Competency Based Clinically Oriented Integrated Modular Curriculum

Study Guide
3rd Year MBBS 2024-2025

Foundation Module-II

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Document Information

Category	**Foundation Module-II Study Guide**
Document	Procedure for Control of Documented Information
Issue	1
Rev	05
Identifier	RMU-MR-SOP-59
Status	Final Document
Author(s)	Director Medical Education, Asst. Director Medical Education,
Reviewer(s)	Curriculum Committee.
Approver(s)	Vice Chancellor
Creation Date	05-05-2024
Effective Date	05-05-2024
Control Status	**Controlled**
Distribution	VC, Principal, ISO Committee
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Document Approval

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

Document Revision History

Author(s)	Date	Version	Description
Dr Naeem Akhtar, Dr Seemi Gull, Dr Omaima Asif, Dr Attiya Munir	2018-2019	1st	Developed for 3rd year MBBS Learning Objectives added.
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

List of Copy Holders

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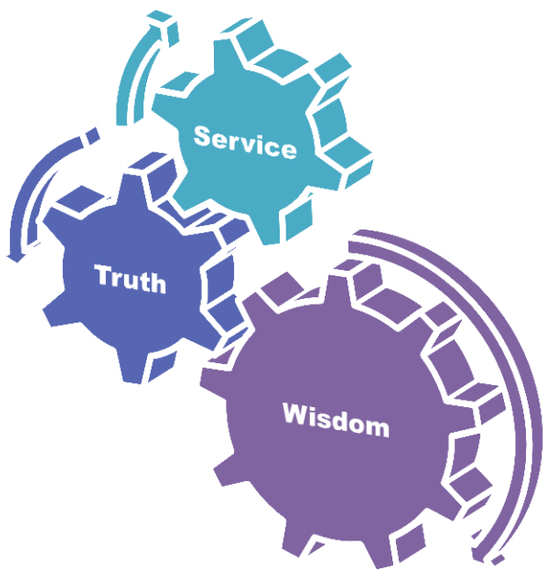
RMU Motto



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

Goals of the Undergraduate Integrated Modular Curriculum

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

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

3rd Year MBBS 2024

Study Guide

Foundation Module-II

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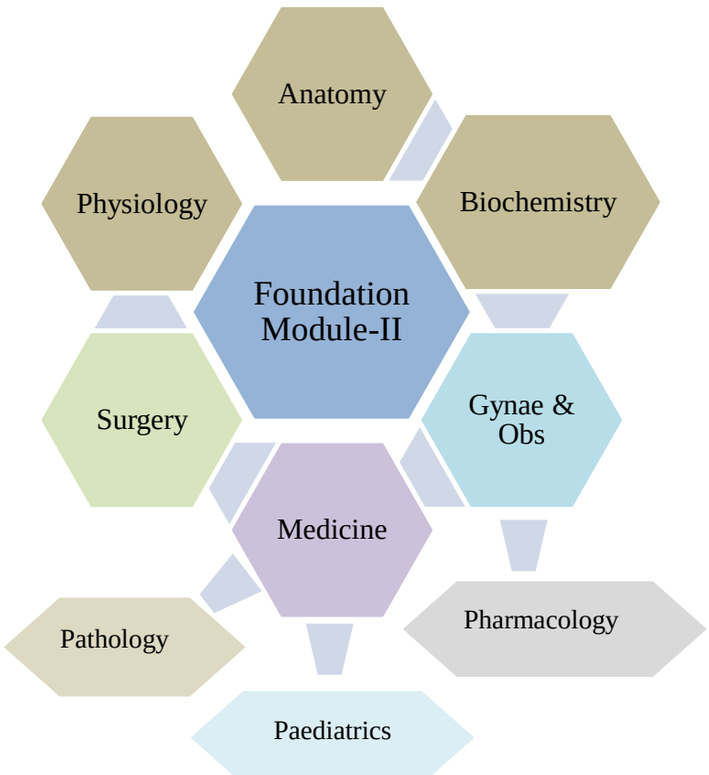
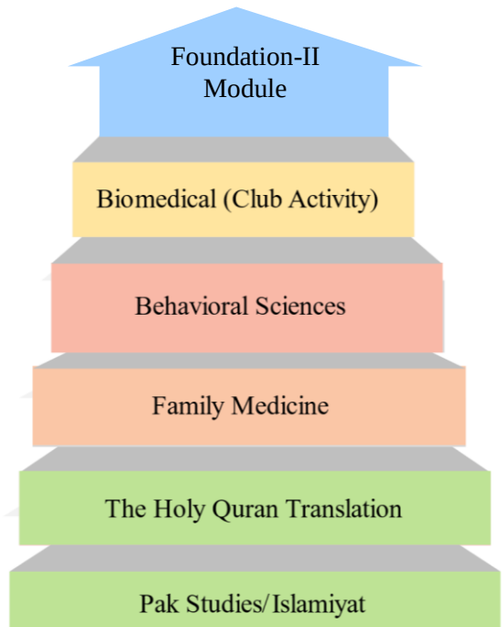
Integration of Disciplines in Foundation Module-II



Spiral Courses



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Discipline wise Details of Modular Content

Module	Content
• Pharmacology	• Introduction to ANS • Parasympathomimetics • Parasympatholytics • Sympathomimetics • Sympatholytics
• Pathology	• Hemodynamics Disorders • Genetic Disorder • Neoplasia • Enviromental Disorders
• Forensic Medicine	• Personal Identity • Forensic serology • Thanatology • Introduction to General Toxicology
Spiral Component	
• Quran Studies	• Imaniyat • Ibadat
• Bioethics & Professionalism	
• Family Medicine	• Communication Skills • Fundamentals of History Taking
• Research Innovation (IUGRC)	• Inferential statistics 4 (Chi square test) • Inferential statistics 5 (Correlation)
• Behavioral Sciences	Non-Pharmacological interventions: • Communication skill • Informational Care

	Vertical Integration
Medicine	• Symptomology- 1 (common symptoms) • Symptomology- II (specific symptoms and lab investigations)
Surgery	• Symptomatology in Surgery and their diagnostic investigations • Wound healing and tissue repair • Patient safety and quality improvement • Perioperative management of patients • Initial management of trauma
• Introduction to child growth and development • Malnutrition: Assessment and management	

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.

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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.

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Table of Contents

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Foundation II Module Team

Module Name	:	Foundation II Module
Duration of module	:	3.5 Weeks
Coordinator	:	Dr.Attiya Munir
Co-coordinator	:	Dr.Muhammad Zaheer Sheikh
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
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.	Chairperson 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. Attiya Munir (Assissant Professor of Pharmacology)
2.	DME Focal Person	Dr. Maryum Batool
3.	Co-coordinator	Dr. Zaheer Sheikh (Demonstrator of Pharmacology)

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

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Module II - Foundation Module

Introduction: Foundation module II 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
- Appreciate concepts & importance of
  Family Medicine
  Biomedical Ethics
- **Research.**
- Use technology based medical education including **Artificial Intelligence.**

Skill

- Interpret and analyze various practical of Pre-clinical Sciences

Attitude

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

This module will run in 3.5 weeks duration. The content will be covered through introduction of topics. Instructional strategies are given in the time table and learning objectives are given in the study guides. Study guides will be uploaded on the university website. Good luck!

Section I –
Terms & Abbreviations

Contents

Tables & Figures

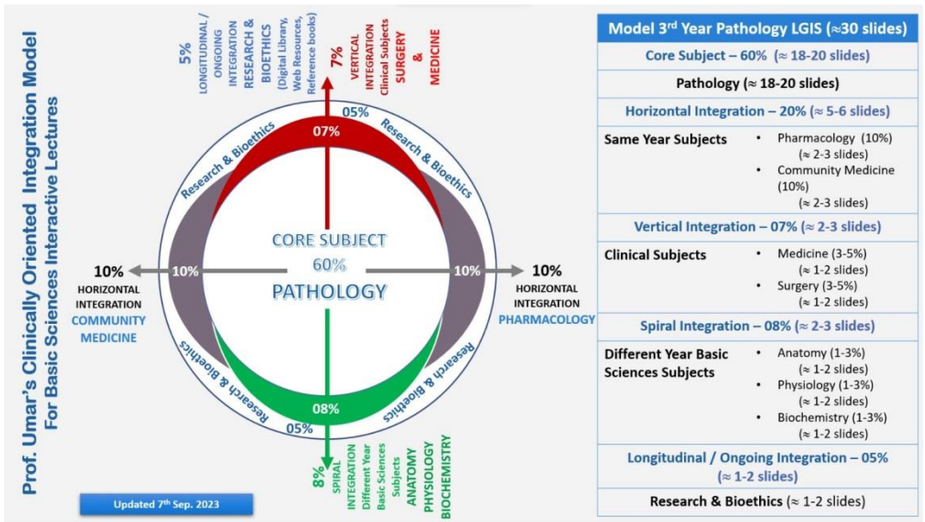
Table1. Domains of learning according to Blooms Taxonomy

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

Teaching and Learning Methodologies / Strategies

Large Group Interactive Session (LGIS)

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

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	

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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	

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Section II-

Learning Objectives, Teaching Strategies & Assessments

Contents

- Horizontally Integrated Basic Sciences (Pharmacology, Pathology & Forensic Medicine)
- Large Group Interactive Session:
  - Pharmacology (LGIS)
  - Pathology (LGIS)
  - Forensic Medicine (LGIS)
- Small Group Discussions
  - Pharmacology (SGD)
  - Pathology (SGD)
  - Forensic Medicine (SGD)
- Self -Directed Topic, Learning Objectives & References
  - Pharmacology (SDL)
  - Pathology (SDL)
  - Forensic Medicine (SDL)
- Skill Laboratory
  - Pharmacology (SDL)
  - Pathology (SDL)
  - Forensic Medicine (SDL)

Horizontally Integrated Basic Sciences (Pharmacology, Pathology & Forensic)

Pharmacology Large Group Interactive Session (LGIS)

Topic	At the end of the lecture student should be able to	Learning Domain	Teaching strategies	Assessment tools
Introduction to ANS	• Describe the general organization of autonomic nervous system	C1	LGIS	MCQs SAQs VIVA
	• Describe the basic characteristic of sympathetic and parasympathetic systems	C2		
Parasympathomimetics-I (directly acting)	• Identify location of cholinergic receptors and molecular mechanism of their activation	C1	LGIS	MCQs SAQs VIVA
	• Classify cholinomimetics	C1		
	• Describe the pharmacological effects produced by the activation of these receptors	C2		
	• Describe uses and adverse effects of cholinomimetics.	C2		
	• Identify location of cholinergic receptors and molecular mechanism of their activation	C1		
Parasympathomimetics-11 (indirectly acting)	• Classify anticholinesterases	C1	LGIS	MCQs SAQs VIVA
	• Describe the mechanism of action and adverse effects of anticholinesterases	C2		
Anti cholinergics-I (classification and mechanism of action)	• Identify location of cholinergic receptors and molecular mechanism of their activation	C1	LGIS	MCQs SAQs VIVA
	• Classify cholinomimetics	C1		
	• Describe the pharmacological effects produced by the activation of these receptors	C2		
	• Describe uses and adverse effects of cholinomimetics.	C2		
Anti cholinergics-II	• Compare & contrast hyoscine & atropine.	C3	LGIS	MCQs SAQs VIVA

Topic	At the end of the lecture student should be able to	Learning Domain	Teaching strategies	Assessment tools
Sympathmimetics I (classification)	• Classify Sympathomimetics	C1	LGIS	MCQs SAQs VIVA
	• Identify receptors selectivity of sympathomimetic drugs • Discuss structure activity relationship of sympathomimetics • Differentiate between catecholamines and non catecholamines	C1		
Sympathomimetics-II (directly acting drugs)	• Describe the pharmacological affects, produced by sympathomimetics	C2	LGIS	MCQs SAQs VIVA
Sympathomimetics-III (indirectly acting drugs)	• Compare different sympathomimetics in relation with epinephrine	C1	LGIS	MCQs SAQs VIVA
α – Blockers	• Classify alpha adrenergic blockers	C1	LGIS	MCQs SAQs VIVA
	• Describe the mechanism of action, pharmacological effects, uses and adverse effects of α – blockers.	C2		
	• Discuss "epinephrine reversal"	C2		
Beta blockers-I (classification)	• Classify beta adrenergic blockers • Describe the mechanism of action of beta adrenergic blockers	C1	LGIS	MCQs SAQs
Beta blockers-II (mechanism of action)	• Describe the pharmacological effects of beta adrenergic blockers	C2	LGIS	MCQs SAQs VIVA
Beta Blockers-III (clinical uses and adverse effects)	• Describe the uses and adverse effects of beta blockers	C1	LGIS	MCQs SAQs VIVA

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
Pathophysiology of Thrombo-embolism	• Define Thrombus &Virchow's triad	C1	LGIS	MCQs SAQs VIVA
	• Describe Causes of hypercoagulability	C2		
	• Explain fate of thrombus, morphology of venous thrombosis	C2		
	• Differentiate between arterial and venous thrombosis	C3		
	• Correlate pathogenesis of Disseminated-intravascular coagulation clinical presentation	C3		
	• Classify embolism on the basis of etiology	C1		
Mendalian Disorders	• Explain Mendalian's laws of genetics.	C2	LGIS	MCQs SAQs VIVA
	• Correlate inheritance with pathogenesis of various genetic disorders	C3		
Nomenclature & Characteristics of neoplasms	• Define and classify neoplasia	C1	LGIS	MCQs SAQs VIVA
	• Describe nomenclature of neoplasms	C2		
	• Differentiate between benign and malignant tumors	C3		
Diagnostic approach of malignant tumors	• Diagnose a case of malignant tumor on the basis of different laboratory tests	C2	LGIS	MCQs SAQs VIVA
	• Describe morphology of malignant tumors (gross & microscopy)	C2		
	• Demonstrate adequate interpersonal skills and collaborative team work	A2		

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Forensic Large Group Interactive Session (LGIS)

Topic	Learning objectives	C/P/A	Teaching Strategies	Assessment Tools
Personal Identity-III Identification in mass Disasters & Role of radiology	• Define mass disaster	C1	**LGIS**	**MCQs** **SAQs** **VIVA**
	• Mention the objectives of Forensic investigation in mass disaster.	C1		
	• State different ways through which a dead body can be obliterated	C2		
	• Outline briefly special techniques for identification in mass disaster.	C2		
	• Briefly explain the method of assessment of age, sex and skeletal injury by using radiology.	C2		
	• Define superimposition and describe the role of photography in identification			
Personal Identity-IV D.N.A finger printing	• Define DNA finger printing and enlist its different types. • State the scope /objectives of DNA finger profiling in forensic Medicine • Briefly describe the storage of samples of for DNA fingerprinting. • Briefly describe the Method of collection preservation and dispatch of samples. • Sate the effect of environment on integrity of DNA	C1 C2 C2 C2 C1	**LGIS**	**MCQs** **SAQs** **VIVA**
Forensic serology Trace evidence	• Appraise the forensic importance of Biological specimens (Blood, Semen, Salvia, Vomitus, Breath, Urine, Hair). • Collects, preserve, dispatch various human body specimens • Appraise the forensic importance of Biological specimens (Blood, Semen, Salvia, Vomitus, Breath, Urine, Hair). • Collects, preserve, dispatch various human body specimens	C2 C2 C2 C2	**LGIS**	**MCQs** **SAQs** **VIVA**
Thanatology- I (Introduction & Types of death) Immediate & Early changes of death)	• Define death and Classify its types • State the WHO criteria & and indicators to diagnose death. • Briefly describe the the causes, manner, mode, mechanisms, medico legal aspects of death • Define Algor mortis and state its medico-legal importance • Briefly explain the method to measure the temperature of body after death. • Enlist various factors affecting algor mortis. • Briefly describe postmortem caloricity.	C1 C2 C2 C2 C2	**LGIS**	**MCQs** **SAQs** **VIVA**

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Topic	Learning objectives	C/P/A	Teaching Strategies	Assessment Tools
Thanatology- II (Livor mortis & Rigor mortis)	• Define Livor mortis and state its medico legal importance. • Differentiate between Livor mortis and bruise. • State the mechanism of Rigor Mortis in the body after death and its medico legal importance? • Enumerate the factors which modify the onset & duration of rigor mortis? • Enlist the conditions simulating rigor mortis and differentiate them	C1 C2 C2 C3 C2 C2	**LGIS**	**MCQs** **SAQs** **VIVA**
Thanatology- III (Late changes of Death Putrefaction)	• Enlist the bacteria participates in putrefaction • Briefly describe the features of putrefaction and its mechanism • State the medicolegal importance of maggots.	C1 C2 C2	**LGIS**	**MCQs** **SAQs** **VIVA**
Thanatology- IV **(**Adipocere, Mummification & Estimation of time since death)	• Define Adipocere and state its medicolegal importance. • Define mummification and state its medicolegal importance. • Briefly describe the method to calculate the time since death. • Enumerate different changes after death which helps to calculate the time since death.	C2 C2 C2 C2	**LGIS**	**MCQs** **SAQs** **VIVA**
General Toxicology-I Introduction and classification of poisons	• Define Poison, Drug, Therapeutic dose and lethal dose. • Enlist different routes of administration and elimination of poison. • Briefly explain the actions and factors affecting the absorption of poison. • Classify the poisons according to the nature, mode, source, manner and medicolegal importance with example of each group.	C1 C2 C2 C2		**MCQs** **SAQs** **VIVA**

Pathology Small Group Discussion (SGDs)

Topic	At the end of the lecture student should be able to	C/P/A	Teaching strategy	Assessment tools
Edema	• Classify edema on the basis of etiology and pathogenesis	**C3**	SGD	MCQs SAQs VIVA
	• Differentiate b/w edema in various clinical settings	**C3**		
Morphological changes in Infarction	• Define Infarct.	**C1**	SGD	MCQs SAQs VIVA
	• Explain types of infarct.	**C2**		
	• Explain causes, of infarct.	**C2**		
	• Describe morphology of infarct.	**C2**		
Types of hemorrhage	• Define Hemorrhage.	**C1**	SGD	MCQs SAQs VIVA
	• Describe Normal coagulation cascade.	**C2**		
	• Enlist Types of haemorrhages with examples.	**C1**		
	• Describe Concept of Petechiae, ecchymosis, bruises	**C2**		
Introduction to genetics	• Define Genetics	**C1**	SGD	MCQs SAQs VIVA
	• Describe history and branches of genetics	**C2**		
	• Explain relationship between genes and human diseases	**C2**		
	• Enlist different types of changes in DNA which lead to genetic disease	**C2**		
	• Demonstrate the importance of patient confidentiality.	**A2**		
Types of gene disorders and Prenatal diagnosis	• Classify normal Karyotype	**C1**	SGD	MCQs SAQs VIVA
	• Explain chromosomal disorders of autosomes and sex chromosomes	**C2**		
	• Explain Down' syndrome and turner's syndrome	**C2**		
	• Explain single gene disorders with non-classical inheritance.	**C2**		
	• Explain multifactorial genetic disorders	**C2**		
	• Identify diseases caused by triplet repeat mutation	**C2**		
	• Identify diagnostic test related to genetic diseases	**C2**		

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Topic	At the end of the lecture student should be able to	C/P/A	Teaching strategy	Assessment tools
Single-Gene Disorders	• Enlist various single gene disorders	**C1**	SGD	MCQs SAQs VIVA
	• Describe the mechanisms involved in single gene disorders	**C2**		
Epidemiology of neoplasia	• Explain cancer incidence along with environmental and geographic distribution C2	**C2**	SGD	MCQs SAQs VIVA
	• Explain Genetic predisposition to cancer and Non hereditary predisposing conditions	**C2**		
	• Design the management plan for both poisonings	**C2**		
Molecular basis of cancer	• Describe essential alterations for malignant transformation	**C2**	SGD	MCQs SAQs VIVA
	• Define oncogenes, proto-oncogenes and oncoproteins	**C1**		
	• Explain role of RAS oncogenes, BRAF ,MYC oncogenes ,Cyclin and cyclin dependent kinase in carcinogenesis	**C2**		
Tumor suppressor genes in cancer	• Explain carcinogenesis by Tumor suppressor genes ,RB gene ,P53 gene	**C2**	SGD	MCQs SAQs VIVA
	• Explain role of ApC /b-catenin pathway in carcinogenesis	**C2**		
Microbial & radiation carcinogenesis	• Enlist examples of microbial and radiation carcinogenesis	**C2**	SGD	MCQs SAQs VIVA
	• Correlate the etio-pathogenesis of microbial carcinogenesis with the genetic alterations in tumor genomics	**C3**		
	• Correlate the mechanism of radiation oncogenesis with predisposing environment for carcinogenesis	**C3**		
	• Describe the genetic pathways involved in the radiation oncogenesis	**C2**		
Carcinogenic agents and Tumor immunity	• Classify carcinogenesis on the basis of various mechanism involved	**C2**	SGD	MCQs SAQs VIVA
	• Describe the steps involved in carcinogenesis	**C2**		
	• Explain chemical, radiational and microbial carcinogenesis	**C2**		
	• Explain Immune surveillance	**C2**		
Pathophysiology of Environmental Diseases	• Environmental Effects on Global Disease Burden,	**C1**	SGD	MCQs SAQs VIVA
	• Explain Health effects of Climate changes	**C1**		
	• Describe Toxicity of chemical and physical agents	**C2**		

Pharmacology Self Directed Learning (SDL)

Topic	Learning Objectives	References
Receptors and neurotransmitters involved in ANS	• Revise the knowledge of receptors and neurotransmitters regarding their functional roles	1. Basic and Clinical Pharmacology by Bertram Z. Katzung 15th Edition, Chapter 6, Page 2-6, 15-24 2. Goodman and Gillmans The Pharmacological basics of Therapeutics, 13th Edition, Chapter , Pg 43
Pheochromocytoma	• Discuss the signs and symptoms of pheochromocytoma • Discuss the pharmacological management of pheochromocytoma	Basic and Clinical Pharmacology by Bertram Z. Katzung 15th Edition, Chapter 10, Page 165-166
Ganglion blockers	• Enumerate Ganglion blockers • Explain mechanism of action • Discuss different organ system effects • Enumerate clinical applications and toxicity of the drugs	Basic and Clinical Pharmacology by Bertram Z. Katzung 15th Edition, Chapter 8, Page 139-140
Use of botulinum in aesthetics	• Discuss mechanism of action of botulinum • Enumerate uses and adverse effects of botulinum	Basic and Clinical Pharmacology by Bertram Z. Katzung 15th Edition, Chapter 6, Page 99 pg 136,1232

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Pathology Self Directed Learning (SDL)

Topic	Learning Objectives	References
Embolism and types of embolism	• Define and classify embolism • Explain clinical Importance and treatment of different types of embolism. • Describe morphology of different types of emboli. • Diagnose a case of embolism on the basis of different laboratory tests.	Robbins & Cotran Pathologic Basis OF Disease, 10th Edition, Chapter 1, Pg 112--114
Cytogenetic disorders	• Explain General Features of Chrosomal Disorders • Explain numeric and structural abnormalities • Explain Cytogenetic Disorders Involving	Robbins & Cotran Pathologic Basis of Disease, 10th Edition, Chapter 1, Pg 262-269-
Nutritional disorder Macronutrients/Micronutrient insufficiency	• Explain Macronutrient/Micro-nutrient insufficiency • Explain Dietary insufficiency, Protein energy Malnutrition, Anorexia Nervosa and Bulimia, Vitamin Deficiency, • Obesity, Diets, Cancers and Atherosclerosis. • Demonstrate understanding of team work in diagnosing a patient with multiple health issues	Robbins & Cotran Pathologic Basis OF Disease 10th Edition Chapter 3 Pg 80—85
Environmental pollution	• Outline salient features of environmental pollution in an article. • Demonstrate responsible behavior toward self-learning.	Robbins & COTRAN Pathologic Basis OF Disease, 10th Edition, Chapter 1, Pg 302--307

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Forensic Medicine Self Directed Learning (SDL)

Topic	Learning Objectives	References
Role of Radiology	• The list of ossification centers in bones and their appearance with relation to age. • Assessment of age of an individual using radiology • Assessment of sex of skeletal remains • Medicollegal importance of x-rays in age estimation	Parikhs"text book of forensic and toxicology Edition 9 Personal identification Page no 65 to 68
D.N.A Finger Printing	• Define DNA finger printing • Define the forensic importance and application of DNA finger printing • Identification in mass disaster	Parikhs"text book of forensic and toxicology Edition 9 Personal identification Page no 71 to 74 Identification in mass disaster Page no 90 to 93
Thanatology Types of death Immediate & Early changes of death	• Define death and Classify its types • State the WHO criteria & and indicators to diagnose death. • Briefly describe the the causes, manner, mode, mechanisms, medico legal aspects of death • Define Algor mortis and state its medico-legal importance • Briefly explain the method to measure the temperature of body after death. • Enlist various factors affecting algor mortis. • Briefly describe postmortem caloricity.	Essential:Parikhs"text book of forensic and toxicology Recommended: Principles of Forensic Medicine & Toxicology by Gautam Biswas
Thanatology Adipocere Mummification Estimation of time since death	• Define Adipocere and state its medicolegal importance. • Define mummification and state its medicolegal importance • Briefly describe the method to calculate the time since death. • Enumerate different changes after death which helps to calculate the time since death.	Essential:Parikhs"text book of forensic and toxicology Recommended: Principles of Forensic Medicine & Toxicology by Gautam Biswas

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Behavioral Sciences

(SDL)

Topic	Learning Objectives	References
Psychosocial Aspect in different hospital settings **Dialysis unit**	The students should be able to • Understand the psychosocial impact of chronic kidney disease and dialysis treatment on patients and their families. • Develop skills in assessing and addressing psychosocial needs, including coping with illness, treatment adherence, and lifestyle changes. • Collaborate with healthcare teams to address psychosocial barriers to optimal dialysis outcomes, such as depression, anxiety, and social isolation. • Advocate for patient-centered care practices that promote dignity, autonomy, and quality of life for individuals undergoing dialysis treatment.	Behavioral Sciences textbook, second edition Mowadat Rana
Psychosocial Aspect in different hospital settings Organ Transplantation	The students should be able to • Understand the psychosocial impact of organ transplantation on patients, donors, and their families. • Develop skills in assessing psychosocial factors influencing transplant candidacy, including emotional stability, social support, and adherence to post-transplant care. • Implement strategies to address pre-transplant anxiety, coping with waiting periods, and post-transplant adjustment challenges. • Collaborate with transplant teams to provide comprehensive psychosocial support throughout the transplantation process, including education, counseling, and support groups. • 5. Advocate for patient rights and ethical considerations in organ allocation, informed consent, and end-of-life decisions in the context of transplantation	Behavioral Sciences textbook, second edition Mowadat Rana
Psychosocial Aspect in different hospital settings Paediatrics Ward	The students should be able to • Understand the unique psychosocial needs of pediatric patients, their families, and caregivers in the hospital setting. • Develop skills in communicating effectively with children and their families about medical procedures, diagnoses, and treatment plans. • Implement strategies to support children and families coping with hospitalization, illness, and treatment-related stressors,	Behavioral Sciences textbook, second edition Mowadat Rana

	including play therapy, distraction techniques, and family-centered care approaches. • Collaborate with pediatric healthcare teams to address psychosocial factors impacting child health outcomes, such as parental stress, sibling adjustment, and developmental needs. • Advocate for child-friendly healthcare environments, age-appropriate communication, and holistic psychosocial support services in pediatric care settings.	
Psychosocial Aspect in different hospital settings Reproductive Health	The students should be able to Understand the psychosocial factors influencing reproductive health decisions, experiences, and outcomes across the lifespan. • Develop skills in conducting sensitive assessments and providing counseling on reproductive health issues, including contraception, fertility, pregnancy loss, and infertility. • Implement strategies to support individuals and couples facing reproductive challenges, including grief and loss counseling, decision-making support, and access to reproductive technologies. • Collaborate with interdisciplinary teams to address psychosocial factors impacting reproductive health outcomes, such as cultural beliefs, socioeconomic factors, and access to care. • Advocate for reproductive rights, informed consent, and patient autonomy in reproductive healthcare delivery and policy development	Behavioral Sciences textbook, second edition Mowadat Rana

Pharmacology Practical Skill Laboratory (SKL)

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment Tool
Pharmacological calculations III	• Solve the pharmacological calculations using the basic formulae	P2	Skill	OSPE
Effect of mydriatics on frog's eye	• Recall the mydriatic groups	P3	Skill	OSPE
	• Interpret the results of the drug instilled in rabbit's eye			
Effect of miotics on frog's eye	• Recall the miotic drug groups	P3	Skill	OSPE
	• Interpret the results of the drug instilled in rabbit's eye			

Pathology Practical Skill Laboratory (SKL)

Topic	Learning Objectives	Learning Domain	Teaching strategies	Assessment tools
Chronic Venous Congestion, Thrombosis, Infarction	• Illustrate morphology of Chronic Venous Congestion, Thrombosis and Infarction with help of diagram	P3	Practical	OSPE
	• Interpret report of coagulation profile	P3		
	• Be considerate of cost effectiveness and risk-benefit analysis while ordering investigations in a patient	A2		
Diagnosis of benign Neoplasia	• Diagnose a case of benign tumor on the basis of different laboratory tests	**P3**	Practical	OSPE
	• Describe morphology of benign tumors (gross & microscopy)	**P2**		
	• Demonstrate adequate interpersonal skills and collaborative team work	**A2**		
Diagnosis of malignant Neoplasia	• Identify the microscopic features and gross appearance of Chronic and Granulomatous Inflammation	**P1**	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
Examination of Blood Stain (Practical)	• State the medicolegal importance of Biological specimens(Blood) • Briefly describe the method to Collect, preserve and dispatch various human body specimens	C2 C2	• Identify the Medicolegal importance of Biological specimens (Blood) • Demonstrate the method of collection, preservation and dispatch of specimens	The student will be able to they identify different types of stains including blood.	**OSPE**
Examination of Hair & Fiber (Practical)	• Differentiate between human & animal Hair and Hair & Fiber • State the medicolegal importance of hair in identification. • State the importance of hair as trace evidence	C2 C2 C2	The student will be able to: • Differentiate between human & animal Hair and Hair & Fiber	The student will utilize the microscope to differentiate between hair, fiber and different types of hair	**OSPE**
Examination of Seminal Stain (Practical)	• State the medicolegal importance of Biological specimens(Blood) • Briefly describe the method to Collect, preserve and dispatch various human body specimens	C2 C2	• Identify the Medicolegal importance of Biological specimens (Semen & Salvia). • Demonstrate the method of collection, preservation and dispatch of specimens	The student will be able to they identify different types of stains including Semen & saliva	**OSPE**

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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
Mushroom and dhatura poisoning	• Recognize the clinical features of both poisonings	**C2**	CBL	PBQ
	• Evaluate the role of anticholinergics in both poisonings	**C2**		
	• Design the management plan for both poisonings	**C3**		
Organophosphate poisoning	• Recognize the clinical features of Organophosphate Poisoning	**C2**	CBL	PBQ
	• Evaluate the role of oximes in organophosphate poisoning	**C2**		
	• Design the management plan for organophosphate poisoning	**C3**		
Anaphylactic shock	• Manage the given case	**C3**	CBL	PBQ
	• Describe the effect of epinephrine on vascular and pulmonary systems and the receptors involved	**C2**		
	• Enlist other uses and adverse effects of epinephrine	**C1**		
	• Explain the epinephrine reversal phenomenon	**C2**		
Beta blockers	•		CBL	PBQ
	• Discuss the clinical pharmacology of beta blockers	**C2**		
	• Rationalize the use of specific beta blockers in specific clinical situations	**C3**		

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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
Etio-pathogenesis of Shock	• Define shock	C1	CBL	PBQs
	• Classify shock on the basis of etio-pathogenesis	C3		
	• Correlate the stages of shock with underlying pathogenic mechanisms	C3		
	• Identify the type of shock in clinical setting and the stage	C2		
	• Describe the Biochemical and immune-abnormalities in shock	C3		
	• Relate the need of diagnosis in emergency situations	C2		
Diagnosis of Klinefelter Syndrome	• Explain causes and evaluation of chromosomal abnormalities	C2	CBL	PBQs
	• Explain causes of facial features and complication of this syndrome	C2		
	• Correlate the clinical features with genetic basis	C2		
	• Identify different Chromosomal abnormalities on the basis of history taking and physical examination	C3		
Lead poisoning	• Discuss causes of lead poisoning	C2	CBL	PBQs
	• Describe the pathogenic effects of lead poisoning	C2		
	• Discuss clinical and morphological features of lead poisoning anemia	C2		

Large Group Interactive Sessions (LGIS)
Surgery

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment Tool
Symptomatology in surgery and their diagnostic investigations	• Different presenting symptoms in surgical patients	C2	LGIS	MCQs SAQs
	• Construction of Differential diagnosis	C2		
	• The Logical approach to lab investigations	C2		
	• The logical approach to radiological and histopathological investigation	C2		
Wound Healing and Tissue Repair	• 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		
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		
Perioperative management of patients	• Pre-operative care including the high risk surgical patients	C1	LGIS	MCQs SAQs
	• Understand the principles of post-operative care of surgical patients	C2		
	• Understand the principles of nutrition and fluid therapy	C2		
Initial management of trauma	• Understand the timeline concept in trauma management	C2	LGIS	MCQs SAQs
	• Understand to select early total care and damage control strategies	C2		
	• To identify and asses the severely injured patient	C2, C3		
	• Understand the concept of primary survey and secondary survey	C2, C3		

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Medicine

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment tool
Symptomology- 1 (common symptoms)	• Recognize common symptoms including dyspnea, chest pain, cough, palpitations, vomiting, fever, edema, dysuria and fatigue.	**C1**	LGIS	MCQs SAQs
	• Distinguish between acute, chronic and persistent symptoms**.**	**C4**		
	• Knows important steps involved in history taking of common symptoms.	**C1**		
	• Recognize abnormal lab findings in common symptoms	**C1**		
Symptomology- II (specific symptoms and lab investigations)	• Recognize important signs during clinical examination.	**C1**	LGIS	MCQs SAQs
	• Recognize abnormal lab findings in common symptoms	**C1**		

Paediatrics

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment tools
Introduction to child growth and development	• Describe the developmental milestones according to gross motor, fine motor, vision, hearing, speech and social behavior at different ages.	**C2**	LGIS	MCQs
	• Assess developmental age.	**C3**		
	• Recognize warning signs for developmental delay.	**C3**		
Malnutrition: Assessment and management	• Define Malnutrition	**C1**	LGIS	MCQs
	• Enlist common etiological factors	**C1**		
	• Evaluate malnourished child from history and physical examination	**C3**		
	• Plot Growth parameters on the percentile charts	**C5**		
	• Know WHO management protocol for severe malnutrition	**C2**		
	• Enlist the steps of nutritional rehabilitation	**C1**		

Family Medicine

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment tools
Communication Skills in patient care	• Define communication skills	**C1**	LGIS	MCQs
	• Elaborate the significance of good communications for doctors	**C2**		
	• Describe the essential components of effective communication with patients	**A1**		
	• Apply a communication theory in clinical practice			
Fundamentals of history taking	• Enlist components of history taking from patients	**C2**	LGIS	MCQs
	• Elaborate Red Flag Symptoms	**C2**		
	• Understand the basis of differential diagnosis from patients interview.	C3		

Behavioral Sciences

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment tools
Non-Pharmacological interventions: Communication skill	• Understand importance of effective communication	C3	LGIS	MCQs SAQs
	• Verbal and Non-verbal techniques	C3		
	• To focus on essentials in informational care			
Informational Care	• To give a comprehensive explanation of seven steps of informational care regarding the three Ds	C3	LGIS	MCQs SAQs
	• To provide Informational care in clinical settings based on the clinical issues	C3		

Integrated Undergraduate Research Curriculum (IUGRC)

Topic	Learning Objectives	Learning Domain	Teaching Strategy	Assessment tools
Inferential Statistics 4 (Chi square test)	• Explain principles of sampling distribution of proportion and standard error proportion	**C2**	LGIS	MCQs SAQs VIVA
	• Calculate SEP for a given sample proportion	**C3**		
	• Calculate standard error of difference between two proportions	**C3**		
	• Do hypothesis testing by applying chi-square test	**C3**		
	• Interpret results of chi-square test	**C4**		
	• Elaborate fisher's exact test	**C3**		
Inferential Statistics 5 (Correlation)	• Explain principles of correlation analysis for comparing two continuous variables in same subjects in given data set	**C1**	LGIS	MCQs SAQs VIVA
	• Explain with examples concept of correlation and association in research data	**C1**		
	• Compute co efficient of correlation and interpret results	**C2**		
	• Explain principles of correlation analysis for comparing two continuous variables in same subjects in given data set	**C1**		
	• Explain with examples concept of correlation and association in research data	**C1**		
	• Compute co efficient of correlation and interpret results	**C2**		
	• Explain principles of correlation analysis for comparing two continuous variables in same subjects in given data set	**C1**		

SECTION IV-

Spiral Courses

- **Longitudinal Themes**
    - **The Holy Quran Translation**
    - **Pak Studies/Islamiyat**
    - **Family Medicine**
    - **Behavioral Sciences**
    - **Biomedical Ethics**
    - **Early Clinical Exposure (ECE)**

Introduction to Spiral Courses

The Holy Quran Translation

A course of Islamic Studies provides students with a comprehensive overview of the fundamental aspects of Islam, its history, beliefs, practices, and influence on society and familiarize students with a solid foundation in understanding the religion of Islam from an academic and cultural perspective. Ethics, in integrated form will shape the core of the course to foster among students the universal ethical values promoted by Islam.

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.

Behavioral Sceinces

Behavioral sciences in medicine focus on understanding and addressing the psychological and social aspects of health and illness. This interdisciplinary field combines insights from psychology, sociology, anthropology, and other disciplines to enhance medical care and patient outcomes. It explores how behavior, emotions, and social factors influence health, disease, and medical treatment. By incorporating behavioral science principles into medical practice, healthcare professionals can better understand patients' perspectives, improve communication, and promote positive health behaviors, ultimately contributing to more comprehensive and effective patient care.

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.

Artificial Intelligence

To realize the dreams and impact of AI requires autonomous systems that learn to make good decisions. Reinforcement learning is one powerful paradigm for doing so, and it is relevant to an enormous range of tasks, including robotics, game playing, consumer modeling and healthcare. This class will provide a solid introduction to the field of reinforcement learning and students will learn about the core challenges and approaches, including generalization and exploration. Through a combination of lectures, and written and coding assignments, students will become well versed in key ideas and techniques for RL. Assignments will include the basics of reinforcement learning as well as deep reinforcement learning — an extremely promising new area that combines deep learning techniques with reinforcement learning. In addition, students will advance their understanding and the field of RL through a final project.

Integrated Undergraduate Research Curriculum

The integrated undergraduate research curriculum (IUGRC) of RMU occupies a definite space in schedule of each of the five years in rational and incremental way. It has horizontal harmonization as well as multidisciplinary research work potentials. In the first-year teachings are more introductory & inspirational rather than instructional. The teachings explain what & why of research and what capacities are minimally required to comprehend research & undertake research. Some research dignitaries' lecture are specifically arranged for sharing their experiences and inspiring the students. Students are specifically assessed through their individual compulsory written feedback (reflection) after the scheduled teachings end.

Entrepreneurship

Entrepreneurship is the process of designing, launching, and running a new business, which typically starts as a small enterprise offering a product, process, or service for sale or hire. It involves identifying a market opportunity, gathering resources, developing a business plan, and managing the business's operations, growth, and development.

Entrepreneurship in medical universities represents a burgeoning field where the innovative spirit intersects with healthcare to forge advancements that can transform patient care, medical education, and healthcare delivery. This unique amalgamation of medical expertise and entrepreneurial acumen empowers students, faculty, and alumni to develop groundbreaking medical technologies, healthcare solutions, and startups that address critical challenges in the health sector. By integrating entrepreneurship into the curriculum, Rawalpindi Medical university is not only expanding the traditional scope of medical education but also fostering a culture of innovation and problem-solving. This enables future healthcare professionals to not only excel in clinical skills but also in business strategies, leadership, and innovation management.

Such initiatives often lead to the creation of medical devices, digital health platforms, and therapeutic solutions that can significantly improve patient outcomes and make healthcare more accessible and efficient. Through incubators, accelerators, and partnerships with the industry, medical universities are becoming hotbeds for healthcare innovation, driving economic growth, and contributing to the broader ecosystem of medical research and entrepreneurial success.

Digital Literacy Module

Digital literacy means having the skills one needs to live, learn, and work in a society where communication and access to information is increasingly through digital technologies like internet platforms, social media, and mobile devices.

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Biomedical Ethics				
Topic	At The End Of Lecture Students Should Be Able To	Learning Domain	Teaching Strategy	Assessment Tool
Emotions	• To be able to define emotions.	C1	LGIS	MCQs
	• To understand the neuroanatomy and neurochemistry of emotion way to deal with emotion	C2		
Memory	• To be able to outline the types of memory.	C2	LGIS	MCQs
	• To be able to explain the areas in brain responsible for memory storage and Retrieval	C2		

Behavioral sciences				
Topics	At the end of session students should be able to:	Learning Domains	Teaching Strategy	Assessment Tools
Ethical dilemmas in healthcare practice involving breach in principle of autonomy	• Analyze ethical dilemmas in healthcare practice involving breach in principle of autonomy. • Explain what procedures adopted to maintain patient autonomy. • Identify situations in which doctor may have to take decisions in the best interest of the patients	C3 C2 C1	Short video demonstration on violation of Ethical principle of autonomy from suit CBEC Video resources	• Assignment based assessment involving real life case scenarios under aggregate Marks. (Internal Assessment) • Assignment to be uploaded on LMS

Ethical dilemmas in healthcare practice involving breach in principle of beneficence and non-maleficence	• Analyze ethical dilemmas in healthcare practice involving breach in principle of beneficence and non-maleficence • Explain what procedures adopted to maintain the principle of beneficence and non-maleficence in challenging situations • Identify situations in which a doctor may have to take decisions in the best interests of the patient considering the principle of beneficence and non-maleficence	C3 C2 C1	Short video demonstration on violation of Ethical principle of beneficence and non-maleficence from suit CBEC Video resources Students deliberations and reflections Reflective writing	• Assignment based assessment involving real life case scenarios under aggregate Marks (Internal Assessment) • Assignment to be uploaded on LMS
Ethical dilemmas practice involving breach in principle of justice	• Analyze ethical dilemmas in healthcare practice involving breach in principle of justice • Explain what procedures adopted to maintain the principle of justice in challenging situations • Identify situations in which a doctor may have to take decisions in the best interests of the patient considering the principle of justice	C3 C2 C1	Short video demonstration on violation of Ethical principle of beneficence and non-maleficence from suit CBEC Video resources Students deliberations and reflections Reflective writing	• Assignment based assessment involving real life case scenarios under aggregate Marks (Internal Assessment) • Assignment to be uploaded on LMS

Family Medicine

Topic	Learning Objectives At the end of the lecture the student should be able to	Learning Domain	Teaching Strategy	Assessment Tool
Approach to a patient with headache	• Describe presenting complains of patients with Headache	C3	LGIS-1	MCQs
	• Discuss complications of Headache			
	• Describe initial treatment of patients with Headache			
	• Know when to refer patient to consultant/ Hospital			

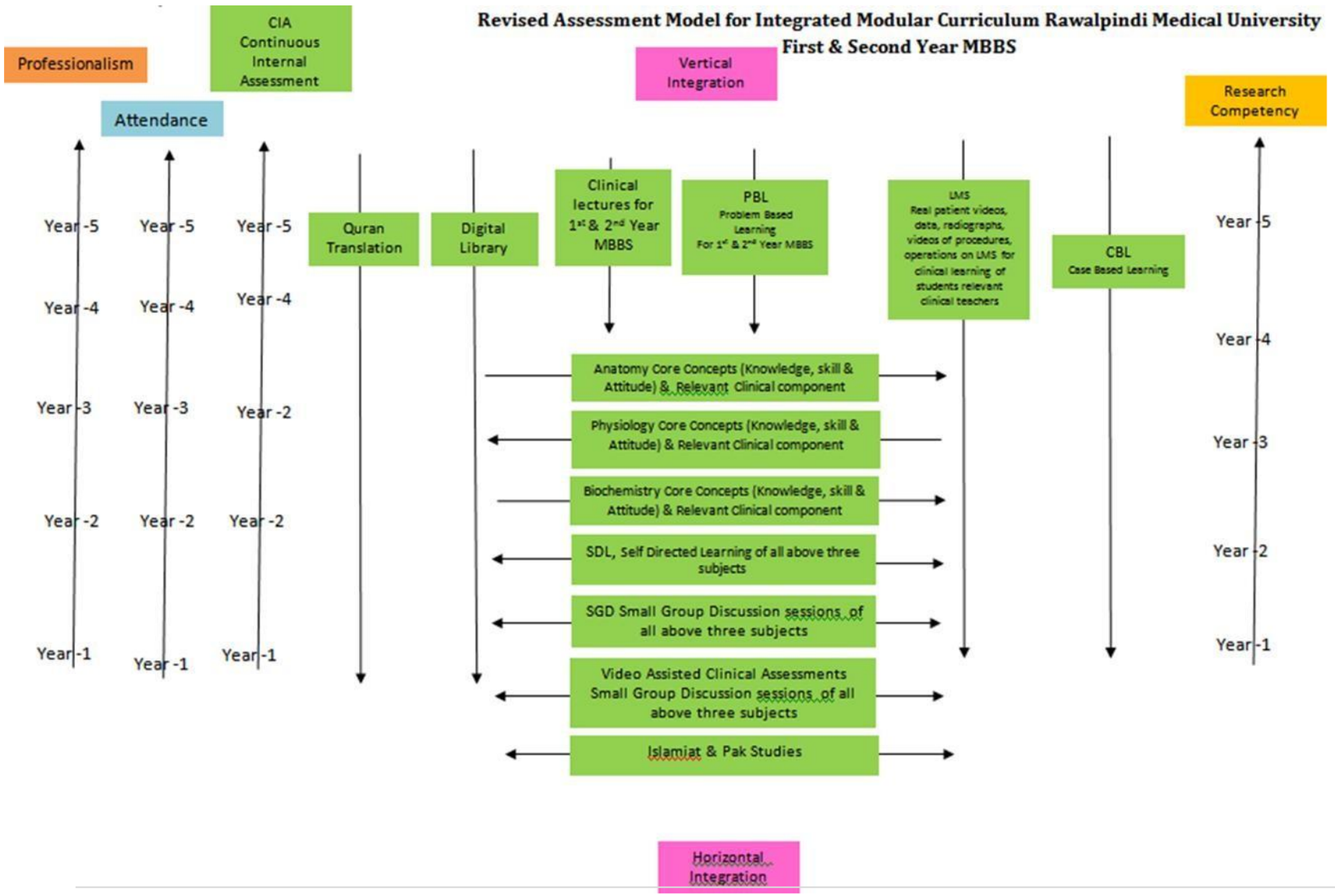
SECTION - V

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.

Date: 25th January, 2024 by DME, New Teaching Block

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	Summative 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 theshare according to their hour percentage.	Summative assessment is taken at the mid modular (LMS Based),modular and block levels.

ModularAssessment

Theory Paper	Viva Voce
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)	Structured table viva voce is conducted including the practical content of the module.

Block Assessment

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	Block OSPE
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.	This covers the practical content of the whole block.

Date: 25th January, 2024 by DME, New Teaching Block

Detailed Analysis of Assessment of Foundation Module-II

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	22-02-2024	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 II

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	2 hrs	8 Formative	5 Summative
	2	Topics of SDL Examination on MS Team	Formative	2 hrs (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	Davidson Textbook of Medicine
Surgery	Balley and Love Textbook of Surgery

Weekly LMS Based Assessment:			
Table of Specification			
LMS 1			
Subjects	**Pharmacology**	**Pathology**	**Forensic Medicine**
No of MCQs*	**20**	**20**	**20**
Marks	**20**	**20**	**20**
Total Marks	**60**		
LMS 2			
Subjects	**Behavioral sciences**	**Clinical sciences**	**Spirally integrated subjects(Family medicine, Professional ethics, Artificial intelligence)**
No of MCQs*	**20**	**20**	**20**
Marks	**20**	**20**	**20**
Total Marks	**60**		

Date: 25th January, 2024 by DME, New Teaching Block

SECTION VI

Integrated Clinically Oriented Modular Curriculum

Foundation Module II

3rd Year MBBS

Time Table 2024

Date: 25th January, 2024 by DME, New Teaching Block

Foundation Module Team

Module Name	:	Foundation Module
Duration of module	:	04 Weeks
Coordinator	:	Dr. Attiya Munir
Co-coordinator	:	Dr.Muhammad zaheer Sheikh
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.	Chairperson 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

Date: 25th January, 2024 by DME, New Teaching Block

Categorization of Modular Content of Pharmacology

Category A* AND B*	Category C ***		
LGIS	**CBL/SGD**	**Practical's**	**Self-Directed Learning (SDL)**
Introduction to ANS Parasympathomimetics-I (directly acting) Parasympathomimetics-11 (indirectly acting) Anti cholinergics-I (classification and mechanism of action) Anti cholinergics-II Sympathmimetics I (classification) Sympathomimetics-II (directly acting drugs) Sympathomimetics-III (indirectly acting drugs) α – Blockers Beta blockers-I (classification) Beta blockers-II (mechanism of action) Beta Blockers-III (clinical uses and adverse effects)	Mushroom and dhatura poisoning Organophosphate poisoning Anaphylactic shock Beta blockers	Pharmacological calculations III Effect of ydriatics on frog's eye Effect of miotics on frog's eye	Receptors and neurotransmitters involved in ANS Pheochromocytoma Ganglion blockers Use of botulinum in aesthetics
Category A*: By Professors			
Category B:** By Associate & Assistant Professors			
Category C*:** By Senior Demonstrators & Demonstrators			

Date: 25th January, 2024 by DME, New Teaching Block

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 department	01
2.	Assistant Professor of Pharmacology department	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* 12= 24hours
2.	Case Based Learning (CBL)	4* 4 = 16hours
3.	Practical / Skill Lab	2 *3* 3 = 18 hours

Contact Hours (Students)

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total Hours
1.	Large Group Interactive Session (LGIS)	12 hours
2.	Case Based Learning (CBL)	04 hours
3.	Practical / Skill Lab	06 hours
4.	Self-Directed Learning (SDL)	04 hours

Date: 25th January, 2024 by DME, New Teaching Block

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)**
Pathophysiology of Thrombo-embolism Mendalian Disorders Nomenclature & Characteristics of neoplasms Diagnostic approach of malignant tumors	Edema Morphological changes in Infarction Types of hemorrhage Introduction to genetics Types of gene disorders and Prenatal diagnosis Single-Gene Disorders Epidemiology of neoplasia Molecular basis of cancer Tumor suppressor genes in cancer Microbial & radiation carcinogenesis Carcinogenic agents and Tumor immunity Pathophysiology of Environmental Diseases	Etio-pathogenesis of Shock Diagnosis of Klinefelter Syndrome Lead poisoning	Chronic Venous Congestion, Thrombosis, Infarction Diagnosis of benign Neoplasia Diagnosis of malignant Neoplasia	Embolism and types of embolism Cytogenetic disorders Nutritional disorder Macronutrients/Micronutrient insufficiency Environmental pollution
Category A*: By Professors				
Category B:** By Associate & Assistant Professors				
Category C*:** By Senior Demonstrators & Demonstrators				

Date: 25th January, 2024 by DME, New Teaching Block

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)	2 * 4= 12 hours
2.	Small Group Discussions (SGD)	4 *12= 48 hours
3.	Case Based Learning (CBL)	4* 3 = 12 hours
4.	Practical / Skill Lab	2 * 3*3 = 18 hours

Contact Hours (Students)

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total Hours
1.	Large Group Interactive Session (LGIS)	4 hours
2.	Small Group Discussions (SGD)	12 hours
	Case Based Learning (CBL)	3 hours
4.	Practical / Skill Lab	6 hours
5.	Self-Directed Learning (SDL)	4 hours

Date: 25th January, 2024 by DME, New Teaching Block

Categorization of Modular Content of Forensic Medicine

A*	B**	C***	
LGIS	**LGIS**	**SGD (CBL/Practical)**	**SDL**
Personal Identity-III Identification in mass Disasters & Role of radiology	**Thanatology- II** (Livor mortis & Rigor mortis)	Examination of Blood Stain	Role of radiology
Personal Identity-IV D.N.A finger printing	**Thanatology- III** (Late changes of Death Putrefaction)	Examination of Hair & Fiber	D.N.A finger printing
Forensic serology Trace evidence	**Thanatology- IV** **(**Adipocere, Mummification & Estimation of time since death)	Examination of Seminal Stain	Thanatology Types of death Immediate & Early changes of death
Thanatology- I (Introduction & Types of death) Immediate & Early changes of death)	**General Toxicology-I** Introduction and classification of poisons		Thanatology Adipocere Mummification Estimation of time since death
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)	1hrx8= 8hours
2.	Small Group Discussions **SGD** (Practical/CBL)	2hrx3x3= 18 hours
5.	Self-Directed Learning (SDL)	1hrx4 =4 hours

Date: 25th January, 2024 by DME, New Teaching Block

TIME TABLE 3rd YEAR MBBS -FOUNDATION MODULEII-2024 (1st Week)

DATE / DAY	
Monday 11-03-2024	**FOUNDATION I THEORY EXAM (8:30am to 1:00 pm)**
Truesday 12.03.2024	**FOUNDATION I THEORY EXAM (8:30am to 1:00 pm)**
Wednesday 13-03-2024	**FOUNDATION I THEORY EXAM (8:30am to 1:00 pm)**

DATE / DAY	8:00 am- 10: 30 am	10:45 am – 11:30am		11:30pm –12:15 pm		12:15pm – 01:00pm	
Thursday 14-03-2024	**Clinical Clerkship**	**Pharmacology * L-1**		**Pharmacology * L-2**		**Forensic Medicine * L-3**	
	Batch : A Medicine Batch : B Surgery Batch : C Sub-Specialty (Refer to annexure2)	Introduction of Autonomic nervous system		Parasympathomimetics (Directly acting)		Personal Identity-III Identification in mass Disasters & Role of radiology	
		Even	**Odd**	**Even**	**Odd**	**Even**	**Odd**
		Dr. Asma Khan	Dr. Zunera Hakim	Dr. Zunera Hakim	Dr. Attiya Munir	Dr. Romana	Dr. Filza

DATE / DAY	08:00am - 08:45am		08:45am – 09:30am		09:30am – 10:15am		10:15am - 11:00am		11:00am – 12:00pm	
Friday 15-03-2024	**Medicine *L-4**		**Forensic Medicine *L-5**		**Pathology *L-6**		**Pharmacology *L-7**		**Pathology **S -1**	
	Symptomology I (Common symptoms)		Personal Identity-IV D.N.A finger printing		Pathophysiology of Thrombosis		Parasympathomimetics (Indirectly acting)		Edema	
	Even	**Odd**	**Even**	**Even**	**Even**	**Odd**	**Even**	**Odd**	**Even**	**Odd**
	Dr. Farhan	Dr. Javeria	Dr. Romana	Dr. Filza	Prof Mobina Dodhy	Prof Wafa Omer	Dr. Zunera Hakim	Dr. Attiya Munir	Prof.. Wafa Omer Dr. Fatima tuz Zahra,	Dr. Kiran Fatima Dr. Sarah Rafi

DATE / DAY	08:00am - 08:50am		08:50am – 09:40am		09:40am – 10:30am			10:30am - 11:20am		11:20am – 12:10pm		12:10pm – 1:00 pm	
Saturday 16-03-2024	**Pathology ** S-2**		**Medicine *L-8**		**Bioethics *L-9**			**Surgery *L-10**		**Pharmacology *L-11**		**Behavioral Sciences * L-12**	
	Morphological changes in Infarction		Symptomology –II (Specific symptoms and lab investigations)		Medication/ Prescription errors			Symptomatology in Surgery in surgery and their diagnostic investigations		Anti cholinergics –I (Classification and mechanism of action)		Informational Care	
	Even	**Odd**	**Even**	**Odd**	**Even**	**Odd**		**Even**	**Odd**	**Even**	**Odd**	**Even**	**Odd**
	Dr. Mudassira ,Dr.Kiran	Dr. Rabbiya Khalid Dr. Mehreen	Dr. Farhan	Dr. Javeria	Prof. Dr. Akram Randhawa	Prof. Dr. Akram Randhawa		Dr. Atif	Dr. Rahat	Dr. Asma Khan	Dr. Attiya Munir	Dr. Sadia	Dr. Azeem

Date: 25th January, 2024 by DME, New Teaching Block

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

<table>
<tr><th>DATE / DAY</th><th colspan="4">8:00 am - 10:30 am</th><th colspan="3">10:45am – 11:30 am</th><th colspan="5">11:30am-01:00pm</th></tr>
<tr><td rowspan="2">Monday
18-03-2024</td><td colspan="4">Clinical Clerkship</td><td colspan="3">Pharmacology *L-13</td><td>Batch</td><td>Discipline</td><td>Topic of Practical</td><td>Teacher</td><td>Venue</td></tr>
<tr><td colspan="4" rowspan="11">Batch : A Medicine
Batch : B Surgery
Batch : C Sub-Specialty

(Refer to annexure2)</td><td colspan="3">Anticholinergics-II (Therapeutic uses and adverse effects)
Even | Odd
Dr.Asma Khan | Dr.Attiya Muinr</td><td></td><td>Pharmacology P-1</td><td>Effects of Miotics on Rabbits Eye</td><td>Dr.Asma Khan,Dr. Uzma Umer
Dr.Arsheen Arshad,Dr.Zoefishan
Dr.Zaheer,Dr.Mamuna</td><td>Pharmacology Lab</td></tr>
<tr><td></td><td></td><td></td><td>B</td><td>Forensic Medicine P-2</td><td>Examination of blood Stains</td><td>Dr Urooj,
Dr. Shahida</td><td>Forensic Lab</td></tr>
<tr><td rowspan="2">Tuesday
19-03-2024</td><td></td><td></td><td></td><td>C</td><td>Pathology P-3</td><td>Chronic Venous Congestion, Thrombosis, Infarction</td><td>Prof.Mobina Ahsan Dodhy,Dr.Abid
Dr.Iqbal ,Dr.Nida,Dr.Mehreen</td><td>Pathology Lab, NTB</td></tr>
<tr><td colspan="3">Pathology **S-3
Types of Hemorrhage
Even | Odd
Prof..Mobina Dodhy, Dr. Mudassera Zahid | Dr Fatima Zahra Dr. Rabia Khalid</td><td>Batch</td><td>Discipline</td><td>Topic of Practical</td><td></td><td></td></tr>
<tr><td rowspan="2"></td><td rowspan="2">Pharmacology P-1</td><td rowspan="2">Effects of Miotics on rabbits Eye</td><td rowspan="2">Dr.Attiya Munir,Dr. Uzma Umer
Dr.Arsheen Arshad,Dr.Zoefishan
Dr.Zaheer,Dr.Mamuna</td><td>Pharmacology Lab</td></tr>
<tr><td></td></tr>
<tr><td rowspan="2">Wednesday
20-03-2024</td><td></td><td>C</td><td>Forensic Medicine P-2</td><td>Spectroscopic examination ofBlood</td><td>Dr. Raheel</td><td>Forensic Lab</td></tr>
<tr><td colspan="3">Pathology *** C-1
Etiopathogenesis of Shock
Even | Odd
Prof.Wafa omer Dr Abid Hassan | Dr. Syeda Aisha Dr. Shabih Haider</td><td>A</td><td>Pathology P-3</td><td>Chronic Venous Congestion, Thrombosis, Infarction</td><td>Prof.Wafa Omer,Dr. Abid Hassan
Dr.Syeda Aisha,Dr.Unaiza ,Dr.Shabih</td><td>Pathology Lab, NTB</td></tr>
<tr><td rowspan="2">Thursday
21-03-2024</td><td></td><td>Batch</td><td>Discipline</td><td colspan="2">Topic of Practical</td><td></td></tr>
<tr><td colspan="3">Forensic Medicine * L-14
Forensic serology
Trace evidence
Even | Odd
Dr. Romana | Dr. Filza</td><td>C</td><td>Pharmacology P-1</td><td>Effects of Miotics on rabbits Eye</td><td>Dr.Zunera Hakim,Dr. Uzma Umer
Dr.Arsheen Arshad,Dr.Zoefishan
Dr.Zaheer,Dr.Mamuna</td><td>Pharmacology Lab</td></tr>
<tr><td rowspan="2">Friday
22-03-2024</td><td colspan="2">08:00am - 08:45am
Pharmacology *** C-3
Organophosphate Poisoning
Even | Odd
Dr.Zunera Hakim Dr Zoefeshan Dr Mamuna | Dr.Attiya Munir Dr Arsheen, Dr. Uzma</td><td colspan="2">08:45am – 09:30am
Pathology ** S-4
Introduction to genetics
Even | Odd
Dr. Mudassira, Dr.Kiran | Dr. Rabbiya, Dr. Sarah Rafi</td><td colspan="3">09:30am – 10:15am
Surgery * L-16
Wound healing and tissue repair
Even | Odd
Dr. Atif | Dr. Ramlah</td><td colspan="2">10:15am - 11:00am
Quran *L-17
Imaniat IV
Even | Odd
Mufti Wahid |</td><td colspan="2">11:00am – 12:00pm
Pathology *L-18
Mendalian Disorders
Even | Odd
Prof Wafa Omer | Dr.MobinaDodhy</td><td colspan="2">Pharmacology * **C-2
12:15pm – 01:00pm
Mushroom and Dathura Poisoning
Even | Odd
Dr.Asma Khan Dr Zoefeshan Dr Mamuna | Dr.Zunera Hakim Dr Arsheen, Dr. Zaheer</td></tr>
<tr><td>Saturday
23-03-2024</td><td colspan="11">PAKISTAN DAY (PUBLIC HOLIDAY)</td></tr>
</table>

Date: 25th January, 2024 by DME, New Teaching Block

TIME TABLE 3rd YEAR MBBS -FOUNDATIONMODULEII-2024 (3rdWeek)

<table>
<tr><th>DATE / DAY</th><th colspan="2">8:00 am - 10:30 am</th><th colspan="2">10:45am – 11:30 am</th><th colspan="5">11:30am-01:00pm</th></tr>
<tr><td rowspan="4">Monday 25-03-2024</td><td colspan="2">Clinical Clerkship</td><td colspan="2">Pharmacology *L-19</td><td>Batch</td><td colspan="2">Discipline</td><td colspan="2">Topic of Practical</td></tr>
<tr><td rowspan="4" colspan="2">Batch : A Medicine Batch : B Surgery Batch : C Sub-Specialty (Refer to annexure2)</td><td colspan="2">Sympathomimetics-I (Classification)</td><td>A</td><td colspan="2">Pharmacology P-4</td><td colspan="2">Effect of mydriatics on rabbit’s eye</td><td>Dr.Asma khan,Dr. Uzma Umer Dr.Arsheen Arshad,Dr.Zoefishan Dr.Zaheer,Dr.Mamuna</td><td>Pharmacology Lab</td></tr>
<tr><td>Even</td><td>Odd</td><td>B</td><td colspan="2">Forensic Medicine P-5</td><td colspan="2">Examination of Seminal Stain</td><td>Dr Gulzaib,Dr Fatima</td><td>Forensic Lab</td></tr>
<tr><td>Dr Asma Khan</td><td>Dr Zunera Hakim</td><td>C</td><td colspan="2">Pathology P-6</td><td colspan="2">Diagnosis of benign neoplasm</td><td>Prof.Wafa Omer,Dr.Abid Dr.Iqbal Haider,Dr.Mehreen Dr. Nida Fatima</td><td>Pathology Lab, NTB</td></tr>
<tr><td colspan="2"></td><td colspan="2"></td><td colspan="7"></td></tr>
<tr><td rowspan="4">Tuesday 26-03-2024</td><td colspan="2"></td><td colspan="2">Pharmacology *L-20</td><td>Batch</td><td colspan="2">Discipline</td><td colspan="2">Topic of Practical</td></tr>
<tr><td colspan="2"></td><td colspan="2">Sympathomimetics-II (Directly acting)</td><td>B</td><td colspan="2">Pharmacology P-4</td><td colspan="2">Effect of mydriatics on rabbit’s eye</td><td>Dr.Attiya Munir,Dr. Uzma Umer Dr.Arsheen Arshad,Dr.Zoefishan Dr.Zaheer,Dr.Mamuna</td><td>Pharmacology Lab</td></tr>
<tr><td colspan="2"></td><td>Even</td><td>Odd</td><td>C</td><td colspan="2">Forensic Medicine P-5</td><td colspan="2">Examination of Seminal Stain</td><td>Dr GulzaibDr Fatima</td><td>Forensic Lab</td></tr>
<tr><td colspan="2"></td><td>Dr Asma Khan</td><td>Dr Zunera Hakim</td><td>A</td><td colspan="2">Pathology P-6</td><td colspan="2">Diagnosis of benign neoplasm</td><td>Prof.Mobina Ahsan Dodhy,Dr.Nida Dr.Syeda Aisha,Dr.Una\iza Dr.Shabih Haider</td><td>Pathology Lab, NTB</td></tr>
<tr><td rowspan="4">Wednesday 27-03-2024</td><td colspan="2"></td><td colspan="2">Pharmacology * L-21</td><td>Batch</td><td colspan="2">Discipline</td><td colspan="2">Topic of Practical</td></tr>
<tr><td colspan="2"></td><td colspan="2">Sympathomimetics-III (Indirectly acting)</td><td>C</td><td colspan="2">Pharmacology P-4</td><td colspan="2">Effect of mydriatics on rabbit’s eye</td><td>Dr.Zunera Hakim,Dr. Uzma Umer Dr.Arsheen Arshad Dr.Zoefishan, Dr.ZaheerDr.Mamuna</td><td>Pharmacology Lab</td></tr>
<tr><td colspan="2"></td><td>Even</td><td>Odd</td><td>A</td><td colspan="2">Forensic Medicine P-5</td><td colspan="2">Examination of Seminal Stain</td><td>Dr Gulzaib,Dr Fatima</td><td>Forensic Lab</td></tr>
<tr><td colspan="2"></td><td>Dr Asma Khan</td><td>Dr Zunera Hakim</td><td>B</td><td colspan="2">Pathology P-6</td><td colspan="2">Diagnosis of benign neoplasm</td><td>Prof.Wafa Omer.Dr.Faiza Zafar Dr.Meh Jabeen,Dr. Nida Fatima</td><td>Pathology Lab, NTB</td></tr>
<tr><td rowspan="4">Thursday 28-03-2024</td><td colspan="2"></td><td colspan="2">Research * L-22</td><td colspan="4">Pathology ** S-5</td><td colspan="2">Pathology ** S- 6</td></tr>
<tr><td colspan="2"></td><td colspan="2">Inferential Statistics 4 (Chi square test)</td><td colspan="4">11:30pm –12:15 pm
Types of gene disorders and Prenatal diagnosis</td><td colspan="2">12:15pm – 01:00pm
Single gene disorder</td></tr>
<tr><td colspan="2"></td><td>Even</td><td>Odd</td><td colspan="2">Even</td><td colspan="2">Odd</td><td>Even</td><td>Odd</td></tr>
<tr><td colspan="2"></td><td>Dr. Imrana</td><td>Dr. Abdul Qudoos</td><td colspan="2">Dr. Fatima tuz Zahra,
Prof.. Wafa Omer</td><td colspan="2">Dr. Kiran Fatima,
Dr. Sarah</td><td>Dr. Mudassira,
Dr. Fatima tuz Zahra</td><td>Dr. Rabbiya Khalid
Dr. Mehreen fatima</td></tr>
<tr><td rowspan="4">Friday 29-03-2024</td><td>08:00am - 08:45am</td><td colspan="2">08:45am – 09:30am</td><td colspan="2">09:30am – 10:15am</td><td colspan="2">10:15am - 11:00am</td><td colspan="2">11:00am – 12:00pm</td><td colspan="2" rowspan="4"></td></tr>
<tr><td>Surgery
* L-23</td><td colspan="2">Pathology ***C-4</td><td colspan="2">ForensicMedicine *L-24</td><td colspan="2">Pathology
*L-25</td><td colspan="2">Pharmacology
***C-5</td></tr>
<tr><td>Patient Safety and Quality improvement</td><td colspan="2">Diagnosis of Klienfilter syndrome</td><td colspan="2">Thanatology- I
(Introduction & Types of death)</td><td colspan="2">Nomenclature & Characteristics of neoplasms</td><td colspan="2">Anaphylactic Shock</td></tr>
<tr><td>Even</td><td>Odd</td><td>Even</td><td>Odd</td><td>Even</td><td>Odd</td><td>Even</td><td>Odd</td><td>Even</td><td>Odd</td></tr>
<tr><td>Dr. Atif</td><td>Dr. Asifa</td><td>Dr Faiza, Dr. Mah Jabeen</td><td>Dr Nida Fatima Dr.Shabih</td><td>Dr. Romana</td><td>Dr. Filza</td><td>Prof Wafa Omer</td><td>Dr.MobinaDodhy</td><td>Dr.Asma Khan Dr. Uzma Dr. Arsheen</td><td>Dr.Attiya Munir Dr. Zaheer Dr.Zoefeshan</td></tr>
<tr><td rowspan="4">Saturday 30-03-2024</td><td>08:00am - 08:50am</td><td colspan="2">08:50am – 09:40am</td><td colspan="2">09:40am – 10:30am</td><td colspan="2">10:30am - 11:20am</td><td colspan="2">11:20:am – 12:10pm</td><td colspan="2">12:10pm – 1:00 pm</td></tr>
<tr><td>Forensic Medicine
* L-26</td><td colspan="2">Peads * L-27</td><td colspan="2">Behavioral Sciences *L-28</td><td colspan="2">Pathology
** S-7</td><td colspan="2">Pathology **S-8</td><td colspan="2">Research
*L-29</td></tr>
<tr><td>Thanatology- II
(Livor mortis & Rigor mortis)</td><td colspan="2">Introduction to child growth and development</td><td colspan="2">Communication Skills</td><td colspan="2">Epidemiology of Neoplasia</td><td colspan="2">Molecular Basis of Cancer</td><td colspan="2">Inferential Statistics 4 (Correlation)</td></tr>
<tr><td>Even</td><td>Odd</td><td>Even</td><td>Odd</td><td>Even</td><td>Odd</td><td>Even</td><td>Odd</td><td>Even</td><td>Odd</td><td>Even</td><td>Odd</td></tr>
<tr><td>Dr. Romana</td><td>Dr. Filza</td><td>Dr. Jaweria Zain</td><td>Dr. Muneeba Iqbal</td><td>Dr. Mehmood Ali Khan</td><td>Dr. Sadia</td><td>Dr. Mudassira ,Dr.Fatima tuz Zahra</td><td>Dr.Kiran Fatima, Dr.Mehreen Fatima</td><td>Dr. Mudassira, Dr.Kiran Fatima</td><td>Dr. Rabbiya Dr. Mehreen</td><td>Dr. Imrana</td><td>Dr. Abdul Qudoos</td></tr>
</table>

Date: 25th January, 2024 by DME, New Teaching Block

TIME TABLE 3rd YEAR MBBS -FOUNDATIONMODULEII-2024 (4th Week)

DATE / DAY	8:00 AM - 10:45 AM	10:45am – 11:30 am		11:30 PM – 01:00 PM					
	Clinical Clerkship	**Pathology** **S-9		**Batch**	**Discipline**		**Topic of Practical**		
Monday 01--04-2024	**Batch : A Medicine Batch : B Surgery Batch : C Sub-Specialty (Refer to annexure2)**	Tumor suppressor genes in cancer		A	Pharmacology	P-7	Introduction to P Drug & Prescription Writing Conduction of Counselling Session of Clinical Scenario	Dr.Asma Khan Dr. Uzma Umer Dr.Arsheen Arshad Dr.Zoefishan Dr.Zaheer Dr.Mamuna	Pharmacology Lab
		Even	**Odd**	B	Forensic Medicine	P-8	Examination of Hair & Fiber	Dr Naila Dr.Shahrukh	Forensic Lab
		Prof.Mobina Dodhy ,Dr.Fatima tuz Zahra	Dr.KiranFatima, Dr. Sarah Rafi	C	Pathology	P-9	Diagnosis of malignant neoplasm	Prof.Mobina Ahsan Dodhy Dr.Syeda Aisha Dr.Syed Iqbal Haider Dr.Nida Fatima Dr. Mehreen Fatima	
Tuesday 02-04-2024		**Pharmacology** **L-30**		**Batch**	**Discipline**		**Topic of Practical**		
		Alpha blockers		B	Pharmacology	P-7	Introduction to P Drug & Prescription Writing Conduction of Counselling Session of Clinical Scenario	Dr.Attiya Munir Dr. Uzma Umer Dr.Arsheen Arshad Dr.Zoefishan Dr.Zaheer Dr.Mamuna	Pharmacology Lab
		Even	**Odd**						
		Dr Asma Khan	Dr Zunera Hakim	C	Forensic Medicine	P-8	Examination of Hair & Fiber	Dr Naila Dr.Shahrukh	Forensic Lab
				A	Pathology	P-9	Diagnosis of malignant neoplasm	Pof.Wafa omer Dr. Syeda Aisha Dr.Abid Dr.Unaiza Dr.Shabih Haider	Pathology Lab, NTB
Wednesday 03-04-2024		**Forensic Medicine** **L-31**		**Batch**	**Discipline**		**Topic of Practical**		
		Thanatology- IV (Adipocere, Mummification & Estimation of time since death)		C	Pharmacology	P-7	Introduction to P Drug & Prescription Writing Conduction of Counselling Session of Clinical Scenario	Dr.Zunera Hakim Dr. Uzma Umer Dr.Arsheen Arshad Dr.Zoefishan Dr.Zaheer Dr.Mamuna	Pharmacology Lab
		Even	**Odd**						
				A	Forensic Medicine	P-8	Examination of Hair & Fiber	Dr Naila Dr.Shahrukh	Forensic Lab

Spring and EID Holidays
04-04-24 to 13-04-24

Date: 25th January, 2024 by DME, New Teaching Block

TIME TABLE 3rd YEAR MBBS -FOUNDATIONMODULEII-2024 (5th Week)

DATE / DAY	08:00am- 11:00am	11::00am - 12:00pm	12:00pm – 01:00am	01:00am – 02:00am
Monday 15-04-2024	**Clinical Clerkship** **Batch : A Medicine Batch : B Surgery Batch : C Sub-Specialty (Refer to annexure2)**	**Pharmacology * L-32** Beta Blockers-1 **Even** Odd Dr.Asma khan / Dr. Attiya munir	**Peads * L-33** Malnutrition assessment and management Even **Odd** Dr. Amal Hashim / Dr.Uzma	**Pathology * S-10** Microbial and radiation carcinogenesis **Even** **Odd** Dr. Mudassira ,Dr.Rabia / Dr.Mehreen Fatima Dr.Sarah
Tuesday 16-04-2024		**11::00am - 12:00pm** **Forensic * L-34** Forensic serology(Trace evidence) **Even** **Odd** Dr. Romana / Dr. Filza	**12:00pm – 01:00am** **Pharmacology * L-35** Beta blockers- II (Mechanism of action) **Even** **Odd** Dr.Asma khan Dr. Attiya munir	**01:00am – 02:00am** **Family Medicine * L-36** Communication Skills in patient care Even Odd Dr. Sadia / Dr.Sadia
Wednesday 17-04-2024		**11::00am - 12:00pm** **Pathology *L-37** Diagnostic approach of malignant tumors **Even** **Odd** Prof Wafa Omer / Dr.MobinaDodhy	**12:00pm – 01:00am** **Pharmacology * L-38** Beta blockers- III (Clinical uses and adverse effects) **Even** Odd Dr.Asma khan / Dr. Attiya munir	**01:00am – 02:00am** **Surgery *L-39** Perioperative management of patients **Even** **Odd** Dr.Atif / Dr. Abdul Qadeer
Thursday 18-04-2024		**08:00am - 08:50am** **Forensic * L-40** General Toxicology-I Introduction and classification of poisons **Even** **Odd** Dr. Romana / Dr. Filza	**08:50am – 09:40am** **Surgery * L-41** Initial management of trauma **Even** **Odd** Dr.Atif Dr. Huma	**09:40am – 10:30am** Pathology**S-11 Carcinogenic agents and Tumor immunity **Even** **Odd** Dr Fatima tuz Zahra Dr. Kiran / .Dr.Mehreen Fatima Dr.Sarah Rafi

	08:00am – 09:00am	09:00am – 10:00a.m	10:00am – 11:00am	11:00am – 12:00pm
Friday 19-04-2024	**Quran *L-42** Ibadiat I	**Pathology**S-12** Pathophysiology of Environmental Diseases	**Pathology ***C-6** Lead Poisoning	**Pharmacology *C-7** Beta Blockers
	Even **Odd** Mufti Wahid / Mufti Wahid	**Even** **Odd** Dr.Mudassira Dr Rabbyya / . Dr.Mehreen Dr. Sarah	**Even** **Odd** Dr. Mobina Dodhy Dr. Iqbal Haider / Dr Unaiza Dr.Shabih Haider	**Even** **Odd** Dr.Attiya Dr. Zaheer. . Dr Mamuna / Dr. Asma Dr. Uzma Dr Zoefishan

Saturday 20-04-2024	**PREPARATORY LEAVE** Date: 25th January, 2024 by DME, New Teaching Block

Assessment plan 3rd Year MBBS –Foundation Module II- & Block 1 2024

DATE / DAY	08:00am to 02:00pm
Monday 29-04-2024	Forensic Medicine (Theory + AV OSPE)
Tuesday 30-04-2024	Pharmacology (Theory +AV OSPE)
Wednesday 01-05-2024	Pathology (Theory +AV OSPE)
Thursday 02-05-2024	LAB OSPE + VIVA Batch – 1
Friday 03-05-2024	Behavior Sciences **(Theory +AV OSPE)** + Clinical paper
Saturday 04-05-2024	LAB OSPE + VIVA Batch – 2
Monday 06-05-2024	LAB OSPE + VIVA Batch – 3

Date: 25th January, 2024 by DME, New Teaching Block

3rd YEAR MBBS INTEGRATED MODULAR CURRICULUM "RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK

Teaching Hours

Sr. No.	Disciplines	LGIS	SGD	CBL	SDL	Hours
1.	Pharmacology	12	0	04	04	20
2.	Pathology	04	12	03	04	23
3.	Forensic Medicine	08	0	0	04	12
4.	Research	02	0	0	0	02
5.	Surgery	05	0	0	0	05
6.	Medicine	02	0	0	0	02
7.	Pediatrics	02	0	0	0	02
8.	Quran	02	0	0	0	02
9.	Family Medicine	02	0	0	0	02
10.	Behavioral Sciences	02	0	0	4	06
11.	Bioethics	01	0	0	0	01
	Total hours	42	12	07	16	**77**

Practical And Clerkship Hours

Disciplines	Practical hours	Disciplines	Clerkship hours
Pharmacology	2x3 = 06 hrs	Surgery	2.5 x 15 = 37.5hrs
Pathology	2x3 = 06 hrs	Medicine	2.5 x 15 = 37.5hrs
Forensic Medicine	2x3 = 06 hrs	Sub Specialty	2.5 x 15= 37.5hrs

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

❖ For LGIS and SDL, whole class will be divided into odd and evenbatches
Odd: LectureHall01 Even: Lecture Hall 02

❖ For CBL/SGDs, whole class will be divided into 04batches
Batch: A = Lecture Hall 01 (starting from batch A1toA3) Batch: B = Lecture Hall 02 (starting from batch A4, A5, B1,B2)

Batch: C = Lecture Hall 06 (starting from batch B3, B4, B5, C1) Batch: D = Pharmacy Lab (starting from batch C2 toC5)

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

Date: 25th January, 2024 by DME, New Teaching Block

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.

Date: 25th January, 2024 by DME, New Teaching Block

SECTION-VII

TOS for Modular Assessment (Foundation II)

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 II	Pharmacology	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3 HRS	10	50	50 min	45 mins	4 hrs 35 minutes
	Pathology	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3 HRS	10	50	50 min	45 mins	4 hrs 35 minutes
	Forensic Medicine	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3 HRS	10	50	50 min	45 mins	4 hrs 35 minutes
	Behaviour Sciences	13	13	1	5	2	15	3	27	9	1	3	2	0	1	2	0	1	50	1 hour	5	15	25 min		1 hr 25 minutes

TOS for Modular & Block Assessment

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	MC	Ma	EM	Ma	SA	Ma	SE	Ma	Core			Horizontal & Vertical			Spiral Integration			Total Marks	Total	Av		Ti	AED Reflective	Total Time of Module
										MC	EM	SAQ/	MC	EM	SAQs/	MC	EMQs	SAQs/S			Stati	Mar			
Foundation I	Pharmaco	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3	10	50	50	45	4 hrs 35
	Patholog	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3	10	50	50	45	4 hrs 35
	Forensic Medicine	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3 HRS	10	50	50 min	45 mins	4 hrs 35 minutes
Module 2 Examination																								
Modules	Subject	MCQs*	Marks	EMQs*	Marks	SAQs*	Marks	SEQs	Marks	Core Subject 70%			Horizontal & Vertical			Spiral Integration 10%			Total Marks	Total Time	Av OSPE*		Time	AED Reflective	Total Time of Module
										MC	EM	SAQ/	MC	EM	SAQs/	MC	EMQs	SAQs/S			Stati	Mar			
Foundation II	Pharmaco	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3	10	50	50	45	4 hrs 35
	Patholog	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3	10	50	50	45	4 hrs 35
	Forensic	25	25	1	5	5	25	5	45	19	1	7	4	0	2	2	0	1	100	3	10	50	50	45	4 hrs 35
	Behaviour	13	13	1	5	2	15	3	27	9	1	3	2	0	1	2	0	1	50	1 hour	5	15	25		1 hr 25

Block Examination Include	
LMS Based Assessment	
Skill lab Assessment(OSPE)	Weekly LMS Based Assessment
Laboratory-Based Assesment	
OBSERVED & STRUCTURED VIVA EXAMINATION(OSVE)	Table of Specification

BLOC	LMS Based					Lab OSPE*				Tim	OSVE***				Ti
	Subjects	MCQs*			Obs	Ma	Un	Ma		Modul		Module			
		F1	F2	F1						Viv	Co	Viv	Bo		
	Pharmaco	15	15	30	10	50	10	50	6	45	5	45	5	4	
	Patholog	15	15	30	10	50	10	50	6	45	5	45	5	4	
	Forensic	15	15	30	10	50	10	50	6	45	5	45	5	4	

Subjec	Phar	Pat	Fo	Be	Cli
No of Marks/ Total	15	15	15	5	10
	15	15	15	5	10
	60				
*MCQ=1 Mark each					

Date: 25th January, 2024 by DME, New Teaching Block

	Behaviour	5	5	10	3	15	2	10	*

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

Annexure I

(Sample Theory Paper)

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

Annexure II

Clinical Rotations

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	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
		TUSEDAY																				
		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 schezophrenia	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.

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

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

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

Note:

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.

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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