



# MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

**Grade 'A' Accredited by NAAC**

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## **Curriculum for Third M.B.B.S – Part I Otolaryngorhinology**

Amended upto BOM 57/2019, Dated 26/04/2019

## **Amended History**

1. Approved as per BOM 04/2007, Item No. 4, Dated 14/12/2007.
2. Amended upto BOM 40/2015, Resolution No. 3.4 (b), Resolution No. 3.4 (c )  
Dated 13/05/2015.
3. Amended upto BOM 45/2016, Resolution No. 3.4 ( c), Dated 28/04/2016.
4. Amended upto BOM 51/2017, Resolution No. 1.3.7.5, Resolution No. 1.3.10.9,  
Resolution No. 1.3.10.13; Dated 28/08/2017.
5. Amended upto BOM 52/2018, Resolution No. 3.5.9, Resolution No. 3.8.4, Dated  
13/01/2018.
6. Amended upto BOM 53/2018, Resolution No. 4.3.5 Dated 19/05/2018.
7. Amended upto BOM 55/2018, Resolution No. 4.13 Dated 27/11/2018.
8. Amended upto BOM 57/2019, Resolution No. 3.1.4.2; Dated 26/04/2019

## GENERAL CONSIDERATIONS AND TEACHING APPROACH

- (1) Graduate medical curriculum is oriented towards training students to undertake the responsibilities of a physician of first contact who is capable of looking after the preventive, promotive, curative & rehabilitative aspect of medicine.
- (2) With wide range of career opportunities available today, a graduate has a wide choice of career opportunities. The training, though broad based and flexible should aim to provide an educational experience of the essentials required for health care in our country.

“Training should be able to meet internationally acceptable standards.”

- (3) To undertake the responsibilities of service situations which is a changing condition and of various types, it is essential to provide adequate placement training tailored to the needs of such services as to enable the graduates to become effective instruments of implementation of those requirements. To avail of opportunities and be able to conduct professional requirements, the graduate shall endeavour to have acquired basic training in different aspects of medical care.
- (4) The importance of the community aspects of health care and of rural health care services is to be recognized. This aspect of education & training of graduates should be adequately recognized in the prescribed curriculum. Its importance has been systematically upgraded over the past years and adequate exposure to such experiences should be available throughout all the three phases of education & training. This has to be further emphasized and intensified by providing exposure to field practice areas and training during the internship period. The aim of the period of rural training during internship is to enable the fresh graduates to function efficiently under such settings.
- (5) The educational experience should emphasize health and community orientation instead of only disease and hospital orientation or being concentrated – on - curative - aspects. As such all the basic concepts of modern scientific medical education are to be adequately dealt with.
- (6) There must be enough experiences to be provided for self learning. The methods and techniques that would ensure this must become a part of teaching - learning process.
- (7) The medical graduate of modern scientific medicine shall endeavour to become capable of functioning independently in both urban and rural environment. He/she shall endeavour to give emphasis on fundamental aspects of the subjects taught and on common problems of health and disease avoiding unnecessary details of specialization.
- (8) The importance of social factors in relation to the problem of health and diseases should receive proper emphasis throughout the course and to achieve this purpose, the

educational process should also be community based than only hospital based. The importance of population control and family welfare planning should be emphasized throughout the period of training with the importance of health and development duly emphasized.

- (9) Adequate emphasis is to be placed on cultivating logical and scientific habits of thought, clarity of expression and independence of judgment, ability to collect and analyze information and to correlate them.
- (10) The educational process should be placed in a historic background as an evolving process and not merely as an acquisition of a large number of disjointed facts without a proper perspective. The history of Medicine with reference to the evolution of medical knowledge both in this country and the rest of the world should form a part of this process.
- (11) Lectures alone are generally not adequate as a method of training and are a poor means of transferring/acquiring information and even less effective at skill development and in generating the appropriate attitudes. Every effort should be made to encourage the use of active methods related to demonstration and on firsthand experience. Students will be encouraged to learn in small groups, through peer interactions so as to gain maximal experience through contacts with patients and the communities in which they live. While the curriculum objectives often refer to areas of knowledge or science, they are best taught in a setting of clinical relevance and hands on experience for students who assimilate and make this knowledge a part of their own working skills.
- (12) The graduate medical education in clinical subjects should be based primarily on out-patient teaching, emergency departments and within the community including peripheral health care institutions. The out-patient departments should be suitably planned to provide training to graduates in small groups.
- (13) Clinics should be organized in small groups of preferably not more than 10 students so that a teacher can give personal attention to each student with a view to improve his skill and competence in handling of the patients.
- (14) Proper records of the work should be maintained which will form the basis for the students' internal assessment and should be available to the inspectors at the time of inspection of the college by the Medical Council of India.
- (15) Maximal efforts have to be made to encourage integrated teaching between traditional subject areas using a problem based learning approach starting with clinical or community cases and exploring the relevance of various preclinical disciplines in both understanding and resolution of the problem. Every attempt be made to de-emphasize compartmentalization of disciplines so as to achieve both horizontal and vertical integration in different phases.

- (16) Every attempt is to be made to encourage students to participate in group discussions and seminars to enable them to develop personality, character, expression and other faculties which are necessary for a medical graduate to function either in solo practice or as a team leader when he begins his independent career. A discussion group should not have more than 20 students.
- (17) Faculty member should avail of modern educational technology while teaching the students and to attain this objective, Medical Education Units/ Departments be established in all medical colleges for faculty development and providing learning resource material to teachers.
- (18) To derive maximum advantage out of this revised curriculum, the vacation period to students in one calendar year should not exceed one month, during the 4 ½ years Bachelor of Medicine and Bachelor of Surgery (MBBS) Course.
- (19) In order to implement the revised curriculum in Toto, State Govts. and Institution Bodies must ensure that adequate financial and technical inputs are provided.
- (20) HISTORY OF MEDICINE –The students will be given an outline on “History of Medicine”. This will be taught in an integrated manner by subject specialists and will be coordinated by the Medical Education Unit of the College.
- (21) All medical institutions should have curriculum committee which would plan curricula and instructional method which will be regularly updated.
- (22) Integration of ICT in learning process will be implemented.

## **OBJECTIVE OF MEDICAL GRADUATE TRAINING PROGRAMME:**

- (1) **NATIONAL GOALS** : At the end of undergraduate program, the medical student should be able to :
  - (a) Recognize 'health for all' as a national goal and health right of all citizens and by undergoing training for medical profession fulfill his/her social obligations towards realization of this goal.
  - (b) Learn every aspect of National policies on health and devote himself / herself to its practical implementation.
  - (c) Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.
  - (d) Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.
  - (e) Become exemplary citizen by observation of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.
  
- (2) **INSTITUTIONAL GOALS:** (1) In consonance with the goals each medical institution should evolve institutional goals to define the manpower (or professionals) they intend to produce. The undergraduate students coming out of a medical institute should:
  - (a) Be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.
  - (b) Be competent to practice preventive, promotive, curative and rehabilitative medicine in respect to the commonly encountered health problems.
  - (c) Appreciate rationale for different therapeutic modalities; be familiar with the administration of the "essential drugs" and their common side effects.
  - (d) Be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.
  - (e) Possess the attitude for continued self learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills.
  - (f) be familiar with the basic factors which are essential for the implementation of the National Health Programmes including practical aspects of the following:-
    - (i) Family Welfare and Material and Child Health(MCH)
    - (ii) Sanitation and water supply

- (iii) Prevention and control of communicable and non-communicable diseases
  - (iv) Immunization
  - (v) Health Education
  - (vi) IPHS standard of health at various level of service delivery, medical waste disposal.
  - (vii) Organizational institutional arrangements.
- 
- (g) Acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, General and hospital management, principal inventory skills and counseling
  - (h) Be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.
  - (i) Be able to work as a leading partner in health care teams and acquire proficiency in communication skills.
  - (j) Be competent to work in a variety of health care settings.
  - (k) Have personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

**All efforts must be made to equip the medical graduate to acquire the skills as detailed as under:**

A comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) Graduate:

**I. Clinical Evaluation:**

- (a) To be able to take a proper and detailed history.
- (b) To perform a complete and thorough physical examination and elicit clinical signs.
- (c) To be able to properly use the stethoscope, Blood Pressure, Apparatus Auroscope, Thermometer, Nasal Speculum, Tongue Depressor, Weighing Scales, Vaginal Speculum etc.:
- (d) To be able to perform internal examination-Per Rectum (PR), Per Vaginum (PV) etc.
- (e) To arrive at a proper provisional clinical diagnosis.

**II. Bed side Diagnostic Tests:**

- (a) To do and interpret Haemoglobin (HB), Total Count (TC), Erythrocytic Sedimentation Rate (ESR), Blood smear for parasites, Urine examination /albumin /sugar /ketones /microscopic:
- (b) Stool exam for ova and cysts;
- (c) Gram, staining and Siehl-Nielsen staining for AFB;
- (d) To do skin smear for lepra bacilli
- (e) To do and examine a wet film vaginal smear for Trichomonas
- (f) To do a skin scraping and Potassium Hydroxide (KOH) stain for fungus infections;
- (g) To perform and read Montoux Test.

**III. Ability to Carry Out Procedures:**

- (a) To conduct CPR (Cardiopulmonary resuscitation) and First aid in newborns, children and adults.
- (b) To give Subcutaneous (SC) /Intramuscular (IM) /Intravenous (IV) injections and start Intravenous (IV) infusions.
- (c) To pass a Nasogastric tube and give gastric leavage.
- (d) To administer oxygen-by masic/catheter
- (e) To administer enema
- (f) To pass a urinary catheter-male and female
- (g) To insert flatus tube
- (h) To do pleural tap, Ascitic tap & lumbar puncture
- (i) Insert intercostal tube to relieve tension pneumothorax
- (j) To control external Haemorrhage.

**IV Anaesthetic Procedure**

- (a) Administer local anaesthesia and nerve block



- (b) Be able to secure airway potency, administer Oxygen by Ambu bag.

**V Surgical Procedures**

- (a) To apply splints, bandages and Plaster of Paris (POP) slabs;
- (b) To do incision and drainage of abscesses;
- (c) To perform the management and suturing of superficial wounds;
- (d) To carry on minor surgical procedures, e.g. excision of small cysts and nodules, circumcision, reduction of paraphimosis, debridement of wounds etc
- (e) To perform vasectomy;
- (f) To manage anal fissures and give injection for piles.

**VI Mechanical Procedures**

- (a) To perform thorough antenatal examination and identify high risk pregnancies.
- (b) To conduct a normal delivery;
- (c) To apply low forceps and perform and suture episiotomies;
- (d) To insert and remove IUD's and to perform tubectomy

**VII Paediatrics**

- (a) To assess new borns and recognize abnormalities and I.U. retardation
- (b) To perform Immunization;
- (c) To teach infant feeding to mothers;
- (d) To monitor growth by the use of 'road to health chart' and to recognize development retardation;
- (e) To assess dehydration and prepare and administer Oral Rehydration Therapy (ORT)
- (f) To recognize ARI clinically;

**VIII ENT Procedures:**

- (a) To be able to remove foreign bodies;
- (b) To perform nasal packing for epistaxis;
- (c) To perform trachesotomy

**IX Ophthalmic Procedures:**

- (a) To invert eye-lids;
- (b) To give Subconjunctival injection;
- (c) To perform appellation of eye-lashes;
- (d) To measure the refractive error and advise correctional glasses;
- (e) To perform nasolacrimal duct syringing for potency

**X. Dental Procedures:**

To perform dental extraction

## **XI Community Health:**

- (a) To be able to supervise and motivate, community and para-professionals for corporate efforts for the health care;
- (b) To be able to carry on managerial responsibilities, e.g. Management of stores, indenting and stock keeping and accounting
- (c) Planning and management of health camps;
- (d) Implementation of national health programmes;
- (e) To effect proper sanitation measures in the community, e.g. disposal of infected garbage, chlorination of drinking water;
- (f) To identify and institute and institute control measures for epidemics including its proper data collecting and reporting.

## **XII Forensic Medicine Including Toxicology**

- (a) To be able to carry on proper medico legal examination and documentation of injury and age reports.
- (b) To be able to conduct examination for sexual offences and intoxication;
- (c) To be able to preserve relevant ancillary material for medico legal examination;
- (d) To be able to identify important post-mortem findings in common un-natural deaths.

## **XIII Management of Emergency**

- (a) To manage acute anaphylactic shock;
- (b) To manage peripheral vascular failure and shock;
- (c) To manage acute pulmonary oedema and LVF;
- (d) Emergency management of drowning, poisoning and seizures
- (e) Emergency management of bronchial asthma and status asthmaticus;
- (f) Emergency management of hyperpyrexia;
- (g) Emergency management of comatose patients regarding airways, positioning prevention of aspiration and injuries
- (h) Assess and administer emergency management of burns

**Syllabus for  
OTORHINOLARYNGOLOGY  
(ENT)**

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## **BROAD CURRICULUM AS PER MCI GUIDELINES (OTORHINOLARYNGOLOGY)**

### **i) GOAL:**

The broad goal of the teaching of undergraduate students in Otorhinolaryngology is that the undergraduate students have acquired adequate knowledge and skills for optimally dealing with common disorders and emergencies and principles of rehabilitation of the impaired hearing.

### **ii) OBJECTIVES**

#### **a. KNOWLEDGE**

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

1. Describe the basic pathophysiology of common ENT diseases and emergencies.
2. Adopt the rational use of commonly used drugs, keeping in mind their adverse reactions.
3. Suggest common investigative procedures and their interpretation.

#### **b. SKILLS**

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

1. Examine and diagnose common ENT problems including the pre-malignant and malignant disorders of the head and neck.
2. Manage ENT problems at the first level of care and be able to refer whenever necessary.
3. Assist/carry out minor surgical procedures like ear syringing, ear dressings, nasal packing etc.\
4. Assist in certain procedures such as tracheostomy, endoscopies and removal of foreign bodies.

#### **c. INTEGRATION:**

The undergraduate training in ENT will provide an integrated approach towards other disciplines especially neurosciences, ophthalmology and general surgery.

# Resolutions on Syllabus

## OTORHINOLARYNGOLOGY

### Methods – Theory Practical and Viva

#### Pattern of theory examination including distribution of marks, questions and time

1. There shall be one theory paper, carrying 40 marks
2. The paper will have two sections, A and B
3. The paper will be of 2.5 hours duration.
4. Section A will be MCQ in each paper. Section B will have to be written in separate answer sheets.
5. MCQ section A will be given to candidates at the beginning of the examination. After 30 minutes Section A will be collected. Section B of paper will then be handed over to candidates.

**THEORY:- 40 marks Duration: Two and half hours**

**(2.5) Hours**

#### Section A: 30 min. duration

1. Twenty MCQs- 1/2 mark each : 10 marks
2. Separate paper Single based response
3. MCQ will cover whole syllabus

#### Section B: 2 hours duration

1. Two long questions (LAQ) of 7 marks each : 14 marks  
(Will contain some preclinical / paraclinical aspects)
2. Four/five (SAQ) short notes - 4 marks each : 16 marks

#### PRACTICAL: 40 marks

##### Clinical

1. One long case: 20 marks : 30 min for examination and 10 minutes for assessment.
2. One short case: 10 marks : 15 min for examination and 5 minutes for assessment.

##### Oral (Viva voce):10 marks : 10 min duration

(Instruments, x-rays, specimens, audiograms)

#### Internal assessment in Theory-

1. Examinations during semesters: This will be carried out by conducting two theory examination during 4th and 6th semester (50 marks each). Total of 100 marks to be converted into 5 marks.(A/5)
2. Prelim examination: This shall be carried out during 7th semester.  
One theory paper of 40 marks as per university examination.  
Total of 40 marks to be converted into 5 marks.(B/5)

**Total marks of internal assessment-Theory will be addition of A and B**

**Internal assessment in Practical-**

Examinations at end of Clinical postings :

1. There will be practical examination at the end of each clinical posting of ENT, 4<sup>th</sup> and 6<sup>th</sup> semester. Each examination will be of 50 marks.

Total of 2 examinations-100 marks, will be converted to 5 marks (C/5)

2. Prelim examination: This will be conducted for 40 marks as per university pattern and marks will be converted to 5 (D/5).

**Total marks of internal assessment-of Practical will be addition of C and D.**

**New Topics to be added to the syllabus.**

1. Sleep apnoea
2. Phonosurgery

## Course of OTORHINOLARYNGOLOGY

These guidelines are based on MCI recommendations.

Teaching has to be done keeping in mind the goals and objectives to be achieved by medical student

### 1. GOAL

The basic idea of undergraduate students teaching and training in otolaryngology is that he /she should have acquired adequate knowledge and skills for optimally Dealing with common disorders, emergencies in E.N.T .and basic principles of impaired hearing rehabilitation.

### **2. OBJECTIVES**

#### **(a) KNOWLEDGE**

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

- (1) Describe the basic pathophysiology and common Ear, Nose, Throat diseases and emergencies.
- (2) Adopt the rationale use of commonly used drugs,keeping in mind their side effects
- (3) Suggest common investigative methods and their interpretation.

#### **(b)SKILLS**

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

1. Examine and diagnose common ear ,nose ,throat problems including premalignant and malignant diseases of head and neck.
2. Manage ear ,nose ,throat (E.N.T)problems at the first level of care and be able to refer whenever and wherever necessary.
3. Assist/do independently basic E.N.T. procedures like ear syringing, Ear dressings, nasal packing removal of foreign bodies from nose, ear, throat.
4. Assist in certain procedures like tracheostomy, endoscopies.
5. Conduct CPR (cardiopulmonary resuscitation).
6. Be able to use auroscope, nasal speculum, tongue depressor, tuning fork and head mirror.

### **INTEGRATION**

The undergraduate training in E.N.T. will provide an integrated approach towards other disciplines especially neurosciences, ophthalmology and general surgery.

### **LEARNING METHODS**

1. Total teaching hours : 70
2. Theory lectures : 48(4th,6th,7th term.)
3. Tutorials : 22(7th term)
4. Clinical Postings Two clinical postings of 4weeks  
First in 4<sup>th</sup> semester and second in 6<sup>th</sup> semester  
Bedside clinics – 8 weeks of three hours per day 144 hours



## Course distribution and Teaching Programme

This is suggested programme and can vary at institute

Total 70 hours of teaching has to be done in ENT including Tutorials

Details of syllabus is given separately below after distribution as per semester

Theory lectures will be taken once a week and their distribution will be as below:

1. 4th term :16(nose and Paranasal sinuses/throat)		
a. NOSE AND P.N.S. :	10	
b. THROAT AND NECK:	6	
2. 6th term :16 (Remaining topics of throat, head and neck and / ear)		
a. THROAT AND NECK:	8	
b. EAR :	8	
3. 7th term :		16 lectures
a. RECENT ADVANCES AND OTHERS :	4	
b. EAR	12	
Total Theory lectures	48	

Tutorials 7<sup>th</sup> Term 22 hours teaching

**THEORY LECTURES:** 4th, 6th, 7th term (one hour per week)

Topics	No.of lectures
<u>Throat</u>	
• Anatomy/physiology	1
• Diseases of buccal cavity <i>Desirable To Know</i>	1
• Diseases of pharynx <i>Desirable To Know</i>	2
• Tonsils and adenoids	2
• Pharyngeal tumours and related <i>Nice To Know</i> Topics (trismus, Plummer.Vinson Syndrome etc.)	1
• Anatomy /physiology/examination Methods/symptomatology of larynx	2
• Stridor /tracheostomy	2
• Laryngitis /laryngeal trauma/ Laryngeal paralysis/ foreign body larynx/ Bronchus, etc. <i>Desirable To Know</i>	2
• Laryngeal tumours	1
 <u>Nose and paranasal sinuses</u>	
• Anatomy /physiology/ exam.	
• Methods /symptomatology	2
• Diseases of ext. nose/cong. Conditions <i>Desirable To Know</i>	1
• Trauma to nose/p.n.s/Foreign Body. / Rhinolith <i>Desirable To Know</i>	1
• Epistaxis	1
• Diseases of nasal septum	1
• Rhinitis	1
• Nasal polyps/nasal allergy	1
• Sinusitis and its complications	1
• Tumours of nose and Para nasal sinuses	1

## EAR

• Anatomy /physiology		2
• Methods/methods of examination	1	
• Cong.diseases/ ext.ear /middle ear <i>Nice To Know</i>		1
• Acute/chronic supp. otitis media Aetiology, clinical features and its Management/complications	6	
• Serous/adhesive otitis media	1	
• Mastoid/middle ear surgery		1
• Otosclerosis/tumours of ear <i>Desirable To Know</i>	2	
• Facial paralysis/Meniere"s disease		2
• Tinnitus /ototoxicity <i>Desirable To Know</i>	2	
• Deafness/hearing aids/rehabilitation Audiometry	2	
• <i>sleep Apnoea • phono surgery Nice To Know</i>		

## FINAL MBBS EXAMINATION IN OTORHINOLARYNGOLOGY

### Evaluation

#### Internal assessment: 20 ( Theory 10 +Practical 10)

- Marks of Internal Assessment should be sent to University before the commencement of Theory examination.
- Passing in internal assessment is essential for passing, as Internal assessment is separate head of passing. in examination.
- It will also be considered for grace marks as per existing rules
- Combined theory and practical of internal assessment will be considered for passing in internal assessment.
- Student will be allowed to appear for both theory and practical exam independent of marks obtained in internal assessment but he if fails in that head even after including the grace marks he will be declared **“Fail in that Subject**

#### Internal assessment in Theory -

- 1 **Examinations during semesters:** This will be carried out by conducting two theory examinations during 4th and 6th semesters ( 50 marks each). Total of 100 marks to be converted into 5 marks.( A/5)
- 2 **Prelim examination :** This shall be carried out during 7th semester.  
One theory papers of 40 marks as per university examination.  
Total of 40 marks to be converted into 5 marks. ( B/5)
- 3 **Total marks of Internal assessment-** Theory will be addition of A and B.

#### Internal assessment in Practical

##### Examinations at end of Clinical postings:

There will be practical examination at the end of each clinical posting of ENT, 4<sup>th</sup> and 6th semester) Each examination will be of 50 marks.

Total of 2 examinations – 100 marks , will be converted to 5 marks.( C/5)

##### Prelim examination:

This will be conducted for 40 marks as per university pattern and marks will be converted to 5 (D/5).

Total marks of Internal assessment-of Practical will be addition of C and D.

**Methods - Theory, Practical and Viva**

**Pattern of theory examination including distribution of marks, questions and time**

1. There shall be one theory paper , carrying 40 marks
2. The paper will have two sections, A and B
3. The paper will be of 2.5 hours duration.
4. Section A will be MCQ in each paper. Section B will have to be written in separate answer sheets.
5. MCQ section A will be given to candidates at the beginning of the examination. After 30 minutes Section A will be collected. Section B of paper will then be handed over to candidates.

**THEORY:** 40 marks    Duration: Two and half hours    (2.5) hours

**Section A** :30 min. duration

1. Twenty eight MCQs- 1/2 mark each: 14 marks
2. Separate paper Single based response
3. MCQ will cover whole syllabus

**Section B** : 2 hours duration

1. Two long questions (LAQ) of 7 marks each : 14 marks  
(will contain some preclinical / paraclinical aspects)
2. Three /five (SAQ)short notes - 4 marks each : 12 marks

**PRACTICAL : 40 marks**

**Clinical**

1. One long case :20 marks :30 min. For examination and 10minutes for assessment
2. One short case :10 marks :15 min.for examination and 5 minutes for assessment

**Oral (viva voce): 10 marks: 10 min. duration**

(Instruments, x-rays, specimens, audiograms)

- **Marks of VIVA will be added to Theory marks**
- **It is compulsory to obtain 50% marks in theory.**
- 

**It is mandatory to obtain 50% marks in theory+viva/oral. \_\_\_\_\_**

## OTORHINOLARYNGOLOGY

### Methods - Theory, Practical and Viva

#### Pattern of theory examination including distribution of marks, questions and time

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(2.5)

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□

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- It is mandatory to obtain 50% marks in theory+viva/oral.

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#### Internal assessment in Practical

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Total of 2 examinations – 100 marks , will be converted to 5 marks.( C/5)

##### Prelim examination:

This will be conducted for 40 marks as per university pattern and marks will be converted to 5 (D/5).

Total marks of internal assessment-of Practical will be addition of C and D.

BOARD OF MANAGEMENT – 40/ 2015 DATED 13.05.2015

**Item No. 3:** To consider and take appropriate resolutions on the recommendations and decisions taken by the Academic Council (AC-20/2015) in its meeting held on Wednesday, 15<sup>th</sup> April 2015.

**3.4: SURGERY & ALLIED :**

**Resolution No. 3.4(a):** Resolved to accept the following distribution of marks in the subject ENT and Ophthalmology theory papers for III<sup>rd</sup> MBBS Part 1 exam :

Section A (MCQ)

20 MCQs of half marks each totalling 10 marks

Section B

Q1. LAQs A & B of 7 marks each totaling to 14.

Q2. SAQs

4 short notes of 4 marks each out of five each, total 16 marks.

Section A

MCQs                    10 marks

Section B

Q1. LAQs (7 x 2)   14 marks

Q2. SAQs (4 x 4)   16 marks

Total                    40 marks

And 10 marks for viva totalling to 50 marks.

**Resolution No. 3.4(b):** It was resolved to conduct one or two lectures as per need on history of medicine at the start of lectures series by all department.

Approved in Bom 45/2016, Dated 28/04/2016  
Resolution No. - 3.4(c)

**Resolution No. 3.4(c):** Resolved to accept revised method to calculate internal assessment marks for following subjects:

**ENT & Ophthalmology:** for the batch starting their IV semester in Feb 2017.

Theory:

	ENT	Ophthalmology
IV <sup>th</sup> / VI <sup>th</sup> Sem. & Prelim Exam.	07	07
Day to day assessment as per MCI norms	03	03
Total marks	10	10

Practical:

	ENT	Ophthalmology
IV <sup>th</sup> / VI <sup>th</sup> Sem. & Prelim Exam.	07	07
Day to day assessment as per MCI norms	03	03
Total marks	10	10

**Resolution No. 1.3.10.9 of BOM-51/2017:** Resolved to approve the following pattern for Internal Assessment calculation for MBBS with effective from batch entering into III/II & III/I from February 2018 onwards:

ENT : Theory:VI:40marks	}	reduced to 10 marks
Prelims:40marks		
Practical:VI:40marks	}	reduced to 10 marks
Prelims:40marks		



**Resolution No. 1.3.10.13 of BOM-51/2017:** Resolved to:

- i) Approve the Integrated teaching topics as mentioned below for OBGY, Surgery & ENT, with immediate effect:

**ENT:** Anatomy of larynx, physiology of phonation, larynx disease, Thyroid-Anatomy, physiology, medicine, ENT-surgery, vestibular system-anatomy, physiology, ENT

**Resolution No. 3.5.9 of BOM-52/2018:**

a) BOM reiterated the earlier BOM resolution as mentioned below:

**Resolution No. 1.3.7.5 of BOM-51/2017:** It was resolved that

- i) In all the subjects of all courses, MCQ weightage (Section A) shall be a maximum of 20% of the total marks in each paper.
- ii) BOS will have to accordingly workout the changes in Section B & C weightage and put up in forthcoming BOS meeting.
- iii) Further University Examination section must validate the MCQ Question Bank by Faculties before giving it to question paper-setter.

b) To be effective from:

- (i) Ist MBBS - Batch appearing in University August/September 2018 examination onwards.
- (ii) IInd MBBS - Batch appearing in University January 2019 examination onwards.
- (iii) IIIrd MBBS (Part I) and IIIrd MBBS (Part II) - Batch appearing in University January 2019 examination onwards.

Resolution No. 3.8.4 of BOM-52/2018: Resolved the following for MBBS, with effect from batch appearing in University January 2019 examination onwards:

**ENT:**

- Section A: MCQs: 16x 0.5 marks = 8 marks
- Section B: LAQs: 2x 8 marks = 16 marks
- Section C: SAQs: 4x 4 marks = 16 marks

**Total = 40 marks**

**Resolution No. 3.8.4 of BOM-52/2018:** Resolved the following for MBBS, with effect from batch appearing in University January 2019 examination onwards:

**ENT:**

- Section A: MCQs: 16x 0.5 marks = 8 marks
- Section B: LAQs: 2x 8 marks = 16 marks
- Section C: SAQs: 4x 4 marks = 16 marks

**Total = 40 marks**

**Resolution No. 4.3.5 of BOM-53/2018:** Resolved to add reference book entitled “ESSENTIAL IN RESPIRATORY MEDICINE” by Dr. S.H. Talib in the UG/PG curriculum in medicine and allied subjects

**Resolution No. 4.13 of BOM-55/2018: Resolved as follows:-**

- (i) Slow learners must be re-designated as potential learners.
- (ii) Students scoring less than 35% marks in a particular subjects/course in the 1<sup>st</sup> formative exam are to be listed as potential learners. These learners must be constantly encouraged to perform better with the help of various remedial measures.
- (iii) Students scoring more than 75% marks in a particular subjects/course in the 1<sup>st</sup> formative exam are to be listed as advanced learners. These learners must be constantly encouraged to participate in various scholarly activities.

**Resolution No. 3.1.4.2 of BOM-57/2019:**

- i.** Resolved to include “Gender Sensitization” into UG (from new batch 2019-2020) and PG (from existing batches) curricula. [**Annexure-21**]
- ii.** Resolved to align the module of “Gender Sensitization” with MCI CBME pattern for MBBS students.
- iii.** Resolved that Dr. Swati Shiradkar, Prof., Dept. of OBGY., MGM Medical College, Aurangabad will coordinate this activity at both campuses.

## **Annexure - 21**

**Gender sensitization for UG (2<sup>nd</sup> , 3<sup>rd</sup> , 8<sup>th</sup> semesters) and PG (3 hours)**

### **INCLUSION OF “ GENDER SENSATIZATION” IN CURRICULUM**

#### **Introduction :**

The health care provider should have a healthy gender attitude, so that discrimination, stigmatization, bias while providing health care will be avoided. The health care provider should also be aware of certain medico legal issues related with sex & gender.

Society particularly youth & adolescents need medically accurate, culturally & agewise appropriate knowledge about sex, gender & sexuality. So we can train the trainers for the same. It is need of the hour to prevent sexual harassment & abuse .

To fulfill these objectives, some suggestions are there for approval of BOS.

#### **Outline**

- 1)For undergraduates :- Three sessions of two hours each, one in 2<sup>nd</sup> term, one in 3<sup>rd</sup> term & one in 8<sup>th</sup> term.
- 2)For Faculties and postgraduates :- One session of two hrs .
- 3)For those want to be trainers or interested for their ownself, value added course, which is optional about sex, gender, sexuality & related issues.



### **Responsibility**

ICC of MGM, MCHA , with necessary support from IQAC & respective departments.

### **Details of undergraduate sessions**

#### **1)First session in 2<sup>nd</sup> term**

**Aim** – To make Students aware about the concept of sexuality & gender.

To check accuracy of knowledge they have,

To make them comfortable with their own gender identify & related issues.

To make them aware about ICC & it is functioning.

**Mode** – Brain storming , Interactive power point presentation experience sharing.

**Duration** – Around two hours

**Evaluation** – Feedback from participants.

#### **2)Second session in 3<sup>rd</sup> / 4<sup>th</sup> term**

**Aim** – To ensure healthy gender attitude in these students as now they start interacting with patients.

To ensure that the maintain dignity privacy while interacting with patients and relatives, particularly gender related.

To make them aware about importance of confidentiality related with gender issues.

To encourage them to note gender related issues affecting health care & seek solutions.

Mode – focused group discussions on case studies, Role plays & discussion.

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Duration – Around two hours.

Evaluation – Feedback from participants.

Third session in 8<sup>th</sup> term.

**Aim** – To understand effect of gender attitudes on health care in various subjects.

To develop healthy gender attitude while dealing with these issues.

**Mode** – Suggested PBL by departments individually. ( In collaboration with ICC till faculty sensitization is complete)

**Evaluation** – Feedback

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**FOR POSTGRADUATES**

Session of 2-3 hrs preferably in induction program.

**Aim** – To introduce medically accurate concept of gender, sex, gender role & sex role.

To ensure healthy gender attitude at workplace.

To understand gender associated concepts on health related issues & avoid such bias while providing health care.

To make them aware about ICC & its functioning.

**Mode** – Interactive PPT

Role plays & discussion

**Duration** – 2 to 3 hrs

**Evaluation** – Feedback.

**FOR FACULTIES**

Session of 2 hours may be during combined activities.

**Aim** – To ensure clarity of concept about gender & sex.

To discuss effect of these concepts on health-related issues.

To identify such gender & sex-related issues in individual subject specialties.

To discuss methodology like PBL for undergraduate students when they are in 7<sup>th</sup>-8<sup>th</sup> semester.

**Mode** – Role play

    Focused group discussion

    Case studies

**Evaluation** – Feedback.

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# MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

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