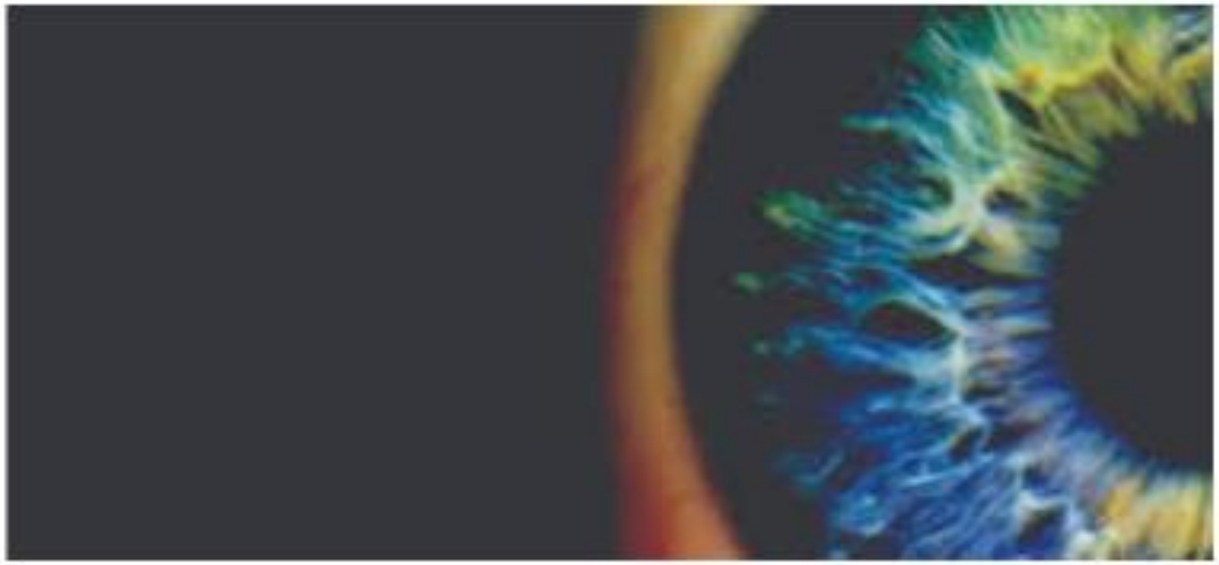
Rawalpindi medical university

OPHTHALMOLOGY MODULE

Integrated Clinical Oriented Modular Curriculum

4th Year MBBS 2024



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Dean HOD ophthalmology prof Fuad Niazi, Prof Naeem, Dr Maria, Dr Omaima	2017-2018	1st	Developed for fourth Year MBBS. Composed of Horizontally Integrated subjects of Ophthalmology, Community Medicine, Pathology & Pharmacology.
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Dean HOD ophthalmology prof Fuad Niazi, Prof Naeem, Dr Maria, Dr Omaima	2021-2022	3rd	Developed for fourth Year MBBS. Composed of Horizontally Integrated subjects of Ophthalmology, Community Medicine, Pathology & Pharmacology. Research and bioethics curriculum incorporated
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Dean HOD ophthalmology prof Fuad Niazi, Dr Arshad Sabir, Dr Sidra Jabeen, Dr Mehwish Riaz, Dr Omaima	2023-2024	5th	Developed for fourth Year MBBS. Composed of Horizontally Integrated subjects of Ophthalmology, Community Medicine, Pathology & Pharmacology. Research, bioethics and family medicine curriculum incorporated

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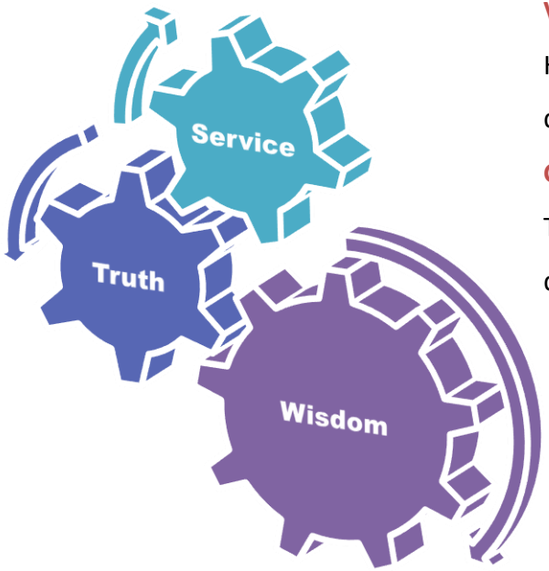
Contents

1. 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 under pinning the practice of medicine.
- Develop and polish the skills required for providing medical services at all levels of the Healthcare 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.

(6 WEEKS)

2. Ophthalmology Module

Ophthalmology system- based module, as part of an outcome- based, integrated curriculum keeping in view the approach suggested by Harden.

Curriculum partially represents constructivist perspective and partially behavioral perspective. Behavioral approach begins with educational plans that start with the setting of goals or objectives. These are the important elements in curriculum implementation, as evaluating the learning outcomes will mean the change in behavior. The change of behavior indicates the measure of the achievement.

Constructivist approach leads to learning that proceeds in spiraling fashion including laddering, scaffolding, weaving, and dialogism. The utilization of constructivism in educational settings has been shown to promote higher-order thinking skills such as problem-solving and critical thinking. Students will construct their new knowledge based on what they already know. This knowledge will be used in purposeful activities like making judgments and decisions.

3. Ophthalmology Module Team

Module Name: Ophthalmology Module

Module Committee		
1.	Vice Chancellor RMU Prof. Dr. Muhammad Umar	Prof. Dr. Muhammad Umar (SI)
2.	Director DME Prof. Dr. Rai Muhammad	Prof. Dr. Rai Muhammad Asghar
3.	Convener Curriculum	Prof. Dr. Naeem Akhter
4.	Dean Basic Sciences	Prof. Dr. Ayesha Yousaf
5.	Additional Director DME	Prof. Dr. Ifra Saeed
6.	Chairperson Ophthalmology	Prof Fuad Ahmad Khan Niazi
7.	Chairperson Community Medicine	Prof. Dr. Arshad Sabir
8.	Focal Person Ophthalmology	Dr. Sidra Jabeen
9.	Focal Person Community Medicine	Dr. Mehwish Riaz

Module Task force team		
1.	Coordinator	Dr. Sidra Jabeen (AP Ophthalmology)
2.	DME focal person	Dr. Maryam Batool
DME implementation Task Force		
1.	Director DME	Prof. Dr. Rai Muhammad Asghar
2.	Add. Director DME	Prof. Dr. Ifra Saeed
3.	Deputy Director	Dr Shazia Zaib
4.	Module planner & Implementation coordinator	Dr. Omaima Asif
5,	Editor	Dr. Omaima Asif

Prepared by
Dr. Sidra Jabeen
Assistant Professor Ophthalmology department
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4. Ophthalmology Module

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

Rationale: The module is designed to impart basic knowledge about ophthalmic pathology, pharmacology, Community Medicine, bioethics, Research, Medicine& Surgery. This knowledge will serve as a base on which the student will construct further knowledge about the etiology, pathogenesis and prevention of diseases; the principles of their therapeutics and management

Module Outcomes

Each student will be able to:

Knowledge

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

- Usetechnologybasedmedicaleducationincluding**ArtificialIntelligence.**
- Appreciate concepts & importance of **Family Medicine, Biomedical Ethics, Artificial intelligence and Research.**

Skills

Interpret and analyze various practicals of Pre-clinical Sciences

Attitude

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

This module will run in 5weekss 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!

5. Section I-Terms &Abbreviations

Contents

Tables & Figures

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:** motors kills.
	● 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

6. Teaching and Learning Methodologies/Strategies

a. 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.

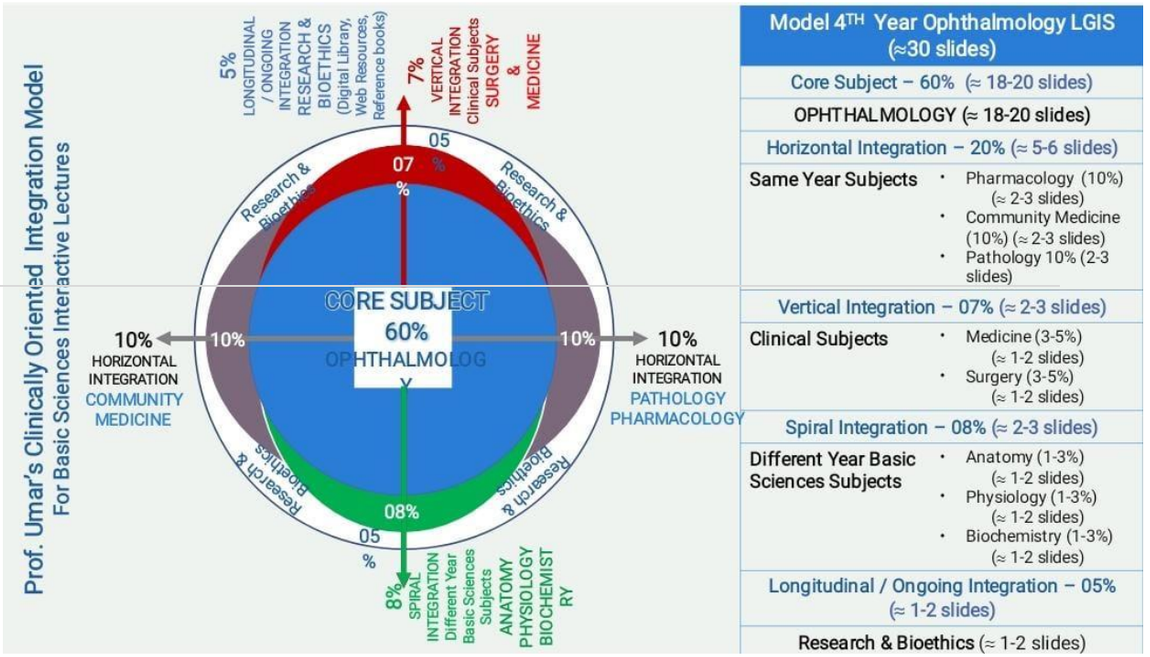

Figure1. Prof Umar's Eye of Integrated Lecture

b. Small Group Discussion

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

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%

probing questions, summarize and helps to clarify the concepts.

Table 3. Steps of taking Small Group discussions

Step1	Sharing of Learning objectives by using students Study guides	First 5 minutes
Step2	Asking students pre-planned questions from previous teaching session to develop co-relation (these questions will be standardized)	5minutes
Step3	Students divided into groups of three and allocation of learning Objectives	5minutes
Step4	ACTIVITY: Students will discuss the learning objectives among Themselves	15minutes
Step5	Each group of students will present its learning objectives	20min
Step6	Discussion of learning content in the main group	30min
Step7	Clarification of concept by the facilitator by asking structured questions from learning content	15min
Step8	Questions on core concepts	
Step9	Questions on horizontal integration	
Step10	Questions on vertical integration	
Step11	Questions on related research article	
Step12	Questions on related ethics content	
Step13	Students Assessment on online M.Steams (5MCQs)	5min
Step14	Summarization of main points by the facilitator	5min

c. Self-Directed Learning (SDL)

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

  OSPE station

d. 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 an opportunity to see theory in practice

ii. Require students to analyze data in order to reach a conclusion, develop analytic, communicative and collaborative skills along with content knowledge.

7. Title: Ophthalmology Module

a. AN OVERVIEW OF THE MODULE TEACHING AND LEARNING / ASSESSMENT ACTIVITIES OF DEPARTMENT OF OPHTHALMOLOGY

Teaching and Learning Strategies Teaching Staff / Human Resource

Sr. #	Designation of Teaching Staff/ Human Resources	Total number of teaching staff	Total number of lectures LGIS	Faculty Hours Breakup	Total Faculty Hours
1	Professor of Ophthalmology	Prof. Dr. Fuad Ahmad Khan Niazi	9	9 Hours (LGIS) 1 Hours (CBD) 1 Hours (SDL) 7 Hours (Assessment) 25 Hours (Clinical Teaching)	43 Hours
2	Assistant Professor of Ophthalmology	Dr. Sidra Jabeen Dr. Ambreen Gul	6	6 Hours (LGIS) 1 Hours (CBD) 1 Hours (SDL) 7 Hours (Assessment) 25 Hours (Clinical Teaching)	40 Hours
3	Senior Registrars	Dr. Saira Bano Dr. Maria Waqas Dr Sidra Naseem Dr. Fatima Sidra Dr Wajeeha Rasool Dr Seher Umar Dr Salman Tariq	13	3 Hours (LGIS) 1 Hours (CBD) 1 Hours (SDL) 7 Hours (Assessment) 20 Hours (Clinical Teaching)	32 Hours
4	Post Graduate Residents	26	0	0	

Hours Calculation of various type of Teaching Strategies

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total Hours
1	Large Group Interactive Session (LECTURES)	**1 hour x 18 = 18 Hrs** **45 mins x 11 = 8 Hrs 15 mins** **Total = 26 Hrs 15mins**
2	Self-Directed Learning (SDL)	**2 hour x 7= 14Hrs**
3	Case Based Discussion (CBD)	**1 hour x 6 = 6 Hrs** **1 hour 45 mins x 2 = 3 Hrs 30 mins** **45 mins * 1 = 45 mins** **Total = 10 Hrs 15 mins**

b. Teaching Staff / Human Resource Distribution of Department of community medicine in Block-II

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

Detail of Contact hours (faculty) & contact hours (students)

Sr. no.	Hours Calculation for Various Type of Teaching Strategies	Total Hours (Faculty)	Total Hours (Students)	**Faculty level**
1	LGIS (14). 1hrs each session (half class sessions)	2 x 14= 28 hrs.	14	Professor, associate, and assistant professors
2	SGD (3) approx. 2hrs each session. 1/4th class	2 x 12= 24 hrs.	4	Demos (subject specialists), Senior PGTs

3	PAL (IUGRC) (1) approx. 2hrs per session. (16 small group sessions. 8 sessions per day)	2 x 16 =32 hrs.	2	Demos (subject specialists) supervised by professional faculties
		Total: 86hrs	21hrs	

8. LEARNING OBJECTIVES OF SELF-DIRECTED LEARNING (SDL) FOR OPHTHALMOLOGY MODULE:

GENERAL LEARNING OBJECTIVES OF SELF-DIRECTED LEARNING:

1. Encourages students to learn more effectively.
2. Inspires curiosity and motivates further discovery.
3. Boosts self-esteem.
4. Strengthens problem solving skills.
5. Learning at a comfortable pace.
6. Improves time management skills.
7. Encouraging students to learn from textbooks.
8. Learn to take initiative and act upon goals
9. Role in cognitive development (critical thinking, trial and error analysis)

Sr. #	Topic of SDL	Learning objectives At the end of this session, students will be able to	Assessment		References
			LMS	Modular exams	
1	Fungal Keratitis	● Describe the Signs and Symptoms of fungal keratitis ● Describe its Pathophysiology ● Discuss the Investigations required	MCQ	MCQ, SEQ OSPE	● Kanski's Clinical Ophthalmology 9th edition Chapter 7, Page # 216 - 218 ● Clinical Ophthalmology by ShafiM.Jatoi 5th edition Chapter 8, Page # 90-92

		• Describe its treatment plan			https://eyewiki.aao.org/Fungal_Keratitis
2	Congenital Glaucoma	• Describe the Signs of symptoms of Congenital Glaucoma • Enumerate the Differential diagnosis of watering in neonates • Discuss its Clinical evaluation in pediatric group • Explain the principles of its Management	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition Chapter 11, Page # 395 - 398 • Clinical Ophthalmology by ShafiM.Jatoi 5th edition Chapter 11, Page # 156-159 https://www.aao.org/webinar-detail/primary-secondary-surgery-congenital-glaucoma
3	Steroid induced Glaucoma	• Describe the pathophysiology of steroid induced glaucoma • Enlist the types of steroids causing glaucoma and their route of administration • Know about steroid responders • Discuss the different treatment options	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition Chapter 11, Page # 388 • Clinical Ophthalmology by ShafiM.Jatoi 5th edition Chapter 11, Page # 155 https://doi.org/10.1016/j.survophthal.2020.01.002
4	Recurrent anterior uveitis	• Enlist its systemic associations • Describe its signs and symptoms • Explain the systemic and ocular investigations to be done • Describe the management of this case.	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition Chapter 12, Page # 424 - 442 • Clinical Ophthalmology by ShafiM.Jatoi 5th edition Chapter 12, Page # 165 - 168 https://doi.org/10.1016/j.ajo.2008.11.009
5	Ophthalmic manifestations of DM	• Explain the different presentations of DM in eye • Enlist the risk factors for DR • Enlist the complications of DR • Describe the management of different manifestations	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition Chapter 13, Page # 496 • Clinical Ophthalmology by ShafiM.Jatoi 5th edition Chapter 15, Page # 191 - 197 DOI:10.1177/1474651411428950
6	Strabismus and Amblyopia	• Define amblyopia • Relationship between strabismus and amblyopia	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition Chapter 18, Page # 707 - 708 • Clinical Ophthalmology by ShafiM.Jatoi 5th edition

		• Enlist the different types of squint • Describe, how will they assess a patient of squint • Describe its Management.			Chapter 22, Page # 282 - 283 https://aapos.org/glossary/amblyopia
7	Complications of Cataract surgery	• Enlist types of cataract surgery • Describe its Pre op and post op complications • Describe the management of complications	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition Chapter 10, Page # 325 - 335 • Clinical Ophthalmology by ShafiM.Jatoi 5th edition Chapter 10, Page # 128 - 131https://eyewiki.aao.org/Cataract_Surgery_Complications
8	Approach to Leukocoria	• Enlist the differential diagnosis of Leukocoria • Discuss different sight and life threating conditions • Describe its clinical evaluation and investigations • Describe its management plan	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition Chapter 20, Page # 864 • Clinical Ophthalmology by ShafiM.Jatoi 5th edition Chapter 10, Page # 117 https://www.aao.org/eyenet/article/stepwise-approach-to-leukocoria
9	Idiopathic intracranial hypertension	• Describe its Signs and symptoms • Enlist its differential diagnosis • Discuss the role of Lumber puncture and MRI • Describe its management plan	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition Chapter 19, Page # 769 - 770 • Clinical Ophthalmology by ShafiM.Jatoi 5th edition Chapter 16, Page # 223 - 225 https://doi.org/10.1016/S1474-4422(06)70442-2

9. Learning Objectives Of Case-Based Discussion (CBD) Ophthalmology Module:

Sr. #	Topic of SDL	Learning objectives. At the end of this session, students will be able to:	Weeks	Assessment		References
				LMS	Modular exams	
1.	A middle aged farmer with painful red eye after vegetative trauma	• Enlist the causes of keratitis, C2 • Classify keratitis and enlist sign and symptoms of keratitis. C2 • Discuss the clinical examination including the different stains used for staining the corneal ulcers C1 • Describe the treatment of corneal ulcers C2 • Explain the contact lens related keratitis with its management C2	1st weekss	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition, Chapter 7, Page # 216 – 218 • Clinical Ophthalmology by ShafiM.Jatoi 5th edition, Chapter 8, Page # 90-92 • https://eyewiki.aao.org/Fungal_Keratitis
2.	An infant presenting with photophobia, excessive lacrimation and blepharospasm	• Define congenital glaucoma? C1 • Enumerate different types of secondary glaucoma? C3 • Describe clinical features of congenital glaucoma? C2 • Discuss treatment options? C2	2nd weeks	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition Chapter 11, Page # 395 - 398 • Clinical Ophthalmology by ShafiM.Jatoi 5th edition • Chapter 11, Page # 156-159 https://www.aao.org/webinar-detail/primary-secondary-surgery-congenital-glaucoma
3.	A 50yrs old male patient with gradual painless loss of vision.	• Recall anatomy of Lens C1 • Define cataract C1 • Enlist classification of cataract, C1	2nd Weeks	MCQ	MCQ, SEQ OSPE	MCQ, SEQ OSPE

		• Discuss the clinical examination with investigations to diagnose cataract. C2 • Explain the principles of management of cataract. C2 • Enlist indications, types and complications of cataract surgery C3				
4.	A teenage male with recurrent painful red eye which gets better after treatment	• Recall anatomy of Conjunctiva C1 • Enlist common causes, sign and symptoms of conjunctivitis C2 • Diagnose infective and allergic conjunctivitis. C3 • Discuss the management of conjunctival eye problems C3	3rd Weeks	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition Chapter 20, Page # 167 – 200 • https://www.aao.org/eye-health/symptoms/red-eye-3
5.	4yrs old child with intermittent inwards deviation of both eyes for last 6 months	• Define strabismus C2 • Classify strabismus C2 • Outline examination and investigation of strabismus Enlist different surgical procedures of squint C2	3rd Weeks	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition Chapter 20, Page # 697 - 743 • https://www.aao.org/eye-health/disease/strabismus-in-children

6.	A middle aged obese female with complain of headache and bilateral disc swelling	• Recall anatomy and pathway of Optic nerve C1 • Know the Clinical Features of optic neuritis, papilledema C2 • Demonstrate the Indications of neuroimaging, visual evoked potential and visual fields. C2	4th Weeks	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition Chapter 20, Page # 745 – 825 • https://eyewiki.aao.org/Demyelinating_Optic_neuritis
7.	6 months old infant with white pupillary reflex since birth.	• Discuss Leucocoria (white pupillary reflex) its differential diagnosis. C2 • Describe Retinoblastoma, its clinical presentation and management. C2 • Explain congenital cataract, presentation and management. C2 • Enumerate retinopathy of prematurity, persistent hypertensive, primary vitreous, coats diseases. C2	5th Weeks	MCQ	MCQ, SEQ OSPE	• Kanski's Clinical Ophthalmology 9th edition Chapter 20, Page # 864 • Clinical Ophthalmology by Shafi M.Jatoi 5th edition, Chapter 10, Page # 117 https://www.aao.org/eyenet/article/stepwise-approach-to-leukocoria

10. Weeks-Wise Learning Objectives Of Ophthalmolgy Block

1st weeks

At the end of the session, students will be able to

Sr. #	Topic-	Discipline	Knowledge/Skills	Teaching strategy	Assessment
1	Screening 1	Community Medicine	• Explain Iceberg phenomenon of diseases with examples • Discuss aims and objectives of screening • Enlist Criteria for screening of diseases & screening tests • Comprehend uses & types of screening with examples • State differences between screening test and diagnostic tests. • Describe rationale of screening tests with reference to natural history of disease and critical point. • Construct2x2table from given data. • Explain measures of validity of screening tests.	LGIS	MCQs SEQs
2	Inflammatory and Neoplastic Eyelid lesions	Ophthalmology	● Recall anatomy of Eye lid C1 ● Enlist differentials of lid mass C1 ● Distinguish between inflammatory, benign and malignant neoplastic disorders of eyelid. C1	LGIS	MCQs SEQs TOACs
3	Neoplasms of eye lid Squamous cell carcinoma	Pathology	● By the end of lecture students should be able C1 ● -to know the pathophysiology, microscopic features and diagnostic features of neoplasms of eyelid C2	SGD	MCQ SEQ

	Basal cell carcinoma Sebaceous carcinoma melanoma		• -to know differentiating features if different neoplasms of eyelid C2		OSPE
4	Screening 2	Community medicine	• Calculate and interpret sensitivity & specificity of screening test from given data • Calculate and interpret Positive predictive value& Negative predictive value of screening test from given data • Explain yield of screening tests. • Discuss measures used to evaluate screening tests & program • Discuss problems of borderline with emphasis on cut-off point decision.	SGD	MCQs SEQs
5	Ophthalmic dosage forms	Pharmacology	• Discuss Ocular routes of administration C1 • Discuss Systemic effects with ocular administration C3	LGIS	MCQs
6.	Approach to urticaria	Dermatology	• Identify lesions of urticaria and angioedema • Describe pathophysiology of urticaria • Describe causes of urticaria • Investigate and treat a case of urticaria		
7	Eyelid and eyelash disorders	Ophthalmology	• Describe the infective lesions of lid -stye/blepharitis and their treatment C1 • Enlist the inflammatory lesions of lid like chalazion and their treatment C3 • Discuss the common lid tumors and their clinical presentations.C3	LGIS	MCQs, SEQs and OSPE and Viva Voce

			• Discuss the Eye - Lash abnormalities. C2 • Describe the pathologies like Trichiasis ,ectropion / entropion and ptosis C2		
8	Infective and Allergic Conjunctivitis	Ophthalmology	• Recall anatomy of Conjunctiva C1 • Enlist common causes, sign and symptoms of conjunctivitis C2 • Diagnose infective and allergic conjunctivitis. C3 • Discuss the management of conjunctival eye problems C3	LGIS	MCQs
Sr. #	Topic-	Discipline	Knowledge/Skills	Teaching strategy	Assessment
1	Screening 1	Community Medicine	• Explain Iceberg phenomenon of diseases with examples • Discuss aims and objectives of screening • Enlist Criteria for screening of diseases & screening tests • Comprehend uses & types of screening with examples • State differences between screening test and diagnostic tests. • Describe rationale of screening tests with reference to natural history of disease and critical point. • Construct2x2table from given data. • Explain measures of validity of screening tests.	LGIS	MCQs SEQs
2	Inflammatory and Neoplastic Eyelid lesions	Ophthalmology	• Recall anatomy of Eye lid C1 • Enlist differentials of lid mass C1 • Distinguish between inflammatory, benign and malignant neoplastic disorders of eyelid. C1	LGIS	MCQs SEQs TOACs

3	Neoplasms of eye lid Squamous cell carcinoma Basal cell carcinoma Sebaceous carcinoma melanoma	Pathology	• By the end of lecture students should be able C1 • -to know the pathophysiology, microscopic features and diagnostic features of neoplasms of eyelid C2 • -to know differentiating features if different neoplasms of eyelid C2	SGD	MCQ SEQ OSPE
4	Screening 2	Community medicine	• Calculate and interpret sensitivity & specificity of screening test from given data • Calculate and interpret Positive predictive value& Negative predictive value of screening test from given data • Explain yield of screening tests. • Discuss measures used to evaluate screening tests & program • Discuss problems of borderline with emphasis on cut-off point decision.	SGD	MCQs SEQs
5	Ophthalmic dosage forms	Pharmacology	• Discuss Ocular routes of administration C1 • Discuss Systemic effects with ocular administration C3	LGIS	MCQs
7	Eyelid and eyelash disorders	Ophthalmology	• Describe the infective lesions of lid -stye/blepharitis and their treatment C1 • Enlist the inflammatory lesions of lid like chalazion and their treatment C3 • Discuss the common lid tumors and their clinical presentations.C3 • Discuss the Eye - Lash abnormalities. C2	LGIS	MCQs, SEQs and OSPE and Viva Voce

			• Describe the pathologies like Trichiasis ,ectropion / entropion and ptosis C2		
8	Infective and Allergic Conjunctivitis	Ophthalmology	• Recall anatomy of Conjunctiva C1 • Enlist common causes, sign and symptoms of conjunctivitis C2 • Diagnose infective and allergic conjunctivitis. C3 • Discuss the management of conjunctival eye problems C3	LGIS	MCQs
9	Alma Ata declaration and primary health care (PHC)	Community medicine	• Define primary health care C1 • Explains Concepts of 'health for all' and Alma Ata declaration. C1 C2 • Enlist the elements, principles and strategy of PHC / Primary health care.C1 • Outline the challenges that contributed to evolvement of PHC. C1 C2	SGD	MCQs, SEQs and OSPE and Viva Voce
10	Keratitis	Ophthalmology	• Recall anatomy of Cornea C2 • Enlist the causes of keratitis, C2 • Classify keratitis and enlist sign and symptoms of keratitis. C2 • Discuss the clinical examination including the different stains used for staining the corneal ulcers C1	LGIS/CBL	MCQs, SEQs,OSPE

			• Describe the treatment of corneal ulcers C2 • Explain the contact lens related keratitis with its management C2		
11	Degenerative conjunctival disorders and Dry Eyes	Ophthalmology	• Diagnose and manage Dry Eye, C1 • Conjunctival degenerations (Pterygium, pinguecula, concretions) C2	LGIS	MCQs
12	Refractive Surgery/ Refractive Errors	Ophthalmology	• Define various refractive errors C1 • Demonstrate the surgical steps and complications of keratoplasty C1 • Identify the surgical options and steps for Myopia, Hypermetropia, Presbyopia, Asigmatism and keratoplasty C2	LGIS	MCQs, OSPE
13	Cataract (Types, causes and workup)	Ophthalmology	• Define cataract C2 • Enlist classification of cataract, C2 • Discuss the clinical examination with investigations to diagnose. C3 • Explain the principles of management of cataract. C3	LGIS	MCQs, SEQs, TOACS
14	Drugs used in ocular infections	Pharmacology	• Discuss Ocular antibiotics/anti-inflammatory and their various routes of administration C1 • Enlist indications and side effects C2	LGIS	MCQs

15	Epidemiology of hospital acquired infection	1. Community medicine	• Define nosocomial infections C1 • Explains the various modes of transmission of nosocomial infections C1 • Enlist the various strategies for prevention and control of nosocomial infections C1	LGIS	MCQs, SEQs and Viva Voce
16	Dermatological disorders involving eye	Dermatology	• Describe symptoms associated with skin disease C2 • Describe what is a primary lesion C2 • Explain the types of primary lesion with example C1 • Describe what is a secondary lesion C2 • Explain the types of such lesion with example C1 • Tell the important pearls of history and examination C2 • Explain the diagnostic details of basic skin lesions C3	SGD	MCQs
17	Conjunctival scarring, pinguecula ,pterygium and conjunctival neoplasm Corneal keratitis and ulcer Corneal degeneration and dystrophies	Pathology Ophthalmology	• To know the pathophysiology,microscopic features of conjunctival scarring C2 • To know pathophysiology of pinguecula and pterygium C2 • To know features of intraepithelial neoplasm and carcinoma C3 • Must be able to explain the pathophysiology of keratitis and corneal ulcers C1 • To explain pathophysiology of band keratopathies ,keratoconus , fuchs endothelial and stromal dystrophies C2	LGIS LGIS	MCQs

2nd week

At the end of the session, students will be able to

S. no	Topic	Discipline	Knowledge/Skills	Teaching strategy	Assessment
1	Health education1	Community medicine	• Define health communication and understand its types. • Explain role of sender, receiver, feedback and content of health message • Explains Shannon Weaver communication model • Appreciate communication barriers • Explain various functions of health communication	LGIS	MCQs
2	Refractive Surgery/ Refractive Errors	Ophthalmology	• Define various types of refractive errors C3 • Manage different refractive errors: Myopia, hypermetopia, astigmatism and their methods of correction. C2 • Describe Presbyopia C1 • Discuss different types of spectacle lens/ bifocal/ progressive glasses, C2 • Enumerate types of refractive surgeries C2 • Recall indications and complications of refractive surgeries. C2 • Enlist indications of keratoplasty C1	LGIS	MCQs, SEQs, TOACS
3	Prevention and control of Blindness, accidents & injuries in population • Blindness Accident & injuries	Community Medicine	• Describe epidemiology of blindness • Describe patterns of preventable blindness in the community • Recommend approaches to prevention of blindness in the community • Categorize different types of accidents • Describe risk factors involved in accidents • Recommend different preventive strategies for accident controls	LGIS	MCQs, SEQs, TOACS

4	Infective and Allergic Conjunctivitis	Ophthalmology	• Recall anatomy of Conjunctiva C1 • Enlist common causes, sign and symptoms of conjunctivitis C2 • Diagnose infective and allergic conjunctivitis. C3 • Discuss the management of conjunctival eye problems C3	LGIS	MCQs
5	Degenerative conjunctival disorders and Dry Eyes	Ophthalmology	• Diagnose and manage Dry Eye, C1 • Conjunctival degenerations (Pterygium, pinguecula, concretions) C2	LGIS	MCQs
6	Conjunctival scarring, pinguecula ,pterygiumand conjunctival neoplasm Corneal keratitis and ulcer	Pathology	• To know the pathophysiology, microscopic features of conjunctival scarring C2 • To know pathophysiology of pinguecula and pterygium C2 • To know features of intraepithelial neoplasm and carcinoma C3	LGIS	MCQs
7	Uvea	Ophthalmology	• Classify the different types of uveitis C1 • Enlist the causes and systemic associations C1 • Know the Clinical Features C2 • Enumerate the complications C2 • Describe management of Uveitis C2	LGIS	MCQs, SEQs, TOACS

8	Health planning and management	Community medicine	• Define Health Planning C1 • Know the aim and objectives of planning C1 • Understand rationale of planning C1 • Elucidate the different levels of Planning C1 • Know-how of different phases of planning. C1 • Appreciate the various steps of planning cycle. C1 •	LGIS	MCQs, SEQs and OSPE and Viva Voce
9	Uveitis; workup and management	Ophthalmology	• Classify the different types of uveitis C1 • Enlist the causes and systemic associations of uveitis C1 • Differentiate between acute and chronic uveitis C2 • Describe management of uveitis C3	LGIS/CBL	MCQs, SEQs, TOACS
10	Health education-II	Community Medicine	• Recognize different models of health education. C1 C2 • Elaborate the scope /contents of health education C1 • Explain different approaches of health education C1	LGIS	MCQs, SEQs and OSPE
11	Lacrimal System NLD blockage, Dacryocystitis	Ophthalmology	• Describe anatomy of lacrimal system and tears? C2 • Identify clinical features of congenital and acquired nasolacrimal duct obstruction? C2 • Differentiate between acute and chronic dacryocystitis? C3 • Discuss investigations and treatment options of congenital and acquired nasolacrimal duct obstruction C3	LGIS	MCQs
12	Squint diagnosis and assessment	Ophthalmology	• Define strabismus C2 • Classify strabismus C2 • Outline examination and investigation of strabismus Enlist different surgical procedures of squint C2	LGIS	MCQs, SEQs, TOACS

13	Health education-iii	Community Medicine	• Explain principles of health education • Appraise different ways of practice of health education • Understand social marketing • Comprehend CHC message development protocol	LGIS	MCQs, SEQs, TOACS

3rd weeks

At the end of the session, students will be able to

s. no	Topic	Discipline	Knowledge/Skills	Teaching strategy	
1	Keratitis	Ophthalmology	• Recall anatomy of Cornea C2 • Enlist the causes of keratitis, C2 • Classify keratitis and enlist sign and symptoms of keratitis. C2 • Discuss the clinical examination including the different stains used for staining the corneal ulcers C1 • Describe the treatment of corneal ulcers C2 • Explain the contact lens related keratitis with its management C2	LGIS/CBL	MCQs, SEQs,OSPE

2	Data analysis	Community medicine	• Comprehend the relevance of descriptive biostatistics to epidemiological research • Explain principles of descriptive analysis of data. • Perform simple data analysis including quantitative & qualitative data • Perform cross-tabulation between two categorical binomial variables • Calculate of “Standard Error” for the given data • Calculate “ Confidence interval” for the given data	SGD	
3	Corneal degeneration and dystrophies	Ophthalmology	• Must be able to explain the pathophysiology of keratitis and corneal ulcers C1 • To explain pathophysiology of band keratopathies ,keratoconus , fuchs endothelial and stromal dystrophies C2	LGIS	MCQs
4	Squint management	Ophthalmology	• Know the indications of strabismus surgery C1 • Enlist Steps of strabismus surgery C3 • describe complications of Squint Surgery C2	LGIS/SDL	MCQs, SEQs, TOACS
5	Pathology of cataract, glaucoma, intraocular infections and tumors	Pathology	• To know the pathophysiology and types and causes of glaucoma C2 • -to know features of endophthalmitis and panophthalmitis C2 • -to know causes and types of uveitis C2	LGIS	

			• -to know the pathophysiology and microscopic features of uveal nevi and malignant melanoma C2 • -to know the differentiating features between uveal nevi and melanoma C3		
6	Hospital administration	Community medicine	• Define hospital. C1 • Explains development of hospital as an institution. C1 • Appreciate types & functions of hospitals. C1 • Describes Hospital utilization C1 • Elaborates hospital statistics C1 • Identify factors influencing hospital utilization C1 • Know the role of hospital administrator C1	LGIS	
8	Hospital waste management	Community medicine	• .Explains Healthcare waste... C1 • Describe type of waste., Describe risk and non-risk waste.C1 • Explain health hazards of health care waste. C1 C2 • Describe waste management system, team. C1 • .Describe the disposal / treatment technologies for health care waste C1	LGIS	MCQs SEQs , OSPE
13	Cutaneous Leshmaniasis	Dermatology	• -Know the organism and vector of cutaneous leishmaniasis C1 • -Differentiate between old and new world cutaneous leishmanisis C2 • -Identify different clinical forms of cutaneous leishmaniasis C2 • -Investigate properly a case of clinical leishmaniasis C2	LGIS	MCQs

		• -Identify organisms of leprosy C3 • -Differentiate between different types of leprosy C2 • -Identify lesions of different types of leprosy C2 • -Investigate appropriately a case of leprosy C2 • -Treat a case of leprosy C3
		•
		•

4th week

At the end of the session, students will be able to

s. no	Topic	Discipline	Knowledge/Skills	Teaching strategy	Assessment
1	Thyroid Eye Disease	Ophthalmology	• Recall anatomy of Orbit C1 • Enlist the causes of Proptosis C2 • Describe clinical features of Thyroid Eye Disease C3 • Discuss management of Thyroid Eye Disease C3	LGIS	MCQs, SEQs, TOACS
2	Orbital cellulitis	Ophthalmology	• Describe the pathophysiology of orbital cellulitis. • Describe the etiology of orbital cellulitis • Outline the differences between orbital and preseptal cellulitis	LGIS/SDL	MCQs, SEQs, TOACS

			• Identify sight threatening complications of orbital cellulitis		
3	Alma Ata declaration and primary health care (PHC)	Community medicine	• Define primary health care C1 • Explains Concepts of 'health for all' and Alma Ata declaration. C1 C2 • Enlist the elements, principles and strategy of PHC / Primary health care.C1 • Outline the challenges that contributed to evolvement of PHC. C1 C2	SGD	MCQs, SEQs and OSPE and Viva Voce
4	Millennium development goals and sustainable development goals	Community medicine	• Explain the millennium development goals (MDGs), C1 • sustainable development goals (SDGs) and their origins C1 • Difference between MDGs and SDGs C2 • know how SDGs might affect overall health as a global priority in the future C2 • Define universal health coverage C3	SGD	MCQs, SEQs and OSPE and Viva Voce
5	Retinal vascular disorders	Ophthalmology	• Recall anatomy of Retina C1 • Distinguishes the symptoms and signs C2 • Predicts the prognosis C2 • Construct the treatment plan Of Diabetes, CRVO, CRAO, AMD C2	LGIS	MCQs, SEQs, TOACS
6	Retinal detachment	Ophthalmology	• Recall anatomy of Retina C2 • Distinguishes the symptoms and signs C2 • Predicts the prognosis C2	LGIS	MCQs, SEQs, TOACS

			• Construct the treatment plan Retinitis pigmentosa, Retinal Detachment, Myopic retinopathy C2		
7	Health planning and management	Community medicine	• Define Health Planning C1 • Know the aim and objectives of planning C1 • Understand rationale of planning C1 • Elucidate the different levels of Planning C1 • Know-how of different phases of planning. C1 • Appreciate the various steps of planning cycle. C1 •	LGIS	MCQs, SEQs and OSPE and Viva Voce
8	Orbital Tumours	Ophthalmology	• Describe anatomy of orbit C1 • Enlist common orbital tumors C1 • Diagnose and management of Orbital Tumor C2	LGIS	MCQs, SEQs, TOACS
9	Approach to glaucoma	Ophthalmology	• Describe anatomy of drainage angle? C2 • Define glaucoma? C2 • Enumerate visual field defects with glaucoma? C2 • Describe investigations for glaucoma? C1 • Describe medical and surgical treatment options for glaucoma? C3	LGIS/CBL	MCQs
10	open and closed angle glaucoma	Ophthalmology	• Classify glaucoma? C1 • Identify clinical features of congenital glaucoma? C2 • Describe treatment options of congenital glaucoma? C2	LGIS	MCQs

			• Differentiate between primary open angle and closed angle glaucoma? C2 • Describe treatment options for open and closed angle glaucoma C2		
11	Secondary glaucoma	Ophthalmology	• Define secondary glaucoma? C1 • Enumerate different types of secondary glaucoma? C3 • Describe clinical features of different types of secondary glaucoma? C2 • Discuss treatment options of different types of secondary glaucoma? C2	LGIS/SDL	MCQs
12	Drugs used in glaucoma	Pharmacology	• Enlist the names of anti-Glaucoma drugs C2 • Explain their mechanism of action C2 • Enlist side effects of the anti-glaucoma drugs C1	LGIS	MCQs, SEQs, TOACS
13	Ocular effects of systemic disease and medicines	Ophthalmology	• Understand Ocular effects of systemic diseases and systemic medications C2 • Explain Systemic effects of ocular medication C2	LGIS	MCQs,TOACS
14	Nail Disorders	Dermatology	• Know the anatomy of nail apparatusC2 • Identify nail diseases • Know the common associations of nail disorders with systemic diseases • Know the tumors arising in nail apparatus • Recall nail changes of common skin diseases	LGIS	MCQs
15	Sclera	Ophthalmology	• describe scleritis and it's types • explain the cause of scleritis • articulate treatment plan for scleritis	LGIS	MCQs

			• employ interprofessional team strategies for improving patient care and communication in management of scleritis		

5th weeks

At the end of the session, students will be able to

s. no	Topic	Discipline	Knowledge/Skills	Teaching strategy	Assessment
1	Visual pathway	Ophthalmology	• Describe the neuroanatomy of the visual pathways. C1 • Describe the anatomy and functions of cranial nerves 2-7 C2 • Illustrate the pupillary light and accommodation reflex pathway C2 • Describe ocular motility and related neuronal pathways. C3 • Interpret the typical findings and evaluation of the most common visual field defects C2 • (e.g., optic nerve, optic chiasm, optic radiation, occipital cortex). C1 • Describe a systematic, sign-and-symptom-oriented neuro-ophthalmic patient C2 • interrogation (ie, history taking) and recording techniques C2	LGIS	MCQs, SEQs, TOACS
2	Cranial nerve palsies/ pupillary abnormalities	Ophthalmology	• Recall anatomy and pathway of Optic nerve C2 • Know the Clinical Features of cranial nerve palsies and Facial spasm C2	LGIS	MCQs, SEQs, TOACS

			• Describe ocular motility and related neuronal pathways. C2 • Discuss the typical features, evaluation, and management of the most common ocular motor neuropathies (e.g., third, fourth, sixth nerve palsy) C2 • Describe the typical features, evaluation, and management of the most common efferent C2 • Pupillary abnormalities (e.g., Horner syndrome, third nerve palsy, tonic pupil, light-near dissociation). C2		
3	Optic neuropathies	Ophthalmology	• Recall anatomy and pathway of Optic nerve C1 • Know the Clinical Features of optic neuritis, papilledema C2 • Demonstrate the Indications of neuroimaging, visual evoked potential and visual fields. C2	LGIS	MCQs, SEQs, TOACS
4	Optic neuritis	Ophthalmology	• *	LGIS/CBL	MCQs, SEQs, TOACS
5	Retinal detachment, retinal vascular diseases , -Optic nerve damage in glaucoma -optic neuropathy and optic neuritis	Pathology	• -to know the pathophysiology and causes of retnal detachment C2 • -to know the pathophysiology of retinal vascular changes in hypertension , diabetes melitis C3 • -to explain retinal artyery and vein occlusion pathology C3	SGD	MCQs, SEQs, TOACS
6	ROP Rhabdomyosarcoma, Retinoblastoma	Ophthalmology	• Discuss Leucocoria (white pupillary reflex) its differential diagnosis. C2	LGIS/SDL	MCQs, SEQs, TOACS

			• Describe Retinoblastoma, its clinical presentation and management. C2 • Explain Congenital cataract, presentation and management. C2 • Enumerate retinopathy of prematurity, persistent hypertensive, primary vitreous, coats diseases. C2		
7	Penetrating ocular trauma and ocular injuries	Ophthalmology	• Describe the findings, Grading and Treatment of Chemical injuries C2 • Discuss clinical features of Penetrating ocular trauma C2 • Describe management of Penetrating Ocular trauma C3	LGIS	MCQs, SEQs, TOACS
8	Blunt Ocular trauma	Ophthalmology	• Classify the different types of trauma C1 • Discuss clinical features of Blunt Orbital trauma and Blow out fracture C2 • Describe management of Blunt Ocular trauma C2	LGIS	MCQs, SEQs, TOACS
9	Ocular side effects of systemic medications	Ophthalmology	• Identify the systemic drugs causing ocular side effects • Identify the signs and symptoms if side effects • Articulate management plan for ocular side effects	LGIS	MCQs, SEQs, TOACS
10	Approach to cutaneous lichen planus	dermatology	• Recognize lesions of lichen planus • Differentiate between different types of lichen planus • Treat a case of lichen planus • Define and manage lichenoid drug eruptions	LGIS	MCQs

9. Study Guide Community Medicine Module – II (EYE)

Faculty of Community Medicine

Sr.No	Designation	No. of Teaching Staff	Names
1.	Professor	1	Dr.Arshad Sabir
2.	Associate Professor	2	Dr.Khaula Noreen Dr.Sana Bilal
3.	Assistant Professor	5	Dr.Afifa Kalsoom Dr.Rizwana Shahid Dr Farrah Pervaiz Dr Mehwish Riaz Dr.M Imran Younis
4.	Demonstrators	4	Dr.Imrana Saeed Dr.Narjis Zaidi Dr.Abdul Qudoos Dr.Asif Butt
5.	PGTs	7	Dr.Moneeba Dr.Zaira Dr.Saba Dr.Bushra Dr.Ayesha Dr.Maria Dr.Mehreen

TEACHING PLAN

4TH YR MBBS. SESSION -2024

LGIS Ophthalmology Module 1 (duration 3wks.)

Number of lectures 08

Sr no	BROAD AREA OF TEACHING	No of lectures	Faculty nominated
1.	Data analysis	1	Dr Rizwana (AP), Dr Imrana (Sr Demo)

2.	Diseases Screening	2	Dr. Sana (Assc Prof), Dr. Imran Younis (AP)
3.	Health Education	3	Dr Khola (Assc Prof), Dr Affifa (AP)
4.	Epidemiology of Blindness, accidents & injuries	1	Dr. Asif (Sr Demo), Dr. Abdul Qudoos V
5.	Health for all	1	Dr. Imran Younis (AP),Dr Narjis(Sr Demo)

Small Group Discussions (SGDs)

Demonstration	**Contents Outlines (Major Topics & Sub- Topics)**	**Learning objectives**	**Learning domain**	**Teaching strategy**	**Assessment tool**
Health for all-2000	• Health for all • Primary health care elements • Primary health care principles • Alma-Ata declaration • Astana Declaration	• Understand primary health care • Conceptualize ‘health for all’ and Alma Ata declaration • Appraise the elements, principles and strategy of PHC/ Primary healthcare • Appraise Recent proceedings of Alma-Ata as Astana declaration	C2 C2 C2 C2	SGD	MCQs, SEQs, OSPE and Viva Voce

Self-directed learning (1per wk.)

	Major topic	Contents Outlines / Sub- Topics	Learning objectives. Students will be able to …	Learning resource	Assessment tool -MCQs (TOS) Mode of assessment
Wk-1	Health Planning & Management	Evaluation of Health Services. 1. 7 steps of evaluation 2. 7 elements of evaluation	Students should be able to: 1. Explain 7 steps of evaluation. 2. Comprehend elements of evaluation.	K Park text book of preventive & social Medicine (882-3)	2 MCQ LMS-1
Wk -2	Communication for Health Education -	1. Models of health education 2. Planning & management for health education 3. Translational model of behaviour change	At the end leaning / SDL student should be able to: - Apprise among three models of health education. - Explain steps of planning for Health education. - Differentiate six stages of transtheoretical model of change	K Park text book of preventive & social Medicine (CH.19, 859, 867) - Maxy-Rosenau-Last Public health & preventive medicine (15th Edi CH.53)	2 MCQs LMS-2

Peer assisted learning (PAL)* IUGRC Contact Session

Session 4 **Data Collection** Demonstrate - Needed skills &behavior for data collections, - How addresses logistic & field issues - How perform data cleaning, feeding, and organizing skills - Proper Use Computer skills & soft ware	- Practice right skills & behavior while collecting data from human subjects or form healthcare practicing sites or form population settings - Organizing and analyzing data collected - Interpreting and inferring on pre-determined study objectives like frequency of disease, variables suitability, , questionnaire validity, subject coordination or response rate, margin for attrition / sample size etc - Take measures to address logistic and other issue faced if any	By the end of session , students should be able to; -compile & interpret study data -make observable improvements or changes in data collection skills & behaviors if required -Record take measures to address logistic issues reported like lack of equipment ,facilities ,need assessment for prior data collection training , poor quality assurance, language barriers , systematic errors -Address ethical concerns of study if any	1. MCQ in each block exam 2. Viva exam at the end of the session

Subject: Community Medicine & Public Health

LGIS Special Senses (Ophthalmology Module-I) – 2024

TOPIC	Contents Outlines (Major Topics & Sub-Topics)	Learning objectives After The Session Students Will Be Able To:	Learning domain	Teaching strategy	Assessment tool

Data analysis	Review of Inferential statistics	• Comprehend the relevance of descriptive biostatistics to epidemiological research • Explain principles of descriptive analysis of data. • Perform simple data analysis including quantitative & qualitative data • Perform cross-tabulation between two categorical binomial variables • Calculate of “Standard Error” for the given data • Calculate “ Confidence interval” for the given data	C2 C2 C3 C3 C3	LGIS	MCQs, SEQs, OSPE Viva
Screening-I	• Iceberg phenomenon of disease • Concept of screening • Criteria for screening of diseases and screening tests • Uses & types of screening • Concept of lead time	• Explain Iceberg phenomenon of diseases with examples • Discuss aims and objectives of screening • Enlist Criteria for screening of diseases & screening tests • Comprehend uses & types of screening with examples • State differences between screening test and diagnostic tests. • Describe rationale of screening tests with reference to natural history of disease and critical point. • Construct2x2table from given data. • Explain measures of validity of screening tests.	C2 C1 C1, C2 C1, C2 C1, C2 C1, C2 C2	LGIS	MCQs, SEQs, OSPE Viva

Screening-II	• sensitivity • specificity • yield • positive predictive value • negative predictive value	• Calculate and interpret sensitivity & specificity of screening test from given data • Calculate and interpret Positive predictive value& Negative predictive value of screening test from given data • Explain yield of screening tests. • Discuss measures used to evaluate screening tests & program • Discuss problems of borderline with emphasis on cut-off point decision.	C3 C3 C1, C2 C2 C2	LGIS	MCQs, SEQs, OSPE Viva
Health Education-I	• Communication process • Types of health communication • Barriers of communication • Functions of health communication	• Define health communication and understand its types. • Explain role of sender, receiver, feedback and content of health message • Explains Shannon Weaver communication model • Appreciate communication barriers • Explain various functions of health communication	C1 C2 C2 C2 C1	LGIS	MCQs, SEQs, OSPE, Viva
Health education-II	• Health education models • Approach to health education • Contents of health education • propaganda	● Recognize different models of health education ● Understand the scope /contents of health education ● Explain different approaches of health education ● Appraise the concept of	C2 C2 C1	LGIS	MCQs, SEQs, OSPE Viva

		propaganda	C2		
Health education-III	• Principles of health education • Practice of health education • Social marketing • CHC message development protocol	● Explain principles of health education ● Appraise different ways of practice of health education ● Understand social marketing ● Comprehend CHC message development protocol	C1 C2 C2 C2	LGIS	MCQs, SEQs, OSPE and Viva Voce
Prevention and control of Blindness, accidents & injuries in population	• Blindness • Accident & injuries	● Describe epidemiology of blindness ● Describe patterns of preventable blindness in the community ● Recommend approaches to prevention of blindness in the community ● Categorize different types of accidents ● Describe risk factors involved in accidents ● Recommend different preventive strategies for accident controls	C2 C1 C3 C2 C1 C3	LGIS	MCQs, SEQs, OSPE and Viva Voce

Course outlines, learning objectives, level of learning & assessment tools

Theme: In public health evidence-based screening programs for early detection of diseases and prevention of diseases specifically eye related issues in different age groups, segments of the population, and playing role in primary health care delivery. Health education and communication taught in this module cannot be neglected in order to provide the care in a manner that recognizes and values the unique cultural background and emotions of every patient, thoughtfully including their families and support systems in every aspect of their care hence successfully master the Core Competency of Interpersonal and Communication Skills. LGIS learning objectives.

Subject: Community Medicine & Public Health

LGIS Special Senses (Ophthalmology Module-II) – 2024

Number of lectures 08

S. No.	BROAD AREA OF TEACHING	No of lectures	faculty nominated
1.	Trachoma & Surface Infections(SGD) • Scabies • AIDS • Sexually transmitted infections	1	(AP) Dr Afifa , ,(S Demo) Dr Narjis
2.	PHC	1	(AP)Dr. Imran Younis, (AP) Dr Farrah Pervaiz
3.	MDGs, SDGs	1	(AP)Dr. Imran Younis, (AP) Dr Farrah Pervaiz
4.	Hospital waste management	1	(AP) Dr Mehwish Riaz,(S Demo) Dr.Narjis
5.	Disinfection (SGD)	1	(AP) Dr Mehwish Riaz, Dr Imrana ,(S Demo)
6.	HMIS	1	(Sr Demo) Dr. Asif,(Demo) Dr. Abdul Qudoos
7.	Hospital Administration	1	(Sr Demo) Dr. Imrana Saeed, (Sr Demo) Dr Narjis
8.	Health Management & Planning	1	(AP) Dr. Farrah , (Sr Demo) Dr. Imrana Saeed

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

TOPIC	CONTENT OUTLINE	Learning Objectives	Learning domain	Teaching strategy	Assessment tool
Primary health care	• Principles of PHC • Elements of PHC • Alma Ata declaration	• Understand primary healthcare • Conceptualize 'health for all' and Alma Ata declaration • Appraise the elements, principles and strategy of Primary Health Care • Outline the challenges that contributed to evolution of PHC •	C2 C2 C2 C2	LGIS	MCQs, SEQs, Viva Voce and OSPE
MDGs, SDGs	• International health development agenda & road-map • Millennium development goals	• Explain the millennium development goals (MDGs) • Appraise sustainable development goals (SDGs) and their origins • Difference between MDGs and SDGs • comprehend how	C2 C2 C2 C2	LGIS	MCQs, SEQs, Viva Voce and OSPE

	• Sustainable development goals	SDGs might affect overall health as a global priority in the future ● understand universal health coverage	C1		
Hospital waste management	• Healthcare waste • Types of waste • Waste management team • Healthcare waste disposal techniques	● Explains Healthcare waste ● Categorize risk and non-risk waste ● Explain health hazards of health care waste ● Describe waste management system, team ● Describe the disposal / treatment technologies for health care waste	C1 C2 C2 C2 C2	LGIS	MCQs, SEQs, Viva Voce and OSPE
Planning & Management	• Phases of planning • Steps of planning cycle • Management methods & techniques	• Define Health Planning • identify the aim and objectives of planning • Understand rationale of planning • Comprehend different phases of planning • Appreciate the various steps of planning cycle • Appreciate various management techniques	C1 C1 C1 C1 C2 C2	LGIS	MCQs, SEQs, OSPE Viva
HMIS – health information management system	• use of information in healthcare	● Define HMIS ● Difference between data and information ● Enlist components & features of HMIS ● Discuss essential elements & functions of HMIS	C1 C2 C2	LGIS	MCQs, SEQs, Viva Voce and OSPE

		● Describe steps in developing HMIS ● Discuss various sources of health information	C2		
Hospital administration	• hospital as an institution • functions of hospital • factors affecting hospital utilization • role of hospital administrator	● Define hospital ● Explain development of hospital as an institution ● Appreciate types & functions of hospitals ● Understand hospital statistics ● Identify factors influencing hospital utilization ● understand the role of hospital administrator	C1 C2 C2 C2 C2 C2	LGIS	MCQs, SEQs, Viva Voce and OSPE

Small Group Discussion Community Medicine

S No.	DEMONSTRATION	• Content Outline	Learning domain	Learning Domain	Teaching strategy	Assessment tool
1.	Surface infections	• Trachoma • Scabies • AIDS • Sexually transmitted infections	• Describes the epidemiology of surface infections • Identify the risk factors of surface infections • Recommend the preventive & control measures for surface infections • Appraise the working of Punjab Aids Control Program	C2 C2 C3 C3	SGD	MCQs, SAQs, OSPE and Viva Voce

2.	Disinfection	• Disinfection & Sterilization • Types and properties of disinfectants	• Differentiate between disinfection & sterilization • Enlist properties of an ideal disinfectant • Explain different types of disinfection • Describe various important types of agents (natural, physical and chemical) used as disinfectants	C1 C1 C2 C2	SGD	MCQs, SEQs, OSPE and Viva Voce

Self-directed learning (1per wk.)

	Major topic	Contents Outlines / Sub- Topics	Learning objectives. Students will be able to …	Learning resource	Assessment tool -MCQs (TOS) Mode of assessment
Week 3	Emporiatrics	• Health risk related to travel • High risk travelers • Role of health physician in Emporiatrics • Recommended vaccines for travellers	At the end of SDL Students should be able to: • Define Emporiatrics • Enlist health risks related to travel • Define Role of health physician in Emporiatrics • Enlist Recommended vaccines for travellers	K Park textbook of preventive & social Medicine,CH 5	03 MCQs on LMS
Week 4	Geriatrics	• Geriatrics & gerontology • Health problems of old age Preventive Healthcare of elderly	At the end of SDL Students should be able to: • Differentiate between geriatrics and gerontology • Explain the public health importance of geriatrics • Enlist common health and other problems related to old age • Recommend preventive, rehabilitative measures for older age health problems required to be adopted in travel • Knowledge of high-risk group of travelers • Appreciate the role of health physicians in giving health advise to travelers	K Park textbook of preventive & social Medicine,CH 10	03 MCQs on LMS
Week 5	Surface-Infection HIV / AIDS a Global pandemic	• Laboratory findings with HIV infection.	At the end leaning / SDL student should be able to: - Describe lab findings & their significance with HIV infection.	K Park textbook of preventive & social Medicine. CH.5 (V). 350)	03 MCQs on LMS Viva exam

		• WHO recommended 1st, 2nd & 3rd line ARV treatments of AIDS.	- Classify WHO recommended ARV treatments guidelines / regimens.		

Peer assisted learning (PAL)* IUGRC Contact Session

Session 5 **Descriptive analysis of data collected** Hands-on session on descriptive data analysis on SPSS	- Summarize data under principles of descriptive statistics - Perform cross-tabulations for pre-selected study variables - Present data by tabulation & graphically - Feed and descriptively analyze data on computer (SPSS)	By the end of session , students should be able to: - Make variables on computer - Feed data under variables on computers - Summarize data on computer including text, tabulations & graphics - Perform Descriptive analysis of data on computer - Run SPSS	MCQ in each block exam Viva exam at the end of

11. TIME TABLE

Integrated Clinically Oriented Modular Curriculum for Fourth Year MBBS

Ophthalmology Module Time Table

Fourth Year MBBS Session 2024 – 2025

Faculty	Prof. Dr Fuad Ahmed Khan Niazi Dr. Ambreen Gul (Assistant Professor) Dr. Sidra Jabeen (Assistant Professor) Dr.Saira Bano (Senior Registrar) Dr. Maria Zubair (Senior Registrar) Dr. Wajeeha (Senior Registrar) Dr. Sidra Naseem (Senior Registrar) Dr. Fatima Sidra Tanveer (senior Registrar) Dr. Sehar Umar (Senior Registrar) Dr. Salman Tariq (Senior Registrar)
Teaching Strategy	LGIS SDL CBD
Lecture Sites	All Lectures in Lecture hall 1 / 2 From Monday till Thursday All Lectures in Lecture hall 4 / 5 Friday and Saturday EVEN BATCH IN LECTURE HALL 2 AND 4 ODD BATCH IN LECTURE HALL 1 AND 5
List of Recommended books	Kanski's Clinical Ophthalmology 9th edition Parsons' Diseases of the Eye 23rd edition Basic Ophthalmology by RenuJogi 4th ed. Clinical Ophthalmology by ShafiM.Jatoi 5th edition Comprehensive Ophthalmology by Dr. Nasir Chaudhary

Assessment Strategies	MCQs EMQ SEQs SAQ OSPE OSCE OSVE

a. Categorization of Modular Content of Ophthalmology

Category A **Professor Fuad Ahmad khan**	Category B Assistant Professors	Category C Senior Registrar
Lens; 1. Cataract- diagnosis and management 2. cataract Surgery and its complications, 3. Ectopia Lentis	Dr Sidra Jabeen Strabismus; 1. Squint diagnosis and assessment 2. Squint Management Eyelids; 3. eyelid tumors and infections 4. anomalies of eyelid position Pediatric Ophthalmology 5. ROP, RB and congenital cataract	1. Conjunctival Disorders – 1 2. Conjunctival Disorders – 2 3. Dry eye Syndrome 4. Lacrimal Drainage system
trauma 4. blunt ocular trauma 5. penetrating ocular trauma	**Dr Ambreen Gul** Cornea; 1. corneal Ulcer 2. Corneal Dystrophies.	5.visual pathway 6.3rd, 4th, 6th cranial nerve palsies 7. optic neuropathies 8. Lacrimal System

	Uvea 3. Uveitis- diagnosis and management 4. complications of Uveitis Glaucoma; 5. Approach to Glaucoma, 6. Open and Closed Angle Glaucoma, 7. Secondary Glaucoma	
Retina; 6. Retinal Vascular Disorders, 7. Retinal Detachment. 8. acquired macular disorders		1. Refractive errors 2. Scleritis/ episcleritis
9. Refractive surgery		3. Ocular manifestations of systemic diseases

b. CATEGORIZATION OF MODULAR CONTENT OF COMMUNITY MEDICINE DEPARTMENT

Category A*	Category B**	Category C***		
LGIS	LGIS	SDGS	SDL	IUGRC SESSIONS (PAL)
Data analysis I	Geriatrics	HFA-2000		Selection of research title (Finer Criteria) & literature review

Screening I&II	Hospital waste management	disinfections
Hospital management	HMIS – use of information in healthcare	Surface infections
Health education I,II,III	Prevention and control of Blindness	

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

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

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

Ophthalmology Module I- Block II
3 Weeks

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK
TENTATIVE TIME TABLE 4th YEAR MBBS – SPECIAL SENSES (EYE) MODULE I 2024 (FIRST WEEK)

<table>
<tr><th>DATE / DAY</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr>
<tr><td>Monday
25-03-24</td><td colspan="7">End Module-2 – Written assessment MCQ+EMQ+SEQ+SAQ 08.00 am to 10.30 am
AV OSPE – 10.30 am to 01 pm</td></tr>
<tr><td>Tuesday
26-03-24</td><td colspan="7">Community Medicine Written and AV-OSPE</td></tr>
<tr><td>Wednesday
27-03-24</td><td colspan="7">End Block -1 OSCE and OSVE (BBH+RTH)</td></tr>
<tr><td>Thursday
28-03-24</td><td colspan="7">End Block -1 OSCE and OSVE (BBH+RTH)</td></tr>
<tr><td>Friday
29-03-24</td><td colspan="7">End Block -1 OSCE and OSVE (BBH+RTH)</td></tr>
<tr><td>Saturday
30-03-24</td><td colspan="2">8:00AM – 10:00AM</td><td rowspan="2">NO BREAK</td><td colspan="2">10:00AM – 11:00AM</td><td>11:00AM – 12:00PM</td><td>12:00PM – 01:00PM</td></tr>
<tr><td>Community Medicine (SGD)
Health for all
Dr. Imran Younis/Dr. Narijis</td><td>Ophthalmology SDL
Painless Gradual loss of vision
Dr sidra jabeen/ dr saira bano
Lect hall 4/5</td><td colspan="2">Eye (LGIS)
Lens – 1
Prof. Dr. Fuad
Lect hall 4
Eyelid and Eyelash Disorders – 1 Dr. Sidra Jabeen
Lect hall 5</td><td>Community Medicine (LGIS)
Concepts of screening Screening -I
Dr. Sana bilal/Dr. Imran
Lect hall 4/5</td><td>Pharmacology (LGIS)
Ophthalmic Dosage Forms of Drugs
Dr. Zunaira/ Dr Attiya
Lect hall 4/5</td></tr>
</table>

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK

TENTATIVE TIME TABLE 4th YEAR MBBS – Special Senses (EYE) Module I 2024 (1st WEEK)

DATE / DAY	8:00 AM – 9:00 AM	09:00am – 10:00am		BREAK 10:00AM – 10:30AM	10:30am – 12:00pm 12:00pm - 01:00pm
Monday 01-04-24	Pathology (LGIS)	EYE (LGIS)			Clinical Clerkship Annexure -1 (Complete 6 weeks rotation plan attached at the end of the curriculum)
	Neoplasms of Eyelid (Squamous Cell CA, Basal Cell CA) Prof. Dr. Mobina Ahsan Dhody/ Dr. Fatima Tuz Zahra Lect hall 1/ 2	Eyelid and Eyelash Disorder -1 Dr. Sidra Jabeen Lect hall 1	Lens – 1 Prof. Dr. Fuad Lect hall 2		
Tuesday 02-04-24	COMMUNITY MEDICINE (LGIS)	Eye (LGIS)			
	Iceberg phenomenon Screening -II Dr. Sana Bilal/Dr. Imran Lect hall 1/ 2	Lens – 2 Prof. Dr. Fuad Lect hall 1	Eyelid and Eyelash Disorder -2 Dr. Sidra Jabeen Lect hall 2		
Wednesday 03-04-24	COMMUNITY MEDICINE (LGIS)	Eye (LGIS)			
	Blindness, Accidents and Injuries Dr. Asif/Dr. Abdul Qudoos Lect hall 1/ 2	Eyelid and Eyelash Disorder -2 Dr. Sidra Jabeen Lect hall 1	Lens – 2 Prof. Dr. Fuad Lect hall 2		
Thursday 04-04-24	**Spring holiday**				

DATE / DAY	08:00AM – 09:45AM	09:45AM – 10:30	10:30AM – 11:15AM	11:15AM – 12:00PM
Friday 05-04-24	**Spring holiday**			

DATE / DAY	08:00AM – 09:45AM	09:45AM – 10:30AM	10:30AM – 11:15AM	11:45AM – 12:30PM	12:30PM – 01:15PM	01:15PM – 02:00PM
Saturday 06-04-24	**Spring holiday**					

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK

TENTATIVE TIME TABLE 4th YEAR MBBS – Special Senses (EYE) Module I 2024

DATE / DAY	8:00 AM – 9:00 AM	09:00am – 10:00am	BREAK 10:00AM – 10:30AM	10:30am – 12:00pm	12:00pm - 01:00pm
Monday 05-04-24	Spring holidays				
Tuesday 06-04-24	Spring holidays				
Wednesday 07-04-24	Spring holidays	Eye (LGIS)			
Thursday 08-04-24	Eid holidays				

	08:00AM – 09:45AM	09:45AM – 10:30	10:30AM – 11:15AM	11:15AM – 12:00PM
Friday 09-04-24	Eid holidays			

	08:00AM – 09:45AM	09:45AM – 10:30AM	10:30AM – 11:15AM		11:45AM – 12:30PM	12:30PM – 01:15PM	01:15PM – 02:00PM
Saturday 10-04-24	Eid holidays						

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK

TENTATIVE TIME TABLE 4th YEAR MBBS – EYE Module I 2024 **2nd week**

DATE / DAY	8:00 AM – 9:00AM		09:00am – 10:00am		BREAK 9:30AM – 10:30AM	10:30am – 12:00pm	12:00pm - 02:00pm
Monday 15/04/24	Community Medicine (LGIS)		EYE (LGIS)			Clinical Clerkship Annexure -1 (Complete 6 weeks rotation plan attached at the end of the curriculum)	
	Health Education – 1 Dr. Khaula/Dr. Afifa Lect hall 1/ 2		Conjunctival Disorders – 1 Dr. Wajeeha Lect hall 1	Lens -3 Prof. Dr. Fuad Lect hall 2			
Tuesday 16/04/24	Dermatology LGIS		Eye (LGIS)				
	Approach to a patient with Urticaria CPC hall		Lens -3 Prof. Dr. Fuad Lect hall 1	Conjunc Disorders – 1 Dr. Wajeeha Lect hall 2			
Wednesday 17/04/24	PATHOLOGY (LGIS)		Eye (LGIS)				
	Corneal and Conjunctival degenerative and neoplastic disorders Dr. Mudassira Zahid, Dr. Rabbiya Khalid Lect hall 1/ 2		Conjunctival Disorders – 2 Dr. Wajeeha Lect hall 1	The Lacrimal System Dr. Fatima Sidra Lect hall 2			
Thursday 18/04/24	EYE (LGIS)		EYE (LGIS)				
	Dry eyes Dr. Fatima Sidra Lect hall 1	Conjunctival Disorders – 2 Dr. Wajeeha Lect hall 2	The Lacrimal System Dr. Fatima Sidra Lect hall 1	Uvea – 1 Dr. Ambreen Lect hall 2			

	08:00AM – 09:45AM		09:45AM – 10:30AM		10:30AM – 11:15AM		11:15AM – 12:00PM			
Friday 19/04/24	Community Medicine (PAL) HRM Contact Session Data Collection, Skills Behavior, Logistics and Field Issues (All Senior Faculty and Demonstrators)	Pathology (SGD) Non-Neoplastic Lesions of Eyelid Dr. Mudassira, Dr Fatima, Dr. Kiran, Dr. Rabbiya	Eye (LGIS)		Eye (LGIS)		Community Medicine (LGIS)			
			Uvea – 1 Dr. Ambreen Lect hall 5	Dry eyes Dr. Fatima Sidra Lect hall 4	Refractive Surgery Prof. Dr. Fuad Lect hall 5	Refractive Errors Dr. Sidra Naseem Lect hall 4	Health Education - 2 Dr. Khaula/Dr. Afifa Lect hall 5/4			

			9:45am-10:40am		10:40am-11:30am		11:30 – 12:00 Break	12:00pM – 1:00PM	1:00PM – 02:00PM	
Saturday 20/04/24	Pathology SGD) Non-Neoplastic Lesions of Eyelid Dr. Mudassira, Dr Fatima, Dr. Kiran, Dr. Rabbiya	Community Medicine (PAL) HRM Contact Session Data Collection, Skills Behavior, Logistics and Field Issues (All Senior Faculty and Demonstrators)	Eye (LGIS)		Eye (LGIS)			Community Medicine (LGIS)	Pharmacology (LGIS)	
			Squint diagnosis and assessment Dr Sidra Jabeen Lect hall 5	Uvea – 2 Dr. Ambreen Lect hall 4	Refractive Errors Dr. Sidra Naseem Lect hall 5	Refractive Surgery Prof. Dr. Fuad Lect hall 4		Health Education – 3 Dr. Khaula/Dr. Afifa Lect hall 5/4	Drugs used in Ocular Infections Dr. Zunaira/ Dr. Sobia Lect hall 5/4	

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK
TENTATIVE TIME TABLE 4th YEAR MBBS – Special Senses (EYE) Module 1 2024 (3rd WEEK)

DATE / DAY	8:00 AM – 9:00 AM	09:00am – 10:00am		BREAK	10:30am – 12:00pm	12:00pm - 02:00pm	
Monday 22-4-2024	Community Medicine (LGIS)	Eye (LGIS)		BREAK 10:00AM – 10:30AM	Clinical Clerkship Annexure -1 (Complete 6 weeks rotation plan attached at the end of the curriculum)		
	Data Analysis Dr rizwana /Dr. Imrana Lect hall 1/ 2	Uvea – 2 Dr. Ambreen Lect hall 1	Strabismus diagnosis and assessment Dr Sidra Jabeen Lect hall 2				
Tuesday 23-4-2024	Pathology (LGIS)	EYE (LGIS)					
	Pathology of cataract, glaucoma, intraocular infections and tumor Dr. Wafa Umer, Dr. Fatima tuz Zohra Lect hall 1/ 2	Cornea – 1 Dr. Ambreen Lect hall 1	Strabismus –2 Dr Sidra Jabeen Lect hall 2				
W0ednesday 24-4-2024	Prep. Leave for End Module 1 Examination						
Thursday 25-4-2024	8:00 AM – 10:00AM End Module 1 Examination (written + AV OSPE)						
Friday 26-4-2024	08:00AM – 09:45AM		09:45AM – 10:30AM		10:30AM – 11:15AM	11:15AM – 12:00PM	
	Community medicine (SGD)	PATHOLOGY (SGD)	EYE (LGIS)		Quran class	COMMUNITY MEDICINE (LGIS)	
	Trachoma and Surface Infections Scabies, AIDS, Sexually Transmitted Infections Dr. Afifa Kalsoom, Dr. Narjis	Corneal Scraping and Vitreous Fluid Sampling Techniques Dr. Mudassira, Dr Fatima, Dr. Kiran, Dr. Rabbiya	Strabismus –2 Dr Sidra Jabeen Lect hall 5	Cornea – 1 Dr. Ambreen Lect hall 4	CPC hall	Hospital Administration Dr. Narjis, Dr Imrana Lect hall 5/4	
Saturday 27-4-2024	08:00AM – 09:45AM		09:45AM – 10:40		10:40AM – 11:30AM	BREAK 11:30AM – 12:00PM	12:00-1:00Pm	1:00PM – 02:00PM
	PATHOLOGY (SGD)	Community medicine (SGD)	EYE (LGIS)		Bioethics		Dermatology (LGIS)	COMMUNITY MEDICINE (LGIS)
	Corneal Scraping and Viterous Fluid Sampling Techniques Dr. Mudassira, Dr Fatima, Dr. Kiran, Dr. Rabbiya	Trachoma and Surface Infections Scabies, AIDS, Sexually Transmitted Infections Dr. Afifa Kalsoom, Dr. Narjis	Cornea – 2 Dr. Ambreen Lect hall 4	Orbit – 1 Dr. Maria Lect hall 5	Research and publication ethics dr Arshad Sabir/ Dr Khola Lect hall 5/4		An approach to a pt. with Cutaneous Leishamniasis or Leprosy Dr. Shahwana CPC hall	Hospital waste management practices Dr. Narjis/ Dr. Mehwish Lect hall 5/4

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK
TENTATIVE TIME TABLE 4th YEAR MBBS – Special Senses (EYE) Module 1 2024

DATE / DAY	8:00 AM – 9:00 AM	09:00am – 10:00am		10:30am – 12:00pm	12:00pm - 02:00pm
Monday 29-4-2024	Sports Week		BREAK 10:00AM – 10:30AM	Clinical Clerkship Annexure -1 (Complete 6 weeks rotation plan attached at the end of the curriculum)	
Tuesday 30-4-2024	Sports Week				
Wednesday 01-5-2024	Sports Week				
Thursday 02--5-2024	Sports Week				

	08:00AM – 09:45AM	09:45AM – 10:30AM	10:30AM – 11:15AM	11:15AM – 12:00PM			
Friday 03-5-2024	Sports Week						
Saturday 04-5-2024	Sports Week					12:30PM – 01:15PM	01:15PM – 02:00PM

Ophthalmology Module II/ Block – II

3 Weeks

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK

TENTATIVE TIME TABLE 4th YEAR MBBS –Special Senses (EYE) Module II 2024 (4th WEEK)

DATE / DAY	8:00 AM – 9:00 AM		09:00am – 10:00am	10:30am – 12:00pm		12:00pm - 02:00pm
Monday 06-05-2024	EYE (LGIS)		EYE (LGIS)		BREAK 10:00 – 10:30	Clinical Clerkship Annexure -1 (Complete 6 weeks rotation plan attached at the end of the curriculum)
	Orbit – 1 Dr. Maria Lect hall 1	Cornea – 2 Dr. Ambreen Lect hall 2	Cornea – 3 Dr. Ambreen odd/Lect hall 4	Retina – 1 Prof. Dr. Fuad Even/Lect hall 5		
Tuesday 07-05-2024	COMMUNITY MEDICINE (LGIS)		EYE (LGIS)			
	Primary Health Care Dr. Farah/ Dr. Imran Lect hall 1/ 2		Orbit – 2 Dr. Maria Odd/Lect hall 4	Cornea – 3 Dr. Ambreen Even/Lect hall 5		
Wednesday 08-05-2024	Community Medicine (LGIS)		Eye (LGIS)			
	Millennium Development Goals & Sustainable Development Goals Dr. Farah/ Dr. Imran Lect hall 1/ 2		Retina – 1 Prof. Dr. Fuad Odd/Lect hall 4	Orbit – 2 Dr. Maria Even/Lect hall 5		
Thursday 09-05-2024	Pharmacology (LGIS)		Eye (LGIS)			
	Drugs used in Glaucoma Dr. Zunaira/Dr. Sobia Lect hall 1/ 2		Ocular tumors Dr sidra Naseem Lect hall 1	Retina – 2 Prof. Dr. Fuad Lect hall 2		

Friday 10-05-2024	08:00AM – 09:45AM		09:45AM – 10:30		10:30AM – 11:15AM		11:15AM – 12:00PM	
	Community Medicine (PAL) Descriptive Analysis of Data Collected SPSS	Pharma (SGD) Ocular effects of systemic medications	Eye (LGIS) Retina – 2 Prof. Dr. Fuad Lect hall 4	Ocular tumors dr sidra Naseem lect hall 5	Eye (LGIS) Sclera Dr. Salman Tariq Lecy hall 4	NeuroOphthalmology-1 Dr. Saira Bano Lect hall 5	Eye (LGIS) Glaucoma – 1 Dr. Ambreen Lect hall 4	NeuroOphthalmology-2 Dr. Saira Bano Lect hall 5

Saturday 11-05-2024	08:00AM – 09:00am		900am-1000am	09:45AM – 10:30		10:30AM – 11:15AM	BREAK 11:15AM – 11:45AM	11:45AM – 12:30PM		12:30PM – 01:15PM	01:15PM – 02:00PM
	Pharma (SGD) Ocular effects of systemic medications	Community Medicine (PAL) Descriptive Analysis of Data Collected SPSS	Student body elections	Eye (LGIS) Sclera Dr. Salman Tariq Lect hall 5	Retina – 3 Prof. Dr. Fuad Lect hall 4	Quran class CPC hall		Eye (LGIS) Systemic Diseases in Eye Dr. Seher Umar Lect hall 4	Glaucoma – 1 Dr. Ambreen Lect hall 5	Community medicine (LGIS) HMIS Dr. Abdul Qudoos/ Dr. Asif Lect hall 5/4	Dermatology (LGIS) An approach to a pt. with Nail Disorders. Dr. Shahwana CPC hall

DATE / DAY	8:00 AM – 9:00 AM		09:00am – 10:00am		10:30am – 11:00pm	11:00pm - 02:00pm
	EYE (LGIS)		Eye (LGIS)			**Clinical Clerkship** **Annexure -1** **(Complete 6 weeks rotation plan attached at the end of the curriculum)**
	Systemic Diseases in Eye Dr. Seher Umar Lect hall 2	Glaucoma – 2 Dr. Ambreen Lect hall 1	NeuroOphth-1 Dr. Saira Bano Lect hall 1	Retina 3 Prof. Dr. Fuad Lect hall 2		
Tuesday 14-05-2024	Dermatology (LGIS)		EYE (LGIS)			
	An approach to a pt. with bullous disorders Dr Shawana CPC hall		Glaucoma – 2 Dr. Ambreen Lect hall 2	NeuroOphth-2 Dr. Saira Bano Lect hall 1		
Wednesday 15-05-2024	Community medicine (LGIS)		Eye (LGIS)			
	Health Management and Planning Dr. Farah/ Dr. Imrana Lect hall 1/ 2		Penetrating Ocular Trauma Prof. Dr. Fuad Lect hall 1	NeuroOphthalmology -3 Dr. Saira Bano Lect hall 2		
Thursday 16-05-2024	Eye (LGIS)		Eye (LGIS)			
	Glaucoma – 3 Dr. Ambreen Lect hall 1	Pediatric Ophthalmology Dr. Sidra Jabeen Lect hall 2	NeuroOphthalmology -3 Dr. Saira Bano Lect hall 1	Penetrating Ocular Trauma Prof. Dr. Fuad Lect hall 2		

Friday 17-05-2024	08:00AM – 09:45AM	09:45AM – 10:30AM	10:30AM –11:15AM		11:15AM – 12:00PM	
	Community Medicine (SGD)	Pathology (Skill Lab)	Eye (LGIS)		Eye (LGIS)	
	Disinfection Dr. Mehwishr/Dr. Imrana	Neoplastic Lesion of Optic Nerve Prof. Dr Mobina/Dr. Sarah Rafi	Blunt Ocular Trauma Prof. Dr. Fuad Lect hall 4	Glaucoma – 3 Dr. Ambreen Lect hall 5	Pediatric Ophthalmology Dr. Sidra Jabeen Lect hall 4	Blunt Ocular Trauma Prof. Dr. Fuad Lect hall 5

Saturday 18-05-2024	08:00AM – 09:45AM	09:45AM – 10:40AM	10:40AM – 11:40AM		12:00AM – 1:00PM	1:00PM-2:00PM
	Pathology (Skill Lab)	Community Medicine (SGD)	Dermatology (LGIS)		Pathology LGIS	Eye (LGIS)
	Neoplastic Lesion of Optic Nerve Prof. Dr Mobina/Dr. Sarah Rafi	Disinfection Dr. Mehwish / Dr. Imrana	An approach to a pt. with Lichen Planus Dr Shawana CPC hall	BREAK 11:40AM – 12:00pM	Optic neuropathies, retinal detachment, retinal vascular disease Dr. Mudassira Zahid, Dr. Kiran Fatima Lect hall 4/5	Clinical workshop

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK

TENTATIVE TIME TABLE 4th YEAR MBBS – Special Senses (EYE) 2023 - (6th WEEK)

DATE / DAY	8:00 AM – 9:00 AM	09:00am – 10:00am		10:30am – 12:00pm	12:00pm - 02:00pm
Monday 20-05-2024	End module-II exam (written+ AV OSPE)		BREAK 10:00AM – 10:30AM	Clinical Clerkship Annexure -1 (Complete 6 weeks rotation plan attached at the end of the curriculum)	
	End Block Exam (OSCE-OSVE)				
	End Block Exam (OSCE-OSVE)				
Thursday 23-05-2024	End Block Exam (OSCE-OSVE)				

DATE / DAY	08:00AM – 09:45AM	09:45AM – 10:30AM	10:30AM – 11:15AM	11:15AM – 12:00PM
Friday 24-05-2024	End Block Exam (OSCE-OSVE)			

12. Clinical clerkship

a. Ophthalmology clerkship model

4th year MBBS, RMU

CHAIRPERSON: Prof. Dr. Fuad Ahmed Khan Niazi

COORDINATOR: Dr. Saira Bano

PLACEMENT: 4TH Year MBBS

PRE-REQUISITE: Prior knowledge of first 03 years of MBBS

DURATION: 06 weekss

RATIONALE:

Eyes are one of the highly developed sensory organs of human body. Although disorders of eye are commonly encountered in medical practice woefully it is neglected very badly in our undergraduate teaching system. Millions of people are permanently losing their eyesight due to poor diagnosis and inappropriate treatment. Integrated modular system will help to produce a 7 star PM&DC doctor. Our aim of teaching this module is to have a medical graduate who is aware of the community eye health problems, has a sound knowledge and is able to understand and solve the common problems of eye such as conjunctivitis, cataract, glaucoma, retinal diseases, and errors of refraction and involvement of eyes in systemic disorders. These are some conditions that can be reduce morbidity if properly diagnosed and timely managed.

EDUCATIONAL ENVIRONMENT:

Medical school is a habitat with many components, complex dynamics and interactions, inevitable conflicts and is constantly evolving. To facilitate healthy educational environment for 4th year medical students eer to peer interaction of students and with the faculty will be encouraged. Transfer of knowledge, skills and attitude will be in Wards, operation theatres and clinics. All these measures will enhance the learning capacity of students.

OUTCOME:

To equip them with essential knowledge, skill and attitude In order to enable them to

- Identify ophthalmic diseases including emergencies, provide primary Eye care, refer to appropriate center and provide follow-up to the patients.
- Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems
- Develop and carry out patient management plans of prevalent Ocular diseases
- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families,
- Perform essential minor surgical procedures
- Understand medical ethics and its application pertaining to Ophthalmology and maintain the confidentiality of the patient.
- Understand the prevalence and prevention of the common Public Health Problem related to Ophthalmology in the community.
- Understand the principles of medical research
- Use information technology to manage information, access online medical information
- Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

COMPETENCIES:

Learning objectives of every theme will be divided according to seven competencies.

1. Communication skills (History taking skill)
2. Clinical Examination skill
3. Critical Thinking
4. Clinical Reasoning
5. Clinical decision making / research
6. Problem solving
7. Communication skill (Counseling skill)

Weeks 1 (HFH)

Sr#	Date	Day	Teacher	Theme	Topic	Specific Learning Objectives	Station	MOT/MIT	Level of cognition			psychomotor	Affective	MOA
									C1	C2	C3			
1		Monday	Dr sairabano	Gradual painless loss of vision (Case Discussion)	● Cataract ● Glaucoma ● Refractive errors ● Diabetic retinopathy ● Age related macular degeneration	● Take history of a patient with gradual painless loss of vision ● Perform visual acuity, torch examination and fundoscopy, visual field plotting and identify clinical signs of a patient with gradual painless loss of vision ● List a differential diagnosis on the basis of history and examination ● Propose a mechanism responsible for cataract, open angle glaucoma, refractive errors, diabetic retinopathy and age related macular degeneration ● Suggest appropriate treatment for a patient with gradual painless loss of vision	Eye ward	● Bedside teaching ● Clinical exposure ● Role playing			**C3**	P2	A3	OSCE, MiniCEX , Faculty feedback Evidence from logbook
2		Tuesday	Dr Amina khalid/ dr Ayesha	Cataract Surgery	● Extracapsular cataract extraction ● Phacoemulsification	● Identify the surgical procedures and instruments used during surgery with their uses ● Identify the drugs and propose their mechanism of action ● Identify potential complications of disease and its management	Eye OT	● Live surgeries ● Recorded videos ● Pre-reading ● SGD		C2			A2	MCQS SAQ OSCE Quiz Discussion form
3		Wednesday	Dr Fuad Ahmed Khan Niazi	Ophthalmic examinations/ Investigations	● Torch examination ● Slit lamp examination ● Direct ophthalmoscopy ● Auto refractometer ● Keratometer ● Biometry ● Fundus photographs	● Record visual acuity ● Perform torch examination, pupillary light reflexes and fundoscopy ● Identify clinical signs of a patient ● Perform fundoscopy via fundal camera ● Observe laser treatment ● Suggest different treatment options for a patient with diabetic retinopathy	Diabetic clinic/ eye OPD	● Bedside teaching ● Clinical exposure ● Role playing ● Patient simulation ● Videos		C2				OSCE, MiniCEX Self and peer assessment of the skill Evidence from logbook

4		Thursday	Dr sidra Jabeen	Refractive errors	● Myopia ● Hyperopia ● astigmatism	● Snellen’s chart, Autorefraction, Retinoscopy ● Goldmannapplanation tonometry	Refraction room	● Bedside teaching ● Clinical exposure ● Role playing			C3		A3	MCQS SAQ OSCE Quiz Discussion form

Weeks 2 (HFH)

Sr #	Date	Day	Teacher	Theme	Topics	Specific Learning Objectives	Station	MOT/MIT	Level of cognition			Psychomotor	Affective	MOA
									C 1	C 2	C 3			
1		Monday	Dr Rizwan khan	Sudden painless loss of vision (Case Discussion)	● Retinal detachment ● Retinal vascular occlusion ● Vitreous hemorrhage ● hyphema ● Optic neuritis	● Take history of a patient with sudden painless loss of vision ● Record visual acuity ● Perform torch examination, pupillary light reflexes and fundoscopy ● Identify clinical signs of a patient with sudden painless loss of vision ● List a differential diagnosis on the basis of history and examination ● Propose a mechanism responsible for Retinal detachment, Retinal Vascular occlusion, Vitreous hemorrhage, hyphema and Optic Neuritis ● Suggest emergency treatment and appropriate referral for a patient with sudden painless loss of vision ● Identify potential complications of disease and its management ● Identify the role of lasers in eye ● Describes the impact of disease on individual, family and society and demonstrate empathic attitude towards patient	Eye ward	● Bedside teaching ● Clinical exposure ● Role playing ● Patient simulation ● Videos ● Discussion group ● PBL, CBD			**C 3**		A2	MCQS SAQ OSCE, MiniCEX Faculty feedback Evidence from logbook
2		Tuesday	Dr Rafaaq/ Dr Hassan	Surgical Instruments	● Minor procedure instruments ● Cataract Surgery instruments ● Viteroretinal Instruments	● Identify the surgical procedures and instruments used during surgery with their uses	Eye OT	● Ambulatory teaching		**C 2**			A2	MCQS OSCE, MiniCEX Faculty feedback Evidence from logbook
3		Wednesday	Dr Sidra Naseem	Ophthalmic lasers	● PRP ● Macular grid ● Focal macular laser ● Laser retinopexy	● Memorize different types of ophthalmic lasers ● Cite their uses ● Observe laser treatment ● Suggest different treatment options for a patient with diabetic retinopathy ● Describe principles of ophthalmic lasers	Diabetic clinic/ eye OPD	● Clinical exposure ● Live lasers ● simulation ● Videos ● Discussion group ● PBL, CBD		**C 2**			A2	MCQS OSCE, MiniCEX Faculty feedback Evidence from logbook

4		Thursday	Dr Laiba/ dr Faryal	Posterior segment surgery	● Scleral buckling ● Pars plana vitrectomy	● Identify different posterior segment surgical procedures and instruments used during surgery with their uses ● Describe the basic principles of Parsplana Vitrectomy, Silicon oil injection, Air/Gas Tamponade, Endolaser/Cryotherapy	Eye OT	● Live surgeries ● Recorded videos ● Pre-reading ● SGD		**C 2**			A2	MCQS OSCE, MiniCEX

Week 3-(BBH)

Sr#	Date	Day	Teacher	Theme	Topic	Specific Learning Objectives	Station	MOT/MIT	Level of cognition			psychomotor	Affective	MOA
									C1	C2	C3			
1		Monday	Dr. Maria	Ophthalmic examinations/ Investigations/Lasers	● Torch examination ● Slit lamp examination ● Visual Fields ● Nd Yag Laser ● B scan ● LVA	● Record visual acuity ● Perform torch examination, pupillary light reflexes and fundoscopy ● Identify gross Visual Field defects ● Observe Nd Yag laser capsulotomy ● Suggest different treatment options for a patient with retinal detachment	Laser room/ Eye OPD	● Bedside teaching ● Clinical exposure ● Role playing ● Patient simulation ● Videos		**C2**			P,A	OSCE, MiniCEX Self and peer assessment of the skill Evidence from logbook
2		Tuesday	Dr.Ali/Dr. Jawwad	Surgical Instruments	● Minor procedure instruments ● Cataract Surgery instruments	● Identify the surgical procedures and instruments used during surgery with their uses	Eye OT	ambulatory teaching		**C2**			P,A	MCQS OSCE, MiniCEX Faculty feedback Evidence from logbook
3		Wednesday	Dr Wajeeha	Clinical Methods	● Visual acuity, Pin hole, BCVA ● Lid Eversion ● Regurgitation test, ● EOM, Cover/ Uncover Test ● Direct ophthalmoscopy	● Perform Visual acuity, Pin hole, BCVA ● Lid Eversion ● Regurgitation test ● EOM, Cover/ Uncover Test	Eye OPD	ambulatory teaching		**C2**			P,A	OSCE, MiniCEX Self and peer assessment of the skill Evidence from logbook
4		Thursday	Dr.Iqra/Dr Omaima	Ophthalmic Drugs	● Antibiotic, Steroids ● IOP Lowering Drugs, Dyes ● Miotics, Mydraiactics, Cycloplegics, Anesthetics	● Identify indications, MOA, systemic/local side effects)	Eye OPD	ambulatory teaching		**C2**				

Week 4 (BBH)

Sr#	Date	Day	Teacher	Theme	Topics	Specific Learning Objectives	Station	MOT/MIT	Level of cognition			psychomotor	Affective	MOA
									C 1	C2	C 3			
1		Monday	Dr.Fuad Ahmed Khan Niazi	Sudden painless loss of vision (Case Discussion)	● Retinal vascular occlusion ● Vitreous	● Take history of a patient with sudden painless loss of vision ● Record visual acuity ● Perform torch examination, pupillary light reflexes and fundoscopy ● Identify clinical signs of a patient of Retinal vascular occlusion ● List a differential diagnosis on the basis of history and examination ● Propose a mechanism responsible for Retinal Vascular occlusion ● Suggest emergency treatment and appropriate referral for a patient with sudden painless loss of vision ● Identify potential complications of disease and its management ● Identify the role of lasers in eye	Eye ward/Eye OPD	● Bedside teaching ● Clinical exposure ● Role playing ● Patient simulation ● Videos ● Discussion group ● PBL, CBD		**C2**			P,A	MCQS SAQ OSCE, MiniCEX Faculty feedback Evidence from logbook
2		Tuesday	Dr Meimoona/ Dr.Bushra	Cataract Surgery	● Extracapsular cataract extraction ● Phacoemulsification	● Identify the surgical procedures and instruments used during surgery with their uses ● Identify the drugs and propose their mechanism of action ● Identify potential complications of disease and its management	Eye OT	● Live surgeries ● Recorded videos ● Pre-reading ● SGD		**C2**				MCQS SAQ OSCE Quiz Discussion form
3		Wednesday	Dr.Ambreen	Glaucoma (Open Angle)	● Goldman Applanation ● Non-Contact Tonometry ● Visual field ● OCT RNFL ● Cup disc ratio	● Perform Confrontation visual fields ● Identify clinical signs of a patient with OAG ● Observe Goldman applanation and NCT ● Suggest different treatment options for a patient with Open Angle Glaucoma	Eye OPD	● Clinical exposure ● Role playing ● Patient simulation ● Videos		**C2**				OSCE, MiniCEX Self and peer assessment of the skill Evidence from logbook
4		Thursday	Dr.Ambreen	Glaucoma (Acute Angle Closure)	● Torch examination of anterior segment ● Pupil examination ● Yag iridotomy	● Perform Torch examination of anterior segment ● Pupillary reaction ● Observe YAG Iridotomy	Eye OPD/ Laser room/ Eye ward	● Bedside teaching ● Clinical exposure ● Role playing			**C 3**		A3	MCQS SAQ OSCE Quiz Discussion form

Week 5 (DHQ)

Sr#	Date	Day	Teacher	Theme	Topic	Specific Learning Objectives	Station	MOT/MIT	Level of cognition			psychomotor	Affective	MOA
									C1	C2	C3			
1		Monday	Dr Rasheed	Minor surgical prcedures Removal of sutures Chalazion	● Identification of surgical instruments History taking ● Pre-op preparation of Patient	● Able to Identify surgical procedures ● Able to Identify instruments and their uses ● Able to take History of patient of cataract ● Able to Identify Chalazion and give treatment options	Eye Ward / Eye OT	Ambulatory teaching		**C2**			P,A	OSCE, MiniCEX Self and peer assessment of the skill Evidence from logbook
2		Tuesday	Dr.Bilal	Red Eye	● History taking ● Causes ● Bacterial Conjunctivitis ● Viral Conjunctivitis	● Identify the red eye conditions ● Management of Bacterial and viral conjunctivitis	Eye OPD	Bedside teaching Clinical exposure Role playing Patient		**C2**			P,A	MCQS OSCE, MiniCEX Faculty feedback Evidence from logbook
3		Wednesday	Dr Humera	OT Protocols Introduction to phacoemulsification machine	● Sterilization techniques ● Phacoemulsification Machine	● Identify phacoemulsification machine ● Sterilization of OT and Instruments	Eye Ward / Eye OT	ambulatory teaching		**C2**			P,A	OSCE, MiniCEX Self and peer assessment of the skill Evidence from logbook
4		Thursday	Dr Aasma	Conjunctiva Lacrimal Drainage system	● Allergic Conjunctivitis ● Trauma ● Acute and Chronic Dacryocyctitis	● Identify the red eye conditions ● Able to take History of trauma patient ● Able to demonstrate approach to patient with trauma ● Able to take History, examine and describe management of dacyocystitis	Eye OPD	Bedside teaching Clinical exposure Discussion		**C2**				MCQS SAQ OSCE Quiz Discussion form

Week 6 (DHQ)

Sr#	Date	Day	Teacher	Theme	Topics	Specific Learning Objectives	Station	MOT/MIT	Level of cognition			psychomotor	Affective	MOA
									C 1	C2	C 3			
1		Monday	Dr.Aasma	Chronic Dacryocystitis Pyerygium	● DCR instruments ● DCR Procedure ● Pterygium and its management	● Able to state the principle of DCR surgery. ● Able to outline the steps of DCR surgery ● Able to identify and grade pterygium ● Able to give treatment options for pterygium	Eye ward / Eye OT	● Bedside teaching ● Clinical exposure ● Role playing ● Patient simulation ● Videos ● Discussion group ● PBL, CBD		**C2**			P,A	MCQS SAQ OSCE, MiniCEX Faculty feedback Evidence from logbook
2		Tuesday	Dr.Bilal	Uveitis	● Anterior Uveitis ● Posterior Uveitis	● Take history of a patient with Uveitis ● Record visual acuity ● Perform torch examination, pupillary light reflexes and fundoscopy ● Identify clinical signs ● List a differential diagnosis on the basis of history and examination ● Suggest treatment and appropriate referral for a patient with Uveitis ● Identify potential complications of disease and its management	Eye OPD	● Bedside teaching ● Clinical exposure ● Discussion		**C2**				MCQS SAQ OSCE Quiz Discussion form
3		Wednesday	Dr.Humera	Eye Lid Laceration Manual Small Incision cataract Surgery	● Eye lid repair ● Manual Small incision cataract surgery	● Able to describe principle of eye lid repair ● Able to Identify procedure MSICS ● Able to identify crescent knife and describe steps of procedure	Eye ward / Eye OT	● Ambulatory teaching		**C2**				OSCE, MiniCEX Self and peer assessment of the skill Evidence from logbook
4		Thursday	Dr.Rasheed	Adenexal benign and malignant conditions Ptosis	● Blepharitis ● Benign and malignant adenexal masses ● Ptosis	● Perform eye lid examination ● Perform ptosis examination ● Able to identify eyelid pathologies and able to give treatment options	Eye OPD	● Bedside teaching ● Clinical exposure ● Role playing			**C 3**		A3	MCQS SAQ OSCE Quiz Discussion form

b. COMMUNITY ORIENTED CLERIKSHIP MODULE

I

4TH YEAR MBBS(REV-2024)
DEPARTMENT OF COMMUNITY MEDICINE & PUBLIC HEALTH RMU

Theme (aim):

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

Learning outcomes (LOs):

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

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

Module outline:

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

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

SOPs of Learning & Assessments:

- *Active participation will be graded by the batch in charge **(under a check list)** during the activity / session and grades/marks will be entered in the practical manual as out of 05 (Max marks 05) by the batch in charge. O5 Max Marks are reserved for CHC (HMDTD and Health awareness work.*
- *Assessment will be done by **OSPE / MCQs Exam / Viva voce** at the end of each module and credit will be objectively recorded for the purpose of internal assessment. (Max mark 10)*
- *General assessment of the subject learning will be through MCQs, SEQs & OSPE on the relevant subjects in the relevant end of modules, block exams and Send up Exams.*
- ***Students are required to report / write the relevant work in Practical Journal, House Hold Survey Report Book and log all the clerkship activities in the Logbook on daily basis.***

Core Planner of Community Oriented Clerkship (2 weekss batch rotation)

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

Day	Activity -I 10.30 – 11.00	Activity – II 11.00- 11.30am	Activity -III 11.30- 01.00pm	Act-V 01.00 – 2.00pm	Sites of teaching-learning	Assessment	Session outcome (level of learning)
	Session topic	Session topic	Session topic	Session topic			
1st day	instructing / demonstration on Practical Manual based Assignments	• Visit to CHC • SGIS on Health days commemoration work, Display material, PPT.	• SGIS on HM-DTD practicum. Topic finalization, CHC-Message draft outlines finalization.	• PPT based Demo on How to conduct & report HHS. • Guidelines on PHI work to be done during clinical rotations / ward duties	• Demonstration / lec -Hall 3 • CHC -Dept CM NTB RMU.	• 1-2 OSPE in end of clerkship exam (credit will part of IA) • Assessment of HHS -Report (Max marks:5 part practical /viva exam 4th Prof MBBS)	• Construct a health message. (C6) • Prepare Health days commemoration stuff, Display material, PPT, (P) • Undertake a health survey. (HHS) (C3)
2nd day	Follow up session on. - HM-DTD work - HHS work - health days commemoration work	SGIS/ Briefing / PPT based guidelines on field visit of the day (EPI services center HFH)	FV to the EPI center HFH	Health awareness work (HAW)	• Demo Room, • EPI Center HFH • OPD, hospital shelters sites for health awareness work (HAW)	• 1-2 OSPE in end of clerkship exam (credit will part of IA) • Grade of performance in EPI visit reporting. • Credit of HAW	• Explain cold chain component at EPI center • Vaccinate (EPI) vaccines to the clients . • Comprehend EPI system
3rd day	Follow up session on HM-DTD work & HHS	SGIS / Briefing / PPT based guidelines on FV to MCH & FP Services Center HFH	FV to the MCH services & FP center HFH	Health awareness work (HAW)	• FP Center HFH • OPD, hospital shelters sites for HAW	• 1-2 OSPE in end of clerkship exam (credit will part of IA) • Grade of performance in EPI visit reporting. • Credit of HAW	• Identify CP devices available at MHC FP center • Counsel clients for use of a contraception method • Place CP devices to client (P)

4th day	Follow up session on HM-DTD work & HHS	Briefing / guidelines on FV Hospital waste disposal system in hospitals	• FV to the hospital waste disposal system & relevant sites / Incinerator	Health awareness work (HAW)	• FP Center HFH OPD, hospital shelters sites for HAW	• End of module OSPE • Grade of performance in visits to sites	• Explain hospital waste disposal system • Develop a hospital waste management plan • Explains various domains of hospital management (C2)
5th day (weeks 2)	SGIS / PPT based briefing on Hospital management & administration	Visit to Hospital management & administration (HFH) office		Health awareness work (HAW	HHF	• End of module OSPE • Grade of performance in visits to sites	
6th day	SGIS / PPT based briefing on visit to First level of health care facility (FLCF) BHU/RHC	Field visit to RHC Khyaban Sir-Syed (RHC) or BHU		• Demo room / lec Hall 3 NTB / CPC-Hall . • RHC / BHU	Health awareness work (HAW at site visited	• End of module OSPE • Report credit in PJ	• Explain working of FLCF • Appreciate PHC elements at FLCF. (C2)
7th day	Health days commemoration (walk/ seminar/ presentation/ CHC-message dissemination work (10.30 – 12.00pm)	12.00 – 2.00pm • Completion & assessment of relevant Practical Journal work, • HHS-report book, • Logbook etc. • Feedback discussion on PHI				• Communication skills • Comprehend frequency Preventable RFs of NCDs in the real population (RF surveillance) • Undertake a preventive Healthcare inquiry	
8th day	Museum learning module (MLM) / visit to departmental Museum 10.30- 12.30	• Endo of module OSPE (12.30 – 2.00pm) • OPSE conduction (10 stations video assisted OPSE / OSPE) for 40 total marks .	Plus Completion of any remaining work journal assessment HHS report assessment Students feedback etc				

Community based / Field Visits

Each batch will be perform at least 02 filed visits of sites of Public health importance outside the institutions under available opportunities and logistics. Following sites may be considered for the purpose.

I.	RHC Khiaban-e-Sir-Syed Rawalpindi / DHO
II.	Sewerage Treatment Plant I-8 Islamabad
III.	Water purification plant Rawal Dame Islamabad
IV.	Child protection Bureau Rawalpindi
V.	Community Livings / urban slums - US-15 Rawalpindi
VI.	National Vaccination production unit– Chuk Shahzad Islamabad
VII.	Vaccines & Venom Production Unit, NIH, Islamabad
VIII.	Clinical Trail Unit, NIH- Islamabad
IX.	Diseases Surveillance & control / SAAL office. NIH Islamabad
X.	WHO-Office, Chuk Shahzad, Islamabad
XI.	National Command & Operation Control Office (NCOC) / System. Disaster Control & Management office Islamabad
XII.	Office of Punjab Food Control Authority – Rawalpindi
XIII.	Drug intoxication & Rehabilitation center Dept of Psychiatry BBH Rawalpindi
XIV.	Any site appropriate & feasible for the purpose.

LOs:

Students will better comprehend the System, Mechanism, or Processes (visited) of community health or public health relevance in regional practices context. (**Practice based Learning)**

Feasibility, opportunity, and logistics: every visit will be planned subject to:

1. Approval of competent authority (RMU) in given conditions.
2. Time space available (total 8 days rotation & with max 04 hrs. a day)
3. Availability of Transport
4. Consent / approval of f remote sites
5. Another justified pre-visit approval/favor or fulfillment of need.

Note:

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

1. Number of Assessments community medicine ophthalmology Module-1:

Sr. #	Module – 1 Eye Foundation Module Components	Type of Assessments	Total Assessments Time			No. of Assessments	
			Assessment Time	Summative Assessment Time	Formative Assessment Time		
1	Mid Module (2nd wk) Examinations LMS based	Summative	30 Minutes	30 minutes	30 min	3Formative	1 Summative
2	Topics of SDL Examination on LMS every wk (total 3 weekss block) 10 MCQs per SDL	Formative	30 Minutes				
Total			**1Hour**			**4 Assessments**	

COMMUNITY ORIENTED CLERIKSHIP MODULE II

4TH YEAR MBBS(REV-2024)

DEPARTMENT OF COMMUNITY MEDICINE & PUBLIC HEALTH RMU

Theme (aim):

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

Learning outcomes (LOs):

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

11. *Undertake a population based health survey (HHS)*
12. *Appreciate working of First level Care Facility (Public Sector)*
13. *Perform Community Immunization / EPI vaccinations.*
14. *Develop Hospital waste management plans.*

15. *Develop Community based health awareness message.*
16. *Communicate for Health awareness in community settings.*
17. *Commemorate International public health days.*
18. *Develop Hospital administration Plans.*
19. *Undertake Preventive healthcare inquiries and NCDs Risk Factors Surveillance*
20. *Counsel for the contraceptive devices to the community*

Module outline:

- *A batch comprising 20-22 students is posted in the department of CM & PH for a period of 2weekss* ***(Monday to Thursday-04 hrs. /day & for 32hrs in total****). This schedule is run over the whole academic year, till all students of 4th year MBBS class passes through this rotation.*
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Domains of learning: *learning will occur in all the three domains C, A & P*

SOPs of Learning & Assessments:

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- *Assessment will be done by* ***OSPE / MCQs Exam / Viva voce*** *at the end of each module and credit will be objectively recorded for the purpose of internal assessment. (Max mark 10)*
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Core Planner of Community Oriented Clerkship (2 weekss batch rotation)

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

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	Session topic	Session topic	Session topic	Session topic			
1st day	instructing / demonstration on Practical Manual based Assignments	• Visit to CHC • SGIS on Health days commemoration work, Display material, PPT.	• SGIS on HM-DTD practicum. Topic finalization, CHC-Message draft outlines finalization.	• PPT based Demo on How to conduct & report HHS. • Guidelines on PHI work to be done during clinical rotations / ward duties	• Demonstration / lec -Hall 3 • CHC -Dept CM NTB RMU.	• 1-2 OSPE in end of clerkship exam (credit will part of IA) • Assessment of HHS -Report (Max marks:5 part practical /viva exam 4th Prof MBBS)	• Construct a health message. (C6) • Prepare Health days commemoration stuff, Display material, PPT, (P) • Undertake a health survey. (HHS) (C3)

2nd day	Follow up session on. - HM-DTD work - HHS work - health days commemoration work	SGIS/ Briefing / PPT based guidelines on field visit of the day (EPI services center HFH)	FV to the EPI center HFH	Health awareness work (HAW)	• Demo Room, • EPI Center HFH • OPD, hospital shelters sites for health awareness work (HAW)	• 1-2 OSPE in end of clerkship exam (credit will part of IA) • Grade of performance in EPI visit reporting. • Credit of HAW	• Explain cold chain component at EPI center • Vaccinate (EPI) vaccines to the clients . • Comprehend EPI system
3rd day	Follow up session on HM-DTD work & HHS	SGIS / Briefing / PPT based guidelines on FV to MCH & FP Services Center HFH	FV to the MCH services & FP center HFH	Health awareness work (HAW)	• FP Center HFH • OPD, hospital shelters sites for HAW	• 1-2 OSPE in end of clerkship exam (credit will part of IA) • Grade of performance in EPI visit reporting. • Credit of HAW	• Identify CP devices available at MHC FP center • Counsel clients for use of a contraception method • Place CP devices to client (P)
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6th day	SGIS / PPT based briefing on visit to First level of health care facility (FLCF) BHU/RHC	Field visit to RHC Khyaban Sir-Syed (RHC) or BHU		• Demo room / lec Hall 3 NTB / CPC-Hall . • RHC / BHU	Health awareness work (HAW at site visited	• End of module OSPE • Report credit in PJ	• Explain working of FLCF • Appreciate PHC elements at FLCF. (C2)
7th day	Health days commemoration (walk/ seminar/ presentation/ CHC-message dissemination work (10.30 – 12.00pm)	12.00 – 2.00pm • Completion & assessment of relevant Practical Journal work, • HHS-report book, • Logbook etc. • Feedback discussion on PHI				• Communication skills • Comprehend frequency Preventable RFs of NCDs in the real population (RF surveillance) • Undertake a preventive Healthcare inquiry	
8th day	Museum learning module (MLM) / visit to departmental Museum 10.30- 12.30	• Endo of module OSPE (12.30 – 2.00pm) • OPSE conduction (10 stations video assisted OPSE / OSPE) for 40 total marks .	Plus Completion of any remaining work journal assessment HHS report assessment Students feedback etc				

Community based / Field Visits

Each batch will be perform at least 02 filed visits of sites of Public health importance outside the institutions under available opportunities and logistics. Following sites may be considered for the purpose.

XV.	RHC Khiaban-e-Sir-Syed Rawalpindi / DHO	**LOs:** Students will better comprehend the System, Mechanism, or Processes (visited) of community health or public health relevance in regional practices context. (**Practice based Learning)**
XVI.	Sewerage Treatment Plant I-8 Islamabad	
XVII.	Water purification plant Rawal Dame Islamabad	
XVIII.	Child protection Bureau Rawalpindi	
XIX.	Community Livings / urban slums - US-15 Rawalpindi	
XX.	National Vaccination production unit– Chuk Shahzad Islamabad	

	XXI.	Vaccines & Venom Production Unit, NIH, Islamabad	**Feasibility, opportunity, and logistics:** every visit will be planned subject to: 6. Approval of competent authority (RMU) in given conditions. 7. Time space available (total 8 days rotation & with max 04 hrs. a day) 8. Availability of Transport 9. Consent / approval of f remote sites 10. Another justified pre-visit approval/favor or fulfillment of need.
	XXII.	Clinical Trail Unit, NIH- Islamabad	
	XXIII.	Diseases Surveillance & control / SAAL office. NIH Islamabad	
	XXIV.	WHO-Office, Chuk Shahzad, Islamabad	
	XXV.	National Command & Operation Control Office (NCOC) / System. Disaster Control & Management office Islamabad	
	XXVI.	Office of Punjab Food Control Authority – Rawalpindi	
	XXVII.	Drug intoxication & Rehabilitation center Dept of Psychiatry BBH Rawalpindi	
	XXVIII.	Any site appropriate & feasible for the purpose.	

Note:

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

OFFICE OF THE DEPARTMENT OF COMMUNITY MEDICINE, RAWALPINDI MEDICAL UNIVERSITY, RWP

No: _____/CM/RMU/NTB/RWP Dated: _____

OFFICE ORDER

Following schedule of IUGRC sessions will be followed from now onwards with immediate effect.

SCHEDULE OF IUGRC SESSION , 2024

Batch	Batch Incharge	Senior Faculty
A.	Dr Mehreen	Dr Khola
B.	Dr Ayesha	Dr Imran
C.	Dr Maria	Dr Sana
D.	Dr Narjis	Dr Rizwana
E.	Dr Imrana	--
F.	Dr Abdul Qudoos	Dr Gul Mehar
G.	Dr Bushra	Dr Afifa
H.	Dr Saba	Dr Arshad
I.	Dr Asif	--
J.	Dr Mehreen	Dr Khola
K.	Dr Maria	Dr Gul Mehar
L.	Dr Moniba	Dr Rizwana
M.	Dr Bushra	Dr Sana
N.	Dr Zaira	Dr Arshad
O.	Dr Saba	Dr Afifa
P.	Dr Ayesha	Dr Imran

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

13. Assessment policies

This plan of assessment intricately details the structure and evaluation criteria for the undergraduate ophthalmology block exam, designed to align closely with the Accreditation Council for Graduate Medical Education (ACGME) competencies. The block unfolds across two distinct three-weeks modules, with weeksly formative assessments strategically integrated to assess and reinforce students' proficiency in the ACGME-defined domains alongwith special emphasis on research as per university policy.

ACGME competencies	Assessment tool
Medical Knowledge	MCQ, SAQ, OSCE, ward test
Patient care	OSCE, Ward test
Practice- based learning	OSCE, ward test
System based practice	OSCE, ward test
Professionalism	OSCE, ward test
Communication skills	OSCE, ward test
Research	Spirally integrated across all 5 years Research projects

Each formative assessment serves as a targeted gauge for students to showcase their evolving competencies, embracing the ACGME's focus on patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice. As the modules progress, these assessments provide iterative insights into learners' development across these crucial competencies.

The culmination of each module manifests in a summative assessment, meticulously crafted to evaluate the synthesis and application of knowledge within the context of the ACGME competencies. This comprehensive approach ensures that the evaluation process not only measures academic understanding but also holistically assesses the skills and attributes essential for effective and compassionate medical practice.

In essence, this table of specifications serves as a dynamic framework for instructors, weaving ACGME competencies into the fabric of assessments to cultivate well-rounded, future-ready healthcare professionals. It underscores the commitment to nurturing individuals who excel not only in the theoretical aspects of ophthalmology but also in the broader spectrum of competencies vital for patient-centered care.

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.

1. Formative Assessment

Assessment Method	Description	Timing
End of Lecture Assessment	Brief quizzes or concept checks to assess understanding after each lecture	End of each lecture
Weekly Quizzes	LMS based Short quizzes covering weekly topics	End of each weeks
Case-Based discussions	Discussions involving clinical scenarios to assess clinical reasoning and decision making.	Twice a week
Mid module I	LMS based test	at end of 2 weeks module I/ block II
Mid module II	LMS based test	at the end of 2 weeks module II/ Block II

2. Summative Assessment:

Summative assessment is taken at the

- End module-I and
- End block levels.

Assessment framework is specifically designed with careful consideration of subject importance and integration aspects. The distribution of marks is as follows

1	Core concepts	70%
2	Horizontal integration • Pathology • Community medicine/ public health • Pharmacology	10%
3	Vertical integration • Family medicine • General surgery • Basic sciences	10%
4	Spiral integration • Research • Artificial intelligence • bioethics	10%

This structure emphasizes a significant focus on core subjects, ensuring a substantial grasp of fundamental concepts. Simultaneously, horizontal, vertical, and spirally integrated subjects each contribute to 10% of the assessment, promoting a balanced understanding and application of knowledge across interconnected domains. The tabulated form provides a clear delineation of weightage assigned to each component, reflecting the comprehensive nature of the assessment strategy.

1. **LMS based weekly assessment of SDL and lectures**

Sr. #	Discipline	No. of MCQs	No. of MCQs according to cognitive domain		
			C1	C2	C3
1.	Ophthalmology	35	10	15	10
2.	Community Medicine	10	04	05	01
3	Other subjects: Pharmacology Pathology dermatology	05	02	03	00
		50	16	11	03

1. **Topic distribution 1st weekly LMS test**

Sr. #	Discipline	No. of MCQs	No. of MCQs according to cognitive domain		
			C1	C2	C3
1.	**Ophthalmology** • Infectious eyelid disorder • Eye lid tumors • Anomalies of eyelid position • Cataract- diagnosis, management, complications • Ectopia lentis	35	10	15	10
2.	**Community Medicine** • Concepts of screening • Iceberg phenomenon of screening	10	04	05	01
3	**Pharmacology** • Ophthalmic dosage form of drugs	05	02	03	00

	Pathology • Neoplasms of eyelids				
		50	16	11	03

2. Topic distribution 2nd weekly LMS test Block- II(ophthalmology) / module-II

Sr. #	Discipline	No. of MCQs	No. of MCQs according to cognitive domain		
			C1	C2	C3
1.	Ophthalmology • Retinal detachment • Retina vascular disorders • Scleritis/ episcleritis • Ocular tumors • Ocular side effects of systemic diseases and medications • Glaucoma: diagnosis and treatment • Primary glaucomas	30	10	15	10

	• Neuroopthalmology 1				
2.	Community Medicine • Millennium Development Goals & Sustainable Development Goals • HMIS •	15	04	05	01
3	Pharmacology • Drugs used in glaucoma	05	02	03	00
		50	**16**	**11**	**03**

2. Mid module I & II examinations

Sr. #	Discipline	No. of MCQs	No. of MCQs according to cognitive domain			Total marks
			C1	C2	C3	
1.	Ophthalmology	60	10	30	10	60

3. End Module-I &II Examination

A comprehensive exam covering topics taught during the first weeks, assessing theoretical knowledge and understanding.

Criteria for appearing in the End-module Exam: Completion of 80% of formative assessments.

Passing criteria: 80% marks.

Sr. #	Discipline	No. of MCQs	Cognitive domain			No of EMQs	No. of SEQs	Cognitive domain			No of SAQs	Cognitive domain			Total	AV OSCE
		(1 mark each)	C1	C2	C3	(5 marks each)	(9 marks each)	C1	C2	C3	(5 marks each)	C1	C2	C3		5 marks each
1.	Ophthalmology	35 MCQ	25	05	05	1	5	03	01	01	3	---	01	01		10 stations
		35 marks				5 MARKS	45 MARKS				15 Marks				100 marks	50 marks

i) End module- I assessment topic distribution:

Sr.No.	Topic	Weightage %	SAQ 3	SEQ 5	MCQ 35	EMQ 1	OSCE 10
1	Lids & Adnexa	10	1	1	4		1
2	Lacrimal System	10		1	2		1
3	Conjunctiva	10		1	4		2
4	Lens	15	1	1	7		2
5.	uvea	10		1	4	1	1
6.	Refractive errors	5			2		1
7.	Refractive surgery	5			2		1
8.	Dry eye syndrome	5			2		
9	Family medicine, General surgery, basic sciences	10	1		4		
10	Bio ethics, Research, Artificial intelligence	10			4		
		Marks:	15	45	35		50

End module- II assessment topic distribution:

Sr.No.	Topic	Weightage %	SAQ 3	SEQ 5	MCQ 35	Level of cognition (MCQs)			EMQ 1	AV OSCE
						C1	**C2**	**C3**		
1	Orbit	7		1	2		1	1		1
2	Strabismus	7	1	1	2		1	1		1
3	Ocular tumors	3			2		1	1		
4	Trauma	7		1	2		1	1		1
5	cornea	10			4		2	2		1
6	Retina	10	1		4		2	2	1	2
7	Neuro opthalmology	10		1	3		2	1		1
8	Sclera	3			2		1	1		
9	Glaucoma	10		1	3		2	1		2
10.	Pediatric ophthalmology	3			2		1	1		1
9	Community medicine/ public health Pathology Pharmacology	10	1		3		2	1		
10	Family medicine, General surgery, basic sciences	10			3		2	1		
11	Bio ethics, Research, Artificial intelligence	10	1		3	2	2	1		
			3	5	35	2	18	15		

ii) End Block Examination

On completion of the block which consists of two modules, there will be a block examination which consists of one theory paper, AV OSCE and OSVE.

i) Theory Paper

The paper consists of 100 MCQ. The distribution of the questions is based on the Table of Specifications of the module.

ii) Block OSCE

Students will be rotated through 14 set of stations to demonstrate clinical and communication skills to ensure holistic approach to patient care.

Topics	Weightage%	MCQ (100)	Level of cognition		
			C1	C2	C3
Lids & Adnexa	**4**	**2**		**1**	**1**
Lacrimal System	**2**	**2**		**1**	**1**
Conjunctiva	**2**	**2**		**1**	**1**
Lens	**8**	**8**	**2**	**4**	**2**
Uvea	**2**	**2**		**1**	**1**
Refractive errors	**2**	**2**		**1**	**1**
Refractive surgery	**2**	**2**		**1**	**1**
Dry eye syndrome	**2**	**2**		**1**	**1**
Orbit	**4**	**3**		**2**	**1**
Strabismus	**4**	**3**		**2**	**1**
Ocular tumors	**2**	**2**		**1**	**1**
Trauma	**4**	**4**		**2**	**2**
Cornea	**8**	**8**	**2**	**4**	**2**
Retina	**8**	**8**	**2**	**4**	**2**
Neuro ophthalmology	**8**	**8**	**2**	**4**	**8**
Sclera	**2**	**2**		**1**	**1**
Glaucoma	**8**	**8**	**2**	**4**	**8**
Pediatric ophthalmology	**2**	**2**		**1**	**1**
Community medicine/ public health Pathology Pharmacology	**10**	**10**	**4**	**6**	
Family medicine, General surgery, basic sciences	**10**	**10**	**4**	**6**	
Bio ethics, Research, Artificial intelligence	**10**	**10**	**4**	**6**	

Content	No. of Stations	Station description	KSA	Skills to be Assessed
Refractive Errors **Optics of eye**	1	Clinical Problem Solutions	C3	Images, reports/videos will be shown to the candidate with relevant clinical scenario to assess the ability to interpret findings.
Ophthalmic Emergencies • **Acute Congestive Glaucoma** • **Central Retinal artery Occlusion** • **Chemical burns** • **Trauma,**	2	Clinical Problem Solutions	C3	Images, reports/videos will be shown to the candidate with relevant clinical scenario to assess the ability to interpret findings.
Optic neuropathies **3rd, 4th, 6th cranial nerve palsies**	1	Clinical Problem Solutions	C3	Images, reports/videos will be shown to the candidate with relevant clinical scenario to assess the ability to interpret findings, make a diagnosis and discuss management with complication.
Glaucoma	1	Clinical Problem Solutions	C3	Images, reports/videos will be shown to the candidate with relevant clinical scenario to assess the ability to interpret findings, make a diagnosis and discuss management with complication.

Retina • **Diabetic retinopathy** • **Hypertensive retinopathy** • **Retinal detachment** • **CRVO, CRAO** • **BRVO, BRAO** • **Cherry red spot** • **ROP** • **Retinoblastoma** • **RP**	2	Clinical Problem Solutions	C2	Images, reports/videos will be shown to the candidate with relevant clinical scenario to assess the ability to interpret findings, make a diagnosis and discuss management with complication.
Lens	1	Clinical Problem Solutions	C3	Images, reports/videos will be shown to the candidate with relevant clinical scenario to assess the ability to interpret findings, make a diagnosis and discuss management with complication.
Eyelid and adnexa • **Ptosis,** • **Entropion/ ectropion** • **Lid mass** • **dacryocystitis**	2	Clinical Problem Solutions	C3	Images, reports/videos will be shown to the candidate with relevant clinical scenario to assess the ability to interpret findings, make a diagnosis and discuss management with complication.
Anterior segment pathologies • **Conjunctiva** • **Cornea** • **Uvea**	2	Clinical Problem Solutions	C3	Images, reports/videos will be shown to the candidate with relevant clinical scenario to assess the ability to interpret findings, make a diagnosis and discuss management with complication.
Orbit	1	Clinical Problem Solutions	C3	Images, reports/videos will be shown to the candidate with relevant clinical scenario to assess the ability to interpret findings, make a diagnosis and discuss management with complication.
Total	14			

Workplace Based Assessment:

1. **Continuous formative assessment**

Assessment Method	Description	Timing
Case-Based discussions	Discussions involving clinical scenarios to assess clinical reasoning and decision making.	Twice a week
Mini CEX	Focused observation of clinical encounters with immediate feedback	Once a week

2. **Ward test**

4th year MBBS students have to complete 6 weeks clinical clerkship in Ophthalmology which includes 2 weeks rotation individually in HFH, BBH and DHQ. Ward test will be taken at the end of each fortnightly rotation in respective hospitals which consists of 2 short cases and 2 OSVE stations 10 marks each.

Short Case	**Topic**	**Skill to be assessed**
1)Clinical methods	Ptosis, Pupillary examination, Extraocular movements, Torch examination, Regurgitation test, visual fields	To assess the candidate's ability to perform the given examination task on patient/simulated subject.
2)Clinical Methods	Direct ophthalmoscopy	To assess the candidate's ability to perform the given examination task on patient/simulated subject.
3) OSVE		
4) OSVE		

Continuous internal assessment

(60 marks)

- end module I& II assessment
  - 25%-
  - 15marks
- End Block Assessment EBA-
  - 25%
  - 15marks
  - written component
    - 50%-10 marks
  - OSCE
    - 50%- 10 marks
- Work Place Assessment
  - 50%
  - 30 marks
  - Ward Test
    - 50%
    - 15 marks
  - log books
    - 10%
    - 3 marks
  - Histories (6 Histories)
    - 20%
    - 6 marks
  - Case Presentation (3 Case)
    - 20%
    - 6 marks

ASSESSMENT PLAN COMMUNITY MEDICINE

Formative Assessment
Formative assessment will be done at the mid of module through LMS. Tool for this assessment will be one best choice option.
Summative Assessment:
Summative assessment will be taken at the end of module, block and will be subject wise.
Modular Examinations
Theory Paper
There will be a module examination at the end of each module. The content of the whole teaching of the module are tested in this examination.
It consists of paper with objective type questions and structured essay questions. The distribution of the questions will be based on the Table of Specifications of the Module.
Block Examination
On completion of a block which consists of two modules, there will be a block examination which consists of one theory paper and a structured viva with OSPE.
Theory Paper
The paper will be of objective type questions and structured essay questions. The distribution of the questions will based on the Table of Specifications of the module.
Block viva and OSPE;
This will cover the practical content of whole block.

Schedule of Assessment Community Medicine Module-II (ophthalmology)

S. No	Mode of Assessment	Type of Assessment	Schedule of Assessment	Remarks	Remarks	Colander schedule
1st	One best option MCQs test	CIA	Mid module after11/2 weeks module	LMS test	Credit will be part of IA	Will be notified by DME
2nd	MCQ, SEQs, based examination	CIA	End of module /block exam	On campus test	Credit will be part of IA	Will be notified by DME
3rd	OSPE	CIA	“	“	“	“
4th	VIVA	CIA	“	“	“	“

No. of Assessments Eye Module- II:

Block	Sr. #	Module – 1IEYE Foundation Module Components	Type of Assessments	Total Assessments Time			No. of Assessments	
				Assessment Time	Summative Assessment Time	Formative Assessment Time		
Block	1	Mid module(2nd wk.) Examinations LMS based	Summative	30 Minutes	2 Hours & 30 minutes	**30 min**	3 Formative	4 Summative
	2	Topics of SDL Examination on LMS every wk (2 weekss) 10 MCQs per SDL	Formative	30 Minutes				
	3	End Module Examinations (SEQ & MCQs Based) **Horizontally integration:** • Eye • Pathology • Pharmacology **Vertical integration** • Medicine, Surgery • Anatomy, physiology, Biochemistry **Longitudinally running modules** • Family medicine • Bioethics • Research/artificial intelligence	Summative	2 Hours				
	4	Structured & Clinically oriented Viva voce		10 Minutes				
	5	Structured & Clinically oriented OSPE (video assisted & practical OSPE) ---Total 08 stations (5min each) at 3 venues simultaneously		50 minutes				
	Total			**3 Hours & 30 Minutes**			**9 Assessments**	

Rawalpindi Medical University/Allied Hospitals

Preamble

The Table of Specifications (TOS) is a detailed framework that describes how assessment items are distributed in terms of content among modules in our prestigious medical university's curriculum. The TOS was created with great care to ensure that educational objectives, instructional content, and evaluation criteria are all in line with one other. This allows us to guarantee the validity, integrity, and reliability of assessments while supporting our students' overall growth. This paper offers clarity and transparency by outlining the cognitive levels, domains, and weightings of assessment items. This helps faculty members create tests that appropriately measure students' understanding of critical competencies and knowledge areas. The TOS, which is based on pedagogical ideas and evidence-based practices, symbolizes our dedication to provide our graduates with the necessary skills, knowledge, and professionalism in medical education to achieve success in their chosen industries and contribute significantly to the medical community and society at large.

Components of TOS:

The following elements are usually included in a Table of Specifications (TOS):

Content Domains or Areas: The assessment's broad categories or content domains are described in this section. These domains have to match the course or module's curriculum and learning objectives.

Weightings or Percentages: Gives each topic area or cognitive level a certain amount of weight or proportional value. This makes it easier to guarantee that the evaluation accurately captures the importance that the curriculum places on certain subjects or abilities.

Assessment Items: Describes the many kinds of assessment items that will be used in the assessment, such as essays, multiple choice questions, short answer questions, and practical tests. The number of items assigned to each content area and cognitive level may also be stated in this section.

Blueprint: A graphic depiction of the TOS that outlines how assessment items are distributed throughout curriculum categories. It frequently takes the shape of a table or matrix.

Modules in 4th Year MBBS

Block	Module Name	Duration
(Block I)	otorhinolaryngology I	3 weekss
	otorhinolaryngology II	3 weekss
(Block II)	Ophthalmology I	3 weekss
	Ophthalmology II	3 weekss
(Block III)	Endocrinology I	3 weekss
	Population medicine& reproduction II	6 weekss
(Block IV)	Renal I	3 weekss
	CNS & Psychiatry II	6 weekss

Assessment strategies to assess module:

Formative: Formative assessment is a process used by teachers during instruction that provides feedback to adjust ongoing teaching and learning to improve students' achievement of intended instructional outcomes.

LMS (Learning Management System): Weeksly LMS based assessment will be carried out in all the modules from the topics already provided in the study guide.(TOS sample annexure 1)

Mid Modular: Mid Modular Assessment will be carried out in the mid of the module from the course taught till that day. (TOS Sample Annexure 2) **Summative**: summative assessment evaluates student learning at the end of a block/ professional year.

MCQs: Multiple-choice questions (MCQs) are a type of assessment item commonly used in educational settings to evaluate a person's knowledge or understanding of a topic. In a multiple-choice question, the respondent is presented with a question or statement, known as the stem, along with several options, one of which is the correct answer (the key), while the others are incorrect (distractors). The respondent selects the option they believe to be the correct answer.

SAQs: Short answer questions are a type of assessment item used to evaluate a person's understanding of a topic or concept. Unlike multiple-choice questions, which provide a list of options for respondents to choose from, short answer questions require respondents to generate their own answers without the aid of options provided by the question.

Assessment tools & strategies

Tools of assessments:

Theory assessment

a. MCQs
b. SAQs & SEQs

Practical Assessment

a. Objectively Structured Viva Examination (OSVE).
b. Objectively Structured Practical Examination (OSPE)
c. Video assisted OSPE.

Strategies of Assessments

1. On campus assessment
2. Assessment on LMS (Learning management system)

Proposed TOS of on campus Assessments during whole Academic Year 2024 (Community Medicine) RMU

Block Name& Order	Modules Names & Numbers	Theory			Scheme of Integration						Total marks Theory	Practical Assessment							Total marks Practical	End Block LMS (MCQs Based)	Total Block marks
		25 MCQs (1 mark each)	5+1 SAQ +EMQ (5 marks each)	5 SEQs (9marks each)	Core Subject. 70%		Hori- & Verti- Integ. 20%		*Spiral Integ. 10%			OSVE				OSPE (05 marks each)					
												Module I		Module 2		Observed	Unobserved	Video assisted			
I Otorhinolaryngology	ENT I & II	Total marks	Total marks	Total marks	MCQs (19)	SAQ/ SEQ +EMQ (7+1)	MCQs (4)	SAQ /SEQs (2)	MCQs (2)	SAQ (1)	100	Viva marks	**Book marks	Viva marks	Book marks	5 stations	5 stations	10 stations	150	30	270
		25	25+5	45	19	46	4	12	2	7		45	5	45	5	25 marks	25 marks	50 marks			
II Ophthalmology	EYE I & II	25	25 +5	45	19	46	4	12	2	7	100	45	5	45	5	5 stations	5 stations	10 stations	150	30	270
																25 marks	25 marks	50 marks			
III Population medicine & Reproduction	Endocrino-logy	25	25 +5	45	19	46	4	12	2	7	100	-								30	460
	Pop Med & Reproduction	25	25+5	45	19	46	4	12	2	7	100	Viva marks	Book marks	Viva marks	Book marks	10 stations	10 stations	20 stations	250		
												45	5	45	5	50 marks	50 marks	100 marks			
IV CNS & Psychiatry	Renal	25	25+5	45	19	46	4	12	2	7	100									30	460
	CNS & Psychiatry		25+5	45	19	46	4	12	2	7	100	Viva marks	Book marks	Viva marks	Book marks	10 OPSEs	10 OPSEs	20 OSPEs	250		
												45	5	45	5	50 marks	50 marks	100 marks			

***Spiral Integration**

1. Biomedical Ethics & Professionalism
2. Family Medicine
3. Integrated Undergraduate Research Curriculum (IUGRC)
4. Artificial Intelligence

**** "Books marks"** will be credited according to evidence of reading relevant subjects from the recommended books presented at the time of viva examination.

- In theory assessment SEQs and SAQs both tools may be used according to need and scope of assessment in the subject.
- **Time** allocated to 1 MCQ: 1min and 1SEQ/SAQ: 10min.

Proposed Pre-Annual Assessment TOS 4th Year MBBS (batch 48)

Blocks	Subjects	MCQs 1mark each	SAQs 5 marks each	Core Subject	Horizontal & Vertical Integration	Spiral Integration	OSPE 5 marks each	VIVA 75 marks	
								Attendance	Core subject
Block 1 ***	ENT	45	10	70%	20%	10%	10	5	40
	Community Medicine	30	5	70%	20%	10%	05	5	25
Total Marks		**75**	**75**	**100%**			**75**	**75**	
Block II***	Eye	45	10	70%	20%	10%	10	5	40
	Community Medicine	30	5	70%	20%	10%	05	5	25
Total Marks		**75**	**75**	**100%**			**75**	**75**	
Block III ***	Pharmacology	25	4	70%	20%	10%	5	5	20
	Pathology	25	5	70%	20%	10%	5	5	20
	Community Medicine	15	4	70%	20%	10%	5	5	20
Total Marks		**75**	75	**100%**				75	
Block IV***	Pharmacology	25	4	70%	20%	10%	5	5	20
	Pathology	25	5	70%	20%	10%	5	5	20

	Community Medicine	15	4	70%	20%	10%	5	5	20
Total Marks		**75**	**75**	**100%**			**75**	**75**	

***Total marks of each Block = 300 marks, Grand Total = 1200 marks**

14. Research

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

15. Biomedical ethics

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

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

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

16. Family medicine

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

17. Artificial intelligence

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

18. Sample paper

FOURTH YEAR BLOCK II (EYE) EXAM 2023

Sample Paper MCQs

MCQs
Time allowed: 60 mins
Total Marks: 35 (eye) + 20 (C.Med) = 55

1. A one-year-old baby is brought to eye opd by her parents with complain of watering, photophobia and enalarged eye ball. On examination there is hazy cornea with inadequate view of the angle and increased intraocular pressure on digital tonometry. Topical and systemic iop lowering drugs were given and a surgical intervention was decided to be performed. The most appropriate surgical procedure for this patient is
   a. Lens extraction
   b. Goniotomy
   c. Trabeculotomy
   d. Cyclolaser ablation
   e. Anterior chamber paracentesis

2. An 18 months old baby was brought to eye opd by her parents with complain of whitish pupillary reflex. She was diagnosed with retinoblastoma which was limited to eye ball occupying more than half of the vitreous volume and not invading the optic nerve. The most appropriate treatment option is
   a. Evisceration
   b. Exenteration
   c. Chemotherapy
   d. Radiotherapy
   e. Enucleation

3. The most common primary orbital malignancy in childhood is
   a. Rhabdomyosarcoma
   b. Optic nerve sheath meningioma
   c. Capillary hemangioma
   d. Neuroblastoma
   e. Lacrimal gland carcinoma

Sample Paper SEQs

1. **A 25 year's old, male presented in the emergency department with the complaint of spillage of acid in his right eye. On examination of the right eye, his corneal epithelium was swollen and opaque. You are suspecting an ocular chemical injury.**

   a. What will be your immediate management of this case? (02)

   b. Write Roper-Hall grading of the chemical injury? (02)

   c. Write two long term complication of the chemical injury? (01)

2. **A 45 years old man presents to the OPD with complains of right sided ocular discomfort and painful rash involving the right peri-orbital region for the past 4 days. Examination reveals tender, vesicular rash involving the right sided forehead and upper lid which respects the midline. Slit lamp examination reveals dendritic ulcers on the cornea. Rest of the ocular examination is unremarkable.**

   a. Based on the history and examination, the most probable diagnosis in this patient would be? (1)

   b. What would be a suitable management plan for this patient? (3)

   c. State two neurological complications that can be associated with this condition? (1)

3. **A 52 years old female presents to the ER with excruciating pain in the right eye and decreased vision in the right eye for the past 1 hour. She states that she is seeing "halos" around light and is also feeling extremely nauseous. Examination reveals severe circumciliary congestion with vertically oval, mid-dilated pupil that is poorly reactive to light. Applanation tonometry reveals IOP of 50mmHg**

   a. Based on these findings, the most probable diagnosis in this case would be? (1)
   b. What would the treatment plan for this patient? (2)
   c. What are the options to prevent such attacks in future in this patient? (2)

4. **A diabetic patient presents to eye OPD with complaint of gradual decrease in vision of his both eyes particularly effecting His central vision. His best corrected visual acuity is 6/36 and 6/18 respectively in both eyes. On detailed fundus examination of both eyes there are multiple dot blot and flame shaped hemorrhage in all quadrant along with clinically significant macular edema.**

   a. What investigations you would like to do that in patient? (1)
   b. What treatment modalities are available currently for this disease? (2)
   c. What other complications can develop in this patient? (2)

AV Sample OSPE:

A 60-year-old female presents to the emergency department with sudden onset severe pain in her right eye, blurred vision, and headache. her anterior segment photograph is shown

a) **What is the most likely diagnosis**
b) **What are the clinical signs shown?**
c) **How will you manage the patient?**
d) **What is the definitive treatment?**