

Study Guide
3rd Year MBBS

CVS and Respiratory Module





Third Year MBBS

2024

Study Guide

Cardiovascular & Respiration Module



Rawalpindi Medical University

Doc. Title: Procedure For Control of Documented Information

Document #: RMU-MR-SOP-59

Rev. #: 05

Issue #: 01

Issue Date: 10-05-2024

Procedure For Control of Documented Information


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	Doc. Title: Procedure For Control of Documented Information			
	Document #: RMU-MR-SOP-59	Rev. #: 05	Issue #: 01	Issue Date: 10-05-2024


Document Information

Category	CVS Module Study Guide
Document	Procedure for Control of Documented Information
Issue	1
Rev	05
Identifier	RMU-MR-SOP-59
Status	Final Document
Author(s)	Director Medical Education, Asst. Director Medical Education,
Reviewer(s)	Curriculum Committee.
Approver(s)	Vice Chancellor
Creation Date	10-5-2024
Effective Date	10-10-2024
Control Status	Controlled
Distribution	VC, Principal, ISO Committee
Disclaimer	This document contains confidential information. Do not distribute this document without prior approval from higher management of Rawalpindi Medical University.

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	Document #: RMU-MR-SOP-59	Rev. #: 05	Issue #: 01	Issue Date: 10-05-2024

Document Approval

Prepared By	Reviewed By	Approved By
Director Medical Education, Asst. Director Medical Education,	Curriculum Committee	Vice Chancellor

	Rawalpindi Medical University			
	Doc. Title: Procedure For Control of Documented Information			
	Document #: RMU-MR-SOP-59	Rev. #: 05	Issue #: 01	Issue Date: 10-05-2024

Document Revision History

Author(s)	Date	Version	Description
Dr Naeem Akhtar, Dr Seemi Gull, Dr Omaima Asif, Dr Uzma Umer	2018-2019	1 st	Developed for 3 rd year MBBS Learning Objectives added.
Dr Naeem Akhtar, Dr Seemi Gull, Dr Omaima Asif, Dr Uzma Umer	2020-2021	2 nd	Developed for 3 rd year MBBS Learning Objectives updated. Time Table, Teaching strategies updated
Dr Naeem Akhtar, Dr Asma Khan, Dr Sajid Hameed, Dr Sobia Javed	2021-2022	3 rd	Developed for Third Year MBBS. Horizontally and vertically integrated Learning objectives updated, Research curriculum incorporated
Dr. Mobeena . Dr Asma Dr Shahida Bashir , Dr Filza Ali Dr Omaima Asif	2022-2023	4 th	Developed for third Year MBBS. Horizontally and vertically integrated Learning objectives updated, Research, Bioethics, Family Medicine curriculum incorporated along with Professionalism
Dr Romana Malik , Dr. filza Ali Dr Omaima asif . Dr. Mobeena , Dr . zunera	2023-2024	5 th	Developed for Third Year MBBS. Horizontally and vertically integrated Learning objectives updated, Research curriculum revamped Bioethics, Family Medicine curriculum incorporated along with Professionalism and Artificial Intelligence Entrepreneurship curriculum incorporated



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University Moto, Vision, Values & Goals

RMU Motto



Mission Statement

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

Vision and Values

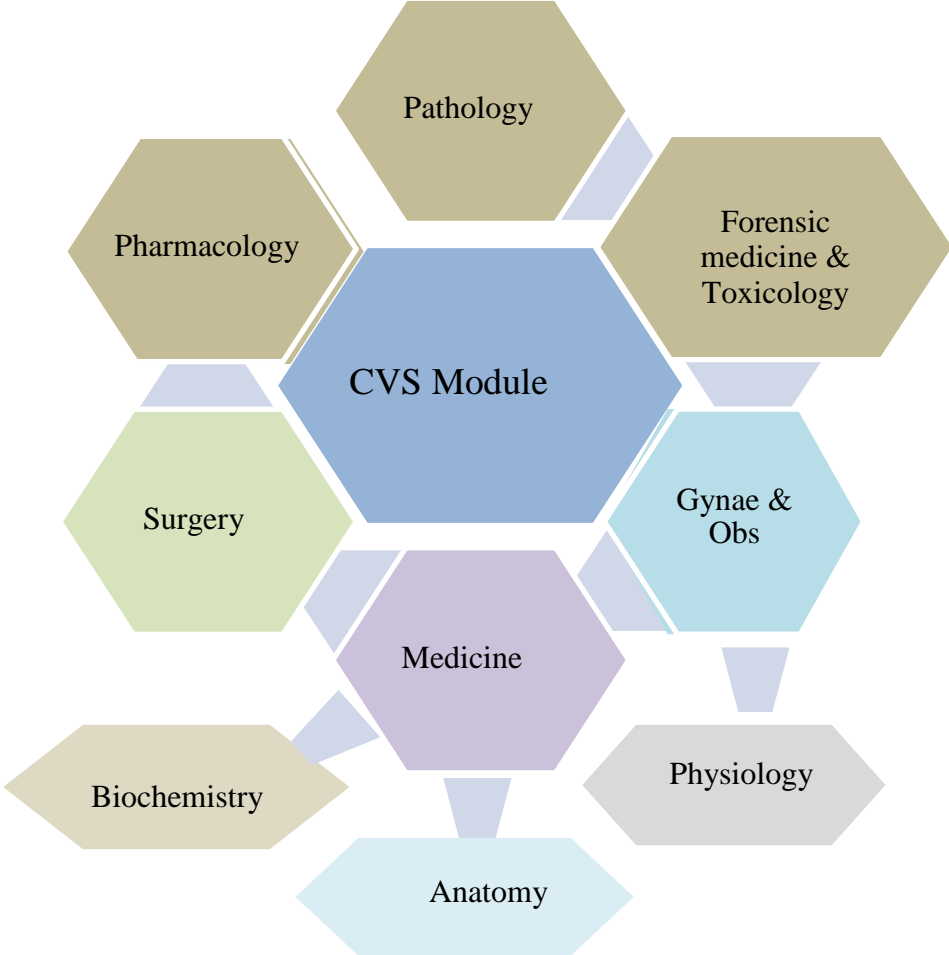
Highly recognized and accredited centre of excellence in Medical Education, using evidence-based training techniques for development of highly competent health professionals, who are lifelong experiential learner and are socially accountable.

Goals of the Undergraduate Integrated Modular Curriculum

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

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

Integration of Disciplines in CVS Module



SPIRAL INTEGRATION

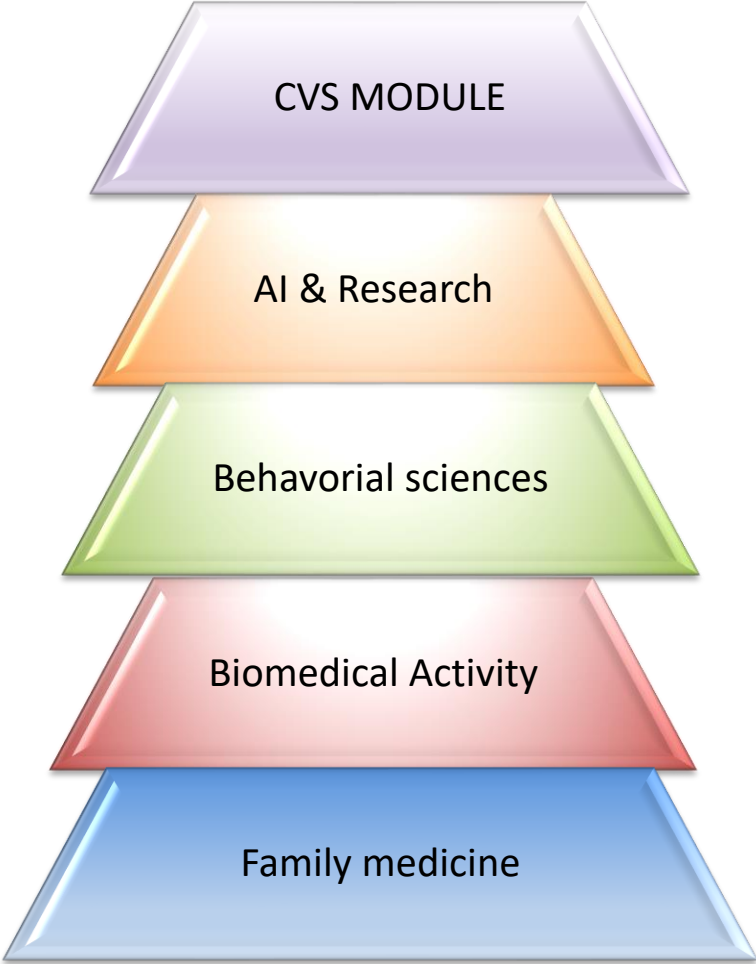


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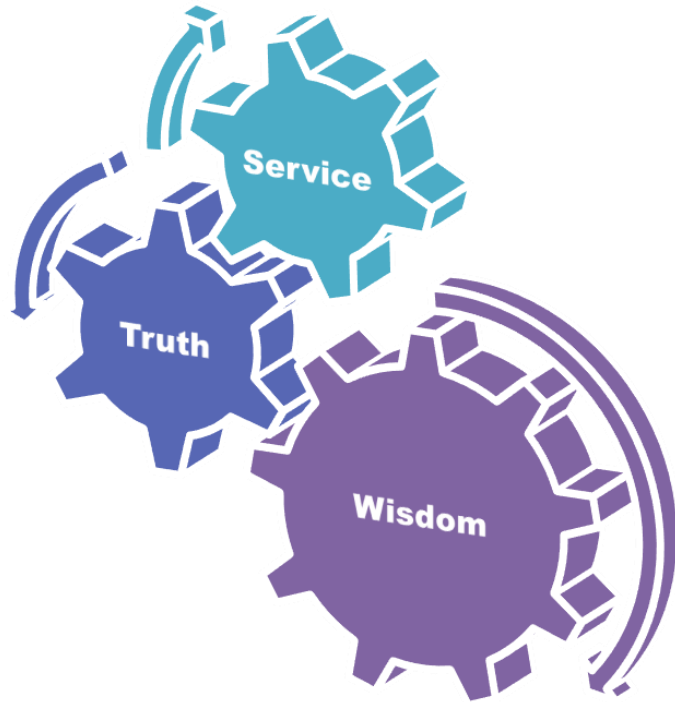
CVS & Respiration Module Team

Module Name : CVS & Resp Module
 Duration of module : 06 Weeks
 Coordinator : Dr. Filza .Ali
 Co-coordinator : Dr.Naila Batool & Dr. Urooj Shah
 Review by : Module Committee

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University Moto, Vision, Values & Goals

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- Kindle a spirit of inquiry and acquisition of knowledge to help you attain personal and professional growth & excellence.

DISCIPLINE WISE DETAILS OF MODULAR CURRICULUM

PHARMACOLOGY		
<ul style="list-style-type: none"> • Anti-hypertensive I (Introduction and classification) • Antihypertensive II (ACE inhibitors and ARBs) • Antihypertensive III (Vasodilators) • Antihypertensive IV (Ca Channel Blockers) • Antianginal I • Antianginal II • CCF I (Introduction classification) • CCF II (Digoxin and related drug) • Introduction to Diuretics • Antiarrhythmic drugs I (Introduction to normal rhythm and classification) • Antiarrhythmic drugs II (class I & II) • Antiarrhythmic drugs III(class IV and class V) • Antiasthmatics-I (Drug groups) • Antiasthmatics -II (Classification) • Anti TB drugs I & II 	<ul style="list-style-type: none"> • Anti jussive drugs • Diuretics • Anti asthamatic drugs • P drug and prescription of HTN • P drug and prescription of angina • P drug and prescription of CCF 	<ul style="list-style-type: none"> • Role of α-2 agonists in clinical settings other than hypertension. • Novel Anti anginal drug • Current guidelines in the management of CCF • Management of TB in immunocompromised patients

FORENSIC MEDICINE & TOXICOLOGY

- **Custodial Torture**
- **Asphyxia-I** (Classification& Hanging)
- **Asphyxia –II** (Strangulation)
- **Asphyxia – III** (Suffocation)
- **Asphyxia – IV** (Drowning)
- **Sexual Offences** (Rape & Sodomy)
- **Medico-legal aspects of Pregnancy & Delivery ,Medico-legal aspects of Abortion**
- **Medico-legal aspects of Infanticide** Child abuse Battered child & wife
- **Forensic Psychiatry**
- **Hydrocyanic acid (HCN)**
- **Somniferous poisons**(Opium & Morphine)
- **Barbiturates & Hypnotics**
- **Dangerous drug act**

- **Cardiac Poisons**
- Aconite, Digitalis, Tobacco
- **Asphyxiants**
- CO.CO₂,H₂S
- **Deleriants**
- Dhatura ,Cannabis Cocaine
- **Autopsy Visit to mortuary**
- MLC writing of a sexual assault survivor

- Asphyxia , Hanging&Strangulation,
- Suffocation, Drowning.
- Medico-legal aspects of Pregnancy & Delivery
- Medico-legal aspects of Abortion
- Medico-legal aspects of Infanticide
- Hydrocyanic acid & Somniferous poisons
- Barbiturates & Hypnotic and
- Deleriants
- Custodial Torture ,Forensic Psychiatry
- Cardiac Poisons and Asphyxiants

PATHOLOGY

- Artherosclerosis Pathogenesis ,morphology
- Consequences of Atherosclerosis
- Pathogenesis of Rheumatic Fever
- Morphological changes in Rheumatic Heart Disease
- Infective Endocarditis
- Chronic bronchitis and emphysema
- Asthma & Bronchiectasis
- Tuberculosis

- Hypertensive Heart Disease
- Pathophysiology of Angina
- Ischemic Heart Disease
- Aneurysms &Dissection
- Tumors of CVS
- Interstitial lung disease
- Acute Pulmonary infections
- Chronic Pulmonary infections

- Vasculitis
- Myocarditis and pericarditis
- Cardiomyopathies
- Squamous cell Carcinoma
- Morphology of vascular lesions
- Lipid profile and cardiac enzymes
- MI and Rheumatic heart disease
- Morphology of lung leisons

COMMUNITY MEDICINE

Concept of environment & water
Water distribution, Conservation and purification
Air and Ventilation (global warming.)
Prevention of Radiation Hazards

MEDICINE

Hypertension
Ischemic Heart Disease
Rheumatic fever
Infective endocarditis
Valvular heart disease
Asthma, COPD
Pleural effusion
Seminar on TB

OBSTETRICS

Hypertensive disorders in pregnancy PIH, Preeclampsia
Gestational diabetesmellitus

SURGERY

Approach to a patient with chronic Peripheral arterial Disease
Approach to a patient with Gangrene and Amputations
Approach to a patient with DVT and varicose veins
Approach to a patient with lymphedema
Approach to a patient with cardiac diseases. (Cardiac surgery)
Approach to a patient with Chest trauma and its management
Approach to benign Diseases of the Thorax

PEADS

Cyanotic congenital heart diseases
Acyanotic heart diseases
Rheumatic fever
Childhood Asthma
Pneumonia
Croup

QURAN CLASS

Quran class – 1
Quran class – 2
Quran Class - 3

Module – VI: CVS & Respiration Module

Introduction: CVS and Respiration module aims to provide students with essential knowledge of pathological processes involved in cardiovascular and respiratory system. Detailed understanding of these is the essence of the study for intelligent clinical practice, presentation/interpretation of diseases & management.

Rationale: The CVS & Respiration module is designed to impart knowledge about the concepts & principles of the basic sciences in context of clinical symptoms & signs of commonly occurring CVS & Respiratory diseases and develop a problem solving approach in diagnosing and management of these diseases.

Module Outcomes

Each student will be able to:

Knowledge

Acquire knowledge about the basic terminologies used in Pharmacology, Pathology & Forensic Medicine as well as the concepts of diseases in the community

- Appreciate concepts & importance of
- **Research**
- **Biomedical Ethics**
- **Family Medicine**
- **Artificial Intelligence**

Skills

- Interpret and analyze various practical of Pre-clinical Sciences.

Attitude

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

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

Section I - Terms & Abbreviations

Contents

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

Tables & Figures

- **Table1.** Domains of learning according to Blooms Taxonomy
- Figure 1. Prof Umar's Model of Integrated Lecture
- **Table2.** Standardization of teaching content in Small Group Discussions
- **Table 3.** Steps of taking Small Group Discussions

Table1. Domains of learning according to Blooms Taxonomy

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

Teaching and Learning Methodologies / Strategies

Large Group Interactive Session (LGIS)

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

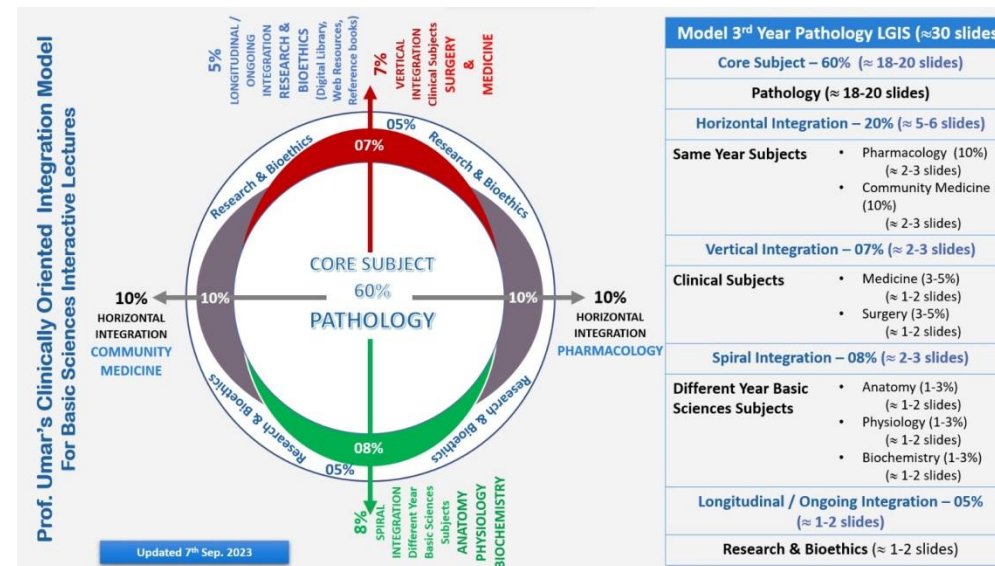


Figure 1. Prof Umar's Model of Integrated Lecture

Small Group Discussion (SGD)

This format helps students to clarify concepts acquire skills and attitudes. Sessions are structured with the help of specific exercises such as patient case, interviews or discussion topics or power point presentations. Students exchange opinions and apply knowledge gained from Lectures, SGDs and Self-study. The facilitator role is to ask probing questions, summarize and 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	60%
5	Vertical Integration	20%
6	Related Advance Research points	3%
7	Related Ethical points	2%

Table 3. Steps of taking Small Group Discussions

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

Self-Directed Learning (SDL)

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

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.

Section- II: Learning Objectives, Teaching Strategies & Assessments

Contents

- Horizontally Integrated Clinical Sciences (Pharmacology, Pathology & Forensic Medicine)
- Large Group Interactive Session:
 - Pharmacology (LGIS)
 - Pathology (LGIS)
 - Forensic Medicine (LGIS)
- Small Group Discussions
 - Pharmacology (SGD)
 - Pathology (SGD)
 - Forensic Medicine (SGD)
- Self-Directed Topic, Learning Objectives & References
 - Pharmacology(SDL)
 - Pathology (SDL)
 - Forensic Medicine (SDL)
 - Practical
- Vertical horizontal integration
 - Medicine & Allied
 - Surgery & Allied

Learning Objectives

Week 1

Code No	Topic	Discipline	At the end of the lecture student should be able to	C/P/A	Teaching strategies	Assessment tools
L-1	Custodial Torture	Forensic Medicine	<ul style="list-style-type: none"> Enlist different type of custodial torture. Briefly explain physical psychological and social torture in custody State Medico legal importance of custodial torture. 	C1 C2 C2	LGIS	MCQ SEQs VIVA
L-2	Asphyxia-I (Classification & Hanging)	Forensic Medicine	<ul style="list-style-type: none"> Classify Asphyxia Define Hanging , its types/classification and give causes of death of hanging Explain the medico legal aspects of hanging Differentiate between ante mortem and post mortem hanging Differentiate between suicidal , homicidal and accidental hanging Enumerate its external and internal autopsy findings 	C1 C2 C2 C2 C2 C1	LGIS	MCQs SEQs VIVA
L-3	Concept of environment & water	Community Medicine	<ul style="list-style-type: none"> Define safe wholesome water Describe sources of water supply Explain water pollution, pollutants, indicators of water pollution Differentiate between shallow and deep wells Enlist guidelines for drinking water quality Elaborate concepts of water 	C1 C2 C4 C1 C2	LGIS	MCQ SEQs VIVA
L-4	Approach to a patient with chronic Peripheral arterial Disease	Surgery	<ul style="list-style-type: none"> Recall the vascular anatomy and histology briefly. Briefly describe the features of chronic peripheral occlusive arterial disease. Enlist the investigations and state treatment options for occlusive arterial disease. Explain the principles of management of the chronic ischemic limb and role of surgery . 	C1 C2 C2 C3	LGIS	MCQs SEQs VIVA
L-5	Atherosclerosis Pathogenesis and morphology	Pathology	<ul style="list-style-type: none"> Classify risk factors for atherosclerosis Describe the role of endothelium in pathogenesis of atheromatous plaque Describe the role of vessel smooth muscles in pathogenesis of atheromatous plaque Describe the roll of endothelium in pathogenesis of atheromatous plaque Describe the roll of extracellular matrix in pathogenesis of atheromatous plaque Describe the morphology of atheromatous plaque 	C3 C2 C2 C2 C2 C2	LGIS	MCQs SEQs VIVA

L-6	Anti-hypertensive I (Introduction and classification)	Pharmacology	<ul style="list-style-type: none"> Define hypertension Classify anti-hypertensive drugs groups Explain the mechanisms of action of centrally acting antihypertensive drugs 	C1 C2 C2	LGIS	MCQs SEQs VIVA
L-7	Consequences of Atherosclerosis	Pathology	<ul style="list-style-type: none"> Enlist complications of Atheroma Correlate the consequences of atherosclerosis with clinical features . 	C2 C3	LGIS	MCQs SEQs VIVA
L-8	Water distribution, Conservation and purification	Community Medicine	<ul style="list-style-type: none"> Define intermittent and continuous system of distribution of water. Define water conservation. Describe hardness of water and types. Explain ways for removal of hardness of water. Describe methods of purification. Enlist artificial and natural methods of purification. Elaborate concepts on purification on large and small scale. 	C1 C1 C2 C2 C1 C2	LGIS	MCQs SEQs VIVA
L-9	Hypertension	Medicine	<ul style="list-style-type: none"> Define hypertension. Enlist causes of hypertension. Describe clinical manifestations of hypertension including target organ damage. Outline investigations and management of hypertension. Highlight choice of antihypertensive drugs in different comorbidities 	C1 C1 C2 C2 C1	LGIS	MCQs SEQs
L-10	Hypertensive disorders in pregnancy PIH, Preeclampsia	Obstetric	<ul style="list-style-type: none"> Define hypertension in pregnancy Classify the types of hypertension in pregnancy State the pathophysiology of pre-eclampsia Describe the clinical presentation of pre-eclampsia and understand the principles of its management Enlist and discuss maternal and fetal complications and long term risks to both mother and baby associated with hypertensive disorders 	C 1 C 1 C 2 C 3 C 2	LGIS	MCQs SEQs VIVA
L-11	Antihypertensive II (ACE inhibitors and ARBs)	Pharmacology	<ul style="list-style-type: none"> Enlist ACEI and ARB Describe mechanism of action, uses and adverse effects of this groups 	C1 C2	LGIS	MCQs SEQs VIVA
L-12	Air and Ventilation (control of air pollution)	Community Medicine	<ul style="list-style-type: none"> Enlist indices of thermal comfort Describe the factors responsible for vitiation of air Define air pollution Identify sources of air pollution and air pollutants Demonstrate selection of air sample for analysis Enumerate the methods to prevent & control of air pollution Describe standards and types of ventilation 	C1 C2 C1 C3 C4 C1 C1 C2	LGIS	MCQs SEQs

S-1	Hypertensive Heart Disease	Pathology	<ul style="list-style-type: none"> Define criteria of systemic hypertensive heart disease Classify the etiological factors of hypertension Differentiate between benign and malignant Hypertension Describe the pathogenic mechanisms of essential hypertension Describe morphology of heart in systemic hypertensive heart disease Describe Morphology of cor –pulmonale Differentiate b/w systemic and pulmonary hypertension Demonstrate clinical reasoning in interpreting the clinical history and symptomatology 	C1 C3 C3 C2 C2 C2 C3 A2	SGD	MCQs SEQs VIVA
L-13	Air and Ventilation (global warming.)	Community Medicine	<ul style="list-style-type: none"> Enlist natural and artificial methods of air purification. Describe the green house effect Enlist green house gases. Identify sources of green house gases. Describe global warming. Define ozone hole. Describe link between global warming and climate change. 	C1 C2 C1 C3 C2 C1 C2	LGIS	MCQs SEQs VIVA

2nd Week						
Code no	Topic	Discipline	At the end of the lecture student should be able to	C/P/A	Teaching strategies	Assessment tools
L-14	Antihypertensive III (Vasodilators)	Pharmacology	<ul style="list-style-type: none"> Classify vasodilators Discuss mechanism of action ,clinical uses and side effects of different types of vasodilators 	C1 C2	LGIS	MCQs SEQs VIVA
L-15	Antihypertensive IV (Ca Channel Blockers)	Pharmacology	<ul style="list-style-type: none"> Classify calcium channel blockers Discuss mechanism of action ,clinical uses and side effects of calcium channel blockers 	C2 C1	LGIS	PBQS
L-16	Prevention of Radiation Hazards	Community Medicine	<ul style="list-style-type: none"> Describe sources of radiation exposure Describe types of radiations Discuss biological effects of radiation Discuss radiation protection 	C2 C2 C2 C2	LGIS	MCQs SEQs VIVA
L-17	Antianginal I	Pharmacology	<ul style="list-style-type: none"> Enlist Anti-Anginal Drugs Describe mechanism of action and adverse effects of nitrates 	C1 C2	LGIS	MCQs SEQs VIVA
L-18	Asphyxia –II (Strangulation)	Forensic Medicine	<ul style="list-style-type: none"> Define strangulation , its types/classification and give causes of death of strangulation. Explain the medico-legal aspects of strangulation. Differentiate between hanging and strangulation Differentiate between suicidal , homicidal and accidental strangulation 	C1 C2 C2 C2	LGIS	MCQs SEQs VIVA

S-2	Pathophysiology of Angina	Pathology	<ul style="list-style-type: none"> Classify the ischemic heart disease on the basis of pattern of clinical presentation Describe the types of angina Describe the pathophysiology of angina Correlate the pathogenesis of ischemic heart disease with various etiological factors 	C3 C2 C2 C3	SGD	MCQs SEQs VIVA
L-19	Ischemic Heart Disease	Medicine	<ul style="list-style-type: none"> Classify coronary heartdiseases. Explain clinical manifestation of IHD including stable angina, unstable angina,MI and heart failure. Describe investigation of IHD. Outline management of IHD 	C1 C2 C2 C3	LGIS LGIS	MCQs SEQs VIVA
L-20	Antianginal II	Pharmacology	<ul style="list-style-type: none"> Describe mechanism of action and adverse effects of other anti angina Drugs 	C2	LGIS	MCQs SEQs VIVA
C-1	Diuretics	Pharmacology	<ul style="list-style-type: none"> Rationalize the use of diuretics in specific clinical scenario 	C3	CBL	MCQs SEQs VIVA
L-21	Quran Class		<ul style="list-style-type: none"> 			
S-3	Ischemic Heart Disease	Pathology	<ul style="list-style-type: none"> Describe morphological features of MI Correlate pathogenesis, And Complications of MI. Describe chronic ischemic heart disease Describe the pathogenesis of myocardial infarction Describe the patterns of myocardial infarction Correlate the evolution of morphological changes in myocardial infarction with time duration of infarct Correlate the complications of myocardial infarction with clinical features 	C2 C3 C2 C2 C2 C3 C3	SGD	MCQs SEQs
C-2	Vasculitis	Pathology	<ul style="list-style-type: none"> Describe Pathogenesis of vasculitis Clarify Various forms of vasculitis Describe complication of vasculitis Differentiate among Morphological features of various type of vasculitis Interpret the clinical features and lab findings of a case with vasculitis Demonstrate collaborative learning skills Demonstrate adequate communication skills in describing the clinical problem 	C2 C3 C2 C3 P2 A3 A3	CBL	MCQs SEQs
L-22	Cyanotic congenital heart disease	Paediatrics	<ul style="list-style-type: none"> Define Tetralogy of Fallot Describe the haemodynamics of the defect and its clinical presentation Plan investigations, interpret and to take appropriate action Discuss medical and surgical Management Assess for complications and their management 	C1 C2 C2 C3 C3	LGIs	MCQs SEQs VIVA

L-23	Approach to a patient with Gangrene and Amputations	Surgery	<ul style="list-style-type: none"> Recall the causes of acute limb ischemia. State definition of thromboembolism. Describe the Pathophysiology of Thromboembolism . Discuss the various types of Gangrene. Explain the types of amputations according to ischemia site in a patient. 	C1 C1 C2 C2 C3	LGIS	PBQS
L-24	Asphyxia – III (Suffocation)	Forensic Medicine	<ul style="list-style-type: none"> Define suffocation. Enlist different types of suffocation. Briefly explain the postmortem findings in death due to suffocation State the medico-legal importance of death from different types of suffocation. 	C1 C2 C2 C2	LGIS	MCQs SEQs VIVA
L-25	Acyanotic heart disease	Paediatrics	<ul style="list-style-type: none"> Describe the haemodynamics of VSD and PDA Discuss the clinical presentation Make Plan of Investigations Discuss the medical and surgical treatment Identify Complications and manage them 	C2 C2 C1 C3 C2	LGIS	MCQs SEQs VIVA
L-26	CCFI (Introduction & classification)	Pharmacology	<ul style="list-style-type: none"> Classify drug groups used in CCF Describe mechanism of action of digoxin Describe digoxin toxicity and its management 	C2 C2 C2	LGIS	MCQs SEQs VIVA
P-1	P drug and prescription of HTN	Pharmacology	<ul style="list-style-type: none"> Clinical pharmacology of anti hypertensive drugs. 	C3	practical	OSPE
P-2	Cardiac Poisons -Aconite, Digitalis, Tobacco (CBL)	Forensic Medicine	<ul style="list-style-type: none"> Enlist important cardiac poisons , Mention the alkaloids, fatal dose and fatal period along with medicolegal significance of Digitalis and Aconite Briefly describe sign and symptoms and autopsy findings of these poisons. 	C1 C2 C2	CBL	OSPE
P-3	Morphology of vascular lesions	Pathology	<ul style="list-style-type: none"> Identify the morphological features of Calcification Identify the morphological features of atherosclerosis Identify the morphological features of thrombus Demonstrate collaborative working skills 	P3 P3 P3 A3	practical	OSPE

3rd Week

Code no	Topic	Discipline	At the end of the lecture student should be able to	C/P/A	Teaching strategies	Assessment tools
S-4	Aneurysms & Dissection	Pathology	<ul style="list-style-type: none"> Classify aneurysms Correlate the etiological factors with the pathogenic mechanisms of aneurysm formation. Correlate atherosclerosis with abdominal aortic aneurysms Enlist the etiological factors for aortic dissection Describe the morphological features of aortic dissection Differentiate between Type A and Type B aortic dissections 	C1 C3 C3 C2 C2	SGD	MCQs SEQs VIVA
L-27	Rheumatic fever	Medicine	<ul style="list-style-type: none"> Explain pathogenesis of rheumatic fever. Describe clinical manifestations and JONES criteria for diagnosis of Rheumatic fever Enlist investigations for Rheumatic fever Describe management of acute attack and secondary prevention of Rheumatic fever 	C2 C2 C1 C3	LGIS	MCQs SEQs VIVA
L-28	Asphyxia – IV (Drowning)	Forensic Medicine	<ul style="list-style-type: none"> Define drowning and Classify drowning. State the cause of death in different types of drowning Briefly explain the patho-physiology of wet drowning both in sea and fresh water. Describe the postmortem findings and their medico-legal importance. Differentiate between ante mortem and postmortem drowning 	C1 C1 C2 C2 C2	LGIS	MCQs SEQs VIVA
L-29	Pathogenesis of Rheumatic Fever Morphological changes in Rheumatic Heart Disease	Pathology	<ul style="list-style-type: none"> Describe the Pathogenesis of rheumatic fever C2 Describe the Pathogenesis of rheumatic Heart Disease Outline the diagnostic criteria of rheumatic fever Discuss the complications of rheumatic fever Define chronic rheumatic heart disease Describe the morphology of rheumatic heart disease Outline the diagnostic criteria of rheumatic Heart Disease Discuss the complications of rheumatic Heart Disease 	C2 C2 C2 C2 C1 C2 C3 C2	LGIS	MCQs SEQs VIVA
L-30	CCF II (Digoxin and related drugs):	Pharmacology	<ul style="list-style-type: none"> Describe mechanism of action of other drugs used in CCF Enlist their therapeutic uses and adverse effects 	C2 C2	LGIS	PBQs

L-31	Infective Endocarditis	Medicine	<ul style="list-style-type: none"> Describe pathogenesis of Infective Endocarditis. Explain clinical features of Infective Endocarditis and Dukes criteria. Enlist investigation of Infective Endocarditis Outline management of Infective Endocarditis 	C2 C2 C1 C3	LGIS	MCQ SEQ
L-32	Valvular heart disease	Medicine	<ul style="list-style-type: none"> Describe rheumatic heart disease with pathogenesis. Describe clinical features of valvular heart disease including mitral stenosis 	C2 C2	LGIS	MCQs SEQs
L-33	Rheumatic fever	Paediatrics	<ul style="list-style-type: none"> Discuss etiology of rheumatic fever and its diagnostic criteria Briefly describe its clinical features Make plan of investigations and their interpretation State the plan of management and discuss about the prophylaxis of rheumatic fever 	C2 C2 C2 C3	LGIS	MCQs SEQs VIVA
L-34	Introduction to Diuretics	Pharmacology	<ul style="list-style-type: none"> Classify diuretics Describe the role of diuretics in hypertension Rationalize the use of diuretics in specific clinical scenario 	C2 C2 C3	LGIS	MCQs SEQs VIVA
L-35	Quran Class					
L-36	Infective Endocarditis	Pathology	<ul style="list-style-type: none"> Enlist the causes of infective endocarditis Classify infective endocarditis Describe morphology of infective endocarditis Differentiate b/w vegetation of different type of endocarditis 	C1 C2 C2 C3	LGIS	MCQs SEQs VIVA
C-3	Myocarditis & pericarditis	Pathology	<ul style="list-style-type: none"> Differentiate between various types of pericarditis Correlate the pathogenesis of pericardial effusions with the clinical presentation. Correlate different forms of fluid accumulations in pericardial sac with the underlying pathology. Interpret the lab report of a patient with pericardial effusion Demonstrate the critical thinking attitude needed for applying basic knowledge to a clinical situation Enumerate the causes of myocarditis & pericarditis Describe the morphological features of myocarditis Describe the morphology of myocarditis Demonstrate the critical thinking attitude needed for applying basic knowledge to a clinical situation 	C3 C3 C3 P3 A3 C1 C2 A3	CBL	PBQS
L-37	Approach to a patient with DVT and varicose veins	Surgery	<ul style="list-style-type: none"> Briefly recall the venous anatomy and the physiology of venous return. Describe the etiology and pathophysiology of deep venous thrombosis. State the clinical significance and management of varicose veins. 	C1 C2 C3	LGIS	MCQs SEQs VIVA
L-38	Childhood Asthma	Paediatrics	<ul style="list-style-type: none"> Define Asthma and Identify risk factors Discuss clinical presentation and Classify as per GINA guidelines Make differential diagnosis Plan pertinent investigations, interpret and take appropriate action Discuss the treatment of Acute Attack of Asthma and long term management 	C1 C2 C1 C3 C2	LGIS	PBQS

L-39	Antiarrhythmic drugs I (Introduction to normal rhythm and classification)	Pharmacology	<ul style="list-style-type: none"> Classify antiarrhythmic drugs 	C2	LGIS	MCQs SEQs VIVA
L-40	Antiarrhythmic drugs II (class I and class II)	Pharmacology	<ul style="list-style-type: none"> Describe mode of action, clinical uses and adverse effects of Class I, Class II antiarrhythmic drugs 	C1	LGIS	MCQs SEQs VIVA
L-41	Gestational diabetes mellitus	Obstetrics	<ul style="list-style-type: none"> Define gestational diabetes mellitus Describe the pathogenesis of GDM Identify and state the risks factor associated with GDM Screen and diagnose GDM Briefly explain the management of GDM 	C1 C2 C2 C1 C3	LGIS	MCQs SEQs VIVA
P-4	P drug and prescription of angina	Pharmacology	<ul style="list-style-type: none"> Discuss clinical pharmacology of cardiotonic drugs 	C2	Practical	OSPE
P-5	Asphyxiants CO.CO₂.H₂S (CBL)	Special Toxicology	<ul style="list-style-type: none"> Briefly describe the mechanism of action of asphyxia poison.(Carbomonoxide, Carbondioxide, Hydrogen sulphide) Mention the fatal dose, management & medico-legal importance of Asphyxial poison. Briefly explain the autopsy findings of a victim of Asphyxial poison 	C2 C2 C2	Practical	OSPE
P-6	Lipid profile and cardiac enzymes	Pathology	<ul style="list-style-type: none"> Enlist cardiac enzymes Enlist parameters for lipid profile 	C1 C1	Practical	OSPE

4th Week

Code no	Topic	Discipline	At the end of the lecture student should be able to	C/P/A	Teaching strategies	Assessment tools
L-42	Antiarrhythmic drugs III(class IV and class V)	Pharmacology	<ul style="list-style-type: none"> Describe mode of action, clinical uses and adverse effects of Class III and Class IV antiarrhythmic drugs 	C2 C2	LGIS	MCQs SEQs VIVA
L-43	Sexual Offences (Rape & Sodomy)	Forensic Medicine	<ul style="list-style-type: none"> Define virginity Describe signs of virginity. Define impotence in males and briefly state its medicolegal importance. Define rape, intercourse, sodomy. Explain laws relating to sexual offences. Assess the sexual offences and relate it to relevant Sections of Law (Zina and Hudood Ordinance). Differentiate between natural and unnatural sexual offences Address the causes of common sexual perversions 	C1 C2 C2 C1 C2 C3 C2 C2	LGIS	MCQs SEQs VIVA
C-4	Cardiomyopathies	Pathology	<ul style="list-style-type: none"> Formulate differential diagnosis of cardiomyopathy Describe pathogenesis of cardiomyopathies Classify Various types of cardiomyopathies Describe Consequences of cardiomyopathies Describe Morphological features of cardiomyopathies Demonstrate adequate communication skills in describing the clinical problem 	C3 C2 C3 C2 C2 A3	CBL	MCQs SEQs VIVA
L-44	Antiasthmatics II (Drug groups)	Pharmacology	<ul style="list-style-type: none"> Discuss the roles of corticosteroids in the treatment of bronchial asthma. C1 Discuss the role of ipratropium in asthma C2 Discuss the mechanism of action and adverse effects of leukotrine synthesis and receptor blockers used in asthma C2 Enlist drugs used in acute and chronic asthma C2 	C1 C2 C2 C2	LGIS	MCQs SEQs VIVA
L-45	Medico-legal aspects of Pregnancy & Delivery	Forensic Medicine	<ul style="list-style-type: none"> Define pregnancy and enlist different signs of pregnancy. Briefly explain the both recent and remote signs of delivery in living women. Briefly explain the both recent and remote signs of delivery in dead women. State the medicolegal importance and legal implications of pregnancy and delivery in both living and dead women 	C1 C2 C2 C2	LGIS	MCQs
C-5	Anti asthmatic drugs	Pharmacology	<ul style="list-style-type: none"> Rationalize the use of antiasthamatic drugs in specific clinical scenario 	C3	CBL	MCQs SEQs
L-46	Chronic bronchitis and emphysema	Pathology	<ul style="list-style-type: none"> Define COPD Enumerate diseases of COPD Differentiate b/w the pathophysiology of emphysema and chronic bronchitis. Correlate morphology of each type of emphysema with its pathogenesis 	C1 C1 C3 C3	LGIS	MCQs SEQs VIVA

L-47	Antiasthmatics-II (Classification)	Pharmacology	<ul style="list-style-type: none"> Describe the mechanism of action & adverse effects of Beta 2 agonists used in asthma Describe the mechanism of action, actions & adverse effects of Methylxanthines Describe mechanism of action and adverse effects of Mast Cell Stabilizers 	C2 C2 C2	LGIS	MCQs SEQs VIVA
L-48	Approach to a patient with lymphedema	Surgery	<ul style="list-style-type: none"> Recall the main functions of the lymphatic system Recall the development of the lymphatic system. Enumerate the various causes of limb swelling. Briefly describe the etiology, clinical features and investigations for lymphedema Outline management plan for lymphedema. 	C1 C1 C2 C2 C3	LGIS	MCQs SEQs VIVA
L-49	Medico-legal aspects of Abortion	Forensic Medicine	<ul style="list-style-type: none"> Enlist the types and methods of abortion vz justifiable (therapeutic) and unjustifiable (criminal abortion). Briefly explain the causes of death in abortion. Assess the abortion and relate it to relevant Sections of Law & state its medico-legal aspects. Briefly describe the autopsy findings in case of criminal abortion. 	C1 C2 C2 C2	LGIS	MCQs SEQs VIVA
L-50	Asthma, COPD	Medicine	<ul style="list-style-type: none"> Describe pathophysiology of asthma and its clinical manifestations. Enlist predisposing factors of asthma. Describe diagnostic tests and management of asthma in step wise fashion. Define COPD and briefly describe pathophysiology of COPD. Enumerate risk factors for development of COPD. Outline investigations and management of COPD 	C2 C1 C3 C2 C1 C3	LGIS	MCQs SEQs
L-51	Approach to a patient with cardiac diseases. (Cardiac surgery)	Surgery	<ul style="list-style-type: none"> Describe the cardiac diseases Ischemic heart disease, valvar heart diseases, congenital heart diseases, tumors of heart. Explain the basics of surgical treatment of different heart diseases like cardiac bypass, valve replacements etc. 	C2 C2	LGIS	MCQs SEQs
L-52	Approach to a patient with Chest trauma and its management	Surgery	<ul style="list-style-type: none"> State the life threatening and potentially life threatening chest trauma (ATLS) Describe the treatment of chest trauma according to ATLS principles including chest intubation. 	C2 C3	LGIS	MCQs SEQs VIVA
S-1	Anti tussive drugs	Pharmacology	<ul style="list-style-type: none"> Describe anti-tussive, mucolytics and expectorants Classify Anti-tussives Describe Pharmacodynamics of these drugs 	C2 C2 C2	SGD	PBQs
L-53	Medico-legal aspects of Infanticide Child abuse Battered child & wife	Forensic Medicine	<ul style="list-style-type: none"> Define infanticide, live born, dead born & still born. Briefly describe the method of assessing the age of fetus & define Hess's Rule. Differentiate between features of live and dead born. Explain the autopsy findings in case of live and dead born. Describe the phenomena of battered wife and related laws Identify criminal and non-accidental violence or abuse to a newborn, infant or child. 	C1 C2 C2 C2 C2 C2	LGIS	MCQs SEQs VIVA

S-5	Tumors of CVS	Pathology	<ul style="list-style-type: none"> Describe epidemiology, pathogenesis, clinical feature and morphology of primary, metastatic and other tumors of heart. Describe epidemiology, pathogenesis, clinical feature and morphology of Benign Tumors and Tumor-Like Conditions of blood vessels. Describe epidemiology, pathogenesis, clinical feature and morphology of Intermediate- Grade (Borderline) Tumors of blood vessels. Describe epidemiology, pathogenesis, clinical feature and morphology of Malignant Tumors of blood vessels. 	C2 C2 C2 C2	SGD	MCQs SEQs VIVA
L-54	Asthma & Bronchiectasis	Pathology	<ul style="list-style-type: none"> Enlist the types of asthma Describe etiology of asthma Describe the pathogenesis of asthma Enlist genetic associations of asthma Describe morphological changes in lungs in a patient with asthma Describe the pathogenesis of bronchiectasis Describe the gross and microscopic changes in bronchiectasis lung 	C1 C2 C2 C1 C2 C2 C2	LGIS	MCQs SEQs VIVA
P-7	P drug and prescription of CCF	Pharmacology	<ul style="list-style-type: none"> Rationalize the use of drugs in specific clinical scenario 	C3	Practical	OSPE
P-8	Autopsy Visit to mortuary MLC writing of a sexual assault survivor (Practical)	Forensic Medicine	<ul style="list-style-type: none"> Briefly describe the procedure of performing clinical I examination of victim and assailant in case of sexual assault. Explain the method of collection of specific specimens in sexual offences Write a required certification in case of diagnosed sexual assault 	C2 C2 C2	Practical	OSPE
P-9	MI and Rheumatic heart disease	Pathology	<ul style="list-style-type: none"> Illustrate with help of diagram the different types of Vegetation in heart valves Interpret the morphological Changes in MI Demonstrate collaborative work in the group 	P3 P3 A3	Practical	OSPE

5th Week

Code no	Topic	Discipline	At the end of the lecture student should be able to	C/P/A	Teaching strategies	Assessment tools
L-55	Forensic Psychiatry	Forensic Medicine	<ul style="list-style-type: none"> Distinguish between true and feigned insanity. Advise on procedure of restraint of the mentally ill. List limitations to civil and criminal responsibilities of mentally ill. 	C1 C2 C2	LGIS	MCQs SEQs VIVA
L-56	Hydrocyanic acid (HCN)	Forensic Medicine	<ul style="list-style-type: none"> Briefly describe the mechanism of action of hydrocyanic acid. Briefly enlist signs of & symptoms of hydrocyanic acid poisoning Mention the fatal dose, period & management of HCN poisoning. State the medico-legal importance of hydrocyanic acid poisoning. Briefly explain the autopsy findings of a victim of hydrocyanic acid poisoning 	C1 C2 C2 C2	LGIS	MCQs SEQs VIVA
L-57	Somniferous poisons Opium & Morphine	Forensic Medicine	<ul style="list-style-type: none"> Classify Somniferous Poisons commonly implicated in poisoning. State its active principle and derivatives of opium. Enumerate the clinical presentation of opium and morphine poisoning w.r.t its stages of intoxication. Briefly describe the management of Somniferous Poisons with special emphasis on decontamination, removal of ingested and absorbed poison. Briefly explain autopsy findings of a victim of Somniferous Poisoning State the Medico legal importance of Somniferous Poisons 	C1 C2 C1 C2 C2	LGIS	MCQs SEQs VIVA
L-58	Barbiturates & Hypnotics	Special toxicology	<ul style="list-style-type: none"> Enlist important poisons Mention the , fatal dose and fatal period along with medico legal significance of Briefly describe sign and symptoms and autopsy findings of these poisons. Write down important steps of management of such cases. 	C1 C2 C2 C2	LGIS	MCQs

S-6	Interstitial lung disease	Pathology	<ul style="list-style-type: none"> Define and classify interstitial lung diseases. Differentiate between restrictive and obstructive lung diseases Differentiate between fibrosing and granulomatous interstitial lung diseases. Describe the Pathogenesis of idiopathic pulmonary fibrosis (IPF) Describe the clinical features of restrictive lung disease 	C3 C3 C3 C2 C2	SGD	PBQs
L-59	Quran Class		•			
L-60	Pleural effusion	Medicine	<ul style="list-style-type: none"> Define pleural effusion. Classify and explain different types of pleural effusion. Enlist causes and clinical features of pleural effusion. Outline investigations and treatment of pleural effusion. Enlist indication of chest intubation in pleural effusion 	C1 C2 C2 C3 C2	LGIS	MCQs SEQs
S-7	Acute Pulmonary infections	Pathology	<ul style="list-style-type: none"> Classify pulmonary infections on basis of etiology and morphology . Describe the pneumonia syndromes. Differentiate between the morphology of different types of pneumonia. 	C3 C3 C3	SGD	PBQS
L-61	Pneumonia	Paediatrics	<ul style="list-style-type: none"> Classify Pneumonia according to the WHO ARI protocol Plan pertinent investigations, interpret and take appropriate action Assess complications Manage Pneumonia and its complications 	C1 C2 C2 C2	LGIS	MCQs SEQs VIVA
L-62	Dangerous drug act	Forensic Medicine	<ul style="list-style-type: none"> Define drug Abuse, drug Addiction and Drug dependence. Enlist the WHO criteria of drug addiction Briefly state their Medicolegal importance Enumerate different types of dangerous drugs w.r.t their affects. Briefly describe the dangerous drug act. 	C1 C1 C2 C1 C2	LGIS	MCQs
S-8	Chronic Pulmonary infections	Pathology	<ul style="list-style-type: none"> Describe chronic pneumonias. Describe epidemiology, pathogenesis, etiology and morphology of Histoplasmosis, Coccidioidomycosis, and Blastomycosis. Describe Pneumonia in the Immunocompromised Host, Opportunistic Fungal Infections and Pulmonary Disease in HIV. 	C2 C2 C2	SGD	PBQS
L-63	Tuberculosis	Pathology	<ul style="list-style-type: none"> Enlist the risk factors for acquiring tuberculosis Describe pathophysiology of primary and secondary tuberculosis. Describe the processes of formation of granulomas Differentiate between the morphology of lesions in primary and secondary tuberculosis Describe the lesions in miliary tuberculosis 	C1 C2 C2 C3 C2	LGIS	MCQs SEQs

			<ul style="list-style-type: none"> Enumerate first and second line drugs for treatment of tuberculosis Describe mechanism of action uses and adverse effects of first line drugs used in tuberculosis 	C2 C2		
C-6	Squamous cell Carcinoma	Pathology	<ul style="list-style-type: none"> Classify lung tumors Describe the carcinogenic pathways of squamous cell carcinoma of lung Describe the morphology of squamous cell carcinoma of lung Correlate the clinical presentation of lung carcinoma with the stage of disease Interpret the data of patient with lung carcinoma for the prognosis of the disease Understanding of team work in diagnosing a patient with critical 	C1 C2 C2 C3 C2 A2	CBL	MCQs SEQs VIVA
L-64	Croup	Pediatrics	<ul style="list-style-type: none"> State the etiology of croup Briefly explain the Clinical features and make differential diagnosis of stridor Enlist the X-Ray findings of CROUP Describe Treatment and Management plan of Croup 	C1 C2 C1 C3	LGIS	PBQS
L-65	Anti TB drugs I & II	Pharmacology	<ul style="list-style-type: none"> Enlist 1st and 2nd line Anti TB Drugs Discuss their mechanism of action. Discuss their adverse effects and drug interaction Discuss different regimes for treatment of TB Describe drug interactions of isoniazid and Rifampicin 	C1 C2 C2 C2 C2	LGIS	MCQs SEQs VIVA
L-66	Approach to benign Diseases of the Thorax	Surgery	<ul style="list-style-type: none"> Briefly describe different benign diseases of respiratory system of surgical importance like empyema, lung abscess, lobar collapse, destructive lung disease. Explain the basics of Surgical treatment of the benign diseases of thorax like chest intubation, VATS, thoracotomy. 	C2 C3	LGIS	MCQs SEQs VIVA
L-67	Seminar on TB	Medicine	<ul style="list-style-type: none"> Recognize pathophysiology of Tuberculosis. Explain clinical features of Pulmonary and pulmonary Tuberculosis. Outline Investigations and management plan of Tuberculosis 	C1 C2 C2	LGIS	MCQs SEQs
P-10	P drug and prescription of asthma and TB	Pharmacology	<ul style="list-style-type: none"> Rationalize the use of antiasthmatic drugs in specific clinical scenario 	C3	Practical	OSPE
P-11	Deleriants Dhaturo ,Cannabis Cocaine (CBL)	Special Toxicology	<ul style="list-style-type: none"> Enlist the physical properties of Dhaturo , Cannabis and Cocaine and their mechanism of action in humans. Briefly describe the clinical features of Dhaturo and Cannabis poisoning and its management. State their Medico legal importance and autopsy findings of a victim of Dhaturo Cannabis and cocaine poisoning 	C1 C2 C2	Practical	OSPE
P-12	Morphology of lung lesions	Pathology	<ul style="list-style-type: none"> Illustrate with the help of a diagram the morphology of emphysema <ul style="list-style-type: none"> Illustrate with the help of a diagram the morphology of granuloma Demonstrate positive attitude towards safe handling of laboratory specimens 	P3 P3 A3	Practical	OSPE

SDL Curriculum (Self Directed Learning)

Week-1

Pharmacology

Topic	Learning Objectives	References
<ul style="list-style-type: none"> Role of α-2 agonists in clinical settings other than hypertension 	<ul style="list-style-type: none"> Enlist the conditions in which α-2 agonists are used C1 Rationalize their use in these conditions C2 	<ul style="list-style-type: none"> Kaye AD, Chernobylsky DJ, Thakur P, Siddaiah H, Kaye RJ, Eng LK, Harbell MW, Lajaunie J, Cornett EM. Dexmedetomidine in enhanced recovery after surgery (ERAS) protocols for postoperative pain. Current pain and headache reports. 2020 May;24:1-3. Baller EB, Hogan CS, Fusunyan MA, Ivkovic A, Luccarelli JW, Madva E, Nisavic M, Praschan N, Quijije NV, Beach SR, Smith FA. Neurocovid: pharmacological recommendations for delirium associated with COVID-19. Psychosomatics. 2020 Nov 1;61(6):585- 96. Banas K, Sawchuk B. Clonidine as a treatment of behavioural disturbances in autism spectrum disorder: A systematic literature review. Journal of the Canadian Academy of Child and Adolescent Psychiatry. 2020 May;29(2):110.

Pathology

<ul style="list-style-type: none"> Disorders of veins & Lymphatics 	<ul style="list-style-type: none"> Define heart failure C1 Describe the pathogenesis of right and left heart failure. C2 Describe compensatory responses of CVS for heart failure. C2 Describe clinical features of right and left heart failure. C2 Describe morphology of different tissues in event of heart failure. C2 	
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Forensic Medicine

<ul style="list-style-type: none"> Asphyxia Hanging, Strangulation. Suffocation, Drowning 	<ul style="list-style-type: none"> Classify Asphyxia Define Hanging , its types/classification and give causes of death of hanging Explain the medico legal aspects of hanging Differentiate between ante mortem and post mortem hanging Differentiate between suicidal , homicidal and accidental hanging Enumerate its external and internal autopsy findings 	<p>Essential: Parikh's text book of forensic and toxicology 7th edition Page No 170-190 Recommended: Principles of Forensic Medicine & Toxicology by Gautam Biswas</p>
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| | <ul style="list-style-type: none">• Define strangulation , its types/classification and give causes of death of strangulation.• Explain the medico-legal aspects of strangulation.• Differentiate between hanging and strangulation• Differentiate between suicidal , homicidal and accidental strangulation• Enlist different types of suffocation.• Briefly explain the postmortem findings in death due to suffocation• State the medico-legal importance of death from different types of suffocation.• Define drowning and Classify drowning.• State the cause of death in different types of drowning• Briefly explain the patho-physiology of wet drowning both in sea and fresh water.• Describe the postmortem findings and their medico-legal importance.• Differentiate between antemortem and postmortem drowning | |
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Week-2		
Pharmacology		
Topic	Learning Objectives	References
<ul style="list-style-type: none"> Novel Anti anginal drug 	<ul style="list-style-type: none"> Discuss the newer drugs used in management of different types of Angina 	<ul style="list-style-type: none"> Dutt HK, Pratik AH, Dhapola VS. Comparative Efficacy and Impact on Quality of Life with Add-on Therapy of Emerging Newer Anti Anginal Drugs in Stable Angina-A Meta-Analysis. Zhu H, Xu X, Fang X, Zheng J, Zhao Q, Chen T, Huang J. Effects of the antianginal drugs ranolazine, nicorandil, and ivabradine on coronary microvascular function in patients with nonobstructive coronary artery disease: a meta-analysis of randomized controlled trials. Clinical therapeutics. 2019 Oct
Pathology		
<ul style="list-style-type: none"> Heart failure 	<ul style="list-style-type: none"> Define heart failure C1 Describe the pathogenesis of right and left heart failure. C2 Describe compensatory responses of CVS for heart failure. C2 Describe clinical features of right and left heart failure. C2 Describe morphology of different tissues in event of heart failure. C2 	
Forensic Medicine		
<ul style="list-style-type: none"> Medico-legal aspects of Pregnancy & Delivery Medico-legal aspects of Abortion Medico-legal aspects of Infanticide 	<ul style="list-style-type: none"> Enlist the types and methods of abortion Justifiable (therapeutic) and unjustifiable (criminal abortion). Briefly explain the causes of death in abortion. Assess the abortion and relate it to relevant Sections of Law & state its medico-legal aspects. Briefly describe the autopsy findings in case of criminal abortion. Define infanticide, live born, dead born & still born. Briefly describe the method of assessing the age of fetus & define Hess's Rule. Differentiate between features of live and dead born. Explain the magnitude of the problem related to child abuse. Describe the phenomena of battered wife and related laws Identify criminal and non-accidental violence or abuse to a newborn, infant or child. 	<p>Essential: Parikh's text book of forensic and toxicology 7th edition Page No 374-384 Page No 413-418 Page No 424-436</p> <p>Recommended: Principles of Forensic Medicine & Toxicology by Gautam Biswas</p>

Week-3

Pharmacology

Topic	Learning Objectives	References
<ul style="list-style-type: none"> Current guidelines in the management of CCF 	<p>Explain current drug therapies used to treat heart failure C2</p>	<ul style="list-style-type: none"> Berliner D, Hänselmann A, Bauersachs J. The treatment of heart failure with reduced ejection fraction. <i>Deutsches Ärzteblatt International</i>. 2020 May;117(21):376. Authors/Task Force Members:, McDonagh TA, Metra M, Adamo M, Gardner RS, Baumbach A, Böhm M, Burri H, Butler J, Čelutkienė J, Chioncel O. 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: developed by the Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC). With the special contribution of the Heart Failure Association (HFA) of the ESC. <i>European journal of heart failure</i>. 2022 Jan;24(1):4-131.

Pathology

<ul style="list-style-type: none"> Congenital heart disease 	<ul style="list-style-type: none"> Define congenital heart diseases. C1 Enumerate common congenital heart diseases(CHD). C1 Describe pathogenesis of CHD. C2 Describe Left-to-Right Shunts, Right-to-Left Shunts and Obstructive Lesions. C2 	
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Forensic Medicine

<ul style="list-style-type: none"> Hydrocyanic acid Somniferous poisons Barbiturates & Hypnotic Deleriants 	<ul style="list-style-type: none"> Sources of poisons Mechanism of action of poisons Sign and symptoms of poisoning Management of poisoning Autopsy findings of death due to poisoning Medico legal aspects 	<p>Essential: Parikh's text book of forensic and toxicology 7th edition Page No 538 Page No 595-598 Page No 619-620 Page No 633-636 Recommended: Principles of Forensic Medicine & Toxicology by Gautam Biswas</p>
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Week-4

Pharmacology

Topic	Learning Objectives	References
Management of TB in immunocompromised patients	<ul style="list-style-type: none"> Discuss the use of anti TB drugs and antiretroviral drugs in immunocompromised states C2 	<ul style="list-style-type: none"> Sester M. Tuberculosis in immunocompromised patients. ERS Handbook of Respiratory Medicine. 2019 Sep 1:429. Bastos ML, Melnychuk L, Campbell JR, Oxlade O, Menzies D. The latent tuberculosis cascade-of-care among people living with HIV: A systematic review and meta-analysis. PLoS Medicine. 2021 Sep 7;18(9):e1003703. Sterling TR, Njie G, Zenner D, Cohn DL, Reves R, Ahmed A, Menzies D, Horsburgh Jr CR, Crane CM, Burgos M, LoBue P. Guidelines for the treatment of latent tuberculosis infection: recommendations from the National Tuberculosis Controllers Association and CDC, 2020. American Journal of Transplantation. 2020 Apr 1;20(4):1196-206.

Pathology

<ul style="list-style-type: none"> Pulmonary diseases of Vascular origin 	<ul style="list-style-type: none"> Describe epidemiology, etiology, pathogenesis, morphology, clinical features of Pulmonary Embolism, Hemorrhage, and Infarction. Describe epidemiology, etiology, pathogenesis, morphology, clinical features of Pulmonary Hypertension. Describe epidemiology, etiology, pathogenesis, morphology, clinical features of Diffuse Alveolar Hemorrhage Syndrome. 	
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Forensic Medicine

- **Custodial Torture**
- **Forensic Psychiatry**
- **Cardiac Poisons**
- **Asphyxiants**

- Enlist different type of custodial torture.
- Briefly explain physical psychological and social torture in custody
- State Medico legal importance of custodial torture.
- Distinguish between true and feigned insanity.
- Advise on procedure of restraint of the mentally ill.
- List limitations to civil and criminal responsibilities of mentally ill.
- Sources of poisons
- Mechanism of action of poisons
- Management of poisoning
- Autopsy findings of death due to poisoning Medico legal aspects

Essential: Parikh's text book of forensic and toxicology
7th edition
Page No 441-462
Page No 644-648
Page No 651-654

Recommended: Principles of Forensic Medicine & Toxicology by Gautam Biswas



Integrated Modular Curriculum
Cardiovascular & Respiratory Module

Time Table 2024
Rawalpindi Medical University

CVS & Respiration Module Team

Module Name : CVS & Respiration
 Duration of module : 05 Weeks
 Coordinator : Dr. Filza
 Co-coordinator : Dr. Uooj Shah
 Review by : Module Committee

Module Committee			Module Task Force Team		
1.	Vice Chancellor RMU	Prof. Dr. Muhammad Umar	1.	Coordinator	Dr. Dr Filza (Assissant Professor of Forensic Medicine)
2.	Director DME	Prof. Dr. Rai Muhammad Asghar	2.	DME Focal Person	Dr. Maryum Batool
3.	Convener Curriculum	Prof. Dr. Naeem Akhter	3.	Co-coordinator	Dr. Urooj Shah (Demonstrator of Forensic Medicine)
4.	Dean BasicSciences	Prof. Dr. Ayesha Yousaf			
5.	Additional Director DME	Prof. Dr. Ifra Saeed			
6.	Chairperson Pharmacology & Implementation Incharge 3 rd year MBBS	Dr. Asma Khan			
7.	Chairperson Pathology	Prof. Dr. Mobina Dhodhy	DME Implementation Team		
			1.	Director DME	Prof. Dr. Rai Muhammad Asghar
8.	Chairperson Forensic Medicine	Dr Romana	2.	Additional Director DME	Assoc. Prof. Dr. Asma Khan
9.	Focal Person Pharmacology	Dr Zunera Hakim	3.	Deputy Director DME	Dr Shazia Zaib
10.	Focal Person Pathology	Dr Faiza	4.	Module planner & Implementation coordinator	Dr. Omaima Asif
11.	Focal Person Forensic Medicine	Dr. Filza	5.	Editor	Dr Omaima Asif
12.	Focal Person Medicine	Dr. Saima Ambreen			
13.	Focal Person Behavioral Sciences	Dr. Saadia Yasir			
14.	Focal Person Community Medicine	Dr. Afifa Kulsoom			
15.	Focal Person Quran Translation Lectures	Mufti Abdul Wahid			
16.	Focal Person Family Medicine	Dr Sadia			
17.	Focal Person Bioethics Department	Prof. Dr. Akram Randhawa			
18.	Focal Person Surgery	Dr Huma Sabir			

Categorization of Modular Content of Pharmacology

Category A* AND B*	Category C ***			
LGIS	Demonstrations / SGD	CBL	Practical's	Self-Directed Learning (SDL)
<p style="text-align: center;"> Anti-hypertensive I (Introduction and classification) Antihypertensive II (ACE inhibitors and ARBs) Antihypertensive III (Vasodilators) Antihypertensive IV (Ca Channel Blockers) Antianginal I Antianginal II CCF I (Introduction classification) CCF II (Digoxin and related drug) Introduction to Diuretics Antiarrhythmic drugs I (Introduction to normal rhythm and classification) Antiarrhythmic drugs II (class I & II) Antiarrhythmic drugs III(class IV and class V) Antiasthmatics-I (Drug groups) Antiasthmatics -II (Classification) Anti TB drugs I & II </p>	<p>Anti tussive drugs</p>	<p> Diuretics Anti asthamatic drugs </p>	<p>P drug and prescription of HTN</p> <p>P drug and prescription of angina</p> <p>P drug and prescription of CCF</p>	<p>Role of α-2 agonists in clinical settings other than hypertension.</p> <p>Novel Anti anginal drug</p> <p>Current guidelines in the management of CCF</p> <p>Management of TB in immunocompromised patients</p>
<p>Category A*: By Professors</p>				
<p>Category B**: By Associate & Assistant Professors</p>				
<p>Category C***: By Senior Demonstrators & Demonstrators</p>				

Categorization of Modular Content of Forensic Medicine

Category A* AND B*	C***		
LGIS	CBL	Practicals	SDL
i. Custodial Torture ii. Asphyxia-I (Classification& Hanging) iii. Asphyxia –II (Strangulation) iv. Asphyxia – III (Suffocation) v. Asphyxia – IV (Drowning) vi. Sexual Offences (Rape & Sodomy) vii. Medico-legal aspects of Pregnancy & Delivery viii. Medico-legal aspects of Abortion ix. Medico-legal aspects of Infanticide Child abuse Battered child & wife x. Forensic Psychiatry xi. Hyd rocyanic acid (HCN) xii. Somniferous poisons (Opium & Morphine) xiii. Barbiturates & Hypnotics xiv. Dangerous drug act	i. Cardiac Poisons Aconite, Digitalis, Tobacco ii. Asphyxiants CO.CO ₂ ,H ₂ S iii. Deleriants Dhatura ,Cannabis Cocaine	Autopsy Visit to mortuary MLC writing of a sexual assault survivor	I- Asphyxia , Hanging& Strangulation, Suffocation, Drowning. II- Medico-legal aspects of Pregnancy & Delivery Medico-legal aspects of Abortion Medico-legal aspects of Infanticide III- Hydrocyanic acid & Somniferous poison Barbiturates & Hypnotic and Deleriants IV- Custodial Torture Forensic Psychiatry Cardiac Poisons Asphyxiants

Category A*and B : By Professors & Assistant Professors

Category C*:** By Senior Demonstrators & Demonstrators

Categorization of Modular Content of Pathology

Category A*	Category B**	Category C ***		
LGIS General Pathology	SGD General Pathology	Case Based Learning (CBL)	Skill Lab (Practical)	Self-Directed Learning (SDL)
<p>Artherosclerosis Pathogenesis and morphology</p> <p>Consequences of Atherosclerosis</p> <p>Pathogenesis of Rheumatic Fever Morphological changes in Rheumatic Heart Disease</p> <p>Infective Endocarditis</p> <p>Chronic bronchitis and emphysema</p> <p>Asthma & Bronchiectasis</p> <p>TUBERCULOSIS</p>	<p>i. Hypertensive Heart Disease</p> <p>ii. Pathophysiology of Angina</p> <p>iii. Ischemic Heart Disease</p> <p>iv. Aneurysms & Dissection</p> <p>v. Tumors of CVS</p> <p>vi. Interstitial lung disease</p> <p>vii. Acute Pulmonary infections</p> <p>viii. Chronic Pulmonary infections</p>	<p>i. Vasculitis</p> <p>ii. Myocarditis and pericarditis</p> <p>iii. Cardiomyopathies</p> <p>iv. Squamous cell Carcinoma</p>	<p>i. Morphology of vascular lesions</p> <p>ii. Lipid profile and cardiac enzymes</p> <p>iii. MI and Rheumatic heart disease</p> <p>iv. Morphology of lung lesions</p>	<p>i. Disorders of veins & Lymphatics</p> <p>ii. Heart failure</p> <p>iii. Congenital heart disease</p> <p>iv. Pulmonary diseases of Vascular origin</p>

Category A*: By Professors

Category B:** By Associate & Assistant Professors

Category C*:** By Senior Demonstrators & Demonstrators

Tentative Time Table 3RD Year MBBS – CVS Module 2024

(Week 1)

DATE / DAY	8:00 AM – 9:30 AM	9:30 AM – 11:00 AM	11:10am – 12:00pm	12:00 PM – 02:00 PM				
Monday	Clinical Clerkship			Batch	Practical	Topic of Practical	Teacher	Venue
				Module Assessment of Haematology, Immunology and research(written)				
Tuesday			Forensic Medicine* L-1	Batch Wise Viva Haematology Module				
			Custodial Torture Dr. Romana Assot Prof Dr . Filza Ali Asst Prof Venue: 1 & 2					
Wednesday			Forensic Medicine *L-2	Batch Wise Viva Haematology Module				
			Asphyxia-I (Classification& Hanging) Dr. Romana Assot Prof Dr . Filza Ali Asst Prof Venue: lectute hall 1 & 2					
Thursday			Community Medicine * L-3	Batch Wise Viva Haematology Module				
			Concept of environment & water Venue: lectute hall 1 & 2					
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm			
	Surgery * L-4	Pathology * L-5	Pharmacology* L-6	Pathology * L-7	Community Medicine*L-8			
	Approach to a patient with chronic Peripheral arterial Disease Dr. Aurangzeb AP, SU II, BBH Dr. Iqbal AP, SU II, BBH Venue: lect hall 1 & 2	Artherosclerosis Pathogenesis and morphology Teacher Name: Prof Mobina Ahsan Dodhy Dr Wafa Venue: lecture hall 1 & 2	Anti-hypertensive I (Introduction and classification) Dr. ZuneraAssist prof Dr. Asma Khan associate prof Venue: lecture hall 1 & 2	Consequences of Atherosclerosis Prof Mobina Ahsan Dodhy Dr Wafa Venue: lecture hall 1 & 2	Water distribution, Conservation and purification Dr. Nargis Sr Demo Dr. Maimoona Sr. Demo Venue: lecture hall 1 & 2			
Saturday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:30am	10:30 AM – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm	
	Medicine *L-9	Obstetrics *L 10	Pharmacology *L-11	BREAK	Community Medicine*L-12	Pathology ** S-1	Community Medicine * L-13	
	Hypertension Dr. Abrar Akbar Dr.Maryam Venue lecture hall 1 & 2	Hypertensive disorders in pregnancy PIH, Preeclampsia Dr.Ruqhia Sr DHQ Dr Asma khan Sr BBH Venue: lecture hall 1 & 2	Antihypertensive II (ACE inhibitors and ARBs) Dr Attiya MunirAsst Prof Dr Sobia Assistant Prof Venue: lecture hall 1 & 2		Air and Ventilation (control of air pollution) Dr. Gulmehar AP Dr. Imran AP Venue: lecture hall 1 & 2	Hypertensive Heart Disease Dr. Muddassira,Dr. Tayyaba Dr. Fatima , Dr. Aasiya	Air and Ventilation (global warming.) Dr. Gulmehar AP Dr. Imran AP Venue: lecture hall 1 & 2	

TENTATIVE TIME TABLE 3RD YEAR MBBS – CVS MODULE 2023 (Week 2)

DATE / DAY	8:00 AM – 9:30 AM	9:30 AM – 11:00 AM	11:10am – 12:00pm	12:00 PM – 02:00 PM				
Monday	Clinical Clerkship		Pharmacology* L-14	Batch	Practical	Topic of Practical	Teacher	Venue:
			Antihypertensives III (Vasodilators) Dr Attiya Assistant prof Dr Sobia Assistant prof Venue: lecture hall 1 & 2	A	Pharmacology P1	P drug and prescription of HTN	Dr Arsheen	Pharma lab
				B	Forensic Medicine P2	Cardiac Poisons (CBL)	Dr. Gulzaib	Forensic lab
Tuesday			Pharmacology *L-15	Batch	Practical	Topic of Practical		
			Antihypertensives IV (Ca Channel Blockers) Dr. Zunera Assist Prof Dr. Asma Khan Assoct Prof	B	Pharmacology P1	P drug and prescription of HTN	Dr Arsheen	Pharma lab
				C	Forensic Medicine P2	Cardiac Poisons (CBL)	Dr. Gulzaib	Forensic lab
Wednesday			Community Medicine*L-16	Batch	Practical	Topic of Practical		
			Prevention of Radiation Hazards Dr. Imrana Sr Demo Dr. Abdulquddoos Demo Venue: lecture hall 1 & 2	C	Pharmacology P1	P drug and prescription of HTN	Dr Arsheen	Pharma lab
				A	Forensic Medicine P2	Cardiac Poisons (CBL)	Dr. Gulzaib	Forensic lab
Thursday			11:10am – 12:00pm	12:00pm – 1:00pm		1:00 pm – 2:00pm		
			Pharmacology* L-17	Forensic Medicine* L-18		Pathology ** S-2		
			Antianginal I Dr Asma Assot Prof , Dr Sobiaa Assist Prof Venue: lecture hall 1 & 2	Asphyxia –II (Strangulation) Dr. Romana Assot Prof Dr. Filza Ali Venue: lecture hall 1 & 2		Pathophysiology of Angina Dr. Muddassira Dr. Tayyaba Dr. Fatima tuz Zahra		
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm			
	Medicine *L-19	Pharmacology *L-20	Pharmacology ***C-1	Quran Class * L-21	Pathology** S-3			
	Ischemic Heart Disease Dr. Abrar Akbar Dr. Maryam Venue: lecture hall 1 & 2	Antianginal II Dr Asma Assot Prof , Dr Sobiaa Assist Prof Venue: lecture hall 1 & 2	Diuretics Dr Rubina SR Demosnstrtor, Dr Arsheen, Demosnstrtor Dr Haseeba SR Demosnstrtor, Dr Omaima Demosnstrtor	Venue: CPC	Ischemic Heart Disease Dr. Muddassira Dr. Tayyaba Dr. Fatima tuz Zahra Dr. Aasiya2			
Saturday 14-10	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:30am	10:30 AM – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm	
	Pathology *** C-2	Peads* L-22	Surgery * L-23	BREAK	Forensic Medicine * L-24	Peads * L-25	Pharmacology* L-26	
	Vasculitis Dr Syeda Ayesha Dr. Fariha Sardar Dr Iqbal haider Dr. Unaiza	Cyanotic congenital heart disease Dr Hafeez SR HFH, Dr Maria SR HFH Venue: lecture hall 1 & 2	Approach to a patient with Gangrene and Amputations Dr. Nazan SR, SU II, BBH Dr. Yasmeen SR, SU I, BBH Venue: lecture hall 1 & 2		Asphyxia – III (Suffocation) Dr. Romana Assot Prof Dr. Filza Ali Venue: lecture hall 1 & 2	Acyanotic heart disease Dr Jawaria SR HFH , Dr Faiza Fayyaz SR BBH Venue: lecture hall 1 & 2	CCF I (Introduction classification) Dr Attiya Assist Prof, Dr Zunera Assist Prof	

TENTATIVE TIME TABLE 3RD YEAR MBBS – CVS MODULE 2023 (Week3)

DATE / DAY	8:00 AM – 9:30 AM	9:30 AM – 11:00 AM	11:10am – 12:00pm	12:00 PM – 02:00 PM			
Monday 16-10-	Clinical Clerkship	Pathology ** S-4 Aneurysms & Dissection Dr. Muddassira Dr. Tayyaba Dr. Fatima tuz Zahra Dr. Aasiya	Batch	Practical	Topic of Practical	Teacher	Venue
			A	Pharmacology P4	P drug and prescription of angina	Dr. uzma	Pharma lab
			B	Forensic medicine P5	Asphyxiants (CBL)	Dr. Shahrukh	Forensic lab
Tuesday		Medicine* L-27 Rheumatic fever Dr. Abrar Akbar Dr.Maryam Venue: lecture hall 1 & 22	Batch	Practical	Topic of Practical		
			B	Pharmacology P4	P drug and prescription of angina	Dr. uzma	Pharma lab
			C	Forensic medicine P5	Asphyxiants (CBL)	Dr. Shahrukh	Forensic lab
Wednesday		Forensic Medicine * L-28 Asphyxia – IV (Drowning) Dr. Romana Malik Assoct Prof Dr . Filza Ali Asst Prof Venue: lecture hall 1 & 2	Batch	Tumors of CVS	Topic of Practical		
			C	Pharmacology P4	P drug and prescription of angina	Dr. uzma	Pharma lab
			A	Forensic Medicine P5	Asphyxiants (CBL)	Dr. Shahrukh	Forensic lab
Thursday		11:10am – 12:00pm Pathology * L-29 Pathogenesis of Rheumatic Fever Morphological changes in Rheumatic Heart Disease Prof Mobina Ahsan Dodhy Dr Wafa Venue: lect hall 1 & 22	12:00pm – 1:00pm	1:00 pm – 2:00pm			
			Pharmacology *L-30	Medicine *L-31			
			CCF II (Digoxin and related drugs): Dr Attiya, Assistant Prof Dr Zunera Assistant Prof Venue: lecture hall 1 & 2	Infective endocarditis Dr. Abrar Akbar Dr.Maryam Venue: lecture hall 1 & 2			
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm		
	Medicine *L-32 Valvular heart disease Dr. Aimen SR HFH , Dr. Ibrar AP HFH lecture hall 1&2	Paediatric* L-33 Rheumatic fever Dr Sonia SR HFH Dr Amal Hasham SR HFH Venue: lecture hall 1 & 2	Pharmacology* L-34 Introduction to Diuretics Dr Zunera Asst Prof Dr,Asma khan Assoct Prof Venue: lecture hall 1&	Quran Class*L-35 Venue:CPC	Pathology * L-36 Infective Endocarditis Prof Dr. Mobina Dodhy, Dr Wafa Venue: lecture hall 1 & 2		
Saturday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:30am	10:30 AM – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm
	Pathology***C-3 Myocarditis and pericarditis Dr Fatima .Dr Nida, Dr. Abid, Dr. Saeed	Surgery* L-37 Approach to a patient with DVT and varicose veins Dr. Amina SR, SU II, HFH Dr. Omer Qaiser SR, Surgery, DHQ,	Paediatric * L-38 Childhood Asthma Dr.Maryam SR HFH Dr,Irum SR HFH Venue: lecture hall 1 & 2	Break	Pharmacology * L-39 Antiarrhythmic drugs I (Introduction to normal rhythm and classification) Dr Asma Assot Prof , Dr SobiaaAssist Prof	Pharmacology * L-40 Antiarrhythmic drugs II (class I and class II) Dr Dr Asma Assot Prof , Dr SobiaaAssist Prof Venue: lecture hall 1 & 2	Obstetrics *L-41 Gestational diabetesmellitus Dr Ruqhia Sr DHQ Dr Asma khan Sr BBH Venue: lecture hall 1 & 2

TENTATIVE TIME TABLE 3RD YEAR MBBS – CVS MODULE 2023 (Week 4)

DATE / DAY	8:00 AM – 9:30 AM	9:30 AM – 11:00 AM	11:10am – 12:00pm	12:00 PM – 02:00 PM				
Monday	Clinical Clerkship		Pharmacology* L-42	Batch	Practical	Topic of Practical	Teacher	Venue
			Antiarrhythmic drugs III(class IV and class V) Dr Asma associate prof Dr Sobia assistant prof Venue: lecture hall 1 & 2	A	Pharmacology P7	P drug and prescription of CCF	Dr Haseeba	Pharma lab
				B	Forensic medicine P8	Autopsy Visit to mortuary	Dr. Naila	DHQ
Tuesday 24-10-			Forensic Medicine * L-43 Sexual Offences (Rape & Sodomy) Dr. Romana Assot Prof Dr. Filza Ali Asst Prof Venue: lecture hall 1 & 2	Batch	Practical	Topic of Practical		
				B	Pharmacology P7	P drug and prescription of CCF	Dr Haseeba	Pharma lab
				C	Forensic Medicine P8	Autopsy Visit to mortuary	Dr. Naila	DHQ
Wednesday			Pathology ***C-4 Cardiomyopathies Dr. Sayed Ayesha Dr. Fariha Dr Iqbal haider Dr. Unaiza	Batch	Practical	Topic of Practical		
				C	Pharmacology P7	P drug and prescription of CCF	Dr Haseeba	Pharma lab
				A	Forensic Medicine P8	Autopsy Visit to mortuary	Dr. Naila	DHQ
Thursday 26-10-2			11:10am – 12:00pm Pharmacology * L-44 Antiasthmatics-I (Drug groups) Dr Asma assoc prof , Dr Sobia assist prof	12:00pm – 1:00pm		1:00 pm – 2:00pm		
				Forensic Medicine * L-45		Pharmacology***C-5		
				Medico-legal aspects of Pregnancy& Delivery Dr. Romana Prof Dr. Filza Ali Asst Prof Venue: lecture hall 1 & 2		Anti asthmatic drugs Dr Rubina, Sr Demo , Dr Arsheen Demo,. Dr Haseeba Sr Demo,,Dr. Omaima Demon Venue: See Annexure		
Friday 27-10-	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm			
	Pathology * L-46	Pharmacology * L-47	Surgery* L -48	Forensic Medicine)* L-49	Medicine* L-50			
	Chronic bronchitis and emphysema Prof Dr.Mobina Ahsan Dodhy , Dr Wafa Lecture 1&2	Antiasthmatics -II (Classification) Dr Asma Assot Prof , Dr Sobia Assist Prof Venue: lecture hall 1& 2	Approach to a patient with lymphedema Dr. Waqas Hassan SR,HFH Dr. Samra , Sr, DHQ Venue: lect hall 1&2	Medico-legal aspects of Abortion Dr. Romana Assot Prof Dr. Filza Ali Asst Prof Venue: lecture hall 1 & 2	Asthma, COPD Dr. Abrar Akbar Dr.Maryam Venue: lec hall 1& 2			
Saturday 28-10-	08:00am - 08:45am	08:45am – 09:30am		10:30 AM – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm	
	Surgery * L-51	Surgery * L-52	Pharmacology **S-1	BREAK	Forensic medicine * L-53	Pathology** S-5	Pathology*L-54	
	Approach to a patient with cardiac diseases. (Cardiac surgery) Dr. Qasim SR, S U II, HFH Dr. Asifa Diyan SR, Su I, BBH Venue: lecture hall 1&2	Approach to a patient with Chest trauma and its management Dr. Huma Sabir Khan AP, SU II, BBH Dr. Rahat AP, Surgery, BBH Venue: lecture hall 1,2	Anti tussive drugs Dr RubinaSr semonstrator DrArsheen,,Demonstrater Dr HaseebaSr demonstrator ,Dr Omaima demonstrator Venue: See Anexure		Medico-legal aspects of Infanticide Child abuse Battered child & wife Dr. Romana Prof Dr. Filza Ali Asst Prof Venue: lecture hall 1 & 2	Tumors of CVS Dr. Muddassira Dr. Tayyaba Dr. Fatima tuz Zahra Dr. Aasiya	Asthma & Bronchiectasis Prof Mobina Ahsan Dodhy , Dr Wafa Lecture 1&2 hall1&2	

TENTATIVE TIME TABLE 3RD YEAR MBBS – CVS MODULE 2023 (Week5)

DATE / DAY	8:00 AM – 9:30 AM	9:30 AM – 11:00 AM	11:10am – 12:00pm	12:00 PM – 02:00 PM				
Monday 30-10-	Clinical Clerkship		Forensic medicine * L-55	Batch	Practical	Topic of Practical		
			Forensic Psychiatry Dr. Romana Prof Dr. Filza Ali Asst Prof Venue: lecture hall 1 & 2	A	Pharmacology P10	P drug and prescription of asthma and TB	Dr Omiana	Pharma lab
				B	Forensic Medicine P11	Deleriants (CBL)	Dr Shahida	Forensic Lab
Tuesday 31-10-			Forensic Medicine * L-56	Batch	Practical	Topic of Practical		
			Hydrocyanic acid (HCN) Dr. Romana Assoct Prof Dr.Filza Ali Asst Prof Venue: lecture hall 1, 2	B	Pharmacology P10	P drug and prescription of asthma and TB	Dr Omiana	Pharma lab
				C	Forensic Medicine P11	Deleriants (CBL)	Dr Shahida	Forensic Lab
Wednesday 1-11-			Forensic Medicine *L-57	Batch	Practical	Topic of Practical		
			Somniferous poisons Opium & Morphine Dr. Romana Prof Dr. Filza Ali Asst Prof Venue: lecture hall 1 & 2	C	Pharmacology P10	P drug and prescription of asthma and TB	Dr Omiana	Pharma lab
				A	Forensic Medicine P11	Deleriants (CBL)	Dr Shahida	Forensic Lab
Thursday 2-11-			11:10am – 12:00pm	12:00pm – 1:00pm		1:00 pm – 2:00pm		
			Forensic Medicine* L-58	Pathology** S-6		Quran Class*L-59		
			Barbiturates & Hypnotics Dr. Romana Assoct Prof Dr.Filza Ali Asst Prof Venue: lecture hall 1, 2	Interstitial lung disease Dr. Muddassira Dr. Tayyaba Dr. Fatima tuz Zahra Dr. Aasiya		Venue:CPC		
Friday 3-11-	08:00am - 08:45am	08:45am - 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm			
	Medicine* L-60	Pathology** S-7	Paediatrics *L-61	Forensic Medicine*L-62	Pathology** S-8			
	Pleural effusion Dr. Abrar Akbar/ Dr. Maryam Venue: lecture hall 1 & 2	Acute Pulmonary infections Dr. Muddassira Dr. Tayyaba Dr. Aasiya Dr. Fatima tuz Zahra	Pneumonia Dr Uzma SR BBH Dr.Afrah SR BBH Venue: lecture hall 1 & 2	Dangerous drug act Dr. Romana Assoct Prof Dr.Filza Ali Asst Prof Venue: lecture hall 1, 2	Chronic Pulmonary infections Dr. MuddassiraDr. Tayyaba Dr. Fatima , Dr. Aasiya			
Saturday 4-11-	08:00am - 08:45am	08:45am - 09:30am	09:30am – 10:30am	10:30 AM – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm	
	Pathology *L-63	Pathology ***C-6	Paediatrics *L-64	BREAK	Pharmacology *L-65	Surgery *L-66	Medicine *L-67	
SEMINAR	TUBERCULOSIS Prof Dr. Naeem Venue: CPC Hall	Squamous cell Carcinoma Dr Fatima ,Dr Nida, Dr. Abid Dr. Saeed Venue: CPC Hall	Croup Dr Saima Dr Mamona Qudrat Venue: lecture hall 1 & 2		Anti TB drugs I & II Dr AttiyaAssistant prof , Dr Zunera assistant prof Venue: lecture hall 1,2	Approach to benign Diseases of the Thorax Dr. ZafarAP, DHQ Dr. Atif AP,HFH Venue: lecture hall 1,2	Seminar on TB Dr. Abrar Akbar/ Dr.Maryam Venue: lecture hall 1 & 2	

TTENTATIVE TIME TABLE 3RD YEAR MBBS – CVS MODULE 2023 (Week6)

DATE / DAY	8:00 AM – 9:30 AM	9:30 AM – 11:00 AM	11:10am – 12:00pm	12:00 PM – 02:00 PM
	Clinical Clerkship			
Monday 6-11-	Block- III (Haematology & CVS Module) Theory Exam			
Tuesday 7-11-	BLOCK - III OSPE & VIVA			
Wednesday 8-11-	BLOCK - III OSPE & VIVA			
Thursday 9-11-	BLOCK - III OSPE & VIVA			
Friday	PREP- LEAVE			

Teaching Hours

SR No.	Disciplines	LGIS	SGD	CBL	SDL	Seminar	Hours
1.	Pharmacology	13	1	2	4	2	18
2.	Pathology	07	08	4	4	1	19
3.	Forensic Medicine	14	16	4	4	0	38
4.	Community Medicine	5	0	0	0	0	5
5.	Medicine	8	0	0	0	1	9
6.	Paeds	5	0	0	0	1	6
7.	Surgery	6	0	0	0	1	7
8.	obstetrics	2	0	0	0	0	2
	Total						

Disciplines	Practical hours
Pharmacology	2x4= 8
Pathology	2x4 =8
Forensic Medicine	2x4 = 8

- LGIS (L) *
- SGD (S) **
- CBL (C) ***'
- SDL (SL) ****

❖ For CBL/SGDs, whole class will be divided into 04 batches

Batch: A = Lecture Hall 01 (starting from batch A1 to A3)

Batch: C = Lecture Hall 06 (starting from batch B3, B4, B5, C1)

Batch: B = Lecture Hall 02 (starting from batch A4, A5, B1,B2)

Batch: D = Pharmacy Lab (starting from batch C2 to C5)

The batch distribution & venues for whole year are fixed with no change except for extra ordinary situation.

Venues for Academic Sessions

3rd Year MBBS

- **Large Group Interactive Sessions (LGIS)**

Odd roll numbers: Lecture Hall 01

Even roll numbers: Lecture Hall 02

- **Small Group Discussion (SGD) /Case Based Learning (CBL)**

Lecture Hall 01
Lecture Hall 02
Lecture Hall 06
Pharmacy Lab



In case of non-availability of these venues, CPC will be used for two batches

The batch distribution & venues for whole year are fixed with no change except for extra ordinary situations.

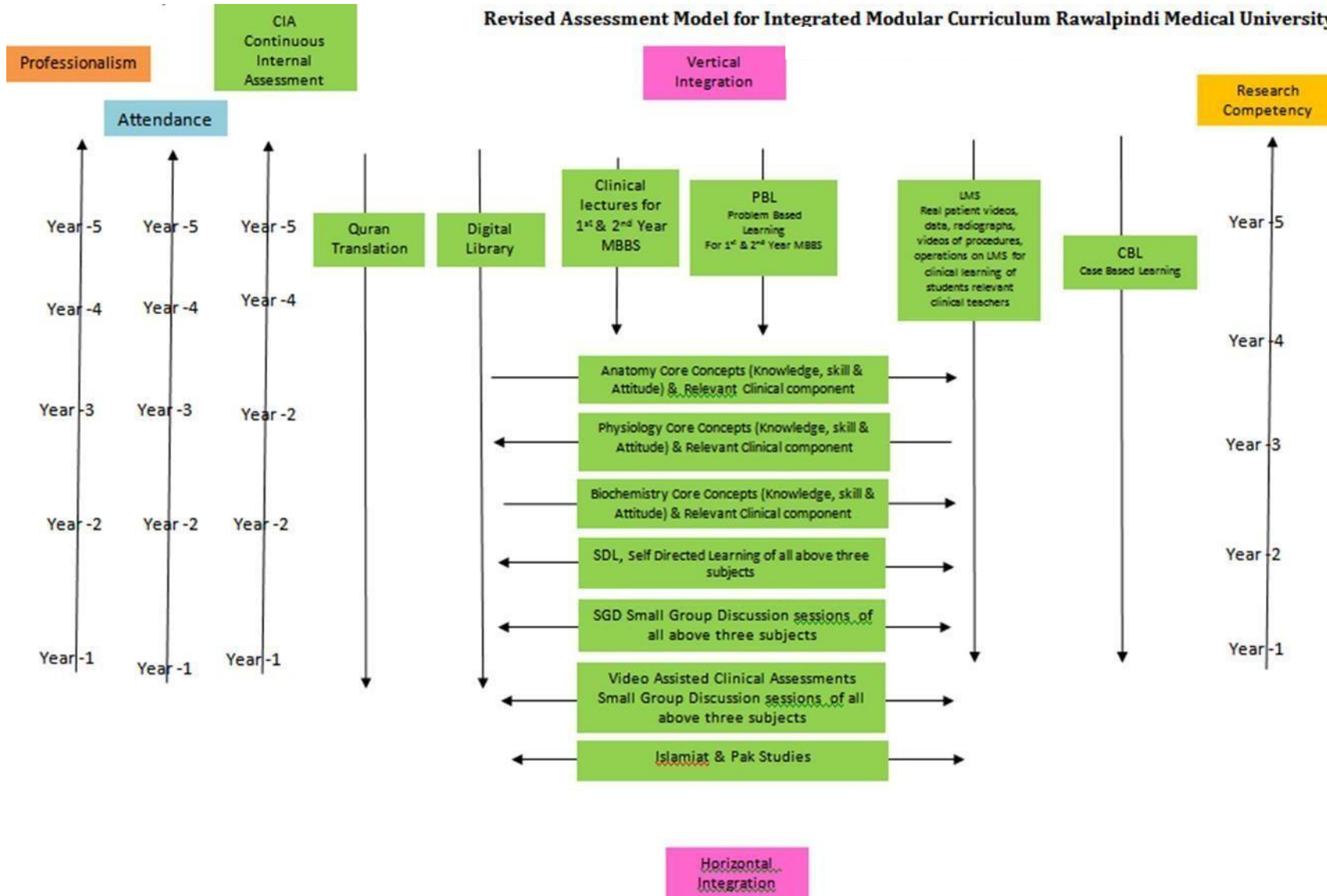
Section IV- Assessment Policies

Contents

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

Section IV: Assessment Policies

Revised Assessment Model for Integrated Modular Curriculum Rawalpindi Medical University



Gauge for Continuous Internal Assessment (CIA)

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

*50% and above is Passing Marks.

Gauge for attendance percentage

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

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

Assessment plan

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

Types of Assessment:

The assessment is formative and summative.

Formative Assessment

Formative assessment is taken at modular (2/3rd of the module is complete) level through MS Teams. Tool for this assessment is best choice questions and all subjects are given the share according to their hour percentage.

Summative Assessment:

Summative assessment is taken at the mid modular (LMS Based), modular and block levels.

Modular Examinations

Theory Paper

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

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)

Viva Voce:

Structured table viva voce is conducted including the practical content of the module.

Block Examination

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

Theory Paper

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

Block OSPE

This covers the practical content of whole block.

Table 4-Assessment Frequency & Time in Foundation Module II

Block	Module – 6		Type of Assessments	Total Assessments Time			No. of Assessments	
	Sr #	CVS Module Components		Assessment Time	Summative Assessment Time	Formative Assessment Time		
Block-I	1	Mid Module Examinations LMS based (Pharmacology, Pathology, Forensic Medicine, Medicine, Surgery, Peads, Family Medicine, Research)	Summative	30 Minutes	7 hours	30 Minutes	1 Formative	5 Summative
	2	Topics of SDL Examination on MS Team	Formative	10 Minutes (Every Friday)				
	3	End Module Examinations (SEQ & MCQs Based)	Summative	6 Hours				
	4	Pharmacology Structured and Clinically Oriented Viva	Summative	10 Minutes				
	5.	Forensic Medicine Structured and Clinically oriented Viva	Summative	10 Minutes				
	5	Pathology Structured & Clinically oriented Viva	Summative	10 Minutes				

Learning Resources

Subject	Resources
Pathology/Microbiology	TEXT BOOKS <ol style="list-style-type: none"> 1. Robbins & Cotran, Pathologic Basis of Disease, 10th edition. 2. Rapid Review Pathology, 5th edition by Edward F. Goljan MD. 3. http://library.med.utah.edu/WebPath/webpath.html
Pharmacology	TEXT BOOKS <ol style="list-style-type: none"> 1. Basic and Clinical Pharmacology by Bertram Z. Katzung 15th Edition 2. Goodman and Gillmans The Pharmacological basics of Therapeutics, 13th Edition
Forensic Medicine	TEXT BOOKS <ol style="list-style-type: none"> 1. Parikh Text Book of Medical Jurisprudence Forensic Medicine & Toxicology Edition 9
Medicine	TEXT BOOKS Davidsons Textbook of Medicine
Surgery	TEXT BOOKS Bailey & Love textbook of surgery
Research	Digital library

SECTION VI

Table of Specification (TOS) For CVS & Respiration Module Examination for 3rd Year MBBS

TOS for Modular Assessment (CVS Module)

Subject with horizontal, Vertical & Spiral Integration	MCQs 1 mark each	EMQ 5 mark	SEQs 9 marks each	SAQs 5marks each	Integration for each subject									Total Marks
					Core subject %	No of MCQs	No of SAQs	Horizontal & Vertical Integration %	No of MCQs	No of SAQs	Spiral Integration %	No of MCQs	No of SAQs	
Pharmacology	25	1	5	5	70%	17	7	20%	5	2	10%	3	1	100
Pathology	25	1	5	5										100
Forensic Medicine	25	1	5	5										100

Module Examination Include

Written Theory Based Assessment

Audio Visual Aid assisted Assessment

Modules	Subject	MC Qs*	Marks	EM Qs*	Marks	SA Qs *	Marks	SE Qs *	Marks	Core Subject 70%			Horizontal & Vertical Integration 20%			Spiral Integration 10%			Total Marks Theory	Total Time	Av OSPE*		Time	AED Reflective Writing	Total Time of Module Assessment
										M CQs	EM Qs	SAQ/SEQ	M CQs	EM Qs	SAQs/SEQs	M CQs	EM Qs	SAQs/SEQs			Stations	Marks			
Haematology Module V	Pharmacology	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3 HRS	10	50	50 min	45 mins	4 hrs 35 minutes
	Pathology	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3 HRS	10	50	50 min	45 mins	4 hrs 35 minutes
	Forensic Medicine	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3 HRS	10	50	50 min	45 mins	4 hrs 35 minutes

Module 2 Examination

Modules	Subject	MC Qs*	Marks	EM Qs*	Marks	SA Qs*	Marks	SE Qs*	Marks	Core Subject 70%			Horizontal & Vertical Integration 20%			Spiral Integration 10%			Total Marks Theory	Total Time	Av OSPE*		Time	AED Reflective Writing	Total Time of Module Assessment
										M CQs	EM Qs	SAQ/SEQ	M CQs	EM Qs	SAQs/SEQs	M CQs	EM Qs	SAQs/SEQs			Stations	Marks			
CVS & Respiration VI	Pharmacology	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3 HRS	10	50	50 min	45 mins	4 hrs 35 minutes
	Pathology	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3 HRS	10	50	50 min	45 mins	4 hrs 35 minutes
	Forensic Medicine	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3 HRS	10	50	50 min	45 mins	4 hrs 35 minutes
	Behaviour Sciences	13	13	1	5	2	15	3	27	9	1	3	2	0	1	2	0	1	50	1 hour	5	15	25 min		1 hr 25 minutes

LMS Based Assessment														Weekly LMS Based Assessment						
Skill lab Assessment(OSPE)																				
Laboratory-Based Assessment																				
OBSERVED & STRUCTURED VIVA EXAMINATION(OSVE)														Table of Specification						
BLOCK	LMS Based Assessment				Lab OSPE*				Time * hrs	OSVE***				Time						
	Subjects	MCQs*			Obs erv ed	Ma rks	Unobser ved	Ma rks		Module 1		Module 2								
		F1	F2	F1 & 2						Viva Mark s	Copy Mark s	Viva Mark s	Boo k Mar ks		Subjects	Pharmaco logy	Pathol ogy	Forensic Medicin e	Beahviou r Sciences	Clinical Sciences
(BLOC K I)	Pharmacolog y	15	15	30	10	50	10	50	6	45	5	45	5	4 hrs	No of MCQs*	15	15	15	5	10
	Pathology	15	15	30	10	50	10	50	6	45	5	45	5	4 hrs	Marks/ MCQ	15	15	15	5	10
	Forensic Medicine	15	15	30	10	50	10	50	6	45	5	45	5	4 hrs	Total Marks	60				
	Behaviour Sciences	5	5	10	3	15	2	10	*							*MCQ=1 Mark each, 1 min each				

*MCQ=1 Mark each	*EMQ= 5 Mark each	*SAQ= 5 Mark each	*SEQ= 7 Mark each
**Time=1 Round of 40 Students =80 min			
**Time=3 Round of 40 Students =240 min			
**Time=OSPE of Behaviour Sciences will be taken with Phramacology, Forensic Medicine & Pathology			
***OSVE=Time per student=5mins			

Annexure I
(Sample MCQ & SEQ papers with analysis)

RAWALPINDI MEDICAL UNIVERSITY
DEPARTMENT OF PATHOLOGY
RMU & Allied Hospitals
SEND-UP EXAMINATION 2022
3rd Year MBBS
MCQs PAPER
BLOCK-I

ROLL NO. _____

Total Marks: 55
Time Allowed: 60min

Date: --- --
Time: ---:--

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1. A 29-year man comes to a resident surgeon for removal of plaster cast. The patient states that the plaster was applied due to fracture of his left femoral bone 8 weeks ago. After removal of the cast the resident notices that the diameter of the left calf has decreased in size as compared to the right one. What is the cause of this observation?

A. Aplasia
B. Atrophy
C. Dystrophy
D. Dysplasia
E. Hypoplasia

CORE C2 CELLULAR ADAPTATIONS

2. A 22-year college student developed marked right lower abdominal pain over the past day. On physical examination there is rebound tenderness on palpation at the right iliac fossa. Laparoscopic surgery was performed, and the appendix was found to be swollen, erythematous, and partly covered by a yellowish exudate. Which one of the following best describes the process?

A. Acute inflammation
B. Granuloma formation
C. Chronic inflammation
D. Tissue necrosis
E. Fibrosis and repair

VERTICAL INTEGRATION SURGERY C2 INFLAMMATION

3. A 34 years man presented with complains of productive cough, low grade fever and weight loss for last 6 months. After investigation he has been diagnosed as having pulmonary tuberculosis. What are the two main cell types involved in this inflammatory disease?

A. Basophils and Macrophages
B. Macrophages and Lymphocytes
C. Eosinophils and neutrophils
D. Neutrophils and lymphocytes
E. Basophils and neutrophils

CORE INFLAMMATION C2

4. A 35-year woman takes acetylsalicylic acid (aspirin) for arthritis. The aspirin therapy alleviates her pain mainly through reduction in the synthesis of which of the following mediators?

A. Complement C1q
B. Histamine
C. Leukotriene E4
D. Nitric oxide
E. Prostaglandins

HORIZONTAL INTEGRATION PHARMACOLOGY C1 INFLAMMATION

1/13

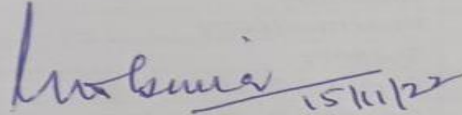
Muhammad
15/11/22

Chaudhary

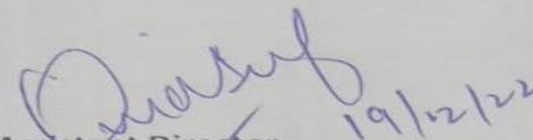
Detailed Analysis of Sample of MCQs Paper

Level of Cognition	Question No	Total	Percentage
C1	4, 13, 19, 26, 27, 36, 47, 51, 54	09	16%
C2	1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 20, 22, 23, 25, 28, 29, 30, 32, 33, 34, 40, 41, 42, 43, 45, 46, 48, 49, 50, 52, 53, 55	38	69%
C3	21, 24, 31, 35, 37, 38, 39, 44	08	15%

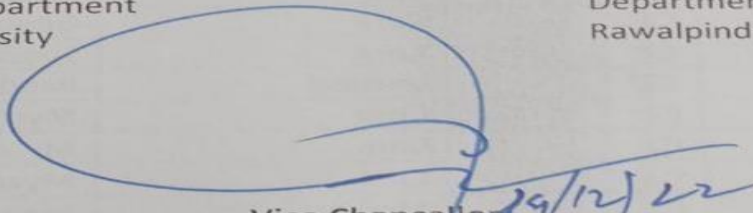
Type of Integration	Question No	Total	Percentage
Core	1, 3, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 19, 26, 27, 28, 29, 30, 32, 33, 34, 36, 37, 39, 40, 41, 42, 43, 46, 47, 48, 49, 51, 53	34	62%
Horizontal	4, 17, 24, 38, 52	05	9%
Vertical	2, 18, 21, 25, 31, 44, 50	07	13%
Spiral	5, 8, 20, 23, 45, 54	06	11%
Research & medical ethics	22, 35, 55	03	5%


15/11/22

Prof. Mobina Ahsan Dodhy
Chairperson Pathology Department
Rawalpindi Medical University


19/12/22

Assistant Director
Department of Medical Education
Rawalpindi Medical University


19/12/22

Vice Chancellor
Rawalpindi Medical University
Rawalpindi

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RAWALPINDI MEDICAL UNIVERSITY
DEPARTMENT OF PATHOLOGY
RMU & Allied Hospitals

ROLL NO. _____

Haematology Immunology & Research Module Assessment
3rd Year MBBS

SEQs PAPER

Total Marks: 35

Date: 07th November 2022

Time: 12:00noon

Time Allowed: 45min

Q1. A 3 years boy presents with failure to thrive, repeated infections, lethargy and pallor. Mother gives history of consanguineous marriage. His elder sister is on regular transfusion. Physical examination of the boy shows Pallor, frontal bossing and hepatosplenomegaly. His CBC reveals Hb3.4 g/dL, MCV 52 fl, MCH 18 pg with normal WBC and platelet count.

- What is the most likely diagnosis? 01
- What further tests you would like to perform to confirm diagnosis? 02
- What advice you would give to the parents of this child? 02

Q2. A 65-years man presents to clinic with fatigue, night sweats, and lethargy of 6 months duration. He tells you that he has experienced 10 lb weight loss over that period. On physical examination, the spleen is palpable 6 cm below the costal margin, the rest of his examination is normal. Laboratory testing is remarkable for leukocytosis (85 X 10⁹/L) and an elevated lactate dehydrogenase level. A complete spectrum of myeloid cells is seen in the peripheral blood with biomodel peak of neutrophils and myelocytes. There is also increased number of basophils.

- What is the most probable diagnosis? 01
- Briefly discuss the underlying genetic mutation. 2.5
- Enumerate the phases of this disease. 1.5

Q3. A 30 years female with history of easy bruising and increased menstrual flow was evaluated for a bleeding disorder. She was diagnosed with immune thrombocytopenic purpura (ITP).

- Discuss Peripheral film and Bone marrow examination findings. 2.5
- Enlist the causes of thrombocytopenia. 2.5

Q4. A 47 years woman presented in basic health unit of district Jehlum with complains of fatigue and repeated infections. Physical examination shows scattered bruises on body. Her laboratory investigations reveals Hb 7.3 g/dL, WBC 174 x 10⁹/L and platelet count is 24 x 10⁹/L. Pathologist reports 90% blast cells on peripheral film.

- Briefly compare the morphology of lymphoblast and myeloblast? 02
- Which cytochemical stain helps to differentiate between lymphoblast and myeloblast? 01
- Give any two cytogenetic abnormalities seen in Acute myeloid leukemia. 02

Q5. A renal transplant recipient experiences gradual rise of creatinine in 10-month time period despite immunomodulatory drugs. He states that he was alright and all his lab results were normal for few months after the transplant but then his condition deteriorated slowly.

- Which type of graft rejection is this? 01
- Classify different types of grafts on the basis of type of donor. 02
- Differentiate between direct and indirect graft antigen recognition 02

Q6. A physician is suspecting Hepatitis B in a patient in the ward. The laboratory performs a rapid kit test but the physician has asked them to perform ELISA for confirmation as it is based on specific antigen antibody reaction technique.

- Enlist 4 the different types of antigen antibody reactions 02
- Enumerate 3 types of ELISA with the underlying principle in each 03

Q7. A 45 years female presented with painless diffuse enlargement of thyroid gland. Her thyroid function test shows decreased T3 and T4 levels and she is positive for circulating antithyroid antibodies.

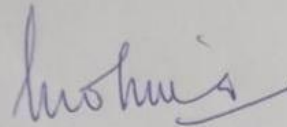
- What is your most likely diagnosis? 01
- Enumerate 3 types of ELISA with the underlying principle in each 03
- Enumerate 3 types of ELISA with the underlying principle in each 03

PPOA54

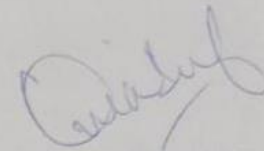
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Detailed Analysis of SEQs Paper

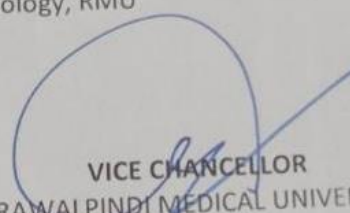
Levels of cognition	Question number	Total	Percentage
C1	5b,6a and 7c	3	16%
C2	2b, 2c, 3b, 4a, 4b, 5c, 6b and 7b	8	42%
C3	1a, 1b, 1c, 2a, 3a, 4c, 5a and 7a	8	42%



PROF. MOBINA AHSAN DODHY
Chairperson, Department of Pathology, RMU



ASSISTANT DIRECTOR
Department of Medical Education, RMU



VICE CHANCELLOR
RAWALPINDI MEDICAL UNIVERSITY

ANNEXURE II

Time Table 3rd year MBBS (Session 2020-2021)

Clinical Teaching and Training Posting ----- From 08-02-2023 to 15-10-2023

Dates		MEDICINE					SURGERY + TRAUMA				
		HFH Unit-I	HFH Unit-II	BBH Unit-I	BBH Unit-II	DHQ	HFH Unit-I	HFH Unit-II	BBH Unit-I	BBH Unit-II	DHQ
<u>S.P.W</u> <u>S.P.V</u>	08-02-2023 To 30-04-2023	A1	A2	A3	A4	A5	B5	B4	B3	B2	B1
<u>S.V</u>	01-05-2023 To 06-08-2022	C1	C2	C3	C4	C5	A5	A4	A3	A2	A1
	07-08-2023 To 15-10-2023	B1	B2	B3	B4	B5	C5	C4	C3	C2	C1

MISCELLANEOUS

	8-2-23 To 19-2-23	20-2-23 To 5-3-23	6-3-23 To 19-3-23	<u>S.P.W</u> 20-3-23 To 9-4-23	<u>S.P.V</u> 10-4-23 To 30-4-23	1-5-23 To 14-5-23	15-5-23 To 28-5-23	29-5-23 To 11-6-23	12-6-23 To 25-6-23	<u>S.V</u> 26-6-23 To 6-8-23	7-8-23 To 20-8-23	21-8-23 To 3-9-23	4-9-23 To 17-9-23	18-9-23 To 1-10-23	2-10-23 To 15-10-23
Pathology	C1	C2	C3	C4	C5	B1	B2	B3	B4	B5	A1	A2	A3	A4	A5
Psychiatry	C5	C1	C2	C3	C4	B5	B1	B2	B3	B4	A5	A1	A2	A3	A4
Radiology	C4	C5	C1	C2	C3	B4	B5	B1	B2	B3	A4	A5	A1	A2	A3
Skill Lab	C3	C4	C5	C1	C2	B3	B4	B5	B1	B2	A3	A4	A5	A1	A2
E.R	C2	C3	C4	C5	C1	B2	B3	B4	B5	B1	A2	A3	A4	A5	A1

> Tentative Holidays

Sports Week (S.P.W)	12-03-2023	TO	19-03-2023
Spring Vacations (S.P.V)	24-04-2023	TO	30-04-2023
Summer Vacations (S.V)	03-07-2023	TO	30-07-2023

No T-9/ 544 RMU, RWP. Dated 04-02 /2023

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 Vice-Chancellor
 Rawalpindi Medical University
 Rawalpindi

Clinical Clerkship

In medical education, a **clerkship**, or **rotation**, refers to the practice of medicine by medical students. Students are required to undergo a pre-clerkship course, which include introduction to clinical medicine, clinical skills, and clinical reasoning. A performance assessment such as the Objective Structured Clinical Examination (OSCE) is conducted at the end of this period. During the clerkship training, students are required to rotate through different medical specialties and treat patients under the supervision of physicians. Students elicit patient histories, complete physical examinations, write progress notes, and assist in surgeries and medical procedures. They are also actively involved in the diagnoses and treatment of patients under the supervision of a resident or faculty.

In 3rd year MBBS students are exposed to wards and patients after getting 2 years of basic science training. A class is divided into 15 batches which are rotated in different wards of Medicine & Allied, Surgery & Allied and Sub Specialties. **(Annexure 2 a)**

Rawalpindi Medical University has structured these rotations so that each students gets to gain knowledge equally in which ever ward he or she may be placed. **(Annexure 2 b)**

Learning objectives of the topics taught during the bedside studies and rotations are also given to the students in the form of study guide so that they are well aware what they have to study according to Knowledge, Skill & Attitude. **(Annexure 2 c)**

Students during their rotations in Medicine & Allied and Surgery & Allied are required to fill the log books which is dually signed by the facilitator. Each student is required to take 10 histories and fill the log book with short cases and long cases discussed which is then again signed by Head of the department. Also during their practical classes of Preclinical sciences they are fill their log books & practical copies. **(Annexure 2 d)**

Annexure 2 B

Time Table 3rd year MBBS

Clinical Teaching and Training Posting

TT Approval / Revision Date		MEDICINE					SURGERY + TRAUMA					SUB SPECIALITIES									
Batches & Units	Dates	HFH Unit-1	HFH Unit-II	BBH Unit-1	BBH Unit-II	DHQ	HFH Unit-1	HFH Unit-II	BBH Unit-1	BBH Unit-II	DHQ	PATHOLOGY	TOPICS	PSYCHIATRY	TOPIC	RADIOLOGY	TOPIC	SKILL LAB	TOPIC	EMERGENCY	TOPIC
	W.V	A1	A2	A3	A4	A5	B5	B4	B3	B2	B1										
FOUNDATION 1 & 2 MODULE	WEEK 1	MONDAY	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners	Introductory round of laboratory & benches. Working of Autoclave. & Guidelines of Microbiological specimen collection & transport	History Taking Allotment of Cases and Groups	Chest x ray anatomy	Use of Injections I/M, I/V, Intradermat, subcutaneous, I/V Cannulation, Arterial Tap	• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals				
		TUESDAY	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	art of history taking	art of history taking	art of history taking	art of history taking	art of history taking	Culture media (Inoculated & Uninoculated), Antibiotic sensitivity testing, Orientation to Serology & PCR.	Demonstration of History taking and MSE	Chest x ray pathology	Nasogastric Intubation	Introduction to medical cases and maintenance of record, Observation of IV cannulas IM injections				
		WEDNESDAY	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	systemic history	systemic history	systemic history	systemic history	systemic history	Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.	Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Nebulization				
		THURSDAY	Family History, Occupational History, Personal History, Developmental+Obstetrics History.	Family History, Occupational History, Personal History, Developmental+Obstetrics History.	Family History, Occupational History, Personal History, Developmental+Obstetrics History.	Family History, Occupational History, Personal History, Developmental+Obstetrics History.	Family History, Occupational History, Personal History, Developmental+Obstetrics History.	GPE	GPE	GPE	GPE	GPE	Urine & Stool Examination, Examination of CSF & Body Fluids	Interview with the patient Theoretical aspect of Dissociation	Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy	Inversion of folleys catheter Nasogastric tube				
	MONDAY	General physical examination. Pulse, BP, Temp, Resp Rate	General physical examination. Pulse, BP, Temp, Resp Rate	General physical examination. Pulse, BP, Temp, Resp Rate	General physical examination. Pulse, BP, Temp, Resp Rate	General physical examination. Pulse, BP, Temp, Resp Rate	systemic examination	systemic examination	systemic examination	systemic examination	systemic examination	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retic, Quality Control	C1 Interview with the patient Theoretical aspect of schizophrenia	C4 Fluoroscopic procedures & Ba studies.	C3 Breast Examination	• counsel a patient with febrile illness					

FOUNDATION 1 & 2 MODULE

WEEK 2	TUESDAY	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of abdomen, Superficial Palpation of Abdomen	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of abdomen, Superficial Palpation of Abdomen	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of abdomen, Superficial Palpation of Abdomen	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of abdomen, Superficial Palpation of Abdomen	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of abdomen, Superficial Palpation of Abdomen	local examination	local examination	local examination	local examination	local examination	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.	Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use	CT scan brain: basics	Prostate Examination	• counsel a patient with stroke				
	WEDNESDAY	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	Grouping, Cross Matching		Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects	Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed			
	THURSDAY	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump		Ward test	Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback	Ward assessment(film based)	Test	• counsel a patient with obstructive lung disease		
WEEK 3	MONDAY	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	Introductory round of laboratory & benches, Working of Autoclave, & Guidelines of Microbiological specimen collection & transport Culture media (Inoculated & Uninoculated), Antibiotic sensitivity testing, Orientation to Serology & PCR. Performance & Interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests. Urine & Stool Examination, Examination of CSF & Body Fluids	History Taking Allotment of Cases and Groups	Chest x ray anatomy	Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap	• Introduction to ER services regarding triage system, • History taking • Monitoring of vitals				
	TUESDAY	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer						Demonstration of History taking and MSE	Chest x ray pathology	Nasogastric Intubation	Introduction to medicolegal cases and maintenance of record, Observation of IV cannulas IM injections
	WEDNESDAY	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula						Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Nebulization
	THURSDAY	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	history & examination of skin	history & examination of skin	history & examination of skin	history & examination of skin						history & examination of skin	Interview with the patient Theoretical aspect of Dissociation	Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy
MONDAY	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	C2 Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	C1 Interview with the patient Theoretical aspect of schizophrenia	C5 Fluoroscopic procedures & Ba studies.	C4 Breast Examination	• counsel a patient with febrile illness				

FOUNDATION 1 & 2 MODULE

WEEK 4	TUESDAY	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.	Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use	CT scan brain: basics	Prostate Examination	• counsel a patient with stroke					
	WEDNESDAY	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid					history & examination of Thyroid	Grouping, Cross Matching	Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects	Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed
	THURSDAY	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid					history & examination of Thyroid	Ward test	Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback	Ward assessment(film based)	Test	• counsel a patient with obstructive lung disease
WEEK 5	MONDAY	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue Salivary Gland	Introductory round of laboratory & benches, Working of Autoclave, & Guidelines of Microbiological specimen collection & transport	History Taking Allotment of Cases and Groups	Chest x ray anatomy	Use of Injections IM, IV, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap	• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals					
	TUESDAY	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes					Culture media (Inoculated & Uninoculated), Antibiotic sensitivity testing, Orientation to Serology & PCR.	Demonstration of History taking and MSE	Chest x ray pathology	Nasogastric Intubation	Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections	
	WEDNESDAY	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes					history & examination of Breast & Axillary lymph nodes	Performance & Interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.	Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Nebulization
	THURSDAY	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter hemorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter hemorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter hemorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter hemorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter hemorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter hemorrhages.	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen					history & examination of Acute Abdomen	Urine & Stool Examination, Examination of CSF & Body Fluids	Interview with the patient Theoretical aspect of Dissociation	Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy	Insertion of folleys catheter Nasogastric tube
MONDAY	Inspection of precordium location + palpation of apex beat, Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat, Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat, Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat, Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat, Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat, Right parasternal heave, palpation of base of heart, epigastric pulsations	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	C3 Reception, Sampling Techniques & Plebistomy, Routine Hematology, Preparation of Blood Smear and Retic, Quality Control	C2 Interview with the patient Theoretical aspect of schizophrenia	C1 Fluoroscopic procedures & Ba studies.	C5 Breast Examination	• counsel a patient with febrile illness					

GIT & HE	WEEK 8	WEDNESDAY	Examination of motor system (bulk, tone, power/ Reflexes.	Examination of motor system (bulk, tone, power/ Reflexes.	Examination of motor system (bulk, tone, power/ Reflexes.	Examination of motor system (bulk, tone, power/ Reflexes.	Examination of motor system (bulk, tone, power/ Reflexes.	peripheral nerves	peripheral nerves	peripheral nerves	peripheral nerves	peripheral nerves	Grouping, Cross Matching	Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects	Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed
	THURSDAY	Examination of sensory system	Examination of sensory system	Examination of sensory system	Examination of sensory system	Examination of sensory system	patient with head injuries	patient with head injuries	patient with head injuries	patient with head injuries	patient with head injuries	Ward test	Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback	Ward assessment(film based)	Test	• counsel a patient with obstructive lung disease	
GIT & HEPATOBIILIARY	WEEK 9	MONDAY	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	bone lesions & injuries	bone lesions & injuries	bone lesions & injuries	bone lesions & injuries	bone lesions & injuries	Introductory round of laboratory & benches. Working of Autoclave, & Guidelines of Microbiological specimen collection & transport	History Taking Allotment of Cases and Groups	Chest x ray anatomy	Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap	• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
		TUESDAY	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	Joint problems & injuries	Joint problems & injuries	Joint problems & injuries	Joint problems & injuries	Joint problems & injuries	Culture media (Inoculated & Uninoculated), Antibiotic sensitivity testing, Orientation to Serology & PCR.	Demonstration of History taking and MSE	Chest x ray pathology	Nasogastric Intubation	Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
		WEDNESDAY	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	Individual joints	Individual joints	Individual joints	Individual joints	Individual joints	Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.	Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Nebulization
		THURSDAY	Revision	Revision	Revision	Revision	Revision	Management of pneumothorax	Management of pneumothorax	Management of pneumothorax	Management of pneumothorax	Management of pneumothorax	Urine & Stool Examination, Examination of CSF & Body Fluids	Interview with the patient Theoretical aspect of Dissociation	Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy	
WEEK 10	MONDAY	Revision	Revision	Revision	Revision	Revision	trauma primary care	trauma primary care	trauma primary care	trauma primary care	trauma primary care	C5 Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Rectics, Quality Control	C4 Interview with the patient Theoretical aspect of schizophrenia	C3 Fluoroscopic procedures & Ba studies.	C2 Breast Examination	Insertion of folleys catheter Nasogastric tube • counsel a patient with febrile illness	
	TUESDAY	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	trauma secondary care	trauma secondary care	trauma secondary care	trauma secondary care	trauma secondary care	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.	Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use	CT scan brain: basics	Prostate Examination	• counsel a patient with stroke	

GIT & HEPATOBIILIARY

		Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	Grouping, Cross Matching	Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects	Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed
	WEDNESDAY															
	THURSDAY	MCQs	MCQs	MCQs	MCQs	MCQs	TEST	TEST	TEST	TEST	TEST	Ward test	Evaluation	Ward	Test	• counsel a
	21-01-2019 TO 7/4/2019 SPW	C1	C2	C3	C4	C5	A5	A4	A3	A2	A1					
WEEK 11	MONDAY	General introduction to the field of Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	General introduction to the field of Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	General introduction to the field of Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	General introduction to the field of Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	General introduction to the field of Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	introduction & bed side manners art of history taking	introduction & bed side manners art of history taking	introduction & bed side manners art of history taking	introduction & bed side manners art of history taking	introduction & bed side manners art of history taking	Introductory round of laboratory & Culture media (Inoculated & Uninoculated), Antibiotic sensitivity testing, Orientation to Serology & PCR.	History Taking Allotment of Demonstration of History taking and MSE	Chest x ray anatomy Chest x ray pathology	Use of Injections IM, IV, Intradermal, subcutaneous, IV Nasogastric Intubation	• Introduction to ER services regarding triage system. Introduction to medico-legal cases and maintenance of record. Observation of IV cannulas IM injections
	TUESDAY	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	systemic history	systemic history	systemic history	systemic history	systemic history	Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.	Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Nebulization
	WEDNESDAY	Family History, Occupational History, Personal History (Developmental+Obstetrics History.	Family History, Occupational History, Personal History (Developmental+Obstetrics History.	Family History, Occupational History, Personal History (Developmental+Obstetrics History.	Family History, Occupational History, Personal History (Developmental+Obstetrics History.	Family History, Occupational History, Personal History (Developmental+Obstetrics History.	GPE	GPE	GPE	GPE	GPE	Urine & Stool Examination, Examination of CSF & Body Fluids	Interview with the patient Theoretical aspect of Dissociation	Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy	
	THURSDAY	General physical examination. Pulse, BP, Temp, Resp Rate	General physical examination. Pulse, BP, Temp, Resp Rate	General physical examination. Pulse, BP, Temp, Resp Rate	General physical examination. Pulse, BP, Temp, Resp Rate	General physical examination. Pulse, BP, Temp, Resp Rate	systemic examination	systemic examination	systemic examination	systemic examination	systemic examination	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	Interview with the patient Theoretical aspect of schizophrenia	Fluoroscopic procedures & Ba studies.	Breast Examination	Insertion of Foley's catheter Nasogastric tube • counsel a patient with febrile illness
WEEK 12	MONDAY	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea	local examination	local examination	local examination	local examination	local examination	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.	Interview with the patient	CT scan brain: basics	Prostate Examination	• counsel a patient with stroke
	TUESDAY	GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavity	GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavity	GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavity	GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavity	GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavity						Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use				

	WEDNESDAY	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	Grouping, Cross Matching	Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects	Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed
	THURSDAY	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	Ward test	Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback	Ward assessment(film based)		• counsel a patient with obstructive lung disease
WEEK 13	MONDAY	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	Introductory round of laboratory & benches, Working of Autoclave, & Guidelines of Microbiological specimen collection & transport	History Taking Allotment of Cases and Groups	Chest x ray anatomy	Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap	• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
	TUESDAY	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer	Culture media (Inoculated & Uninoculated), Antibiotic sensitivity testing, Orientation to Serology & PCR.	Demonstration of History taking and MSE	Chest x ray pathology	Naogastric Intubation	Introduction to medico-legal cases and maintenance of record. Observation of IV cannulas IM injections
	WEDNESDAY	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula	Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.	Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Nebulization
	THURSDAY	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	history & examination of skin	history & examination of skin	history & examination of skin	history & examination of skin	history & examination of skin	Urine & Stool Examination, Examination of CSF & Body Fluids	Interview with the patient Theoretical aspect of Dissociation	Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy	Insertion of folleys catheter Naogastric tube
	MONDAY	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	B2 Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retic, Quality Control	B1 Interview with the patient Theoretical aspect of schizophrenia	B5 Fluoroscopic procedures & Ba studies.	B4 Breast Examination	B3 • counsel a patient with febrile illness

WEEK 14	TUESDAY	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.	Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use	Chest scan brain: basics	Prostate Examination	• counsel a patient with stroke
	WEDNESDAY	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	Grouping, Cross Matching	Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects	Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed
	THURSDAY	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	Ward test	Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback	Ward assessment(film based)	Test
WEEK 15	MONDAY	Percussion and auscultation of back of chest	Percussion and auscultation of back of chest	Percussion and auscultation of back of chest	Percussion and auscultation of back of chest	Percussion and auscultation of back of chest	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue Salivary Gland	Introductory round of laboratory & benches, Working of Autoclave, & Guidelines of Microbiological specimen collection & transport	History Taking Allotment of Cases and Groups	Chest x ray anatomy	Use of Injections IM, IV, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap	• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
	TUESDAY	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	Culture media (Inoculated & Uninoculated), Antibiotic sensitivity testing, Orientation to Serology & PCR.	Demonstration of History taking and MSE	Chest x ray pathology	Nasogastric Intubation	Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
	WEDNESDAY	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	Performance & Interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.	Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Nebulization
	THURSDAY	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen	Urine & Stool Examination, Examination of CSF & Body Fluids	Interview with the patient Theoretical aspect of Dissociation	Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy
MONDAY	CVS Examination GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages	CVS Examination GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages	CVS Examination GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages	CVS Examination GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages	CVS Examination GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages	CVS Examination GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	Reception, Sampling Techniques & sibiotomy, Routine Hematology, Preparation of Blood Smear and Retic, Quality Control	Interview with the patient Theoretical aspect of schizophrenia	Fluoroscopic procedures & Ba studies.	Breast Examination	• counsel a patient with febrile illness

WEEK 16	TUESDAY	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.	Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use	CT scan brain: basics	Prostate Examination	• counsel a patient with stroke
	WEDNESDAY	Examination of Pulse	Examination of Pulse	Examination of Pulse	Examination of Pulse	Examination of Pulse	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum	Grouping, Cross Matching	Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects	Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed
	THURSDAY	JVP	JVP	JVP	JVP	JVP	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	Ward test	Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback	Ward assessment(film based)	Test	• counsel a patient with obstructive lung disease
WEEK 17	MONDAY	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	Introductory round of laboratory & benches. Working of Autoclave. & Guidelines of Microbiological specimen collection & transport	History taking Allotment of Cases and Groups	Chest x ray anatomy	Use of Injections I/M, I/V, Intradermal, subcutaneous, IV Cannulation, Arterial Tap	• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
	TUESDAY	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.	Demonstration of History taking and MSE	Chest x ray pathology	Nasogastric Intubation	Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
	WEDNESDAY	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	urinogenital system	urinogenital system	urinogenital system	urinogenital system	urinogenital system	Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.	Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Nebulization
	THURSDAY	NERVOUS SYSTEM : Conscious level.	NERVOUS SYSTEM : Conscious level.	NERVOUS SYSTEM : Conscious	NERVOUS SYSTEM : Conscious	NERVOUS SYSTEM : Conscious	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system	Urine & Stool Examination, Examination of Reception, Sampling	Interview with the patient Theoretical Interview with the patient	Plain x ray abdomen & KUB Fluoroscopic procedures & CT scan brain:	Endotracheal intubation & tracheostomy Breast Examination	Insertion of folleys catheter Nasogastric tube
TUESDAY	Headaches ,Numbness,	Headaches ,Numbness,	Headaches ,Numbness,	Headaches ,Numbness,	Headaches ,Numbness,	Venous Problems	Venous Problems	Venous Problems	Venous Problems	Venous Problems	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.	Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use	CT scan brain: basics	Prostate Examination	• counsel a patient with stroke	
	Cranial nerves. 1 to 6	Cranial nerves. 1 to 6	Cranial nerves. 1 to 6	Cranial nerves. 1 to 6	Cranial nerves. 1 to 6	lymphatic system	lymphatic system	lymphatic system	lymphatic system	lymphatic system						• counsel a patient with stroke

WEEK 18	WEDNESDAY	Cranial nerves. 7 to 12	Cranial nerves. 7 to 12	Cranial nerves. 7 to 12	Cranial nerves. 7 to 12	Cranial nerves. 7 to 12	peripheral nerves	peripheral nerves	peripheral nerves	peripheral nerves	peripheral nerves	peripheral nerves	Grouping, Cross Matching	Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects	Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed
	THURSDAY	Examination of motor system (bulk, tone, power/ Reflexes.	Examination of motor system (bulk, tone, power/ Reflexes.	Examination of motor system (bulk, tone, power/ Reflexes.	Examination of motor system (bulk, tone, power/ Reflexes.	Examination of motor system (bulk, tone, power/ Reflexes.	patient with head injuries	patient with head injuries	patient with head injuries	patient with head injuries	patient with head injuries	Ward test	Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback	Ward assessment(film based)	Test	• counsel a patient with obstructive lung disease	
WEEK 19	MONDAY	Examination of sensory system	Examination of sensory system	Examination of sensory system	Examination of sensory system	Examination of sensory system	bone lesions & injuries	bone lesions & injuries	bone lesions & injuries	bone lesions & injuries	bone lesions & injuries	bone lesions & injuries	Introductory round of laboratory & benches. Working of Autoclave, & Guidelines of Microbiological specimen collection & transport	History Taking Allotment of Cases and Groups	Chest x ray anatomy	Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap	• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
	TUESDAY	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Joint problems & injuries	Joint problems & injuries	Joint problems & injuries	Joint problems & injuries	Joint problems & injuries	Joint problems & injuries	Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.	Demonstration of History taking and MSE	Chest x ray pathology	Nasogastric Intubation	Introduction to medico-legal cases and maintenance of record. Observation of IV cannulas IM injections
	WEDNESDAY	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	Individual joints	Individual joints	Individual joints	Individual joints	Individual joints	Individual joints	Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.	Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Nebulization
	THURSDAY	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	Management of pneumothorax	Management of pneumothorax	Management of pneumothorax	Management of pneumothorax	Management of pneumothorax	Management of pneumothorax	Urine & Stool Examination, Examination of CSF & Body Fluids	Interview with the patient Theoretical aspect of Dissociation	Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy	Inertion of Foley's catheter Nasogastric tube
WEEK 20	MONDAY	Revision	Revision	Revision	Revision	Revision	trauma primary care	trauma primary care	trauma primary care	trauma primary care	trauma primary care	trauma primary care	B5 Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	B4 Interview with the patient Theoretical aspect of schizophrenia	B3 Fluoroscopic procedures & Ba studies.	B2 Breast Examination	B1 • counsel a patient with febrile illness
	TUESDAY	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	trauma secondary care	trauma secondary care	trauma secondary care	trauma secondary care	trauma secondary care	trauma secondary care	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.	Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use	CT scan brain: basics	Prostate Examination	• counsel a patient with stroke

WEEK 21	WEDNESDAY	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	Grouping, Cross Matching	Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects	Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed
	THURSDAY	MCQs	MCQs	MCQs	MCQs	MCQs	TEST	TEST	TEST	TEST	TEST	Ward test	Evaluation (OCSE + case	Ward assessment(film	Test	• counsel a patient with
	4/8/2019 TO 10/8/2019 S.V	B1	B2	B3	B4	B5	C5	C4	C3	C2	C1					
	MONDAY	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners	Introductory round of laboratory & benches. Working of Autoclave, & Guidelines of Microbiological specimen collection & transport	History Taking Allotment of Cases and Groups	Chest x ray anatomy	Use of Injections I/M, I/V, Intradermal, Cannulation, Arterial Tap	• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
	TUESDAY	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness.	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness.	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness.	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness.	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness.	art of history taking	art of history taking	art of history taking	art of history taking	art of history taking	Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.	Demonstration of History taking and MSE	Chest x ray pathology	Nasogastric Intubation	Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
WEDNESDAY	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	systemic history	systemic history	systemic history	systemic history	systemic history	Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.	Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Nebulization	
THURSDAY	Family History, Occupational History, Personal History + Developmental+ Obstetrics History.	Family History, Occupational History, Personal History + Developmental+ Obstetrics History.	Family History, Occupational History, Personal History + Developmental+ Obstetrics History.	Family History, Occupational History, Personal History + Developmental+ Obstetrics History.	Family History, Occupational History, Personal History + Developmental+ Obstetrics History.	GPE	GPE	GPE	GPE	GPE	Urine & Stool Examination, Examination of CSF & Body Fluids	Interview with the patient Theoretical aspect of Dissociation	Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy	Insertion of folleys catheter Nasogastric tube • counsel a patient with febrile illness	
MONDAY	General physical examination. Pulse, BP, Temp, Resp Rate	General physical examination. Pulse, BP, Temp, Resp Rate	General physical examination. Pulse, BP, Temp, Resp Rate	General physical examination. Pulse, BP, Temp, Resp Rate	General physical examination. Pulse, BP, Temp, Resp Rate	systemic examination	systemic examination	systemic examination	systemic examination	systemic examination	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	Interview with the patient Theoretical aspect of schizophrenia	Fluoroscopic procedures & Ba studies.	Breast Examination	A2	

WEEK 22	TUESDAY	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavit	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavit	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavit	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavit	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavit	local examination	local examination	local examination	local examination	local examination	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.			CT scan brain: basics	Prostate Examination	• counsel a patient with stroke			
	WEDNESDAY	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	Grouping, Cross Matching			Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed			
	THURSDAY	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	Ward test			Ward assessment(film based)	Test	• counsel a patient with obstructive lung disease		
WEEK 23	MONDAY	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	Introductory round of laboratory & benches. Working of Autoclave. & Guidelines of Microbiological specimen collection & transport			Chest x ray anatomy	Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap	• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals			
	TUESDAY	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer	Culture media (Inoculated & Uninoculated), Antibiotic sensitivity testing, Orientation to Serology & PCR.			Chest x ray pathology	Nasogastric Intubation	Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections			
	WEDNESDAY	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula	Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.			Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Neulization		
	THURSDAY	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	history & examination of skin	history & examination of skin	history & examination of skin	history & examination of skin	history & examination of skin	Urine & Stool Examination, Examination of CSF & Body Fluids			Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy	Insertion of foley's catheter Nasogastric tube		
MONDAY	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Reflex, Quality Control	A2	A1	Interview with the patient Theoretical aspect of schizophernia	A5	Fluoroscopic procedures & Ba studies.	A4	A3	• counsel a patient with febrile illness

WEEK 24	TUESDAY	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.	Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use	CT scan brain: basics	Prostate Examination	• counsel a patient with stroke
	WEDNESDAY	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	Grouping, Cross Matching	Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects	Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed
	THURSDAY	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	Ward test	Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback	Ward assessment(film based)	Test
WEEK 25	MONDAY	Percussion and auscultation of back of chest.	Percussion and auscultation of back of chest.	Percussion and auscultation of back of chest.	Percussion and auscultation of back of chest.	Percussion and auscultation of back of chest.	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue Salivary Gland	Introductory round of laboratory & benches, Working of Autoclave, & Guidelines of Microbiological specimen collection & transport	History Taking Allotment of Cases and Groups	Chest x ray anatomy	Use of Injections IM, IV, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap	• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
	TUESDAY	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	Culture media (Inoculated & Uninoculated), Antibiotic sensitivity testing, Orientation to Serology & PCR.	Demonstration of History taking and MSE	Chest x ray pathology	Nasogastric Intubation	Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
	WEDNESDAY	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	Performance & Interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.	Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Nebulization
	THURSDAY	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen	Urine & Stool Examination, Examination of CSF & Body Fluids	Interview with the patient Theoretical aspect of Dissociation	Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy
MONDAY	CVS Examination GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages.	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	Reception, Sampling Techniques & hiebotomy, Routine Hematology, Preparation of Blood Smear and Retic, Quality Control	Interview with the patient Theoretical aspect of schizophrenia	Fluoroscopic procedures & Ba studies.	Breast Examination	

CVS & RESPIRATION

WEEK 26	TUESDAY	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	Coagulation Studies, Bone Marrow, Iib Studies, Coomb's Test.	Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use	CT scan brain: basics	Prostate Examination	• counsel a patient with stroke
	WEDNESDAY	Examination of Pulse	Examination of Pulse	Examination of Pulse	Examination of Pulse	Examination of Pulse	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum	Grouping, Cross Matching	Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects	Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed
	THURSDAY	JVP	JVP	JVP	JVP	JVP	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	Ward test	Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback	Ward assessment(film based)	Test	• counsel a patient with obstructive lung disease
WEEK 27	MONDAY	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	Introductory round of laboratory & benches. Working of Autoclave. & Guidelines of Microbiological specimen collection & transport	History taking Allotment of Cases and Groups	Chest x ray anatomy	Use of Injections I/M, I/V, Intradermal, subcutaneous, IV Cannulation, Arterial Tap	• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
	TUESDAY	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.	Demonstration of History taking and MSE	Chest x ray pathology	Nasogastric Intubation	Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
	WEDNESDAY	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	urino-genital system	urino-genital system	urino-genital system	urino-genital system	urino-genital system	Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.	Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Nebulization
	THURSDAY	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system	Urine & Stool Examination, Examination of CSF & Body Fluids	Interview with the patient Theoretical aspect of Dissociation	Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy	Insertion of folleys catheter Nasogastric tube
MONDAY	Headaches ,Numbness, Paresthasia, weakness patterns	Headaches ,Numbness, Paresthasia, weakness patterns	Headaches ,Numbness, Paresthasia, weakness patterns	Headaches ,Numbness, Paresthasia, weakness patterns	Headaches ,Numbness, Paresthasia, weakness patterns	Venous Problems	Venous Problems	Venous Problems	Venous Problems	Venous Problems	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	Interview with the patient Theoretical aspect of schizophrenia	Fluoroscopic procedures & Ba studies.	Breast Examination	• counsel a patient with febrile illness	

A4

A3

A2

A1

A5

WEEK 28	TUESDAY	Cranial nerves. 1 to 6	Cranial nerves. 1 to 6	Cranial nerves. 1 to 6	Cranial nerves. 1 to 6	Cranial nerves. 1 to 6	lymphatic system	lymphatic system	lymphatic system	lymphatic system	lymphatic system	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.	Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use	CT scan brain: basics	Prostate Examination	• counsel a patient with stroke
	WEDNESDAY	Cranial nerves. 7 to 12	Cranial nerves. 7 to 12	Cranial nerves. 7 to 12	Cranial nerves. 7 to 12	Cranial nerves. 7 to 12	peripheral nerves	peripheral nerves	peripheral nerves	peripheral nerves	peripheral nerves	Grouping, Cross Matching	Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects	Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed
	THURSDAY	Examination of motor system (bulk, tone, power/ Reflexes.	Examination of motor system (bulk, tone, power/ Reflexes.	Examination of motor system (bulk, tone, power/ Reflexes.	Examination of motor system (bulk, tone, power/ Reflexes.	Examination of motor system (bulk, tone, power/ Reflexes.	patient with head injuries	patient with head injuries	patient with head injuries	patient with head injuries	patient with head injuries	Ward test	Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback	Ward assessment(film based)	Test	• counsel a patient with obstructive lung disease

WEEK 29	MONDAY	Examination of sensory system	Examination of sensory system	Examination of sensory system	Examination of sensory system	Examination of sensory system	bone lesions & injuries	bone lesions & injuries	bone lesions & injuries	bone lesions & injuries	bone lesions & injuries	<p>Introductory round of laboratory & benches, Working of Autoclave, & Guidelines of Microbiological specimen collection & transport</p> <p>Culture media (Inoculated & Uninoculated), Antibiotic sensitivity testing, Orientation to Serology & PCR.</p> <p>Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.</p> <p>Urine & Stool Examination, Examination of CSF & Body Fluids</p>	History Taking Allotment of Cases and Groups	Chest x ray anatomy	Use of Injections IM, I.V, Intradermal, subcutaneous, IV Cannulation, Arterial Tap	<ul style="list-style-type: none"> - Introduction to EIT services regarding triage system. - History taking - Monitoring of vitals 				
	TUESDAY	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Joint problems & injuries	Joint problems & injuries	Joint problems & injuries	Joint problems & injuries	Joint problems & injuries						Demonstration of History taking and MSE	Chest x ray pathology	Nasogastric Intubation	<ul style="list-style-type: none"> Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
	WEDNESDAY	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	individual joints	individual joints	individual joints	individual joints	individual joints						Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	<ul style="list-style-type: none"> - Setting of IV drips Nebulization
	THURSDAY	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	Management of pneumothorax	Management of pneumothorax	Management of pneumothorax	Management of pneumothorax	Management of pneumothorax						Interview with the patient Theoretical aspect of Dissociation	Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy	<ul style="list-style-type: none"> Insertion of Foley's catheter Nasogastric tube
WEEK 30	MONDAY	Revision	Revision	Revision	Revision	Revision	trauma primary care	trauma primary care	trauma primary care	trauma primary care	trauma primary care	<p>Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retic, Quality Control</p> <p>Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.</p> <p>Grouping, Cross Matching</p> <p>Ward test</p>	<p>A4 Interview with the patient</p> <p>Theoretical aspect of schizophrenia</p> <p>Presentation of cases histories of Substance use</p> <p>Interview with the patient Theoretical aspect of Substance use</p> <p>Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects</p> <p>Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback</p>	<p>A3 Fluoroscopic procedures & Ba studies.</p> <p>CT scan brain: basics</p> <p>Basics of ultrasound and observation</p> <p>Ward assessment(film based)</p>	<p>A2 Breast Examination</p> <p>Prostate Examination</p> <p>revision</p> <p>Test</p>	<ul style="list-style-type: none"> • counsel a patient with febrile illness • counsel a patient with stroke • counsel a patient with upper GI bleed • counsel a patient with obstructive lung disease 				
	TUESDAY	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	trauma secondary care	trauma secondary care	trauma secondary care	trauma secondary care	trauma secondary care						<p>Interview with the patient Theoretical aspect of schizophrenia</p> <p>Presentation of cases histories of Substance use</p> <p>Interview with the patient Theoretical aspect of Substance use</p>	<p>CT scan brain: basics</p> <p>Prostate Examination</p>	<ul style="list-style-type: none"> • counsel a patient with febrile illness • counsel a patient with stroke 	
	WEDNESDAY	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture						<p>Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects</p>	<p>Basics of ultrasound and observation</p> <p>revision</p>	<ul style="list-style-type: none"> • counsel a patient with upper GI bleed 	
	THURSDAY	MCQs	MCQs	MCQs	MCQs	MCQs	TEST	TEST	TEST	TEST	TEST						<p>Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback</p>	<p>Ward assessment(film based)</p> <p>Test</p>	<ul style="list-style-type: none"> • counsel a patient with obstructive lung disease 	

Note :- For Psychiatry to BBH and Radiology to HFH, Skill Lab & E.R (i) Half batch Skill Lab (ii) Half batch E.R alternative

Vice Chancellor
Rawalpindi Medical University
Rawalpindi

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TIME TABLE 3rd YEAR MBBS CLASS MBBS (SESSION 2016-2017)

Start w.e.f From 05-11-2018 ENDING 10-08-2019

ACTIVITY	CLASS ROLL NO	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
INTERACTIVE TEACHING PROBLEM BASE LEARNING		8:00am to 9:00 am	8:00am to 9:00 am	8:00am to 9:00 am	8:00am to 9:00 am		
WARDS		9:00am to 11:00 am	9:00am to 11:00 am	9:00am to 11:00 am	9:00am to 11:00 am		
LECTURES							
MEDICINE	ODD					8:00 am to 8:45 am	8:00 am to 8:45 am
MEDICAL SPECIALTY	EVEN					8:00 am to 8:45 am	8:00 am to 8:45 am
SURGERY	ODD					8:45 am to 9:30 am	8:45 am to 9:30 am
SURGICAL SPECIATLY	EVEN					8:45 am to 9:30 am	8:45 am to 9:30 am
PHARMACOLOGY	ODD	11:00am to 12:00pm	11:00am to 12:00pm	11:00am to 12:00pm	11:00am to 12:00pm	9:30am to 10:15am	9:30am to 10:30am
PHARMACOLOGY	EVEN	11:00am to 12:00pm	11:00am to 12:00pm	11:00am to 12:00pm	11:00am to 12:00pm	9:30am to 10:15am	9:30am to 10:30am
							Break 10:30am to 11:00am
FORENSIC MEDICINE	ODD					10:15am to 11:00am	12:00 to 1:00pm
FORENSIC MEDICINE	EVEN					10:15am to 11:00am	12:00 to 1:00pm
PATHOLOGY	ODD				12:00 pm to 1:00pm 1:00pm to 2pm	11:00am to 12:00pm	11:00 pm to 12:00pm 1:00pm to 2pm
PATHOLOGY	EVEN				12:00 pm to 1:00pm 1:00pm to 2pm	11:00am to 12:00pm	11:00 pm to 12:00pm 1:00pm to 2pm
PRACTICAL		12:00 to 2:00pm	12:0 to 2:00pm	12:00 to 2:00pm			
PHARMACOLOGY		Batch - A	Batch - B	Batch -C			
FORENSIC MEDICINE		Batch - B	Batch - C	Batch - A			
PATHOLOGY		Batch - C	Batch -A	Batch - B			

Note:

- Interactive PBL will be held in respective wards. Department of Medical Education in RMU, NTB will coordinate.

Monday to Thursday : **Odd Roll** No. Section 1
Even Roll No. Section 2
Demonstration Hall No. 2

Friday to Saturday : **Odd Roll** No. Section 1
Even Roll No. Section 2
Lecture Hall No. 1
Lecture Hall No. 2

No T-9/ _____/RMU, RWP. Dated _____/2018.
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Annexure 2 c

**MEDICINE CLINICAL ROTATIONS
THIRD YEAR MBBS 2024**

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1st WEEK															
1	MONDAY	INTRODUCTION	General introduction to the field of medicine. Medical ethics	Student will be able to: a)Recognize importance of clinical medicine and context for theoretical learning so that one can see how learning about body system and social sciences are applied to care of patient. b)Recognize and evaluate different ethical problems including gap block, priority setting, moral dilemma and resolving conflict.Analyse different ethical problems and knows different approaches. c) Recognize importance of	Student will be able to: Take detailed history	Student will be able to: Take Consent for History								SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
2	TUESDAY	HISTORY TAKING	History Taking, Importance of history, Contents of history, Presenting Complaint, History of Present illness	Student will be able to: Demonstrate art of history taking including all components of history, Presenting complaint, History of presenting illness indetail and in chronological order.	Student will be able to: Take detailed history	Student will be able to: Take Consent for History								SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
3	WEDNESDAY	HISTORY TAKING	Systemic Inquiry, Past Medical History	Students will be able to: Demonstrate systemic inquiry in detail and past medical history	Students will be able to: Take detailed history	Students will be able to: Take Consent for History								SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
7	WEDNESDAY	RESPIRATORY SYSTEM	Systemic Inquiry,Cough,Sputum,Dyspnea,Cyanosis	Students will be able to: a) Recall causes of cough and how to differentiate between dry and productive cough. b) Know causes of dyspnea,grading of dyspnea and how to differentiate between dyspnea,orthopnea and PND. c) Retell causes of cyanosis and difference between central and peripheral cyanosis	Students will be able to: Take detailed history of cough,sputum,dyspnea and cyanosis and able to make differential diagnosis related to above symptoms.	Students will be able to: Take Consent for History and Clinical Examination.			✓		✓		✓	BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
8	THURSDAY	RESPIRATORY SYSTEM	Hemoptysis, wheezing, pleuritic chest pain.	Students will be able to: Explain causes of hemoptysis,wheezing and pleuritic chest pain.	Students will be able to: Take detailed history of hemoptysis,heezing and chest pain and able to make differential diagnosis related to these symptoms.	Students will be able to: Take Consent for History and Clinical Examination			✓		✓		✓	BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
3rd WEEK															

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
9	MONDAY	RESPIRATORY SYSTEM	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	Students will be able to: a)Recall causes and types of cyanosis. b)Retell causes of clubbing and its gradinding. c)Describe pulsus paradoxus,intercostal indrawing and tracheal tug and their causes. d)Describe different methods to palpate trachea and different causes of tracheal deviation.	Students will be able to: a) Take history and perform GPE relavant to respiratory system and able to pick these signs on examination. b) perform palapatation of trachea	Students will be able to: Take Consent for History and Clinical Examination			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
10	TUESDAY	RESPIRATORY SYSTEM	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Students will be able to: a) know types of respiration,chest deformaties,different scar marks and their significance,different types of apex beat,causes of displaced apex beat,causes of decreased chest movements,importance of accessory muscles use in resoiration and etc etc b) able to describe abormal percussion notes and their causes c) Recall types of normal and other	Students will be able to: Take history and perform Respiratory system examination including inspection,palpation,percussion and auscultation of front of chest & relevant clinical examination according to cause	Students will be able to: Take Consent for History andClinical Examination			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
11	WEDNESDAY	RESPIRATORY SYSTEM	Inspection of back of chest. Chest movements Percussion of back of chest	Students will be able to: a)know types of respiration,chest deformaties,different scar marks and their significance,causes of decreased chest movements,importance of	Take history and perform Respiratory system examination including inspection,palpation,percussion and	Students will be able to: Take Consent for History and Clinical Examination.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA	
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2			
	TUESDAY	RESPIRATORY SYSTEM	ODD ROLL NO TEST												MINICEX	
15	WEDNESDAY	GIT	Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea	Students will be able to: a) Recall different causes of vomiting b) Explain causes and types of jaundice c) Retell different causes of generalized and localized abdominal pain d) Recall different causes of acute and chronic diarrhea and differentiate between two on the basis of history	Students will be able to: can take detailed history of vomiting, jaundice, abdominal pain and diarrhea and able to make differential diagnosis related to these symptoms.	Students will be able to: Take Consent for History and Clinical Examination.									SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE, MINICEX, CBD

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
16	THURSDAY	GIT	GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavity	Students will be able to: a) Recall different causes of jaundice,clubbing,koilonychia,pallor,leuconychia and odema. b) retell causes of oral ulcers,macroglossia,hypertrophy of gums	Students will be able to: a) Take history and perform GPE relevant to abdominal examination and able to pick these signs on examination. b)can perform examination of oral cavity	Students will be able to: Take Consent for History and Clinical Examination.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
5th WEEK															
17	MONDAY	GIT	Inspection of abdomen, Superficial Palpation of Abdomen	Students will be able to: a) Recall different causes of distended abdomen,significance of prominent veins and scar marks,.Can differentiate different shapes of umbilicus and their position. b) Retell causes of abdominal tenderness	Students will be able to: Take history and perform inspection and superficial palpation of abdomen and relevant clinical examination.	Students will be able to: Take Consent for History and Clinical Examination.			✓		✓		✓	AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
22	TUESDAY	CNS	Conscious level, HMF, orientation, speech, memory, intellect, sleep	Students will be able to: a) Recall higher mental functions and Glasgow coma scale. b) differentiate between long term and short term memory c) differentiate between narcolepsy and somnolence	Students will be able to: a) Take history and perform relevant clinical examination.	Students will be able to: a) Take Consent for History and Clinical Examination			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE, MINICEX, CBD
23	WEDNESDAY	CNS	Headaches, Numbness, Paresthesias, weakness patterns	Students will be able to: Recall causes and types of headache, causes of numbness and paresthesias. Retell different pattern of weakness	Students will be able to: Take history and perform relevant clinical examination	Students will be able to: Take Consent for History and Clinical Examination			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE, MINICEX, CBD
24	THURSDAY	CNS	Cranial nerves. 1 to 6	Students will be able to: Recall anatomy and functions of cranial nerves, retell causes of lesion of cranial nerves 1 to 6	Students will be able to: Take History and perform examination of cranial nerves from 1 to 6 and able to pick abnormal findings.	Students will be able to: Take Consent for History and Clinical Examination			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE, MINICEX, CBD

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA	
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2			
7th WEEK																
25	MONDAY	CNS	Cranial nerves. 7 to 12	Students will be able to: Recall anatomy and functions of cranial nerves,can retell causes of lesion of cranial nerves 7 to 12	Students will be able to: Take History and do examination of cranial nerves from 7 to 12 and can pick abnormal findings.	Students will be able to: Take Consent for History and Clinical Examination									SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
26	TUESDAY	CNS	Examination of motor system (bulk, tone, power/ Reflexes.	Students will be able to: Recall motor tracts,causes of hypo and hypertrophy of muscles,grading of power,causes of hypo and hypertonia. Can differentiate between hypo and hyper reflexia and clonus	Students will be able to: Take History and perform motor system examination and able to pick abnormal findings	Students will be able to: Take Consent for History and Clinical Examination									SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
31	WEDNESDAY	CVS Examination	Systemic Inquiry Pericardial Chest Pain, Palpitation, Patient with murmur.	Students will be able to: Recall causes of precordial chest pain palpitation and etiology of valvular heart diseases	Students will be able to: Take History and perform examination keeping in mind etiology and complications of disease	Students will be able to: Take Consent for History and Clinical Examination			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	OSPE,MINICEX, CBD
32	THURSDAY	CVS Examination	GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter haemorrhages.	Students will be able to: a) Recall causes of raised JVP,clubbing,osler's nodes,janeway's lesion and splinter haemorrhages. b) Differentiate between pitting and non pitting odema and their various causes	Students will be able to: Take History and perform GPE examination relavant to Cardiovascular system and can pick these signs.	Students will be able to: Take Consent for History and Clinical Examination			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	OSPE,MINICEX, CBD
9th WEEK															

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
33	MONDAY	CARDIOLOGY	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Students will be able to: a) Recall causes of prominent veins on chest, can pick scar marks on precordium and know their significance. b) Retell causes of displaced apex beat, right parasternal heave and epigastric pulsations. c) Describe causes of palpable heart sounds and thrills	Students will be able to: Take History and perform inspection and palpation of precordium.	Students will be able to: Take Consent for History and Clinical Examination			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE, MINICEX, CBD
34	TUESDAY	CARDIOLOGY	Examination of Pulse	Students will be able to: a) Recall causes of braycardia, tachycardia, radioradi al nd radiofemoral delay. Retell causes of low, high volume pulse and irregular pulse. Differentiate between different characters of pulse.	Students will be able to: Take History and palpate all peripheral pulses and able compare them bilaterally.	Students will be able to: Take Consent for History and Clinical Examination			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE, MINICEX, CBD
35	WEDNESDAY	CVS Examination	JVP	Students will be able to: a) Recall different waves and descents of JVP and their significance. b) Retell causes of raised JVP. c) Describe hepatojuglar reflex and its significance d) Differentiate between arterial and venous pulsations in neck	Students will be able to: Take History and examine JVP and able to measure it.	Students will be able to: Take Consent for History and Clinical Examination			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	OSPE, MINICEX, CBD

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
39	WEDNESDAY	REVISION													
40	THURSDAY	END BOCK EXAM													MCQs,OSPE,MI NICEX



Emergency Medicine Clerkship Programme/ Learning Objectives Of Third Year Mbbs Rmu And Allied Hospitals

A two-week clinical teaching programme that will enable students to get insight into cases that present in medical emergency, their diagnosis, management, and patient counselling.

Dr. Saima Ambreen (ASSOCIATE PROFESSOR MEDICAL UNIT-1 HOLY FAMILY HOSPITAL RWP)

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Knowledge	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1.	MONDAY	EMERGENCY MEDICINE	<p>1. Introduction to ER services regarding triage system.</p> <p>2. History taking and examination.</p> <p>3. Monitoring of vitals</p>	<p>1. Should be able to describe the components of triaging system in ER and its importance in differentiating stable vs sick patients.</p> <p>2. Should be able to describe the importance and components of vitals.</p>	<p>1. Should observe how the HCW does triaging.</p> <p>2. Students should be able to; take a quick history and perform relevant clinical examination under guidance of HCW.</p> <p>3. Student should be able to check the vitals including pulse, blood pressure, temperature, and respiratory rate with proper method.</p>	<p>Students will be able to</p> <p>Take Consent for History, Clinical Examination and Procedures</p>								SGD / BED SIDE SESSIONS	OSPE/MCQs
2.	TUESDAY	EMERGENCY MEDICINE	<p>1. Introduction to medicolegal cases and maintenance of record.</p> <p>2. Observation of IV cannulas and IM injections</p>	<p>1. Students should be able to describe the importance of record keeping and documentation.</p> <p>2. Should be able to describe indications and complications of IV and IM injections.</p>	<p>1. Students will be able to observe and assist HCW about record keeping and the importance of documentation.</p> <p>2. Student should observe and assist HCW in IV and IM canulation.</p>	<p>Students will be able to</p> <p>1. Take consent for history and examination</p> <p>2. Take consent for IM and IV injections and explain procedure to the patient.</p>								SGD / BED SIDE SESSIONS	OSPE/MCQs

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Knowledge	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
3.	WEDNESDAY	EMERGENCY MEDICINE	1. Setting of IV drips 2. Nebulization	1. Should be able to describe the indications of types of IV drips and rate of setting. 2. Should be able to describe different types of drugs being used as nebulizer medications and their indications	Students will be able to: 1. Observe HCW regarding setting of IV drips 2. Observe how to set up a nebulizer	Students will be able to: 1. Counsel the patient regarding use of IV drips in a particular setting and its benefits and side effects. 2. Counsel the patient for nebulization.								SGD / BED SIDE SESSIONS	OSPE/MCQ
FIRST WEEK															
4.	THURSDAY	EMERGENCY MEDICINE	1. Insertion of foley's catheter 2. Insertion of Nasogastric tube	1. Should be able to describe the indications and contraindications of Foley Catheter, types, uses. 2. Should be able to describe the indications and contraindications of Nasogastric tubes, types, uses.	Student will be able to; 1. Observe and assist HCW in inserting a foley catheter. 2. Observe and assist HCW in inserting a Nasogastric tube	Students will be able to: 1. Counsel the patient regarding foley catheter insertion and guide about its pros and cons. 2. Counsel the patient regarding NG tube insertion and guide about its pros and cons.								SGD / BED SIDE SESSIONS	OSPE/MCQ

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Knowledge	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
5.	MONDAY	EMERGENCY MEDICINE	Approach to a patient with febrile illness	Should be able to describe causes of febrile illness and the importance of different steps of history taking and clinical examination in a febrile patient	<p><u>SECOND WEEK</u></p> <p>Student will be able to</p> <p>Take History of a febrile patient and do clinical examination</p>	<p>Students will be able to:</p> <p>Counsel the patient regarding possible causes of fever and do relevant examination after informed consent.</p>								SGD / BED SIDE SESSIONS	OSPE/MCQ
6.	TUESDAY	EMERGENCY MEDICINE	Approach to a patient with stroke	Should be able to describe types of stroke and possible risk factors	<p>Students will be able to:</p> <p>Take History of a patient with stroke and do clinical examination</p>	<p>Students will be able to:</p> <p>Counsel the patient regarding stroke and its possible types and causes under guidance of HCW.</p>								SGD / BED SIDE SESSIONS	OSPE/MCQ

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Knowledge	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
7.	WEDNESDAY	EMERGENCY MEDICINE	Approach to a patient with chest pain	Should be able to describe causes of chest pain and different presentations of a patient with cardiac chest pain.	Should be able to take History of a patient with chest pain under HCW guidance and do quick relevant examination	Students will be able to: Counsel the patient regarding chest pain and possible cause under guidance of HCW								SGD / BED SIDE SESSIONS	MCQ/SEQ
8.	THURSDAY Clinical teaching/ WARD TEST	EMERGENCY MEDICINE	Approach to a patient with Upper GI bleed	1. Should be able to describe causes of upper GI bleed 2. Should be able to identify whether patient is in hypovolemic shock or not.	1. Take History of a patient with upper GI bleed and do clinical examination under HCW guidance. 2. Should take vitals esp. pulse, blood pressure, should look for postural drop and urine output as a marker of hypovolemic shock.	Students will be able to: Counsel the patient regarding cause of upper GI bleed under guidance of HCW								SGD / BED SIDE SESSIONS	MCQ/SEQ

Learning Objectives Clinical Rotation of 3rd Year Pathology

At the end of session 3rd Year MBBS student will be able to

Microbiology: 04 Days

TOPIC	KNOWLEDGE	SKILL	ATTITUDES	MOA
Day 1				
Introductory round of laboratory & Bench's	Students will know about different sectarians of lab. (Smear formation staining, microscopy.)	--		
Autoclave	Parts, Principle, & Quality. Control of Autoclave (Q/C) Material to be sterilized in autoclave.	How to operate autoclave.		EOSA/OSPE/ Ward Test
Specimen collection	<ul style="list-style-type: none"> How to collect the specimen. Timings of collection Previous clinical notes/related to patient history Transportation & Handling of specimen 	Labeling Techniques		EOSA/OSPE/ Ward Test
Day 2				
Culture Media	<ul style="list-style-type: none"> Knowledge about Basic/specific culture media. Uses & Specification 	<ul style="list-style-type: none"> Media Preparation Methods of storage Inoculation Techniques 		EOSA/OSPE/ Ward Test
Antibiotic Sensitivity Testing	<ul style="list-style-type: none"> Knowledge about different groups of antibiotic for different organisms. 	Antibiotic sensitivity testing methods. Measurement of Zone of sensitivity.		EOSA/OSPE/ Ward Test
Orientation of Serology	<ul style="list-style-type: none"> Principle & uses of ELISA, PCR & Agglutinations 	Performance of all tests		EOSA/OSPE/ Ward Test
Day 3				
Microbiology	<ul style="list-style-type: none"> Performance of interpretation of Gram Staining & ZN staining 	<ul style="list-style-type: none"> Steps of gram staining & ZN staining & its Principles. Perform Gram, ZN staining, catalase, coagulase, Oxidase test How to interpret the test. Principles of catalase, coagulase & Oxidase test. Uses of different biochemical tests. 		EOSA/OSPE/ Ward Test
Day 4				
Urine & STOOL Examination	<ul style="list-style-type: none"> Urine & stool Examination 	<ul style="list-style-type: none"> How to collect the Specimen (Urine & stool) & CSF & Body fluid. Pre requisites of specimen collection Physical /Chemical & microscopic examination. Identification of positive findings. 	Preparation of slide. Microscopy of urine & stool slides.	EOSA/OSPE/ Ward Test
CSF Examination	CSF Examination	<ul style="list-style-type: none"> How to collect CSF (K) Pre requisites of Specimen Collection & Microscopic Examination 	Preparation of slide Microscopy of slide Staining techniques Physical and chemical examination.	EOSA/OSPE/ Ward Test

Hematology: 03 Days

TOPIC	KNOWLEDGE	SKILL	ATTITUDES	MOA
Day 5				
1. Sampling technique & phlebotomy	<ul style="list-style-type: none"> Describe the procedure of phlebotomy Explain pre-requisites for phlebotomy Appropriate /inappropriate sample How to discard inappropriate sample timeline for the transfer and storage of sample 	Perform phlebotomy as per SOP	Counsel patient before phlebotomy	EOSA/OSPE/ Ward Test
2. Blood C/P ESR	<ul style="list-style-type: none"> Explain different anticoagulant used in hematology with their uses Minimum time required for each step Interpret end result Different methods of performing blood C/P and ESR Timeline for storage of blood C/P and ESR sample 	<ul style="list-style-type: none"> Perform blood C/P on analyzes Perform ESR Interpret the result of blood C/P and ESR 	Counsel patient	EOSA/OSPE/ Ward Test
3. Preparation of blood smears' & retics	<ul style="list-style-type: none"> Explanation the step of blood smears preparation Quality of a good smears Different stains used for peripheral smears and retics with principle Timeline for storage of samples 	Prepare good quality blood smear		EOSA/OSPE/ Ward Test
4. Quality control	<ul style="list-style-type: none"> Explain role of quality control in laboratory Important of internal and external Q C 	Assess daily quality control of different analyzes.		EOSA/OSPE/ Ward Test
Day 6				
1. Coagulation studies	<ul style="list-style-type: none"> Enumerate different coagulation tests Explain principles of different coagulation studies Discuss role of different coagulation test timeline for the transfer and storage of samples 	<ul style="list-style-type: none"> Perform coagulation studies Interpret the result of coagulation studies 	Counsel patient / attendant in case of diagnosis of diseases e.g. Bleeding disorder	EOSA/OSPE/ Ward Test
2. Bone marrow studies	<ul style="list-style-type: none"> enumerate uses of bone marrow aspirate and trephine biopsy explain the procedure of bone marrow biopsy explain role of bone marrow in hematological disorder 	<ul style="list-style-type: none"> Identify different bone marrow aspirate and trephine needles Interpret the result of bone marrow studies 	Counsel the patient before bone marrow biopsy	EOSA/OSPE/ Ward Test
3. Hb studies & coombs test	<ul style="list-style-type: none"> explain principle of hemoglobin electrophoresis & Coombs test describe uses of hemoglobin studies and Coombs test describe procedure of Hb electrophoresis & coombs test 			EOSA/OSPE/ Ward Test
Day 7				
Blood grouping and cross matching	<ul style="list-style-type: none"> explain the procedure the blood grouping describe different blood groups e.g. ABO& Rh timeline for the storage of samples 	<ul style="list-style-type: none"> perform forward blood grouping interpret result of blood grouping and cross matching 		EOSA/OSPE/ Ward Test

Clerkship Model of Radiology

S. No.	Day	Radiology
1	Monday	Chest x ray anatomy
2	Tuesday	Chest x ray pathology
3	Wednesday	Bones & joints with fractures
4	Thursday	Plain x ray abdomen & KUB
5	Monday	Fluoroscopic procedures & Ba studies.
6	Tuesday	CT scan brain: basics
7	Wednesday	Basics of ultrasound and observation
8	Thursday	Ward assessment(film based)

Dr Nasir Khan
Chairperson of Radiology Department
RMU & Allied Hospitals

**Clinical Teaching Program for Third Year
Psychiatry Ward
Duration: 2 Weeks**

	Day	8:30-9:00	9:00-10:30	2:00-5:00 pm (Evening rotation)	Facilitator
Day 1	Monday	Introduction of the Institute Introduction to the clinical attachment Distribution of the history books	History Taking Allotment of Cases and Groups	Clinical work History taking of Allotted cases	Dr. Mohammad Kashif
Day 2	Tuesday	History taking Mental State Examination	Demonstration of History taking and MSE	Clinical work	Dr. Mohammad Kashif
Day 3	Wednesday	Presentation of cases histories of depression by medical students	Interview with the patient Theoretical aspect of depression	Clinical work	Dr. Mohammad Kashif
Day 4	Thursday	Presentation of cases histories of dissociative disorder by medical students	Interview with the patient Theoretical aspect of Dissociation	Clinical work	Dr. Mohammad Kashif
Day 5	Monday	Presentation of cases histories of Schizophrenia by medical students	Interview with the patient Theoretical aspect of	Clinical work	Dr. Mohammad Kashif
Day 6	Tuesday	Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use		Clinical work	Dr. Mohammad Kashif
Day 7	Wednesday	Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects		Clinical work	Dr. Mohammad Kashif
Day 8	Thursday	Ward Test: OSCE (conducted by	Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback		Ward Test