musculoske letal system skin and soft tissues infections	Central Nervous System infections	Respiratory Infections	Genitourin ary & Sexually transmitted infections	Zoonotic diseases and miscellaneo us	Total no. of questions
Total Marks (100)	20	20	20	20	20	38

#### Table 4: Term wise assessment pattern for Practical

	Spots	Gram stain & hanging drop with clinical problem	PS for mp/ mf with clinical problem	Log book/ Practical file	Viva related to practical exercises	Total
1 <sup>st</sup> Term	10	10	10	10	10	50
2 <sup>nd</sup> Term	Spots	ZN stain	Stool examination for ova/cyst	Log book/Practical file	Viva related to practical exercises	Total
	10	10	10	10	10	50

# Table 5: Complete distribution of Practical examination for final summative exam

Pattern	Exercise	Marks
Microscopic	Gram staining, hanging drop & clinical	10 (3+2+2+3)
skills*	problem	{Identify+Focus+Report+Record
	ZN staining with aliginal machines	observation}
	ZN staining with clinical problem	10 (3+2+2+3)
		{Identify+Focus+Report+Record
	Steel Examination with alinical vignation	observation}
	Stool Examination with clinical vignette	10 (2 findings) (3+2X2)
		{Identify+Record observations}
Clinical	Clinical Problem solving for sample,	10
problem	container and precautions	
Spots or	Clinical vignette with Peripheral blood	5(3+2)
OSPE with	smear for MP/MF	
Clinical		
Problem		
Skill based	Exercise with infection control, PPE &	05
exercise	hand hygiene	
AETCOM	Clinical Problem with AETCOM	05
Excercise	competency	
Spot/OSPE	Culture Medium, biochemical /AST	3(2+1) {Identify +Question}
Spot/OSPE	Instrument, sterilization, disinfection,	3(2+1) {Identify +Question}
	Biomedical waste	
Spot/OSPE	Fungal	3(2+1) {Identify +Question}
Spot/OSPE	Serology/Immunology	3(2+1) {Identify +Question}
Spot/OSPE	Virus, Parasite	3(2+1) {Identify +Question}
Viva based on p	practical exercises	30

Total	100

#### Note: The students will submit practical file and log book during the Examination.

\*Numerical scoring: The steps of the staining procedure and interpretation are scored as follows

Steps Done	Marks allotted
Performing the stain following all the steps (1 mark each) -Primary stain	3
-Decolourisation	
-Secondary stain	
Focusing the stained slide with appropriate adjustments of the	2
Microscope	
Identifying the structures under the Microscope/Observation and inference	3
Diagram and writing the report	2
Total	10

#### 7) ASSESSMENT OF INDIVIDUAL COMPETENCIES: (To be done similarly for each

#### competency)

No.

- 1) Competency identified: MI 1.2 (a)
- 2) Name of the activity: Perform and identify the different causative agents of Infectious diseases by Gram Stain
- 3) Components of the activity:
  - a) Practical session to demonstrate the procedure for stain.
  - b) Performing the procedure by the student and focussing the slide.
  - c) Recording the observation and the inference with a neat labelled diagram
  - d) Feedback given on the session.
- 4) Criteria for successful completion: The student has to perform the activity 5 times and score more than 5/10 in each attempt

Attempt	Date of	Marks	Rating	Signature	Signature
Number	performing	scored	Below	of faculty	of student
	the activity	out of 10	Expectations(B);		
			Meets		
			Expectations(M);		
			Exceeds		
			Expectations(E)		
1					
2					
0					
$\backslash$			31		

3			
4			
5			

Documentation of activity (diagram and observation and inference) - to be written in the Record book.

Recommended action when unsuccessful : Repeat after discussion

#### Note:

Keeping the basic structure of internal assessment intact, minor adjustments in unit I and II can be done based on the course covered.

For detailed assessment instructions refer to Assessment Blueprint document for CBME batch 2021

Internal assessment will be calculated for theory (40) marks and practical (20) marks Student will require to get 50 % combined in theory & practical (not less than 40 % in each) for eligibility to appear for university exam.

# 2. Amendment to Ordinance V (2) & VII. [EC. Res. 78-7 dated 25.03.2022] regarding course curriculum prepared on competency based UG curriculum for MBBS course -2<sup>nd</sup> Professional (New Scheme).

#### Pathology

#### VISION

The broad goal of pathology curriculum is to make undergraduates aware of pathological basis of disease, have comprehensive scientific knowledge of the gross and microscopic features of various organs affected in different pathological lesions and their correlation with clinical presentation.

#### Learning objectives (overall)

At the end of curriculum, student should be able to

#### a) <u>KNOWLEDGE</u>

- 1. Explain pathological basis of disease.
- 2. Identify gross and microscopic features of common pathological lesions
- 3. Know the etiopathogenesis of common clinical conditions
- 4. Know genetic basis of diseases with knowledge of genetic tools for diagnosis of diseases

#### b) SKILL

At the end of course, student should be able to

- 1. Make good peripheral smear AND describe the peripheral blood picture
- 2. Analyze lab reports and its correlation with clinical diagnosis
- 3. Describe the correct technique to perform blood grouping & cross matching,
- 4. Identify the etiology of meningitis based on given CSF parameters
- 5. Interpret liver function and viral hepatitis serology panel and able to differentiate varioustypes of jaundice

#### c) ATTITUDE AND COMMUNICATIONS

At the end of course, student should be able to

1. Show due respect in handling of specimens, slides and microscope

- 2. work efficiently in a team
- 3. Communicate efficiently with teachers and peer groups

4. Develop professional attributes in terms of discipline, punctuality, accountability and respect to teachers

#### **Competencies**

Detailed competencies are shown in annexure 1

Learning objective for each competencies are added in annexure 2

#### Annexure 1

S.No.	Торіс	Competency	Theory/practical/ laboratory/ clinical
1)	Introduction to Pathology	PA 1.1: Describe the role of a pathologist indiagnosis and management of disease: PA1.2: Enumerate common definitions and terms used in Pathology PA 1.3:Describe the history and evolution of Pathology	Theory/practical
2)	Cell Injury and Adaptation	PA2.1:Demonstrate knowledge of the causes, mechanisms, types and effects of cell injury and their clinical significance PA2.2: Describe the etiology of cell injury. Distinguish between reversible-irreversible injury: mechanisms; morphology of cell injury	Theory/ practical/ laboratory/ clinical
		PA2.3:Intracellular accumulation of fats, proteins, carbohydrates, pigments	-
		PA2.4:Describe and discuss Cell death- types, mechanisms, necrosis, apoptosis (basic as contrasted with necrosis), autolysis	
		PA2.5:Describe and discuss pathologic calcifications, gangrene	
		PA2.6:Describe and discuss cellular adaptations: atrophy, hypertrophy, hyperplasia, metaplasia, dysplasia	
*		PA2.7:Describe and discuss the mechanisms of cellular aging and Apoptosis	
		PA2.8:Identify and describe various forms of cell injuries, their manifestations and consequences in gross and microscopic specimens	

	3)	Amyloidosis	PA3.1: Describe the pathogenesis and pathology of amyloidosis	Theory/practical/ laboratory/clinical
			PA3.2: Identify and describe amyloidosis in a pathology specimen	
	4)	Inflammation	PA4.1: Define and describe the general features of acute and chronic inflammation including stimuli, vascular and cellular events	Theory/practical/ laboratory/clinical
			PA4.2: Enumerate and describe the mediators of acute inflammation	
			PA4.3: Define and describe chronic inflammation including causes, types non- specific and granulomatous; and examplesof each	
			PA4.4: Identify and describe acute and chronic inflammation in gross and microscopic specimens	
	5)	Healing and repair	PA5.1:Define and describe the process of repair and regeneration including wound healing and its types	Theory/practical/ laboratory/ clinical
	6)	Hemodynamic disorders	PA6.1: Define and describe edema, its types, pathogenesis and clinical correlation	Theory/practical/ laboratory/ clinical
			PA6.2: Define and describe hyperemia, congestion, hemorrhage	
			PA6.3: Define and describe shock, its pathogenesis and its stages	
			PA6.4: Define and describe normal haemostasis and the etiopathogenesis and consequences of thrombosis	
			PA6.5: Define and describe embolism and its causes and common types	
			PA6.6:Define and describe Ischaemia /infarction its types, etiology, morphologic changes and clinical effects	
.0.			PA6.7: Identify and describe the gross	
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		and microscopic features of infarction in a pathologic specimen	
7)	Neoplastic disorders	PA7.1: Define and classify neoplasia. Describe the characteristics of neoplasia including gross, microscopy, biologic, behaviour and spread. Differentiate between benign from maignantneoplasm PA7.2:Describe the molecular basis of cancer	Theory/practical/ laboratory/ clinical
		PA7.3:Enumerate carcinogens and describe the process of Carcinogenesis PA7.4:Describe the effects of tumor on the host including paraneoplastic syndrome	
8)	Basic diagnostic cytology	PA7.5: Describe immunology and the immune response to cancer PA8.1: Describe the diagnostic role of cytology and its application in clinical	laboratory/
		care PA8.2: Describe the basis of exfoliative cytology including the technique & stains used PA8.3: Observe a diagnostic cytology and its staining and interpret the specimen	clinical
9)	Immunopatholog yand AIDS	DOAP PA9.1: Describe the principles and mechanisms involved in immunity PA9.2: Describe the mechanism of hypersensitivity reactions PA9.3: DESCRIBE HLA SYSTEM and	Theory/practical/ laboratory/ clinical
		immune systems Involved in transplant and mechanism of transplant rejection PA9.4: Define autoimmunity. Enumerate autoimmune disorders	

			PA9.5: Define and describe the pathogenesis of systemic Lupus Erythematosus	
			PA9.6: Define and describe the pathogenesis and pathology of HIV and AIDS	
			PA9.7: Define and describe the pathogenesis of other common autoimmune diseases	
	10)	Infections and Infestations	PA10.1:Define and describe the pathogenesis and pathology of malaria	Theory/practical/ laboratory/
		· · · ·	PA10.2:Define and describe the pathogenesis and pathology of Cysticercosis	clinical
			PA10.3:Define and describe the pathogenesis and pathology of leprosy	
			PA10.4:Define and describe the pathogenesis and pathology of common bacterial, viral, protozoal and helminthic diseases	
	11).	Genetic and paediatric	PA11.1:Describe the pathogenesis and features of common cytogenetic abnormalities and mutations in childhood	Theory/practical/ laboratory/ clinical
		diseases	PA11.2:Describe the pathogenesis and pathology of tumor and tumourlike conditions in infancy and childhood	
			PA11.3:Describe the pathogenesis of common storage disorders in infancy and childhood	
	12)	Environmental and nutritional diseases	PA12.1:Enumerate and describe the pathogenesis of disorders caused by air pollution, tobacco and alcohol	Theory/practical/ laboratory/clinic al
			PA12.2:Describe the pathogenesis of disorders caused by protein calorie malnutrition and starvation	
			PA12.3:Describe the pathogenesis of obesity and its consequences	
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13)	Introduction to haematology	PA13.1:Describe hematopoiesis and extramedullary hematopoiesis	Theory/practical/ laboratory/
		PA13.2:Describe the role of anticoagulants in hematology	clinical
		PA13.3:Define and classify anemia	
		PA13.4:Enumerate and describe the investigation of anemia	
		PA13.5:Perform, Identify and describe the peripheral blood picture in Anemia	
14)	Microcytic anemia	PA14.1:Describe iron metabolism	Theory/practical/ laboratory/
	anoma	PA14.2:Describe the etiology, investigations and differential diagnosis of microcytic hypochromic anemia	clinical
		PA14.3:Identify and describe the peripheral smear in microcytic anemia	
15)	Macrocytic anemia	PA15.1:Describe the metabolism of Vitamin B12 and the etiology and pathogenesis of B12 deficiency	Theory/practical/ laboratory/ clinical
		PA15.2:Describe laboratory investigations of macrocytic anemia	omiour
		PA15.3:Identify and describe the peripheral blood picture of macrocytic Anemia	
		PA15.4:Enumerate the differences and describe the distinguishing features of megaloblastic and non-megaloblastic macrocytic anemia	
16)	Hemolytic anemia	PA16.1: Define and classify hemolytic anemia	Theory/practical/ laboratory/
		PA16.2: Describe the pathogenesis and clinical features and hematologic indices of hemolytic anemia	clinical
		PA16.3: Describe the pathogenesis, features, hematologic indices and peripheral blood picture of sickle cell anemia and thalassemia	
		PA16.4: Describe the etiology pathogenesis, hematologic indices and peripheral blood picture of Acquired hemolytic anemia	
		PA16.5: Describe the peripheral blood picture in different hemolyticanemia	
		PA16.6: Prepare a peripheral blood smear and identify hemolytic anaemia	

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			PA16.7: Discribe the correct technique to perform a cross match	
	17)	Aplastic anemia	PA17.1: Enumerate the etiology,	Theory/practical/
			PA17.2: Enumerate the indications and describe the findings in bone marrow aspiration and biopsy	laboratory/clinical
	18)	Leucocytic disorders	PA18.1: Enumerate and describe the causes of leucocytosis leucopenia lymphocytosis and leukemoid reactions.	Theory/practical/ laboratory/clinical
			PA18.2: Describe the etiology, genetics, pathogenesis classification, features, hematologic features of acute and chronic leukemia	
	19)		PA19.1: Enumerate the causes and describe the differentiating features of lymphadenopathy	Theory/practical/ laboratory/ clinical
			PA19.2: Describe the pathogenesis and pathology of tuberculous lymphadenitis	
			PA19.3: Identify and describe the features oftuberculous lymphadenitis in a gross and microscopic specimen	
			PA19.4: Describe and discuss the pathogenesis, pathology and the differentiating features of Hodgkin's and non-Hodgkin'slymphoma	
			PA19.5: Identify and describe the features of Hodgkin's lymphoma in a gross and microscopic specimen	
			PA19.6: Enumerate and differentiate the causes of splenomegaly	
R			PA19.7: Identify and describe the gross specimen of an enlarged spleen	
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20)	Plasma cell disorders	PA20.1: Describe the features of plasma cell myeloma	Theory/practical/ laboratory/clinical
21)	Hemorrhagic disorders	PA21.1: Describe normal hemostasis PA21.2: Classify and describe the etiology, pathogenesis and pathology of vascular and platelet disorders including ITP and haemophilia	
		PA21.3: Differentiate platelet from clotting disorders based on the clinical and hematologic features	
		PA21.4: Define and describe disseminated intravascular coagulation, its laboratory findings and diagnosis of disseminated intravascular coagulation	
		PA21.5: Define and describe disseminated intravascular coagulation AND VIT K DEFICIENCY	
22)	Blood banking and transfusion	PA22.1:Classify and describe blood group systems (ABO and RH)	Theory/practical/ laboratory/clinical
		PA22.2:Enumerate the indications, describe the principles, enumerate and demonstrate the steps of compatibility testing	
		PA22.4:Enumerate blood components and describe their clinical uses	
		PA22.5:Enumerate and describe infections transmitted by blood Transfusion	
		PA22.6:Describe transfusion reactions and enumerate the steps in the investigation of a transfusion reaction	
		PA22.7: Enumerate the indications and describe the principles and procedure of autologous transfusion	

	23)	Clinical Pathology	PA23.1:Describe abnormal urinary Theory/practical/ findings in disease states and identify laboratory/clinical and describe common urinary abnormalities in a clinical specimen
			PA23.2:Describe abnormal findings in body fluids in various disease States
			PA23.3:Describe and interpret the abnormalities in a panel containing semen analysis, thyroid function tests, renal function tests or liver function tests
	24)	Gastrointestinal tract	PA24.1:Describe the etiology, Theory/practical/ pathogenesis, pathology and clinical laboratory/clinical features of oral cancers
			PA24.2:Describe the etiology, pathogenesis, pathology, microbiology, clinical and microscopic features of peptic ulcer disease
			PA24.3:Describe and identify the microscopic features of peptic ulcer
			PA24.4:Describe and etiology and pathogenesis and pathologic features of carcinoma of the stomach
			PA24.5:Describe and etiology and pathogenesis and pathologic features of Tuberculosis of the intestine
			PA24.6:Describe and etiology and pathogenesis and pathologic and distinguishing features of Inflammatory bowel disease
			PA24.7:Describe the etiology, pathogenesis, pathology and distinguishing features of carcinoma of the colon
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25)	Hepatobiliary system	PA25.1:Describe bilirubin metabolism, enumerate the etiology and pathogenesis of jaundice, distinguish between direct and indirect hyperbilirubinemia	· · · ·
		PA25.2:Describe the pathophysiology and pathologic changes seen in hepatic failure and their clincial manifestations, complications and consequences.	
		PA25.3:Describe the etiology and pathogenesis of viral and toxic hepatitis: distinguish the causes of hepatitis based on the clinical and laboratory features. Describe the pathology, complications and consequences of hepatitis	
		PA 25.4: Describe the pathophysiology, pathology and progression of alcoholic liver disease including cirrhosis	
		25.5:Describe the etiology, pathogenesis and complications of portal hypertension SDL	
		PA25.6 : Interpret liver function and viral hepatitis serology panel. Distinguish obstructive from non- obstructive jaundice based on clinical features and liver function tests	
26)	Respiratory system	26.1:Define and describe the etiology, types, pathogenesis, stages, morphology and complications of pneumonia	
		26.2:Describe the etiology, gross and microscopic appearance and complications of lung abscess	
		PA26.3:Describe the etiology, types, pathogenesis, stages, morphology and complications and evaluation of Obstructive airway disease (OAD) and bronchiectasis	
		PA26.4;Define and describe the etiology, types, pathogenesis, stages, morphology microscopic appearance and	

			complications of tuberculosis	]
			PA26.5:Define and describe the etiology, types, exposure, environmental influence, pathogenesis, stages, morphology, microscopic appearance and complications of Occupational lung disease	
			PA26.6: Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis, stages, morphology, microscopic appearance, metastases and complications of tumors of the lung and pleura	
			PA26.7:Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis, morphology, microscopic appearance and complications of mesothelioma	
	27)	Cardiovascular system	PA27.1: Distinguish arteriosclerosis from atherosclerosis. Describe the pathogenesis and pathology of various causes and types of arteriosclerosis	Theory/practical/ laboratory/clinical
			PA27.2:Describe the etiology, dynamics, pathology types and complications of aneurysms including aortic aneurysms	
			PA27.3:Describe the etiology, types, stages pathophysiology, pathology and complications of heart failure	
			PA27.4:Describe the etiology, pathophysiology, pathology, gross and microscopic features, criteria and complications of rheumatic fever	
1			PA27.5:Describe the epidemiology, risk factors, etiology, pathophysiology, pathology, presentations, gross and microscopic features, diagnostic tests and complications of ischemic heart disease	
Ma			PA27.6:Describe the etiology,	
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		pathophysiology, pathology, gross and microscopic features, diagnosis and complications of infective endocarditis	
		PA27.7:Describe the etiology, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of pericarditis and pericardial effusion	
		PA27.8:Interpret abnormalities in cardiac function testing in acute coronary syndromes	
		PA27.9:Classify and describe the etiology, types, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of cardiomyopathies	
		PA27.10:Describe the etiology, pathophysiology, pathology features and complications of syphilis on the cardiovascular system	
28)	Urinary Tract	PA28.1:Describe the normal histology of the kidney	Theory/practical/ laboratory/clinical
		PA28.2:Define, classify and distinguish the clinical syndromes and describe the etiology, pathogenesis, pathology, morphology, clinical and laboratory and urinary findings, complications of renal failure	
		PA28.3:Define and describe the etiology, precipitating factors, pathogenesis, pathology, laboratory urinary findings, progression and complications of acute renal failure	
		PA28.4:Define and describe the etiology, precipitating factors, pathogenesis, pathology, laboratory urinary findings progression and complications of chronic renal failure	
		PA28.5: Define and classify glomerular	

[	diseases. Enumerate and describe the	]
	etiology, pathogenesis, mechanisms of glomerular injury, pathology, distinguishing features and clinical manifestations of glomerulonephritis	
	PA28.6: Define and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, progression and complications of IgA nephropathy	
	PA28.7: Enumerate and describe the findings in glomerular manifestations of systemic disease	
	PA28.8: Enumerate and classify diseases affecting the tubular Interstitium	
	PA28.9: Define and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, progression and complications of acute tubular necrosis	
	PA28.10: describe the itiology, pathophysiology, lab findings and distinguishing features progression and complications of acute and chronic pyelonephritis and reflux nephropathy	
	PA28.11: Define classify and describe the etiology, pathogenesis pathology, laboratory, urinary findings, distinguishing features progression and complications of vascular disease of the kidney	
	PA28.12: Define classify and describe the genetics, inheritance, etiology, pathogenesis, pathology, laboratory, urinary findings, distinguishing features, progression and complications of cystic disease of the kidney	
	PA28.13: Define classify and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, distinguishing features progression and complications of renal stone disease and obstructive	
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		uropathy	
		PA28.14: Classify and describe the etiology, genetics, pathogenesis, pathology, presenting features, progression and spread of renal tumors	
		PA28.15: Classify and describe the etiology, genetics, pathogenesis, pathology, presenting features, progression and spread of renal tumors	
		PA28.16: Describe the etiology, genetics, pathogenesis, pathology, presenting features and progression of urothelial tumors	
29)	Male Genital Tract	PA29.1: Classify testicular tumors and describe the pathogenesis, pathology, presenting and distinguishing features, diagnostic tests, progression and spread of testicular tumors	Theory/practical/ laboratory/clinical
		PA29.2: Describe the pathogenesis, pathology, presenting and distinguishing features, pathogenesis and spread of carcinoma of the penis	
		PA29.3: Describe the pathogenesis, pathology, hormonal dependency presenting and distinguishing features, urologic findings & diagnostic tests of benign prostatic hyperplasia	
		PA29.4: Describe the pathogenesis, pathology, hormonal dependency presenting and distinguishing features, diagnostic tests, progression and spread of carcinoma of the prostate	
		PA29.5: Describe the etiology, pathogenesis, pathology and progression of prostatitis GROSS	

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30)	Female Genital Tract	PA30.1: Describe screening, diagnosis and progression of carcinoma of the cervix	
		PA30.2: Describe the pathogenesis, etiology, pathology, diagnosis and progression and spread of carcinoma of the endometrium	
		PA30.3: Describe the pathogenesis, etiology, pathology, diagnosis and progression and spread of carcinoma of the leiomyomas and leiomyosarcomas	
		PA30.4: Classify and describe the etiology, pathogenesis, pathology, morphology, clinical course, spread and complications of ovarian tumors	
		PA30.5: Describe the etiology, pathogenesis, pathology, morphology, clinical course, spread and complications of gestational trophoblastic neoplasms	
		PA30.6: Describe the etiology and morphologic features of cervicitis (Non core)	
		PA30.7: Describe the etiology, hormonal dependence, features and morphology of endometriosis	
		PA30.8: Describe the etiology and morphologic features of adenomyosis	
		PA30.9: Describe the etiology, hormonal dependence and morphology of endometrial hyperplasia	
31)	Breast	PA31.1: classify and describe the types, etiology, pathogenesis, of benign breast disease	
		PA31.2: classify and describe the epidemiology, pathogenesis, classification, morphology, prognostic factors, hormonal dependency, staging and spread of carcinoma of the breast	

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		PA31.3: Describe and identify the morphologic and microscopic features of carcinoma of the breast (P)	
		PA31.4: Enumerate and describe the etiology, hormonal dependency and pathogenesis of gynecomastia (NON CORE)	
32)	Endocrine system	PA32.1: Enumerate, classify and describe the etiology, pathogenesis, pathology and iodine dependency of thyroid swellings	
		PA32.2: Describe the etiology, cause, iodine dependency, pathogenesis, manifestations, laboratory and imaging features and course of thyrotoxicosis	
		PA32.3: Describe the etiology, pathogenesis, manifestations, laboratory and imaging features and course of thyrotoxicosis/ hypothyroidism AND THYROID TUMORS	
		PA32.4: Classify and describe the epidemiology, etiology, pathogenesis, pathology, clinical laboratory features, complications and progression of diabetes mellitus	
		PA32.5: Describe the etiology, genetics, pathogenesis, manifestations, laboratory and morphologic features of hyperparathyroidism	
		PA32.6: Describe the itiology , laboratory, morphologic features, complications and metastases of pancreatic cancer	
		PA32.7: Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications of adrenal insufficiency	
		PA32.8: Describe the etiology, pathogenesis, manifestations, laboratory,	

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			morphologic features, complications of Cushing's syndrome	
			PA32.9: Describe the etiology, pathogenesis, manifestations, laboratory and morphologic features of adrenal neoplasms	
	33)	Bone and soft tissue	PA33.1: Classify and describe the etiology, pathogenesis, manifestations, radiologic and complications of osteomyelitis	Theory/practical/ laboratory/clinical
			PA 33.2: Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications and metastases of bone tumors	
• .			PA 33.3: Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications and metastases of soft tissue tumors	
			PA 33.4: Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications of Paget's disease of the bone	
			PA 33.5: Classify and describe the etiology, immunology, pathogenesis, manifestations, radiologic and laboratory features, diagnostic criteria and complications of rheumatoid arthritis	
	34)	Skin	PA34.1: Describe the risk factors pathogenesis, pathology and natural history of squamous cell carcinoma of the skin	Theory/practical/ laboratory/clinical
Va.			PA34.2: Describe the risk factors pathogenesis, pathology and natural history of basal cell carcinoma of the skin	
K			PA34.3: Describe the distinguishing	
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		features between a nevus and melanoma. Describe the etiology, pathogenesis, risk factors morphology clinical features and metastases of melanoma PA34.4: Identify, distinguish and describe common tumors of the skin	
35)	Central Nervous System	PA 35.1Describe the etiology, types and pathogenesis, differentiating factors, CSF findings in meningitis PA35.2:Classify and describe the etiology, genetics, pathogenesis, pathology, presentation sequelae and complications of CNS tumors PA35.3: Identify the etiology of meningitis based on given CSF parameters (P)	Theory/practical/ laboratory/clinical
36)	Eye	PA36.1: Describe the etiology, genetics, pathogenesis, pathology, presentation, sequelae and complications of retinoblastoma	

# Holidays and exams :

Term	Exam	Vacations/preparatory leaves
1	05/1-10/1	17/12-31/12
2	20/4-26/4 theory 7 days practical till 08/5	16/6-30/6
3	9/8-15/8 theory 16/8-23/8 practicals	
University exams	5/9 onwards	

# **Teaching learning methods**

- 1. Didactic lectures
- 2. Small group teaching
- 3. Self directed learning by arranging seminars and symposium
- 4. Problem card based learning
- 5. Practical -
  - Performing hematological exercises –TLC, DLC, Peripheral smear making and staining
  - Performing urine examination and interpreting various lesions
  - Analyse lab reports and its correlation with clinical diagnosis
  - Perform the correct technique of blood grouping and cross matching
- 6. Identifying gross pathology of various organs
- 7. Study of histopathology slides of various diseases
- 8. AETCOM

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#### Annexure 2

# Paper I: General principles of Pathology, Clinical Pathology and Hematology

SI.No.	Торіс	Approximate weight-age
1	Cell injury and adaptation	10
2	Inflammation and repair	10
3	Hemostasis/ Circulatory disturbances	8
4	Immunopathology	6
5	Infectious pathology	8
6	Genetic and Environmental diseases	4
7	Neoplasia	10
8	Childhood diseases	4
9	RBC Disorders	10
10	WBC disorders	10
11	Lymphoreticular system	4
12	Diseases of Coagulation & Bleeding	8
13	Blood Banking	4
14	Clinical pathology incl cytopathology	4
		100

Guidelines for assessment:20% MCQ80% SAQ30% of Questions should be on etiopathogenesis

30% on morphology preferably with clinical correlation

40% Problem based / lab diagnosis/reasoning

Variations in the scheme as per the consensus of examiners and moderator

Part I

1. Structured essay Question	8 marks
2. Differentiate between	4 questions x 4 = 16 mark

# Part II

- 3. Structured essay Question
- 4. Short notes;

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8 marks 4 questions x 5 = 20 marks

#### Part III

5. Structured essay Question

6. Short notes

8 marks

4 questions x 5 = 20 marks

# Paper II Systemic Pathology

S.no	Торіс	Approximate weight age
1	Cardiovascular	10
2	Respiratory	10
3	Gastrointestinal Tract	15
4	Hepatic and Biliary Tract, exocrine pancreas	15
5	Endocrine system	8
6	Urinary tract	10
7	Male genital tract	6
8	Female genital tract	8
9	Breast	6
10	CNS	4
11	Skin and soft tissue	4
12	Bone & Joints	4
		100



Guidelines for assessment: 20% MCQ 80% SAQ 30% of Questions should be on etiopathogenesis 30% on morphology preferably with clinical correlation 40% Problem based/lab diagnosis/reasoning Variation in the scheme as per the consensus of examiners/ moderator

Part I	
1 Structured essay Question	8 marks
2.Differentiate between	4 questions x 4 = 16 marks
Part II	
3. Structured essay Question	8 marks
4. Short notes ;	4 questions x 5 = 20 marks
Part III	
5. Structured essay Question	8 marks
6. Short notes	4 questions x5 = 20 marks

Eligibility for appearing in examination and pass criteria as per NMC guidelines

# PATHOLOGY PRACTICAL EXAMINATION

# Pattern & Marks Distribution MAX MARKS : 100 Observation and reasoning

S. No.	Activity	Marks
1	Examine Three histopathology slides, identify the parent	3x5= 15
	tissue, write microscopic features, give diagnosis and	
	make a labelled diagram	
2	Examine the stained peripheral smear provided, do DLC,	1 x 5 = 5
	give the report and three causes of the findings	

	3	Study the case history provided. Examine the given	1 x 5 = 5
		peripheral smear/ bone marrow smear, write your	
		observations and give your diagnosis.	
	4	Test for Hemoglobin by Sahli's hemoglobinometer orTLC	1 x 5 = 5
		by Neubauer's chamber. Write observation, inference.	
		Performance of this test will be observed by 1 examiner	
	5	With the given blood sample, prepare and stain the	5+ 5 = 10
		peripheral smear and focus the smear. Performance of	-
		this test will be observed by 1 examiner for smear	
		making and staining.	
	6	Urine Chemical Test: (Test for Protein/sugar/ketone	15
		bodies): perform urine chemical test by conventional	
		method. Student has to write the result, inference and	
		give answer to additional questions asked. Performance	
		of this test will be observed by 1 examiner	
	7	OSPE:	10
		Three gross – specimens	
		Two Instrument identification & related Questions	
		One observation and interpretation of test: Blood	
		group identification by Slide method	
		One urine sediment/ PAP stain	
		One parasite	
		Two clinical case histories and lab findings for	
		diagnosis	
	8	Viva voce : Analytical skill-Case based discussion /	30
		Interpretation to assess clinical application; based on	
$\sim$ /		case histories discussion on approach to diagnosis,	
Y Qa		reasoning based on test findings/ specimens /images	
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	/instruments / charts/ lab data	
9	AETCOM	5
	Total	100

#### Internal assessment (IA)

Chapter end assessment, approx 10 : 10x10 =

100 (Total 50 for Theory & 50 for OSPE/ Spotting -

to be added in term examinations theory & practical respectively)

Should include short essay questions, objective questions, ospe , practicals and practical logbook

Exam	Theory		Practical	
	Academic	Other*	Academic	Other**
	knowledge	academic	knowledge	academic
		activities		activities
Chapter end	40	10	40	10
assessment				
(10x10=100)				
Term I	40	10	40	10
Term II	80	20	80	20
Term III	200		100	
Total	40	00	30	0

Term I Theory: 50= (40+10 MCQ)

Practical : 50

Term II Theory: 100= (80 + 20 MCQ)

Practicals : 100

Term III : same format as university exam

As per CBME recommendations, upto 20% marks of IA should be from log book assessment.

It has been recommended that 80% of both theory and practical IA should be from Academic knowledge and rest 20% from other academic activities

\*Other academic activities for Theory include: Interst in subject, Active participation, Scientific attitude, other acadmic activity participation (e.g.quiz, poster making, etc) and Logbook.

\*\*Other academic activities for Practical include: Assignment completion (Practical notebook etc), Attitude, Ethical work habits, Communication and Logbook.

IA taken during the whole tenure will be added

Internal assessment: all above (Theory 400; Practicals : 300) added and IA calculated for

Theory (40) and Practical (20)

Eligibility as per NMC guidelines: Learners must secure at least 50% marks of the total

marks (Combined theory and Practical marks; not less than 40% marks in theory and

practical seperately) assigned for internal assessment.

Eligibility for appearing in examination and pass criteria as per NMC guidelines

# 3. Amendment to Ordinance V (2) & VII. [EC. Res. 78-7 dated 25.03.2022] regarding course curriculum prepared on competency based UG curriculum for MBBS course -2<sup>nd</sup> Professional (New Scheme).

# Revised Pharmacology Curriculum (CBME) 2020 Onwards

# CURRICULUM OF PHARMACOLOGY FOR MEDICAL STUDENTS

# Preamble

Pharmacology is the science of medicines. The knowledge of the molecular basis of drug action, its therapeutic applications, the adverse effects caused by the medications, their prevention and treatment and the effects of administering two or more drugs to a patient will be learnt in the context of its clinical application and not just as facts. The use of medicines for treating patients with the required medications, at the right dose, in the right way, for the right duration and at a appropriate cost, with consideration for all

social, environmental and economic factors that may impact the therapy. The emphasis will be on clinical relevance of pharmacology knowledge.

# 1. VISION / GOAL

The broad goal of teaching pharmacology to under graduate students is to inculcate rational and scientific basis of therapeutics. To provide knowledge of pharmacology based on evidence and to foster the development of a highly knowledgeable, skilled and competent Indian Medical Graduates imbued with the concept of rational Pharmaco-therapeutics. Simultaneously focus is to impart requisite skills, attitudes, values and responsiveness, so that the students are able to function appropriately and effectively as doctors at the community level while being globally relevant.

# 2. LEARNING OBJECTIVES (overall)

- i. To equip the Indian Medical Graduate (IMG) with the knowledge of scientific basis of therapeutics and the skills of rational prescribing.
- ii. The student should acquire knowledge of the principles and application of Pharmacotherapy.
- iii. The student should be able to demonstrate appropriate use of medicines in disease with consideration to its efficacy, safety, suitability and cost for the individual and mass therapy.
- iv. The student should have an understanding of general considerations of antimicrobial resistance and antibiotic stewardship program

Access knowledge about medicines through reliable resources to enable the students to fulfill their roles of an Indian Medical Graduate as a clinician, leader, communicator, lifelong learner and professional

#### 3. COMPETENCIES

The student during the training program should acquire the following competencies:

#### (a) Knowledge /Cognitive Domain

At the end of the course the learner shall be able to:

1. Understand the general principles of drug action and handling of drugs by the body in all the individuals including children, elderly, lactating and pregnant women and those having a renal and/or hepatic disease and genetic variations.

- 2. Prescribe drugs rationally by:
  - a. Understanding the importance of both the non pharmacological (non-drug) and pharmacological (drug) treatment
  - b. Selection of drugs based on suitability, tolerability, efficacy and cost.

3. Apply pharmacokinetic principles in clinical practice pertaining to the drugs used in commonly encountered conditions, National Health Programmes and emergency medical conditions.

4. Foresee, prevent and manage adverse drug events and drug/food/traditional medicine interactions.

5. Use antimicrobials judiciously for therapy and prophylaxis, understanding the rapid development of Antimicrobial resistance (AMR).

6. Understand and implement the concepts of essential medicines, pharmacoeconomics and evidence-based medicine for improving the community health care.

7. Describe the clinical presentation and management of common poisoning including bites and stings.

8. Understand the basic concepts of new drug development with emphasis on design and conduct of clinical trials and interpretation of their results.

#### (b) Skills/ Psychomotor Domain

At the end of the course the learner shall be able to perform and interpret following Skills

1. Write a correct, complete and legible prescription for common ailments including those in the National health Programmes and emergency medical conditions. And should be able to modify the prescription in case of drug interactions.

2. Calculate the drug dosage using appropriate formulae for an individual patient.

3. Administer the required dose of different drug formulations using appropriate devices and techniques (e.g injections, inhalers, transdermal patches etc.).

4. Advice and interpret the therapeutic monitoring reports of important drugs.

5. Identify, analyze and report adverse drug reactions to appropriate authorities.

6. Retrieve drug information from appropriate sources including the electronic resources.

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7. Analyse critically drug promotional literature in terms of pharmacological actions of the ingredients, rational/irrational nature of the preparation, economics of the use and claims by the pharmaceutical companies.

#### (c) Communication affective attitude Domain

1. Effectively explain to patients, the effects and side effects of drugs, including the need for medication adherence.

2. Communicate effectively with pharmacological reasoning with health care team on rational use of drugs and improving spontaneous reporting of adverse events.

3. Motivate patients with chronic diseases to adhere to the line of management as outlined by the health care provider.

4. Demonstrate respect in interactions with peers, and other healthcare professionals.

5. Demonstrate ethical behavior and integrity in one's work.

6. Demonstrate ability to generate awareness about the use of generic drugs in patients.

7. Understand the legal and ethical aspects of prescribing drugs.

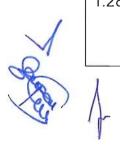
8. Acquire skills for self-directed learning to keep up with developments in the field and to continuously build to improve on skills, expertise and perpetual professional development.

#### 4. COURSE

Course content for detailed competencies given below in Appendix 1

PH	Competency		
1.1	Define and describe the principles of pharmacology and		
	pharmacotherapeutics		
1.2	Describe the basis of Evidence based medicine and Therapeutic drug		
	monitoring		
1.3	Enumerate and identify drug formulations and drug delivery systems		
1.4	Describe absorption, distribution, metabolism & excretion of drug		
1.5	Describe general principles of mechanism of drug action		
1.6	Describe principles of Pharmacovigilance & ADR reporting systems		
1.7	Define, identify and describe the management of adverse drug		
	reactions (ADR)		
1.8	Identify and describe the management of drug interactions		
1.9	Describe nomenclature of drugs i.e. generic, branded drug		
1.10	Describe parts of a correct, complete and legible generic prescription.		
	Identify errors in prescription and correct appropriately		
1.11	Describe various routes of drug administration, eg. oral, SC, IV, IM,		
	SL		
1.12	Calculate the dosage of drugs using appropriate formulae for an		
	individual patient, including children, elderly and patient with renal		

	dysfunction
1.13	
1.13	Describe mechanism of action, types, doses, side effects, indications
	and contraindications of adrenergic and anti-adrenergic drugs
1.14	Describe mechanism of action, types, doses, side effects, indications
	and contraindications of cholinergic and anticholinergic drugs
1.15	Describe mechanism/s of action, types, doses, side effects,
	indications and contraindications of skeletal muscle relaxants
1.16	Describe mechanism/s of action, types, doses, side effects,
	indications and contraindications of the drugs which act by modulating
	autacoids, including: anti-histaminic, 5-HT modulating drugs, NSAIDs,
	drugs for gout, anti-rheumatic drugs, drugs for migraine
1.17	Describe the mechanism/s of action, types, doses, side effects,
1.17	indications and contraindications of local anesthetics
1.18	Describe the mechanism/s of action, types, doses, side effects,
1.10	
	, , , , , , , , , , , , , , , , , , ,
1 4 0	preanesthetic medications
1.19	Describe the mechanism/s of action, types, doses, side effects,
	indications and contraindications of the drugs which act on CNS,
	(including anxiolytics, sedatives & hypnotics, anti-psychotic,
	antidepressant drugs, anti-maniacs, opioid agonists and antagonists,
	drugs used for neurodegenerative disorders, anti-epileptics drugs)
1.20	Describe the effects of acute and chronic ethanol intake
1.21	Describe the symptoms and management of methanol and ethanol
	poisonings
1.22	Describe drugs of abuse (dependence, addiction, stimulants,
	depressants, psychedelics, drugs used for criminal offences)
1.23	Describe the process and mechanism of drug deaddiction
1.24	Describe the mechanism/s of action, types, doses, side effects,
	indications and contraindications of the drugs affecting renal systems
	including diuretics, antidiuretics- vasopressin and analogues
1.25	Describe the mechanism/s of action, types, doses, side effects,
	indications and contraindications of the drugs acting on blood, like
	anticoagulants, antiplatelets, fibrinolytics, plasma expanders
1.26	Describe mechanisms of action, types, doses, side effects, indications
1.20	and contraindications of the drugs modulating the renin-angiotensin
4.07	and aldosterone system
1.27	Describe the mechanisms of action, types, doses, side effects,
	indications and contraindications of antihypertensive drugs and drugs
	used in shock
1.28	Describe the mechanisms of action, types, doses, side effects,
	indications and contraindications of the drugs used in ischemic heart
	disease (stable, unstable angina and myocardial infarction), peripheral
	vascular disease
1	



1.29	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in congestive heart failure
1.30	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the antiarrhythmics
1.31	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in the management of dyslipidemias
1.32	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of drugs used in bronchial asthma and COPD
1.33	Describe the mechanism of action, types, doses, side effects, indications and contraindications of the drugs used in cough (antitussives, expectorants/ mucolytics)
1.34	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of the drugs used as below: 1. Acid-peptic disease and GERD
	<ul><li>2. Antiemetics and prokinetics</li><li>3. Antidiarrhoeals</li><li>4. Laxatives</li></ul>
	<ol> <li>Inflammatory Bowel Disease</li> <li>Irritable Bowel Disorders, biliary and pancreatic diseases</li> </ol>
1.35	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of drugs used in hematological disorders like: 1.Drugs used in anemias 2.Colony Stimulating factors
1.36	Describe the mechanism of action, types, doses, side effects, indications and contraindications of drugs used in endocrine disorders (diabetes mellitus, thyroid disorders and osteoporosis)
1.37	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used as sex hormones, their analogues and anterior Pituitary hormones
1.38	Describe the mechanism of action, types, doses, side effects, indications and contraindications of corticosteroids
1.39	Describe mechanism of action, types, doses, side effects, indications and contraindications the drugs used for contraception
1.40	Describe mechanism of action, types, doses, side effects, indications and contraindications of 1. Drugs used in the treatment of infertility, and 2. Drugs used in erectile dysfunction
1.41	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of uterine relaxants and stimulants

1.42	Describe general principles of chemotherapy
1.43	Describe and discuss the causes, extent and burden of Antimicrobial
	Resistance (AMR). Rational use of antimicrobials including antibiotic
	stewardship program
1.44	Describe the first line antitubercular dugs, their mechanisms of action,
	side effects and doses.
1.45	Describe the drugs used in MDR and XDR Tuberculosis
1.46	Describe the mechanisms of action, types, doses, side effects,
	indications and contraindications of antileprotic drugs
1.47	Describe the mechanisms of action, types, doses, side effects,
	indications and contraindications of the drugs used in malaria, KALA-
	AZAR, amebiasis and intestinal helminthiasis
1.48	Describe the mechanisms of action, types, doses, side effects,
	indications and contraindications of the drugs used in UTI/ STD and
	viral diseases including HIV
1.49	Describe mechanism of action, classes, side effects, indications and
	contraindications of anticancer drugs
1.50	Describe mechanisms of action, types, doses, side effects, indications
	and contraindications of immunomodulators and management of
	organ transplant rejection
1.51	Describe occupational and environmental pesticides, food adulterants,
	pollutants and insect repellents
1.52	Describe management of common poisoning, insecticides, common
	sting and bites
1.53	Describe heavy metal poisoning and chelating agents
1.54	Describe vaccines and their uses
1.55	Describe and discuss the following National Health Programmes
	including Immunisation, Tuberculosis, Leprosy, Malaria, HIV, Filaria,
	Kala Azar, Diarrhoeal diseases, Anaemia & nutritional disorders,
	Blindness, Non-communicable diseases, cancer and lodine deficiency
1.56	Describe basic aspects of Geriatric and Pediatric pharmacology
1.57	Describe drugs used in skin disorders
1.58	Describe drugs used in Ocular disorders
1.59	Describe and discuss the following: Essential medicines, Fixed dose
	combinations, Over the counter drugs, Herbal medicines
1.60	Describe and discuss Pharmacogenomics and Pharmacoeconomics
1.61	Describe and discuss dietary supplements and nutraceuticals
1.62	Describe and discuss antiseptics and disinfectant
1.63	Describe Drug Regulations, acts and other legal aspect
1.64	Describe overview of drug development, Phases of clinical trials and
	Good Clinical Practice
	CLINICAL PHARMACY

2.1	Demonstrate understanding of the use of various dosage forms							
2.1	(oral/local/parenteral; solid/liquid)							
2.2	Prepare oral rehydration solution from ORS packet and explain its use							
2.2								
2.3	Demonstrate the appropriate setting up of an intravenous drip in a simulated environment							
0.4								
2.4	Demonstrate the correct method of calculation of drug dosage							
	patients including those used in special situations							
0.4	CLINICAL PHARMACOLOGY							
3.1	Write a rational, correct and legible generic prescription for a given							
0.0	condition and communicate the same to the patient							
3.2	Perform and interpret a critical appraisal (audit) of a given prescription							
3.3	Perform a critical evaluation of the drug promotional literature							
3.4	To recognise and report an adverse drug reaction							
3.5	To prepare and explain a list of P-drugs for a given case/condition							
3.6	Demonstrate how to optimize interaction with pharmaceutical							
	representative to get authentic information on drug							
3.7	Prepare a list of essential medicines for a healthcare facility							
3.8	Communicate effectively with a patient on the proper use of							
	prescribed medication							
	EXPERIMENTAL PHARMACOLOGY							
4.1 Administer drugs through various routes in a simulated en								
	using mannequins							
4.2	Demonstrate the effects of drugs on blood pressure (vasopressor and							
	vaso-depressors with appropriate blockers) using computer aided							
	learning							
	COMMUNICATION							
5.1	Communicate with the patient with empathy and ethics on all aspects							
	of drug use							
5.2	Communicate with the patient regarding optimal use of a) drug							
	therapy, b) devices and c) storage of medicines							
5.3	Motivate patients with chronic diseases to adhere to the prescribed							
	management by the health care provider							
5.4	Explain to the patient the relationship between cost of treatment and							
	patient compliance							
5.5	Demonstrate an understanding of the caution in prescribing drugs							
	likely to produce dependence and recommend the line of							
	management							
5.6	Demonstrate ability to educate public & patients about various aspects							
	of drug use including antimicrobials as prescription drugs, drug							
	dependence and OTC drugs							
5.7	Demonstrate an understanding of the legal and ethical aspects of							
	prescribing drugs							

# **RECOMMENDED HOURS of Pharmacology Teaching**

Total	- 230 hours
Lectures	- 80 hours
Practicals	- 138 hours
Self Directed Learning	- 12 hours

#### 5. TEACHING LEARNING METHODS

Teaching Learning methods used would include both for large group teaching and small group teaching. Approximately one third of time will be for didactic lectures.

Large group -Any instructional large group method including traditional lecture and interactive lecture.

**Small Group** – Any instructional method involving small groups of students in an appropriate learning context. These topics included are those where more intensive and interactive learning sessions are required.

Will be as follows

-Demonstration-Observation-Assistance-Performance (DOAP) - Sessions: A practical session that allows the student to observe a demonstration, assist the performer, perform in a simulated environment, perform under supervision or perform independently.

Demonstration of different routes of drug administration i.e. Intravenous, Intramuscular, subcutaneous, Inhalation, Drug formulation exercises (Clinical Pharmacy).

- Problem based learning for Small Group Discussions - Drug nomenclature, Home remedies and house hold measures, Fixed dose drug combinations, Prescription writing, Rational Use of Medicines, Drug Advertisement, Drug dose calculation, Drug interaction, Drug food interactions and interaction of drugs of modern & traditional medicines, Antimicrobial Stewardship Program & Rational Use of antimicrobials, Essential Medicine concept, P Medicine exercises for treatment of common disease conditions, Monitoring drug therapy, Ethics in Human Volunteer Experiment, Adverse Drug Reaction (ADR) form filling exercise.

-Computer Assisted Learning - Experiments showing effects of drugs on physiological systems. For example Effect of drugs on Rabbit Eye, Effect of drugs on Dog Blood Pressure, Effect of drugs on Frog Rectus abdominis muscle.

**-Student Presentations** - Evolution of Medicine and Pharmacology, Sources of Medicines, Drug formulations, Pharmacological basis of House hold remedies, Indian Systems of Medicines, Systemic Pharmacology etc.

-Preparation of Charts and Models - Evolution of Medicine and Pharmacology, House hold remedies, Drug dosage forms.

-Clinical Exposure - Clinical case discussions on common disease conditions, ADR monitoring and reporting.

-Self Directed Learning - A process in which individuals take the initiative, with or without the help of others in diagnosing their learning needs, formulating learning goals, identifying human and material sources for learning, choosing and implementing appropriate learning methods.

Preparation for seminars, projects, student presentations on areas of interest and relevant to learning of Pharmacology.

#### 6. ASSESSMENT

a) Formative Assessment: Formative assessment shall be done periodically throughout the course.

#### b) Internal Assessment:

i) No less than three internal assessment exams shall be conducted during the course.

**ii)** Certifiable competencies: Achievement of certifiable competencies would also be recorded in logbooks. The student must have completed the required certifiable competencies and completed the log book to be eligible for appearing at the final university examination. (Appendix 2: List of Certifiable competencies)

**iii)** Log Book: Log book is to be maintained to record all activities like Drug formulations, Computer Assisted Learning exercises, Experimental Pharmacology, Clinical Pharmacology and other academic activities. It has to be submitted to the department regularly and would be assessed regularly (Appendix 3).

Internal assessment will be calculated for Theory (40) marks & Practical (20) marks.

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

c) Summative theory practical and Viva voice pattern with distribution of marks : At the end of the course a final examination will be conducted by the University.

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**University (Professional) examination:** There will be a Theory and Practical + Viva examination.

# i) THEORY PAPERS

There shall be two theory papers. Each paper shall be of 03 hours duration and of 100 marks.

# **THEORY PAPER - PHARMACOLOGY**

**Theory (200 marks)** (Paper I – 100, Paper II – 100)

#### PAPER – I (100 Marks)

Topics: General Pharmacology, Drugs acting on Autonomic nervous system, Drugs acting on Central nervous system, Drugs acting on Peripheral nervous system, Drugs acting on Cardio vascular system, Drugs acting on Kidney, Drugs acting on Respiratory system.

#### PAPER – II (100 Marks)

**Topics:** Chemotherapy of infective, parasitic disorders and malignancy, Drugs acting on Reproductive system, Drugs related to Endocrinal system, Drugs acting on Gastrointestinal system, skin and mucous membrane, Autacoids, Drugs affecting Blood and blood formation, Vitamins, Antiseptics and disinfectant, Diagnostic agents, Chelating agents, Vaccines and sera, Environmental pollutants.

#### THEORY QUESTION PAPER FORMAT

Each paper will have three Parts. Part 1 of 20 marks, & Part II of 40 marks each. Each part will have two guestions

#### Each paper 100 marks

b)Short notes

Part I Objective type questions

- Q1. Multiple type questions of inferential, reasoning type  $(5 \times 2 \text{ marks}=10)$
- Q2. State True or False / Fill in the blanks, Match the following  $(5 \times 2 \text{ marks} = 10)$ Mechanism of action/Therapeutic uses/ adverse effects of drugs, Drug of choice type of questions

#### Part II

40 marks Q 3. Explain why (rationale of) giving suitable examples  $(5 \times 4 \text{ marks} = 20 \text{ marks})$ Q 4. a)Long structured question based on a Case scenario (10 marks)  $(2 \times 5 = 10 \text{ marks})^{-1}$ 



# 40 marks

20 marks

Q5. Discuss the therapeutic status of a medicine

Q6. Discuss giving the therapeutic goals the drug treatment of a medical condition

(4 x 5 marks = 20 marks)

(2 x 10 marks= 20 marks)

\_\_\_\_\_

ii) PRACTICALS & VIVA Total marks -100 marks Practical -70 marks Viva-voce 30 marks

# Practical (70 marks)

1. Clinical Pharmacy20 marks2. Clinical Pharmacology30 marks3. Attitude, Ethics ,Communication10 marks4. Experimental Pharmacology10 marks

# 7. RECOMMENDED READING

# (A) TEXT

1. Essentials of Medical Pharmacology by K.D. Tripathi latest ed. Jaypee brothers, Medical Publishers, India.

2. Sharma and Sharma's Principles of Pharmacology latest ed. by H. L. Sharma and K. K. Sharma Publishers: Paras Medical Publishers, New Delhi

3. Basic & Clinical Pharmacology Bertram G. Katzung, Susan B. Masters, Anthony J. Trevor, latest ed. McGraw-Hill Companies.

# (B) REFERENCE BOOKS

1. Lippincott's Illustrated Reviews : Pharmacology : by Mary J Mycek, Richard A Harvey, Pamela C Champe latest ed Lippincott Williams & Wilkins.

2. Goodman & Gilman's the Pharmacological Basis of Therapeutics by Joel Griffith Hardman, Alfred Goodman Gilman, Lee Limbird, Theodore W. Rall latest ed, McGraw-Hill Professional.

# (C) AETCOM module

1. Johnson AR, Siegler M, Winslade WJ. Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine. New York: Mc Graw Hill Inc, 2015 (latest edition).

2. Timms O. Biomedical Ethics. Elsievier India, 2019 (latest edition)

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#### 8. ELECTIVES

May be offered to students in the subject. A student has a choice of four weeks of elective posting after 3<sup>rd</sup> MBBS part I Professional examination. The departments can offer options for a student to do the same in Pharmacology.

#### REFERENCES

1. Svllabus Of Pharmacology For Undergraduate Medical Students. https://www.fmsc.ac.in/curriculum/Curriculum%20for%20UG%20Pharmacology.pdf Undergraduate Medical Education 2. Assessment Module for 2019. https://www.nmc.org.in/wp-

content/uploads/2020/01/Module Competence based 02.09.2019.pdf

3. Competency Based Undergraduate Curriculum For The Indian Medical Graduate 2018. <u>https://www.nmc.org.in/wp-content/uploads/2020/01/UG-Curriculum-Vol-II.pdf</u>

# Appendix 1

#### (I) Concepts of General and Clinical Pharmacology

1. Introduction: definition, historical perspective, branches and scope of the subject of pharmacology and its relation with other medical disciplines.

2. Nature and sources of Drugs, Drug nomenclature and dosage forms.

3. Routes of drugs' administration; advantages and disadvantages of different routes.

4. Pharmacokinetic considerations: drug absorption, distribution, bio transformations and excretion.

5. Pharmacokinetic concepts of bioavailability, apparent volume of distribution (aVd), half life (t<sup>1</sup>/<sub>2</sub>), and clearance (CL) that are used to decide the doses and rational dosing during the drug treatment.

6. Pharmacodynamics; site and mechanism of drug action, drug receptors and receptor regulation, concepts of agonists, antagonists, partial agonist and inverse agonist drugs

7. Quantitative aspect of drug action: analysis of dose response curve and therapeutic index (safety index).

8. Factors affecting drug action and doses, how to prolong or shorten the drug action and effects.

9. Drug interactions and concept of pharmacogenomics/-genetics in drug action, effects and ADRs.

10. Adverse drug reactions (ADRs) and role of pharmacovigilance activity in ADR monitoring.

11. Concept of evidence-based medicine, essential medicines, pharmacoeconomics, Pdrugs and rational prescribing.

12. Development of new drugs : pre-clinical and clinical phases of drug evaluation.

13.Scope and relevance of Clinical Pharmacology.

14. Essential medicine, rationality of fixed dose combinations.

15. Drug regulation acts and other legal aspects.

# (b) Systemic Pharmacology – Drug oriented teaching

(Here a core information about drugs is to be given that should include pharmacological actions, mechanism of action, indications, contraindications, side effects, drug interactions, precautions etc.)

# (II) Drugs Affecting Autonomic Nervous System (ANS)

- 16. Introduction to Pharmacology of ANS
- 17. Cholinergic drugs: cholinoceptor agonist and cholinesterase inhibiting drugs
- 18. Anticholingergic drugs: cholinoceptor blocking agents
- 19. Adrenergic drugs: adrenoceptor agonist and sympathomimetic drugs

20 Anti-adrenergic drugs: adrenoceptor antagonists and sympatholytic agents

# (III) Drugs Affecting Peripheral Nervous System (PNS)

- 21. Local anaesthetics
- 22. Skeletal muscle relaxants

# (IV) Drugs Affecting Cardiovascular System (CVS)

23. Drugs affecting vascular tone and volume of circulation, renin angiotensin system and other mechanisms affecting this system

- 24. Antihypertensive drugs
- 25. Anti-anginal drugs, management of Myocardial Infarction
- 26. Drugs for heart failure
- 27. Anti-arrythmic agents
- 28. Anti-dyslipidemic agents, drugs used in peripheral vascular disease
- 29. Nitric oxide donors and inhibitors and basic concepts of treatment of shock

# (V) Drugs Affecting Autacoids, Inflammation and Gout

- 30. Histamine, serotonin & their antagonists, treatment of migraine
- 31. Prostaglandins, Leukotrienes, Platelet activating factor
- 32. Non Steroidal Anti inflammatory Drugs
- 34. Drug treatment of gout, rheumatoid arthritis & other autoimmune diseases

# (VI) Drugs Affecting Kidney Function

- 35. Diuretics
- 36. Antidiuretics

# (VII) Drugs Affecting Respiratory System

37. Antitussives, expectorants, mucolytics

38. Drug treatment of bronchial asthma, Chronic Obstructive Pulmonary disease

# (VIII) Drugs Affecting Gastro-intestinal System

39. Drugs for gastric acidity, peptic ulcer & Gastro esophageal reflux disease

- 40. Antiemetic and prokinetic agents
- 41. Drugs for constipation and Inflammatory Bowel Disease
- 42. Antidiarrhoeal agents

#### (IX) Drugs Acting on Blood

- 43. Agents used to treat anemias and haematopoietic growth factors
- 44. Coagulants and anticoagulants
- 45. Antiplatelet drugs
- 46. Fibrinolytic, antifibrinolytic, plasma expanders

#### (X) Drugs Affecting Central Nervous system

- 47. Introduction and basic concepts of drugs affecting CNS activity: Neurotransmitters and their pathways and important sites of Central Nervous System effect of drugs
- 48. Sedative hypnotic drugs
- 49. General anaesthetics with preanaesthetic medications
- 50. Antiepileptic drugs
- 51. Antipsychotic drugs
- 52. Antianxiety drugs
- 53. Antidepressant and antimaniac drugs
- 54. Opioid analgesic and antagonists
- 55. Antiparkinsonian drugs and drugs for other neurodegenerative and movement disorders
- 56. Pharmacology of ethyl alcohol and other alcohols

57. Pharmacology of CNS stimulants, psychomimetic drugs, drug dependence and substance abuse

#### (XI) Drugs Affecting Endocrine System and its Diseases

- 58. Pharmacology of pituitary and hypothalamic hormones
- 59. Thyroid hormones and antithyroid drugs
- 60. Estrogen, progesterone and inhibitors
- 61. Oral contraceptives & Hormone replacement therapy
- 62. Androgen
- 63.Drugs for diabetes mellitus: Insulin and oral antidiabetic agents
- 65. Corticosteroids
- 66. Parathyroid hormones and drugs affecting calcium balance
- 67. Drugs acting on uterus

68. Drug treatment for infertility and erectile dysfunctions

#### (XII) Pharmacology of Chemotherapeutic Agents

69. Introduction and basic principles of chemotherapy of infection, infestation and neoplastic diseases and concepts of resistance to chemotherapeutic agents 70.Sulfonamides

71. Quinolones

- 72. Beta lactam antibiotics
- 73. Aminoglycosides
- 74. Macrolides and ketolides
- 75. Tetracycline and chloramphenicol
- 76. Oxazolidinones, streptogramin and other antibiotics
- 77. Antimycobacterial drugs, antitubercular drugs; treatment of MDR and XDR
- tuberculosis
- 78. Antileprosy drugs
- 79. Antifungal drugs
- 80. Antimalarial drugs
- 81. Antiamoebic and other antiprotozoal drugs
- 82. Drugs used in filariasis and kalaazar
- 83. Anthelmintic agents
- 84. Antiviral, anti-AIDS drugs
- 85. Chemotherapy of Urinary tract infection & Sexually transmitted diseases
- 86. Basic principles of cancer chemotherapy

#### (XIII) Immunopharmacology

87. Vaccines, immunomodulators and treatment of transplant rejection disorders

#### (XIV) Miscellaneous Topics

- 88. Drugs acting on skin and mucous membrane
- 89. Vitamins, nutraceuticals and probiotics
- 90. Pharmacology of Diagnostic agents
- 91. Paediatric pharmacology
- 92. Geriatric pharmacology
- 93. Pharmacology of chelating agents
- 94. Indian Systems of Medicines

#### Appendix 2. Certifiable Competencies

	Certifiable competencies	Number required to certify
3.1	Write a rational, correct and legible generic prescription for a given condition and communicate the same to the patient	5
3.2	Perform and interpret a critical appraisal (audit) of a given prescription	3
3.3	Perform a critical evaluation of the drug promotional literature	3
3.5	To prepare and explain a list of P-drugs for a given case/condition	3

#### Appendix 3

#### M.B.B.S. STUDENT'S LOG BOOK (PHARMACOLOGY)

#### **GENERAL INSTRUCTIONS**

1. This logbook is a record of the academic/co-curricular activities in Pharmacology of the designated student.

2. The student is responsible for getting the entries in the logbook verified by the faculty in-charge in the next class.

3. Entries in the Logbook will reflect the activities undertaken in the department of Pharmacology during your course.

4. The student has to get this logbook verified by the mentor and the Head of the department before submitting the application of the University examination.

The log book must have

- 1) Details of Students Name Roll Number
- 2) Details of attendance
- 3) Details of all skill based exercises done
- 4) Details of Certifiable skills
- 5) Details of group discussions/ presentations
- 6) Details of any project work done
- 7) Any other Cocurricular activity related to the subject

#### A format for Certifiable skill

Skill: PH 3.1 Write a rational, correct and legible generic prescription for a given condition and communicate the same to the patient

Domain: Skills Level of competency: Perform Core: Yes

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The student has to perform this activity- Present **five** prescription for common diseases for certification.

Exercise name	Date	Completed		Rating		
name		Yes	No	Below expectations	Meet expectations	Exceed expectations

# LOG BOOK CERTIFICATE

This is to certify that the candidate Ms	Reg No.
, admitted in the yearin the	Medical
college, New Delhi, has satisfactorily completed / has not completed all as	ssignments
/requirements mentioned in this logbook for Second year MBBS course in the	e subject of
Pharmacology during the period from to She/ is/is	not eligible
to appear for the summative (University) assessment as on the date given be	low.

Signature of Faculty Name and Designation

Countersigned by Head of the Department

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# 4. Amendment to Ordinance VI (Clause M. Evaluation and Assessment (19) vide E.C Res. No. 78-9/- dated 25.03.2022]

Recomme	Examin	Examin	Examin	Action suggested
ndation	cr 1	er 2	er 3	
Event 1	Accept	Accept	Accept	Viva-Voce
Event 2	Accept	Accept	Minor Correcti on	Revise thesis in Consultation with Supervisor followed by Viva- voce
Event 3	Accept/ Resubm ission	Accept/ Resubm ission	Resubm ission	Resubmission within one year after incorporating suggestion. Thesis to be sen to all examiners again.
Event 4	Accept	Accept	Reject	Thesis to be sent to fourth examiner whose recommendation shall be final and binding
Event 5	Aceept/ Resubm ission	Reject	Reject	Reject and cance registration

For any cases that need special consideration, a special Committee consisting of the Vice-Chancellor/ Pro-Vice-Chancellor, Chairperson of Research Council, Dean of Examination, Chairman of the concerned Board of Research Studies, Head of the concerned department, the Supervisor/s of the candidate, and three Professors of the University of Delhi nominated by the Vice-Chancellor may be referred to for a decision in the matter.

Amended					
Recom mendati on	Examin cr 1	Examin er 2	Examin er 3	Action suggested	
Event 1	Accept	Accept	Accept	Viva-Voce	
Event 2	Accept	Accept	Minor Correcti on	Revise thesis in consultation with supervisor followed by Viva-Voce	
Event 3	Accept/ Resubm ission	Rcsubm ission	Resubm ission	Resubmission within one year after incorporating suggestion. Thesis to be sent to all examiners again.	
Event 4	Accept	Accept	Resubm ission	Thesis to be sent to fourth examiner whose recommendation shall be final. If 4 <sup>th</sup> examiner recommends for revision, thesis will be sent to same examiner after revision. Resubmission within one year after incorporating suggestion.	
Event 5	Accept	Accept	Reject	Thesis to be sent to fourth examiner. If 4 <sup>th</sup> examiner rejected the thesis, registration of the student shall be closed/cancelled.	
Event 6	Accept/ Resubm ission	Rejeet/ Resubm ission	Reject	Reject and cancel registration	

For any cases that need special consideration, a special committee consisting of the Vice-Chancellor, Dean of Examination, Dean (Academic), Controller of Examination (If any) may be referred to for a decision in the matter.

REGISTRAR

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