

# MBBS Year-II

# Revised Curriculum (Version-III)

National University of Medical Sciences
Pakistan

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#### 1. Preamble

Integration has been accepted as an important educational strategy in medical education. NUMS believes in continuous curriculum revision through regular reviews and feedback of stakeholders. This curriculum has been updated with Correlation as a minimum level of integration in MBBS. This curriculum is outcome based, patient centered, community relevant, promotes health and prevents disease. It has been revised by the faculty of basic and clinical sciences from constituent/affiliated colleges in collaboration with NUMS Academic Directorate and NUMS department of Health Professions Education.

#### 2. Curriculum perspective

NUMS curriculum is evolved taking into consideration constructivist and behaviorist with some element of cognitivist approach. It allows students to construct their own knowledge based on what they already know and to use that knowledge in purposeful activities requiring decision making, problem solving, and judgments.

#### 3. Level of integration

NUMS will follow Correlation i.e level 7 of Harden's level of Integration in first four years. The emphasis remains on disciplines or subjects with subject-based courses taking up most of the curriculum time. Within this framework, an integrated teaching session or course is introduced in addition to the subject-based teaching. This session brings together areas of interest common to each of the subjects. Though the teaching is discipline based, topics are correlated and taught with clinical context for better understanding and application of concepts. However clinical teaching increases gradually with advancing years. MBBS Year V is for clerkships

#### 4. Curricular organization and structure

- **a.** NUMS MBBS curriculum in the first four years shall be delivered in a System Based Modular Format with clinical relevance. However, in year III & IV, students shall get clinical exposure through rotations in the wards and OPDs and in Year V through clerkships
- **b.** There will be three blocks in year III, each will have modules, duration of which depends upon the number and complexity of the objectives to be achieved in that module
- **c.** The curriculum will be delivered by modular teams of multidisciplinary basic science faculty and relevant clinical faculty.

- **d.** The planning and delivery will be coordinated by year coordinators who will guide module coordinators of their respective years for efficient implementation
- **e.** Modular Coordinator- responsible for teaching and assessment during each module. To be appointed by HoDs in coordination with HPE team
- **f.** Clinical Coordinator responsible for placement, teaching and assessment during clinical rotations
- g. All NUMS colleges will provide study guides of each module to the students
- **h.** To attain the integration in MBBS program, teaching shall be done in three spirals followed by Clerkships in final year
  - 1) Basics of Medicine (Spiral I -Years I & II): The syllabus will be integrated horizontally around systems of the body in which Anatomy, Physiology and Biochemistry will be taught with clinical relevance. Additional chunks of content will be added in a module that exactly does not fit in the central theme of the module.
  - 2) Longitudinal themes (Behavioral Sciences and Research Methodology & EBM) are an integral part of year I & II
  - 3) Islamiat and Pakistan Studies are compulsory subjects taught throughout the year in first and second year respectively
  - 4) Apart from attending daily scheduled sessions, students should engage in selfdirected learning to achieve the desired objectives
  - 5) Professional Exams are discipline based. In first Prof, Anatomy, Physiology and Biochemistry and in second prof, Anatomy, Physiology, Biochemistry and Islamiat/Pakistan Studies will be assessed
- 5. Competencies The focus of this curriculum is on the roles of a general physician as identified by PMC. These are skillful, knowledgeable, community health promoter, critical thinker, professional and role model, researcher and leader. Competencies focused in year I and II are:
  - a. Medical Knowledge
  - b. Procedural skills
  - c. Problem solving

- d. Communication skills
- e. Professionalism
- f. Research

#### 6. Outcomes

By the end of years, I & II, students should be able to:

- a. Correlate the developmental and anatomical knowledge of different organ systems of human body to their physiological and biochemical basis.
- b. Comprehend the significance of behavioural sciences for medical students
- c. Analyze multiple perspectives of Islamic studies or ethics and Pakistan studies
- d. Discuss the basic principles of research

#### 7. Academic Calendar Year II

Blocks		1			II 👝			Ш	
		(13 weeks)		(	09 week	s)	(	12 weeks	s)
(34 wks)	05	07	01	1	08	01	06	05	01
Modules	Digestive System & Metabolism - I	Genitourinary System - I	EOB	Genetics &	Neurosciences - I	EOB	Maxillofacial & Special Senses	Endocrinology	EOB

Integration: Anatomy, Physiology, Biochemistry, relevant clinical disciplines

Across the year: Behavioral Sciences, Research Methodology and Pakistan Studies

#### 8. Proposed Contact Hours Distribution Year-II

SUBJECTS	CONTACT HOURS
Anatomy	250
Physiology	225
Biochemistry	125
Medicine & Allied	30

Surgery & Allied	30
Research Methodology & EBM	20
Pakistan Studies	15
*Behavioral Sciences	75
(Curriculum Separately Attached)	
Self-Directed Learning	100
Co-curricular activities	40
Total Hours	910

# 9. Educational Strategies (These are proposed, but institutes can use other evidence-based teaching methodologies that suit their context)

- a. Interactive Lectures
- b. Small group discussion
- c. Lab practical
- d. Skill lab
- e. Problem based learning/ Case based learning
- f. Tutorials
- g. Integrated sessions using any of the above strategies
- h. Self-directed learning (SDL) and directed self-learning (DSL)

#### 10. Resources. To be filled in by the institute

- a. Faculty
- b. Facilities
- c. Administration for Course
- d. Administrative structure
- e. Communication with students

#### 11. Internal Assessment

Formative assessment (low stake) is at faculty discretion like mid module test and other class tests. There will be three end of blocks and one pre-annual examination in year II, which contributes towards the weighting of internal assessment i.e 20% in second professional MBBS Examination.

#### 12. Annual Professional Examination.

The University will take the first professional Examination at the end of the academic year. Annual Theory & Practical Examination will be of 200 marks for Anatomy, Physiology and Biochemistry each and 50 marks theory paper each of Islamiat and Pakistan Studies. The passing score is 50% in theory and practical separately.

**13. Evaluation of the Course.** To be filled in by the institute.

- a. The major goals of the evaluation are to monitor quality of and improve curriculum
- b. Student portfolio shall be maintained in the departments in which students will give their feedback either by name or anonymously. Feedback may be taken at the end of module, online and informal student feedback during the running module
- c. Faculty suggestions if any, for improvement of training may be incorporated in the next session

#### 14. Implementation of curriculum

- a. The university will give details of all content including learning outcomes, assessment blueprints, and table of specifications, distribution of which across the whole years and rotations is upon the discretion of the medical college/institute
- b. Early clinical exposure may be achieved by allocating hours to skill labs, Medicine & Surgery ward visits in each module or patient may be brought before the students as per the decision of institute

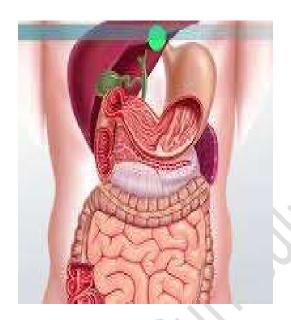
#### **MBBS YEAR II**

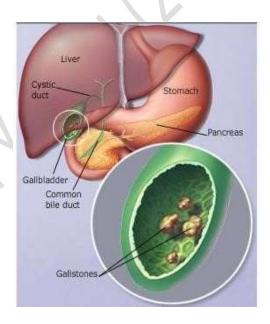
#### **BLOCK IV**

#### **MODULE VIII**

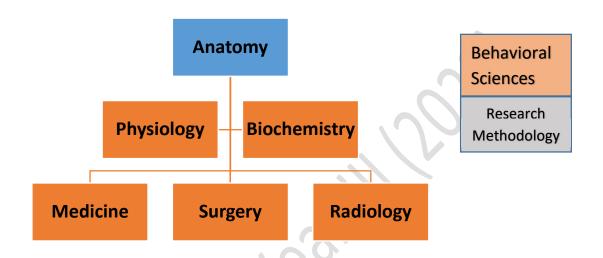
## Digestive system and Metabolism - I

**Duration: 05 weeks** 





# **Integration of Disciplines in this Module**



## **MODULE PLANNING COMMITTEE**

Module Coordinator	
Members	To be filled by the institutes

#### Preamble

This module focuses on histo-morphological and embryological structure as well as physiological and biochemical functioning of digestive system. It also emphases on the carbohydrates' chemistry, metabolism, nutrition and role of vitamins in different metabolic disorders. It allows students to appraise integration and regulation of metabolic pathways in different tissues.

Learning process involves delivering the content with clinical relevance. At the very outset medical student should understand the importance of gastrointestinal system in the fields of Medicine. The Pakistan Studies, Research methodology and Behavioral Sciences will be taught as a part of the longitudinal theme.

#### Outcomes. By the end of this module, student should be able to:

- 1. Relate the gross anatomical, developmental & light microscopic features of GIT and Hepatobiliary system with their physiological functions and biochemical basis
- **2.** Appraise the importance of carbohydrates' chemistry, metabolism, nutrition and vitamins in different metabolic disorders
- 3. Apply their relevant knowledge of this module in subsequent years of clinical training and practice

	ANATOMY					
Topic/ Theme	Learning outcomes	Learning Objectives/Contents	Instructional	Assessment tool		
THEITIE	By the end of this block	, students should be able to:	Strategies	1001		
		SPECIAL HISTOLOGY				
Introduction to GIT histology	Relate the normal microscopic structure of tubular digestive tract and associated	<ul> <li>Knowledge</li> <li>Describe the general structural plan of alimentary canal</li> </ul>	LGIS	MCQ SEQ SAQ		
Histology of esophagus	glands with their functions and common clinical disorders.	<ul> <li>Knowledge</li> <li>Describe the histomorphological features of esophagus</li> <li>Differentiate between 3 parts of esophagus microscopically</li> </ul>	LGIS	MCQ SEQ SAQ Viva Voce		
		<ul> <li>Skill</li> <li>Identify a slide of esophagus under a microscope</li> <li>Illustrate its section on the journal</li> <li>List two points of identification</li> </ul>	Lab	OSPE SAQ Viva Voce		
Histology of Stomach	80 Chill	<ul> <li>Knowledge</li> <li>Differentiate between a gastric gland and pit</li> <li>Enumerate cells forming gastric glands</li> <li>Describe the structure and function of cells forming gastric glands</li> <li>Compare the histological structure of cardia, fundus and pylorus of stomach</li> <li>Correlate a case of gastritis with pernicious anemia on basis of histology</li> </ul>	LGIS	MCQ SEQ SAQ Viva Voce		

		<ul> <li>Skill</li> <li>Identify slides of different regions of stomach under light microscope</li> <li>Illustrate its section (fundus and pylorus) on the journal</li> <li>List two points of identification</li> </ul>	Lab	OSPE SAQ Viva Voce
Histology of small intestine		<ul> <li>Knowledge</li> <li>Describe the mucosal modifications of small intestine for carrying out its functions effectively (adaptive measures)</li> <li>Describe the light microscopic structure of duodenum, jejunum and ileum</li> <li>Tabulate the histological differences between duodenum, jejunum and ileum</li> </ul>	LGIS	MCQ SEQ SAQ Viva Voce
		<ul> <li>Skill</li> <li>Identify the slides of duodenum, jejunum and ileum under microscope.</li> <li>List two points of identification of each.</li> <li>Illustrate the microscopic structure of these structures in the journal</li> </ul>	Lab	OSPE SAQ Viva Voce
Histology of large intestine	382 CALL	<ul> <li>Knowledge</li> <li>Describe the histological structure of large intestine</li> <li>Justify the increase in number of goblet cells in comparison with the decrease in the absorptive cells down the tract</li> </ul>	LGIS	MCQ SEQ SAQ Viva Voce
		<ul> <li>Skill</li> <li>Identify the slides of appendix, and colon under microscope</li> <li>List two points of identification of each</li> <li>Illustrate the microscopic sections of colon and appendix in the journal</li> </ul>	Lab	OSPE SAQ Viva Voce

Histology of liver & gall bladder		<ul> <li>Knowledge</li> <li>Describe the histological</li> </ul>	LGIS	MCQ SEQ SAQ
Jiduuci		<ul> <li>structure of liver &amp; gall bladder</li> <li>Correlate the common clinical conditions of liver and gall bladder with their normal histological features</li> </ul>		Viva Voce
		<ul> <li>Skill</li> <li>Identify the slides of liver and gall bladder under microscope</li> <li>List two points of identification of each</li> <li>Illustrate the microscopic structure of liver and gall bladder in journal.</li> </ul>	Lab	OSPE SAQ Viva Voce
Histology of Pancreas		<ul> <li>Knowledge</li> <li>Describe the light microscopic structure of of pancreas</li> </ul>	LGIS	MCQ SEQ SAQ Viva Voce
		<ul> <li>Skill</li> <li>Identify the section of pancreas on given slide under microscope</li> <li>List two points of identification.</li> <li>Illustrate the histological structure of pancreas in journal</li> </ul>	Lab	OSPE SAQ Viva Voce
	SF	PECIAL EMBRYOLOGY		
Development of foregut	Relate the developmental events of Gastrointestinal system and associated glands with embryological basis of relevant congenital anomalies	<ul> <li>Knowledge         <ul> <li>List derivatives of foregut</li> <li>Describe the development of esophagus</li> <li>Explain the embryological basis of the trachea- esophageal fistula, esophageal atresia and hiatal hernia</li> <li>Describe the development of stomach with special reference to its rotations and relocation of both vagi</li> <li>Enlist derivatives of ventral and dorsal mesentery of foregut</li> <li>Explain the formation of lesser sac</li> </ul> </li> </ul>	LGIS	MCQ SEQ SAQ Viva Voce

Dovolongerat		<ul> <li>Explain the embryological basis of pyloric stenosis</li> <li>Describe the development of duodenum</li> <li>Describe the development of liver, biliary apparatus and spleen</li> <li>Explain the embryological basis of accessory hepatic ducts, duplication of gall bladder, extra and intra hepatic</li> <li>Explain the development of pancreas</li> <li>Explain the embryological basis of Annular pancreas and accessory pancreatic tissue.</li> </ul>		MCO
Development of midgut		<ul> <li>Knowledge</li> <li>List derivatives of mid gut</li> <li>Describe physiological herniation with emphasis upon rationale behind its occurrence and reduction</li> <li>Correlate the rotation of midgut loop with definitive positioning of mid gut derivatives in abdomen</li> <li>Correlate development of midgut with abnormalities of mesenteries, vitelline duct abnormalities, gut rotation defects, gut atresia &amp; stenosis</li> <li>Differentiate between omphalocele, umbilical hernia and gastroschisis on the basis of embryology</li> </ul>	LGIS	MCQ SEQ SAQ Viva Voce
Development of hindgut		Knowledge     List derivatives of hindgut     Describe the partitioning of cloaca and its consequences     Describe the development of derivatives of anorectal canal		MCQ SEQ SAQ Viva Voce
Development of digestive system	Correlate the knowledge of	Skill	SGD	OSPE Viva Voce

	development of digestive tract with three-dimensional spatial arrangement of developing structures with help of models.	Identify parts of developing digestive system on given models and diagrams		
Anterior abdominal	Correlate the topographic anatomy of	<ul> <li>GROSS ANATOMY</li> <li>Knowledge</li> <li>Identify nine regions of</li> <li>abdominal cavity to locate the</li> </ul>	SGD	MCQ SEQ SAQ OSPE
wall	anatomy of Abdomen, Pelvis & Perineum with their functions and biochemical features and apply this knowledge for analyzing relevant clinical scenarios  • Apply the knowledge and skill gained through dissection of cadavers & study of models and prosected specimens of abdomen, pelvis and perineum to learn the related basic surgical procedures, in subsequent years of training and practice  • Outline the abdominal Viscera & main vessels on the surface of given subject by applying the gross anatomical	abdominal cavity to locate the topographic arrangement of underlying abdominal organ.  Explain the clinical importance of membranous layer of superficial fascia with anatomical reasoning.  Describe the attachments, & nerve supply and actions of muscles of anterolateral abdominal wall.  Describe the formation of rectus sheath at different levels of abdomen and enlist its contents.  Describe the blood supply, nerve supply & lymphatic drainage  of anterolateral abdominal wall  Describe various types of abdominal hernias		Viva Voce

	knowledge for			
	evaluating the			
	relevant clinical			
	presentations			
	Comprehend the			
	normal			
	radiographic			
	appearance of soft			
	and bony tissues of			
	abdomen & pelvis			
Inguinal		<u>Knowledge</u>	SGD	MCQ SEQ
Canal		Describe the extent and enlist		SAQ OSPE
		the structures forming various		Viva Voce
		walls of inguinal canal		
		Analyze the functions &		
		mechanics of inguinal canal		
		List the structures passing		
		through the inguinal canal in		
		males and females		
		Differentiate between direct &		
		indirect inguinal hernia with		
		regards to their relation with		
		age, predisposing factor,		
		frequency, coverings on exit		
		from abdominal cavity, course,		
		& exit from anterior abdominal		
		wall		
		Describe extent, coverings &		
		contents of spermatic cord		
External		<u>Knowledge</u>	SGD	MCQ SEQ
Male		Explain the significance of		SAQ OSPE
genitalia		pampiniform plexus		Viva Voce
	W 3	<ul> <li>Describe the blood supply,</li> </ul>		
		lymphatic drainage and		
		innervation of testis.		
		Trace the route for the		
		involvement of different group		
		of lymph nodes in the carcinoma		
		of testis and scrotum		
		Define hydrocele, hematocele &		
		varicocele		
		Justify the more common		
		occurrence of varicocele on left		
l	1	Total Cite Ci Valloucie Oil left		

		side of body with anatomical		
la wita wa a u wa	_	reasoning	SGD	MCO
eritoneum		<ul><li>Knowledge</li><li>Describe Peritoneum and its</li></ul>	SGD	MCQ SEQ
		modifications		SAQ
		<ul> <li>Enumerate intraperitoneal,</li> </ul>		OSPE
		extrapertinoeal, & secondarily		Viva Voce
		retropertoneal organs.		VIVA VOCC
		<ul> <li>Define following with one</li> </ul>		
		example each: Mesentry,		
		Omentum, Ligaments, Folds,		
		Recesses, Pouches, Gutters		
		Demonstrate the vertical and		
		horizontal disposition of		
		peritoneum on the model of		
		abdomen and pelvis.		
		<ul> <li>Demonstrate the attachment of</li> </ul>		
		greater & lesser omentum in		
		the given model.		
		<ul> <li>Demonstrate the differences in</li> </ul>		
		arrangement of peritoneum in		
		males and females in the		
		given model of pelvis		
		<ul> <li>Explain peritoneal infection,</li> </ul>		
		adhesions & anatomical basis of		
	• (	spread of pathological fluid in		
		various peritoneal		
		compartments along with their		
		surgical approach		
		<ul> <li>Describe the basis of peritoneal</li> </ul>		
		pain with reference to its		
		parietal and visceral layers		
bdominal	<b>W</b> 3	Knowledge	SGD	MCQ SEQ
sophagus		<ul> <li>Describe abdominal esophagus</li> </ul>		SAQ OSPE
		regarding its relations, blood		Viva Voce
	<b>→</b>	supply, nerve supply and		
		lymphatic drainage		
		Describe the anatomical basis		
		of bleeding esophageal varices		
tomach		Knowledge	SGD	MCQ SEQ
		Demonstrate the position &		SAQ OSPE
		gross features of stomach on		Viva Voce

	the given model and identify the omenta attached  Describe the blood supply, nerve supply and lymphatic drainage of stomach  Enumerate the structures lying in stomach bed  Explain gastric and peptic ulcers with reference to their common locations and blood vessels endangered as a consequence of perforation		
Small Intestine	<ul> <li>Knowledge</li> <li>Describe the gross features relations, blood supply nerve supply and lymphatic drainage of various parts of small intestine</li> <li>Differentiate between gross features of jejunum and ileum in tabulated form</li> <li>Explain the common sites and the effects of perforation of ulcers affecting different parts of duodenum applying your knowledge of gross anatomy</li> </ul>	SGD	MCQ SEQ SAQ OSPE Viva Voce
Large intestine	<ul> <li>Knowledge</li> <li>Differentiate between small and large intestine on gross inspection</li> <li>Explain the topographic Anatomy of large intestine with the help of a model</li> <li>Explain the clinical importance of variable positions of appendix with anatomical reasoning.</li> <li>Analyze the clinical presentation of a scenario of appendicitis applying your knowledge of gross anatomy</li> </ul>	SGD	MCQ SEQ SAQ OSPE Viva Voce

	Define diverticulosis, volvulus,		
	intussusception, cecostomy, &		
	colostomy		
Blood supply of	Knowledge	SGD	MCQ SEQ SAQ
intestinal tract	<ul> <li>Describe coeliac trunk with reference to its origin, branches and distribution</li> <li>Describe superior mesenteric artery with reference to its origin, branches and distribution</li> <li>Describe inferior mesenteric artery with reference to its origin, branches and</li> </ul>		OSPE Viva Voce
	<ul> <li>distribution</li> <li>Correlate the clinical problems occurring due to occlusion of GIT blood vessels with anatomical basis</li> </ul>		
Hepatic portal system	<ul> <li>Describe the formation, relations, significance &amp; tributaries of portal vein.</li> <li>Describe the sites of portosystemic shunts mentioning the names of veins involved.</li> <li>Explain the role of portosystemic anastomosis in portal hypertension</li> </ul>	SGD	MCQ SEQ SAQ OSPE Viva Voce
Liver	<ul> <li>Knowledge</li> <li>Describe the position, lobes, size, shape, coverings and ligaments of liver.</li> <li>Describe the dual</li> <li>blood supply lymph drainage and nerve supply of liver</li> <li>Correlate the concept of hepatic lobectomies and segmentectomy with</li> <li>anatomical reasons</li> <li>Identify the preferred site for liver biopsy and justify this preference with anatomical reasoning</li> </ul>	SGD	MCQ SEQ SAQ OSPE Viva Voce

Hepatic biliary	Knowledge	SGD	MCQ SEQ
apparatus	<ul> <li>Enumerate the components of Intra &amp; Extra Hepatic Biliary Systems</li> <li>Describe the gross features, relations and blood supply of gall bladder</li> <li>Describe the formation, course and termination of common bile duct</li> <li>Correlate the clinical presentation of gall stones and cholecystitis with anatomical knowledge</li> </ul>	SGD	SAQ OSPE Viva Voce
Pancreas	<ul> <li>Knowledge</li> <li>Describe the location, parts relations and ducts of pancreas</li> <li>Describe the blood supply, nerve supply, lymphatic drainage of pancreas.</li> <li>Correlate the clinical scenario of obstructive jaundice with pancreatitis, obstruction of hepatopancreatic ampulla, cancer of head of pancreas &amp; bile duct.</li> <li>Justify the referred</li> <li>pain of acute pancreatitis with anatomical reasoning</li> </ul>	SGD	MCQ SEQ SAQ OSPE Viva Voce
Spleen	<ul> <li>Knowledge</li> <li>Describe location, relations, blood supply, nerve supply &amp; lymphatic drainage of spleen,</li> <li>Justify the direction of splenomegaly with anatomical knowledge of its ligaments</li> <li>Justify the possibility of splenic rupture in case of fracture of lower left ribs</li> </ul>	SGD	MCQ SEQ SAQ OSPE Viva Voce

Skills	Identify the various organs, impressions, ligaments, nerves, muscles, blood vessels related to digestive system on given models and specimens.  SGD	OSPE Viva
Surface Anatomy	<ul> <li>Mark transpyloric, intercristal, subcostal and midclavicular planes on the abdomen of subject/model for delineation of abdominal regions</li> <li>Mark the following on the surface of given subject:         <ul> <li>Stomach</li> <li>Liver</li> <li>Pancreas</li> <li>Duodenum</li> <li>Spleen</li> <li>Large intestine</li> <li>McBurney's point</li> </ul> </li> </ul>	Viva Voce

#### **LIST OF PRACTICALS:**

S.No.	Practicals				
Identify and	dentify and illustrate the microscopic structure of following:				
1	Esophagus and Stomach				
2	Cardiac end of stomach				
3	Small Intestine				
4	Colon and Appendix				
5	Liver				
6	Gall bladder and Pancreas				
7	Anal canal				

#### **LEARNING RESOURCES:**

- a. Clinical Anatomy for Medical Students by Richard Snell (9th edition).
- b. Basic Histology Text and Atlas by Luiz Carlos and Junqueira (14th edition)
- c. Basic Histology by Laiq Hussain Siddiqui (5<sup>th</sup> Revised edition)
- d. Medical Embryology by Langman (14th edition).
- e. Essential Clinical Anatomy by Keith Moore (7th edition).
- f. The Developing Human by Keith Moore (10th edition).

	PHYSIOLOGY				
CONTENT AREAS	LEARNING OUTCOMES  By the end of the session	LEARNING OBJECTIVES on, students will be able to	Instructional Strategies	ASSESSMENT TOOLS	
Introduction to GIT physiology	Appraise physiologic anatomy of gastrointestinal tract with specific focus on role of interstitial cells of Cajal	<ul> <li>Discuss the physiologic anatomy of gastrointestinal tract</li> <li>Identify the role of interstitial cells of Cajal in the electrical activity of G.I smooth muscle</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce	
Action Potential in GIT smooth muscle	Link the role of different factors in in the generation of action potential in GI smooth muscle	<ul> <li>Differentiate between slow wave potentials and spike potentials in GIT</li> <li>Explain the role of other factors like stretch, &amp; paracrine hormones in the generation of action potential in GI smooth muscle</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce	
Enteric Nervous system	Analyze the interplay of autonomic and enteric nervous system in GI functions	<ul> <li>Describe the organization of enteric nervous system and elaborate its role in control of G.I function</li> <li>Appraise the role of ANS in controlling the gut motility and secretions.</li> <li>Differentiate between myenteric and sub mucosal plexuses</li> <li>Explain the autonomic control of G.I tract</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce	

Mastication &	Correlate the	The mechanism of chewing eflex	LGIS	MCQ
Swallowing	Pathophysiology of Mastication and deglutition with	<ul><li>Describe the process of swallowing</li><li>Enumerate different phases of</li></ul>	CBL	SEQ/SAQ Viva voce
	specified clinical presentations	<ul> <li>swallowing reflex and be able to make its flow diagram</li> <li>Elaborate different steps occurring in the involuntary phase of swallowing</li> <li>Identify the effects of pharyngeal phase of swallowing on respiration</li> <li>Discuss how different types of peristalsis in oesophagus are taking place</li> <li>Identify the importance of esophageal sphincter</li> <li>Discuss the disorders of swallowing (dysphagia, achalasia)</li> <li>Explain the pathophysiology of achalasia cardia</li> </ul>		
Functions of	Correlate	Enlist and discuss different	LGIS	MCQ
stomach/	physiological basis of	functions of stomach	CDI	SEO/DBO
Gastric	gastric functions with	Discuss the role of basic	CBL	SEQ/PBQ
emptying	specified clinical conditions	electrical rhythm in regulation of		Viva voce
		<ul> <li>G.I motility</li> <li>Discuss the process and phases of stomach emptying</li> <li>Explain the different factors regulating stomach emptying</li> <li>Enlist different hormones secreted in stomach</li> <li>Explain disorders of the stomach</li> <li>Describe the mechanism of development of peptic ulcers</li> <li>State the mechanism for damage to the gastric mucosal barrier by aspirin, bile acids, and Heliobacter pylori.</li> </ul>		

Movements of small intestine	Categorize movements and functions of each part of small intestinal in detail	<ul> <li>Enlist secretory functions of small intestine</li> <li>Differentiate between propulsive and mixing movements of small intestine</li> <li>Identify the role of ileocecal valve</li> <li>Describe different disorders of small intestine</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce
Movements of Large intestine	Correlate physiology of colon with specified clinical conditions	<ul> <li>Categorize different functions of large intestine</li> <li>Compare the propulsive and mixing movements taking place in colon</li> <li>Identify the role of gastrocolic and duodenocolic reflexes in regulation of mass movements</li> <li>Enlist the secretory functions of large intestine and its nervous control</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce
Physiology of Gall bladder	Relate digestive functions of gall bladder with known diseases	<ul> <li>Enlist and explain the main functions of Gall bladder</li> <li>Identify the factors affecting emptying of the gall bladder</li> <li>Explain known diseases of Gall bladder</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce
Defecation Reflex	Explain the process and reflexes of defecation	<ul> <li>Explain the process of defecation</li> <li>Explain the pathway of defecation reflex with the help of a flow diagram</li> <li>Enlist and explain different types of defecation reflexes</li> <li>Describe the pathophysiological basis of megacolon</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce
Hormones of GIT	Discuss different hormones from G.I.T and their regulation	<ul> <li>Classify different types of G.I hormones</li> <li>Discuss the sites of secretion and stimuli for secretion of different hormones from G.I.T and their regulation</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce

Vomiting Reflex	Describe mechanism (stimuli, pathways, center) and clinical significance of vomiting reflex	<ul> <li>Enumerate the factors leading to the process of vomiting</li> <li>Identify the location of vomiting center in the brain</li> <li>Comprehend the vomiting reflex and make its flow diagram</li> <li>Discuss the role of chemoreceptor trigger zone for initiating vomiting</li> </ul>	LGIS CBL	MCQ SEQ/PBQ Viva voce
Functions of liver	Relate metabolic and non-metabolic functions of liver with different functions of GIT	<ul> <li>Enlist different functions of liver</li> <li>Elaborate the metabolic and non-metabolic functions of liver and correlate with different functions of GIT</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce
Jaundice	Differentiate between types of jaundice on the basis of its physiology	<ul> <li>Identify and differentiate the types of jaundice and discuss physiological basis of each type.</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce
<ul> <li>Calculate BMI &amp; Waist Circumference on SP and determine the Mean, Mode and Median for the batch</li> <li>Examine abdomen on SP following correct sequence of inspection, palpation, percussion and auscultation</li> </ul>				

BIOCHEMISTRY					
Topic/ Theme	Learning Outcomes	Learning Objective/ Course Content	Instructional Strategies	Assessment Tool	
Biochemistry of Digestive Tract	Relate the biochemical knowledge of Gastrointestinal secretions to relevant disorders	<ul> <li>Elaborate the role of liver in the metabolism of bilirubin</li> <li>Describe the composition, functions, daily secretion, stimulants and depressants of Saliva Gastric Juice, HCl Pancreatic Juice, Bile juice &amp; Succus entericus, GIT hormones (gastrin, secretin, CCK)</li> <li>Discuss the digestion and absorption of Carbohydrates, Proteins, Lipids &amp; Nucleic acids in human body</li> <li>Describe the biochemical disorders of GIT, e.g. achlorhydria, peptic ulcers, lactose intolerance, cholelithiasis andrelated disorders</li> </ul>	Lectures/ SGD	MCQ SAQ/SEQ	
Nutrition	<ul> <li>Appraise the nutritional requirements of each food constituent for better understanding of relevant disorders</li> <li>Outline nutritional requirement in different commonly occurring disorders</li> <li>Review hazards of under and over nutrition</li> </ul>	<ul> <li>Give the caloric requirements of the human body</li> <li>Define Balanced Diet and elaborate various DRIs (EAR, DA, AI, UL), AMDR</li> <li>Explain the nutritional requirements in Pregnancy, Lactation, new-born and nutritional disorders, hypertension, diabetes, cirrhosis, end stage renal disease</li> <li>Describe Protein turnover, amino acid Pool, Nitrogen Balance, BMR, BMI, Respiratory quotient, Protein Quality and Glycemic Index.</li> <li>Describe the nutritional requirement and biomedical</li> </ul>	• LECTURES • SGD • PBL • CBL	• MCQ • SAQ/SEQ	

Digestion and absorption of Carbohydrates	Discuss the digestion and absorption of Carbohydrates	<ul> <li>importance of CHO, lipid &amp; protein in human body</li> <li>Define Malnutrition. Discuss Protein Energy Malnutrition in particular</li> <li>Compare and contrast between Marasmus and Kwashiorkor</li> </ul>	• Lectures/ • SGD	• MCQ • SAQ/SEQ
Carbohydrate Chemistry	Analyze the significance of different carbohydrates in medicine	<ul> <li>Classify Carbohydrates and explain their Biochemical functions</li> <li>Discuss the structure and functions of Monosaccharides and enumerate their various derivatives</li> <li>Explain the structure and functions of Disaccharides with examples</li> <li>Describe Oligosaccharides and their combination with other macromolecules</li> <li>Enumerate important examples of Polysaccharides and give their biochemical role</li> </ul>	• Lectures/ • SGD	• MCQ • SAQ/SEQ
Metabolism of Carbohydrates	Apply the knowledge of carbohydrate metabolism for understanding relevant metabolic disorders	<ul> <li>Outline the Phases reactions of Glycolysis and regulation of Glycolysis</li> <li>Describe the bioenergetics of Aerobic and Anaerobic glycolysis and their biochemical importance</li> <li>Discuss fate of Lactic acid &amp; Pyruvate</li> <li>Draw Cori's cycle</li> <li>Outline the Citric Acid Cycle-Reactions</li> <li>Describe the energetics, regulation, importance and</li> </ul>	• Lectures/ • SGD	• MCQ • SAQ/SEQ

		amphibolic nature of citric acid cycle.  Discuss Gluconeogenesis & state the three important bypass reactions & significance of gluconeogenesis  Compare and contrast Glycolysis & gluconeogenesis  Discuss the Glycogen Metabolism & Write down the reactions of Glycogenesis and glycogenolysis.  Outline the importance of UDP-Glucose & regulation of Glycogen metabolism  Describe the disorders of Glycogen storage Diseases)  Compare and contrast Glycogenesis and glycogenolysis  Compare and contrast Glycogenesis and glycogenolysis  Describe Hexose Mono Phosphate Shunt, its reactions and importance  Explain Glucuronic acid pathway, its reactions and importance  Describe the metabolism of Fructose, Galactose and Lactose	
Integration and regulation of Metabolic Pathways in Different Tissues- Metabolism	Compare the role of different body organs in integration of metabolism in health and disease	,	• MCQ • SAQ/SEQ

		, , , , , , , , , , , , , , , , , , , ,
		Describe Feed fast cycle and
		explain its adaptation by
		different tissues to changing
		energy conditions of the body
		Describe the Integration and
		regulation of Metabolic
		Pathways in Different Tissues
Practicals	Perform and interpret the	Estimation and clinical     Practical
	results	interpretation of Glucose in
		blood
		Estimation and clinical
		interpretation of plasma
		enzyme Amylase
		Experiments on
		Carbohydrates qualitative
		analysis-l
		Molisch test
		Experiments on
		Carbohydrates qualitative
		analysis-II
		Benedicts test
		Fehlings test
		Experiments on
		Carbohydrates qualitative
		analysis-III
		lodine test
		Seliwanoff test
		Interpretation of Diet Chart
		and calculations of BMI
		HbA1c Interpretation

SURGERY					
Topic/ Theme	Learning outcomes	Learning Objectives/Contents	Instructional strategies	Assessment tool	
Abdomen	<ul> <li>Apply anatomical knowledge in deciding about the preferred route of approaching the abdominal cavity in different clinical scenarios in practice</li> <li>Correlate anatomical knowledge of abdominal wall in differentiating between different types of abdominal / groin hernias</li> <li>Apply anatomical knowledge in formulating the differential diagnosis of abdominal pain</li> <li>Correlate the anatomical knowledge of abdomen with relevant radiological presentation</li> <li>Discuss presentations of anorectal abnormalities</li> </ul>	<ul> <li>ABDOMINAL INCISIONS         INCLUDING SPLENIC RUPTURE</li> <li>ABDOMINAL/GROIN HERNIAS         INCLUDING OMPHALOCELE</li> <li>ACUTE ABDOMEN I         <ol> <li>Cholecystitits</li> <li>Diverticulitis</li> <li>Appendicitis</li> <li>Pancreatitis</li> </ol> </li> <li>ACUTE ABDOMEN II         <ol> <li>Peritonitis (perforated ulcers/abdominal abscesses)</li> <li>Intessusception</li> <li>Mesenteric ischemia</li> <li>DEVELOPMENTAL ANOMALIES</li></ol></li></ul>	• SGD • CBL/PBL	MCQ/ SAQ/SEQ/O SCE	
	MEDICINE				
Dyspepsia	Identify clinical presentation of GERD and Acid peptic disease	GERD Acid peptic disease	Video clips / Lectures/ SGD/ CBL/PBL	Formative assessment	
Peptic ulcer	Identify clinical presentation of peptic ulcer	Peptic ulcer	Video clips / Lectures/	Formative assessment	

			SGD/	
			CBL/PBL	
Malabsorptio	Identify manifestations of	Coeliac disease	Video clips /	Formative
n /chronic	malabsorption	Chronic pancreatitis	Lectures/	assessment
diarrhoea		·	SGD/	
			CBL/PBL	
Jaundice	Differentiate between	Introduction to types of jaundice	Video clips /	Formative
	hemolytic, hepatocellular	along with its investigation	Lectures/	assessment
	and obstructive jaundice		SGD/	
	with lab investigations and		CBL/PBL	
Ciumb a air literau	clinical presentation	Clinical factoring of a sutal	Midaa aliaa /	F
Cirrhosis liver	Identify clinical features of	Clinical features of portal	Video clips /	Formative
	portal hypertension	hypertension	Lectures/	assessment
			SGD/	
			CBL/PBL	
Visit to ward	Observe the patient with relevant disorders		CBL	Formative
	Perform abdominal examination on patient			assessment
		RADIOLOGY		
Imaging of	Correlate the anatomical	Identify normal appearance of GIT	Video clips /	OSPE/
Abdomen and	knowledge of abdomen with	on:	Lectures/	Formative
pelvis	relevant radiological	<ul> <li>Anteroposterior radiograph</li> </ul>	SGD/	assessment
	presentation	Barium meal	CBL/PBL	
		Barium enema		
	• (	Identify cross sectional anatomy of		
	-1	GIT on:		
		CT scan		
		MRI scan		

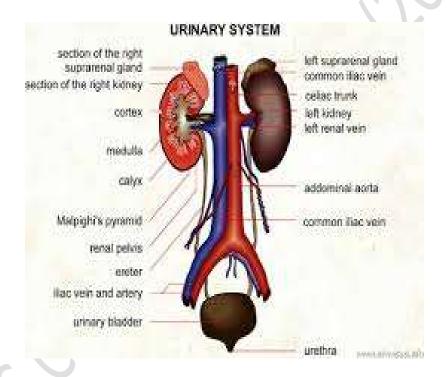


#### **BLOCK IV**

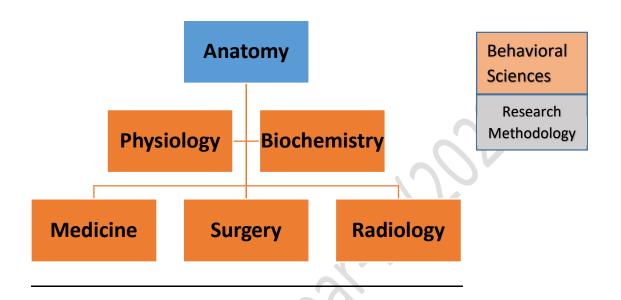
#### **MODULE IX**

### **Genitourinary System Module**

**Duration: 07 weeks** 



# **Integration of Disciplines in this Module**



# **MODULE PLANNING COMMITTEE**

Module Director	
Members	To be filled by the institutes

#### **Preamble**

This module includes basic understanding of histo-morphological embryological and physiological basis of genitourinary system Learning process involves delivering the content with clinical relevance. Learning process involves delivering the content with clinical relevance. At the very outset medical student should understand the importance of genitourinary system in the fields of Medicine. The research methodology and Behavioral Sciences will be taught as a part of the longitudinal theme.

#### **Learning Outcome:**

By the end of this module, student should be able to correlate the physiological and biochemical concepts related to genitourinary system with their anatomical knowledge and apply their relevant knowledge of this module in subsequent years of clinical training and practice

ANATOMY					
Title/Theme	Learning outcomes	Learning Objectives/Contents	MIT	Assessment	
	By the end of this block,	students should be able to:		tool	
		SPECIAL HISTOLOGY			
Histology of Kidney	Correlate the normal microscopic structure of urinary systems with its functions and apply this knowledge in understanding their altered structure in subsequent years of training and practice     Examine the slides of urinary system under light microscope at different	<ul> <li>Knowledge</li> <li>List parts of a uriniferous tubule and glomerulus</li> <li>Locate the different parts of uriniferous tubule in cortex and medulla of kidney topographically</li> <li>Describe the light microscopic structure of different parts of uriniferous tubule with special reference to epithelium</li> <li>List the components forming filtration membrane and juxtaglomerular apparatus</li> <li>Differentiate between cross section of PCT and DCT</li> </ul>	LGIS	MCQ SEQ SAQ Viva Voce	
Histology of ureter and urinary bladder	magnifications and recognize their points of identification.  Relate the histomorphological features of reproductive system with their functions  Identify the	<ul> <li>Skill</li> <li>Identify the histological features of kidney on a slide under microscope</li> <li>Write two points of identification</li> <li>Draw a labeled diagram of identified tissue in journal</li> <li>Knowledge</li> <li>Describe the light microscopic structure of ureter (upper and</li> </ul>	Lab	OSPE SAQ Viva Voce MCQ SEQ SAQ Viva Voce	
	histomorphological features of reproductive system under light microscope by focusing the slides at different magnifications	Skill  Identify the histological features of Ureter & Urinary bladder under microscope  Write two points of identification  Draw a labeled diagram of identified tissue on histology notebook	Lab	OSPE SAQ Viva Voce	

Histology of male	Knowledge	LGIS	MCQ
reproductive	Describe the histological features	1015	SEQ SAQ
system	of testes and correlate the blood-		Viva Voce
	testes barrier with its functions.		VIVA VOCC
	Explain the light microscopic		
	features of male genital ducts.		
	Explain the light microscopic		
	features of accessory glands of		
	the male reproductive system		
	<ul> <li>Apply the knowledge of histology</li> </ul>	$\sim$	
	to explain the clinical scenarios of		
	Immotile cilia syndrome, benign		
	prostatic hypertrophy and	1	
	carcinoma of prostate		
	Skill	Lab	OSPE
	Identify, differentiate and		SAQ
	illustrate the light microscopic		Viva Voce
	structure of		
	o Testis		
	o Epididymis		
	<ul><li>Vas deferens</li></ul>		
	<ul> <li>Seminal vesicle</li> </ul>		
	o Prostate		
Histology of	Knowledge	LGIS	MCQ
female	Describe the light microscopic		SEQ SAQ
reproductive	features of following female		Viva Voce
system	reproductive organs		
	<ul><li>Ovaries</li></ul>		
	<ul> <li>Fallopian tubes</li> </ul>		
	o Uterus		
	o Cervix		
	o Vagina		
0.0	Mammary gland		
	Skill	Lab	OSPE
	<ul> <li>Identify, differentiate and illustrate</li> </ul>		SAQ
	following components of female		Viva Voce
•	reproductive system.		
	o Ovaries		
	<ul> <li>Fallopian tubes</li> </ul>		
	o Uterus		
	o Cervix		l

		<ul> <li>Mammary gland</li> </ul>		
	S	PECIAL EMBRYOLOGY		
Development of urinary system	Correlate the developmental process of urinary system with embryological basis of relevant congenital anomalies     Compare the developmental events of male and female reproductive system and interpret the embryological basis of relevant congenital anomalies	<ul> <li>List the sources of urinary system</li> <li>Interpret the following stages of development of kidneys briefly         <ul> <li>Pronephros</li> <li>Mesonephros</li> <li>Metanephros</li> </ul> </li> <li>Describe the development of definitive kidney with reference to the sources of different parts of uriniferous tubule, rotation and ascent of kidneys</li> <li>Correlate following congenital anomalies with normal development         <ul> <li>Wilm's tumour</li> <li>Horseshoe kidney</li> <li>Pelvic kidney</li> <li>Poly cystic kidneys</li> <li>Ectopic/accessory kidney</li> <li>Malrotated kidney</li> <li>Agenesis of kidney</li> </ul> </li> <li>Enumerate different parts and derivatives of urogenital sinus</li> <li>Enlist the sources of ureter, urinary bladder and urethra</li> <li>Describe the development of urinary bladder</li> <li>Explain the anatomical relationship of ductus deferens with ureter with embryological reasoning</li> <li>Correlate various urachal anomalies, exstrophy of bladder and exstrophy of cloaca with normal development</li> </ul>	LGIS	MCQ SEQ SAQ Viva Voce
Development of reproductive system		<ul> <li>Explain the indifferent stage of gonad development.</li> <li>Explain the development and descent of testis.</li> </ul>		MCQs/ SEQs/ SAQs/ OSPE/ VIVA VOCE

Describe the embryological basis of cryptorchidism Explain the development of ovaries Describe the indifferent stage of genital ducts Enumerate the derivatives of mesonephric duct, paramesonephric duct and urogenital sinus in males and females. Explain the development of genital ducts in the male and female. Apply the knowledge of embryology to explain the following congenital anomalies:  Uterus didelphys Uterus arcuatus Uterus bicornis. Vaginal atresia Describe the indifferent stage of external genitalia. Explain the development of	<ul> <li>basis of cryptorchidism</li> <li>Explain the development of ovaries</li> <li>Describe the indifferent stage of genital ducts</li> <li>Enumerate the derivatives of mesonephric duct, paramesonephric duct and urogenital sinus in males and females.</li> <li>Explain the development of genital ducts in the male and female.</li> <li>Apply the knowledge of embryology to explain the following congenital anomalies: <ul> <li>Uterus didelphys</li> <li>Uterus didelphys</li> <li>Uterus bicornis.</li> <li>Vaginal atresia</li> <li>Describe the indifferent stage of external genitalia.</li> </ul> </li> </ul>
<ul> <li>Apply the knowledge of embryology to explain the following congenital anomalies:         <ul> <li>Uterus didelphys</li> <li>Uterus arcuatus</li> <li>Uterus bicornis.</li> <li>Vaginal atresia</li> </ul> </li> <li>Describe the indifferent stage of external genitalia.</li> <li>Explain the development of</li> </ul>	<ul> <li>Apply the knowledge of embryology to explain the following congenital anomalies:         <ul> <li>Uterus didelphys</li> <li>Uterus arcuatus</li> <li>Uterus bicornis.</li> <li>Vaginal atresia</li> </ul> </li> <li>Describe the indifferent stage of external genitalia.</li> <li>Explain the development of external genitalia in the male and female.</li> <li>List common anomalies of the male genitalia.</li> <li>Describe the embryological basis of hypospadias and epispadias.</li> </ul>
<ul> <li>Uterus arcuatus</li> <li>Uterus bicornis.</li> <li>Vaginal atresia</li> <li>Describe the indifferent stage of external genitalia.</li> <li>Explain the development of</li> </ul>	<ul> <li>Uterus arcuatus</li> <li>Uterus bicornis.</li> <li>Vaginal atresia</li> <li>Describe the indifferent stage of external genitalia.</li> <li>Explain the development of external genitalia in the male and female.</li> <li>List common anomalies of the male genitalia.</li> <li>Describe the embryological basis of hypospadias and epispadias.</li> </ul>
ovtornal capitalia in the male	<ul> <li>and female.</li> <li>List common anomalies of the male genitalia.</li> <li>Describe the embryological basis of hypospadias and epispadias.</li> </ul>

Congenital adrenal hyperplasia.Gonadal dysgenesis.

Skills	Correlate the knowledge of development of genitourinary system with three-dimensional spatial arrangement of developing structures	Skill Identify parts of developing genitourinary system on given models and diagrams showing different developmental phenomena	SGD	OSPE Viva Voce
		GROSS ANATOMY		
Kidney and suprarenal glands	Correlate the topographic anatomy of posterior abdominal wall, urinary system, reproductive system, pelvis and perineum with presentation of relevant clinical scenarios	<ul> <li>Describe the gross features of kidney, relations, and its coverings</li> <li>Draw and label the relations of anterior and posterior surfaces of both kidneys</li> <li>Identify the impressions of surrounding structures on both kidneys in the given model.</li> <li>Describe the blood supply, nerve supply, &amp; lymphatic drainage of kidney</li> <li>Describe the possible routes of spread of perinephric abscess</li> <li>Explain the anatomical basis of typical renal colic</li> <li>Describe location, gross features, relations, blood supply, nerve supply, &amp; lymphatic drainage of suprarenal glands</li> <li>Explain surgical significance of renal fascia and separate compartment for suprarenal gland</li> </ul>	SGD	MCQ SEQ SAQ OSPE Viva Voce
Ureter		<ul> <li>Describe the gross features, relations, &amp; course of both ureters on the model / specimen while emphasizing upon its constrictions.</li> <li>Describe the blood and nerve supply of ureter.</li> <li>Explain the anatomical basis of</li> </ul>	SGD	MCQ SEQ SAQ OSPE Viva Voce

		•	Justify referred pain of ureteric		
			colic with anatomical reasoning		
Lumbar vertebral		•	Describe the fascia of	SGD	MCQ SEQ
column and			posterior abdominal wall		SAQ OSPE
nerves of			Distinguish lumbar vertebrae		Viva Voce
posterior			from cervical & thoracic		
abdominal wall			vertebrae		
			Describe anatomical features of		
			a typical lumbar vertebra	2,2	
Muscles of		•	Explain the origin, insertion,	SGD	MCQ SEQ
posterior			nerve supply and actions of	300	SAQ OSPE
abdominal			muscles of posterior abdominal		Viva Voce
wall			wall		viva vocc
			Describe the fascial lining of the		
			abdominal walls		
			Analyze the anatomical basis of a		
		•	case of psoas abscess and its		
			spread		
Major vessels of		•	Describe the extent, relations,	SGD	MCQ SEQ
posterior		•	and branches of abdominal	300	SAQ OSPE
abdominal wall			aorta along with their		Viva Voce
abdominal wan			distribution.		viva voce
			Describe the obliteration of		
			abdominal aorta & iliac		
			arteries.		
	• (		Explain formation, &		
		V	tributaries of inferior vena		
			cava Identify the abdominal relations		
		•			
			of inferior vena cava in the given model.		
		•	Explain the collateral routes for abdominopelvic venous blood		
			•		
			& compression of inferior vena		
			Cava.		
		•	Define aortic aneurysm. Identify the common site of		
			•		
Lyman batic		_	abdominal aortic aneurysm	SCD	NACOSTO
Lymphatic		•	Name the groups of lymph nodes	SGD	MCQ SEQ
drainage of			draining the abdomen.		SAQ OSPE
abdomen		•	Describe the terminal group of		Viva Voce
			lymph nodes around abdominal		
			aorta		

	<ul> <li>Describe the lymphatic trunks, cisterna chili &amp; commencement of the thoracic duct.</li> <li>Differentiate between the location and area of drainage of pre and para-aortic lymph nodes</li> <li>Explain the continuity of abdominal lymphatic system with other regions with reference to spread of malignancy and infection of various abdominal organs</li> </ul>
Pelvic walls	Describe the boundaries of true and false pelvis.  Explain the bony landmarks & sites of muscular attachments on sacrum  List the anatomical landmarks measured while performing internal pelvimetry  Justify occurrence of low back pain in sacroiliac joint disease  Describe the type, articulations, ligaments & movements of joints of pelvis.  List the structures commonly injured in a patient of pelvic fracture.  Enumerate the structures forming pelvic diaphragm.  Describe the origin, insertion, nerve supply & actions of muscles of pelvic walls & floor  Explain the functional significance of pelvic floor in females  Analyze the clinical presentation of a case of injury to pelvic floor with anatomical reasoning
Pelvic organs	<ul> <li>Describe relation, blood supply, lymphatic drainage and nerve supply of sigmoid colon</li> <li>Describe the relations, peritoneal reflections, curvatures, blood</li> </ul>

supply, lymphatic drainage & nerve supply of rectum  List the structures palpated in males and females while performing rectal examination  Describe the gross features, peritoneal covering, blood supply nerve supply and lymphatic drainage of urinary bladder  Identify the anatomical routes of possible spread of bladder cancer  Differentiate between the relations of urinary bladder in models of both genders.  Enumerate the structures visualized during cystoscopy  Identify the site commonly selected for suprapubic aspiration of urine  Define vasectomy and its clinical importance  Explain the Anatomy of prostate with reference to its surfaces, lobes, relations, blood supply, nerve supply and lymphatic drainage of prostate  Identify the parts of prostate most likely to be involved in benign and malignant growths of prostate		
with reference to its surfaces, lobes, relations, blood supply, nerve supply and lymphatic drainage of prostate  • Identify the parts of prostate most likely to be involved in benign and malignant growths of prostate	nerve supply of rectum  List the structures palpated in males and females while performing rectal examination  Describe the gross features, peritoneal covering, blood supply nerve supply and lymphatic drainage of urinary bladder  Identify the anatomical routes of possible spread of bladder cancer  Differentiate between the relations of urinary bladder in models of both genders.  Enumerate the structures visualized during cystoscopy  Identify the site commonly selected for suprapubic aspiration of urine  Define vasectomy and its clinical	
	<ul> <li>importance</li> <li>Explain the Anatomy of prostate with reference to its surfaces, lobes, relations, blood supply, nerve supply and lymphatic drainage of prostate</li> <li>Identify the parts of prostate most likely to be involved in benign and</li> </ul>	

pregnancy

• Describe the parts, ligaments, relations and support of uterus

	•	Describe blood supply, nerve supply, & lymphatic drainage of uterus Comprehend a case of uterine prolapse on the basis of gross anatomy of uterus and its supports Define hysterectomy and explain the precautionary measures to be taken necessarily during this procedure Identify the anatomical routes for spread of malignancies of uterus, cervix and ovary Illustrate sacral plexus showing its branches List the branches of internal iliac artery Enumerate different groups of lymph nodes of pelvis. Explain the role of lymphatics and		
Perineum		malignancies of pelvis  Define perineum. Identify its	SGD	MCQ SEQ
reilleulli		borders, relations & divisions Explain the boundaries of superficial and deep perineal pouches and enumerate their contents in both genders Illustrate the cutaneous nerves of the perineum. Define perineal body. List structures attached with it. Justify its clinical importance Describe the relations, internal features, blood supply, lymphatic drainage, & innervation of anal canal Differentiate between clinical presentation of internal and external hemorrhoids on anatomical basis	Jub	SAQ OSPE Viva Voce

- Elucidate perianal hematoma, fissure, abscess and fistulas of anal canal with anatomical basis of their occurrence and presentation
   Justify the anatomical reasoning
- Justify the anatomical reasoning of anorectal incontinence
- Describe the boundaries, contents
   & recesses of ischiorectal fossa
- Justify the possible routes of spread of ischiorectal abscess with anatomical reasoning
- Explain area of anesthesia, indications, & list steps of
- pudendal nerve block
- Describe the gross features of vagina including relations, blood supply, nerve supply & supports
- Apply the anatomical knowledge in analyzing a case of vaginal prolapse (cystocele and rectocele, and vaginal fistula
- Define culdocentecis and describe its diagnostic and therapeutic importance
- Explain gross features of all parts of male & female urethra, its arterial supply, venous drainage & nerve supply
- Apply anatomical reasoning in justifying the route of extravasation of urine in case of injury to different parts of male urethra
- List the anatomical structures encountered while performing urethral catheterization
- List parts of external genitalia and describe their blood and nerve supply
- Provide the anatomical basis of presentation of Bartholin cyst

Application of knowledge on models/specimen	<ul> <li>Skills</li> <li>Identify the various organs, impressions, ligaments, nerves, muscles, blood vessels related to renal system, pelvis and perineum on given models and specimens.</li> <li>Differentiate b/w anatomical features of male &amp; female pelvis in the given model</li> <li>Demonstrate the orientation of pelvic girdle.</li> <li>Demonstrate the features of bony pelvis in the given model</li> <li>Demonstrate boundaries of pelvic</li> </ul>	Pr	OSPE Viva
Surface Anatomy	<ul> <li>inlet and pelvic outlet</li> <li>Skill</li> <li>Mark the following on the surface of given subject:</li> <li>Kidneys</li> <li>Suprarenal glands</li> <li>Ureter</li> <li>Abdominal aorta</li> <li>Inferior vena cava</li> </ul>	SGD	Viva Voce

Practic	racticals					
Identify	and illustrate the microscopic structure of following:					
1	Kidney					
2	Ureter & urinary bladder					
3	Testis & Epididymis					
4	Ductus deferens & Prostate					
5	Ovary & Fallopian tube					
6	Uterus ,and Vagina					
7	Mammary gland					

### **LEARNING RESOURCES:**

- a. Clinical Anatomy for Medical Students by Richard Snell (9th edition).
- b. Basic Histology Text and Atlas by Luiz Carlos and Junqueira (14th edition)
- c. Basic Histology by Laiq Hussain Siddiqui (5<sup>th</sup> Revised edition)
- d. Medical Embryology by Langman (14th edition).
- e. Essential Clinical Anatomy by Keith Moore (7th edition).
- f. The Developing Human by Keith Moore (10th edition).

		PHYSIOLOGY		
Topics	Learning Outcomes	Learning Objectives	MIT	ASSESSMENT
	By the end of the session	, students will be able to	IVIII	TOOLS
Body fluid compartments -I	1. Relate pathophysiological basis of water balance in the body with its clinical implications (dehydration,	<ul> <li>KNOWLEDGE</li> <li>Explain total body water content and its distribution in different body compartments</li> <li>Quantify daily intake and output of water from body</li> <li>Compare and contrast the ionic</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce
	vomiting, hemorrhage, SIADH)  2. Elucidate edema types, clinical significance and factors responsible	<ul> <li>composition of ECF and ICF</li> <li>Explain the indicator dilution principle for the measurement of fluid volumes in the different body fluid compartments</li> </ul>		
Regulation of fluid exchange between ICF &ECF	for causing edema  3. Recognize functions of kidneys.  4. Correlate plasma clearance methods to quantify kidney functions  5. Explain regulation of BP  6. Analyze the mechanical and Neural control of micturition process.  7. Analyze the process of urine formation, concentration and dilution	<ul> <li>KNOWLEDGE</li> <li>Given the capillary and Bowman's capsule hydrostatic and oncotic pressures, calculate the net filtration force at the glomerular capillaries.</li> <li>Predict the changes in glomerular filtration caused by increases or decreases in any of those pressures</li> <li>Explain the effects of adding isotonic, hypotonic and hypertonic solution (to ECF) on ICF and ECF compartments</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce
	8. Diagnose acid base disorders on clinical scenarios and arterial blood gas analysis			

Edema		KN	NOWLEDGE	LGIS	MCQ
		_	Explain the role of Starling	CBL	SEQ/SAQ
			forces in the development/		Viva voce
			prevention of edema		
		•	Correlate role of lymphatics		
			with prevention of edema		
		•	Appreciate the significance of		
			edema safety factor		
			Discuss the mechanism of fluid	-O.	
			accumulation in the potential	CV	
			spaces	1/0.	
			Compare and contrast the		
			intracellular and extracellular		
			edema		
Functional		KN	NOWLEDGE	• LGIS	MCQ
anatomy of renal		•	Given a cross section of a	• CBL	SEQ/SAQ
system			kidney, identify the renal	CDL	Viva voce
System			cortex, medulla, calyces,		1114 1000
			medullary pyramids, renal		
			pelvis, renal artery, renal vein,		
			and ureter.		
		•	Describe in sequence the		
			tubular segments through		
			which ultrafiltrate flows		
		•	Distinguish between cortical and juxtamedullary nephrons.		
		•	Identify the structures of the		
			glomerular tuft: the afferent		
			and efferent arterioles,		
	00		glomerular capillary network,		
			mesangium, Bowman's		
			capsule, and the		
			juxtaglomerular apparatus		
			(including macula densa).		
		•	Enlist the functions of kidneys	1.010	
Micturition			NOWLEDGE	LGIS	MCQ
		•	Identify the physiological	CBL	SEQ/SAQ Viva voce
			anatomy and nervous connections of the bladder		viva voce
			connections of the biduder		

Т	1		
	<ul> <li>Explain the filling of the bladder and bladder wall tone; the cystometrogram</li> <li>Discuss the micturition reflex and facilitation or inhibition of micturition by the brain</li> <li>Describe the abnormalities of micturition</li> </ul>		
GFR	<ul> <li>Describe the three layers comprising the glomerular filtration barrier, and identify podocytes, foot processes, slits, and the basement membrane.</li> <li>Describe the composition of the glomerular filtrate</li> <li>Discuss the determinants of the GFR</li> <li>Explain the physiological control of glomerular filtration and renal blood flow</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce
Renal Blood Flow	<ul> <li>EXMOWLEDGE         <ul> <li>Describe in sequence the blood vessels through which blood flows when passing from the renal artery to the renal vein, including the glomerular blood vessels, peritubular capillaries, and the vasa recta.</li> </ul> </li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce
Auto regulation of GFR	<ul> <li>KNOWLEDGE</li> <li>Describe the myogenic, humoral and tubuloglomerular feedback mechanisms that mediate the autoregulation of renal plasma flow and glomerular filtration rate.</li> </ul>	LGIS CBL	MCQ SEQ/PBQ Viva voce
Processing of Glomerular Filtrate & Regulation of tubular reabsorption	<ul> <li>KNOWLEDGE</li> <li>Describe reabsorption and secretion by the renal tubules</li> <li>Describe the function of the following renal transporters and their predominant localization along the tubules</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce

with regard to nephron segment and apical versus basolateral membranes  Transport ATPases (Na+/K+-ATPase, H+/K+-ATPase, H+-ATPase, and Ca2+-ATPase),  Ion and water channels (K+, ENaC, Cl, Ca2+, aquaporins),  Coupled transporters (Na+-glucose, Na+/H+-antiporter, Na+-K+-2Clsymporter, Na+-phosphate symporter, Na+-Clsymporter, Na+-HCO3symporter, Cl-/HCO3antiporter)  Describe the effects of different hormones on renal tubules
Renal Clearance  KNOWLEDGE  Identify the use of clearance methods to quantify kidney  LGIS MCQ  SEQ/SAQ  Viva voce
function  Describe the estimation of GFR by inulin clearance, and plasma creatinine clearance  Discuss PAH clearance for estimation of renal plasma flow  Be able to calculate filtration fraction, tubular reabsorption and secretion from renal clearance  KNOWLEDGE
Formation of
Dilute Urine  • Define the obligatory urine volume  CBL SEQ/PBQ volume  OSPE
To be able to explain the  Volume  Volume  Volume  Viva voce
Renal Regulation formation of dilute urine LGIS MCQ
of Osmolarity I • Discuss the control of CBL SEQ/PBQ
of oblinion ty i

	T	1	1
	Elaborate osmoreceptor-ADH		
	feedback system		
	Identify role of thirst in		
	controlling extracellular fluid		
	osmolarity and sodium		
	concentration		
Renal Regulation	<u>KNOWLEDGE</u>	LGIS	MCQ
of blood volume	Describe the role of	CBL	SEQ/PBQ
	angiotensin II and aldosterone		Viva voce
	in controlling extracellular fluid		J '
	osmolarity, blood volume and		
	sodium concentration		
Acid base	KNOWLEDGE	LGIS	MCQ
disorders I	Discuss the Renal Correction of	CBL	SEQ/SAQ
	acidosis—increased excretion		Viva voce
	of hydrogen ions and addition		
	of bicarbonate ions to the		
	extracellular fluid		
Acid base	KNOWLEDGE	LGIS	MCQ
disorders II	Discuss the renal correction of	CBL	SEQ/SAQ
	alkalosis—decreased tubular		Viva voce
	secretion of hydrogen ions and		
	increased excretion of		
	bicarbonate ions		
	Identify and explain causes of		
	acid base disorders		
	Gain concept of anion gap		
Reulation of K+	KNOWLEDGE	LGIS	MCQ
Concentration	Discuss the regulation of	CBL	SEQ/SAQ
	internal potassium distribution		Viva voce
	Describe the mechanism of		
	potassium secretion by		
	principal cells of late distal and		
	cortical collecting tubules		
	Describe the factors that		
	regulate K+ secretion in the		
	collecting duct (i.e.,		
	aldosterone, plasma K+) and		
	distinguish these from factors		
	that alter K+ secretion at this		
	site (i.e., luminal fluid flow		
	rate, acid-base disturbances,		
	anion delivery).		

Regulation of		KNOWLEDGE	LGIS	MCQ
calcium,		To be able to comprehend the	CBL	SEQ/SAQ
phosphate and		regulation of calcium by renal		Viva voce
magnesium (Ca+		tubules		
PO+4 & Mg++)		Be able to explain the role of		
		parathyroid hormone in		
		calcium regulation		
		Discuss the renal regulation of		
Formation of		phosphate and magnesium.	LGIS	MCQ
		KNOWLEDGE  • Enumerate requirements for	CBL	SEQ/SAQ
Concentrated		<ul> <li>Enumerate requirements for excreting a concentrated</li> </ul>	CBL	Viva voce
Urine I		urine—high ADH levels and		VIVA VOCC
		hyperosmotic renal medulla		
		<ul> <li>Discuss the countercurrent</li> </ul>		
		mechanism for generating a		
		hyperosmotic renal medullary		
		interstitium		
		<ul> <li>Identify and explain the role of</li> </ul>		
		distal tubule and collecting		
		ducts in excreting a		
		concentrated urine		
Formation of		KNOWLEDGE	LGIS	MCQ
Concentrated	• (	Discuss the role of urea and	CBL	SEQ/SAQ
Urine II		explain urea cycle for		Viva voce
		generating hyperosmotic renal		
		medullary interstitium and in		
		the formation of concentrated		
		<ul><li>urine</li><li>Describe the countercurrent</li></ul>		
		exchange in the vasa recta in		
		preservation of		
		hyperosmolarity of the renal		
		medulla		
		<ul> <li>Explain the concentrating</li> </ul>		
		mechanisms and changes in		
		osmolarity in different		
		segments of the tubule		
		• To be able to quantify renal		
		urine concentration and		
		dilution: "Free Water" and		
		osmolar clearances		

Renal Failure		<ul> <li>Discuss the disorders of urine concentrating ability</li> <li>KNOWLEDGE</li> <li>To be able to explain acute &amp; chronic renal failure (including nephritic and nephrotic sysndrome)</li> <li>Explain the basics of dialysis</li> </ul>	LGIS CBL	MCQ SEQ/SAQ Viva voce
		• Differentiate between peritoneal and hemodialysis.		
	PHYSIOLOGY	' - REPRODUCTIVE SYSTEM		
Male reproductive physiology	Describe the male reproductive functions and related abnormalities.	<ul> <li>Explain the functional anatomy of the male reproductive organs</li> <li>Describe the process of spermatogenesis</li> <li>Explain the function of the seminal vesicles and prostate gland</li> <li>Explain the abnormalities of spermatogenesis and male fertility and their pathophysiological basis</li> <li>Describe the secretion and functions of testosterone and feedback loop regulating its secretion.</li> </ul>	• Lectures • SGD • CBL	MCQ/SAQ/ SEQ/ structured Viva
Female reproductive system	Describe the female reproductive functions and the related abnormalities.		• Lectures • SGD • PBL/CBL	MCQ/SAQ/ SEQ/ Viva

		and hypothalamic nituitary		
		and hypothalamic-pituitary		
		hormones in the feedback		
		regulation of monthly ovarian		
		cycle		
		Explain puberty and menarche		
		and menopause		
Pregnancy	Appreciate the	Describe maturation and	• Lectures	MCQ/SAQ/
	physiological phenomenon underlying	fertilization of the ovum	• SGD	SEQ/ Viva
	pregnancy, parturition	Explain the process of transport	• PBL/CBL	
	and lactation	of the fertilized ovum in the		
		fallopian tube		
		Describe the implantation of		
		the blastocyst in the uterus and		
		early nutrition of the embryo		
		Summarize the response of the		
		mother's body to pregnancy		
		Explain the changes in the		
		maternal circulatory system		
		during pregnancy		
		Explain the role of human		
		chorionic gonadotropin in		
		pregnancy		
		Describe the placental		
		hormones and their significance		
Parturition &		Explain parturition and onset of	• Lectures	MCQ/SAQ/
Lactation		labor and the hormones	• SGD	SEQ/ Viva
		regulating it	• PBL/CBL	
		Explain the mechanism of	, -	
		lactation and the hormones		
		regulating it		
Neonatal	Appreciate the	Summarize the growth and	Lectures	MCQ/SAQ/
physiology	physiological basis of	functional development of the	• SGD	SEQ/ Viva
	fetal growth and	fetus	• PBL/CBL	
	neonatal adjustment to	Explain the adjustments of the	- 1 52/ 652	
	extra-uterine life	infant to extra-uterine life		
		Describe circulatory		
		readjustments at birth		
		reaujustinents at biltil		

## **PRACTICALS**

- Interpret metabolic acidosis and alkalosis on an Arterial Blood Gases report
- Estimate urine specific gravity on a given sample
- Perform pregnancy test by kit and urinary dipstick method

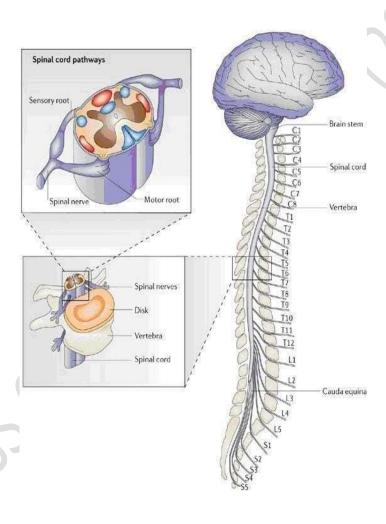
	BIOCHEMISTRY					
Body Fluids + Water & Electrolyte	Appraise the impact of water and electrolyte imbalances on human health	A	Discuss biochemistry of water, fluid haemostasis, electrolyte balance and acid base haemostasis Describe Ionization of water & weak acids, bases, pH pK values, pH scale, Dissociation constant & titration curve of weak acids Apply Henderson-Hasselbalch Equation Explain the mechanism of Buffering and pH homeostasis Enumerate various types of particles and solutions in relation to the importance of selectively permeable membranes Describe the importance of selectively permeable membranes, osmosis, osmotic pressure, surface	•	LECTURES PBL CBL SGD	MCQ/ SAQ/SEQ
		A A A A	tension, viscosity & their importance related to body fluids Explain the Distribution of body water in various compartments Enlist different functions of water in human body Explain Regulation of water balance in body. Explain clinical conditions of Hyper and hyponatremia, hypo/hyperkalemia and			
Acid base balance	Appraise the impact of Acid base balance	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	hypo/hyper magnesemia Describe the role of buffer system, lungs & kidney in PH maintenance in human body Comprehend Acid base disorders and blood pressure	•	Lecture/ SGD/ CBL	MCQ/ SAQ/ SEQ

	imbalances on human health	<ul> <li>Discuss various Disorders of acid base balance</li> <li>Describe Anion Gap and its clinical significance</li> <li>Explain the Site of synthesis,</li> </ul>	• LECTURES	• MCQ
Biochemistry of Reproductive System	Appraise the basic principles of sex hormones along with the biochemical basis and related abnormalities	stimulus for secretion, mechanism of action, receptors, intracellular effects, target cells, tissues and biochemical role & hypo/hyper secretion Androgens & Estrogens.	<ul><li>SGD</li><li>PBL</li><li>CBL</li></ul>	SAQ/SEQ
Practical	<ul> <li>Urine analysis (physical, chemical and microscopic examination)</li> <li>Physical examination of urine</li> <li>Chemical examination of Urine-Ehrlich's test</li> <li>Chemical Examination of Urine - Rothera's</li> <li>Nitropruside Test</li> <li>Justify the use of different solutions in clinical practice</li> <li>Demonstrate the working and application of pH metery</li> <li>Interpret the Urine report</li> </ul>		Practical	OSPE

	Surgery					
Ureteric colic  Benign Prostate	Relate the clinical	<ul> <li>Identify the typical clinical presentation of urological colic</li> <li>List risk factors for the most common types of kidney stones Explain the rationale behind referred pain of ureteric colic</li> <li>List common sites of impaction of renal stone</li> <li>Discuss the clinical</li> </ul>	Video clips / Lectures/ SGD/ CBL/PBL	Formative assessment		
Hyperplasia  Visit to ward	presentation of Benign Prostate Hyperplasia with their basic relevant knowledge  Observe the patient	presentation of Benign Prostate Hyperplasia on the basis of their basic relevant knowledge with relevant disorders	Lectures/ SGD/ CBL/PBL			
visit to ward	Observe the patient	Medicine	CBL			
Renal Failure	Identify clinical presentations of renal failure	Clinical presentation of:  Ac Renal Failure  Ch Renal Failure	Video clips / Lectures/ SGD/ CBL/PBL	Formative assessment		
Visit to medical	Observe the patient with relevant disorders		CBL			
ward						
		RADIOLOGY				
Imaging of Abdomen and pelvis	Correlate the anatomical knowledge of pelvis and perineum with relevant radiological presentation	<ul> <li>Identify different parts of urinary tract on IVP</li> <li>Identify normal appearance of viscera of pelvis on radiographs</li> <li>Identify normal appearance of viscera in pelvis on</li> <li>CT scan</li> <li>MRI scan</li> </ul>	LGIS	MCQ     OSPE     Viva Voce		

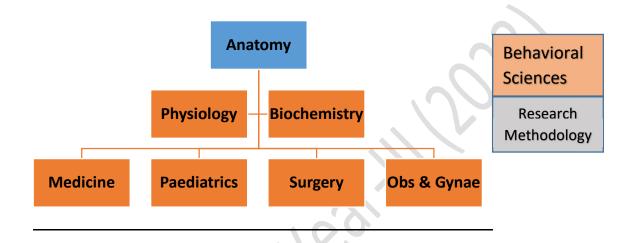
Identify normal     appearance of     viscera in pelvis in
▶ USG
RADIOGRAPHS (hysterosalpingogram)

MBBS YEAR II	
BLOCK V	
MODULE X	
Genetics & Neuroscience I	



Duration: 09+01=10 weeks

# **Integration of Disciplines in this Module**



# **MODULE PLANNING COMMITTEE**

Module Director	
Members	To be filled by the institutes

#### **Preamble**

The Neurosciences module is 08 weeks' module that focuses on the study of nervous system. It is a cross-disciplinary field that evolves around the development and functioning of the nervous system along with the mechanisms that underlie neurological disease. This module provides exposure to the field in depth and breadth. Through this module, students will develop an integrated, scientific knowledge that will help them in clinical setting, plus creative and problem-solving skills.

#### **Learning Outcome:**

By the end of this module, student should be able to correlate the physiological and biochemical concepts related to nervous system with their anatomical knowledge and apply their relevant knowledge of this module in subsequent years of clinical training and practice

ANATOMY						
Topic/ Theme	Learning outcomes	Learning Objective/ Content	Instructional strategies	Assessment tool		
Introduction & organization of the nervous system	<ul> <li>Interpret the anatomical basis of common neurological clinical presentations by correlating the structures forming the nervous system with their functions</li> <li>Demonstrate the structure of brain and spinal cord on prosected specimens and models</li> <li>Identify the normal structure of brain and spinal cord in the images of CT scan &amp; MRI</li> <li>Correlate the developmental process of</li> </ul>	<ul> <li>Knowledge</li> <li>List the major divisions, components and functions of the central nervous system.</li> <li>Enumerate ventricles and coverings of brain and spinal cord with special emphasis on intracranial hemorrhages.</li> <li>Explain the process of lumbar puncture and enumerate the structures through which a needle will pass while performing</li> </ul>	SGDs	MCQs/ SEQs/ SAQs/ OSPE/ VIVA VOCE		
Gross Anatomy of skull	nervous system with embryological basis of relevant congenital anomalies  Correlate the histomorphological features of nervous system with its functions and predict functional outcomes of their altered structure  Identify the histomorphological features of nervous system under light microscope by focusing the H&E stained	spinal tap in an order.  Knowledge and Skill  Demonstrate the anatomical position of skull with special emphasis on planes of anatomical position.  Describe and demonstrate the boundaries and gross features of cranial fossae.  List and demonstrate foramina along with structures passing through them in anterior, middle and	SGD	MCQs/ SEQs/ SAQs/ OSPE/ VIVA VOCE		

slides at different	posterior cranial		
magnifications	fossae.		
	Recognize and		
	demonstrate the		
	important sutures,		
	fontanelle and		
	impressions on the		
	interior of cranial vault		
	Identify important		
	bony landmarks on the		
	bones as viewed from		
	lateral, superior,		
	inferior, anterior and		
	posterior views.		
	<ul> <li>Identify the bones</li> </ul>		
	forming the boundaries		
	of orbit, nasal cavity,		
	oral cavity, temporal,		
	infratemporal fossa &		
	pterygopalatine fossa		
	on the given bone.		
	(Details to be done		
	with relevant topics).		
	Explain the clinical		
	presentations relevant		
	to fracture of various		
	bones of skull		
Gross Anatomy	Knowledge	SGD	MCQs/
of Spinal cord	<ul> <li>Explain the gross</li> </ul>		SEQs/
	appearance and the		SAQs/
	nerve cell groups in the		OSPE
	anterior, posterior and		VIVA VOCE
	lateral gray columns of		
	spinal cord		
	Enumerate and		
	illustrate the		
	arrangements of		
	ascending and		
	ascending and		

	descending tracts
	(white matter) in spinal
	cord at various levels.
	Explain the given
	clinical conditions
	related to ascending
	and descending tracts
	of spinal cord.
	Pyramidal tracts
	(upper motor
	neuron) lesions
	<ul> <li>Extrapyramidal</li> </ul>
	tracts (upper
	motor neuron)
	lesions
	o Lower motor
	neuron lesions
	Acute spinal cord
	injuries
	<ul> <li>Spinal shock</li> </ul>
	syndrome
	<ul> <li>Destructive spinal</li> </ul>
	cord syndromes
	Complete cord
	transection
	syndrome
	Anterior cord
	syndrome
	Central cord
	syndrome
	<ul> <li>Brown sequard</li> </ul>
	syndrome
	<ul> <li>Syringomyelia</li> </ul>
	<ul> <li>Poliomyelitis</li> </ul>
	Multiple sclerosis
	<ul> <li>Amyotrophic</li> </ul>
	lateral sclerosis
	Trace all ascending and
	descending pathways
<u> </u>	l l

	of spinal cord with		
	emphasis on location		
	of first, second and		
	third order neurons,		
	functions and effects of	of	
	lesions.		
Gross anatomy	<u>Knowledge</u>	SGD	MCQs/
of the	<ul> <li>Describe the gross</li> </ul>		SEQs/
brainstem	appearance and		SAQs/
	internal structure of		VIVA VOCE
	the medulla oblongata	a.	
	<ul> <li>Illustrate the cross</li> </ul>		
	sections of medulla		
	oblongata at different		
	levels.		
	• Explain the effects of		
	raised pressure in		
	posterior cranial fossa		
	on the structures		
	contained within it.		
	Apply the knowledge		
	of neuroanatomy to		
	explain the following		
	clinical conditions:		
	<ul> <li>Arnold-chiari</li> </ul>		
	malformation		
	<ul> <li>Medial medullary</li> </ul>		
	syndrome		
	<ul><li>lateral medullary</li></ul>		
	syndrome of		
	, Wallenberg.		
	<ul> <li>Describe the gross</li> </ul>		
	features and internal		
	structure of pons.		
	<ul> <li>Illustrate cross section</li> </ul>	,	
	of pons at different		
	levels showing major		
	structures at each		
	level.		
	ic v ci.		

	•	Analyze the anatomical		
		basis of clinical		
		presentation in case of		
		tumors of pons,		
		Pontine hemorrhage		
		and Infarction of pons.		
	•	Describe the gross		
		appearance and		
		internal structure of		
		mid brain.		
	•	Describe vascular		
		lesions of the midbrain		
	•	Illustrate cross		
		sections at the level of		
		superior colliculus and		
		inferior colliculus		
		showing major		
		structures at each		
		level.		
	•	Justify the clinical		
		presentation of		
		blockage of cerebral		
		aqueduct with		
		anatomical basis.		
		<u>Skill</u>		
	•	Identify the gross		
		features of medulla,		
		mid brain and pons on		
		a given model.		
Gross anatomy	K	nowledge	SGD	MCQs/
of cerebellum	•	Describe the gross		SEQs/
& its		features of cerebellum.		SAQs/
connections	•	Enumerate afferent		OSPE/
		and efferent fibers of		VIVA VOCE
		superior, middle and		
		inferior cerebellar		
		peduncles.		
	•	List intracerebellar		
		nuclei and types of		
			<del></del>	

	fibers constituting		
	white matter of		
	cerebellum and explain		
	their routes of entry		
	and exit.		
	Explain the pathways		
	carrying afferent and		
	efferent fibers to and		
	from the cerebellum.		
	List disturbances of		
	voluntary movements,		
	reflexes, ocular		
	movements, speech,		
	posture and gait		
	resulting due to lesions		
	of cerebellum.		
	Apply the knowledge		
	of anatomy to explain		
	the cerebellar		
	syndromes		
	<u>Skill</u>		
	Demonstrate different		
	parts of cerebellum on		
	given model		
Gross anatomy	Knowledge and Skill:	SGD	MCQs/
of cerebrum	Describe the		SEQs/
	topographic anatomy		SAQs/
	of diencephalon and		OSPE/
	demonstrate its gross		VIVA VOCE
	features on a given		
	model.		
	List main sulci and gyri		
	of cerebral		
	hemispheres and		
	mennisprieres and		
	describe the extent of		
	describe the extent of each of them.		
	<ul><li>describe the extent of each of them.</li><li>Explain the divisions of</li></ul>		
	describe the extent of each of them.		

and inferior surfaces of
cerebral hemispheres.
Enumerate fibers
making up the white
matter of cerebral
hemispheres and
describe each of them.
Explain the effects of
lesions of different
parts of internal
capsule
Explain the signs,
symptoms, microscopic
changes, diagnosis and
treatment of Alzheimer
disease.
Mark main sulci and
gyri on lobes of
cerebral hemispheres.
Identify commissural,
projection and
association fibers on
brain prosected
specimen
Describe and
demonstrate the
cortical functional
areas in different lobes
of cerebral
hemispheres.
Describe the effects of
lesions in the motor
cortex on voluntary
movements and
speech.
Describe the changes
in personality due to
lesions in the frontal

	<del></del>			1
		eye field of cerebral		
		hemisphere.		
		<ul> <li>Enumerate types of</li> </ul>		
		aphasia and describe		
		the lesions of speech		
		areas responsible for		
		producing aphasia.		
		Explain the sign and		
		symptoms due to		
		lesions of sensory		
		cortex, prefrontal		
		cortex and somesthetic		
		association areas.		
		Explain the effects of		
		lesion in the primary		
		and secondary visual		
		cortex.		
		Illustrate diagrams		
		showing probable		
		pathways involved in		
		reading a sentence and		
		repeating it out loud.		
		Illustrate diagrams		
		showing probable		
		pathways involved in		
		hearing a question and		
		answering it.		
		Illustrate the lateral		
		and medial views of		
		cerebral hemispheres		
		showing motor and		
		sensory areas.		
Gross anatomy		Knowledge:	SGD	MCQs/
of reticular		Describe the general		SEQs/
formation &		arrangement and		SAQs/
limbic system		functions of reticular		OSPE/
		formation.		VIVA VOCE
	<u> </u>			

	List afferent and		
	efferent projections of		
	, ,		
	reticular formation		
	Enumerate		
	components of limbic		
	system and explain		
	hippocampal formation		
	with reference to its		
	afferent and efferent		
	connections		
	<ul> <li>Explain the effects of</li> </ul>		
	destruction of		
	amygdaloid complex		
	on behavior.		
	Skill:		
	Identify different		
	components of limbic		
	system on given		
	model.		
Gross anatomy	Knowledge:	SGD	MCQs/
Gross anatomy of basal nuclei	Knowledge:  • List terminology	SGD	MCQs/ SEQs/
-	List terminology	SGD	
of basal nuclei		SGD	SEQs/
of basal nuclei & their	List terminology     commonly used to	SGD	SEQs/ SAQs/
of basal nuclei & their	<ul> <li>List terminology commonly used to describe the basal nuclei.</li> </ul>	SGD	SEQs/ SAQs/ OSPE/
of basal nuclei & their	<ul> <li>List terminology         commonly used to         describe the basal         nuclei.</li> <li>Describe connections</li> </ul>	SGD	SEQs/ SAQs/ OSPE/
of basal nuclei & their	<ul> <li>List terminology         commonly used to         describe the basal         nuclei.</li> <li>Describe connections         and functions of</li> </ul>	SGD	SEQs/ SAQs/ OSPE/
of basal nuclei & their	<ul> <li>List terminology         commonly used to         describe the basal         nuclei.</li> <li>Describe connections         and functions of         different nuclei</li> </ul>	SGD	SEQs/ SAQs/ OSPE/
of basal nuclei & their	<ul> <li>List terminology         commonly used to         describe the basal         nuclei.</li> <li>Describe connections         and functions of         different nuclei         constituting basal</li> </ul>	SGD	SEQs/ SAQs/ OSPE/
of basal nuclei & their	<ul> <li>List terminology         commonly used to         describe the basal         nuclei.</li> <li>Describe connections         and functions of         different nuclei         constituting basal         ganglia</li> </ul>	SGD	SEQs/ SAQs/ OSPE/
of basal nuclei & their	<ul> <li>List terminology         commonly used to         describe the basal         nuclei.</li> <li>Describe connections         and functions of         different nuclei         constituting basal         ganglia</li> <li>List hyperkinetic</li> </ul>	SGD	SEQs/ SAQs/ OSPE/
of basal nuclei & their	<ul> <li>List terminology         commonly used to         describe the basal         nuclei.</li> <li>Describe connections         and functions of         different nuclei         constituting basal         ganglia</li> <li>List hyperkinetic         disorders related with</li> </ul>	SGD	SEQs/ SAQs/ OSPE/
of basal nuclei & their	<ul> <li>List terminology commonly used to describe the basal nuclei.</li> <li>Describe connections and functions of different nuclei constituting basal ganglia</li> <li>List hyperkinetic disorders related with various basal nuclei like</li> </ul>	SGD	SEQs/ SAQs/ OSPE/
of basal nuclei & their	<ul> <li>List terminology commonly used to describe the basal nuclei.</li> <li>Describe connections and functions of different nuclei constituting basal ganglia</li> <li>List hyperkinetic disorders related with various basal nuclei like chorea, hemiballismus</li> </ul>	SGD	SEQs/ SAQs/ OSPE/
of basal nuclei & their	<ul> <li>List terminology commonly used to describe the basal nuclei.</li> <li>Describe connections and functions of different nuclei constituting basal ganglia</li> <li>List hyperkinetic disorders related with various basal nuclei like chorea, hemiballismus and athetosis</li> </ul>	SGD	SEQs/ SAQs/ OSPE/
of basal nuclei & their	<ul> <li>List terminology commonly used to describe the basal nuclei.</li> <li>Describe connections and functions of different nuclei constituting basal ganglia</li> <li>List hyperkinetic disorders related with various basal nuclei like chorea, hemiballismus and athetosis</li> <li>Describe Parkinson</li> </ul>	SGD	SEQs/ SAQs/ OSPE/
of basal nuclei & their	<ul> <li>List terminology commonly used to describe the basal nuclei.</li> <li>Describe connections and functions of different nuclei constituting basal ganglia</li> <li>List hyperkinetic disorders related with various basal nuclei like chorea, hemiballismus and athetosis</li> <li>Describe Parkinson disease regarding</li> </ul>	SGD	SEQs/ SAQs/ OSPE/
of basal nuclei & their	<ul> <li>List terminology commonly used to describe the basal nuclei.</li> <li>Describe connections and functions of different nuclei constituting basal ganglia</li> <li>List hyperkinetic disorders related with various basal nuclei like chorea, hemiballismus and athetosis</li> <li>Describe Parkinson</li> </ul>	SGD	SEQs/ SAQs/ OSPE/

	and symptoms-and		
	treatment		
	Skill:		
	Identify different		
	components of basal		
	ganglia on given		
	model/specimen		
Gross anatomy	Knowledge:	SGD	MCQs/
of cranial	Enumerate the cranial		SEQs/
nerves	nerves and classify		SAQs/
	them into sensory,		OSPE/
	motor and mixed		VIVA VOCE
	nerves.		
	Describe the nuclei and		
	intracranial course of		
	all cranial nerves.		
	Apply the knowledge		
	of neuroanatomy to		
	explain the following		
	clinical conditions		
	regarding the lesions of		
	various cranial nerves:		
	✓ Unilateral/bilateral		
	anosmia		
	✓ Lesions of visual		
	pathway		
	<ul><li>Circumferential</li></ul>		
	blindness		
	<ul> <li>Total blindness</li> </ul>		
	of one eye		
	o Nasal		
	hemianopia		
	<ul> <li>Bitemporal</li> </ul>		
	hemianopia		
	<ul> <li>Contralateral</li> </ul>		
	homonymous		
	hemianopia		
	✓ Diplopia		
	✓ Ptosis		

	<ul> <li>✓ Internal and external ophthalmoplegia</li> <li>✓ Double vision and its causes</li> <li>✓ Trigeminal neuralgia</li> <li>✓ Strabismus</li> <li>✓ Facial nerve lesions from brainstem to face</li> <li>✓ Bell's palsy</li> <li>✓ Vertigo, nystagmus, tinnitus and deafness</li> <li>✓ Manifestations of IX, X, XI, XII cranial nerve lesions</li> </ul>		
	Skill:		
	Identify different cranial nerves on given model		
	/specimen		
Gross anatomy	Knowledge:	SGD	MCQs/
of thalamus,	<ul> <li>Enlist the divisions,</li> </ul>	300	SEQs/
Hypothalamus	nuclei and connections		SAQs/
& their	of thalamus.		OSPE/
connections	List nuclei, functions		VIVA VOCE
	and connections of		
	hypothalamus.		
	Describe the		
	hypothalamohypophyi		
	al portal system and		
	tract.		
	List the functions of		
	main hypothalamic		
	nuclei.		
	<ul> <li>Describe the clinical</li> </ul>		
		i .	
	presentation of		
	presentation of following clinical disorders associated		

	with lesions of		
	diencephalon:		
	<ul> <li>Obesity and wasting</li> </ul>		
	<ul> <li>Sexual disorders</li> </ul>		
	<ul><li>Hyper and</li></ul>		
	hypothermia		
	<ul> <li>Diabetes insipidus</li> </ul>		
	Emotional disorders		
	<ul><li>Thalamic pain</li></ul>		
	<ul><li>Thalamic hand</li></ul>		
Gross anatomy	Knowledge:	SGD	MCQs/
of meninges	Define meninges of		SEQs/
and Dural	brain and describe the		SAQs/
venous sinuses	dural reflections in		OSPE/
of brain &	brain.		VIVA VOCE
spinal cord	Explain the meninges		
	of spinal cord		
	Enumerate the nerves		
	and blood vessels		
	supplying the		
	meninges.		
	Define and enumerate		
	paired and unpaired		
	Dural venous sinuses		
	along with their		
	attachments.		
	Describe the location,		
	important relations,		
	communications of		
	cavernous sinus and		
	enumerate structures		
	passing through it.		
	Describe the clinical		
	presentation of		
	following clinical		
	disorders associated		
	with meninges and		
	Dural venous sinuses:		
	Durai verious siriuses.		

	o Epidural		
	hemorrhage		
	<ul><li>Subdural</li></ul>		
	hemorrhage		
	<ul><li>Subarachnoid</li></ul>		
	hemorrhage		
	o Cerebral		
	hemorrhage		
	Skill:		
	Demonstrate the		
	supratentorial and		
	infratentorial		
	compartments of		
	tentorium cerebelli in a		
	prosected specimen.		
Gross anatomy	Knowledge:	SGD	MCQs/
of ventricular	Describe the		SEQs/
system, the	anatomical		SAQs/
CSF, & the	organization of		OSPE/
blood-brain &	ventricular system of		VIVA VOCE
blood-CSF	brain and explain the		
barriers	boundaries of each		
	ventricle along with		
	their choroid plexus.		
	<ul> <li>Explain formation,</li> </ul>		
	circulation and		
	absorption of CSF.		
	Define arachnoid		
	villous and explain the		
	role of arachnoid villi in		
	absorption of CSF.		
	List the structures		
	forming blood brain		
	and blood CSF barriers		
	Explain causes &		
	varieties of		
	Hydrocephalus		
	Skill:		

	a lalamenta esta de la compansión de la		
	• Identify the features of		
	various ventricles on		
	models and prosected		
	specimen.		
	Illustrate the floor of		
	fourth ventricle.	665	1100 /
Blood supply of	Knowledge:	SGD	MCQs/
the brain &	Describe the blood		SEQs/
spinal cord	supply of different		SAQs/
	parts of brain and		OSPE/
	spinal cord.		VIVA VOCE
	Explain the formation		
	and importance of		
	veins of brain.		
	Enumerate the vessels		
	taking part in the		
	formation of circle of		
	Willis and summarize		
	its importance.		
	Relate the interruption		
	of cerebral circulation		
	to cerebral artery		
	syndromes due to		
	anterior, middle and		
	posterior cerebral		
	artery occlusion.		
	Skill:		
	Identify various blood		
	vessels of brain and		
	spinal cord on models		
	and prosected		
	specimen.		
	Illustrate circle of		
	Willis.		
Development	Knowledge:	LGIS	MCQs/
of central	Describe the	2015	SEQs/
nervous system	development of neural		SAQs/
and skull	tube with reference to		OSPE/
and Skull			VIVA VOCE
	neurulation, vesicles,		VIVA VUCE

brain flexures and ventricles.  • Describe the development and positional changes of spinal cord.  • Describe the formation	
Describe the     development and     positional changes of     spinal cord.	
development and positional changes of spinal cord.	
positional changes of spinal cord.	
spinal cord.	
Describe the formation	
and developmental	
changes in alar and	
basal plates.	
Comprehend the	
embryological basis of	
various types of Spina	
bifida.	
Enumerate the	
derivatives of	
rhombencephalon,	
mesencephalon and	
prosencephalon.	
Summarize the	
characteristic	
developmental events	
of the following	
○ Medulla oblongata	
○ Midbrain	
o Pons	
○ Cerebellum	
<ul> <li>Pituitary gland</li> </ul>	
○ Supra renal gland	
o Diencephalon	
○ Telencephalon	
Apply the knowledge	
of embryology to	
explain the clinical	
scenarios regarding:	
○ Craniopharyngiomas	
<ul> <li>Meningoceles</li> </ul>	
<ul> <li>Meningoencephaloc</li> </ul>	
ele	

	<ul><li>Meningohydroencep haloceles</li><li>Holoprosencephaly</li></ul>		
	<ul><li>Craniorachiscisis</li></ul>		
	<ul><li>Pheochromocytoma</li></ul>		
	S		
	<ul> <li>Congenital</li> </ul>		
	megacolon		
	o Anencephaly		
	Schizencephaly     Helepresencephaly		
	Holoprosencephaly     Fyansanhaly		
	Exencephaly     Hydrocophaly		
	Hydrocephaly     Microcophaly		
	Microcephaly     Describe the		
	Describe the  development of skull		
	development of skull		
	Describe the		
	importance of		
	fontanelle of skull in		
	new born with		
	reference to:		
	o Changes in		
	intracranial pressure		
	Newborn Cranium.		
	<ul> <li>Closure of different</li> </ul>		
	fontanelle		
	Explain the		
	embryological basis of		
	cranioschisis and		
	various types of		
	craniosynostosis		
	Skill:		
	Identify different parts		
	of developing brain		
	and spinal cord on the		
	given model /		
	diagrams.		
Histology of	Knowledge:	LGIS	MCQs/
nervous tissue	Summarize the		SEQs/
	histological features		SAQs/

and functions of		OSPE/
neuron and neuroglia.		VIVA VOCE
Classify neurons		
according to their		
morphology and		
functions with one		
example of each.		
Define neuroglia and		
list its main types.		
Explain the		
histomorphological		
composition of		
peripheral nerve.		
Define ganglia.		
Differentiate between		
sensory and autonomic		
ganglia in tabulated form.		
Describe the     bistological features of		
histological features of white and grey matter		
of spinal cord.		
Enumerate layers of		
cerebral and cerebellar		
cortices and different		
cell types of these		
layers.		
Skill:	Practicals	OSPE/
Recognize various		Long slides
slides of nervous		
system by focusing		
them under the light		
microscope at various		
magnifications.		
illustrate histological		
features of peripheral		
nerve, ganglia, spinal		
cord, cerebrum and		
cerebellum under light		
microscope and enlist		
two points of identification for each.		
identification for each.		

PHYSIOLOGY				
		Learning Objective/ Content	Instructional	Assessment
Topic/ Theme	Learning outcomes		strategies	tool
Processing of information in neuronal pool	Interpret the physiological mechanisms controlling the neuronal signals transmitting through synapse	<ul> <li>Differentiate between various types of synapses</li> <li>Identify physiologic anatomy of the synapse</li> <li>Elucidate the electrical events during neuronal excitation and inhibition (EPSPs&amp; IPSPs)</li> <li>Summarize the transmission and processing of signals in neuronal pools (summation, facilitation, convergence divergence, after discharge,</li> </ul>	• Lectures • SGD • CBL	• MCQ • SAQ/SEQ • Structured Viva
Sensory receptors & receptor Potential	Interpret the physiological mechanisms controlling the functions of sensory system.	<ul> <li>Synaptic delay and fatigue)</li> <li>Classify the various types of sensory receptors.</li> <li>Explain the sensory stimuli and differential sensitivity of receptors.</li> <li>Explain the sensory transduction into nerve impulses.</li> <li>Describe the local electrical currents at nerve endings—receptor potentials, adaptation of receptors</li> <li>Classify the nerve fibers that transmit different types of signals on the physiological basis.</li> </ul>	• Lectures • SGD • CBL	MCQ     SAQ/SE     Structured     Viva
Sensory tracts and cortex	Explain the dorsal column medial leminiscal system and anterolateral pathways	<ul> <li>Identify the sensations carried by different sensory tracts</li> <li>Differentiate between different sensory tracts</li> <li>Describe the somatosensory cortex and somatosensory association areas</li> </ul>	<ul><li>Lectures</li><li>SGD</li><li>CBL</li></ul>	<ul><li>MCQ</li><li>SAQ/SEQ</li><li>Structured</li><li>Viva</li></ul>

Brain	Correlate the	<ul> <li>Explain the various thermal sensations, thermal receptors and their excitation and transmission of thermal signals in the nervous system</li> <li>Discuss the pathophysiology and features of Brown Sequard syndrome</li> <li>Explain clinical features of spinal shock and recovery of spinal functions after spinal shock</li> <li>Classify the different types of</li> </ul>	• Lectures	• MCQ
analgesia system	pathophysiological basis of pain pathways to their clinical significance	<ul> <li>pain.</li> <li>Compare and contrast the perception and transmission of the different types of pain.</li> <li>Explain the pain suppression system in the brain and spinal cord.</li> <li>Describe the brain's opiate system. endorphins and enkephalins.</li> <li>Describe the clinical abnormalities of pain and other somatic sensations</li> </ul>	• SGD • CBL	<ul> <li>SAQ/SEQ</li> <li>Structured</li> <li>Viva</li> </ul>
Motor system / Spindle / stretch reflex	Interpret the physiological mechanisms controlling the functions of motor system and higher mental functions	<ul> <li>Relate the organization of grey and white matter in spinal cord to the pathophysiology of various spinal cord injuries.</li> <li>Explain the role of proprioceptors (muscle spindles and Golgi tendon organs) in motor movements</li> <li>Explain dynamic and static stretch reflex</li> <li>Describe the flexor reflex and the crossed extensor reflex.</li> </ul>	<ul><li>Lectures</li><li>SGD</li><li>CBL</li></ul>	<ul><li>MCQ</li><li>SAQ/SEQ</li><li>Structured</li><li>Viva</li></ul>

Cerebral Cortex	Correlate the clinical presentations resulting from damage to different areas of cerebral cortex to their anatomical and functional cortical	<ul> <li>Explain the reciprocal inhibition and reciprocal innervation.</li> <li>Identify the reflexes of posture and locomotion in the spinal cord.</li> <li>Identify the various</li> <li>Brodmann's areas of cerebral cortex.</li> <li>Explain the functions of the various areas of the cerebral cortex.</li> </ul>	<ul><li>Lectures</li><li>SGD</li><li>CBL</li></ul>	<ul><li>MCQ</li><li>SAQ/SEQ</li><li>Structured</li><li>Viva</li></ul>
Pyramidal tract/ extra pyramidal tract	areas.  Differentiate between the Pyramidal and extrapyramidal system for voluntary motor control	<ul> <li>Explain the role of</li> <li>primary motor cortex, premotor area, and supplementary motor area in control of voluntary motor movements.</li> <li>Identify the various pathways for transmission of signals for voluntary motor control from the motor cortex to the muscles.</li> <li>Explain the significance of anterior motor neurons as the lower motor neurons.</li> <li>Compare and contrast the upper and lower motor neurons and their lesions.</li> <li>Identify the role of the brain stem in controlling motor function and role in posture of the body against gravity.</li> </ul>	• Lectures • SGD • CBL	MCQ     SAQ/SEQ     Structured     Viva
Cerebellum	Analyse the role of the cerebellum in executing motor movements.	<ul> <li>Explain the functional anatomy of cerebellum and basal ganglia.</li> <li>Describe the neuronal circuits of the cerebellum.</li> <li>Describe the pathophysiological basis of the clinical</li> </ul>	<ul><li>Lectures</li><li>SGD</li><li>CBL</li></ul>	<ul><li>MCQ</li><li>SAQ/SEQ</li><li>Structured</li><li>Viva</li></ul>

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Basal ganglia	Explain the function of the basal ganglia in	<ul> <li>abnormalities of the cerebellum and basal ganglia.</li> <li>Justify the clinical presentation on with reasoning of cerebellar diseases.</li> <li>Identify the role of the basal ganglia for cognitive control of</li> </ul>	• Lectures • SGD	MCQ     SAQ/SEQ
	Executing patterns of motor activity.	sequences of motor patterns.  Explain the direct and indirect circuits of basal ganglia  Explain the role of various specific neurotransmitter substances in the basal ganglia and the pathophysiological disorders related to their deficiency.  Describe the pathophysiology, clinical features and treatment of Parkinsonism.  Justify the clinical presentation of Parkinsonism with underlying pathophysiology	• CBL	• Structured Viva
Vestibular	Explain the vestibular	Explain the vestibular apparatus	• Lectures	• MCQ
system	system	<ul> <li>and function of the utricle and saccule in the maintenance of static equilibrium.</li> <li>Describe the detection of head rotation by the semicircular ducts.</li> <li>Explain the vestibular mechanisms for stabilizing the</li> </ul>	• SGD • CBL	<ul><li>SAQ/SEQ</li><li>Structured</li><li>Viva</li></ul>
		eyes.		
Cerebrovascu lar Accidents	Correlate the presentation of CVA with the concerned affected area.	<ul> <li>Explain the causes of CVAs.</li> <li>Correlate the clinical presentation of stroke with the sites of lesion.</li> </ul>	<ul><li>Lectures</li><li>SGD</li><li>CBL</li></ul>	<ul><li>MCQ</li><li>SAQ/SEQ</li><li>Structured</li><li>Viva</li></ul>
Physiology of Speech	Correlate the 1mechanism of normal coherent speech with speech disorders	<ul> <li>Explain the functions of specific cortical areas and association areas in the physiology of speech.</li> <li>Identify the function of the Wernicke's and Broca's Area.</li> <li>Explain the pathophysiological disorders related to speech.</li> </ul>	<ul><li>Lectures</li><li>SGD</li><li>CBL</li></ul>	<ul><li>MCQ</li><li>SAQ/SEQ</li><li>Structured</li><li>Viva</li></ul>

Memory	Distinguish memory types in detail	<ul> <li>Classify memories on the basis of:</li> <li>type of sensory experience</li> <li>time of retention</li> <li>synaptic facilitation and habituation</li> <li>Explain the process of consolidation and chemical and anatomical changes occurring at the synapse leading to it.</li> <li>Compare various types of amnesia including retrograde, anterograde amnesia, Alzheimer's and dementia.</li> </ul>	• Lectures • SGD • CBL	<ul><li>MCQ</li><li>SAQ/SEQ</li><li>Structured</li><li>Viva</li></ul>
Sleep	Explain mechanism of sleep in detail	<ul> <li>Define Sleep</li> <li>Differentiate between slow-wave sleep and REM Sleep</li> <li>Describe the basic theories of sleep and physiologic effects of sleep.</li> <li>Identify the different types of brain waves and their origin</li> <li>Explain the changes in EEG at different stages of wakefulness and sleep.</li> </ul>	<ul><li>Lectures</li><li>SGD</li><li>CBL</li></ul>	<ul> <li>MCQ</li> <li>SAQ/SEQ</li> <li>Structured</li> <li>Viva</li> </ul>
EEG/epilepsy	Differentiate between various types of epilepsy in detail	<ul> <li>Explain the effect of varying levels of cerebral activity on the frequency of the EEG.</li> <li>Define Epilepsy.</li> <li>Differentiate between Grand mal, petit mal epilepsy a and focal epilepsy</li> </ul>	<ul><li>Lectures</li><li>SGD</li><li>CBL</li></ul>	<ul><li>MCQ</li><li>SAQ/SEQ</li><li>Structured</li><li>Viva</li></ul>
Functions of thalamus and hypothalamu s	Explain the functions of thalamus and hypothalamus in detail with specific emphasis on temperature control and limbic system.	<ul> <li>Explain the functional anatomy of thalamus.</li> <li>Describe the functions of thalamus.</li> <li>Identify the role of limbic system.</li> <li>Describe the functional anatomy and functions of hypothalamus.</li> </ul>	<ul><li>Lectures</li><li>SGD</li><li>CBL</li></ul>	<ul><li>MCQ</li><li>SAQ/SEQ</li><li>Structured</li><li>Viva</li></ul>

Higher Mental Functions	Associate functions of prefrontal and other cortical association areas to various psychiatric and organic illnesses.	<ul> <li>Identify the normal body temperatures.</li> <li>Explain the mechanisms of heat production and heat loss.</li> <li>Describe the regulation of body temperature and role of the hypothalamus</li> <li>Explain the mechanisms that decrease or increase body temperature.</li> <li>Appreciate the concept of a "setpoint" for temperature control.</li> <li>Appraise the behavioural control of body temperature.</li> <li>Interpret the various abnormalities of body temperature regulation with special focus on fever.</li> <li>Discuss the higher intellectual functions of the prefrontal areas and the various cortical association areas.</li> <li>Describe the functions of corpus callosum.</li> <li>Discuss the pathophysiology and clinical presentations of depression, bipolar disorders, schizophrenia</li> <li>Demonstrate understanding of basic concepts of Alzheimer's disease</li> <li>Justify the clinical presentation with underlying pathophysiology</li> </ul>	• Lectures • SGD • CBL	<ul> <li>MCQ</li> <li>SAQ/SEQ</li> <li>Structured</li> <li>Viva</li> </ul>
CSF and blood brain barrier		<ul> <li>of Alzheimer's disease</li> <li>Discuss the synthesis and trace the pathway of CSF circulation.</li> <li>Explain the physiological significance of blood brain barrier.</li> </ul>	<ul><li>Lectures</li><li>SGD</li><li>CBL</li></ul>	<ul><li>MCQ</li><li>SAQ/SEQ</li><li>Structured</li><li>Viva</li></ul>
Temperature Regulation 1	Summarize the Effects of Temperature Regulation in body.	<ul> <li>Discuss hydrocephalus.</li> <li>Know about the normal body temperatures</li> <li>Enumerate mechanisms of heat production and heat loss</li> </ul>	<ul><li>Lectures/S</li><li>G</li><li>D/ CBL</li></ul>	<ul><li>MCQ/SAQ/</li><li>structured</li><li>viva</li></ul>

	<ul> <li>Explain the role of hypothalamic centers in regulation of body temperature</li> <li>Explain the neuronal effector mechanisms and behavioral adjustments that decrease or increase body temperature</li> <li>Discuss the concept of a "setpoint" for temperature control</li> </ul>		
Temperature	Discuss the abnormalities of body	• Lectures/S	<ul><li>MCQ/SAQ/</li></ul>
Regulation 2	temperature regulation i.e.	G	<ul><li>structured</li></ul>
	hypothermia, gangrene, frost bite, hyperthermia and fever	• D/ CBL	• viva

## **LIST OF PRACTICALS**

1.	Examine motor system on an SP
2.	Performs Deep tendon reflexes
3.	Examine the Cerebellar Functions on an SP
4.	Examine the autonomic nervous system on an SP
5.	Examine the Sensory system on an SP
6.	Perform Superficial reflexes on an SP
7.	Record the normal body temperature
8.	Examine the Cranial nervous on SP

BIOCHEMISTRY						
Topic/ Theme	Learning outcomes	Learning Objective/ Content	Instructional strategies	Assessment tool		
Nucleotide Chemistry	Relate the significance of different nucleotides in medicine	<ul> <li>Demonstrate the understanding of Chemistry and structure of nucleotides and their biochemical role</li> <li>Explain Nucleotides, structure, their derivatives and their biochemical role</li> <li>Discuss the synthetic derivatives of purine and pyrimidines, their role in health and disease</li> <li>Describe Nucleic acids, their types, structure and functions</li> </ul>	<ul><li>LECTURES</li><li>PBL</li><li>CBL</li><li>SGD</li></ul>	• MCQ • SAQ/SEQ		
Nucleotide Metabolism	Apply the knowledge of nucleotide metabolism for understanding relevant metabolic disorders	<ul> <li>Outline the Synthesis of Purine nucleotides and deoxyribonucleotides</li> <li>Explain the Salvage pathway of nucleotides</li> <li>Describe the degradation of purines with related diseases and discuss the formation of Uric acid &amp; Hyperuricemia</li> <li>Explain synthesis &amp; degradation of pyrimidines and state related diseases</li> </ul>	<ul><li>LECTURES</li><li>PBL</li><li>CBL</li><li>SGD</li></ul>	MCQ     SAQ/SEQ		
Molecular Genetics	Apply the knowledge of molecular medicine, genetics, and biotechnology in health and disease	<ul> <li>Describe DNA Structure &amp; types</li> <li>State organization of Eukaryotic DNA</li> <li>Explain replication of prokaryotic DNA &amp; Eukaryotic DNA</li> <li>Explain Super coiling of DNA</li> <li>Describe DNA Repair Mechanisms</li> </ul>	<ul><li>LECTURES</li><li>PBL</li><li>CBL</li><li>SGD</li></ul>	• MCQ • SAQ/SEQ		

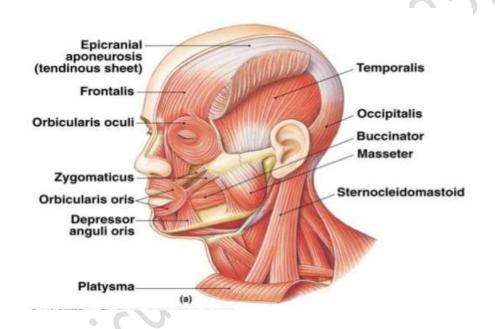
		>	Explain Xeroderma		
			Pigmentosum		
		>	Discuss various Genetic		
			Diseases		
		>	Give Structure of three types		
		,	of RNA		
		>	Outline Prokaryotic and		
			Eukaryotic transcription		
		>	Explain Reverse transcription		
		>	Describe translation, Post		
			Translational Modification &		
			translation of genetic code		
		>	Write a note on Mutations		
		>	Outline regulation of Gene		
			expression		
		>	Write a note on PCR&		
			Southern blotting techniques		
		>	Explain Probes		
		>	Explain Prenatal Diagnosis		
		>	Discuss Gene therapy & gene		
			expression		
		>	Summarize DNA Cloning		
		A	Explain Restriction fragment		
			length polymorphism		
Neurotransmitt	Relate the importance	>	Write a note on	LECTURES	• MCQ
ers	of various		Catecholamines, their	• PBL	• SAQ/SEQ
	neurotransmitters to		chemistry, synthesis and	• CBL	,
	its clinical significance		degradation	• SGD	
		>	Explain synthesis and role of		
	10		Acetyl choline, Dopamine,		
	$O^{\vee}$		Serotonin and Histamine		
		>	Discuss the Dopaminergic		
			neurotransmission (Including		
			site of synthesis, stimulus for		
			secretion, mechanism of		
			action, receptors, intracellular		
			effects, target cells, tissues		
			and biochemical		
			role/functions)		

		>	Explain synthesis and biochemical role of Glutamate,		
			GABA & NO		
			GABA & NO		
Practicals	Perform and interpret the results of given examination	A A	Collection and preservation of clinical specimens Estimation and clinical interpretation of Uric Acid in blood	Practical	OSPE
		>	DNA Extraction		
			PCR		

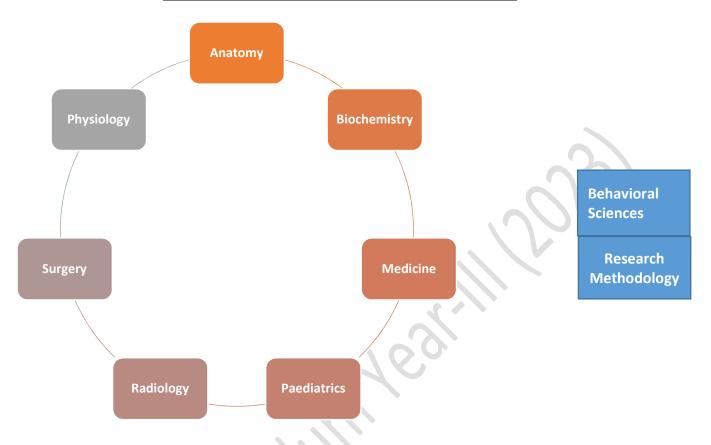
		Surgery		
Topics	Learning Outcomes	Learning objectives	MIT	Assessment tool
	By the end of session	on, student should be able to:		
Spinal trauma and injuries  Comminuted frontal complex skull fracture	Correlate the relevant basic knowledge with clinical presentations	<ul> <li>Clinical presentation of:</li> <li>Spinal trauma and injuries</li> <li>Comminuted frontal complex skull fracture</li> </ul>	Video clips / Lectures/ SGD/ CBL/PBL	Formative assessment
Neural tube defects	- presentations	Neural tube defects		
Brain tumors Vascular lesions and hemorrhages	_	<ul><li>Brain tumors</li><li>Vascular lesions and hemorrhages</li></ul>	10/1/2	
Spinal nerve compressions		Spinal nerve     compressions		
Developmental anomalies of brain		Developmental anomalies of brain		
Visit to ward	Observe the patie	nt with relevant disorders	CBL	

		MEDICINE		
Brown Sequard	Correlate the relevant	Clinical presentation of Brown Sequard Syndrome	Video clips /	Formative
Syndrome	basic knowledge with	Brown Sequard Syndrome	Lectures/ SGD/	assessment
(Neurosurgery)	clinical presentations	Difference between	CBL/PBL	
Upper and Lower	Differentiate between	Differences between		
motor neuron	clinical features of upper and Lower motor neuron	upper and Lower motor neuron clinical features		
lesions	lesions	neuron clinical reacures		
Visit to ward	Observe the patient with re	 elevant disorders	CBL	
		AEDIATRICS		
Genetic	List general rules of	Rules of genetic	LGIS	MCQ SEQ
counselling	genetic counselling	counselling		SAQ
		, and the second		Viva Voce
Genetic disorders	Identify clinical	Clinical manifestations of	SGD, Self- Directed	OSCE SAOs/
	manifestations of genetic	genetic diseases;	Learning, OPD	SAQs/ MCQs
	diseases; chromosomes,	chromosomes,	Learning, or B	IVICUS
	chromosomal	chromosomal		
	abnormalities, and the	abnormalities, and the		
	clinical features of	clinical features of		
	common chromosomal	common chromosomal		
	disorders; population	disorders; population		
	genetics; inborn errors of	genetics; inborn errors of metabolism.		
	metabolism.			

MBBS YEAR II
BLOCK VI
MODULE XI
Maxillofacial & Special Senses
Duration : 06 weeks



# **Integration of Disciplines in this Module**



## **MODULE PLANNING COMMITTEE**

Module Director		
Members	To be filled by the institutes	

#### **Preamble**

The Maxillofacial & Special Senses module for 2nd year MBBS aims to integrate both basic and clinical sciences. In basic sciences, students will be able to explain developmental, gross and microscopic anatomy of the Head Region & Special Senses along with relevant physiology and biochemistry. Learning process involves delivering the content with clinical relevance. The research methodology and Behavioral Sciences will be taught as a part of the longitudinal theme.

#### **Learning Outcome:**

By the end of this module, student should be able to correlate the physiological and biochemical concepts related to maxillofacial and special senses with their anatomical knowledge and apply their relevant knowledge of this module in subsequent years of clinical training and practice

ANATOMY						
MAXILLOFACIAL						
Theme/Topics	Learning outcome	Content	Instructional strategies	Assessment tool		
Skull	<ul> <li>Apply the knowledge of Gross Anatomy of head &amp; special sense organs in interpreting the anatomical basis of relevant clinical scenarios.</li> <li>Demonstrate the topographic anatomy of structures of head and special senses on the prosected specimens and models</li> <li>Outline the main glands, nerves and vessels in the region of head on the surface of given subject exhibiting effective communication, professionalism and ethics.</li> <li>Identify the normal radiographic appearance of tissues in the region of head on the given radiographs in interpreting the anatomical basis of relevant clinical scenarios.</li> </ul>	<ul> <li>Revisit the general plan of studying skull from different views.</li> <li>Identify Individual bones of maxillofacial region</li> <li>Revisit important bony landmarks on the bones as viewed from lateral, superior, inferior, anterior and posterior views.</li> <li>List structures traversing the foramina in these bones</li> <li>Identify the bones forming the boundaries of orbit, nasal cavity, oral cavity, temporal, infratemporal fossa &amp;pterygopalatine fossa on the given bone. (Detail to be done with relevant topics. Already covered with neurosciences)</li> </ul>	SGD (Small Group Discussion)	MCQ/ SAQ/OSPE Viva		
Mandible		<ul> <li>Identify parts of mandible</li> <li>Describe ramus and body of mandible with respect</li> </ul>	SGD (Small Group Discussion)	MCQ/ SAQ/OSPE Viva		

innervation of face  Group facial muscles according to the orifices they are guarding  Describe the nerve supply of muscles of facial expressions.  Describe the course of arteries, veins, lymphatics and nerves of the face with the help of model.  Correlate gross features of face with anatomical basis of danger area, trigeminal neuralgia, facial/Bell's palsy.	Scalp	to its bony features and attachments.  Explain the anatomical basis of Clinical presentation of different fractures of mandible  Enumerate layers of scalp in a sequential order  Correlate gross features of each layer with anatomical basis of black eye, profuse bleeding, gaping wound, spread of scalp infection and shape of hematoma.	SGD and dissection	MCQ/ SAQ/OSPE Viva
basis of following clinical conditions relevant to face.  Facial lacerations and incisions  Compression of facial artery  Skill:	Face	<ul> <li>Group facial muscles according to the orifices they are guarding</li> <li>Describe the nerve supply of muscles of facial expressions.</li> <li>Describe the course of arteries, veins, lymphatics and nerves of the face with the help of model.</li> <li>Correlate gross features of face with anatomical basis of danger area, trigeminal neuralgia, facial/Bell's palsy.</li> <li>Explain the anatomical basis of following clinical conditions relevant to face.</li> <li>Facial lacerations and incisions</li> <li>Compression of facial artery</li> </ul>	SGD and dissection	MCQ/ SAQ/OSPE Viva

Parotid region	•	Identify muscles of facial expressions Illustrate the cutaneous innervation of face Feel the pulsation of arteries on face List contents of parotid region Elucidate the surfaces, borders, shape, location, parts, relations and drainage of parotid gland Trace the pathway of autonomic supply of	SGD and dissection	MCQ/ SAQ/OSPE Viva
	•	autonomic supply of parotid gland.  Enumerate structures embedded in parotid gland in a sequential order.  Correlate the extracranial course of facial nerve with Bell's palsy.  Interpret the following clinical conditions related to face:  Infection, tumor and stone of parotid gland  Frey's Syndrome		
Facial nerve	•	Revisit the course and distribution of facial nerve Revisit the relationship of facial nerve with pterygopalatine and submandibular ganglia Revisit the effects of lesion of facial nerve at different levels	LGIS	MCQ/ SAQ/OSPE Viva
Temporomandi bular joint	•	Describe the type, articular surfaces, capsule, ligaments, supporting	SGD and dissection	MCQ/ SAQ/OSPE Viva

		factors, movements and		
	_	nerve supply of TMJ  Describe movements of		
	•	TMJ with reference to axes		
		and muscles producing		
		them		
	•	Correlate a case of		
		dislocation and reduction		
		of TMJ with anatomical		
		knowledge of TMJ.		
	•	Apply the knowledge of		
		anatomy to explain		
		following nerve blocks		
		Mandibular and		
		o inferior alveolar nerve		
Tanananaland		block	CCD and	N460/
Temporal and Infra-temporal	•	Identify the location,	SGD and dissection	MCQ/ SAQ/OSPE
region		boundaries, contents and	dissection	Viva
3.5		communications of		
		temporal and		
		infratemporal fossa on a		
		given model and skull.  Describe the course and		
	•	distribution of mandibular		
		nerve from origin to distribution		
	_			
	•	Tabulate the attachments, actions and nerve supply of		
		muscles of mastication.		
	_			
	•	Trace location, various routes and distribution of		
		otic ganglion		
	_			
	•	Justify role of lateral		
		pterygoid as a peripheral heart on anatomical basis		
	_	of pterygoid venous plexus		
	•	Elucidate importance of		
		pterygoid venous plexus in		
i .		case of intracranial spread		i l

		of infection to cavernous		
		sinus.		
	•	Trace origin and		
		distribution of superficial		
		temporal, First and second		
		parts of maxillary artery		
	•	Trace origin and		
		distribution of Chorda		
		tympani from origin to till		
		it joins the lingual nerve.		
Pterygopalatine	•	Identify the location of	SGD and	MCQ/
fossa		pterygopalatine fossa on	dissection	SAQ/OSPE
		skull		Viva
	•	List bones forming walls of		
		pterygopalatine fossa		
	•	Enumerate its contents		
		and communications		
	•	Describe the distribution of		
		third part of maxillary		
		artery, nerve and		
		pterygopalatine ganglion		
	•	Justify the role of pterygopalatine ganglion in		
		hay fever/allergies		
Pharynx	•	Differentiate extent,	SGD and	MCQ/
		anatomical features,	dissection	SAQ/OSPE
		vascular supply, nerve		Viva
		supply of three parts of		
		pharynx on anatomical		
		basis		
	•	List muscles of pharynx		
		with nerve supply and		
		action		
	•	Enumerate structures		
		passing through the spaces		
		between muscles of		
		pharynx		
	•	Describe anatomical route		
		of spread of infections		
		or spread or infections		

	T			I
		from nasopharynx to middle ear.		
		Relate boundaries of		
		tonsillar fossa and tonsillar		
		bed with significant		
		structures that must be		
		protected during		
		tonsillectomy		
Cranial nerves		Apply the knowledge of	SGD and	MCQ/
		anatomy to explain the	dissection	SAQ/OSPE
		extracranial course of - cranial		Viva
		nerves (V, VII, IX, XII)		
Radiography	_	Identify the important bony	SGD and	MCQ/
		landmarks of skull and	dissection	SAQ/OSPE
		mandible on X ray.		Viva
Surface		Mark following structures	SGD and	MCQ/
marking		on subject	dissection	SAQ/OSPE
		Parotid Gland and duct		Viva
		Facial artery and nerve		
		External jugular vein		
SPECIAL		Identify the floor, roof,	SGD and	MCQ/
SENSES:		lateral walls and vestibule	dissection	SAQ/OSPE
		of oral cavity.		Viva
Oral Cavity		Describe topographic		
and tongue		features of tongue.		
		Tabulate the actions and		
		nerve supply of muscles		
		(intrinsic and extrinsic) of		
		tongue		
		Differentiate a case of		
		UMN and LMN lesion of		
		hypoglossal nerve (course		
		and branches)		
		Correlate Lymphatic		
		drainage of different parts		
		of tongue with spread of		
		malignancy and infection		
		of tongue.		
		or tongue.		

	•	Tabulate the attachments,		
		nerve supply, actions of		
		muscles of soft palate.		
Salivary glands	•	Describe the location of	SGD and	MCQ/
James y Branco		major salivary glands	dissection	SAQ/OSPE
		(anatomical relations)		Viva
		along with opening of their		
		ducts.		
	•	Trace the secretomotor		
		nerve supply of major		
		salivary glands.		
	•	Discuss the anatomical		
		basis of clinical		
		presentation of mumps		
	•	Justify involvement of		
		facial nerve in various		
		clinical conditions of		
		Parotid gland		
		Enumerate the structure		
	•			
		endangered by the stone in submandibular duct and		
		its surgical removal		
Nose and	_	Describe the skeletal	SGD and	MCQ/
paranasal	•	framework of different	dissection	SAQ/OSPE
sinuses			dissection	Viva
		walls of nose		
	•	Describe the features,		
		vascular supply, nerve		
		supply and openings in		
	_	lateral wall of nose		
	•	Describe the features,		
		vascular supply, nerve		
		supply of medial wall of		
		nose		
	•	Highlight the significance		
		of little's area in a case of		
		epistaxis		
	•	Apply the knowledge of		
		anatomy to explain clinical		
		presentation of sinusitis		

	-				1.000
External Ear		•	Describe the gross anatomical features of auricle, external auditory meatus and tympanic membrane. Correlate nerve supply of external ear and tympanic	SGD and dissection	MCQ/ SAQ/OSPE Viva
Middle ear		•	membrane with clinical significance (perforation of tympanic membrane)  Describe the gross	SGD and	MCQ/
IVIIIUUIC CAI		•	anatomical features, boundaries, structures and contents of middle ear cavity.	dissection	SAQ/OSPE Viva
		•	Describe the structures forming the walls of middle ear cavity on the given model.  Highlight the importance		
		•	of infection in middle ear cavity in relation to its communications.  Apply the knowledge of		
			anatomy to explain following clinical conditions - Otitis media and mastoiditis, Blockage of pharyngotympanic tube		
Inner ear		•	Identify the bony and membranous parts of inner ear on model Apply the knowledge of	SGD and dissection	MCQ/ SAQ/OSPE Viva
			anatomy to explain following clinical conditions - Motion sickness, Hearing loss, Meniere disease		

Orbit		•	Describe the skeletal	SGD and	MCQ/
			framework of bony orbit	dissection	SAQ/OSPE
			and its communications		Viva
		•	List the contents of orbit		
		•	Identify the parts of		
			eyeball on a model		
		•	Tabulate the attachments,		
			nerve supply and actions of		
			extraocular muscles		
		•	Justify the movements of		
			extraocular muscles based		
			on their attachments		
		•	Trace the course and		
			distribution of 3, 4 and 6		
			CNs		
		•	Trace the route and		
			distribution of ciliary		
			ganglion.		
		•	Describe the course and		
			distribution of ophthalmic		
			nerve		
		•	Enumerate different		
			components of lacrimal		
			apparatus		
		•	Describe the nerve supply		
			of Lacrimal gland		
		•	Define Horner's Syndrome		
		•	Apply the knowledge of		
			anatomy to explain retinal		
			detachment		
		EN	IBRYOLOGY		
Development of		•	List embryological sources	LGIS	MCQS/
Head Region	development events		of head and neck		SAQS/
	of head and neck and special sense organs		structures		SEQS/ OSPE Viva
	with embryological	•	List components of		viva
	basis of their related		pharyngeal apparatus.		
	congenital anomalies	•	Tabulate the nerve supply		
			and derivatives of all		

Explain the development events	arches, pouches, clefts and
of integumentary	membranes  • Describe the embryological
system and	Describe the embryological basis of first arch
embryological basis	syndromes (Treacher
of their related	
congenital anomalies	Collins , Pierre Robin , DiGeorge and Goldenhar)
	Apply the knowledge of  developmental anatomy to
	developmental anatomy to
	explain Branchial fistulas,
	sinuses and cysts  Correlate the normal
	Correlate the normal     development of tongue
	with its congenital
	anomalies (tie, macro- and
	micro- glossia and bifid
	tongue)
	Correlate the normal
	development and descent
	of thyroid gland with its
	associated anomalies
	Justify the relative
	anatomical location of
	parathyroid gland
	Apply the knowledge of
	developmental anatomy to
	explain ectopic thyroid
	tissue
	Outline the development
	of nose and paranasal
	sinuses
	Enumerate the
	prominences of facial
	development
	Elucidate the
	embryological
	phenomenon of
	development of face, and
	palate

	•	Correlate various facial and palatal clefts including anterior and posterior clefts of lip and palate with normal development  Apply the knowledge of developmental anatomy to explain anomalies of nasolacrimal duct  Justify the association of Neural crest cells and craniofacial defects		
Special Senses: Development of Ear	•	Revisit the role of first and second pharyngeal apparatus in development of ear.  Describe the differentiation of otic capsule into inner ear  Correlate the anomalies of external ear with neural crest cells (deafness and external ear abnormalities)	LGIS	MCQS/ SAQS/ SEQS/ OSPE Viva
Development of Eye	•	Describe the development of the optic cup Relate the differentiation of wall of optic cup into definitive structures Correlate the common congenital anomalies of eye (colobomas, congenital cataracts, cyclopia) with normal development. Describe the development of various layers of eyeball	LGIS	MCQS/ SAQS/ SEQS/ OSPE Viva
Development of Integumentary System	•	Describe the development of skin, hair, nails, mammary gland	LGIS	MCQS/ SAQS/ SEQS/ OSPE Viva

		<ul> <li>Describe the embryologica basis of relevant congenita anomalies (vitiligo, ichthyoses, disorders of keratinization, Hypertrichosis,</li> </ul>		
		hemangiomas and		
		dermatoglyphics and		
		mammary gland anomalies)		
		HISTOLOGY		
		Course content/learning		
Topic/ theme	Learning outcomes	objectives	Instructional strategies	Assessment tool
Histology of Lip &	Explain the	Describe the	LGIS	MCQs/SAQs
Tongue	histomorphologic	histological features of	Practical	/
	al features of lips,	lip, with emphasis on		SEQs/OSPE
	tongue, salivary	transition in structure		Viva
	glands and special	from cutaneous to vermillion to mucosal		
	sense organs and corelate with	zone.		
	their function.	Explain the histological		
	Identify the slides	features of dorsal and		
	of special sense	ventral surfaces of		
	organs, lip,	tongue, with particular		
	tongue, salivary	focus on tongue		
	glands under light	papillae, their shape,		
	microscope at	location,		
	different magnifications	keratinization, number and presence or		
	Explain the	absence of taste buds.		
	normal	Identify H&E Stained		
	histomorphologic	slides of lip and		
. 0-	al features of	tongue and draw their		
	integumentary	labelled diagrams.	1.010	
Histology of Saliva Glands	•	<ul> <li>Classify salivary glands on basis of</li> </ul>	LGIS	MCQs/SAQs
Gianus	<ul> <li>Identify the slides of integumentary</li> </ul>	morphology and	Practical	/ SEQs/ OSPE
	system under	nature of secretion		Viva
	light microscope	Describe the histo-		
	at different	morphological		
	magnifications	features of salivary		
		glands with regards to		
		their secretory and		
Ĺ		ductal systems		

	•	Identify H&E Stained slides of parotid gland,		
		submandibular gland		
		and sublingual glands		
		and draw their		
		labelled diagrams.		
Histology of Ear	•	Identify the	LGIS	MCQs/SAQs
		histological structure	Practical	/ SEQs/
		of different parts of		OSPE Viva
		ear, particularly the	( )	
		external and internal		
		ear.		
	•	Describe the		
		histological structure		
		of sensory receptor		
		areas of internal ear		
		like Organ of Corti,		
		maculae acousticae		
		and crista ampullaris.		
	•	Identify H&E Stained		
		slide of pinna and		
		cochlea and draw their		
		labelled diagrams		
Histology of Eye	•	Describe the detailed	LGIS	MCQs/SAQs
		structure and function	Practical	/ SEQs/
		of sclera and cornea,		OSPE Viva
		with special emphasis		
		on corneal		
		transparency and its		
		fusion with sclera at		
		corneoscleral junction.		
	•	Describe the light		
0-		microscopic structure		
		of uveal tract,		
		different layers of		
		retina, correlating the		
		arrangement of		
		neuronal cells and		
		processes with their		
		functions.		
	•	Describe and correlate		
		the gross anatomical		
		structure of eyelid		
		with its histological		
		structure.		

	Т				
		•	Identify H&E Stained		
			slide of cornea and		
			draw their labelled		
			diagrams.		
Histology of		•	Describe the	LGIS	MCQs/SAQs
Integumentary			components of skin,	Practical	/ SEQs/
system			its epithelium		OSPE Viva
			(epidermal cells with		
			functions) and		
			appendages (nails, hair		
			and mammary gland)		
		•	Explain histological		
			differences between	$\cap \cup$	
			thick and thin skin.		
		•	Describe histological		
			basis of psoriasis,		
			vitiligo, albinism,		
			blister disorders and		
			cancers of skin		
		•	Describe the		
			histological differences		
			of mammary gland		
			between inactive,		
			active and lactating		
			phase		
			Describe the		
			involution of		
			mammary gland in old		
			age Describe the		
		•			
			histological basis of		
			carcinoma of		
0-			mammary gland (part		
$\sim$			of parenchyma mostly		
			involved- intraductal		
			carcinoma).		
		•	Identify an H&E		
			Stained slides of thick		
			and thin skin and		
			mammary gland		
			(inactive and active		
			phases) and draw their		
			labelled diagrams		

PHYSIOLOGY							
Topic/ Theme	Learning outcomes	Learning Objective/ Content	Instructional strategies	Assessment tool			
Special Senses							
Physiology of Eye	Explain the physiology of eye and the visual pathway and appraise the pathophysiological basis of abnormalities related to eye.	Explain refraction and concept of convergence and divergence.  Define focal length, focal point and power of lens.  Differentiate between emmetropia, myopia, hyperopia, astigmatism, presbyopia and describe their treatment  Discuss the concept of reduced eye and depth perception.  Explain the process of its formation, circulation and regulation of aqueous humor.  Describe intraocular pressure and pathophysiology of glaucoma.  Describe accommodation reflex, light reflex and their pathway.  Describe physiological anatomy of retina  Explain rhodopsin visual cycle and role of vitamin A in night blindness.  Describe phototransduction in photoreceptors  Explain the mechanism of regulation of retinal sensitivity (light and dark adaptation).  Discuss and draw the visual pathway and its lesions	Lectures     SGD     CBL     Practical demonstration and performance	MCQ/SAQ/SEQ/ structured Viva/OSPE			

		EXPLIAN THE IMPORTANCE OF VISUAL EVOKED POTENTIALS		
		Explain the visual cortex and its functional units.  Describe the mechanism of		
		different types of eye movements		
		Discuss pathophysiology of strabismus, Horner's syndrome and Argyll Robertson pupil.  Discuss the effects of sympathetic and		
		parasympathetic innervation of eye.  Determine the visual acuity of the subject for far and near vision.  Demonstrate the field of vision of the subject.		
Physiology of Ear	Explain the physiology of ear and the auditory pathway and the abnormalities related to ear.	Describe the physiological Anatomy of ear  Explain the mechanism of conduction of sound waves through the ear to the cochlea  Describe "Impedance Matching" and its importance  Describe the process of attenuation of sounds  Explain the Place Principle	<ul> <li>Lectures</li> <li>SGD</li> <li>CBL</li> <li>Practical demonstration and performance</li> </ul>	MCQ/SAQ/SEQ/ structured Viva/OSPE
		Describe the functions of Organ of Corti  Explain the mechanism of determination of loudness Recall the auditory pathway Recognize the function of cerebral cortex in hearing Explain the process of determination of direction from which sound is coming		

Physiology of taste	Explain the physiology of taste sensation and its pathway.	Describe various hearing Abnormalities DISCUSS THE VARIOUS HEARING TESTS INCLUDING AUDITORY EVOKED POTENTIALS (ESPECIALLY IN REFERENCE TO MENIER'S DISEASE) Describe the primary sensations of taste Describe the mechanism of stimulation of taste buds and the transmission of signals to CNS	<ul> <li>Lectures</li> <li>SGD</li> <li>CBL</li> <li>Practical demonstration and performance</li> </ul>	MCQ/SAQ/SEQ/ structured Viva/OSPE
Physiology of olfaction	Explain the physiology of olfaction and its visual pathway.	Explain the physiological anatomy of olfactory membrane.  Explain the mechanism of stimulation of olfactory cells.  Identify the primary sensations of smell  Describe the transmission of signals of olfaction into the central nervous system	• Lectures • SGD • CBL	MCQ/SAQ/SEQ/ structured Viva

### **Practicals**

- Perform Perimetry and map the visual fields on SP
- Check visual acuity (far & near vision) on SP using Snellen's and jaeger's chart
- Check the color vision of an SP Ishihara chart
- Demonstration of reflexes of the eye
- Perform hearing test to check the hearing in SP

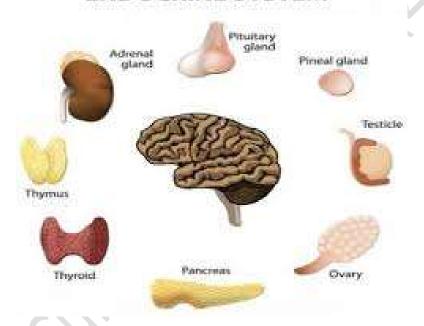
	BIOCHEMISTRY						
Topic/ Theme	Learning outcomes	Learning Objective/ Content	Instructional strategies	Assessment tool			
Cancer and tumor markers	Correlate tumor markers in different malignancies Outline the genetic basis of cancer	Comprehend genetic basis of cancer Discuss different tumor markers	<ul><li>LECTURES</li><li>PBL</li><li>CBL</li><li>SGD</li></ul>	MCQ     SAQ/SEQ			
Aging & free radicals	<ul> <li>Outline the essential feature of aging and genetic factors of aging</li> <li>Co-relate the effect of reactive oxygen species with cell injury and aging</li> <li>Mechanism of mitigation of ROS by human body</li> </ul>	Different reactive oxygen species (ROS) produced by the human body Mechanism of production of reactive oxygen species (ROS) Effect of ROS on health and disease Mechanism of Scavenging of ROS	<ul><li>LECTURES</li><li>PBL</li><li>CBL</li><li>SGD</li></ul>	MCQ     SAQ/SEQ			
Xenobiotics	Elaborate the role of reactive oxygen species and xenobiotics	Describe xenobiotics Outline phase 1 and phase 2 reactions Discuss the properties of Cytochrome P450, its functions and clinical importance	<ul><li>LECTURES</li><li>PBL</li><li>CBL</li><li>SGD</li></ul>	MCQ SAQ/SEQ			
Practicals	( <i>i</i> ).	ELISA					

Surgery						
Topics	Learning Outcomes	Learning objectives	MIT	Assessment		
	By the end of session, stu	ident should be able to:		tool		
Maxillofacial	Correlate various types of	Integrate the concepts	Video clips /	Formative		
Trauma	faciomaxillary trauma with anatomy	basic sciences to solve clinical problems	Lectures/ SGD/ CBL/PBL	assessment		
Epistaxis	Discuss various causes of epistaxis		2			
Cervical	Identify clinical features of		$\langle u \rangle$			
Lymphadenopathy	various cervical lymphadenopathies					
Oral Malignancies	Recognize the features of malignant lesions of oral cavity including salivary glands	1691.				
Vertigo and dizziness	Discuss causes of Vertigo and dizziness(ENT)					
Errors of refraction	Identify different errors of refraction (Eye)					
Visit to medical	• Observe the patient with re	levant disorders		Formative		
ward				assessment		
	N	Medicine				
Examination of cranial nerve Cranial Nerve VII	Examine cranial neve VII, IX and XI on patients Recognize clinical features	Cranial neve VII, IX and XI examinations	Video clips / Lectures/ SGD/	Formative assessment		
palsy	of facial palsy		CBL/PBL	-		
Visit to medical ward	Observe the patient with re	levant disorders				
waru	PA	EDIATRICS				
CLEFT PALATE /	Correlate cleft lip and	Embryologic basis of cleft lip	Video clips /	Formative		
CLEFT LIP	palate anomalies with	and palate.	Lectures/ SGD/ CBL/PBL	assessment		

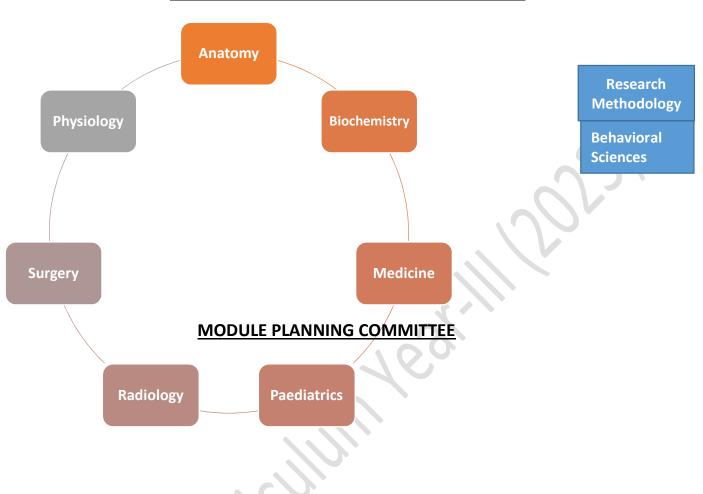
			1	T
	embryological			
	development of face			
	_			
	R	adiology		
Role of Radiology in Maxillofacial	Apply basic sciences to understand and discuss	Identify and describe the radiological anatomy of	Video clips / Lectures/ SGD/	OSPE/ Formative
IviaxiiiOiaciai	the role of radiology in	the following structures	CBL/PBL	assessment
	head and neck	on all relevant imaging modalities:	0	
		<ul> <li>Cranial vault including bones</li> <li>Anterior, middle and posterior cranial fossae, skull base, foramina and contents</li> <li>Facial bones, sutures and foramina</li> <li>Temporal bone and surrounding structures</li> <li>Orbit including boundaries and compartments.</li> <li>Nasal cavity and paranasal sinuses including bones and foramina/canals</li> <li>Mandible and temporomandibular joint</li> </ul>		

MBBS YEAR II	
BLOCK VI	
MODULE XII	
Endocrinology	
Duration : 05 weeks	

# **ENDOCRINE SYSTEM**



# **Integration of Disciplines of this Module**



Module Director	
Members	To be filled by the institutes

#### **Preamble**

The emphasis of this module is on histo-morphological and embryological structure of endocrinology system as well as the mechanisms involved in regulating hormone levels in an integrated manner. Similarly, this module of endocrine system will enable the students to recognize the clinical presentations of common endocrinological and metabolic disorders and relate clinical manifestations to basic sciences. This Endocrine module will be revisited in the following years. The research methodology and Behavioral Sciences will be taught as a part of the longitudinal theme.

### **Learning Outcome:**

By the end of this module, student should be able to correlate the physiological and biochemical concepts related to genitourinary system with their anatomical knowledge and apply their relevant knowledge of this module in subsequent years of clinical training and practice

ANATOMY						
TOPICS	OUTCOMES	Course content	Learning Strategies	Assessment tools		
GROSS ANATOMY OF NECK: Hyoid bone & Cervical vertebrae	<ul> <li>Apply the knowledge of Gross Anatomy of neck &amp; endocrine organs in interpreting the anatomical basis of relevant clinical scenarios.</li> <li>Demonstrate the topographic anatomy of structures of neck on the prosected specimens and models</li> <li>Outline the main glands, nerves and vessels in the region of neck, on the surface of given subject exhibiting effective</li> </ul>	<ul> <li>Explain the gross features and attachments of hyoid bone</li> <li>Give distinguishing features of each cervical vertebra.</li> <li>Enumerate structures passing through foramina</li> <li>Identify type and movements of atlantoaxial and atlantooccipital joints</li> <li>Outline ligamentous attachments on cervical vertebrae.</li> </ul>	SGD (Small Group Discussion)	MCQ/ SAQ/OSPE Viva		
Superficial Fascia	communication, professionalism and ethics.  Identify the normal radiographic appearance of tissues in the region of neck on the given radiographs	<ul> <li>Outline contents of superficial fascia of neck (platysma, external jugular vein)</li> <li>Illustrate cutaneous innervation of neck</li> </ul>	SGD and dissection	MCQ/ SAQ/OSPE Viva		
Deep cervical fascia		<ul> <li>Enumerate the layers of deep cervical fascia.</li> <li>Trace the attachments of investing, pre-tracheal, carotid sheath and prevertebral layers of fascia.</li> <li>Identify various modifications and neck spaces formed by fascial attachments.</li> <li>Comprehend the clinical importance of neck</li> </ul>	SGD and dissection	MCQ/ SAQ/OSPE Viva		

		spaces in spread of		
		infection		
Triangles of neck	•	Tabulate the	SGD and	MCQ/SAQ/OS
		attachments, nerve	dissection	PE Viva
		supply, actions of		
		superficial and deep		
		muscles of neck		
		(sternocleidomastoid,		
		suprahyoid, infrahyoid,	0,71	
		sub occipital, prevertebral	$\langle \cdot \rangle$	
		muscles,).		
	•	Identify boundaries and		
		contents of triangles of		
		neck on model		
	•	Describe the origin,		
		course and distribution of		
		vessels and nerves of		
		neck (cervical plexus,		
		Ansa cervicalis, Common		
		carotid artery, Internal		
		jugular vein, subclavian		
		vessels)		
	•	Analyze a case of lesion of		
		accessory,		
		glossopharyngeal and		
		vagus nerve on		
		anatomical basis.		
	•	Describe the clinical		
		features of torticollis		
Submandibular	•	Revisit boundaries of	SGD and	MCQ/
region		submandibular triangle	dissection	SAQ/OSPE
	•	Describe the parts,		Viva
		relations, neurovascular		
		supply of submandibular		
		gland.		
	•	Trace the roots of		
		submandibular ganglion		
	•	Describe the distribution		
		of		

	Г	1			
			submandibular ganglion		
		•	Correlate the anatomy of submandibular fascial space with Ludwig's angina		
Larynx		•	Describe laryngeal wall in detail with emphasis on cartilages, ligaments, muscles, vascular supply and nerve supply.  Analyze mechanism of abduction and adduction of vocal cords Distinguish clinical presentations of injury to external, internal and recurrent laryngeal nerves.  Recognize Clinical significance of piriform fossa Apply the knowledge of anatomy to explain:  Laryngoscopy  Aspiration of foreign body from	SGD and dissection	MCQ/ SAQ/OSPE Viva
Cervical part of		Ide	laryngopharynx entify gross features of	SGD and	MCQ/
trachea,	NO -		rvical part of trachea,	dissection	SAQ/OSPE
esophagus and			ophagus and cervical chain		Viva
cervical chain			d relevant clinical		
			nditions		
Thyroid and		•	Identify gross features of	Lecture, SGD,	MCQ/
parathyroid			thyroid and parathyroid	CBL and	SAQ/OSPE
glands			glands on models.	dissection	Viva
		•	Describe capsule,		
			relations and blood		
			relations and blood		

Radiography		Identify the important bony landmarks of hyoid bone	SGD and dissection	MCQ/ SAQ/OSPE			
		cervical vertebrae on x ray.	dissection	Viva			
Surface marking		Mark following structures	SGD	MCQ/ SAQ			
		on subject:		/OSPE Viva			
		Thyroid Gland					
		Common carotid					
		artery	-0-1				
		> Internal jugular vein		1100/510/55			
Gross Anatomy of endocrine glands	•	Define and classify the	• Lectures	MCQ/SAQ/SE Q/ structured			
endocrine gianus		glands	• SGD	Viva			
		Describe the location	• CBL				
		structure and function of					
		all endocrine glands in the					
Dituitom, cloud		body  Describe the grass anatomy	- 1	NACO/SAO/SE			
Pituitary gland		Describe the gross anatomy, neurovascular supply and	• Lectures	MCQ/SAQ/SE Q/ structured			
		clinical importance of	• SGD	Viva			
		pituitary gland	• CBL				
Parathyroid		Describe the gross anatomy,	• Lectures	MCQ/SAQ/SE			
glands		neurovascular supply and clinical importance of	• SGD	Q/ structured Viva			
		parathyroid glands	• CBL	VIVa			
Adrenal cortex		Describe the gross anatomy,	• Lectures	MCQ/SAQ/SE			
		neurovascular supply and	• SGD	Q/ structured			
		clinical importance of	• CBL	Viva			
		adrenal gland					
Pancreas		Describe the gross anatomy,	• Lectures	MCQ/SAQ/SE			
	(h)	neurovascular supply and	• SGD	Q/ structured			
		clinical importance of endocrine portion of	• CBL	Viva			
	$\vee$	pancreas					
	EMBRYOLOGY						
ENDOCRINE GLAND	OS:						
Pituitary gland	Explain the development	Describe the development	• LGIS	MCQ/SAQ/			
	events of endocrine	and congenital anomalies of		SEQ/			
	organs/system and	pituitary gland		structured Viva			
	<u> </u>			viva			

Thyroid gland  Parathyroid	embryological basis of their related congenital anomalies	Describe the development and congenital anomalies of thyroid gland (thyroglossal duct and other congenital abnormalities as congenital hypothyroidism, accessory thyroid and thyroid agenesis)  Describe the development	• LGIS	MCQ/SAQ/ SEQ/ structured Viva		
glands		and congenital anomalies of parathyroid glands		SEQ/ structured Viva		
Adrenal glands		Describe the development and congenital anomalies of adrenal gland	• LGIS	MCQ/SAQ/ SEQ/ structured Viva		
	HISTOLOGY					
Endocrine Glands: Pituitary gland	<ul> <li>Relate the         histomorphological         features of endocrine         system with its         functions</li> <li>Identify the slides of         endocrine system under</li> </ul>	<ul> <li>Describe the microscopic features of pituitary gland</li> <li>Illustrate pituitary gland and write two points of identification</li> </ul>	LGIS     Practical	MCQ/SAQ/ SEQ/ OSPE Viva		
Thyroid gland	light microscope at different magnification	<ul> <li>Describe the microscopic features of thyroid gland</li> <li>Identify the slide of thyroid gland under light microscope and illustrate thyroid gland and write two points of identification</li> </ul>	• LGSI • Practical	MCQ/SAQ/ SEQ/ OSPE Viva		
Parathyroid gland		<ul> <li>Describe the microscopic features of parathyroid gland</li> <li>Identify the slide of parathyroid gland under light microscope and illustrate parathyroid gland and write two points of identification</li> </ul>	• LGIS • Practical	MCQ/SAQ/ SEQ/ OSPE Viva		

Adrenal gland	<ul> <li>Describe the microscopic features of adrenal gland</li> <li>Identify the slide of adrenal gland under light microscope and illustrate adrenal gland and write two points of identification</li> </ul>	• LGIS • Practical	MCQ/SAQ/ SEQ/ OSPE Viva
Endocrine part of pancreas	<ul> <li>Revisit the microscopic features of endocrine part of pancreas</li> <li>Identify the slide of pancreas under light microscope and illustrate pancreas gland and write two points of identification</li> </ul>	• LGIS • Practical	MCQ/SAQ/ SEQ/ OSPE Viva

		PHYSIOLOGY		
TOPICS	OUTCOMES	Course objectives	Learning Strategies	Assessment tools
Basics of endocrinology	<ul> <li>Discuss the synthesis, secretion and functions of different hormones</li> <li>Summarize the regulation of different hormone secretion</li> </ul>	<ul> <li>Appreciate the coordination of body functions by chemical messengers</li> <li>Explain the hormone secretion, transport, and clearance from the blood</li> <li>Describe the feedback control of hormone secretion</li> </ul>	• Lectures • SGD • CBL	MCQ/SAQ/SEQ/ structured Viva
Hormones of hypothalamus and Pituitary gland	Identify the disorders of different gland and their pathophysiological basis	<ul> <li>Summarize the hypothalamic-hypophysial portal blood vessels of the anterior pituitary gland and its significance</li> <li>DISCUSS THE FUNCTIONS OF HYPOTHALAMIC HORMONES</li> <li>Recall the functions of growth hormone</li> <li>Differentiate between hypopituitarism and hyperpituitarism and hyperpituitarism and its pathophysiological basis</li> <li>Explain the posterior pituitary gland and its relation to the hypothalamus</li> <li>Describe the physiological functions of ADH and oxytocin Hormone</li> </ul>	• Lectures • SGD • CBL	MCQ/SAQ/SEQ/ structured Viva
Hormones of thyroid gland		<ul> <li>Explain the functions of the thyroid hormone</li> <li>Identify the disorders of the Thyroid gland and their pathophysiological basis</li> </ul>	<ul><li>Lectures</li><li>SGD</li><li>CBL</li></ul>	MCQ/SAQ/SEQ/ structured Viva

Calcium regulating hormones		<ul> <li>Enlist the actions of vitamin D</li> <li>Explain the effect of parathyroid hormone on calcium and phosphate concentrations in the extracellular fluid</li> <li>Describe the actions of calcitonin</li> <li>Explain the pathophysiology of parathyroid hormone, vitamin D, and bone diseases</li> </ul>	• Lectures • SGD • CBL	MCQ/SAQ/SEQ/ structured Viva
Hormones of adrenal cortex		<ul> <li>Enlist the functions of MINERALOCORTICOIDS</li> <li>Enlist functions of the glucocorticoids</li> <li>Describe the disorders of adrenocortical secretion and their pathophysiological basis AND EFFECTS</li> </ul>	• Lectures • SGD • CBL	MCQ/SAQ/SEQ/ structured Viva
Hormones of pancreas		<ul> <li>Summarize the metabolic effects of insulin</li> <li>Describe functions of Glucagon</li> <li>Describe the types and pathophysiology of diabetes mellitus</li> </ul>	• Lectures • SGD • CBL	MCQ/SAQ/SEQ/ structured Viva
Pineal gland and thymus		<ul> <li>Summarize the endocrine functions of thymus and pineal gland</li> </ul>	• Lectures • SGD • CBL	MCQ/SAQ/SEQ/ structured Viva
Practicals	Measure the blood gluc glucometer	ose levels using the	Practical	OSPE

	В	Biochemistry		
Topic/ Theme	Learning outcomes	Learning Objective/ Content	Instructional strategies	Assessment tool
Basis Endocrine System	<ul> <li>Describe the general principles of endocrine system</li> <li>Classify the hormones according to their chemical nature &amp; Mechanism of Action</li> <li>Explain Cell surface receptors with special emphasis on G protein coupled receptors</li> <li>Discuss Intracellular second messenger signaling cascade</li> <li>Describe the Intracellular ligand receptors</li> </ul>	<ul> <li>General principles of endocrine system</li> <li>Classification of hormones</li> <li>Cell surface receptors</li> <li>Intracellular second messenger signaling cascade</li> <li>Intracellular ligand receptors</li> </ul>	• LECTURES • SGD • CBL	• MCQ • SAQ/SEQ
Growth Hormone	Explain the Site of synthesis, stimulus for secretion, mechanism of action, receptors, intracellular effects, target cells, tissues and biochemical role & hypo/hyper secretion of Growth Hormone	Biochemical role of Growth Hormone	• LECTURES • SGD • PBL • CBL	• MCQ • SAQ/SEQ
Thyroid hormone	Explain the Site of synthesis, stimulus for secretion, mechanism of action, receptors, intracellular effects, target cells, tissues and biochemical role & hypo/hyper secretion of Thyroid hormone	Biochemical role of Thyroid hormone	• LECTURES • SGD • PBL • CBL	• MCQ • SAQ/SEQ

Adrenal	Evalain the Site of		Biochemical role of		• LECTURES		• MCO
	Explain the Site of					)	• MCQ
hormones	synthesis, stimulus for				• SGD		• SAQ/SEQ
	secretion, mechanism of				• PBL		
	action, receptors,				• CBL		
	intracellular effects, target						
	cells, tissues and						
	biochemical role &						
	hypo/hyper secretion						
	adrenal hormones						
Pancreatic	Describe the Site of		Biochemical role of		• LECTURES		• MCQ
hormones	synthesis, stimulus for		Pancreatic hormone	es	• SGD		<ul> <li>SAQ/SEQ</li> </ul>
	secretion, mechanism of				• PBL		
	action, receptors,				• CBL		
	intracellular effects, target						
	cells, tissues and				1		
	biochemical role &						
	hypo/hyper secretion						
	pancreatic hormones						
Parathyroid	•		Biochemical role of		• LECTURES		• MCQ
hormone	-						· ·
normone	synthesis, stimulus for		Parathyroid hormones		• SGD		• SAQ/SEQ
	secretion, mechanism of				• PBL		
	action, receptors,				• CBL		
	intracellular effects, target						
	cells, tissues and						
	biochemical role &		<b>9</b>				
	hypo/hyper secretion of						
	parathyroid hormone						
Practicals	Interpret the results of		<ul> <li>Thyroid profile</li> </ul>		Practical		OSPE
	given examination		<ul> <li>OGTT</li> </ul>				
			<ul> <li>Interpretation of</li> </ul>				
			Sex hormones				
			SURGERY		•		
	Relate the basic						
Diabetic foot	knowledge of diabetes to	Di	abetic foot	Vide	eo clips /	Form	ative assessment
	-				ures/ SGD/		
	identify its complication of				/PBL		
	diabetic foot			'	,		
Be sails 2.1	Describe presentation and		and and a				
-   Complications of		rathyroid					
anomalies	hypercalcemia with		omalies				
	• •						
	relation to Parathyroid						
	anomalies						
		l					

Thyroid and Parathyroid gland	<ul> <li>Identify disorders of Thyroid gland presenting as Goitre</li> <li>Identify presentation and causes of hyper- and hypo- thyroidism</li> <li>Correlate clinical condition of Thyroid and Parathyroid gland with their gross anatomy</li> </ul>	Thyroid and Parathyroid gland		
Visit to ward	Observe the patient with	n relevant disorders	CBL	Formative assessment
		Medicine		
Pituitary abnormalities Thyroid Gland	<ul> <li>Identify clinical presentations of hyper and hypopituitarism</li> <li>Identify clinical presentations of hyper and hypothyroidism</li> </ul>	Clinical presentations of:  • hyperpituitarism  • hypopituitarism  Clinical presentations of  • hyperthyroidism  • hypothyroidism	Video clips / Lectures/ SGD/ CBL/PBL	Formative assessment
Calcium disorder	Identify clinical presentations of hyper and hypocalcaemia	Clinical presentations of:  Hypercalcaemia hypocalcaemia		
Adrenal Disorder	Identify clinical presentations of Cushing's syndrome and Addison's disease	clinical presentations of Cushing's syndrome and Addison's disease		
Diabetes Mellitus	Identify clinical presentations of type II DM	Type II DM	CDI	Eastern discount of the control of t
Visit to medical ward	Observe the patient with rele	vant disorders	CBL	Formative assessment
RADIOLOGY				

Discuss the role of radiology to differentiate between hot and cold nodule	Identify hot and cold nodule	Video clips / Lectures/ SGD/ CBL/PBL	OSPE/ Formative assessment
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## **Research Methodology**

		Research M	lethodology		
Block-I	Topic/ Theme	Learning Outcomes	Learning Objectives/Contents	Instructional strategies	Assessment Tool
	Quantitative and qualitative	Differentiate quantitative and	Quantitative research and its applications	LGIS/ SGD	MCQ/ SEQ
	research	qualitative research methodology and its applications.	Qualitative research methodology	2	
	Study designs	Classify study designs with relation to hierarchy of evidence	Observational study Cross-sectional study Case-control study Interventional study	LGIS/ Group assignment	MCQ/ SEQ
	Study population and its selection	Able to select study population and sample as per defined criteria	Population Sample Inclusion and exclusion criteria for selection of patients	LGIS/ SGD	MCQ/ SEQ
Block- II	Topic/ Theme	Learning Outcomes	Learning Objectives/Contents	Instructional strategies	Assessmen t Tool
_	Sampling techniques	Use different sampling techniques in research	Probability and non- probability sampling. Types of sampling techniques	LGIS/ Group assignment	MCQ/ SEQ
	Ethical issues in research	Apply ethical principal to resolve issues for human research	Helsinki declaration, Hippocratic oath Ethical issues in research Elements of informed consent	LGIS/ SGD	MCQ/ SEQ
	Research ethics	Understand ethical concerns relating to different aspects of research orgationzations	Ethical issues relating to researcher, participants and sponsoring organization Institutional review board	LGIS/ SGD	MCQ/ SEQ
	Topic/ Theme	Learning Outcomes	Learning Objectives/Contents	Instructional strategies	Assessmen t Tool
Block- III	Data collection method	Formulate research questionnaire	Data collection procedure Study questionnaire	LGIS/ SGD	MCQ/ SEQ

Descriptive data analyses	Develop tool/     procedure for data collection  Enter data and do descriptive data analysis on SPSS	Interview  Introduction to SPSS data entry and analyses software,	workshop	MCQ/ SEQ
		data frequency tables, graphs, charts		
Statistical Data	Apply basic state tests	Parametric tests	Statistical Data	Able to do
analyses,	on the research data	Non -parametric	analyses,	descriptive
		tests		f data
				analysis
			10	SPSS
				Apply basic
				state tests
Proposal writing	Prepare a research	Introduction,	Group	Internal
	proposal	Objectives	assignment	assessment
		Hypothesis		by
		methodology,		community
		Statistical analysis		dept

# **Pakistan Studies**



### **Course Content of Pakistan Studies**

- 1. <u>Scope</u> To impart basic concept of ideology of Pakistan with reference to historical backdrop of Muslims' struggle for the establishment of Pakistan, importance of Pakistan's geographical and strategic position and its relations with other countries.
- 2. **Course Objectives.** To enable the students to:
  - a. To develop the sense of belongingness to their motherland
  - b. To develop strong faith in the basic concepts of ideology of Pakistan and its historical background.
  - c. To aware about the historical background of Muslims' struggle in the making of Pakistan.
  - d. To sensitize students about the importance of Pakistan's geographical and strategic position in South Asia.
  - e. To aware the students with the meaning and significance of Pakistan's foreign policy.
  - f. To promote the knowledge of Pakistani culture and civilization.
  - g. To aware new generation about the current affairs and important pillars of Pakistan's political system.
  - h. To develop the qualities of patriot Pakistani for understanding and fullfilling their duties and responsibilities.
- 3. Course Outcome. On completion of the course, the students will be able to:
  - a. Develop the sense of belongingness to their motherland.
  - b. Apply knowledge of the historical background of Muslims' struggle in the making of Pakistan.
  - c. Understand about the importance of Pakistan's geographical and strategic position in South Asia.
  - d. Know the meaning and significance of Pakistan's foreign policy.
  - e. Develop the qualities of patriot Pakistani for understanding and full filling their duties and responsibilities.

#### 4. Course Contents

Serial	Chapter/Topic
	Basic Concept for Establishment of Pakistan
1	Introduction to Pakistan Studies
2	Ideology, Aims and Objectives for the establishment of Pakistan

3	Historical, Geo-political and Socio-cultural Background of Pakistan
	Role of Muslim Reformers
4	Hazrat Mujadid Alf Sani
5	Hazrat Shah Wali Ullah Muhadis Delhvi
6	Syed Ahmed Shaheed Barailvi
7	Sir Syed Ahmad Khan
	Muslim Political Struggle
8	Legislative Council Act - 1816, Indian Council Act - 1892, Hindi Urdu Controversy, Partition of Bengal, Simla Deputation.
9	Formation of All India Muslim League, Minto-Morley Reforms, Lucknow Pact - 1916, Montague-Chelmsford Reforms.
10	Khilafat Movement
	Pakistan Movement
11	Two Nation Theory
12	Problems of Indian Independence and the Muslims, Change in Muslim Politics, Delhi Proposal, Simon Commission, Nehru Report, Fourteen Points of Quaid e Azam, Allama Iqbal's Residential Address at Allahabad, Round Table Conference,
	Communal Awards, Government of India Act - 1935, Elections - 1937.
13	P.nnnrR*^ AtrnritiRs anain^t Mu^lim^ Muslim Leaoue Role during Congress Rule.
14	Chaudhry Rehmat Ali and Pakistan Movement, Pakistan Kesoiunon, August urrer, onpps Mission, uun inaia Movement, Gandhi-Jinnah Talks, Wavell Plan.
15	Simla Conference, Cabinet Mission Plan, Formation of Interim Government, June 3 Plan, RadCliffe Award, Independence Act 1937.
	Establishment of Pakistan
16	Initial Difficulties and Important Events
17	The Constitution of 1956, The Constitution of 1973
18	The Land of Pakistan - Geography
19	Natural Resources of Pakistan
20	Foreign Policy of Pakistan
21	Pakistan and the Muslim World
22	The Kashmir Problem

## 5. Reference/Text Books

## a. Essential Readings

- (1) "Pakistan Studies" by Ikram Rabbani, Carvan Book House, Lahore.
- (2) "Pakistan Studies" by Dr Zafar, Aziz Book Depot, Lahore.
- (3) "Mutala e Pakistan (Lazmi), Allama Iqbal Open University, Umar Printing Press, Lahore.
- (4) "Essential Book of Pakistan Studies" by Dr Rashid Ahmad Khan.
- (5) "Oxford Atlas of Pakistan".