

Course Content Second MBBS (from October 2020) Subject: Pathology (Theory and Practical)

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. Vol. 1; page nos.160-203)

Total Teaching hours: 230 hours

2. A. Lectures (hours): 80

B. Self-directed learning (hours): 12

C. Clinical postings (hours): NIL

D. Small group teachings/tutorials/Integrated teaching/Practicals (hours): 138

		Lectures	Small	SDL
Competency	Topics & Subtopics		group	
Nos.			teaching	
		80	138	12
		hours	hours	hours
PA1.1 - 1.3	Introduction to Pathology	1	2	
	Core: common definitions and terms, role of pathologist,			
	branches of pathology			
	Practicals: histological techniques, working of a microscope			
	Non-core: history and evolution of pathology			
PA2.1 - 2.8	Cell injury and adaptations	6	6	
	Core: Cell injury, necrosis, apoptosis, intracellular			
	accumulations, cell death, cellular adaptations, calcification,			
	disorders of pigment metabolism, Non-core: cellular aging			
PA3.1-3.2	Amyloidosis- Core: Pathogenesis and pathology of amyloidosis	1	2	
PA4.1 - 4.4	Inflammation	4	4	
	Core: Acute and chronic inflammation, mediators of			
	inflammation, granulomatous inflammation, including TB			
PA5.1	Healing and repair- Core: Repair and wound healing	1	-	
PA6.1- 6.7	Hemodynamic disorders	4	6	
	Core: Edema, hyperemia, congestion, hemorrhage, shock,			
	thrombosis, embolism, ischemia, infarction			
PA7.1-7.5	Neoplasia N	5	6	
	Core: Definition and classification of neoplasia, molecular			
	basis of cancer, carcinogenesis, effects of tumour on host,			
	paraneoplastic syndrome, laboratory diagnosis of cancer			
	Non-core: Immunology and immune response to cancer			
PA8.1-8.3	Basic diagnostic cytology	-	2	
	Core: Diagnostic role of cytology, exfoliative cytology			
PA9.1-9.37	Immunopathology	5	2	
	Core: Principles of immunity, hypersensitivity reactions, HLA			
	system, transplant rejection, autoimmunity, systemic lupus			
	erythematosus, pathology of HIV/AIDS			
PA10.1-10.4	Infections and infestations- Core: Malaria, cysticercus, leprosy,	-	2	1
	Non-core: Common bacterial, viral, protozoal, and helminthic			
	diseases			



www.FirstRanker.com www.FirstRanker.com

		Lectures	Small	SDL
Competency	Topics & Subtopics		group	
Nos.			teaching	
		80	138	12
		hours	hours	hours
PA11.1-11.3	Genetic and pediatric diseases-	1	-	1
	Non-core: Mutations, Tumors and tumour-like conditions of			
	infancy and childhood, common storage disorders			
PA12.1-12.3	Environmental and nutritional disease	-	2	
	Core: Air pollution, tobacco, alcohol, protein calorie			
	malnutrition, starvation, obesity			
PA13.1-13.5	Introduction to hematology	2	8	
	Core: Hematopoiesis and extramedullary hematopoiesis,			
	definition and classification of anemia, anticoagulants,			
	investigations in anemia, peripheral smear examination			
PA14.1-14.3	Microcytic anemia- Core: Iron metabolism, microcytic	1	4	
	hypochromic anemia, peripheral smear in microcytic anemia			
PA15.1-15.4	Macrocytic anemia	1	4	
	Core: Vitamin B12 metabolism. Etiology and pathogenesis of			
	B12 deficiency, laboratory investigations in macrocytic			
	anemia, megaloblastic anemia			
	Non-core: differences between megaloblastic and non-			
	megaloblastic anemia			
PA16.1-16.7	Hemolytic anemia	2	6	
	Core: Definition and classification of hemolytic anemia,			
	pathogenesis, features, hematological indices, sickle cell			
	anemia, thalassemia, peripheral smear picture in hemolytic			
	anemia, classification, clinical features of hemolytic anemia			
PA17.1-17.2	Aplastic anemia- Non-core: Etiology, pathogenesis, findings,	1	2	
	bone marrow aspiration and biopsy			
PA18.1-18.2	Leukocyte disorders	2	2	
	Core: Leukocytosis, leukopenia, acute and chronic leukemia			
PA19.1-19.7	Lymph node and spleen	2	2	
	Core: Lymphadenopathy, TB lymphadenitis, Hodgkin's			
	disease, non-Hodgkin's lymphoma, splenomegaly			
PA20.1	Plasma cell disorders- Core: Multiple myeloma	-	2	
PA21.1-21.5	Hemorrhagic disorders	3	4	
	Core: Normal hemostasis, vascular and platelet disorders, ITP,			
	hemophilia, clotting disorders, DIC, Vitamin K deficiency			
PA22.1-	Blood banking and transfusion	2	4	1
22.7	Core: Blood group systems, compatibility testing, blood			
	components, transfusion transmitted infections, transfusion			
	reactions, autologous transfusion			
PA23.1-23.3	Clinical Pathology		12	
	Core: Urine analysis, Body fluids, semen analysis, thyroid			
	function tests, renal function tests, liver function tests			
PA24.1-24.7	Gastrointestinal tract:- Core: Etiology, pathogenesis,	5	4	
	pathology, morphology and clinical features of: oral cancer,			



www.FirstRanker.com www.FirstRanker.com

		Lectures	Small	SDL
Competency	Topics & Subtopics		group	
Nos.		sis and athology, ry diagnosis of viral r disease and lar carcinoma ogy panel in viral omplications of: ive airway disease, lung thelioma sis, acute renal allonephritis, ase, diseases of si, acute and chronic ar diseases of si, acute and chronic archieves are diseases of si, acute and chronic archieves a	teaching	42
			138 hours	12 hours
	ponticulous diseases, polymography stomach, tubesculou	nours	nours	nours
	peptic ulcer disease, polyp, carcinoma stomach, tubercular			
PA25.1-25.6	intestine, inflammatory bowel disease, carcinoma colon	-	6	
PAZ5.1-25.6	Hepatobiliary system: Core: Bilirubin metabolism, etiopathogenesis and	5	ь	
	classification of jaundice, hepatic failure, pathology,			
	complications, consequences and laboratory diagnosis of viral hepatitis; pathophysiology of alcoholic liver disease and			
	cirrhosis; portal hypertension; hepatocellular carcinoma			
	Interpretation of liver function tests; Serology panel in viral			
	hepatitis (small group)			
PA26.1-26.7	Respiratory system:	4	4	
	Core: Etiopathogenesis, morphology, and complications of:			
	pneumonia, lung abscess, chronic obstructive airway disease,			
	bronchiectasis, tuberculosis, occupational lung disease, lung			
	tumours, Non-core: pleural tumours, mesothelioma	_	-	_
PA27.1-	Cardiovascular system:	5	6	1
27.10	Core: Arteriosclerosis, aneurysm, heart failure, ischemic heart disease, laboratory diagnosis of acute coronary syndrome,			
	rheumatic fever and heart disease, infective endocarditis,			
	pericarditis, pericardial effusion, Non-core: cardiomyopathies,			
PA28.1-	Urinary tract	6	4	2
28.16	Core: Histology of kidney, clinical syndromes, acute renal			
	failure, chronic renal failure, acute glomerulonephritis,			
	glomerular manifestations in systemic disease, diseases of			
	tubular interstitium, acute tubular necrosis, acute and chronic			
	pyelonephritis, reflux nephropathy, vascular diseases of			
	kidney, cystic diseases of kidney, urinary calculi and			
	obstructive uropathy, renal tumours			
	Non-core: thrombotic angiopathies, urothelial tumours			
PA29.1-29.5	Male genital tract:	1	2	
	Core: Testicular tumours, carcinoma penis, benign prostatic			
DA20 1 20 0	hyperplasia, carcinoma prostate, Non-core: prostatitis	4	6	- 2
PA30.1-30.9	Female genital tract: Core: Pathogenesis, etiology, pathology, diagnosis, and	1	6	2
	progression of: carcinoma cervix, carcinoma endometrium,			
	leiomyoma, leiomyosarcoma, ovarian tumours, gestational			
	trophoblastic neoplasms, Non-core: cervicitis, endometriosis,			
	adenomyosis, endometrial hyperplasia			
PA31.1-31.4	Breast-	1	2	
	Core: Benign breast disease, carcinoma breast,			
	Non-core: gynecomastia			
PA32.1-32.9	Endocrine system	4	4	2
	Core: etiology, pathogenesis, pathology and iodine			
	dependency of: goiters, thyrotoxicosis, hyperthyroidism,			



www.FirstRanker.com

Competency Nos.	Topics & Subtopics	Lectures 80	Small group teaching 138	SDL 12
		hours	hours	hours
	hypothyroidism; epidemiology, etiopathogenesis, pathology, laboratory diagnosis, complications of diabetes mellitus Non-core: hyperparathyroidism, pancreatic cancer, adrenal insufficiency, Cushing syndrome, adrenal ne			
PA33.1-33.5	Bone and soft tissue	1	4	1
	Core: Osteomyelitis, bone tumours, soft tissue tumors Non-core: Rheumatoid arthritis, Paget's disease of bone			
PA34.1-34.4	Skin Core: Squamous cell carcinoma, basal cell carcinoma Non-core: Nevus, melanoma,	1	4	
PA35.1-35.3	Central nervous system	2	4	
	Core: CSF findings in meningitis, CNS tumours			
PA36.1	Eye- Non-core: Retinoblastoma			1
AETCOM 2.4	Working in a health care team		2	
AETCOM 2.8	What does it mean to be family member of a sick patient?		2	
	www.FirstRanker.com			





www.FirstRanker.com

Subject: Pathology LIST OF PRACTICALS

GENERAL PATHOLOGY

- Histological techniques, tissue processing, microscopy
- 2. Intracellular accumulations, calcification
- 3. Cellular adaptations
- 4. Disorders of pigment metabolism
- 5. Amyloidosis
- 6. Acute inflammation
- 7. Chronic inflammation and repair
- 8. Tuberculosis and leprosy
- Hemodynamic disturbances
- Neoplasia
- 11. Infections and infestations

HEMATOLOGY

- 1. Collection of specimens, anticoagulants, normal hematopoiesis
- 2. Hemoglobin estimation: Interpretation of report
- 3. Hematocrit and Erythrocyte sedimentation rate: Interpretation of report
- 4. Complete blood count: Interpretation of report (without flags) from automated cell counter
- Preparation of peripheral smear and performing differential leukocyte count, interpretation of peripheral smear
- 6. Investigations of anemia
- Investigations of leukemia
- 8. Plasma cell dyscrasias
- 9. Investigation of bleeding and clotting disorders
- 10. Blood banking: Performing blood grouping and interpretation of results

SYSTEMIC PATHOLOGY

- 1. Lymphoma
- 2. Splenomegaly
- 3. Gastrointestinal tract: Ulcers
- 4. Intestinal polyp and carcinoma intestine
- 5. Cirrhosis and hepatocellular carcinoma
- 6. Pneumonia, bronchiectasis
- 7. Pulmonary tuberculosis and bronchogenic carcinoma
- Atherosclerosis
- 9. Left ventricular hypertrophy, myocardial infarction, lab diagnosis of MI
- 10. Rheumatic heart disease and infective endocarditis
- Chronic contracted kidney, glomerulonephritis, pyelonephritis
- 12. Urinary calculi, Renal cell carcinoma,
- 13. Male genital tract
- 14. Female genital tract: Carcinoma cervix, Carcinoma endometrium
- 15. Leiomyoma, Ovarian tumours
- 16. Gestational trophoblastic disease

NAME OF THE PARTY OF THE PARTY

- Breast
- 18. Thyroid
- 19. Bone and soft tissue tumours
- 20. Skin
- 21. CNS tumours





www.FirstRanker.com

CLINICAL PATHOLOGY

- 1. Urine analysis: Interpretation of physical, chemical and microscopic examination results
- Semen analysis: Lecture demonstration, interpretation of report
- 3. Basic cytological techniques: FNAC and exfoliative cytology (Lecture demonstration)
- 4. CSF examination: Lecture demonstration and interpretation of reports
- 5. Body fluids: Interpretation of serous effusion reports
- 6. Interpretation of kidney function tests
- 7. Investigations in jaundice
- 8. Investigations in diabetes mellitus

AUTOPSY

Indications and technique, autopsy findings in common conditions like myocardial infarction, cirrhosis, portal hypertension, bronchogenic carcinoma, miliary tuberculosis, renal cell carcinoma etc.

Suggested LIST OF SPECIMENS

- 1. Fatty liver
- 2. Vesicular mole (hydropic change)
- 3. Cardiac hypertrophy
- 4. Kidney- atrophy
- 5. Large white kidney-amyloidosis
- 6. Anthracosis
- 7. Hemochromatosis- Prussian blue reaction
- 8. Acute appendicitis
- Serofibrinous pericarditis
- 10. Abscess- lung/ liver
- 11. Tubercular lymph node- caseation, matted lymph nodes
- 12. CVC Liver
- 13. Splenic infarct
- 14. Renal infarct
- Myocardial infarction
- 16. Leiomyoma
- 17. Squamous papilloma
- 18. Hemangioma- Liver
- 19. Intestinal polyp
- Squamous cell carcinoma-skin/cervix/penis
- 21. Adenocarcinoma- intestine
- 22. Melanoma
- 23. Enlarged lymph node: Hodgkin's disease
- 24. Benign ulcer-Peptic ulcer
- 25. Tubercular intestine
- 26. Amebic ulcer
- 27. Malignant ulcer- Carcinoma stomach
- 28. Cirrhosis
- 29. Hepatocellular carcinoma
- 30. Pulmonary tuberculosis
- 31. Miliary tuberculosis
- 32. Rheumatic heart disease mitral stenosis
- 33. Small contracted kidney

- 34. Renal cell carcinoma
- 35. Hydronephrosis
- 36. Urinary calculi
- 37. Wilm's tumour





www.FirstRanker.com

- 38. Carcinoma penis
- 39. Seminoma
- 40. Carcinoma cervix
- 41. Carcinoma endometrium
- 42. Dermoid cyst
- 43. Ovarian cystadenoma
- 44. Leiomyoma
- 45. Carcinoma breast
- 46. Goitre
- 47. Solitary thyroid nodule
- 48. Giant cell tumour
- 49. Fibroadenoma of breast
- 50. Lipoma
- 51. Metastatic (Liver/Lung)
- 52. Fat necrosis
- 53. Meningioma

LIST OF SLIDES

- 1. Cloudy swelling-kidney
- 2. Fatty liver
- 3. Hyaline change in leiomyoma
- 4. Benign prostatic hyperplasia
- 5. Squamous metaplasia
- Calcification
- 7. Amyloidosis- kidney
- 8. Nevus
- 9. Anthracosis
- Acute appendicitis
- 11. Acute pyogenic meningitis
- 12. Tubercular lymphadenitis (Caseous necrosis, granuloma)
- 13. Tuberculoid leprosy
- 14. Lepromatous leprosy
- 15. Pulmonary edema
- 16. CVC lung
- 17. CVC liver
- 18. Thrombus
- 19. Renal infarct
- 20. Myocardial infarction
- 21. Capillary hemangioma
- 22. Squamous papilloma
- 23. Squamous cell carcinoma
- 24. Adenocarcinoma
- 25. Actinomycosis
- 26. Rhinosporidiosis
- 27. Cysticercosis
- 28. PS-Malaria
- 29. Eosinophilia
- 30. Neutrophilia
- 31. Microcytic anemia
- 32. Macrocytic anemia
- 33. Sickle cell anemia
- 34. Acute leukemia





www.FirstRanker.com

- 35. Chronic myeloid leukemia
- 36. Hodgkin's disease
- 37. Peptic ulcer
- 38. Tubercular intestine
- 39. Adenocarcinoma intestine
- 40. Cirrhosis
- 41. Lobar pneumonia
- 42. Bronchopneumonia
- 43. Pulmonary tuberculosis
- 44. Atherosclerosis
- 45. Myocardial infarction
- 46. Crescentic glomerulonephritis
- 47. Chronic pyelonephritis
- 48. Renal cell carcinoma
- 49. Benign prostatic hyperplasia
- 50. Seminoma
- 51. Fibroadenoma
- 52. Carcinoma breast
- 53. Colloid goiter
- 54. Papillary carcinoma thyroid
- 55. Basal cell carcinoma
- 56. Melanoma
- 57. Lipoma
- 58. Osteogenic sarcoma
- 59. Giant cell tumour

CASE-BASED LEARNING

- 1. Microcytic anemia
- 2. Macrocytic anemia
- Hemolytic anemia
- 4. Multiple myeloma
- 5. Hepatitis
- Obstructive jaundice
- 7. Hemolytic jaundice
- 8. Nephrotic syndrome
- 9. Meningitis

CHARTS

- 1. Interpretation of microcytic anemia
- Interpretation of macrocytic anemia
- Interpretation of hemolytic anemia
- 4. Interpretation of acute leukemia
- Interpretation of chronic leukemia
- 6. Interpretation of multiple myeloma
- 7. Interpretation of bleeding disorder
- 8. Interpretation of clotting disorder
- 9. Interpretation of Liver disorders
- 10. Interpretation of Renal disorders

CONTRACTOR SECURITION OF THE PROPERTY OF THE P

- 11. Interpretation of Thyroid disorders
- 12. Interpretation of acute myocardial infarction
- 13. Pyogenic meningitis
- 14. Tubercular meningitis
- 15. Viral meningitis
- Diabetes mellitus



irstRanker.com



Paper wise distribution of topics for Prelim & MUHS Annual Examination Year: Second MBBS

Subject: Pathology

Paper	Section	Topics
rapei	A	Topics of the paper I
	^	Topics of the paper i
		General Pathology:
		 Cell injury and adaptation
		2. Amyloidosis
		Inflammation and repair
		Tuberculosis and leprosy
		Hemodynamic disturbances
		Immunopathology
		7. Neoplasia
		8. Infections and infestations
		Basic diagnostic cytology
		 Histological techniques, tissue processing
		11. Genetic and pediatric diseases
		 Environmental and nutritional diseases
		Hamatalani
		Hematology
		Introduction to hematology
		Microcytic anemia
		Macrocytic anemia
		Hemolytic anemia
		5. Aplastic anemia
		Leukocyte disorder
		7. Lymph node and spleen
		Plasma cell disorders
		Hemorrhagic disorders
		 Blood banking and transfusion medicine
		AETCOM 2.4 and 2.8
II	A	Topics of the paper II
	1.7	Systemic Pathology
	X / /	Gastrointestinal tract
	1.	Hepatobiliary system
		Respiratory system
		4. Cardiovascular system
		5. Urinary tract
	_3	Male genital tract
		7. Female genital tract
		8. Breast
		Endocrine system
		Bone and soft tissue
		11. Skin
		12. Central nervous system
		Clinical Pathology
		Urine analysis
		Body fluid analysis
		CSF analysis
		Liver function test
		Renal function test
		Diabetes mellitus
		7. Thyroid function test



Second MBBS Internal Assessment Subject: Pathology

Applicable w.e.f October 2020 onwards examination for batches admitted from Je

	I-Ex	cam (After 3 months , J	an)	II-Exa	m (After 7 months, f	May)	
Phase	Theory	Practical (Including 10 Marks for Journal & Log Book)	Total Marks	Theory	Practical Including 10 Marks for Journal & Log Book	Total Marks	Theo
Second MBBS	100	100	200	100	100	200	Paper 1 Paper 2

- There will be 3 internal assessment examinations in Pathology. The structure of the internal assessment be similar to the structure of University examinations.
- It is mandatory for the students to appear for all the internal assessment examinations.
- First internal assessment examination will be held in January, second internal assessment examination internal assessment examination will be held in July.
- A student who has not taken minimum required number of tests for Internal Assessment each in the eligible for University examinations.
- There will be only one additional examination for absent students (due to genuine reason) after app Grievances Committee. It should be taken after preliminary examination and before submission of in University.
- Internal assessment marks for theory will be out of 400 and practical will be out of 200.





www.FirstRanker.com

- Reduce total theory internal assessment to 40 marks and total practical internal assessment to 40 m least 50% marks of the total marks (combined in theory and practical; not less than 40 % marks in the be eligible for appearing University examination
- 8. Conversion Formula for calculation of marks in internal assessment examinations

	First IA	Second IA	Third IA (Prelim)	Total	Internal assessment marks: Conversion formula (out of 40)	Eligibility to a University ex- (after convers (40% separate Practical, 50%	amination sion out ely in Th
Theory	100	100	200	400	Total marks obtained	16	
		1//		0,	10	(Minimum)	Total c
Practical	50	50	100	200	Total marks obtained	16	Practio
	1		0.0		05	(Minimum)	

While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table

Internal Assessment Marks	Final rounded marks
15.01 to 15.49	15
15.50 to 15.99	16

- 9. Internal assessment marks will reflect as separate head of passing at the summative examination.
- 10.Internal assessment marks will not to be added to marks of the University examinations and will be s



Second MBBS Practical Mark's Structure

Applicable w.e.f October 2020 onwards examination for batches admitted from June 2

,					Subject: Path	ology (I ter	rm)	,
			Practical		(0	ral/Viva
Seat No.				16	7			
	OSPE	PS/DLC	CBC report interpretation	Blood group	Histopathology slide	Total	Gross specimen General Pathology	Hematolog
Max. Marks	10	5	5	5	E . 5	30	7	8
			3	20				
		X	1	111				
			9.	-				

			10/10			
			and the same of th	Subject: Patho	ology (II term)	
			O	ral/Viva		
Seat No.						
	OSPE	Urine report interpretation	Histopathology slide	Total	Gross specimen Systemic Pathology	Clinical pathology
Max. Marks	20	5	5	30	7	8

12







Subject: Pathology Prelim Examination

				Practical		·Ö.			
Seat No.					·)				
	OSPE	PS/DLC	Urine interpretation	CBC report interpretation	Blood group	Histopathology slide	Logbook	Total	Gross specimens
Max. Marks	32	10	10	5	50.	8	10	80	10
			, X	1	70,				
			1 5 5	20/					

Subject: Pathology M.U.H.S. Final Exam.

	Practical								Or
Seat No.			W				Total		
	OSPE	PS/DLC	Urine interpretation	CBC report interpretation	Blood group	Histopathology slide		Gross specimens	
	Α	В	С	D	E	F	G	н	
Max. Marks	32	10	10	5	5	8	70	15	
									Γ
									$oxed{\Box}$



www.FirstRanker.com

For Urine examination

Students are not expected to perform urine examination, but to interpret results. Clinical cases with urinary findings may be

Suggested OSPE stations

- 1. Clinical chart interpretation (Clinical Pathology) 5 marks
- 2. Clinical chart interpretation (Clinical Pathology) 5 marks
- 3. Clinical chart interpretation (CSF) 5 marks
- 4. Clinical chart interpretation (Hematology)- 5 marks
- 5. Slides (3)- Hematology, benign, inflammatory- 6 marks
- 6. Specimens (3)- 6 marks







www.FirstRanker.com

Subject: Pathology

LIST OF PRACTICALS

GENERAL PATHOLOGY

- Histological techniques, tissue processing, microscopy
- 2. Intracellular accumulations, calcification
- Cellular adaptations
- 4. Disorders of pigment metabolism
- 5. Amyloidosis
- 6. Acute inflammation
- Chronic inflammation and repair
- 8. Tuberculosis and leprosy
- Hemodynamic disturbances
- Neoplasia
- 11. Infections and infestations

HEMATOLOGY

- 1. Collection of specimens, anticoagulants, normal hematopoiesis
- 2. Hemoglobin estimation: Interpretation of report
- 3. Hematocrit and Erythrocyte sedimentation rate: Interpretation of report
- 4. Complete blood count: Interpretation of report (without flags) from automated cell counter
- 5. Preparation of peripheral smear and performing differential leukocyte count, interpretation of peripheral
- 6. Investigations of anemia
- Investigations of leukemia
- 8. Plasma cell dyscrasia
- 9. Investigation of bleeding and clotting disorders
- Blood banking: Performing blood grouping and interpretation of results

SYSTEMIC PATHOLOGY

- Lymphoma
- 2. Splenomegaly
- 3. Gastrointestinal tract: Ulcers
- 4. Intestinal polyp and carcinoma intestine
- 5. Cirrhosis and hepatocellular carcinoma
- Pneumonia, bronchiectasis
- 7. Pulmonary tuberculosis and bronchogenic carcinoma
- Atherosclerosis
- 9. Left ventricular hypertrophy, myocardial infarction, lab diagnosis of MI
- 10. Rheumatic heart disease and infective endocarditis
- 11. Chronic contracted kidney, glomerulonephritis, pyelonephritis
- 12. Urinary calculi, Renal cell carcinoma,
- 13. Male genital tract
- Female genital tract: Carcinoma cervix, Carcinoma endometrium
- 15. Leiomyoma, Ovarian tumours
- Gestational trophoblastic disease
- 17. Breast
- 18. Thyroid
- 19. Bone and soft tissue tumours

THE PARTY OF THE P

- 20. Skin
- 21. CNS tumours





www.FirstRanker.com

CLINICAL PATHOLOGY

- 1. Urine analysis: Interpretation of physical, chemical and microscopic examination results
- Semen analysis: Lecture demonstration, interpretation of report
- Basic cytological techniques: FNAC and exfoliative cytology (Lecture demonstration)
- 4. CSF examination: Lecture demonstration and interpretation of reports
- Body fluids: Interpretation of serous effusion reports
- 6. Interpretation of kidney function tests
- 7. Investigations in jaundice
- 8. Investigations in diabetes mellitus

AUTOPSY

Indications and techniques, autopsy findings in common conditions like myocardial infarction, cirrhosis, portal hypertension, bronchogenic carcinoma, miliary tuberculosis, renal cell carcinoma etc.

LIST OF SPECIMENS

- Fatty liver
- Vesicular mole (hydropic change)
- 3. Cardiac hypertrophy
- 4. Kidney- atrophy
- 5. Large white kidney-amyloidosis
- 6. Anthracosis
- 7. Hemochromatosis- Prussian blue reaction
- 8. Acute appendicitis
- 9. Serofibrinous pericarditis
- Abscess- lung/ liver
- 11. Tubercular lymph node- caseation, matted lymph nodes
- 12. CVC Liver
- 13. Splenic infarct
- 14. Renal infarct
- 15. Myocardial infarction
- Leiomyoma
- 17. Squamous papilloma
- 18. Hemangioma- Liver
- 19. Intestinal polyp
- 20. Squamous cell carcinoma-skin/cervix/penis
- Adenocarcinoma- intestine.
- 22. Melanoma
- 23. Enlarged lymph node: Hodgkin's disease
- 24. Benign ulcer-Peptic ulcer
- 25. Tubercular intestine
- 26. Amebic ulcer
- 27. Malignant ulcer- Carcinoma stomach
- 28. Cirrhosis
- 29. Hepatocellular carcinoma
- 30. Pulmonary tuberculosis
- 31. Miliary tuberculosis
- 32. Bronchectasis
- 33. Bronchogenic carcinoma

ACT PATOMATE IN CONTRACT AND DESCRIPTION OF THE PATOMATE AND D

- 34. Atherosclerosis
- 35. Myocardial infarction





www.FirstRanker.com

- 36. Small contracted kidney
- 37. Renal cell carcinoma
- 38. Hydronephrosis
- 39. Urinary calculi
- 40. Wilm's tumour
- 41. Carcinoma penis
- 42. Seminoma
- 43. Carcinoma cervix
- 44. Carcinoma endometrium
- 45. Dermoid cyst
- 46. Ovarian cystadenoma
- 47. Leiomyoma
- 48. Carcinoma breast
- 49. Goitre
- 50. Solitary thyroid nodule
- 51. Giant cell tumour
- 52. Fibroadenoma of breast
- 53. Lipoma
- 54. Metastasis of Liver/Lung
- 55. Fat necrosis
- 56. Meningioma

LIST OF SLIDES

- 1. Cloudy swelling-kidney
- 2. Fatty liver
- 3. Hyaline change in leiomyoma
- 4. Benign prostatic hyperplasia
- 5. Squamous metaplasia
- 6. Calcification
- 7. Amyloidosis- kidney
- 8. Nevus
- 9. Anthracosis
- 10. Acute appendicitis
- 11. Acute pyogenic meningitis
- 12. Tubercular lymphadenitis (Caseous necrosis, granuloma)
- 13. Tuberculoid leprosy
- 14. Lepromatous leprosy
- 15. Pulmonary edema
- CVC lung /Liver
- 17. Thrombus
- 18. Renal infarct
- 19. Myocardial infarction
- 20. Capillary hemangioma
- Squamous papilloma
- Squamous cell carcinoma
- 23. Adenocarcinoma
- 24. Actinomycosis
- 25. Rhinosporidiosis
- 26. Cysticercosis
- 27. PS-Malaria



siRanker com



www.FirstRanker.com

- 28. Eosinophilia
- 29. Neutrophilia
- 30. Microcytic anemia
- Macrocytic anemia
- 32. Sickle cell anemia
- 33. Acute leukemia
- 34. Chronic myeloid leukemia
- 35. Hodgkin's disease
- 36. Peptic ulcer
- 37. Tubercular intestine
- 38. Adenocarcinoma intestine
- 39. Cirrhosis
- 40. Lobar pneumonia
- 41. Bronchopneumonia
- 42. Pulmonary tuberculosis
- 43. Atherosclerosis
- 44. Myocardial infarction
- 45. Crescentic glomerulonephritis
- 46. Chronic pyelonephritis
- Renal cell carcinoma
- www.FirstRanker.com 48. Benign prostatic hyperplasia
- 49. Seminoma
- 50. Fibroadenoma
- 51. Carcinoma breast
- 52. Colloid goiter
- 53. Papillary carcinoma thyroid
- 54. Basal cell carcinoma
- 55. Melanoma
- 56. Lipoma
- 57. Osteogenic sarcoma
- 58. Giant cell tumour

CASE-BASED LEARNING

- Microcytic anemia
- 2. Macrocytic anemia
- 3. Hemolytic anemia
- 4. Multiple myeloma
- 5. Hepatitis
- Obstructive jaundice
- 7. Hemolytic jaundice
- 8. Nephrotic syndrome
- 9. Meningitis

CHARTS

- 1. Interpretation of microcytic anemia
- 2. Interpretation of macrocytic anemia
- 3. Interpretation of hemolytic anemia
- 4. Interpretation of acute leukemia

AND PARAMETERS OF THE PROPERTY OF THE PARAMETERS OF THE PARAMETERS

5. Interpretation of chronic leukemia





www.FirstRanker.com

- 6. Interpretation of multiple myeloma
- Interpretation of bleeding disorder
- 8. Interpretation of clotting disorder
- 9. Interpretation of Liver disorders
- 10. Interpretation of Renal disorders
- 11. Interpretation of Thyroid disorders
- 12. Interpretation of acute myocardial infarction
- 13. Pyogenic meningitis
- 14. Tubercular meningitis
- 15. Viral meningitis
- 16. Diabetes mellitus

f. Books recommended:

- a) Text book of Pathology by Robbins
- b) Text book of General Pathology Part I & II by Bhende and Deodhare c) Clinical Pathology by Talib
- d) Text book of Pathology by Harsh Mohan e) Text book of Pathology by Muir
- f) Haematology De Gruchi
- g) IAPM text book of Pathology

Reference books:

- a) Anderson's text book of Pathology Vol I & II
- www.FirstRanker.com b) Oxford text book of Pathology Vol. I, II & III
- c) Pathology by Rubin and Farber
- d) Pathologic basis of Disease Robbins





www.FirstRanker.com

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

	1.	Course as	nd Year					2021	& onward	ls examination	15)		Subject Code	:		
l	3.	Subject	(PSP)	:	PATH	OLO	GY									
l			(TT)	:												
l	4.	Paper:		:	I	5.	Total Marks	: 10	00 6.	Total Time	:	3 Hrs.	7. Remu. (Rs)	:	Rs. 300/-	
I													8. Remu. (Rs)	:	Rs. 350/-	
l	9.	Web Pr	rttern	:	[]	10.	Web Skeleton	: [] 11.	Web Syllabus	:	[]	12. Web Old QP	:	[]	
	erte	metions:					SE	CTIC	ON "A" MO	CQ						

Insti	ructions	i:	1) 2) 3) 4)	Use Eacl	blue h que	ball p	oint po carrie:	priate en onl s One	box l y. mark	relow i	MCQ the question number once only. ishe overwrites strikes or put white ink on the cross once man	ked.
							SEC	CTIO	N "A'	MCC) (20 Marks)	
1.	Multip	ple Cho	ice Qu	estion	s (To	tal 20	MCQ	of O	ne ma	rk eac	h. At least 5 should be scenario-based MCQ)	(20 x1=20)
	a)	b)	c)	d)	c)	f)	g)	h)	i)	j)		
	k)	I)	m)	n)	o)	p)	q)	r)	s)	t)		

	Instructions:	 Use blue/black ball point pen only. Do not write anything on the blank portion of the question paper. If written anything, such type considered as an attempt to resort to unfair means. All questions are compulsory. The number to the right indicates full marks. Draw diagrams wherever necessary. Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipula Question paper pattern is a mere guideline. Questions can be asked from any paper's syllabus in paper. Students cannot claim that the Question is out of syllabus. As It is only for the place distribution has been done. Use a common answerbook for all sections. 	ated frame. The to any question
2.		OM Module (2.4 and 2.8)	(7x1=7)
3.		Questions (Any 3 out of 4)	(7x3=21)
4.	a) b) Long Answer a)	c) d) r Questions (Structured)	(12x1=12)
5	Short answer a) b)	questions (Any 4 out of 5) c) d) e)	(7x4=28)
6	Long Answer	Questions (Structured)	(12x1=12)
	a)		



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

l	1. Course	and Year		Second (applicat			2021 &	onwards	examinations)		Subject Code		
ŀ	Subject	(PSP)	:	PATHO	OLOG	GY								
ı		(TT)	:											
ŀ	4. Paper:		:	П	5.	Total Marks	: 100	6.	Total Time	:	3 Hrs.	7. Remu. (Rs)	:	Rs. 300/-
ı												8. Remu. (Rs)	:	Rs. 350/-
L	Web Pi	ittern	:	[]	10.	Web Skeleton	:[]	11.	Web Syllabus	:	[]	12. Web Old QP	:	[]
Ξ														
	Instruction	F.				SI	ECTION	N "A" M	cq					

Insti	uctions	:	1) 2) 3) 4)	Use Eacl	blue h que	ball p	oint po carrie:	priate en oni s One	box l y. mark	below i	* MCQ the question number once only. (she overwrites strikes or put white ink on the cross once marked.	
							SEC	T10	N "A'	" MC(Q (20 Marks)	
1.	Multip	le Cho	ice Qu	estion	s (To	tal 20	MCQ	of O	ne ma	rk eacl	h. At least 5 should be scenario-based MCQ)	(20 x1=20)
	a)	b)	c)	d)	e)	f)	g)	h)	i)	j)		
	k)	I)	m)	n)	o)	p)	q)	r)	s)	t)		

	k) l) m) n) o) p) q) r) s) t)	
In	SECTION "B" & "C" 2) Do not write anything on the blank portion of the question paper. If written anything, such type of act considered as an attempt to resort to unfair means. 3) All questions are compulsory. 4) The number to the right indicates full marks. 5) Draw diagrams wherever necessary. 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulat Question paper pattern is a mere guideline. Questions can be asked from any paper's syllabus into any q Students cannot claim that the Question is out of syllabus. As It is only for the placement sake, the dibeen done. 7) Use a common answerbook for all sections.	ed frame. The uestion paper.
2.	Short Answer Questions (Any 4 out of 5)	(7x4=28)
3.	a) b) c) d) e) Long Answer Question Structured a)	(12x1=12)
4	Short answer question (Any 4out of 5) b) b) c) d) e)	(8x3=24)
5	Long Answer Questions (Scenario Based)	(12x1=12)
	a)	



Competency Based Medical Education Year: Second MBBS

Subject: Pathology Learning Resource Material

Books recommended:

- a)Text book of Pathology by Robbins
- b)Text book of General Pathology Part I & II by Bhende and Deodhare
- c)Clinical Pathology by Talib
- d)Text book of Pathology by Harsh Mohan
- e)Text book of Pathology by Muir
- f) Haematology De Gruchi
- g)IAPM text book of Pathology

Reference books:

- www.FirstRanker.com a)Anderson's text book of Pathology Vol I & II
- b)Oxford text book of Pathology Vol. I, II & III
- c)Pathology by Rubin and Farber
- d)Pathologic basis of Disease Robbins



Maharashtra University of Health Sciences Nashik



PATHOLOGY LOGBOOK FOR PHASE SECOND MBBS STUDENTS AS PER COMPETENCY BASED CURRICULUM





Preface

The Medical Council of India has revised the undergraduate medical education curriculum so that the Indian Medical Graduate (IMG) is able to recognize "Health for all" as a national goal. He/she should also be able to fulfil his/her societal obligations. The revised curriculum has specified the competencies that a student must attain and clearly defined teachinglearning strategies for the same. With this goal in mind, integrated teaching, skill development, AETCOM and self-directed learning have been introduced. There would be emphasis on communication skills, basic clinical skills and professionalism. There is a paradigm shift from the traditional didactic classroom-based teaching to learning environments where there is emphasis on learning by exploring, questioning, applying, discussing, analysing, reflecting, collaborating and doing. The recognition of this need is enshrined by a greatly enhanced allocation of time to these methods and also the assessment white its its and a second techniques. With this view in mind the log book has been designed as per the guidelines of competency based curriculum.



www.FirstRanker.com

Name of the College
Admission Year:
CERTIFICATE
This is to certify that,
Mr/Ms
Roll No has satisfactorily attended/completed all assignments mentioned in this logbook as per the guidelines prescribed by Medical Council of India, for Phase II MBBS Competency Based Curriculum in the subject of Pathology. Date://
Place:
Teacher Incharge Professor and Head Department of Pathology



www.FirstRanker.com

Instructions

- 1. This logbook is prepared as per the guidelines of MCI for implementation of Competency based curriculum for Phase II MBBS students in the subject of Pathology.
- 2. Students are instructed to keep their logbook entries up to date.
- 3. Students also have to write reflections on AETCOM Module 2.4 and 2.8) Reflections should be structured using the following guiding questions:
 - What happened? (What did you learn from this experience)
 - · So what? (What are the applications of this learning)
 - . What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?)
- 4. The logbook assessment will be based on multiple factors like
 - Attendance
 - Active participation in the sessions
 - · Timely completions
 - www.FirstRanker.com Quality of write up of reflections
 - Overall presentation





CONTENTS

S.No	Topic	Signature of the teacher	Remarks
		0,	
		3	
	(0)		
	X of		
	S Sall		
	File		
	an,		
	7		



www.FirstRanker.com www.FirstRanker.com

S.No	Topic	Signature of the	Remarks
		teacher	
		-O.	
		J	
	.10		
		^	
		10.	
	100		
	The state of the s		
'	il Gill		
	MANTER		
	3		



www.FirstRanker.com www.FirstRanker.com

S.No	Topic	Signature of the teacher	Remarks
		-0.	
	Yo.		
	A.C. Tol.		
	2200		



ASSESSMENT OF LOG BOOK

Sr.No	Description	Maximum Marks	Marks obtained	Signature of Teacher
1	Completion of Journal-I term	5		
2	Completion of Journal- II term	5		
3	Performance in case based learning	3	0	
4	Participation in seminars, research projects, quiz etc	3	2,	
5	Reflections on AETCOM Module * 2.4 , 2.8	Ner con		
6	Attendance Records	SIRAL		
7	Total marks obtained for log book	20		

^{*} AETCOM - Competencies for IMG, 2018, Medical Council of India.



www.FirstRanker.com

The following skills have been performed by the student and are certified by the teacher as follows:

		Date	Teacher's signature
1.	Preparation of peripheral smear		
2.	Interpretation of liver function tests and viral serology panel		
3	Interpretation of CSF in meningitis		

www.FirstRanker.com



PRACTICAL TOPICS IN PATHOLOGY

Students are expected to write briefly about the topics and draw labelled diagrams of relevant slides in their journal, and get it assessed from their teacher.

GENERAL PATHOLOGY

- Histological techniques, tissue processing, microscopy
- 2. Intracellular accumulations, calcification
- 3. Cellular adaptations
- 4. Disorders of pigment metabolism
- 5. Amyloidosis
- 6. Acute inflammation
- Chronic inflammation and repair
- 8. Tuberculosis and leprosy
- 9. Hemodynamic disturbances
- Neoplasia
- 11. Infections and infestations

HEMATOLOGY

- 1. Collection of specimens, anticoagulants, normal hematopoiesis
- 2. Hemoglobin estimation: Interpretation of report
- 3. Hematocrit and Erythrocyte sedimentation rate: Interpretation of report
- 4. Complete blood count: Interpretation of report (without flags) from automated cell counter
- Preparation of peripheral smear and performing differential leukocyte count, interpretation of peripheral smear
- 6. Investigation of anemia
- 7. Investigation of leukemia
- 8. Plasma cell dyscrasia
- 9. Investigation of bleeding and clotting disorders
- 10. Blood banking: Performing blood grouping and interpretation of results

SYSTEMIC PATHOLOGY

- Lymphoma
- 2. Splenomegaly
- 3. Gastrointestinal tract: Ulcers
- 4. Intestinal polyp and carcinoma intestine
- 5. Cirrhosis and hepatocellular carcinoma
- 6. Pneumonia, bronchiectasis
- 7. Pulmonary tuberculosis and bronchogenic carcinoma
- 8. Atherosclerosis
- 9. Left ventricular hypertrophy, myocardial infarction, lab diagnosis of MI
- 10. Rheumatic heart disease and infective endocarditis
- 11. Chronic contracted kidney, glomerulonephritis, pyelonephritis
- 12. Urinary calculi, Renal cell carcinoma,
- 13. Male genital tract
- 14. Female genital tract: Carcinoma cervix, Carcinoma endometrium
- 15. Leiomyoma, Ovarian tumours
- 16. Gestational trophoblastic disease

THE PARTY OF THE P

- 17. Breast
- 18. Thyroid





www.FirstRanker.com

- 19. Bone and soft tissue tumours
- 20. Skin
- 21. CNS tumours

CLINICAL PATHOLOGY

- 1. Urine analysis: Interpretation of physical, chemical and microscopic examination results
- 2. Semen analysis: Lecture demonstration, interpretation of report
- 3. Basic cytological techniques: FNAC and exfoliative cytology (Lecture demonstration)
- 4. CSF examination: Lecture demonstration and interpretation of reports
- 5. Body fluids: Interpretation of serous effusion reports
- 6. Interpretation of kidney function tests
- 7. Investigations in jaundice
- 8. Investigations in diabetes mellitus

AUTOPSY

Indications and techniques, autopsy findings in common conditions like myocardial infarction, cirrhosis, portal hypertension, bronchogenic carcinoma, miliary tuberculosis, renal cell carcinoma etc.

www.FirstRanker.com





www.FirstRanker.com

Reflection on AETCOM 2.4

Topic: Working in a health care team Date:

www.FirstRanker.com

Signature of Teacher-in-charge



Reflection on AETCOM 2.8

Topic: What does it mean to be a family member of a sick patient? Date:

Why Eigh Sanker com

Signature of Teacher-in-charge



Participation in Seminars, Research Projects, Quiz

S.No	Activity	Date	Signature of Teacher
		0)	
		5	
	10,		
	C.C.		
	Mei.		
63	S Pall		
	Files		
	w.		

Signature of Teacher-in- charge



Attendance Record of the Student

S. No	Term	Theory (%)	Practical (%)	Signature of the Student	Signature of the Teacher
Α	I Term				
В	II Term		-(200	
С	Overall attendance	×	01.		

Note: Above information is for the benefit of students and parents. In case of any discrepancy departmental record will be treated as final.



Details of attending extra classes [For poor attendance (if any)]

S.No	Date	Period	Total hrs	Signature of student	Signature of Teacher
				0.0000000000000000000000000000000000000	0
				0	
				O_{I}	
				,	
			7	0	
		50	, ,0	•	
	.c		yte.		
	6/1	- P	0.		
		Files			
Total hours					

Note: Above information is for the benefit of students and parents. In case of any discrepancy departmental record will be treated as final.



Section 5. Records of Internal Assessment Examinations

Records of Internal Assessment examinations

S.No	Exam	Theory	Practical	Signature	Signature
			including	of student	of Teacher
			viva and		
			log book		
1	I Internal	/100	/ 50		
	Assessment				
2	II Internal	/100	/ 50		
	Assessment				
3	III Internal	/200	/100		
	Assessment			0	
	(Prelim)				
4	Internal	/400	/ 200		
	Assessment				
	marks		5/1		
5	Remedial exam	/200	/100		
	(if any)	1			
6	Internal	/100	/ 100		
	Assessment	()·	, 60		
	marks after		0		
	conversion	20	-		
		- 0			

Note: Above information is for the benefit of students and parents. In case of any discrepancy departmental record will be treated as final.