Implementation Report session 2023

Department Of Community Medicine and Public Health

Faculty of Community Medicine & Public Health
Rawalpindi Medical University Rawalpindi
New Teaching Block
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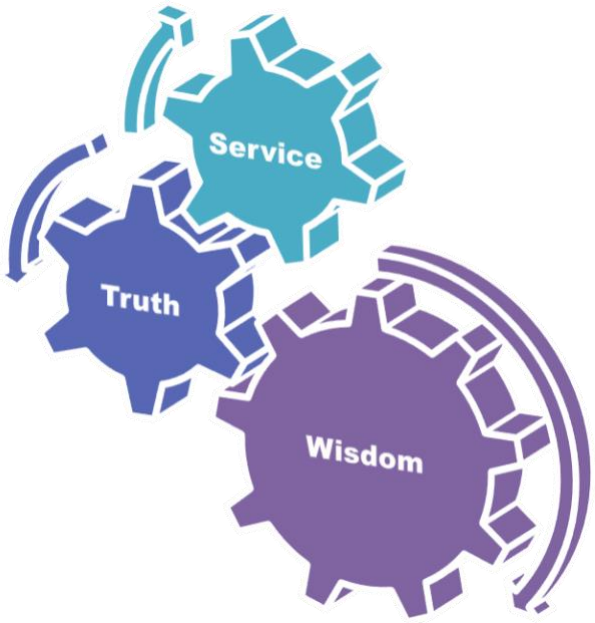
بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِيْمِ

Motto of Rawalpindi Medical University



Mission Statement- RMU

To impart evidence-based research-oriented health professional education to provide best possiblepatient 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 with qualitymedical education in an environment designed to:

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

FOREWORD

This report contains an outline of all important the academic and extra-academic work done bythe faculty & staff of the Department of Community Medicine & Public Health over the year 2022-23.

This report has been produced under the need of the office of Vice Chancellor Rawalpindi Medical University for due consideration by the competent authority and record purpose.

Chairman

Faculty of Community Medicine & Public Health Rawalpindi Medical University Rawalpindi

CONTAINS FOLLOWING ITEM

Faculty of Community Medicine & Public Health -2023
Rawalpindi Medical University, Rawalpindi

#	Name of the faculty	Designation and professional qualification	Status
	Professor. Dr. Syed Arshad Sabir	Dean & Head of community Medicine Deptt, RMU (CPSP approved supervisor for FCPS-II) MBBS,DCH,MCPS,FCPS (CM), CHPE	Full time / Regular
	Dr. Khola Noreen	Associate Professor MBBS, MPhil (CM) MHPE	"
	Dr. Sana Bilal	Associate Professor (CPSP approved supervisor) MBBS,FCPS(CM) CHPE	"
	Dr. Rizwana Shahid	Assistant Professor MBBS,FCPS(CM) MHPE	"
	Dr. Afifa Kulsoom	Assistant Professor MBBS,FCPS(CM)	"
	Dr Imran Younus	Assistant Professor MBBS, PhD (Public Health)	Fulltime /contract
	Dr Gulmehar Bukhari	Assistant Professor MBBS, MSPH	Fulltime /contract
	Dr. Farhan Hassan	Senior Demonstrator MBBS, FCPS-I	Full time / Regular
	Dr. Narjis Zaidi	Senior Demonstrator MBBS, MPH	"
	Dr. Maimoona Saleem	Senior Demonstrator MBBS, MCPS (Gynae-Obs)	"
	Dr. Uzma Hayat	Senior Demonstrator MBBS,MSPH	"
	Dr.Imrana Saeed	Senior Demonstrator MBBS,MPH	"

	Dr. Abdul Qudoos	Senior Demonstrator MBBS,MPH	“
	Dr. Asif Maqsood Butt	Demonstrator MBBS,MSPH	“
	Abdul Wahab	Computer Operator	“
	Ayaz Qureshi	Lab Attendant / Museum Keeper	“
	Javed Massie	Sanitary Worker	“

List of Post Graduate Trainee in the Department of Community Medicine
Rawalpindi Medical University, Rawalpindi

Sr#	Name of Doctors	Designation
1	Dr. Moniba Iqbal	Post Graduate Trainee Registered with Dr. Sana Bilal Assistant Professor
2	Dr. Zaira Azhar	Post Graduate Trainee Registered with Prof.Dr.Syed Arshad Sabir
3	Dr. Saba Maryam	Post Graduate Trainee Registered with Prof.Dr.Syed Arshad Sabir
4	Dr. Bushra Farooq	Post Graduate Trainee Registered with Prof.Dr.Syed Arshad Sabir
5	Dr. Ayesha Zujaja	Post Graduate Trainee Registered with Prof.Dr.Syed Arshad Sabir
6	Dr. Mehreen Noor	Post Graduate Trainee Registered with Prof.Dr.Arshad Sabir
7	Dr. Maria Jabeen	Post graduate Trainee Registered with Prof. Dr. Arshad Sabir

REPORT OF CORE ACADEMICS 4TH YEAR MBBS SESSION 2022-2023 IN THESUBJECT OF COMMUNITY MEDICINE (SUBJECT TEACHING S & ASSESSMENTS) RAWALPINDI MEDICAL UNIVERSITY

Commencement of the Session 6th FEB 2023

Outline of overall Scheduled Teachings 2023

#	MODULEs names	Schedule / duration	Teaching hrs.	Mode of teaching
1	OtorhinolaryngologyModule	6th Feb to 4th April 2023	25	Large group interactive session (LGIS),
2	Ophthalmologymodule	6th April to 15thMay, 2023	22	Small group discussion (SGD)
3	Endocrinology module	16th May 2020 to 26th July, 2023	19	PAL / Philips class room /(IUGRC CSs)
4	Population Medicine & Reproductive Health	23 July to 15th september,2023	21	Self-directed learning (SDL)
5	Renal module	16th sept to 12th October 2023	11	Filed Visits/ on community sites teachings,
6	CNS &psychiatrymodule	13th October to 19 November 2023	10	
7	IUGRC Module2023	10th Feb 2023	24hrs	
8	Community Oriented Clerkship –Module	6th Feb 2023	32hrs (2weeks)	
	Total teaching hrs.		162hrs (4thyear MBBS)	

OUTLINE OF CLERKSHIP - MODULE -2023 (BATCH TEACHINGS)

- Whole class was taught in batches of 20-22 students, posted in the departmentof community medicine on rotation basis over the whole academic year.

Total batches: 16

Period of rotation: 2weeks (4hrs /day)

Total Teaching hrs.: **32hrs each rotation**

Batch teachings comprise, class -room teachings, student's research projects,Field visits, Museum of CM learning Program, and CHC training (Health Message development to Dissemination) / social work program.

- Work report: 2023

All 16 batches have run and last batch rotation was delivered accordingly by 30.11.2023.

All batch's training was scheduled in a way to avail maximum time(days available) and curriculum need was prioritized.

At the end of each batch rotation the assessment of learning was doneas part of CIA as VIVA EXAM / OSPE EXAM based on communitymedicine clerkship done during the rotation.

A separate CHC work report is part of this report.

Report Core Academics Of 4th Year MBBS Session 2022 - 2023 In the Subject of Community Medicine (Subject Teachings & Assessments)

RAWALPI NDI MEDICAL UNIVERSITY

Commencement of the Session 6th February 2023

Breakup Of Schedule, Mode Of Deliverance & Hrs Of The Curriculum

Class-Room Teachings

#	Module	Duration	Teaching Hrs.
1	Otorhinolaryngology Module	6th Feb to 4th April 2023	25
2	Ophthalmology module	6th April to 15th May, 2023	22
3	Endocrinology module	)20 to 26th July,2023	19
4	Population Medicine & Reproductive Health	23 July to 15th september,2023	21
5	Renal module	:o 12th October2023	11
6	CNS &psychiatry module	3th October to 19 November 2023	10
	Total(lectures) hrs. (IV- year curriculum)		106

Batch Teachings Breakup

- Whole class is taught in batches of 20-22 students, posted in the department of community medicine on rotation basis over the whole academic year.
- Total batches: 16
- Period of rotation: 2weeks
- Teaching hrs: **32hrs each rotation**

Batch teachings comprise, class -room teachings, student's research projects, field visits and CHC training program.

Breakup of cumulative Teaching hours under various modes of Teaching(4th yr. MBBS).

S.No	Mode Of Teaching/Faculty	Detail	Cumulative Teaching hrs.
1	LGIS+ SGD Hrs Senior + Junior Faculty	As per schedule of the module	106 over whole academic session
2	IUGRC Hrs. (Teaching) senior & Junior Faculty and PGTs.	Total IUGRC CS: 12 (2hrs per session) 2hr each CS and 2days perscheduled week. 8 parallel CS each day of two days. (16sessions) 16hrs per day total time investmentand 32 hrs. per cycle. 12x32hrs: 344hrs total scheduledtime investments in	24 scheduled hrs. (student's time) 344 hrs. over whole academic session (faculty time)
3	IUGRC Hrs (Supervision) Senior Faculty	I hr supervisory teachings of senior nominated faculties during each day(2 days) of scheduled CS of IUGRC over the academic year. 07 senior faulty	140 over whole academic session
4	DRB of IUGRC by senior faculty	4hrsx 7 faculty members	28
5	Community oriented Clerkship Module of community medicine conducted by a nominated junior faculty	4rs/day x8days of 16 batches clerkship over the academic year. 16 batches (comprising 22 students) are rotated over the academic year Each batch is run by a nominated / schedule faculty	512 over whole academic session
			Total teachings: 1126 hrs.

Assessment Report

Assessment activity	Schedule followed	Mode of Assessment	Result (pass %age)
Continuous Internal Assessments (CIA)			
ENT Block	7th,8th & 10th ,11th April, 2023	MCQs & SEQs VIVA, OSPE	90%
Eye Block	19TH, 20th 22nd,23rd May ,2023	MCQs & SEQs VIVA, OSPE	90%
Endocrinology module	12th,13th,14th October	MCQs & SEQs VIVA	96%
Population medicine & Reproduction block	11th, 12th, 13th & 14th September, 2023	MCQs & SEQs OSPE, VIVA	97%
Renal module	10th,11th,12th October 2023	MCQs & SEQs VIVA	97%
CNS & Psychiatry block	20th,21st,22nd,23rd,24th November ,2023	MCQs & SEQs, VIVA, OSPE	97%
IUGRC assessment	rd 23 , 24 th September, 2023	VIVA	95%
Sendup exam	1st, 6th, 11th, 16th,26th, 27th December, 2023	MCQs & SEQs, OSPE	
Summative (University) assessment			
Professional (theory exam) **Professional (Practical exam)**	27th ,31st, January,3rd ,7th Feb 2024 (12 Days)	MCQs & SEQs OSPE & VIVA	

FACULTY SCHEDULED TEACHING-HOURS YEAR 2023.

(4th year MBBS)

Sr no	Faculty	1st & 2nd yr. LGIS	3rd yr. LGIS	4th year LGIS & SGDs						IUGRC supervisory & direct teachings hrs.	DRB session hrs. of IUGRC	Clerkship teaching hrs.	Individual Total teaching hrs.
				M-1	M-2	M-3	M-4	M-5	M-6				
1	Prof syed Arshad Sabir	1	3	09	02	02	02	03	02	20	4	16 (1hr CHC each batch)	62
2	Dr Khola Noreen Assoc Prof	-	-	03	04	02	06	01	01	20	4	-	41
3	Dr Sana Bilal Assoc Prof	02	-	08	02	01	02	01	03	20	4	-	43
4	Dr Afifa Kulsoom Asst Prof	-	03	02	03	01	08	02	01	20	4	-	44
5	Dr Rizwana Asst Prof	08	08	-	-	-	-	-	-	20	4	-	40
6	Dr Imran Younis Asst Prof	-	03	-	03	01	01	03	02	20	4	-	37
7	Dr Gulmehar Asst Prof	-	04	05	02	01	04	03	01	20	4	-	42
9	Dr Narjis Zaidi (S Demo)	-	01	04	02	01	02	04	01	20	-	32	67
10	Dr Imrana Saeed (S Demo)	-	06	03	03	01	04	04	01	20	-	32	74
11	Dr Uzma Hayat (S Demo)	12	-	-	-	-	-	-	-	-	-	-	12
12	Dr Maimoona Saleem (S Demo)	-	06	02	02	-	04	02	01	40		64	121
	Dr Asif Maqsood (Demo)			01	01	02	02	02	02	40		64	114
13	Dr Abdul Qudoos (S Demo)	02	06	-	03	02	01	-	01	40		64	119
14	Dr Moniba Iqbal PGT	-	-	01	01	-	-	-	-	40		64	106
15	Dr Zaira PGT	-	-	01	-	01	-	-	-	40		64	106
16	Dr Bushra PGT	-			01			01		40		32	74
17	Dr Saba PGT	-			01			01		20		32	74
18	Dr Ayesha PGT	-								20		32	52
Total hrs		50+ (25IUGRC)	74+ (37IUGRC)	39+	29+	15+	36+	25+	16= **(284)**				
		Grand faculty time in overall direct teachings :											

FOURTH YEAR MBBS DEPARTMENTAL ASSESSMENT 2023
BREAKUP OF SCHEDULED TEACHING HOURS
(STUDENTS TIME)

(LGIS, SGD, *SDL) year-2023

Total hrs.	Block -I	Block -II	Block -III	Block-IV	IUGRC	clerkship
175**	27	22	43	27	24	32

**Teaching time 4thyear MBBs. *1st yr. -3rd yr. teaching hrs. = 45 (*1 SDL: 1hr)

Total number of Assessments for 4TH Year MBBS 2023

Module /Block	Number of Assessments	Types & Number of Formative Assessment	Total Assessments
Otorhinolaryngology Block	4 (mid module, end module, viva, OSPE)	3(SDL)	**7**
Ophthalmology Block	4 (mid module, end module, viva, OSPE)	5(SDL)	**9**
Endocrinology Module	3 (mid module, end module, viva)	3(SDL)	7
Population & reproduction Block	4 (mid module, end module, viva, OSPE)	5(SDL)	9
Renal Module	3 (mid module, end module, viva)	3(SDL)	6
CNS & psychiatry Block	4 (mid module, end module, viva, OSPE)	3(SDL)	7
Clerkship	OSPE (16 batches)	End of clerkship OSPE	1
IUGRC	Viva (16 batches)		1
Send Up Examination	4 block papers+ OSPE + Viva	……	5
Short Attendance viva exam			1
4TH Professional*	4 block papers+ OSPE +viva	(Summative assessments)	……..
Grand Total	**35**	**22**	**58**

Total Time of Assessments for 4TH Year MBBS (students Time)

Module /Block	Summative Assessment Time	Formative Assessment Time	Total Assessments Time
Otorhinolaryngology Block	2 Hours & 30 minutes	50 minutes	**3 Hours &30 Minutes**
Ophthalmology Block	2 Hours & 30 Minutes	50 minutes	**3 Hours & 30 Minutes**
Endocrinology Module	1 Hour 30 minutes	30 minutes	**2 Hours**
Population & reproduction Block	3 Hours &45 Minutes	45 minutes	**4Hours & 45 Minutes**
Renal Module	1 Hour 30 minutes	40 minutes	**2 Hours &10 Minutes**
CNS & psychiatry Block	4 Hours	30 minutes	**4Hours &30 Minutes**
Clerkship OSPE	1 Hr	-	**1 hr.**
IUGRC viva	4 hrs		**4hrs**
Send Up Examination	3 Hours & 45 Minutes	……	3 Hours & 45 Minutes
4TH Professional	**3 Hours & 45 Minutes**	**……**	**3 Hours & 45 Minutes**
Grand Total	**19 Hours &15 Minutes**	**6 Hour**	**32 Hours &23 Minutes**

ALL MODULES & BLOCKS EXAMS SUMMARYRESULT

4TH YEAR MBBS-2023

Eye Module /block

Before Resit Exam
Total Students = 342
Absent Students = 41
Students Appeared = 301
Fail = 29
Pass = 272
Overall Result= 90%

After Resit Exam
Total Students = 342
Absent Students = 06
Students appeared = 336
Fail = 34
Pass = 302
Overall Result = 90%

ENT Module /block

Before Resit
Total Students = 342
Absent Students = 09
Students Appeared = 333
Fail Students = 36
Pass Students = 297
Overall Percentage = 89 %

After Resit Exam
Total Students = 342
Absent Students = 04
Students Appeared = 338
Fail Students = 28
Pass Students = 310
Overall Percentage= 92%

Endo Module

Before Resit
Total Students = 342
Overall absent = 20 (* Detainee students Included)
Students appeared = 322
Pass students = 304
Fail Students = 18
Overall Percentage = 94%

After Resit
Total Students = 342
Overall absent = 07
(* Detainee students Included)
Students appeared = 335
Pass students = 323
Fail Students = 12
Overall Percentage = 96%

Renal Module

Result Renal Module Before Resit 4th Year 2023
Total Students = 339
Absent Students = 04
Students appeared = 335
Pass Students = 319
Fail Students = 16
Overall Percentage = 95%

Result Renal Module After Resit 4th Year 2023
Total Students = 339
Absent Students = 03
Students appeared = 336
Pass Students = 326
Fail Students = 10
Overall Percentage = 97%

Population Medicine & Reproduction block

Result Reproduction Module Before Resit
Total Students = 338 Overall Absent = 04 Students appeared = 334 Pass Students = 323 Fail Students = 11 Overall Percentage = 97%

Result Reproduction Module After Resit
Total Students = 338 Overall Absent = 02 Students appeared = 336 Pass Students = 328 Fail Students = 08 Overall Percentage = 98%

CNS & Psychiatry block

Result CNS Module
Total Students = 339 Overall Absent = 04 Students appeared = 335 Pass Students = 325 Fail Students = 10 Overall Percentage = 97%

Department Of Community Medicine
Rawalpindi Medical University Rawalpindi
Model block Paper of 4th year MBBS | MCQ Model Paper For Block II (Ophthalmology) 4th year MBBS

Total marks: 35 Date: Time Allowed: 35 minutes

Roll no.---------- Encircle the single best response

Q#	Section A: Core Knowledge Of Community Medicine (51.42%)	Level Of Cognition
1.	The medical superintendent of a hospital decided to ensure computerized entry of all patients admitted at Infectious disease ward along with expenditures in different heads on daily basis so as to have a appropriate Schedule Programme Policy Monitoring* Evaluation	C2
2.	MCH program in two villages were set to reduce existing high maternal mortality rate and infant mortality rate for a period of 06 years where the fourth year of program to be modified after first three years. This step of program to enhance the program efficiency is known as Goal achievements Target lag Surveillance Evaluation* Monitoring	C2
3.	Many developing countries find it difficult to implement comprehensive primary health care, so selective primary health care is suggested. One of the components of this selective primary health care approach is: Provision of essential drugs Promotion of breast feeding* Tuberculosis control program through DOTS Prevention and control of locally endemic diseases Care of the elderly	C2
4.	A woman traveled a long way from a remote village & came to family planning centre. She had enough money but was very tired on account of traveling. When she went inside, she found a male doctor dealing with the clients. She decided to go back. The most likely reason for this decision is lack of: Acceptability* Affordability Accessibility Efficacy Effectiveness	C3
5.	Medical superintendent appointed in a tertiary care setting wants to determine deaths after 24 hours of hospital admission toevaluate the quality of hospital services. most recommended indicator for this purpose will be: Gross death rate Random death rate Proportional death rate Net death rate** Crude death rate	C3
6.	The Northern areas of Pakistan are the recognized belts of endemic goiter, on account of Iodine deficiency. The Government of Pakistan decided to promote sale of Iodized salts in this area. This reflects: Monitoring Decision making Equity* Affordability Efficiency	C2
7.	To improve the health of the nations, "The Millennium Development Goals" were mainly focused on: Women education* Involvement of men in RH Fertility regulation Health management information system Health system research	C1
8.	Recommended heat temperature and time periods for the moist heat sterilization method used in an autoclave is: 180^0 C for 5 minutes 122^0 C for 15 minutes* 126^0 C for 3 minutes 160^0 C for 45 minutes 122^0 C for 45 minutes	C1
9.	A woman reported in emergency with antepartum bleeding. She was to be transfused with blood. Her blood was sent for blood grouping and Hepatitis B virus (HBV) screening. She was HBV positive. The type of screening applied in this scenario is: Multiphase Targeted Research Mass Opportunistic*	C2
10.	Color coding is only the first step towards safe treatment and disposal of biomedical waste. The color code of plastic bag for disposing of microbial laboratory culture waste in a tertiary care hospital of Pakistan is: Black Red* Blue	C2

	White Yellow	
11.	In a village,the population between the ages of 30 – 50 years was screened for their fasting blood sugar levels, to detect diabetes Mellitus before the appearance of signs and symptoms. The benefit gained through screening test will be: Incubation period Lead time* Serial interval Latent period Generation time	C3
12.	To impart health education aboutchildcare to the large number of mothers visiting MCH center, it is decided to resort to method of group discussions. Recommend the most appropriate strength of each group for the said purpose: 3-5 4-6 6-12* 10-15 20-30	C3
13.	Successful development and implementation of novel approaches are the main focus of WHO to decrease the most common cause of death rate among geriatric population in Pakistan. This includes: Cancers Locomotor disorders CNS disorders Cardiovascular disorders* Autoimmune disorders	C2
14.	During COVID-19 pandemic, various mass media campaigns were run regarding regular hand washing, mask wearing, social distancing and vaccination. This reflects following health approach: Regulatory Service Health education* Primary health care Secondary health care	C3
15.	The recommended validated process used to render product free of all forms of viablemicroorganisms including bacterial spores is: Concurrent Disinfection Prophylactic Disinfection Terminal Disinfection Sterilization* Sanitization	C2
16.	Leprosy control services in Pakistan are a rather multifaceted program whose main goal is to achieve ultimate prevention against leprosy. Recommend the most ideal method to achieve the goal: a. treating leprous patients b. rehabilitating leprous patients c. preventing associated deformities d. health education of community e. breaking chain of transmission*	C3
17.	To enhance the hospital scale efficiency the medical superintendent targets to lessen the bed occupancy rate. Recommend the most probable indicator that helps in achieving the target: Increased Average length of stay Increased Admission rate Increased Turn over period * Decreased Turn over period Increased Throughput	C3
18.	Worms' infestation was found basic cause of malnutrition in children in a far-flung village of District Rawalpindi. It was decided to educate the people of the village in matters of personal hygiene. Recommend the most effective communication strategy in this case: a. Announcements of penalties b. Educating by demonstrations* c. Educating by written pamphlets d. Educating Panel discussions e. Educating through electronic media	C3
Reference: K Park- Textbook of Preventive and Social Medicine, 27th edition Page no. 2-135 Public Health and Community Medicine by Shah Ilyas Ansari. 8th edition basic epidemiology, page 39		
Section B : Integrations (48.57%)		
I: Horizontal Integration (11.42%)		
19.	**Horizontal Integration with otorhinolaryngology (5.7%)** After an epidemic of measles in a village near Rawalpindi, some children reported with history of weight loss and blindness, from corneal scarring. The most likely cause of this complication is deficiency of Vitamin K Vitamin D Vitamin A* Vitamin C Vitamin B12	C3
20.	**Horizontal Integration with otorhinolaryngology** A 4-year-old child was brought to OPD with complaint of inability to see at night for the last few days. The presence of only one sign at that stage made him diagnose vitamin A deficiency. The sign was: Retinal detachment Conjunctival xerosis* Bitot spot Corneal xerosis Keratomalacia	C2
21.	**Horizontal Integration with pathology (2.8%)** Markers most commonly used to provide prognostic information & guide therapy decision in AIDS is:	C2

	Absolute lymphocyte count Total leucocyte count Absolute CD4 lymphocyte count* Ratio of T helper to T suppressor cells Haematocrit count	
22.	**Horizontal Integration with pharmacology (2.8%)** A 5-year-old boy living in urban slum presented to ophthalmology OPD with complaints of redness, irritation, and ocular discharge. On examination follicles on the upper tarsal conjunctiva and conjunctival scarring was observed. Drug of choice in this scenario will be: Rifampicin Tetracycline* Sulfacetamide Erythromycin Clomiphene	C3
References: Basic & Clinical Pharmacology, 15th ed. G. Katzung, chapter: clinical use of antimicrobial agents, pg.912 Robbins & Cotran Pathologic Basis of Disease 9th ed. Pg 740		
II- Vertical Integration (22.85%)		
23.	A neonate presented in pediatric emergency on 8th day of birth with high grade fever, locked jaw & stiffness of whole body. Mother gave history of home delivery in a village and application of cow dung on the umbilical stump. She gave no history any vaccination during pregnancy. The most probable diagnosis is: Encephalitis Meningitis Tetanus neonatorum* Epilepsy Cerebral malaria	C3
24.	A 34-year-old woman presented in gynecological emergency with painful vulvar ulceration. On examination the ulcer had irregular margins with undermined edges. The ipsilateral inguinal lymph nodes were swollen and tender. The most likely diagnosis is: Syphilis Herpes Chancroid* Lymphogranuloma venereum Acquired immunodeficiency syndrome	C3
25.	A 38-year-old sex worker presented in OPD with history of sudden weight loss with low grade fever and persistent diarrhea for one month. On examination, there was also generalized pruritic dermatitis and oral thrush. The most likely diagnosis is: Acquired Immunodeficiency syndrome** Shingles Syphilis Botulism Ulcerative colitis	C3
26.	A 30years old man presented to OPD with complaints of skin sores, lumps on face and ears with muscle weakness for several months. On examination, sores were flat, shiny, symmetrically distributed than the skin around them. Laboratory diagnosis confirmed that lesions were bacteriologically positive. The most probable diagnosis is: Intermediate leprosy Tuberculoid leprosy Borderline leprosy Lepromatous leprosy* Neuritic leprosy	C3
27.	A 60 years old known diabetic is admitted in urology ward for ten days. He is catheterized for last one week. Now he is complaining of burning micturition and fever. The most probable reason which often predisposes a hospitalized patient to urinary tract infection is: Urinary catheterization* Antibiotic therapy Colonization of periurethral area with pathogens Immunosuppressive therapy Diabetes	C3
28.	A woman in the seventh month of pregnancy reports in the antenatal clinic for the first time. She has no previous history of pregnancy related immunization. The recommended immunization for her is: a. Tetanus toxoid* b. Hepatitis B vaccine c. Rubella vaccine d. Pneumococcal vaccine e. Tetanus immunoglobulin	C3
29.	The time required to label any infection to be 'hospital-acquired infection' is up to; a. 24 hours after hospital admission b. 48 hours after hospital admission* c. 24 hours after discharge d. 24 hours after an operation e. 48 hours after an operation	C1
References: K Park- Textbook of Preventive and Social Medicine, 27th edition Page no. 53-131, 143-176 Davidson Principles Of Practice Medicine 22nd ed. Pg no. 593, 236		

III. Spiral Integration (14.30%)		
Spiral Integration with Bioethics (5.71%)		
30.	A researcher wants to conduct cross sectional study& is designing the questionnaire.Two most important ethical issues to adhere to when conducting a survey are: confidentiality and informed consent* maleficence & beneficence maleficence & informed consent maleficence & confidentiality beneficence & informed consent	C2
31.	While taking informed written consent, the right of individual to voluntarily participate and withdraw at any stage corresponds to which law of medical ethics; Autonomy* d. Justice Beneficence e. Self-governance Non-maleficence	C2
Spiral Integration with research (5.71%)		
32.	If a cutoff point is increased in the interpretation of a screening test, consequently sensitivity & specificity will be: Sensitivity increases & specificity decreases Sensitivity decreases & specificity increases* Sensitivity decreases & specificity decreases Sensitivity increases & specificity increases No change at all	C2
33.	The level of consistency of the research tool and degree to which the same results are obtained when the instrument is used repeatedly with same individual, or group is referred as: validity reliability* variance stabilization repeatability	C2
Spiral Integration with family Medicine (1.5%)		
34.	A high prevalence of CA cervix was found in tribal areas of Pakistan. It was planned to launch a freeof cost screening facility of pap smear with the collaboration of family physicians of the tribal areas. Family physicians were apprehended that the program will show a lot of resistance as it lacked: Accessibility Affordability Acceptability* Effectiveness Equity	C2
Spiral Integration with artificial intelligence (1.5%)		
35.	Most promising artificial intelligence technology used for the identifying lung lesionsof pneumonia as a clinical manifestation of HIV In AIDS, is: Ultrasound images HR CT scans* X-rays PCR Electronic medical record	C2

Department Of Community Medicine Rawalpindi Medical University Rawalpindi
SEQ Paper For Block II (Ophthalmology) Professional examination , 4th year MBBS

Total marks: 20 Date: time allowed: 40 minutes

Attempt all questions

Q#	Section A: Core Knowledge of Community Medicine (50%)	Level Of Cognition	Marks
1.	A screening test was applied on 1000 chain smokers to identify neoplastic opacities by chest X-Ray if any, considering high incidence of CA lung in this population. The test remained positive in 100 persons. But among all test positive only 40 were confirmed for CA lungs after all went under lungs biopsy. Researchers also followed the test negative and reported occurrence of CA lungs 10% in period of five years. a. Construct 2 x 2 table by the data. b. Calculate validity of screening test. c. Interpret the results. **Reference:** K Park- Textbook of Preventive and Social Medicine, 23th edition page no.138, 139	 C3 C3 C3	 02 02 01
2.	A freshly appointed executive health officer wants to make any required adjustments to increase the efficiency of a district head quarter and need hospital management indicators. The hospital has an average bed occupancy of 350 and beds available for patients are 500. Calculate bed occupancy rate. Interpret the result. Identify the variables responsible for efficient hospital utilization. **Reference:** K Park- Textbook of Preventive and Social Medicine, 27th edition page 73, 74 Public Health and Community Medicine by Shah Ilyas Ansari. 8th edition chapter: hospital administration	 C3 C3 C2	 02 01 02
Section B: Integrations (50%)			
Vertical & horizontal integration (25%)			
3.	**<u>Vertical integration (12.5%)</u>** A 30-year-oldIV drug abuser, presented in medical OPD with complaint of intermittent fever,rapid weight loss for last two months. On examination generalized lymphadenopathy & itchy rash with blisters was found. What is the most probable diagnosis? Briefly describe the 04 basic approaches to control & manage the disease. **Reference:** Part a: K Park- Textbook of Preventive and Social Medicine, 27th editionpg no. 343 Part b: Davidson Principles Of Practice Medicine 22nd ed. Pg no.324 **<u>Horizontal integration with pathology: (6.25%)</u>** To ensure accuracy of diagnosis, name the SCREENING&CONFIRMATORY test to detect disease antibodies in question. **Reference:** Part c: K Park- Textbook of Preventive and Social Medicine, 27th edition 181 iew of medical microbiology & immunology 14th ed. **<u>Horizontal integration with pharmacology: (6.25%)</u>** Classify the drugs used as antiretroviral therapy in this case. **Reference:** Part d**:** K Park- Textbook of Preventive and Social Medicine, 27th edition pg351 c & Clinical Pharmacology, 15th ed. G. Katzung. Chapter chemotherapeutic drugs	 01 1.5 01 1.5	 C3 C3 C2 C2
II-spiral integration (25%)			
4.	**<u>Spiral Integration with Family Medicine (7.5%)</u>** A diagnosed case of sexually transmitted disease went to his family physician as a follow up. How will the doctor counsel the patient regarding disease & its spread. (domain: family medicine, relevance with SEQ#3) **<u>Spiral Integration with bioethics (05%)</u>** Sexually transmitted disease is considered a social stigma in our society. Identify the relevant rules of bioethics that should be kept in mind while treating a case of sexually transmitted infections. (domain: bioethics, relevance with SEQ#3) **<u>Spiral Integration with research (05%):</u>** A researcher wants to study socio-demographic healthcare profile and the main risk factors associated with sexually transmitted infections. Suggest 04 qualitative & 04 quantitative variables for designed questionnaire. (domain: research, relevance with SEQ#3) **<u>Spiral Integration with artificial intelligence (05%):</u>** Name the most sensitive & reliable method of identifying the genetic information (DNA) unique to acquired immunodeficiency syndrome (AIDS). (domain for part d: artificial intelligence, relevance with SEQ#3)	 1.5 01 02 0.5	 C3 C2 C3 C3

RAWALPINDI MEDICAL UNIVERSITY DEPARTMENT OF COMMUNITY MEDICINE
TOS Send-up Block II 4thYear MBBS

Table :(TOS) of SEQ Paper in Context with Level of Cognition & Integration

Sr. #	Level of Integration	Cognitive Domain	Question number & Marks (20)	Percentage
	Vertical Integration	C3	**Q.3 a, b (2.5)**	12.5%
	Horizontal integration	C2	**Q.3 c, d(2.5)**	12.5%
	ore Concepts of Community medicine	C3	**Q.1a, b, c (05), Q.2 a, b , c (05)**	50%
		C2	**Q2.c (2)**	
	Family medicine	C3	**Q.4a (1.5)**	7.5%
	research	C3	**Q.4c (02)**	05%
	Ethics	C2	**Q.4 b (01)**	05%
	Artificial intelligence	C3	**Q. 4 d (0.5)**	05%

Table of Specification (TOS) of MCQ Paper in Context with Level of Cognition & Integration

Sr. #	Domains of Assessment	Level of Integration	Cognitive Domain	Question Number	Percentage
1.	pathology	Horizontal	C2	Q21	2.8%%
2.	pharmacology		C2	Q22	2.8%%
3.	Ophthalmology		C3, C2	Q19, 20	5.71%
4.	Core Concepts	Core Concepts of community medicine only	C1	Q7, 8	51.42%
			C2	Q1, 2, 3, 6, Q9, Q10, Q13, Q15	
			C3	Q4, 5, 11, 12, 14, 16, 17, 18	
5.	Clinical Concepts of medicine & allied	Vertical	C1	Q29	22.85%
			C3	Q23, 24, 25, 26, Q27, Q28	
6.	Research	Longitudinal running modules	C2	Q32, Q33	5.71%
7.	Ethics		C2	Q30, Q31	5.71%
8.	Family medicine		C2	Q34	1.5%
9.	Artificial intelligence			Q35	1.5%

Table-: Percentage Distribution of level of integration for MCQ Paper

1.	Horizontal Integration	11.42%
2.	Core Concepts	51.42%
3.	Vertical integration	22.85%
4.	Research	5.71%
5.	Ethics	5.71%
6.	Family medicine	1.5%
7.	Artificial intelligence	1.5%

SCHEME OF INTERNAL ASSESSMENT FOLLOWED4TH PROF COMMUNITY MEDICINE-RMU

IA Theory (Max: Marks:45) CIA (Part of summative assessment)

Detail of Blocks/ Module C-Med 4th year MBBS	Teaching hrs.	IA marks allocation (Max)	Detail of breakup of total allocated marks	Remarks
Block-I Special Senses-I (ENT)				
Block-1 ENT	25	**09** **= 09**	Based on the credits of end block exam and LMS*: Breakup of share of various components MCQs: 03 marks SEQs: 03 marks Mid module LMS assessment: 02marks 4. Student having attendance ≤80 (as marker of aptitude towards learning. (01mark) = 09 marks	Following assessments will share in practical componentof IA Viva exam. 2. OPSE (End of block OSPE)
Block-II Special Senses-II (EYE)				
Block – 2 EYE	22	**09** **= 09**	Based on the credits of end block exam and LMS*: Breakup of share of various components MCQs: 03 marks SEQs: 03 marks Mid module LMS assessment: 02marks 4. Student having attendance ≤80 (as marker of aptitude towards learning. (01mark) = 09 marks	Following assessments will share in practical component ofIA Viva exam. 2. OPSE (End of block OSPE)
Block-III (Population Medicine & Reproduction)				
Module/Block: III Endocrinology	09	**4.5**	Based on the credits of end of module exam and mid module LMS assessment*: Breakup of share of various components MCQs: 50% (1.5 marks) SEQs: 50% (1.5 marks) 3. Mid module LMS assessment. (01mark). 4. Student having attendance ≤80 (as as marker of aptitude towards learning. (0.5mark)	• Viva assessment will share in practical component of IA
Block: III Population Medicine & reproduction	21 28hrs	**9** **= 13.5**	Based on the credits of end block exam and mid module LMS* assessment: Breakup of share of various components MCQs: 03 marks SEQs: 03 marks 3. Mid module LMS assessment: 02marks 4. Student having attendance ≤80 (as marker of aptitude towards learning. (01mark) = 09 marks	Following assessments will share in practical component ofIA Viva exam. 2. OPSE (End of block OSPE)
Block-IV (CNS & Psychiatry)				
Module/Block - V Renal	11	**4.5**	Based on the credits of end of module exam and mid module LMS assessment*: Breakup of share of various components MCQs: 5% (1.5 marks) SEQs: 50% (1.5 marks) Mid module LMS assessment. (01mark).	Viva assessment will share in practical component ofIA.
			udent having attendance ≤80 (as marker ofaptitude towards learning. (0.5mark)	

Block-IV CNS & Psychiatry (VI)	20 31hrs	**09** **= 13.5**	Based on the credits of end block exam and mid module LMS* assessment: Breakup of share of various components MCQs: 03 marks SEQs: 03 marks 3. Mid module LMS assessment: 02marks 4. Student having attendance ≤80 (as marker of aptitude towards learning. (01mark) =09 marks	Following assessments will share in practical component ofIA Viva exam. 2. OPSE (End of block OSPE)
		= 45 marks		
Total Teachings hrs. 106		**Total IA: 45 marks** (30% of the Prof Theory assessment marks.)		

Breakup Of Internal Assessment Followed Practical /Community Oriented Clerkship (COC) Rotation

(30% OF PRACTICAL/VIVA EXAM FOR TOTAL (150): 45 MARKS)

#	**Component Part of assessment**	**Max marks**in the component	**Detail of schedule** of 02 weeks COC or Rotation of 20-22 students in community medicine.	**Brief of End of COC OSPE** (End of com-oriented clerkship exam)
1	End of COC - OSPE (End of com-oriented clerkship - objectively structured practical examination)	12 marks	**Contents for OSPE** (based on COC schedules as under): Field Visits (institution) Field Visit (external) Museum learning session 4. CHC (Health Communications) learning module & Health days commemoration. 5. Computer software-based Data analytical Skills learning. (Hands on workshop)	End of rotation/clerkship OSPE 8-10 OSPE stations. Marks & time allocation isaccording to performance assessment needs. Maxi OSPE stations are performance based assessments(Psychomotor skills)
2	**CHC-Health** communications learning module.	03 marks	Level of involvement in CHC-Health communications learning session. - Health message development- a hands on training **(workshop)**. - Health message dissemination & counselling skills in Public Health. **(workshop)**	As decided by BI under criteria. 1. Fully involved in construction of CHC message: 3 Marks. 2. Interactively involved in learning & Present in CHC sessions: 2 marks. Present in CHC sessions:1 mark
3	**Health awareness work** / health message dissemination or **social work**	02 marks	- 5 persons were to communicate per available CHA (Communication for health awareness) days: Work is supervised by Batch In charge. Work is logged in logbook in real time.	Maxi marks: 02 - 100% possible work done: 02 marks. - Work done but less than 100%: 1marks As per record of logbook
4	**Households Survey** (HHS) report writing	05 marks	- Based on undertaking HHS under given schedule. HHS reports submitted for assessment. -Quality of work	Max marks:05 - As assessed & graded by the BI. - Min 3 marks when work reported / submitted. - 02 marks reserved for quality of work.

5	**Aptitude credit:** Batch attendance / a marker of aptitude	01 marks	- 100% (8 days or all possible days attended: : 01 marks Less than 100%: No mark	- According to attendance record
6	**IUGRC -IV** End of the session assessments. -	10 Marks	- According to marks obtained at the end of IUGRC session Assessment /Viva Exam. Participation & performance SGRP (students group research projects)	- Assessment of HRM learning based on relevant SGRPs. (Viva) (maxi 05 marks) - assessed by Senior faculties. - Assessment of level of Participation in Relevant SGRPs assessed by BI. (Maxi5 marks)
	Total =	33		

End of Modules & End of Blocks over the whole academic year in communitymedicine 4thyear MBBS

#	**Component Part of assessment**	**Max marks** in the component (12)	**Detail of schedule**	**Brief on assessment mode**
1	OSPE (video assisted & other OSPE assessments)	06	Credit of OSPEs taken at each Blocks	1. 2. 04 Block examination. 02 marks per credit of each EOB OSPE. 3. 2 mark as per credit of each EOB OSPE exam. (in %). 4. Lum sum credit will taken after adding all credits (in decimals).
2	End of Modules Viva Examinations	06	Credit of Viva Exams taken at the End of each Blocks or Module	1. 06 End of block or Modules Exams in total. 1 2. mark as per credit of each viva exam. (in %). 3. Lum sum credit will taken after adding all credits (in decimals)
		Total 45		

Model block Paper of 4th year MBBS 2023

Actual Internal assessment 4th Year MBBS Session 2023

		Practical					Theory			
Name	**Roll.no**	B1	B2	B3	B4		B1	B2	B3	B4
		15	15	7.5	7.5		15	15	7.5	7.5
Kaneez Fatima	1	12.50	12.50	6.25	6.25		10.90	10.90	5.45	5.45
Aamina Masud	2	12.67	12.67	6.33	6.33		11.05	11.05	5.53	5.53
Aatica Sharif	3	12.54	12.54	6.27	6.27		10.61	10.61	5.30	5.30
Afifa	4	12.94	12.94	6.47	6.47		10.13	10.13	5.07	5.07
Afifa Azmat	5	12.20	12.20	6.10	6.10		10.21	10.21	5.11	5.11
Afifa Naveed	6	11.94	11.94	5.97	5.97		9.54	9.54	4.77	4.77
Afras Nayab Gull	7	12.84	12.84	6.42	6.42		11.87	11.87	5.93	5.93
Aiman Adil	8	12.81	12.81	6.40	6.40		11.00	11.00	5.50	5.50
Aiza Amjad	10	13.24	13.24	6.62	6.62		12.75	12.75	6.38	6.38

Ajwa Arsalan	11	10.00	10.00	5.00	5.00		8.38	8.38	4.19	4.19
Aleena Sameen	12	12.70	12.70	6.35	6.35		11.99	11.99	5.99	5.99
Aleesha Irfan	13	10.53	10.53	5.27	5.27		9.23	9.23	4.61	4.61
Alisha Asghar	14	12.71	12.71	6.36	6.36		11.11	11.11	5.56	5.56
Alisha Moghees	15	13.11	13.11	6.56	6.56		12.42	12.42	6.21	6.21
Alishba Naz	16	11.47	11.47	5.73	5.73		10.43	10.43	5.21	5.21
Aliza Jabbar	17	11.96	11.96	5.98	5.98		10.25	10.25	5.13	5.13
Amina Qasmi	18	13.28	13.28	6.64	6.64		11.63	11.63	5.81	5.81
Amna Shabbir	20	10.47	10.47	5.23	5.23		10.20	10.20	5.10	5.10
Amna Shakil	21	10.88	10.88	5.44	5.44		10.57	10.57	5.28	5.28
Amna Waseem	22	13.02	13.02	6.51	6.51		11.09	11.09	5.54	5.54
Anam Javed	23	13.03	13.03	6.51	6.51		10.61	10.61	5.30	5.30
Anam Khan Malik	24	10.43	10.43	5.21	5.21		9.12	9.12	4.56	4.56
Aneeqa Sarwar	25	12.85	12.85	6.43	6.43		10.84	10.84	5.42	5.42
Aqsa Hafeez	27	12.21	12.21	6.11	6.11		11.10	11.10	5.55	5.55
Areej Zareen Qureshi	28	13.22	13.22	6.61	6.61		11.69	11.69	5.84	5.84
Areesha Abid	29	12.11	12.11	6.05	6.05		10.07	10.07	5.03	5.03
Ariba Akhtar	30	6.31	6.31	3.15	3.15		8.64	8.64	4.32	4.32
Arisha Sultan	31	13.43	13.43	6.72	6.72		10.85	10.85	5.42	5.42
Arooba Fatima	32	12.34	12.34	6.17	6.17		11.71	11.71	5.86	5.86
Arooj Fatima	33	13.44	13.44	6.72	6.72		12.20	12.20	6.10	6.10
Zoha Amjad	34	12.97	12.97	6.49	6.49		12.48	12.48	6.24	6.24
Ashna Maheen	35	12.63	12.63	6.31	6.31		11.42	11.42	5.71	5.71
Qandeel Khurshid	36	13.24	13.24	6.62	6.62		11.91	11.91	5.96	5.96
Auj Ul Huda Ali	37	12.34	12.34	6.17	6.17		11.29	11.29	5.65	5.65
Yusra Waseem	38	12.78	12.78	6.39	6.39		11.40	11.40	5.70	5.70
Ayesha Afzal	39	13.08	13.08	6.54	6.54		10.21	10.21	5.11	5.11
Ayesha Farrukh	40	13.80	13.80	6.90	6.90		10.75	10.75	5.38	5.38
Ayesha Muhammad	41	12.63	12.63	6.32	6.32		10.52	10.52	5.26	5.26
Ayesha Nawaz	42	10.81	10.81	5.40	5.40		9.27	9.27	4.64	4.64
Ayesha Tauqeer Malik	43	13.59	13.59	6.79	6.79		12.39	12.39	6.19	6.19
Barira Afzal	44	12.95	12.95	6.48	6.48		12.18	12.18	6.09	6.09
Barira Irij Malik	45	14.07	14.07	7.04	7.04		10.68	10.68	5.34	5.34
Bashair Binth Tahir	46	13.05	13.05	6.53	6.53		12.52	12.52	6.26	6.26
Bushra Ali	47	13.43	13.43	6.72	6.72		12.83	12.83	6.42	6.42
Easha Qadeer	49	14.65	14.65	7.33	7.33		9.68	9.68	4.84	4.84
Esha Khan	52	11.34	11.34	5.67	5.67		10.47	10.47	5.23	5.23
Fareeha Naseer	53	13.35	13.35	6.67	6.67		11.45	11.45	5.72	5.72
Farkhanda Altaf	54	10.58	10.58	5.29	5.29		9.68	9.68	4.84	4.84
Fatima Faisal	55	13.09	13.09	6.55	6.55		10.79	10.79	5.39	5.39
Fatima Hassan	56	13.04	13.04	6.52	6.52		10.85	10.85	5.42	5.42
Fatima Mufaz	57	13.41	13.41	6.71	6.71		9.93	9.93	4.97	4.97
Fatima Rasheed	58	13.10	13.10	6.55	6.55		11.29	11.29	5.64	5.64
Fatima Tariq	59	14.67	14.67	7.33	7.33		11.86	11.86	5.93	5.93
Fatima Zia	60	13.74	13.74	6.87	6.87		10.97	10.97	5.48	5.48
Fiza Ali	61	13.58	13.58	6.79	6.79		11.30	11.30	5.65	5.65
Fizza Amjad	62	13.72	13.72	6.86	6.86		10.35	10.35	5.17	5.17

Fizza Tahir	63	11.81	11.81	5.90	5.90		12.20	12.20	6.10	6.10
Gull-E-Nayab	64	12.08	12.08	6.04	6.04		11.14	11.14	5.57	5.57
Gull-E-Mariam	65	12.88	12.88	6.44	6.44		10.10	10.10	5.05	5.05
Hadia Kamal	67	10.06	10.06	5.03	5.03		9.83	9.83	4.91	4.91
Hamna Ali	68	13.68	13.68	6.84	6.84		11.25	11.25	5.63	5.63
Hamna Farooq	69	13.62	13.62	6.81	6.81		11.70	11.70	5.85	5.85
Hareem Mahmood	70	13.27	13.27	6.63	6.63		12.13	12.13	6.06	6.06
Herman Mamoon	71	12.16	12.16	6.08	6.08		10.01	10.01	5.01	5.01
Hijab Zafar Satti	72	12.73	12.73	6.37	6.37		9.67	9.67	4.84	4.84
Iqra Munir	73	15.51	15.51	7.75	7.75		10.53	10.53	5.27	5.27
Irfa Batool	74	11.79	11.79	5.90	5.90		9.95	9.95	4.97	4.97
Isha Ashraf	75	12.91	12.91	6.45	6.45		11.42	11.42	5.71	5.71
Izza Qayyum	76	13.09	13.09	6.55	6.55		11.11	11.11	5.56	5.56
Javeria Fatima	77	13.08	13.08	6.54	6.54		11.49	11.49	5.74	5.74
Javeria Tariq	78	13.50	13.50	6.75	6.75		12.56	12.56	6.28	6.28
Kainat Luqman Shahzad	79	13.04	13.04	6.52	6.52		10.91	10.91	5.46	5.46
Kanwal Basharat	80	13.28	13.28	6.64	6.64		12.00	12.00	6.00	6.00
Kashaf Ad Duja Awais	81	13.67	13.67	6.84	6.84		9.66	9.66	4.83	4.83
Komal Javed	82	12.94	12.94	6.47	6.47		11.99	11.99	5.99	5.99
Laeebah Chaudhary	83	13.62	13.62	6.81	6.81		10.83	10.83	5.41	5.41
Laiba Ejaz	84	13.68	13.68	6.84	6.84		11.37	11.37	5.68	5.68
Laiba Ihsan	85	12.72	12.72	6.36	6.36		11.08	11.08	5.54	5.54
Laiba Naseer	86	11.83	11.83	5.92	5.92		10.48	10.48	5.24	5.24
Laweeza Fatima	87	11.97	11.97	5.98	5.98		8.94	8.94	4.47	4.47
Maarij Binte Asghar	88	12.37	12.37	6.19	6.19		9.32	9.32	4.66	4.66
Maheen Tanweer	89	13.00	13.00	6.50	6.50		9.35	9.35	4.68	4.68
Mahnoor Junaid Malik	91	13.47	13.47	6.73	6.73		10.17	10.17	5.09	5.09
Mahnoor Qazi	92	13.99	13.99	7.00	7.00		11.25	11.25	5.62	5.62
Mahnoor Razzaque Butt	93	12.78	12.78	6.39	6.39		11.33	11.33	5.67	5.67
Mahnoor Zaka	94	11.75	11.75	5.88	5.88		10.86	10.86	5.43	5.43
Mamoona Naz	95	13.18	13.18	6.59	6.59		11.37	11.37	5.69	5.69
Manahil Tipu	96	13.09	13.09	6.54	6.54		11.15	11.15	5.57	5.57
Maria Fatima	97	14.07	14.07	7.03	7.03		12.49	12.49	6.24	6.24
Maria Waqar	98	13.73	13.73	6.86	6.86		12.26	12.26	6.13	6.13
Marwah Bintay Khalid	100	12.47	12.47	6.24	6.24		11.12	11.12	5.56	5.56
Maryam Asad	101	13.23	13.23	6.61	6.61		10.44	10.44	5.22	5.22
Maryam Habib	102	12.70	12.70	6.35	6.35		11.12	11.12	5.56	5.56
Maryam Khalid	103	13.17	13.17	6.58	6.58		12.21	12.21	6.11	6.11
Maryam Mehtab	104	12.40	12.40	6.20	6.20		11.17	11.17	5.58	5.58
Maryam Zafar	106	12.92	12.92	6.46	6.46		10.73	10.73	5.36	5.36
Masooda Samina Hayat	107	12.16	12.16	6.08	6.08		11.83	11.83	5.92	5.92
Memoona Afzal	108	13.68	13.68	6.84	6.84		12.17	12.17	6.08	6.08
Memoona Amin	109	12.63	12.63	6.32	6.32		9.63	9.63	4.82	4.82
Memoona Khalid	110	11.84	11.84	5.92	5.92		10.10	10.10	5.05	5.05
Momina Sagheer	111	12.76	12.76	6.38	6.38		10.48	10.48	5.24	5.24
Mubeshra Zeb	112	11.40	11.40	5.70	5.70		9.90	9.90	4.95	4.95
Mulaika Khan	113	13.52	13.52	6.76	6.76		12.26	12.26	6.13	6.13

Muntaha Jamil	114	8.49	8.49	4.25	4.25		8.43	8.43	4.21	4.21
Muqaddas Fatima	115	12.03	12.03	6.02	6.02		11.09	11.09	5.54	5.54
Nadia Amjad	116	11.48	11.48	5.74	5.74		11.11	11.11	5.56	5.56
Nahin Asif	117	13.91	13.91	6.96	6.96		12.19	12.19	6.10	6.10
Nawab Zahra	119	12.99	12.99	6.50	6.50		11.73	11.73	5.87	5.87
Neha Nayyar	120	14.27	14.27	7.13	7.13		11.30	11.30	5.65	5.65
Abdul Wahid	121	12.24	12.24	6.12	6.12		9.60	9.60	4.80	4.80
Abdul Wasay	122	12.68	12.68	6.34	6.34		10.69	10.69	5.34	5.34
Abdullah	124	12.86	12.86	6.43	6.43		9.58	9.58	4.79	4.79
Abdullah Bin Kamran	125	15.08	15.08	7.54	7.54		11.21	11.21	5.60	5.60
Abdullah Masood	126	10.91	10.91	5.45	5.45		8.06	8.06	4.03	4.03
Abdullah Raza	127	9.53	9.53	4.77	4.77		7.71	7.71	3.85	3.85
Ahmed Aslam	129	11.03	11.03	5.52	5.52		9.58	9.58	4.79	4.79
Ali Haider	130	12.89	12.89	6.44	6.44		9.48	9.48	4.74	4.74
Ali Tanveer	131	9.85	9.85	4.93	4.93		8.79	8.79	4.40	4.40
Ammad Sattar	132	11.74	11.74	5.87	5.87		9.63	9.63	4.81	4.81
Anas Rao	133	9.10	9.10	4.55	4.55		6.19	6.19	3.09	3.09
Asad Bilal	134	12.25	12.25	6.12	6.12		10.70	10.70	5.35	5.35
Asad Muneer	135	11.13	11.13	5.57	5.57		9.04	9.04	4.52	4.52
Ayan Tahir	136	9.92	9.92	4.96	4.96		10.23	10.23	5.12	5.12
Ayehan Shoukat	137	11.70	11.70	5.85	5.85		10.58	10.58	5.29	5.29
Ayyan Kareem	138	12.22	12.22	6.11	6.11		9.04	9.04	4.52	4.52
Basil Munawar	139	11.58	11.58	5.79	5.79		7.83	7.83	3.91	3.91
Ch Faizan Rasheed	140	7.54	7.54	3.77	3.77		9.76	9.76	4.88	4.88
Dalil Hassan	141	9.38	9.38	4.69	4.69		7.37	7.37	3.69	3.69
Ehtisham Sajid	142	12.74	12.74	6.37	6.37		9.70	9.70	4.85	4.85
Faizan Shahzad	143	13.49	13.49	6.74	6.74		9.33	9.33	4.67	4.67
Faran Afzal	144	7.69	7.69	3.85	3.85		10.00	10.00	5.00	5.00
Farhan Asif	145	13.23	13.23	6.62	6.62		10.77	10.77	5.38	5.38
Haider Ali	146	10.54	10.54	5.27	5.27		6.74	6.74	3.37	3.37
Haider Amaan Nasir	147	12.47	12.47	6.23	6.23		10.83	10.83	5.41	5.41
Hamza Ali	149	12.79	12.79	6.39	6.39		10.83	10.83	5.41	5.41
Hamza Iftikhar	150	13.49	13.49	6.75	6.75		10.43	10.43	5.21	5.21
Hassan Rashid	151	12.39	12.39	6.19	6.19		11.60	11.60	5.80	5.80
Hayaat Akram	152	12.46	12.46	6.23	6.23		11.63	11.63	5.81	5.81
Humza Saeed	153	13.18	13.18	6.59	6.59		11.00	11.00	5.50	5.50
Jawad Zafar Mayo	155	11.65	11.65	5.83	5.83		9.36	9.36	4.68	4.68
Joshua Jamil	156	13.29	13.29	6.65	6.65		9.32	9.32	4.66	4.66
Mahd Ikram	158	10.94	10.94	5.47	5.47		9.72	9.72	4.86	4.86
Mashhad Raza	159	14.01	14.01	7.01	7.01		10.55	10.55	5.27	5.27
Moiz Khalid	160	10.21	10.21	5.10	5.10		9.68	9.68	4.84	4.84
Nehma Aloon	161	13.71	13.71	6.86	6.86		10.26	10.26	5.13	5.13
Nimra Arshad	163	13.66	13.66	6.83	6.83		11.81	11.81	5.91	5.91
Nimrah Ishtiaq	164	13.09	13.09	6.54	6.54		11.62	11.62	5.81	5.81
Nimrah Latif	165	12.23	12.23	6.12	6.12		9.82	9.82	4.91	4.91
Noor E Jannat	166	13.08	13.08	6.54	6.54		11.21	11.21	5.61	5.61
Noor Ul Ain	167	12.74	12.74	6.37	6.37		10.04	10.04	5.02	5.02

Noor Ul Ain Fatima	168	12.93	12.93	6.46	6.46		11.78	11.78	5.89	5.89
Noor Ul Eman Haider	169	11.21	11.21	5.60	5.60		9.95	9.95	4.97	4.97
Qurat Ul Ain Ishtiaq	170	12.22	12.22	6.11	6.11		10.12	10.12	5.06	5.06
Rabbia Nazir	171	11.73	11.73	5.86	5.86		9.42	9.42	4.71	4.71
Rabiya Shahzadi	172	12.42	12.42	6.21	6.21		11.06	11.06	5.53	5.53
Rafia Malik	173	12.58	12.58	6.29	6.29		9.05	9.05	4.53	4.53
Rahema Mukhtar	174	13.04	13.04	6.52	6.52		11.01	11.01	5.51	5.51
Rameesa Wajid	175	13.13	13.13	6.57	6.57		10.86	10.86	5.43	5.43
Rikzah Zareen	176	13.45	13.45	6.73	6.73		11.01	11.01	5.51	5.51
Rimsha Ayyub	177	11.72	11.72	5.86	5.86		9.62	9.62	4.81	4.81
Rubab Ali	178	12.75	12.75	6.38	6.38		11.06	11.06	5.53	5.53
Sadaf Ahmed	179	13.30	13.30	6.65	6.65		10.84	10.84	5.42	5.42
Sadaf Safdar	180	12.74	12.74	6.37	6.37		12.32	12.32	6.16	6.16
Sadia Nayab	181	12.49	12.49	6.25	6.25		11.45	11.45	5.72	5.72
Sahar Manzoor	182	8.44	8.44	4.22	4.22		9.85	9.85	4.93	4.93
Sajal Shoaib	183	11.87	11.87	5.93	5.93		11.50	11.50	5.75	5.75
Saleha Faheem	184	12.31	12.31	6.16	6.16		10.90	10.90	5.45	5.45
Saliha Hussain	185	13.08	13.08	6.54	6.54		10.12	10.12	5.06	5.06
Saman Iqbal Kahut	186	13.12	13.12	6.56	6.56		11.44	11.44	5.72	5.72
Sameen Ijaz	187	12.97	12.97	6.48	6.48		11.85	11.85	5.93	5.93
Sanabil Gul	188	12.26	12.26	6.13	6.13		12.33	12.33	6.16	6.16
Sara Rashid	190	12.44	12.44	6.22	6.22		10.98	10.98	5.49	5.49
Sarah Intisar	191	12.19	12.19	6.10	6.10		10.06	10.06	5.03	5.03
Sauliha Jabeen	192	12.80	12.80	6.40	6.40		11.88	11.88	5.94	5.94
Savaira Abbas	193	11.98	11.98	5.99	5.99		10.30	10.30	5.15	5.15
Sawaira Arshad Malik	194	12.74	12.74	6.37	6.37		11.61	11.61	5.80	5.80
Sawera Shafiq	195	11.71	11.71	5.86	5.86		10.76	10.76	5.38	5.38
Shahreen Asif	196	11.83	11.83	5.91	5.91		10.83	10.83	5.42	5.42
Shaista Aftab	197	12.89	12.89	6.45	6.45		11.52	11.52	5.76	5.76
Shanzay Yasin	198	11.98	11.98	5.99	5.99		9.98	9.98	4.99	4.99
		0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
Shayan Siddiqui	200	12.45	12.45	6.23	6.23		11.75	11.75	5.88	5.88
Shiza Asad	201	12.22	12.22	6.11	6.11		11.67	11.67	5.83	5.83
Sofia Shahzad	202	12.18	12.18	6.09	6.09		11.46	11.46	5.73	5.73
Sukaina Darain	203	13.83	13.83	6.91	6.91		11.28	11.28	5.64	5.64
Sumayya Malik	204	11.86	11.86	5.93	5.93		11.72	11.72	5.86	5.86
Sundus Iqbal	205	11.28	11.28	5.64	5.64		9.73	9.73	4.86	4.86
Syeda Fizza Ali	206	12.79	12.79	6.39	6.39		11.48	11.48	5.74	5.74
Syeda Rabia Nawaz	207	11.71	11.71	5.86	5.86		9.78	9.78	4.89	4.89
Syeda Shafaq Bukhari	208	13.70	13.70	6.85	6.85		10.78	10.78	5.39	5.39
Tania Saeed	209	13.54	13.54	6.77	6.77		11.52	11.52	5.76	5.76
Tanzeela Shamroz	210	12.82	12.82	6.41	6.41		10.94	10.94	5.47	5.47
Tarawish Hassan Farooqi	211	12.70	12.70	6.35	6.35		11.18	11.18	5.59	5.59
Tayyaba Khalil	212	12.55	12.55	6.28	6.28		10.98	10.98	5.49	5.49
Tayyaba Saleem	213	12.91	12.91	6.46	6.46		11.77	11.77	5.89	5.89
Tayyaba Tabassum	214	12.24	12.24	6.12	6.12		12.50	12.50	6.25	6.25
Tayyaba Tahira	215	13.30	13.30	6.65	6.65		11.03	11.03	5.51	5.51

Umaima Shahid	216	12.60	12.60	6.30	6.30		11.18	11.18	5.59	5.59
Ume Rubab	217	12.54	12.54	6.27	6.27		11.37	11.37	5.69	5.69
Urooj Fatima	218	12.89	12.89	6.45	6.45		11.14	11.14	5.57	5.57
Urooj Naz	219	12.78	12.78	6.39	6.39		12.11	12.11	6.05	6.05
Uswa Iftikhar	220	12.44	12.44	6.22	6.22		11.31	11.31	5.65	5.65
Uzma Batool	221	12.58	12.58	6.29	6.29		11.06	11.06	5.53	5.53
Wajeeha Fahim	222	12.83	12.83	6.41	6.41		12.07	12.07	6.03	6.03
Wajeeha Nisar	223	10.40	10.40	5.20	5.20		10.02	10.02	5.01	5.01
Zainab Asad	224	12.83	12.83	6.41	6.41		10.02	10.02	5.01	5.01
Zainab Batool	225	13.09	13.09	6.54	6.54		10.95	10.95	5.48	5.48
Zainab Kamal	226	13.43	13.43	6.71	6.71		11.63	11.63	5.82	5.82
Zartashia Zegham	228	12.21	12.21	6.11	6.11		12.07	12.07	6.03	6.03
Zoha Ahmad	229	13.76	13.76	6.88	6.88		10.34	10.34	5.17	5.17
Zoya Ehtsham	230	11.74	11.74	5.87	5.87		11.53	11.53	5.77	5.77
ANEELA SHAHEEN	231	12.64	12.64	6.32	6.32		11.45	11.45	5.73	5.73
Muhammad Aamir Ayyaz	232	12.41	12.41	6.20	6.20		7.22	7.22	3.61	3.61
Muhammad Abdullah	233	11.38	11.38	5.69	5.69		8.95	8.95	4.48	4.48
Muhammad Abdullah Abdul Rehman Khan	234	12.91	12.91	6.45	6.45		10.92	10.92	5.46	5.46
Muhammad Abdullah Bin Khalid	235	10.86	10.86	5.43	5.43		8.38	8.38	4.19	4.19
Muhammad Abdullah Ikram	236	13.89	13.89	6.95	6.95		11.34	11.34	5.67	5.67
Muhammad Abdullah Kashif	237	12.81	12.81	6.41	6.41		11.43	11.43	5.72	5.72
Muhammad Abdullah Khan Sherwani	238	12.72	12.72	6.36	6.36		9.91	9.91	4.96	4.96
Muhammad Ahmad Mustafa	239	12.67	12.67	6.33	6.33		9.75	9.75	4.87	4.87
Muhammad Ahmed Haroon Janjua	240	12.27	12.27	6.14	6.14		10.27	10.27	5.14	5.14
Muhammad Ali Noor	241	13.53	13.53	6.77	6.77		10.79	10.79	5.39	5.39
Muhammad AMMAR QASIM	242	12.60	12.60	6.30	6.30		9.66	9.66	4.83	4.83
Muhammad Asad Saeed	243	12.62	12.62	6.31	6.31		10.24	10.24	5.12	5.12
Muhammad Asadullah	244	12.11	12.11	6.05	6.05		9.20	9.20	4.60	4.60
Muhammad Awais QAISER	245	10.77	10.77	5.38	5.38		8.96	8.96	4.48	4.48
Muhammad Awais Raza	246	10.17	10.17	5.08	5.08		7.44	7.44	3.72	3.72
Muhammad Baqir Raza	247	14.23	14.23	7.12	7.12		10.02	10.02	5.01	5.01
Muhammad Bilal	248	11.58	11.58	5.79	5.79		9.38	9.38	4.69	4.69
Muhammad Bilal Asif	249	14.06	14.06	7.03	7.03		9.71	9.71	4.86	4.86
Muhammad Bin Salman	250	12.31	12.31	6.15	6.15		9.76	9.76	4.88	4.88
Mohammad Faseeh Bin Awais	251	10.33	10.33	5.16	5.16		9.82	9.82	4.91	4.91
Muhammad Fawaz Hameed	252	10.61	10.61	5.30	5.30		10.26	10.26	5.13	5.13
Muhammad Hammad Mustafvi	253	10.42	10.42	5.21	5.21		9.96	9.96	4.98	4.98
Muhammad Hamza Ali	254	12.93	12.93	6.46	6.46		10.39	10.39	5.20	5.20
		0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
Muhammad Hasnain Ahmed	256	10.95	10.95	5.47	5.47		7.59	7.59	3.79	3.79
Muhammad Huzaifa Azam	258	12.91	12.91	6.45	6.45		9.94	9.94	4.97	4.97
Muhammad Huzaifa Nazar	259	10.98	10.98	5.49	5.49		8.18	8.18	4.09	4.09
Muhammad Khubaib Arshad	260	12.63	12.63	6.31	6.31		10.93	10.93	5.47	5.47
Muhammad Musaddique Khan	261	11.48	11.48	5.74	5.74		11.32	11.32	5.66	5.66
Muhammad Own Ali	262	11.60	11.60	5.80	5.80		10.57	10.57	5.28	5.28
Muhammad Rehan Nawaz	264	10.33	10.33	5.16	5.16		9.06	9.06	4.53	4.53
Muhammad Shahroz Khan Niazi	266	11.06	11.06	5.53	5.53		8.11	8.11	4.06	4.06

Muhammad Sharjeel Ashraf	267	12.94	12.94	6.47	6.47		9.89	9.89	4.94	4.94
Muhammad Talha	268	11.56	11.56	5.78	5.78		10.93	10.93	5.46	5.46
Muhammad Usama	269	13.44	13.44	6.72	6.72		10.08	10.08	5.04	5.04
Muhammad Uzair Shahid	270	13.11	13.11	6.55	6.55		11.22	11.22	5.61	5.61
		0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
Mussab Umair	272	11.37	11.37	5.68	5.68		11.13	11.13	5.57	5.57
Rana M Afaq	273	8.23	8.23	4.11	4.11		6.94	6.94	3.47	3.47
Rana Muhammad Uzair	274	12.07	12.07	6.04	6.04		8.99	8.99	4.49	4.49
Saad Zubair	275	12.64	12.64	6.32	6.32		11.86	11.86	5.93	5.93
Salman Jameel	276	10.46	10.46	5.23	5.23		10.97	10.97	5.49	5.49
Saqib Hameed	277	12.53	12.53	6.27	6.27		9.79	9.79	4.89	4.89
Saqlain Shahzad	278	10.82	10.82	5.41	5.41		10.53	10.53	5.27	5.27
Shayyan Iqbal	279	11.56	11.56	5.78	5.78		9.43	9.43	4.72	4.72
Syed Areeb Ahmed	280	8.13	8.13	4.07	4.07		7.77	7.77	3.88	3.88
Taha Bin Iftikhar	281	9.66	9.66	4.83	4.83		8.58	8.58	4.29	4.29
Tayyab Rasool	282	13.17	13.17	6.58	6.58		10.42	10.42	5.21	5.21
Usama Ahmed	284	9.98	9.98	4.99	4.99		10.36	10.36	5.18	5.18
Usama Ali	285	9.79	9.79	4.90	4.90		8.69	8.69	4.34	4.34
Yahya Saeed	286	12.56	12.56	6.28	6.28		10.08	10.08	5.04	5.04
Zabeehullah	287	13.18	13.18	6.59	6.59		10.61	10.61	5.31	5.31
Zain Tariq	288	12.85	12.85	6.43	6.43		10.88	10.88	5.44	5.44
Zeeshan Ahmad	289	13.04	13.04	6.52	6.52		11.25	11.25	5.62	5.62
Zeshan Ahmad	290	10.83	10.83	5.41	5.41		10.35	10.35	5.18	5.18
Zohaib Hassan	291	11.73	11.73	5.86	5.86		9.29	9.29	4.64	4.64
Waqas Kareem	292	7.71	7.71	3.86	3.86		7.67	7.67	3.83	3.83
Hyqa Sheikh	293	12.07	12.07	6.04	6.04		10.45	10.45	5.23	5.23
Aliza Hussain	294	13.42	13.42	6.71	6.71		11.40	11.40	5.70	5.70
Minahil Amin	295	13.14	13.14	6.57	6.57		11.41	11.41	5.71	5.71
Aroob Kamal	296	9.53	9.53	4.76	4.76		9.89	9.89	4.95	4.95
Muhammad Huzaifa Bin Amin	297	11.75	11.75	5.88	5.88		9.03	9.03	4.51	4.51
Syeda Zainab Ali Naqvi	298	13.81	13.81	6.91	6.91		11.02	11.02	5.51	5.51
Fizza Asghar	299	11.58	11.58	5.79	5.79		10.00	10.00	5.00	5.00
Momina Kashif	300	8.61	8.61	4.31	4.31		10.22	10.22	5.11	5.11
Seemal Aruj	301	11.46	11.46	5.73	5.73		9.75	9.75	4.88	4.88
Hassan Ahmed	302	11.67	11.67	5.83	5.83		8.93	8.93	4.47	4.47
Usman Ahmed	303	12.24	12.24	6.12	6.12		10.90	10.90	5.45	5.45
		0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
Usama Butt	305	11.64	11.64	5.82	5.82		8.09	8.09	4.05	4.05
Muhammad Hassan	306	11.46	11.46	5.73	5.73		9.07	9.07	4.53	4.53
Hafsa Khalid	307	10.51	10.51	5.25	5.25		9.45	9.45	4.72	4.72
Zohaib Hassan	308	12.85	12.85	6.42	6.42		8.85	8.85	4.42	4.42
HUSSNAIN Ahmed	309	10.03	10.03	5.01	5.01		10.12	10.12	5.06	5.06
Abdul Ghafoor	310	8.67	8.67	4.33	4.33		7.49	7.49	3.75	3.75
Mahnoor	311	12.33	12.33	6.16	6.16		9.23	9.23	4.62	4.62
Syed Tabeer Hussain Naqvi	312	11.84	11.84	5.92	5.92		11.08	11.08	5.54	5.54
Shafy Ur Rehman	313	10.33	10.33	5.17	5.17		11.63	11.63	5.82	5.82
Salman Naseem	314	10.03	10.03	5.01	5.01		8.56	8.56	4.28	4.28

Maheen Ali Malik	315	11.67	11.67	5.83	5.83		10.00	10.00	5.00	5.00
Syeda Sarah Naqvi	316	12.47	12.47	6.23	6.23		10.08	10.08	5.04	5.04
Omer Farooq	317	11.38	11.38	5.69	5.69		11.39	11.39	5.69	5.69
Muhammad Aamir Saleem	318	10.65	10.65	5.33	5.33		10.45	10.45	5.23	5.23
Waleeja Maryam	319	12.81	12.81	6.41	6.41		11.08	11.08	5.54	5.54
Marium Amir	320	12.27	12.27	6.13	6.13		11.49	11.49	5.74	5.74
Haider Mansha	321	11.85	11.85	5.92	5.92		8.90	8.90	4.45	4.45
Shehzadi Shehar Bano	322	12.72	12.72	6.36	6.36		10.63	10.63	5.32	5.32
Minal Amjad	323	13.21	13.21	6.61	6.61		10.76	10.76	5.38	5.38
Abdullah Shafique	324	10.61	10.61	5.31	5.31		11.30	11.30	5.65	5.65
Farah Ali	325	12.51	12.51	6.26	6.26		10.62	10.62	5.31	5.31
Saba Sajid	326	13.27	13.27	6.63	6.63		10.77	10.77	5.39	5.39
Ammar Haider Sara	327	11.83	11.83	5.92	5.92		7.56	7.56	3.78	3.78
Munir Hussain	328	11.06	11.06	5.53	5.53		8.64	8.64	4.32	4.32
Tassawar Hussain	329	7.71	7.71	3.86	3.86		9.71	9.71	4.86	4.86
Syeda Amal Zahra	330	13.62	13.62	6.81	6.81		9.17	9.17	4.58	4.58
Komal Farid	331	13.90	13.90	6.95	6.95		10.09	10.09	5.04	5.04
Hassnain Abbas	332	7.42	7.42	3.71	3.71		9.23	9.23	4.62	4.62
Atiqa Batool	333	12.88	12.88	6.44	6.44		9.78	9.78	4.89	4.89
Hamza Ahmed	334	9.48	9.48	4.74	4.74		9.98	9.98	4.99	4.99
Rania Muqaddus	335	12.77	12.77	6.38	6.38		9.58	9.58	4.79	4.79
Arooj Altaf	336	12.13	12.13	6.06	6.06		9.91	9.91	4.95	4.95
Zoha Ali	337	11.78	11.78	5.89	5.89		10.37	10.37	5.18	5.18
Tallal Mushtaq Hashmi	338	12.60	12.60	6.30	6.30		8.90	8.90	4.45	4.45
Ahsan Akram	339	7.56	7.56	3.78	3.78		8.82	8.82	4.41	4.41
Mushood Ahmed	341	12.81	12.81	6.41	6.41		10.08	10.08	5.04	5.04
Abedalrahman M A Abushmmala	342	11.19	11.19	5.60	5.60		10.97	10.97	5.49	5.49
Anha Farooq	344	12.06	12.06	6.03	6.03		9.92	9.92	4.96	4.96
Saman Riyaz Wani	345	11.50	11.50	5.75	5.75		10.06	10.06	5.03	5.03
Shabnum Altaf	346	12.50	12.50	6.25	6.25		10.50	10.50	5.25	5.25
Ahlam Saleem Koul	348	11.96	11.96	5.98	5.98		9.97	9.97	4.99	4.99
Esha Tariq	349	11.99	11.99	6.00	6.00		8.54	8.54	4.27	4.27
Safeer Ahmad Najar	350	10.64	10.64	5.32	5.32		9.70	9.70	4.85	4.85
Shamaila Kousar	351	11.49	11.49	5.75	5.75		10.79	10.79	5.39	5.39
AHMAD MURAD	352	12.65	12.65	6.33	6.33		11.49	11.49	5.75	5.75
REEM HANI ABDULWAHID QATANANY	353	11.37	11.37	5.68	5.68		9.81	9.81	4.91	4.91
NOUR M N RADI	354	11.78	11.78	5.89	5.89		9.44	9.44	4.72	4.72
Abd Ur Rehman	355	3.25	3.25	1.63	1.63		9.09	9.09	4.54	4.54
SANA ULLAH	356	12.78	12.78	6.39	6.39		10.48	10.48	5.24	5.24
ASFEER SOHAIL KHAN	357	9.80	9.80	4.90	4.90		9.63	9.63	4.81	4.81
ABDULLAH HASSAN	360	12.31	12.31	6.15	6.15		7.04	7.04	3.52	3.52
ASIM JAMIL	361	2.00	2.00	1.00	1.00		0.33	0.33	0.17	0.17
Layla Riyad Mousa Sadeh	365	9.79	9.79	4.90	4.90		7.87	7.87	3.94	3.94
SAAD MOHMED KHALED MOHAMED QAMARUDDIN	366	12.87	12.87	6.44	6.44		9.90	9.90	4.95	4.95
Sabir Nawaz	367	11.24	11.24	5.62	5.62		9.42	9.42	4.71	4.71
Obaid Ur Rahman	368	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
Asmat Ullah	369	1.44	1.44	0.72	0.72		5.96	5.96	2.98	2.98

Mubarak Farah Hassan	370	10.26	10.26	5.13	5.13		7.96	7.96	3.98	3.98
Muneeb Ahmed	372	11.96	11.96	5.98	5.98		6.29	6.29	3.15	3.15
Abdulwahab Mohammad adan	373	10.91	10.91	5.46	5.46		7.81	7.81	3.90	3.90
Muhammad Haseeb	374	10.84	10.84	5.42	5.42		5.59	5.59	2.80	2.80
Afaq Ahsan Malik	375	1.57	1.57	0.79	0.79		2.11	2.11	1.06	1.06

Result of Pre-annual assessment 4th year MBBS Community medicine year 2023

Revised Result of Sendup Block-I									
Held on 1st December, 2023		Total Marks = 55			Subject of Community Mediicne, RMU		Passing Marks = 50%		
R.No	MCQs(35)	SEQs(20)	T	%	R.No	MCQs(35)	SEQs(20)	T	%
1	23	20	43	78	**45**	28	17	45	82
2	25	20	45	82	**46**	26	20	46	84
3	25	15	40	73	**47**	27	14	41	75
4	24	18	42	76	**49**	26	15	41	75
5	22	13	35	64	**52**	24	15	39	71
6	30	15	45	82	**53**	22	18	40	73
7	25	20	45	82	**54**	21	12	33	60
8	27	15	42	76	**55**	26	19	45	82
10	28	15	43	78	**56**	24	14	38	69
11	25	10	35	64	**57**	23	16	39	71
12	26	15	41	75	**58**	23	13	36	65
13	20	13	33	60	**59**	27	14	41	75
14	14	15	29	53	**60**	28	20	48	87
15	26	16	42	76	**61**	26	20	46	84
16	24	12	36	65	**62**	23	14	37	67
17	24	12	36	65	**63**	24	13	37	67
18	24	14	38	69	**64**	23	13	36	65
20	26	14	40	73	**65**	27	17	44	80
21	27	11	38	69	**67**	18	10	28	51
22	25	14	39	71	**68**	23	14	37	67
23	25	15	40	73	**69**	28	15	43	78
24	27	12	39	71	**70**	24	18	42	76
25	20	19	39	71	**71**	17	20	37	67
27	22	13	35	64	**72**	23	15	38	69
28	25	20	45	82	**73**	20	14	34	62
29	24	11	35	64	**74**	23	12	35	64
30	21	19	40	73	**75**	25	15	40	73
31	27	17	44	80	**76**	23	14	37	67
32	26	14	40	73	**77**	22	14	36	65
33	22	19	41	75	**78**	24	20	44	80
34	27	20	47	85	**79**	27	19	46	84
35	27	19	46	84	**80**	25	20	45	82
36	24	20	44	80	**81**	27	20	47	85
37	21	20	41	75	**82**	25	14	39	71
38	28	15	43	78	**83**	22	16	38	69
39	27	19	46	84	**84**	29	16	45	82
40	22	20	42	76	**85**	25	19	44	80

41	22	15	37	67	**86**	23	16	39	71
42	28	15	43	78	**87**	18	12	30	55
43	26	16	42	76	**88**	24	17	41	75
44	27	16	43	78	**89**	19	14	33	60

R.No	MCQs(35)	SEQs(20)	T	%	R.No	MCQs(35)	SEQs(20)	T	%
91	23	19	42	76	**142**	29	16	45	82
92	24	17	41	75	**143**	26	18	44	80
93	25	15	40	73	**144**	31	13	44	80
94	27	18	45	82	**145**	27	12	39	71
95	27	14	41	75	**146**	22	16	38	69
96	25	14	39	71	**147**	30	17	47	85
97	25	19	44	80	**149**	27	13	40	73
98	25	18	43	78	**150**	29	18	47	85
100	18	19	37	67	**151**	25	15	40	73
101	22	18	40	73	**152**	23	18	41	75
102	24	19	43	78	**153**	29	14	43	78
103	19	16	35	64	**155**	24	12	36	65
104	25	19	44	80	**156**	26	19	45	82
106	24	16	40	73	**158**	25	12	37	67
107	25	13	38	69	**159**	19	17	36	65
108	27	18	45	82	**160**	30	16	46	84
109	23	17	40	73	**161**	23	17	40	73
110	19	17	36	65	**163**	24	16	40	73
111	26	15	41	75	**164**	26	17	43	78
112	25	15	40	73	**165**	24	18	42	76
113	24	19	43	78	**166**	24	16	40	73
114	21	8	29	53	**167**	27	15	42	76
115	26	17	43	78	**168**	24	19	43	78
116	21	16	37	67	**169**	22	15	37	67
117	26	15	41	75	**170**	25	16	41	75
119	25	15	40	73	**171**	23	11	34	62
120	22	16	38	69	**172**	26	19	45	82
121	28	8	36	65	**173**	22	16	38	69
122	27	17	44	80	**174**	24	13	37	67
124	27	12	39	71	**175**	21	16	37	67
125	25	14	39	71	**176**	19	16	35	64
126	27	15	42	76	**177**	25	18	43	78
127	24	13	37	67	**178**	21	17	38	69
129	25	16	41	75	**179**	24	15	39	71
130	20	17	37	67	**180**	25	15	40	73
131	18	10	28	51	**181**	20	19	39	71
132	26	14	40	73	**182**	23	17	40	73
133	27	12	39	71	**183**	28	13	41	75
134	23	17	40	73	**184**	20	18	38	69
135	24	14	38	69	**185**	30	13	43	78
136	24	12	36	65	**186**	23	19	42	76
137	22	18	40	73	**187**	27	17	44	80

138	20	19	39	71	**188**	23	19	42	76
139	18	14	32	58	**190**	21	15	36	65
140	24	12	36	65	**191**	23	17	40	73
141	**A**	**A**	**A**	**A**	**192**	25	15	40	73
R.No	**MCQs(35)**	**SEQs(20)**	**T**	**%**	**R.No**	**MCQs(35)**	**SEQs(20)**	**T**	**%**
193	21	13	34	62	**241**	19	15	34	62
194	22	18	40	73	**242**	23	12	35	64
195	24	15	39	71	**243**	25	13	38	69
196	24	16	40	73	**244**	23	17	40	73
197	24	18	42	76	**245**	27	18	45	82
198	22	18	40	73	**246**	21	10	31	56
200	25	16	41	75	**247**	25	16	41	75
201	25	16	41	75	**248**	24	15	39	71
202	22	16	38	69	**249**	26	15	41	75
203	26	15	41	75	**250**	18	16	34	62
204	25	17	42	76	**251**	25	16	41	75
205	21	14	35	64	**252**	25	18	43	78
206	25	16	41	75	**253**	30	13	43	78
207	27	13	40	73	**254**	28	18	46	84
208	22	15	37	67	**256**	30	17	47	85
209	24	14	38	69	**258**	25	16	41	75
210	24	17	41	75	**259**	30	10	40	73
211	25	16	41	75	**260**	26	17	43	78
212	28	12	40	73	**261**	28	11	39	71
213	25	14	39	71	**262**	22	11	33	60
214	29	18	47	85	**264**	27	11	38	69
215	26	14	40	73	**266**	28	10	38	69
216	23	13	36	65	**267**	29	13	42	76
217	26	17	43	78	**268**	25	14	39	71
218	28	14	42	76	**269**	26	15	41	75
219	23	15	38	69	**270**	30	17	47	85
220	26	17	43	78	**272**	28	14	42	76
221	28	16	44	80	**273**	28	9	37	67
222	25	13	38	69	**274**	27	16	43	78
223	23	10	33	60	**275**	28	16	44	80
224	25	14	39	71	**276**	27	11	38	69
225	26	17	43	78	**277**	14	10	24	44
226	26	15	41	75	**278**	27	14	41	75
228	29	16	45	82	**279**	22	14	36	65
229	23	19	42	76	**280**	27	19	46	84
230	27	18	45	82	**281**	25	19	44	80
231	23	19	42	76	**282**	17	13	30	55
232	20	14	34	62	**284**	28	18	46	84
233	25	15	40	73	**285**	24	11	35	64
234	23	18	41	75	**286**	28	11	39	71
235	28	12	40	73	**287**	25	19	44	80
236	28	13	41	75	**288**	32	19	51	93
237	25	15	40	73	**289**	23	9	32	58
238	29	18	47	85	**290**	20	16	36	65

R.No	MCQs(35)	SEQs(20)	T	%	R.No	MCQs(35)	SEQs(20)	T	%
239	26	17	43	78	**291**	29	20	49	89
240	24	17	41	75	**292**	19	15	34	62
293	26	15	41	75	**338**	27	16	43	78
294	29	19	48	87	**339**	24	14	38	69
295	21	16	37	67	**341**	27	16	43	78
296	16	12	28	51	**342**	27	17	44	80
297	24	19	43	78	**344**	25	17	42	76
298	22	20	42	76	**345**	26	17	43	78
299	21	20	41	75	**346**	23	16	39	71
300	18	14	32	58	**348**	21	12	33	60
301	26	19	45	82	**349**	24	11	35	64
302	25	18	43	78	**350**	25	17	42	76
303	24	17	41	75	**351**	24	17	41	75
305	23	14	37	67	**352**	22	15	37	67
306	20	19	39	71	**353**	25	16	41	75
307	16	13	29	53	**354**	24	13	37	67
308	32	18	50	91	**355**	24	13	37	67
309	24	18	42	76	**356**	21	17	38	69
310	22	15	37	67	**357**	24	18	42	76
311	22	20	42	76	**360**	27	16	43	78
312	20	15	35	64	**361**	**A**	**A**	**A**	**A**
313	25	15	40	73	**365**	19	14	33	60
314	26	18	44	80	**366**	20	11	31	56
315	20	15	35	64	**367**	24	13	37	67
316	21	20	41	75	**368**	**A**	**A**	**A**	**A**
317	29	19	48	87	**369**	**A**	**A**	**A**	**A**
318	15	13	28	51	**370**	18	10	28	51
319	23	15	38	69	**372**	22	16	38	69
320	27	20	47	85	**373**	22	11	33	60
321	30	12	42	76	**374**	15	13	28	51
322	24	17	41	75	**R-1**	**A**	**A**	**A**	**A**
323	23	16	39	71					
324	26	17	43	78					
325	24	16	40	73					
326	25	18	43	78					
327	30	12	42	76					
328	25	14	39	71					
329	24	16	40	73					
330	19	16	35	64					
331	26	17	43	78					
332	23	14	37	67					
333	30	18	48	87					
334	26	12	38	69					
335	26	14	40	73					
336	23	16	39	71					
337	27	14	41	75					

Total Students = 339
Absent Students = 04
Students Appeared = 335
Pass Students = 330
Fail Students = 05
Overall Percentage = 99%

Chairperson
Department of Community Medicine & Public Health
Rawalpindi Medical University, Rawalpindi

Department of Community Medicine, RMU	
Result Sendup Exam Block-II held on 6th Dec, 2023	Total Marks = 55
	Passing Marks =50%

R.No	MCQs(35)	SEQs(20)	T	%	R.No	MCQs(35)	SEQs(20)	T	%
1	27	20	47	85	**45**	27	19	46	84
2	23	19	42	76	**46**	30	19	49	89
3	31	20	51	93	**47**	33	16	49	89
4	29	13	42	76	**49**	29	14	43	78
5	28	13	41	75	**52**	26	14	40	73
6	31	12	43	78	**53**	33	20	53	96
7	33	15	48	87	**54**	32	12	44	80
8	29	19	48	87	**55**	32	18	50	91
10	31	20	51	93	**56**	31	19	50	91
11	26	16	42	76	**57**	29	14	43	78
12	28	19	47	85	**58**	28	19	47	85
13	28	16	44	80	**59**	30	20	50	91
14	27	15	42	76	**60**	31	20	51	93
15	32	15	47	85	**61**	30	20	50	91
16	26	19	45	82	**62**	31	15	46	84
17	30	13	43	78	**63**	31	13	44	80
18	31	15	46	84	**64**	30	13	43	78
20	30	16	46	84	**65**	30	13	43	78
21	28	15	43	78	**67**	27	16	43	78
22	32	19	51	93	**68**	31	13	44	80
23	24	13	37	67	**69**	21	19	40	73
24	25	16	41	75	**70**	30	17	47	85
25	29	19	48	87	**71**	31	19	50	91
27	25	12	37	67	**72**	32	15	47	85
28	29	13	42	76	**73**	30	20	50	91
29	27	13	40	73	**74**	29	15	44	80
30	31	14	45	82	**75**	28	13	41	75
31	29	17	46	84	**76**	26	19	45	82
32	31	16	47	85	**77**	30	20	50	91
33	32	12	44	80	**78**	33	18	51	93
34	27	20	47	85	**79**	30	14	44	80
35	29	15	44	80	**80**	29	19	48	87
36	28	20	48	87	**81**	30	18	48	87
37	31	14	45	82	**82**	32	15	47	85
38	35	20	55	100	**83**	31	16	47	85
39	31	14	45	82	**84**	29	17	46	84
40	33	19	52	95	**85**	29	14	43	78
41	27	16	43	78	**86**	31	12	43	78
42	30	20	50	91	**87**	27	15	42	76
43	35	20	55	100	**88**	23	15	38	69
44	34	20	54	98	**89**	21	12	33	60

R.No	MCQs(35)	SEQs(20)	T	%	R.No	MCQs(35)	SEQs(20)	T	%
91	28	15	43	78	**142**	33	12	45	82

92	30	15	45	82	**143**	33	19	52	95
93	34	18	52	95	**144**	32	13	45	82
94	29	18	47	85	**145**	31	12	43	78
95	32	16	48	87	**146**	24	12	36	65
96	30	18	48	87	**147**	32	18	50	91
97	34	18	52	95	**149**	31	12	43	78
98	33	13	46	84	**150**	30	13	43	78
100	30	15	45	82	**151**	30	18	48	87
101	34	15	49	89	**152**	33	16	49	89
102	30	12	42	76	**153**	32	13	45	82
103	30	19	49	89	**155**	32	10	42	76
104	31	16	47	85	**156**	31	18	49	89
106	30	14	44	80	**158**	32	13	45	82
107	30	18	48	87	**159**	28	17	45	82
108	34	16	50	91	**160**	26	14	40	73
109	24	17	41	75	**161**	32	16	48	87
110	28	16	44	80	**163**	31	18	49	89
111	32	17	49	89	**164**	30	18	48	87
112	29	12	41	75	**165**	25	16	41	75
113	35	19	54	98	**166**	33	17	50	91
114	27	17	44	80	**167**	27	16	43	78
115	28	16	44	80	**168**	28	16	44	80
116	28	19	47	85	**169**	25	11	36	65
117	33	18	51	93	**170**	26	19	45	82
119	33	19	52	95	**171**	30	15	45	82
120	33	17	50	91	**172**	28	17	45	82
121	27	12	39	71	**173**	32	16	48	87
122	27	15	42	76	**174**	33	17	50	91
124	30	14	44	80	**175**	29	17	46	84
125	24	15	39	71	**176**	29	16	45	82
126	31	16	47	85	**177**	29	15	44	80
127	30	12	42	76	**178**	32	19	51	93
129	32	18	50	91	**179**	32	17	49	89
130	29	16	45	82	**180**	34	18	52	95
131	27	12	39	71	**181**	34	18	52	95
132	29	13	42	76	**182**	26	15	41	75
133	28	13	41	75	**183**	32	18	50	91
134	32	16	48	87	**184**	29	17	46	84
135	31	12	43	78	**185**	30	15	45	82
136	30	12	42	76	**186**	30	17	47	85
137	33	12	45	82	**187**	34	16	50	91
138	32	17	49	89	**188**	32	17	49	89
139	27	13	40	73	**190**	33	16	49	89
140	27	12	39	71	**191**	30	15	45	82
141	**A**	**A**	**A**	**A**	**192**	33	17	50	91
R.No	**MCQs(35)**	**SEQs(20)**	**T**	**%**	**R.No**	**MCQs(35)**	**SEQs(20)**	**T**	**%**
193	31	17	48	87	**241**	30	14	44	80

194	31	19	50	91	**242**	26	18	44	80
195	29	12	41	75	**243**	30	17	47	85
196	30	14	44	80	**244**	29	17	46	84
197	27	16	43	78	**245**	27	16	43	78
198	27	18	45	82	**246**	27	14	41	75
200	33	13	46	84	**247**	26	18	44	80
201	29	19	48	87	**248**	31	16	47	85
202	25	16	41	75	**249**	33	16	49	89
203	32	18	50	91	**250**	31	16	47	85
204	29	18	47	85	**251**	29	14	43	78
205	24	14	38	69	**252**	34	19	53	96
206	28	18	46	84	**253**	28	16	44	80
207	30	17	47	85	**254**	32	18	50	91
208	30	17	47	85	**256**	30	17	47	85
209	33	18	51	93	**258**	30	15	45	82
210	28	18	46	84	**259**	23	15	38	69
211	31	18	49	89	**260**	31	18	49	89
212	32	16	48	87	**261**	34	15	49	89
213	31	16	47	85	**262**	32	14	46	84
214	32	18	50	91	**264**	32	15	47	85
215	34	18	52	95	**266**	28	16	44	80
216	31	19	50	91	**267**	31	18	49	89
217	31	18	49	89	**268**	31	18	49	89
218	30	18	48	87	**269**	24	17	41	75
219	29	18	47	85	**270**	33	19	52	95
220	31	15	46	84	**272**	32	16	48	87
221	28	18	46	84	**273**	27	14	41	75
222	34	18	52	95	**274**	33	18	51	93
223	31	16	47	85	**275**	35	15	50	91
224	28	17	45	82	**276**	32	18	50	91
225	31	19	50	91	**277**	27	16	43	78
226	34	18	52	95	**278**	30	15	45	82
228	32	19	51	93	**279**	33	15	48	87
229	23	15	38	69	**280**	28	15	43	78
230	33	17	50	91	**281**	29	16	45	82
231	32	18	50	91	**282**	31	14	45	82
232	32	15	47	85	**284**	32	18	50	91
233	27	19	46	84	**285**	26	15	41	75
234	29	18	47	85	**286**	31	16	47	85
235	30	20	50	91	**287**	32	20	52	95
236	33	18	51	93	**288**	33	19	52	95
237	32	20	52	95	**289**	29	14	43	78
238	31	20	51	93	**290**	30	14	44	80
239	31	18	49	89	**291**	32	16	48	87
240	30	18	48	87	**292**	27	15	42	76
R.No	**MCQs(35)**	**SEQs(20)**	**T**	**%**	**R.No**	**MCQs(35)**	**SEQs(20)**	**T**	**%**
293	29	20	49	89	**338**	27	19	46	84

294	32	20	52	95	**339**	29	17	46	84
295	29	20	49	89	**341**	33	15	48	87
296	26	12	38	69	**342**	27	11	38	69
297	28	19	47	85	**344**	31	14	45	82
298	32	19	51	93	**345**	31	15	46	84
299	26	19	45	82	**346**	32	14	46	84
300	25	15	40	73	**348**	27	14	41	75
301	23	14	37	67	**349**	32	19	51	93
302	29	18	47	85	**350**	32	13	45	82
303	30	18	48	87	**351**	26	15	41	75
305	29	15	44	80	**352**	28	19	47	85
306	27	17	44	80	**353**	30	13	43	78
307	25	15	40	73	**354**	33	11	44	80
308	31	19	50	91	**355**	27	14	41	75
309	28	13	41	75	**356**	32	13	45	82
310	25	15	40	73	**357**	27	13	40	73
311	30	19	49	89	**360**	32	14	46	84
312	32	17	49	89	**361**	**A**	**A**	**A**	**A**
313	33	18	51	93	**365**	27	10	37	67
314	29	20	49	89	**366**	23	11	34	62
315	29	16	45	82	**367**	32	13	45	82
316	29	20	49	89	**368**	**A**	**A**	**A**	**A**
317	32	20	52	95	**369**	**A**	**A**	**A**	**A**
318	32	17	49	89	**370**	28	10	38	69
319	30	17	47	85	**372**	29	11	40	73
320	27	20	47	85	**373**	29	12	41	75
321	29	15	44	80	**374**	23	13	36	65
322	26	15	41	75	**R-1**	**31**	**12**	43	78
323	31	15	46	84					
324	34	16	50	91					
325	33	19	52	95					
326	30	19	49	89					
327	27	16	43	78					
328	31	19	50	91					
329	29	18	47	85					
330	27	16	43	78					
331	28	16	44	80					
332	32	14	46	84					
333	32	15	47	85					
334	32	14	46	84					
335	30	19	49	89					

Total Students = 339
Absent Students = 04
Students Appeared = 335
Pass Students = 335
Fail Students = 00
Overall Percentage = 100%

Chairperson
Department of Community Medicine & Public Health

Department of Community Medicine, RMU						Total Marks = 55			
Result Sendup Exam Block-III held on 11-12-2023						Passing Marks =50%			
R.No	MCQs(35)	SEQs(20)	T	%	R.No	MCQs(35)	SEQs(20)	T	%
1	26	13	39	71	**45**	23	15	38	69
2	22	19	41	75	**46**	27	18	45	82
3	27	17	44	80	**47**	27	19	46	84
4	19	19	38	69	**49**	28	14	42	76
5	27	14	41	75	**52**	19	19	38	69
6	25	20	45	82	**53**	26	16	42	76
7	26	18	44	80	**54**	20	17	37	67
8	27	20	47	85	**55**	28	17	45	82
10	30	18	48	87	**56**	25	19	44	80
11	17	8	25	45	**57**	18	16	34	62
12	25	17	42	76	**58**	24	17	41	75
13	22	10	32	58	**59**	28	19	47	85
14	24	14	38	69	**60**	22	20	42	76
15	26	17	43	78	**61**	26	17	43	78
16	22	20	42	76	**62**	22	18	40	73
17	24	17	41	75	**63**	27	16	43	78
18	26	17	43	78	**64**	26	19	45	82
20	29	16	45	82	**65**	28	17	45	82
21	27	19	46	84	**67**	22	14	36	65
22	26	18	44	80	**68**	22	18	40	73
23	20	15	35	64	**69**	24	19	43	78
24	28	11	39	71	**70**	24	20	44	80
25	25	19	44	80	**71**	21	17	38	69
27	27	16	43	78	**72**	26	19	45	82
28	21	19	40	73	**73**	20	12	32	58
29	22	16	38	69	**74**	23	17	40	73
30	21	16	37	67	**75**	28	17	45	82
31	20	17	37	67	**76**	20	15	35	64
32	33	16	49	89	**77**	24	18	42	76
33	7	10	17	31	**78**	30	16	46	84
34	27	18	45	82	**79**	24	15	39	71
35	27	18	45	82	**80**	24	20	44	80
36	22	16	38	69	**81**	27	19	46	84
37	20	19	39	71	**82**	22	20	42	76
38	30	16	46	84	**83**	24	18	42	76
39	19	18	37	67	**84**	28	17	45	82
40	22	15	37	67	**85**	27	19	46	84
41	26	17	43	78	**86**	23	18	41	75
42	28	17	45	82	**87**	18	12	30	55
43	28	19	47	85	**88**	21	14	35	64
44	21	15	36	65	**89**	23	16	39	71

R.No	MCQs(35)	SEQs(20)	T	%	R.No	MCQs(35)	SEQs(20)	T	%
91	25	16	41	75	**142**	25	13	38	69

92	27	16	43	78	**143**	28	16	44	80
93	23	18	41	75	**144**	28	13	41	75
94	26	17	43	78	**145**	27	14	41	75
95	26	17	43	78	**146**	19	12	31	56
96	26	15	41	75	**147**	25	14	39	71
97	29	18	47	85	**149**	30	15	45	82
98	27	16	43	78	**150**	27	14	41	75
100	28	15	43	78	**151**	21	18	39	71
101	26	15	41	75	**152**	31	16	47	85
102	23	15	38	69	**153**	30	17	47	85
103	24	18	42	76	**155**	22	11	33	60
104	24	18	42	76	**156**	29	18	47	85
106	24	14	38	69	**158**	23	15	38	69
107	26	19	45	82	**159**	24	16	40	73
108	26	16	42	76	**160**	18	11	29	53
109	20	14	34	62	**161**	25	16	41	75
110	21	17	38	69	**163**	25	18	43	78
111	25	17	42	76	**164**	22	19	41	75
112	23	17	40	73	**165**	24	19	43	78
113	29	18	47	85	**166**	25	18	43	78
114	17	11	28	51	**167**	20	16	36	65
115	26	17	43	78	**168**	20	19	39	71
116	22	15	37	67	**169**	25	16	41	75
117	28	19	47	85	**170**	16	16	32	58
119	30	17	47	85	**171**	23	16	39	71
120	22	17	39	71	**172**	22	18	40	73
121	22	16	38	69	**173**	21	16	37	67
122	27	16	43	78	**174**	27	14	41	75
124	24	13	37	67	**175**	25	15	40	73
125	25	18	43	78	**176**	20	14	34	62
126	23	16	39	71	**177**	17	14	31	56
127	27	11	38	69	**178**	19	13	32	58
129	21	15	36	65	**179**	24	17	41	75
130	28	14	42	76	**180**	26	17	43	78
131	22	13	35	64	**181**	26	16	42	76
132	25	14	39	71	**182**	23	14	37	67
133	26	17	43	78	**183**	27	16	43	78
134	26	14	40	73	**184**	19	15	34	62
135	32	12	44	80	**185**	24	14	38	69
136	28	14	42	76	**186**	26	17	43	78
137	31	18	49	89	**187**	27	15	42	76
138	25	18	43	78	**188**	25	18	43	78
139	19	13	32	58	**190**	23	18	41	75
140	28	15	43	78	**191**	22	17	39	71
141	**A**	**A**	**A**	**A**	**192**	27	15	42	76
R.No	**MCQs(35)**	**SEQs(20)**	**T**	**%**	**R.No**	**MCQs(35)**	**SEQs(20)**	**T**	**%**
193	23	17	40	73	**241**	24	17	41	75
194	26	17	43	78	**242**	22	19	41	75
195	23	17	40	73	**243**	23	20	43	78

196	21	17	38	69	**244**	26	17	43	78
197	22	18	40	73	**245**	22	15	37	67
198	22	17	39	71	**246**	21	20	41	75
200	21	17	38	69	**247**	27	20	47	85
201	24	19	43	78	**248**	25	20	45	82
202	26	16	42	76	**249**	27	20	47	85
203	24	17	41	75	**250**	28	14	42	76
204	27	18	45	82	**251**	15	17	32	58
205	21	12	33	60	**252**	24	18	42	76
206	31	12	43	78	**253**	22	7	29	53
207	24	14	38	69	**254**	23	20	43	78
208	27	15	42	76	**256**	26	17	43	78
209	26	16	42	76	**258**	22	16	38	69
210	28	18	46	84	**259**	24	16	40	73
211	29	17	46	84	**260**	28	18	46	84
212	25	14	39	71	**261**	24	13	37	67
213	25	16	41	75	**262**	22	14	36	65
214	30	19	49	89	**264**	22	12	34	62
215	21	19	40	73	**266**	28	16	44	80
216	20	17	37	67	**267**	28	18	46	84
217	23	18	41	75	**268**	24	17	41	75
218	25	18	43	78	**269**	23	13	36	65
219	26	18	44	80	**270**	27	14	41	75
220	26	18	44	80	**272**	20	17	37	67
221	22	17	39	71	**273**	25	17	42	76
222	26	18	44	80	**274**	27	16	43	78
223	21	18	39	71	**275**	26	13	39	71
224	27	18	45	82	**276**	17	14	31	56
225	24	19	43	78	**277**	24	12	36	65
226	25	18	43	78	**278**	20	19	39	71
228	28	16	44	80	**279**	26	11	37	67
229	25	15	40	73	**280**	27	9	36	65
230	28	18	46	84	**281**	23	13	36	65
231	24	18	42	76	**282**	25	12	37	67
232	25	18	43	78	**284**	20	17	37	67
233	25	17	42	76	**285**	22	12	34	62
234	21	17	38	69	**286**	22	14	36	65
235	23	10	33	60	**287**	29	17	46	84
236	26	19	45	82	**288**	28	14	42	76
237	24	20	44	80	**289**	26	10	36	65
238	24	17	41	75	**290**	23	10	33	60
239	25	20	45	82	**291**	24	11	35	64
240	24	18	42	76	**292**	15	13	28	51
R.No	**MCQs(35)**	**SEQs(20)**	**T**	**%**	**R.No**	**MCQs(35)**	**SEQs(20)**	**T**	**%**
293	20	13	33	60	**338**	30	20	50	91
294	29	12	41	75	**339**	27	8	35	64
295	23	14	37	67	**341**	25	19	44	80
296	23	10	33	60	**342**	22	12	34	62
297	27	12	39	71	**344**	24	15	39	71

298	21	18	39	71	**345**	25	14	39	71
299	22	18	40	73	**346**	23	15	38	69
300	23	10	33	60	**348**	24	15	39	71
301	25	12	37	67	**349**	24	20	44	80
302	16	12	28	51	**350**	28	11	39	71
303	24	13	37	67	**351**	24	17	41	75
305	28	10	38	69	**352**	26	13	39	71
306	28	14	42	76	**353**	17	15	32	58
307	21	10	31	56	**354**	27	13	40	73
308	28	12	40	73	**355**	19	18	37	67
309	22	10	32	58	**356**	25	14	39	71
310	19	10	29	53	**357**	23	16	39	71
311	24	12	36	65	**360**	19	10	29	53
312	25	14	39	71	**361**	**A**	**A**	**A**	**A**
313	25	15	40	73	**365**	20	11	31	56
314	26	15	41	75	**366**	18	13	31	56
315	24	13	37	67	**367**	25	8	33	60
316	24	17	41	75	**368**	**A**	**A**	**A**	**A**
317	26	18	44	80	**369**	**A**	**A**	**A**	**A**
318	26	13	39	71	**370**	20	8	28	51
319	30	12	42	76	**372**	21	11	32	58
320	22	19	41	75	**373**	23	8	31	56
321	23	10	33	60	**374**	18	16	34	62
322	19	14	33	60	**R-1**	**A**	**A**	**A**	**A**
323	24	19	43	78					
324	26	18	44	80					
325	25	19	44	80					
326	25	16	41	75					
327	21	11	32	58					
328	24	18	42	76					
329	24	14	38	69					
330	23	19	42	76					
331	24	17	41	75					
332	25	13	38	69					
333	30	16	46	84					
334	10	0	10	18					
335	25	16	41	75					
336	24	13	37	67					
337	23	16	39	71					

Total Students = 339
Absent Students = 05
Students Appeared = 334
Pass Students = 331
Fail Students = 03
Overall Percentage = 99%

Chairperson
Department of Community Medicine & Public Health
Rawalpindi Medical University, Rawalpindi

Department of Community Medicine, RMU						Total Marks = 55			
Result Sendup Exam Block-IV held on 16-12-2023						Passing Marks =50%			
R.No	MCQs(35)	SEQs(20)	T	%	R.No	MCQs(35)	SEQs(20)	T	%
1	18	15	33	60	**45**	21	16	37	67
2	22	15	37	67	**46**	26	15	41	75
3	25	16	41	75	**47**	30	16	46	84
4	19	15	34	62	**49**	24	14	38	69
5	25	12	37	67	**52**	24	15	39	71
6	29	17	46	84	**53**	23	14	37	67
7	23	16	39	71	**54**	18	13	31	56
8	25	17	42	76	**55**	24	12	36	65
10	28	16	44	80	**56**	21	14	35	64
11	18	14	32	58	**57**	21	16	37	67
12	25	16	41	75	**58**	21	17	38	69
13	24	10	34	62	**59**	28	16	44	80
14	24	12	36	65	**60**	26	16	42	76
15	26	16	42	76	**61**	26	15	41	75
16	25	13	38	69	**62**	27	17	44	80
17	22	12	34	62	**63**	23	16	39	71
18	24	15	39	71	**64**	21	16	37	67
20	19	12	31	56	**65**	30	14	44	80
21	24	14	38	69	**67**	21	16	37	67
22	24	15	39	71	**68**	26	17	43	78
23	23	17	40	73	**69**	28	16	44	80
24	18	11	29	53	**70**	26	16	42	76
25	22	13	35	64	**71**	18	13	31	56
27	27	14	41	75	**72**	20	15	35	64
28	23	19	42	76	**73**	23	16	39	71
29	23	18	41	75	**74**	18	14	32	58
30	19	14	33	60	**75**	24	18	42	76
31	24	16	40	73	**76**	23	17	40	73
32	26	13	39	71	**77**	23	15	38	69
33	7	13	20	36	**78**	28	16	44	80
34	27	13	40	73	**79**	24	15	39	71
35	22	17	39	71	**80**	26	16	42	76
36	22	13	35	64	**81**	26	17	43	78
37	19	17	36	65	**82**	25	16	41	75
38	26	16	42	76	**83**	26	17	43	78
39	21	13	34	62	**84**	27	14	41	75
40	27	13	40	73	**85**	31	17	48	87
41	23	15	38	69	**86**	24	18	42	76
42	29	16	45	82	**87**	25	13	38	69
43	28	17	45	82	**88**	22	10	32	58
44	29	16	45	82	**89**	21	14	35	64

R.No	MCQs(35)	SEQs(20)	T	%	R.No	MCQs(35)	SEQs(20)	T	%
91	19	13	32	58	**142**	29	12	41	75
92	26	15	41	75	**143**	26	16	42	76
93	28	17	45	82	**144**	31	17	48	87
94	22	18	40	73	**145**	25	13	38	69

95	25	15	40	73	**146**	26	10	36	65
96	23	13	36	65	**147**	26	17	43	78
97	26	14	40	73	**149**	26	15	41	75
98	26	13	39	71	**150**	31	15	46	84
100	27	18	45	82	**151**	25	15	40	73
101	25	17	42	76	**152**	26	15	41	75
102	25	15	40	73	**153**	26	14	40	73
103	20	14	34	62	**155**	27	12	39	71
104	30	12	42	76	**156**	31	18	49	89
106	27	14	41	75	**158**	26	12	38	69
107	30	18	48	87	**159**	25	10	35	64
108	24	17	41	75	**160**	27	10	37	67
109	25	13	38	69	**161**	26	11	37	67
110	26	11	37	67	**163**	27	18	45	82
111	23	11	34	62	**164**	26	14	40	73
112	17	13	30	55	**165**	23	15	38	69
113	27	15	42	76	**166**	20	18	38	69
114	20	13	33	60	**167**	24	17	41	75
115	26	13	39	71	**168**	19	16	35	64
116	24	14	38	69	**169**	25	12	37	67
117	23	19	42	76	**170**	24	16	40	73
119	21	18	39	71	**171**	24	12	36	65
120	24	14	38	69	**172**	24	18	42	76
121	26	14	40	73	**173**	22	15	37	67
122	28	18	46	84	**174**	19	16	35	64
124	22	13	35	64	**175**	24	16	40	73
125	24	14	38	69	**176**	23	17	40	73
126	28	14	42	76	**177**	22	16	38	69
127	26	13	39	71	**178**	25	10	35	64
129	29	16	45	82	**179**	26	14	40	73
130	28	16	44	80	**180**	25	18	43	78
131	19	15	34	62	**181**	26	15	41	75
132	24	12	36	65	**182**	24	13	37	67
133	26	14	40	73	**183**	24	18	42	76
134	28	13	41	75	**184**	23	16	39	71
135	24	17	41	75	**185**	28	15	43	78
136	25	11	36	65	**186**	28	14	42	76
137	26	15	41	75	**187**	27	14	41	75
138	21	14	35	64	**188**	25	14	39	71
139	20	10	30	55	**190**	22	14	36	65
140	23	15	38	69	**191**	26	11	37	67
141	A	A	A	A	**192**	23	10	33	60
R.No	**MCQs(35)**	**SEQs(20)**	**T**	**%**	**R.No**	**MCQs(35)**	**SEQs(20)**	**T**	**%**
193	24	17	41	75	**241**	26	15	41	75
194	19	17	36	65	**242**	24	13	37	67
195	23	16	39	71	**243**	28	10	38	69
196	27	17	44	80	**244**	24	11	35	64
197	24	12	36	65	**245**	18	14	32	58
198	25	16	41	75	**246**	29	15	44	80

200	25	12	37	67	**247**	23	14	37	67
201	23	13	36	65	**248**	17	13	30	55
202	26	17	43	78	**249**	24	16	40	73
203	28	17	45	82	**250**	21	13	34	62
204	26	17	43	78	**251**	24	16	40	73
205	27	11	38	69	**252**	26	15	41	75
206	28	11	39	71	**253**	21	13	34	62
207	25	13	38	69	**254**	28	12	40	73
208	17	13	30	55	**256**	24	15	39	71
209	24	17	41	75	**258**	23	16	39	71
210	23	15	38	69	**259**	24	9	33	60
211	25	16	41	75	**260**	22	18	40	73
212	25	17	42	76	**261**	26	11	37	67
213	27	11	38	69	**262**	27	12	39	71
214	27	18	45	82	**264**	19	12	31	56
215	28	14	42	76	**266**	23	14	37	67
216	23	16	39	71	**267**	29	14	43	78
217	27	19	46	84	**268**	26	12	38	69
218	26	18	44	80	**269**	22	17	39	71
219	25	14	39	71	**270**	29	20	49	89
220	27	12	39	71	**272**	28	17	45	82
221	18	13	31	56	**273**	23	14	37	67
222	27	18	45	82	**274**	29	20	49	89
223	25	11	36	65	**275**	29	11	40	73
224	26	17	43	78	**276**	24	14	38	69
225	19	10	29	53	**277**	23	14	37	67
226	26	12	38	69	**278**	28	10	38	69
228	27	11	38	69	**279**	29	11	40	73
229	23	14	37	67	**280**	23	17	40	73
230	27	13	40	73	**281**	25	19	44	80
231	23	15	38	69	**282**	22	18	40	73
232	21	12	33	60	**284**	26	19	45	82
233	24	14	38	69	**285**	24	18	42	76
234	25	14	39	71	**286**	26	19	45	82
235	24	7	31	56	**287**	27	18	45	82
236	30	17	47	85	**288**	26	20	46	84
237	28	12	40	73	**289**	21	16	37	67
238	22	14	36	65	**290**	16	19	35	64
239	23	16	39	71	**291**	24	15	39	71
240	22	11	33	60	**292**	23	19	42	76
R.No	**MCQs(35)**	**SEQs(20)**	**T**	**%**	**R.No**	**MCQs(35)**	**SEQs(20)**	**T**	**%**
293	26	16	42	76	**338**	25	20	45	82
294	24	19	43	78	**339**	28	17	45	82
295	26	18	44	80	**341**	25	20	45	82
296	20	13	33	60	**342**	19	19	38	69
297	25	20	45	82	**344**	26	20	46	84
298	24	20	44	80	**345**	25	19	44	80
299	26	20	46	84	**346**	20	20	40	73
300	20	11	31	56	**348**	23	13	36	65

336	32	14	46	84
337	25	14	39	71

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301	22	18	40	73	**349**	26	19	45	82
302	23	16	39	71	**350**	24	20	44	80
303	23	15	38	69	**351**	24	20	44	80
305	18	16	34	62	**352**	20	17	37	67
306	21	15	36	65	**353**	22	19	41	75
307	20	8	28	51	**354**	24	20	44	80
308	26	20	46	84	**355**	24	17	41	75
309	24	19	43	78	**356**	24	19	43	78
310	18	13	31	56	**357**	22	15	37	67
311	21	14	35	64	**360**	24	12	36	65
312	25	19	44	80	**361**	**A**	**A**	**A**	**A**
313	24	19	43	78	**365**	21	13	34	62
314	24	14	38	69	**366**	18	18	36	65
315	23	14	37	67	**367**	17	14	31	56
316	26	20	46	84	**368**	**A**	**A**	**A**	**A**
317	25	19	44	80	**369**	**A**	**A**	**A**	**A**
318	23	19	42	76	**370**	20	12	32	58
319	30	14	44	80	**372**	24	17	41	75
320	22	15	37	67	**373**	27	8	35	64
321	25	13	38	69	**374**	**A**	**A**	**A**	**A**
322	22	14	36	65	**R-1**	22	12	34	62
323	17	19	36	65					
324	25	19	44	80					
325	21	14	35	64					
326	21	18	39	71					
327	28	17	45	82					
328	26	18	44	80					
329	27	14	41	75					
330	20	19	39	71					
331	23	15	38	69					
332	24	18	42	76					
333	26	19	45	82					
334	23	19	42	76					
335	21	13	34	62					
336	21	18	39	71					
337	20	19	39	71					

Total Students = 339
Absent Students = 05
Students Appeared = 334
Pass Students = 333
Fail Students = 01
Overall Percentage = 99%

Chairperson
Department of Community Medicine & Public Health
Rawalpindi Medical University, Rawalpindi

Since the beginning of integration across five years of MBBS at Rawalpindi Medical University, the subject of community medicine is also being taught right from first year of MBBS. Relevant content is being delivered according to the system-based modules in first year, second year and third year.

The objective is to inculcate required competencies of community medicine and public health to the undergraduate medical students in accordance with the various curricular subjects taught in each year of MBBS course under the need ofintegrated modular curriculum. The outline or report of contents of the subject ofcommunity medicine delivered under various modules form 1st to 3rd year is as under:

The outline or report of contents of the subject of community medicinedelivered under various modules form 1st to 3rd year is as under:

Foundation Module		
CM Curriculum delivered	Teaching strategy	Remarks
Introduction to CM	LGIS	Delivered accordingly
Introduction to fundamental concepts of health research	LGIS	
Characteristics of research process	LGIS	
Basics of medical ethics	LGIS	
Ethics in health research	LGIS	
Musculoskeletal Module		
Preventive aspects of Accidents	LGIS	Completed
Research Club Activity: Health Research under microscopic lenses	Small group session	
Blood and Immunology Module		
Research club activity Evidence based medicine	Small group session	Completed
Respiratory Module		
Smoking	LGIS	
Tuberculosis – Public Health Problem	LGIS	
Cardiovascular Module		
NCDs and CHD RISK FACTORS AND PREVENTION	LGIS	Completed

2nd year MBBS		
Teaching Faculty DR. KHOLA DR.IMRAN DR AFIFA DR.GUL MEHER DR. RIZWANA DR ABDULQUDDOOS DR. MAIMOONA DR. UZMA		
Reproduction Module		
CM Curriculum delivered	Learning strategy	Remarks
Epidemiology & Control of Sexually Transmitted Diseases	LGIS	Completed
Preventive aspects of AIDS	LGIS	
Research Club Activity EBM Cycle Step 1: How to develop research question	Small group activity	
Endocrine Module		
Descriptive Statistics-I Introduction to descriptive statistics	LGIS	Completed
Descriptive Statistics-II Classification of different types ofdata	LGIS	
Descriptive Statistics-III Measures of central tendency	LGIS	
Research Club Activity Step 2 of EBM cycle How to find the best evidence	Small group activity	
Gastrointestinal Module		
Concept of Health & Disease	LGIS	Completed
Basic concepts of Infectious disease epidemiology	LGIS	

3rd year MBBS		
Teaching Faculty PROF ARSHAD DR IMRANA DR KHOLA DR MAIMOONA DR SANA DR ASIF DR AFIFA DR NARGIS DR RIZWANA DR IMRAN DR. ABDULQUDDOOS DR ZAIRA DR MUNIBA DR GUL MEHER		
Foundation Module		
CM Curriculum delivered	Learning strategy	Remarks
Data Collection	LGIS	Completed
Inferential Statistics 1: Normal Distribution Curve	LGIS	
Inferential Statistics 2:Hypothesis Testing	LGIS	
Inferential statistics 3: Chi Square Test	LGIS	
Inferential statistics 4: Correlation	LGIS	
Hematology Immunology And Research Module		
Inferential Statistics 5:ANOVA	LGIS	Completed
Immunology I Host defenses	LGIS	
Immunology II Immunizing agents	LGIS	
Immunology III Adverse events following immunization	LGIS	
Immunology IV Immunization Schedule	LGIS	
MICROBES AND ANTIMICROBIALS MODULE		
Disposal of Waste	LGIS	Completed
Climate & Human Health	LGIS	

Housing & Human Health	LGIS	
Light & Noise Pollution	LGIS	
GIT LIVER AND PARASITOLOGY MODULE		
Community Nutrition-I	LGIS	COMPLETED
Community Nutrition-II	LGIS	
Community Nutrition-III	LGIS	
Community Nutrition-IV	LGIS	
Feco oral infections 1 Diarrhoeal diseases	LGIS	
Feco oral infections 2POLIO	LGIS	
Feco oral infections 3Hepatitis	LGIS	
Feco oral infections 4 Typhoid and food posoning	LGIS	
Feco oral infections 5 Amoebiasis ascariasishookworm infections	LGIS	
CARDIOVASCULAR SYSTEM AND RESPIRATORY MODULE		
Environment & HumanHealth- water	LGIS	Completed
Water distribution- conservation – purification	LGIS	
Air- pollution – I	LGIS	
Air-Pollution-II	LGIS	
Prevention of RadiationHazards	LGIS	

Section Report prepared by: Dr Afifa Kulsoom Assistant Professor

Work Structuring & Sequencing followed

1. Core teachings towards health research methodology, literature review, thinking on a research topic and writing proposals for a small research projects were part of foundation module of 4thyear MBBS class and were done accordingly. Students were also educated onSGRPs work strategies (WBO / e-learning, PAL, flip classroom, modified PBL). Health Research Methodology (HRM) two Sessions were held as LGIS by the senior faculty duringfirst module teachings of 4theyar.
2. Moreover, approx. 12 LGIS on EPIDEMIOLOGY were taken by Senior faculties during 1stblock teachings. Which truly augment the students learning in research studies and preparedness of SGRPs work.
3. For the purpose of SGRPs. whole class was split into sixteen homogeneous groups (7% of class in each group) for the purpose of undertaking students group research projects (SGRPs).Group A to H report on Day 1 (Friday) and Group I to P report on Day 2 (Saturday).
4. Each group was formally supervised by a faculty (batch in charge, BI) specialized in the subject, dedicated for the group for whole research project over the academic year. BIs weregiven clear curricula, timeline and work progress reporting tools.
   All batches or SGRPs were augmented in their work through nomination senior faculty (APs & above) to provide technical, subject based guide, constructive monitoring, or other logistic support.
5. All batch In-charges (BI) were formerly educated by the senior faculty / HOD on the road- map, batch work SOPs, and work completion & reporting needs.
6. Pre- IUGRC contact session teachings (LGIS)

a. Review of HRM focusing SGRPs

b. Review of minimally required statistical capacities for undertaking SGRPs

c. Review of minimally required computer skills & software's capacities for undertaking SGRPs.

7. **Making SGRPs-Interdisciplinary:** under IGURC heads of all clinical disciplines / departments relevant to 4th teachings were (EYE, ENT, Medicine, Surgery, Obstetrics & Gynecology) are informed about start of SGRPs in department of CM & PH (technical lead)and invited to share in SGRPs for research involving some clinical components, as subject based research partners with a purpose of integration of the taught subjects through research

work. **(Inter disciplinary research).** This aspect of IUGRC-IV was not followed in proper way because of one reason, of mini. response last year. This proposed that in future VC RMC office will be involved for this purpose after the department inefficiencies are covered.

Breakup of detailed planner of each contact session conducted throughout the year

SGRP-Supervisor /Research Supervisor (RS), SGRP-Senior Research Supervisor. (SRS) andHOD is supposed to do. / SOPs / Guide

SGRPs Contact sessions planner followed 2023

CS	Work objectivity (IUGRC SC-I)	Session outcomes (SOs)	HOD role/work

CS-1	Review to Health Research Methodology	Students were aware Research methodology andclear on work needs during SGRPS	Overall supervision ofsession
	Primary session (1hr-50min session) Appraisal of student's level preparednesson What & why & how, of SGRP. Liter- reviewed Initial work-up on research questions More on SGRPs work scheme Sub-grouping for Peer-assisted learning(PAL) / e-grouping Required student's role over SGRPs. Assignments (criterion based selectingstudy topics in sub-groups)	Students were awardedIA score. Sub-groups formed Students were assignedwork	Constructive , Physical supervision, overall guide and signing reports (WCIs-doc) generated by RSs by HOD (WCR) All record will be kept by RSs and copy to HOD office
	Follow-up 1 Debate on research topics proposed Comparative review of all proposedtopics Initial finalization of the researchtopic Formal review of steps of "Studyproposal writing". Brief on data collection tooldevelopment Assignments	Topic will be finalized Students will be assigned work in PALgps for writing study proposal and data collection tool	BI along with SFIs inputs will finalize doc c after inputs/signed advice from HOD. Appraisal & signing WCIs-doc by HOD
CS-4	Follow up 2 Recap Study proposal debate and 1st draftfinalizing Debate on study methods in detail Debate on study settings Debate of ethical conduct of HealthResearch Familiarization with concept of plagiarism, fabrication, falsification Data collection tool debate &finalization Debate on study schedule Synopsis writing task to be submittedon next contact session	Study topic finalized Study proposal draftfinalized Data collection toolfinalized Initial finalizing study methods, setting & schedule etc	BI along with SFIs inputs will finalize doc c after inputs/signed advice fromHOD. Appraisal & signingWCIs-doc by HOD
CS-5	Follow up 3 Recap Synopsis submission Guideline for data collection Tooldevelopment	Synopsis finalization	BI along with SFIs inputswill finalize doc c after

	Task of data collection tool to be submitted before proceeding for summer holidays	Data collection Tool development	inputs/signed advice fromHOD. Appraisal & signing WCIs-doc by HOD
CS-6	Follow up 4 Recap Task of data collection during summer vacation delivered accordingly under constant guidance and supervision of respective batch in-charges Data collection is submitted to respective batch in-charges as hardcopy as marker for task completionand evidence Data entry into SPSS Software started under guidance of senior faculty	Data collection scrutiny and verification Data entry intoSPSS	BI along with SFIs inputs will finalize doc c after inputs/signed advice fromHOD. Appraisal & signingWCIs-doc by HOD
CS-8	Follow up 5 Recap Final data entry in SPSS & analysis plan delivered accordingly under constant guidance and supervision of respective batch in-charges Result compilation and discussion writing marker for task completionand evidence All task done under guidance of seniorfaculty	Completion of data analysis by application of relevant statisticaltest b.Guidance on report writing as per guidelines shared (attachedas annex)	BI along with SFIs inputs will finalize doc c after inputs/signed advice fromHOD. Appraisal & signingWCIs-doc by HOD
CS-9	Follow up 6 Recap Task of data collection during summer vacation delivered accordingly under constant guidance and supervision of respective batch in-charges Data collection is submitted to respective batch in-charges as hardcopy as marker for task completionand evidence Data entry into SPSS Software started under guidance of senior faculty	Data collection scrutiny and verification Data entry intoSPSS	BI along with SFIs inputs will finalize doc c after inputs/signed advice fromHOD. Appraisal & signingWCIs-doc by HOD
CS-10	Follow up 7 Recap Review of task of result writing anddiscussion write up under constant guidance and supervision of respective batch in-charges Briefing on manuscript writing according to SJRMC guidelines Detailed session on report writingaccording to standard guidelines (attached as Annexure) Guidance of preparation of PowerPoint presentation for finalresearch day	Finalization of task of manuscript writing , report writing and manuscript wiring according to JRMC guidelines	BI along with SFIs inputs will finalize doc c after inputs/signed advice fromHOD. Appraisal & signingWCIs-doc by HOD
CS-11	Follow up 8 Recap Expert Review of manuscript writing ,student research report writing and manuscript writing task write up under		

	constant guidance and supervision ofrespective batch in-charges Briefing on manuscript writing according to SJRMC guidelines Detailed session on report writingaccording to standard guidelines (attached as Annexure) Finalization of preparation of PowerPoint presentation for finalresearch day	Finalization of task of manuscript writing , report writing and manuscript wiring according to JRMC guidelines Preparation of students for viva voce exam	
CS-12	Viva exam if IUGRC . viva of researchmethods based on SGRPs	8 days per day. All senior faculties were involved in viva exam under a uni-exam protocol.	
		Annual research day	

IUGRC-IV -(EXPERIENTIAL RESEARCH LEARNING MODULE)

(Guidelines Followed: Point to point work-guidelines for Batch in charges)

Step	Base	Guide-I	Guide-II	Guide-III
1st step	A study is based upon an idea – conceptual framework of research	FINER is a standard guide towards selection of studytopic. Students are, under medicalgraduation. Purpose of this exercise is (first-hand experience / students training on researchmethods) Students' ideas are generally highly ambitious with little practical application or do ability Why, department has alreadyworked out do able study topics for this purpose. Clinical Interventional studiesbe discouraged Department aim is to run 16 SGRPs on a uniform pattern and under available time frame	What to do next. Smartly review the RE-topics if it were shared by the students under FINER but with due consideration of its design, other methods, students competency, time & other resource constraints. If after above checks, atopic suits & selected then start next step.	Work outcome: The topic selectedshould be converted into "research questions" (outcome indicator) This discussion should be delivered accordingly in the first half ofthe session (30-45 min)
2nd step	Discuss intro writing of the Re-topic you have finalized.	Guide points. Use the topic as "field of play" Teach methods / what students are required to do under the need of topicchosen. Like, Introduce & explain the problem, write background andrelevance of the problem. Write, what is already known on theproblem. Update data what is the gap or space for this particular proposed research topic what this research is expected to discover or add to the knowledge / fillup gape. Justification of this study Who would be benefited from thisstudy	Guide students that This need good review ofliterature on the topic proposed. International, national and regional databases be explored for the purpose. References should besaved Studies with healthy data analysis scope be preferred This is first task for thestudents (outcome indicator)	4- to 5 students may be assigned this part of work.

3rd step	How to Write your study objectives	What will be done in this study. Which can be measured / will be achieved at the end of the study. Start with to Use appropriate action verb like determine, compare, relate etc . Usually include study population, type of study, study settings & duration. measurable statement of intent of the study.	Guide on Operational definitions if any included in study objectives, its importance, how to write, etc This is 2nd task for the students (outcome indicator)	Another 2-3 students be nominated with close lesion with first group to write this part of study proposal
4th step	How to Write your study methods	Discuss & guide students that section should include; Study design with justification Study population with due explanation Study settings Inclusion & exclusion criterion Study duration with calendar dates Samling techniques to be used Sample size , how to calculate Data collection techniques suggested. Explain Data collection tool. Explain	BI should discuss necessary elements of the study methods section, their need, how to write , and from where they will find appropriate knowledge to write this section. This is 3rd task for the students (outcome indicator)	4-5 students should be deputed for this work
5th Step	Study variable and data analysis plan	Discuss & Guide students ; how to identify study variables from your proposed study topics. Students should also prepare a data analysis plan for the topic proposed. Students also required to write statistical tests , techniques expected to be used in the proposed study data presentation and analysis. Also mention you intend to use.	Gob of the BI is to discuss & guide the students on the need of writing the various components of method part of study proposal. Help them how study, where to study, how to write etc This is 4th task for the students (outcome indicator)	Depute 2-3 students
6th step	Study Proforma / questionnaire	Discuss & guide how to develop a study proforma - An arrangements of questions upon the pre decided variables on which information will be collected in this study Discuss principles & components of questionnaire	This is 5th task for the students (outcome indicator)	Nominate 3-4 students
7th step	Reference writings	Discuss how to write references	Students of 1st group would be appropriate for it	

IUGRC-IV and its Contact sessions should be taken as high priority academic work.

This document is developed to implement to develop standardization, uniformity and follow time frame for all SGRPs and for clear work guidelines to the batch in-charges and senior faculties.

All BIs may consult their nominated senior faculty or HOD, where they need.

All senior faculties will help / guide, visit the batch work and ensure sessions are delivered on required guidelines.

All smaller groups (of a batch) should work in close liaison with each other, share their work , coordinate so a finale proposal could be drafted and presented in the next HRM CS

What's up group with only academic use purposes only and strict ethical SOPs be formed by the BI, only Batch Rep and BI will be group admin. In addition, senior faculty will be included in admin.

Dr Khola Noreen Associate Prof Senior / lead in-charge IUGRC

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Tools used for guidance in SGRPs

Synopsis Writing Guideline

The synopsis is a brief outline of your research work with 1500 words as the maximum limit. A synopsis must have the following headings:

Title: Should reflect the objectives of the study, consideration PICO (population, intervention, control, and outcomes) and FINER (feasible, interesting, novel, ethical, andrelevant) criteria in framing a research question or title of the study.

Introduction:

Introduction provides background information and rationale for the research. Build an argument for the research and present your research question(s) and aims. Use literature citations in Vancouver style. Example.....text.....(1)

It may include the literature review of the following:

1. Introduce the title
2. Background
3. Relevance, importance andapplicability
4. Rationale/purpose of study specify
5. Introduce the research question
6. Identify research gap
7. Why it is important to fill the gap
8. What is known(past references)
9. Narrow down from known to unknown
10. What is unknown that is yourresearch question

Introduction should not exceed 01-02 pages and should not exceed 250-300 words.

Rationale:

Write down why you want to do this study. What you want to achieve by doing this research.(One paragraph)

Objective:

Write clearly objective of your study aligned with research questionWrite using annotation.

Hypothesis:

Write your hypothesis accordingly to type of study and if applicable.

Operational Definitions: Is the definition of the exposure and outcome variables of interest incontext to the objective in a particular study and their means of measurement/determination. **Material & Methods:**

- Study Design
- study duration
- sample size
- Sampling Technique
- inclusion criteria & exclusioncriteria

Data collection:

A detailed account of how the researcher will perform research; how s/he will document his variable. It includes:

- Identification of the study variables
- Methods for collection of data
- Data collection tools (proforma / questionnaire)

Give method of conduction of study and data collection procedures for each study variable in detail.

Data Analysis Procedure:

Relevant details naming software to be used, which descriptive statistics and which test of significance if and when required, specifying variables where it will be applied.

Ethical Considerations

Estimated Cost Of The Project: estimated cost if any and declaration certificate of cost to beborne by the researcher

Outcome & Utilization:

Outcome of the study what it will help to establish.

Plan of Work:

Use A Gantt chart showing your timeline for research work.

References:

- Must be in Vancouver Style
- At-least 10 to 15 references,
- use latest (70% should not be older than 05 years)

Annexure:

- Consent forms in Urdu and English must be study specific.
- Study Performa
- Collaboration letter if any
- Declaration if any
- If conducting a clinical trial, include consort flow diagram in data collection section
- Sample consent form

ND OF THE SESSION ASSESSMENT / VIVA VOCEEXAMINATION. (CIA) 202 3

Exam guidelines:

- Structuring of the VIVA examination
- Each student should be preferably assessed in his/her knowledge & skills in research methodsat the level taught in class room teachings and through Experiential research learning modules(IUGRC-IV). Keep viva simple on basic concepts and award credit accordingly.
- Each student should inquired randomly in any 2-3 of the given areas.
- Student should be awarded out of 10 maximum marks (15*)

1.	Definitions / concepts of research	
2.	Classification / study designs	
3.	Synopsis elements	
4.	Titles characteristics	
5.	Intro elements	
6.	Ethical considerations / informed consent	
7.	Concept of study rationale	
8.	Concept of study objective & operational definitions	
9.	Elements of study methods	
10.	Study variables / types of variables	
11.	Basic biostatistician concepts	
12.	Concept of study results writing	
13.	Elements of discussion n study results	
14.	Understanding study references writing and citations ethics	
15.	Any relevant area of HRM	

SGRPs POWER POINT PRESENTATIONS GUIDELINES TO BEFOLLOWED (2023)

1. Total number of slides will be 12-14

2. Contents will be as under

a. Title of the research project along with batch-Name, all students Roll Nos, and highlighting presenters Roll numbers and name of batch in charge(1 st slide)
b. Precise intro focusing context and rationale of the study (1 slide)
c. Study objectives, sub objectives and operational definitions if any (2slides)
d. Study methods : (1 slide)
e. Study results: in text, figures (tables and graphs) - (6 slides)
f. Discussion points ; focused on results only (2-3points)
g. Conclusions and recommendations (1slide)
h. Only one presenter but one alternate presenter / student should also be onboard
i. Maxi time per presentation : 10-12 min
j. Time to start session 8.20am.
k. Time sequence should be strictly followed
l. 7-8 presentations per day and 3-4 per group
m. Session will be recorded
n. Feedback of both students and faculty will be taken

All batch in charges are directed to create digital group for their each respective batchesfor the purpose and then will be provide required contact information for whole group online contact sessions SGRPs-4thyear MBBS 2021 planned for 29 th and 30 th Oct accordingly.

Student's Research Projects Report-writing Guidelines

Following guidelines should be followed which reporting Student's research projects(SGRPs)

1. Report will be prepared in word file (for hard copy print & soft copy-record) and onPower Point for Presentation purposes.
2. One Hard copy will be submitted to the department and other will be kept by eachstudent of the batch.
3. Word file / hard copy report guidelines

a. Title page : contain;
i. Title of the SGRP: simple, catchy and should not contain anyabbreviation (at top of page)
ii. Monogram of the institution (at mid of page)
iii. Name of the batch and academic year / session

iv. Name of the batch in charge and senior Faculty in charge
v. Name of the department and institution
4. SGRP report completion and certificate (to be attached in start pages of the report.And be signed by student's Batch Representative (BR).
   i. A statement by / on the behalf of all batch students that "the batch-
   …. ….has delivered accordingly this SGRP titled "
   …… " as a university requirement of experiential research training in health research methods in the subject of community medicine under immediate supervision of the batch in charge, supervising faculty and head of the department. All researchwork is original. The original data has been deposited and is an assetof the department of community medicine RMU.
5. Page containing Names and roll numbers of all the batch students and signature ofeach
a. Name of the batch in charge & signature
b. Name of the supervising faculty & signature
c. Name and signature of HOD (approval remarks)
6. Index page
a. Page wise list of the contents of the SGRP report
7. Dedication if any
8. Abstract of the SGRP report
a. Structured
b. Not more than one page
c. Key words (2 – 3 only)
9. Introduction (3 to 5 pages)
10. Objective / objectives of the study (on1 separate page)
11. Operational definitions (if any , 1 separate page)
12. Subjects & methods section (elaborative , 2- 3 pages)
13. Results section
a. Start with text , few lines / 1 page
b. Tables and graphs (8 – 12 pages or figures)
i. Each on separate page
ii. Each numbered
iii. Each be titled
14. Discussion section (6 to 8 pages)
a. Each result should had some discussion (relevance, reference, andexplanation)
15. Conclusion and recommendations section (1-2 pages)
16. Acknowledgement
17. References section (use Vancouver style)Note:

- Use Calibri font
- Size 11 for body or text
- Size 14 for headings
- A4 size page, double spaced

LIST OF STUDENTS GROUP RESEARCH PROJECTS (SGRPS) 2023
AND THE NAMES OF BATCHES & BATCH INCHARGES

S. No	Batches	Batch in charge	Topic
1.	A	Dr. Abdul Qudoos	Undergraduate medical students' perspectives of skills, uses and preferences of information technology in medical education: A cross sectional study
2.	B	Dr. Moniba Iqbal	Factors associated with awareness regarding Parenteral diagnosis of Thalassemia Major, a descriptive cross-sectional study
3.	C	Dr. Bushra Farooq	Short term health impacts of prolonged use of mobile phones amongstudents of RMU
4.	D	Dr. Imrana Saeed	Inclusion of Bioethics Curricula of RMU, challenges for teachers andstudents during teaching and learning process
5.	E	Dr. Narjis Zaidi	Lifestyle behavior in the Pakistani population assessed through Short Multidimensional Inventory Lifestyle Evaluation (SMILE-C) Questionnaire: Across sectional survey
6.	F	Dr. Maimoona Saleem	Knowledge and practice of married healthcare professionals about HPV vaccination in adult female population
7.	G	Dr. Abdul Qudoos	Complementary feeding practices among infants and young children: Across sectional study
8.	H	Dr. Asif Maqsood Butt	
9.	I	Dr. ZairaAzhar	Self-use of antibiotics/antimicrobials pattern practices among college students/general population of Rawalpindi/Islamabad and its impact on antibiotic resistance
10.	J	Dr. Moniba Iqbal	Fever awareness, home based management practices and theircorrelates among parents of under five children
11.	k	Dr. Bushra Farooq	Assessment of mental health and their contributing factors amongmedical students of RMU
12.	L	Dr. Saba Maryam	Pattern of acne in socio demographic and life-style perspectives inpatients reporting to dermatology OPD in public sector teaching hospitals of RMU
13.	M	Dr. Ayesha Zujaja	Factors responsible for Road Traffic accidents among patients reportingto three allied hospitals of RMU
14.	N	Dr. MaimoonaSaleem	Assessment of knowledge, attitude and practice about prevalence of pro NCDs lifestyle stated causes in general population of twin cities.
15.	O	Dr. Asif Maqsood Butt	
16.	P	Dr. ZairaAzhar	Impact of sleep pattern on memory, mood and behavior of an individual

ABSTRACTS OF THE STUDENTS RESEARCH PROJECTS (SGRP) UNDERTAKEN DURING ACADEMIC YEAR 2022-23

SGRP 1

Inclusion of Bioethics in Curricula of Rawalpindi medical university: Perception of Teachers and Students about Teaching and Learning Process, A cross sectional study".

Students of Batch D, Batch In charge: Dr Imrana Saeed

Abstract

Background: The change in trend of medicine has made it important that bioethics should be included curricula. The paternalistic approach of doctors can be changed via teaching bioethics.Many Countries are recognizing bioethics as an important part of their curricula, which has already been included in the curricula of Rawalpindi Medical University, Pakistan. **Objectives**: The objectives of this study are to assess the perception of students about inclusionof bioethics and hurdles encountered by teachers as educators and to identify the effective modeof teaching.

Material and Methods: A Cross-Sectional Study was conducted in Rawalpindi Medical University Pakistan in a time period of 6 months.400 MBBS students of all academic years, while 23 faculty members from clinical and basic sciences took part in study. Perception aboutbioethics was assessed using a self-structured questionnaire, comprised of two parts; a studentquestionnaire and a teachers' section, containing both close and open-ended questions The student questionnaire was validated and its Cronbach's alpha value is 0.677. DescriptiveAnalysis was performed using SPSS version 23. **Results**: The perception of students about inclusion of bioethics show that 56.5% (N=226) of participants agree that teaching bioethics will help them develop skills to solve ethical dilemmas. 23.5% (N=94) of participants strongly agree that formal teaching of bioethics shouldbe emphasized and strengthened. 54.3% (N=217) of participants agree that assessment of bioethics should be made necessary. On the other hand, Teacher analyses showed that 91.3% (N=21) of the teachers agree upon the necessity of assessment of Bioethics. The only specific challenge for teachers was lack of special training.45.3% (N=181) of students think Role-playas the preferred method of teaching Bioethics.**Conclusion**: It is concluded in the study that bioethics should be included in the curricula and students and teachers alike consider it important to assess. With the modernization and settingof different trends in the medical practice, the inclusion of bioethics is the need of the time. Thedifferent perception of students and the effective method of teaching of bioethics have been discussed.

Keywords: Bioethics, Challenges, and Perception.

SGRP 2

Assessment of lifestyle behaviour and its association in different professions of Twin citiesusing Short Multidimensional Inventory Lifestyle Evaluation - Confinement (SMILE-C) Questionnaire; A Cross-sectional Survey

Students of Batch E , In charge : Dr Narjis Zaidi

Abstract:

Background: A multidimensional scale (SMILE-C) had been used during the COVID-19. This tool was developed from the original SMILE which is a self-assessed 43-item questionnaire comprising seven lifestyle domains. SMILE-C is a modified version of originalSMILE consisting of 27 items and was developed to carry out a multidimensional and comprehensive assessment of lifestyle during the previous 30 days. It has been used in the western world during the COVID-19 pandemic but hasn't been utilized in the general population of Pakistan. This study aimed at evaluating the lifestyle behavior in different professions by using SMILE-C questionnaire.**Objective:** The study aims to analyze lifestyle behavior among individuals belonging todifferent professions in Pakistan.**Materials and methods:** A survey was conducted among the general population of Pakistan living in Rawalpindi and Islamabad belonging to 5 occupations: doctor, teacher, IT specialist,banker, laborer. The survey comprised of demographic details and questions regarding lifestyle assessed through Short Multidimensional Inventory Lifestyle Evaluation- Confinement (SMILE-C) Questionnaire. The participants voluntarily filled the consent form and self-reported changes in 7 lifestyle domains. Data was analyzed using IBM® SPSS® 27. Kruskal-Wallis test and Mann-Whitney U test were used to test significance among variables**Results:** The total sample size was 400, 80 from each of the five professions. Mean SMILE-Cscore was 82.24 in the total sample. Mean scores among professions were 81.82 ± 8.02 (doctor), 86.70 ± 8.53 (teacher), 81.06 ± 8.11 (IT specialist), 78.79 ± 11.57 (banker), 82.77 ± 12.47 (laborer), indicating that teachers had the highest score (better lifestyle). Differences inseven lifestyle domains among professions was statistically significant ($p<0.001$). Pairwise comparisons among them also showed significant differences in various domains.**Conclusion:** Our study showed meaningful changes in lifestyle among different occupationsin seven lifestyle domains, suggesting that occupation impacts lifestyle behavior in various ways. The findings highlight the importance of incorporating healthy lifestyle practices and the need for targeted lifestyle interventions to promot e health in a community.**Keywords:** Lifestyle, Inventory, Evaluation

SGRP 3

.Knowledge, Attitude, And Practice of Health Care Professionals of Allied Hospitals of about(Human Papilloma Virus) HPV Vaccine: A Cross-Sectional Study

Students of Batch F, Batch In charge: Dr Maimoona Saleem

Abstract

Introduction: Cervical cancer, usually caused by HPV, is becoming a serious health risk and an emerging cause of death among women around the world. More than 60 million females areat risk in Pakistan alone with a crude incidence rate of cervical cancer touching 5.9 million. Vaccination against HPV is one of the most effective methods to combat the issue but might yet be largely unknown in developing nations owing to its newness, and a thorough understanding of medical professionals' awareness of it is lacking.**Objectives**: To assess the health professionals' knowledge of HPV, their awareness of HPV vaccine and their attitude and practices associated with it.**Methodology:** A cross-sectional survey involving 278 medical practitioners from Allied hospitals of RMU. Participants were recruited using convenience sampling and their responsesgathered via Google forms .**Results**: Many gaps and misconceptions were found in HPV knowledge. Only 47.5% were aware of existence of HPV vaccine in Pakistan, with numerous misconceptions about the targetgroup. Despite these knowledge gaps, and though, only 6.5% of the professionals were vaccinated themselves, 64.8% expressed confidence in the vaccine's effectiveness, and 76.3% were willing to vaccinate their children.**Conclusions:** The study revealed a satisfactory level of knowledge regarding HPV among doctors, but it was somewhat lacking in the case of nurses and paramedics. Significant gaps inawareness about HPV vaccination and its practices were identified. Tailored interventions, increased affordability, and comprehensive education campaigns are pivotal to bridging these gaps and advocating informed vaccination practices.**Keywords**: Human Papillomavirus (HPV), Healthcare professionals, Vaccination, Cervical Cancer

SGRP 6

ASSESSMENT OF LEVELS OF PREVENTIVE MEASURES AGAINST CORONA DISEASES AMONG EDUCATED PEOPLE (Non – Medical)

Students of Batch: A. Batch incharge: Dr. Farhan Hassan

ABSTRACT:

Introduction: In late 2019, a novel coronavirus, now designated as SARSCoV-2, was identified as the cause of an outbreak of acute respiratory illness in Wuhan, a city in the Hubeiprovince of China. In February 2020, the World Health Organization (WHO) designated the disease COVID-19, which stands for coronavirus disease 2019.[1] The clinical presentation of 2019-nCoV infection ranges from asymptomatic to very severe pneumonia with acute respiratory distress syndrome, septic shock and multi-organ failure, which may result in death[1].In March 2020, this disease was declared as pandemic by WHO[2]. SARS-CoV-2 uses the angiotensin-converting enzyme II (ACE-2) as the cellular entry receptor[3]. While the virus can infect individuals of any age, to date, most of the severe cases have been described in those >55 years of age and with significant comorbidities, such as COPD[4].**Objective:** To assess the level of preventive measures against corona virus among educated people (non-medical). **Methods:** A cross-sectional study was conducted among non-medical educated people in Punjab from June 22nd , 2020 to June 25th , 2020. Data from 200 participants were collected using convenient sampling from Non-medical educated people fromthe Urban Areas of Punjab. Whereas, people belonging to medical profession such as doctors, nurses, etc. were excluded. A self-designed questionnaire was used to collect data which was analyzed using SPSS version 25. **Results:** Majority 99% (n=198) said that they have heard of corona disease. Majority 92.5% (n=185) consider it as disease caused by corona virus that canbe lethal sometimes. 98.5% (n=197) considered fever, fatigue and dry cough as main clinical symptoms of covid-19. 92% (n=184) people consider early symptomatic and supportive treatment to be affective to treat a covid patient. 97% (n=194) considered isolation and treatment of infected ones to prevent the spread of virus. 63% (n=126) considered covid mainly affects elderly persons. 87.5% (n=175) people considered that patient with premorbid illnessesdevelop more complicated disease. 94% (n=188) considered repetitive hand washing can prevent transmission. 89.5% (n=179) considered hand washing for 20 seconds to be effective. 84.5% (n=169) use hand sanitizers.82% (n=164) think disposable gloves can prevent transmission. 97% (n=194) wear masks at public places and 96.5% (n=193) know to cover bothnose and mouth with mask**. Keywords**: noval coronavirus, septic shock, respiratory distress

SGRP 7

Fever Awareness and its Management among Parents of Children Under5 Years in a Semi-Urban Population: Fever Awareness among Parents

Students of Batch J, Batch In charge: Dr Moniba Iqbal

ABSTRACT

Objective: To find the awareness of parents regarding childhood fever. To assess parents' knowledge ofpreventive measures regarding fever management**. Methodology:**A cross-sectional study conducted by 4th year medical students at Rawalpindi Medical University, Pakistan, gathered data from 205 parents (150 mothers and 55 fathers) inside Holy Family Hospital. The study focused on parents of healthy children aged 6 months to 5 years, excluding those with difficulties understanding the survey. Data included gender, education, socioeconomic status, number of children, age, and knowledge about fever, obtained using a modified questionnaire. Statistical analysis involved IBM SPSS ver. 25, with a chi-square testfor gender, education, socioeconomic status, and number of children, and non-parametric testsfor

age, using a 95% Confidence Interval and a P-value of <0.05 for significance **Results:**In the study involving 205 participants (comprising 150 mothers and 55 fathers), data analysisuncovered a non-normal distribution. Significantly, higher levels of parental education were linked to increased thermometer usage, a higher frequency of alternating antifever drugs, and a reduced tendency to wake children at night for antipyretic medication.In contrast, parents with lower education were more likely to wake their children at night formedication. Socioeconomic status also played a significant role, with parents from lower socioeconomic backgrounds more inclined to wake their children at night for antipyretic medication and to have their children consistently sleep with them. Age was another notable factor, as older parents were more commonly associated with having their children sleep withthem only when the child had a fever, while younger parents were associated with theirchildren always sleeping with them, irrespective of fever presence. Other variables examineddid not yield significant differences.**Conclusion ;** In a study of 205 participants, parental age, gender, and the number of children didn't significantly affect fever management attitudes and behaviors. However, higher educationlevels were associated with increased thermometer use and reduced nighttime medication,while lower socioeconomic status led to less thermometer usage and more nighttime medication. These findings offer insights for improving parental education and healthcarepractices in childhood fever management

SGRP 8

Assessment Of Mental Health Among Medical Students of RMU Rawalpindi

Students of Batch K , Batch In charge : Dr Bushra Farooq.

ABSTRACT.

Introduction: Mental health is an essential part of our general health. Students, especiallythose studying in medical colleges, are more prone to disturbed mental health, which can further affect the. performance of medical students when they enter professional practice. This study aims toassess the condition of mental health among medical students and the factors affecting their mental health status.**Objectives:** The objective of this study is to assess the mental health status of MBBS studentsstudying at Rawalpindi Medical University and to analyze factors affecting their mental health status.**Methods and Materials:** In this cross-sectional study, a total of 315 students were enrolledfrom all five medical education years of study. A Convenience Sampling Technique was applied for data collection. Data was collected in a 3-part questionnaire; Demographics data, General HealthQuestionnaire-28 (GHQ-28) was used to assess status of mental health, and a self-structuredFactors Affecting Mental Health (FAMH) Questionnaire with 14 items was used. For GHQ-28, scoring was done using the Likert Scoring System with a range of 0-84 points with a cutoff value of 24 points.Analysis done using the SPSS v28. Descriptive Statistics were applied to further describe the data. Analytical tests, including Chi-Square, T-test (Mann-Whitney U test and Kruskal-Wallis H test), and Binary Logistic Regression analysis, were applied to the data to find the association of GHQ score, healthy and unhealthy population with the demographics of thestudents and FAMH **Results** A total of 315 students participated with 34% (107) male and 66% (208) female. Mean agewas 21.1 years (SD=2.65). A total of 63 students were enrolled from each year of study.

% (227) non-boarders and 27.6% (87) boarders were included in the study.A significant difference was observed in year of study i.e., mental health of students in clinical years(35%) is significantly worse (p-Value 0.006). 46.2% of non-boarders had GHQscores below 24, but the difference was not statistically significant (p-Value 0.060). Age and gender (male 40.2% and female 44.7% also had no significance statistically i.e., the p-Value> 0.05.Personal physical appearance FAMH2 (p<0.001), preference in choosing the field of study FAMH3 (p=0.002), fear of failure of exams FAMH5 (p=0.003), support from university staff FAMH7 (p=0.001), engagement in social activities FAMH9 (p=0.030), extra-curricular sportsactivities FAMH10 (p=0.001), physical health FAMH12, financial issues FAMH13, and chronic illnesses FAMH14 (p<0.001 respectively), were the factors that affected mental health with a clear statistical significance. Family structure FAMH1 (p=0.064), pressure/demand of medical studies FAMH4 (p=0.078), some foreign exam FAMH6 (p=0.096), family support FAMH8 (0.556), addiction and substance abuse FAMH11 (p=0.465), had no statistical significance on mental health..**Conclusion:** Several factors affect the mental health of medical students, especially physical appearance, fear of failure in exams, finances, and social habits. These factors can hamper the students' abilities to function properly and become an effective part of the medical professional society. Further university policies, habits of students, stress put on the students due to demandsof medical studies, and lack of observation of one's own mental health play a massive part in

determining good mental health.It highlights the need for creating a university environmentthat supports mental health of students and provides regular counselling sessions for those who are fighting with mental health issues and prone to depression and other psychologicaldisorders. Mental health awareness is the need of hour in growing world.

Keywords

Mental health, GHQ, Factors affecting mental health, medical students, university.

SGRP 9

PATTERN OF ACNE IN SOCIODEMOGRAPHIC AND LIFE-STYLE PERSPECTIVES INPATIENTS REPORTING TO DERMATOLOGY OPD IN PULIC SECTOR TEACHING HOSPITALS OF RMU

Students of Batch L , Batch In charge : Dr Saba Maryam

ABTRACT

INTRODUCTION: Acne, an inflammatory skin condition, ranks as the eighth most prevalent disease worldwide..It. is characterized by the presence of comedones, papules, pustules, nodules, and scars, primarilyaffecting the pilosebaceous follicles. Acne often persists into a person's 20s and 30s, withvarying degrees.
OBJECTIVES: Our objectives are to determine the patterns of acne in sociodemographic and life style perspectives in acne patients reporting to OPD in government teaching hospitals of RMU. To find out, among the sociodemographic factors, the most prevalent and dominating factor whichcauses acne.
MATERIALS AND METHODS:The study followed a cross sectional survey design over a six month period from March 2023toAugust 2023. It included patients suffering from acne and excluded those with other skin diseases and pregnant females. A sample size of 321 was determined using the WHO calculator,considering a confidence level of 95%, a margin of error of 2.5% and an estimated prevalenceof5%. The sampling technique employed consecutive non-random sampling. Data was collectedthrough face to face interviews by student researchers and analyzed using SPSS version 26.Descriptive analysis included various statistical measures for categorical and quantitativevariables. Chi square test was also pplied.
RESULTS:Our questionnaire was responded by 321 peoples suffering from Acne. The study found thatacne.was more prevalent in people who wore masks, had chronic medical conditions. Hormonal changes during menstrual cycle influenced acne development in females. While following askincare routine, washing face multiple times a day seemed to protect against acne, using makeup exposure to pollutants were associated with increased risk. Stress, sleep duration, sunlight exposure, mobile phone usage, and touching face multiple times with unwashed hands did not significantly caused acne. Dietary habits particularly eating chocolates have an association **CONCLUSION:**
This study reveals that while genetics may play a role, sociodemographic factors significantly influence the prevalence of acne. Females are more prone to acne, and lifestyle factors such assmoking, mask-wearing, and dietary choices contribute to its development. These findings underscore the need for public education on exacerbating factors related to acne and suggest directions for further research to establish causative links, ultimately improving acne preventionand prognosis.
KEYWORDS: Acne, Females, Risk factors

SGRP 10

Factors associated with Road Traffic Accidents (RTAs) among patients presenting to AlliedHospitals of Rawalpindi Medical University, Pakistan

Students of Batch M , Batch In charge : Dr Ayesha Zujaja

Abstract

Background: Every year, road traffic accidents claim the lives of 1.3 million people worldwide and leave millions more with serious disabilities. Various human demographic factors such as age, sex, location (rural or urban), socioeconomic status as well as other human and environmental factors such as rain and a defect in vehicle, respectively, have beendirectly linked to causing RTAs.

Objectives: The aim of this study is to analyze the factors associated with road trafficaccidents happening in Rawalpindi-Punjab, Pakistan.

Materials and methods: A descriptive cross-sectional study was conducted among patients of RTAs reporting to allied hospitals of Rawalpindi Medical University from July
2023 to September 2023. After taking the written informed consent, data was collected from276 participants by a pre-tested proforma. Data was entered and analyzed by using SPSS version 26.

Results: Data was gathered from 276 individuals with 266 (96.4%) males and 10 (3.6%) females. Chi-square test of independence was used to determine association between severityof injury and variables associated with accidents, via the Kendall's tau-c measure. It showed significant association of variables like violation of traffic rules (coeff.=0.126, p=0.03) ,
intra-city roads (coeff.=-0.123, p=0.01), and media distractions such as using phones, texting-and-driving (coeff.=-0.120, p=0.01), whereas variables such as years of driving experience, collisions with vehicles, number of people on the vehicle, driver health factors including eyesight and hearing problems were not found to be significantly associated withincreasing the severity of injury during accidents.

Conclusion: The study found that violation of traffic rules, poor condition of intra-city roads and media distractions such as using phones, texting and-driving are significantlyassociated with fatal road traffic accidents.

Keywords: Road traffic accident, risk factors, .

SGRP 11

Assessment Of Knowledge And Attitudes Regarding Lifestyle Related Causes Of NonCommunicable Diseases In General Population Of Twin Cities.

Students of Batch N, Batch In charge : Dr Maimoona Saleem

ABSTRACT INTRODUCTION

Often called "lifestyle diseases," non-communicable diseases (NCDs) are a broad category of illnesses that include chronic respiratory disorders, diabetes, cancer, and cardiovascular diseases[2]. Risk factors for these diseases are similar and are mostly related to lifestyle decisions,such as poor eating habits, inactivity, tobacco use[3], and binge drinking. Given the modifiabilityof these risk variables, successful prevention and control initiatives require a thorough

understanding of the general public's knowledge, attitudes, and practices about these lifestyle factors.
Pakistan's twin cities of Islamabad and Rawalpindi serve as a symbol of the larger worldwide threat that non-communicable diseases (NCDs) represent. Rapid urbanization, altered food habits, and evolving cultural norms have all led to a rise in the prevalence of NCDs in this area.However, little study has been done to evaluate this particular population's level of knowledge,attitudes, and practices on lifestyle variables that contribute to NCDs.
OBJECTIVES
To asses the knowledge of residents of twin cities about the risk factors and preventive measuresof NCD's and their attitudes to adopt these preventive measures.
METHODOLOGY
Cross -sectional study from April 2023 till August 2023. Self-structured questionere was usedto collect data both online and direct interviews from the general public of Rawalpindi and Islamabad. Age limit was between 30 to 40years excluding already diagnosed cases.
Data were analyzed using SPSS version 25 and results produced.
RESULTS
Participants in this research were divided into two groups based on their level of knowledge ofNon-Communicable Diseases (NCDs): low knowledge (those aware of fewer than 7 variables)and high knowledge (those aware of 7 variables or more).
The association between these knowledge categories and demographic characteristics revealedinteresting findings. Males (67.1%) were more knowledgeable than females (61.3%). Age showed a slight correlation, with 36-40 (59.3%) having more high-knowledge individuals than30-35 (68.1%). Knowledge was also correlated with residence, marital status, socioeconomic position, job type, family system, BMI, and NCD family history.
Four factors, including socioeconomic position, work type, family system, and family history of NCDs, substantially correlate with knowledge as indicated by p-values.
CONCLUSION
There is a lack of awareness regarding the risk factors and management of non-communicablediseases (NCDs) among the general population of twin cities. While no significant associationwas found between gender and knowledge about pro-NCDs, it is imperative to ensure that health education initiatives are equally accessible to both males and females. Moreover, considering the significant correlation between marital status and knowledge levels, it may be beneficial to tailor educational materials specifically for single individuals.
The study's findings suggest that individuals exhibit varying levels of willingness to protect themselves from these NCDs The research also uncovers disparities in people's readiness to embrace preventive measures against particular NCDs.

KEY WORDS:

Non communicable diseases, Attitude, Lifestyle diseases, modifiability

SGRP14

SELF USE OF ANTIBIOTICS PATTERN & PRACTICES AMONG COLLEGE STUDENTS/GENERAL POPULATION OF RAWALPINDI AND ITS IMPACT ONANTIBIOTIC RESISTANCE

Students of Batch A , Batch Incharge Dr Zaira Azhar.bstract

Background: Self-medication with antibiotics without a prescription is a common but risky practice in developing countries like Pakistan. It contributes to the rise of antibiotic resistance,which is a global public health challenge. Antibiotic resistance makes infections harder to treatand increases the chances of complications, deaths, and health care costs. The study area lackssufficient research on how people use antibiotics on their own and what factors influences theirbehavior.
Materials and Methods: The study adopted a descriptive cross-sectional design and a convenience sampling technique to select 300 participants from the general population of Rawalpindi and Islamabad. The data collection tool was a structured questionnaire with four sections: demographics, knowledge about use of antibiotics, knowledge about antibiotic resistance, and attitudes and behavior towards antibiotic use. The data analysis was performedusing SPSS software, and descriptive statistics and inferential statistics were used to summarizeand interpret the data. The participants were informed about the purpose and procedures of thestudy and gave their consent. Their privacy and confidentiality were respected throughout the study.
Objectives: This study aims to investigate the prevalence, patterns, indications, types, and factors of self-use of antibiotics among the general population of Rawalpindi, and to examine its association with antibiotic resistance.
Results: According to our research, 63.7% of the sample population self-medicated without doctors prescription. While only 36.3% of population never self-medicated. 87.8% of population has knowledge about antibiotic resistance while only 12.8% population has no idea about antibiotic resistance. People who experienced symptoms of antibiotic resistance were 46.6% while people who never experienced antibiotic resistance symptoms were 53.4%. Statistical analysis shows that there is significant relation between self-use of antibiotics and antibiotic resistance (p value < 0.05)

Conclusion: Self-medication is a common practice among the general population, especially in developing countries. However, it poses a serious threat to public health, as it can lead to the emergence and spread of antibiotic resistance. Antibiotic resistance is a phenomenon where bacteria become resistant to the effects of antibiotics, making infections harder to treat and increasing the risk of morbidity and mortality. Our results suggest that the trend of self- medication among the general population is increasing, and that most people have some idea about antibiotic resistance. However, there is still a lack of awareness and knowledge about theproper use of antibiotics and the consequences of misuse. We found a significant relation between self-use of antibiotics and antibiotic resistance, indicating that antibiotic resistance willincrease tremendously in the future as self-use is increasing. Therefore, we recommend that public health authorities implement effective strategies to regulate the availability and prescription of antibiotics, educate the public about the rational use of antibiotics and the dangers of self-medication, and monitor the prevalence and patterns of antibiotic resistance in the community.

SGRP15

Factors associated with awareness regarding Parenteral diagnosis of Thalassemia Major descriptive cross-sectional studyStudents of Batch B , Dr Moniba Iqbal.Abstract

Introduction

Thalassemia is the second most common hemoglobinopathy after sickle cell disease in theworld.The high prevalence of consanguineous marriages has led to an increase in the number of thalassemia carriers and symptomatic cases in Pakistan. Prenatal diagnosis can lead to promptdetection of the condition and management. This research aims to investigate the awareness regarding prenatal diagnosis of thalassemia among parents. We also investigated the predictorswhich can influence the knowledge of prenatal screening.MethodsA descriptive cross-sectional study was conducted among 187 parents who visited Holy FamilyHospital and Razia Sultana Thalassemia Foundation for blood transfusions of their children suffering from thalassemia major from June 2023 to 20 July 2023. Participants' data andopinionswere collected by trained interviewers using a pre-coded questionnaire. Awareness was basedonort. Results.More than two quarters (68%) of the participants were unaware about the creening services. Education level and age were found to be the significant predictors associated with knowledge of screening services (p <0.05). Men (AOR: 3.17, 95% CI: 1.1 to 8.9), parentswith no formal education (AOR: 6.5, 95% CI: 1.50 to 28.44) and primary education (AOR: 4.2, 95%CI: 1.44 to 12.68) were more likely to be unaware about the availability of screening services The majority of participants (>80%) were aware of the increased risk of thalassemia in newgenerations after consanguineous marriages but less than two quarters were against cousin marriages (56%). Most people knew that thalassemia is a genetic disease (84%). Participants responded that premarital screening for thalassemia should be made compulsory and theywouldrecommend others to get screened for thalassemia trait before marriage (>90%). A largefractionexpressed the opinion that the government needs to provide more awareness of thalassemia tothegeneral public (>89%).DiscussionAwareness of prenatal screening is the main factor in the prognosis of thalassemia. There is anurgent need for government to provide awareness regarding the screening services to general public. Also people should be made aware of risks of consanguineous marriages so that youngcouples can make well-informed decisions.

Keywords: Factors, Thalassemia, Parents, Prenatal, Diagnosis

SGRP16SHORT-TERM HEALTH IMPACTS OF PROLONGED USE OF MOBILE PHONES: ACROSS-SECTIONAL STUDYStudents of Batch C , Batch In charge : Dr Bushra Farooq

INTRODUCTION: Mobile phones hve become indispensable tool for communication and information access. With. the increasing reliance on these devices, concerns have emerged regarding the potential healtheffects associated with their prolonged use.**OBJECTIVES**:The objective of this research is to assess the relationship between extended mobile phone useand impact on personal life and professional life **MATERIALS AND METHODS**:A cross sectional study was conducted to investigate the prevalence of mobile phone usageamong students across various academic years at Rawalpindi Medical University.Conveniencesampling was employed and informed consent was taken. 324 students participated, 53 werefrom 1st year, 41 from 2nd year, 85 from 3rd year, 104 from 4th year and 45 from 5th year MBBS.**RESULTS:**Our questionnaire was responded by 324 students of Rawalpindi Medical University. Gender hasa significant effect on the impact of smartphone use on personal life, and females tend to havea higher impact than males on this variable. The average time spent on smartphones per day is between three and four hours. The mean value indicates that the average impact ofsmartphoneuse on personal life is between moderate and high. Most people in the sample use theirsmartphones for four hours per day. Most people in the sample have a moderate impact ofsmartphone use on their personal life, and that there is not much variation in the impactamong the sample. Most men in the sample have a high impact of smartphone use on theirprofessionallife, and that there is not much variation in the impact among them. Prolonged mobile phoneuse

has a negative effect on the short-term health of people according to ourstudy.**CONCLUSION:**
In conclusion, mobiles phones have significant effect on both personal and professional life.Measures need to be taken to avoid these adverse short-term health effects. **KEYWORDS**: Prolonged mobile phone use, Short-term health effects, Phone addictio

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REPORT OF "MUSEUM LEARNING MODULE" (MLM) OF THY EAR MBBSDURING YEAR 2022-2023

DEPARTMENT OF COMMUNITY MEDICINE & PUBLIC HEALTH
RAWALPINDI MEDICAL UNIVERSITY, NTB RAWALPINDI

Forward: Museum of community medicine comprises models, specimen, and sketches of public health importance. One section includes simple gadgets like BP apparatus, anthropometric measurements tools commonly used in population-based surveys or research. There are twelve sections of the museum, containing 53items in total while 3items are outside the cupboards. All these items are used for clarity of concepts and better deliverance of the relevant subject matter to the 4thyear MBBS students during their teaching & training in the discipline of community medicine & public health.

Approximately 350 students of MBBS class are educated over the year through "Museum learning program". All students are rotated for community medicine learningin batches of 22-23 students for period of two weeks over the academic year. One dayof the rotation is reserved for MLM. Students supervised by their dedicated batch in charge visit museum during the scheduled hours. Students have short introductory tourof whole museum in all areas. Students' queries are addressed side by side. Then one pre-scheduled area/section of the museum is explained in detail for pertinent public health knowledge by the Museum in charge tutor. This work is executed under MLM-SOPs and on a specified proforma (annexure-A) record is kept accordingly. The reportof the MLM schedule run over year 2023-24 is hereby given below.

MLM REPORT 4TH YEAR MBBS SESSION (2022-23)

	Batch	Batch in chargename	Dates of rotation	Museum visit	Section of the Museum discussedin detail
1.	D	Dr.ImranaSaeed	6-3-23 to 16-3-23	6-3-23	Population pyramid
2.	E	Dr.Narjis Zaidi	20-3-23 to 30-3-23	20-3-23	Contraceptive methods
3.	F	Dr.MaimoonaSaleem	3-4-23 to 23-4-23	3-4-23	Contraceptive method
4.	G	Dr.AbdulQaddus	17-4-23 to 27-4-23	17-4-23	EPI, cold chain
5.	H	Dr.Asif Maqsood Butt	8-5-23 to 18-5-23	8-5-23	Components of a balanceddiet
6.	I	Dr. Zaira Azhar	29-5-23 to 9-6-23	29-5-23	School health service
7.	J	Dr.SabaMaryam	12-6-23 to 22-6-23	12-6-23	Waste disposal
8.	K	Dr.MunebaIqbal	24-7-23 to 3-8-23	24-7-23	Medical entomology
9.	L	Dr. Zaira Azhar	7-8-23 to 17-8-23	7-8-23	Occupational health
10.	M	Dr.AyeshaZujaja	21-8-23 to 31-8-23	21-8-23	Iceberg phenomenon ofdisease
11.	N	Dr.Zaira Azhar	4-9-23 to 14-9-23	4-9-23	Drug abuse
12.	O	Dr.Asif Maqsood Butt	18-8-23-28-9-23	18-8-23	Types of school desks
13	P	Dr.Abdul Qaddus	2-10-23 to 12-10-23	2-10-23	Global warming
14	A	Dr.MaimoonaSaleem	16-10-23to 26-10-23	16-10-23	Disaster triage

REPORT (2022-23) OF CENTER FOR HEALTH COMMUNICATION (CHC)

Department of Community Medicine & Public Health

RAWALPINDI MEDICALUNIVERSITY

CHC THEME

Health communication is the study and use of communication strategies to inform andinfluence choices people make about their health. Health information technology includes digital tools and services used to enhance patients' self-care, assist in patient-provider communication, inform health behaviors and decisions, prevent health complications, and promote health equity. Messages are shared directly by the studentsand the faculty in every possible opportunity including community settings, Hospitals OPDs, attendants of patients in wards and resting areas, public health conferences & seminars, health walks etc. Health communication and health information technology enables health professionals and the public to search for, understand, and use health information to significantly impact their health decisions and actions.

Communication alone can do:

Increase the intended audience's knowledge and awareness of a health issue,problem, or solution

- Influence perceptions, beliefs, and attitudes that may change social norms
- Prompt action
- Demonstrate or illustrate healthy skills
- Reinforce knowledge, attitudes, or behavior
- Show the benefit of behavior change
- Advocate a position on a health issue or policy
- Increase demand or support for health services
- Refute myths and misconceptions
- Strengthen organizational relationships

Communication combined with other strategies can:

- Cause sustained change in which an individual adopts and maintains a new health behavioror an organization adopts and maintains a new policy direction
- Overcome barriers/systemic problems, such as insufficient access to care

In Rawalpindi Medical University, Centre for Health communication has established with theguide lines of Worthy Vice Chancellor and Dean of Community Medicine department. Here we guide medical students to develop health messages regarding area of health problem.

HEALTH MESSAGE DEVELOPMENT TO DISSEMINATION WORKSOPS

1. Batch in charge two days prior to commencement of the batch meet HOD/Seniorfaculty to discuss and finalize Topic for Health Message.
2. We conduct a batch tour to CHC Room to initiate and motivate about work ahead.

3. We conduct a Health Message development session in CHC Room under HOD/seniorfaculty
4. Initial draft of Health Message is prepared.
5. Health Message is finalized by the HOD/senior faculty.
6. Health Communication/ Health Message deliverance firstly discussed with HOD/senior faculty (site / community, method of deliverance).
7. Whole record of the Health Message Development by the batch is kept and handedover to in charge CHC Dr. Sana and Dr. Narjis coordinator-CHC.
8. Colored copies of Health Message (4-6).
9. Pics/videos of the whole activity (Process of development and communication to thecommunity)

HEALTH MESSAGE COMMUNICATION, SOP'S FOR STUDENTS

Each student will communicate at least 05 persons for the given message

1. Students will keep record of this health communication (recipient detail,name, age gender).
2. Students will submit original record to the batch in charge in written form.
3. Health Message Communication activity will be carried out undersupervision of batch in charge

CHC ACTIVITIES CONDUCTED DURING 2022-23

- World Breast Feeding Week Seminar collaboration with WHO on 03/08/22
- Health education session and screening for breast cancer in community and public sectoruniversities starting from 25/10/22
- Breast Cancer Awareness seminar with self examination in RMC 6th road on 26/10/22
- Breaking the stigma of HIV/AIDS among health professionals seminar 10/12/22
- Pre conference workshop of health communication and community engagement on14/12/22
- Health Day Celebration ; World Cancer Day ; 15/03/23
- World Obesity day celebration at Pak Turk school on 30/03/23
- Polio prevention seminar with collaboration WHO on 15/05/23
- Health survey in Adyala jail on 02/11/22
- Health message develop during whole year
- Research work during whole year on their designated topic
- Celebrating different health days with collaboration of WHO and Allied hospitals likeHepatitis day, Breast feeding week

Activity: World Breast Feeding Week Seminar started from 03/08/22 in RMUcollaboration with WHO

Activity: "Breast Cancer Awareness Campaign – RMU Universities Forum to Promote Breast Cancer Screening to Prevent BC relatedmortality in women and also in Rawalpindi community"

Scheduled on 25/10/22 in commercial market Rawalpindi and in RMC

Activity: Dengue counselling and attendants' awareness



Activity: World Cancer Day Seminar

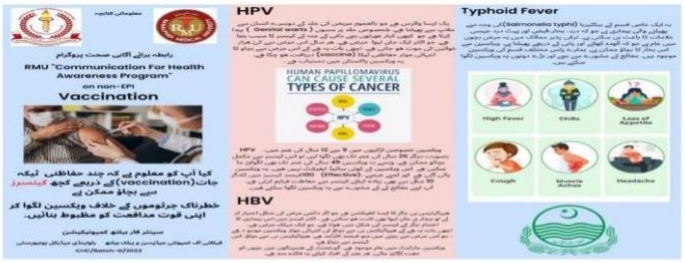
Health Care Activity In Adyala Jail , Rawalpindi on 19/01/2023 Community Awareness & Engagement

Activity: Adyala Jail Health Care activity

Health Message Development – 2023

	Topic Of Health Messa	Batch In Charge	Dates
	World Cancer Day	Dr Imrana	8th to 21st March
	World Obesity Day	Dr Narjis	22nd March to 4th April
	Neend bunyadi Zarorat	Dr Maimoona	5th to 18th April
	Health Awareness programs on non-EPI Vaccination	Dr .Abdul Qudoos	19th April to 2ndMay
		Dr Asif	3rd May to 16th May
	Blood donation Behtreen attiya	Dr Bushra	17th May to 30th May
	Elder Abuse	Dr Saba	31st May to 13th June
	How to protect from Rabies	Dr Moniba	14th to 27th June
	Health Issues and Management After Natural Disasters	Dr Zaira	28th June to 11th July
	World Patient's Safety Day	Dr Ayesha	
	World Heart Day	Dr Zaira	04th to 09th September
	Breast Feeding	Dr Asif	15th to 30th September
	Rabies Still Kills	Dr Abdul Qudoos	2nd to 12th October

World rabies day dates (.....) Batch p \ Dr Abdul Qudoos. Message Disseminated in Community By students to 600 community members.



World Immunization week (24 to 30 April) Batch G \ Dr Abdul Qudoos. Message Disseminated in Community By students to 600 community members.

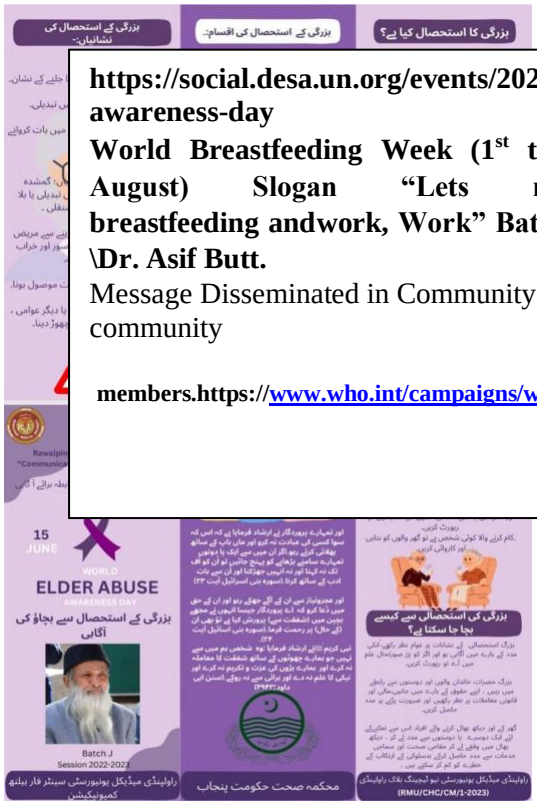
World Cancer Day theme “Close the Care Gap” 4th February Batch D \ Dr Imrana Saeed Message

World Obesity Day theme" Changing perceptive, Let's talk about Obesity" (4th March)Batch E \ Dr.

https://www.worldobesityday.org/

Narjis Zaidi. Message Disseminated in Community by students to 600 community members.

World Elder Abuse Day theme" Closing the circle: Addressing Gender based violence inolder age policy , Law and evidence-based responses" (15th June) Batch L \ Dr. Saba Maryam.Message Disseminated in Community by students to 600 community members.



https://social.desa.un.org/events/2023-world-elder-abuse-awareness-day

World Breastfeeding Week (1st to 7th August) Slogan "Lets make breastfeeding andwork, Work" Batch O \Dr. Asif Butt.

Message Disseminated in Community by students to 600 community

members.https://www.who.int/campaigns/world breastfeeding-week/2023

World Sleep Day theme " Sleep is essential for Health" (17th March) https://worldsleepday.org/ Batch F \ Dr. Maimoona .Message Disseminated in Community by students to 600 community members.

World Hepatitis Day theme " 1 Liver 1 Life" (28th July https://www.worldhepatitisday.org/ Batch K \ Dr. Moniba Iqbal.Message Disseminated in Community by students to 600community members.

World Heart Day theme " Use Heart, Know Heart"(29 September) Dr. Zaira Azhar. Message Disseminated in Community by students to 600 community

World Blood Donor Day theme "Give Blood, Give Plasma, Save Lives, Save Often" (14 June) Batch I\ Dr. Bushra Farooq.

https://www.who.int/campaigns/world-blood-donor-day/2023

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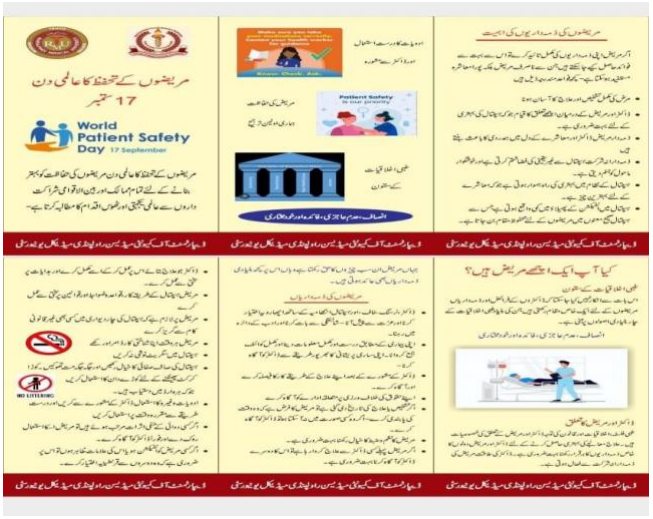

World Patient's Safety Day theme " Our Aim Zero Harm"

https://www.who.int/campaigns/world-patient-safety-day/2023#:~:text=World%20Patient%20Safety%20Day%202023%20is%20dedicated%20to%20the%20theme,the%20voice%20of%20patients!%E2%80%9D.

Batch M \ Dr. Ayesha Zujaja.Message Disseminated in Community by

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