



RAVARA INSTITUTE OF MEDICAL SCIENCES

(DEEMED TO BE UNIVERSITY)

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NAAC Re-accredited with 'A' Grade

SYLLABUS

UG Programme- ENT

(Competency Based Undergraduate Curriculum will be implemented
from MBBS batch 2024-25)

MBBS SYLLABUS – ENT **2024**

PIMS (DU), UG - ENT - implemented from the UG students batch admitted from 2024-25.

Notification No. 65/2025

Academic Council Meeting dated 23.06.2025

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OTORHINOLARYNGOLOGY**COMPETENCY BASED MEDICAL EDUCATION (CBME) UG CURRICULUM 2024****1. PREAMBLE**

The new Graduate Medical Education Regulations (GMER) attempt to stand on the shoulders of the contributions and the efforts of resource persons, teachers and students (past and present). It intends to prepare the learner to provide health care to the evolving needs of the nation and the world.

Following the Regulations on Graduate Medical Education (GMER) 1997, a new crisp 'avatar' in the form of GMER 2023 was placed last year. Since five years are completed after implementation of CBME it was time to have a relook at all aspects of the various components in the existing regulations and guidelines, and adapt them to the changing demography, socio-economic context, perceptions, values, advancements in medical education and expectations of stakeholders. Emerging health care issues particularly in the context of emerging diseases, impact of advances in science and technology and shorter distances on diseases and their management also need consideration.

The thrust in the new guidelines is put on continuation and evolution of medical education based on feedback and experience of CBME in the last 5 years since its inception in 2019, making it more learner-centric, patient-centric, gender-sensitive, outcome-oriented and environment appropriate. The result is an outcome driven curriculum which conforms to global trends. Emphasis is made on alignment and integration of subjects both horizontally and vertically while respecting the strengths and necessity of subject-based instruction and assessment. This has necessitated a deviation from using "broad competencies"; instead, the reports have written end of phase subject competencies. These "competencies" can be mapped to the global competencies in the Graduate Medical Education Regulations.

The importance of ethical values, responsiveness to the needs of the patient and acquisition of communication skills is underscored by providing dedicated time in curriculum in the form of a longitudinal program titled 'AETCOM' based on Attitude, Ethics and Communication (AETCOM) competencies. Great emphasis has been placed on collaborative and inter disciplinary teamwork, professionalism, altruism and respect in professional relationships with due sensitivity to differences in thought, socioeconomic position and gender.

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OTO-RHINOLARYNGOLOGY(ENT)

Subject Goals:

At the end of training in ENT, the learner should be able to:

- i. Demonstrate knowledge of the common Otorhinolaryngological (ENT) emergencies and problems.
- ii. Recognize, diagnose and manage common ENT emergencies and problems in primary care setting.
- iii. Perform simple ENT procedures as applicable in a primary care setting.
- iv. Recognize hearing impairment and refer to the appropriate hearing impairment rehabilitation programme.
- v. Communicate to patients in respectful non-threatening non-judgmental empathetic manner appropriately
- vi. Identify, discuss and defend medicolegal socio cultural and ethical issues as they pertain to consent for ENT surgical procedures and address patients queries in patient undergoing a basic ENT surgical procedure in a simulated environment.

COMPETENCIES

The student must demonstrate:

1. Knowledge of common ear, nose and throat problems in the community
2. Recognize, diagnose and manage common ENT problems and identify indications for referral,
3. Ability to recognize hearing impairment in the community and implement National programs as applicable in the primary care setting.

Integration: The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand the structural basis of ENT problems, their management and correlation with function, rehabilitation and quality of life.

Total number of teaching hours allotted to ENT

T/L Method	Hours	Total
LGT	30	100 Hours
SGT / Practical / Tutorial	50	
SDL	20	
Clinical posting in Phase- 2 nd	4 Weeks	8 Week
Clinical posting in Phase- 3 rd	4 Weeks	

Sr. no.	Number	Competencies	Teaching hours	Suggested teaching learning method (LGT, SGT, Demonstration, S.D.L., D.O.A.P, seminar.)		
	EN1.1	Describe the Anatomy & physiology of ear, nose, throat, head & neck.	2 hr	LGT		
	EN2.1	Elicit document and present an appropriate history in a patient presenting with an ENT complaint.	3 hr		SGT	
	EN2.2	Demonstrate the correct use of conventional methods including head lamp in the examination of ear, nose and throat, the correct technique of examination of the nose & Paranasal sinuses including the use of nasal speculum, examination of the throat including the use of a tongue depressor, examination of neck including elicitation of laryngeal crepitus.	3 hr			DOAP
	EN2.4	Describe the correct technique to perform and interpret pure tone audiogram & impedance audiogram.	1 hr	LGT		
	EN2.8	Enumerate suspect high-risk patients and risk factors associated and identify by clinical examination malignant & pre-malignant ENT diseases.	2 hr	LGT		
	EN2.9	Counsel and administer informed consent to patients and their families in a simulated environment for Ear: Tympanoplasty, mastoidectomy, Myringotomy. Nose: FESS, Septoplasty, Nasal Bone fracture reduction. Throat: Adenotonsillectomy, Foreign Body Removal from Airway and Food passage, Tracheostomy.	2 hr			DOAP
	EN2.12	Describe the national programs for prevention of deafness, cancer, noise & environmental pollution and participate actively in deafness week and world hearing day.	2 hr	LGT		
	EN3.1	Observe and describe the indications for and steps involved in the performance of Oto-microscopic examination.	2 hr	SGT		
	EN3.2	Observe and describe the indications for and steps involved in the performance of Diagnostic Nasal Endoscopy.				
	EN3.3	Observe and describe the indications for and steps involved in the performance of Rigid/Flexible Laryngoscopy.				
	EN4.1	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Otalgia.	2 hr		SGT	

	EN 4.2	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of diseases of the external ear.	2 hr			DOAP
	EN4.3	Elicit document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of ASOM.	2 hr	LGT		
	EN4.4	Elicit document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of OME.	1 hr	LGT		
	EN4.5	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of ear discharge.	2 hr		SGT	
	EN4.6	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of mucosal type of CSOM.				
	EN4.7	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of CSOM.	2 hr		SGT	
	EN4.8	Describe the clinical features, choose the correct investigations and the principles of management of complications of CSOM.				
	EN4.10	Observe and describe the indications for and steps involved in myringotomy and tympanoplasty.	2 hr			Seminar
	EN4.11	Observe and describe the indications for and steps involved in mastoidectomy.				
	EN4.12	Describe the clinical features, investigations and principles of management of Acoustic Neuroma.	2 hr			Seminar
	EN4.13	Describe the clinical features, investigations and principles of management of Otosclerosis.	2hr			Seminar
	EN4.14	Describe the clinical features, investigations, and principles of management of Conductive Hearing Loss and Sensorineural hearing Loss including Sudden Sensorineural Hearing Loss and Noise Induced Hearing Loss.	2 hr		SGT	
	EN4.15	Describe the anatomy of Eustachian tube and discuss the clinical features, investigations, and management of Eustachian tube disorders.	1 hr		SGT	
	EN4.16	Describe the clinical features, investigations, and principles of management of Facial Nerve palsy.	1 hr	LGT		
	EN4.17	Describe the clinical features, investigations and management of vertigo and assessment of	2r		SGT	

		vestibular functions.				
	EN4.18	Describe the clinical features, investigations, and principles of management of Meniere's Disease.	2 hr.		SGT	
	EN4.19	Describe the clinical features, investigations and management of Tinnitus.				
	EN4.20	Describe the clinical features, investigations, and management of the deaf child.	1 hr	LGT		
	EN4.21	Elicit document and present a correct history demonstrate and describe the causes, choose the correct investigations and describe the principles of management of nasal obstruction.	2 hr			Seminar
	EN4.22	Describe the clinical features, investigations and management of DNS and observe and discuss the indications for the steps in septoplasty.	2 hr		SGT	
	EN4.23	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Adenoids.	1 hr	LGT		
	EN4.24	Elicit document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of allergic rhinitis.	1 hr	LGT		
	EN4.25	Elicit document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of vasomotor rhinitis.	1 hr	LGT		
	EN4.26	Elicit, document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of Acute & Chronic Rhinitis.	2 hr	LGT		
	EN4.27	Elicit, document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of Nasal Polyps.	2 hr		SGT	
	EN4.28	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Epistaxis.	2 hr			DOAP
	EN4.29	Describe the clinical features, choose the correct investigations and describe the principles of management of OBSTRUCTIVE SLEEP APNEA.	1 hr	LGT		
	EN4.30	Describe the clinical features, investigations and principles of management of Head and Neck trauma.	2 hr		SGT	
	EN4.31	Describe the clinical features, investigations and principles of management of nasopharyngeal Angiofibroma.	1 hr		SGT	

	EN4.32	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Acute & Chronic Sinusitis and its complications.	2 hr		SGT	
	EN4.33	Describe the clinical features, investigations and principles of management of Tumours of Nose, Nasopharynx and Paranasal sinus.	2 hr		SGT	
	EN4.34	Describe the clinical features, investigation and management of granulomatous diseases of nose.	2 hr			Seminar
	EN4.35	Describe the clinical features, investigations and principles of management of diseases of the Salivary glands.	1 hr		SGT	
	EN4.36	Describe the clinical features, investigations and principles of management of Deep Neck space Infection.	2 hr		SGT	
	EN4.37	Elicit document and present a correct history describe the clinical features, choose the correct investigations and describe the principles of management of dysphasia.	2 hr		SGT	
	EN4.38	Elicit document and present a correct history, describe the clinical features, choose the correct investigations, complications and describe the principles of management of Acute & Chronic Tonsillitis.	2 hr		SGT	
	EN4.39	Observe and describe the indications for and steps involved in a tonsillectomy / adenoidectomy and its complications.	2 hr		SGT	
	EN4.40	Elicit, document and present a correct history, describe the clinical features, choose the correct investigations and describe the principles of management of hoarseness of voice.	1 hr		SGT	
	EN4.41	Describe the clinical features, investigations and principles of management of Benign lesion of larynx, Acute & Chronic inflammation of larynx, laryngeal paralysis.	1 hr		SGT	
	EN4.42	Describe the clinical features, investigations and principles of management of Malignancy of the Larynx & Hypopharynx.	2 hr		SGT	
	EN4.43	Describe the clinical features, investigations and principles of management of Strider.				
	EN4.44	Observe and describe the indications for and steps involved in tracheotomy and the care of the patient with a tracheotomy.	1 hr		SGT	

	EN4.45	Describe the Clinical features, Investigations and principles of management of diseases of Esophagus.	1 hr	LGT		
	EN4.46	Describe the clinical features, investigations and principles of management of HIV manifestations of the ENT.	1 hr	LGT		
		LGT - 30 HRS SGT - 50 HRS SDL - 20 HRS	100 HRS			

Self Directed Learning- 20 hours

SR. NO.	SDL TOPIC	HOURS
1	Anatomy and blood supply of tonsil	2
2	Clinical features, diagnosis and treatment of ASOM	2
3	Tuning fork tests	1
4	Complications of tonsillectomy	2
5	Septoplasty- technique, procedure and complications	2
6	Clinical features and management of Otitis media with effusion, Myringotomy	2
7	Indications and complications of tracheostomy	2
8	Otoscopy	1
9	Anterior rhinoscopy	2
10	Posterior rhinoscopy	2
11	Indirect laryngoscopy	2
	Total	20

4) COURSE OUTCOMES

At the end of the course, the basic Medical Undergraduate should be able to

1. Diagnosis and management of common ear, nose and throat diseases.
2. Recognize ENT emergencies.
3. Neonatal hearing screening programme.
4. Early and effective referral for neonatal hearing rehabilitation services.

5) TRAINING PERIOD AND TIME DISTRIBUTION

A) Phase III Part I (12 months, including University exams)

Forensic Medicine and Toxicology, Community Medicine, Medicine & allied subjects, Ophthalmology, Otorhinolaryngology (ENT), Surgery & allied subjects, Pediatrics, Obstetrics & Gynecology, Radiodiagnosis, Anesthesiology, AETCOM, Pandemic module integration, alignment & integration and Clinical postings. Family Adoption Programme through village outreach and simulation- based learning to be continued with increasing complexity. **Electives** (1 month) shall be in 2 blocks of 15 days each in Phase III part II. First 15 days block starts after annual exam of Phase III MBBS part 1 and 2nd block after the end of 1st elective.

B) Distribution of teaching hours phase wise:

Phase III-part 1 teaching hours:

Time allotted 12 months (approximately 52 weeks) out of which time available for teaching- learning: approximately 39 weeks. (Excluded- 13 weeks: Preliminary/ University examinations and results: 9 weeks, vacations: 2 weeks, public holidays: 2 weeks) Time distribution in weeks: 39 weeks x 39 hours = 1521 hours for Teaching- Learning.

C) Attitude, Ethics and Communication Module (AETCOM)

Objectives of the programme: At the end of the programme, the learner must demonstrate ability to: Understand and apply principles of bioethics and law as they apply to medical practice and research, understand and apply the principles of clinical reasoning as they apply to the care of the patients,

- Understand and apply the principles of system-based care as they relate to the care of the patient,
- Understand and apply empathy and other human values to the care of the patient,
- Communicate effectively with patients, families, colleagues and other health care professionals,

- Understand the strengths and limitations of alternative systems of medicine,
- Respond to events and issues in a professional, considerate and humane fashion,
- Translate learning from the humanities in order to further his professional and personal growth.

Learning experiences:

- This will be a longitudinal programme spread across the continuum of the MBBS programme including internship.
- Learning experiences shall include small group discussions, patient care scenarios, self-directed learning, workshops, seminars, role plays, large/small group teaching etc.
- Application based subject oriented cases may be used as additional resources for this training and real-life case studies are the best examples for this AETCOM training. Community based case studies must be used in communication aspects of health education, informed consent and counseling in addition to clinical case studies.
- Attitude, Ethics & Communication Module (AETCOM module) developed by the erstwhile Medical Council of India should be used longitudinally for purposes of instruction. 75% attendance in AETCOM Module is mandatory for eligibility to appear for all University examinations of all subjects in each Phase.

AETCOM Competencies for Otorhinolaryngology

- **Competency number 3.1-** Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non-judgmental and empathetic manner
- **Competency number 3.2-** Demonstrate an understanding of the implications and the appropriate procedure and response to be followed in the event of medical error.

6) ASSESSMENT

- A designated faculty member in each unit will coordinate and facilitate the activities of the learner, monitor progress, provide feedback and review the log book/ case record.
- The log book/ case record must include the written case record prepared by the learner including relevant investigations, treatment and its rationale, hospital course, family and patient discussions, discharge summary etc.
- The log book shall also include records of outpatients assigned. Submission of the log book/ case record to the department is required for eligibility to appear for the final examination of the subject.
- Eligibility to appear for Professional examinations

The performance in essential components of training are to be assessed, based on following three components:

A) Attendance

- There shall be a minimum of 75% attendance in theory and 80% attendance in practical /clinical for eligibility to appear for the examinations in that subject. In subjects that are taught in more than one phase-the learner must have 75% attendance in theory and 80% attendance in practical in each phase of instruction in that subject. There shall be a minimum of 75% attendance in AETCOM.

B) Internal Assessment (IA)

Internal assessment shall be based on day-to-day assessment. For subjects taught in more than one phase, there shall be IA in every phase in which the subject is taught.

It shall relate to different ways in which learners participate in the learning process including assignments, preparation for seminar, clinical case

presentation, preparation of clinical case for discussion, clinical case study/ problem solving exercise, participation in project for healthcare in the community, Quiz, Certification of competencies, museum study, log books, SDL skills etc.

Internal assessment should have both subjective and objective assessment. Internal assessment shall not be added to summative assessment. However, internal assessment marks in absolute marks should be displayed under a separate column in a detailed marks card.

IA in ENT are divided as 25 marks in phase II and 75marks in Phase III part 1. The final cumulative IA is out of 100 for theory and practical each for each subject.

C) Certifiable Competencies Achieved

Learners must have completed the required certifiable competencies for that phase of training and completed the log book appropriate for that phase of training to be eligible for appearing at the final university Examination of that subject.

1. Regular periodic examinations shall be conducted throughout the course.

There shall be no less than two theory and clinical examinations in subject of Phase III part 1 and this mandatorily includes an end of posting assessment. Log book (including required skill certifications) also to be assessed.

Learners must secure at least 50% of the total marks (combined in theory and practical / clinical; and minimum 40% in theory and practical separately) for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject.

2. The results of internal assessment should be intimated to students at least once in 3 months and as and when a student wants to see the results.

Internal assessment results should be displayed within one week of the test.

D) Remedial measures:

A student whose has deficiency(s) in any of the 3 criteria that are required to be eligible to appear in university examination, should be put into remedial process as below:

- **During the course:** If Internal assessment (IA) or attendance is less or/and certifiable competencies not achieved and marked in log book in quarterly/ six monthly monitoring, the students/parents must be intimated about the possibility of being detained much before the final university examination, so that there is sufficient time for remedial measures. These students should be provided remedial measures as and when needed to improve IA. Any certifiable competency/ IA marks deficiency should be attended with planned teaching/tests for them. Student should complete their medial measures and it should be documented. In spite of all above measures, if student is still not meeting the criteria to be eligible for regular exam he shall be offered remedial for the same batch supplementary exam. For attendance, he will be allowed remedial measures ONLY IF attendance is more than 60% for each component.

7. UNIVERSITY EXAMINATIONS

University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him to function effectively and appropriately as a physician of the first contact.

Nature of questions in theory examinations shall include different types such as structured essays like Long-Answer Questions (LAQ), Short-Answer Questions (SAQ) and Multiple-Choice Questions (MCQ) shall be accorded

minimum 20% weight age of the total marks of each theory paper, Scenario based MCQs shall be accorded more weight age in view of NEXT. Blueprint may be used for theory question papers.

Practical/clinical examinations shall be conducted in the laboratories and /or hospital wards and a blue print must be used. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyze the case and develop a management plan. All internal and University exams must have one question/application based question on AETCOM in each theory paper (5%) and it should be assessed in various components of practical/clinical exams.

University Examinations shall be held as under:

Phase III Part 1 examination shall be held at the end of Phase III part 1 of training (12th month of that training) in the subjects of ENT.

A) Criteria for passing in a subject: A candidate shall obtain a 50% marks in University conducted examination including theory and practical and not less than 50% separately in Theory and in Practical in order to be declared as passed in that subject.

B) Appointment of Examiners:

(1) Person appointed as an examiner in the particular subject must have at least four years of total teaching experience as Assistant Professor after obtaining postgraduate degree following MBBS, in the concerned subject in a college affiliated to a recognized medical college (by UGMEB of NMC).

- (2) For Practical/Clinical examinations, there shall be at least four examiners for every learner, out of whom not less than 50% must be external examiners. Of the four examiners, the senior-most internal examiner shall act as the Chairman and coordinator of the whole examination programme so that uniformity in the matter of assessment of candidates is maintained.
- (3) There shall be a Chairman of the Board of paper-setters who shall be an internal examiner and shall mandatorily moderate the theory question paper(s).
- (4) All theory paper assessment should be done as a central assessment program (CAP) of the concerned university.
- (5) ENT examinations to be held as separate examinations and not combined with other subjects.
- (6) There shall be NO grace marks to be considered for passing in an examination.

Format of all internal examination for MBBS students of 2024-2025 batch for approval.

I) Internal assessment Phase II-25 Marks total. Time-1 Hr

Pattern –

Section A-10 MCQ –0.5 Mark each (0.5x10)=5

Section B-1) LAQ – 1 Structured (5x1) =5

2) SAQ any 5 out of six (5x3)= 15

II) Internal assessment Phase III-75 Marks total. Time-2, 1/2 Hr

Pattern –

Section A-10 MCQ –1 Mark each (1x10) =10

Section B-1) LAQ – 2(Structured +Clinical) (15x2) =30

2) SAQ 2 (5x2) = 10

3) SAQ any 4 out of 5 (5x5) = 20

4) (AETCOM – 1) 5 Marks

Theory paper Format – Preliminary and University Exam - 100 marks		
Duration- 3 hours		100 marks
	Type of question/ Number of questions	Marks per question
Q No 1	Scenario based MCQ - 20	20 (1 mark each)
Q No 2	Long essay question / ONE	10
Q No 3	Reasoning question / FIVE	15 (3 marks each)
Q No 4	Short notes on applied aspects (three)	15 (5 Marks each)
Q No 5	Short notes on clinical reasoning (four)	20 (5 Marks each)
Q No 6	Short notes (Three)	15 (5 Marks each)
Q No 7	AETCOM (one)	(5 Marks)

Preliminary practical exam - 100 marks							
Roll No.	Name of Student	Long Case Including communication Skills	Short Case Including communication Skills	OSCE / certifiable skill based competencies / AETCOM (4 Stations of 5 Marks each)	Viva including instruments, audiogram and radiographs	Viva including Drugs, Specimens, charts, SVL lab activity, log book	Practical Total
		30 Marks	20 Marks	20 Marks	(15 Marks)	(15 Marks)	(100 Marks)

		University practical exam - 100 marks					
Roll No.	Name of Student	Long Case Including communication Skills	Short Case Including communication Skills	OSCE / certifiable skill based competencies / AETCOM (4 Stations of 5 Marks each)	Viva including instruments, audiogram and radiographs	Viva including Drugs, Specimens, charts, log book	Practical Total
		30 Marks	20 Marks	20 Marks	(15 Marks)	(15 Marks)	(100 Marks)

8) REFERENCE BOOKS: (LATEST EDITIONS)

1. Diseases of ear, nose and throat and head and neck surgery 8th edition by P.L. Dhingra, Shruti Dhingra.
2. Essential of ENT (as per the Indian competency-based curriculum) by Raviumar Arunachalam, Prasanna Kumar Saravnam.
3. Textbook of Otorhinolaryngology- head and neck surgery (a competency based approach for undergraduates) by Suresh Pillai and Kailesh Pujary.
4. Diseases of ear, nose and throat by Mohan Bansal.
5. Textbook of ear, nose, throat and head and neck surgery- clinical and practical by Hazarika P.
6. Practical ENT by Vikas Sinha.

9) MODEL QUESTION PAPER

PRELIMINARY AND UNIVERSITY EXAMINATION PHASE III/I

MBBS 2024

SUBJECT- ENT

TIME:3 HRS

Section – A MCQ

20 Marks

Q1. Stapes Footplate Covers

- a) Round Window b) Oval Window
- c) Sinus Tympani d) Aditus

2. Normal threshold of hearing in young adult is?

- A. 0 dB B. 10 dB
- C. 20 dB D. 30 dB

3. All are causes of sensory neural hearing loss except?

- A. Old age B. Cochlear Otosclerosis
- C. Loud Noise D. Perforated TM

4.Direction of water jet while doing syringing of ear should be?

- A. Anterior-inferior B. Posterior-Inferior
- c . Anterior-superior D. Posterior-superior

5.Most common complication of acute Otitis media is?

- A. Deafness B. Cholesteatoma
- C. Mastoiditis D. facial nerve palsy

6.All of the following are false about Antrochoanal polyp, except?

- A. common in adult B. multiple and bilateral
- C. Meatal part is the largest. D. Arises from maxillary Antrum

7.The secretomotor nerve fibers of sphenopalatine ganglion supply the:

- A. Lacrimal gland B. Parotid gland
- C. Submandibular gland. D. Sublingual gland

8.Hyposthesia of Posterior EAC wall is an early sign of ?

- A. Trigeminal Neuralgia B. Lateral sinus thrombosis
- C. Mastoid abscess D. Vestibular schwannoma

9.All of the following are TRUE for cholesteatoma except:

- A. Filled with keratinized squamous epithelium B Deafness
- C. Bony erosion D. Permeation of Lymphatics

10.In majority of the cases with Otosclerosis, the tympanic membrane is:

- A.Pearly white B. Flamingo pink C. Bluish D. Pale red

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11. During ear examination the reservoir sign is diagnostic of

- A. acute otitis media B. mastoiditis
- C. Petrositis. D. All of the above.

12. The tuning fork tests
 a- are used to assess the degree of hearing loss.
 b- Help to differentiate between conductive and sensori-neural hearing loss.
 c- Both a and b are true
 d- are not used nowadays and replaced by Audiometry
13. The objective method for diagnosis of conductive hearing loss is:
 a- Pure tone audiometry. b- Speech audiometry.
 c. Tympanometry d. Tuning fork tests.
14. The landmarks of the tympanic membrane on clinical examination include all of the following except
 a- The cone of light. b- The tympanic annulus
 c- The handle of malleus. d- The foot plate of stapes.
15. A false +ve fistula test is due to:
 a. Labyrinthine fistula with dead ear. b. Cholesteatoma bridging an inner ear fistula.
 c. Hyper mobile footplate of the stapes. d. All of the above.
16. Reservoir sign is positive in:
 a- Acute petrositis b- Chronic labyrinthitis
 c- Acute mastoiditis d- Cholesteatoma.
17. All of the following arteries share in Keisselbach's plexus except:
 a- anterior ethmoidal artery. b- posterior ethmoidal artery.
 c- greater palatine artery. d- superior labial artery. .
18. The organism involved in the pathogenesis of atrophic rhinitis is
 a- klebsiella rhinoscleromatis. b- klebsiella ozyanae.
 c- non of the above d- all of the above
19. Juvenile nasopharyngeal angiofibroma is characterized by the following except:
 a- Affects teenagers b- Causes nasal obstructions
 c- Very vascular tumor d- Affects only females
20. The part of the pharynx that lies in front of the 3rd to 6th cervical vertebra is
 a- oropharynx b- nasopharynx
 c- hypopharynx d- the whole pharynx.

Section B

Q2. Long Answer Questions

(10X1= 10Marks)

1.JNA Etiology, Pathology, extension ,Clinical Features & Management.

Q3. Reasoning Questions - 5.

(3 X 5= 15 Marks)

1. How will you manage a patient having strider?
2. How will you manage a child with foreign body in the throat?
3. A patient presents with reduced hearing in the right ear. On otoscopy, the tympanic membrane is intact, bulging with amber-coloured fluid noted behind it. How will you proceed?
4. A patient presents to the casualty with bleeding from the right nasal cavity. How will you manage?
5. A patient presents with right ear discharge that is sticky and mucoid. How will you proceed?

Q4. Short notes (3)

(5x3 = 15 marks)

1. Write briefly on Kiesselbach's plexus and blood supply of the septum.
2. Difference between Chronic Otitis Media Mucosal and Squamosal.
3. Write a short note on chronic tonsillitis, its management and complications of tonsillectomy.

Q5. Short Note questions- 4

(5 X 4= 20 Mark)

1. A middle-age chronic smoker male presents with persistent hoarseness of voice. After a thorough examination including laryngoscopy, you suspect glottic carcinoma. How will you communicate the potential diagnosis and arrange for further investigations.
2. Rhinosporidiosis, etiology, Stages, Clinical Features& Treatment
3. How will you explain to a patient who has obtained information from the internet regarding a surgery that the said surgery is not indicated?
4. A patient presents with chronic otitis media squamosal with impending intracranial complication. You propose modified radical mastoidectomy surgery. However facial nerve palsy is a possible complication of the said surgery.

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Q6. SAQ- short notes on applied aspects (3)

(5x3 = 15 marks)

1. BERA
2. Discuss Singers Nodule & Vocal Polyp
3. BAHA

Q.7 AETCOM

(5 Marks)

Explain the need to insert a grommet for a child with Otitis media to her mother. How will you obtain her consent and how will you counsel her?




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