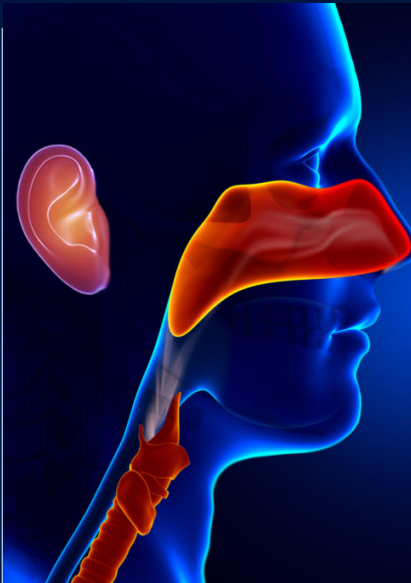




Rawalpindi Medical University



**Oto Rhino Laryngology Block-1 (Module 1 and 2) (Y4B1)**  
Integrated Clinically Oriented Modular Curriculum  
4<sup>th</sup> Year MBBS 2024 (Revised)



Department of Medical Education



**Fourth Year MBBS 2024 (Revised)**

**Oto Rhino Laryngology Block-1 (Module 1 and 2)**

**Study Guide**

**Integrated Clinically Oriented Modular Curriculum**

## Table of Contents

<b>1. Otorhinolaryngology Block-1 team</b>	<b>02</b>
<b>2. Curriculum Mission and Vision</b>	<b>03</b>
<b>3. Curricular outcomes/competencies</b>	<b>04</b>
<b>4. Terms and abbreviations</b>	<b>05</b>
<b>5. Domains of learning according to Blooms taxonomy</b>	<b>06</b>
<b>6. Teaching and learning methodologies and strategies Large group interactive sessions (LGIS)</b>	<b>07</b>
<b>7. Small Group Discussion (SGD)</b>	<b>08</b>
<b>8. Self Directed Learning (SDL), Case Based Learning (CBL)</b>	<b>09</b>
<b>9. Learning objectives (L.O.s)</b>	<b>12</b>
<b>10.Assessment Policies</b>	<b>31</b>
<b>11.Assessment Plan</b>	<b>33</b>
<b>12.Assessment frequency and time in</b>	<b>35</b>
<b>13.Table of specifications</b>	<b>37</b>
<b>14.Learning Resources</b>	<b>46</b>
<b>15.Time Table</b>	<b>47</b>
<b>16.Research</b>	<b>58</b>
<b>17.Bioethics</b>	<b>59</b>
<b>18.Family Medicine</b>	<b>59</b>
<b>19.Artificial intelligence</b>	<b>59</b>

## 1.Otorhinolaryngology Block-1 Team

Block Name : Otorhinolaryngology Block-1 (Module I-II)  
 Duration of module : 03 Weeks each module

Block Committee			Block Task Force Team		
1.	Vice Chancellor RMU	Prof. Dr. Muhammad Umar	1	Coordinator	Dr. Ashar Alamgir
2.	Director DME	Prof. Dr. Rai Muhammad Asghar	2	DME Focal Person	Dr. Maryum Batool
3.	Convener Curriculum	Prof. Dr. Naeem Akhter			
4.	Dean Basic Sciences	Prof. Dr. Ayesha Yousaf			
5.	Additional Director DME	Prof. Dr. Ifra Saeed			
6.	Chairperson Otorhinolaryngology	Prof Nousheen Qureshi (HOD)			
7.	Chairperson Community Medicine	Prof. Dr. Arshad Sabir	<b>DME Implementation Team</b>		
			1	Director DME	Prof. Dr. Rai Muhammad Asghar
8.	Focal Person Otorhinolaryngology	Dr Huma	2	Add. Director DME	Prof. Dr. Ifra Saeed
9.	Focal Person Community Medicine	Dr Sana	3	Deputy Director DME	Dr Shazia Zaib
			4	Module planner & Implementation coordinator	Dr. Omaima Asif
			5	Editor	Dr Omaima Asif

**Dr Ashar Alamgir**  
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 Rawalpindi Medical University, Rawalpindi

**Prof. Dr Nousheen Qureshi**  
 Professor/HOD ENT Department  
 Rawalpindi Medical University, Rawalpindi

**Prof Muhammad Umar**  
 Vice Chancellor  
 Rawalpindi Medical University

## RMU Motto



## 2. Curriculum Mission and Vision

### Mission Statement

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

### Vision and Values

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

### Goals of the Undergraduate Integrated Modular Curriculum

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

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

### 3. Preamble

This curriculum is according to the standards set by following organizations.

1. Foundation for Advancement of International Medical Education and Research (FAIMER)
2. Accreditation Council for Graduate Medical Education (ACGME)
3. World Federation for Medical Education (WFME)
4. Undergraduate Education Policy 2023 from Higher Education Commission (HEC)
5. Pakistan Medical and Dental Council (PMDC) guidelines for undergraduate Medical Education Curriculum (MBBS) 2022

It is based on **SPICES** model of educational strategies which is student centered, problem based, integrated, community oriented and systematic.\*

Teacher centered	→	Student centered	S
Information oriented	→	Problem based	P
Discipline based	→	Integrated	I
Hospital based	→	Community based	C
Standardized curriculum	→	Elective programs	E
Opportunistic	→	Systematic	S

\*Harden, R. M., Sowden, S., & Dunn, W. R. (1984). Educational strategies in curriculum development: The SPICES model. *Medical Education*, 18, 284-297. <http://dx.doi.org/10.1111/j.1365-2923.1984.tb01024.x>

Total duration of block is 6 weeks. 3 weeks module I, 3 weeks module II.



# Foundation for Advancement of International Medical Education and Research

Rawalpindi Medical University is in World Directory of Medical Schools

[https://search.wdoms.org/?\\_gl=1\\*b2ddww\\*\\_ga\\*MTQyNTAwNzIxMi4xNzA2ODEwNjcx\\*\\_ga\\_R5BJZG5EYE\\*MTcwNjgzNjg3Ni4yLjAuMTcwNjgzNjg3Ni4yLjAuMA..](https://search.wdoms.org/?_gl=1*b2ddww*_ga*MTQyNTAwNzIxMi4xNzA2ODEwNjcx*_ga_R5BJZG5EYE*MTcwNjgzNjg3Ni4yLjAuMTcwNjgzNjg3Ni4yLjAuMA..)

**World Directory of Medical Schools**

Home About Sponsors Subscription Search

Home > Search > School Details New Search

### Rawalpindi Medical University

Pakistan

School Details | Contact Information | Program Details | Sponsor Notes

School Type:	Public
Year Instruction Started:	1974
Operational Status:	Currently operational
Alternate Names:	Rawalpindi Medical College (1974 - 2017)
Academic Affiliation:	University of Health Sciences Lahore (Current) University of the Punjab (Former)
School Website(s):	<a href="#">In English</a>

FAIMER SCHOOL ID: F0000151



According to Accreditation Council for Graduate Medical Education (ACGME) the competencies needed are:

- Honesty and Integrity
- Accountability and Transparency
- Equity and Fairness
- Diversity and Inclusion
- Excellence and Innovation
- Stewardship and Service
- Leadership and Collaboration
- Engagement of Stakeholders



ACGME

**Accreditation Council for Graduate Medical Education**

The outcomes described by World Federation for Medical Education (WFME) are:

- Values
- Behaviors
- Skills
- Knowledge
- Preparedness for being a doctor



<https://wfme.org/wp-content/uploads/2020/12/WFME-BME-Standards-2020.pdf>

## According to Undergraduate Education Policy 2023 from Higher Education Commission (HEC)

The primary objective of the policy is to promote the student success which is envisioned as the ability to comprehend and apply conceptual knowledge, acquire professional skills and competencies, and act as an individual having strong civic and ethical values of tolerance and inclusiveness.

The specific objectives of the policy include the following:

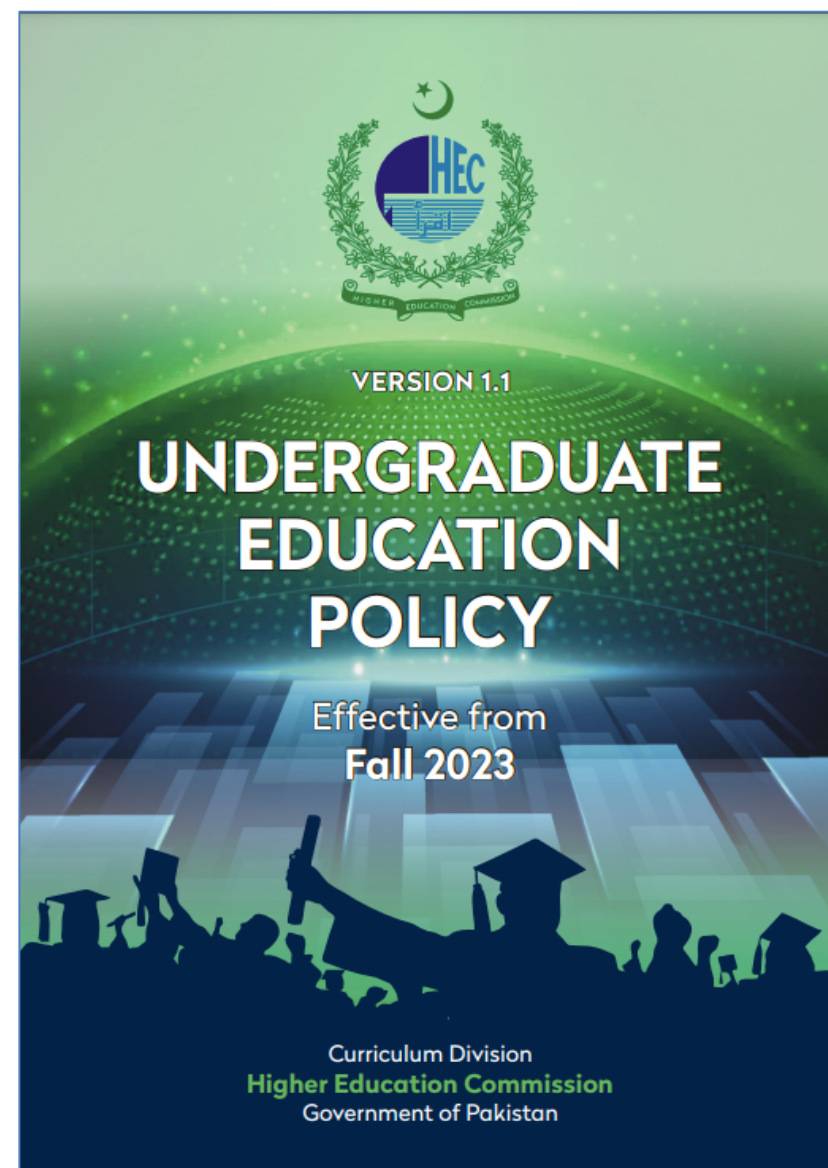
**a) Competency Based Learning:** To develop the 21 century outcomes of the learning process focusing mainly on: i. Knowledge (disciplinary, interdisciplinary, epistemic, procedural, etc.) ii. Skills (communication and soft skills, proficient use of ICT, integrated, analytical and quantitative reasoning, creative thinking, etc.) iii. Professional Behavior (self-regulation, time management, integrity, intellectual curiosity, intellectual openness, etc.) iv. Interpersonal Attributes (empathy, self-efficacy, teamwork, etc.)

**b) Balance between Breadth and Depth:** To ensure that the undergraduate education focuses not only on the main field of specialization but also provides exposure to the interdisciplinary areas of knowledge.

**c) Applied Knowledge:** To promote application of academic knowledge to effectively respond to real life, entrepreneurial and industry challenges and requirements.

**d) Emphasis on Creativity:** To equip students with the sense and ability to demonstrate creativity, curiosity, exploration and reflective problem solving.

**e) Terminal Degree:** To design all undergraduate degrees with an objective of making them sufficient to meet the requirements of the job market. It will however be at the discretion of the graduates to seek further education.



<https://www.hec.gov.pk/english/services/students/UEP/Documents/UGE-Policy.pdf>

## According to Pakistan Medical and Dental Council (PMDC) guidelines for undergraduate Medical Education Curriculum (MBBS) 2022

### Seven star doctor

Skillful	Knowledgeable
Community health promoter	Critical thinker
Professional	Scholar
Leader and role model	

### **Skillful (Clinical, Cognitive and Patient Care Skills)**

Takes a focused history	Perform physical and psychological examination
Formulates a provisional diagnosis	Orders appropriate investigations
Performs various common procedures	Debates, formulates management plans
Manages time and prioritizes tasks	Ensures patient safety.
Advises and counsels, educates, recognizes and takes in to consideration issues of equality	
Describes and debates the reasons for the success or failures of various approaches	



[https://pmc.gov.pk/Documents/Examinations/Guidelines%20for%20Undergraduate%20Medical%20Education%20Curriculum%20\(MBBS\).pdf](https://pmc.gov.pk/Documents/Examinations/Guidelines%20for%20Undergraduate%20Medical%20Education%20Curriculum%20(MBBS).pdf)

### **Knowledgeable (Scientific Knowledge for Good Medical Practice)**

Differentiates, relates, applies and ensures knowledge is gained.

### **Community Health Promoter (Knowledge of Population Health and Healthcare Systems)**

Understands their role and be able to take appropriate action

Determinants of health impact on the community

Takes appropriate action for infectious non-communicable disease and injury prevention

Evaluates national and global trends in morbidity and mortality

Works as an effective member of health care team

Adopts a multidisciplinary approach for health promotion

Applies the basics of health systems

Makes decisions for health care.

### **Critical thinker (Problem Solving and Reflective Practice)**

Use of information      Critical data evaluation

Regular reflection on their practice

flexibility and problem solving approach

Raising concerns about public risks and patient safety.

Dealing effectively with complexity, uncertainty and probability

Initiating participating in or adopting to change,

Commitment to quality assurance,

### **Professional (Behavior and Professionalism)**

Life long, self-directed learner

Seeks peer feedback

Provides evidence of continuing career advancement

responds positively to appraisals and feedback

Ethical, Collaborator, Communicator.

Demonstrates continuous learning

Manages information effectively

Functions effectively as a mentor and a trainer,

Altruistic and empathetic

## **Scholar and Researcher**

- a. Identifies a researchable problem and critically reviews the literature
- b. Phrases succinct research questions and formulates hypotheses
- c. Identifies the appropriate research design(s) in epidemiology and analytical tests in biostatistics to answer the research question.
- d. Collects, analyzes and evaluates data, and presents results.
- e. Demonstrates ethics in conducting research and in ownership of intellectual property.

## **Leader and Role Model**

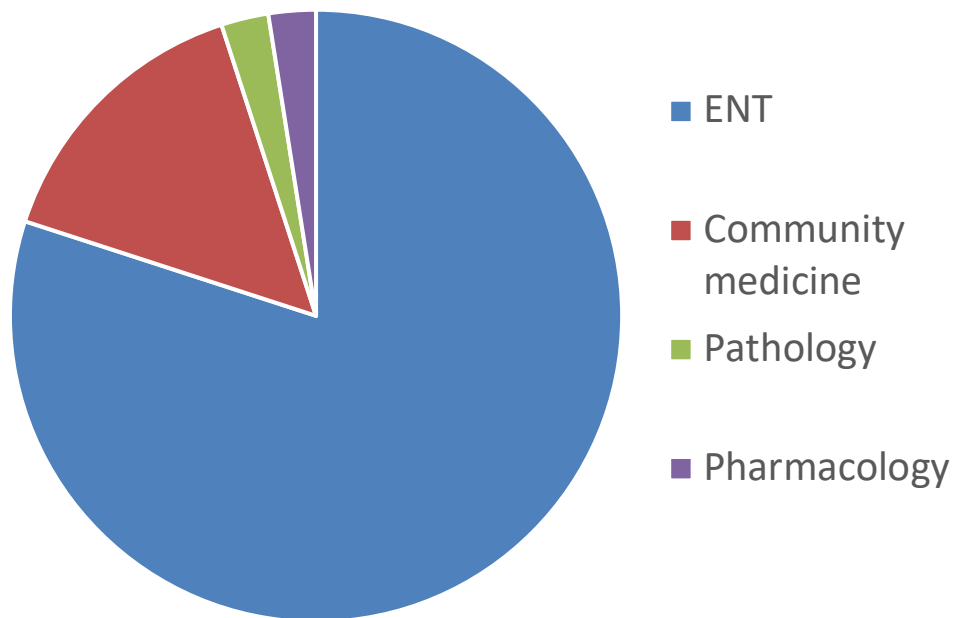
Demonstrates exemplary conduct and leadership potential in a. advancing healthcare b. enhancing medical education c. initiating, participating in and adapting to change, using scientific evidence and approaches d. Enhancing the trust of the public in the medical profession by being exceptional role model at work and also when away e. accepting leadership roles f. Providing leadership in issues concerning society.

- Appreciate concepts & importance of
  - **Research**
  - **Biomedical ethics**
  - **Family medicine**
  - **Artificial Intelligence**

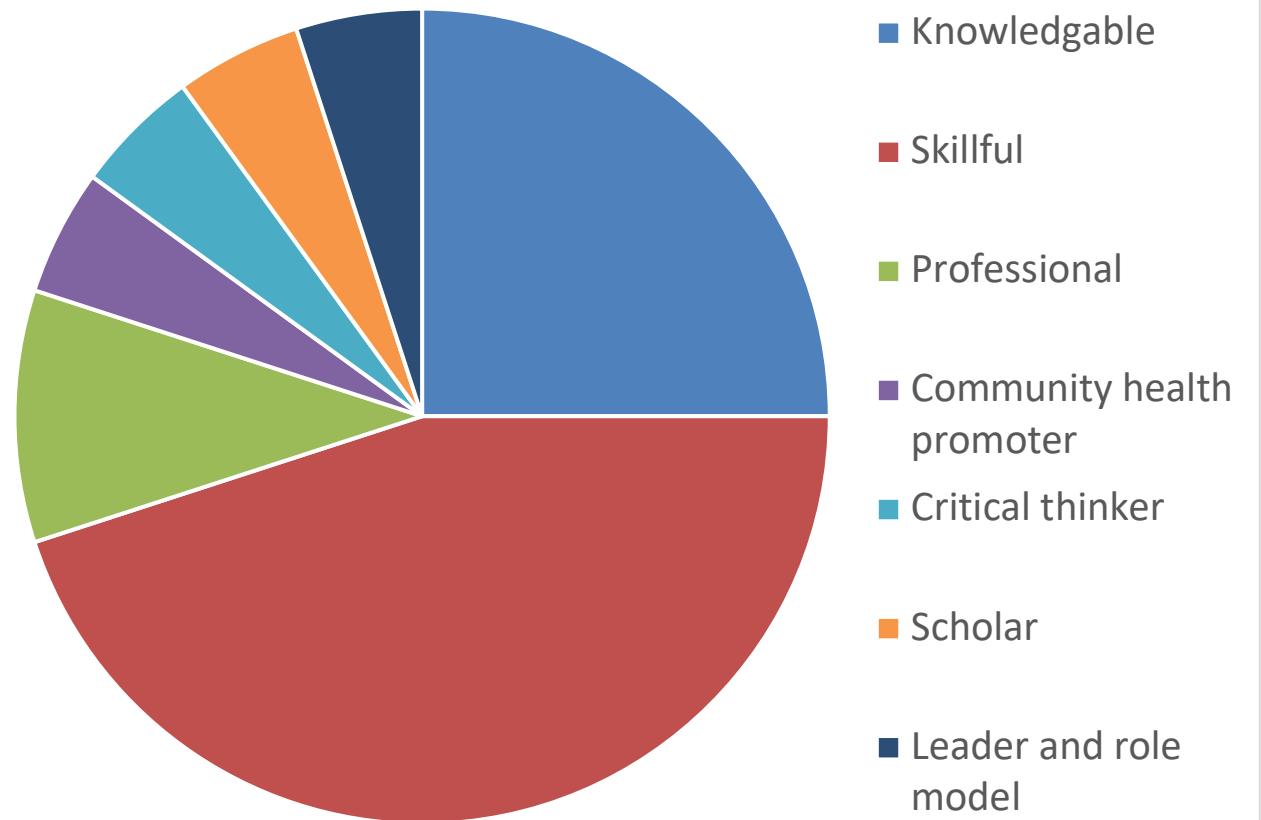
This module will run in 6 weeks duration. The content will be covered through introduction of topics. Instructional strategies are given in the time table and learning objectives are given in the study guides. Study guides will be uploaded on the university website.

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### RMU Block 1 Otorhinolaryngology Integration



### RMU Block 1 Otorhinolaryngology Competency framework



## 4. Terms & Abbreviations

### Contents

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

### Tables & Figures

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



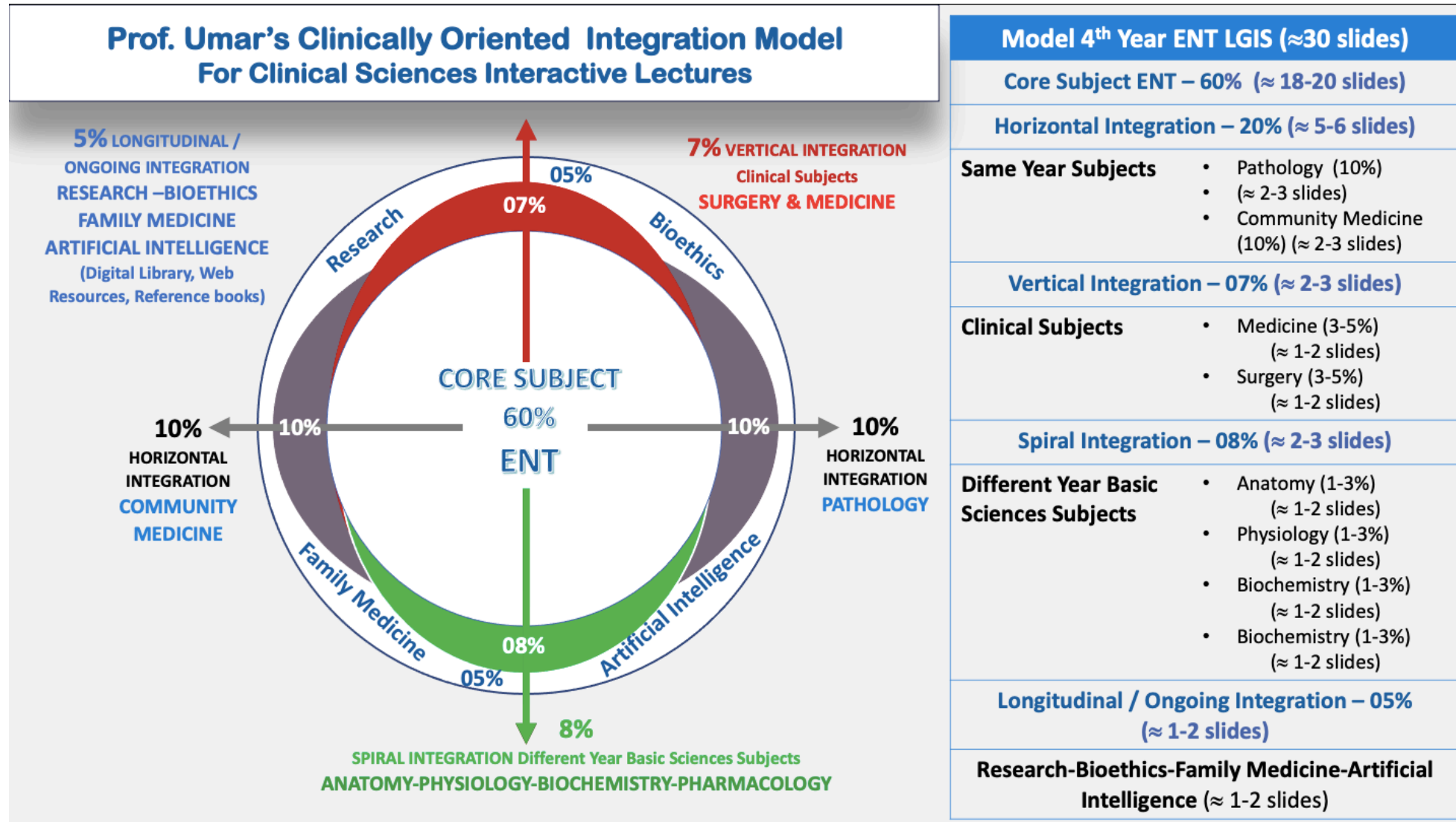
## 5.Domains of learning according to Blooms Taxonomy

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

## 6. Teaching and Learning Methodologies / Strategies

### Large Group Interactive Session (LGIS)

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



## 7.Small Group Discussion (SGD)

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

**Table 2. Standardization of teaching content in Small Group Discussions**

S.No	Topics	Approximate %
1	Title Of SGD	
2	Learning Objectives from Study Guides	
3	Horizontal Integration	5%+5% = 10%
4	Core Concepts of the topic	70%
5	Vertical Integration	10%
6	Related Advance Research points	3%
7	Biomedical Ethical points	2%
8	Spiral integration	5%

**Table 3. Steps of taking Small Group Discussions**

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

## **8. Self Directed Learning (SDL)**

- Self-directed learning is a process where students take primary charge of planning, continuing and evaluating their learning experiences.
- Time home assignment
- Learning objectives will be defined
- Learning resources will be given to students = Text book (page no), web site
- Assessment: i. online on LMS (Mid module/ end of Module)
  - ii. OSPE station

## **Case Based Learning (CBL)**

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

# Learning Objectives, Teaching Strategies & Assessments

## Contents

- Introduction to RMU and Disciplines
- Medical Education and Integrated Disciplines
- Horizontally Integrated Basic Sciences (Anatomy, Physiology, Pharmacology, Pathology, Community Medicine)
- Large Group Interactive Session:
  - Otorhinolaryngology (LGIS)
  - Community Medicine (LGIS)
- Small Group Discussions
  - Otorhinolaryngology (SGD)
  - Community Medicine (SGD)
- Self-Directed Topic, Learning Objectives & References
  - Otorhinolaryngology (SDL)
  - Community Medicine (SDL)
- Wards, operation theatres (CBL)

## Orientation Day Introduction to New Teaching Block & Hospital Disciplines

Medical Education And Integrated Disciplines			
Topic	Facilitator	Learning Objectives	Teaching Strategy
<b>Introduction to RMU and Allied Hospitals</b>	Vice Chancellor	Honorable VC will welcome and introduce the University and Allied Hospitals.	LGIS
<b>The students will be able to:</b>			
<b>Introduction to Medical Education Department</b>	Assistant Director DME	• Introduce DME	LGIS
		• Define Medical Education	
		• Discuss its role	
		• Appreciate role of DME in their curriculum	
		• Appreciate role of DME in attendance monitoring	
		• Illustrate the application	
<b>Introduction to Pre-Clinical Sciences</b>	Implementation In charge 4 <sup>th</sup> Year MBBS	• Leave submission process	LGIS
		• Introduction to Departments	
		• Introduction to Hospitals	
		• Discussion about Teaching & Learning strategies	
		• Assessment Model	
<b>Introduction to Medicine &amp; Allied</b>	Lecture by Dean of Medicine & Allied	• Discipline	LGIS
		• Define medicine	
		• Discuss History of medicine	
		• Describe Islamic concepts of medicine	
		• Identify Basic sciences involved in medicine	
		• Identify Clinical subjects and their role	
• Describe practice of medicine			
		• Describe the process	

## 9.Learning Objectives of ENT (LGIS) Block-1

Topic	Learning objectives At the end of the lecture the student should be able to	Learning domain	Teaching strategy	Assessment tool
<b>Otology</b>				
<b>Endoscopic anatomy of middle ear</b>	<ul style="list-style-type: none"> <li>• Define middle ear cleft</li> <li>• Parts of middle ear</li> <li>• Physiology of middle ear</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Anatomy and physiology of ear and vestibular system</b>	<ul style="list-style-type: none"> <li>• Parts of ear and vestibular system</li> <li>• Functions of cochlea and vestibular system</li> <li>• Biochemical processes of cochlea and vestibular system</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Acute otitis externa Malignant otitis externa</b>	<ul style="list-style-type: none"> <li>• Definition of acute otitis externa and malignant otitis externa</li> <li>• Clinical features, diagnosis, investigations</li> <li>• Management plan</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Acute otitis media Otitis Media with effusion Eustachian tube catarrh</b>	<ul style="list-style-type: none"> <li>• Definition of acute otitis media and otitis media with effusion</li> <li>• Clinical features, diagnosis, investigations</li> <li>• Management plan</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Chronic otitis media</b>	<ul style="list-style-type: none"> <li>• Definition of chronic otitis media</li> <li>• Clinical features, diagnosis, investigations</li> <li>• Management plan</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Complications of chronic otitis media</b>	<ul style="list-style-type: none"> <li>• Different types of complications of chronic otitis media</li> <li>• Clinical features, diagnosis, investigations</li> <li>• Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Facial nerve palsy</b>	<ul style="list-style-type: none"> <li>• Anatomy of facial nerve, types of facial nerve palsy</li> <li>• Clinical features, diagnosis, investigations</li> <li>• Management plan</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Otosclerosis</b>	<ul style="list-style-type: none"> <li>• Definition of otosclerosis, types, pathophysiology</li> <li>• Clinical features, diagnosis, investigations</li> <li>• Management plan</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE

	•			
<b>Sensorineural hearing loss</b>	• Definition of sensorineural, noise induced, drug induced hearing loss, Meniere's disease	C1	LGIS	SAQ MCQ OSCE
<b>Noise induced hearing loss</b>	• Clinical features, diagnosis, investigations	C2		
<b>Meniere's disease</b>	• Management plans	C3		
<b>Drug induced hearing loss</b>				
	•			
<b>Types of mastoidectomies</b>	• Canal wall up, canal wall down mastoidectomies	C1	LGIS	SAQ MCQ OSCE
	• Investigations before mastoid exploration	C2		
	• Post operative care	C3		
<b>Audiology</b>				
<b>Pure tone audiometry</b>	• Hearing assessment methods and tests	C1	LGIS	SAQ MCQ OSCE
<b>Tympanometry</b>	• Types of graphs	C2		
<b>BERA test</b>	• Clinical implications and diagnoses	C3		
<b>ASSR test</b>				
<b>Hearing aids</b>	• Types of hearing aids	C1	LGIS	SAQ MCQ OSCE
<b>Cochlear implant</b>	• Parts of cochlear implant	C2		
	• Indication of hearing aids and cochlear implant	C3		
<b>Rhinology</b>				
<b>Anatomy and physiology of nose and paranasal sinuses</b>	• Anatomy of nasal septum, nasal cavity, paranasal sinuses	C1	LGIS	SAQ MCQ OSCE
	• Physiology of nasal septum, nasal cavity, paranasal sinuses	C2		
	• Clinical aspects of anatomical variations	C3		
<b>Snoring and sleep apnoea</b>	• Definition of snoring and sleep apnoea	C1	LGIS	SAQ MCQ OSCE
	• Clinical features, diagnosis, investigations	C2		
	• Management plans	C3		
<b>Nasopharyngeal angiofibroma</b>	• Origin of nasopharyngeal angiofibroma	C1	LGIS	SAQ MCQ OSCE
	• Clinical features, diagnosis, investigations	C2		
	• Management plan	C3		
<b>FESS</b>	• Definition of FESS	C1	LGIS	SAQ MCQ OSCE
	• Steps of FESS	C2		
	• Complications of FESS	C3		
<b>Deviated Nasal Septum</b>	• Definition of deviated nasal septum, rhinoplasty	C1	LGIS	SAQ MCQ
<b>Rhinoplasty</b>	• Clinical features, diagnosis, investigations	C2		
		C3		



	<ul style="list-style-type: none"> <li>Management plans</li> </ul>			OSCE
<b>Acute and chronic rhinosinusitis</b>	<ul style="list-style-type: none"> <li>Definition of acute and chronic sinusitis</li> <li>Clinical features, diagnosis, investigations</li> <li>Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Nasal polyps</b> <b>Allergic</b> <b>Infective</b>	<ul style="list-style-type: none"> <li>Types and pathophysiology of nasal polyps</li> <li>Clinical features, diagnosis, investigations</li> <li>Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Complications of rhinosinusitis</b>	<ul style="list-style-type: none"> <li>Enumerate complications of rhinosinusitis</li> <li>Clinical features, diagnosis, investigations</li> <li>Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Allergic rhinitis</b>	<ul style="list-style-type: none"> <li>Definition of Allergic Rhinitis</li> <li>Pathophysiology</li> <li>Clinical features, diagnosis, investigations</li> <li>Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Radiology of nose and PNS</b>	<ul style="list-style-type: none"> <li>Important investigations done for nose and PNS</li> <li>Indications and findings</li> <li>Recent advances</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Septal hematoma</b> <b>Septal abscess</b>	<ul style="list-style-type: none"> <li>What is Septal hematoma, septal abscess</li> <li>Clinical features, diagnosis, investigations</li> <li>Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Basal cell carcinoma</b> <b>Squamous cell carcinoma</b>	<ul style="list-style-type: none"> <li>What is BCC, SCC nose</li> <li>Clinical features, diagnosis, investigations</li> <li>Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Oral cavity, Head and Neck, Aerodigestive tract</b>				
<b>Acute Chronic tonsillitis</b> <b>Peritonsillar abscess</b> <b>Retropharyngeal abscess</b> <b>Parapharyngeal abscess</b>	<ul style="list-style-type: none"> <li>Anatomy of tonsils, retropharyngeal, parapharyngeal spaces</li> <li>Clinical features, diagnosis, investigations</li> <li>Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Adenoiditis</b>	<ul style="list-style-type: none"> <li>What is adenoiditis</li> <li>Clinical features, diagnosis, investigations</li> <li>Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Vocal nodules</b> <b>Vocal polyps</b> <b>Reinke's edema</b>	<ul style="list-style-type: none"> <li>What is vocal nodule, vocal polyp, Reinke's edema</li> <li>Clinical features, diagnosis, investigations</li> <li>Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Ludwigs angina</b>	<ul style="list-style-type: none"> <li>What is Ludwigs angina</li> </ul>	C1	LGIS	SAQ

	<ul style="list-style-type: none"> <li>• Causative organism</li> <li>• Clinical features, diagnosis, investigations</li> <li>• Management plans</li> </ul>	C2 C3		MCQ OSCE
<b>Diseases of salivary glands</b>	<ul style="list-style-type: none"> <li>• Anatomy and physiology of salivary glands</li> <li>• Diseases of salivary glands</li> <li>• Clinical features, diagnosis, investigations</li> <li>• Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Anatomy and physiology of oral cavity and pharynx</b>	<ul style="list-style-type: none"> <li>• Anatomy of oral cavity, pharynx</li> <li>• Blood supply of oral cavity, pharynx</li> <li>• Physiology of oral cavity and pharynx</li> <li>• Clinical implications</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Anatomy and physiology of Larynx, Trachea, bronchi</b>	<ul style="list-style-type: none"> <li>• Anatomy of larynx, trachea, bronchi</li> <li>• Physiology of larynx, trachea, bronchi</li> <li>• Nerve supply of larynx</li> <li>• Clinical implications</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Acute epiglottitis</b>	<ul style="list-style-type: none"> <li>• What is acute epiglottitis</li> <li>• Causative organism</li> <li>• Clinical features, diagnosis, investigations</li> <li>• Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Acute laryngo tracheo bronchitis</b>	<ul style="list-style-type: none"> <li>• What is laryngotracheobronchitis</li> <li>• Causative organism</li> <li>• Clinical features, diagnosis, investigations</li> <li>• Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE
<b>Carcinoma larynx</b>	<ul style="list-style-type: none"> <li>• Types of carcinoma of larynx</li> <li>• Etiological factors</li> <li>• Clinical features, diagnosis, investigations</li> <li>• Management plans</li> </ul>	C1 C2 C3	LGIS	SAQ MCQ OSCE

**Teaching Plan Community Medicine**  
**4<sup>TH</sup> YR MBBS. session 2023-24**  
**ENT module 1 (duration 3 weeks)**  
**Number of lectures = 08**

Sr No	Broad Area Of Teaching	No of lectures	Faculty nominated
1.	Introduction	1	Prof. Arshad Sabir
2.	Fundamental concepts of Preventive medicine- I Health & Disease	1	(Sr. Demo) Dr. Imrana saeed, Dr.Gulmehar (AP)
3.	Quality of life indicators, Health indexes	1	Sr. Demo) Dr. Imrana saeed, Dr.Gulmehar (AP)
4.	Levels of prevention	1	Sr. Demo) Dr. Imrana saeed, Dr.Gulmehar (AP)
5.	Measures of morbidity <b>SGD</b>	1	(Sr PGTs),Dr Moneeba, dr Zaira
6.	Descriptive studies	1	Prof Arshad Sabir,( Asse Prof) Dr Sana
7.	Analytical studies (case-control studies)	1	Prof Arshad Sabir,( Asse Prof) Dr Sana
8.	Analytical studies (cohort studies)	1	Prof Arshad Sabir,( Asse Prof) Dr Sana

# Study Guide

## Community Medicine & Public Health

### LGIS Special Senses (ENT Module-I) – 2024

TOPIC	Contents Outlines (Major Topics & Sub-Topics)	Learning objectives After the Session Students Will Be Able To:	Learning domain	Teaching strategy	Assessment tool
<b>Introductory lecture</b>	<ul style="list-style-type: none"> <li>Intro to the subject of community medicine &amp; public Health.</li> <li>Intro to IUGRC Scheme of learning</li> </ul>	<ul style="list-style-type: none"> <li>Comprehend the definitions explaining the subjects.</li> <li>Identify applications of practices of Public Health.</li> <li>Follow the scheme of learning &amp; assessment CM over the year.</li> <li>Follow scheme of learning IUGRC.</li> </ul>	C1 C2 C2 C2	LGIS	MCQs, SEQs, OSPE Viva
<b>Fundamental concepts of Preventive medicine- I</b>	<ul style="list-style-type: none"> <li>Health &amp; Disease</li> <li>Wellbeing &amp; Positive Health</li> <li>Dimensions of health</li> </ul>	<ul style="list-style-type: none"> <li>Describe public health aspects of Health &amp; disease.</li> <li>Explain health wellbeing and positive Health with examples</li> <li>Explain dimensions of health</li> </ul>	C1 C2 C1	LGIS	MCQs, SEQs, OSPE Viva
<b>Fundamental concepts of Preventive medicine- II</b>	<ul style="list-style-type: none"> <li>Health Assessment (Indicators)</li> <li>Quality of life indicators Health indexes</li> <li>Approaches to disease prevention &amp; control</li> </ul>	<ul style="list-style-type: none"> <li>Explains attributes of good statistical indicators of health &amp; disease</li> <li>Describe health indicators</li> <li>Comprehend &amp; calculate health indicators &amp; Indexes</li> <li>Explains public health approaches to diseases prevention</li> </ul>	C1, C2 C1 C3 C1 , C2	LGIS	MCQs, SEQs, OSPE Viva
<b>Levels of prevention</b>	<ul style="list-style-type: none"> <li>Natural History of disease</li> <li>Models of Disease causation</li> <li>Levels of prevention</li> </ul>	<ul style="list-style-type: none"> <li>Explains natural history disease concepts in context of prevention.</li> <li>Explains models of disease causation with examples.</li> <li>Apply levels of prevention and modes of intervention</li> </ul>	C2 C2 C3	LGIS	MCQs, SEQs, OSPE Viva

<b>Fundamental Concepts &amp; Uses of Epidemiology</b>	<ul style="list-style-type: none"> <li>• Definition of epidemiology</li> <li>• Explanation of concepts (Time- place-Person &amp; Epidemiological triangle) problems</li> </ul>	<ul style="list-style-type: none"> <li>• Explains epidemiology as a fundamental science of public health.</li> <li>• Explain major concepts embodied in definition.</li> <li>• Comprehend &amp; explains epidemiologic approach to health problems</li> </ul> <p>Enumerate uses of epidemiology</p>	C2	LGIS	MCQs, SEQs, OSPE Viva
			C2		
			C2		
			C1		
<b>Introduction to Epidemiologic Methods descriptive studies</b>	<ul style="list-style-type: none"> <li>• Epidemiologic Methods / studies</li> <li>• Descriptive epidemiology- types &amp; step of descriptive studies</li> </ul>	<ul style="list-style-type: none"> <li>• Explain classification of epidemiologic study designs.</li> <li>• Comprehend types of descriptive studies</li> <li>• Explain steps of Descriptive study</li> </ul> <p>Describe theme of Migration study designs</p>	C2 C2 C2 C1	LGIS	MCQs, SEQs, OSPE Viva
<b>Analytical studies (case-control studies)</b>	<ul style="list-style-type: none"> <li>• Fundamental concept of case- control study designs</li> <li>• Steps of case control studies Bias &amp; Matching</li> <li>• Odds ratio</li> </ul>	<ul style="list-style-type: none"> <li>• Explain rationale of Case-Control study designs</li> <li>• Describe &amp; apply steps for undertaking a Case-Control study</li> <li>• Comprehend Bias issues and perform matching</li> <li>• Calculate &amp; interpret Odds Ratio</li> </ul> <p>Explain limitations of Case-Control studies</p>	C2 C2 C3 C3 C2	LGIS	MCQs, SEQs, OSPE, Viva

## Small Group Discussion (SGDs) Otorhinolaryngology Block-1

SGD IN ENT WARDS	At The End Of SGD Student Should Be Able To	Learning Domains	Assessment Tool
<b>Anatomy of ear and vestibular system</b>	<ul style="list-style-type: none"> <li>Parts of ear and vestibular system</li> <li>How to examine ear and vestibular system</li> </ul>	C2	MCQ SAQ OSPE
<b>Physiology of ear and vestibular system</b>	<ul style="list-style-type: none"> <li>Functions of cochlea and vestibular system</li> <li>Biochemical processes of cochlea and vestibular system</li> </ul>	P	MCQ SAQ OSPE
<b>Acute otitis externa Malignant otitis externa</b>	<ul style="list-style-type: none"> <li>Definition of acute otitis externa and malignant otitis externa</li> <li>Clinical features, diagnosis, investigations</li> <li>Management plan</li> </ul>	C1	MCQ SAQ OSPE
<b>Otitis media with effusion Eustachian tube catarrh</b>	<ul style="list-style-type: none"> <li>Definition of acute otitis media and otitis media with effusion</li> <li>Clinical features, diagnosis, investigations</li> <li>Management plan</li> </ul>	P	MCQ SAQ OSPE
<b>Epistaxis and management</b>	<ul style="list-style-type: none"> <li>Types of epistaxis, how patient presents</li> <li>Clinical features, diagnosis, investigations</li> <li>Emergency and definitive management plan</li> </ul>	C2	MCQ SAQ OSPE
<b>Types of hearing loss and their management</b>	<ul style="list-style-type: none"> <li>Types of hearing loss</li> <li>Investigations</li> <li>Hearing aids</li> <li>Cochlear implant</li> <li>Speech therapy</li> </ul>	C3	MCQ SAQ OSPE
<b>Causes of otalgia and referred otalgia</b>	<ul style="list-style-type: none"> <li>What is otalgia and referred otalgia</li> <li>How to take history and examine the patient</li> <li>Differential diagnosis</li> <li>Investigations</li> <li>Management</li> </ul>	C1	MCQ SAQ OSPE
<b>Discuss different types of mastoidectomies in ENT ward class room</b>	<ul style="list-style-type: none"> <li>Types of mastoidectomies</li> <li>Indications</li> <li>Steps of mastoidectomy</li> <li>Complications</li> </ul>	C2	MCQ SAQ OSPE
<b>Anatomy and physiology of nose and PNS</b>	<ul style="list-style-type: none"> <li>Anatomy of nose and PNS</li> <li>Physiology of nose and PNS</li> <li>Examination of nose and PNS</li> </ul>	C3	MCQ SAQ OSPE

<b>DNS, Sinusitis, Angiofibroma</b>	<ul style="list-style-type: none"> <li>• <b>How to take history, examine the patient</b></li> <li>• <b>Clinical features, diagnosis, investigations</b></li> <li>• <b>Management plans</b></li> </ul>	<b>C3</b>	<b>MCQ SAQ OSPE</b>
<b>Rhinoplasty</b>	<ul style="list-style-type: none"> <li>• Types</li> <li>• Examination steps</li> <li>• Investigations</li> <li>• Surgical steps</li> <li>• Complications</li> </ul>	C2	MCQ SAQ OSPE
<b>Acute chronic rhinosinusitis</b>	<ul style="list-style-type: none"> <li>• Definition of acute and chronic sinusitis</li> <li>• Clinical features, diagnosis, investigations</li> <li>• Management plan</li> </ul>	C2	MCQ SAQ OSPE
<b>Discuss radiology of Nose and PNS in ENT wards</b>	<ul style="list-style-type: none"> <li>• Important investigations done for nose and PNS</li> <li>• Indications and findings</li> <li>• Recent advances</li> </ul>	C1	MCQ SAQ OSPE
<b>Discuss septal abscess, septal hematoma in ENT ward</b>	<ul style="list-style-type: none"> <li>• How to diagnose septal hematoma and septal abscess on patient</li> <li>• Management steps</li> </ul>	C2	MCQ SAQ OSPE
<b>Discuss anatomy and physiology of larynx, trachea, bronchi in ENT ward</b>	<ul style="list-style-type: none"> <li>• Anatomy of larynx, trachea, bronchi</li> <li>• Physiology of larynx</li> <li>• Nerve supply of larynx</li> <li>• Examination of larynx, trachea</li> <li>•</li> </ul>	C3	MCQ SAQ OSPE
<b>Discuss acute tonsillitis Chronic tonsillitis, Peritonsillar abscess Retropharyngeal abscess Parapharyngeal abscess in ENT ward</b>	<ul style="list-style-type: none"> <li>• How patients present</li> <li>• History taking</li> <li>• Examination steps</li> <li>• Investigations</li> <li>• Management</li> <li>•</li> </ul>	C3	MCQ SAQ OSPE

## Small Group Discussion (SGDs) Community Medicine (Module-I)

Demonstration	Contents Outlines (Major Topics & Sub- Topics)	Learning objectives	Learning domain	Teaching strategy	Assessment tool
<b>An exercise of tools of measurement in epidemiology- Measurement of Morbidity</b>	<ul style="list-style-type: none"> <li>• Concepts &amp; formulae of Epidemiologic tools used for measurements of diseases in the community.</li> <li>• Various types of morbidity rates</li> <li>• Calculation of Incidence Rate</li> <li>• Prevalence Rate</li> <li>• Relation b/w Incidence and Prevalence</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehend statistical tools used for measurement of disease in the population.</li> <li>• Calculate incidence rate and prevalence rates in various scenarios</li> <li>• Derive relationship in incidence rates and prevalence Rates.</li> <li>• Interpret relationship in incidence rates and prevalence Rates.</li> <li>• Identify uses of morbidity data</li> </ul>	<p>C2</p> <p>C3</p> <p>C3</p> <p>C3</p> <p>C2</p>	SGD	MCQs, SEQs, OSPE and Viva Voce



## Self Directed Learning (SDL) Otorhinolaryngology Block-1

Sr #	Topics Of SDL	Learning Objectives	Learning resources
1.	Radiology of ear and mastoid	<ul style="list-style-type: none"> <li>• Radiological investigations done for ear and mastoid</li> <li>• X ray mastoid oblique view, CT scan temporal bone (axial, coronal views)</li> <li>• Indications of radiological investigations</li> <li>• Findings on radiological investigations</li> </ul>	<ul style="list-style-type: none"> <li>• Diseases of Ear, Nose and Throat &amp; Head and Neck Surgery, 4<sup>th</sup> edition PL Dhingra</li> <li>• Section IX page 386</li> </ul>
2.	Vasomotor Rhinitis and its differentials	<ul style="list-style-type: none"> <li>• What is vasomotor rhinitis</li> <li>• Etiology</li> <li>• Investigations</li> <li>• Management</li> </ul>	<ul style="list-style-type: none"> <li>• Diseases of Ear, Nose and Throat &amp; Head and Neck Surgery, 4<sup>th</sup> edition PL Dhingra</li> <li>• Section II page 160</li> </ul>
3.	Acute otitis media/Chronic otitis media / Cholesteatoma	<ul style="list-style-type: none"> <li>• Definition</li> <li>• Etiology</li> <li>• Investigations</li> <li>• Treatment options</li> <li>• Surgical options</li> </ul>	<ul style="list-style-type: none"> <li>• Diseases of Ear, Nose and Throat &amp; Head and Neck Surgery, 4<sup>th</sup> edition PL Dhingra</li> <li>• Section I pages 61,66</li> </ul>

## Self Directed Learning (SDL) Otorhinolaryngology Block-1

Sr #	Topics Of SDL	Learning Objectives	Learning resources
4.	Laser and cryosurgery in otorhinolaryngology	<ul style="list-style-type: none"> <li>• Types of lasers</li> <li>• Uses of lasers in ENT</li> <li>• Hazards of lasers</li> </ul>	<ul style="list-style-type: none"> <li>• Ear, Nose and Throat, Self-Assessment and Self Evaluation Manual, 7<sup>th</sup> Edition, PL Dhingra</li> <li>• Section VII pages 315, 317</li> </ul>
5.	Anatomy and physiology of esophagus, trachea, bronchi	<ul style="list-style-type: none"> <li>• Anatomy of esophagus, trachea, bronchi</li> <li>• Physiology of esophagus, trachea, bronchi</li> <li>• Anatomical variations</li> </ul>	<ul style="list-style-type: none"> <li>• Diseases of Ear, Nose and Throat &amp; Head and Neck Surgery, 4<sup>th</sup> edition PL Dhingra</li> <li>• Section V, VI pages 259, 301</li> </ul>
6.	Vocal cord paralysis Radiology of neck and aerodigestive tract	<ul style="list-style-type: none"> <li>• Nerve supply of larynx</li> <li>• Radiological investigations for larynx and esophagus</li> <li>• Indication of radiological investigations</li> </ul>	<ul style="list-style-type: none"> <li>• Diseases of Ear, Nose and Throat &amp; Head and Neck Surgery, 4<sup>th</sup> edition PL Dhingra</li> <li>• Section V, VI pages 275, 386</li> </ul>

## Obstetrics & Gynaecology Learning Objectives (LGIS)

S. No.	Date	Day	Teacher	Region	Topic	Learning objectives	Level	Assessment
1	28-02-24	WEDNESDAY	Dr Humera Noreen	Obstetrics-1	Preparation for obstetric ward LGIS	Orientation of obstetric department Define the antenatal & postnatal care Ethics to communicate with female patients Bed-side manners Dress-code especially for male students Principles of privacy & Confidentiality of obstetric patient	C1 C1 A2	OSCE
2	02-03-24	SATURDAY	Prof Tallat Farkhanda	Obstetrics-2	History & examination of obstetric patient LGIS	Elicit booking history and examination To know the investigations in each trimester To differentiate between low and high risk pregnancy	C1 C2 C2	OSCE

## Self Directed Learning (SDL) Community Medicine (Module-I)

topic	Contents Outlines (Major Topics & Sub- Topics)	Learning objectives	Assessment tool LMS	Learning resource
<b>Droplet infections</b>	<ul style="list-style-type: none"> <li>COVID 19</li> </ul>	<ul style="list-style-type: none"> <li>Describe public health importance of COVID in global and local context.</li> <li>Describe the epidemiology of COVID</li> <li>Enlist the modes of transmission and incubation period of COVID</li> <li>Identify the high-risk individuals who are most susceptible to get these diseases.</li> <li>Diagnose the cases based on signs and symptoms.</li> <li>Enlist the complications of COVID</li> <li>Recommend prevention and control measures of COVID in community.</li> </ul>	MCQS	K. Park Ed. 27 <sup>th</sup> page177
<b>Droplet infections</b>	<ul style="list-style-type: none"> <li>INFLUENZA</li> </ul>	<ul style="list-style-type: none"> <li>Describe public health importance of influenza in global and local context.</li> <li>Describe the epidemiology of influenza</li> <li>Enlist the modes of transmission and incubation period of influenza</li> <li>Identify the high-risk individuals who are most susceptible to get these diseases.</li> <li>Diagnose the cases based on signs and symptoms.</li> <li>Enlist the complications of influenza</li> <li>Recommend prevention and control measures of influenza in community.</li> <li>Differentiate between antigenic drift and antigenic shift with reference to Influenza</li> </ul>	MCQs	K. Park Ed. 27 <sup>th</sup> Page 163

## Peer assisted learning (PAL)\* IUGRC Contact Session

Contact Session I    Time duration: 2hrs / batch

Indicators of accomplishment Prior readings / assigned work	Learning objectives/ competencies	Learning outcomes	Assessment strategy
<b>SESSION 1</b>  <b>Understand importance of Health Research for medical students</b>	Review to Health Research Methodology	Students will be able to 2. Define 'health research' 3. Prioritize and select a research topic 4. Understand FINER Criteria for research question 5. Describe steps of conducting a health research 6. Outline brief summary of a health research proposal 7. Describe the main components of a research report	1. MCQ in end of block exam 2. Viva exam at the end of the session
<b>SESSION II</b> 1. Able to reflect on Elements of proposal writings. 2. Reflect on relevant literature search and on some articles close to topic of interest. 3. Reflect on point to research topic selection.	Interactive discussion on how to; 1. How to and what literature / sources reviewed for topic selection. 2. To perform advanced search option to modify, refine the topic & search for new ideas/perspectives 3. organize research idea or general thought into a topic that can be configured into research problem / formulating research question 4. brief outline of study proposal in chronological order 5. develop data collection tool 6. do reflective learning	Each student be able to; 1. Develop the list of useful keywords for relevant literature search 2. Perform review of relevant Literature to refine how to approach selected topic and finding a way to analyze it. 3. review community health profile data bases, EMBASE, MEDLINE, PubMed, Google scholar Ovid, ProQuest Psych INFO, Cochrane Database, Scopus ) etc. 4. identify knowledge gaps 5. formulate appropriate research questioning the form of a study proposal 6. Attempt "reflective writing.	2. MCQ in end of block block exam 3. Viva exam at the end of the session

**1<sup>st</sup> Friday, Saturday**  
**2<sup>nd</sup> Friday Saturday**  
**3<sup>rd</sup> Friday, Saturday**

Health research methodology, IUGRC I by Dr khola  
 SGD Dr Moneeba Dr Zaira  
**2ND IUGRC session**

**ENT module II (Duration 3 wks.)**  
**Number of lectures 9**

<b>S NO.</b>	<b>BROAD AREA OF TEACHING</b>	<b>No of lectures</b>	<b>Faculty nominated</b>
1.	Non probability Sampling	1	(assc Prof) Dr. khola, (AP) Dr. Afifa
2.	Probability sampling	1	assc Prof) Dr. khola, (AP) Dr. Afifa
3.	Droplet infections I, Smallpox, Chicken Pox measles	1	(Sr. Demo) Dr. Narjis,( Sr. Demo )Dr. Abdul Qudoos
4.	Droplet infections II, Rubella, Pertussis Mumps	1	(Sr. Demo) Dr. Abdul Qudoos ( Sr. Demo )Dr. Narjis
5.	Experimental study design RCT	1	Prof Arshad Sabir,( Assc Prof) Dr Sana
6.	Association & Causation	1	Prof Arshad Sabir,( Assc Prof) Dr Sana
7.	Measures of mortality SGD	1	(AP) Dr Gulmehar,(Sr PGTs),Dr Moneeba, dr Zaira
8.	Droplet infections III, Meningitis Diphtheria	1	Sr.PGT) Dr. Moneeba,( Sr. Demo )Dr. Asif
9.	Droplet infections IV, TB	1	Sr. Demo) Dr. Narjis,( Sr. Demo )Dr. Abdul Qudoos

# Study Guide

## Subject: Community Medicine & Public Health LGIS Special Senses (ENT Module-II) – 2024

TOPIC	• Contents Outlines (Major Topics & Sub- Topics)	Learning objectives • After The Session Students Will Be Able To:	Learning domain	Teaching strategy	Assessment tool
<b>Sampling-I</b>	<ul style="list-style-type: none"> <li>Non probability sampling</li> <li>Sample size</li> </ul>	<ul style="list-style-type: none"> <li>Define and comprehend the definition &amp; rationale of sampling.</li> <li>Understand the Concept of non-probability sampling technique</li> <li>Enlist the types of non-probability sampling</li> <li>Appraise different scenarios to apply different non -probability technique</li> <li>Calculate sample size for any study design</li> </ul>	C2 C2 C1 C3 C3	LGIS	MCQs, SEQs, Viva Voce and OSPE
<b>Sampling-II</b>	Probability sampling	<ul style="list-style-type: none"> <li>Enlist the types of probability sampling.</li> <li>Appraise different scenarios to apply different probability technique (04 primary methods)</li> </ul> <p>Compare probability sampling technique with non-probability sampling technique keeping in mind its pros and cons.</p>	C1 C3 C2	LGIS	MCQs, SEQs, Viva Voce and OSPE
<b>Droplet infections- I</b>	<ul style="list-style-type: none"> <li>Smallpox</li> <li>Chicken Pox</li> <li>measles</li> </ul>	<ul style="list-style-type: none"> <li>Explain the strategy adopted for eradication of smallpox.</li> <li>Describe the WHO response in case of any bioterrorism.</li> <li>Describe the epidemiology of chicken pox &amp; measles.</li> <li>Explain modes of transmission and incubation period of chicken pox &amp; measles.</li> <li>Identify the high risk individuals who are most susceptible to get the chicken pox &amp; measles</li> <li>Differentiate skin rashes of chicken pox &amp; measles.</li> <li>Recommend prevention and control measures of chicken pox &amp; measles in community.</li> <li>Recommend prevention and control measures of chicken pox &amp; measles in institutional outbreaks</li> </ul> <p>Explain the steps of WHO Measles Elimination Strategy in the community.</p>	C2 C2 C1 C2 C2 C2 C3 C2	LGIS	MCQs, SEQs, Viva Voce and OSPE
<b>Droplet infections- II</b>	<ul style="list-style-type: none"> <li>Rubella</li> <li>Pertussis</li> <li>Mumps</li> </ul>	<ul style="list-style-type: none"> <li><b>Describe the epidemiology of mumps, rubella, and pertussis.</b></li> <li><b>Explain the modes of transmission and incubation period of mumps, rubella, and pertussis.</b></li> <li><b>Identify the high-risk individuals who are most susceptible to get rubella, pertussis, mumps.</b></li> <li><b>Describe the cases based on epidemiological features.</b></li> <li><b>Enlist the complications of mumps rubella, pertussis.</b></li> <li><b>Apply prevention and control measures of mumps, rubella, and pertussis in</b></li> </ul>	C1 C1 C2 C3 C1 C3 C2	LGIS	MCQs, SEQs, OSPE and Viva Voce

		<b>community.</b> <b>Explain Congenital Rubella Syndrome (CRS) as public health issue.</b>			
<b>Experimental Epidemiologic study designs</b>	<ul style="list-style-type: none"> <li>Fundamental concept of Experimental Epidemiologic designs</li> <li>Steps of undertaking a Randomized Controlled Trial (RCT)</li> <li>Randomization &amp; Blinding</li> <li>Types Experimental Epidemiologic study designs</li> </ul>	<ul style="list-style-type: none"> <li>Explain Fundamental concept of Experimental Epidemiologic designs</li> <li>Apply general Steps of undertaking a Randomized Controlled Trial (RCT) in required scenario</li> <li>Apply Randomization &amp; Blinding in required situation</li> <li>Explain Types Experimental study designs</li> </ul>	C2 C2 & C3 C3 C1, C2	LGIS	MCQs, SEQs, OSPE and Viva Voce
<b>Association &amp; Causation</b>	<ul style="list-style-type: none"> <li>Statistical significance &amp; clinical significance</li> <li>Hill's criterion for judging causality of association</li> </ul>	<ul style="list-style-type: none"> <li>Describes Types of association</li> <li>Explains requirements for disease causation</li> <li>Explain difference b/w statistical significance and clinical significance</li> <li>Apply Hill's criterion for judging causality of association.</li> </ul>	C1 C2 C2 C3	LGIS	MCQs, SEQs, Viva Voce and OSPE
<b>Droplet infections- III</b>	<ul style="list-style-type: none"> <li>Meningitis</li> <li>Influenza</li> <li>COVID</li> <li>Diphtheria</li> </ul>	<ul style="list-style-type: none"> <li>Describe public health importance of Meningitis, diphtheria in global and local context.</li> <li>Describe the epidemiology of Meningitis, diphtheria.</li> <li>Enlist the modes of transmission and incubation period of Meningitis, diphtheria.</li> <li>Identify the high-risk individuals who are most susceptible to get these diseases.</li> <li>Diagnose the cases based on signs and symptoms.</li> <li>Enlist the complications of Meningitis, diphtheria</li> <li>Recommend prevention and control measures of Meningitis, diphtheria in community.</li> </ul>	C2 C2 C1 C2 C3	LGIS	MCQs, SEQs, OSPE and Viva Voce
<b>Droplet infections- IV</b>	<ul style="list-style-type: none"> <li>Tuberculosis</li> </ul>	<ul style="list-style-type: none"> <li>Describe the public health importance of Tuberculosis in global and local context.</li> <li>Describe the epidemiology of Tuberculosis.</li> <li>Identify the risk factors and high risk population of the disease.</li> <li>Explain case definition of tuberculosis.</li> <li>Explain various case finding measures for TB.</li> <li>Recommend prevention and control of Tuberculosis in community.</li> <li>Enumerate components of End TB Strategy. Including TB-DOTs strategy.</li> <li>Differentiate primary, secondary drug resistance and MDR-TB and XDR-TB.</li> <li>Apply levels of prevention for control of TB in community.</li> </ul>	C2 C2 C1 C2 C3 C3 C2 C3	LGIS	MCQs, SEQs, OSPE and Viva Voce



### Small Group Discussion Community Medicine (SGD) Module-II

Demonstration	Contents Outlines (Major Topics & Sub-Topics)	Learning objectives	Learning domain	Teaching strategy	Assessment tool
<b>An exercise of tools of measurement in epidemiology- Measurement of mortality</b>	<ul style="list-style-type: none"> <li>Review of Basic tools of measurements in epidemiology</li> <li>Measurement of Mortality</li> <li>Issues of recording morality</li> <li>Types of Mortality Rates</li> <li>Standardization of Mortality Rate</li> </ul>	<ul style="list-style-type: none"> <li>Quantification of mortality data</li> <li>Comprehend issue in death certification.</li> <li>Practice methods of standardization of morality rates</li> <li>Calculate 04 types of Mortality rates in various scenarios</li> <li>Identify uses of morality data</li> </ul>	C3 C3 C3 C3 C2	SGD	MCQs, SAQs, OSPE and Viva Voce

### Self-directed learning (1 per week)

topic	Contents Outlines (Major Topics & Sub- Topics)	Learning objectives Students will be able to ...	Assessment tool LMS	Learning resource
<b>Comparative review of all Epidemiological study designs</b>	<ul style="list-style-type: none"> <li>Comparative review based on Study population</li> <li>Concepts of study group and control group</li> <li>Data collection modes</li> <li>Statistical components used in each design</li> </ul> <p>Etiologic significance Advantages &amp; limitations of each design</p>	<ul style="list-style-type: none"> <li>Comprehend &amp; differentiate parallel concepts of all study designs</li> <li>Choose right study designs in given scene</li> <li>Choose right analytical techniques for the given study design selected</li> <li>Comprehend &amp; choose right study population / groups for the study designs appropriate to given scene</li> <li>Comprehend &amp; apply right statistical techniques for the studies undertaken under the given scene.</li> </ul> <p>Comprehend Etiologic significance, advantages &amp; limitations of each design in relevance to each other.</p>	MCQS	K Park Ed. 27 <sup>th</sup>

<b>Epidemiologic Investigation</b>	Disease outbreak & epidemic – review (epidemic, endemic & pandemic) Types of epidemics Steps of an epidemiologic investigation Covid-19 a case study Exercise of undertaking investigation of outbreaks in various given scenarios.	Describes public approach to deal with disease outbreaks & epidemics. Classify types and levels disease epidemics or outbreaks. Explain steps of investigating a disease outbreak situation. Delineates epidemiologic investigation levels involved in Covid-19 Apply steps of epidemiologic investigation in various given scenarios (Exercises) Able to read relevant research article	MCQs	K. Park Ed. 27 <sup>th</sup> Page no. 146
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### Peer assisted learning (PAL)\* IUGRC Contact Session

<b>SESSION 3</b> <b>Finalization of questionnaire and layout of work plan (gantt chart)</b> <b>Development &amp; finalizing;</b> <b>Study variables, data analysis plan, use of relevant statistical measures, data collection tool development, addressing ethical aspects of SGRP and preparing Gantt chart</b>	<ul style="list-style-type: none"> <li>- Identify relevant and statistically appropriate study variables.</li> <li>- Develop appropriate data analysis plan,</li> <li>- Decide use of relevant statistical tests</li> <li>- Decide sampling method &amp; calculate sample size</li> <li>- Develop data collection tool &amp; decide data collection technique</li> <li>- Apply principles of research ethics in SGRP specifically informed consent, confidentiality of information e</li> </ul>	<p><b>By the end of session , students should be able to;</b></p> <p><b>Finalize study variables, data analysis plan, application of relevant statistical tests</b></p> <p><b>Appreciate relevant sampling and data collection technique</b></p> <p><b>Finalize data collection tool / questionnaire according to study objectives and variables and in accordance to information required from target respondents</b></p> <p><b>Develop Gantt chart for study timeline</b></p> <p><b>Develop informed consent form for the SGRP study</b></p>	<ol style="list-style-type: none"> <li><b>1. MCQ in each block exam</b></li> <li><b>2. Viva exam at the end of the session</b></li> </ol>
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## **SECTION III**

### **Basic And Clinical Sciences (Vertical Integration)**

#### **Content**

- CBLs
- Vertical Integration LGIS

## Basic and Clinical Sciences (Vertical Integration) Case Based Learning (CBL) Otorhinolaryngology

Subject	Topic Learning Objectives At the end of the lecture the student should be able to	Learning Domain
<b>OTOLOGY AUDIOLOGY</b>	<ul style="list-style-type: none"> <li>• Ear examination in ENT wards on patients</li> <li>• Examination of hearing and vestibular system on patients in ENT ward</li> <li>• History and examination of acute otitis externa/media</li> <li>• Malignant otitis externa patients in ENT ward</li> <li>• History and examination of Otitis media with effusion Eustachian catarrh patients in ENT ward</li> <li>• Management of otitis media in ENT wards on patients</li> <li>• Examination of hearing and vestibular system on patients and interpretation in ENT ward</li> <li>• History and examination of patients with otalgia in ENT ward</li> <li>• Demonstration of mastoidectomy patients in ENT operation theatre</li> <li>• Performing pure tone audiometry, tympanometry</li> </ul>	CBL CBL CBL CBL CBL CBL CBL CBL CBL
<b>RHINOLOGY</b>	<ul style="list-style-type: none"> <li>• History taking and Nose and PNS examination in ENT wards on patients</li> <li>• Septoplasty, SMR, FESS on patients</li> <li>• Demonstrate rhinoplasty on patients in ENT OT</li> <li>• Demonstrate acute and chronic sinusitis on patients in ENT ward</li> <li>• Demonstrate septal hematoma, septal abscess, Basal cell carcinoma, squamous cell carcinoma on patients in ENT ward</li> </ul>	CBL CBL CBL CBL CBL

Subject	Learning Objectives  At the end of the lecture the student should be able to	Learning Domain
<b>HEAD AND NECK</b>	<ul style="list-style-type: none"> <li>• History taking, examination of oral cavity, pharynx in ENT wards on patients</li> </ul>	CBL
	<ul style="list-style-type: none"> <li>• History taking, examination of larynx, trachea, bronchi, neck on patients in ENT ward</li> </ul>	CBL
	<ul style="list-style-type: none"> <li>• Demonstrate acute, chronic tonsillitis, peritonsillar abscess, retropharyngeal, parapharyngeal abscess on patients in ENT ward</li> </ul>	CBL
	<ul style="list-style-type: none"> <li>• Examination of salivary glands</li> <li>• Investigations of salivary glands diseases</li> <li>• Radiology in ENT</li> </ul>	CBL

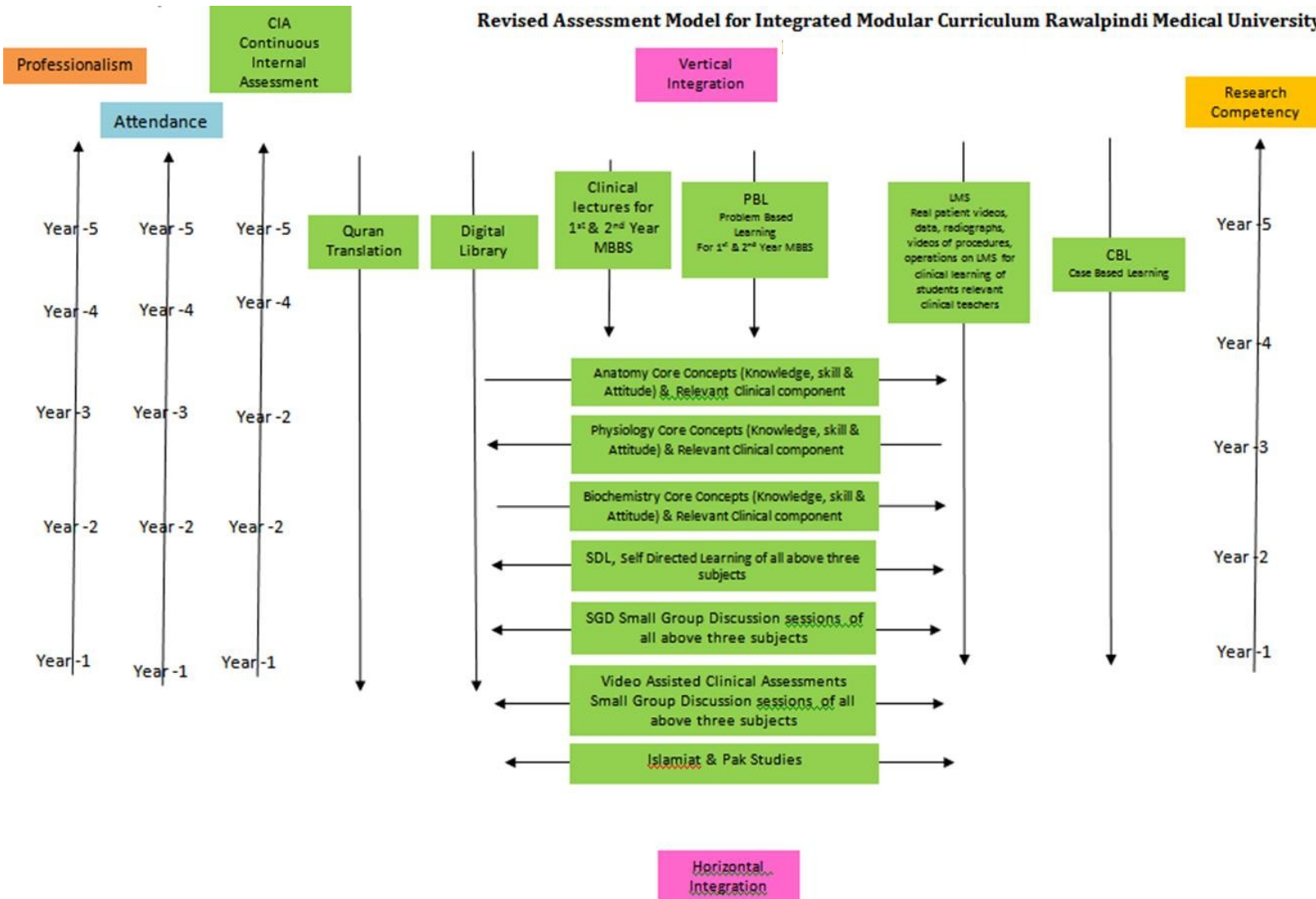
## **10.Assessment Policies**

### **Contents**

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

# 10. Assessment Policies

Revised Assessment Model for Integrated Modular Curriculum Rawalpindi Medical University



Gauge for Continuous Internal Assessment (CIA)

Red Zone	High Alert	Yellow Zone	Green Zone	Excellent	Extra Ordinary
0 - 25%	26 - *50%	51 - 60%	61 - 70%	71 - 80%	81 - 100%

\*50% and above is Passing Marks.

Gauge for attendance percentage

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

\*75% is eligibility criteria for appearing in professional examination.

## 11. Assessment plan

University has followed the guidelines of Pakistan Medical and Dental Council for assessment. Assessment is conducted for SDL, SGD, mid modular, block/module levels. **Criteria for examination: 90% attendance, 60% pass marks**

### Types of Assessment:

The assessment is formative and summative.

#### **Formative Assessment**

Formative assessment is taken from topics of SDL, SGD on LMS (first at end of two weeks of module-I) (second at the end of 5<sup>th</sup> week in module-II).

#### **Summative Assessment:**

Summative assessment is taken at the End Module-I and End Block-1.

### End Module Assessment

#### **Theory Paper**

There is a module examination at the end of Module-I. The content of first three weeks of teaching of the module will be tested in this examination.

It consists of paper with objective type questions and structured essay questions. The distribution of the questions is based on the Table of Specifications of the module. (Annexure I attached)

### End Block Assessment

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

#### **Theory Paper**

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

#### **Block OSPE**

This covers the practical content of whole block.



## 11.ASSESSMENT PLAN

Types of Assessment:

1. Formative
2. summative

### **Formative Assessment**

Formative assessment will be done at the end of 2<sup>nd</sup> week and 5<sup>th</sup> week (mid module-I-II) of SDL and SGD through LMS. Assessment of clinical lectures on LMS. Tool for this assessment will be one best choice question (MCQ).

### **Summative Assessment:**

Summative assessment will be taken at the End Module-I and End Block-1.

### **Mid Module Assessment-I**

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

### **End Block Assessment-1**

On completion of a block which consists of ONE ENT modules, there will be a block examination which consists of one theory paper and OSPE.

#### Theory Paper

The paper will be of objective type questions (MCQ) and short essay questions (SEQ). The distribution of the questions will be based on the Table of Specifications of the block.

#### OSPE:

This will cover the practical content of whole block.

3 wards tests in all three ENT units at the end of 2 weeks ward (OSCE) (10 stations x 4 = 40 marks) (10 MCQs) Total = 50 marks

## **Schedule of Assessment OTORHINOLARYNGOLOGY MODULE/BLOCK**

S. No	Mode of Assessment	Type of Assessment	Schedule of Assessment	Remarks	Remarks	Colander schedule
	MCQ	Formative	Mid Module	LMS computer based	Assessment for learning	
1 <sup>st</sup>	MCQs, SEQs ENT	Summative	End Module-I at the end of 03 weeks	On campus test	Credit will be part of IA	25 March 2023
2 <sup>nd</sup>	MCQ, SEQs ENT-CMED	Summative	End Block-1 At end of 6 weeks	On campus test	Credit will be part of IA	07 April 2023
3 <sup>rd</sup>	OSPE ENT-CMED	Summative	End of Block-1 At end of 6 weeks	On campus test	Credit will be part of IA	08 April 2023

## 12. Assessment Frequency & Time In Otorhinolaryngology Module

Block		Otorhinolaryngology Module	Type of Assessments	Total Assessments Time			No. of Assessments	
Otorhinolaryngology Block	Sr #	Otorhinolaryngology Block Components		Assessment Time	Summative Assessment Time	Formative Assessment Time		
	1	Mid Module-I (Block-1) Examinations LMS at end of two weeks 25 March 2023 (Otorhinolaryngology(35), Community Medicine(15) (50 MCQs) Total 50 marks	Formative	30 Minutes	240 minutes (4 hours)	60 Minutes	2 Formative	3 Summative
	2	End Module-I (Block-1) (30 MCQ, 5 SEQs x 4 marks) 30+20= Total 70 marks	Summative	60 Minutes				
	3	Mid Module-II Examinations LMS at end of five weeks 25 March 2023 (Otorhinolaryngology(35), Community Medicine(15) (50 MCQs) Total 50 marks	Formative	30 Minutes				
	4	End Block-1 Written at end of 6 weeks (60 MCQ & 10 SEQs x 4 marks) 60+40=100 marks	Summative	120 minutes				
	5	End of Block-1 OSPE at end of 6 weeks ENT 5 stations x 4 = 20 marks CMED 5 stations x 4 = 20 marks 40 marks		50 Minutes				
				10 Minutes				
	6	Continuous Internal Assessment ENT =60 CMED=30	Total =90 marks					
7	Ward test at the end of two weeks in every hospital 3 ward tests MCQ 10 Marks (OSCE 10x4=40) (TOTAL=50 marks)	Summative	60 minutes	MCQ 10 marks OSCE (10 x 4 stations) 40 marks	Total ward test 50 marks			

**13. Table of Specification (TOS)**  
**LMS Assessment of lectures and SDL (at end of every week)**  
**27 Feb – 5-12-19 March 2024 (Every Tuesday)**  
**(80% pass criteria for appearing in end block exam 80% attendance)**

Sr. #	Discipline	No. of MCQs	No. of MCQs according to cognitive domain			Total
			C1	C2	C3	
1.	Otorhinolaryngology	20	10	08	02	20
2.	Community Medicine	06	04	01	01	06
3	Pharmacology	02	01	01	00	02
4	Pathology	02	01	01	00	02
		30	16	11	03	30

**Mid Module-I (Block-1) Assessment  
Fourth Year MBBS 2024**

Sr. #	Discipline	No. of MCQs	No. of MCQs according to cognitive domain			Total
			C1	C2	C3	
1.	Otorhinolaryngology	35	20	10	05	35
2.	Community Medicine	15	10	03	02	15
		50	30	13	07	50

**End Module-I (Block-1) Assessment (end of 3 weeks)  
Fourth Year MBBS 2024 - 07-08 APR 2024**

Sr. #	Discipline	No. of MCQs(%)	No. of MCQs according to cognitive domain			No. of SEQs (%)		No. of SEQs according to cognitive domain			Total
			C1	C2	C3	No. of items	Marks	C1	C2	C3	
1.	Otorhinolaryngology	35	15	05	03	07	35	4	2	1	70
<b>Grand Total</b>											<b>70</b>

**End Block-1 (Module-I-II) Assessment (end of 6 weeks)**  
**Fourth Year MBBS 2024**  
**07-08 April 2024**

Sr. #	Discipline	No. of MCQs(20)	No. of MCQs according to cognitive domain			No. of SEQs(35)		No. of SEQs according to cognitive domain			OSPE/VIVA (50)	Total Marks	Continuous Internal Assessment (CIA)
			C1	C2	C3	No. of items	Marks	C1	C2	C3			
1.	Otorhinolaryngology	30	15	10	5	05	20	3	1	1	20	70	90 marks (60 ENT 30 CMED)
2.	Community Medicine	30	15	10	5	05	20	3	1	1	20	70	
<b>Total</b>											140 marks		
Grand total = End Module-I = 70 – End Block-1 = 140 – CIA = 90												Total 300 marks	

**Internal assessment break up (ENT = 60 marks)**

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

## Community Medicine components assessment

	Block & Module	Assessments	Assessment detail	Assessment type	Remarks
Block- I Otorhinolaryngology	ENT-Module I	Mid Module Assessment	<ul style="list-style-type: none"> <li>LMS</li> <li>MCQs,</li> <li>25% (10 MCQs)</li> </ul> <p style="text-align: center;"><b>Total marks: 10</b></p>	CIA  (credit will share in block IA of Block-I)	<p><b>1. Scheme of integration:</b></p> <p>Core subject: 70% Hori- &amp; Verti- Inte.: 20% Spiral Inte. 10%</p> <p><b>2. Attendance credit.</b> (as marker of aptitude)</p> <p>80-100% (in whole block): 2 marks Less than 80%: No credit</p>
	ENT-Module-II / Block-I	End of Module / Block assessment	<ul style="list-style-type: none"> <li>Total marks:200</li> <li>On campus assess.</li> <li><b>Theory</b> (marks 100)                             <ul style="list-style-type: none"> <li>MCQs: 50 (1mark each)</li> <li>SEQs: 10 (5marks each)</li> </ul> </li> <li><b>Practical component</b> (100 marks)                             <ul style="list-style-type: none"> <li>Viva (structured) (50 marks)</li> <li>Video assisted OSPE (50 marks).10 OPSEs, 5 marks each.</li> </ul> </li> </ul>	CIA (credit will share in block IA of Block-I)	
		SDLs	<ul style="list-style-type: none"> <li>4-5 SDLS</li> <li>On LMS</li> <li>3- 5 MCQs in each SDL</li> </ul> <p>Total marks: 15- 25marks: <b>Total : 25 marks</b></p>	Formative assessment	

## SCHEDULE OF CLINICAL CLERKSHIP OF ENT

S.No.	Learning outcomes	Activity
At the end of 09 weeks training, the student will be able to:		
<b>EAR</b>		
1	<b>Special Skills</b> <input type="checkbox"/> Take history of a patient with Ear pathology <input type="checkbox"/> Demonstrate the use of Otoscope to aid in examination of the external auditory canal and the tympanic membrane and learn (Use of Seigle's speculum). <input type="checkbox"/> Demonstrate the use of tuning forks and interpret the findings. <input type="checkbox"/> Demonstrate Syringing of ear. <input type="checkbox"/> Reproduce steps of recording tympanogram and hearing levels on audiogram <input type="checkbox"/> Interpret audiogram and tympanogram <input type="checkbox"/> Identify all common Ear instruments used in OPD	OPD / Ward <input type="checkbox"/> Video clip of examination of ear. <input type="checkbox"/> Demonstration of clinical examination of ear. <input type="checkbox"/> Practical session of examination of ear <input type="checkbox"/> Examination of ear on patients <input type="checkbox"/> Assessment of Hearing <input type="checkbox"/> Audiogram / Tympanogram, practical demonstration & discussion Instruments Students must be shown ear instruments used in OPD
2	Perform OT scrub for surgery according to the protocol <input type="checkbox"/> Reproduce the procedure of the operations, mentioned in column III, including their indications and postoperative care <input type="checkbox"/> Identify all common Ear instruments used in OT	OT <input type="checkbox"/> How to enter the operation theatre. How to behave in OT <input type="checkbox"/> Steps of washing and preparation for operation <input type="checkbox"/> Students should observe the following operations <input type="checkbox"/> Myringotomy, I/D of hematoma ear <input type="checkbox"/> Removal of Foreign body ear, Removal of wax <input type="checkbox"/> Myringoplasty and Mastoidectomy <input type="checkbox"/> Abscess incision drainage/Hematoma ear Instruments <input type="checkbox"/> Students must be shown ear instruments used in above mentioned surgeries
<b>NOSE</b>		
3	<b>Special Skills</b> <input type="checkbox"/> Take history of a patient with nasal pathology <input type="checkbox"/> Perform basic examination of nose and paranasal sinuses in a stepwise fashion <input type="checkbox"/> Diagnose a case of Nasal Polypi on the basis of glistening appearance of nasal polypi in anterior rhinoscopy <input type="checkbox"/> Interpret a simple X-Ray / CT Scan for Sinus, Paranasal Sinus, Nasopharynx and other simple ENT pathologies <input type="checkbox"/> Identify all common Nasal instruments used in OPD	OPD / Ward <input type="checkbox"/> Examination of nose and para nasal sinuses. The steps and logic behind it <input type="checkbox"/> Video clip of examination of nose and para nasal sinuses. <input type="checkbox"/> Demonstration of nose and para nasal sinuses <input type="checkbox"/> Practical session of examination of nose and para nasal sinuses in patients <input type="checkbox"/> Nasal Polypi – demonstration on patient <input type="checkbox"/> Simple X-Ray / CT Scan for Sinus, Paranasal Sinus, Nasopharynx and other simple ENT pathologies
4	Reproduce the procedure of the operations, mentioned in column III, including their indications and postoperative care <input type="checkbox"/> Identify all common	OT <input type="checkbox"/> Students should observe the following operations

	Nasal instruments used in OT	<input type="checkbox"/> Tonsillectomy, Adenoidectomy, Septoplasty <input type="checkbox"/> How to carry out anterior nasal packing <input type="checkbox"/> Sinus lavage, electrocautery <input type="checkbox"/> SMR, procedure, indications and post-operative care <input type="checkbox"/> Observation of SMR procedure <input type="checkbox"/> FESS, indications, procedure and post-operative care <input type="checkbox"/> Observation of FESS procedure <input type="checkbox"/> Epistaxis and its management Instruments Students must be shown instruments used in above mentioned surgeries
<b>THROAT AND LARYNX</b>		
5	3 Special Skills <input type="checkbox"/> Take history of a patient with throat and laryngeal pathology <input type="checkbox"/> Perform examination of throat <input type="checkbox"/> Perform basic examination of larynx in a clinical setting <input type="checkbox"/> Identify all common instruments used in OPD	OPD / Ward <input type="checkbox"/> Clinical examination of throat, the steps and logic behind it <input type="checkbox"/> Video clip of throat examination. <input type="checkbox"/> Demonstration of examination of throat <input type="checkbox"/> Practical session of examination of throat on patients <input type="checkbox"/> Laryngeal Disorders – Ward Demonstration
6	Reproduce the procedure of the operations, mentioned in column III, including their indications and postoperative care <input type="checkbox"/> Perform tracheostomy in emergency situations <input type="checkbox"/> Identify all common instruments used in OT	OT <input type="checkbox"/> Students should observe the following operations <input type="checkbox"/> Tracheostomy, procedure, indications and post-operative care Instruments Students must be shown instruments used in above mentioned surgeries
<b>WARD TEST</b>		



# Clinical Clerkship Otorhinolaryngology

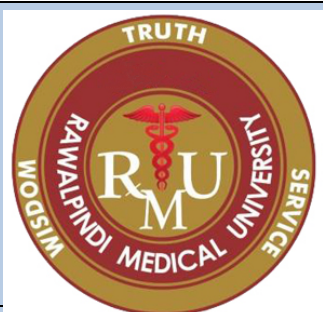
## 4<sup>TH</sup> Year Otorhinolaryngology Clinical Clerkship

Holy Family Hospital

Duration two weeks

Morning: 10.30 am to 02.00 pm

Evening: 02.00 pm to 04.00 pm



Day	Specialty	Topic	Specific Learning Domains			Cognition			Psychomotor		Affective		MIT
			Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2	
First week													
Monday	OTOLOGY	History & examination of ear		*	*	*			*		*		Bedside
Tuesday		Acute & chronic otitis media, otitis media with effusion, otosclerosis		*	*	*	*						SGD
Wednesday		Tympanoplasty, myringotomy, foreign body ear		*	*		*		*		*		OT
Thursday		Acute and chronic otitis externa, malignant otitis externa		*	*		*		*		*		Bedside
Second week													
Monday	OTOLOGY	Pure tone audiometry, tympanometry, BERA, ASSR, Radiology in otology				*	*						SGD
Tuesday		Nystagmus, Epley's maneuver, Dix Halpike test		*	*			*	*		*		Bedside
Wednesday		Mastoidectomy, grommet insertion, stapedectomy, stapedotomy		*	*		*		*		*		OT
Thursday		Ward test (10 MCQ = 10 marks) (OSCE 10 stations = 10X4 = 40 marks)											OSCE
Emergency duty from 2 to 4 pm in Emergency room, managing emergencies of ear like ear trauma, temporal fractures, foreign body ear, hematoma auris etc													

# Clinical Clerkship Otorhinolaryngology



## 4<sup>TH</sup> Year Otorhinolaryngology Clinical Clerkship

Benazir Bhutto Hospital

Duration two weeks

Morning: 10.30 am to 02.00 pm

Evening: 02.00 pm to 04.00 pm



Day	Specialty	Topic	Specific Learning Objectives			Cognition			Psychomotor		Affective		MIT
			Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2	
First week													
Monday	<b>RHINOLOGY</b>	History of patient with nasal and sinus problems	*	*	*	*			*		*		Bedside
Tuesday		Acute, chronic, allergic rhinosinusitis, nasal polyps, vasomotor rhinitis, atrophic rhinitis	*			*	*						SGD
Wednesday		Septoplasty, turbinoplasty, rhinoplasty,	*	*	*		*		*		*		OT
Thursday		Examination of nose and paranasal sinuses	*	*	*		*		*		*		Bedside
Second week													
Monday	<b>RHINOLOGY</b>	Radiology in rhinology	*			*	*						SGD
Tuesday		DNS, Angiofibroma, allergic fungal polyposis, foreign body nose	*	*	*			*	*		*		SGD
Wednesday		FESS, Caldwell Luc, antrostomy, polypectomy	*	*	*		*		*		*		OT
Thursday	Ward test (10 MCQ = 10 marks) (OSCE 10 stations = 10X4 = 40 marks)											OSCE	
Emergency duty from 2 to 4 pm in Emergency room, managing emergencies of nose like epistaxis, anterior nasal packing, posterior nasal packing, cauterization, foreign body removal etc													

# Clinical Clerkship Otorhinolaryngology



## 4<sup>TH</sup> Year Otorhinolaryngology Clinical Clerkship

District Headquarter Hospital

Duration two weeks

Morning: 10.30 am to 02.00 pm

Evening: 02.00 pm to 04.00 pm



Day	Specialty	Topic	Specific Learning Objectives			Cognition			Psychomotor		Affective		MIT	
			Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
<b>FIRST WEEK</b>														
Monday	<b>LARYNGO PHARYNGOLOGY HEAD &amp;. NECK</b>	Oral cavity, oropharynx, hypopharynx, larynx, neck history taking	*	*	*	*			*		*		Bedside	
Tuesday		Acute, chronic pharyngitis, tonsillitis, Ludwig's angina, peritonsillar abscess	*			*	*							SGD
Wednesday		Tonsillectomy, adenoidectomy, parotidectomy, Sistrunk's operation	*	*	*		*		*		*			OT
Thursday		Examination of oral cavity, oropharynx, hypopharynx, larynx, thyroid	*	*	*		*		*		*			Bedside
<b>SECOND WEEK</b>														
Monday	<b>LARYNGO PHARYNGOLOGY HEAD &amp; NECK</b>	Foreign body aerodigestive tract, acute laryngitis, laryngotracheobronchitis Radiology of head & neck	*			*	*						SGD	
Tuesday		History & examination, management	*	*	*			*	*		*		Bedside	
Wednesday		Esophagoscopy, bronchoscopy, tracheostomy, laryngoscopy	*	*	*		*		*		*		OT	
Thursday		<b>Ward test (10 MCQ = 10 marks) (OSCE 10 stations = 10X4 = 40 marks)</b>											OSCE	
<b>Emergency duty from 2 to 4 pm in Emergency room, managing emergencies like tracheostomy, foreign body removal from throat, esophagus, bronchus etc</b>														

# Community Oriented Clerkship Module

4<sup>TH</sup> YEAR MBBS (REV-2024)

## DEPARTMENT OF COMMUNITY MEDICINE & PUBLIC HEALTH RMU

### **Theme (aim):**

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

### **Learning outcomes (LOs):**

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

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

### **Module outline:**

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

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

### **SOPs of Learning & Assessments:**

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

## Core Planner of Community Oriented Clerkship (2 weeks batch rotation)

[Calendar schedule as notified by DME will be followed accordingly]

Day	Activity -I 10.30 – 11.00	Activity – II 11.00- 11.30am	Activity -III 11.30- 01.00pm	Act-V 01.00 – 2.00pm	Sites of teaching- learning	Assessment	Session outcome (level of learning)
	Session topic	Session topic	Session topic	Session topic			
1 <sup>st</sup> day	instructing / demonstration on Practical Manual based Assignments	Visit to CHC • SGIS on Health days commemoration work, Display material, PPT.	• SGIS on HM-DTD practicum. Topic finalization, CHC-Message draft outlines finalization.	• PPT based Demo on How to conduct & report HHS. • Guidelines on PHI work to be done during clinical rotations / ward duties	• Demonstration / lec - Hall 3 • CHC -Dept CM NTB RMU.	• 1-2 OSPE in end of clerkship exam (credit will part of IA) • Assessment of HHS -Report (Max marks:5 part practical /viva exam 4 <sup>th</sup> Prof MBBS)	• Construct a health message. (C6) • Prepare Health days commemoration stuff, Display material, PPT, (P) • Undertake a health survey. (HHS) (C3)
2 <sup>nd</sup> day	Follow up session on. - HM-DTD work - HHS work - health days commemoration work	SGIS/ Briefing / PPT based guidelines on field visit of the day ( EPI services center HFH)	FV to the EPI center HFH	Health awareness work (HAW)	• Demo Room, • EPI Center HFH • OPD, hospital shelters sites for health awareness work (HAW)	• 1-2 OSPE in end of clerkship exam (credit will part of IA) • Grade of performance in EPI visit reporting. • Credit of HAW	• Explain cold chain component at EPI center • Vaccinate (EPI) vaccines to the clients . • Comprehend EPI system
3 <sup>rd</sup> day	Follow up session on HM-DTD work & HHS	SGIS / Briefing / PPT based guidelines on FV to MCH & FP Services Center HFH	FV to the MCH services & FP center HFH	Health awareness work (HAW)	• FP Center HFH • OPD, hospital shelters sites for HAW	• 1-2 OSPE in end of clerkship exam (credit will part of IA) • Grade of performance in EPI visit reporting. • Credit of HAW	• Identify CP devices available at MHC FP center • Counsel clients for use of a contraception method • Place CP devices to client (P)
4 <sup>th</sup> day	Follow up session on HM-DTD work & HHS	Briefing / guidelines on FV Hospital waste disposal system in hospitals	• FV to the hospital waste disposal system & relevant sites / Incinerator	Health awareness work (HAW)	• FP Center HFH OPD, hospital shelters sites for HAW	• End of module OSPE • Grade of performance in visits to sites	• Explain hospital waste disposal system • Develop a hospital waste management plan • Explains various domains of hospital management (C2)
5 <sup>th</sup> day (week 2)	SGIS / PPT based briefing on Hospital management & administration	Visit to Hospital management & administration (HFH) office		Health awareness work (HAW)	HHF	• End of module OSPE • Grade of performance in visits to sites	
6 <sup>th</sup> day	SGIS / PPT based briefing on visit to First level of health care facility (FLCF) BHU/RHC	Field visit to RHC Khyaban Sir-Syed (RHC) or BHU		• Demo room / lec Hall 3 NTB / CPC-Hall . • RHC / BHU	Health awareness work (HAW at site visited)	• End of module OSPE • Report credit in PJ	• Explain working of FLCF • Appreciate PHC elements at FLCF. (C2)

7 <sup>th</sup> day	Health days commemoration ( walk/ seminar/ presentation/ CHC-message dissemination work (10.30 – 12.00pm)	12.00 – 2.00pm <ul style="list-style-type: none"> <li>• Completion &amp; assessment of relevant Practical Journal work,</li> <li>• HHS-report book,</li> <li>• Logbook etc.</li> <li>• Feedback discussion on PHI</li> </ul>	<ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Comprehend frequency Preventable RFs of NCDs in the real population (RF surveillance)</li> <li>• Undertake a preventive Healthcare inquiry</li> </ul>
8 <sup>th</sup> day	Museum learning module (MLM) / visit to departmental Museum 10.30- 12.30	<ul style="list-style-type: none"> <li>• Endo of module OSPE (12.30 – 2.00pm)</li> <li>• OPSE conduction (10 stations video assisted OPSE / OSPE) for 40 total marks .</li> </ul>	<ul style="list-style-type: none"> <li>Plus</li> <li>Completion of any remaining work journal assessment</li> <li>HHS report assessment</li> <li>Students feedback etc</li> </ul>
<b>Community based / Field Visits</b>			
Each batch will be perform at least 02 filed visits of sites of Public health importance outside the institutions under available opportunities and logistics. Following sites may be considered for the purpose.			
	<ul style="list-style-type: none"> <li>I. RHC Khiaban-e-Sir-Syed Rawalpindi / DHO</li> <li>II. Sewerage Treatment Plant I-8 Islamabad</li> <li>III. Water purification plant Rawal Dame Islamabad</li> <li>IV. Child protection Bureau Rawalpindi</li> <li>V. Community Livings / urban slums - US-15 Rawalpindi</li> <li>VI. National Vaccination production unit– Chuk Shahzad Islamabad</li> <li>VII. Vaccines &amp; Venom Production Unit, NIH, Islamabad</li> <li>VIII. Clinical Trail Unit, NIH- Islamabad</li> <li>IX. Diseases Surveillance &amp; control / SAAL office. NIH Islamabad</li> <li>X. WHO-Office, Chuk Shahzad, Islamabad</li> <li>XI. National Command &amp; Operation Control Office (NCOC) / System. Disaster Control &amp; Management office Islamabad</li> <li>XII. Office of Punjab Food Control Authority – Rawalpindi</li> <li>XIII. Drug intoxication &amp; Rehabilitation center Dept of Psychiatry BBH Rawalpindi</li> <li>XIV. Any site appropriate &amp; feasible for the purpose.</li> </ul>	<p><b>LOs:</b> Students will better comprehend the System, Mechanism, or Processes (visited) of community health or public health relevance in regional practices context. <b>(Practice based Learning)</b></p> <p><b>Feasibility, opportunity, and logistics:</b> every visit will be planned subject to:</p> <ol style="list-style-type: none"> <li>1. Approval of competent authority (RMU) in given conditions.</li> <li>2. Time space available (total 8 days rotation &amp; with max 04 hrs. a day)</li> <li>3. Availability of Transport</li> <li>4. Consent / approval of f remote sites</li> <li>5. Another justified pre-visit approval/favor or fulfillment of need.</li> </ol>	

**Note:**

1. Colander schedule of each batch will be noticed by the Department of community Medicine prior to the commencement of the batch rotation.
2. Students will have to record all activities of the clerkship in the relevant Logbook accordingly. Students will keep logbook updated and duly signed by faculties & departments.

## 14.Learning Resources

Subject	Resources
<b>Otorhinolaryngology</b>	<ul style="list-style-type: none"><li>• Diseases of ear nose thar Dr Saleem Iqbal Bhutta</li><li>• Scott Brown Otorhinolaryngology Head &amp; Neck Surgery, Eighth Edition</li><li>• Diseases of Ear, Nose and Throat &amp; Head and Neck Surgery, Seventh Edition, PL Dhingra</li><li>• Color Atlas of ENT diagnosis, Tony R. Bull, 5<sup>th</sup> Edition</li><li>• Ear, Nose and Throat, Self-Assessment and Self Evaluation Manual, Second Edition, PL Dhingra</li></ul>
<b>Community Medicine</b>	<ul style="list-style-type: none"><li>• Park’s Textbook of Preventive and Social Medicine, 26<sup>th</sup> edition, Chapter 3, 4, 5</li><li>• Textbook of Community Medicine by Muhammad Ilyas and Dr Irfanullah Siddiqi</li><li>• Epidemiology by Leon Girdis</li></ul>

# 15. Time Table

## Integrated Clinically Oriented Modular Curriculum for Fourth Year MBBS

### Otorhinolaryngology Block Time Table

### Fourth Year MBBS

### Session - 2024



**Module Name** : **Otorhinolaryngology Block 1 (Module-I-II) 2024**  
**Duration of Module** : **06 Weeks**  
**Coordinator** : **Dr. Ashar Alamgir (Assistant Professor ENT)**

Module Committee		Module task force		
<b>Vice Chancellor RMU</b>	Prof. Dr. Muhammad Umar	Co Coordinator	Dr. Huma (PGT ENT HFH).	
<b>Director DME</b>	Prof. Dr. Rai Muhammad Asghar	DME Focal Person	Dr. Sidra Hamid	
<b>Convener Curriculum</b>	Prof. Dr. Naeem Akhter	Co-coordinator Comm Med	Dr. Imrana	
<b>Chairperson Otorhinolaryngology</b>	Prof Dr. Nousheen Qureshi			
<b>Additional Director DME</b>	Prof. Dr. Ifra Saeed			
<b>Chairperson Physiology</b>	Prof. Dr. Samia Sarwar			
<b>Chairperson Biochemistry</b>	Dr. Aneela Jamil	<b>DME Implementation Team</b>		
		Director DME		Dr. Rai Muhammad Asghar
<b>Focal Person ENT 4<sup>th</sup> Year MBBS</b>	Dr Huma	Implementation In charge 4 <sup>th</sup> Year MBBS		Prof. Dr. Arshad Ali Sabir
<b>Focal Person Comm Med</b>	Dr. Affifa Kalsoom	Deputy Director DME		Dr. Shazia Zeb

## Categorization of Modular Content of Otorhinolaryngology

Category A By Professors	Category B By Associate & Assistant Professor	Category C By Senior Registrars
Endoscopic anatomy of middle ear	Anatomy and physiology of ear and vestibular system	Chronic Otitis media
Acute otitis media	Acute Otitis externa & Malignant Otitis externa	Snoring and Sleep Apnoea
Otitis media with effusion (OME)	Nasal polyps, Eustachian tube catarrh	Vasomotor Rhinitis and its differentials
Acute ethmoiditis and its complications	Facial nerve palsy	Pure tone audiometry, Tympanometry and BERA/ASSR
Acute epiglottitis	Otosclerosis	Hearing Aids, Cochlear implant
Laryngotracheobronchitis	Sensorineural hearing loss, noise induced hearing loss, drug induced HL, Meniere's	Adenoiditis, Nasopharyngeal Angiofibroma
Foreign body ear, nose	Acute epiglottitis, Acute laryngotracheobronchitis	Allergic rhinitis
Rhinolith	Complications of Chronic Otitis media	Radiology of nose and paranasal sinuses
Atrophic rhinitis	Diseases of salivary glands	Anatomy and physiology of oral cavity, pharynx
Hypertrophic rhinitis	Deviated nasal septum & Rhinoplasty	Septal abscess & septal hematoma
	Complications of rhinosinusitis	Basal cell carcinoma & Squamous cell carcinoma Nose
	Acute and chronic tonsillitis, peritonsillar abscess, retropharyngeal abscess, parapharyngeal abscess	Anatomy and physiology of larynx, trachea, bronchi
	Vocal nodule, vocal polyp, Rienke's edema	Ludwigs angina

## Categorization Of Modular Content Of Community Medicine Department

Category A*	Category B**	Category C***		
<b>LGIS</b>	LGIS	SDGS	SDL	IUGRC SESSIONS (PAL)
Epidemiology Fundamental concepts	Concept of to disease & health	Measures of morbidity & exercise of morbidity statistis	Covid 19	Review of health research methodology
Quantification of ill health & death	Concept of disease causation		influenzas	Selection of research title (Finer Criteria) & literature review
Epidemiological Study designs	Levels of prevention	Measures of mortality & exercise of morality statistis	Comparison of study designs	Finalization of questionnaire and layout of work plan
Measure of association in epidemiological data analysis	Droplet infections		Investigation of epidemic	
Epidemiological investigation	Health dimensions & indicators		Exercise of Investigation of epidemics	
Disease Causation & association concepts	Epidemiology of Communicable diseases			
Overview of Health research methods				
Research Sampling techniques				

Category A\*: Fundamental & Complex Concepts taken by Professors, Associate Professors and Assistant Professors

Category B\*\*: Intermediate concepts. Exercises. By Professorial faculty and Senior Demonstrators/ subject specialists.

Category C\*\*\*: Relatively lower complex concepts, exercises/ applications. By Assistant professors, Demonstrators & senior PGTs)

## Teaching Staff / Human Resource of Department of Otorhinolaryngology

Sr. #	Designation Of Teaching Staff / Human Resource	Total number of teaching staff	Total teaching hours
1.	Professor	01	20 hours
2.	Associate professors	02	32 hours
3.	Assistant professors	04	32 hours
4.	Senior Registrars	02	42 hours
			126 hours

### Contact Hours (Faculty)

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total hours
1.	Large Group Interactive Session (LGIS)	6 hours x 5 weeks = 30 hours
2.	Clinical Clerkship	4 hours x 6 weeks = 24 hours
3.	Case Based Learning (CBD)	4 hours x 6 weeks = 24 hours
4.	Operation theatre	8 hours x 6 weeks = 48 hours
		126 hours

## Categorization Of Modular Content Of Community Medicine Department

Category A*	Category B**	Category C***		
<b>LGIS</b>	LGIS	SDGS	SDL	IUGRC SESSIONS (PAL)
Epidemiology Fundamental concepts	Concept of to disease & health	Measures of morbidity & exercise of morbidity statistis		Selection of research title (Finer Criteria) & literature review
Quantification of ill health & death	Concept of disease causation	Measures of mortality & exercise of morality statistis		
Epidemiological Study designs	Levels of prevention			
Measure of association in epidemiological data analysis				
Epidemiological investigation	Health dimensions & indicators	Calculation of indicators & indexes	Exercise of Investigation of epidemics	
Disease Causation & association concepts	Epidemiology of Communicable diseases			
Overview of Health research methods				
Research Sampling techniques				

Category A\*: Fundamental & Complex Concepts taken by Professors, Associate Professors and Assistant Professors

Category B\*\*: Intermediate concepts. Exercises. By Professorial faculty and Senior Demonstrators/ subject specialists.

Category C\*\*\*: Relatively lower complex concepts, exercises/ applications. By Assistant professors, Demonstrators & senior PGTs)

## Teaching Staff / Human Resource of Department of Community Medicine

Sr.no.	Designation	Total number of teaching staff
1	Professor	01
2	Associate professor	02
3	Assistant professor	04
4	demonstrators	04
5	PGTs	07

### Detail of Contact hours of faculty

Sr. no.	Hours Calculation for Various Type of Teaching Strategies	Total Hours (Faculty)	Total Hours (Students)	Faculty level
1	LGIS (17). 1hrs each session (half class sessions)	2 x 17= 34 hrs.	17	Professor, associate, and assistant professors
2	SGD (2) approx. 2hrs each session. 1/4 <sup>th</sup> class	2 x 8= 16 hrs.	4	Demos (subject specialists), Senior PGTs
3	PAL (IUGRC) (1) approx. 2hrs per session. (16 small group sessions. 8 sessions per day)	3 x 16 =48 hrs.	3	Demos (subject specialists) supervised by professional faculties
4	SDL (4)	1 x 4 =4 hrs.	4	Demos (subject specialists)
		Total: 102hrs	28hrs	

**ENT (Otorhinolaryngology)**  
**Module-I**  
**Block-1**  
**3 weeks**

DATE / DAY	8:00 AM – 9:00 AM	09:00am – 10:00am	10:30am – 12:00pm		12:00pm - 02:00pm		
<b>Monday</b> 19-02-24	<b>ENT (EVEN/ODD) LGIS</b>	<b>COMMUNITY MEDICINE LGIS</b>	<b>Clinical Clerkship</b>		<b>CBD</b>		
	Endoscopic anatomy of middle ear Prof Nausheen/ Dr Ashar Lec hall 1 & 2	Introduction to the subject Prof Arshad Sabir CPC Hall	Discuss anatomy of ear and vestibular system in ENT wards class room		Ear history and examination in ENT wards on patients		
<b>Tuesday</b> 20-02-24	<b>ENT LGIS</b>	<b>COMMUNITY MEDICINE LGIS</b>	<b>Clinical Clerkship</b>		<b>CBD</b>		
	Acute Otitis media Otitis media with effusion Prof Nausheen/Dr Ashar Lec hall 1& 2	Fundamental concepts of preventive medicine, health and disease Dr Gul Mehar AP/Dr Imrana S.Demo Lec hall 1& 2	Discuss physiology of ear and vestibular system in ENT ward class room		Examination of hearing and vestibular system on patients in ENT ward		
<b>Wednesday</b> 21-02-24	<b>ENT LGIS</b>	<b>PHARMACOLOGY LGIS-1</b>	<b>Clinical Clerkship</b>		<b>CBD</b>		
	Anatomy and physiology of ear and vestibular system Dr Arshad/Dr Nida Lec hall 1& 2	Antihistamines In ENT Lec hall 1 & 2	Discuss acute otitis externa Malignant otitis externa in ENT ward class room		History and examination of Acute otitis externa Malignant otitis externa patients in ENT ward		
<b>Thursday</b> 22-02-24	<b>ENT LGIS</b>	<b>COMMUNITY MEDICINE LGIS</b>	<b>Clinical Clerkship</b>		<b>CBD</b>		
	Sensorineural, noise induced, drug induced hearing loss Dr Sadia /Dr Arshad Lec hall 1& 2	Indicators of health Dr Gul Mehar AP/Dr Imrana S.Demo Lec hall 1& 2	Discuss otitis media with effusion Eustachian catarrh in ENT ward class room		History and examination of Otitis media with effusion Eustachian catarrh patients in ENT ward		
<b>Friday</b> 23-02-24	08:00AM – 09:45AM	09:45AM – 10:30		10:30AM – 11:15AM	11:15AM – 12:00PM	SDL	
	PAL / Skill lab	<b>ENT LGIS</b>		<b>COMMUNITY MEDICINE LGIS</b>	<b>LGIS-ENT</b>	Radiology of temporal bone and mastoid x ray mastoid, CT scan temporal bone, MRI temporal bone	
	Community medicine / Pharmacology <b>IUGRC Contact session 1/</b> Overview to health research methodology (BatchA-H) Dr Khola Assc Prof. Effect of histamine and anti histamine on rabbit's ileum (batch I-P) Dr Uzma / Dr Arsheen	Chronic Otitis media Dr Haitham Lec hall 4	Chronic Otitis media Dr Tabassum Lec hall 5	Levels of prevention of disease Dr Gul Mehar AP/Dr Imrana S.Demo	Congenital ear disorders/Hematoma auris Dr Nida/Dr Sadia Lec hall 4 & 5		
		Odd	Even	Lec hall 4	Lec hall 5		
			Odd	Even			
<b>Saturday</b> 24-02-24	08:00AM – 09:45AM	09:45AM – 10:30		10:30AM – 11:15AM	11:45AM – 12:30PM	12:30PM – 01:15PM	01:15PM – 02:00PM
	PAL / Skill lab	<b>ENT LGIS</b>		<b>ENT LGIS</b>	<b>ENT LGIS</b>	<b>Pathology LGIS 1</b>	<b>SDL-ENT</b>
	Community medicine / Pharmacology <b>IUGRC Contact session 1/</b> Overview to health research methodology Dr. Khola Assc Prof Effect of histamine and anti histamine on rabbit's ileum Dr Uzma / Dr Arsheen	Bells and other Facial nerve palsy/Ramsay-Hunt Dr Nida Lec hall 4	Bells and other Facial nerve palsy/Ramsay-Hunt Dr Sundas Lec hall 5	Anatomy and physiology of nose and paranasal sinuses Dr Haitham / Dr Nida Lec hall 4 & 5	Otosclerosis Meniere's disease Dr Tabassum/Dr Nida Lect Hall 4 & 5	Cysts, polyp, cholesteatoma and neoplastic lesions of ear Dr Abid / Dr Mudassira Lec Hall 4 & 5	Vasomotor Rhinitis and its differentials Dr Nida Lect hall 4 & 5
		<b>Odd</b>	<b>Even</b>				

Weekly LMS Assessment of all lectures and SDL of week-1 (MCQ)



**Block-1 Otorhinolaryngology**  
**Table of Specification (TOS)**  
**LMS-MCQ Assessment of lectures and SDL (19-24 February)**  
**27 February 2024 (Tuesday)**  
**(80% pass criteria for appearing in end block exam - 80% attendance)**

Sr. #	Discipline	No. of MCQs	No. of MCQs according to cognitive domain			Total marks
			C1	C2	C3	
1.	Otorhinolaryngology	35	20	10	05	35
2.	Community Medicine	19	12	05	02	19
3	Pharmacology	03	01	01	01	03
4	Pathology	03	01	01	01	03
		Total MCQs = 60	36	15	09	Total marks = 60

DATE / DAY	8:00 AM – 9:00 AM	09:00am – 10:00am	10:30am – 12:00pm		12:00pm - 02:00pm	
<b>Monday</b> 26-02-24	<b>ENT LGIS</b> Vestibular neuritis/Vestibular schwannoma/Labyrinthitis Dr Sundas /Dr Ahmad Hassan Lec hall 1 & 2	<b>ENT LGIS</b> Intraorbital complications of acute Ethmoiditis Prof Nausheen/Dr Ashar Lec hall 1 & 2	<b>Clinical Clerkship</b> Discuss vestibular disorders and management in ENT ward class room		<b>CBD</b> Examination of vestibular system on patients and interpretation in ENT ward	
	<b>BEHAVIOUR SCIENCES LGIS-2</b> Behaviour sciences Lec Hall 1 & 2	<b>COMMUNITY MEDICINE LGIS</b> Descriptive epidemiology Prof Arshad Sabir/ Dr Sana Bilal Ascc Prof Lect Hall 1 & 2	<b>Clinical Clerkship</b> Discuss hearing loss due to drugs and their management in ENT ward class room		<b>CBD</b> Examination of hearing system in ENT wards on patients	
	<b>Quran Class</b> Quran Class Lec Hall 1 & 2	<b>COMMUNITY MEDICINE LGIS</b> Analytical epidemiology (Case control studies) Prof Arshad Sabir/ Dr Sana Bilal Ascc Prof Lec Hall 1 & 2	<b>Clinical Clerkship</b> Discuss otalgia and referred otalgia in ENT ward class room		<b>CBD</b> History and examination of patients with otalgia in ENT ward	
	<b>OBSTETRICS-1</b> Preparation to go to obs ward Dr Humera Noreen Lec hall 1 & 2	<b>COMMUNITY MEDICINE LGIS</b> Analytical epidemiology (Cohort studies) Prof Arshad Sabir/ Dr Sana Bilal Ascc Prof Lect Hall 1 & 2	<b>Clinical Clerkship</b> Discuss different types of mastoidectomies in ENT ward class room		<b>CBL</b> Demonstration of mastoidectomy patients in ENT operation theatre	
<b>Friday</b> 01-03-24	08:00AM – 09:45AM SGD / Skill lab	09:45AM – 10:30 <b>ENT LGIS</b>	10:30AM – 11:15AM <b>COMMUNITY MEDICINE LGIS</b>	11:15AM – 12:00PM <b>PATHOLOGY LGIS 2</b>	SDL	
	Community medicine / Pharmacology <b>HRM (Contact session) -I/ (PAL)</b> Selection of Research title FINER criteria All demonstrators CMED department Prescription writing on allergic rhinitis	Acute epiglottitis, laryngotracheobronchitis Prof Nausheen Lec Hall 4	Acute epiglottitis, laryngotracheobronchitis Dr Ashar Lec hall 5	Non probability Sampling (Ascc Prof) Dr. Khola Lec Hall 4	Non probability Sampling (AP) Dr. Afifa Lec Hall 5	Oral inflammatory lesions and neoplastic lesions, pathologies of tonsils Dr Abid / Dr Mudassira Lecture hall 4 & 5
	Even	Odd	Odd	Even		
<b>Saturday</b> 02-03-24	08:00AM – 09:45AM SGD / Skill lab	09:45AM – 10:30 <b>ENT LGIS</b>	10:30AM – 11:15AM <b>ENT LGIS</b>	11:45AM – 12:30PM <b>COMMUNITY MEDICINE LGIS</b>	12:30PM – 01:15PM <b>OBSTETRICS-2</b>	
	Community medicine / Pharmacology <b>HRM (Contact session) -I/ (PAL)</b> (Selection of Research title FINER criteria. All demonstrators CMED department Prescription writing on allergic rhinitis	Complications of Chronic Otitis media Dr Ahmad Hassan Lec hall 4 <b>Odd</b>	Complications of Chronic Otitis media Dr Haitham Lec hall 5 <b>Even</b>	Types of mastoidectomies Dr Sundas/ Arshad Lec Hall 4 & 5	Probability Sampling (Ascc Prof) Dr. khola, (AP) Dr. Afifa Lect Hall 4 and 5	01:15PM – 02:00PM <b>SDL</b> History taking and examination of obs patients Prof Tallat Farkhanda Lec Hall 4 & 5

BREAK 10:00AM – 10:30AM

BREAK 11:15AM – 11:45AM

Mid Module-1- Block-1 Assessment (MCQ) Lectures and SDL (Week 2)

**Mid Module-1 (Block-1) Otorhinolaryngology**  
**Table of Specifications (TOS)**  
**Assessment of lectures and SDL (26 Feb to 02 March)**  
**05 March 2024 (Tuesday)**  
**(80% pass criteria for appearing in end block exam - 80% attendance)**

Sr. #	Discipline	No. of MCQs	No. of MCQs according to cognitive domain			Total marks
			C1	C2	C3	
1.	Otorhinolaryngology	35	20	10	05	35
2.	Community Medicine	15	10	03	02	15
3	Pathology	05	03	01	01	05
4	Obstetrics	05	03	01	01	05
		Total MCQs = 60	34	17	09	Total marks = 60

DATE / DAY	8:00 AM – 9:00 AM	09:00am – 10:00am	10:30am – 12:00pm		12:00pm - 02:00pm	
<b>Monday</b> 04-03-24	<b>ENT LGIS</b>	<b>ENT LGIS</b>	<b>Clinical Clerkship</b>		<b>CBD</b>	
	Nasopharyngeal Angiofibroma Dr Sadia /Dr Tabassum Lec hall 1 & 2	Acute and chronic Rhinosinusitis Dr Ahmad Hassan/Dr Sundas Lec hall 1 & 2	Discuss anatomy and physiology of nose and paranasal sinuses in ENT wards		History taking and Nose and PNS examination in ENT wards on patients	
<b>Tuesday</b> 05-03-24	<b>ENT LGIS</b>	<b>ENT LGIS</b>	<b>Clinical Clerkship</b>		<b>CBD</b>	
	DNS / Septo Rhinoplasty Dr Haitham / Tabassum Lec Hall 1 & 2	Foreign body ear, nose, Rhinolith Prof Nausheen / Dr Ashar Lec hall 1 & 2	Discuss DNS, Angiofibroma in ENT ward		Septoplasty, SMR, FESS on patients	
<b>Wednesday</b> 06-03-24	<b>Preparatory leave for End Module-I</b>		<b>Clinical Clerkship</b>		<b>CBD</b>	
			Discuss temporal bone and skull base tumors		Tumors discussion on patients bedside	
<b>Thursday</b> 07-03-24	<b>End Module-I (Block-1) Assessment</b> <b>MCQ+SEQ+SAQ+EMQ</b> <b>8 am to 10 am</b>		Break 10-10.30am	<b>Clinical Clerkship</b>		
				Discuss different types of mastoidectomies in ENT ward class room		
<b>Friday</b> 08-03-24	<b>08:00AM – 09:40AM</b>	<b>09:45AM – 10:30AM</b>		<b>10:30AM – 11:15AM</b>	<b>11:15AM – 12:00PM</b>	<b>SDL</b>
	<b>PAL / Skill lab</b>	<b>ENT LGIS</b>		<b>DERMATOLOGY LGIS</b>		
	Community medicine / Pathology <b>IUGRC Contact session 11/</b> selection of research title according to FINER criteria All faculty of community medicine Neoplastic lesions of nasopharynx	Plummer Vinson Syndrome, CA hypopharynx Dr Sadia Lec hall 4	Plummer Vinson Syndrome, CA hypopharynx Dr Ashar Lec hall 5	Approach to a patient with Lichen Planus Dr Shahwana Lec hall 4	Approach to a patient with Lichen Planus Dr Shahwana Lec hall 4	
	<b>Odd</b>	<b>Even</b>	<b>Odd</b>	<b>Even</b>		
<b>Saturday</b> 09-03-24	<b>08:00AM – 09:45AM</b>	<b>10:00AM – 11:00AM</b>		<b>11:00AM – 12:00PM</b>	<b>12:00PM – 01:00PM</b>	<b>SDL</b>
	<b>PAL / Skill lab</b>	<b>ENT LGIS</b>		<b>Bioethics LGIS</b>	<b>DERMATOLOGY LGIS</b>	
	Community medicine / Pathology <b>IUGRC Contact session 11/</b> selection of research title according to FINER criteria All faculty of community medicine Neoplastic lesions of nasopharynx	Carcinoma larynx/voice rehabilitation Dr Tabassum Lec Hall 4	Carcinoma larynx/voice rehabilitation Dr Sundas Lec hall 5	Medical Ethics, Research ethics, Breach in patient's privacy and confidentiality, Lec Hall 4 & 5		
	<b>Odd</b>	<b>Even</b>				
			<b>NO BREAK</b>			Vocal cord paralysis Radiology of neck and aerodigestive tract x ray neck, barium swallow, Dr Arshad

Weekly LMS Assessment of all lectures and SDL (MCQ) week 3

**End Module-1 (Block-1) Otorhinolaryngology**  
**Table of specifications (TOS)**  
**Fourth Year MBBS**  
**07 March 2024 (100 marks) upto 6<sup>th</sup> March**  
**MCQ+SEQ+SAQ+EMQ**

Sr. #	Discipline	No. of MCQs (1 mark each)	Cognitive domain			No. of SEQs (5 marks each)	Cognitive domain			No of SAQs (5 marks each)	Cognitive domain			No of EMQs (5 marks each)	Cognitive domain			Total
			C1	C2	C3	6 SEQs	C1	C2	C3	2 SAQs	C1	C2	C3	2 EMQs	C1	C2	C3	
1.	Otorhinolaryngology	30	20	05	05	4x5 = 20	03	02	01	1x5 = 5	-	01	-	1x5 = 5	-	01	-	
2.	Community medicine	15	10	03	02	2x5 = 10	01	01	-	1x5 = 5	-	01	-	1x5 = 5	-	01	-	
3.	Pharma	01	-	01	-	-	-	-	-	-	-	-	-	-	-	-	-	
4.	Patho	02	01	01	-	-	-	-	-	-	-	-	-	-	-	-	-	
5.	Obstetrics	02	01	01	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total		50 marks				6x5 = 30 marks				2x5 = 10 marks				2x5 = 10 marks				100 marks

**ENT (Otorhinolaryngology)**  
**Module-2**  
**Block-1**  
**3 weeks**

DATE / DAY	8:00 AM – 9:00 AM	09:00AM – 10:00AM	10:00AM – 11:30AM		11:30AM - 01:00PM	
<b>Monday</b> 11-03-24	<b>COMMUNITY MEDICINE LGIS</b> Droplet infections III, Smallpox, Chicken Pox, measles Dr Narjis, Dr Abdul Qudoos Lec hall 1 & 2	<b>ENT LGIS</b> Anatomy and physiology of oral cavity, pharynx, esophagus Dr Sadia/ Dr Ashar Lec Hall 1 & 2	<b>Clinical Clerkship</b> Discuss oral cavity, pharynx, esophagus anatomy in ENT wards		<b>CBD</b> History taking, examination of oral cavity, pharynx in ENT wards on patients	
	<b>ENT LGIS</b>	<b>COMMUNITY MEDICINE LGIS</b>	<b>Clinical Clerkship</b>		<b>CBD</b>	
	<b>Tuesday</b> 12-03-24	Atrophic Rhinitis/Hypertrophic Rhinitis Prof Nausheen Dr Haitham Lec hall 1 & 2	Droplet infetions IV, Rubella, Pertussis, Mumps Dr. Narjis, Dr. Abdul Qudoos Lec hall 1 & 2	Discuss different types of rhinitis in ENT ward		Demonstrate hypertrophic turbinates, DNS on patients in ENT ward
				<b>Clinical Clerkship</b>		<b>CBD</b>
<b>Wednesday</b> 13-03-24	Anatomy and physiology of larynx, trachea, bronchi Dr Ahmad Hassan /DrArshad Lec hall 1 & 2	Droplet infections I, Meningitis Diphtheria (Sr.PGT) Dr. Moneeba, (Sr. Demo) Dr. Asif Lec hall 1 & 2	Discuss anatomy and physiology of larynx, trachea, bronchi in ENT ward		History taking, examination of larynx, trachea, bronchi, neck on patients in ENT ward	
			<b>Clinical Clerkship</b>		<b>CBD</b>	
<b>Thursday</b> 14-03-24	Acute and chronic tonsillitis, peritonsillar, retropharyngeal, parapharyngeal abscess DrArshad /Dr Tabassum Lec hall 1 & 2	Droplet infections II, Tuberculosis Dr. Narjis, Dr. Abdul Qudoos Lec hall 1 & 2	Discuss acute, chronic tonsillitis, peritonsillar abscess, retropharyngeal abscess, parapharyngeal abscess in ENT ward		Demonstrate acute, chronic tonsillitis, peritonsillar abscess, retropharyngeal, parapharyngeal abscess on patients in ENT ward	
			<b>Clinical Clerkship</b>		<b>CBD</b>	
<b>Friday</b> 15-03-24	<b>08:00AM – 09:40AM</b> <b>PAL / Skill lab</b>	<b>09:45AM – 10:30AM</b> <b>ENT LGIS</b>		<b>10:30AM – 11:15AM</b> <b>DERMATOLOGY LGIS</b>	<b>11:15AM – 12:00PM</b> <b>ENT LGIS</b>	
	Community medicine / Pathology <b>IUGRC Contact session III</b> discussion on synopsis writing protocols all faculty of community medicine Neoplastic lesions of nasopharynx	Adenoiditis hyperplasia/manage ment Dr Arshad Lec hall 4	Adenoiditis hyperplasia/manag ement Dr Sundas Lec hall 5	Approach to a patient with Lichen Planus Dr Shahwana Lec hall 4	Approach to a patient with Lichen Planus Lec Hall 5	Vocal nodule, vocal polyp, Rienke's edema Dr Ahmad Hassan /Dr Tabassum Lec hall 4 & 5
		<b>Odd</b>	<b>Even</b>	<b>Odd</b>	<b>Even</b>	
		Study about adenoiditis, its clinical features, investigations and management Salivary gland diseases, their diagnosis, investigations and management				
<b>Saturday</b> 16-03-24	<b>08:00AM – 09:45AM</b> <b>PAL / Skill lab</b>	<b>10:00AM – 11:00AM</b> <b>ENT LGIS</b>		<b>11:00AM – 12:00PM</b> <b>ENT LGIS</b>	<b>12:00PM – 01:00PM</b> <b>DERMATOLOGY LGIS</b>	
	Community medicine / Pathology <b>IUGRC Contact session III</b> discussion on synopsis writing protocols all faculty of community medicine Neoplastic lesions of nasopharynx	CA larynx, pre-malignant conditions Dr Ahmad Hassan Lec Hall 4	CA Larynx pre-malignant conditions Dr Sundas Lec hall 5	Laryngocoele/Diverticula in neck Dr Haitham/ Tabassum Lec Hall 4 & 5		Approach to a patient with Cutaneous Drug Reactions Dr Shahwana Lec hall 4 & 5
		<b>Odd</b>	<b>Even</b>	Vocal cord paralysis, vocal nodules, Radiology of neck and aerodigestive tract Dr Sundas		
		<b>NO BREAK</b>				

**Mid Module-2 Block-1 Assessment (MCQ) Lectures and SDL (Week 4)**

**Block-1 Otorhinolaryngology**  
**Table of Specification (TOS)**  
**LMS-MCQ Assessment of lectures and SDL (08-11 March)**  
**12 March 2024 (Tuesday)**  
**(80% pass criteria for appearing in end block exam - 80% attendance)**

Sr. #	Discipline	No. of MCQs	No. of MCQs according to cognitive domain			Total
			C1	C2	C3	
1.	Otorhinolaryngology	35	20	10	05	35
2.	Community Medicine	15	10	03	02	15
3	Dermatology	10	7	02	01	10
		60	36	15	09	60 marks



DATE / DAY	8:00 AM – 9:00 AM	09:00AM – 10:00AM	10:00AM – 11:30AM	11:30AM - 01:00PM			
<b>Monday</b> 18-03-24	COMMUNITY MEDICINE LGIS	ENT LGIS	Clinical Clerkship	CBD			
	Quran Class Lec hall 1 & 2	Foreign body aerodigestive tract Dr Ashar /Dr Tabassum Lec Hall 1 & 2	Discuss radiology of Nose and PNS in ENT wards	History taking, examination of oral cavity, pharynx in ENT wards on patients			
	ENT LGIS	ENT LGIS	Clinical Clerkship	CBD			
	Septal hematoma, Septal abscess, Septal perforation DrArshad /Dr Ahmad Hassan Lec hall 1 & 2	SLE/Wegener’s, Sarcoidosis Dr Sundas /Dr Ahmad Hassan Lec hall 1 & 2	Discuss septal abscess, septal hematoma in ENT ward	Demonstrate septal hematoma, septal abscess, Basal cell carcinoma, squamous cell carcinoma on patients in ENT ward			
<b>Wednesday</b> 20-03-24	ENT LGIS	COMMUNITY MEDICINE LGIS	Clinical Clerkship	CBD			
	Fungal rhinosinusitis Dr Ahmad Hassan / DrArshad Lec hall 1 & 2	Experimental study design randomized control trial Prof Arshad / Dr.Sana Bilal Lec hall 1 & 2	Discuss fungal rhinosinusitis in ENT ward	History taking, examination of fungal rhinosinusitis on patients in ENT ward			
<b>Thursday</b> 21-03-24	ENT LGIS	COMMUNITY MEDICINE LGIS	Clinical Clerkship	CBD			
	Laryngomalacia/Juvenile laryngeal papillomatosis Dr Sadia/Dr Tabassum Lec hall 1 & 2	Association and Causation Prof Arshad/Dr.Sana Bilal Lec hall 1 & 2	Discuss laryngomalacia, juvenile laryngeal papillomatosis in ENT ward	Demonstrate laryngomalacia, laryngeal papillomatosis on patients in ENT ward			
<b>Friday</b> 22-03-24	08:00AM – 09:40AM	09:45AM – 10:30AM	10:30AM – 11:15AM	11:15AM – 12:00PM	SDL		
	SGD / Skill lab	ENT LGIS	DERMATOLOGY LGIS	ENT LGIS			
	Community medicine / Pathology Measurement of mortality (Dr. Zaira, Dr. Muniba Sr. PGTs) (Batch A-H) Neoplastic lesions of nasopharynx	Radiology in ENT Dr Sadia Lec hall 4	Radiology in ENT Dr Sundas Lec hall 5	Approach to a patient with Lichen Planus Dr Shahwana Lec hall 4		Approach to a patient with Lichen Planus Dr Shahwana Lec hall 4	Tracheostomy and complications Dr Haitham / Dr Ahmad Hassan Lec hall 4 & 5
		Odd	Even	Odd		Even	
<b>Saturday</b> 23-03-24	08:00AM – 09:45AM	10:00AM – 11:00AM	11:00AM – 12:00PM	12:00PM – 01:00PM	SDL		
	SGD / Skill lab	ENT LGIS	ENT LGIS	DERMATOLOGY LGIS			
	Community medicine / Pathology Measurement of mortality (Dr. Zaira, Dr. Muniba Sr. PGTs) (Batch I-P) Neoplastic lesions of nasopharynx	Laryngeal paralysis Dr Tabassum Lec Hall 4	Laryngeal paralysis Dr Arshad Lec hall 5	Ludwig’s angina, Dr Haitham/ Dr Sundas Lec Hall 4 & 5		Approach to a patient with Cutaneous Drug Reactions Dr Shahwana Lec hall 4 & 5	
		Odd	Even				

NO BREAK

NO BREAK

**Block-1 Otorhinolaryngology  
Table of Specification (TOS)  
LMS-MCQ Assessment of lectures and SDL (13-18 March)  
19 March 2024 (Tuesday)  
(80% pass criteria for appearing in end block exam - 80% attendance)**

Sr. #	Discipline	No. of MCQs	No. of MCQs according to cognitive domain			Total
			C1	C2	C3	
1.	Otorhinolaryngology	35	20	10	05	35
2.	Community Medicine	15	10	03	02	15
3	Dermatology	10	7	02	01	10
		60	36	15	09	60 marks

DATE / DAY	8:00 AM – 9:00 AM	09:00AM – 10:00AM	10:00AM – 11:30AM	11:30AM - 01:00PM
<b>Monday</b> 25-03-24	<b>End Block-1 – Written assessment</b> <b>MCQ 09 am to 10.30 am – SEQ+SAQ+EMQ 10.30 am to 12.30 pm</b>			
<b>Tuesday</b> 26-03-24	<b>End Block-1 (Module-I-II) – AV-OSPE</b> <b>09 am to 12 pm</b>			
<b>Wednesday</b> 27-03-24	<b>Block – 2 Ophthalmology start</b>			
<b>Thursday</b> 28-03-24				
<b>Friday</b> 29-03-24				
<b>Saturday</b> 30-03-24				

**End Block-1 Assessment (end of 6 weeks)**  
**Table of specifications (TOS)**  
**Fourth Year MBBS 2024**  
**25 March Written**  
**MCQ+SEQ+SAQ+EMQ**  
**80% attendance to appear in end block exam**

Sr. #	Discipline	No. of MCQs (1 mark each)	Cognitive domain			No. of SEQs (5 marks each)	Cognitive domain			No of SAQs (5 marks each)	Cognitive domain			No of EMQs (5 marks each)	Cognitive domain			Total
			C1	C2	C3		6 SEQs	C1	C2		C3	2 SAQs	C1		C2	C3	2 EMQs	
1.	Otorhinolaryngology	30	20	05	05	4x5 = 20	03	02	01	1x5 = 5	-	01	-	1x5 = 5	-	01	-	
2.	Community medicine	15	10	03	02	2x5 = 10	01	01	-	1x5 = 5	-	01	-	1x5 = 5	-	01	-	
3.	Pharma	01	-	01	-	-	-	-	-	-	-	-	-	-	-	-	-	
4.	Patho	02	01	01	-	-	-	-	-	-	-	-	-	-	-	-	-	
5.	Obstetrics	02	01	01	-	-	-	-	-	-	-	-	-	-	-	-	-	
<b>Total</b>		<b>50 MCQs</b>				<b>6x5 = 30</b>				<b>2x5 =10</b>				<b>2x5 = 10</b>				<b>100</b>

**End Block-1 Assessment (end of 6 weeks)**  
**Table of specifications (TOS)**  
**Fourth Year MBBS 2024**  
**26 March AV-OSPE**

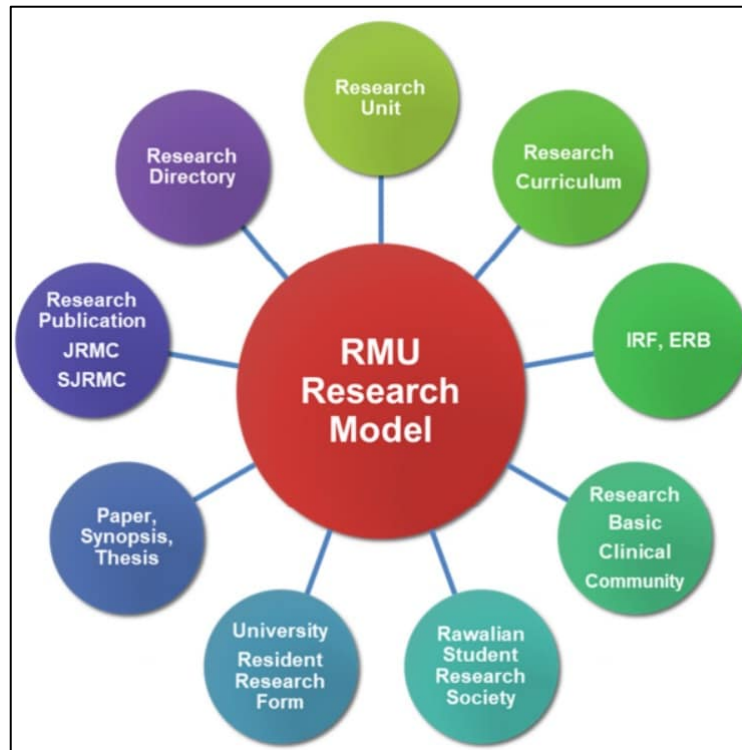
Sr. #	Discipline	No. of MCQs (1 mark each)	Cognitive domain			No. of SEQs (5 marks each)	Cognitive domain			No of SAQs (5 marks each)	Cognitive domain			No of EMQs (5 marks each)	Cognitive domain			Total
			C1	C2	C3		C1	C2	C3		C1	C2	C3		C1	C2	C3	
1.	Otorhinolaryngology	30	20	05	05	4x5 = 20	03	02	01	1x5 = 5	-	01	-	1x5 = 5	-	01	-	
2.	Community medicine	15	10	03	02	2x5 = 10	01	01	-	1x5 = 5	-	01	-	1x5 = 5	-	01	-	
3.	Pharma	01	-	01	-	-	-	-	-	-	-	-	-	-	-	-	-	
4.	Patho	02	01	01	-	-	-	-	-	-	-	-	-	-	-	-	-	
5.	Obstetrics	02	01	01	-	-	-	-	-	-	-	-	-	-	-	-	-	
<b>Total</b>		<b>50 MCQs</b>				<b>6x5 = 30</b>				<b>2x5 =10</b>				<b>2x5 = 10</b>				<b>100</b>

## Internal assessment break up ENT = 60 marks

		Work Place Based Assessment 50% (30 marks)		
<b>End Module-I(25%)</b> 15 marks End module =10 LMS=02 Attendance=03	<b>End Block-1(25%)</b> 15 marks End module =10 LMS=02 Attendance=03	<b>Histories</b>	<b>Case presentations</b>	<b>Log books</b>
		<b>10 marks</b>	<b>10 marks</b>	<b>10 marks</b>
		<b>Complete 5 histories = 06 marks</b> <b>Incomplete 5 histories = 04 marks</b> <b>Less than 5 histories = zero marks</b>	<b>More than 3 = 1.5 marks</b> <b>Less than 3 = 0 marks</b>	<b>Complete = 10 marks</b> <b>Partial = 05 marks</b> <b>Blank= 05 marks</b>

## 16. Research

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



## 17. Biomedical Ethics

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

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

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

## **18. Family Medicine**

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

## **19. Artificial Intelligence**

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



Program Evaluation and Feedback

**Annexure**  
**(Sample MCQ & SEQ papers)**

## Sample of MCQs paper

Rawalpindi Medical University – 4<sup>th</sup> Prof MBBS Annual Examination 2023 (Block-I Otorhinolaryngology)

**4<sup>th</sup> Prof MBBS Annual Examination 2023**  
**Block-I (Otorhinolaryngology)**

Total question=105 Total time: 1 hr 30 min  
Attempt all questions. All questions carry equal marks.

**Core concept = 70% (35) MCQs from lectures**

1. A 43 years old male patient presents with complaints of facial pain. On examination and investigations nasopharyngeal carcinoma is diagnosed. The facial pain is arising from which nerve? (C1)
  - a. Trigeminal nerve
  - b. Facial nerve
  - c. Vagus nerve
  - d. Glossopharyngeal nerve
  - e. Accessory nerve
2. Two year old child is suffering from acute otitis media. His pain is not relieved in spite of treatment. On otoscopy tympanic membrane is red and bulging. The best treatment in this situation is: (C1)
  - a. Change antibiotic
  - b. Increase analgesic dose
  - c. Do hot fomentation
  - d. Give lignocaine ear drops
  - e. Do myringotomy
3. The posterior meatal wall is left intact in: (C1)
  - a. Cortical mastoidectomy
  - b. Modified radical mastoidectomy
  - c. Radical mastoidectomy
  - d. Fenestration operation
8. A patient presents with decreased hearing since 1 month. There was conductive deafness. Which of the following conditions will present with conductive deafness? (C2)
  - a. Proteus mirabilis
  - b. Pseudomonas aeruginosa
  - c. Streptococcus pyogenes
  - d. Streptococcus pneumonia
  - e. Klebsiella spp.
9. 3 years old child presents with severe sensorineural hearing loss. Hearing aids were advised but showed no improvement. Best treatment option is: (C2)
  - a. Fenestration surgery
  - b. Stapes mobilization
  - c. Cochlear implant
  - d. Hearing aid
  - e. Keep under observation
10. A 22 years old girl presents foul smell and discharge from nose for last 3 months. On examination there is brownish black hard lesion seen. There are thick secretions in nose. Most likely diagnosis is: (C1)
  - a. Antrochoanal polyp
  - b. Ethmoidal polyp
  - c. Rhinolith
  - d. Foreign body
  - e. Angiofibroma

- e. Extended radical mastoidectomy
4. 23 yrs old female complains of decreased hearing for 1 month. Tuning fork test shows negative Rinne's test on right side and Weber lateralized to same side. This means: (C2)
    - a. Conductive deafness on right side
    - b. Perceptive deafness on right side
    - c. Sensorineural deafness on right side
    - d. Cochlear hydrops on right side
    - e. Cochlear otosclerosis on right side
  5. On otoscopic examination of a patient with complaints of itching and pain in the ear, black spores are seen along with debris in the ear canal. The organism responsible is: (C2)
    - a. Aspergillus Niger
    - b. Aspergillus Flavus
    - c. Aspergillus oryzae
    - d. Candida Albicans
    - e. Aspergillus Fumigatus
  6. A 20 year old boy presented in OPD with swelling behind right ear for five days. There is history of ear discharge from the same ear since 3 weeks along with occasional pain. On examination there was erythema behind right pinna with protrusion. The diagnosis is: (C2)
    - a. Bezold Abscess
    - b. Preauricular Abscess
    - c. Subperiosteal Abscess
    - d. Retropharyngeal Abscess
    - e. Luc's abscess
  7. Commonest organism in malignant otitis externa is: (C1)
  11. 9 years old child presented with history of decrease hearing and mouth breathing. Diagnosis of otitis media with effusion was made. The common cause of this disease is: (C1)
    - a. Adenoiditis
    - b. Sinusitis
    - c. Otitis media
    - d. Pharyngitis
    - e. Tonsillitis
  12. A 20 year old patient presented in emergency with chemosis, proptosis and swollen eye lids. Pupils were dilated and there was paralysis of III, IV and VI cranial nerves. Six months back patient was diagnosed with sphenoid, maxillary and ethmoid sinusitis. Most probable diagnosis is: (C2)
    - a. Cavernous sinus thrombosis
    - b. Orbital edema
    - c. Mucocele
    - d. Subperiosteal abscess
    - e. Orbital abscess
  13. A 24 year male presents with nasal obstruction for last 2 years. CT scan report shows Concha bullosa. It is: (C1)
    - a. A big air cell in frontal sinus
    - b. A big air cell in the middle turbinate
    - c. A big air cell in the superior turbinate
    - d. A big air cell in ethmoid sinus
    - e. A big air cell in the inferior turbinate
  14. A 15 years old boy presents with an evening rise of temperature, weight loss, night sweats and neck swelling for last 2 months. Examination reveals matted lymph



## Sample of SAQ paper



**RAWALPINDI MEDICAL UNIVERSITY**  
**4<sup>th</sup> Professional MBBS Annual Examination 2023**  
**Block-I Otorhinolaryngology**



Date: 27-01-2024 Total SEQs: 9 x 7 = 63 marks Time allocated: 1 hour 15 minutes  
 Attempt all questions. All questions carry equal marks.

**Core Concept**

1. A 7 years old child has undergone tonsillectomy 3 hours back. Now he is bleeding from mouth. The trainee on call informs consultant.
  - a. Write the most likely diagnosis. 02
  - b. What immediate steps should be taken? 02
  - c. What are other complications of tonsillectomy? 03
2. A 45 year old female presents with dysphagia for solids for the last 6 months. The dysphagia is gradually increasing. She is mother of 4 children. On clinical examination, she looks pale. Her hemoglobin level is 6 gm/dl.
  - a. What is the diagnosis? 01
  - b. Which radiological investigation is helpful in the diagnosis and what can be findings? 03
  - c. Write medical and surgical treatment in this patient. 03
3. A 7 years old child is brought in OPD with complains of decreased hearing and mouth breathing for last 6 months. He also has history of recurrent sore throat for last 3 years.
  - a. What is the cause of mouth breathing? 01
  - b. Which investigations of ear and nose should be done to reach diagnosis? 03
  - c. Which procedures need to be done in this child? 03
4. A 4 years old male child is referred from pediatrics department with history of recurrent chest infection for last 3 months. On examination there is wheeze in right lung, not responding to medical treatment. There is decreased air entry in right lung.
  - a. What is most likely diagnosis? 01
  - b. Write 3 important investigations to be done. 03
  - c. What medical and surgical management should be done? 03
5. Regarding hearing, answer the following questions.
 

a. What is Carhart's notch? 02	b. What are types of hearing loss? 02
c. Write five types of tympanogram. 03	

**Horizontal Integration**

6. Antihistamines are used to treat different types of rhinitis.
  - a. Classify antihistamines. 02
  - b. Write mechanism of action of antihistamines. 02
  - c. Write side effects of antihistamines. 03
7. A 45 year old male presents with history of decreased hearing, roaring sound in ear, dizziness for last 4 days. There is heaviness in ears as well.
  - a. Write two drugs causing sensorineural hearing loss. 02
  - b. How will you counsel the patient about hearing aids? 02
  - c. Write management plan briefly. 03

**Spiral Integration**

8. A 65 years old patient is diagnosed with carcinoma of larynx.
  - a. What are ethical issues to be considered in such patients? 02
  - b. Write short note on "Breach in patient's privacy and confidentiality". 03
  - c. How artificial intelligence can be used for early identification of cancer in ENT? 02
9. Answer following components.
  - a. Write note on "Ethical principles within doctor patient relationship". 02
  - b. Write briefly about different types of consent. 02
  - c. Write types of "Plagiarism" and "Scientific Misconduct" in relation to research and publication. 03

----- The End -----

# Sample OSPE Station

**Clinically Oriented Observed and Structured Practical Examination**  
**4<sup>th</sup> Prof MBBS Annual 2023**  
**Station 9 (Throat)**

**Total marks :** 05  
**Time allotted:** 4 min  
**Requirements:** Patient, stool, headlight and tongue depressor  
**Objectives:** To Diagnose Condition and manage it  
**Subject:** Core ENT , Pharmacology, Pathology Integration horizontal

**A 19- year-old boy presented in ENT OPD with complaint of sore throat, high grade fever with rigors and chills, difficulty in swallowing and earache. On examination, a membrane is visible extending onto the medial surface of tonsils.**

- a. What is your diagnosis** 01
- b. Enlist 2 differential diagnosis** 02
- c. Treatment plan** 02

