



SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

DEPARTMENT OF PEDIATRICS

Theory Paper			
Topics	Marks Distribution	Topics	Marks Distribution
ETHICS / AETCOM	5	HEMATOLOGY	5
GROWTH & DEVELOPMENT	8	ENT/ RESPIRATORY SYSTEM	5
FLUID & ELECTROLYTE	4	CVS	5
NUTRITION	8	RENAL	5
NEONATOLOGY	8	ENDOCRINE	5
IMMUNIZATION	5	CNS	5
INFECTIONS	8	NEUROMUSCULAR	2.5
POISONING/INJURIES	4	RHEUMATOLOGY	2.5
GENETICS	3	IMNC	2
INBORN ERROR'S OF METABOLISM	3	SKIN DISORDER S	2
GIT	5		

Total Marks 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

BLUEPRINT OF THEORY PAPER

Sr. No	Type	Explanation	Topics	Distribution of marks as per weightage
1	MCQs	MCQs should be scenario based, single response with 4 options in answers. Avoid one liner and negative terms in stem of question. Avoid 'all of above' and 'none of above' in options.	10 MCQ's	1X10=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. The question stem should be structured and marking distribution should be provided. 3. Use action verbs from higher domains as given in this document.	Two questions from Paediatrics From core competencies as per competency based undergraduate curriculum for the M=Indian Medical Graduate Volume III 1. Structured based 2. Case based	2X10 =20

3	Reasoning Questions and analytical	4. These provide excellent opportunities for testing integration, clinical reasoning and analytic ability of the student.	(03 Questions from Paediatrics) From Core competencies as per competency based undergraduate curriculum for the Indian Medical Graduate Volume III	3X5=15
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 note on xxx'. Preferably use verbs (as per list attached) in framing questions and structure them as far as possible	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 Out of eight questions seven questions from the core competencies of the Paediatrics and eighth question must be from AETCOM.	8X5=40
5	Short Notes Applied Aspects	(Clinical Subject: questions on preclinical basis)	(03 Questions from Paediatrics) From Core competencies as per competency based undergraduate curriculum for the Indian Medical Graduate Volume III	3X5=15

Total Marks 100



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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, Illustrate, 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

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, 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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DEPARTMENT OF PEDIATRICS

DISTRIBUTION OF MARKS

Papers		Maximum Marks	Minimum Passing Marks
Theory (Summative Assessment) (100Marks)	Theory Paper (Sample paper Attached)	100Marks	Mandatory to get 40% marks separately in theory and in practical and with minimum 50% in aggregate for theory plus practical.
Practical *(Summative Assessment) (60+40=100 Marks) - Broadly assessment will consist of 2 pediatric cases (22 marks each), 1 newborn case (16 marks) - OSCE (4 stations of 5 marks each), and - Viva-voce (4 stations of 5 marks each).	A. Case 1: General Pediatrics (22 marks) Case 2: Systemic Pediatrics (22 marks) B. Case 3: Newborn case (16 marks) C. OSCE (4 stations each 5 marks)	100	
	Station 1 - X-rays/ECG/ABG/Instrument		
	Station 2: Clinical spotters/photographs with tasks or questions related to diagnosis, management or prevention		
	Station 3: Video of a Clinical Problem/outpatient case scenario/counseling		
	Station 4: Emergency case scenario/procedures		
Viva-voce (4 stations each of 5 min) 20 Marks			
Internal Assessment (Not added to the marks of the university examinations and should be shown separately in the grade card) *	Theory	375Marks	50% combined in theory and practical (not less than 40% in each for eligibility for appearing for university examination)
	Practical	500Marks	

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.

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,

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

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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	
									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

MBBS 3rd Professional Part-II Examination

Maximum Marks: 100

(Session Nov/Dec 2023)

Time: 3 Hours

Subject- Paediatrics (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: MBN407A

I. Multiple Choice Questions (MCQs):

[10X1=10]

1. **Hypertrophic cardiomyopathy is a recognized association with:**
 - a. Infant of diabetic mother
 - b. Marfan syndrome
 - c. William syndrome
 - d. Trisomy 21 [Down syndrome]
2. **The most frequent pathogen of pneumonia in children 4 month – 4 year is:**
 - a. Streptococcus pneumonia
 - b. Group A Streptococci
 - c. H-influenza
 - d. Respiratory syncytial virus
3. **Infants and very young toddlers chronic diarrhea can appear following infectious enteritis. The pathogenesis of the diarrhea is not always clear and may be related to**
 - a. Food protein allergy
 - b. Bacterial overgrowth
 - c. Giardiasis
 - d. Eosinophilic Gastroenteropathy
4. **Hand-foot mouth disease is one of the most distinctive rash syndrome, it is most frequently caused by:**
 - a. Coxsackie virus - A6
 - b. Enterovirus - 71
 - c. Coxsackie virus - B2
 - d. Coxsackie virus - A16
5. **Childhood vasculitis includes a spectrum of disease that share in common inflammation of the blood vessels. Vascular injury includes small, medium and large vessels. Of the following the disease that affects predominantly large vessels is:**
 - a. Henoch - Schonlein purpura
 - b. Kawasaki disease
 - c. Takayasu arteritis
 - d. Polyarteritis nodosa
6. **A 15-year-old boy presented with high fever, Lymphadenopathy, hepatosplenomegaly, photophobia. Last year he developed ataxia the most characteristic finding in this condition is:**
 - a. Neutropenia
 - b. Thrombocytopenia
 - c. Prolonged bleeding time
 - d. Prolonged Prothrombin time
7. **The first visible sign of puberty in females is the appearance of breast buds [thelarche] between:**
 - a. 5 and 9 year
 - b. 6 and 10 year
 - c. 8 to 12 year
 - d. 7 and 11 year

- 8. The most devastating consequence of untreated hypernatremia is:**
- Brain hemorrhage
 - Seizures
 - Central pontinemyelinolysis
 - Brain odema
- 9. The classical clinical trial of Wernicke Encephalopathy of thiamine deficiency is:**
- Mental status changes, ocular sign and ataxia
 - Cardiac involvement, peripheral neuritis and aphonia
 - Seizures, headache and deterioration of school performance
 - Depression, drowsiness and poor mental concentration
- 10. A 9-month-old boy appears pale –Examination reveals a palpable liver 3cm below the right costal margin and palpable spleen 4cm below left costal margin, lab findings include: Hb- 6.4gm/dl, mcv-67fl, wbc-15000/mm³. Most valuable test to confirm the diagnosis is:**
- Blood smear
 - S. Fe, TIBC, and S. Ferritin
 - Hb electrophoresis
 - Bone marrow study
- II. A 9-year-old boy was brought with complaints of not growing well since early childhood. His birth weight- 2.5 Kg. Mother gave some non-specific history of abdominal discomfort and frequent loose stools in early childhood, but child was never investigated for the same. Family history was normal. On examination his wt. 15kg, Height-107cm. Mother fathers height were 153cm and 158cm respectively.** [5x2=10]
- How will you proceed with case
 - List the investigations
 - Probable diagnosis of the above case
 - What is the treatment plan
 - Dietary advice to be given
- III. Define pathological jaundice, its causes and management** [2+5+3=10]
- IV. Reasoning Questions:** [3X5=15]
- What is the significance of tall 'T' waves in ECG, and how would you manage the condition.
 - Name one important preventable cause of mental retardation in Pediatrics and explain the role of screening for the same.
 - Discuss the role of zinc in Pediatrics
- V. Write short notes on:** [8X5=40]
- How would you manage a case of acute Idiopathic Thrombocytopenic Purpura.
 - Discuss the fluid management Plan in case of severe dehydration.
 - Enumerate and discuss adverse events following vaccination.
 - Outline the investigations and treatment of enteric fever.
 - Describe the clinical features and treatment of bronchiolitis.
 - Discuss the steps of management of cyanotic spell in tetralogy of fallot.
 - Definition of cerebral palsy and its classification.
 - Discuss the various ethical issues regarding vaccination.(AETCOM Qus.)
- VI. Write short notes on:** [3X5=15]
- How Genetic Counselling is helpful in the management and outcome of various diseases.
 - Describe the cutaneous manifestation of systemic diseases.
 - How would you manage a case of accidental ingestion of toilet cleaner in emergency?