

Sri Amritsar

Department of General Medicine

Theory Paper	A	Theory Paper	В
Topics	Marks	Topics	Marks
	Distribution		Distribution
Cardiovascular System	20 Marks	Infectious diseases	20 Marks
Central Nervous System	20Marks	Respiratory system	15 Marks
Hematology	15 Marks	Endocrinology	20 Marks
Rheumatology	15 Marks	Nephrology	15 Marks
Gastrointestinal System	10 Marks	Dermatology	10 Marks
Hepatology	10Marks	Psychiatry	10 Marks
Pancreatic system	10Marks	Radiology	10 Marks
Total	100	Total	100



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Guidelines for Question paper as per the National Medical Council, competency based undergraduate Curriculum for Indian Medical Graduate.

Theory paper should include question from competences and from Non-Core Competency

BLUEPRINT OF THEORY PAPER

Sr. No.	Туре	Explanation	Topics	Distribution of marks as per weightage
1.	MCQ		10 MCQ's for Paper A 10 MCQ's for Paper B	10X1= 10 10X1= 10
2.	Long essay Question	 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 question. Avoid giving one liners as questions. The Question stem should be structured and marking distribution should be provided. Use action verbs from higher domains as given in this document. 	Paper A (Two Question)From core competencies as per competency based undergraduate curriculum for the M=Indian Medical Graduate Volume III1. Structured Question 2. Case Based Question	02X10=20
			Paper B (Two Question)	02X10=20
3.	Reasoning Questions	These provide excellent opportunities for testing integration, clinical reasoning and analytic ability of the student	Paper A (03 Questions) From Core competencies as per competency based undergraduate curriculum for the Indian Medical Graduate Volume III	03X05= 15
			Paper B (03 Questions)	03X05= 15



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4.	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 notes on XXXX' Preferably use verbs(As per list attached) In framing question and structure them as far as possible	Paper A (08 Questions) From Core competencies as per competency based undergraduate curriculum for the Indian Medical Graduate Volume III Marks for each part should be indicated separately	08X05=40
			Paper B (08 Questions)	08X05=40
5.	Applied Questions	Questions on applied aspect	Paper A (03 Questions) From Core competencies as per competency based undergraduate curriculum for the Indian Medical Graduate Volume III	03X05= 15
		T. (.) M. J. 200(D A 100 M. J.	Paper B (03 Questions)	03X05= 15

Total Marks 200(Paper A-100 Marks, Paper B-100Marks)



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Division of Topics Blueprinting in Knowledge domain

Level	Topic A	Topic B	Topic C	Topic D	Total
Knowledge	01	02	01	01	5(20%)
Comprehension	01	01	01	02	5(20%)
Application	02	01	01	01	5(20%)
Analysis	01	01	02	02	6(24%)
Synthesis		01		01	2(08%)
Evaluation	02		01		2(08%)
Total	06(24%)	06(24%)	06(24%)		25(100%)

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

Knowledge	Define, Describe, Draw, Find, Enumerate, City, 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,
	Illurrate, Interpret, Review, Summaries, Extrapolate, update
Application	Apply, Choose, compute, Modify, Solve, Prepare, Produce, Select, Show, Transfer use
Analysis	Analyse, Characterise, classify, compare, contrast, debate, diagram, differentiate, distinguish, relate, categories
Synthesis	Compose, construct, Create, Verify, Determine, Design, Develop, Intergrade, Organise, Plan, Produce, Propose, rewrite ,
Evaluation	Appraise. Assess, Conclude, Critic, Decide, Evaluate, Judge, Justify, Predict, Prioritise, Prove, Rank



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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 stemthis 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, eg. 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.



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DISTRIBUTION OF MARKS: - GENERAL MEDICINE

Papers	Maximum Marks	Minimum Passing Marks	
Theory (Summative Assessment) (100+100=200Marks)	Theory Paper A (Sample paper Attached)	100Marks	At least 40% marks in each paper with minimum 50% in aggregate (Both papers together)
	Theory Paper B (Sample paper Attached)	100Marks	
Practical *(Summative Assessment) (60+40=100 Marks) 01. Practical/clinical examinations will be conducted in the field practice area in the families allotted to the student. The objective will be to assess proficiency and skills to conduct family health study, public health experiments, interpret data and form logical conclusion.) 2. Viva/oral examination should assess knowledge of core competencies, their practical applications and identification of public health equipment and instruments approach to family health management, emergencies, and attitudinal, ethical and professional values. Candidate's	Long Case :80 marks Short Case (1) :40 marks Short Case (2) :40 marks Instruments, X-Ray :20 marks Spotters	180 Marks	50% (Practical +Viva)
skill in interpretation of common investigative data, of specimens, etc. is to be also assessed	Viva (Oral examination should focus on the application and interpretation)	20 Marks	
Internal Assessment (Not added to the marks of the university examinations and should be shown separately in the grade card) *	Theory Practical	100Marks 100Marks	50% combined in theory and practical (not less than 40% in each for eligibility for appearing for university examination)

During practical examinations 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.



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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 surgery,
- f) Proficiency in carrying out a practical or a skill in small research project etc,



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

	Theory Internal Assessment (Weightage in the form of marks)	Practical Internal Assessment (Weightage in the form of marks
First assessment test	10	10
Second assessment test	10	10
Third assessment test	20	10
Mid-term test	10	10
Send Up test	20	20
Class Test	10	-
Log Book	-	10
Practical record book	-	15
Attendance	10	10
Professionalism	-	05
AETCOM	10	-
Total	100	100



Maximum Marks: 100

SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

MBBS 3rd Professional Part-II Examination (Session Nov/Dec 2023)

Time: 3 Hours

Subject- Medicine-Paper A (New Scheme)

- Notes: 1. Attempt all questions. Illustrate your answer with suitable diagrams where applicable.
 - 2. Question No. I (Multiple Choice Questions (1-10)) is to be attempted on OMR Sheet in first 15 minutes of the start of exam.
 - 3. Question No. II-VI 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: MBN401A

[10X1=10]

Multiple Choice Questions (MCQs): Ι.

- SCHINCESSBUR 1. Which of the following is not a cause of intraerythrocytic hemolysis
 - a. Sickle cell disease
 - b. G6pd deficiency
 - c. Warm aiha
 - d. Thalassemia
- 2. 2. Etiological cause of subacute onset of hemiplegia is: a. Intracerebral haemorrhage
 - b. Todds paralysis
 - c. Cerebral metastasis
 - d. Hypertensive encephalopathy

3. Which of the following drugs is used in treatment of giardiasis?

- a. Doxycycline
- b. Broad spectrum antibiotics
- c. Fluoroquinolones
- d. Azole drugs

4. Gastric ulcer differs from duodenal ulcer in the following feature:

- a. Pains lasts for shorter duration
- b. Food provokes pain
- c. Night pain is more common
- d. Heart burn is commonest

5. Hyperkalaemia is a feature of

- a. Addisons disease
- b. Conns syndrome
- c. Bartters syndrome
- d. Nephritic syndrome

6. Which of the following is not a part of innate immunity?

- a. Mast cells
- b. Cytokines
- c. Complement system
- d. Antibodies

7. Which of the following is long acting insuline?

- a. Degludec
- b. Aspart
- c. Lispro
- d. Glulysine

8. Causes of bradycardia includes

- a. Cardiac failure
- b. B agonists
- c. Hypothyroidism
- d. Hyperthyroidism

a. Psoriatic lesions b. Marginal syndesmophytes c. Nail pitting d. Assymetricalinvolvement **10.** Xlinled recessive disease is: a. Sickle cell anemia b. Neurofibromatosis c. Cystic fibrosis d. Hemophilia a н. A 30 years old male presents in emergency with fever 101 f, altered sensorium and convulsions. [10] On examination, neck rigidity and kernigs sign present. a. What is the most probable diagnosis? b. Enumerate the etiological causes. c. Clinical features of the disease. d. How will you investigate the patient? e. How will you manage the patient? III. Discuss the etiopathogensis and clinical features of acute pancreatitis. How will you manage the [10] patient of acute pancreatitis? IV. [3X5=15] **Give Reason:** a. Reason out the role of cardiac evaluation in a patient of syncope. b. Explain why the patient of diabetes mellitus should be evaluated for urinary albumin. Discuss the clinical features of multiple myeloma with respect to pathological and c. biochemical changes in the diseased patient. SHYOFHIM V. Write short notes on: [8X5=40] a. Myxoedema coma b. Gene therapy c. Bell's palsy d. SLE e. Polycythemia vera f. Portal hypertension g. Pulmonary embolism h. AETCOM Qus. VI. Write short notes on: [3X5=15] a. Signs of cerebellar disease b. Evaluation of a patient of jaundice c. Clinical features of hyperthyroidism

9. Following is not a feature of psoriatic arthritis.



Notes:

Maximum Marks: 100

SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

MBBS 3rd Professional Part-II Examination

(Session Nov/Dec 2023)

Time: 3 Hours

Subject- Medicine

Paper B (New Scheme)

- 1. Attempt all questions. Illustrate your answer with suitable diagrams where applicable.
- 2. Question No. I (Multiple Choice Questions (1-10)) is to be attempted on OMR Sheet in first 15 minutes of the start of exam.

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- 3. Question No. II-VI 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: MBN402A

[10X1=10]

I. Multiple Choice Questions (MCQs):

- 1. Hypoxemia due to v/q mismatch is not caused by
 - a. Myasthenia gravis
 - b. Interstitial lung disease
 - c. Chronic bronchitis
 - d. Pulmonary embolism

2. Food poisoning due to entero toxin is caused by

- a. Shigella
- b. Yersinia
- c. Vibrio cholera
- d. Bacillus anthracis

3. Skin condition causing hyperpigmentation is not:

- a. Melanoma
- b. Vitiligo
- c. DLE
- d. Acanthosisnigricans

4. Features of cholinergic poisoning does not include

- a. Excessive salivation
- b. Bronchorrhoea
- c. Urinary incontinence
- d. Constipation
- 5. Common dermatophyte is not
 - a. Microspora
 - b. Malasezia
 - c. Trichophyton
 - d. Epidermophyton

6. ----- is not a first rank symptom of schizophrenia

- a. Thought insertion
- b. Auditory hallucination
- c. Catatonia
- d. Delusional perception

7. Which of the following is an alkylating agent?

- a. Cytarabine
- b. Doxorubicin
- c. Cisplatin
- d. liitinib

c. Amyloidosis d. Goodpasture syndrome 9. Opportunistic infection in patients with CD4 count less than 50 is a. CMV infection b. Cryptococcus manifestation c. Esophageal candidiasis d. Pneumocystis jeroveci pneumonia 10. Which of the following is not a feature of chronic eosinophilic pneumonia? a. Peripheral eosinophilia b. BAL shows eosinophilia c. Bilateral migratory pulmonary infiltrates d. Male preponderance in 2nd decade II. A young patient presents with breathlessness on exertion and periorbital edema with history of frothing urine which stick to urine pan. a. What is most probable diagnosis? b. What is etiopathogenesis? OF HEALTH SCH c. What are other clinical features associated with above? d. How will you evaluate the patient? III. Discuss the a. etiopathogenesis a. Clinical features b. Investigations c. Differential diagnosis d. Management e. Community acquired pneumonia [3X5=15] IV. Give Reasons: a. Discuss the role of gastric lavage in acute poisoning other than corrosive poisoning. b. Causes, clinical features and management wrt RPGN. c. SIADH related clinical features, etiopathogenesis and management. v. Write short notes on: [8X5=40] a. Somatoform disorders b. Role of USG in emergency c. Sexually transmitted disorders d. Fungal infections of skin e. X-ray findings in mitral stenosis f. Antipsychotic drugs g. Snake bite h. AETCOM Qus. VI. Write short notes on: [3X5=15] a. Management of patient with status asthmaticus. b. Investigation and management of mationt of pyelonephritis.

8. Which of the following is a cause of nephrotic syndrome?

a. Diabetes

b. Minimal change disease

c. Pathogenesis, clinical features and management of military tuberculosis.

[10]

[10]