



Sri Guru Ram Das University of Health Sciences, Sri Amritsar

DEPARTMENT OF ENT

THEORY	
TOPICS	Marks Distribution
EAR ➤ Diseases of External, Middle and Inner Ear ➤ Surgeries related to Ear	35
NOSE ➤ Diseases of Nose & Paranasal Sinuses ➤ Surgeries related to Nose	30
THROAT ➤ Diseases of Pharynx ➤ Surgeries related to Pharynx ➤ Larynx and Trachea ➤ Oesophagus ➤ Recent Advances	35
TOTAL	100



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Guidelines for question paper as per the Medical Council of India, Competency Based Undergraduate curriculum for Indian medical Graduate.

Theory paper should include questions from core competencies and not from Non-Core Competency

BLUE PRINT OF THEORY PAPER

Sr. No	Type	Explanation	Topics	Distribution of marks as per weightage
1.	MCQ		10 MCQs	10 X1=10
2.	Long essay question	1. The question should pose a Clinical/Practical problem to the students and require them to apply knowledge and integrate it with disciplines. Avoid giving one-liners as questions. 2. Avoid giving one Liners as questions. 3. The question stem should be structured and marking distribution should be provided. 4. Use action verbs from higher domains as given in this document.	Paper A (Two Questions) From Core Competencies as per Competency based undergraduate curriculum for the Indian Medical Graduate, VOLUME-1 1. Structured Question 2. Case Based Question	2X10=20
3.	Short Notes	These provide opportunity to sample a wider content, albeit in a short time. The questions should be task oriented rather than 'Write a short note on xxx'. Preferably, use verbs (as per List attached) in	(8 Questions) From Core Competencies as per Competency based undergraduate curriculum for the Indian Medical Graduate, VOLUME-1	8X5=40

		framing questions and structure them as far as possible.	Marks for each part should be indicated separately	
4.	Reasoning Questions	These provide excellent opportunities for testing integration, clinical reasoning and analytic ability of the student	(3 Questions) From Core Competencies as per Competency based undergraduate curriculum for the Indian Medical Graduate, VOLUME-1	3X5=15
5.	Applied Questions	Questions on applied aspect	(3 Questions) From Core Competencies as per Competency based undergraduate curriculum for the Indian Medical Graduate, VOLUME-1	3X5=15
Total Marks Theory Paper 100				

DIVISION OF TOPICS

Blueprint in knowledge domain

(Representative example only. Actual figures may vary with the subject and phase)

Level	Topic-A	Topic B	Topic C	Topic D	Total
Knowledge	1	2	1	1	5(20%)
Comprehension	1	1	1	2	5(20%)
Application	2	1	1	1	5(20%)
Analysis	1	1	2	2	6(24%)
Synthesis		1		1	2(8%)
Evaluation	1		1		2(8%)
Total	6(24%)	6(24%)	6(24%)	7(28%)	25(100%)

Verbs in various levels in Knowledge domain (Bloom's taxonomy)

Knowledge	Define, Describe, Draw, Find, Enumerate, Cite, Name, Identify, List, Label, Match, Sequence, Write, State, Choose, Indicate, Isolate order, Recognize, Underline
Comprehension	Discuss, Conclude, Articulate, Associate, Estimate, Rearrange, Demonstrate Understanding, Explain, Generalize, Identify, Illustrate, Interpret, Review, Summaries, Extrapolate, Update
Application	Apply, Choose, Compute, Modify, Solve, Prepare, Produce, Select, Show, Transfer, Use
Analysis	Analyze, Characterise, Classify, Compare, Contrast, Debate, Diagram, Differentiate, Distinguish, Relate, Categories
Synthesis	Compose, Construct, Create, Verify, Determine, Design, Develop, Integrate, Organise, Plan, Produce, Propose, Rewrite
Evaluation	Appraise, Assess, Conclude, Critic, Decide, Evaluate, Judge, Justify, Predict, Priorities, Prove, Rank

The question part of the MCQ (item) is called STEM; correct answer is called the KEY and the rest of the options are called
DISTRACTORS.

Steps in writing:

1. Select the specific learning objectives, which you want to test.
2. Write the stem, it should be self-explanatory and complete, avoid using terms like (NOT, EXPECT, NEVER, ALWAYS, SOMETIMES) in the stem, if the terms are being used, they should be in UPPERCASE and **bold** letter.
3. Write unambiguous and unarguably the correct answer to the stem.
4. Select the most plausible alternatives and arrange them in the form of options.
5. Avoid window dressing of the stem. This means adding superfluous and unnecessary words, which confuses the student.
6. Abbreviations should be avoided.
7. Options should be grammatically parallel to the key, and should be parallel and have the same relation to the stem.
8. When writing options, avoid duplications or making options all-inclusive, e 1-6, 6-10 etc.
9. The options should be arranged in rank order, e.g., 256,266,280,290 and not 290,266,280,256.
10. "All the above" and "None of the above" should be avoided as an option.

Distribution of Marks-ENT

Papers		Maximum Marks	Minimum Passing marks
Theory (Summative Assessment) (100 Marks)	Theory paper (sample paper Attached)	100	Mandatory to get 40% marks separately in theory and in practical and with minimum 50% in aggregate for theory plus practical.
Practical *(Summative Assessment) (50+50) 1. Practical/Clinical examinations will be conducted 2. Viva/Oral examination	Long Case (30 marks) Short case (20 marks)	100	
	Viva (25 marks) X-ray and Instruments (25 marks)		
Internal Assessment (Not added to the marks of the university examinations and should be shown separately in the grade card)	Theory	375	50 % Combined in the theory and practical (not less than 40% in each for eligibility for appearing for university examination)
	Practical	500	

***During practical examination you are requested to use different methods of assessment tools to improve authenticity. Please refer to competency-based assessment module for UG medical education for more examples of assessment tools.**

Formative & Internal Assessment:-Internal assessment shall be based on day-to-day assessment. Efforts should be made to use multiple tools even for a given competency to improve validity and reliability of assessment.

It shall relate to different ways in which learners participate in learning process which is day to day recorded in record book and log book in the form of:-

- a) Assignments,
- b) Preparation for seminar,
- c) Clinical case presentation,
- d) Preparation of clinical case for discussion,
- e) Clinical case study / problem solving exercise participation in project for health care in the community
- f) Proficiency in carrying out a practical or a skill in small research project etc.

Regular periodic examination shall be conducted throughout the course as per following schedule:-

SRI GURU RAM DAS INSTITUTE OF MEDICAL SCIENCES & RESEARCH												
DEPARTMENT OF PEDIATRICS/EYE/ENT												
MBBS	Year/phase 3 rd Prof Part-II						Session --					Cumulative percent of Theory & Practical
			Formative Assessment				Continuous Internal Assessment (Theory)					
S.no	Roll No.	Name of Student	1 st PCT Theory	2 nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Seminar	Continuous Class Test (LMS)	Museum Study	Library assignm ents	Attendance Theory	Total
									Self-Directed Learning			
			100	100	100	10	10	25	10	10	10	375
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												

DEPARTMENT OF PEDIATRICS/EYE/ENT

MBBS year/Phase 3, Part-1 Session:-Feb/March 2025

			Formative Assessment			Continuous Internal Assessment (Practical)						
S.no	Roll No.	Name of Student	1 st PCT practical/1 st Ward Leaving Exam	2 nd PCT practical/2 nd ward leaving exam	Prelims Practical	Log book (150)			Journal (Record book/ Portfolio)	Attendance (Practical)	Total	Percentage Practical (Minimum cut off 40%)
						Certifiable skill-based competencies (Through OSPE/ OSCE/ Spots/ Exercise/ other	AETCOM competencies	SVL Lab activity				
			100	100	100	70	40	40	40	10	500	%
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												



SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

Maximum Marks: 100

MBBS 3rd Professional Part-II Examination Subject- ENT (New Scheme)

Time: 3 Hours

- Notes:**
1. Attempt all questions. Illustrate your answer with suitable diagrams where applicable.
 2. Question No. 1 (Multiple Choice Questions (A-J)) is to be attempted on OMR Sheet in first 15 minutes of the start of exam.
 3. Question No. 2-6 are to be attempted on the main answer book. No supplementary sheet shall be provided.
 4. Students must write QP code in the space provided on OMR sheet as well as on the title page of the main answer book.

QP Code: MBN309A

I. Multiple Choice Questions (MCQs):

[10X1=10]

1. **A Which of the following is not a typical feature of Meniere's disease?**
 - a. SNHL
 - b. Pulsatile tinnitus
 - c. Vertigo
 - d. Fluctuating deafness
2. **All are true for Gradenigo's syndrome except:-**
 - a. It is associated with conductive hearing loss
 - b. It is caused by an abscess in the petrous apex
 - c. It leads to involvement of the cranial nerves V & VI
 - d. It is characterized by retroorbital pain
3. **"Bleeding Polyp" of the nose is another name for:-**
 - a. Antrochoanal Polyp
 - b. Juvenile angiofibroma
 - c. Haemangioma of nasal septum
 - d. Rhinosporidiosis
4. **Adenoid facies includes all except:-**
 - a. Open mouth with under slung lower jaw
 - b. Pincheal Nose
 - c. High arched palate
 - d. Crowding of teeth
5. **Hairy Leukoplakia is caused by:-**
 - a. HIV
 - b. EBV
 - c. CORONAVIRUS
 - d. HHV8
6. **Most common benign neoplasm of Oesophagus**
 - a. Lipoma
 - b. Leiomyoma
 - c. Fibroma
 - d. Haemangioma
7. **Hoarseness is the earliest symptom of carcinoma of:-**
 - a. Glottis
 - b. Subglottis
 - c. Supraglottis
 - d. All of the above
8. **A 10 year old boy developed hoarseness of voice following of diphtheria on examination Right vocal cord was paralyzed the treatment of choice for paralyzed vocal cord will be:-**
 - a. Gel foam injection of Right vocal cord

- b. Fat injection of Right vocal cord
- c. Thyroplasty type 1
- d. Wait for spontaneous recovery of vocal cord

9. Most common malignancy seen in AIDS patients is:-

- a. Non Hodgkin's Lymphoma
- b. Kaposi Sarcoma
- c. Cancer nasopharynx
- d. Hairy Leukoplakia

10. Most common site of origin of Pleomorphic adenoma is:-

- a. Parotid gland
- b. Submandibular gland
- c. Minor salivary glands of soft & Hard palate
- d. Minor salivary glands of Lip

II. Describe Glue Ear under following headings: -

[5x2=10]

- a. Etiology
- b. Clinical features
- c. Medical management
- d. Surgical Management
- e. Hearing tests

III. A 50-year-old male resident of China presented at ENT OPD with C/O cervical Lymphadenopathy, nasal obstruction with hearing loss with blood-stained Nasal discharge.

[1+2+2+1+2+2+
=10]

- a. What is most probable diagnosis from above history.
- b. How will you diagnose the above condition
- c. What is the etiology behind it.
- d. What can be the cause of hearing loss in the above statement.
- e. Treatment options
- f. Boundaries of Supraclavicular fossa

IV. Short notes:

[8X5=40]

- a. Write a short note on C/F & treatment of Deviated Nasal septum.
- b. Explain C/F & medical treatment of OZAENA.
- c. Differential diagnosis of Killian's Polyp & components of Samter's triad
- d. What is the full form of TESPAL & classification of fracture maxilla with well labelled diagram.
- e. Write a short note on C/F & treatment of preauricular sinus
- f. Explain Ohngren's line & Complications of Septoplasty
- g. C/F & management of Malignant Otitis Externa.
- h. Write a short note on Mutational Falsetto voice.

V. Reasoning Questions

[3X5=15]

- a. Name the condition in which Griesinger's Sign is seen & what is the reason behind its formation & how will you differentiate it from swelling over mastoid seen in Acute Mastoiditis.
- b. Name one condition in which PARACUSIS WILLISII & Schwartz's Sign is seen & what does presence of this indicates & name one finding seen on PTA in this condition.
- c. What is 1o, Reactionary & Secondary Hemorrhage & What is the reason behind occurrence of Reactionary Hemorrhage.

VI. Applied Aspect:

[3X5=15]

- a. Clinical Importance of Mac Ewan's triangle & define its boundaries. One Difference between Canal wall down & canal wall up mastoidectomy.
- b. A 40 yrs. old man underwent Septoplasty & 3 days after surgery patient presented at ENT OPD with B/L nasal Obstruction. What will be your most probable diagnosis & how will you treat it & what complications it can lead to if there is delay in treatment.
- c. What is the clinical presentation of Ludwig's Angina & how will you treat it