Competency Based Clinically Oriented Integrated Modular Curriculum

Foundation Module-I

Study Guide
3rd Year MBBS 2024-2025

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Dr Naeem Akhtar, Dr Seemi Gull, Dr Omaima Asif, Dr Attiya Munir	2020-2021	2nd	Developed for 3rd year MBBS Learning Objectives updated. Time Table, Teaching strategies updated
Dr Naeem Akhtar, Dr Asma Khan, Dr Sajid Hameed, Dr Zunera Hakim	2021-2022	3rd	Developed for Third Year MBBS. Horizontally and vertically integrated Learning objectives updated, Research curriculum incorporated
Dr Mobina Ahsan, Dr Asma Khan, Dr Romana Arif, Dr Zunera Hakim	2022-2023	4th	Developed for Third MBBS. Horizontally and vertically integrated Learning objectives updated, Research, Bioethics, Family Medicine curriculum incorporated along with Professionalism
Dr Mobina Ahsan, Dr Asma Khan, Dr Romana Arif, Dr Zunera Hakim	2023-2024	5th	Developed for Third Year MBBS. Horizontally and vertically integrated Learning objectives updated, Research curriculum revamped Bioethics, Family Medicine curriculum incorporated along with Professionalism. Compulsory manuscript writing incorporated

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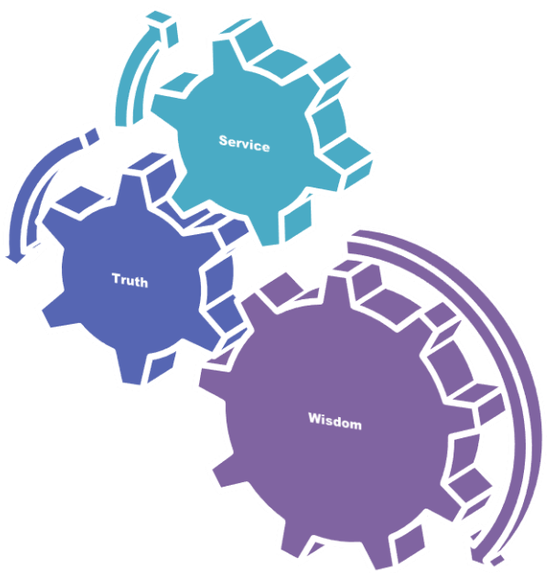
University Moto, Vision, Values & Goals

RMU MOTTO



Mission Statement

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

Vision and Values

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

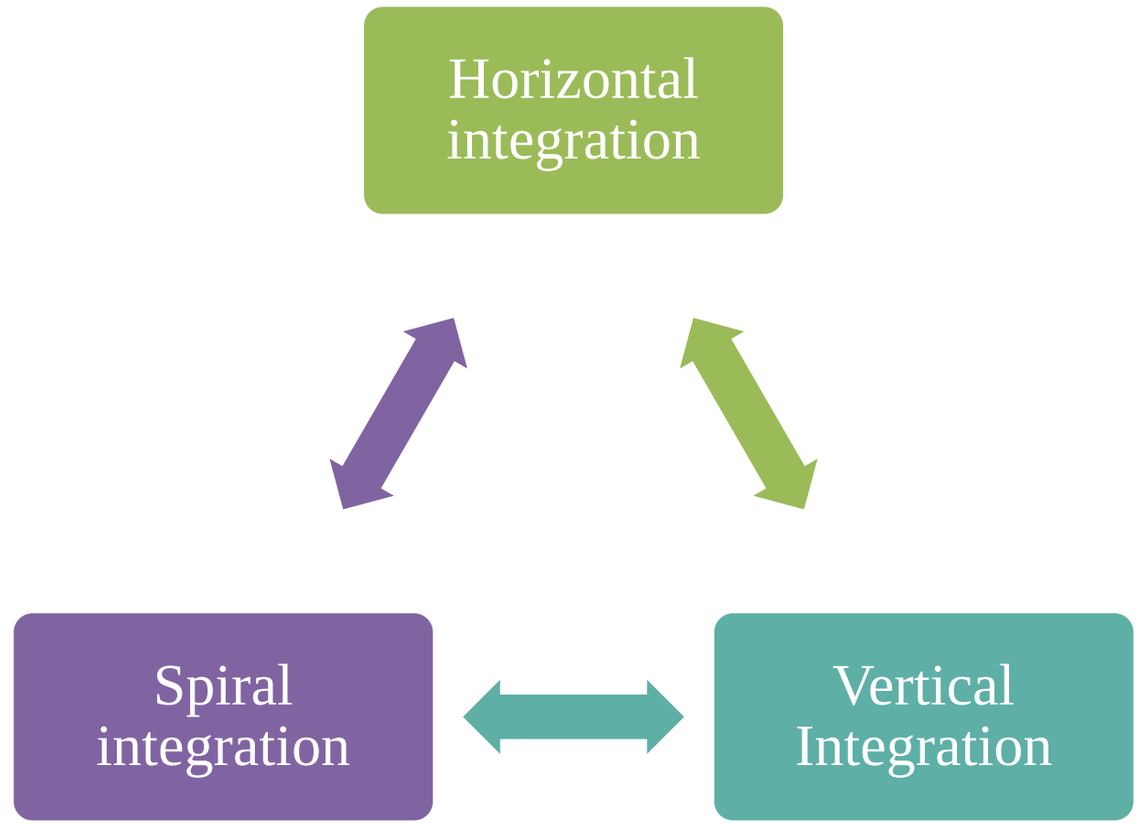
Goals of the Undergraduate Integrated Modular Curriculum

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

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

Integration of Disciplines in Foundation Module-I

- Pharmacology
- Pathology
- Forensic Medicine



- Quran
- Bioethics & Professionalism
- Family Medicine
- Research Innovation
- Behavioral Sciences

- Medicine
- Surgery

Discipline wise Details of Modular Content

Module	Content
• Pharmacology	• General Pharmacology (Pharmacokinetic and Pharmacodynamic processes and principles)
• Pathology	• Types of cell injury (Reversible and irreversible cell injury) • Acute and chronic inflammation, its consequences and diagnosis • Control of normal cell growth and tissue repair mechanisms
• Forensic Medicine	• Introduction to Forensic Medicine • Personal Identity • Legal Aspects of Medical practice
Spiral Component	
• Quran Studies	• Imaniyat
• Bioethics & Professionalism	• Duties of Medical and Dental Practitioner • Pharmacovigilance
• Family Medicine	• Ethics in primary care • Problem oriented history taking
• Research Innovation (IUGRC)	• Normal Distribution Curve • Hypothesis Testing • Test of Significance
• Behavioral Sciences	• Psychosocial Assessment
• Vertical Integration	**Medicine** • Medicine in Practice • Medical ethics introduction • Acute and Chronic Inflammation (Medical Perspective) • Physiological response to infection • Common Medical Issues
	Surgery • Surgical ethics • Patient safety and quality improvement • Surgical Infections • Sterilization and Disinfection • Metabolic response to injury • Wound repair healing

Table of Contents

Foundation Module Team

Module Name	:	Foundation Module
Duration of module	:	04 Weeks
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Review by	:	Module Committee

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Introduction to Spiral Curriculum

Bioethics:

Biomedical ethics, also known as bioethics, is a field of study that addresses the ethical, social, and legal issues arising from medicine and the life sciences. It applies moral principles and decision-making frameworks to the practice of clinical medicine, biomedical research, and health policy. Biomedical ethics seeks to navigate the complex ethical dilemmas posed by advances in medical technology, research methodologies, and healthcare practices. Key areas of focus include patient rights and autonomy, confidentiality, informed consent, end-of-life care, resource allocation, and the ethics of genetic engineering, among others.

Biomedical ethics within medical universities plays a pivotal role in shaping the moral framework through which future healthcare professionals navigate the complex and often challenging decisions they will face in their careers. This critical discipline integrates ethical theories and principles with clinical practice, research, and healthcare policy, fostering a deep understanding of the ethical dimensions of medicine. By embedding biomedical ethics into the curriculum, Rawalpindi medical university equips students with the tools to critically analyze and address ethical dilemmas, ranging from patient confidentiality and informed consent to end-of-life care and the equitable distribution of healthcare resources.

This education goes beyond theoretical knowledge, encouraging students to apply ethical reasoning in practical scenarios, thus preparing them for the moral complexities of the medical field. Biomedical ethics also promotes a culture of empathy, respect, and integrity, ensuring that future medical practitioners not only excel in their technical skills but also uphold the highest ethical standards in patient care and research. Through seminars, case studies, and interdisciplinary collaborations, students are encouraged to engage in ethical discourse, reflecting on the societal impact of medical advancements and the responsibility of medical professionals to society. This foundational aspect of medical education cultivates a generation of healthcare professionals committed to ethical excellence, patient advocacy, and the pursuit of equitable healthcare for all.

Professionalism

Professionalism in medicine refers to the set of values, behaviors, and relationships that underpin the trust the public has in doctors and other healthcare professionals. It encompasses a commitment to competence, integrity, ethical conduct, accountability, and putting the interests of patients above one's own. Professionalism involves adhering to high standards of practice, including maintaining patient confidentiality, communicating effectively and respectfully with patients and colleagues, and continually engaging in self-improvement and professional development. It also includes a responsibility to improve access to high-quality healthcare and to contribute to the welfare of the community and the betterment of public health. In essence, professionalism in medicine is foundational to the quality of care provided to patients and is critical for maintaining the trust that is essential for the doctor-patient relationship.

Rawalpindi Medical University emphasizes the importance of professionalism in medicine, integrating it throughout its curriculum to ensure that students embody the core values of respect, accountability, and compassion in their interactions with patients, colleagues, and the community. This focus on professionalism is designed to prepare students for the complexities of the healthcare environment, instilling in them a deep sense of responsibility to their patients, adherence to ethical principles, and a commitment to continuous learning and improvement. Through a combination of theoretical learning, practical training, and mentorship, RMU encourages its students to exemplify professionalism in every aspect of their medical practice. Workshops, seminars, and clinical rotations further reinforce these values, providing students with real-world experiences that highlight the importance of maintaining professional conduct in challenging situations. RMU's approach to professionalism not only shapes competent and ethical medical professionals but also contributes to the broader mission of improving healthcare standards and patient outcomes. By prioritizing professionalism, Rawalpindi Medical University plays a crucial role in advancing the medical profession and ensuring that its graduates are well-equipped to meet the demands of a rapidly evolving healthcare landscape with honor and integrity.

Communication Skills

Communication skill for health professionals involves the ability to effectively convey and receive information, thoughts, and feelings with patients, their families, and other healthcare professionals. It encompasses a range of competencies including active listening, clear and compassionate verbal and non-verbal expression, empathy, the ability to explain medical conditions and treatments in an understandable way, and the skill to negotiate and resolve conflicts. Effective communication is essential for establishing trust, ensuring patient understanding and compliance with treatment plans, making informed decisions, and providing holistic care. It directly impacts patient satisfaction, health outcomes, and the overall efficiency of healthcare delivery

At Rawalpindi Medical University (RMU), the development of communication skills is regarded as a fundamental aspect of medical education, recognizing its critical importance in enhancing patient care, teamwork, and interdisciplinary collaboration. RMU is dedicated to equipping its students with exceptional communication abilities, enabling them to effectively interact with patients, their families, and healthcare colleagues. The curriculum is thoughtfully designed to incorporate various interactive and experiential learning opportunities, such as role-playing, patient interviews, and group discussions, which allow students to practice and refine their communication skills in a supportive environment.

By integrating communication skills training throughout its programs, RMU not only enhances the interpersonal competencies of its future healthcare professionals but also contributes to improving the overall quality of healthcare delivery. Graduates from RMU are distinguished not just by their clinical expertise but also by their ability to connect with patients and colleagues, making them highly effective and compassionate practitioners.

Introduction to Family Medicine

Family medicine is a medical specialty dedicated to providing comprehensive health care for people of all ages and genders. It is characterized by a long-term, patient-centered approach, building sustained relationships with patients and offering continuous care across all stages of life. It focuses on treating the whole person within the context of the family and the community, emphasizing preventive care, disease management, and health promotion.

The Family Medicine Curriculum at Rawalpindi Medical University (RMU) marks a significant stride towards holistic healthcare education, aiming to prepare medical graduates for the comprehensive and evolving needs of family practice. This curriculum is designed to offer a broad perspective on healthcare, focusing on preventive care, chronic disease management, community health, and the treatment of acute conditions across all ages, genders, and diseases. Emphasizing a patient-centered approach, the curriculum ensures that students develop a deep understanding of the importance of continuity of care, patient advocacy, and the ability to work within diverse community settings.

RMU's Family Medicine Curriculum integrates theoretical knowledge with practical experience. Students are exposed to a variety of learning environments, including community health centers, outpatient clinics, and inpatient settings, providing them with a well-rounded understanding of the different facets of family medicine. This hands-on approach is complemented by interactive sessions, workshops, and seminars that cover a wide range of topics from behavioral health to geriatric care, ensuring students are well-equipped to address the comprehensive health needs of individuals and families.

Module I - Foundation Module

Introduction: Foundation 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 foundation module is designed to impart basic knowledge about Pharmacology, Pathology, Forensic Medicine, Community Medicine, 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
- Use technology based medical education including **Artificial Intelligence.**
- Appreciate concepts & importance of **Family Medicine, Biomedical Ethics** and **Research.**

Skill

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

Section I - Terms & Abbreviations

Contents

Tables & Figures

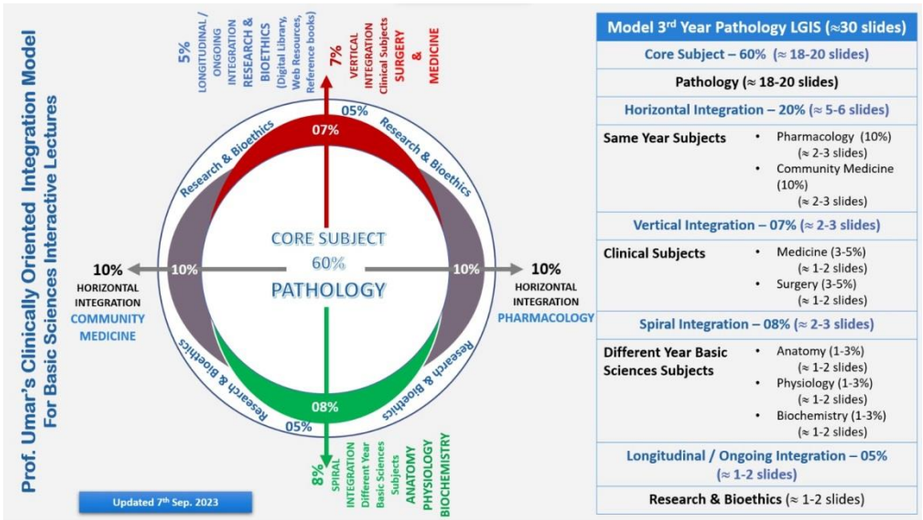
Table1. Domains of learning according to Blooms Taxonomy

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.		**Psychomotor Domain:** motor skills.
	• P1	Imitation
	• P2	Manipulation
	• P3	Precision
	• P4	Articulation
	• P5	Naturalization
3.		**Affective Domain:** feelings, values, dispositions, attitudes, etc
	• A1	Receive
	• A2	Respond
	• A3	Value
	• A4	Organize
	• A5	Internalize

Teaching and Learning Methodologies / Strategies

Large Group Interactive Session (LGIS)

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



Prof Umar's Model of Integrated Lecture

Small Group Discussion (SGD)

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

Table 2. Standardization of teaching content in Small Group Discussions

S.No	Topics	Approximate %
1	Title Of SGD	
2	Learning Objectives from Study Guide	
3	Horizontal Integration	24%
4	Core Concepts of the topic	60%
5	Vertical Integration	8%
6	Related Advance Research points	8%
7	Related Ethical points	
8	Artificial Intelligence	
9	Family Medicine	

Table 3. Steps of taking Small Group Discussions

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

Self- Directed Learning (SDL)

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

Case Based Learning (CBL)

- It's a learner centered model which engages students in discussion of specific scenarios that resemble typically are real world examples.
- Case scenario will be given to the students
- Will engage students in discussion of specific scenarios that resemble or typically are real-world examples.
- Learning objectives will be given to the students and will be based on

i. To provide students with a relevant opportunity to see theory in practice
ii. Require students to analyze data in order to reach a conclusion.
iii. Develop analytic, communicative and collaborative skills along with content knowledge

Practical Sessions/Skill Lab (SKL)

Practical Session/ Skill Lab (SKL)	
Demonstration/ power point presentation 4-5 slide	10-15 minutes
Practical work	25-30 minutes
Write/ draw and get it checked by teacher	20-25 minutes
05 MCQs at the end of the practical	10 minutes
At the end of module practical copy will be signed by head of department	
At the end of block the practical copy will be signed by Head of Department Dean Medical education department QEC	

Section II-Learning Objectives, Teaching Strategies & Assessments

Contents

ORIENTATION DAY
Introduction to New Teaching Block & Hospital Disciplines

Topic	Facilitator	Learning Objectives	Teaching Strategy
Introduction to RMUand Allied Hospitals	Vice Chancellor	Honorable VC will welcome and introduce the University and Allied Hospitals.	LGIS
Introduction to MedicalEducation Department	Assistant Director DME	• Introduce DME • Define Medical Education • Discuss its role • Appreciate role of DME in their curriculum • Appreciate role of DME in attendance monitoring • Illustrate the application • Leave submission process	LGIS
Introduction to Pre-Clinical Sciences	Implementation Incharge 3rd Year MBBS	• Introduction to Departments • Introduction to Hospitals • Discussion about Teaching & Learning strategies • Assessment Model • Discipline	LGIS
Introduction to Medicine & Allied	Lecture by Dean of Medicine &Allied	• Define medicine • Discuss History of medicine • Describe Islamic concepts of medicine • Identify Basic sciences involved in medicine • Identify Clinical subjects and their role • Describe practice of medicine • Describe the process	LGIS

Horizontally Integrated Basic Sciences (Anatomy, Physiology & Biochemistry)
Pharmacology Large Group Interactive Session (LGIS)

Topic	At the end of the lecture student should be able to	Learning Domain	Teaching strategies	Assessment tools
Pharmacokinetics				
Absorption of drugs	• Define absorption of drugs.	C1	LGIS	MCQs SAQs VIVA
	• Describe the processes by which drugs are absorbed through different barriers.	C2		
Distribution of drugs -I	• Define drug distribution	C1	LGIS	MCQs SAQs VIVA
	• Describe the distribution of a drug through various body compartments	C2		
	• Define volume of distribution	C1		
	• Express volume of distribution mathematically	C1		
	• Calculate the volume of distribution of given drug	P-1		
Distribution of drugs-II	• Discuss the characteristics of plasma protein binding & their clinical significance.	C2	LGIS	MCQs SAQs VIVA
	• Describe relationship among volume of distribution & PPB.	C2		
	• Discuss the drug reservoirs in the body.	C2		
	• Discuss different factors affecting distribution of drugs	C2		
Biotransformation I	• Define Biotransformation	C1	LGIS	MCQs SAQs VIVA
	• Describe the outcomes and clinical significance of Biotransformation	C2		
	• Enlist types of biotransformation (microsomal and non –microsomal)	C1		
	• Describe characteristics of Phase 1 and Phase 2 biotransformation reactions	C2		
Biotransformation II	• Discuss different factors affecting biotransformation	C2	LGIS	MCQs SAQs VIVA
	Discuss enzyme induction and inhibition	C2		

Topic	At the end of the lecture student should be able to	Learning Domain	Teaching strategies	Assessment tools
Bioavailability	• Define bioavailability	C1	LGIS	MCQs SAQs VIVA
	• Express it mathematically and graphically	C1		
	• Describe the clinical significance of bioavailability	C2		
	• Define first pass metabolism	C1		
	• Recognize the effect of first pass metabolism on bioavailability of drugs	C2		
	• Discuss the factors affecting bioavailability of drugs	C2		
	• Differentiate between bioequivalence, therapeutic equivalence & chemical equivalence	C3		
Half life of drugs	• Define half-life	C1	LGIS	MCQs SAQs VIV
	• Express it mathematically	C1		
	• Discuss phases with graphical representation of half-life.(alpha and beta half life)	C2		
	• Discuss first and zero order kinetics	C2		
	• Describe factors affecting half-life.	C2		
	• Discuss the clinical significance of half-life.	C2		
	• Discuss steady state concentration and its importance	C2		
	• Determine the half life of the given drug.			
Excretion Of drugs	• Define excretion of drug	C1	LGIS	MCQs SAQs VIVA
	• Identify sites of drug excretion	C1		
	• Discuss processes involved in drug excretion	C2		
	• Define drug clearance	C1		
	• Express it mathematically	C1		
	• Define extraction ratio	C1		
	• Describe factors affecting CL	C2		
	• Outline the significance of clearance	C2		

Topic	At the end of the lecture student should be able to	Learning Domain	Teaching strategies	Assessment tools
Pharmacodynamics				
Mechanism of drug action- I	• Discuss different ways of drug interactions • Chemical & physical interaction • Drug –Receptor interaction	C2	LGIS	MCQs SAQs VIVA
	• Define receptor, its types and distribution	C1		
	• Define ligand	C1		
	• Discuss different receptor ligand interaction (agonist, partial agonist, inverse agonist and antagonist)	C2		
Mechanism of drug action- II	• Discuss different receptor signal transduction mechanisms	C2	LGIS	MCQs SAQs
Dose response curve -I	• Define Dose response curve	C1	LGIS	MCQs SAQs VIVA
	• Discuss different types of dose response curve	C2		
	• Describe the information that can be obtained from a Graded Dose Response Curve with its clinical significance	C2		
Dose response curve-II	• Explain Quantal Dose Response Curve	C2	LGIS	MCQs SAQs VIVA
	• Describe the information that can be obtained from a Quantal Dose Response Curve	C2		
	• Describe differences between Graded and Quantal Dose Response Curve	C2		
	• Value the role of basic investigations in clinical management	A3		
Tolerance and tachyphylaxis	• Define Tolerance & Tachyphylaxis with clinical examples	C2	LGIS	MCQs SAQs VIVA
	• Differentiate between Tolerance and Tachyphylaxis	C2		
	• Discuss different types and mechanism of drug tolerance	C2		
	• Define drug dependence	C1		
	• Discuss the stages of drug dependence	C2		

Topic	At the end of the lecture student should be able to	Learning Domain	Teaching strategies	Assessment tools
Factors affecting drug actions I	• Discuss different factors affecting drug dose and action • Physiological • Pathological • Psychological • Genetic • Drug related (drug interactions) • Environmental	C2	LGIS	MCQs SAQs VIVA
Factors affecting drug actions II	• Explain Synergism, Summation and Potentiation Accumulation	C2	LGIS	MCQs SAQs VIVA
Adverse drug reactions	• Define adverse drug reaction (ADR)	C1	LGIS	MCQs SAQs VIVA
	• Classify ADRs based on type and severity	C1		
	• Describe the characteristic of each type of ADR	C2		
	• Identify predisposing risk factors and approaches to ADR prevention	C2		
	• Illustrate ways of ADR detection during pre & post marketing evaluation of drugs	C2		

Pathology Large Group Interactive Session (LGIS)

Topic	At the end of the lecture student should be able to	C/P/A	Teaching strategies	Assessment tools
Reversible and irreversible cell injury	• Define Ischemia and cell injury,	C1	LGIS	MCQs SAQs VIVA
	• Define Reversible and Irreversible Cell injury	C1		
	• Describe causes of cell injury and ischemia,	C2		
	• Describe morphology of reversible & irreversible cell injury	C2		
	• Explain depletion of ATP, mitochondrial damage and dysfunction, influx of Calcium and loss of calcium, hemostasis, free radical injury (oxidative stresses), defects in membrane permeability, damage to DNA and protein.	C2		
	• Define adaptation	C1		
	• Classify types of adaptation	C1		
	• Describe mechanism of hypertrophy hyperplasia, atrophy and metaplasia	C2		
Acute inflammation vascular events	• Describe Stimuli for acute inflammation	C2	LGIS	MCQs SAQs VIVA
	• Explain vascular Changes including vascular flow, caliber, and increased vascular permeability. (vascular Leakage)	C2		
	• Recognize the effect of first pass metabolism on bioavailability of drugs	C2		
	• Discuss the factors affecting bioavailability of drugs	C2		
Cellular Events ofAcute Inflammation	• Describe cellular events (Extravasation and phagocytosis)	C2	LGIS	MCQs SAQs VIVA
	• Describe Leukocytes Adhesions and Transmigration	C2		
	• Describe Chemotaxis, Leukocyte Activation,	C2		
	• Phagocytosis and Release of Leukocytes Products	C2		
	• Describe Leukocyte-Induced Tissue injury and Defects in Leukocytes Function	C2		

Forensic Large Group Interactive Session (LGIS)

Topic	Learning objectives	Learning Domain	Teaching Strategy	Assessment Tools
Introduction to Forensic Medicine	• Define forensic medicine , state medicine & medical jurisprudence	C1	LGIS	MCQs SAQs VIVA
	• Enlist different branches of forensic medicine.	C1		
	• State the importance of medicolegal clinics, autopsy room, laboratory services.	C2		
	• Briefly describe the requirements of autopsy room.	C2		
Personal Identity-I Parameters of Identity	• Describe the importance of personal identity.	C2	LGIS	MCQs SAQs VIVA
	• Enumerate different Parameters of personal identity (Age, sex, race, stature, Tattoo marks, occupational status, Anthroprometry etc)	C1		
	• Briefly explain different methods to determine the personal identity.	C2		
	• Define Poroscopy, Cheiloscopy, Dactylography, Anthropometry, Trace evidence and Locard's Principle of exchange w.r.t Personal Identity.	C1		
Legal Aspects of Medical practice-I Courts and legal procedures in Pakistan	• Define law, Statute law, Common law, civil law and criminal law.	C1	LGIS	MCQs SAQs VIVA
	• Define Inquest with examples of its application in medico-legal work.	C2		
	• Describe various methods of judicial investigations	C2		
	• State Different types of Courts and their power of jurisdiction	C2		

Topic	Learning objectives	Learning Domain	Teaching Strategy	Assessment Tools
Legal Aspects of Medical practice-II Medico-legal Importance of Evidence and witness	• Enumerate and briefly describe the different types of evidence.	C1	LGIS	MCQs SAQs VIVA
	• Briefly explain the admissibility of evidence in court.	C2		
Personal Identity-II Osteology	• Differentiate between dying declaration and dying deposition.	C2	LGIS	MCQs SAQs VIVA
	• Briefly explain the stages of evidence in court.	C2		
	• Define ossification centers	C1		
	• Enlist the ossification centers in bones and their appearance with relation to age.	C2		
	• Briefly describe the medicolegal importance of	C2		
Legal Aspects of Medical practice-III Negligence Consent PM& DC rules and regulation	• Introduction to Medical Ethics	C1	LGIS	MCQs SAQs VIVA
	• Define consent and briefly describe its various types	C2		
	• Define and describe the medical negligence with examples	C2		
	• Enlist and describe the different types of negligence and precautions against medical negligence	C2		
	• Enlist the duties of a Medical practitioner and patient w.r.t medical negligence.	C2		
	• Briefly describe the structure & function of PMDC	C2		
Legal Aspects of Medical practice-IV Confidentiality and legal medical practice	• Define Professional misconduct	C1	LGIS	MCQs SAQs VIVA
	• Briefly describe different types of Abuse comes under professional misconduct.	C2		
	• Define Professional secrecy.	C2		
	• Define privileged communication and briefly explain its types.	C2		
	• Briefly describe different types of medical documentation.(Medical prescription, medical report, medical certificate and medical notification).	C2		

Pharmacology Small Group Discussion (SGDs)

Topic	Learning objectives	Learning Domain	Teaching Strategy	Assessment tool
Routes of drug administration and dosage forms	• Enlist different routes of drug administration	C1	SGD	MCQ SAQ VIVA OSPE
	• Discuss the merits and demerits of each route of administration	C2		
	• Enumerate different dosage forms	C1		
	• Discuss the utility of different dosage form in different clinical situations	C2		
Factors affecting absorption of drugs	• Discuss different drug and body based factors affecting absorption of drugs	C2	SGD	MCQ SAQ VIVA OSPE
Role of enzyme induction and inhibition	• Recall the phenomenon of enzyme induction and inhibition	C1	SGD	MCQ SAQ VIVA OSPE
	• Recognize the effect of enzyme induction and enzyme inhibition on co • administered drugs	C2		
Therapeutic Drug Monitoring	• Define therapeutic drug monitoring	C1	SGD	MCQ SAQ VIVA OSPE
	• Identify the need/significance of therapeutic drug monitoring	C1		
	• Discuss the characteristics and process of therapeutic drug monitoring	C2		
	• Enumerate the factors affecting therapeutic drug monitoring	C1		

Pathology Small Group Discussion (SGDs)

Topic	At the end of the lecture student should be able to	C/P/A	Teaching strategy	Assessment tools
Cellular adaptation	• Classify various cellular adaptations to stress C1	C1	SGD	MCQs SAQs VIVA
Cellular aging & intracellular accumulations	• Define the Mechanisms that causes and counteracts cellular aging	C1	SGD	MCQs SAQs VIVA
	• Discuss the causes of DNA damage	C2		
	• Describe mechanism of decreased cellular	C2		
	• Explain role of telomers and telomerase and defective protein homeostasis leading to	C2		
	• Define intracellular accumulations	C1		
	• Describe causes, mechanisms and clinical correlations of the following abnormal accumulations in cells and	C2		
Chemical Mediators of inflammation	• Classify Cell Derived Mediators	C1	SGD	MCQs SAQs VIVA
	• Discuss mechanism of actions of all mediators	C2		
	• Demonstrate effective collaboration within the group as a member or leader	A3		
Chronic Inflammation	• Describe the causes of chronic Inflammation.	C2	SGD	MCQs SAQs VIVA
	• Describe Role of Macrophages	C2		
Consequences of inflammation	• Explain Systemic effects of inflammation	C2	SGD	MCQs SAQs VIVA
	• Describe consequences of defective or excessive inflammation	C2		
Control of normal cell Proliferation and Tissue Growth	• Explain tissue proliferative activity of Stem cell	C2	SGD	MCQs SAQs VIVA
	• Explain signaling Mechanism in Cell Growth	C2		
	• Describe cell Cycle and the Regulation of cell Replication	C2		
Mechanism of Tissue Regeneration	• Describe mechanism of tissue regeneration	C2	SGD	MCQs SAQs VIVA
	• Define: Collagen, Elastin, Fibrillin,cell adhesion Proteins, Glycosaminoglycans, Proteoglycans	C1		
	• Demonstrate collaborative team work and problem solving aptitude	A3		

Pharmacology Self Directed Learning (SDL)

Topic	Learning Objectives	References
Drug development and new therapeutic approaches	• Define drug • Identify sources of drug • Discuss the phases of drug development • Outline the new therapeutic approaches	1. Basic and Clinical Pharmacology by Bertram Z. Katzung 15th Edition 2. Chapter 1, Page 2-6, 15-24 3. Goodman and Gillmans The Pharmacological basics of Therapeutics, 13th Edition, Chapter 1, Pg 18 4. Alamgir, A.N.M. (2017). Drugs: Their Natural, Synthetic, and Biosynthetic Sources. In: Therapeutic Use of Medicinal Plants and Their Extracts: Volume 1. Progress in Drug Research, vol 73. Springer, Cham. https://doi.org/10.1007/978-3-319-63862-1_4
Pharmacokinetic interactions & Their mechanisms	• Define drug interactions and its types • Classify drug interactions at different pharmacokinetic processes with examples absorption, distribution, metabolism and excretion • Discuss clinical implications of these interactions	1. Important Drug Interactions & Their Mechanisms, Chapter 67, Page No:1156,1173, Basic & Clinical Pharmacology, Katzung 2. DuBuske, L.M., 2005. The role of P-glycoprotein and organic anion-transporting polypeptides in drug interactions. *Drug safety*, *28*, pp.789-801
Principles of Prescription Order Writing and Patient Compliance	• Describe different steps of writing a rational prescription • Identify different components of prescription • Enlist and discuss different abbreviations and terms used in prescriptions and chart orders • Recognize main prescription errors	1. Rational Prescribing & Prescription Writing, Chapter 66, Page Number:1146-1150 Basic & Clinical Pharmacology, Katzung 2. Ozavci, G., Bucknall, T., Woodward-Kron, R., Hughes, C., Jorm, C., Joseph, K. and Manias, E., 2021. A systematic review of older patients' experiences and perceptions of communication about managing medication across transitions of care. Research in Social and Administrative Pharmacy, 17(2), pp.273-291.
Therapeutic drug monitoring	• Define therapeutic drug monitoring • Identify the need/significance of therapeutic drug monitoring • Discuss the characteristics and process of therapeutic drug monitoring • Enumerate the factors affecting therapeutic drug monitoring	1. Ali, A.S., Abdel-Rhaman, M.S., Rahman, A.F., & Osman, O.H. (2013). Basic Principles of Therapeutic Drug Monitoring. 2. Goodman and Gillmans The Pharmacological basics of Therapeutics, 15th Edition, Chapter 2, Pg 29

Pathology Self Directed Learning (SDL)

Topic	Learning Objectives	References
The genome and cellular house keeping	• Describe the components and regulators of gene function • Describe the functions of coding and non-coding genome • Describe the components of cell and regulation of cell function	Robbins & Cotran Pathologic Basis OF Disease 10th Edition, Chapter 1 Pg 1--15
Cell Growth	• Describe the cell signaling pathways • Describe the cell cycle and its regulators • Describe the role of growth factors and their receptors in cell growth • Describe the role of extracellular matrix in cell growth • Describe the role of stem cells in replenishing cellular populations	Robbins & COTRAN Pathologic Basis OF Disease 10th Edition, Chapter 1 Pg 15--29
Morphological Patterns and complications of Acute inflammation	• Identify Morphologic Patterns of Acute inflammation • Describe the termination events of acute inflammation • Describe complications of Acute inflammation • Demonstrate responsibility for self-learning	Robbins & Cotran Pathologic Basis OF Disease 10th Edition , Chapter 3 Pg 93--96
Phagocytosis and Clearance of the Offending Agent	• Describe the role of cells involved in Phagocytosis and Clearance of the Offending Agent • Describe the process of phagocytosis and opsonization • Describe the mechanism of action of NETs	Robbins & Cotran Pathologic Basis OF Disease 10th Edition ,Chapter 3 Pg 80--85

Forensic Medicine Self Directed Learning (SDL)

Topic	Learning Objectives	References
Importance of Medical consent	• Describe various types of medical evidences and consent • Describe principles of a medical witness	Parikh "text book of medical jurisprudence forensic medicine and toxicology addition 9
Professional Medical negligence	• Introduction to Medical Ethics • Define and describe the medical negligence with examples • Define and describe contributory negligence and precautions against medical negligence	Parikh "text book of medical jurisprudence forensic medicine and toxicology addition 9
Personal identity	• Describe Importance of personal identity. • Describe the Parameters of personal identity with special emphasis on the following Teeth, Age, Sex, Race and communal characters, Complexion, Features, Hairs, Stature, Deformities, Tattoo marks, Scars, Occupational, • stigmata, Anthropometry,	Parikh "text book of medical jurisprudence forensic medicine and toxicology addition 9
Identification in mass disasters	• Define mass disaster • Mention the objective of Forensic investigations • Describe the importance of fragmentary remains • Role of photography in mass disasters	Parikh "text book of medical jurisprudence forensic medicine and toxicology addition 9

Pharmacology Practical Skill Laboratory (SKL)

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment Tool
Biostatistics-I	• Explain the concept of central tendency in pharmacology and its relevance in analyzing drug response data. • Practice calculating the mean, median, and mode • Interpret the calculated central tendencies in the context of drug efficacy and safety. • Differentiate between mean, median, and mode, and understand when each measure is most appropriate in • pharmacological data analysis	P	Skill	OSPE
Biostatistics-II	• Clearly define variance, standard deviation, and standard error of the mean, and understand the distinctions between • these measures. • Practice calculating variance as a measure of the spread of drug concentration data and interpret the results. • Learn to compute standard deviation as a more interpretable measure of the variability in drug response • data.	P	Skill	OSPE
Pharmacological Calculations-I	• Master fundamental skills in calculating drug dosages based on patient weight, age, and other relevant factors. • Develop proficiency in calculating pediatric drug dosages, considering age-appropriate formulations and dosage • forms.	P	Skill	OSPE
Pharmacological Calculations-II	• Clearly define and understand the concepts of fractions and percentages in the context of pharmacological • solutions • Develop proficiency in calculating fractional concentrations for drug solutions, considering both mass/volume and volume/volume ratios. • Calculate percentage concentrations of drug solutions using different weight/volume and volume/volume • formulations.	P	Skill	OSPE

Pathology Practical Skill Laboratory (SKL)

Topic	Learning Objectives	Learning Domain	Teaching strategies	Assessment tools
Cellular adaptations to stress	• Classify various cellular adaptations to stress	C1	Practical	OSPE
	• Identify various clinical conditions which lead to hypertrophy, atrophy and metaplasia	P2		
	• Identify the morphology of hypertrophy, atrophy and metaplasia	P3		
	• Demonstrate positive attitude towards safe handling of laboratory specimens	A3		
Fatty change, Calcification, Pigmentation	• Enlist various conditions which can lead to fatty change calcification and pigmentation	C1	Practical	OSPE
	• Identify various clinical conditions which lead to fatty change, calcification and pigmentation	P2		
	• Identify the morphology of fatty change, calcification and pigmentation	P3		
	• Demonstrate collaborative working skills	A2		
Diagnosis of Acute inflammation	• Identify acute inflammatory condition on the basis of gross and microscopic findings.	P3	Practical	OSPE
	• Value the role of basic investigations in clinical management	A3		
Chronic and granulomatous inflammation.	• Identify the microscopic features and gross appearance of Chronic and Granulomatous Inflammation	P3	Practical	OSPE
	• Value the role of basic investigations in clinical management	A3		

Forensic Medicine Practical Skill Laboratory (SKL)

Topic	Learning objectives				
	Knowledge	C/P/A	Skills	Attitude	Assessment Tools
Medicolegal Certificates for (Age estimation, Examination of Injuries, Rape survivors, death certificate, Consent form)	• Briefly describe Importance of Medicolegal Certificates. • Enlist various types of medicolegal certificates.	C2 C2	• The student will be able to • Enlist various types of medicolegal certificates. • Fill different types of Medicolegal Certificates	The student will be able to : Recognize the need and make different types of medicolegal certificates when required.	OSPE
Osteology Identification of male and female skull & pelvis	• Describe the distinguishing features of male and female skull • Knowledge of estimation of stature, Race, Age and anatomical details of skull with special reference of MLC/Autopsy • Describe the distinguishing features of male and female pelvis • Knowledge of estimation of Age and anatomical details of pelvis with special reference of MLC/Autopsy	C2 C2 C2 C2 C2	• The student will be able to • Distinguish male and female skull. • Relate anatomical details of skull with reference to personal identity. • Distinguish male and female pelvis. • Relate anatomical details of pelvis with reference to personal identity.	The student keen enough to Utilize the basic anatomical details of skull & Pelvis for their Medicolegal utilization	OSPE
Dactylography	• Briefly describe Poroscopy, Cheiloscopy, • Dactylography and Anthropomentary.	C1 C1 C2 C2	• The student will be able to • Define Poroscopy, Cheiloscopy, • Dactylography and Anthropomentary.	The student keen enough to utilize the basic anatomical details of pelvis for its Medicolegal utilization	OSPE

	• Enlist various types of finger prints • State medico legal importance of Dactlography Hasse's Rule, • Trace evidence and Locard's Principle of exchange.		• Enlist and identify various types of finger prints •		
Odontology	• Define forensic odontology and determine the age of a person w.r.t teeth. • Briefly explain the importance of Gustafson's and Boyd's method. • Differentiate between temporary and permanent teeth • State the medico-legal importance of teeth.	C1 C2 C2	The student will be able to • Identify the medicolegal importance of teeth. • Differentiate between temporary and permanent teeth	The student keen enough to utilize the basic fingerprint details and their Medicolegal utilization	OSPE

SECTION - III

Basic and Clinical Sciences (Vertical Integration)

- **Content**
- **CBLs**
- **Vertical Integration LGIS**
- **Spiral Integration**
- **Biomedical Ethics & Professionalism**
- **Family Medicine**
- **Behavioral Sciences**
- **Integrated Undergraduate Research Curriculum (IUGRC)**

Basic and Clinical Sciences (Vertical Integration)

Pharmacology Case Based Learning (CBL)

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment tools
Clinical Applications of Dose Response Curve	• Discuss the clinical application of different types of dose response curves	C3	CBL	PBQ
Pharmacogenetics	• Describe the importance of Pharmacogenetics in this specific case	C3	CBL	PBQ

Pathology Case Based Learning (CBL)

Topic	Learning Objectives At the end of the lecture student should be able to	Learning Domain	Teaching strategy	Assessment tools
Pathological calcification	• Explain causes of calcification in given scenario	C2	CBL	PBQs
	• Discuss other sites and types of calcification	C2		
	• Discuss morphological appearance and complications of calcification	C2		
	• Differentiate between various types of calcifications with respect to their sites and association with different pathological conditions	C2		
	• Apply knowledge in identifying the significance of calcification with normal and abnormal pathological circumstances	P2		
	• Demonstrate collaborative team work and problem solving aptitude	A3		
Granulomatous inflammation	• Demonstrate the pathogenesis , morphology , etiology, and causes and reasons of granulomatous inflammation C2	C2	CBL	PBQs
	• Differentiate between different granulomatous diseases C4	C4		
	• Identify diagnostic criteria for granulomatous inflammation P2	P2		
	• Demonstrate clinical reasoning and problem-solving attitude with collaborative team work	A3		
Healing by secondary intention	• Differentiate between repair and regeneration	C4	CBL	PBQs
	• Describe Mechanism of Angiogenesis	C2		
	• Wound healing by first and second intention	C2		
	• Describe factors that influence the inflammatory reparative response.	C2		
	• Describe wound remodeling, formation of granulation tissue and complications of wound healing.	C2		
	• Apply his/her knowledge to identify the mechanism of healing in different circumstances	A2		
	• Demonstrate critical thinking attitude needed for application of basic knowledge into clinical situations.	A3		

Large Group Interactive Sessions (LGIS)
Medicine

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment tool
Medicine in Practice	• Recognize importance of clinical medicine and context for theoretical learning so that one can see how learning about body system and social sciences are applied to care of patient.	C3	LGIS	MCQs SAQs
	• Recognize importance of clinical decision making.	C3		
	• Explain clinical reasoning and clinical skills.	C2		
	• Understands problems with diagnostic errors.	C3		
	• Explain the use and interpretation of diagnostic tests.	C2		
	• Analysis of patient- physician relationship.	C4		
	• Explain evidence based medicine.	C2		
	• Explain expanding role of physician	C2		
Medical ethics introduction	• Recognize and evaluate different ethical problems including gap block, priority setting, moral dilemma and resolving conflict.	C1	LGIS	MCQs SAQs
	• Analysis different ethical problems and knows different approaches.	C4		
	• Recognize importance of informed consent before examining a patient or any procedure.	C1		
	• Recognize importance of counseling of patients and attendants in different clinical settings.	C1		
	• Recognize respect for patient autonomy and acting in best interest of patient and maintaining confidentiality.	C1		
Acute and Chronic Inflammation Medical Perspective	• Recognize mechanism of acute inflammation.	C1	LGIS	MCQs SAQs
	• Describe what acute phase response are.	C2		
	• Explain acute phase proteins.	C2		
	• Explain mechanism of sepsis and septic shock.	C2		
	• Differentiate between acute and chronic inflammation.	C4		
	• Recognize the investigations involved in inflammation.	C1		
	• Describe presenting modes of inflammation and problems related to it.	C2		
Physiological response to infection	• Recall infectious agents including prions, viruses, prokaryotes and eukaryotes.	C1	LGIS	MCQs SAQs
	• Recognize the meaning of normal flora.	C1		

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment tool
Physiological response to infection	• Describe host pathogen interactions.	C2		
	• Explain pathogenesis of infectious diseases.	C2		
	• Recognize investigations required for diagnosis of infections.	C1		
	• Recall epidemiology of infection.	C1		
	• Know modes of transmission of infections.	C1		
Common Medical Issue-I	• Describe patho-physiology of pain.	C2	LGIS	MCQs SAQs
	• Describe evaluation of patient with pain.	C2		
Common Medical Issue-II	• Evaluate cause of chest discomfort and describe approach to a patient with fever.	C3	LGIS	MCQs SAQs
	• Differentiate between faintness, syncope, dizziness and vertigo.	C4		
	• Describe approach to a patient with hypertension.	C2		
	• Describe approach to a patient with lymphadenopathy and splenomegaly	C2		
	• Evaluate cause of chest discomfort and describe approach to a patient with fever.	C3		
	• Differentiate between faintness, syncope, dizziness and vertigo.	C4		

Surgery

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment Tool
Surgical ethics	• Establish importance of ethics in operating room	C3	LGIS	MQs SAQs
	• Establish common ethical issues in operating room (Exposure of body, Dress, People gathering and traffic, Noise, Comments • and behavior, Honesty, Consent.)	C3		
Patient safety and quality improvement	• Discuss the importance of understanding human behavior if patient care is to improve.	C2	LGIS	MCQs SAQs
	• Describe the importance of patient safety and the scale of the problem.	C2		
	• Explain medical error and its definitions including adverse events and near misses.	C2		
	• Discuss patient safety strategies and solutions.	C3		
	• Discuss the importance of understanding human behavior if patient care is to improve	C2	LGIS	MCQs SAQs
Sterilization and Disinfection	• Understand the concept of sterilization and disinfection.			
	• Recognize the importance of aseptic and antiseptic techniques.			
Surgical Infections	• The characteristics of the common surgical pathogens and their sensitivities	C3	LGIS	MCQs SAQs
	• The classification of sources of infection and their severity.	C2		
	• The clinical presentation of surgical infections.	C2		
	• The indications for and choice of prophylactic antibiotic.	C2		
Metabolic response to injury	• Classical concepts of homeostasis.	C2	LGIS	MCQs SAQs
	• Mediators of metabolic response to injury	C2		
	• Physiological and biochemical changes that occur during injury.	C2		
	• Avoidable factors that enhance metabolic response to injury	C2		
Wound repair and healing	• Normal healing and how it can be adversely affected.	C2	LGIS	MCQs SAQs
	• Management of wounds of different types.	C3		
	• Differentiation between acute and chronic wounds	C3		
	• Differentiate between repair and regeneration	C4		

Bioethics & Professionalism

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment tools
Duties of Medical and Dental Practitioners (International Code of Medical Ethics)	• Outlines the ethical principles and • Standards in Pakistan Medical and Dental Council (PMDC) Code of Ethics	C1	LGIS	MCQs
	• Enlist the duties of Physicians in General	C1		
	• Enlist the duties of Physicians to the Sick	C1		
	• Enlist the duties of Physicians to each other	C1		
Pharmacovigilance	• Conceptualize the Pharmacovigilance	C3	LGIS	MCQs
	• Define Pharmacovigilance (WHO,DRAP) • guidelines on the management of high alert medication	C1		
	• Elaborate adverse events reporting guidelines for healthcare professionals	C3		
	• Enlist the various tools available to minimize the medical errors	C1		
	• Elaborate the disclosure policy	C3		

Family Medicine

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment tools
Ethics in primary care	• Identify and analyse ethically problematic decision -making situations in health care and other related services	C1	LGIS	MCQs
	• Present appropriate and sound bioethical arguments	C2		
	• Evaluate his personal values and professional duties	C3		
	• Base his arguments on scientifically sound empirical • knowledge	C3		
	• Understand the ethical principles in scientific inquiry • and in scientific data reporting	C2		
Problem oriented history taking	• Identify the essential components of history	C1	LGIS	MCQs
	• Recognize chief complaints in history	C1		
	• Probe chief complaints with relevant questions	C3		

Behavioral Sciences

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment tools
Psychosocial Assessment -I	• To be able to do a detailed interview keeping in mind the psychological and Social aspects of • illness.	C3	LGIS	MCQs SAQs
	• To be able to inquire about the illness's predisposing, precipitating and • maintaining factors.	C3		
Psychosocial Assessment -II	• To be able to do detailed mental state examination including thought process and cognitive functions.	C3	LGIS	MCQs SAQs
	• To be able to incorporate the bio-psychosocial • model of healthcare in the management of the patient	C3		

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment tools
Normal distribution curve	• Define inferential statistics	C1	LGIS	MCQs SAQs VIVA
	• Explain role of inferential statistics in health research decision making	C2		
	• Appreciate concept of normal distribution curve and standard normal curve	C2		
	• Enlist properties of normal distribution curve and application of concept of normal distribution curve to solve community problems	C2		
	• Conceptualize the methods of generalization of result of sample over population	C3		
	• Explain concept standard error, confidence interval, coefficient of variation and degree of freedom with interpretation.	C2		
Hypothesis Testing	• Elaborate the concept of hypothesis testing	C2	LGIS	MCQs SAQs VIVA
	• Enlist the steps of hypothesis testing	C1		
	• Explain role of statistical test of significance in hypothesis testing	C2		
	• Differentiate between parametric , non-parametric	C2		
	• Interpret p-value and Confidence Interval in published research result	C3		
	• Describe concept of generalization of results to the population	C2		
	• Illustrate source of type I and type II errors	C2		
Tests of significance	• Explain application of sampling distribution of means in calculating SE and 95% Cl for sample mean	A2	LGIS	MCQs SAQs VIVA
	• Compute SE of difference between two sample means	C3		
	• Apply student t-test for computing difference between 2 means and interpret the results	A3		
	• Elaborate types of t-test	C3		
	• Differentiate between one sample, independent and paired t test	C3		

SECTION IV

Time Table 2024

Integrated Clinically Oriented Modular Curriculum

Foundation Module I

3rd Year MBBS

Foundation Module Team

Module Name	:	Foundation Module
Duration of module	:	04 Weeks
Coordinator	:	Dr. Zunera Hakim
Co-coordinator	:	Dr. Zoefishan Fatima
Review by	:	Module Committee

Module Committee		
1.	Vice Chancellor RMU	Prof. Dr. Muhammad Umar
2.	Director DME	Prof. Dr. Rai Muhammad Asghar
3.	Convener Curriculum	Prof. Dr. Naeem Akhter
4.	Dean BasicSciences	Prof. Dr. Ayesha Yousaf
5.	Additional Director DME	Prof. Dr. Ifra Saeed
6.	Chairperson Pharmacology & Implementation Incharge 3rd year MBBS	Dr. Asma Khan
7.	Chairperson Pathology	Prof. Dr. Mobina Dhodhy
8.	Chairperson Forensic Medicine	Dr Romana
9.	Focal Person Pharmacology	Dr Zunera Hakim
10.	Focal Person Pathology	Dr Faiza
11.	Focal Person Forensic Medicine	Dr. Filza
12.	Focal Person Medicine	Dr. Saima Ambreen
13.	Focal Person Behavioral Sciences	Dr. Saadia Yasir
14.	Focal Person Community Medicine	Dr. Afifa Kulsoom
15.	Focal Person Quran Translation Lectures	Mufti abdul Wahid
16.	Focal Person Family Medicine	Dr Sadia
17.	Focal Person Bioethics Department	Prof. Dr. Akram Randhawa
18.	Focal Person Surgery	Dr Huma Sabir

Module Task Force Team		
1.	Coordinator	Dr. Zunera Hakim (Assissant Professor of Pharmacology)
2.	DME Focal Person	Dr. Maryum Batool
3.	Co-coordinator	Dr. Zoefishan Fatima (Demonstrator of Pharmacology)

DME Implementation Team		
1.	Director DME	Prof. Dr. Rai Muhammad Asghar
2.	Additional Director DME	Assoc. Prof. Dr. Asma Khan
3.	Deputy Director DME	Dr Shazia Zaib
4.	Module planner & Implementation coordinator	Dr. Omaima Asif
5.	Editor	Dr Omaima Asif

Categorization of Modular Content of Pharmacology

Category A* AND B*	Category C ***			
LGIS	**Demonstrations / SGD**	**CBL**	**Practical's**	**Self-Directed Learning (SDL)**
Absorption of drugs Distribution of drugs -I Distribution of drugs -II Biotransformation I Biotransformation II Bioavailability Half-life of drug Excretion of drugs Mechanism of drug action I Mechanism of drug action II Dose response curves I Dose response curves II Tolerance and tachyphylaxis Factors affecting drug actions I Factors affecting drug actions II Adverse Drug reactions	Routes of drug administration Dosage forms Absorption of drugs Role of enzyme inducers and inhibitors in drug metabolism Therapeutic drug monitoring	Dose response curve (clinical applications) Pharmacogenetics	Pharmacological calculations-I Pharmacological calculations-II Biostatistics I Biostatistics II	Drug development and new therapeutic approaches Pharmacokinetic interactions & Their mechanisms Principles of Prescription Order Writing and Patient Compliance Therapeutic drug monitoring

Category A*: By Professors

Category B:** By Associate & Assistant Professors

Category C*:** By Senior Demonstrators & Demonstrators

Teaching Staff / Human Resource of Department of Pharmacology

Sr. #	Designation Of Teaching Staff / Human Resource	Total Number Of Teaching Staff
1.	Associate Professor of Pharmacology	01
2.	Assistant Professor of Pharmacology	02
3.	Demonstrators of Pharmacology	05

Contact Hours (Faculty)

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total Hours
1.	Large Group Interactive Session (LGIS)	2* 16= 32hours
2.	Small Group Discussions (SGD)	4*4=16 hours
3.	Case Based Learning (CBL)	4* 2 = 08hours
4.	Practical / Skill Lab	2 *3* 4 = 24 hours

Contact Hours (Students)

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total Hours
1.	Large Group Interactive Session (LGIS)	16 hours
2.	Small Group Discussions (SGD)	04 hours
3.	Case Based Learning (CBL)	02 hours
4.	Practical / Skill Lab	08 hours
5.	Self-Directed Learning (SDL)	04 hours

Categorization of Modular Content of Pathology

Category A*	Category B**	Category C ***		
LGIS General Pathology	**SGD** General Pathology	**Case Based Learning (CBL)**	**Skill Lab (Practical)**	**Self-Directed Learning (SDL)**
i. Reversible and irreversible cell injury ii. Acute inflammation vascular events iii. Cellular events of acute inflammation	i. Cellular adaptations ii. Cellular aging and intra cellular accumulations iii. Chemical mediators of inflammation iv. Chronic Inflammation v. Consequences of inflammation vi. Control of normal cell proliferation & tissue growth vii. Mechanism of Tissue Regeneration	i. Pathogenic Calcification ii. Granulomatous Inflammation iii. Healing by Secondary Intention	i. Cellular Adaptation to Stress ii. Fatty Change, Calcification & Pigmentation. iii. Diagnosis of Acute Inflammation. iv. Diagnosis of Chronic and Granulomatous Inflammation	i. The genome and cellular housekeeping. ii. Cell Growth & Cell Metabolism iii. Morphological Patterns and complications of Acute inflammation iv. Phagocytosis and Clearance of the Offending Agent

Category A*: By Professors

Category B:** By Associate & Assistant Professors

Category C*:** By Senior Demonstrators & Demonstrators

Teaching Staff / Human Resource of Department of Pathology

Sr. #	Designation Of Teaching Staff / Human Resource	Total Number of Teaching Staff
1.	Professor of Pathology department	02
2.	Associate Professor of Pathology department	01
3.	Assistant Professor of Pathology department	03
4.	Consultants & Demonstrators of Pathology depart.	03 +07

Contact Hours (Faculty)

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total Hours
1.	Large Group Interactive Session (LGIS)	1 * 3= 3 hours
2.	Small Group Discussions (SGD)	1 *7= 7 hours
3.	Case Based Learning (CBL)	1* 3 = 3 hours
4.	Practical / Skill Lab	2 * 4 = 8 hours

Contact Hours (Students)

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total Hours
1.	Large Group Interactive Session (LGIS)	3 hours
2.	Small Group Discussions (SGD)	7 hours
	Case Based Learning (CBL)	3 hours
4.	Practical / Skill Lab	8 hours
5.	Self-Directed Learning (SDL)	8 hours

Categorization of Modular Content of Forensic Medicine

A*	B**	C***	
LGIS	**LGIS**	**SGD (CBL/Practical)**	**SDL**
Introduction to Forensic Medicine	**Personal Identity-I** Parameters of Identity	**Medicolegal Certificates for** (Age estimation, Examination of Injuries, Rape survivors, death certificate, Consent form)	Importance of Medical consent
Legal Aspects of Medical practice-I Courts and legal procedures in Pakistan	**Personal Identity-II** Osteology	**Osteology** Identification of male and female skull & pelvis	Professional Medical negligence
Legal Aspects of Medical practice-II Medico-importance of Evidence and witness	**Legal Aspects of Medical practice-IV** Confidentiality and legal medical practice	**Dactylography**	Personal identity
Legal Aspects of Medical practice-III Negligence Consent PM& DC rules and regulation		**Odontology**	Identification in mass disasters
Category A*: Professor/Associate Professor			
Category B**: Assistant Professor			
Category C***:Senior Demonstrator/Demonstrator			

Teaching Staff / Human Resource of Department of Forensic Medicine

Sr. #	Designation Of Teaching Staff / Human Resource	Total Number Of Teaching Staff
1.	Professor of Forensic Medicine department	0
2.	Associate professor of Forensic Medicine department	01
3.	Assistant professor of Forensic Medicine department (AP)	01
4.	Sr.Demonstrators/Demonstrators of Forensic Medicine department	05
5.	Residents of Forensic Medicine department (PGTs)	06

Contact Hours (Faculty) & Contact Hours (Students) of Forensic Medicine & Toxicology

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total Hours
1.	Large Group Interactive Session (LECTURES)	1hrx7= 7 hours
2.	Small Group Discussions **SGD** (Practical/CBL)	2hr x4 =8 hours
5.	Self-Directed Learning (SDL)	2hrx4 = 8 hours

TIME TABLE 3rd YEAR MBBS -FOUNDATION MODULE I -2024 (1nd Week)

DATE / DAY	8:00 AM 11:00 AM	11:00am – 12:00pm	12:00 PM – 02:00 PM				
Monday 12-02-2024	**Clinical Clerkship** **Batch : A Medicine** **Batch : B Surgery** **Batch : C Sub-Specialty** **(Refer to annexure 2)**	***L-1** Orientation Lecture **CPC** Dr Asma Dr Romana Dr Mobina Dr Omaima	**Batch**	**Discipline**	**Topic of Practical**		
			A	Pharmacology P-1	Biostatistics-I	Dr. Uzma	Pharmacology Lab
			B	Forensic Medicine P-2	Identification of male and female skull	Dr Shahida	Forensic Lab
			C	Pathology P-3	Cellular adaptations to stress	Dr Unaiza Aslam	Pathology Lab, NTB
Tuesday 13-02-2024		**Pathology*L-2** Reversible and irreversible cell injury **Even** / **Odd** Dr Wafa Omer / Dr Mudassira Zahid	**Batch**	**Discipline**	**Topic of Practical**		
			B	Pharmacology P-1	Biostatistics -I	Dr. Uzma	Pharmacology Lab
			C	Forensic Medicine P-2	Identification of male and female skull	Dr. Shahida	Forensic Lab
			A	Pathology P-3	Cellular adaptations to stress	Dr Unaiza Aslam	Pathology Lab, NTB
Wednesday 14-02-2024		**Forensic Medicine *L-3** Introduction to Forensic Medicine **Even** / **Odd** Dr Romana / Dr Filza	**Batch**	**Discipline**	**Topic of Practical**		
			C	Pharmacology P-1	Biostatistics-1	Dr.Uzma	Pharmacology Lab
			A	Forensic Medicine P-2	Identification of male and female skull	Dr.Shahids	Forensic Lab
			B	Pathology P-3	Cellular adaptations to stress	Dr Unaiza Aslam	Pathology Lab, NTB
Thursday 15-02-2024		**Pharmacology *S-1** Routes of drug administration Dr Uzma A Dr Zoefishan B Dr Zaheer C Dr Memuna D	**Pharmacology *S-2** **12:00-01:00PM** Dosage forms Dr Uzma A Dr Zoefishan B Dr Zaheer C Dr Memuna D		**Bioethics *L-4** **01:00 PM – 02:00 PM** Duties of Medical and Dental Practitioner **Even** / **Odd** Prof Akram Randhawa		
Friday 16-02-2024	**08:00am - 08:45am** **Quran *L-5** Iemaniyat -I **Even** / **Odd** Mufti Wahid	**08:45am – 09:30am** **Medicine *L-6** Medicine in practice **Even** / **Odd** Dr Faran / Dr Javaria	**09:30am – 10:15am** **Surgery *L-7** Surgical ethics **Even** / **Odd** Dr Yasmeen / Dr Rabia Mushtaq	**10:15am - 11:00am** **Forensic Medicine * L-8** **Personal identity –I** Parameters of identity **Even** / **Odd** Dr Romana / Dr Filza	**11:00am – 12:00pm** **Pharmacology*L-9** Absorption of drugs **Even** / **Odd** Dr Arsheen / Dr Memuna		
Saturday 17-02-2024	**08:00am - 08:45am** **Medicine * L-10** Medical Ethics Introduction **Even** / **Odd** Dr Faran / Dr Javaria	**08:45am – 09:30am** **Surgery * L-11** Patient Safety and quality improvement **Even** / **Odd** Dr Rahat / Dr Nazan	**09:30am – 10:30am** **Pharmacology *S-3** Factors affecting absorption of drugs Dr Uzma A Dr Zoefishan B Dr Zaheer C Dr Memuna D	**10:30am - 11:00am** **BREAK** 	**11:00am – 12:00pm** **Behavioral sciences *L-12** Psychosocial assessment -1 **Even** / **Odd** Dr Mehmood Ali / Dr Zarnain Umar	**12:00:pm – 01:00pm** **Pathology *S-4** Cellular adaptations Dr.Fatima tuz Zahra A Dr.Kiran Fatima B Dr.Fatima Rizvi C Dr Sara Rafi D	**01:00pm – 02:00pm** **Family Medicine *L-13** Ethics in primary care **Even** / **Odd** Dr Sadia Khan

TIME TABLE 3rd YEAR MBBS -FOUNDATION MODULE I -2024 (2nd Week)

DATE / DAY	8:00 AM 11:00 AM	11:00am – 12:00pm	12:00 PM – 02:00 PM				
Monday 19-02-2024	**Clinical Clerkship** **Batch : A Medicine** **Batch : B Surgery Batch** **Batch C Sub-Specialty** **(Refer to annexure 2)**	**Pathology *S-5** Cellular aging and intracellular accumulations Dr. Mudassira Zahid A Dr Rabbiya Khalid B Dr.Mehreen Fatima C Dr. Fatima tuz Zahra D	**Batch**	**Discipline**	**Topic of Practical**		
			A	Pharmacology P-4	Biostatistics-II	Dr. Uzma	Pharmacology Lab
			B	Forensic Medicine P-5	Identification of male and female skull	Dr.Gulzaib	Forensic Lab
			C	Pathology P-6	Fatty change, Calcification, Pigmentation	Dr. Mahjabeen	Pathology Lab, NTB
Tuesday 20-02-2024		**Pharmacology * L-14** Distribution of drugs-I (Central and Peripheral Distribution) **Even** / **Odd** Dr Attiya / Dr Zunera	**Batch**	**Discipline**	**Topic of Practical**		
			B	Pharmacology P-4	Biostatistics-II	Dr. Uzma	Pharmacology Lab
			C	Forensic Medicine P-5	Identification of male and female skull	Dr. Gulzaib	Forensic Lab
			A	Pathology P-6	Fatty change, Calcification, Pigmentation	Dr. Mahjabeen	Pathology Lab, NTB
Wednesday 21-02-2024		**Pharmacology * L-15** Distribution of drugs-II (factors affecting distribution) **Even** / **Odd** Dr Attiya / Dr Zunera	**Batch**	**Discipline**	**Topic of Practical**		
			C	Pharmacology P-4	Biostatistics-II	Dr. Uzma	Pharmacology Lab
			A	Forensic Medicine P-5	Identification of male and female skull	Dr.Gluzaib	Forensic Lab
			B	Pathology P-6	Fatty change, Calcification, Pigmentation	Dr. Mahjabeen	Pathology Lab, NTB
Thursday 22-02-2024		**Pharmacology *L-16** Biotransformation -I (Phases of Biotransformation) **Even** / **Odd** Dr Zunera / Dr Attiya	**Pharmacology *L-17** **12:00 PM – 01:00 PM** Biotransformation -II (Factors affecting biotransformation) **Even** / **Odd** Dr Zunera / Dr Attiya			**Pathology ***C-1** **01:00 PM – 02:00 PM** Pathological Calcifications Dr. Faiza Zafar A Dr. Mahjabeen B Dr. Unaiza Aslam C Dr. Nida Fatima D	
Friday 23-02-2024	**08:00am - 08:45am** **Quran *L-17** Iemaniyat -II **Even** / **Odd** Mufti Wahid	**08:45am – 09:30am** **Surgery (LGIS)* L-19** Surgical Infection **Even** / **Odd** Dr Muhammad Qasim / Dr Irfan Malik	**09:30am – 10:15am** **Pharmacology * *S-6** Role of enzyme inducers and inhibitorsin drug metabolism Dr Arsheen A Dr Zoefishan B Dr Zaheer C Dr Memuna D	**10:15am - 11:00am** **Forensic Medicine * L-20** **Legal aspects of Medical practice-I** Courts and legal procedures in Pakistan **Even** / **Odd** Dr Filza / Dr Romana	**11:00am – 12:00pm** **Pathology *L-21** Acute inflammation vascular events **Even** / **Odd** Prof. Mudassira / Prof. Wafa Omer		
Saturday 24-02-2024	**08:00am - 08:45am** **Forensic Medicine * L-22** **Legal aspects of Medical practice-II** Medicolegal importance of Evidence & witness **Even** / **Odd** Dr Filza / Dr Romana	**08:45am – 09:30am** **Surgery * L-23** Sterilization and disinfection **Even** / **Odd** Dr Aurangzeb / Dr Muhammad	**09:30am – 10:30am** **Pharmacology * L-24** Bioavailability of drugs **Even** / **Odd** Dr. Zunera Hakim / Dr Attiya Munir	**10:30am - 11:00am** **BREAK** 	**11:00am – 12:00pm** **Pharmacology *L-25** Half life **Even** / **Odd** Dr Uzma Umar / Dr Asma Khan	**12:00:pm – 01:00pm** **Pathology * L-26** Cellular events of acute inflammation **Even** / **Odd** Dr Mudassira / Prof WAFA	**01:00pm – 02:00pm** **Behavioral Sciences*L-27** Psychosocial assessment-II **Even** / **Odd** Dr Sadia Yasir / Dr Zona Tahir

TIME TABLE 3rd YEAR MBBS -FOUNDATION MODULE I -2024 (3rd Week)

DATE / DAY	8:00 AM 11:00 AM	11:00am – 12:00pm	12:00 PM – 02:00 PM				
Monday 26-02-2024	**Clinical Clerkship** **Batch : A Medicine** **Batch : B Surgery** **Batch : C Sub-Specialty** **(Refer to annexure 2)**	**Pathology **S-7** Chemical mediators of inflammation Dr. Fatima tuz Zuhra A Dr. Kiran Fatima B Dr. Fatima Rizvi C Dr. Sarah Rafi D	**Batch**	**Discipline**	**Topic of Practical**		
			A	Pharmacology P-7	Pharmacological Calculations-1	Dr Arsheen	Pharmacology Lab
			B	Forensic Medicine P-8	Identification of male and female pelvis	Dr Shahrukh	Forensic Lab
			C	Pathology P-9	Diagnosis of acute inflammation	Dr. Faiza Zafar	Pathology Lab, NTB
Tuesday 27-02-2024		**Pharmacology *L-28** Excretion of drugs **Even** Dr Zaheer / **Odd** Dr Zoefishan	**Batch**	**Discipline**	**Topic of Practical**		
			B	Pharmacology P-7	Pharmacological Calculations-1	Dr Arsheen	Pharmacology Lab
			C	Forensic Medicine P-8	Identification of male and female pelvis	Dr Shahrukh	Forensic Lab
			A	Pathology P-9	Diagnosis of acute inflammation	Dr. Faiza Zafar	Pathology Lab, NTB
Wednesday 28-02-2024		**Pathology **S-8** Chronic Inflammation Dr. Mudassira Zahid A Dr. Rabbiya Khalid B Dr. Mehreen Fatim C Dr. Fatima tuz Zahra D	**Batch**	**Discipline**	**Topic of Practical**		
			C	Pharmacology P-7	Pharmacological Calculations-1	Dr Arsheen	Pharmacology Lab
			A	Forensic Medicine P-8	Identification of male and female pelvis	Dr Shahrukh	Forensic Lab
			B	Pathology P-9	Diagnosis of acute inflammation	Dr. Faiza Zafar	Pathology Lab, NTB
Thursday 29-02-2024		**Pharmacology * L-29** Mechanism of drug action-I **Even** Dr. Zunera Hakim / **Odd** Dr Attiya Munir	**Pathology ***C-2** **12:00 PM – 01:00 PM** Granulomatous inflammation Dr. Abid Hassan A Dr. Syed Iqbal Haider B Dr. Syeda Aisha C Dr. Faiza Zafar D			**Forensic Medicine * L-30** **01:00 PM – 02:00 PM** **Personal identity –II** Identification in mass disaster **Even** Dr Romana / **Odd** Dr Filza	
Friday 01-03-2024	**08:00am - 08:45am** **Medicine * L-31** Acute and chronic inflammation; Medical related perspectives **Even** Dr Madiha / **Odd** Dr.Saima	**08:45am – 09:30am** **Quran *L-32** Iemaniyat -III **Even** / **Odd** Mufti Wahid	**09:30am – 10:15am** **Pathology **S-9** Morphological pattern of acute inflammation and Consequences of inflammation Dr. Fatima tuz Zuhra A Dr. Kiran Fatima B Dr. Fatima Rizvi C Dr. Sarah Rafi D	**10:15am - 11:00am** **Pharmacology * L-33** Mechanism of drug action-II **Even** Dr. Zunera Hakim / **Odd** Dr Attiya Munir	**11:00am – 12:00pm** **Research *L-34** Normal distribution curve **Even** Dr Imrana / **Odd** Dr Abdul Qadoos		
Saturday 02-03-2024	**08:00am - 08:45am** **Medicine * L-35** **Physiological response to infection** **Even** Dr Seemab / **Odd** Dr.Madiha	**08:45am – 09:30am** **Surgery * L-36** **Metabolic response to injury** **Even** Dr Huma Sabir / **Odd** Dr Muhammad Iqbal	**09:30am – 10:30am** **Pharmacology *L-37** Dose response curve-I (Graded dose response curve) **Even** Dr Zunera Hakim / **Odd** Dr Asma Khan	**10:30am - 11:00am** **BREAK** 	**11:00am – 12:00pm** **Pharmacology *L-38** Dose response curve-II (Quantal dose response curve) **Even** Dr Zunera Hakim / **Odd** Dr Asma Khan	**12:00:pm – 01:00pm** **Forensic Medicine * L-39** **Legal aspects of Medical practice-III** Negligence, Consent PM&DC **Even** Dr Romana / **Odd** Dr Filza	**01:00pm – 02:pm** **Pathology **S 10** Control of normal cell proliferation & tissue growth Dr. Mudassira Zahid A Dr. Rabbiya Khalid B Dr. Mehreen Fatim C Dr. Fatima tuz Zahra D

TIME TABLE 3rd YEAR MBBS -FOUNDATION MODULE I -2024 (4th Week)

DATE / DAY	8:00 AM 11:00 AM	11:00am – 12:00pm	12:00 PM – 02:00 PM				
Monday 04-03-2024	**Clinical Clerkship** **Batch : A Medicine** **Batch : B Surgery** **Batch : C Sub-Specialty** **(Refer to annexure 2)**	**Pharamcology ***C-3** Dose response curve (clinical applications) Dr Uzma Dr Zoefishan Dr Zaheer Dr Memuna	**Batch**	**Discipline**	**Topic of Practical**		
			A	Pharmacology P-10	Pharmacological Calculations-II	Dr Arsheen	Pharmacology Lab
			B	Forensic Medicine P-11	Dactylography	Dr Naila	Forensic Lab
			C	Pathology P-12	Diagnosis of chronic and granulomatous inflammation	Dr. Iqbal Haider	Pathology Lab, NTB
Tuesday 05-03-2024		**Pharmacology *L-40** Tolerance and tachyphylaxis **Even** Dr Zunera / **Odd** Dr Attiya	**Batch**	**Discipline**	**Topic of Practical**		
			B	Pharmacology P-10	Pharmacological Calculations-II	Dr Arsheen	Pharmacology Lab
			C	Forensic Medicine P-11	Dactylography	Dr Naila	Forensic Lab
			A	Pathology P-12	Diagnosis of chronic and granulomatous inflammation	Dr. Iqbal Haider	Pathology Lab, NTB
Wednesday 06-03-2024		**Pharmacology *L-41** Factors affecting drug action -I (Drug related) **Even** Dr Attiya / **Odd** Dr Asma	**Batch**	**Discipline**	**Topic of Practical**		
			C	Pharmacology P-10	Pharmacological Calculations-II	Dr Arsheen	Pharmacology Lab
			A	Forensic Medicine P-11	Dactylography	Dr Naila	Forensic Lab
			B	Pathology P-12	Diagnosis of chronic and granulomatous inflammation	Dr. Iqbal Haider	Pathology Lab, NTB
Thursday 07-03-2024		**Pharmacology *L-42** Factors affecting drug action -II (Body related) **Even** Dr Attiya / **Odd** Dr Asma	**Pathology **S 11** **12:00 PM – 01:00 PM** Mechanism of Tissue Regeneration Dr. Fatima tuz Zuhra A Dr. Kiran Fatima B Dr. Fatima Rizvi C Dr. Sarah Rafi D			**Forensic Medicine *L-43** **01:00 PM – 02:00 PM** **Legal aspects of Medical practice-IV** Confidentiality and legal medical practice Professional misconduct **Even** Dr Romana / **Odd** Dr Filza	
Friday 08-03-2024	**08:00am - 08:45am** **Medicine *L-44** Common Medical Issues-I **Even** Dr. Madiha / **Odd** Dr.Saima	**08:45am – 09:30am** **Surgery *L-45** Wound healing & repair **Even** Dr Muhammad Zafar / **Odd** Dr Gohar Rasheed	**09:30am – 10:15am** **Pathology ***C-4** Healing by Secondary intention Dr. Faiza Zafar, A Dr. Mahjabeen B Dr. Unaiza Aslam C Dr. Nida Fatima D	**10:15am - 11:00am** **Pharmacology *L-46** ADR **Even** Dr Zunera / **Odd** Dr Asma	**11:00am – 12:00pm** **Research *L-47** Hypothesis testing **Even** Dr Imrana / **Odd** Dr Abdul Qadoos		
Saturday 09-03-2024	**08:00am - 08:45am** **Medicine *L-48** Common Medical Issues-II **Even** Dr Seemab / **Odd** Dr.Madiha	**08:45am – 09:30am** **Ethics *L- 49** Pharmacovigilance **Even** Prof Akram Randhawa / **Odd**	**09:30am – 10:30am** **Pharmacology**S-12** Therapeutic drug monitoring Dr Uzma A Dr Zoefishan B Dr Arsheen C Dr Memuna D	**10:30am - 11:00am** **BREAK** 	**11:00am – 12:00pm** **Pharmacology ***C-5** Pharmacogenetics Dr Zaheer A Dr Zoefishan B Dr Arsheen C Dr Memuna D	**12:00:pm – 01:00pm** **Research *L-50** Test of significance **Even** Dr Imrana / **Odd** Dr Abdul Qadoos	**01:00pm – 02:pm** **Family Medicine * L-51** Problem oriented history taking Dr Sadia

Distribution of Teaching Hours of Disciplines

Sr. No.	Disciplines	LGIS	SGD	CBL	SDL	Hours
1.	Pharmacology	16	05	02	04	27
2.	Pathology	03	07	03	04	17
3.	Forensic Medicine	07	04	0	04	15
4.	Surgery	06	0	0	0	06
5.	Medicine	06	0	0	0	06
6.	Family Medicine	02	0	0	0	02
7.	Research	03	0	0	0	03
8.	Ethics	02	0	0	0	02
9.	Behavioral Sciences	02	0	0	0	02
10.	Quran	03	0	0	0	
	Total hours	51	12	05	12	**80**

Practical & Clerkship Hours

Disciplines	Practical hours	Disciplines	Clerkship hours
Pharmacology	2x4 = 08 hrs	Surgery	2.5 x 16 = 35 hrs
Pathology	2x4 = 08 hrs	Medicine	2.5 x 16= 35 hrs
Forensic Medicine	2x4 = 08 hrs	Sub Specialty	2.5 x 16 = 35 hrs

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

VENUES FOR ACADEMIC SESSIONS 3rd YEAR MBBS

- **LARGE GROUP INTERACTIVE SESSIONS (LGIS)**

  Odd roll numbers: Lecture Hall 01

  Even roll numbers: Lecture Hall 02

- **SMALL GROUP DISCUSSION (SGD) /CASE BASED LEARNING (CBL)**

  Lecture Hall 01
  Lecture Hall 02
  Lecture Hall 04
  Lecture Hall 05

  } In case of non availability of these venues due to 4th Year Prof CPC will be used for two batches

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

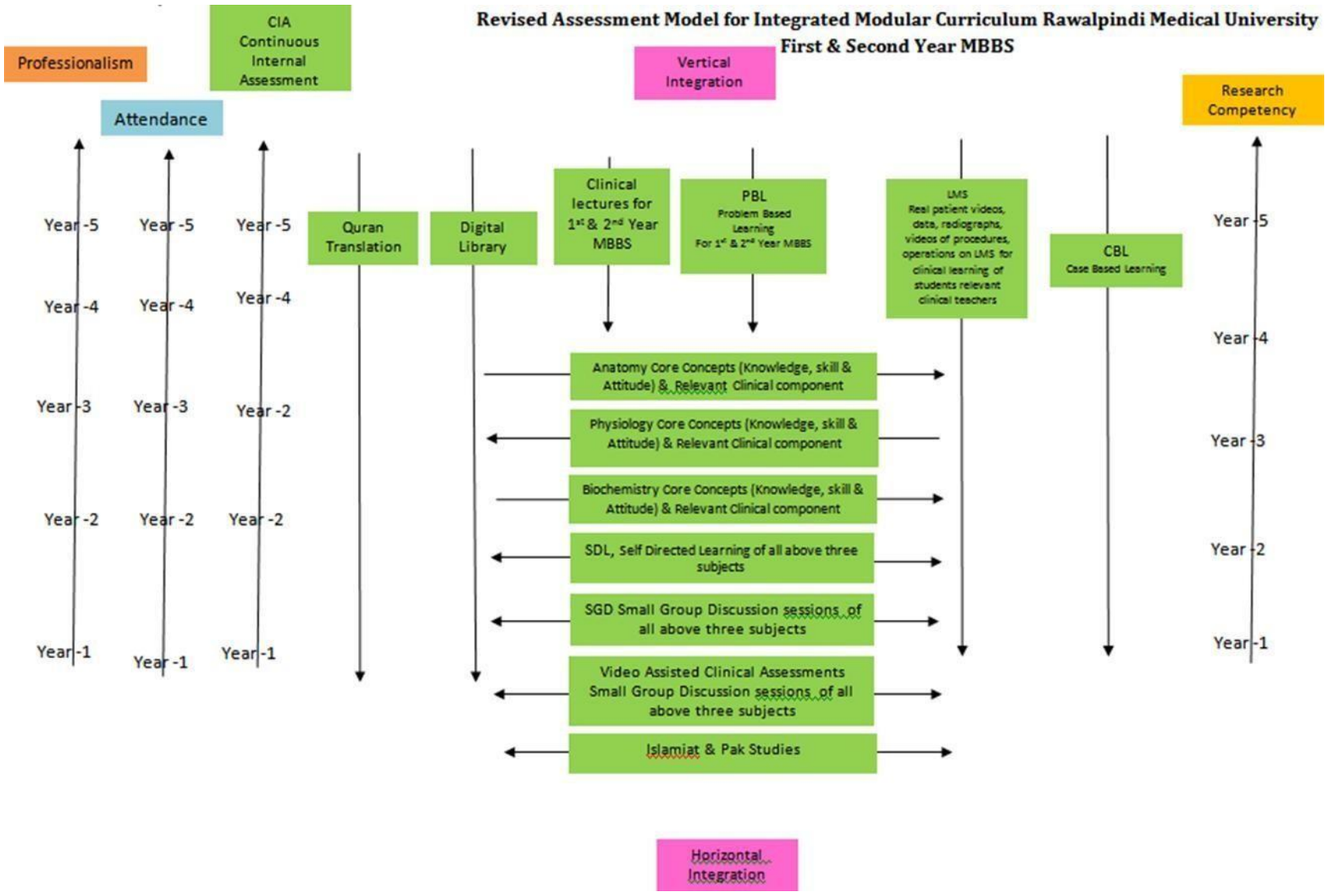
SECTION - V

Assessment Policies

Contents

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

Section V: Assessment Policies



Gauge for Continuous Internal Assessment (CIA)

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

*50% and above is Passing Marks.

Gauge for attendance percentage

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

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

Assessment plan

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

Types of Assessment:

The assessment is formative and summative.

Formative Assessment

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

Summative Assessment:

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

Modular Examinations

Theory Paper

There is a module examination at the end of first module of each block. The content of the whole teaching of the module are tested in this examination.
It consists of paper with objective type questions and structured essay questions. The distribution of the questions is based on the Table of Specifications of the module. (Annexure I attached)

Viva Voce:

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

Block Examination

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

Theory Paper

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

Block OSPE

This covers the practical content of whole block.

Detailed Analysis of Assessment of Foundation Module-I

Sr. no	Name	Date	Type of Assessment	Tool of Assessment
1.	SDL Weekly LMS Assessment	15-02-2024 22-02-2024 29-02-2024 07-03-2024	Formative	15 MCQs 05MCQs=Pharmacology 05MCQs=Pathology 05MCQs=Forensic Medicine
2.	Mid Modular LMS Assessment	25-02-2024	Summative	20 MCQs 05MCQs=Pharmacology 05MCQs=Pathology 05MCQs=Forensic Medicine 05MCQs= Clinically integrated subjects
1.	End Modular Assessment	11-03-2024 12-03-2024 13-02-2024	Summative	MCQs SAQs*

Note: Timetable Subject to Change According to The Current Circumstances

(Logistic details of Assessments will be notified separately)

* Details of distribution of MCQs and SAQs on Page no. 64-66

Table 4-Assessment Frequency & Time for Foundation Module I

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

*Viva will be taken at the end of block -I

Learning Resources

Subject	Resources
Pharmacology	1. Katzung's Basic and Clinical Pharmacology, 15th edition 2. Essentials of Medical Pharmacology (KDTripathi), 7th edition 3. Lippincott Illustrated Review, 7th edition 4. Katzung and Trevor's Pharmacology, 12th edition
Pathology/Microbiology	1. Robbins & Cotran, Pathologic Basis of Disease, 10th edition. 2. Rapid Review Pathology, 5th edition by Edward F. Goljan MD. 3. http://library.med.utah.edu/WebPath/webpath.html
Forensic Medicine	1. Parikh Text Book of Medical Jurisprudence Forensic Medicine & Toxicology Edition 9 2. Principles & Practice of Forensic Medicine by Nasib R Awan 3. Principles of Forensic Medicine & Toxicology by Rajesh Bardale
Medicine	D Davidson Textbook of Medicine
Surgery	Balley and Love Textbook of Surgery

SECTION VI

Table of Specification (TOS) For Foundation Module Examination for 3rd Year MBBS

TOS for Weekly Assessment on LMS*

Sr. no	Name	Date	Type of Assessment	Subject	Topics	Tool of Assessment	Total No of MCQs/Week	Mode of Assessment
1.	Weekly Assessment	15-02-2024	Formative	Pharmacology	Drug development and new therapeutic approaches	05 MCQs	15	LMS
				Pathology	The genome and cellular house keeping	05 MCQs		
				Forensic Medicine	Importance of medical consent	05 MCQs		
2.	Weekly Assessment	22-02-2024	Formative	Pharmacology	Pharmacokinetic interactions & Their mechanisms	05 MCQs	15	LMS
				Pathology	Cell Growth	05 MCQs		
				Forensic Medicine	Professional Medical negligence	05 MCQs		
3.	Weekly Assessment	29-02-2024	Formative	Pharmacology	Principles of Prescription Order Writing and Patient Compliance	05 MCQs	15	LMS
				Pathology	Morphological Patterns and complications of Acute inflammation	05 MCQs		
				Forensic Medicine	Personal identity	05 MCQs		
4.	Weekly Assessment	07-03-2024	Formative	Pharmacology	Therapeutic drug monitoring	05 MCQs	15	LMS
				Pathology	Phagocytosis and Clearance of the Offending Agent	05 MCQs		
				Forensic Medicine	Identification in mass disasters	05 MCQs		

TOS for Mid Modular Assessment**

Sr. no	Name	Date	Type of Assessment	Tool of Assessment	Subject/ No of MCQs		Topics	Mode of Assessment
1.	Mid Modular Assessment	22-02-2024	Summative	MCQs	Pharmacology	05	All topics included taught till 24-02-24 of Pharmacology, Pathology, Forensic Medicine, Clinical Subjects	LMS
					Pathology	05		
					Forensic Medicine	05		
					Clinically Integrated subjects (Medicine, Surgery, Paeds, Gynae/obs)	05		

*** Weekly LMS Assessment will be conducted every Thursday at 9.00 pm (time is subject to change due to internet issues)**

**** Mid Modular Assessment will be conduct on Thursday 22-02-2024 at 9.00 pm (time is subject to change due to internet issues)**

TOS for Modular Assessment (Foundation I)

Blue Print of Assessment for 3rd Year MBBS 2024																									
Table of Specification																									
Module Examination Include																									
Written Theory Based Assessment																									
Audio Visual Aid assisted Assessment																									
Modules	Subject	MCQs*	Marks	EMQs*	Marks	SAQs*	Marks	SEQs*	Marks	Core Subject 70%			Horizontal & Vertical Integration 20%			Spiral Integration 10%			Total Marks Theory	Total Time	Av OSPE*		Time	AED Reflective Writting	Total Time of Module Assessment
										MCQs	EMQs	SAQ/SEQ	MCQs	EMQs	SAQs/SEQs	MCQs	EMQs	SAQs/SEQs			Stations	Marks			
Foundation I	Pharmacology	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3 HRS	10	50	50 min	45 mins	4 hrs 35 minutes
	Pathology	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3 HRS	10	50	50 min	45 mins	4 hrs 35 minutes
	Forensic Medicine	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3 HRS	10	50	50 min	45 mins	4 hrs 35 minutes

Annexure I

(Sample MCQ & SAQ)

RAWALPINDI MEDICAL UNIVERSITY
FOUNDATION MODULE-I, 3rd Year MBBS
PHARMACOLOGY MCQs

1. **A new drug was studied in a healthy volunteer during a phase 1 clinical trial. Urine and plasma samples were collected1 hour after the intravenous administration of a test dose. Drug concentration was 40 mg/mL in urine and 1 mg/mL in plasma. The urine output of this subject was 1.44 L/d. Which of the following was most likely the renal clearance of the drug, in mL/min?**

   a) 40*
   b) 30
   c) 20
   d) 50
   e) 60

2. **A new drug was tested in an in vitro system. It was found that only one enantiomer of the racemic pair bound substantially to a specific receptor, whereas the other enantiomer showed negligible binding. Which of the following terms best defines this property?**

   a) Intrinsic activity
   b) Affinity
   c) Stereoselectivity*
   d) Potency
   e) Variability

RAWALPINDI MEDICAL UNIVERSITY
FOUNDATION MODULE-I, 3rd Year MBBS
PHARMACOLOGY SEQ

A 26-year-old woman is filling a prescription for oral contraceptives and is asked by her pharmacist whether she is taking any other medications, including herbal remedies. The woman tells the pharmacist that she takes St John's wort, an over-the-counter herbal remedy used for depression.

a) How might concomitant administration of St. John's wort affect the efficacy of oral contraceptives?	**(02)**	**C2**
b) What should healthcare providers advise patients who are taking oral contraceptives and St. John's wort concurrently regarding potential interactions and contraceptive efficacy?	**(01)**	**C3**
c) Enumerate other factors that can affect the outcome of a treatment.	**(02)**	**C1**

Reference:

Basic and clinical Pharmacology ,15th edition page no. 66-73

Clinical Clerkship

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

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

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

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

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

Annexure 2 B

Time Table 3rd year MBBS

Clinical Teaching and Training Posting

TT Approval / Revision Date			MEDICINE					SURGERY + TRAUMA					SUB SPECIALITIES									
Batches & Units		Dates	HFH Unit-1	HFH Unit-1I	BBH Unit-1	BBH Unit-1I	DHQ	HFH Unit-1	HFH Unit-1I	BBH Unit-1	BBH Unit-1I	DHQ	PATHOLOGY	TOPICS	PSYCHIATRY	TOPIC	RADIOLOGY	TOPIC	SKILL LAB	TOPIC	EMEGENCY	TOPIC
MODULES	WEEKS	W.V	A1	A2	A3	A4	A5	B5	B4	B3	B2	B1										
FOUNDATION 1 & 2 MODULE	WEEK 1	MONDAY	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners		Introductory round of laboratory & benches. Working of Autoclave. & Guidelines of Microbiological specimen collection & transport		History Taking Allotment of Cases and Groups		Chest x ray anatomy		Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap		• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
		TUSEDAY	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	art of history taking	art of history taking	art of history taking	art of history taking	art of history taking		Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.		Demonstration of History taking and MSE		Chest x ray pathology		Nasogastric Intubation		Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
		WEDNESDAY	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	systemic history	systemic history	systemic history	systemic history	systemic history		Performance & interpretation of Gram & ZN staining. Catalase, Coagulase & Oxidase Tests.		Interview with the patient Theoretical aspect of depression		Bones & joints with fractures		Male & Female catheterization(urine)		• Setting of IV drips Nebulization
		THURSDAY	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	GPE	GPE	GPE	GPE	GPE		Urine & Stool Examination, Examination of CSF & Body Fluids		Interview with the patient Theoretical aspect of Dissociation		Plain x ray abdomen & KUB		Endotracheal intubation & tracheostomy		Insertion of folleys catheter Nasogastric tube
		MONDAY	General physical examination. Pulse, BP, Temp. Resp Rate	General physical examination. Pulse, BP, Temp. Resp Rate	General physical examination. Pulse, BP, Temp. Resp Rate	General physical examination. Pulse, BP, Temp. Resp Rate	General physical examination. Pulse, BP, Temp. Resp Rate	systemic examination	systemic examination	systemic examination	systemic examination	systemic examination	C1	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	C5	Interview with the patient Theoretical aspect of schezopherenia	C4	Fluoroscopic procedures & Ba studies.	C3	Breast Examination		• counsel a patient with febrile illness

FOUNDATION 1 & 2 MODULE	WEEK 2	TUSEDAY	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema	GIT System Systemic Inquiry Vomiting, aundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema	GIT System Systemic Inquiry Vomiting, aundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema	local examination	local examination	local examination	local examination	local examination		Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.		Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use		CT scan brain: basics		Prostate Examination		• counsel a patient with stroke
		WEDNESDAY	Examination of Inspection of abdomen, Superficial Palpation of Abdomen	Examination of Inspection of abdomen, Superficial Palpation of Abdomen	Examination of Inspection of abdomen, Superficial Palpation of Abdomen	Examination of Inspection of abdomen, Superficial Palpation of Abdomen	Examination of Inspection of abdomen, Superficial Palpation of Abdomen	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail		Grouping, Cross Matching		Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects		Basics of ultrasound and observation		revision		• counsel a patient with upper GI bleed
		THURSDAY	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump		Ward test		Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback		Ward assessment(film based)		Test		• counsel a patient with obstructive lung disease
	WEEK 3	MONDAY	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump		Introductory round of laboratory & benches. Working of Autoclave. & Guidelines of Microbiological specimen collection & transport		History Taking Allotment of Cases and Groups		Chest x ray anatomy		Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap		• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
		TUSEDAY	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer		Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.		Demonstration of History taking and MSE		Chest x ray pathology		Nasogastric Intubation		Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
		WEDNESDAY	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	GIT SystemS Test Even Roll Numbers	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula		Performance & interpretation of Gram & ZN staining. Catalase, Coagulase & Oxidase Tests.		Interview with the patient Theoretical aspect of depression		Bones & joints with fractures		Male & Female catheterization(urine)		• Setting of IV drips Nebulization
		THURSDAY	Respiratory System Examination Systemic Inquiry. Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry. Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry. Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry. Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry. Cough, Sputum, Dyspnea + Cyanosis	history & examination of skin	history & examination of skin	history & examination of skin	history & examination of skin	history & examination of skin		Urine & Stool Examination, Examination of CSF & Body Fluids		Interview with the patient Theoretical aspect of Dissociation		Plain x ray abdomen & KUB		Endotracheal intubation & tracheostomy		Insertion of folleys catheter Nasogastric tube
		MONDAY	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	C2	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	C1	Interview with the patient Theoretical aspect of schezopherenia	C5	Fluoroscopic procedures & Ba studies.	C4	Breast Examination		• counsel a patient with febrile illness

FOUNDATION 1 & 2 MODULE	WEEK 4	TUSEDAY	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling		Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.		Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use		CT scan brain: basics		Prostate Examination		• counsel a patient with stroke
		WEDNESDAY	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid		Grouping, Cross Matching		Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects		Basics of ultrasound and observation		revision		• counsel a patient with upper GI bleed
		THURSDAY	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid		Ward test		Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback		Ward assessment(film based)		Test		• counsel a patient with obstructive lung disease
	WEEK 5	MONDAY	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	history & examination of, Mouth & tongue Salivary Gland	history & examination of Mouth & tongue, Salivary Gland	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue Salivary Gland	history & examination of Mouth & tongue, Salivary Gland		Introductory round of laboratory & benches. Working of Autoclave. & Guidelines of Microbiological specimen collection & transport		History Taking Allotment of Cases and Groups		Chest x ray anatomy		Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap		• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
		TUSEDAY	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes		Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.		Demonstration of History taking and MSE		Chest x ray pathology		Nasogastric Intubation		Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
		WEDNESDAY	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes		Performance & interpretation of Gram & ZN staining. Catalase, Coagulase & Oxidase Tests.		Interview with the patient Theoretical aspect of depression		Bones & joints with fractures		Male & Female catheterization(urine)		• Setting of IV drips Nebulization
		THURSDAY	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages.	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen		Urine & Stool Examination, Examination of CSF & Body Fluids		Interview with the patient Theoretical aspect of Dissociation		Plain x ray abdomen & KUB		Endotracheal intubation & tracheostomy		Insertion of folleys catheter Nasogastric tube
		MONDAY	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	C3	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	C2	Interview with the patient Theoretical aspect of schezopherenia	C1	Fluoroscopic procedures & Ba studies.	C5	Breast Examination		• counsel a patient with febrile illness

FOUNDATION 1 & 2 MODULE	WEEK 6	TUSEDAY	Examination of Pulse	Examination of Pulse	Examination of Pulse	Examination of Pulse	Examination of Pulse	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass		Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.		Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use		CT scan brain: basics		Prostate Examination		• counsel a patient with stroke
		WEDNESDAY	JVP	JVP	JVP	JVP	JVP	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum		Grouping, Cross Matching		Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects		Basics of ultrasound and observation		revision		• counsel a patient with upper GI bleed
		THURSDAY	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1. Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia		Ward test		Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback		Ward assessment(film based)		Test		• counsel a patient with obstructive lung disease
	WEEK 7	MONDAY	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia		Introductory round of laboratory & benches. Working of Autoclave. & Guidelines of Microbiological specimen collection & transport		History Taking Allotment of Cases and Groups		Chest x ray anatomy		Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap		• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
		TUSEDAY	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling		Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.		Demonstration of History taking and MSE		Chest x ray pathology		Nasogastric Intubation		Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
		WEDNESDAY	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	urinogenital system	urinogenital system	urinogenital system	urinogenital system	urinogenital system		Performance & interpretation of Gram & ZN staining. Catalase, Coagulase & Oxidase Tests.		Interview with the patient Theoretical aspect of depression		Bones & joints with fractures		Male & Female catheterization(urine)		• Setting of IV drips Nebulization
		THURSDAY	Headaches ,Numbness, Paresthesias, weakness patterns	Headaches ,Numbness, Paresthesias, weakness patterns	Headaches ,Numbness, Paresthesias, weakness patterns	Headaches ,Numbness, Paresthesias, weakness patterns	Headaches ,Numbness, Paresthesias, weakness patterns	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system		Urine & Stool Examination, Examination of CSF & Body Fluids		Interview with the patient Theoretical aspect of Dissociation		Plain x ray abdomen & KUB		Endotracheal intubation & tracheostomy		Insertion of folleys catheter Nasogastric tube
													C4		C3		C2		C1			
PATOBILIARY		MONDAY	Cranial nerves. Cranial nerves. 7 to 12	Cranial nerves. Cranial nerves. 7 to 12	Cranial nerves. Cranial nerves. 7 to 12	Cranial nerves. Cranial nerves. 7 to 12	Cranial nerves. Cranial nerves. 7 to 12	Venous lymphatic system	Venous lymphatic system	Venous lymphatic system	Venous lymphatic system	Venous lymphatic system		Reception, Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.		the patient Presentation of cases histories of Substance use		Fluoroscopic CT scan brain: basics		Breast Examination Prostate Examination		• counsel a • counsel a patient with stroke
		TUSEDAY														Interview with the patient Theoretical aspect of Substance use						

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

		WEDNESDAY	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture		Grouping, Cross Matching		Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects		Basics of ultrasound and observation		revision		• counsel a patient with upper GI bleed
		THURSDAY	MCQs	MCQs	MCQs	MCQs	MCQs	TEST	TEST	TEST	TEST	TEST		Ward test		Evaluation		Ward		Test		• counsel a
		21-01-2019 TO 7/4/2019 SPW	C1	C2	C3	C4	C5	A5	A4	A3	A2	A1										
GIT & HEPATOBILIARY	WEEK 11	MONDAY TUSEDAY	General introduction to the field of Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	General introduction to the field of Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	General introduction to the field of Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	General introduction to the field of Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	General introduction to the field of Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	introduction & bed side manners art of history taking	introduction & bed side manners art of history taking	introduction & bed side manners art of history taking	introduction & bed side manners art of history taking	introduction & bed side manners art of history taking		Introductory round of laboratory & Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.		History Taking Allotment of Demonstration of History taking and MSE		Chest x ray anatomy Chest x ray pathology		Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Nasogastric Intubation		• Introduction to ER services regarding triage system. Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
		WEDNESDAY	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	systemic history	systemic history	systemic history	systemic history	systemic history		Performance & interpretation of Gram & ZN staining. Catalase, Coagulase & Oxidase Tests.		Interview with the patient Theoretical aspect of depression		Bones & joints with fractures		Male & Female catheterization(urine)		• Setting of IV drips Nebulization
		THURSDAY	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	GPE	GPE	GPE	GPE	GPE		Urine & Stool Examination, Examination of CSF & Body Fluids		Interview with the patient Theoretical aspect of Dissociation		Plain x ray abdomen & KUB		Endotracheal intubation & tracheostomy		Insertion of folleys catheter Nasogastric tube
	WEEK 12	MONDAY	General physical examination. Pulse, BP, Temp. Resp Rate	General physical examination. Pulse, BP, Temp. Resp Rate	General physical examination. Pulse, BP, Temp. Resp Rate	General physical examination. Pulse, BP, Temp. Resp Rate	General physical examination. Pulse, BP, Temp. Resp Rate	systemic examination	systemic examination	systemic examination	systemic examination	systemic examination	B1	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	B5	Interview with the patient Theoretical aspect of schezopherenia	B4	Fluoroscopic procedures & Ba studies.	B3	Breast Examination	B2	• counsel a patient with febrile illness
		TUSEDAY	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavity	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavity	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavity	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavity	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavity	local examination	local examination	local examination	local examination	local examination		Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.		Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use		CT scan brain: basics		Prostate Examination		• counsel a patient with stroke

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

MICROBES & ANTI MICROBIALS (MYCOCOLOGY, BATERIOLOGY, VIROLOGY)	WEEK 14	TUSEDAY	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling		Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.		Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use		CT scan brain: basics		Prostate Examination		• counsel a patient with stroke
		WEDNESDAY	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid		Grouping, Cross Matching		Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects		Basics of ultrasound and observation		revision		• counsel a patient with upper GI bleed
		THURSDAY	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid		Ward test		Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback		Ward assessment(film based)		Test		• counsel a patient with obstructive lung disease
	WEEK 15	MONDAY	Percussion and auscultation of back of chest	Percussion and auscultation of back of chest	Percussion and auscultation of back of chest	Percussion and auscultation of back of chest	Percussion and auscultation of back of chest	history & examination of , Mouth & tongue Salivary Gland	history & examination of , Mouth & tongue Salivary Gland	history & examination of , Mouth & tongue Salivary Gland	history & examination of , Mouth & tongue Salivary Gland	history & examination of , Mouth & tongue Salivary Gland		Introductory round of laboratory & benches. Working of Autoclave. & Guidelines of Microbiological specimen collection & transport		History Taking Allotment of Cases and Groups		Chest x ray anatomy		Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap		• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
		TUSEDAY	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes		Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.		Demonstration of History taking and MSE		Chest x ray pathology		Nasogastric Intubation		Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
		WEDNESDAY	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes		Performance & interpretation of Gram & ZN staining. Catalase, Coagulase & Oxidase Tests.		Interview with the patient Theoretical aspect of depression		Bones & joints with fractures		Male & Female catheterization(urine)		• Setting of IV drips Nebulization
		THURSDAY	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen		Urine & Stool Examination, Examination of CSF & Body Fluids		Interview with the patient Theoretical aspect of Dissociation		Plain x ray abdomen & KUB		Endotracheal intubation & tracheostomy		Insertion of folleys catheter Nasogastric tube
		MONDAY	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	B3	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	B2	Interview with the patient Theoretical aspect of schezopherenia	B1	Fluoroscopic procedures & Ba studies.	B5	Breast Examination	B4	• counsel a patient with febrile illness

	WEEK 16	TUSEDAY	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass		Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.		Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use		CT scan brain: basics		Prostate Examination		• counsel a patient with stroke
		WEDNESDAY	Examination of Pulse	Examination of Pulse	Examination of Pulse	Examination of Pulse	Examination of Pulse	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum		Grouping, Cross Matching		Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects		Basics of ultrasound and observation		revision		• counsel a patient with upper GI bleed
		THURSDAY	JVP	JVP	JVP	JVP	JVP	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia		Ward test		Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback		Ward assessment(film based)		Test		• counsel a patient with obstructive lung disease
	WEEK 17	MONDAY	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1. Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia		Introductory round of laboratory & benches, Working of Autoclave. & Guidelines of Microbiological specimen collection & transport		History Taking Allotment of Cases and Groups		Chest x ray anatomy		Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap		• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
		TUSEDAY	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling		Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.		Demonstration of History taking and MSE		Chest x ray pathology		Nasogastric Intubation		Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
		WEDNESDAY	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	urinogenital system	urinogenital system	urinogenital system	urinogenital system	urinogenital system		Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.		Interview with the patient Theoretical aspect of depression		Bones & joints with fractures		Male & Female catheterization(urine)		• Setting of IV drips Nebulization
		THURSDAY	NERVOUS SYSTEM : Conscious level,	NERVOUS SYSTEM : Conscious level,	NERVOUS SYSTEM : Conscious	NERVOUS SYSTEM : Conscious	NERVOUS SYSTEM : Conscious	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system		Urine & Stool Examination, Examination of		Interview with the patient Theoretical		Plain x ray abdomen & KUB		Endotracheal intubation & tracheostomy		Insertion of folleys catheter Nasogastric tube
		MONDAY	Headaches ,Numbness,	Headaches,,Numbness,	Headaches ,Numbness,	Headaches ,Numbness,	Headaches ,Numbness,	Venous Problems	Venous Problems	Venous Problems	Venous Problems	Venous Problems		Reception, Sampling		Interview with the patient		Fluoroscopic procedures &		Breast Examination		• counsel a patient with
		TUSEDAY	Cranial nerves. 1 to 6	Cranial nerves. 1 to 6	Cranial nerves. 1 to 6	Cranial nerves. 1 to 6	Cranial nerves. 1 to 6	lymphatic system	lymphatic system	lymphatic system	lymphatic system	lymphatic system	B4	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.	B3	Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use	B2	CT scan brain: basics	B1	Prostate Examination	B5	• counsel a patient with stroke

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

		WEDNESDAY	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture		Grouping, Cross Matching		Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects		Basics of ultrasound and observation		revision		• counsel a patient with upper GI bleed
		THURSDAY	MCQs	MCQs	MCQs	MCQs	MCQs	TEST	TEST	TEST	TEST	TEST		Ward test		Evaluation (OCSE + case		Ward assessment(film		Test		• counsel a patient with
		4/8/2019 TO 10/8/2019 S.V	B1	B2	B3	B4	B5	C5	C4	C3	C2	C1										
	WEEK 21	MONDAY	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners		Introductory round of laboratory & benches. Working of Autoclave. & Guidelines of Microbiological specimen collection & transport		History Taking Allotment of Cases and Groups		Chest x ray anatomy		Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap		• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
		TUSEDAY	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness.	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness.	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness.	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness.	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness.	art of history taking	art of history taking	art of history taking	art of history taking	art of history taking		Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.		Demonstration of History taking and MSE		Chest x ray pathology		Nasogastric Intubation		Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
		WEDNESDAY	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	systemic history	systemic history	systemic history	systemic history	systemic history		Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.		Interview with the patient Theoretical aspect of depression		Bones & joints with fractures		Male & Female catheterization(urine)		• Setting of IV drips Nebulization
		THURSDAY	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	Family History, Occupational History, Personal History , Developmental+ Obstetrics History.	GPE	GPE	GPE	GPE	GPE		Urine & Stool Examination, Examination of CSF & Body Fluids		Interview with the patient Theoretical aspect of Dissociation		Plain x ray abdomen & KUB		Endotracheal intubation & tracheostomy		Insertion of folleys catheter Nasogastric tube
		MONDAY	General physical examination. Pulse, BP, Temp. Resp Rate	General physical examination. Pulse, BP, Temp. Resp Rate	General physical examination. Pulse, BP, Temp. Resp Rate	General physical examination. Pulse, BP, Temp. Resp Rate	General physical examination. Pulse, BP, Temp. Resp Rate	systemic examination	systemic examination	systemic examination	systemic examination	systemic examination	A1	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	A5	Interview with the patient Theoretical aspect of schezopherenia	A4	Fluoroscopic procedures & Ba studies.	A3	Breast Examination	A2	• counsel a patient with febrile illness

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

WEEK 24	TUSEDAY	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling		Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.		Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use		CT scan brain: basics		Prostate Examination		• counsel a patient with stroke
	WEDNESDAY	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid		Grouping, Cross Matching		Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects		Basics of ultrasound and observation		revision		• counsel a patient with upper GI bleed
	THURSDAY	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid	history & examination of Thyroid		Ward test		Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback		Ward assessment(film based)		Test		• counsel a patient with obstructive lung disease
WEEK 25	MONDAY	Percussion and auscultation of back of chest.	Percussion and auscultation of back of chest.	Percussion and auscultation of back of chest.	Percussion and auscultation of back of chest.	Percussion and auscultation of back of chest.	history & examination of , Mouth & tongue Salivary Gland	history & examination of , Mouth & tongue Salivary Gland	history & examination of , Mouth & tongue Salivary Gland	history & examination of , Mouth & tongue Salivary Gland	history & examination of , Mouth & tongue Salivary Gland		Introductory round of laboratory & benches. Working of Autoclave. & Guidelines of Microbiological specimen collection & transport		History Taking Allotment of Cases and Groups		Chest x ray anatomy		Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap		• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
	TUSEDAY	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes		Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.		Demonstration of History taking and MSE		Chest x ray pathology		Nasogastric Intubation		Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
	WEDNESDAY	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes		Performance & interpretation of Gram & ZN staining. Catalase, Coagulase & Oxidase Tests.		Interview with the patient Theoretical aspect of depression		Bones & joints with fractures		Male & Female catheterization(urine)		• Setting of IV drips Nebulization
	THURSDAY	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen	history & examination of Acute Abdomen		Urine & Stool Examination, Examination of CSF & Body Fluids		Interview with the patient Theoretical aspect of Dissociation		Plain x ray abdomen & KUB		Endotracheal intubation & tracheostomy		Insertion of folleys catheter Nasogastric tube
	MONDAY	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages.	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter harmorrhages.	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	A3	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	A2	Interview with the patient Theoretical aspect of schezopherenia	A1	Fluoroscopic procedures & Ba studies.	A5	Breast Examination	A4	• counsel a patient with febrile illness

CVS & RESPIRATION	WEEK 26	TUSEDAY	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass	history & examination of Abdomenal Mass		Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.		Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use		CT scan brain: basics		Prostate Examination		• counsel a patient with stroke
		WEDNESDAY	Examination of Pulse	Examination of Pulse	Examination of Pulse	Examination of Pulse	Examination of Pulse	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum	history & examination of bleeding per rectum		Grouping, Cross Matching		Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects		Basics of ultrasound and observation		revision		• counsel a patient with upper GI bleed
		THURSDAY	JVP	JVP	JVP	JVP	JVP	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia		Ward test		Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback		Ward assessment(film based)		Test		• counsel a patient with obstructive lung disease
	WEEK 27	MONDAY	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1. Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	1.Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia	history & examination of hernia		Introductory round of laboratory & benches, Working of Autoclave. & Guidelines of Microbiological specimen collection & transport		History Taking Allotment of Cases and Groups		Chest x ray anatomy		Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap		• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
		TUSEDAY	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	CVS Test Even Roll Number	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling	history & examination of inguino-scrotal swelling		Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.		Demonstration of History taking and MSE		Chest x ray pathology		Nasogastric Intubation		Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
		WEDNESDAY	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	CVS Test Odd Roll Number	urinogenital system	urinogenital system	urinogenital system	urinogenital system	urinogenital system		Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.		Interview with the patient Theoretical aspect of depression		Bones & joints with fractures		Male & Female catheterization(urine)		• Setting of IV drips Nebulization
		THURSDAY	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	NERVOUS SYSTEM : Conscious level, HMF, orientation, speech, memory, intellect, sleep	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system	Peripheral vascular system		Urine & Stool Examination, Examination of CSF & Body Fluids		Interview with the patient Theoretical aspect of Dissociation		Plain x ray abdomen & KUB		Endotracheal intubation & tracheostomy		Insertion of folleys catheter Nasogastric tube
		MONDAY	Headaches ,Numbness, Paresthesias, weakness patterns	Headaches ,Numbness, Paresthesias, weakness patterns	Headaches ,Numbness, Paresthesias, weakness patterns	Headaches ,Numbness, Paresthesias, weakness patterns	Headaches ,Numbness, Paresthesias, weakness patterns	Venous Problems	Venous Problems	Venous Problems	Venous Problems	Venous Problems	A4	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	A3	Interview with the patient Theoretical aspect of schezopherenia	A2	Fluoroscopic procedures & Ba studies.	A1	Breast Examination	A5	• counsel a patient with febrile illness

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

WEEK 29	MONDAY	Examination of sensory system	Examination of sensory system	Examination of sensory system	Examination of sensory system	Examination of sensory system	bone lesions & injuries	bone lesions & injuries	bone lesions & injuries	bone lesions & injuries	bone lesions & injuries		Introductory round of laboratory & benches. Working of Autoclave. & Guidelines of Microbiological specimen collection & transport		History Taking Allotment of Cases and Groups		Chest x ray anatomy		Use of Injections I/M, I/V, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap		• Introduction to ER services regarding triage system. • History taking • Monitoring of vitals
	TUSEDAY	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Examination of Cerebellar System/ Gait	Joint problems & injuries	Joint problems & injuries	Joint problems & injuries	Joint problems & injuries	Joint problems & injuries		Culture media (Inoculated & Uninoculated). Antibiotic sensitivity testing. Orientation to Serology & PCR.		Demonstration of History taking and MSE		Chest x ray pathology		Nasogastric Intubation		Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections
	WEDNESDAY	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	CNS Test ODD Roll Numbers	indivisual joints	indivisual joints	indivisual joints	indivisual joints	indivisual joints		Performance & interpretation of Gram & ZN staining. Catalase, Coagulase & Oxidase Tests.		Interview with the patient Theoretical aspect of depression		Bones & joints with fractures		Male & Female catheterization(urine)		• Setting of IV drips Nebulization
	THURSDAY	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	CNS Test Even Roll Numbers	Management of pneumothorax	Management of pneumothorax	Management of pneumothorax	Management of pneumothorax	Management of pneumothorax		Urine & Stool Examination, Examination of CSF & Body Fluids		Interview with the patient Theoretical aspect of Dissociation		Plain x ray abdomen & KUB		Endotracheal intubation & tracheostomy		Insertion of folleys catheter Nasogastric tube
WEEK 30	MONDAY	Revision	Revision	Revision	Revision	Revision	trauma primary care	trauma primary care	trauma primary care	trauma primary care	trauma primary care	A5	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retics, Quality Control	A4	Interview with the patient Theoretical aspect of schezopherenia	A3	Fluoroscopic procedures & Ba studies.	A2	Breast Examination	A1	• counsel a patient with febrile illness
	TUSEDAY	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	Final Test ODD Roll Numbers	trauma secondary care	trauma secondary care	trauma secondary care	trauma secondary care	trauma secondary care		Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.		Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use		CT scan brain: basics		Prostate Examination		• counsel a patient with stroke
	WEDNESDAY	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	Final Test Even Roll Numbers	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture	managemnet of limb fracture		Grouping, Cross Matching		Presentation of cases histories of Delirium/dementia/ organicity by medical students & Theoretical aspects		Basics of ultrasound and observation		revision		• counsel a patient with upper GI bleed
	THURSDAY	MCQs	MCQs	MCQs	MCQs	MCQs	TEST	TEST	TEST	TEST	TEST		Ward test		Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback		Ward assessment(film based)		Test		• counsel a patient with obstructive lung disease

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

Vice Chancellor
Rawalpindi Medical University
Rawalpindi

No./T-9_____RMU/NTB/ Dated: _____2018.

Copy to all concerned department and official.

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

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

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

Note:

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

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

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

No T-9/ _____RMU, RWP. Dated _____/2018.

Copy to all Concerned Departments

Annexure 2 c

MEDICINE CLINICAL ROTATIONS
THIRD YEAR MBBS 2024

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

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
4	THURSDAY	HISTORY TAKING	Family History, Occupational History, Personal History, Developmental+ Obstetrics History. General physical examination. Pulse, BP, Temp. Resp Rate	Students will be able to: a) Describe different components of history like Family History, Occupational History, Personal History, Developmental+ Obstetrics History b) Recall causes of bradycardia,tachycardia,fever,hypothermia and tachypnea	Students will be able to: Take history and perform GPE and can pick findings and relate them with different diseases. .	Students will be able to: Take Consent for History and Clinical Examination			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
2nd WEEK															
5	MONDAY	HISTORY TAKING	EVEN ROLL NO TEST												MINICEX
6	TUESDAY	HISTORY TAKING	ODD ROLL NO TEST												MINICEX

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

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

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
12	THURSDAY	RESPIRATORY SYSTEM	Auscultation of back OF chest	accessary muscles use in respiration and etc etc b) Describe abormal percussion and their causes. c) Recall types of normal and other breating patterns and causes of increased and decreased vocal resonance and corelate the findings with cause.	auscultation of back of chest & relevant clinical examination according to cause .	Students will be able to: Take Consent for History and Clinical Examination. .			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
4th WEEK															
13	MONDAY	RESPIRATORY SYSTEM	EVEN ROLL NO TEST												MINICEX

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

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

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
18	TUESDAY	GIT	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Students will be able to: a) Recall different causes of hepatomegaly,splenomegaly,causes of palpabale kidneys and other abdminal masses b)differentiate between kidney and spleen on examination	Students will be able to: Take history and perform abominal examination to pick visceromegaly and other masses and relavant examination.	Students will be able to: Take Consent for History and Clinical Examination .			✓		✓		✓	AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
19	WEDNESDAY	GIT	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Students will be able to: a) Recall causes of abnormal percussion notes of abdomen b) Retell causes of positive fluid thrill and shifting dullness. C) Describe different causes of absent bowl sounds	Students will be able to: Take history and perform abdominal examination including percussion auscultation and relavant examination.	Students will be able to: Take Consent for History and Clinical Examination.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
20	THURSDAY	GIT	EVEN ROLL TEST												MINICEX
6th WEEK															
21	MONDAY	GIT	ODD ROLL NO TEST												MINICEX

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

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

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
27	WEDNESDAY	CNS	Examination of sensory system	Students will be able to: Recall different sensory tracts and retell causes of abnormal sensation of touch,pain,temperature,propioception and vibration	Students will be able to: Take History and perform sensory system examination keeping in mind etiology	Students will be able to: Take Consent for History and Clinical Examination .			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
28	THURSDAY	CNS	Examination of Cerebellar System/ Gait	Students will be able to: a) Recall normal functions of cerebellum and causes of abnormal cerebellar signs. b) Retell different types of gaits and their cause	Students will be able to: Take History and can perform cerebellar examination keeping in mind etiology.	Students will be able to: Take Consent for History and Clinical Examination			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
8th WEEK															
29	MONDAY	CNS	EVEN ROLL NO TEST												MINICEX
30	TUESDAY	CNS	ODD ROLL NO TEST												MINICEX

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

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

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Pyscomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
36	THURSDAY	CVS Examination	1. Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	Students will be able to: a) Recall causes of loud and soft S1,S2,retell causes of S3 and S4. b) Describe normal and abnormal splitting of S2. c)Differentiate between different systolic and diastolic murmers and thrills and describe their causes.	Students will be able to: Take History and perform auscultation of precardium	Students will be able to: Take Consent for History and Clinical Examination			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	OSPE,MINICEX, CBD
10th WEEK															
37	MONDAY	CVS Examination	EVEN ROLL NO TEST												MINICEX
38	TUESDAY	CVS Examination	ODD ROLL NO TEST												MINICEX

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

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

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

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

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

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

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

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

Learning Objectives Clinical Rotation of 3rd Year Pathology

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

Microbiology: 04 Days

TOPIC	KNOWLEDGE	SKILL	ATTITUDES	MOA
Day 1				
Introductory round of laboratory & Bench's	Students will know about different sectarians of lab. (Smear formation staining, microscopy.)	--		
Autoclave	Parts, Principle, & Quality. Control of Autoclave (Q/C) Material to be sterilized in autoclave.	How to operate autoclave.		EOSA/OSPE/ Ward Test
Specimen collection	• How to collect the specimen. • Timings of collection • Previous clinical notes/related to patient history • Transportation & Handling of specimen	Labeling Techniques		EOSA/OSPE/ Ward Test
Day 2				
Culture Media	• Knowledge about Basic/specific culture media. • Uses & Specification	• Media Preparation • Methods of storage • Inoculation Techniques		EOSA/OSPE/ Ward Test
Antibiotic Sensitivity Testing	• Knowledge about different groups of antibiotic for different organisms.	Antibiotic sensitivity testing methods. Measurement of Zone of sensitivity.		EOSA/OSPE/ Ward Test
Orientation of Serology	• Principle& uses of ELISA, PCR & Aggintinations	Performance of all tests		EOSA/OSPE/ Ward Test
Day 3				
Microbiology	• Performance of interpretation of Gram Staining & ZN staining	• Steps of gram staining & ZN staining & its Principles. Perform Gram ,ZN staining , catalase, coagulase, Oxidase test • How to interpret the test. • Principles of catalase, coagulase & Oxidase test. • Uses of different biochemical tests.		EOSA/OSPE/ Ward Test
Day 4				
Urine & STOOL Examination	• Urine & stool Examination	• How to collect the Specimen (Urine & stool) & CSF & Body fluid. • Pre requisites of specimen collection • Physical /Chemical & microscopic examination. • Identification of positive findings.	Preparation of slide. Microscopy of urine & stool slides.	EOSA/OSPE/ Ward Test
CSF Examination	CSF Examination	• How to collect CSF (K) • Pre requisites of Specimen Collection & Microscopic Examination	Preparation of slide Microscopy of slide Staining techniques Physical and chemical examination.	EOSA/OSPE/ Ward Test

Hematology: 03 Days

TOPIC	KNOWLEDGE	SKILL	ATTITUDES	MOA
Day 5				
1. Sampling technique & phlebotomy	• Describe the procedure of phlebotomy • Explain pre-requisites for phlebotomy • Appropriate /inappropriate sample • How to discard inappropriate sample • timeline foe the transfer and storage of sample	Perform phlebotomy as per SOP	Counsel patient before phlebotomy	EOSA/OSPE/ Ward Test
2. Blood C/P ESR	• Explain different anticoagulant used in hematology with their uses • Minimum time required for each step • Interpret end result • Different methods of performing blood C/P and ESR • Timeline for storage of blood C/P and ESR sample	• Perform blood C/P on analyzes • Perform ESR • Interpret the result of blood C/P and ESR	Counsel patient	EOSA/OSPE/ Ward Test
3. Preparation of blood smears' & reties	• Explanation the step of blood smears preparation • Quality of a good smears • Different stains used for peripheral smears and retics with principle • Timeline for storage of samples	Prepare good quality blood smear		EOSA/OSPE/ Ward Test
4. Quality control	• Explain role of quality control in laboratory • Important of internal and external Q C	Assess daily quality control of different analyzes.		EOSA/OSPE/ Ward Test
Day 6				
1. Coagulation studies	• Enumerate different coagulation tests • Explain principles of different coagulation studies • Discuss role of different coagulation test • timeline for the transfer and storage of samples	• Perform coagulation studies • Interpret the result of coagulation studies	Counsel patient / attendant in case of diagnosis of diseases e.g. Bleeding disorder	EOSA/OSPE/ Ward Test
2. Bone marrow studies	• enumerate uses of bone marrow aspirate and trephine biopsy • explain the procedure of bone marrow biopsy • explain role of bone marrow in hematological disorder	• Identify different bone marrow aspirate and trephine needles • Interpret the result of bone marrow studies	Counsel the patient before bone marrow biopsy	EOSA/OSPE/ Ward Test
3. Hb studies & coombs test	• explain principle of hemoglobin electrophoresis & Coombs test • describe uses of hemoglobin studies and Coombs test • describe procedure of Hb electrophoresis & coombs test			EOSA/OSPE/ Ward Test
Day 7				
Blood grouping and cross matching	• explain the procedure the blood grouping • describe different blood groups e.g. ABO& Rh • timeline for the storage of samples	• perform forward blood grouping • interpret result of blood grouping and cross matching		EOSA/OSPE/ Ward Test

Clerkship Model of Radiology

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

Dr Nasir Khan
Chairperson of Radiology Department
RMU & Allied Hospitals

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

	Day	8:30-9:00	9:00-10:30	2:00-5:00 pm (Evening rotation)	Facilitator
Day 1	Monday	Introduction of the Institute Introduction to the clinical attachment Distribution of the history books	History Taking Allotment of Cases and Groups	Clinical work History taking of Allotted cases	Dr. Mohammad Kashif
Day 2	Tuesday	History taking Mental State Examination	Demonstration of History taking and MSE	Clinical work	Dr. Mohammad Kashif
Day 3	Wednesday	Presentation of cases histories of **depression** by medical students	Interview with the patient Theoretical aspect of depression	Clinical work	Dr. Mohammad Kashif
Day 4	Thursday	Presentation of cases histories of **dissociative disorder** by medical students	Interview with the patient Theoretical aspect of Dissociation	Clinical work	Dr. Mohammad Kashif
Day5	Monday	Presentation of cases histories of **Schizophrenia** by medical students	Interview with the patient Theoretical aspect of	Clinical work	Dr. Mohammad Kashif
Day 6	Tuesday	Presentation of cases histories of **Substance use** Interview with the patient Theoretical aspect of Substance use		Clinical work	Dr. Mohammad Kashif
Day7	Wednesday	Presentation of cases histories of **Delirium/dementia/ organicity** by medical students & Theoretical aspects		Clinical work	Dr. Mohammad Kashif
Day8	Thursday	Ward Test: OSCE (conducted by	Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback		Ward Test