

Gastrointestinal Tract Module

Study Guide Second Year MBBS 2021 - 2022





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University Moto, Vision, Values & Goals

RMU Motto



Mission Statement

To impart evidence-based research-oriented health professional education in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability.

Vision and Values

Highly recognized and accredited centre of excellence in Medical Education, using evidence-based training techniques for development of highly competent health professionals, who are lifelong experiential learner and are socially accountable.

Goals of the Undergraduate Integrated Modular Curriculum

The Undergraduate Integrated Learning Program is geared to provide you with quality medical education in an environment designed to:

- Provide thorough grounding in the basic theoretical concepts underpinning the practice of medicine.
- Develop and polish the skills required for providing medical services at all levels of the Health care delivery system.
- Help you attain and maintain the highest possible levels of ethical and professional conduct in your future life.
- Kindle a spirit of inquiry and acquisition of knowledge to help you attain personal and professional growth & excellence.

Second Year MBBS 2023

Study Guide

GIT Module

Discipline wise Details of Modular Content

Block	Module	General Anatomy	Embryology	Histology	Gross Anatomy
	Anatomy	-	Tongue, Body Cavities, Gastrointestinal System	Digestive Tract & associated organs (Junqueira)	Oral Cavity, Abdomen and associated visceras
	Biochemistry				s, Digestion and absorption, Nutrition
	Physiology	Propulsion a Secretory Fu	nd Mixing of Food	l in the Aliment nentary Tract, D	—Motility, Nervous Control, and Blood Circulation ary Tract Digestion and Absorption in the Gastrointestinal Tract
	Bioethics &		stan Medical & der		le of Ethics
1	Professionalism				
	Research (IUGRC)	 Classification of different types of Data Scales of Data measurement 			
		Measures of central Tendency Compute & Internet measures of central tendency			
			 Compute & Interpret measures of central tendency Measure of dispersion/ Secondary data Analysis Medical imaging of abdomen- I 		
	Radiology &				
	Artificial Intelligence		cal imaging of abc		
	Family Medicine				
	Vertical components	The Holy Quran Translation Component			
	Vertical Integration	Clinically content relevant to GIT module			ule
		• Eating disorders (Psychiatry)			
			ept of health & dis		•
		-	0.	ious diseases &	Basic Concepts (Community medicine)
			hagia (Medicine)		、 、
			Pathologies of Salivary glands (Pathology) Abdominal homiog (Sungary)		
		Abdominal hernias (Surgery)			

Abdominal incisions (Surgery)
Peptic ulcer (Medicine)
Surgical complications of Peptic Ulcer Disease (Surgery)
Pakistan Medical & dental council Code of Ethics (Community Medicine)
• Jaundice (Medicine)
Gall stones & Cholecystectomy (Surgery)
Acute & Chronic Diarrhea (Pediatrics)
Acute Abdominal Pain (Surgery)
Irritable Bowel Syndrome (Medicine)
• Antidiarrheal drugs & drugs for Peptic Ulcer Disease (Pharmacology)
• Common GIT problems in pregnancy (Hyperemesis gravidarum, GERD, Constipation,
hemorrhoids) (Gynae and OBS)
• Pathologies of gallbladder and pancreas (Pathology)
• Anal fissure, Hemorrhoids, Fistula in ano (Surgery)

Tabl	e	of	Con	tent
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Small Group Discussion (SGD)
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Case Based Learning (CBL)
Problem Based Learning (PBL)
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GIT Module Team

Module Name	:	GIT Module
Duration of module	:	06 Weeks
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Reviewed by	:	Module Committee

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Focal Person Behavioral	Dr. Saadia Yasir			
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Focal Person Community	Dr. Afifa Kulsoom			
Medicine				
Focal Person Quran	Dr. Fahad Anwar			
Translation Lectures				

Module I -GIT Module

Rationale: GIT module has been designed to unravel the basic structure function of the alimentary system along with its embryological development and anomalies. The composition of the food is complex and little of it is water soluble. Therefore, it cannot enter body fluids. Hence it needs to be broken down into its chemical components before it can be absorbed. Four activities of the GIT tract can be identified for this process to occur. These are:

Motility: The term is used to describe the movements of the GIT tract. These movements are responsible for breaking down and pushing the food along the alimentary tract and to its destination as feces.

Secretion: Different secretion of the GIT are concerned with breakdown of food into its digestive particles

Digestion: Break down of food into small pieces. It is produced by the mechanical activity of the alimentary tract. The surface of the food is exposed to enzymatic activity.

Absorption: The transfer of nutrients or the digestive products from the lumen to blood or the lymph.

Disruption of any of its activities can lead to disease states such as pain, peptic ulceration, diarrhea & constipation.

Coordination of all these functions is brought about hormones of GIT and exocrine pancreas.

Module Outcomes

At the end of this module the student should be able to:

Knowledge

- Explain the structural & developmental organization of GIT.
- Explain the composition, functions, mechanism & control of following gastrointestinal secretions: salivary, gastric, pancreatic, biliary, small & large intestines.
- Explain the swallowing and motility patterns in the GIT & its role in mixing, propulsion & evacuation of feces.
- Describe the mechanism of absorption of various nutrients and their role in malabsorption syndrome.
- Explain the physiological anatomy, biochemistry functions and dysfunctions of Liver.
- Explain the formation, function & control of secretion of bile.
- Explain the GIT hormones (structure, function) & their role in secretion and motility.

- Apply the knowledge of the basic sciences to understand pathophysiology of common GIT diseases.
- Appreciate concepts & importance of
 - Family Medicine
 - **Biomedical Ethics**
 - Artificial Intelligence
 - \circ Research

Skills

- Dissect various parts of GIT, and related structures including peritoneum, to demonstrate their gross Anatomy and relationship to each other.
- Identify different organs of GIT under microscope and on model.

Attitude

• Demonstrate a **professional attitude, team-building** spirit and **good communication skills.**

This module will run in 6 weeks duration. The content will be covered through introduction of topics. Instructional strategies are given in the timetable and learning objectives are given in the study guides. Study guides will be uploaded on the university website. Good luck!

SECTION - I

Terms & Abbreviations

Contents

- Domains of Learning
- Teaching and Learning
 - Methodologies/Strategies
 - Large Group Interactive Session
 (LGIS)
 - Small Group Discussion (SGD)
 - Self-Directed Learning (SDL)
 - Case Based Learning (CBL)
 - Problem- Based Learning (PBL)
 - Skill Labs/Practicals (SKL)

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Taxonomy

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- Table2. Standardization of teaching content in Small Group Discussions
- Table 3. Steps of taking Small Group Discussions
- Figure 2. PBL 7 Jumps Model

Table1. Domains of Learning According to Blooms Taxonomy

Sr. #	Abbreviation	Domains of learning
1.	С	Cognitive Domain: knowledge and mental skills.
	• C1	Remembering
	• C2	Understanding
	• C3	Applying
	• C4	Analyzing
	• C5	Evaluating
	• C6	Creating
2.	Р	Psychomotor Domain: motor skills.
	• P1	Imitation
	• P2	Manipulation
	• P3	Precision
	• P4	Articulation
	• P5	Naturalization
3.	А	Affective Domain: feelings, values, dispositions, attitudes, etc
	• A1	Receive
	• A2	Respond
	• A3	Value
	• A4	Organize
	• A5	Internalize

Teaching and Learning Methodologies / Strategies

Large Group Interactive Session (LGIS)

The large group interactive session is structured format of Prof Umar Model of Integrated lecture. It will the followed for delivery of all LGIS. The lecturer will introduce a topic or common clinical condition and explains the underlying phenomena through questions, pictures, videos of patients, interviews and exercises, etc. Students are actively involved in the learning process.



Figure 1. Prof Umar's Model of Integrated Lecture

Small Group Discussion (SGD)

This format helps students to clarify concepts acquire skills and attitudes. Sessions are structured with the help of specific exercises such as patient case, interviews or discussion topics or power point presentations. Students exchange opinions and apply knowledge gained from lectures, SGDs and self study. The facilitator role is to ask probing questions, summarize and help to clarify the concepts.

S. No	Topics	Approximate %
1	Title Of SGD	
2	Learning Objectives from Study Guides	
3	Horizontal Integration	5%+5%=10%
4	Core Concepts of the topic	60%
5	Vertical Integration	20%
6	Related Advance Research points	3%
7	Related Ethical points	2%

Table 2. Standardization of teaching content in Small Group Discussions

Table 3. Steps of Implementation of Small Group Discussions

Step 1	Sharing of Learning objectives by using students Study guides	First 5 minutes
Step 2	Asking students pre-planned questions from previous teaching session to develop co-relation (these questions will be standardized)	5minutes
Step 3	Students divided into groups of three and allocation of learning objectives	5minutes
Step 4	ACTIVITY: Students will discuss the learning objectives among themselves	15 minutes
Step 5	Each group of students will present its learning objectives	20 min
Step 6	Discussion of learning content in the main group	30min
Step 7	Clarification of concept by the facilitator by asking structured questions from learning content	15 min
Step 8	Questions on core concepts	
Step 9	Questions on horizontal integration	
Step 10	Questions on vertical integration	
Step 11	Questions on related research article	
Step 12	Questions on related ethics content	
Step 13	Students Assessment on online MS teams (5 MCQs)	5 min
Step 14	Summarization of main points by the facilitator	5 min
Step 15	Students feedback on the SGD and entry into log book	5 min
Step 16	Ending remarks	

Self-Directed Learning (SDL)

- Self- directed learning is a process where students take primary charge of planning, continuing, and evaluating their learning experiences.
- Time Home assignment
- Learning objectives will be defined
- Learning resources will be given to students = Textbook (page no), web site
- Assessment:

i Will be online on LMS (Mid module/ end of Module)

ii.OSPE station

Case Based Learning (CBL)

- It's a learner centered model which engages students in discussion of specific scenarios that typically resemble real world examples.
- Case scenario will be given to the students
- Will engage students in discussion of specific scenarios that resemble or typically are real-world examples.
- Learning objectives will be given to the students and will be based on
 - i. To provide students with a relevant opportunity to see theory in practice
 - ii. Require students to analyze data in order to reach a conclusion.
 - iii. Develop analytic, communicative, and collaborative skills along with content knowledge.

Problem Based Learning (PBL)

- Problem-based learning (PBL) is a student-centered approach in which students learn about a subject by working in groups to solve an open-ended problem.
- This problem is what drives the motivation and the learning.

	The 7- Jump-Format of PBL (Masstricht Medical School)			
Step 7	Synthesize & Report			
Step 6	Collect Information from outside			
Step 5	Generate learning Issues			
Step 4	Discuss and Organize Ideas			
Step 3	Brainstorming to Identify Explanations			
Step 2	Define the Problem			
Step 1	Clarify the Terms and Concepts of the Problem Scenario			
	Problem- Scenario			

Figure 2. PBL 7 Jumps Model

Practical Sessions/Skill Lab (SKL)

Practical Session/ Skill Lab (SKL)					
Demonstration/ power point presentation 4-5 slide	10-15 minutes				
Practical work	25-30 minutes				
Write/ draw and get it checked by teacher	20-25 minutes				
05 mcqs at the end of the practical	10 minutes				
At the end of module practical copy will be signed by head of	department				
At the end of block the practical copy will be signed by					
Head of Department					
Dean					
Medical education department					
QEC					

SECTION – II

Learning Objectives, Teaching Strategies & Assessments

Contents

- Horizontally Integrated Basic Sciences (Anatomy, Physiology & Biochemistry)
- Large Group Interactive Session:
 - Anatomy (LGIS)
 - Physiology (LGIS)
 - Biochemistry (LGIS)
- Small Group Discussions
 - Anatomy (SGD)
 - Physiology (SGD)
 - Biochemistry (SGD)
- Self-Directed Topic, Learning Objectives & References
 - Anatomy (SDL)
 - Physiology (SDL)
 - Biochemistry (SDL)
- Skill Laboratory
 - Anatomy
 - Physiology
 - Biochemistry

Horizontally Integrated Basic Sciences (Anatomy, Physiology & Biochemistry) Anatomy Large Group Interactive Session (LGIS)

Topic	Learning Objectives	Learning	Teaching	Assessment
	At the end of lecture students should be able to	Domain C1	Strategy	Tool
	 Define the term Anatomy and its various branches Define different terminologies related to Anatomy 	C1 C1		
	Describe different Anatomical planes and directions in relation to	C1 C1		SAQ
Introduction to	anatomical position	CI	LGIS	MCQ
General Anatomy	Elaborate different phases in life span of man	C2		VIVĂ
	Define basic tissues of human body	C1		
	• Discuss general outlines and functions of basic tissues	C2		
	• Describe formation of different systems of body	C1		
	Embryology			
	• Describe the development of pharyngeal apparatus	C1		
	• Enlist the sources for development of different parts of tongue.	C2	I CIC	
EMBRYOLOGY	• Explain the development of tongue along with its nerve supply.	C1		-
Development of	• Describe the congenital anomalies associated with tongue	C3	LGIS	~
Tongue	• Describe the developmental basis of physiological and biochemical	C2		VIVA
	mechanisms involved in perception and transmission of taste sensation			SAQ MCQ VIVA
	Enumerate different body cavities	C1		
	Describe division of embryonic body cavity	C1		
EMBRYOLOGY	• Discuss formation and significance of pleuropericardial	C1		SAQ
Development of	membranesand pleuroperitoneal membranes		LGIS	MCQ
Body cavities I & II	Describe muscular ingrowth from Lateral body walls	C1		VIVA
	• Discuss positional changes and innervations of the Diaphragm	C1		
	• Explain different stages of development of Salivary glands	C2		
EMBRYOLOGY	• Enlist the sources for development of different types of Salivary	C2		
Development of	glands.		I GIG	SAQ
Salivary glands	• Explain development of its nerve supply.	C2	LGIS	MCQ
	• Describe the congenital anomalies associated with salivary glands	C3		VIVA

	• Describe the developmental basis of physiological and biochemical mechanisms associated with salivary glands	C2		
EMBRYOLOGY	• Discuss the formation of tracheoesophageal septum and its importance	C1		
Development of	• Describe salient features of esophageal development.	C1		SAQ
Esophagus	Describe congenital anomalies of esophagus.	C3	LGIS	MCQ
	• Describe the developmental basis for the physiological and biochemical mechanisms involved in the process of swallowing	C2		VIVA
	• Explain the development of stomach	C1		
EMBRYOLOGY	• Discuss rotations and positional shifts of stomach & their effect on nerve supply and peritoneal attachments	C1		SAQ
Development of	• Explain formation of omental bursa.	C1	LGIS	MCQ
Development of Stomach	Describe congenital anomalies of stomach	C3	•	VIVA
	• Describe the developmental basis for the physiological and biochemical mechanisms involved in the process of digestion in the stomach	C2		
	Discuss pernicious anemia	C3		
	Describe formation of hepatic diverticulum	C1		
	• Describe histogenesis of liver during intrauterine life	C1		SAQ
EMBRYOLOGY	• Describe formation of various ligaments of liver.	C1	LGIS	MCQ
Liver	• Discuss congenital abnormalities of liver	C3		VIVA
	• Describe the developmental basis for the physiological and biochemical mechanisms involved in the process of detoxification in the liver	C2		
	Discuss development of Gall bladder	C1		
	• Describe /congenital anomalies of gall bladder	C1		
EMBRYOLOGY	• Discuss development and congenital anomalies of pancreas	C1		SAQ
Gall bladder, pancreas and	• Describe development of extrahepatic biliary apparatus and its parts with abnormalities	C1	LGIS	MCQ VIVA
Biliary apparatus	• Describe the developmental basis for the physiological and biochemical mechanisms involved in the process of production of bile and pancreatic secretions	C2		
EMBRYOLOGY	• Describe development of mid gut, midgut loop and rotation of midgut loop.	C1	LGIS	SAQ

Development of small intestine	• Explain physiological umbilical hernia and return of mid gut to abdomen.	C1		MCQ VIVA
	• Describe fixation of intestines and transformations in peritoneal dispositions after mid gut loop return.	C1		
	• Describe congenital anomalies and clinical correlation of mid gut development.	C3		
	Discuss clinical conditions related	C3		
	• Enlist parts of large intestine.	C1		
EMBRYOLOGY	Describe partitioning of cloaca and cloacal membrane.	C1		SAQ
Development of	Describe development of anal canal.	C1	LGIS	MCQ
large intestine	Describe congenital anomalies of large intestine.	C3		VIVA
	Histology			
	• Discuss surfaces of tongue with their histological features	C1		
		<u>C1</u>	-	SAQ
HISTOLOGY:	• Describe different papillae of tongue with their location & features	C1	LGIS	MCQ
Tongue	Explain histological features of taste buds	C1	-	VIVA
	Discuss leukoplakia and oral thrush	C3		
	• Enlist major salivary glands	C1		
		<u>C1</u>	LCIG	SAQ
HISTOLOGY	Explain histological structure of salivary glands	C1	LGIS	MCQ
Salivary glands	Discuss different cells forming parenchyma of salivary glands	<u>C1</u>	-	VIVA
Surrie grunds	Discuss histology of duct system	C1	-	
	• Differentiate between major salivary glands on histological basis	C2	-	
	• Discuss effects of viral infections on salivary glands	C3		
	• Describe the developmental basis of physiological and biochemical	C2		
HISTOLOGY	mechanisms involved in perception and transmission of taste			SAQ
General	sensation			MCQ
organization of G.I.	• Describe the histological characteristics of each layer with	C1	LGIS	VIVA
Т	functional significance			
	Discuss associated clinicals (megacolon, chagas disease)	C3		
HISTOLOGY	• Describe the histological layers of esophagus.	C1		
Esophagus	Compare between various portions of esophagus histologically.	C2	LGIS	SAQ
	Discuss GERD	C3	1	MCQ

				VIVA
	• Describe the histological layers of different parts of stomach	C1	LGIS	SAQ MCQ VIVA
HISTOLOGY Stomach	• Describe histological differences of different parts of the gastric glands	C1		SAQ
	• Describe the structure and function of different cells of gastric glands	C1	LGIS	MCQ VIVA
	• Explain clinical conditions associated with stomach histologically	C3		
	Discuss pernicious anemia	C3		
	• Discuss in detail the histological organization of liver	C1		
	• Explain the structure of liver lobule, portal triads& hepatic acinus and its functional importance	C1	LGIS	SAQ MCQ
	• Discuss histological features of hepatocytes.	C1		VIVA
	• Explain Hepatic cords, central vein, portal triad, hepatic venules, hepatic arterioles, bile duct & liver sinusoids.	C1		
	• Discuss the blood supply of the liver.	C1		
HISTOLOGY Liver	• Explain different cells of the liver tissue	C1		SAQ
	• Describe clinical aspects of liver on histological grounds	C1	LGIS	MCQ VIVA
	• Discuss cirrhosis, fatty liver	C3		
	Discuss jaundice	C3	1	

Physiology Large Group Interactive Session (LGIS)

Topic	Learning Objectives	Learning	Teaching	Assessment
	At the end of lecture students should be able to	Domain	Strategy	Tools
	• Explain the physiologic anatomy of GIT	C2		
	• Summarize the functions of GIT	C1		
	• Explain the electrical activity of GIT smooth muscle	C2		
	• Describe the concept of slow waves and spike potentials	C1		
	• Explain resting membrane potential and factors affecting RMP	C2		

Introduction to GIT,	• Explain role of calcium ions in muscle contraction	C2		SEQ
Electrical activity in	• Describe tonic contraction in GIT smooth muscles	C1	LGIS	MCQ
GIT	• Enumerate different types of movements in GIT	C1		VIVA
Movements of GIT	• Define propulsive movements	C1		
	• Define mixing movements	C1		
	• Describe sites of peristaltic movement in GIT	C1		
	• Describe stimulus, mechanism and direction of peristaltic movement	C1		
	• Discuss role of Myenteric plexus in peristaltic movement	C2		
	• Explain peristaltic reflex and Law of gut	C2		
	• Describe mechanism and function performed by mixing movements	C1		
	• Describe physiological anatomy of enteric nervous system	C1		
	• Enlist functions of enteric nervous system	C1		SEQ MCQ VIVA
Enteric nervous	Compare and contrast Myenteric and Meissner's plexus	C2		
system and GIT	• Enumerate neurotransmitters of enteric nervous system	C1	LGIS	
reflexes	• Describe the autonomic regulation of enteric nervous system	C1		
	• Enumerate afferent sensory connections of enteric nervous system	C1		
	• Discuss the physiology of GIT reflexes	C2		
	• Explain GIT reflexes integrated at the level of gut wall,	C2		
	prevertebral sympathetic ganglia and spinal cord/brain stem			
	• Enumerate hormones of GIT	C2		
Control of GIT	• Describe the hormonal control of GIT motility	C1		
motility and factors	• Explain site of secretion, stimuli for secretion and actions of Gastrin,	C2		SEQ
affecting GIT blood	Cholecystokinin, Secretin, Gastric inhibitory peptide and Motilin		LGIS	MCQ
flow	• Discuss the factors affecting GIT blood flow	C2		VIVA
	• Recall anatomy of GIT blood supply	C1		
	• Explain splanchnic circulation and hepatic portal circulation	C2		
	• Describe the significance of blood flow to liver through portal vein	C1		
	• Describe special organization of blood flow through intestinal	C1		
	villus		_	
	• Explain factors affecting gastrointestinal blood flow	C2		
	• Describe counter current blood flow in villi.	C1		
	• Explain nervous control of GIT blood supply	C2		
	• Discuss physiological importance of sympathetic vasoconstriction in GIT under special conditions	C2		

	• Describe the secretion and composition of saliva and its physiologic	C1		
	roles	C1	_	
	 Describe the nervous regulation of saliva Describe mastication 	C1 C1	-	
			•	
	Enumerate functions of mastication	C1	-	
	• Explain role of teeth and muscles of mastication	C2	_	SEQ
Swallowing1 and	Describe the steps and nervous control center of chewing reflex	C1	LGIS	MCQ
(Mastication and	Introduce swallowing	C1	-	VIVÂ
Saliva)	• Enumerate stages of swallowing (voluntary/involuntary)	C1	_	
	 Explain in detail each stage of swallowing Voluntary stage Mechanism Pharyngeal stage (reflex act) Stimulus, receptors, afferents, center, efferent, effectors, response 	C2		
	 Relate pharyngeal stage with process of respiration Esophageal stage 			
	• Primary peristalsis Secondary peristalsis (stimulus, afferent, center, efferent, response)	C2		
	• Describe physiological anatomy and function of Lower esophageal sphincter	C1		SEQ MCQ VIVA
Swallowing -II	• Explain receptive relaxation of stomach with nervous pathway	C2	LGIS	
	• Describe physiological anatomy and function of distal end of esophagus	C1	-	
	Define Achalasia cardia	C1		
	• Describe causes, effects and treatment of achalasia cardia	C1]	
Clinical disorders of	Define vomiting	C1	1	SEQ
swallowing	• Describe stimuli & nervous pathway of vomiting	C1	LGIS	MCQ
(Achalasia cardia,	• Discuss act of vomiting	C2	1	VIVA
vomiting & nausea)	Describe chemoreceptor trigger zone	C1	1	
	• Define nausea	C1	1	
	• Enlist causes of nausea	C2	1	
Regulation of	 Discuss in detail gastric factors that promote emptying and duodenal factors that inhibit emptying 	C2		SEQ
Stomach emptying	• Explain the role of enterogastric nervous reflexes and hormonal	C2	LGIS	MCQ VIVA

	feedback			
	Recall physiological anatomy of stomach	C1		
Motor functions of stomach	Describe motor functions of stomach in detail 1. Storage	C1		
	 Mixing and propulsion of food chyme and Hunger contractions Stomach emptying Role of pyloric pump 		LGIS	SEQ MCQ VIVA
	Discuss role of pyloric sphincter	C2		
Gastric juice-I and Digestion in stomach Physiological barrier	 Describe the secretion of gastric juice. a. Describe the basic mechanism of HCl secretion. b. Describe the secretion and activation of pepsinogen c. Describe the secretion of intrinsic factor d. Describe the secretion of mucous and gastrin e. Describe the regulation of gastric acid and pepsinogen secretion 	C1	LGIS	SEQ MCQ
protecting	• Summarize the digestive process occurring in stomach	C1		VIVA
development of peptic ulcer	• Discuss the role of gastric juice, hormones and enzymes acting in stomach	C2		
	• Discuss sites, causes and physiological factors preventing peptic ulcer	C2		
	• Recall physiological anatomy of liver & portal circulation	C1		
Liver & gall bladder, liver and biliary	• Describe in detail metabolic and non metabolic functions of liver	C1	LGIS	SEQ MCQ
secretions	• Explain the mechanism of secretion of bile.	C2		VIVÂ
	• Explain the functions of biliary tree.	C2		
	• Describe the composition of bile.	C1		
	• Explain the role of bile in fat digestion.	C2		
	• Explain the formation of gall stones.	C2		
	• Enlist liver functions test	C1		SEQ
LFTs and jaundice	• Describe liver function tests	C1	LGIS	MCQ
	 Discuss in detail pathophysiology of jaundice 	C2		VIVA
	• Describe causes and effects of cirrhosis	C1		SEQ
Cirrhosis & portal hypertension	• Describe causes and effects of portal hypertension	C1	LGIS	MCQ VIVA
Physiology of	Discuss composition of pancreatic secretions	C2		SEQ
pancreas Pancreatic	Describe mechanism of secretion of bicarbonate ions	C1	LGIS	MCQ

secretions	• Describe the regulation and phases of pancreatic secretion.	C1	VIVA

	• Enumerate dietary sources of carbohydrates	C1		
Digestion and	• Describe the structure of villi.	C1		
	• Enumerate the features of small intestine which increase its surface	C1		
Absorption –I	area			
(digestion and	• Explain in detail mechanism of absorption of fluids, ions &	C2		SEQ
absorption of	carbohydrates		LGIS	MCQ
carbohydrates and proteins)	Enumerate dietary sources of proteins.	C1		VIVA
proteins)	• Describe the role of hydrolysis in digestion of food.	C1		
	• Explain in detail the digestion of proteins with emphasis on	C2	-	
	enzymes at relevant steps.			
	• Describe the sites of absorption	C1		
Digestion and	• Enumerate dietary sources of fats	C1		
absorption-II	• Explain in detail the digestion of lipids in relation to bile	C2		SEQ
(digestion and			LGIS	MCQ
absorption of				VIVA
lipids)	Recall functions of large intestine	C1		
Movements &		C1 C2	LGIS	SEQ
functions of large	Discuss in detail mixing and propulsive movements Evaluate the value of Construction & Duadan condition reflex in	C2 C2		MCQ
intestine (motor	• Explain the role of Gastrocolic & Duodenocolic reflex in	C2 C2		VIVA
functions of large	large intestine motility	C1	-	
gut and defecation)	• Enumerate causes of empty rectum	C1 C2	-	
Flatus &	• Explain defecation reflex, its importance and nervous control	C2 C2	-	
constipation	Discuss composition of feces	C1	-	
	Enlist causes of flatus	C1 C2	-	
	Discuss causes and effects of constipation Evaluate the general principles of alignmentary tract counting	C2 C2		
	Explain the general principles of alimentary tract secretion Enlist the stimuli for alimentary tract secretion	C1		SEQ
Hormones of GIT	 Enlist the stimuli for alimentary tract secretion Describe the basic mechanism of secretion by clondulor cells 	C1	LGIS	MCQ
	Describe the basic mechanism of secretion by glandular cells Eleborate the role of outcoming stimulation on glandular secretion	C1 C2		VIVA
	• Elaborate the role of autonomic stimulation on glandular secretion	C1		
Small intestine	Enlist types of movements of small intestine Discuss in detail mining contractions and memulaine movements	C1 C2	-	
Sman miestine	• Discuss in detail mixing contractions and propulsive movements	C2		

motility, Diarrhea,	• Describe peristaltic rush	C1		SEQ
malabsorption &	• Explain functions of ileocecal valve and feedback control of	C2	LGIS	MCQ
sprue, ulcerative	ileocecal sphincter			VIVA
colitis and paralytic	• Discuss causes, types and effects of diarrhea, malabsorption and	C2		
ilius	sprue			
	• Discuss causes and effects of Ulcerative colitis & paralytic ilius	C2		

Biochemistry Large Group Interactive Session (LGIS)

Topic	Learning Objectives At the end of lecture students should be able to		Teaching Strategy
Introduction to	Introduction and stages of Metabolism	Domain C2	2 da 100 8 j
metabolism			LGIS
Introduction to	Introduction to carbohydrate Metabolism	C2	
carbohydrate metabolism	• Transport of Glucose across the cell (Glucose transporters)	C2	LGIS
	Steps of Glycolysis	C2	
	Regulation of the committed steps	C2	
Glycolysis	• Energy calculation in anaerobic and aerobic conditions	C2	LGIS
	Pyruvate Kinase deficiencies	C3	
	Hyperglycemia & Sorbitol Metabolism	C3	
Fate of pyruvate	• Fate of pyruvate	C2	LGIS
	Cori's lactic acid cycle & lactic acidosis	C2	
	• Describe steps regulation, energy calculation and significance of Citric acid cycle	C2	
	• Deficiencies of co-enzymes of pyruvate Dehydrogenate Complex (Thymine or Niacin)	C3	
	Describe Hexose Monophosphate pathway	C2	
Hexose monophosphate	• Explain functions of NADPH, G^PD deficiency	C2	LGIS
pathway	• G6PDH Deficiency	C3	
Gluconeogenesis	• Explain steps and regulation of Gluconeogenesis	C2	LGIS
-	• Explain synthesis and breakdown of Glycogen	C2	
Glycogen metabolism	Discuss glycogen storage diseases	C2	LGIS
	• Explain metabolism of fructose, galactose, ethyl alcohol and related disease	C2	

Metabolism of fructose	• Fructose disorder's	C3	
and galactose metabolism	Essential Fructose Uria		LGIS
	Hereditary Fructose intolerance		
	Galacto Kinase Deficiency		
	Classic Galacto Semia		
Saliva	• Explain composition, functions of saliva & related diseases	C2	LGIS
	• Explain composition, function, formation of Gastric juice	C2	
Gastric juice	and related disorders		LGIS
	Peptic Ulcer Disease	C3	
	• Explain composition, functions & related diseases of	C2	
Pancreatic juice	pancreatic juice		LGIS
	• Describe composition, function, formation of Bile and	C2	
Bile	related disorders		LGIS
	• Gall Stone	C3	
Digestion & Absorption	Cystine Uria	C3	LGIS
of Proteins	Hart Nup Disease		
Digestion & Absorption	• Steatorea	C3	LGIS
of Lipids			
	Protein energy Malnutrition	C3	
Nutritional Disorders	Kwashiorkor		LGIS
	• Marasmus		

Anatomy Small	Group	Discussion	(SGDs)
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Topic	Learning Objectives Students Should Be Able To	C/P/A	Teaching Strategy	Assessment Tool
Topographical	Enlist components of gastrointestinal tract	C1		SAQ
organization of	• Mark the planes dividing the abdomen into nine quadrants	Р		MCQ
Gastrointestinal tract	• Enumerate the parts of GIT lying in the various quadrants	C1	Skill lab	VIVA OSPE
	• Define the boundaries of oral cavity	C1		SAQ
Oral Cavity, tongue and	• Tabulate the Extrinsic and Intrinsic muscles of the tongue, anatomical location and clinical importance of tongue	C2	Skill lab	MCQ VIVA
salivary glands,	 Brief Introduction of salivary glands with their anatomical location 	C1	-	OSPE
	 Explain the layers of abdominal wall. 	C1		
Anterolateral	• Explain the fascia and muscles of abdominal wall.	C1	-	SAQ
abdominal wall	• Describe nerve supply of anterior and lateral abdominal wall.	C1	Skill lab	MCQ VIVA
	• Explain the segmental sympathetic supplies	C1		
	Abdominal Hernias	C3		OSPE
	Describe Formation of rectus sheath	C1		
Rectus sheath,	Enlist contents of rectus sheath	C1	01.11.1.1	SAQ
	Discuss associated clinical anatomy	C3	Skill lab	MCQ VIVA
	Describe Walls of Inguinal Canal	C1	-	OSPE
	Explain Deep & Superficial Inguinal Ring	C1		OSIE
Inguinal Region	Enumerate Structures passing through the inguinal canal	C1		
& Inguinal	Enlist Coverings of spermatic cord	C1	-	
Hernias	Explain Mechanics of the inguinal Canal	C1	Skill lab	SAQ MCO
	• Describe boundaries of Hassalbachs triangle	C1	Skill lab	MCQ VIVA OSPE
	Define hernia	C1]	
	Differentiate indirect from direct inguinal hernia	C3		
	Define Anatomy of Testes and Scrotum	C1		
	Differentiate between Protective Coverings of Testes & scrotum	C1		SAQ

Testes, scrotum	Enumerate Nerve & blood supply of these Structures	C1	Skill lab	MCQ
	Discuss the parts of epididymis	C1		VIVA
	• Discuss Spermatocoele, Varicocoele, Hematocoele, hydrocoele, Testicular torsion	C3		OSPE
	Define peritoneum	C1		
Peritoneum &	• Explain the different folds of peritoneum.	C1]	SAQ
Peritoneal	Describe greater and lesser sacs	C1	Skill lab	MCQ
Cavity	Enlist the intra and retroperitoneal viscera	C1		VIVA
	Discuss vertical tracings of peritoneum	C1		OSPE
	• Describe arrangement of peritoneum in transverse & Longitudinal section of abdomen	C1		
	• Describe arrangement of peritoneum in transverse section of male pelvis	C1		SAQ
Subdivisons of Peritoneal	• Explain arrangement of peritoneum in transverse section of female pelvis	C1	Skill lab	MCQ VIVA
Cavity	• Explain the layers, folds, recesses and compartments of peritoneum with their clinical importance	C1		OSPE
	Describe peritonitis	C3		
	Enumerate the signs and symptoms of peritonitis	C3		
	Treat peritonitis by antibiotics and peritoneal dialysis	C3		
	Discuss gross features of abdominal part of esophagus	C1		
	• Enumerate their peritoneal & visceral relations.	C1		SAQ
Esophagus	• Explain blood supply, lymphatic drainage & nerve supply of esophagus	C1	Skill lab	MCQ VIVA
	Discuss Esophageal varices	C3		OSPE
	• Explain gross features of stomach.	C1		
Stomach	• Discuss blood supply, lymphatic drainage & nerve supply of stomach	C1		SAQ MCQ
	• Explain peritoneal & visceral relations of stomach	C2	Skill lab	VIVA
	Discuss greater and lesser omentum	C2		OSPE
	Describe formation and boundaries of epiploic foramen	C2]	
	Discuss hiatus hernia	C3		
Small Intestine	• Describe the different parts of duodenum with their anatomical	C2		SAQ
(Duodenum)	differences		Skill lab	MCQ
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	• Enumerate the relations of different parts of duodenum	C1		VIVA
				OSPE
	Discuss its clinical importance	C3		
	• Describe jejunum and ileum with their anatomical features	C2		SAQ
Small Intestine (Jejunum and	Discuss mesentery and its attachment	C2	Skill lab	MCQ VIVA
Ileum)	Discuss its clinical importance	C2		OSPE
	• Enlist various parts of large intestine	C1		
	• Demonstrate gross anatomical features of different parts of large intestine	C2		
	• Enlist intra and retroperitoneal parts of large intestine	C1		SAQ
Large Intestine	Discuss gross features of caecum	C1	01.11.1.1	MCQ
& Appendix	• Describe gross anatomy of appendix	C1	Skill lab	VIVA OSPE
	• Enlist different anatomical positions of vermiform appendix.			USPE
	Mark McBurney's point	C1		
	Demonstrate McBurney's incision	Р		
	• Discuss common features, differential diagnosis of acute	C3		
	appendicitis and appendicectomy			
	• Describe the anatomical structure of liver.	C1		
	Describe the lobes, surfaces and segments of liver	C1		
	• Describe peritoneal reflections, ligaments and bare area of liver.	C1		
Liver, Portal	• Enumerate visceral relations of liver.	C1		SAQ MCQ
hypertension,	• Enlist the structures in porta hepatis.	C1	- Skill lab	VIVA
Portosystemic	Discuss Sub hepatic abscess & Live Biopsy	C3	Skill lab	OSPE
Anastomosis	• Discuss formation, course and parts of portal vein	C1		0012
	• Enumerate relations and tributaries of portal vein	C1		
	Define portal hypertension	C1		
	• Describe sites of the portocaval anastomosis and their clinical significance	C3		
	Explain role of portocaval shunts	C3		
	Describe location & size of gall bladder	C1		
Gallbladder and	• Enumerate relations of gallbladder.	C1	Skill lab	SAQ

Biliary apparatus	Describe clinical conditions related to gallbladder	C3		MCQ
	• Enlist different components of Extra-hepatic biliary System	C1		VIVA
	• Discuss the right & left hepatic ducts, common hepatic duct, cystic ducts, bile duct	C1		OSPE
	• Explain differences between Intra & Extra Hepatic Biliary Systems.	C2		
	Discuss clinicals related with biliary apparatus	C3		
	Discuss accessory hepatic ducts	C3	1	
Spleen	• Discuss anatomical location and features of spleen with its blood supply, and lymphatic drainage	C1	Skill lab	SAQ MCQ
	• Explain Rupture of spleen & its effects	C3		VIVA OSPE
	• Recall location, shape, dimensions and extent of pancreas	C1		SAQ
_	• Discuss parts, ducts and relations of pancreas	C1	Skill lab	MCQ
Pancreas	Describe arterial supply of pancreas	C1		VIVA
	• Explain applied aspects of pancreas	C3		OSPE
	• Describe the position and the vertebral levels of aorta in the abdomen.	C1		SAQ
Vasculature of	• Enlist the main branches of the aorta and its territories.	C1	Skill lab	MCQ
GIT	• Explain the applied anatomy of the aorta	C1		VIVA
	• Explain origin, course, branches and distribution of celiac trunk	C1		OSPE
Nerve supply	• Discus enteric nervous system with formation of plexuses and its parasympathetic role	C1		
and Lymphatic	• Enlist the types of lymph nodes draining the abdomen	C1	Skill lab	SAQ
drainage of GIT	• Describe lymphatic drainage of GIT with special reference to lymphatic trunks, cisterna chyli & the thoracic duct	C1		MCQ VIVA OSPE
	Discuss the location and extent of rectum	C1		
	• Describe the internal and external features of rectum	C1	1	
Rectum	• Discuss peritoneal reflections rectouterine, rectovesical fossae and their clinical significance	C3	Skill lab	SCQ MCQ
	Enumerate relations of rectum	C1]	VIVA
	• Discuss blood supply, nerve supply, venous and lymphatic drainage	C1	1	OSPE
	• Describe the basis and features of rectal prolapsed	C3	1	

	Discuss location and extent of anal canal	C1	Skill lab	SAQ
	• Describe external and internal features of Anal Canal	C1		MCQ
	Discuss features of anal sphincters	C1		VIVA
Anal canal	• Tabulate relations of the anal canal with the surrounding structures	C2		OSPE
	• Describe the Blood supply, venous and lymphatic drainage &	C1		
	innervations of anal canal			
	Discuss anal continence	C1		
	Differentiate between internal and external haemorrhoids	C3		

Physiology Small Group Discussion (SGDs)

Topic	Learning Objectives		Teaching	Assessment
	Students Should Be Able To	Domain	Strategy	Tools
	 Enlist general four functions performed by GIT 			
Introduction to	Recall physiological anatomy and blood flow through GIT	C1		SEQ
GIT	Briefly discuss electrical activity of GIT smooth muscle	C1	SGD	MCQ VIVA
	• Discuss in detail the three stages of swallowing	C2		SEQ
Swallowing	Briefly discuss physiological anatomy of lower esophageal	C2	SGD	MCQ
	sphincter and distal end of esophagus and state their functional importance			VIVÀ
	Recall physiological anatomy of stomach	C1		SEQ
	• Describe motor functions of stomach including storage, mixing,	C1		MCQ
Functions of	propulsion and stomach emptying.		SGD	VIVÂ
stomach	• Discuss in detail gastric factors that promote emptying	C2		
	• Explain the role of enterogastric nervous reflexes and	C2		
	hormonal feedback.			
	Recall physiological anatomy of liver			SEQ
Liver functions	Discuss formation and storage of bile	C2	SGD	MCQ
	Enlist and describe all functions performed by liver			VIVA
	Describe in detail the process of digestion of carbohydrates,			
Digestion and	Digestion and proteins and fats with special emphasis on enzymes involved at			SEQ
absorption	each step		SGD	MCQ
	• Discuss special features of small and large intestine to promote	C2		VIVA

	absorptive process and mechanism of absorption in detail			
	Recall movements and functions of large intestine	C1		
	Enumerate causes of empty rectum	C1		
Large intestine • Explain defecation reflex, its importance and nervous		C2		SEQ
control			SGD	MCQ
	• Explain GIT reflexes integrated at the level of gut wall,	C2		VIVA
	prevertebral sympathetic ganglia and spinal cord/brain stem.			

Biochemistry Small Group Discussion (SGDs)

Topic	Learning Objectives Students Should Be Able To	Learning Domain	Teaching Strategy	Assessment Tool
Saliva and gastric juice	• Explain formation, composition & biochemical functions	C2	SGD	MCQs SAQs Viva
Pancreatic juice, bile & succus entericus	• Explain formation, composition & biochemical functions	C2	SGD	MCQs SAQs Viva
Digestion & absorption of Carbohydrates, Proteins & Fats and GIT hormones	 Describe mechanism of digestion & absorption of carbohydrates, protein & fats Explain biochemical functions of GIT hormones 	C2	SGD	MCQs SAQs Viva
Balanced diet & individual food groups	Describe balanced diet & individual food groups	C2	SGD	MCQs SAQs Viva
Nutritional disorders & LFTS and Jaundice	 Explain PEM, obesity, liver functions & its tests Describe types of jaundice, Understand and interpret LFTs 	C2	SGD	MCQs SAQs Viva
Glycolysis, fates of pyruvate	• Explain steps, regulation of glycolysis and fates of pyruvate	C2	SGD	MCQs SAQs Viva
Functions of NADPH, G6PD deficiency	Describe functions of NADPH, deficiency effects of NADPH	C2	SGD	MCQs SAQs Viva
Gluconeogenesis & Glycogen metabolism	• Explain main steps of gluconeogenesis & glycogen metabolism & their role in blood glucose regulation	C2	SGD	MCQs SAQs Viva

Anatomy Self Directed Learning (SDL)

Topics of SDL	Learning Objectives Students Should Be Able To		Learning Resources
Antero lateral abdominal wall,	 Explain the layers of abdominal wall. Explain the fascia and muscles of abdominal wall. Describe nerve supply of anterior and lateral abdominal wall. 	*	Clinical Oriented Anatomy by Keith L. Moore.7 TH Edition. (Chapter 2, Page 183,184-216).
Rectus sheath	 Explain the segmental sympathetic supplies Describe Formation of rectus sheath Enlist contents of rectus sheath 	*	Clinical Oriented Anatomy by Keith L. Moore.7 TH Edition. (Chapter 2, Page 188- 201).
Inguinal region & Hernias	 Describe Walls & detailed anatomy of Inguinal Canal Explain Deep & Superficial Inguinal Ring Associated Clinicals 	*	Clinical Oriented Anatomy by Keith L. Moore.7 TH Edition. (Chapter 2, Page 197, 202-203, 212-213).
	 Define peritoneum Explain the different folds of peritoneum. Describe greater and lesser sacs Enlist the intra and retroperitoneal viscera 	*	Clinical Oriented Anatomy by Keith L. Moore.7 TH Edition. (Chapter 2, Page 219- 221,).
Peritoneum & Peritoneal Cavity.	 Discuss vertical tracings of peritoneum Describe arrangement of peritoneum in transverse & Longitudinal section of abdomen Describe arrangement of peritoneum in transverse section of male 		
	 pelvis Explain arrangement of peritoneum in transverse section of female pelvis Explain the layers, folds, recesses and compartments of peritoneum with their clinical importance 		
	 Describe peritonitis Enumerate the signs and symptoms of peritonitis Treat peritonitis by antibiotics and peritoneal dialysis Describe the different parts of duodenum with their anatomical 	*	Clinical Oriented Anatomy by Keith L.
	differences		Moore.7 TH Edition. (Chapter 2, Page 239,

Small Intestine	• Enumerate the relations of different parts of duodenum		241, 244, 245, 325, 436).
	• Discuss its clinical importance		
	Anatomy of Jejunum & Ileum		
Large Intestine	• Enlist various parts of large intestine		
	 Demonstrate gross anatomical features of different parts of large intestine Enlist intra and retroperitoneal parts of large intestine 	*	Clinical Oriented Anatomy by Keith L. Moore.7 TH Edition. (Chapter 2, Page 227,246,248, 325).
	 Describe formation of hepatic diverticulum 	*	Clinical Oriented Anatomy by Keith L.
	 Describe histogenesis of liver during intrauterine life 	ſ	Moore.7 TH Edition. (Chapter 2, Page 267-
	 Describe formation of various ligaments of liver. 	-	268, 272-278, 282,323, 395).
Liver and pancreas	 Describe formation of various regarients of river. Discuss congenital abnormalities of liver 		
	 Differentiate between exocrine and endocrine pancreas. 		
	 Discuss the cellular structure and function of exocrine pancreatic acinus and ducts. 	_	
	 Explain the applied anatomy of the aorta 	*	Clinical Oriented Anatomy by Keith L.
	 Explain origin, course, branches and distribution of celiac trunk 	ľ	Moore.7 TH Edition. (Chapter 2, Page 228-
Vasculature of	 Discuss formation, course and parts of portal vein 		233, 249-250, 263-285).
GIT (Blood	 Enumerate relations and tributaries of portal vein 	-	
Supply, Venous	 Define portal hypertension 	-	
drainage, Lymphatic drainage)	 Discuss Major Lymphatic Channels 		
	• Discuss the location and extent of rectum	*	Clinical Oriented Anatomy by Keith L.
	• Describe the internal and external features of rectum		Moore.7 TH Edition. (Chapter 2, Page 239,
	• Discuss peritoneal reflections rectouterine, rectovesical fossae and their clinical significance		248,253 368-371,436,438).
	Enumerate relations of rectum		
Rectum & Anal Canal	• Discuss blood supply, nerve supply, venous and lymphatic drainage		
	 Describe the basis and features of rectal prolapsed 	1	
	 Discuss location and extent of anal canal 	-	
	 Describe external and internal features of Anal Canal 		
	Discuss features of anal sphincters	1	
	 Tabulate relations of the anal canal with the surrounding 		

	structures		
• Describe the Blood supply, venous and lymphatic drainage & innervations of anal canal			
	Discuss anal continence		
	• Differentiate between internal and external hemorrhoids		
Innervation of	Discuss cutaneous & Somatic innervation of GIT	*	Clinical Oriented Anatomy by Keith L.
Abdominal Viscera's	Describe Autonomic innervation of GIT		Moore.7 TH Edition. (Chapter 2, Page 301-305).

Physiology Self Directed Learning (SDL)

Topics Of SDL	Learning Objectives Students Should Be Able To	Learning resources
Introduction to GIT, electrical activity in GIT, Enteric Nervous System and GIT reflexes	 Introduction Role of GIT in control system Concept of Enteric nervous system GIT reflexes and its clinical correlation 	 Ganong's Review of Medical Physiology.25TH Edition. Overview of gastrointestinal function andregulation (Chapter 25, Page 453,467,472). Human Physiology by Dee Unglaub Silver thorn. 8TH Edition. The Digestive System (Chapter 21Page 691,700) Physiology by Linda S. Costanzo 6th Edition. Gastrointestinal Physiology (Chapter 8. Page 339) Physiological Basis of Medical Practice by Best & Taylor's.13th Edition. Section 6.Gastrointestinal System. (Chapter 43, Page 681) Textbook of Medical Physiology by Guyton & Hall.14th Edition. Gastrointestinal Physiology. Section 12. (Chapter 63, Page 787)
Gastric secretion, digestion in stomach, peptic ulcer and gastritis	 Gastric secretion and role in digestion Peptic ulcer disease Type of gastritis and clinical importanceof gastritis Investigations to diagnose gastritis 	 Ganong's Review of Medical Physiology. Overview of gastrointestinal function and regulation(Chapter 25, Page 455). Physiology by Linda S. Costanzo 6th Edition. Gastrointestinal Physiology (Chapter 8. Page356,360) Physiological Basis of Medical Practice by Best & Taylor's.13th Edition. Section 6.Gastrointestinal System. (Chapter 44, Page 706) (Chapter 45, Page 720,726) Textbook of Medical Physiology by Guyton & Hall.14th Edition. Gastrointestinal Physiology. Section 12. (Chapter 65, Page 809,811)

Small intestine motility and malabsorption (sprue, paralytic ileusand Crohn's disease)	 Factors affecting motility of smallintestine Concept of absorption of nutrients Importance of history in diagnosis of various malabsorption diseases Inflammatory bowel disease 	 Ganong's Review of Medical Physiology.25TH Edition, Gastrointestinal motility. (Chapter 27,Page 495) Human Physiology by Dee Unglaub Silver thorn. 8TH Edition. The Digestive System (Chapter 21,Page 697) Physiology by Linda S. Costanzo 6th Edition. Gastrointestinal Physiology (Chapter 8. Page 348) Physiological Basis of Medical Practice by Best & Taylor's.13th Edition. Section 6.Gastrointestinal System. (Chapter 44,Page 690,710) Textbook of Medical Physiology by Guyton & Hall.14th Edition. Gastrointestinal Physiology.Section 12. (Chapter 64, Page 797,802)
Intestinal secretion and its functions, pancreatic juice, its composition and functions	 Intestinal secretions and action Anatomy of pancreas and its blood supply Composition of pancreatic juice and itsrole in absorption Function of pancreas 	 Ganong's Review of Medical Physiology.25TH Edition.Overview of gastrointestinal function andregulation (Chapter 25,Page 460). Human Physiology by Dee Unglaub Silver thorn. 8TH Edition. The Digestive System (Chapter 21,Page 709) Physiology by Linda S. Costanzo 6th Edition. Gastrointestinal Physiology (Chapter 8. Page366,371) Physiological Basis of Medical Practice by Best & Taylor's.13th Edition. Section 6.Gastrointestinal System. (Chapter 45,Page 738,739) Textbook of Medical Physiology by Guyton & Hall.14th Edition. Gastrointestinal Physiology.Section 12. (Chapter 65,Page 814,820)
Pancreatitis, overall mechanism of digestion and absorption of intestine (amino acids, fatty acids and glucose)	 Pancreatitis Conclusion of digestion and absorption of nutrients. Clinical correlation with pancreaticenzymes. Hormones secreted by pancreas 	 Ganong's Review of Medical Physiology.25TH Edition. Digestion, Absorption and NutritionalPrinciples. (Chapter 2, Page 475) Human Physiology by Dee Unglaub Silver thorn. 8TH Edition. The Digestive System (Chapter 21,Page 703-710,715) Physiology by Linda S. Costanzo 6th Edition. Gastrointestinal Physiology (Chapter 8. Page 374) Physiological Basis of Medical Practice by Best & Taylor's.13th Edition. Section 6.Gastrointestinal System. (Chapter 47,Page 770)(Chapter 48,Page 785) Textbook of Medical Physiology by Guyton & Hall.14th Edition. Gastrointestinal Physiology.Section 12. (Chapter 66, Page 823)

Motor function of large gut, defecation reflex	 Motor function of large gut Inflammatory bowel disease Defecation reflex Concept of Hemorrhoids 	*	Digestive System (Chapter 21, Page 720)
Pathophysiology (vomiting, diarrhea, constipation, ulcerative colitis, megacolon and carcinoma of colon)	 Symptomsrelated to GIT Clinical role of various symptoms Overview of Carcinoma of stomach, smalland large intestine 	* * *	Ganong's Review of Medical Physiology.25 TH Edition, Gastrointestinal motility. (Chapter 27,Page495) Physiology by Linda S. Costanzo 6 th Edition. Gastrointestinal Physiology (Chapter 8. Page 385)

Biochemistry Self Directed Learning (SDL)

Topics of SDL	Learning Objective	References
Carbohydrate Metabolism & Glycolysis	 Understand stages of metabolism Explain transport of glucose across cell memebrane Describe steps of glycolysis Discuss regulation of committed steps Explain energy calculation in anaerobic and aerobic conditions Understand pyruvate kinase deficiency 	Reference Book: Lippincott's Illustrated reviews of Biochemistry 8th Edition Chapter#8, Page 100.
TCA Cycle & Gluconeogenesis	 Describe steps of TCA cycle Discuss substrates, steps and regulation of gluconeogenesis 	 Reference Book: Lippincott's Illustrated reviews of Biochemistry 8th Edition Chapter#9, Page 120. Reference Book: Lippincott's Illustrated reviews of Biochemistry 8th Edition Chapter#10, Page 128.
Glycogen metabolism	Explain synthesis and breakdown of glycogenDiscuss glycogen storage diseases	 Reference Book: Lippincott's Illustrated reviews of Biochemistry 8th Edition Chapter#11, Page 137.

LFT, s	Explain liver function testInterpret. Diagnostic role of LFTs	 Essentials of Medical Biochemistry Book By Mushtaq Ahmed Edition 9th Volume#1 ,Chapter#7 , Page 186 Reference Book: Lippincott's Illustrated reviews of Biochemistry 8th Edition Chapter#19, Page 276, 77.
Bile	Describe composition and funciton fbileDiscuss related disorders	 Essentials of Medical Biochemistry Book By Mushtaq Ahmed Edition 9th Volume#1 ,Chapter#7 , Page 186
Pancreatic juice	 Explain composition and function of pancreatic juice Discuss related disorders 	 Essentials of Medical Biochemistry Book By Mushtaq Ahmed Edition 9th Volume#1 ,Chapter#7 ,Page 181
Digestion and absorption of lipids	Explain digestion and absorption of lipidsDiscuss related disorders	 Reference Book: Lippincott's Illustrated reviews of Biochemistry 8th Edition Chapter#15, Page 91

Topic	At the end of practical students should be able to	Learning Domain	Teaching Strategy	Assessment Tool
	• Identify slides of tongue & glands under microscope	Р		
Tongue & salivary	• Illustrate histological structure of tongue & salivary glands	C2	Skill lab	OSPE
glands	• Write two points of identification	C1		
	Identify slide of Esophagus under microscope	Р		
Esophagus	• Illustrate histological structure of Esophagus	C2	Skill lab	OSPE
	• Write two points of identification	C1		
	Identify slide of Stomach under microscope	Р		
	Illustrate histological structure of Stomach	C2		OSPE
Stomach	Write two points of identification	C1	Skill lab	
	• Differentiate mucosa of cardiac, fundus, body and pyloric end of stomach	C2		
Liver, Gall bladder	• Identify slides of Liver, Gall bladder & Pancreas under microscope	Р		OSPE
& Pancreas	Illustrate histological structures of Liver, Gallbladder & Pancreas	C2	Skill labs	
	Write two points of identification	C1		
	• Identify slide of small intestine under microscope	Р		
Small Intestine	• Illustrate histological structure of small intestine	C2	Skill lab	OSPE
	Write two points of identification	C1		
	• Identify slide of Large Intestine under microscope	Р		
Large Intestine	Illustrate histological structure of large intestine	C2	Skill lab	OSPE
	Write two points of identification	C1		

Histology Practicals Skill Laboratory (SKL)

Topic	At the end of this skill lab, student should	Learning	Teaching	Assessment
	be able to illustrate:	Domain	Strategy	Tool
	Apparatus identification	Р		
	Principle	C1		
Sense of taste	Procedure	Р	Skill lab	OSPE
	Precautions	C1		
	• Recall taste modalities, taste pathway & abnormalities of taste	C1		
	Apparatus identification	Р		
	Principle	C1		
Examination of	Procedure	Р	Skill lab	OSPE
sense of smell	Precautions	C1		
	Recall Olfactory pathways and abnormalities of olfaction	C1		
	Apparatus identification	C1		
	Principle	C1		
Examination of	Procedure	A,P		
superficial reflexes	Precautions	Р	Skill lab	OSPE
	Recall reflex arc	C1		
	• Recall effects of UMNL & LMNL on reflexes	C1		
	Apparatus identification	C1		
	Principle	C1		
Examination of deep	Procedure	A,P	Skill lab	OSPE
reflexes	Precautions	Р	1	
	Recall reflex arc	C1	1	
	Recall effects of UMNL & LMNL on reflexes	C1		

Physiology Practicals Skill Laboratory (SKL)

Topic	At The End Of Practical Students Should Be Able To	Learning Domain	Teaching Strategy	Assessment Tool
	Understand Normal constituents of saliva Discuss effects of	Р		
Saliva	saliva on digestion of starch		Skill Lab	OSPE
	• Explain organic constituents of bile	Р		
Bile	• Explain inorganic constituents of bile		Skill Lab	OSPE
Estimation of ALT	Perform estimation of ALT	Р	Skill Lab	OSPE
Estimation of ALP	Perform estimation of ALP	Р	Skill Lab	OSPE
Wheat analysis	• Demonstrate the organic and inorganic constituents of wheat	Р	Skill Lab	OSPE
Milk analysis	• Demonstrate the organic and inorganic constituents of milk	Р	Skill Lab	OSPE
Potato analysis	• Demonstrate the organic and inorganic constituents of potato	Р	Skill Lab	OSPE

Biochemistry Practicals Skill Laboratory (SKL)

SECTION - III

Basic and Clinical Sciences (Vertical Integration)

Content

- CBLs
- Vertical Integration LGIS
- Longitudinal Themes
 - Biomedical Ethics & Professionalism
 - Family Medicine
 - Artificial Intelligence (Innovation)
 - Integrated Undergraduate Research Curriculum (IUGRC)

Basic and Clinical Sciences (Vertical Integration)

Case Based Learning (CBL)

Subject	Торіс	At The End Of Lecture Students Should Be Able To	Learning Domain
	Acute Appendicitis	Apply basic knowledge of subject to study clinical case.	C3
Anatomy	Liver Cirrhosis	Apply basic knowledge of subject to study clinical case.	C3
	Peptic Ulcer	Apply basic knowledge of subject to study clinical case.	C3
Physiology	 Food poisoning 	Apply basic knowledge of subject to study clinical case.	C3
Biochemistry	 Glucose 6 Phosphate Dehydrogenase Deficiency 	Apply basic knowledge of subject to study clinical case.	C3
	Lactose Intolerance	Apply basic knowledge of subject to study clinical case.	C3

Large Group Interactive Sessions (LGIS)

Pathology

Topic	At the end of this LGIS students of should be able to:	Learning Domain	Teaching Strategy	Assessment Tool
	• Define xerostomia	C1	LGIS	MCQs
Salivary Glands	• Enlist causes and pathologenesis of sialadenitis	C2	LGIS	MCQs
	• Diagnosis of pleomorphic adenoma	C2	LGIS	MCQs
Gall Bladder &	• Describe etiology and pathogenesis of cholelithiasis and cholecystitis	C2	LGIS	MCQs
Pancreas	• Enlist the laboratory diagnosis and causes of acute and chronic pancreatitis	C2	LGIS	MCQs

Pharmacology

Topic	At The End Of Lecture Students Should Be Able To	Learning Domain	Teaching Strategy	Assessment Tool
	Revise the physiology of gastrointestinal motility	C1		
	Outline the main causes of diarrhea	C1		
	• Enlist the major groups of anti- diarrheal drugs	C1		
	• Identify the role of anti-diarrheal drugs in different types of diarrheas based on their mechanism	C1	1 010	
Anti diarrheal drugs	• Recall the physiology of production of gastric acid and natural protective barriers against it	C1	LGIS	MCQ
	Recognize different etiological factors responsible for peptic ulcer	C1		
	Classify different drugs used in peptic ulcer disease based on their mechanism	C1		
	• Discuss briefly major pharmacokinetic and pharmacodynamics features of these drugs	C2		
	Cite main regimens used against peptic ulcer due to H. pylori	C1		

Community Medicine

Topic	At The End Of Lecture Students Should Be Able To	Learning Domain	Teaching Strategy	Assessment Tool
	By the end of the session students will be able to; • Define Health	C1		
	• Identify different phases of Health	C1		
Concept of Health	• Elaborate concepts of Health	C2	1.010	
and Disease	 Acknowledge Dimensions of Health 	C2	LGIS	MCQs
	• Elucidate Dimensions of health	C2		
	• Appreciate Determinants of Health	C2		
	• Describe the types of determinants	C2		
	Infectious Disease Epidemiology			
Definitions	• Define important terms related to infectious disease epidemiology.	C1		
Epidemic, endemic and pandemic	• Differentiate between epidemic, endemic and pandemic	C2	LGIS	MCQs
Dynamics of disease transmission	• Describe the dynamics of transmission of disease	C2		
Incubation period	• Explain the concept of incubation period and its importance.	C2		

Topic	At the end of the lecture, students should be able to	Learning Domain	Learning Strategy	Assessment Tools
	• Define and discuss pathophysiology	C1		
Dysphagia	• Discuss the causes	C2	LGIS	MCQs
	Describe clinical features	C2		
	• Describe the management	C2		
	• Describe Mechanism of digestion in stomach	C1		
	• Describe Mechanism of APD and GERD	C2		
Peptic ulcer	Discuss Peptic ulcer formation	C2	LGIS	MCQs
	Enlist Clinical features	C2		
	• Enlist Investigations	C1		
	Describe management	C2		
	• Enlist types of Jaundice	C1		
	• Discuss changes in Liver	C2		
Jaundice	Describe clinical features	C2	LGIS	MCQs
	• Enlist investigations	C1		
	Discuss management	C2		
	• Describe features of IBD	C2		
Inflammatory	Classify IBD	C2		
bowel disease	Describe pathogenesis of IBD	C2	LGIS	MCQs
	Describe histological diagnosis of IBD	C1		
	Enlist complication of IBD	C1		

Medicine

Surgery

Topic	At The End Of The Lecture, Students Should Be Able To	Learning Domain	Teaching Strategy	Assessment Tools
Ventral wall hernias	 Enlist types of Ventral wall hernias Understand the symptomatology pathophysiology of the hernias 	C1 C2		
	• Enlist types of Abdominal incisions	C1		
	 Discuss different methods of Abdominal incisions 	C2		
Abdominal incisions	• Describe possible symptoms and physical findings in a patient with carcinoma stomach.	C2	LGIS	MCQs
	Physiological changes because of Gastric Outlet Obstruction	C2		
Gall stones and	• Understand the symptomatology pathophysiology of the diseases.	C2		
Cholecystectomy	• Outline management plan	C1		
Anal fissure,	• Enlist important causes of these problems	C1		
Hammorhoids, Fistula in ano	 Discuss in detail management options 	C2		

Obstetrics & Gynaecology

Topic	At The End Of The Lecture, Students Should Be Able To	Learning Domain	Teaching Strategy	Assessment Tools
Common GIT problems in pregnancy (Hyperemesis gravidarum, GERD, Constipation,	 Understand the physiological changes in gastrointestinal tract during pregnancy Know the clinical manifestations of these changes 	C1 C2	LGIS	MCQs
haemorrhoids)	Outline their managements	C2		

Peadiatrics

Topic	At the end of the lecture, students should be able to	Learning Domain	Teaching strategy	Assessment Tools
	Define Acute diarrhea	C1		
	• Describe epidemiology and disease burden	C2		
	 Discuss etiology and causative organisms' pathophysiology 	C2	LGIS	MCQs
Acute diarrhea	Assess case	C2		
and chronic diarrhea	• Enlist complications of Acute diarrhea	C2		
	Describe prevention	C2		
	Define chronic diarrhea	C1		
	• Describe epidemiology and disease burden	C2		
	 Discuss etiology and causative organisms' pathophysiology 	C2	LGIS	MCQs
	Assess case	C2		
	• Enlist complications of chronic diarrhea	C2		
	Describe prevention	C2		

Radiology & Artificial Intelligence

Topic	At the end of lecture student should be able to	Teaching Strategy	Assessment Tools	
	• Identify normal and abnormal radiographs of abdomen (AP view)	C1		
X-ray abdomen	• Identify filling defects (Barium meal and Barium enema)	C1	LGIS	MCQs
	• Recognize the correct and incorrect positioning of feeding tubes	C1		
CT Scan MRI	Identify normal and abnormal CT Scan MRI abdomen	C1	LGIS	MCQs
abdomen	• Discuss co-relation with Artificial Intelligence	C2		_

Behavioral Sciences

Topic	At The End of Lecture Students Should Be Able To	Learning Domain	Teaching Strategy	Assessment Tool
Eating	• To be able to define eating disorders	C1		
disorders	• To be able to describe the types of eating disorders	C2	LGIS	MCQs
	• To make differential diagnosis	C2		
	• To be able to manage such conditions	C2		

Biomedical Ethics & Professionalism

Topic	At the End of The Session, Student Should Be Able To	Learning Domain	Teaching Strategy	Assessment Tool
	At the end of the session students should be able to;	~ ~		
	• Appreciate the value of oath and pledge taken by medical	C2		SAQ
Pakistan Medical	student at the time of graduation from medical school		LCIS	-
& Dental Council	• Appraise the importance of principles to be followed by the		LGIS	MCQ VIVA
Code of Ethics	medical and dental practitioners to fulfil the social contract	C2		VIVI
	with the society in order to win the trust of the public in the			
	profession			
	Cognizant with disciplinary proceedings in case of violation	C1		
	of rules laid down by regulatory body			

Integrated Undergraduate Research Curriculum (IUGRC)

Торіс	At the End of The Session, Student Should Be Able To	Teaching Strategy	Assessment Tool
Lecture 1: Introduction to Descriptive Statistics	 At the end of the session students should be able to; Define & enlist uses of statistical knowledge in research & healthcare profession. Differentiate descriptive statistics form inferential statistics Appreciate value of information & precision in scientific decision making 	ine & enlist uses of statistical wledge in research & healthcare ession. erentiate descriptive statistics form rential statistics reciate value of information &	
Lecture 2: Classification of different types of Data	 Describe the concept of data, variable & sources of data with respect to descriptive statistics Enlist data types with examples from medical background Classify types of data with examples (qualitative & quantitative) Exercise on the identification of different types of data 	LGIS	SAQ MCQ VIVA
Lecture 3: Scales of Data Measurement	 Enlist types of data measurement scales Elaboration of different types of data measurement scales with example Enlist different method of data presentation (tables, graphs, diagrams, pie chart, Bar graph, histogram. line diagram scatter diagram, statistical maps, pictogram and ogive curve) according to type of data. 	LGIS	SAQ MCQ VIVA
	• Explain concept of Measures of central tendency with illustrations form medical	LGIS	SAQ MCQ

Lecture 4: Measure of central	background		VIVA
tendency	• Calculate and interpret the different measures of central tendency		
Lecture 5: Measures of Dispersion	 Explain concept of Measures of dispersion with illustrations form medical background Calculate and interpret the different measures of dispersion 	LGIS	SAQ MCQ VIVA
Lecture 6: Practice Session	• Compute and Interpret results of different measures of dispersion form a given data file	LGIS	SAQ MCQ VIVA

Family Medicine

Topic	Learning Objectives At the end of the lecture the student should be able to	Learning Domain	Teaching Strategy	Assessment Tool
Approach to a	Discuss what is abdominal pain	~ ~		
Patient with	Discuss its causes	C2	LGIS-1	MCQs
abdominal pain	Disscus diagnosis & principle of management			

SECTION - IV

Assessment Policies

Contents

- Assessment plan
- Types of Assessment:
- Modular Examinations
- Block Examination
- Table 4: Assessment Frequency & Time in GIT Module



Gauge for Continuous Internal Assessment (CIA)

Red Zone	High Alert	Yellow Zone	Green Zone	Excellent	Extra Ordinary
0 - 25%	26 - *50%	51 - 60%	61 - 70%	71 - 80%	81 - 100%
*50% and abov	ve is Passing Ma	arks.			

Gauge for attendance percentage

Red Zone	High Alert	Yellow Zone-1	Yellow Zone-2	Green Zone	Excellent
0 - 25%	26 - 50%	51 - 60%	61 - 74%	*75 - 80%	81 - 100%

90% is eligibility criteria for appearing in professional examination.

Assessment plan

University has followed the guidelines of Pakistan Medical and Dental Council for assessment. Assessment is conducted at the mid modular, modular and block levels.

Types of Assessment:

The assessment is formative and summative.

Formative Assessment	Summative Assessment
Formative assessment is taken at modular $(2/3^{rd})$ of the module is complete)	Summative assessment is taken at the mid modular (LMS Based), modular
level through MS Teams. Tool for this assessment is best choice questions	and block levels.
and all subjects are given theshare according to their hour percentage.	

Modular Assessment

Theory Paper	Viva Voce
There is a module examination at the end of first module of each block. The content of the whole teaching of the module are tested in this examination.	Structured table viva voce is conducted including the practical content of the module.
It consists of paper with objective type questions and structured essay questions. The distribution of the questions is based on the Table of Specifications of the module. (Annexure I attached)	

Block Assessment

On completion of a block which consists of two modules, there is a block examination which consists of one theory paper and a structured viva with OSPE.

Theory Paper	Block OSPE
There is one written paper for each subject. The paper consists of objective type	This covers the practical content of the whole block.
questions and structured essay questions. The distribution of the questions is	
based on the Table of Specifications of the module.	

Block		Module – 1	Type of		Total A	Assessments Time	No. of A	ssessments
	Sr #	GIT Module Components	Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time		
	1	Mid Module Examinations LMS based (Anatomy, Physiology & Biochemistry)	Summative	30 Minutes				
	2	Topics of SDL Examination on MS Team	Formative	30 Minutes				
	3	End Module Examinations (SEQ & MCQs Based)	Summative	2 Hours	3 Hour 15 Minutes	45 Minutes	2 Formative	6 Summative
Block-I	4	Anatomy Structured and Clinically Oriented Viva	Summative	10 Minutes				
B	5	Physiology Structured & Clinically oriented Viva voce	Summative	10 Minutes				
	6	Assessment of Clinical Lectures	Formative	15 Minutes	-			
	7	Assessment of Bioethics Lectures	Summative	2 Minutes				
	8	Assessment of IUGRC,Family Medicine Lectures	Summative	10 Minutes				

Table 4-Assessment Frequency & Time in GIT Module

No. of Assessments of Anatomy for Second Year MBBS GIT Module

Block		Module – 1	Type of		Total Assessm	nents Time	No. of A	ssessments
	Sr #	GIT Module Components	Assessments	Assessment	Summative	Formative		
				Time	Assessment	Assessment		
		1			Time	Time		
	1	Mid Module (when $2/3^{rd}$ content is covered)	Summative	25-02-2023				
		Examinations LMS based combined with Anatomy		09:00PM -				
		& Biochemistry		09:30PM				
				30 Minutes	-			
	2	Topics of SDL Examination on MS Team	Formative	29-03-2023				
		(After 15 days of teaching)		12:00pm-	2.11			
				12:30pm	2 Hours	20 Minutes	2 Es ma stirre	2 Summative
	2		C ('	10 Minutes	& 10 minutos	30 Minutes	3 Formative	3 Summative
	3	End Module Examinations (SEQ & MCQs Based)	Summative	08-03-2023	40 minutes			
_				08:30am -				
ck-]				10:30am				
Block-I		(1, 1, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	E a mar a d'ana	2 Hours	-			
щ	4	Sub Regional Assessment (Viva voce)	Formative	10 Minutes	-			
	5	Structured & Clinically oriented Viva voce	Summative	06-03-2023 &				
				07-03-2023 09:00am -				
				01:00pm 10				
				Minutes/student				
	6	Assessment of Clinical Lectures	Formative	10-03-23	4			
	0	Assessment of Chinical Lectures	Formative	09:30am-				
				10:00am				
				10 Minutes				

No. of Assessments of Physiology for Second Year MBBS GIT Module

Block	Sr.	Sr. Module – 1 Type of			Total Assessments Time		No. of Assessments	
	#	GIT Module Components	Assessments	Assessment Date/Time/Duration	Summative Assessment Time	Formative Assessment Time		
	1	Mid Module (when 2/3 rd content is covered) Examinations LMS based combined with Anatomy & Biochemistry	Summative	25-02-2023 09:00PM -09:30PM 30 Minutes				
	2	Topics of SDL Examination on MS Team (After 15 days of teaching)	Formative	18-03-2023 12:00pm - 12:30pm 10 Minutes	2 Hours			
Block - I	3	End Module Examinations (SEQ & MCQs Based)	Summative	09-03-2023 08:30am -10:30am 2 Hours	& 40 minutes	20 minutes	2 Formative	3 Summative
B	4	Structured & Clinically oriented Viva voce	Summative	06-03-2023 & 07- 03-2023 09:00am -01:00pm 10 Minutes/student				
	5	Assessment of Clinical Lectures	Formative	10-03-23 09:30am-10:00am 10 Minutes				

No. of Assessments of Biochemistry for Second Year MBBS GIT Module

Block	Sr. #	Module – 1	Type of	Total	l Assessments Time	e	No. of Assessments	
		GIT Module Components	Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time		
	1	Mid Module (when 2/3 rd content is covered) Examinations LMS based combined with Anatomy & Biochemistry	Summative	25-02-2023 09:00PM - 09:30PM 30 Minutes				
	2	Topics of SDL Examination on MS Team (After 15 days of teaching)	Formative	18-03-2023 12:00pm - 12:30pm 10 Minutes	2 Hours & 40 minutes	20 Minutes	2 Formative	3 Summative
Block-I	3	End Module Examinations (SEQ & MCQs Based)	Summative	10-03-2023 08:30am- 10:30am 2 Hours				
	4	Structured & Clinically oriented Viva voce	Summative	10 Minutes				
	5	Assessment of Clinical Lectures	Formative	10-03-2023 08:30am- 10:30am 10 Minutes				
		Total			3 Hours		5 Ass	essments

	Learning Resources
Subject	Resources
Anatomy	 A. Gross Anatomy Gray's Anatomy by Prof. Susan Standring 42th edition, Elsevier. Clinical Anatomy for Medical Students by Richard S.Snell 10th edition. Clinically Oriented Anatomy by Keith Moore 9th edition. Cunningham's Manual of Practical Anatomy by G.J. Romanes, 16th edition, Vol-I, II and III B. Histology B. Young J. W. Health Wheather's Functional Histology 6th edition. Medical Histology by Prof. Laiq Hussain 7th edition. C. Embryology Keith L. Moore. The Developing Human 11th edition. Langman's Medical Embryology 14th edition.
Physiology	 A. Textbooks Textbook Of Medical Physiology by Guyton And Hall 14th edition. Ganong 'S Review of Medical Physiology 26th edition. B. Reference Books Human Physiology by Lauralee Sherwood 10th edition. Berne & Levy Physiology 7th edition. Best & Taylor Physiological Basis of Medical Practice 13th edition. Guyton & Hall Physiological Review 3rd edition.
Biochemistry	Textbooks 1. Harper's Illustrated Biochemistry 32th edition. 2. Lehninger Principle of Biochemistry 8 th edition. 3. Biochemistry by Devlin 7 th edition. Textbooks
Community Medicine	 Community Medicine by Parikh 25th edition. Community Medicine by M Illyas 8th edition. Basic Statistics for the Health Sciences by Jan W Kuzma 5th edition.
Pathology/Microbiology	Textbooks 1. Robbins & Cotran, Pathologic Basis of Disease, 10 th edition. 2. Rapid Review Pathology, 5 th edition by Edward F. Goljan MD. 3. http://library.med.utah.edu/WebPath/webpath.html
Pharmacology	Textbooks 1. Lippincot Illustrated Pharmacology 9 th edition. 2. Basic and Clinical Pharmacology by Katzung 5 th edition.

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SECTION - V

Time Table

Integrated Clinically Oriented Modular Curriculum for Second Year MBBS

GIT Module Time Table	
Second Year MBBS	
Session 2021 - 2022	
Batch- 49	

GIT Module Team

Module Name	:	GIT Module
Duration of module	:	06 Weeks
Coordinator	:	Dr. Maryam Sohail
Co-coordinator	:	Dr. Ali Raza
Reviewed by	:	Module Committee

Module	e Committee	Mod	ule Task Force Team
Vice Chancellor RMU	Prof. Dr. Muhammad Umar	Coordinator	Dr. Maryam Sohail (Senior Demonstrator of Anatomy)
Director DME	Prof. Dr. Rai Muhammad Asghar	DME Focal Person	Dr. Sidra Hamid (DHPE)
Convener Curriculum	Prof. Dr. Naeem Akhter	Co-coordinator	Dr. Shazia Nosheen (Senior Demonstrator of
			Physiology
Chairperson Anatomy &	Prof. Dr. Ayesha Yousaf	Co-Coordinator	Dr. Almas Ijaz (Senior Demonstrator of Biochemistry)
Dean Basic Sciences			
Additional Director DME	Prof. Dr. Ifra Saeed	Co-coordinator	Dr. Ali Raza
Chairperson Physiology	Prof. Dr. Samia Sarwar		
Chairperson Biochemistry	Dr. Aneela Jamil	DME	Implementation Team
		Director DME	Prof. Dr. Rai Muhammad Asghar
Focal Person Anatomy	Prof. Dr. Ifra Saeed	Implementation Incharge 1st & 2 nd Year	Prof. Dr. Ifra Saeed
Second Year MBBS		MBBS & Add. Director DME	
Focal Person Physiology	Dr. Sidra Hamid	Deputy Director DME	Dr Shazia Zaib
Focal Person Biochemistry	Dr. Aneela Jamil	Module planner & Implementation	Dr. Sidra Hamid
		coordinator	
Focal Person Pharmacology	Dr. Zunera Hakim	Editor	Muhammad Arslan Aslam
Focal Person Pathology	Dr. Asiya Niazi		
Focal Person Behavioral	Dr. Saadia Yasir		
Sciences			
Focal Person Community	Dr. Afifa Kulsoom		
Medicine			
Focal Person Quran	Dr. Fahad Anwar		
Translation Lectures			

Discipline wise Details of Modular Content

Block	Module	General	Embryology	Histology	Gross Anatomy
		Anatomy			
	Anatomy	-	Tongue, Body	Digestive	Oral Cavity, Abdomen and associated visceras
			Cavities,	Tract &	
			Gastrointestinal	associated	
			System	organs (Junqueira)	
	Biochemistry	Carbobydrate	a metabolism. GIT		s, Digestion and absorption, Nutrition
	Physiology				—Motility, Nervous Control, and Blood Circulation
	Тпузююду		nd Mixing of Food		
		-	ē		Digestion and Absorption in the Gastrointestinal Tract
			of Gastrointestinal		Service and the service and th
	Bioethics &		tan Medical & der		e of Ethics
1	Professionalism				
	Research (IUGRC)	• Introd	duction to descript	ive statistics	
		Class	ification of differe	ent types of Data	l l
		• Scale	s of Data measure	ment	
			ures of central Ter	•	
		-	pute & Interpret m		•
			ure of dispersion/		Analysis
	Radiology &		cal imaging of abd		
	Artificial Intelligence		cal imaging of abd		
	Family Medicine		non Abdominal di	~	
	Vertical components		Holy Quran Transla		
	Vertical Integration		cally content relev		ule
			g disorders (Psych	•	
			ept of health & dis		•
		-		ious diseases &	Basic Concepts (Community medicine)
		• Dysp	hagia (Medicine)		

Pathologies of Salivary glands (Pathology)
Abdominal hernias (Surgery)
Abdominal incisions (Surgery)
• Peptic ulcer (Medicine)
• Surgical complications of Peptic Ulcer Disease (Surgery)
Pakistan Medical & dental council Code of Ethics (Community Medicine)
• Jaundice (Medicine)
Gall stones & Cholecystectomy (Surgery)
Acute & Chronic Diarrhea (Pediatrics)
Acute Abdominal Pain (Surgery)
Irritable Bowel Syndrome (Medicine)
• Antidiarrheal drugs & drugs for Peptic Ulcer Disease (Pharmacology)
• Common GIT problems in pregnancy (Hyperemesis gravidarum, GERD, Constipation,
hemorrhoids) (Gynae and OBS)
• Pathologies of gallbladder and pancreas (Pathology)
• Anal fissure, Hemorrhoids, Fistula in ano (Surgery)
Anatomy: CATEGORY A CATEGORY C Special Embryology Special Fatures Of - Tongue, - Salivary Glands Histological Features Of - Tongue, - Salivary Glands Gross Anatomy: - Salivary Glands Histology of Tongue, - Salivary Glands • Acute Appendicitis - Facinal Intestine - Liver - Salivary Glands - Gallbladder & Panceas - Salivary Glands - Gallbladder & Panceas • Histology of Tongue - Salivary Glands • Acute Appendicitis - Salivary Glands - Liver - Salivary Glands - Tongue - Salivary Glands • Histology of Tongue - Salivary Glands • Acute Appendicitis - Salivary Glands - Gallbladder & Panceas - Salivary Glands - Salivary Glands • Salivary Glands - Liver - Gallbladder & Panceas - Sanal Intestine • Liver & Callbladder & Scrutur • Liver & Callbladder & Scrutur - Sanal Intestine - Large Intestine • Cate Appendicitis • Scrutur • Scrutur - Salivary Glands - Salivary Glands - Sanal Region & Hemias • Liver & Callbladder & Scrutur • Sanal Intestine - Sanal Intestine - Large Intestine - Sanal A Large Intestines • Sanal Intestine • Large Intestine - Mancerais
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Special Embryology Special Histology Demonstrations Practical's CBL Development Of -Tongue, - Salivary Glands Histological Features Of - Tongue, - Liver Tongue, - Salivary Glands - Tongue, - Salivary Glands - Acute Appendicitis - Liver - General Structure of GTT - Tongue, - Callbladder & Pancreas - Sophagus & Stomach - Liver - Salivary Glands - Salivary Glands - Esophagus & Stomach - Salivary Glands - Salivary Glands - Esophagus & Stomach - Salivary Glands - Salivary Glands - Esophagus & Stomach - Salivary Glands - Salivary Glands - Esophagus & Stomach - Salivary Glands - Salivary Glands - Esophagus & Stomach - Liver & Portal Hypertension - Liver - Gallbladder & Pancreas - Salivary Glands - Acute Appendicitis - Mercius Sheath - Intervise - Small Intestine - Esophagus - Stomach - Liver - Liver - Gallbladder - Biliary Apparatus - Spelcen - Portorsystemic Anastomosis - Portorsystemic Anastomosis - Recturm - Anal Canal - Intervation of Abdominal Viscera - Development of Body Cavitiese Histology Of Liver<
Development of Jongue, - Sulvary Glands Histological Features Of - Tongue, - Salvary Glands Gross Anatomy: - Topographical Organization Of GTT - Oral Cavity + Histology of Tongue & Salivary glands + Liver & Portal Hypertension - Gallbladder & Pancreas - Small Intestine - Liver - Gallbladder & Pancreas - Salvary Glands - Salvary Glands + Histology of Tongue & Salvary glands + Liver & Portal Hypertension - Salvary Glands - Liver - Salvary Glands - Salvary Glands - Small Intestine + Liver & Portal Hypertension - Large Intestine - Liver - Gallbladder & Pancreas - Santary Intestine - Serotum - Acute Appendicitis + Liver & Portal Hypertension - Serotum
- Salivary Glands - Exophagus & Stomach - Liver - Gallbladder & Pancreas - Small Intestine - Large Inte
Histology Of Liver Category A: By Professors Category B: By Associate & Assistant Professors
Category A: By Professors Category B: By Associate & Assistant Professors
Category B: By Associate & Assistant Professors
Category C: By Senior Demonstrators

Teaching Staff / Human Resource of Department of Anatomy

Sr. #	Designation Of Teaching Staff / Human Resource	Total number of teaching staff
1.	Professor of Anatomy department	01
3.	Assistant professor of Anatomy department (AP)	01
4.	Demonstrators of Anatomy department	04

Contact Hours (Faculty)

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total Hours
1.	Large Group Interactive Session (LGIS)	19 hours
2.	Small Group Discussions (SGD)	46 hours
4.	Practical / Skill Lab	38 hours

Contact Hours (Students)

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total Hours
1.	Large Group Interactive Session (LGIS)	10 hours
2.	Small Group Discussions (SGD)	46 hours
4.	Practical / Skill Lab	7.5 hours
5.	Self-Directed Learning (SDL)	20 hours

Physiology:

Category A	Category B	Category C
Introduction to GIT, electrical activity in GIT,	Saliva and mastication, stages of swallowing, clinical	PBL:
Enteric Nervous System and GIT reflexes (Dr.	disorders of esophagus and swallowing, achalasia and	
Samia Sarwar)	vomiting (Dr. Shazia)	
Small intestine motility and malabsorption	Movements of GIT, control of GIT motility and	CBL:
(sprue, paralytic ileus and Crohn's disease) (Dr .	factors affecting GIT blood flow, hormones of GIT	Peptic Ulcer
Samia Sarwar)	(Dr. Aneela) Motor functions of stomach, physiology of regulation	Food poisoning Practical:
	Motor functions of stomach, physiology of regulation of gastric emptying (Dr. Shazia)	Sense of taste
	of gastric emptying (Dr. Shazia)	Sense of smell
		Examination of superficial reflexes (CNS)
		Examination of deep reflexes
		Performance of axon reflex (triple response of skin)
	Physiology of liver and gall bladder, liver and biliary	SGD:
	secretion(Dr. Aneela)	Saliva and mastication, stages of swallowing, clinical disorders of esophagus and
		swallowing, achalasia and vomiting
		Motor functions of stomach, physiology of regulation of gastric emptying
		Physiology of liver and gall bladder, liver and biliary secretion
	Gastric secretion, digestion in stomach, peptic ulcer	SDL:
	and gastritis (Dr. Shazia)	Introduction to GIT, electrical activity in GIT, Enteric Nervous System and GIT
	Liver function tests, types of jaundice,	reflexes
	pathophysiology of cirrhosis and portal hypertension (Dr. Aneela)	Gastric secretion, digestion in stomach, peptic ulcer and gastritis Small intestine motility and malabsorption (sprue, paralytic ileus and Crohn's
	Intestinal secretion and its functions, pancreatic juice,	disease)
	its composition and functions, pancreatitis, overall	Intestinal secretion and its functions, pancreatic juice, its composition and
	mechanism of digestion and absorption of intestine	functions
	(amino acids, fatty acids and glucose) (Dr. Aneela)	Pancreatitis, overall mechanism of digestion and absorption of intestine (amino
	Motor function of large gut, defecation reflex and	acids, fatty acids and glucose)
	pathophysiology (diarrhea, constipation, ulcerative	Motor function of large gut, defecation reflex
	colitis, mega colon and carcinoma of colon) (Dr.	Pathophysiology (diarrhea, constipation, ulcerative colitis, mega colon and
	Shazia)	carcinoma of colon)
Category A: By HOD and Associate Professor		
Category B: By All (HOD, Associate, Assistant, S	Senior Demonstrators)	
Catagory C: By Domonstrators and Posidents		

Category C: By Demonstrators and Residents

Sr. #	Designation Of Teaching Staff / HumanResource	Total number of teaching staff
1.	Professor of physiology department	01
2.	Associate professor of physiology department	01
3.	Assistant professor of physiology department (AP)	01 (DME)
4.	Demonstrators of physiology department	07
5.	Residents of physiology department (PGTs)	08

Teaching Staff / Human Resource of Department of Physiology

Contact Hours (Faculty) & Contact Hours (Students)

Sr. #	Hours Calculation for Various Type of TeachingStrategies	Total Hours
1.	Large Group Interactive Session (Lectures)	22 hours
2.	Small Group Discussions (SGD)/CBL	38.5 hours
3.	Problem Based Learning (PBL)	2.5 hours
4.	Practical / Skill Lab	38.5 hours
5.	Self-Directed Learning (SDL)	17 hours

Biochemistry:

CATEGORY A	CATEGORY B	CATEGORY C
Carbohydrate metabolism (Dr Tehmina /Dr Uzma)	Saliva (Dr Almas)	PBL: GERD (Gastroesophageal Reflux
		Disease)
Glycolysis (Dr Tehmina /Dr Uzma)	Individual Sugars (Dr Aneela)	CBL: G6PDH Deficiency
		Lactose Intolerance
Gluconeogenesis (Dr Aneela)	Fate Of Pyruvate (Dr Tehmina /Dr Uzma)	Practical: Saliva
		Bile
		Analysis Of Food Components (Potato,
		Wheat)
TCA cycle (Dr Tehmina /Dr Uzma)	Function Of NADPH And G6PD Deficiency (Dr Aneela)	SGD: Gluconeogenesis and Its Regulation
Glycogen metabolism (Dr Aneela)	Gastric Juice (Dr Almas)	Jaundice And LFTs
LFTS Jaundice (Dr Anoosh)	Bile & Pancreatic Juice (Dr Uzma)	
Digestion And Absorption of Carbohydrates, Proteins and Lipids (Dr	Nutrition (Dr Rahat)	
Anoosh)	GIT Hormones & Succus Entericus (Dr Uzma)	
Category A: By HOD And Assistant Professor		
Category B: By All HOD, Assistant Professors, Senior Demonstrators		

Category C: By All Demonstrator

Teaching Staff / Human Resource of Department of Biochemistry

Sr. #	Designation Of Teaching Staff / Human Resource	Total number of teaching staff
1	Assistant professor of biochemistry department (AP)	02
2	Demonstrators of biochemistry department	08

Contact Hours (Faculty) & Contact Hours (Students)

	Hours Calculation for Various Type of Teaching	Total Hours (Faculty)	Total Hours (student)
Sr. #	Strategies	· · · ·	
1.	Large Group Interactive Session (LECTURES)	20 hours	10 hours
2.	Small Group Discussions (SGD)	38 hours	7.5 hours
4.	Practical / Skill Lab	38 hours	7.5 hours
5.	Self-Directed Learning (SDL)	4 hours	04

Time Table For GIT Module (First Week)

(30-01- 2023 to 04-02- 2023)

DATE/DAY	8:00a	8:00am-9:30am 9:30am – 10:20am 10:20am-11:10am 11:10am-12:00pm						2:00pm	12:00pm – 2:00pm	Home Assignments(2HRS)				
			PHYSIOLOGY LGIS			MY LGIS	BIOCHEMIST		DISSECTION/SGD					
30-01-2023 MONDAY	Topic &		Practical &CBL/SGD Topic & Venue Mentioned at The End		Topic & Venue		Introduction to GIT Electrical Activity in GIT, Enteric Nervous System & GIT Reflexes	Saliva &Mastication,Stages ofSwallowing,Clinical DisordersofEsophagus &Swallowing,Achalasia & Vomiting	Development Of Tongue	Histology of Tongue	Introduction to Carbohydrate Metabolism	Saliva	Topographical Organization of GIT	SDL Physiology Enteric Nervous System
			Prof. Dr. Samia Sarwar / Dr. Aneela (Even)	Dr Shazia (Odd)	Prof. Dr Ifra (Even)	Ass. Prof. Dr Maria (Odd)	Dr. Tehmina / Dr Uzma (Even)	Dr. Almas (Odd)						
				LOGY LGIS	BEHAVIORAL	SCIENCES LGIS	COMMUNITY ME	CDICINE LGIS	DISSECTION/SGD					
31-01-2023 TUESDAY Practical &CBL/SGD Topic & Venue Mentioned at The End		& Venue	D Saliva & Mastication,Stages of Swallowing, Clinical Disorders of Econhagus & GIT, Enteric Nervous		v in Eating Disorders		Concept Of Health & Disease	Epidemiology Of Infectious Diseases& Basic Concepts	Oral Cavity, Tongue and Salivary Glands	SDL Physiology GIT Reflexes				
			Dr Shazia (Even)	Prof. Dr. Samia Sarwar / Dr. Aneela (Odd)	Dr. Sadia Yasir (Even)	Dr. Zona Tahir (Odd)	Dr. Rizwana Shahid (Even)	Dr. Uzma Hayat (Odd)						
			COMMUNITY	MEDICINE LGIS	· · · /	MY LGIS	BIOCHEMIST		DISSECTION/SGD					
01-02-2023 WEDNESDAY	Practical &CBL/SGD Topic & Venue Mentioned at The End		Epidemiology Of Infectious Diseases Basic Concepts	Concept Of Health & Disease	Histology of Tongue	Development of Tongue	Saliva	Carbohydrate Metabolism	Anterolateral Abdominal Wall	Carbonydrate Metabolisi				
			Dr. Uzma Hayat (Even)	Dr. Rizwana Shahid (Odd)	Ass. Prof. Dr Maria (Even)	Prof. Dr Ifra (Odd)	Dr. Almas (Even)	Dr. Tehmina /Dr Uzma (Odd)		Glycolysis				
	Practical &CBL/SGD Topic & Venue		MEDIC	INE LGIS	ANATO	MY LGIS	BIOCHEMIST	TRY LGIS	DISSECTION/SGD					
02-02-2023 THURSDAY					Dys	phagia	Development Of Salivary Glands	Histology Salivary Glands	Metabolism of Monosaccharide & Disaccharide(Fructose, Lactose, Galactose)	Glycolysis	Rectus Sheath	SDL Anatomy Anterolateral Abdominal Wall		
			Dr. Sadia Ahmed (Even)	Dr. Aqsa Naseer (Odd)	Prof. Dr Ifra (Even)	Ass. Prof. Dr Maria (Odd)	Dr. Aneela (Even)	Dr. Tehmina / Dr Uzma (Odd)						
		9:00AM		0:00AM	10:00-11:00AM		11:00-12:00PM							
	ANATO	OMY LGIS	BIOCHEM	ISTRY LGIS	QURAN TRA	NSLATION - I	QURAN TRANS	SLATION - I	_					
03-02-2023 FRIDAY Glands		Development Of Salivary Glands	Glycolysis	Metabolism of Monosaccharide & Disaccharide(Fructose, Lactose, Galactose)	Imaniaat-1	Ibadaat-1	Ibadaat-1	Imaniaat-1						
	Ass. Prof. Dr Maria (Even)	Prof. Dr Ifra (Odd)	Dr. Tehmina / Dr Uzma (Even)	Dr. Aneela (Odd)	Mufti Naeem Sherazi (Even)	Dr. Fahd Anwar (Odd)	Dr. Fahd Anwar (Even)	Mufti Naeem Sherazi (Odd)						
04-02-2023 SATURDAY			BIOETHICS LGIS	RESEARCH-I LGIS	PATHOL	OGY LGIS	BIOCHEMIST	TRY LGIS	PBL SESSION – I					
	Topic	&CBL/SGD & Venue	Pakistan Medical & Dental Council Code of Ethics	Introduction to Descriptive Statistics	C	Salivary Glands	Fate Of Pyruvate	Gluconeogenesis	PBL SESSION – I	SDL Anatomy Rectus Sheath				
	Mentioned at The End		Dr. Sidra Hamid (Even)	Dr. Rizwana Shahid (Odd)	Dr.Rabbiyah Khalid(Even)	Dr. Sara Rafi (Odd)	Dr. Tehmina / Dr Uzma(Even)	Dr. Aneela (Odd)	Physiology Batch Teachers Of 2 nd Year					

Dr Gaiti An Saliva I (B	ra iochemistry Prac	alivary Glands (Ar tical) Venue- Bioc Practical) Venue -	hemistry Laborat	ory	ue-Histology Lab-	swall	owing, acha	: Saliva and mastication,	a Venue - Lecture Hall No 5	al disorders of esophagus and
	Schee	lule For Practical /	Small Group Dis	cussion			Venue Fo	r Second Year Batches	for Anatomy Dissection / S	mall Group Discussion
Day	Histology Practical	Biochemistry Practical	Physiology Practical	Physiology SGD	Biochemistry SGD	Batches	Roll No	Anatomy Teacher		Venue
Monday	С	B	Е	Α	D	A 01-120 Dr. Gaiti Ara			Lecture Hall No.04 Ana	atomy Lecture Hall
Tuesday	D	С	Α	В	Ε	В	121-240	Dr. Maryam Sohail	Lecture Hall No. 03 An	atomy Lecture Hall
Wednesday	Ε	D	В	С	Α	C	241- Onwards	Dr. Sadia Baqir	Dissection Hall	
Thursday	В	Α	D	Ε	С					
Saturday	Α	E	С	D	В					
	Venue For Second Year Batches For PBL & SGD Team-II Sr. No					Batch	Roll no		nes of Teachers	
Batches	Roll No		Vei	nue					Biochemistry	Physiology
Batch-A1	(01-35)	Lecture Hall no.(05 Physiology	y Dr. Aneela Yasmeen		1.	Batch – A	01-70	Dr. Faiza Zafar	Dr. Aneela / Dr. Najam us Sehar
Batch-A2	(36-70)	Lecture Hall #.04 Anatomy)	(1 st Floor	Dr. Shazia Nosheen		2.	Batch – B	71-140	Dr. Uzma Zafar	Dr. Shazia Nosheen
Batch-B1	(71-105)	Anatomy Museum (First Floor Anatomy)		Dr. Kamil		3.	Batch – C	141-210	Dr. Shahrukh Khan	Dr. Nayab Zonish / Dr. Muhammad Usman
Batch-B2	(106-140)	Lecture Hall no.()3 (First Floor)	Dr. Iqra Ayut Physiology)	o (PGT	4.	Batch – D	211-280	Dr. Rahat Afzal	Dr. Iqra Ayub
Batch-C1	(141-175)	Lecture Hall no.()5 (Basement)	, O,	GT Physiology)	5.	Batch -E	281-onwards	Dr. Almas Ijaz	Dr. Kamil Tahir / Dr. Ismai
Batch-C2	(176-210)	Lecture Hall no.(4 (Basement)		PGT Physiology)					1
Batch-D1	(210-245)	Lecture Hall no.(02 (Basement)	Dr. Ali Raza Dr. Ismail (SC				Venues for Large Grou	up Interactive Session (LG	IS) and SDL
Batch-D2	(246-280)	Conference Roor	n (Basement)	Dr. Almas (P Dr. Najam-us		Odd Rol	l Numbers		New Lecture Hall Com	plex Lecture Theater # 01
Batch-E1	(281-315)	New Lecture Hal		Dr. Muhamm			ll Number		New Lecture Hall Com	plex Lecture Theater # 04
Batch-E2	(315 onwards)	Lecture Hall no.()4	Dr. Rahat (PE Dr. Fareed U		Т	opic Detail	s Of SDL Anatomy		
		Topic Details Of S	SDL Biochemistr	у		•	Anterior Ab	dominal Wall		
Glycogen	Storage Diseases	5				•]	Rectus Shea	th		
Regulation	n of Glycogen M	etabolism								
Diseases of	of Galactose Met	abolism								
	of Fructose Meta					1				
	ransporters					1				
	n of Glycolysis					1				
0	Dehydrogenase C	Complay				1				

(06-02-2023 to 11-02-2023)

DATE/DAY	8:00am-9:30am	9:30am – 10):20am	10:20ar	n-11:10am	11:10am	-12:00pm	12:00pm – 2:00pm	Home Assignments(2HRS)
		PHYSIOLOG	GY LGIS	BIOCHEM	IISTRY LGIS	SURGE		DISSECTION/SGD	
06-02-2023 MONDAY	Practical &CBL/SGD Topic & Venue Mentioned at The End	Movements of GIT, control of GIT motility and factors affecting GIT blood flow, hormones of GIT	Motor functions of stomach, physiology of regulation of gastric emptying	Gluconeogenes is	Fate Of Pyruvate	Abdomin	al Hernias	Inguinal Region And Hernias	SDL Physiology Control Of GI Motility & Factors Affecting GIT Blood Flow
		Dr. Aneela (Even)	Dr. Shazia (Odd)	Dr. Aneela (Even)	Dr. Tehmina / Dr Uzma (Odd)	Dr. Hira (Even)	Dr. Ruqaiya (Odd)	Tiennas	
		PHYSIOLOG	GY LGIS	ANATO	OMY LGIS	BIOCHEMI	STRY LGIS	DISSECTION/SGD	
07-02-2023 TUESDAY	Practical &CBL/SGD Topic & Venue Mentioned at The End	Motor functions of stomach, physiology of regulation of gastric emptying	Movements of GIT, control of GIT motility and factors affecting GIT blood flow, hormones of GIT	Development Of Esophagus & Stomach-1	Histology General Structure of GIT & Esophagus	Function Of NADPH & Deficiency of G6PD	Citric Acid Cycle	Testes & Scrotum	SDL Physiology Swallowing
		Dr. Shazia (Even)	Dr. Aneela (Odd)	Prof. Dr Ifra (Even)	Ass. Prof. Dr Maria (Odd)	Dr. Aneela (Even)	Dr. Tehmina / Dr Uzma (Odd)		
		PHYSIOLOG	GY LGIS	ANATO	OMY LGIS	SURGE	RY LGIS	DISSECTION/SGD	
08-02-2023 WEDNESDAY	Practical &CBL/SGD Topic & Venue Mentioned at The End	ppic & Venue Mentioned secretion		Histology General Structure of GIT & Esophagus	Development Of Esophagus & Stomach-1	Abdomina	l Incisions	Peritoneum & Peritoneal Cavity	SDL Biochemistry TCA Cycle Gluconeogenesis Regulation
		Dr. Aneela (Even)	Dr. Shazia (Odd)	Ass. Prof. Dr Maria (Even)	Prof. Dr Ifra (Odd)	Dr. Omer Qasiser (Even) Dr. Samra Riaz (Odd)			
		PHYSIOLOG		PHYSIOLOGY SGD		BIOCHEMI	STRY LGIS	DISSECTION/SGD	
09-02-2023 THURSDAY	Practical &CBL/SGD Topic & Venue Mentioned at The End	Gastric secretion, digestion in stomach, peptic ulcer and gastritis Physiology of liver and gall bladder, liver and biliary secretion		Movements of GIT, control of GIT motility and factors affecting GIT blood flow, hormones of GIT		Citric Acid Cycle	Function of NADPH & Deficiency of G6PD	Sub divisions of Peritoneal Cavity	SDL Anatomy Inguinal Region Canal and Hernias
		Dr. Shazia (Even)	Dr. Aneela (Odd)		cond Year MBBS	Dr. Tehmina / Dr Uzma(Even)	Dr. Aneela (Odd)		
	8:00-9:00am	9:00-10:0		10:00	-11:00am	11:00-1	2:00pm		
10-02-2023	MEDICINE LGIS	ANATOMY			anslation - II		nslation - II		
FRIDAY	Peptic Ulcer	Development of Stomach-2		Ibadaat-2	Imaniyaat-2	Ibadaat-2	Imaniyaat-2		
	Dr. Javeria Dr. Anam (Even) (Odd)	Prof. Dr. Ifra (Even)	Ass. Prof. Dr Maria (Odd)	Dr Fahd (Even)	Mufti Naeem Sherazi (Odd)	Dr Fahd (Odd)	Mufti Naeem Sherazi (Even)		
		SURGERY	LGIS		OMY LGIS	BIOCHEMI	STRY LGIS	DISSECTION/SGD	
11-02-2023	Practical & CBL/SGD	Surgical complications of	Peptic Ulcer Disease	Histology Of Stomach	Development of Stomach-2	Glycogen Metabolism	Gastric Juice		SDL Anatomy
SATURDAY	Topic & Venue Mentioned at The End	Dr. Ali Kamran (Even)	Dr. Sidra (Odd)	Ass. Prof. Dr Maria (Even)	Prof. Dr. Ifra (Odd)	Dr. Aneela (Even)	Dr. Almas (Odd)	Esophagus and stomach	Peritoneum & Peritoneal Cavity

		Topics For Practic	al with Venue					Topics Fo	or Small Group Discuss	ion& CBLs With Venue
Histology of	f Esophagus & Sto	mach (Anatomy Histology		e-Histology lab-Dr	Maryam Sohail	• Ph	ysiology SGD:			of regulation of gastric emptying Venue: Lecture Hall No 5
Saliva I (Bio	ochemistry Practica	l) Venue- Biochemistry la	boratory			Biocher	mistry CBL: Glu	cose 6 Phosphate	Dehydrogenase Deficie	ency (Venue: Lecture Hall No 2)
Sense of Sm		actical) Venue – Physiolog								
		Schedule For Practical / Sr			1				ľ	Dissection / Small Group Discussion
Day	Histology Practical	Biochemistry Practical	Physiology Practical	Physiology SGD	Biochemistry SGD	Batches Roll No Anatomy Teacher				Venue
Monday	С	В	Ε	Α	D	Α	01-120	Dr. Gaiti Ara		Lecture Hall No.04 Anatomy Lecture Hall
Tuesday	D	С	Α	В	E	В	121-240	Dr. Maryam Se		Lecture Hall No. 03 Anatomy Lecture Hall
Wednesday	E	D	В	С	Α	C	241- Onwards	Dr. Sadia Baqi	r	Dissection Hall
Thursday	В	Α	D	Ε	С					
Saturday	Α	Ε	С	D	B	Sr. No				
	Venue For Second Year Batches For PBL & SGD Team-II						Batch	Roll no		Names of Teachers
Batches	Roll No			nue					Biochemistry	Physiology
Batch-A1	(01-35)	Lecture Hall no.05 Physiology		ela Yasmeen		1.	Batch – A	01-70	Dr. Faiza Zafar	Dr. Aneela / Dr. Najam us Sehar
Batch-A2	(36-70)	Lecture Hall #.04 (1 st Flo Anatomy)	or Dr. Sha	zia Nosheen		2.	Batch –B	71-140	Dr. Uzma Zafar	Dr. Shazia Nosheen
Batch-B1	(71-105)	Anatomy Museum (First Floor Anatomy)	Dr. Kar	nil		3.	Batch – C	141-210	Dr. Shahrukh Khan	Dr. Nayab Zonish / Dr. Muhammad Usman
Batch-B2	(106-140)	Lecture Hall no.03 (First Floor)	Dr. Iqra	Ayub (PGT Physic	ology)	4.	Batch –D	211-280	Dr. Rahat Afzal	Dr. Iqra Ayub
Batch-C1	(141-175)	Lecture Hall no.05 (Basement)	Dr. Nay	ab (PGT Physiolog	y)	5.	Batch -E	281-onwards	Dr. Almas Ijaz	Dr. Kamil Tahir / Dr. Ismail
Batch-C2	(176-210)	Lecture Hall no.04 (Basement)	Dr. Ma	yam (PGT Physiolo	ogy)					
Batch-D1	(210-245)	Lecture Hall no.02 (Basement)		Raza (PBL) ail (SGD)				Venues for L	arge Group Interactiv	re Session (LGIS) and SDL
Batch-D2	(246-280)	Conference Room (Basement)	Dr. Aln	nas (PBL) am-us-Sehar (SGD))	Odd Roll N	umbers		New Lec	ture Hall Complex Lecture Theater # 01
Batch-E1	(281-315)	New Lecture Hall no.01		hammad Usman	·	Even Roll N	Number		New Lec	ture Hall Complex Lecture Theater # 04
Batch-E2	(315 onwards)	Lecture Hall no.04	Dr. Rah	at (PBL) eed Ullah (SGD)					Topic Details Of SD	
		Topic Details Of SI		· /		•	Inguinal Canal a	and Hernia		
Glycolysis	and gluconeogenes	•					Peritoneum			
 Fates of pyr 		0								
 TCA cycle 										
	Phosphate Dehydro	genase Deficiency								

Time Table For GIT Module (Third Week)

(13-02-2023 to 18-02-2023)

DATE/DAY	8:00am- 9:30am	9:30am – 10:	20am	10:20am	-11:10am	11:10	am-12:00pm	12:00pm – 2:00pm	Home Assi	gnments (2HRS)	
		PHYSIOLOGY	Y LGIS	PHYSIOL	OGY SDL-I	BIOCHE	MISTRY LGIS	DISSECTION/SGD			
13-02-2023 MONDAY	Practical &CBL/SGD Topic & venue mentioned at	Liver function tests, types of jaundice,pathophysiology of cirrhosisandportalhypertension	Small intestine motilityand malabsorption (sprue,paralytic ileus and Crohn's disease)	in GIT, Enteric N	T, electrical activity ervous System and eflexes	Gastric Juice	Glycogen Metabolism	Small intestine (Duodenum)	Clinical disord	Physiology lers of Esophagus & Achalasia/ vomiting	
	the end	Dr. Aneela (Even)	Prof. Dr. Samia Sarwar / Dr. Shazia(Odd)	Dr. Uzma (Even)	Dr. Fareed (Even)	Dr. Almas (Even)	Dr. Aneela (Odd)				
		PHYSIOLOGY	Y LGIS	GIS ANATOMY LGIS RESEARCH - I				DISSECTION/SGD			
14-02-2023 TUESDAY	Practical &CBL/SGD Topic & venue mentioned at the end	Small intestine motility and malabsorption (sprue, paralytic ileus and Crohn's disease)	Liver function tests, types of jaundice, pathophysiology of cirrhosis and portal hypertension	Development of Liver & Biliary Apparatus	Histology of Liver	Introduction to descriptive statistics	Pakistan Medical & dental council Code of Ethics	Small intestine (Jejunum & ileum)		Physiology ction of stomach	
	the end	Prof. Dr. SamiaSarwar / Dr. Shazia(Even)	Dr. Aneela (Odd)	Prof. Dr Ifra (even)	Ass. Prof. Dr Maria (Odd)	Dr. Uzma Hayat(Even)	Dr. Sidra Hamid (Odd)				
	Practical	RESEARCH-I	I LGIS	ANATO	MY LGIS	BIOCHE	MISTRY LGIS	DISSECTION/CBL			
15-02-2023 WEDNESDAY	&CBL/SGD Topic & venue mentioned at	Classification of different types of data		Histology of Liver	Development of Liver & Biliary Apparatus	LFT's Jaundice	Bile & pancreatic juice	Liver-I CBL- Liver & portal SDL Biochemistry		y Glycogen Metabolism	
	the end	Dr. Rizwana Shahid(Even)	Dr. Uzma Hayat (Odd)	Ass. Prof. Dr Maria (even)	Prof. Dr Ifra (Odd)	Dr. Anoosh (Even)	Dr. Uzma (Odd)	Hypertension			
	Practical	MEDICINE	LGIS		MY LGIS	SURC	GERY LGIS	DISSECTION/ CBL			
16-02-2023 THURSDAY	&CBL/SGD Topic & venue	Jaundice		Development of Gallbladder & Pancreas	Histology of Gallbladder & Pancreas	Gall Stones	& cholecystectomy	Liver II		Anatomy Il Intestine	
	mentioned at the end	Worthy Vice Chancellor Prof. Dr. Muhammad Umar		Prof Dr Ifra (Even).	Ass. Prof. Dr Maria (Odd)	Dr. Asifa Dr. Yasmin (Even) (Odd)					
	8:00-9:00AM	9:00-10:004	AM	10:00-1	1:00AM	11:0	0-12:00PM				
	DISSECTION	ANATOMY	LGIS	QURAN TRA	NSLATION-III	QURAN TH	RANSLATION-III				
17-02-2023 FRIDAY	DISSECTION / SPOTTING	Histology Of_Gallbladder & Pancreas	Development Of Gallbladder &Pancreas	Ibadaat-3	Imaniat-3	Imaniat-3	Ibadaat-3				
	SPOTTING	Ass. Prof. Dr Maria (Even)	Prof Dr Ifra (Odd)	Dr. Fahd Anwar (Even)	Mufti Naeem Sherazi(Odd)	Mufti Naeem Sherazi(Even)	Dr. Fahd Anwar(Odd)		-		
		PHYSIOLOGY	Y LGIS	ANATO	MY LGIS	PEI	DIATRICS	SDL EVALUATION 12AM-12:30PM	DISSECTION/SGD 12:30PM-2:00PM		
18-02-2023 SATURDAY	Practical &CBL/SGD Topic & Venue Mentioned at The End	SGD Venue ed at tunctions, pancreatic juice, its composition and functions, pancreatitis, overall mechanism of digestion and absorption of ulceration entex and pathophysiology (diarrhea,constipation, ulcerative colitis, mega		Development Of Small Intestine	Histology Of Small Intestine		Chronic Diarrhea	SDL EVALUATION	Gallbladder & Biliary Apparatus	SDL Anatomy Large Intestine Online SDL Evaluation	
		Dr Aneela (Even)	Dr Shazia (Odd)	Prof Dr Ifra (Even)	Ass. Prof. Dr Maria (Odd)						

		Topics For Pra	ctical with Venue					Topics F	or Small Group Discussi	on& CBLs With Venue
Baqir		l Bladder (Anatomy Hi nents (Wheat) (Biocher			-				enue: Lecture Hall No 5) sis and Its Regulation (V	enue: Lecture Hall No 2)
		al Reflexes (Physiology			,					
		Schedule For Practical					Venue Fo	or Second Yea	r Batches for Anatomy	Dissection / Small Group Discussion
Day	Histology Practical	Biochemistry Practical	Physiology Practical	Physiology SGD	Biochemistry SGD	Batches	Roll No		Anatomy Teacher	Venue
Monday	С	В	Ε	Α	D	А	01-120	Dr. Gaiti Ara		Lecture Hall No.04 Anatomy Lecture Hall
Tuesday	D	С	Α	В	E	В	121-240	Dr. Maryam	Sohail	Lecture Hall No. 03 Anatomy Lecture Hall
Wednesday	Ε	D	В	С	A	C	241-Onwards	Dr. Sadia Ba	aqir	Dissection Hall
Thursday	В	Α	D	E	С					
Saturday	Α	Ε	С	D	В	Sr. No				
	Venue For Second Year Batches For PBL & SGD Team-II						Batch	Roll no		Names of Teachers
Batches	Roll No		Ver						Biochemistry	Physiology
Batch-A1	(01-35)	Lecture Hall no.05 Physiology		ela Yasmeen		1.	Batch – A	01-70	Dr. Faiza Zafar	Dr. Aneela / Dr. Najam us Sehar
Batch-A2	(36-70)	Lecture Hall #.04 (1 st Anatomy)	Floor Dr. Shaz	ia Nosheen		2.	Batch –B	71-140	Dr. Uzma Zafar	Dr. Shazia Nosheen
Batch-B1	(71-105)	Anatomy Museum (F Floor Anatomy)	irst Dr. Kam	il		3.	Batch – C	141-210	Dr. Shahrukh Khan	Dr. Nayab Zonish / Dr. Muhammad Usman
Batch-B2	(106-140)	Lecture Hall no.03 (F Floor)	irst Dr. Iqra	Ayub (PGT Physio	logy)	4.	Batch –D	211-280	Dr. Rahat Afzal	Dr. Iqra Ayub
Batch-C1	(141-175)	Lecture Hall no.05 (Basement)	Dr. Naya	b (PGT Physiolog	y)	5.	Batch -E	281- onwards	Dr. Almas Ijaz	Dr. Kamil Tahir / Dr. Ismail
Batch-C2	(176-210)	Lecture Hall no.04 (Basement)	Dr. Mary	am (PGT Physiolo	ogy)					
Batch-D1	(210-245)	Lecture Hall no.02 (Basement)	Dr. Ali H Dr. Isma	Raza (PBL) il (SGD)				Venues for 1	Large Group Interactiv	e Session (LGIS) and SDL
Batch-D2	(246-280)	Conference Room (Basement)	Dr. Alm	` (Odd Roll N	umbers		New Lect	ure Hall Complex Lecture Theater #01
Batch-E1	(281-315)	New Lecture Hall no.		ammad Usman		Even Roll N	lumber		New Lect	ure Hall Complex Lecture Theater # 04
Batch-E2	(315 onwards)	Lecture Hall no.04	Dr. Raha						Topic Details Of SD	*
		Topi <u>c Details O</u>	f SDL Biochemistry			• 5	Small Intestine			
Types of Ja	Types of Jaundice with Lab Investigations (Tabulated Form)						Large Intestine			
	f Lipids by Pancre		/							
ě –	radation by Enzyn	*								
<u> </u>		vestigations (Tabulate								

			Time Table For	r GIT Modu -2023 to 25-(eek)					
DATE/DAY	8:00am-9:30am	0.20	,	-2023 to 23-0 10:20am-11:10a	,	am-12:00pm	12.00	om – 2:00pm	TT	A •	
DATE/DAY	8:00am-9:50am		nm – 10:20am IOLOGY LGIS		MY LGIS		IISTRY LGIS	DISSECTION/S		me Assignment:	S(ZHKS)
20-02-2023 MONDAY	Practical &CBL/SGD Topic & Venue Mentioned at The End	Motor function of large gut, defecation reflex and pathophysiology (diarrhea, constipation, ulcerative colitis, mega colon and carcinoma of colon)	Intestinal secretion and its functions, pancreatic juice, its composition and functions, pancreatitis, overall mechanism of digestion and absorption of intestine (amino acids, fatty acids and glucose)	Histology Of Small Intestine	Development Of Small Intestine	Bile & Pancreatic Juice	LFT's Jaundice	Spleen	Physiolo		ogy Gall Bladder, Secretion
		Dr Shazia (Even)	Dr Aneela (Odd)	Ass. Prof. Dr. Maria (Even)	Prof. Dr. Ifra(Odd)	Dr. Uzma (Even)	Dr. Anoosh (Odd)				
		PHYSI	OLOGY SDL-II	RESEAR	CH-III LGIS	BIOCHEM	IISTRY LGIS	DISSECTION/S	GD		
21-02-2023 TUESDAY	Practical &CBL/SGD Topic & Venue Mentioned at The	Gastric secretion, digestion	Gastric secretion, digestion in stomach, peptic ulcer and gastritis		ta Measurement	Nutrition-I	GIT Hormones & Succusentericus	Pancreas		SDL Physiolo LFTs, Jaundi	
TUESDAT	End	Dr. Shazia (Even)	Dr. Sheena (Even)	Dr. Rizwana Shahid (Even)	Dr. Uzma Hayat(Odd)	Dr. Rahat (Even)	Dr. Uzma (Odd)			LI [,] 18, Jauliu	ce
		PBL	SESSION-II	SURGE	ERY LGIS	ANATO	OMY LGIS	DISSECTION/S	GD		
22-02-2023 WEDNESDAY	Practical &CBL/SGD Topic & Venue Mentioned at The End	PBI	SESSION-II		dominal Pain	DevelopmentOf Large Intestine	Histology Of Large IntestineI	Large intestin CBL- Acute		SDL Biochemistry Individual Sugars	
			of Second Year MBBS	Dr. Amjad (Even)	Dr. Kiran (Odd)	Prof. Dr. Ifra (Even)	Ass. Prof. Dr. Maria(Odd)	Appendicitis			
	Practical &CBL/SGD Topic & Venue Mentioned at The		OLOGY SDL-III		OMY LGIS	MEI	DICINE	DISSECTION/S	GD	SDL Anatomy Liver And Pancreas	
23-02-2023			malabsorption (sprue, paralytic ileus rohn's disease)	Histology of Large Intestine-I	Development of Large Intestine	Irritable Bo	owel Syndrome	Vasculature of O (Blood Supply, Ve			
THURSDAY	End	Dr Uzma (Even)	Dr. Fareed (Odd)	Ass. Prof. Dr. Maria (Even)	Prof. Dr. Ifra (Odd)	Dr. Aqsa (Even)	Dr. Sadia (Odd)	drainage, Lymph drainage)			nous
	8:00-9: 00AM	9:	00-10:00am	10:00-	·11:00am	11:00-	-12:00pm				
	RESEARCH-IV	PHYSI	OLOGY SDL-IV	PAK STUDIE	S/ISLAMIYAT-I	PAK STUDIE	S/ISLAMIYAT-I				
24-02-2023 FRIDAY	Measures of central tendency		its functions, pancreatic juice, its tion and functions	Toheed	Qayam e Pakistan, Aghraaz o Maqasid	Qayam e Pakistan, Aghraaz o Maqasid	Toheed				
	Dr. Rizwana Dr. Uzma Shahid (Even) Havat(Odd)	Dr. Shazia (Even)	Dr. Sheena (Odd)	Mufti Naeem Sherazi (Even)	Qari Aman Ullah(Odd)	Qari Aman Ullah(Even)	Mufti Naeem Sherazi (Odd)				
			EMISTRY LGIS		OMY LGIS		COLOGY LGIS	PAK ST	JDIES/ISLAMI	YAT	
25-02-2023	Practical &CBL/SGD Topic & Venue Mentioned at The End	GIT Hormones & Succusentericus	Nutrition-I	Development Of Body Cavities-I	Histology Of Large Intestine-II	Anti-Diarrheal Dru Ulcer	ugs & drugs for Peptic Disease	Tehreek-E-Pakistan Islaahi Tehreekain	Akhi rat-I Akhrt -I	TehreekE- Pakistan Islaahi Tehreekn	SDL Anatomy (Blood Supply,
SATURDAY		· · · · · · · · · · · · · · · · · · ·		Ass. Prof. Dr. Arsalan (Even)	Ass. Prof Dr Maria (Odd)	Dr. Uz	zma Omer	Qari Aman Ullah (Even)	Mufi Naeem Sherazi (Odd) (Even)	Qari Aman Ullah (Odd)	Venous drainage, Lymphatic drainage)

		Topics For Pract	ical with Venue					Topics F	or Small Group Discuss	ion& CBLs With Venue		
Histole	ogy of Small Intesti	ne (Anatomy Histology I	Practical) Venue	-Histology laboratory	y-Dr Gaiti Ara	• Ph	ysiology SGD: Pl	nysiology of liv	ver and gall bladder, live	r and biliary secretion (Venue: Lecture Hall No 5)		
Analys	is of food compone	ents (wheat) (Biochemist	ry Practical) Ve	nue- Biochemistry la	boratory	• Bi	ochemistry SGD: .	Jaundice & LF	Ts (Venue: Lecture Hall	No 2)		
• Examin	nation of Deep refle	exes (Physiology Practica	al) Venue – Phy	siology Lab								
	C L	Schedule For Practical /	Small Group Di	cussion			Venue Fo	or Second Yea	r Batches for Anatomy	Dissection / Small Group Discussion		
Day	Histology Practical	Biochemistry Practical	Physiology Practical	Physiology SGD	Biochemistry SGD	Batches	Roll No		Anatomy Teacher	Venue		
Monday	С	В	Ε	Α	D	А	01-120	Dr. Gaiti Ara		Lecture Hall No.04 Anatomy Lecture Hall		
Tuesday	D	С	Α	В	Ε	В	121-240	Dr. Maryam	Sohail	Lecture Hall No. 03 Anatomy Lecture Hall		
Wednesday	Ε	D	В	С	Α	С	241-Onwards	Dr. Sadia Ba	qir	Dissection Hall		
Thursday	В	Α	D	Ε	С							
Saturday	Α	Ε	С	D	В							
	Venue	For Second Year Batch	nes For PBL &	SGD Team-II		Sr. No	Batch	Roll no		Names of Teachers		
Batches	Roll No			enue					Biochemistry	Physiology		
Batch-A1	(01-35)	Lecture Hall no.05 Physiology	Dr. A	neela Yasmeen		1.	Batch – A	01-70	Dr. Faiza Zafar	Dr. Aneela / Dr. Najam us Sehar		
Batch-A2	(36-70)	Lecture Hall #.04 (1 st F Anatomy)	Floor Dr. Sl	azia Nosheen		2.	Batch –B	71-140	Dr. Uzma Zafar	Dr. Shazia Nosheen		
Batch-B1	(71-105)	Anatomy Museum (Fir Floor Anatomy)	st Dr. K	amil		3.	Batch – C	141-210	Dr. Shahrukh Khan	Dr. Nayab Zonish / Dr. Muhammad Usman		
Batch-B2	(106-140)	Lecture Hall no.03 (Fin Floor)	st Dr. Iq	ra Ayub (PGT Physic	ology)	4.	Batch –D	211-280	Dr. Rahat Afzal	Dr. Iqra Ayub		
Batch-C1	(141-175)	Lecture Hall no.05 (Basement)	Dr. N	ayab (PGT Physiolog	yy)	5.	Batch -E	281- onwards	Dr. Almas Ijaz	Dr. Kamil Tahir / Dr. Ismail		
Batch-C2	(176-210)	Lecture Hall no.04 (Basement)	Dr. M	aryam (PGT Physiolo	ogy)							
Batch-D1	(210-245)	Lecture Hall no.02 (Basement)		i Raza (PBL) nail (SGD)				Venues for I	Large Group Interactiv	re Session (LGIS) and SDL		
Batch-D2	(246-280)	Conference Room (Basement)		mas (PBL) ijam-us-Sehar (SGD))	Odd Roll N	umbers		New Lec	ture Hall Complex Lecture Theater # 01		
Batch-E1	(281-315)	New Lecture Hall no.0	1 Dr. M	uhammad Usman		Even Roll N	lumber		New Lec	ture Hall Complex Lecture Theater # 04		
Batch-E2 (315 onwards) Lecture Hall no.04 Dr. Rahat (PBL) Dr. Fareed Ullah (SGD)									Topic Details of SD	L Anatomy		
	·	Topic Details of S				•]	Blood Supply Of C	НТ				
Balanced d	Balanced diet						Liver And Pancreas					
	Types & effects of Dietary Proteins											

DATE/DAY	8:00am-9:30am	9:30am -	- 10:20am	10:20an	n-11:10am	11:10am	-12:00pm		12:00pm – 2	2:00pm	Home Assignments(2HR	
		PHYSIOL	OGY SDL-V	GYNAE &	& OBS LGIS	PATHOLO	OGY (LGIS)	SDL EVALU 12AM-12:		DISSECTION/SGD 12:30PM-02:00PM		
27-02-2023 MONDAY	Practical &CBL/SGD Topic & venue mentioned at the end	and absorption of in	nechanism of digestion testine (amino acids, and glucose)	Common GIT problems in pregnancy (Hyperemesis gravidarum, GERD, Constipation, haemorrhoids)		-	Pathologies of Liver, gallbladder and pancreas		Surface Marking & Radiographs		SDL Physiology Hormones of GI	
		Dr. Uzma (Even)	Dr. Fareed (Odd)	Dr. Ammara Arooj (Even)	Dr. Shama Bashir (Odd)	Dr. Rabbiyah Khalid (Even)	Dr. Iqbal Haider (Odd)					
-			OGY SDL-VI		ERY LGIS		ISTRY LGIS		DISSECTIO	DN/SGD		
28-02-2023	Practical &CBL/SGD Topic & venue mentioned at the		arge gut, defecation		morrhoids, Fistula in Ano	Digestion & Absorption-I	Nutrition-II		D. I		SDL Physiolog Digestion &	
TUESDAY	end	Dr. Shazia (Even)	Dr. Sheena (Odd)	Dr. Asif (Even)	Dr. Asad (Odd)	Dr. Anoosh (Even)	Dr. Rahat (Odd)		Rectu	m	Absorption	
		ANATO	MY LGIS	RADIOL	OGY LGIS	BIOCHEM	ISTRY LGIS		DISSECTIO	DN/SGD	SDL Biochemistr	
01-03-2023 WEDNESDAY	Practical &CBL/SGD Topic & venue mentioned at the	Histology of Large Intestine-II	Development of body Cavities-I	Medical Imagi	ing of abdomen-I	Digestion and absorption-I	Nutrition-II	-	Anal canal			
WEDNESDA I	end	Ass. Prof. Dr. Maria	Ass. Prof. Dr. Arsalan	Dr. Qurat ul Ain (Even)	Dr. Aniqua Saleem (Odd)	Dr. Anoosh (Even)	Dr. Rahat (Odd)					
		ANATO	MY LGIS	RESE	ARCH-V	BIOCHEM	ISTRY LGIS		DISSECTIO	DN/SGD		
02-03-2023 THURSDAY	Practical &CBL/SGD Topic & venue mentioned at the end	Development of	body Cavities-II		ret measures of central dency	Digestion & Absorption-II	Nutrition-III	In	nervation of abdo	ominal Viscera	SDL Anatomy Rectum & Anal c	
IIIOKSDAT		Ass. Prof.	Dr. Arsalan	Dr. Uzma Hayat (Even)	Dr. Rizwana Shahid (Odd)	Dr. Anoosh (Even)	Dr. Rahat (Odd)	1111		Jiiiiai Viscera	Rectuin & Anar C	
	8:00-9:00AM	9:00-1):00AM	10:00-12:00PM								
	PHYSIOLOGY SDL-VII	BIOCHEM	ISTRY LGIS		DISSECTI	ON/SGD						
03-03-2023 FRIDAY	Pathophysiology (diarrhea, constipation, ulcerative colitis, mega colon and carcinoma of colon)	Nutrition-III	Digestion & Absorption-II		Dissection &	ک Spotting						
	Dr. Uzma (Even) Dr. Fareed (Odd)	Dr. Dr. Rahat Dr. Anoosh Fareed (Even) (Odd)										
		RESEA	RCH-VI	RADIOL	OGY LGIS	FAMILY ME	CDICINE LGIS	PAK STUDIES/IS	LAMIYAT-II	PAK STUDIES/ISLAMIYAT-II		
04-03-2023 SATURDAY	Practical &CBL/SGD Topic & venue mentioned at the end		sion/Secondary Data lysis	Medical Imagi	ng of abdomen-II	Common Abd	ominal diseases	Tehreek-e- Aligarh, Sir Syed Ahmad Khan	Akhirat -II	Akhirat -II Tehreek-e- Aligarh , Sir Syed Ahmad Khan	SDL Anatomy Innervation of abdominal Visco	
		Dr. Uzma Hayat (Even)	Dr. Rizwana Shahid (Odd)	Dr. Sana Yaqoob (Even)	Dr. Saba Bint e Kashmir (Odd)	Dr. Sadia (Even)	Dr. Ishtiaq (Odd)	Qari Aman Ullah (Even)	Mufti Naeem Sherazi (Odd)	Mufti Naeem Qari Aman Sherazi Ullah (Even) (Odd)		

		Topics For Practica	l with Venue					Topics F	or Small Group Discussion	& CBLs With Venue			
Analys	is of food compone	ne (Anatomy Histology Pra ents (wheat) (Biochemistry exes (Triple Response of S	Practical) Venu	e- Biochemistry lab	ooratory	 Physiology CBL: Food Poisoning (Venue: Lecture Hall No 5) Biochemistry CBL: Lactose Intolerance (Venue: Lecture Hall No 2) 							
	c L	Schedule For Practical / Sm	all Group Disc	ussion			Venue Fo	or Second Yea	r Batches for Anatomy Di	ssection / Small Group Discussion			
Day	Histology Practical	Biochemistry Practical	Physiology Practical	Physiology SGD	Biochemistry SGD	Batches	Roll No		Anatomy Teacher	Venue			
Monday	С	В	Е	Α	D	А	01-120	Dr. Gaiti Ara		Lecture Hall No.04 Anatomy Lecture Hall			
Tuesday	D	С	Α	В	E	В	121-240	Dr. Maryam	Sohail	Lecture Hall No. 03 Anatomy Lecture Hall			
Wednesday	Ε	D	В	С	Α	С	241-Onwards	Dr. Sadia Ba	ıqir	Dissection Hall			
Thursday	В	Α	D	E	С								
Saturday	Α	Ε	С	D	В								
	Venue	For Second Year Batches	For PBL & S	GD Team-II		Sr. No	Batch	Roll no		Names of Teachers			
Batches	Roll No		Ve	nue					Biochemistry	Physiology			
Batch-A1	(01-35)	Lecture Hall no.05 Physiology		ela Yasmeen		1.	Batch – A	01-70	Dr. Faiza Zafar	Dr. Aneela / Dr. Najam us Sehar			
Batch-A2	(36-70)	Lecture Hall #.04 (1 st Flo Anatomy)	or Dr. Sha	zia Nosheen		2.	Batch –B	71-140	Dr. Uzma Zafar	Dr. Shazia Nosheen			
Batch-B1	(71-105)	Anatomy Museum (First Floor Anatomy)	Dr. Kar	uil		3.	Batch – C	141-210	Dr. Shahrukh Khan	Dr. Nayab Zonish / Dr. Muhammad Usman			
Batch-B2	(106-140)	Lecture Hall no.03 (First Floor)	Dr. Iqra	Ayub (PGT Physic	logy)	4.	Batch –D	211-280	Dr. Rahat Afzal	Dr. Iqra Ayub			
Batch-C1	(141-175)	Lecture Hall no.05 (Basement)	Dr. Nay	ab (PGT Physiolog	y)	5.	Batch -E	281- onwards	Dr. Almas Ijaz	Dr. Kamil Tahir / Dr. Ismail			
Batch-C2	(176-210)	Lecture Hall no.04 (Basement)	Dr. Mar	yam (PGT Physiolo	ogy)				•				
Batch-D1	(210-245)	Lecture Hall no.02 (Basement)		Raza (PBL) ail (SGD)				Venues for I	Large Group Interactive S	ession (LGIS) and SDL			
Batch-D2	(246-280)	Conference Room (Basement)		as (PBL) am-us-Sehar (SGD)		Odd Roll N	umbers		New Lecture	e Hall Complex Lecture Theater # 01			
Batch-E1	(281-315)	New Lecture Hall no.01	Dr. Mul	nammad Usman		Even Roll N	umber		New Lecture	e Hall Complex Lecture Theater # 04			
Batch-E2	(315 onwards)	Lecture Hall no.04		at (PBL) eed Ullah (SGD)					Topic Details Of SI				
		Topic Details Of SE	L Biochemistry	/		• H	Biliary apparatus &	2 Portosystemi	c Anastomosis				
Food group	0S						Rectum & Anal ca						
Digestion of Lipids by Pancreatic Enzymes													
	gradation by Enzyn												
		ts and carbohydrates											
21		is and carbonyaraces	Obesity and BMI										

Time Table For GIT Module (Sixth Week) (06-03-2023 TO 10-03-2023)

DATE / DAY	8:00 AM – 9:00 AM 2:00 PM – 03:00 PM
06-03-2023 Monday	Anatomy Regional Assessment /Physiology Viva Voce
07-03-2023 Tuesday	Anatomy Regional Assessment /Physiology Viva Voce
08-03-2023 Wednesday	Anatomy Theory Paper
09-03-2023 Thursday	Physiology Theory Paper
10-03-2023 Friday	Biochemistry Theory Paper

Note: Detailed notice regarding content, time and venue will be issued accordingly

Note: Timetable Subject to change according to the current circumstances.

SECTION-VI

Table of Specification (TOS) For GIT Module Examination for Second MBBS

Sr. #	Discipline	No. of MCQs	No. of M to cogn	CQs acc itive doi		("	f SEQs %)	ac	o. of SE cording	to	Viva voce	Total Marks
		(%)				No. of	Marks	cognitive domain				
			C1	C2	C3	items		C1	C2	C3		
1.	Anatomy	25	12	5	5	5	25	1	2	2	50	100
2.	Physiology	20	12	6	2	4	20	1	2	1	40	90
3.	Biochemistry	18	09	8	1	2	10	5	1.5			35
4.	Peadiatrics	5										5
5.	Bioethics Professionalism	1										1
6.	Research, Artificial Intelligence & Innovation	9										9
7.	Pharmacology	2										2
8.	Pathology	3										3
9.	Medicine	2										2
10.	Surgery	1										1
11.	Family Medicine	1										1
12.	Obs & Gynaecology	1										1
Grand Total											25	50

Annexure-I

(Sample MCQ & SEQ Papers)

RAWALPINDI MEDICAL UNIVERSITY, RWP ANATOMY DEPARTMENT 2nd Year MBBS Module Exam (GIT)

1. Omental bursa develops due to:

- a. Gut rotation.
- b. Rotation of stomach.
- c. Rotation of dorsal mesogastrium.
- d. Rotation & cavitations in dorsal mesogastrium.
- e. Formation of synovial membrane behind stomach.
- 3. Primarily retro peritoneal organs include:
 - a. Pancreas.
 - b. Ascending & descending colon.
 - c. Kidneys & suprarenals.
 - d. Kidneys, suprarenals& rectum.
 - e. Duodenum & pancreas.
- 5. Which of the following is not a derivative of hind gut:
 - a. Left 1/3 of transverse colon.
 - b. Descending colon.
 - c. Rectum & upper part of anal canal.
 - d. ileum
 - e. Sigmoid colon

2.Rotation of stomach takes place around:

a. Longitudinal & antero posterior axes.
b. Axis formed by celiac trunk.
c. Dorsal mesogastrium.
d. Ventral mesogastrium.
e. Longitudenal axis only

4.Regarding spleen:

a. It is derived from foregut endoderm.
b. It develops from a mass of mesenchymal cells located between the layers of the dorsal mesogastrium.
c. Develops in ventral mesogastrium.
d. Is solely ectodermal.
e. Never functions as hematopoietic organ

RAWALPINDI MEDICAL UNIVERSITY GIT MODULE EXAM 2ND YEAR MBBS ANATOMY SEQS

1.	a. Describe formation and enlist contents of rectus sheath.	2.5
	b. Give various sites of portosystemic anastomosis with its clinical significance.	2.5
2.	a. Draw and label posterior relations of right kidney.	02
	b. Give course and relations of abdomino pelvic part of left ureter.	03

RAWALPINDI MEDICAL UNIVERSITY DEPARTMENT OF PHYSIOLOGY GIT MODULE EXAMINATION MCQ PAPER FOR SECOND YEAR MBBS

1. Mass Movements are initiated by following reflex:

- a. Vomimting
- b. Entrogastric
- c. Gastro colic
- d. Vasovagal
- e. Chewing
- 3. The center for control of parasymphatetic defecation reflex is located in:
 - a. Brainstem
 - b. Meissner's plexus
 - c. Cerenbral cortex
 - d. Sacral segments of spinal cord
 - e. Myenteric plexus
- 5. The cephalic phase of gastric secretion accounts for the following percentage of total gastric secretion:
 - a. 10%
 - b. 60%
 - c. 20%
 - d. 70%

2. Intrinsic factor is secreted by the following cells:

- a. Chief
- b. Peptic
- c. Mucus Neck
- d. Enterochromaffin-like
- e. Parietal
- 4. Spike potentials in intestinal smooth miscle are caused by influx of:
 - a. Sodium ions
 - b. Chloride ions
 - c. Potassium ions
 - d. Both sodium ions & calcium ions
 - e. Calcium ions

RAWALPINDI MEDICAL UNIVERSITY GIT MODULE EXAM 2ND YEAR MBBS PHYSIOLOGY SEQS

1. A 5-year -old child went to the amusemet park. While taking rotatory rides he developed nausea, vomiting & vertigo.

a) Name the center located in medulla for initiation of vomiting by motion sickness. 1

b) Give a brief account of vomiting reflex leading to the vomiting act. 4

2. Briefly write the physiological importance of:

a)	Countercurrent blood flow in the villi	2
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b) Mastication (Chewing) 3

e. 30%

Rawalpindi Medical University Department of Biochemistry 2nd Year MBBS GIT Module

1. Glycogen:

a. Stores are increased in fed state

- b. Structure is abnormal shaped in von Gierke's disease
- c. Less branchedstructure than starch
- d. Stores in liver decrease if phosphofructokinase enzyme is deficient
- e. Muscle glycogen provides glucose to brain during fasting

3. Regulatory enzyme of Glycogenolysis is:

- a. Synthase
- b. Phosphorylase
- c. Branching enzyme
- d. Debranching enzyme
- e. Phosphoglucomutase mutase

<u>SEQ</u>

- Q. a. Explain composition and role of gastric juice. 03
 - b. Discuss fate of pyruvate. 02

2. End product of carbohydrate digestion is:

- a. Glucose
- b. Lactose
- c. Starch
- d. Glycogen
- e. Maltose Synthase

4. End product of anaerobic glycolysis is:

- a. Pyruvate
- b. Acetyl CoA
- c. Citrate
- a. Lactate
- d. Oxaloacetate

RAWALPINDI MEDICAL UNIVERSITY DEPARTMENT OF BIOMEDICAL ETHICS 2ND YEAR MBBS GIT MODULE

1Includes rules of conduct that may be used to regulate our activities concerning	2. The right of patients having self-decision is called.		
the biological world.	a. Justice		
a. Bio-piracy	b. Autonomy		
b. Biosafety	c. Beneficence		
c. Bioethics	d. Veracity		
d. Bio-patents	e. Fidelity		
e. Bio-logistic			
3. Following is not code of ethics.	4in the context of medical ethics, if it's fair and balanced		
a. Integrity	a. Justice		
b. Objectivity	b. Autonomy		
c. Confidentiality	c. Beneficence		
d. Behaviour	d. Veracity		
e. Autonomy	e. Fidelity		
5Principle requiring that physicians provide, positive benefits			
a. Justice			
b. Autonomy			
c. Beneficence			
d. Veracity			
e. Fidelity			