#### (1) COURSE CONTENT

#### 5.1 Must know -

- 5.1.1 Definition and overview of Pediatrics with special reference to age-related disorders. Population structure, pattern of morbidity and mortality in children.
- 5.1.2 Maternal, perinatal, neonatal, infant and preschool mortality rates. Definition, causes, present status and measures for attainment of goals.
- 5.1.3 Current National programs such as ICDS, RCH, Vitamin A prophylaxis, UIP, Pulse polio, ARI, Diarrhea Control

Program, etc.

Desirable to

know

Other National programs

#### 5.2 Growth and

#### **DevelopmentMust**

#### know -

- 5.2.1 Normal growth from conception to maturity.
- 5.2.2 Anthropometery measurement and interpretation of weight, length/height, head circumference, mid-arm circum-ference. Use of weighing machines, infantometer.
- 5.2.3 Interpretation of Growth Charts: Road to Health card and percentile growth curves
- 5.2.4 Abnormal growth patterns-failure to thrive, short stature.
- 5.2.5 Growth patterns of different organ systems such as lymphoid, brain and sex organs.
- 5.2.6 Normal pattern of teeth eruption.
- 5.2.7 Principles of normal development.
- 5.2.8 Important milestones in infancy and early childhood in the areas of gross motor, fine motor, language and personal-social development. 3-4 milestones in each of the developmental fields, age of normal appearance and the upper age of normal.
- 5.2.9 Preventable causes and assessment of developmental retardation.

5.2.10 Psychological and behavioral problems.

#### **Desirable to know:**

- 5.2.11 Measurement and interpretation of sitting height, US:LS ratio and arm span.
- 5.2.12 Age-independent anthropometric measurement-principles and application.
- 5.2.13 Sexual maturity rating.

#### 5.3 Nutrition

#### Must know

-

- 5.3.1 Normal requirements of protein, carbohydrates, fat, minerals and vitamins for newborn, children and pregnant and lactating mother. Common food sources.
- 5.3.2 Breast feeding-physiology of lactation, composition of breast milk, colostrum, initiation and technique of feeding. Exclusive breastfeeding Definition and benefits. Characteristics and advantages of breast milk. Hazards and demerits of prelacteal feed, top milk and bottle feeding. Feeding of LBW babies.
- 5.3.3 Infant feeding/weaning foods, method of weaning.
- 5.3.4 Assessment of nutritional status of a child based on history and physical examination.
- 5.3.5 Protein energy malnutrition Definition, classification according to IAP/Wellcome Trust, acute versus chronic malnutrition. Clinical features of marasmus and kwashiorkar. Causes and management of PEM including that of complications. Planning a diet for PEM.
- 5.3.6 Vitamins-Recognition of vitamin deficiencies (A, D, K, C, B- Complex). Etiopatho-genesis, clinical features, biochemical and radiological findings, differential diagnosis and management of nutritional rickets and scurvy. Hypervitaminosis A and D.

#### Desirable to know -

- 5.3.7 Characteristics of transitional and mature milk (foremilk and hind milk). Prevention and management of lactation failure and feeding problems.
- 5.3.8 Definition, causes and management of obesity.

#### 5.4 Immunization

#### Must know -

- 5.4.1 National Immunization Programme.
- 5.4.2 Principles of Immunization. Vaccine preservation and cold-chain.
- 5.4.3 Types, contents, efficacy storage, dose, site, route, contraindications and adverse reactions of vaccines BCG, DPT, OPV, Measles, MMR, IPV, Pentavac, J. E. Vaccine and Typhoid: Rationale and methodology of Pulse Polio Immunization.
- 5.4.4 Investigation and reporting of vaccine preventable diseases. AFP (Acute Flaccid Paralysis) surveillance.

#### Desirable to know -

Special vaccines like Hepatitis B, H. influenzae b, Pneumococcal, Hepatitis A, Chicken pox, Meningococcal, Rabies, Rotavirus.

#### 5.5 Infectious

#### **Diseases** Must

#### know -

5.5.1 Epidemiology, basic pathology, natural history, complica-tions, symptoms, signs, investigations, differential diagnosis, management and prevention of common bacterial, viral and parasitic infections in the region, with special reference to vaccine-preventable diseases: Tuberculosis, poliomyelitis, diphtheria, whooping cough, tetanus including neonatal tetanus, measles, mumps, rubella, typhoid, viral hepatitis, cholera, chickenpox, giardiasis, amebiasis, intestinal helminthiasis, malaria, dengue fever, AIDS.

#### Desirable to know -

5.5.2 Kala-azar, chlamydia infection

#### 5.6 Hematology

#### Must know -

5.6.1 Causes of anemia in childhood. Classification based on etiology and morphology.

- 5.6.2 Epidemiology, recognition, diagnosis, management and prevention of nutritional anemia-iron deficiency, megaloblastic.
- 5.6.3 Clinical approach to a child with anemia with lymphadenopathy and/or hepato-splenomegaly.
- 5.6.4 Epidemiology, clinical features, investi-gations and management of thalassemia.
- 5.6.5 Approach to a bleeding child.
- 5.6.6 Diagnosis of acute lymphoblastic leukemia and principles oftreatment .
- 5.6.7 Clinical features and management of hemophilia, purpura.
- 5.6.8 Diagnosis and principles of management of lymphomas.

#### Desirable to know -

5.6.9 Types, clinical features and management of acute hemolyticanemia.

#### **5.7 Respiratory**

#### **SystemMust**

#### know -

- 5.7.1 Clinical approach to a child with cyanosis, respiratory distress, wheezing. Signi-ficance of recession, retraction.
- 5.7.2 Etiopathogenesis, clinical features, complications, investigations, differential diagnosis and management of acute upper respiratory infections, pneumonia with emphasis on bronchopneumonia, bronchio-litis, bronchitis. Acute and chronic otitis media.
- 5.7.3 Etiopathogenesis, clinical features, diagnosis, classification and management of bronchial asthma.

  Treatment of acute severe asthma.
- 5.7.4 Pulmonary tuberculosis- infection versus disease, difference between primary and post-primary tuberculosis. Etiopatho- genesis, diagnostic criteria in children versus adults. Diagnostic aids technique and interpretation of Mantoux test and BCG test. Radiological patterns, chemoprophylaxis and treatment (RNTCP Guildlines).
- 5.7.5 Diagnosis and management of foreign body aspiration. Differential diagnosis of stridor.

5.7.6 Pathogenesis, clinical features and management ofpneumothorax, pleural effusion and empyema.

#### Desirable to know -

5.7.7 Multidrug resistant tuberculosis, bronchi-ectasis, pulmonarycysts

#### 5.8 Gastrointestinal

#### tractMust know -

- 5.8.1 Clinical approach to a child with jaundice, vomiting, abdominal pain, bleeding, hepatosplenomegaly.
- 5.8.2 Acute diarrhea disease Etiopathogenesis, clinical differentiation of watery and invasive diarrhea, complications of diarr-heal illness. Assessment of dehydration, treatment at home and in hospital. Fluid and electrolyte management. Oral rehydra-tion, composition of ORS.
- 5.8.3 Clinical features and management of acute viral hepatitis, causes and diagnosis of chronic liver disease.
- 5.8.4 Common causes of constipation.
- 5.8.5 Abdominal tuberculosis

#### Desirable to know -

- 5.8.6 Causes, clinical features and management of portal hypertension, Reye's syndrome, Celiac disease.
- 5.8.7 Drug induced hepatitis

#### 5.9 Central Nervous System

#### Must know -

- 5.9.1 Clinical approach to a child with coma, convulsions, mental retardation.
- 5.9.2 Clinical diagnosis, investigations and treatment of acute pyogenic meningitis, encephalitis and tubercular meningitis.
- 5.9.3 Seizure disorders Causes and types of convulsions at different ages. Diagnosis, categorization and management of epi-lepsy (broad outline). Febrile convulsions definition, types, management.
- 5.9.4 Causes, diagnosis and management of cerebral palsy.

- 5.9.5 Acute flaccid paralysis Differentiation between Polio and Gullain-Barre syndrome.
- 5.9.6 Microcephaly, hydrocephalus, chorea

#### Desirable to know -

5.9.7 Infantile tremor syndrome, infantile hemiplegia

#### 5.10 Cardiovascular

#### systemMust know -

- 5.10.1 Clinical features, diagnosis, investigation, treatment and prevention of acute rheumatic fever. Common forms of rheumatic heart disease in childhood. Differentiation between rheumatic and rheumatoid arthritis.
- 5.10.2 Recognition of congenital acyanotic and cyanotic heart disease. Hemodynamics, clinical features and management of VSD, PDA, ASD and Fallot's tetralogy.
- 5.10.3 Recognition of congestive cardiac failure in infants and children.
- 5.10 4 Hypertension in children-recognition, etiology, referral.

#### Desirable to know -

5.10.5 Diagnosis and management of bacterial endocarditis, pericardial effusion, myo-carditis.

#### 5.11 Genitourinary system

#### Must know -

- 5.11.1 Etiopathogenesis, clinical features, diagnosis, complications and management of acute post-streptococcal glomeruloneph- ritis and nephrotic syndrome.
- 5.11.2 Etiology, clinical features, diagnosis and management of urinary tract infection related problems.
- 5.11.3 Etiology, diagnosis and principles of management of acuterenal failure.
- 5.11.4 Causes and diagnosis of obstructive uropathy in children.
- 5.11.5 Diagnosis and principles of management of chronic renalfailure.
- 5.11.6 Causes and diagnosis of hematuria.

#### Desirable to know -

- 5.11.7 Renal and bladder stones
- 5.11.8 Hemolytic-uremic syndrome

#### 5.12 Endocrinology /

#### HypohthyroidismMust know -

- 5.12.1 Etiology clinical features and diagnosis of diabetes and hypothyroidism, hyper-thyroidism and goiter in children.
- 5.12.2 Diabetes Mellitus

#### Desirable to know -

- 5.12.3 Growth hormone
- 5.12.4 Delayed and precocious puberty

#### 5.13 Neonatolog

#### yMust

#### know -

- 5.13.1 Definition- live birth, neonatal period, classification according to weight and gestation, mortality rates.
- 5.13.2 Delivery room management including neonatal resuscitation and temperature control
- 5.13.3 Etiology, clinical features, principles of management and prevention of birth asphyxia.
- 5.13.4 Birth injuries causes and their recognition.
- 5.13.5 Care of the normal newborn in the first week of life. Normal variations and clinical signs in the neonate.
- 5.13.6 Breastfeeding physiology and its clinical management
- 5.13.7 Identification of congenital anomalies at birth with special reference to anorectal anomalies, tracheoesophageal fistula, diaphragmatic hernia, neural tube defects.
- 5.13.8 Neonatal jaundice: causes, diagnosis and principles of management.
- 5.13.9 Neonatal infection etiology, diagnosis, principles of management. Superficial infections, sepsis.
- 5.13.10 Low birth weight babies causes of prematurity and small- for-date baby, clinical features and differentiation. Principles of feeding and temperature regulation.

Problems of low birth weight babies.

5.13.11 Identification of sick newborn (i.e., detection of abnormal signs - cyanosis, jaundice, respiratory distress, bleeding, seizures, refusal to feed, abdominal distension, failure to passmeconium and urine).

#### Desirable to know-

- 5.13.12 Recognition and management of specific neonatal problems- hypoglycemia, hypo-calcemia, anemia, seizures, necrotizing enterocolitis, hemorrhage.
- 5.13.13 Common intra-uterine infections.
- 5.13.14 Transportation of a sick neonate.

#### **5.14Pediatric Emergencies**

#### Must know -

- 5.14.1 Status epilepticus.
- 5.14.2 Status asthmaticus / Acute severe asthma.
- 5.14.3 Shock and anaphylaxis.
- 5.14.4 Burns.
- 5.14.5 Hypertensive emergencies.
- 5.14.6 Gastrointestinal bleeding.
- 5.14.7 Comatose child.
- 5.14.8 Congestive cardiac failure.
- 5.14.9 Acute renal failure.
- 5.14.10 Dengue haemorrhagicfever.

#### 5.15 Fluid-

#### **ElectrolyteMust**

#### know

- 5.15.1 Principles of fluid and electrolyte therapy in children
- 5.15.2 Pathophysiology of acid-base imbalance and principle ofmanagement

#### 5.16 Genetics

#### Must know

-

- 5.16.1 Principles of inheritance and diagnosis of genetic disorders
- 5.16.2 Down's syndrome.

#### 5.17 Behavioral

#### **Problems Must**

#### know -

5.17.1 Breath holding spells, nocturnal enuresis, temper tantrums, pica.

#### 5.18 Pediatric Surgical Problems / Congenital anomaties

#### Must know -

5.18.1 Diagnosis and timing of surgery of cleft lip/palate, hypospadias, undescended testis, tracheo-esophageal fistula, hydro-cephalus, CTEV, umbilical and inguinal hernia, anorectal malformations, hypertrophic pyloric stenosis

#### 5.19 National Programs related to children & Adolescents

#### 5.20 Therapeuti

#### csMust

#### know -

5.20.1 Pediatric doses, drug combinations, drug interactions, Rational drug therapy age specific choice of antibiotics, *etc.* 

#### **5.21 Communication skills**

- 5.21.1 Normal Newborn care
- 5.21.2 Complementary feeding
- 5.21.3 Procedural consent
- 5.21.4 ICU Counseling
- 5.21.5 Counseling Breast Feeding
- 5.21.6 Death counseling.

# (2) TEACHING AND LEARNING METHODS ADOPTED APARTFROM LECTURES AND CLINICS

- 6.1.1 Problem based learning
- 6.1.2 Small group case discussion
- 6.1.3 Research oriented knowledge

- 6.1.4 Communication Skills
- 6.1.5 Participation in Quiz and debates
- 6.1.6 Community outreach services and activities

#### (3) EVALUATION PATTERN OF THE INTERNAL

**ASSESSMENT** Internal assessment examinations in theory are conducted after 6<sup>th</sup> & 8<sup>th</sup> and before final examination (Preliminary).

# a) FOR THEORY - Marks Distribution of marks are as follows- 6<sup>th</sup> Semester 8th Semester 9th Semester 9th Semester 40

Total marks obtained in the 6th semester examination, 8<sup>th</sup> semester examination and Preliminary Examination are averaged out of 10.

Pattern of Exam after 6<sup>th</sup> Semester & 8<sup>th</sup> Semester is as follow: a. Theory

- **Q. A:** Answer in one sentence (5/6) Total Marks -(5x2=10)
- **Q. B:** Answer in Brief (5/6) Total Marks -(5x3=15)
- **Q. C:** Short notes (5/6) Total Marks -(5x5=25)

#### b) FOR PRACTICALS -

Internal assessment examinations are conducted after 6<sup>th</sup>, 8<sup>th</sup> & 9<sup>th</sup>Semester and before final examination (Preliminary). Distribution of marks are as follows-

6<sup>th</sup> Semester 50 8<sup>th</sup> Semester 50 9<sup>th</sup> Semester 50

Preliminary examination – 40

Total marks obtained 2 Best out of 3 in the 6th semester, 8<sup>th</sup> semester & 9<sup>th</sup> Semester examination and Preliminary Examination are averaged out of 10.

Pattern of examination for preliminary exam and final University. Examination is as follows:

#### THIRD M.B.B.S. PART 2 FINAL UNIVERSITY EXAMINATION -

Theory- constitutes 40 marks distributed as follows- Section A:

- **Q. 1:** Answer in one sentence (all 8 Question) (1 Marks x = 8)
- Q. 2: Long Answer Questions (2/3) (7 Marks x2
- =14)Section B
- **Q. 3:** Short notes (6/8) (3marks x 6= 18)

#### Total-40

#### marks

#### **PRACTICALS**

-

Long case 20 marks Short Case 10 Marks Table Viva 10 marks

(Includes- Nutrition, Radiology, Vaccines. Drugs, Instruments)

Total - 40 marks

# **LEARNING**

# $\mathbf{OBJECTIVES4}^{TH}$

## **SEMESTER**

Sr.	Topic	Learning Objectives
No		
1	Introduction	Learning Objectives:-
		Orientation to Department
		Syllabus & Curriculum
		Teaching program
		Reference books & clinical methods
		• Examination pattern & assessment
		details.
2	Normal	Learning Objectives :-
	Growth &	<ul> <li>Principles of growth</li> </ul>
	Development I	Laws of growth
	•	Growth during childhood
		Growth
		milestonesGrowth
		charts
3	Normal Growth	Learning Objectives :-
	& Development	Variations in normal growth
	II	anddevelopment
		Behavioral disorders
		Pervasive developmental disorders
		• Investigations of a case of
		developmentaldelay
		Management
4	Normal Fluid	Learning Objectives:-
	&Electrolyte	Hyponatremia& hypernatremia
	balance	Hypokalemia & hyperkalemia
		• SIADH
_	D 4 E 1	Hypocalcemia and hypercalcemia
5	<b>Breast Feeding</b>	Learning Objectives:-
		Anatomy & physiology of breast feeding
		Reflexes in baby & mother involved
		inbreast feeding
		• Contents of breast milk
		Term and preterm milk
		Proper positions & latching  Problems with breast for time.
	XX7	Problems with breast feeding    Lagrange Objectives
6	Weaning and	Learning Objectives:-
	Artificial	Definition

Feeding

Sr.	Topic	Learning Objectives
No	_	_ ,
•		
		<ul> <li>Breast Feeding - Importance</li> </ul>
		<ul> <li>Age of starting of weaning</li> </ul>
		Types of Food
		<ul> <li>Importance of weaning</li> </ul>
		Correct Feeding
		PatternFaulty feeding
		practices
7	Immunization	Learning Objectives:-
		<ul> <li>Principles of immunization</li> </ul>
		Natural immunity
		<ul> <li>National immunization schedule</li> </ul>
		<ul> <li>IAP immunization schedule</li> </ul>
		<ul> <li>Catch up vaccination</li> </ul>
		• Immunization in special situations
8	Vitamin	Learning Objectives:-
	Deficiencies	<ul> <li>Water Soluble Vitamins</li> </ul>
	-I	<ul> <li>Introduction and Function</li> </ul>
		Classification
		Clinical Features
		Diagnosis
		Investigations
		Treatment
		Prevention
		Vitamin supplementation
9	Vitamin	Learning Objectives:-
	deficiencies –	• Fat soluble vitamins 'A', 'D'
	II	introduction
		<ul> <li>Source of vitamins A &amp; D</li> </ul>
		<ul> <li>Metabolism of Vitamins A and D</li> </ul>
		Clinical Features of vitamin deficiency
		Management of deficiency
		• Rickets

10	Nutrition	Learning Objectives:-
	alAnemia	Types of anemia
		Clinical Features
		Diagnosis
		<ul> <li>Investigations</li> </ul>
		Treatment
		Iron prophylaxis
		Prevention

Sr.	Topic	Learning Objectives
No		
11	Dinhtharia	Learning Objectives:
11	Diphtheria &Pertussis	• Pathophysiology
	& Pertussis	• Etiology
		Clinical Features
		<ul><li>Investigations</li><li>Treatment</li></ul>
		Complicatio  nsImmunization
12	Measles	Learning Objectives:-
14		Measles and Varicella virus
	& V	Epidemiology
	Varicella	Clinical features
		• Investigations
		<ul><li>Management</li><li>Complications</li></ul>
		• SSPE
13	Polio & AFP	~~-
13	Pollo & AFF	Learning Objectives:-
		<ul><li>History</li><li>Polio virus</li></ul>
		<ul><li>Epidemiology</li><li>Clinical Features</li></ul>
		<ul><li>Differential diagnosis</li><li>Reverse cold chain</li></ul>
		Reverse cold chain     AFP Surveillance
14	Childhood TB	Learning Objectives:
17	Cinidilood 1D	• Etiopathogenesis
		<ul><li>Types of childhood tuberculosis</li></ul>
		<ul> <li>Pulmonary tuberculosis</li> </ul>
		Clinical features
		Investigations Management
		Abdominal tuberculosis
		Clinical features
		Investigations
		Management
		Joint and bone tuberculosis
		Clinical features
		Investigations Management

15	Gastroenteritis	Learning Objectives:
	and	Causative agents
	management	

Sr.	Topic	Learning Objectives
No		
•		
		Epidemiology
		<ul> <li>Clinical features</li> </ul>
		<ul> <li>Severity and grading of dehydration</li> </ul>
		<ul> <li>Investigations</li> </ul>
		<ul> <li>Plans for management</li> </ul>
		<ul> <li>Prevention and Immunization</li> </ul>
16	Newer vaccines	Learning Objectives:-
		<ul> <li>Vaccinology</li> </ul>
		Influenza vaccine
		<ul> <li>Need for newer vaccines</li> </ul>
		<ul> <li>NTAGI Recommendations</li> </ul>

# $6^{TH}$ SEMESTER

Sr. No	Topic	Learning Objectives
•		
1	Malaria &	Learning Objectives:-
	enteric	Etiology
	fever	Life cycle of P.falciparum and P.vivax
		Investigations
		<ul> <li>Management of Malaria and Enteric fever</li> </ul>
		Prognosis and Immunization
2	Hepatitis	Learning Objectives:-
		Definition
		Etiology
		Types of Hepatitis
		Chronic hepatitis
		Clinical features
		Lab diagnosis
		• Treatment
		Immunization
3	HIV & AIDS	Learning Objectives:-
		Definition
		Natural history of disease
		• Transmission
		WHO Clinical & immunological
		Classification
		Opportunistic infections
		NACO & WHO based
		guidelines for investigations and
		management
		Prevention of parent to child transmission
		• Treatment guidelines of
4	Novyba	anti-retroviral therapy & follow up.
*	Newborn,	Learning Objectives:- • Introduction
	Definition,C	Definitions
	are,	Common neonatal problems
	andTemp	Care of normal newborn
	Regulation	Maintaining temperature of newborn

Sr.	Topic	Learning Objectives
No		
5	Prematurit	Learning Objectives:-
	yand LBW	- Definition of LBW
	(IUGR)	- LBW - 1) Premature 2) IUGR
		- Etiological Factor of Premature baby
		- Clinical Features of premature baby
		- Management
		1) Supportive 2) Medical
		- Complication
		1) Acute 2) Chronic
		- Prognosis
		- Defintion of IUGR
		- Etiological Factor
		- Clinical Features
		- Management
		1) Supportive 2) Medical
		- Complication
		1) Acute 2) Chronic
		- Prognosis
6	Neonatal	Learning Objectives:-
	(Birth)	• First Cry
	Asphyxi	• NALS
	a	Definition
		Criteria
		APGAR Scope
		<ul> <li>Pathophysiology</li> </ul>
		Etiology
		Sarnat and Sarnat staging
		<ul> <li>Multiorgan Dysfunction in HIE</li> </ul>
		Investigation
		Manageme
		ntPrognosis

7	RDS	Learning Objectives:-
		<ul> <li>Definition</li> </ul>
		<ul> <li>Diagnosis</li> </ul>
		Clinical features
		<ul> <li>Incidence and antenatal interventions</li> </ul>
		<ul> <li>Management of RDS</li> </ul>
		Long term complications, Chronic lung
		disease
		Management

Sr.	Topic	Learning Objectives
No	_	, and the second
•		
8	Neonatal	Learning Objectives:-
	Hyperbilirub	Definition
	inemia	Causative Factors
		<ul> <li>Physiological and pathological jaundice</li> </ul>
		Breast milk jaundice
		Management
		Exchange transfusion
9	Neonata	Learning Objectives:-
	lsepsis	<ul> <li>Pathophysiology</li> </ul>
		• Etiology
		Clinical Features
		<ul> <li>Early and late onset sepsis</li> </ul>
		<ul> <li>Investigations</li> </ul>
		Treatment
		Long term complications
10	Neonatal	Learning Objectives:-
	Convulsion	Introduction
	sand Birth	Etiology
	Injuries	Types and Clinical Manifestations
		Emergency Management
		<ul> <li>Investigations</li> </ul>
		Long term management
		Prognosis
		Birth Injuries:-
		Definition
		Causative Factors
		Management
11	Hemorrhag	<b>Learning Objectives:-</b>
	ein the	Etiology
	newborn	Classification
		GI bleeding in newborns
		<ul> <li>Hemolytic disease of newborn</li> </ul>
		<ul> <li>Management of HDN</li> </ul>

12	Congenita	Learning Objectives:-
	1	Definition
	Anomalies	Epidemiology
	GIT	Development of GIT
		Etiology

Sr. No	Topic	Learning Objectives
		Clinical Manifestation
		• Investigations
13	Congenital	Learning Objectives:-
	Anomalies	• Embryology of CNS
	CNS &	<ul> <li>Anomalies in the development of CNS</li> </ul>
	other	<ul> <li>Acute and long term management</li> </ul>
		<ul> <li>Neural tube defects</li> </ul>
		• Prophylaxis
		• Prognosis
14	Hemolyti	Learning Objectives:-
	canemias	<ul> <li>Pathophysiology</li> </ul>
		• Etiology
		<ul> <li>Classification of hemolytic anemias</li> </ul>
		Clinical Feature
		• Investigati
		onTreatment
15	Leukemi	Learning Objectives:-
	aand ITP	Definition
		Classification of AML and ALL
		Etiology
		Clinical Feature,
		<ul> <li>Different Diagnosis.</li> </ul>
		• Investigation
		• Treatment of different types of leukemia's
		ITP
		Definition
		Acute and chrome
		<ul> <li>Pathophysiology</li> </ul>
		Etiology
		Clinical Feature
		<ul> <li>Investigation and management</li> </ul>

# 8<sup>TH</sup> SEMESTER

Sr.	Topic	Learning Objectives
No.		
1	Stridor in	<b>Learning Objectives:-</b>
	Children &	Introduction
	wheezy	Definition
	baby	Classificati
	· ·	onCommon
		Causes
2	Pneumonias	Learning Objective:-
	&Empyema	Definition
	in Children	Epidemiology
		Etiological Spectrum according to age
		Community & hospital
		acquiredPneumonias
		<ul> <li>Investigation</li> </ul>
		Treatment
		<ul> <li>ARI &amp; IMNCI Programme for</li> </ul>
		control &treatment
		Preventive Strategies
3	Microcephaly	Learning Objectives:-
	0	
	&	Definition of
	& Hydrocephalus	microcephaly &
		microcephaly & hydrocephalus
		microcephaly & hydrocephalus  • Classification of
		microcephaly & hydrocephalus
		microcephaly & hydrocephalus  • Classification of
		microcephaly & hydrocephalus • Classification of microcephaly &
		microcephaly & hydrocephalus  • Classification of microcephaly & hydrocephalus
4		microcephaly & hydrocephalus • Classification of microcephaly & hydrocephalus • Etiology • Clinical feature  Learning Objectives:-
4	Hydrocephalus	microcephaly & hydrocephalus  • Classification of microcephaly & hydrocephalus  • Etiology  • Clinical feature
4	Hydrocephalus  Nephrotic	microcephaly & hydrocephalus • Classification of microcephaly & hydrocephalus • Etiology • Clinical feature  Learning Objectives:-
4	Hydrocephalus  Nephrotic Syndrom	microcephaly & hydrocephalus  • Classification of microcephaly & hydrocephalus  • Etiology  • Clinical feature  Learning Objectives:-  • Diagnosis and Management  • Treatment  • Manageme
	Hydrocephalus  Nephrotic Syndrom	microcephaly & hydrocephalus  Classification of microcephaly & hydrocephalus Etiology Clinical feature  Learning Objectives:- Diagnosis and Management Treatment Manageme ntPrognosis
4	Nephrotic Syndrom e	microcephaly & hydrocephalus  Classification of microcephaly & hydrocephalus Etiology Clinical feature  Learning Objectives:- Diagnosis and Management Treatment Manageme ntPrognosis  Learning Objectives:-
	Nephrotic Syndrom e	microcephaly & hydrocephalus  Classification of microcephaly & hydrocephalus Etiology Clinical feature  Learning Objectives:- Diagnosis and Management Treatment Manageme ntPrognosis  Learning Objectives:- Diagnosis and Management
	Nephrotic Syndrom e	microcephaly & hydrocephalus  Classification of microcephaly & hydrocephalus  Etiology Clinical feature  Learning Objectives:- Diagnosis and Management  Treatment Manageme ntPrognosis  Learning Objectives:- Diagnosis and Management  Treatment Treatment Treatment Treatment Treatment
	Nephrotic Syndrom e  Nephrotic Syndrom	microcephaly & hydrocephalus  Classification of microcephaly & hydrocephalus Etiology Clinical feature  Learning Objectives:- Diagnosis and Management Treatment Manageme ntPrognosis  Learning Objectives:- Diagnosis and Management

6	ARF & CRF	Learning Objectives:-
		Definition
		• Genetics
		Etiology

Sr. No.	Topic	Learning Objectives
		• C/F
		Complicatio
		nsInvestigation
7	Hematuria	Learning Objectives:-
	andAGN	Definition
		Epidemiology
		Complications
		<ul> <li>Investigation</li> </ul>
8	C. C. F. in	Learning Objectives
	Infancy in	Definition
	Childhoo	• Genetics
	d	Etiology
		• C/F
		Complicatio
		nsInvestigation
9	Congenital	Learning Objectives:-
	(Acyanotic)	<ul> <li>Development of Heart</li> </ul>
	Heart	Fetal Circulation
	DiseasePart -	<ul> <li>Changes in Circulation at birth</li> </ul>
	I	<ul> <li>A etiology, classification</li> </ul>
		<ul> <li>A Cyanotic Heart Disease - Various</li> </ul>
		Types
		- Clinical Feature
		- Investigations
		- Treatment

10	Congenital	Learning Objectives:-
	(Cyanotic)	<ul> <li>Definition ,Peripheral and central</li> </ul>
	Heart	cyanosis
	DiseasePart	<ul> <li>How to diagnose Cyanotic heart disease</li> </ul>
	2	<ul> <li>Important cyanotic heart disease</li> </ul>
		<ul> <li>Complications</li> </ul>
		• Treatment
		23] Topic :- Acute Rheumatic Fever
		Learning Objective:-
		<ul> <li>Definition</li> </ul>
		• Etiology
		<ul> <li>Clinical features</li> </ul>
		<ul> <li>Modified Jones criteria</li> </ul>
		<ul> <li>Lab diagnosis</li> </ul>
		• Treatment
		<ul> <li>Prevention</li> </ul>

Sr. No.	Topic	Learning Objectives
- 100		Prophylaxis
		• Prognosis
		Complications
11	Epilepsy in	Learning Objective:-
	Children	<ul> <li>Definition &amp; classification of epilepsy</li> </ul>
		<ul> <li>Pathophysiology of childhood epilepsy</li> </ul>
		<ul> <li>Investigation in epilepsy</li> </ul>
		<ul> <li>Management of childhood epilepsy</li> </ul>
12	Febrile seizure	Learning Objective:-
	& status	<ul> <li>Causes and types of convulsions at</li> </ul>
	epilepticus	differentages.
		• Diagnosis
		<ul> <li>Categorization and management</li> </ul>
		<ul> <li>Febrile convulsions - definition,</li> </ul>
		types, management
13	Pyogenic	Learning Objective:-Etiopathogenesis
	Meningitis	<ul> <li>Investigations</li> </ul>
		<ul> <li>Management of Pyogenic meningitis</li> </ul>
		<ul> <li>Prevention and vaccination</li> </ul>
14	Tuberculous	<b>Learning Objectives:-</b>
	Meningitis	<ul> <li>Etiopathogenesis</li> </ul>
		<ul> <li>Lab diagnosis</li> </ul>
		<ul> <li>Treatment of Tuberculous meningitis</li> </ul>
		<ul> <li>Prevention</li> </ul>
		<ul> <li>Prophylaxis</li> </ul>
		<ul> <li>Prognosis</li> </ul>
		<ul> <li>Complications</li> </ul>
15	Bronchial	<b>Learning Objectives:-</b>
	Asthma	• Definition
		<ul> <li>Epidemiology</li> </ul>
		Etiology
		<ul> <li>Clinical Manifestation</li> </ul>
		<ul> <li>Investigations</li> </ul>
		<ul> <li>Management of Acute Server Asthma</li> </ul>
		<ul> <li>Long Term Management</li> </ul>
		<ul> <li>Prevention</li> </ul>

Sr. No.	Topic	Learning Objectives
16	Protein Energy	Learning Objectives:-
	Malnutrition	o Introduction
	Wanidultion	o Prevalence
		o Ecology
		o Pathogenesis
		A] Dietary
		theory B]
		Duration theory
		C] Gopalan's
		TheoryD] Role of
		infections
		E] Golden theory of free radicals
		<ul> <li>Clinical Spectrum</li> </ul>
		<ul> <li>Differences between</li> </ul>
		kwashiorkor &marasmus
		o Diagnosis-
		A] Assessment of dietary intake
		B] Assessment of Nutritional status
		-
		Anthropometri
		c1] Age
		dependent
		2] Age independent
		3] Screening Parameters
		- Morphological
		- Biochemical
		C] Classification of severity
		o Investigation
		o Management
		Step 1- Emergency phase
		Step 2 - Dietary
		ManagementStep 3 -
		Consolidation phase
		<ul> <li>Discharge criteria Prevention</li> </ul>

# 9<sup>TH</sup> SEMESTER

Sr. No.	Topic	<b>Learning Objectives</b>
1	Coma in Children	Learning Objectives:-  Definition of coma Grading of coma Stages of coma Basic Mechanism Etiological factors Clinical Features lab (Investigations) Differential Diagnosis (According toetiology, CF) Management = 1) Acute Management ABC ofResuscitation 2) According to etiology 3) Nutritional
2	Cerebral palsy & mental retardation	<ul> <li>4) Rehabilitation</li> <li>Prognosis</li> <li>Learning Objectives:-</li> <li>Definition</li> <li>Clinical approach to mentalretardation.</li> <li>Clinical diagnosis, investigations andtreatment.</li> <li>Causes of cerebral palsy</li> <li>Diagnosis and management ofcerebral palsy.</li> </ul>
3	TORCH Group ofinfection	Learning Objectives:-  Introduction- What is TORCH?  Transmission- From mother to baby.  Clinical features  Peculiarities of individual infections  Diagnosis- Limitations of TORCHserology

		Management Prevention     (Rubella Vaccination
4	Dengue fever andDHF	Learning Objectives:-  • Introduction

Sr. No.	Topic	<b>Learning Objectives</b>
110.		<ul> <li>Agents, Vector</li> <li>Transmission</li> <li>Etiology</li> <li>Pathogenesis</li> <li>WHO grading</li> <li>Criteria for DHF</li> <li>Investigation</li> <li>WHO &amp; IAP guidelines formanagement of DF &amp; DHF</li> </ul>
5	Hypo & Hyperthyroidis m	<ul> <li>Prognosis</li> <li>Learning Objectives:-</li> <li>Etiology</li> <li>Clinical features</li> <li>Diagnosis of diabetes andhypothyroidism,</li> <li>Hyperthyroidism and goiter in children.</li> </ul>
6	Diabetic Mellitus andDiabetic Ketoacidosis	Learning Objectives:-  Definition Cause Classification Difference between adult andchildhood diabetics Clinical Feature Treatment Manifestation of diabeticketoacidosis Diagnosis and Management
7	Behavioral DisordersIn Children	Learning Objectives:-  Introduction Types of Behavioral Disorder Etiology Clinical Feature Investigation Management Prognosis

8	Shock	Learning Objectives:-
		Definition
		<ul> <li>Classification</li> </ul>
		Common Causes

Sr. No.	Topic	Learning Objectives
		<ul><li>Clinical staging</li><li>Management of Shock</li><li>Resistant shock</li></ul>
9	Short stature	<ul> <li>Learning Objectives:-</li> <li>Definition,</li> <li>A etiology,</li> <li>Growth pattern</li> <li>assessment of growth</li> <li>Diagnostic approach</li> <li>Treatment options &amp; management</li> </ul>
10	Common Childhood Poisoning	<ul> <li>Learning Objectives:-</li> <li>Definition</li> <li>Cause</li> <li>Classification</li> <li>Kerosene poisoning</li> <li>Snake poisoning</li> <li>Diagnosis and Management</li> <li>Prognosis</li> </ul>
11	Chromosom alDisorder	<ul> <li>Chromosome Definition &amp; normalpatterns</li> <li>Types     Trisomy -     21,     Turner's     syndrome Edward     syndrome</li> <li>Definition</li> <li>Genetics</li> <li>Etiology</li> <li>Clinical features</li> <li>Complications</li> <li>Investigation</li> <li>Treatment     and     prognosis</li> </ul>

12	<b>Adolescent Medicine</b>	Learning Objectives:-	
		<ul> <li>Introduction-Adolescents</li> </ul>	
		Development in Adolescents	
		SMRstaging	
		Bunning issues in Adolescents	

Sr.	Topi	Learning Objectives	
No.	c		
		Life skills education	
		Teens unit	
13	Fulminant	Learning Objectives:-	
	HepaticFailure	Introduction	
	•	Definition	
		<ul> <li>Classification</li> </ul>	
		Common Causes	
		Pathogenesis	
		Clinical staging	
		Laboratory Investigation	
		Management	
		• Prognosis	

## TUTORIALS PROGRAMME VIII SEMESTER

Sr.	Торі
No.	c
1	Vaccine
2	Lab Collection (Bulb, Side Lab)
3	Cereals & Pulses
4	Drug I
5	Neonatal Resuscitation (Catheters, Tubes)
6	Oxygen Therapy
7	Drug II
8	Instruments I (L.P. Aspirations)
9	Instruments II (Biopsy)
10	X – Rays
11	ORS &I.V.Fluids
12	Vitamins & Iron Preparation

## TUTORIALS PROGRAMME IX SEMESTER

Sr.	Topi
No.	c
1	Vitamins & Iron Preparations
2	Lab Collection (Bulb, Side Lab)
3	Cereals & Pulses
4	Oxygen Therapy
5	Neonatal
	resuscitation
	(Catheters, Tubes)
6	Drugs I
7	Drugs II
8	Instruments I (L.P.Aspirations)
9	Instruments II (Biopsy)
10	X-Rays
11	ORS & I.V.Fluids
12	Vaccine
13	Revision

# MAPPING OF PROGRAMME OUTCOMES [POs] AND COURSEOUTCOMES [COs] OF MBBS PROGRAMMES

<b>Course Code</b>	Course Title
01010402	General Medicine & Allied
01010401	General Surgery & Allied
01010403	Obstetrics & Gynaecology
01010404	Paediatrics

General Medicine & allied: (01010404)		
CO No.	At the end of the course, the learnershould be able to:	Mapped Programm e Outcomes
<b>CO</b> 1	At the end of the course the student shallhave adequate knowledge to diagnose common clinical conditions with specialreference to infectious diseases, nutritional disorder, metabolic disorders and environmental disorders.	PO1,PO2,PO3,PO 4, PO5,PO6,PO7,PO 8,PO9
CO 2	Propose diagnostic and investigative procedures and ability to interpret them	PO1,PO2,PO3,PO 4, PO5,PO6,PO7,PO 9
<b>CO</b> 3	Outline various modes of management including drug therapy especially doses, side effects, toxicity, indications, contraindications and interaction	PO1,PO2,PO3,PO 4, PO5,PO6,PO7,PO 8,PO9
CO 4	Provide first level management of acute emergencies promptly and efficiently anddecide on the timing and level of referral if required	PO1,PO2,PO3,PO 4, PO5,PO6,PO7,PO 8,PO9
<b>CO</b> 5	Recognize geriatric disorders and theirmanagement	PO1,PO2,PO3,PO4, PO5,PO6,PO7,PO 8,PO9
<b>CO</b> 6	Apply clinical skills of history taking, clinical examination to diagnose commonmedical disorders and medical emergencies	PO1,PO2,PO3,PO 4, PO5,PO6,PO7,PO 8
<b>CO</b> 7	Perform simple routine investigations likehaemogram, stool, urine, sputum and other biological fluids	PO1,PO2,PO3,PO 4, PO5,PO6,PO7,PO 8,PO9
CO 8	To interpret simple X-Ray, ECG, CT scanand laboratory report findings	PO1,PO2,PO4,PO 5,PO6,PO7,PO9
<b>CO</b> 9	Assist common bedside medical procedures like pleural tap, lumbarpuncture, bone marrow aspiration, catheterization, insertion of Ryle's tubeetc.	PO1,PO2,PO3,PO 4, PO5,PO6,PO7,PO 8,PO9
<b>CO</b> 10	sympathetic and compassionate attitudetowards patient and their	PO1,PO2,PO3,PO 5,PO7

	relatives	
<b>CO</b> 11	A curiosity to learn about medical research	PO1,PO2,PO4, PO5,PO6,PO7,PO8,

General Medicine & allied: (MB401)		
CO No.	At the end of the course, the learnershould be able to:	Mapped Programm
		e Outcomes
		PO9
<b>CO</b> 12	To correctly record case files, medical certificates	PO1,PO2,PO3,PO 5,PO7,PO9
<b>CO</b> 13	Diagnose and manage commonrespiratory illness	PO1,PO2,PO4,PO ,P O6,PO7,PO8,PO9
<b>CO</b> 14	Should be able to diagnose provisionallyPsychiatric disorders	PO1,PO2,PO3,PO 5, PO6,PO7,PO8,PO 9
<b>CO</b> 15	Should be able to diagnose and managecommon dermatology problems as physician of first contact	PO1,PO2,PO4,P O, PO6,PO7,PO8,P O9

Paediatrics: (MB404)			
CO	At the end of the course, the	Mapped	
No.	learnershould be able to:	Programm	
		e	
		Outcomes	
<b>CO</b> 1	Assess growth and development	PO1, PO2, PO3,	
	duringneonatal period, childhood	PO4,PO5, PO7,	
	and	PO9	
	adolescence and identify		
	deviations from normal.		
<b>CO</b> 2	Measure the age appropriate	PO1, PO3, PO4,	
	requirement of nutrient and assess	PO5, PO7, PO8,	
	thenutritional status of healthy and	PO9	
	sick		
	children .		
<b>CO</b> 3	Identify and manage	PO1, PO2, PO3,	
	malnourishment inchildren.	PO4,PO5, PO6,	
		PO7, PO9	
CO 4	Diagnose, manage and prevent	PO1, PO2, PO3, PO4,	
	common paediatric infectious	PO5,PO6,PO7,PO8,P	
	diseases.	O9	
<b>CO</b> 5	Plan Diagnosis and	PO 1,PO 2,PO 4, PO	
	management of common	5,PO6,PO7,PO9	
00.6	systemic illnesses.	DO 1 DO 2 DO 2	
<b>CO</b> .6	Distinguish between normal and	PO 1,PO 2,PO 3,	
	sicknewborn.	PO4,PO 5,PO 6,PO	
CO 7	Evaluate and Dlan Management of	9 DO 1 DO 2 DO 2	
<b>CO</b> 7	Evaluate and Plan Management of	PO 1,PO 2,PO 3,	
	paediatrics and neonatal	PO4,PO 5,PO 6, PO 9	
CO 8	emergencies.  Identify and plan management of	PO 1,PO 2,PO 3,	
000	common surgical problems in	PO4,PO 5, PO 6,PO	
	children.	9	
<b>CO</b> 9	Counsel parents about nutrition,	PO 1,PO 3,PO 4, PO	
	immunisation, growth and acute	5,PO6,	
	andchronic illnesses.	PO7,PO8,PO9	
	missino iliiobbob.	101,100,109	