



Rawalpindi Medical University

Reproduction Module

Integrated Clinically Oriented Modular Curriculum

4th Year MBBS 2023



Department of Medical Education



Fourth Year MBBS 2023

Study Guide

Population Medicine and Reproduction Module

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Reproduction Module Team

Module Name : Population medicine and Reproduction Module
 Duration of module : 07 Weeks

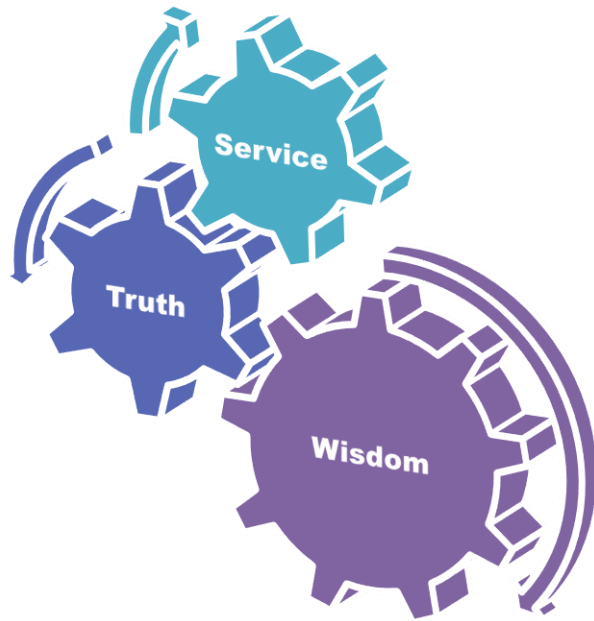
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RMU Motto



University Motto, Vision, Values & Goals

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.
-

Reproduction Module Outcomes

Introduction: Reproduction module provides integration of core concepts that underlie the foundation of basic sciences and their use in clinical medicine. This will eventually lead to develop critical thinking for integration and application of basic knowledge for clinical application.

Rationale: The Reproduction module is designed to impart basic knowledge about Obs/Gynea, Pathology, Pharmacology, and Community Medicine. This knowledge will serve as a base on which the student will construct further knowledge about the etiology, pathogenesis and prevention of diseases; the principles of their therapeutics and management.

Module Outcomes

Each student will be able to:

Knowledge

Acquire knowledge about the basic terminologies used in Obs/Gynae, Pathology, Pharmacology, and Community Medicine as well as the concepts of diseases in the community.

Appreciate concepts & importance of

- Research
- Biomedical ethics
- Family medicine
- Professionalism, Communication Skills

Skills

Interpret and analyze various practicals of basic Sciences and relevant skills of clinical sciences.

Attitude

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

This module will run for 7 weeks duration. The content will be covered through the 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!

Terms & Abbreviations

Contents

- Domains of Learning
- Teaching and Learning Methodologies/Strategies
 - Large Group Interactive Session (LGIS)
 - Small Group Discussion (SGD)
 - Self-Directed Learning (SDL)
 - Clinical / practicals

Tables & Figures

- Table 1. Domains of learning according to Blooms Taxonomy
- Figure 1. Prof Umar's Model of Integrated Lecture
- Table 2. Standardization of teaching content in Small Group Discussions
- Table 3. Steps of taking Small Group Discussions

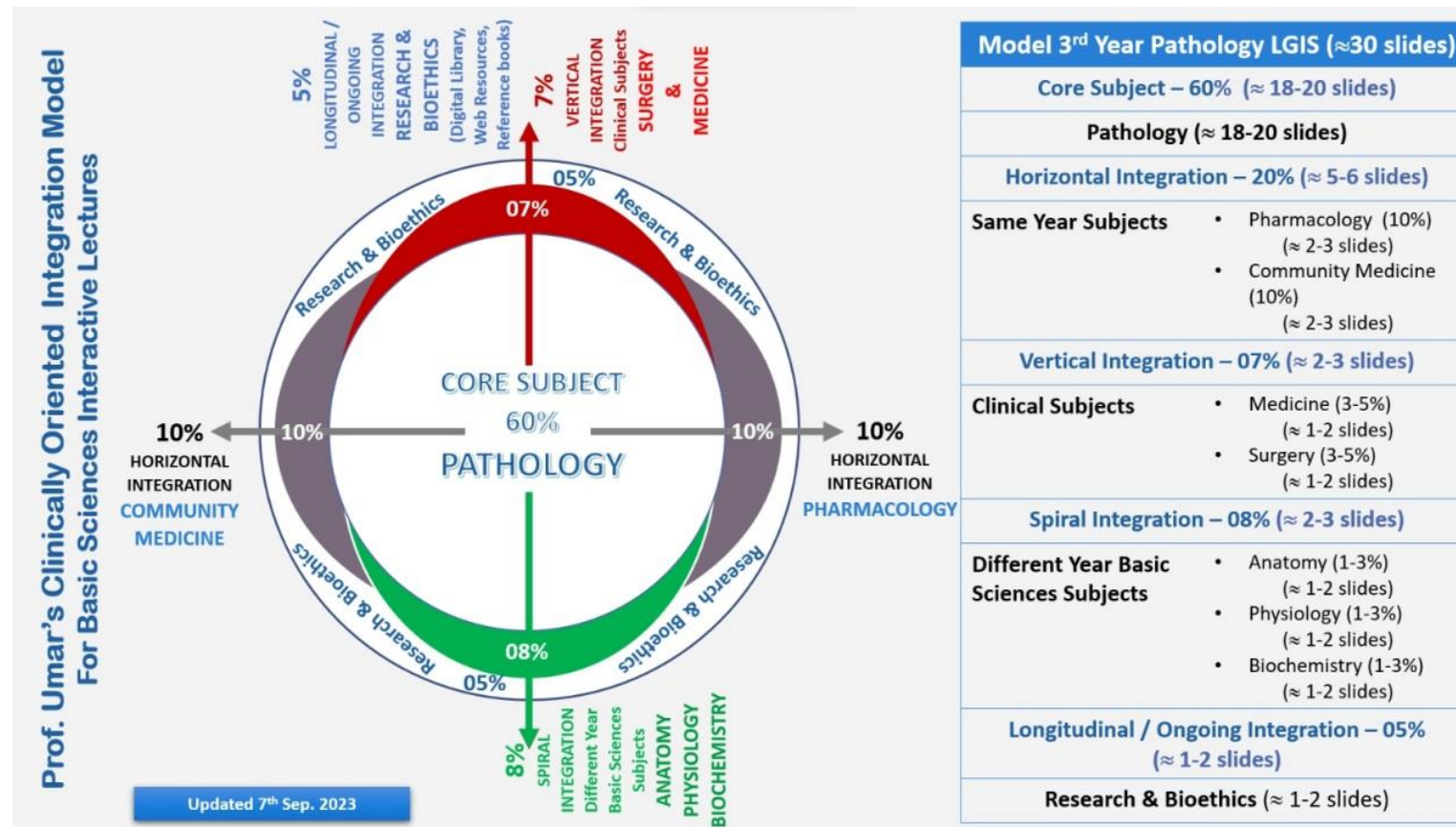
Domains of learning according to Blooms Taxonomy

Sr. #	Abbreviation	Domains of learning
1.	C	Cognitive Domain: knowledge and mental skills.
	C1	Remembering
	C2	Understanding
	C3	Applying
	C4	Analyzing
	C5	Evaluating
	C6	Creating
2.	P	Psychomotor Domain: motor skills.
	P1	Imitation
	P2	Manipulation
	P3	Precision
	P4	Articulation
	P5	Naturalization
3.	A	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 be followed for delivery of all LGIS. 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.



Prof Umar's Model of LGIS

1.

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 helps to clarify the concepts.

Table 2.

Standardization of teaching content in Small Group Discussions

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	70%
5	Vertical Integration	10%
6	Related Advance Research points	3%
7	Biomedical Ethical points	2%
8	Spiral integration	5%

Table 3. Steps of taking 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 = Text book (page no), web site
 - Assessment: Will be online on LMS every Tuesday during the reproduction module.
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Learning Objectives, Teaching Strategies & Assessments

Contents

- Introduction to RMU and Disciplines
- Medical Education and Integrated Disciplines
- Horizontally Integrated Basic Sciences (Anatomy, Physiology, Pharmacology, Pathology, Community Medicine)

- Large Group Interactive Session:
 - Obs/Gynae (LGIS)
 - Community Medicine (LGIS)
 - Pathology (LGIS)
 - Pharmacology (LGIS)
 - Surgery (LGIS)
 - Medicine (LGIS)
 - Pediatrics (LGIS)
- Small Group Discussions
 - Obs/Gynae (SGD)
 - Pharmacology (SGD)
 - Pathology (SGD)
 - Community Medicine (SGD)

- Self Directed Topic, Learning Objectives & References
 - Obs/Gynae (SDL)
 - Pharmacology (SDL)
 - Pathology (SDL)
 - Community Medicine (SDL)
- Rotation of Wards, operation theatres

Learning Objectives Of OBS/GYNAE (LGIS)

Topic	Learning objectives At the end of the lecture the student should be able to	Learning domain	Teaching strategy	Assessment tool
Obs/Gynae				
Basic terminologies in obstetrics	<ul style="list-style-type: none"> •enlist the aims of antenatal care. •discuss the importance of early booking and regular anc. •discuss important points in obstetric history and examination. •enlist the booking investigations. •explain the method of calculating edd and gestational age. •elaborate the recommended schedule of antenatal visits. •categorize the obstetric patient into high risk and low risk groups. •define term, preterm, post term, post-dates, lbw, vlbw, lie, presentation, position, attitude and engagment of fetus. 	C1	LGIS	MCQS SAQ
Basic antenatal care		C2		
		C2		
		C1		
		C2		
		C2		
		C3		
	C1			
Minor pregnancy disorders	<ul style="list-style-type: none"> • enlist the common minor problems of pregnancy . • discuss the physiological basis of these disorders • describe their management options. • discuss the importance of healthy diet and lifestyle in pregnancy. •describe dietary and caloric requirements during pregnancy. <p>Calculate the recommended dose of iron in pregnancy.</p>	C1	LGIS	MCQS SAQ
Nutrition in pregnancy		C2		
		C2		
		C2		
		C3		
Prenatal diagnosis	<ul style="list-style-type: none"> Define prenatal diagnoses. • enlist the conditions diagnosed with prenatal tests. • identify the high risk women for prenatal diagnostic testing. •name the non invasive and invasive tests. • elaborate the timing, method, complications and diagnostic accuracy of each test. <ul style="list-style-type: none"> • explain the risk prediction method for down's syndrome. 	C1	LGIS	MCQS SAQ
		C1		
		C1		
		C1		
		C2		
		C2		
Early pregnancy complications (miscarriages, ectopic pregnancy)	<ul style="list-style-type: none"> •define miscarriage and its types. •elaborate the risk factors. explain the clinical features of all types of miscarriage. • discuss key management principles of different types of miscarriages including counseling for future pregnancies. 	C1	LGIS	MCQS SAQ
		C2		
		C2		
	•define ectopic pregnancy and its common sites.	C1		

	<ul style="list-style-type: none"> •enumerate it's risk factors. •discuss the clinical features of ectopic pregnancy. •enlist the diagnostic investigations for it. •describe the different management options for ectopic pregnancy and its follow up. 	C1 C2 C1 C3		
Induced and septic abortions	<p>Define induced septic abortion.</p> <ul style="list-style-type: none"> •describe their clinical presentations and investigations required. •enumerate the complications of induced septic abortion. •discuss the management plan and follow up. 	C1 C2 C1 C2	LGIS	MCQS SAQ
Diagnosis of labour First stage of labour and management	<p>Define labour and its different stages.</p> <ul style="list-style-type: none"> • discuss the maternal and fetal anatomy relevant to labor and delivery. •identify the signs of onset of labour. • describe the normal progress of labor in relation to partogram. • explain the methods of fetal monitoring during labor and their normal values. •describe the significance of power, passage and passengers. •discuss importance of adequate hydration and diet during labour. 	C1 C2 C1 C2 C1 C2 C2	LGIS	MCQS SAQ
Abnormalities of 1st stage of labour	<p>Describe the abnormalities of 1st stage of labour .</p> <ul style="list-style-type: none"> •discuss the contribution of power, passage and passenger in progress of labour. • identify the abnormal progress of labor on partogram. 	C2 C2 C1	LGIS	MCQS SAQ
Normal Ctg	<p>Scenario based discussion on fetal monitoring during labour after which students will be able to</p> <ul style="list-style-type: none"> •enlist different methods of fetal assessment during labour. •identify the 04 basic fhr parameters to be interpreted on ctg trace. •differentiate between normal and abnormal ctg patterns. •discuss conditions in which continuous electronic fhr monitoring is required. 	C1 C2 C2 C2	LGIS	MCQS SAQ

Second stage of labour	define the second stage of labour and its normal duration. C1	C1	LGIS	MCQS
Normal labour	<ul style="list-style-type: none"> •discuss the management of second stage of labour. C2 • discuss role of power passage and passenger in prolong second stage of labour. C2 •describe the mechanism of normal labour. C2 	C2 C2 C2		SAQ
Episiotomy	<ul style="list-style-type: none"> •define episiotomy. • enlist its different types. 	C1 C1	LGIS	MCQS
Operative vaginal delivery	<ul style="list-style-type: none"> •explain anatomical structures involved in episiotomy. •identify indications of episiotomy in correlation with the patient's condition. • discuss complications of episiotomy. • define operative vaginal delivery. • discuss the urgency of operative vaginal deliveries. •enumerate its indications. • discuss prerequisites of operative vaginal delivery. •discuss methods for application of forceps and vacuum. • enlist the complications of operative vaginal delivery. 	C2 C3 C2 C1 C2 C1 C2 C2 C1		SAQ
Abdominal delivery	<ul style="list-style-type: none"> define abdominal delivery. • discuss briefly the anatomy of anterior abdominal wall. • discuss the indications of c-section. • categorize the caesarean section according to rcog. • explain the steps of lscs. •describe the steps of cesarean section. • discuss the complications associated with lscs. 	C1 C2 C2 C3 C2 C2 C2	LGIS	MCQS SAQ
Third stage of labour and its complications (retained placenta, uterine inversion)	<ul style="list-style-type: none"> Define third stage of labour •discuss management of third stage of labour. •define post partum hemorrhage. *primary post-partum haemorrhage. *secondary post-partum haemorrhage. •discuss the risk factors for post-partum haemorrhage. 	C1 C2 C1 C1 C1 C2	LGIS	MCQS SAQ
Post partum hemorrhage	<ul style="list-style-type: none"> •describe the signs, symptoms and diagnosis of primary pph . •discuss the investigations and management of primary post-partum haemorrhage. •describe the signs, symptoms and diagnosis of secondary post-partum haemorrhage. •discuss investigations and management of secondary postpartum haemorrhage. 	C2 C2 C2 C2	LGIS	MCQS SAQ

Puerperium and its complications	<ul style="list-style-type: none"> •define puerperium. • explain the normal physiological changes of normal puerperium. •discuss the postnatal care during puerperium. •identify the common disorders of puerperium and their management. 	C1 C2 C2 C1	LGIS	MCQS SAQ
Contraception	<ul style="list-style-type: none"> define contraception. •discuss different methods of contraception and their mechanism of action. •enlist side effects and failure rate of each contraception. •explain emergency contraception. 	C1 C2 C1 C2	LGIS	MCQS SAQ
Multiple pregnancy	<ul style="list-style-type: none"> •define multiple pregnancy. • discuss the types of twin gestation according to chorionicity and zygosity. • interpret the ultrasound findings of multiple pregnancy in first trimester. •discuss the antenatal care in twin pregnancy. •discuss the fetomaternal complications associated with multiple pregnancy. •plan the mode of delivery according to presentation of first twin. . •describe the mechanism of delivery of twins. 	C1 C2 C3 C2 C2 C3/C4 C2	LGIS	MCQS SAQ
Antepartum hemorrhage	<ul style="list-style-type: none"> •define antepartum haemorrhage •enlist causes of aph. •differentiate clinically between placenta previa and placental abruption. • elaborate the emergency approach towards the patient with massive haemorrhage. • discuss management plan for placenta previa. • discuss the management plan for placental abruption. 	C1 C1 C3 C2 C3 C3	LGIS	MCQS SAQ

Perineal infections	<ul style="list-style-type: none"> • elaborate the infections causing congenital abnormalities. • explain the congenital infections causing preterm birth and pregnancy loss. • identify infections acquired around time of birth causing serious neonatal consequences. • discuss the perinatal infections causing long term disease. 	C1 C2 C1 C2	LGIS	MCQS SAQ
Preterm labor PPRM	<ul style="list-style-type: none"> •define preterm labour. •enlist its causes. • plan the management of patient with preterm labour. •discuss fetal implications of preterm birth. • define pprom. •enlist its causes. • plan the management of patient with pprom. •discuss fetomaternal complications of pprom. 	C1 C1 C3 C2 C1 C1 C3 C2	LGIS	MCQS SAQ
Prolonged pregnancy/Induction of labour	<ul style="list-style-type: none"> • define prolong pregnancy. • correlate fetomaternal risks associated with prolong pregnancy. •enlist indications and contraindications for iol. • describe modified bishop scoring system. • explain methods of iol. •discuss complications of iol. 	C1 C2 C1 C2 C2 C2	LGIS	MCQS SAQ
Hypertension in pregnancy	<p>Classify hypertensive disorders of pregnancy.</p> <p>Identify fetomaternal risks associated with hypertensive disorders of pregnancy. Explain the pathophysiology of hypertensive disorders of pregnancy.</p> <p>Discuss the clinical features of pre eclampsia and eclampsia. Enlist relevant investigations.</p> <p>Elaborate the principles of management of hypertensive disorders of pregnancy.</p>	C2 C1 C2 C2 C1 C3	LGIS	MCQS SAQ
IUGR&oligohydramnios	<p>Define fetal growth restriction.</p> <ul style="list-style-type: none"> •discuss the aetiology. • explain the pathophysiology of iugr. •discuss the antenatal surveillance of the fgr fetus. •outline the management plan regarding timing and mode of delivery. •elaborate the prognosis of fetus in iugr. 	C1 C2 C2 C2 C3 C1	LGIS	MCQS SAQ

Rh Incompatibility	<p>Define rh incompatibility.</p> <ul style="list-style-type: none"> •discuss the etiology and pathophysiology of rhesus disease. •enlist the potential sensitizing events for rhesus disease. •explain the management of sensitizing events in rhesus negative pregnant woman. •discuss prevention of rhesus isoimmunisation. •enlist the fetal complications associated with rh incompatibility. • elaborate the management of rhesus disease in a sensitized woman. 	<p>C1 C2 C1 C2 C2 C1 C3</p>	<p>LGIS</p>	<p>MCQS SAQ</p>
Medical disorders in pregnancy	<p>scenario based discussion on diagnosis and management of :</p> <ul style="list-style-type: none"> •hypertension in pregnancy •diabetes in pregnancy • anemia and thrombocytopenia in pregnancy • cardiac disease in pregnancy. 	<p>C3/C4</p>	<p>LGIS</p>	<p>MCQS SAQ</p>
Revisison of stages of labour and management			<p>LGIS</p>	

Intra-uterine Death	<ul style="list-style-type: none"> • define intrauterine fetal death. • enumerate the causes of iufd. • enlist the investigations to rule out causes of iufd. • discuss the important points of counselling of parents in breaking the bad news. • discuss the fetomaternal complications associated with iufd. • elaborate management of patient with iufd. 	<p>C1 C1 C1 C2 C2 C3</p>	<p>LGIS</p>	<p>MCQS SAQ</p>
Management of GTD	<ul style="list-style-type: none"> • define gestational trophoblastic disease. • classify the different types of gtd. • enumerate the clinical features of gtd. • enlist important investigation to be done in gtd. • discuss the management of gtd, its followup and contraceptive advice. 	<p>C1 C2 C1 C1 C3</p>	<p>LGIS</p>	<p>MCQS SAQ</p>
Physiology of Menstrual Cycle	<p>Describe features of normal menstrual cycle.</p> <ul style="list-style-type: none"> • elaborate the ovarian and endometrial changes which occur during normal menstrual cycle. • discuss the role of hpo axis in controlling the menstrual cycle. 	<p>C1 C2 C2</p>	<p>LGIS</p>	<p>MCQS SAQ</p>
Management of STDs	<p>Scenario based discussion on clinical features, diagnostic investigations, contact tracing and management of different std's. (chlamydia, trichomoniasis, gonorrhoea, hiv, syphilis, hepatitis b&c.</p>	<p>C3/C4</p>	<p>LGIS</p>	<p>MCQS SAQ</p>
Management of benign & malignant disease of vulva & vagina	<p>Name the common benign conditions of vulva and vagina. Identify their etiological factors.</p> <p>Describe their clinical presentation. Enlist their diagnostic investigations.</p> <p>Discuss the management options for each condition. Name the malignant conditions of vulva and vagina. Describe their clinical presentation.</p> <p>Enlist their diagnostic investigations.</p> <p>Discuss the management options for each condition.</p>	<p>C1 C1 C2 C1 C3 C1 C2 C1 C3</p>	<p>LGIS</p>	<p>MCQS SAQ</p>
Management of premalignant & malignant disease of cervix	<ul style="list-style-type: none"> • define premalignant diseases of cervix. • discuss the role of hpv testing in cervical screening programme. • enlist the investigations for cervical screening of mass population. • enumerate types of cin and their management options. • discuss the pathogenesis of cervical ca. • elaborate the figo staging of cervical cancer. • discuss the management options according to the stage of disease. 	<p>C1 C2 C1 C1 C2 C2 C3</p>	<p>LGIS</p>	<p>MCQS SAQ</p>
Management of benign & malignant disease of uterus.	<ul style="list-style-type: none"> • enlist the common benign conditions of uterus according to their tissue of origin. • discuss the clinical features of benign uterine conditions. • describe the tests used to evaluate the uterine and endometrial pathology • explain the available treatment options for uterine fibroids and the rationale for selection. 	<p>C1 C2 C2 C3</p>	<p>LGIS</p>	<p>MCQS SAQ</p>

	<p>Classify malignant diseases of uterus.</p> <ul style="list-style-type: none"> • identify their etiology, risk and protective factors . •discuss clinical presentation of malignant disease of uterus. •describe the investigations needed for diagnosis and staging of uterine cancer. •discuss figo staging of endometrial cancer. •explain management, follow up and five year survival rate of endometrial cancer. 	<p>C2 C1 C2 C2 C3</p>		
Management of benign and malignant ovarian tumors	<ul style="list-style-type: none"> • enlist the types of malignant ovarian tumors. • enumerate their risk factors. •describe clinical features of the disease. <p>explain the diagnostic criteria investigations and tumor markers of malignant ovarian tumor.</p> <ul style="list-style-type: none"> •discuss the figo staging of ovarian carcinoma. • discuss management, follow up and 5 year survival of ovarian ca . 	<p>C1 C1 C2 C2 C3</p>	LGIS	<p>MCQS SAQ</p>
AUB & PMB				

Community Medicine (LGIS)

S.No.	Topic	Contents Outlines (Major Topics & Sub- Topics)	<ul style="list-style-type: none"> • Learning Objectives (With Level Of Cognitive Learning) • After The Session Students Will Be Able To: 	Level of cognition	Assessment Tools
1.	Reproductive Health and domiciliary services	Preventive medicine in obstetrics-I Maternal and child health care(MCH) Maternity cycle MCH problems Delivering MCH services Recent trends in MCH care	<ul style="list-style-type: none"> • Define and comprehend the rationale of different components of maternal and child health including • Reproductive health & its components • Safe motherhood & its components • Maternal mortality rate, causes & prevention • infant mortality rate, causes & • Prevention MCH centre • Child care- IMCI • Infer the logic behind application of different preventive measures in various phases of life to improve the maternal health • Appreciate the relationship between the maternal health status and the outcome of pregnancy • Determine the factors that contribute to increase maternal mortality rate (MMR) • Develop interventions to control MMR • To understand the selection of different indicators for multi-dimensional concept of health related to MCH services • To acquire knowledge on different indicators which can be used for maternal and child health care and service. 	C1 C2 C2 C2 C3 C1 C2 C3 C2 C3 C2 C2	MCQS SEQS
2.	Preventive obstetrics	Preventive medicine in obstetrics-II Preventive services for mothers Indicators in MCH care	<ul style="list-style-type: none"> • Understand the availability of preventive services for mother during antenatal period • appraise the mortality indicators related to MCH care 	C1 C2	MCQS SEQS
3.	Preventive obstetrics in Post natal period	Preventive medicine in obstetrics-III domiciliary care Institutional care Rooming in Post natal period and related complications	<ul style="list-style-type: none"> • Comprehend the concept of care required for the rapid restoration of the mother to optimum health • Enlist the preventive strategies required to prevent complications during intra natal & post-natal period. • Appreciate the importance of health education for mother/family regarding intra natal & postnatal complication 	C2 C2 C2 C1	MCQs SEQs

			<ul style="list-style-type: none"> Understand the relevance of family planning services provided during postnatal period 		
4.	Preventive medicine in pediatrics	Preventive medicine in pediatrics-I Mortality in infancy and childhood Integrated Management of Childhood Illness (IMCI)	<ul style="list-style-type: none"> Knowledge about concept of infant mortality Determine the factors which predispose to high infant mortality Appreciate the causes of infant mortality in different phases of child bearing and postnatal periods. Classify according to Integrated Management of Childhood Illness Classify degree of Pneumonia and ARI according to IMNCI 	C1 C2 C1 C1 C2	MCQs SEQs
5.	Preventive medicine in pediatrics growth & development	Preventive medicine in pediatrics-II Surveillance of growth & development Preventive measures to control infant and child mortality	<ul style="list-style-type: none"> Able to record Weight the baby and measure the height of children Assess degree of dehydration Prepare home-made ORS interpret growth chart Suggest preventive measures at different levels of prevention and in different scenarios Understand the logic of measures taken to prevent infant and child mortality 	C3 C3 C3 C3 C1 C2	MCQs, SAQs,
6.	Demography and population trends	Definition Linkage of Demography with other disciplines Application of Demography within the health system Sources of population data Measures of Mortality Measures of fertility Population explosion	<ul style="list-style-type: none"> Define demography and population dynamics Discuss linkage of demography with other disciplines Apply demographic concepts in health system. Discuss all major sources of population data with special emphasis on population Census Calculate different rates related to mortality from given data Calculate different rates related to fertility from given data Describe Demographic, economic, social and interdisciplinary implications of population explosion 	C1 C3 C3 C2 C3 C3 C2	MCQS, SEQS AND OSPE AND VIVA VOCE
7		Demographic transition Demographic cycle Malthusian theory Population Momentum Demographic dividend, bonus , trap Growth Rate Population doubling time	<ul style="list-style-type: none"> Discuss theory of demographic transition Describe and interpret stages of demographic cycle with examples and logical reasoning Graphically illustrate the stages of demographic cycle Explain limitations of this model Discuss Malthusian theory of population growth Explain population momentum Describe the effect of population momentum on growth of population 	C2 C2 C2 C2 C2 C3 C3	MCQS, SEQS AND OSPE AND VIVA VOCE

			<ul style="list-style-type: none"> • Discuss demographic dividend, bonus, trap • Calculate growth rate from given data • Calculate and interpret population doubling time 	C3 C3 C3	
8.		Population dynamics or change Migration and urbanization Population density Family size Replacement level fertility Life expectancy	<ul style="list-style-type: none"> • Discuss concept of demographic equation • Calculate population at a particular time from the given data • Calculate population in future from given data • Discuss push and pull factors associated with migration. • Describe various measures of migration. • Discuss implications of urbanization • Explain types of migration and associated measures • Define population density • Explain family size and factors associated with it • Explain replacement level fertility • State what is meant by life expectancy and how it is calculated 	C1 C3 C3 C2 C1 C2 C1 C2 C2 C3 C3	MCQs, SEQs and OSPE and Viva Voce
9.		functions of school health services health related problems of school children implementation strategies of school health services	<ul style="list-style-type: none"> • Define School health services • Enlist objectives of School Health Services. • Explain duties of School Health Team. • Enlist various health related problems of School children. • Enumerate and explain various functions of School health services. • Demonstrate importance of implementation of various aspects of school health services. 	C1 C1 C2 C2 C2	MCQs, SEQs and OSPE
10.		1. definition 2. difference between handicapped, impairment, disability 3. types of disability 4. rehabilitation	<ul style="list-style-type: none"> • Define handicapped • Define impairment and disability • Differentiate between handicapped, impairment and disability with examples • Enlist types of disability and causes of disability • Define rehabilitation, enlist types of rehabilitation and objectives of rehabilitation • .Integrated approach towards handicapped and prevention of disability • Social attitude towards handicapped 	C1 C1 C2 C1 C2 C2 C2	MCQ'S SAQ
11.		1. Concept and definitions	<ul style="list-style-type: none"> • Define economics, health economics • Explain 	C1 C2	MCQ'S SAQ
		types			

		2. Framework of health economics 3. Supply and demand 4. elasticity	<ul style="list-style-type: none"> ○ Macroeconomics ● Microeconomics <ul style="list-style-type: none"> ○ Positive economics ○ Normative Economics ● Describe framework of health economics ● Explain law of demand and law of supply ● Describe elasticity 	C3 C3 C2 C3	
12.		1. Production possibility frontier 2. Different types of Costs 3. Structures of Economic Evaluation	<ul style="list-style-type: none"> ● Describe Production possibility frontier ● Explain Different types of Costs ● Explain ● Cost minimization analysis <ul style="list-style-type: none"> ○ Cost effectiveness analysis ○ Cost utility analysis ● Cost Benefit analysis 	C1 C1 C1 C3 C3	MCQ'S SAQ
13.	Public health on global scale	World Health Organization United Nations International Children's Emergency Fund (UNICEF)	<ul style="list-style-type: none"> ● Describe history, constitution and objectives of WHO ● State WHO regions ● Explain organizational structure of WHO with functions of each ● Describe history, mission and milestones of UNICEF ● 5. Enlist important NGOS of Pakistan 	C1 C1 C1 C1	MCQ'S SAQ
14.		Health aspects of family planning Welfare concept Small family norms Eligible couples Couple protection rate	<ul style="list-style-type: none"> ● To identify the need and requirements for an informed decision-making process on contraceptive choice ● To characterize the principles of reproductive rights and gender issues related to family planning ● identify the scope of family planning ● appreciate health aspects of family planning ● understand the terms of small family norms and eligible couples & target couples ● 6. calculate the couple Protection rate of a given population 	C2 C2 C1 C3 C1 C3	MCQs, SEQs and OSPE
15.		National population policy Unmet need of family planning Classification of Fertility regulating methods Barrier methods Natural contraceptive methods Terminal methods	<ul style="list-style-type: none"> ● Explain national population policy ● understand the concept of unmet need of family planning ● Classify fertility regulating method ● comprehend barrier method ● classify natural methods of fertility control 	C2 C2 C2 C1 C2 C2	MCQs, SEQs and OSPE

			<ul style="list-style-type: none"> • explain sterilization and its complication 		
16.		Advantages of breast feeding Weaning practices Feeding associated problems Baby friendly hospital initiative (BFHI)	<ul style="list-style-type: none"> • Procure knowledge about advantages &disadvantages of types of feeding practices. • Acquire knowledge of the hazards associated with feeding of the child. • Appreciate the logic behind the conditions of concern prevailing in the mother during breast feeding. • Identify, the problems associated with feeding and the measures to rectify. • Educate mothers about the steps of weaning • Educate the mothers about technique of breast feeding and to advice to Tuberculous mother about lactation • Determine the conditions of concern prevailing in the mother during breast feeding • Understand BFHI 	C1 C1 C2 C1 C1 C1 C1	MCQS, SEQS AND OSPE AND VIVA VOCE
17.	Genetics	Preventive and social measures of genetic diseases and genetic counselling	<ul style="list-style-type: none"> • Acquire knowledge about human genetics, genotype, phenotype • Classify genetic diseases • Describe Preventive and social measures of genetic diseases • Define euthenics • Explain importance of Genetic counselling 	C1 C2 C3 C1 C3	MCQS & SEQS

Pharmacology (LGIS)

LGIS				
Topic	Learning Objectives	Learning Domains	Teaching strategy	Assessment tool
Prolactin antagonist	<ul style="list-style-type: none"> Enumerate Prolactin Antagonists Describe Mechanism of Action, Uses as well as adverse effects of Prolactin Antagonists 	C1 C2	LGIS	SEQ MCQ VIVA
Gonadal hormones: I Estrogens	<ul style="list-style-type: none"> Enumerate Estrogen antagonists/SERMs Describe mechanism of action, uses & adverse effects of Estrogen antagonists/SERMs 	C1 C2	LGIS	SEQ MCQ VIVA
Gonadal hormones :II Progestin	<ul style="list-style-type: none"> Describe mechanism of action, uses & adverse effects of Progesterone antagonists 	C2	LGIS	SEQ MCQ VIVA
Gonadal hormones:III Anabolic	<ul style="list-style-type: none"> Enumerate androgen preparations Describe uses & adverse effects of androgen preparations Discuss Pharmacokinetic and Pharmacodynamics of Anti-androgens 	C1 C2 C2	LGIS	SEQ MCQ VIVA
Hormonal contraceptives	<ul style="list-style-type: none"> Classify hormonal Contraceptives Discuss the mechanism of action of hormonal contraceptives Discuss the adverse effects and contraindications 	C1 C2 C2	LGIS	SEQ MCQ VIVA
Oxytocic drugs and Uterine Relaxants	<ul style="list-style-type: none"> Describe actions of oxytocin Describe uses and adverse effects of oxytocin Elaborate clinical uses of prostaglandin Enlist ergot alkaloids, their uses and adverse effects Classify Tocolytics Describe the pharmacodynamics of tocolytic agents Discuss their uses & adverse effects 	C2 C2 C3 C1 C1 C2 C2	LGIS	SEQ MCQ VIVA
Drug used in the treatment of infertility	<ul style="list-style-type: none"> Enlist drugs used for treatment of Infertility Discuss Pharmacokinetics and Pharmacodynamics Discuss adverse effects and interactions 	C1 C2 C2	LGIS	SEQ MCQ VIVA

PATHOLOGY (LGIS)

TOPIC	Contents Outlines (Major Topics & Sub- Topics)	• Describe Etiology and morphology of Acute and Chronic Cervicitis (C2)	Lear ning dom ain	Teach ing strate gy	Assess ment tool
Malignant diseases of cervix.	<ul style="list-style-type: none"> • Cervical Intraepithelial Neoplasia • Cervical Carcinomas 	<ul style="list-style-type: none"> • Interpret morphological diagnosis of Cervical intraepithelial Neoplasia. 	C3	LGIS	MCQs, SEQs, OSPE
		<ul style="list-style-type: none"> • Classify Cervical Carcinomas 	C2		Viva
		<ul style="list-style-type: none"> • Describe Morphological features and prognosis of cervical cancer. 	C2		
Benign Diseases of Uterus	Endometrial hyperplasia and epithelial neoplastic lesions	<ul style="list-style-type: none"> • Enlist causes of endometrial hyperplasia and carcinoma. Evaluate morphological features of Endometrial Hyperplasia. • Describe classification, genetic pathogenesis and morphology of 	C1	LGIS	MCQs, SEQs, OSPE
		C3	Viva		
		C2			

			Malignant Tumors of the Endometrium			
Benign diseases of ovary	Classification of ovarian Cystic neoplasm and Polycystic ovarian syndrome	<ul style="list-style-type: none"> • Categorize nonneoplastic and functional ovarian cysts • Describe Pathogenesis of polycystic ovarian syndrome • Interpret morphological diagnosis of endomertriotic cyst 	C2	LGIS	MCQ SEQ VIVA	
			C2			
			C3			
Malignant diseases of Ovary.	Ovarian tumors	<ul style="list-style-type: none"> • Classify ovarian tumours. • Describe pathogenesis morphological features and prognosis of surface epithelial ovarian tumours • Interpret morphological diagnosis of ovarian tumors • Differentiate between pathogenesis and histopathological features of various Germ cell and sex cord stromal ovarian tumour • Describe Prognosis and staging of ovarian tumours 	C2	LGIS	MCQ SEQ VIVA	
			C2			
			C3			
			C3			
Benign neoplasm of breast	Non neoplastic lesions of breast -	The students should be able to	1)identify the congenital anomalies of breast	C1	LGIS	MCQ SEQ

	congenital anomalies. inflammatory lesion of breast. duct ectasia, fat necrosis and granulomatous mastitis.	2)Classify and describe the inflammatory lesions of breast 3)explain duct ectasia fat necrosis and granulomatous mastitis	C2 C2		VIVA
Benign neoplasm of breast	Benign neoplastic lesions of breast Proliferative epithelial lesions without atypia and Proliferative epithelial lesions with atypia. fibrocystic breast disease breast stromal lesions.	The students should be able to		LGIS	MCQ SEQ VIVA
		1)Compare proliferative lesions with and without atypia	C2		
		2)Describe the morphology and pathophysiology of fibrocystic disease and stromal lesions of breast	C2		
Malignant neoplasm of breast	Malignant lesions of breast Classification of epithelial and stromal malignant lesions <ul style="list-style-type: none"> invasive mammary 	The students Should be able to		LGIS	MCQ SEQ VIVA
		1)Classify the neoplasms of breast 2)explain the histology,grading,staging,lab diagnosis of breast cancer	C2 C2		

	carcinoma (NOS) <ul style="list-style-type: none"> • Familial Breast Cancer, with molecular Mechanisms of Carcinogenesis and Tumor Progression 				
Testicular tumors	Testicular Tumors	-The students should be able to		LGIS	SEQ/
		1)Classify different testicular tumors	C2		MCQ
		2)explain Clinical Presentation ,Morphological findings ,Staging and Lab Diagnosis of testicular tumors	C2		

SURGERY (LGIS)

LGIS				
Pelvic cellulitis& abscess	Describe brief anatomy of pelvis and its structure 2. Enumerate possible causes of pelvic infection in both male and female Patients 3. Enlist important clinical , signs and symptoms 4. Discuss the role of different investigation and differential diagnoses 5. Describe management plan for these patients	LGIS	C2/C3	MCQS
Complication of laparotomy (visceral & vascular injury)	Briefly describe anatomy of the abdominal wall and its visceral and vascular Structures 2. Enlist commonly performed elective + emergency laprotomy 3. Enumerate vulnerable vascular and visceral structures at risk of complication During laprotomy 4. Identify signs and symptoms to recognize these injuries 5. Make management plan to deal with these injuries, the role of multiple Specialities and team work in management of these complications.	LGIS	C2/C3	MCQS

PAEDIATRICS (LGIS)

LGIS				
Neonatal resuscitation	<ul style="list-style-type: none"> • Identify the babies who will need resuscitation at birth • Enlist steps of resuscitation as per algorithm • Identify different sizes of face masks, ambu bags, laryngoscope blades and their use by pictures . 	LGIS	C2/C3	MCQS
Breast feeding	<ul style="list-style-type: none"> • Enumerate advantages of breast feeding • Describe the physiology • Know the importance of early initiation of breast feeding • Enlist five steps towards good breast feeding 	LGIS	C2/C3	MCQS
LBW / prematurity	Define lbw babies Enlist common causes of lbw babies Enumerate important complications and problems of premature babies Manage prematurity and its complications	LGIS	C2/C3	MCQS
Immunization	<ul style="list-style-type: none"> • Know the importance of vaccination in prevention • Know the disease covered in immunization schedule • Know the extended program of immunization(epi) in pakistan • Know the role of immunization in health of a child • Know the method of administration and common side effects of vaccines used in epi 	LGIS	C2/C3	MCQS

Neonatal seizures	<ul style="list-style-type: none"> • Define neonatal seizures • Enlist common causes of neonatal seizures • Describe clinical types • Plan pertinent investigations, interpret and take appropriate action <p>Manage according to the cause Plan follow up</p>	LGIS	C2/C3	MCQS
IDM	<p>Know the clinical manifestations of IDM Do immediate monitoring of IDM Identify important complications Plan pertinent investigations, interpret and take appropriate action Manage IDM and its complications</p>	LGIS	C2/C3	MCQS
Neonatal jaundice	<ul style="list-style-type: none"> • Enlist common causes of unconjugated and Conjugated hyperbilirubinemi a at different days Of life • Plan pertinent investigations, interpret and take appropriate action • Know indications of phototherapy and exchange transfusion. • Manage according to the cause • Identify complications and manage 	LGIS	C2/C3	MCQS

MEDICINE (LGIS)

Infections in pregnancy (rti's, git, eye/ent, Dermatitis)	<p>At the end of lecture, students will be able to:</p> <p>A) enlist common infections which occur more frequently in pregnancy and risk factors for these infections</p> <p>B) know obstetric complications of infections</p> <p>C) treatment of infections in pregnancy and during breastfeeding</p>	<p>LGIS/PPT/ CASE VIGNETTE</p>	C3/A3
Diabetes in pregnancy	<p>At the end of lecture, students will be able to:</p> <p>A) recall etiology, pathophysiology of gestational diabetes mellitus</p> <p>B) explain risk factors, clinical features and investigations to confirm diagnosis</p> <p>C) construct management plan of each disorder and discuss complications of these conditions for both fetus and mother</p>	<p>LGIS/PPT/ Case vignette</p>	C3/A3
Anaemia in pregnancy	<p>At the end of lecture, students will be able to:</p> <p>A) recall etiology, pathophysiology and common types of anemia in pregnancy</p> <p>B) explain risk factors for anemia, clinical features and investigations to confirm diagnosis</p> <p>C) construct management plan including prevention and discuss complications of anemia for both fetus and mother</p>	<p>LGIS/PPT/ CASE VIGNETTE</p>	C3/A3
Liver disorders & thrombocytopenia in pregnancy	<p>At the end of lecture, students will be able to:</p> <p>A) discuss etiologies and risk factors for common thrombotic disorders in pregnancy</p> <p>B) explain clinical features and investigations to confirm thrombotic disorders in pregnancy and post partum period</p>	<p>LGIS/PPT/ CASE VIGNETTE</p>	C3/A3

	C) discuss appropriate anticoagulation therapy in pregnancy and breastfeeding		
Epilepsy in pregnancy	<p>At the end of lecture, students will be able to:</p> <p>A) explain how does epilepsy effects pregnancy</p> <p>B) know antiepileptics drugs which are safe in pregnancy and breastfeeding</p> <p>C) construct management plan and discuss complications of epilepsy for both fetus and Mother</p>	<p>LGIS/PPT/</p> <p>VIGNETTE</p>	C3/A3
Asthma in pregnancy	<p>At the end of lecture, students will be able to:</p> <p>A) explain the effects of pregnancy on asthma</p> <p>B) explain risk factors, clinical features and investigations to confirm diagnosis</p> <p>C) discuss treatment plan and appropriate medication to control asthma in pregnancy</p>	<p>LGIS/PPT/</p> <p>CASE</p> <p>VIGNETTE</p>	C3/A3
Thrombotic disorders in pregnancy	<p>At the end of lecture, students will be able to:</p> <p>A) explain etiologies and prevalence of thrombocytopenia in pregnancy</p> <p>B) management of delivery in thrombocytopenia keeping in mind both maternal and neonatal considerations</p> <p>C) brief overview of liver diseases during pregnancy and their management individually</p>	<p>LGIS/PPT/</p>	C3/A3

OBS/GYNAE(SGD)

Scenario based sgd (mechanism of fetal delivery &delivery of placenta)	<ul style="list-style-type: none"> • pictorial demonstration of mechanism of normal labour. •pictorial demonstration of delivery of placenta. • scenario based discussion of management of abnormal labor. 	C3 C3 C3/C4	SGD	OSCE
Malpresentation	<ul style="list-style-type: none"> •define malpresentations and its different types(breech,face,brow,shoulder ,cord presentation) •discuss the antenatal management of breech presentation. •pictorial demonstration of external cephalic version. •outline the management plan including mode of delivery. • enlist the prerequisites for breech vaginal delivery. •discuss the management of breech in labour. 	C1	LGIS/SGD	MCS SAQ OSCE
Covid-19 in pregnancy and immunization	<ul style="list-style-type: none"> • discuss guidelines of covid 19 in pregnancy. • scenario based discussion regarding management of covid-19 in pregnancy according to disease severity. • discuss guidelines of dengue in pregnancy. 	C2 C3/C4 C2	Scenario Based Discussion	MCQ SAQ
Dengue and HIV in pregnancy	<ul style="list-style-type: none"> scenario based discussion regarding management of dengue in pregnancy. • discuss guidelines of HIV in pregnancy. • scenario based discussion regarding management hiv in pregnancy. 	C3/C4 C2 C3/C4	Scenario Based Discussion	MCQS SAQ

			<ul style="list-style-type: none">• Explain age and sex composition of a population• Calculate sex ratio from a given data	
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PHARMACOLOGY (SGD)

PRACTICAL				
PK Calculations I	<ul style="list-style-type: none"> • Calculation for loading dose • Calculation for maintenance dose 	P	Practical	OSPE
PK Calculations II	<ul style="list-style-type: none"> • Calculations for maintenance dose • Calculations for plasma half-life & steady state concentration 	P	Practical	OSPE
P drug & Prescription writing	<ul style="list-style-type: none"> • P drug & prescription writing for infertility • P drug & prescription writing for premature labour 	P	Practical	OSPE
CBL				
Hormonal Contraceptives	<ul style="list-style-type: none"> • Clinical pharmacology of hormonal contraceptives • Rationale of choosing specific hormonal contraceptive in a specific scenario 	C3	CBL	PBQ
Oxytocic and uterine relaxants	<ul style="list-style-type: none"> • Clinical pharmacology of Oxytocic drugs & Uterine relaxants • Rationale of choosing specific agents in specific scenerios 	C3	CBL	PBQ

PATHOLOGY (SGD)

S.No.		Content Outlines(Major Topics & Sub Topics)	• Learning Objectives	Level of cognition	
1.	Pathology of early pregnancy complications & Non neoplastic placental pathology			C3 C3 C2	MCQs, SEQs, OSPE Viva
2.	GTD & Choriocarcinoma	Gestational trophoblastic diseases and choriocarcinoma	Explain Pathological features, diagnosis and followup of Gestational Trophoblastic Disease. Enlist difference between complete and partial mole Describe incidence and pathological features of Choriocarcinoma	C2 C1 C2	MCQ,SEQ,VIVA
3.	Dysfunctional uterine bleeding	Dysfunctional uterine bleeding	Describe causes and pathogenesis of Functional Endometrial Disorders (Dysfunctional Uterine Bleeding) and Inflammatory Disorders.	C2 C3	MCQ,SEQ,VIVA

			Interpret diagnosis via morphological features of endometriosis and Adenomyosis & Endometrial Polyps		
4.	Beningn and Premalignant Lesions of Cervix		Describe Etiology and morphology of Acute and Chronic Cervicitis Categorize Endocervical Polyps and Metaplasias Describe risk factors etiology pathogenesis of	C2 C2 C2	MCQS,SEQ,VIVA
5.	BPH, prostatic cancer, testicular atrophy, seminoma	BPH, prostatic cancer, testicular atrophy, seminoma	Describe Etiology and morphology of BPH, prostatic cancer, testicular atrophy, seminoma Enumerate investigations for investigations	C2	MCQS, SEQ, VIVA

Self- Directed Learning (SDL) Gynae/Obs

Sr. No	Content Outlines(Major Topics & Sub Topics)	• Learning Objectives	Learning Resource	Assessment tool
1.	Renal Disease in Pregnancy	<p>Discuss the Effect of pregnancy on CKD</p> <p>Explain the Effect of CKD on pregnancy outcome</p> <p>Enlist fetomaternal complications associated with dialysis</p> <p>Discuss the fetomaternal outcome of Pregnancy in women with renal transplants.</p>	<p>Obstetrics by Ten Teachers (20th edition)</p> <p>Page 148</p>	MCQs
2.	Heart Disease in Pregnancy	<p>Discuss Pre-pregnancy counseling of heart disease in pregnancy.</p> <p>Elaborate antenatal management of heart disease in pregnancy.</p> <p>Discuss management of labour and delivery in patients with heart disease in pregnancy</p> <p>Discuss the treatment of heart failure in pregnancy</p>	<p>Obstetrics by Ten Teachers (20th edition)</p> <p>Page 155</p>	MCQs
3.	Respiratory Disease in Pregnancy Asthma in pregnancy	<p>At the end of lecture, students will be able to:</p> <p>A) explain the effects of pregnancy on asthma</p> <p>B) explain risk factors, clinical features and investigations to confirm diagnosis</p> <p>C) discuss treatment plan and appropriate medication to control asthma in pregnancy</p>	<p>Obstetrics by Ten Teachers (20th edition)</p> <p>Page 158</p>	MCQs
4.	Neurological Disease in Pregnancy Epilepsy	<p>At the end of lecture, students will be able to:</p> <p>A) explain how does epilepsy effects pregnancy</p> <p>B) Enlist antiepileptics drugs which are safe in pregnancy and breastfeeding</p>	<p>Obstetrics by Ten Teachers (20th edition)</p> <p>Page 160</p>	MCQs

		C) Devise management plan and discuss complications of epilepsy for both fetus and the mother		
5.	Haematological Abnormalities Thrombotic disorders in pregnancy	At the end of the lecture, students will be able to: A) explain etiologies and prevalence of thrombocytopenia in pregnancy B) management of delivery in thrombocytopenia, keeping in mind both maternal and neonatal considerations C) brief overview of liver diseases during pregnancy and their management individually	Obstetrics by Ten Teachers (20 th edition) Page 162	MCQs
6.	Covid-19 in Pregnancy and Immunization	• discuss guidelines of covid 19 in pregnancy and dengue in pregnancy.	WHO guidelines of Covid-19 in pregnancy	MCQs
7.	HIV in Pregnancy	• discuss guidelines of HIV in pregnancy. • discussion regarding the management of HIV in pregnancy.	Obstetrics by Ten Teachers (20 th edition) Page 184	MCQs

Self Directed Learning (SDL) Community Medicine

#	Major topic	Contents Outlines / Sub- Topics	Learning objectives. Students will be able to ...	Learning resource	Assessment tool -MCQs
1	Child Abuse	Child abuse Street children Child trafficking Child labor Child marriage	To comprehend definitions, causes and preventive approaches. <ul style="list-style-type: none"> • to child, abuse as trafficking, • child labor • child marriage 		2-3MCQ
2	Population medicine	Pakistan demographic surveys National demographic database (NADRA) Population pyramid	<ul style="list-style-type: none"> • To comprehend demographic information sources, methods and national demographic database. • Explain population graphic presentation / Pyramid 	Ilyas & Ansari Pages 178- 184	2-3MCQs
3	Population medicine	National population control strategy & policy (Pakistan)	Students should be able to: <ul style="list-style-type: none"> • Explain element of national pop cont strategy • Explain national pop control policy • Population control action program 	<ul style="list-style-type: none"> • Practical Journal of Com-Med Annexure III. • https://pwd.punjab.gov.pk/ • https://www.pc.gov.pk/uploads/plans/Ch4-Population2.pdf 	2-3 MCQs
4	Reproductive health	Preventive aspects of neonatal health. Elements of early neonatal care	Students should be able to: Describe. <ul style="list-style-type: none"> • early neonatal care • Immediate neonatal care • Early neonatal examination • Neonatal screening 	K Park Ed. 27 th (532-535)	3 MCQs
5	Child Health in context of MCH Services	Monitoring of child growth & development	Students should be able to <ul style="list-style-type: none"> • Describe determinants of child growth & development • Describe methods assessment of physical growth of child • Explain formation of growth chart. 	K Park Ed. 27 th (541,42,43,44, - 47)	3MCQs

Self Directed Learning (SDL) Pharmacology

Sr. No.	Topic	Learning objectives	Reference
1.	Pharmacological management of dysmenorrhea	<ul style="list-style-type: none"> • Recall the pathophysiology of dysmenorrhea • Enlist short and long term management strategies of dysmenorrhea • Discuss the salient pharmacological feature of different strategies 	<ul style="list-style-type: none"> • Mittal R. Medical management of Dysmenorrhea. <i>International Journal of Advance Research, Ideas and Innovations in Technology</i>. 2019;5(1). • Harel Z. Dysmenorrhea in adolescents and young adults: an update on pharmacological treatments and management strategies. <i>Expert opinion on pharmacotherapy</i>. 2012 Oct 1;13(15):2157-70.
2.	Novel endocrine therapies for hormone positive breast cancer	<ul style="list-style-type: none"> • Enumerate hormonal treatments of breast cancer • Discuss the mechanism of action of SERM and SERD in breast cancer • Give new therapies acting via nuclear estrogen receptors in breast cancer 	<ul style="list-style-type: none"> • Lloyd MR, Wander SA, Hamilton E, Razavi P, Bardia A. Next-generation selective estrogen receptor degraders and other novel endocrine therapies for management of metastatic hormone receptor-positive breast cancer: current and emerging role. <i>Therapeutic Advances in Medical Oncology</i>. 2022;14. doi:10.1177/17588359221113694
3.	Use and abuse of anabolic steroids	<ul style="list-style-type: none"> • Differentiate between androgens and anabolic steroids • Discuss the clinical application of anabolic steroids • Give the organ effects of anabolic effects • Identify the health consequences of abuse of anabolic steroids 	<ul style="list-style-type: none"> • Gagliano-Jucá T, Basaria S. Abuse of anabolic steroids: A dangerous indulgence. <i>Current Opinion in Endocrine and Metabolic Research</i>. 2019 Dec 1;9:96-101.
4.	Hormonal therapy for prostate cancer (GnRH antagonist VS ADT)	<ul style="list-style-type: none"> • Identify different agents used in prostate cancer • Recognize the role of different hormone receptors in prostate cancer 	<ul style="list-style-type: none"> • Rice MA, Malhotra SV, Stoyanova T. Second-generation antiandrogens: from discovery to standard of care in castration resistant prostate cancer. <i>Frontiers in oncology</i>. 2019 Aug 28;9:801.

		<ul style="list-style-type: none">• Describe the clinical merits and demerits of different treatment options	<ul style="list-style-type: none">• Freedland SJ, Abrahamsson PA. Androgen deprivation therapy and side effects: are GnRH antagonists safer? Asian J Androl. 2021 Jan-Feb;23(1):3-10. doi: 10.4103/aja.aja_22_20. PMID: 32655041; PMCID: PMC7831824.• Fontana F, Marzagalli M, Montagnani Marelli M, Raimondi M, Moretti RM, Limonta P. Gonadotropin-releasing hormone receptors in prostate cancer: molecular aspects and biological functions. International Journal of Molecular Sciences. 2020 Dec 14;21(24):9511.
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Self Directed Learning (SDL) PATHOLOGY

R. NO	TOPIC	LEARNING OUTCOMES At the end of session students will be able to:	REFERENCE
1	Diseases of Penis	<ul style="list-style-type: none"> • Abnormalities /Malformations of Penis • Describe briefly about inflammatory diseases of Penis • Explain Neoplastic lesion of Penis 	Robbins Basic Pathology 9 th Edition Chapter 17 Male Genital System Pg 658-659
2	prostatitis	<ul style="list-style-type: none"> • Categorize different types of prostatitis • Explain etiology • clinically presentation of prostatitis • diagnosis of prostatitis 	Robbins Basic Pathology 9 th Edition Chapter 17 Male Genital System

			Pg 663-664
3	Fibrocystic changes of Breast	<ul style="list-style-type: none"> • explain fibrocystic changes of breast • explain briefly types of changes • describe the morphology • how the fibrocystic changes are related to breast carcinomas 	Robbins Basic Pathology 9 th Edition Chapter 17 Female Genital System Pg 705-707
4	Polycystic ovarian disease	Define PCOD What are clinical presentation of PCOD Investigation of pcod Morphological changes of PCOD	Robbins Basic Pathology 9 th Edition Chapter 17 Female Genital System Pg 695 - 696
5	Disorders of uterus	Define Endometriosis Etiology and clinical features of endometriosis Morphology of endometriosis Describe adenomyosis	Robbins Basic Pathology 9 th Edition Chapter 17 Female Genital System Pg 689 - 690

SECTION III

Basic And Clinical Sciences (Vertical Integration)

Content

- Anatomy
- Physiology
- Surgery and Allied
- Medicine and Allied

Basic And Clinical Sciences (Horizontal integration) Content

- Community medicine
 - Pharmacology
 - Pathology
-

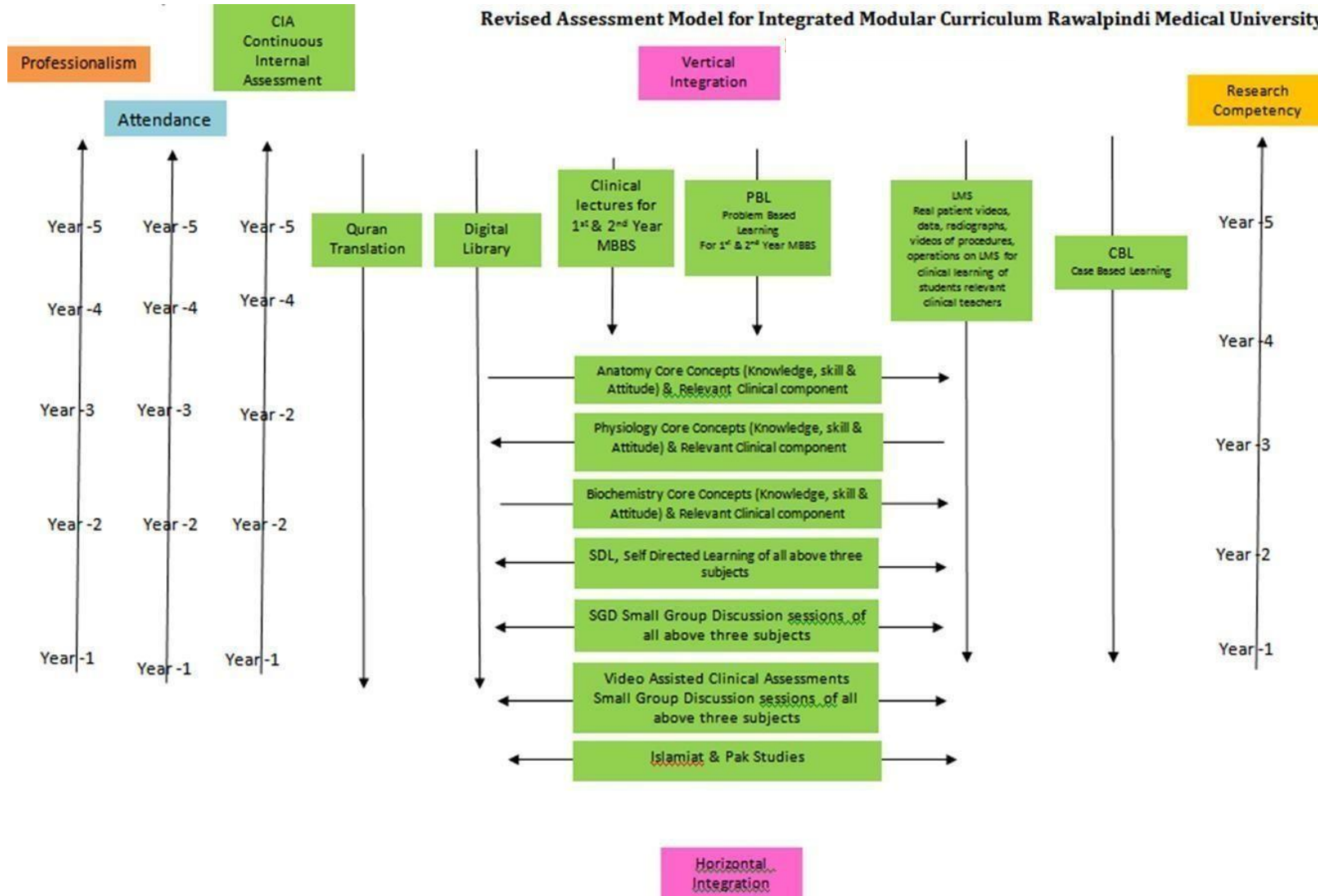
Assessment Policies

Contents

- Assessment plan
 - Types of Assessment:
 - Modular Examinations
 - Block Examination
 - Table 4: Assessment Frequency & Time in Population medicine and reproduction Module
-

Assessment Policies

Revised Assessment Model for Integrated Modular Curriculum Rawalpindi Medical University



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 above is Passing Marks.

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%

*75% 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 for SDL, SGD, mid modular, block/module levels.

Types of Assessment:

The assessment is formative and summative.

Formative Assessment

Formative assessment is taken from topics of SDL on LMS and MS team

Summative Assessment:

Summative assessment is taken at the mid modular, modular/block levels.

Modular Examinations

Theory Paper

There is a module examination at the end of module. The content of the whole teaching of the module are tested in this examination.

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 Examination

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

Theory Paper

There is one written paper for each subject. The paper consists of objective type questions (MCQ) and structured essay questions (SAQ). The distribution of the questions is based on the Table of Specifications of the module.

Block OSPE/OSCE

This covers the practical content of whole block.

ASSESSMENT PLAN

Types of Assessment:

1. Formative
2. summative

Formative Assessment

Formative assessment will be done at the mid of module of SDL and SGD through LMS at end of 3rd week. Assessment of clinical lectures on LMS. Tool for this assessment will be one bestchoice question.

Summative Assessment:

Summative assessment will be taken at the end of module, block and will be subject wise.

MID MODULE EXAM

It will be taken at the end of 3rd week of module. Theory Paper (50 MCQS) 50 marks based on table of specifications (TOS).

BLOCK EXAMINATION

On completion of a block which consists of reproduction + modules, there will be a block examination which consists of one theory paper of each subject and OSPE of (COMMUNITY MEDICINE, PHARMACOLOGY, PATHOLOGY).

The paper will be of objective type questions and short answer questions. The distribution of the questions will based on the Table of Specifications of the module.

OSPE:

This will cover the practical content of whole block.

Schedule of Assessment REPRODUCTION MODULE/BLOCK

S. No	Mode of Assessment	Type of Assessment	Schedule of Assessment	Remarks	Remarks	Colander schedule
1 st	One best option MCQs test	CIA	Mid module at the end of 03 weeks	LMS	Credit will be part of IA	2023
2 nd	MCQ, SAQs, based examination	CIA	End of module /block exam	On campus test	Credit will be part of IA	2023
3 rd	OSPE	CIA	End of module /block exam	On campus test	Credit will be part of IA	2023

Assessment Frequency & Time In Reproduction Module

Block		Reproduction Module	Type of Assessments	Total Assessments Time		
Reproduction Block	Sr #	Reproduction Module Components		Assessment Time		
	1	Mid Module Examinations (50 marks ,50 MCQs)	Formative	50 Minutes		
	2	Topics of SDL and SGD Examination on LMS and MS Team 10 MCQS every Tuesday (for 7 weeks)	Formative	30 Minutes		
	3	End Module Examinations (10 SAQS & 100 MCQs)	Summative	120 Minutes		
	4	OSPE (Community medicine, Pharma, Patho)	Summative			
	5	Ward test at the end of 4 weeks 10 SAQS, 50 MCQS	Formative	90 Minutes		

Table of Specification (TOS)

MID MODULE ASSESSMENT

Fourth Year MBBS 2023 15th

AUGUST 2023

Sr. #	Discipline	No. of MCQs	No. of MCQs according to cognitive domain			Total
			C1	C2	C3	
1.	Obs/Gynae	10	01	02	07	
2.	Pharmacology	05	01	03	01	
3.	Pathology	05	01	03	01	
4.	Community Medicine	05	01	03	01	
5.	Surgery	02			02	
6.	Paediatrics	03		01	02	

END OF BLOCK / MODULE ASSESSMENT

Fourth Year MBBS 11

SEPTEMBER 2023

03	Discipline	No. of MCQs(%)	No. of MCQs according to cognitive domain			No. of SAQs (%)		No. of SAQs according to cognitive domain			Total	OSPE	VIV A
			C1	C2	C3	No. of items	Marks	C1	C2	C3			
1.	Obs/Gynae	30	03	07	20	02	10			02			
2.	Community `Medicine	15	03	05	07	02	10			02		20	20
3.	Pharmacology	10	03	03	04	05	25			05			20
4.	Pathology	25				05	25			05		30	20
5.	Surgery	05	01	01	03	01	05			01			
6.	Paediatrics	10	01	03	06	01	05			01			
7.	Medicine	05	01	01	03	01	05			01			
											190		

Internal assessment break up

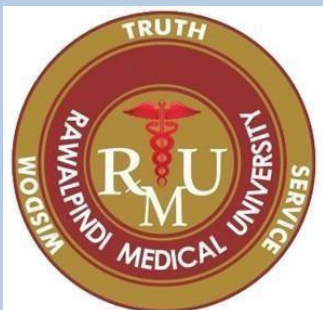
Work Place Based Assessment				
50% (30 marks)				
End of block assessment 50% (30 marks)	Ward test	Evening ward duties	Histories	Case presentation
	50%	10%	20%	20%
	15	03	06	06
		More than 3 = 1.5 marks Less than 3 = 0 marks	Complete 5 histories = 06 marks Incomplete 5 histories = 04 marks Less than 5 histories = zero marks	1 case presentation = 06 marks No case presentation = zero marks

CLINICAL CLERKSHIP OBS/GYNAE

4TH YEAR OBS/GYNAE CLINICAL CLERKSHIP HOSPITAL

DURATION TWO WEEKS

Morning: 10.30 am to 02.00 pm



Day	Specialty	Topic	SPECIFIC LEARNING DOMAINS			COGNITION			PSYCHOMOTOR		AFFECTIVE		M T	
			Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
FIRST WEEK (ROTATION 1)														
Monday	OBS	Basic antenatal care/ Obstetric history taking/Examination /Antenatal card filling		*	*	*			*		*		Bedside teaching	
Tuesday		Hypertensive disorders in pregnancy		*	*	*	*							SGD
Wednesday		Diabetes in pregnancy		*	*		*		*		*			Bedside teaching
Thursday		Anemia in pregnancy		*	*		*		*		*			Bedside teaching
SECOND WEEK														
Monday	OBS	Diagnosis of labour/ Stages/ Management of normal labour				*	*							SGD/LR
Tuesday		Types of Abnormal labour/ Malposition / Managaement including operative deliveries		*	*			*	*		*			SGD
Wednesday		3 rd stage of labour and complications including PPH		*	*		*		*		*			SGD/LR
Thursday		Hands on drill(Meachanism of labor/CTG/partogram/maternal resuscitation												
THIRD WEEK (ROTATION II)														

Monday		Multiple pregnancy																Skills lab
Tuesday		PTL/PPROM																
Wednesday		APH																
Thursday		IUGR																
FOURTH WEEK																		
Monday		Puerperium/ breastfeeding/contraception																
Tuesday		Rh incompatibility																
Wednesday		Hans on drill (Instrumental delivery/ shoulder dystocia/ breech delivery/ neonatal resuscitation)																
Thursday																		

WARD TEST (50 MCQS + 10 SAQS)TOTAL MARKS = 100

DAY	Activity -I 10.30 – 11.30 am	Activity – II 11.30- 12:30pm	Activity III 12:30pm to 2:00pm	Sites of teaching- learning	Assessment at the end of rotation
1 ST DAY	History taking and examination of patients supervised by station incharge	Case presentation by students	Presentation of students on allotted topics followed by class by AP/SR	Bedsides (wards+ labor room+ skills lab)	MCQS SAQS
2 ND DAY – 14 th DAY	History taking and examination of patients supervised by station incharge	Case presentation by students	Presentation of students on allotted topics followed by class by AP/SR	Bedsides (wards+ labor room+ skills lab)	MCQS SAQS
15 th Day	Revision of hands-on drills				
16 th DAY	WARD TEST				

COMMUNITY ORIENTED CLERKSHIP MODULE

Theme (AIM):

The primary purpose of this module is to educate students in those areas of the subject of CM&PH which are learnt better by onsite presence of the students at certain sites, processes, agencies which have public health relevance and in general community setting. Moreover some, areas of the subject which demands close interactive teachings in small group like HHS data analysis & report writing skills, contraceptive use skills, vaccination skills, etc are also covered during this rotation. All opportunities available within and outside the institution within affordable logistics, time, are focused for this purpose. A short time of this batch rotation is dedicated for health education communication practices as Health awareness work and other social work.

LEARNING OUTCOMES (LOS):

At the end of this learning module students are expected to achieve following Public health Competencies as will be able to:

1. Undertake a population-based health survey (HHS)
2. Appreciate working of First level Care Facility (Public Sector)
3. Perform Community Immunization / EPI vaccinations.
4. Develop Hospital waste management plans.
5. Develop Community based health awareness message.
6. Communicate for Health awareness in community settings.
7. Commemorate International public health days.
8. Develop Hospital administration Plans.
9. Undertake Preventive healthcare inquiries and NCDs Risk Factors Surveillance
10. Counsel for the contraceptive devices to the community

MODULE OUTLINE:

- A batch comprising 20-22 students is posted in the department of CM & PH for a period of 2 weeks (Monday to Thursday-04 hrs. /day & for 32hrs in total). This schedule is run over the whole academic year, till all students of 4th year MBBS class passes through this rotation.
- Batch formation and schedules of rotation for whole class as notified by the DME / Student's section will be followed accordingly.
-
- At commencement of the academic year overall batch learning module coordinator, nomination of batch in-charges, senior faculty in charges and calendar schedule of batch rotation for all batches over the whole academic year will be notified by the Department of CM & PH.

Domains of learning: learning will occur in all the three domains C, A & P

SOPS OF LEARNING & ASSESSMENTS:

- Active participation will be graded by the batch in charge (under a check list) during the activity / session and grades/marks will be entered in the practical manual as out of 05 (Max marks 05) by the batch in charge. 05 Max Marks are reserved for CHC (HMDTD and Health awareness work).
- Assessment will be done by OSPE / MCQs Exam / Viva voce at the end of each module and credit will be objectively recorded for the purpose of internal assessment. (Max mark 10)
- General assessment of the subject learning will be through MCQs, SEQs & OSPE on the relevant subjects in the relevant end of modules, block exams and Send up Exams.
- Students are required to report / write the relevant work in Practical Journal, House Hold Survey Report Book and log all the clerkship activities in the Logbook on daily basis.

DAY	Activity -I 10.30 – 11.00	Activity – II 11.00- 11.30am	Activity III 11.30- 01.00pm	Act-V 01.00 – 2.00pm	Sites of teaching- learning	Assessment	Session outcome (level of learning)
	Session topic	Session topic	Session topic	Session topic			
1 ST DAY	instructing / demonstrati on on Practical Manual based Assignment s	Visit to CHC • SGIS on Health days commemor ation work, Display material, PPT.	• SGIS on HMDTD practicum. Topic finalization, CHC- Message draft outlines finalization.	<ul style="list-style-type: none"> • PPT based Demo on How to conduct & report HHS. • Guidelines on PHI work to be done during clinical rotations / ward duties 	<ul style="list-style-type: none"> • Demonstration on n / lec Hall 3 • CHC - Dept. CM NTB RMU. 	<ul style="list-style-type: none"> • 1-2 OSPE in end of clerkship exam (credit will part of IA) • Assessment of HHS -Report (Max marks:5 part practical /viva exam 4th Prof MBBS) 	<ul style="list-style-type: none"> • Construct a health message. (C6) • Prepare Health days commemoration stuff, Display material, PPT, (P) • Undertake a health survey. (HHS) (C3)
2 ND DAY	Follow up session on. - HM-DTD work - HHS work - health days commemorat ion work	SGIS/ Briefing / PPT based guidelines on field visit of the day (EPI services center HFH)	FV to the EPI center HFH	Health awareness work (HAW)	<ul style="list-style-type: none"> • Demo Room, • EPI Center HFH • OPD, hospital shelters sites for health awareness • work (HAW 	<ul style="list-style-type: none"> • 1-2 OSPE in end of clerkship exam (credit will part of IA) • Grade of performance in EPI visit reporting. • Credit of HAW 	<ul style="list-style-type: none"> • Explain cold chain component at EPI center • Vaccinate (EPI) vaccines to the clients. • Comprehend EPI system

DAY	Activity -I 10.30 – 11.00	Activity – II 11.00- 11.30am	Activity III 11.30- 01.00pm	Act-V 01.00 – 2.00pm	Sites of teaching- learning	Assessment	Session outcome (level of learning)
	Session topic	Session topic	Session topic	Session topic			
3 RD DAY	Follow up session on HM- DTD work & HHS	SGIS / Briefing / PPT based guidelines on FV to MCH & FP Services Center HFH	FV to the MCH services & FP center HFH	Health awareness work (HAW)	<ul style="list-style-type: none"> • FP Center HFH • OPD, hospital shelters sites for HAW 	<ul style="list-style-type: none"> • 1-2 OSPE in end of clerkship exam (credit will part of IA) • Grade of performance in EPI visit reporting. Credit of HAW	<ul style="list-style-type: none"> • Identify CP devices available at MHC FP center • Counsel clients for use of a contraception method Place CP devices to client (P)
4 TH DAY	Follow up session on HM- DTD work & HHS	Briefing / guidelines on FV Hospital waste disposal system in hospitals	<ul style="list-style-type: none"> • FV to the hospital waste disposal system & relevant sites / Incinerator 	Health awareness work (HAW)	<ul style="list-style-type: none"> • FP Center HFH OPD, hospital shelters sites for HAW 	<ul style="list-style-type: none"> • End of module OSPE • Grade of performance in visits to sites 	<ul style="list-style-type: none"> • Explain hospital waste disposal system • Develop a hospital waste management plan • Explains various domains of hospital management (C2)

DAY	Activity -I 10.30 – 11.00	Activity – II 11.00- 11.30am	Activity III 11.30- 01.00pm	Act-V 01.00 – 2.00pm	Sites of teaching- learning	Assessment	Session outcome (level of learning)
	Session topic	Session topic	Session topic	Session topic			
5 TH DAY	SGIS / PPT based briefing on Hospital management & administrati on	Visit to Hospital management & administration (HFH) office	Health awareness work (HAW		HFH	<ul style="list-style-type: none"> End of module OSPE Grade of performance in visits to sites	
6 TH DAY	SGIS / PPT based briefing on visit to First level of health care facility (FLCF) BHU/RHC	Field visit to RHC Khayaban Sir-Syed (RHC) or BHU	<ul style="list-style-type: none"> Demo room / lec Hall 3 NTB / CPC-Hall. RHC / BHU 	Health awareness work (HAW at site visited	<ul style="list-style-type: none"> End of module OSPE Report credit in PJ		<ul style="list-style-type: none"> Explain working of FLCF Appreciate PHC elements at FLCF.

7 TH DAY	<p>Health days commemoration</p> <p>(walk/ seminar/ presentation/ CHC-message dissemination work)</p> <p>(10.30 – 12.00pm)</p>	<p>12.00 – 2.00pm</p> <ul style="list-style-type: none"> • Completion & assessment of relevant Practical Journal work, • HHS-report book, • Logbook etc. <p>Feedback discussion on PHI</p>	<ul style="list-style-type: none"> • Communication skills • Comprehend frequency Preventable RFs of NCDs in the real population (RF surveillance) <p>Undertake a preventive Healthcare inquiry</p>
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CLINICAL TRAINING ROTATIONS 4TH YEAR MBBS CLASS (SESSION 2019-2020) STARTING

w.e.f 06-03-2023 ENDING 03-12-2023.

Date	Medicine /Neurology DHQ	OBS/GYN HFH I & II	OBS/GYN BBH & DHQ	C.MED	E.N.T. H.F.H.	E.N.T. B.B.H	E.N.T. D.H.Q	Medicine DHQ	EYE H.F.H	EYE B.B.H.	EYE DHQ	PEADS H.F.H	PEADS B.B.H.	CARDIO	PATH	NEURO SURGE RY
06-03-2023 To 19-03-2023	A	B1, HFH-1 B2, HFH-2	C1, BBH C2, DHQ	D	E	F	G	H	I	J	K	L	M	N	O	P
20-03-2023 To 02-04-2023	B	C1, HFH-1 C2, HFH-2	D1, BBH D2, DHQ	E	F	G	H	I	J	K	L	N		O	P	A
03-04-2023 To 16-04-2023	C	D1, HFH-1 D2, HFH-2	E1, BBH E2, DHQ	F	G	H	I	J	K	L	M		O	P	A	B
17-04-2023 To 07-05-2023 Spring V.	D	E1, HFH-1 E2, HFH-2	F1, BBH F2, DHQ	G	H	I	J	K	L	M	N	P		A	B	C
08-05-2023 To 28-05-2023 Sport W.	E	F1, HFH-1 F2, HFH-2	G1, BBH G2, DHQ	H	I	J	K	L	M	N	O		A	B	C	D
29-05-2023 To 11-06-2023	F	G1, HFH-1 G2, HFH-2	H1, BBH H2, DHQ	I	J	K	L	M	N	O	P	B		C	D	E

12-06-2023 To 31-07-2023 Summer V.	G	H1, HFH-1 H2, HFH-2	I1, BBH I2, DHQ	J	K	L	M	N	O	P	A		C	D	E	F
01-08-2023 To 13-08-2023	H	I1, HFH-1 I2, HFH-2	J1, BBH J2, DHQ	K	L	M	N	O	P	A	B	D	C	E	F	G
14-08-2023 To 27-08-2023	I	J1, HFH-1 J2, HFH-2	K1, BBH K2, DHQ	L	M	N	O	P	A	B	C			E	F	G
28-08-2023 To 10-09-2023	J	K1, HFH-1 K2, HFH-2	L1, BBH L2, DHQ	M	N	O	P	A	B	C	D	F	E		G	H
11-09-2023 To 24-09-2023	K	L1, HFH-1 L2, HFH-2	M1, BBH M2, DHQ	N	O	P	A	B	C	D	E			G	H	I
25-09-2023 To 08-10-2023	L	M1, HFH-1 M2, HFH-2	N1, BBH N2, DHQ	O	P	A	B	C	D	E	F	H	G		I	G
09-10-2023 To 22-10-2023	M	N1, HFH-1 N2, HFH-2	O1, BBH O2, DHQ	P	A	B	C	D	E	F	G			I	J	K
23-10-2023 To 05-11-2023	N	O1, HFH-1 O2, HFH-2	P1, BBH P2, DHQ	A	B	C	D	E	F	G	H	J	I		K	L
06-11-2023 To 19-11-2023	O	P1, HFH-1 P2, HFH-2	A1, BBH A2, DHQ	B	C	D	E	F	G	H	I			K	L	M

20-11-2023 To 03-12-2023	P	A1, HFH-1 A2, HFH-2	B1, BBH B2, DHQ	C	D	E	F	G	H	I	J	L		M	N	O
Date	Medicine /Neurology DHQ	OBS/GYN HFH I & II	OBS/GYN BBH & DHQ	C.MED	E.N.T. H.F.H.	E.N.T. B.B.H.	E.N.T. D.H.Q	Medicine D.H.Q	EYE H.F.H	EYE B.B.H.	EYE DHQ	PEADS H.F.H	PEADS B.B.H.	CARDIO	PATH	NEURO SURGE RY

Learning Resources

Subject	Resources
OBS/GYNAE	<ul style="list-style-type: none">• Gynaecology by ten teachers 20th edition• Obstetrics by ten teachers 20th edition
Community Medicine	<ul style="list-style-type: none">• Park's Textbook of Preventive and Social Medicine, 26th edition, Chapter 3, 4, 5• Textbook of Community Medicine by Muhammad Ilyas and Dr Irfanullah Siddiqi• Epidemiology by Leon Girdis

Time Table

Integrated Clinically Oriented Modular Curriculum for Fourth Year MBBS

REPRODUCTION MODULE TIME
TABLE

Fourth Year MBBS

Session 2023 – 2024

DURATION OF MODULE: 7 WEEKS
 CORDINATOR: DR SADIA KHAN
 CO-ORDINATOR: DR ISMAT BATOOL
 REVIEWED BY: MODULE COMMITTEE
 MEMBERS OF MODULE COMMITTEE

PROF.DR.MUHAMMAD UMAR	Chairman	VICE CHANCELLOR RMU
Prof .Dr Lubna Ejaz	Dean of OBS & Gynae	OBS &Gynae department
Assoc Prof Dr.Asma khan	Associate dean of basic sciences	Pharmacology Department
Prof. Dr Sana Bilal	Incharge 4 th year Modular Curriculum	Community Medicine Department
Dr Omaima Asif	Overall Modular Coordinator	Pharmacology Department
Dr Haseeba Talat	Focal Person	Pharmacology Department
Dr Unaiza	Focal Person	Pathology Department
Dr Shehzad Manzoor	Focal Person	Medicine Department
Dr Usman Qureshi	Focal Person	Surgery Department
Dr Gul Meher	Focal Person	Community Medicine Department
Dr Asad Shabbir	Focal Person	Pediatrics Department

APPROVED BY: CURRICULUM COMMITTEE RMU

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK

TENTATIVE TIME TABLE 4TH YEAR MBBS-POPULATION MEDICINE & REPRODUCTION MODULE 2023-2024 (FIRST WEEK)

DATE / DAY	8:00 AM – 9:00 AM	9:00 AM – 10:00 AM		<u>10:30 AM – 2:00 PM</u>
Monday (24-07-23)	ANATOMY	PHYSIOLOGY		CLINICAL CLERKSHIP
	Female bony pelvis, Fetal skull (REVISIT LECTURE) DHQ Dr Shama Dr Ruqaiyah	Physiological changes in pregnancy (REVISIT LECTURE) BBH Dr Nighat Dr humera Masood		
Tuesday (25-07-23)	OBS (LGIS)	COMMUNITY MEDICINE (LGIS)		
	Basic terminology in Obstetrics, Basic antenatal care Gynae Unit I Dr. Humaira Bilqis Dr. Saima Shoaib	Preventive medicine in obs-I Assc Prof) Dr. Khola, (Asst Prof) Dr.Gulmehar		
Wednesday (26-07-23)	COMMUNITY MEDICINE (LGIS)	OBS (LGIS)		
	Preventive medicine in obstetrics –II Dr. Khola Dr.Gulmehar	Management of premalignant & malignant disease of cervix Gynae-II Dr. Khansa Iqbal Dr. Aqsa		

Thursday (27-07-23)	PHARMACOLOGY (LGIS)	OBS (LGIS)		
	Gonadal Hormones -I DrAsma Dr Zunera	Diagnosis of 1 st stage of labour, its management and abnormalities Ctg, patogram Gynae Unit-II Dr Khansa Dr Aqsa		

Friday (28-07-23)	09 TH MOHARRAM			
Saturday (29-07-23)	10 TH MOHARRAM			

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK
TENTATIVE TIME TABLE 4TH YEAR MBBS-POPULATION MEDICINE & REPRODUCTION MODULE 2023 (SECOND WEEK)

DATE / DAY	8:00 AM – 9:00 AM	9:00 AM – 10:00 AM	10:30 AM – 12:00PM
Monday (31-07-23)	Anaesthesia(LGIS)	OBS (LGIS)	CLINICAL CLERKSHIP
	Pain management during labor Dr Ammara Dr Ayesha	2 nd stage of labour, mechanism of normal labour. Gynae Unit I Dr Saima Khan Dr Saima Anwar	
	OBS (LGIS)	y(LGIS)	
Tuesday (01-08-23)	Episiotomy/ instrumental delivery Gynae Unit II Dr. Maliha Sadaf Dr. Aqsa Ikram	Pelvic cellulitis & abscess Dr Hina (BBH) Dr Ali Kamran (DHQ)	
Wednesday (02-08-23)	OBS (LGIS)	PATHOLOGY (CBL)	
	Abdominal Delivery BBH Dr Ismat Batool Dr Humaira Masood	Rh incompatibility anemia and diseases in pregnancy Dr Abid Dr Saeed Dr Nida Dr Mahjabeen	
Thursday (03-08-23)	OBS(LGIS)	COMMUNITY MEDICINE (LGIS)	
	3 rd stage of labor & its complications (retained placenta/ uterine inversion) DHQ Dr Sobia Dr Tabinda	Preventive medicine in obstetrics III(Postnatal care) Dr. Khola, Dr. Gulmehar	

Friday (04-08-23)	08:00am 09:45am		9.45-10.30 am	10:30 -11:15 am	11:15am-12:00pm			
	COMMUNITY MEDICINE (LGIS)	PHARMACOLOGY (Practical)	OBS (LGIS)	OBS (LGIS)	Psychiatry (LGIS)			
	Demonstration on CP devices/methods Evaluation of contraceptive methods Preventive aspects of breast feeding Dr Ayesha PGT1 Dr Bushra PGT 2	PK Calculation I Dr Zoofishan Dr Zaheer	Postpartum Hemorrhage and its management. Gynae Unit I Prof. Lubna Ejaz Dr. Farah	Puerperium & its complications Gynae Unit II Dr. Khansa Iqbal Dr. Saira Ahmed	Puerperal psychosis Dr Zona			
	ODD	EVEN						
Saturday 05-08-23	08:00am 09:45am		09:45am – 10:30am	10:30 -11:15 am	Break 11:15s m- 11:4 5am	11:45am-12:30pm	12:30-1:15 pm	1:15-2:00 pm
	COMMUNITY MEDICINE (LGIS)	PHARMACOLOGY (Practical)	GYNAE(LGIS)	PHARMACOLOGY (LGIS)		SURGERY(L GIS)	ANESTHESIA (LGIS)	OBS SGD
	Demonstration on CP devices/methods Evaluation of contraceptive methods Preventive aspects of breast feeding Dr Ayesha PGT1 Dr Bushra PGT 2	PK Calculation 1 Dr Zoofishan Dr Zaheer	Contraception BBH Dr Hina Dr Asma Khan	Gonadal hormones –2 Dr Asma Dr Zunera		Complications of laparotomy (visceral and vascular injuries) Dr Faryal (HFH) Dr Waqas (SU-I HFH)	Fluid balance & blood transfusion Dr Ammar Dr Ayesha	Mechanism of normal labor and placental delivery DHQ Dr Shama Dr Ruqaiyah
	EVEN	ODD						

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK
TENTATIVE TIME TABLE 4THYEAR MBBS-POPULATION MEDICINE & REPRODUCTION MODULE 2023 (THIRD WEEK)

	8:00 AM – 9:00 AM	9:00 AM – 10:00 AM		10:30 AM – 12:00 PM
Monday 7.08.23	PEADS(LGIS)	OBS (SGD)		CLINICAL CLERKSHIP
	Neonatal resuscitation Dr Mansoor afzal Dr Hafeez	Malpresentations Gynae Unit I Prof Lubna Ejaz Dr Tahira		
Tuesday 8.08.23	PHARMACOLOGY (LGIS)	OBS (LGIS)		
	Gonadal hormones-3 Dr Asma Dr Zunera	Early pregnancy complications (miscarriages & Ectopicpregnancy) DHQ DrSobia Dr Tabinda		
Wednesday 9.08.23	OBS (LGIS)	OBS (LGIS)		
	Multiple pregnancy Gynae Unit II Dr. Maliha Sadaf Dr. Aqsa Ikram	Antepartum hemorrhage BBH Dr Nighat Dr Shumaila		
Thursday 10.08.23	COMMUNITY MEDICINE (LGIS)	OBS (LGIS)		
	Family Planning, Population control approach and practice FP-I+II Dr Afifa Dr Mamoona	Perinatal infections DHQ Dr Sobia Nawaz Dr Tabinda		

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK
TENTATIVE TIME TABLE 4TH YEAR MBBS-POPULATION MEDICINE & REPRODUCTION MODULE 2023
(FOURTH WEEK)

	8:00 AM – 9:00 AM	9:00 AM – 10:00 AM		10:30 AM – 12:00 PM
Monday 14.08.23	INDEPENDENCE DAY			CLINICAL CLERKSHIP
Tuesday 15.08.23	CARDIOLOGY (LGIS)	OBS(LGIS)		
	Cardiac disease in pregnancy Dr Asad (BBH)	Hypertension in pregnancy DHQ Dr Shama Dr Ruqaiyah		
Wednesday 16.08.23	OBS (LGIS)	MEDICINE (LGIS)		
	IUGR/Oligo Gynae Unit I Dr.Saima khan Dr Ammara	Diabetes in Pregnancy Dr Mujeeb		
Thursday 17.08.23	PATHOLOGY (LGIS)	COMMUNITY MEDICINE (LGIS)		
	Benign diseases of ovary Dr Fatima Dr Sarah	Preventive aspects of neonatal care (Preventive Pediatrics-I) Prof Arshad Sabir Dr Khola		

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK
TENTATIVE TIME TABLE 4TH YEAR MBBS-POPULATION MEDICINE & REPRODUCTION MODULE 2032 (FIFTH WEEK)

DATE / DAY	8:00 AM – 9:00 AM	9:00 AM – 10:00 AM		<u>10:30 AM – 12:00 PM</u>	<u>12:00 PM – 02:00 PM</u>
Monday (21-08-23)	OBS (LGIS)	NEPHROLOGY (LGIS)			
	Oligo and Polyhydramnios. DHQ Dr Sobia Nawaz Dr Tabinda	Renal Disease in Pregnancy (Dr Asif AP nephron)			
Tuesday (22-08-23)	OBS (LGIS)	MEDICINE (LGIS)			
	Intra-uterine fetal death Gynae Unit I Dr Humaira Bilqis DR Amara	Asthma in pregnancy DR ZAID UMER			
Wednesday (23-08-23)	MEDICINE (LGIS)	PEDIATRICS(LGIS)			
	Epilepsy in pregnancy Dr Waqas Ahmed	IDM Dr Maria Shamsher Dr Sadaf Iqbal			
Thursday (24-08-23)	COMMUNITY MEDICINE (LGIS)	MEDICINE (LGIS)			
	Preventice pediatrics - II Prof Arshad sabir Dr khola	Thombotic disorders in pregnancy DR ARIF			
	08:00am - 09:45am	09:45am – 10:30am		10:30 -11:15 am	11:15am-12:00pm
	COMMUNITY MEDICINE	PATHOLOGY (PRACTICAL)	Quran class	REPRODUCTION ETHICS(LGIS)	GYN (LGIS)

Friday (25-08-23)	Discussion on demographic measures Dr Muneeba PGT Dr Zaira PGT	Tumors Of Breast Dr Syeda Aisha		Gynae unit 1 Dr Humera Noreen	Management of GTD Gynae Unit II Dr. Maliha Sadaf Dr. Aqsa Ikram			
	ODD	EVEN						
		08:00am - 09:45am	09:45am – 10:30am	10:30 -11:15 am		11:45am-12:30pm	12:30-1:15 pm	1:15-2:00 pm
					Break 11:15s m-11:45 am			
Saturday (26-08-23)	COMMUNITY MEDICINE (SGD)	PATHOLOGY (PRACTICAL)	GYN-(LGIS)	PATHOLOGY (LGIS)		PATHOLOGY (LGIS)	GYNEA (LGIS)	PATHOLOGY (SGD)
	Discussion on demographic measures Dr Muneeba PGT Dr Zaira PGT	Tumors Of Breast Dr Syeda Aisha	Management of benign and Malignant disease of uterus Gynae Unit I Dr Humera Noreen Dr Amara	Benign diseases of breast (Non-Neoplastic lesions) Dr Amna Dr Mehreen		Malignant diseases of ovary Dr Mobina Dr MUDassira	Management of Benign and malignant ovarian tumors DHQ Dr Shama Dr Ruqaiyah	Pathology od early pregnancy complications and non neoplastic placental pathology Dr Fatima Dr Fariha Dr Amna Dr Sarah
	EVEN	ODD						

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOC
TENTATIVE TIME TABLE 4TH YEAR MBBS-POPULATION MEDICINE & REPRODUCTION MODULE 2023 (SIXTH WEEK)

DATE / DAY	8:00 AM – 9:00 AM	9:00 AM – 10:00 AM		<u>10:30 AM – 12:00</u> PM	<u>12:00 PM – 02:00</u> PM		
Monday (28-08-23)	PATHOLOGY (LGIS)	GYN (LGIS)		CLINICAL CLERKSHIP			
	Benign neoplasm of breast Dr Syeda Fatima Dr Fariha	Management of benign & malignant Disease of vulva & vagina Gyane Unit I Dr Humera Noreen Dr Farah					
Tuesday (29-08-23)	COMMUNITY MEDICINE (LGIS)	PATHOLOGY (LGIS)					
	Demography –I Dr Afifa kalsoom (AP) Dr Imran Younas (AP)	Malignant neoplasm of breast Dr Mobina Dr Wafa					

Wednesday (30-08-23)	GYN (LGIS)	COMMUNITY MEDICINE (LGIS)
	Prenatal diagnosis BBH Dr. Ismat Batool, Dr. Humaira	Demography –II Dr Afifa kalsoom (AP) Dr Imran Younas (AP)
Thursday (31-08-23)	PATHOLOGY (LGIS)	COMMUNITY MEDICINE (LGIS)
	Malignant diseases of cervix .Cervical intraepithelial neoplasia Cervical carcinomas Dr Wafa Dr Mudassira	Demography-III Dr Afifa kalsoom (AP) Dr Imran Younas (AP)

		08:00am - 09:45am		09:45am – 10:30am		10:30 -11:15 am		11:15am-12:00pm						
		COMMUNITY MEDICINE (LGIS)		PHARMACOLOGY (PRACTICAL)		Quran class		PATHOLOGY (LGIS)		GYN- LGIS				
Friday (01-09-23)	IUGRC-VIII All faculties	P Drugs and Prescription writing Dr Rubina Dr Uzma				Testicular tumors Dr Rabbiya Dr Mehreen		Physiology of menstrual cycle BBH Dr Hina Gul Dr Humaira Masood						
	ODD	EVEN												
Saturday (02-09-23)	08:00am - 09:45am		09:45am – 10:30am		10:30 -11:15 am		Break 11:15s m-11:45 Am		11:45am-12:30pm		12:30-1:15 pm		1:15-2:00 pm	
	COMMUNITY MEDICINE (LGIS)		PHARMACOLOGY (PRACTICAL)		PHARMACOLOGY (CBL)		GYN- LGIS		COMMUNITY MEDICINE (LGIS)		PATHOLOGY (SGD)		OBS (LGIS)	
IUGRC-VIII All faculties		P Drugs and Prescription writing Dr Rubina Dr Uzma		Hormonal contraceptives DR Arsheen DR Tahira DR Rubina DR Uzma		Management of STDs DHQ Dr Sobia Nawaz Dr Ruqaiyah		School health services Dr Abdul Qudos Dr Asif Butt		STD Dr Mudassira Dr Rabbiya Dr Syeda Fatima Dr Mehreen		Prolonged Pregnancy / IOL BBH Dr Nighat Naheed Dr Humera Masood		
EVEN		ODD												

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK
TENTATIVE TIME TABLE 4TH YEAR MBBS-POPULATION MEDICINE & REPRODUCTION MODULE 2023 (SEVENTH WEEK)

DATE / DAY	8:00 AM – 9:00 AM	9:00 AM – 10:00 AM		10:30 AM – 12:00 PM	12:00 PM – 02:00 PM
Monday (04-09-23)	PATHOLOGY(CBL) Testicular atrophy Dr Syed Iqbal Haider Dr Syeda Aisha Dr Unaiza Dr Faiza	PHARMACOLOGY (LGIS) Oxytocic drugs & Uterine Relaxants DR Asma DR Attiya		CLINICAL CLERKSHIP	
Tuesday (05-09-23)	PATHOLOGY (CBL) Pathology of vulva and vagina Dr Abid Dr Saeed Dr Nida Dr Mahjabeen	OBS (LGIS) Induced/septic abortions Gynae Unit II Dr Talat Dr Aqsa			
Wednesday (06-09-23)	PHARMACOLOGY (CBL) Oxytocic and Uterine relaxant DR Arsheen DR Tahira DR Rubina	COMMUNITY MEDICINE (LGIS) Health economics framework and structure & evaluation Dr Sana (Assoc) Dr Imrana younas			
Thursday (07-09-23)	REPRODUCTION ETHICS (CBL)	COMMUNITY MEDICINE(LGIS) Global Public Health- WHO,NGOs Dr Narjis Dr Asif			
	Butt		09:45am – 10:30am	10:30 -11:15 am	11:15am-12:00pm

Friday (08-09023)	COMMUNITY MEDICINE	PATHOLOGY (PRACTICAL)	Quran class	PATHOLOGY (SGD)	PATH OLOGY(SGD)			
Saturday 09-09-2023	REVISION	Benign and pre malignant disease of Uterus Dr Mahjabeen		GTD, Choriocarcinoma Dr Fariha Dr Fatima Dr Amna Dr Sarah	Dysfunctional uterine bleeding Dr Fatima Dr Tayyaba Dr Rabiyya Dr Mehreen			
	ODD	EVEN						
	08:00am - 09:45am		09:45am – 10:30am	10:30-11:15AM	Break 11:15am-11:45am	11:45am-12:30pm	12:30-1:15 pm	1:15-2:00 pm
	COMMUNITY MEDICINE	PATHOLOGY (PRACTICAL)	PATHOLOGY (SGD)	PHARMACOLOGY (LGIS)		PATHOLOGY (SGD)	MEDICINE (LGIS)	OBS (SGD)
	REVISION	Benign and premalignant disease of Uterus Dr Mahjabeen	Benign and premalignant disease of cervix Dr Tayyaba Dr Fariha Dr Syeda Fatima Dr Sarah	Drugs used in treatment of infertility DR Asma DR Haseeba		BPH, Prostatic cancer, testicular atrophy Dr Mudassira Dr Fatima Dr Tayyabba Dr Rabbiya		Patogram, CTG Gynae unit II Dr Khansa Dr Farah
	EVEN	ODD						
END MODULE ASSESSMENT 11 TH SEPTEMBER 2023								

Teaching Staff / Human Resource of Department of OBS/ GYNAE

Sr. #	Designation Of Teaching Staff / Human Resource	Total number of teaching staff
1.	Professor	01
2.	Associate professors	02
3.	Assistant professors	03
4.	Senior Registrars	02

Teaching Staff / Human Resource of Department of Community Medicine

Sr.no.	Designation	Total number of teaching staff
1	Professor	01
2	Associate professor	03
3	Assistant professor	02
4	Demonstrators	05
5	PGTs	04

Teaching Staff / Human Resource Distribution of Department of Pathology in Block-IV

Sr.no.	Designation	Total number of teaching staff
1	Professor	03
2	Associate professor	01
3	Assistant professor	03
4	Dmonstrators	12

**TABLE OF SPECIFICATION TEACHING
HOURS:134**

Subjects	Teaching hours LGIS/SGD	Weight age	MCQs (01 mark each)	SEQs (05 marks each)
Community Medicine	32.75	24.45 %	15	02
Pathology	28	20.89 %	25	05
Pharmacology	18.25	13.61 %	10	05
Obs / Gynae	35.25	26.35 %	30	02
Pediatrics	05.75	4.29 %	10	01
Medicine	07	5.22 %	05	01
Surgery	1.75	1.30 %	05	01
Total	134	100	100	85

Research

Cultivating the culture of Research has always been envisioned as one of the main pillars of Rawalpindi Medical University, as a means to develop healthcare professionals capable of contributing to the development of their country and the world. For the purpose thereof, right from the inception of Rawalpindi Medical University, efforts were concentrated to establish a comprehensive framework for research in Rawalpindi Medical University, as a matter of prime importance. With team efforts of specialists in the field of research, framework was made during the first year of the RMU, for the development and promotion of Research activities in RMU, called the Research Model of RMU, giving clear scheme and plan for establishment of required components for not only promoting, facilitating and monitoring the research activities but also to promote entrepreneurship through research for future development of RMU itself.



Biomedical Ethics

Ethical choices, both minor and major, confront us everyday in the provision of health care for persons with diverse values living in a pluralistic and multicultural society.

Four commonly accepted principles of health care ethics, excerpted from Beauchamp and Childress (2008), include the:

1. Principle of respect for autonomy,
2. Principle of nonmaleficence,
3. Principle of beneficence, and
4. Principle of justice.

Family Medicine

Family Medicine is the primary care medical specialty concerned with provision of comprehensive health care to the individual and the family regardless of sex, age or type of problem. It is the specialty of breadth that integrates the biological, clinical and behavioural sciences. Family physicians can themselves provide care for the majority of conditions encountered in the ambulatory setting and integrate all necessary health care services.

Artificial intelligence

Artificial intelligence in medicine is the use of machine learning models to search medical data and uncover insights to help improve health outcomes and patient experiences. Artificial intelligence (AI) is quickly becoming an integral part of modern healthcare. AI algorithms and other applications powered by AI are being used to support medical professionals in clinical settings and in ongoing research. Currently, the most common roles for AI in medical settings are clinical decision support and imaging analysis.

