

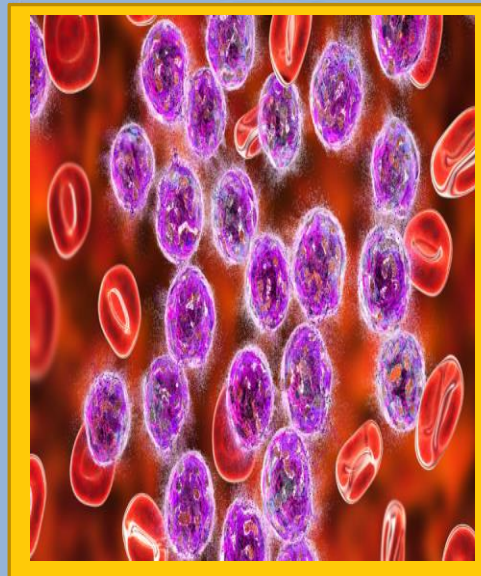



Rawalpindi Medical university
Department of Medical Education (DME)

3rd year MBBS 2024

Study guide

Hematology and Immunology Module



	Rawalpindi Medical University		
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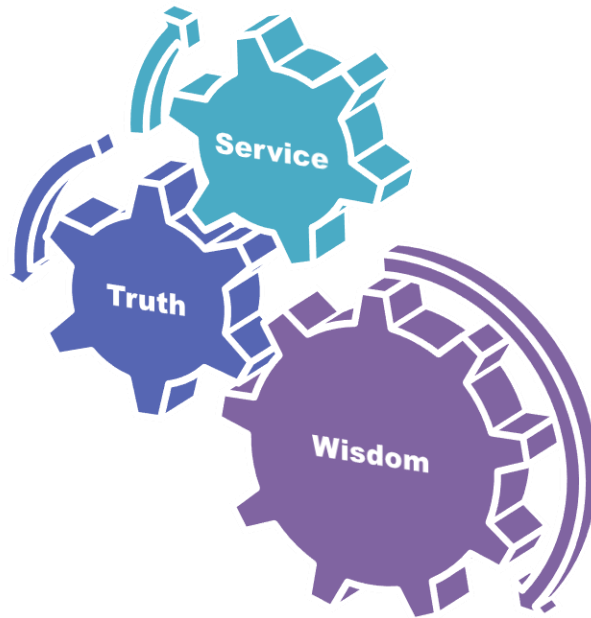
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Dr Tehzeeb, Dr Samia Sarwar, Dr Ifra Saeed, Dr. Ayesha Yousaf, Dr Tehmina Qamar, Dr Sidra Hamid	2019-2020	2nd	Developed for 3 rd Year MBBS. Horizontally and vertically integrated Learning objectives updated
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RMU Motto



University Moto, Vision, Values & Goals

Mission Statement

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

Vision and Values :

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

Goals of the Undergraduate Integrated Modular Curriculum

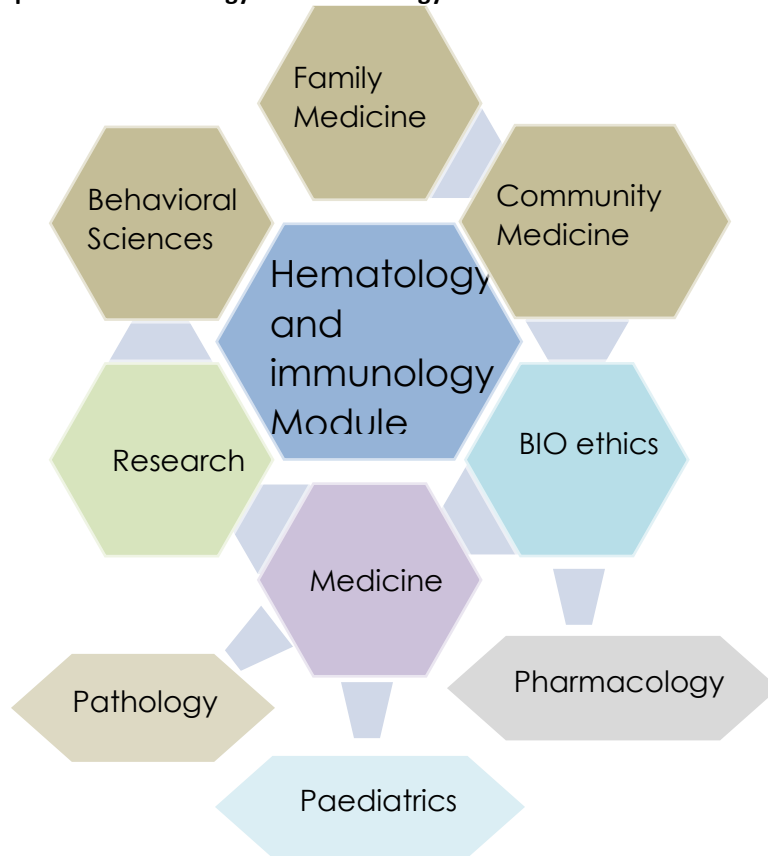
The Undergraduate Integrated Learning Program is geared to provide you with quality medical education in an environment designed to:

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

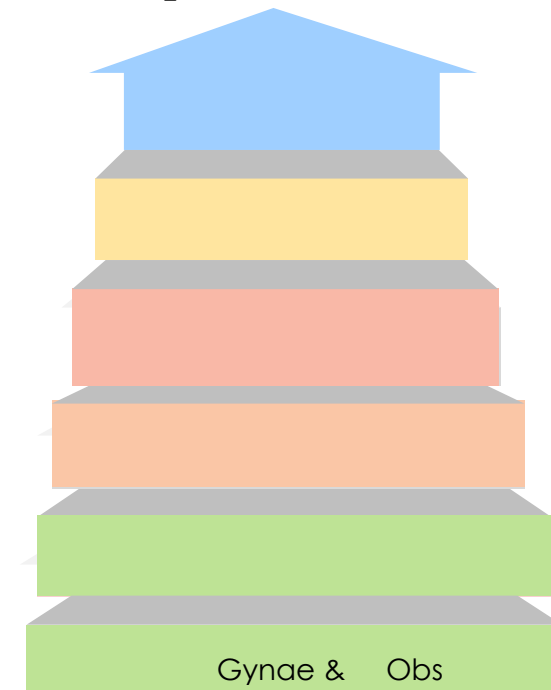
3rd Year MBBS 2024

Study Guide Hematology and Immunology Module

Integration of Disciplines in Hematology and immunology Module



Spiral Courses



Discipline Wise Details of Modular Contents

Pathology

Large Group Interactive Session (LGIS)

- Classification of anemia and Iron deficiency anemia
- Megaloblastic Anemia
- Introduction To Immunology and Cellular Basis of Immune Response
- Classification of hemolytic anemia & Acquired Hemolytic Anemias
- RBC Membranopathies and enzymopathies
- Antigen antibody reactions
- Hemoglobinopathies
 - Thalasemia, PNH
- MHC and Transplantation
- Immunodeficiency
- WBC disorder and classification of leukemia
- Chronic leukemia
- Myeloproliferative disease /Myelodysplastic syndrome
- Lymphoma
- Bleeding disorders of primary haemostasis
- Bleeding disorders of secondary haemostasis
- Life cycle of plasmodium/
 - Pathogenesis of malaria/lab diagnosis

Practical :

- RBC Morphology
- Beta Thalassemia Diagnosis
- Benign WBC Morphology
- Acute and Chronic Leukemia
- Basic Hematology Techniques: Blood Grouping, Peripheral Smear, ESR interpretation, Blood Collection in Vacutainers Tubes

Case Based Learning (CBL) 3rd Year

- Megaloblastic Anemia
- Hypersensitivity Reaction I and II
- Hypersensitivity Reaction Type III and IV
- Acute Leukemia
- Multiple myeloma
- Haemophilia / ITP

Small Group Discussion (SGD)

- Antibody and compliment system
- Aplastic Anemia
- Immune Tolerance And Autoimmunity.
- Chronic leukemia
- Tumor immunity
- Vaccines
- Leishmania & Trypanasoma
- Disorders of Spleen & Lymph Nodes

Self-Directed Learning (SDL) :

- Paroxysmal Nocturnal Hemoglobinuria
- Overview of normal, Immune responses
- Reactive Leukocytosis
- Hodgkin Lymphoma
- Amyloidosis

Forensic Medicine:

Large Group interactive session LGIS :

- Corrosives Carbolic & Oxalic Acid
- Mechanical injuries – I (Abrasion & Buise)
- Mechanical injuries – II (Laceration & Incised Wounds)
- Mechanical injuries – III (Punctured and stab wound)
- Road traffic Accidents
- Primary,secondary & tertiary impact injuries
- Injuries and law-I Qisas & Diyat
- Injuries and law-II Qisas & Diyat
- Regional Injuries (Skull & spinal injuries) (Thoraco-abdominal injuries)
- Firearm – I Introduction of Ballistics and its types
- Firearm – II Firearm phenomena
- Firearm – III (Smooth bore firearm wounds)
- Firearm – IV (Rifled firearm wounds)
- Blast Injuries Types and identification in blast
 - Thermal Injuries due to Burns & Electrocution
- Non Mechanical injuries

SGDS Sessions: CBL /Practicals

- 1.Mechanical injuries Self-Inflicted & Defense Wound (CBL)**
- 2- Road traffic accidents, Examination of RTA Victim , Models of mechanical injuries w.r.t Qisas & Diyat (Practical)**
- 3. Autopsy Visit to mortuary Medicolegal examination certificate writing of an injured person (Practical)**
- 4. Firearm & blast injuries ,Examination of Firearm victim, Models of Firearm and blast injuries (Practical)**
- 5- Animal Poisons ,Snake, Bees & Wasp Poisons (Management of snake Bite) (CBL)**

Self Directed Learning SDL:

- 1.Firearm Injuries (Smooth bore & Rifled firearm wounds) Blast injuries**
- 2.Mechanical injuries Abrasion,Bruise,Laceration,Incised,Punctured and stab wound**
- 3. Injuries and law Qisas & Diyat**
- 4.. Non- Mechanical Injuries & Thermal Injuries, Death due to Starvation, heat ,cold, burns & Electrocution**
- 5.Animal Poisons & Corrosives (Oxalic & Carbolic acid)**

Pharmacology Content:

LGIS:

- Hematinics**
- Lipid lowering drugs I**
- Lipid lowering drugs II**
- Immunosuppressant drugs I**
- Immunosuppressant drugs II**
- Immunosuppressant drugs III**

- Antiplatelet, drugs I
- Anticoagulants I
- Anticoagulants II
- Fibrinolytic And Antifibrinolytic drugs
- Antimalarial drugs I
- Antimalarial drugs II
- Antimalarial drugs III

SGD:

- Anticoagulants III
- Fibrinolytic And Antifibrinolytic drugs
-

CBL:

- Hematinics
- Lipid lowering drugs III
- Immunosuppressant drugs IV
- Antiplatelet, drugs II

Practicals :

- Prescription and p drugs of iron deficiency anemia (Haemopoietic growth factors)
- P drug & Prescription writing(Dyslipidemia)
- P drug & prescription writing, IHD
- P drug & Prescription writing, DVT
- P drug & Prescription writing(malaria)

Quran Class Content :

Medicine Content :

- Management Of Hypersensitivity Reactions
- Myeloproliferative Diseases
- Lymphoproliferative Diseases
- Bleeding Disorders
- Sign Symptoms and Management of Malaria SEMINAR

Community Medicine Content :

- Host Defense
- Immunizing agents
- Adverse effects following immunization
- Immunization schedule
- Inferential Statistics & Anova

Family Medicine Content : Complications of malaria

Peads Content :

- Iron deficiency Anemia
- Thalassemia
- Aplastic Anemia
- ALL/Lymphoma
- Hemophilia

Bio Ethics Content :

- Prescription writing & Common errors in prescription writing
- Pharmacovigilance & role of CTU in drug development

Gynae & Obs content : -Anemia in Pregnancy

Behavioral Sciences : - Obsessive Compulsive Disorder (OCD)

HEMATOLOGY AND IMMUNOLOGY MODULE 2024



3rd Year MBBS 2024

Study Guide

Integrated Modular Curriculum

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HEMATOLOGY AND IMMUNOLOGY MODULE Team

Module Name : Hematology and Immunology Module
 Duration of module : 05 Weeks and 4 days
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 Co-coordinator : Dr.Syeda Fatima Rizvi
 Review by : Module Committee

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Module – Hematology and Immunology Module

Introduction: Hematology and Immunology module provides integration of core concepts that underlie the basic science/pathology of hematological diseases 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 Hematology and Immunology module is designed to impart basic knowledge about Pharmacology, Pathology, Forensic Medicine, Community Medicine, Pediatrics, family medicine, Gynaecology, Psychiatry & Medicine . 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

- Research
- Biomedical Ethics
- Family Medicine
- Use technology based medical education including Artificial Intelligence.

Skills

Interpret and analyze various practical of Pre-clinical Sciences

Attitude

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

This module will run in 5 weeks & 4 days duration. The content will be covered through introduction of topics. Instructional strategies are given in the time table and learning objectives are given in the study guides. Study guides will be uploaded on the university website. Good luck!

Section I - Terms & Abbreviations

Contents

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

Tables & Figures

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

Table1. Domains of learning according to Blooms Taxonomy

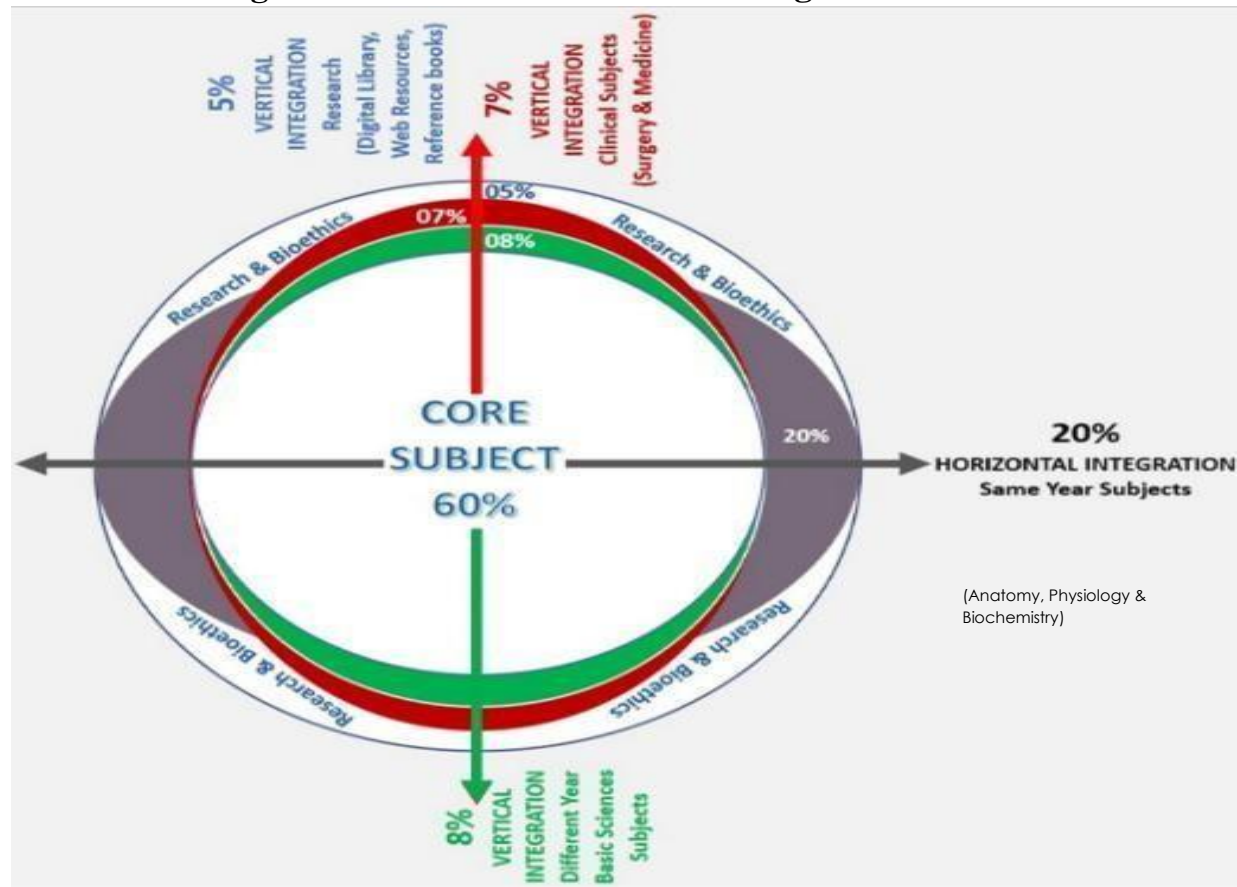
Sr. #	Abbreviation	Domains of learning
1.	C	Cognitive Domain: knowledge and mental skills.
	• C1	Remembering
	• C2	Understanding
	• C3	Applying
	• C4	Analyzing
	• C5	Evaluating
	• C6	Creating
2.	P	Psychomotor Domain: motor skills.
	• P1	Imitation
	• P2	Manipulation
	• P3	Precision
	• P4	Articulation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

Teaching and Learning Methodologies / Strategies

Large Group Interactive Session (LGIS)

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

Figure 1. Prof Umar's Model of Integrated Lecture



Small Group Discussion (SGD)

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

Table 2
Standardization of teaching content in
Small Group Discussions

S.No	Topics	Approximate %
1	Title Of SGD	
2	Learning Objectives from Study Guides	
3	Horizontal Integration	5%+5%=10%
4	Core Concepts of the topic	60%
5	Vertical Integration	20%
6	Related Advance Research points	3%
7	Related Ethical points	2%

Table 3

Steps of taking Small Group Discussions

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

Self-Directed Learning (SDL)

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

Case Based Learning (CBL)

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

Section II-Learning Objectives, Teaching Strategies & Assessments

Contents

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

Learning Objectives

Week 1 and 1 day						
Code No	Topic	Discipline	At the end of the lecture student should be able to	C/P/A	Teaching strategy	Assessment tools
L1	Corrosives Carbolic & Oxalic Acid	Forensic Medicine	Classify Corrosives and state its mechanism of actions. Briefly explain the clinical effects of Carbolic & Oxalic Acid on human body. State the fatal dose and management of corrosives burns. Briefly describe the postmortem findings in oxalic acid & carbolic acid poisoning State the medicolegal importance of throwing of corrosives	C1 C2 C2 C2	LGIS	MCQs SAQs VIVA
L2	Prescription writing & Common errors in prescription writing	Medical ethics	Identify the essential components of a prescription Identify common errors in prescription writing and their reasons Correlate the importance of prescription elements in minimizing prescription errors Describe the role of prescription audit in evaluating the pattern and errors in hospitals Demonstrate an ability to write a correct hand-written prescription Define polypharmacy Rationalize the use of polypharmacy in different conditions Discuss the consequences of polypharmacy	C1 C1 C3 C2 C1 C1 C3 C2	LGIS	MCQs
L3	Pharmacovigilance & role of CTU in drug development	Medical ethics	Define pharmacovigilance Identify the purpose of pharmacovigilance Discuss the adverse effect reporting process for health care professionals Enlist the tools that can be used for ADR reporting in Pakistan Recognize the role of DRAP in identification and reporting of ADR Describe the role of CTU in drug development process	C1 C1 C2 C1 C2 C2	LGIS	MCQs, SEQs, OSPE, Viva
S1	Haemopoietic growth factors	Pharmacology	Tabulate the "Haematopoietic Growth Factor" Describe mechanism of action, uses & adverse effects of Epoetin Describe mechanism of action, uses & adverse effects of G-CSF analogs	C1 C2 C2	SGD	MCQ/SEQ
L4	Introduction to Haematology and classification of Anemia	Pathology	Explain functional capabilities of hematopoietic stem cells Describe the maturation sequence in the development of RBCs, WBCs and platelets and the key growth factor affecting them Define anemia and classify anemia according to morphological and etiological causes Explain iron metabolism. Describe pathogenesis of iron deficiency anaemia	C1 C2 C2 C1 C2 C1	LGIS	MCQs, SEQs, OSPE

			Differentiate Diagnoses of Microcytic Hypochromic Anemia	C2 C3		
L5	Obsessive Compulsive Disorder (OCD)	Behavioral Sciences	Define OCD according to ICD-11 diagnostic criteria Enlist the etiological and epidemiological factors causations of disease Enumerate relevant investigations for diagnosis of OCD Discuss the relevant investigations and differential diagnosis of OCD and its brief management plan	C1, C1, C2 C3	LGIS	MCQ/SEQ
L6	Megaloblastic Anemia	Pathology	Define pancytopenia and its causes, Classify macrocytic anemia according to etiological causes Explain B12 metabolism. Describe pathogenesis of Megaloblastic anaemia Lab Diagnosis of megaloblastic Anemia	C1 C2 C1 C2	LGIS	SEQS, MCQs, OSPE
L7	Iron deficiency Anemia	Paediatrics	Discuss causes of Iron deficiency Discuss Clinical Features and investigations Make plan of Treatment	C1 C3 C2	LGIS	MCQs,SEQs
L8	Introduction To Immunology and Cellular Basis of Immune Response	Pathology /immunology	Discuss main functions of immune system. Differentiate between innate & acquired immunity Differentiate between cell mediated and antibody mediated immunity. Discuss types of active & passive immunity. Discuss origin, development & differentiation of cell lineages. Discuss activation & inhibition of T cells. Discuss functions and maturation of B cells.	C2 C2 C2 C2 C2 C2	LGIS	MCQs, SEQs, OSPE
L9	Mechanical injuries – I (Abrasion & Buise)	Forensic Medicine	Define mechanical injury and describe the classification of mechanical injuries Briefly describe the mechanism of production of a mechanical injury. Explain the different types of Abrasions and Bruise\ contusion. Briefly state the method of duration or age estimation of an injury with respect to type of injury. Describe the medicolegal importance of age estimation of an injury	C1 C2 C2 C3 C2	LGIS	MCQs/SEQs
L10	Hemolytic Anemia classification & acquired hemolytic anemias	Pathology /Heme	Describe general features of haemolytic anaemia Classify hemolytic anemia Describe the pathogenesis and morphological findings in hemolytic anemia Enlist lab diagnosis of hemolytic anemia	C2 C3 C2 C2	LGIS	SEQS, MCQs, OSPE
C1	MEGALOBLASTIC ANEMIA	Pathology /Heme	Enlist types of macrocytic anaemias Explain vitamin B12 and folate metabolism. Enumerate causes of vitamin B12 and folate deficiency. Identify clinical features of megaloblastic anemia Describe the lab diagnosis of megaloblastic anemia	C1 C2 C1 C3 C3	CBL	C1

L11	HEMATINICS	Pharmacology	-- Describe pharmacokinetics of Iron, Vitamin B12 and Folic Acid Explain the indications of iron, folic acid & Vitamin B12 for treatment of anemia.	C2 C2	LGIS	MCQs SEQ
L12	Mechanical injuries – II (Laceration & Incised Wounds)	Forensic Medicine	Describe and differentiate between the features of lacerated wound and incised wound Briefly describe the types of laceration. Differentiate between incised & lacerated wounds. State the medico-legal importance of both incised and lacerated wound	C2 C2 C2 C2	LGIS	MCQs, SEQs, OSPE
L13	RBC Membranopathies & enzymopathies	Pathology/heme	correlate mode of inheritance, pathogenesis and lab diagnosis of hereditary spherocytosis. correlate the Inheritance pattern, pathogenesis and lab diagnosis of hemolysis due to G6PD deficiency. Describe the genetic basis, pathogenesis and lab diagnosis of hemolysis due to sickle cell anemia Classify and describe pathogenesis and lab diagnosis of warm and cold antibodies immune hemolytic anaemias	C3 C3 C2 C3	LGIS	MCQs & SEQ
L14		Quran studies				
C 2	Hematinics	Pharmacology	Describe iron toxicity and its mechanism	C2	CBL	MCQs, SEQs, OSPE
L15	Lipid lowering drugs I	Pharmacology	Classify anti hyper-lipidemic drugs Explain the mechanism of action of HMG-CoA reductase inhibitors in the treatment of hypercholesterolemia	C1 C3		
L16	Antigen antibody reaction	Pathology /immunology	Discuss the serological test used in diagnosis of infectious diseases Discuss the serological test used in diagnosis of autoimmune diseases Discuss the basis of Rh incompatibility	C2 C2 C2	LGIS	MCQs/SEQs
L17	Lipid lowering drugs II	Pharmacology	Discuss MOA, pharmacological effects, therapeutic uses & adverse effects of nicotinic acid, fibrates and bile acid binding resins Enlist & discuss the combinations therapies used in different conditions of hyperlipidemias	C1 C2	LGIS	MCQs, SEQs
S- 2	Antibody and complement system	Pathology	Discuss antibody structure & classes. Discuss variations of antibodies; isotypes, allotypes & idiotypes. Discuss genes of antibodies. Discuss antibody class switching. Outline pathways, activation and regulation of complement system. Identify inherited and acquired deficiency of complement component	C2 C2 C2 C2 C1 C3	SGD	MCQs, SEQs, OSPE
L18	Pathogenesis and lab diagnosis of thalassemia	Pathology/heme	Define and classify various types of Thalassemia. Correlate the genetic basis/ Inheritance pattern and pathogenesis of Thalassemia. Describe the lab diagnosis of thalassemia	C3 C3 C2	LGIS	MCQs, SEQs, OSPE
C3	Lipid lowering drugs iii	Pharmacology	Discuss MOA, pharmacological effects, therapeutic uses & adverse effects of nicotinic acid, fibrates and bile acid binding resins Enlist & discuss the combinations therapies used in different conditions of hyperlipidemias	C2 C2	CBL	MCQs, SEQs, OSPE
P1	Prescription and p drugs of iron deficiency anemia	Pharmacology	Prescription and p drugs of iron deficiency anemia		The student will be able to write treatment	lip OSPE

					of iron deficiency anemia	
P2	Mechanical injuries Self inflicted & Defense Wound (CBL)	Forensic Medicine	Define defense wounds. C1 Enumerate common sites and types of defense wounds. C2 Define self-inflicted wounds. C1 •Enlist common sites and features of self-inflicted injuries.C2	Preparation of MLC/autopsy report by observing different types of injuries and fractures	The student will be able to: Manage a medico-legal case of self-inflicted & defense injuries Apply the knowledge for classification of the type of injury and Observe medico-legal report preparation during field visits	OSPE
P3	RBC Morphology	Pathology	Enlist the changes in shape and size of RBCs in the peripheral blood films in different cases of anemias.	- Enlist RBC inclusion P3	Identify the peripheral smear findings in different types of anemia A3	MCQs, OSPE
Week 2						
Code No	Topic	Discipline	At the end of the lecture student should be able to	C/P/A	Teaching Strategy	Assessment tool
L20	Approach and workup of anemia	Pathology	Define Anemia Classify Anemia (microcytic, macrocytic, normocytic) Describe clinical presentation of different types of anemia= Discuss Investigation plan according to the type of anemia= Discuss management of anemia according to the type	C1 C2 C2 C2 C3	LGIS	MCQs, SEQs, OSPE
L21	Thalassemia	Paediatrics	Define Thalassemia Identify the types and pathophysiology Describe the clinical features Discuss the management of Thalassemia and its complications	C2 C1 C2 C2 C2	LGIS	MCQs, SEQs, OSPE
L 22	MHC and	Pathology	Discuss origin, type, structure & biological importance of MHC proteins	C1	LGIS	MCQs, SEQs, OSPE

	Transplantation	/immunology	Explain mechanisms of tissue transplant rejection. Explain graft versus host reaction and its types. The input of test used in blood group and HLA typing of Describe different methods of reducing rejection of transplanted tissues	C2 C2 C3 C3		
L23						
S-3	Aplastic Anemia	Pathology	Enlist causes of pancytopenia Describe the pathogenesis and lab diagnosis of aplastic anaemia Outline types of bone marrow transplant its procedure and complications.	C1 C2 C2	SGD	MCQ,VIVA, OSPE
L24	Aplastic Anemia	Paediatrics	- Define Aplastic anemia Enlist the etiology and types Describe the pathophysiology and clinical features Make differential diagnosis Enumerate complications Manage according to the causes	C1 C2 C2	LGIS	MCQs, SEQs,OSPE
L25	Mechanical injuries – III (Punctured and stab wound)	Forensic Medicine	. Describe the different types of punctured wound with calculation of age of a punctured wound. Briefly describe the features of Stab wound State the medico-legal importance of Punctured and Stab wound.	C2 C2 C2	LGIS	MCQs, SEQs
CBL 3	Hypersensitivity Reaction I and II	Pathology /immunology	- Define hypersensitivity. Define type- 1 immediate hypersensitivity. Discuss mediators involved and their effects. Define type- II hypersensitivity. Discuss different antibody -dependent mechanisms with examples. Discuss clinical manifestations of hypersensitivity Correlate clinical presentation of hypersensitivity diseases with underlying pathogenic mechanisms	C1 C1 C2 C1 C2 C3 C3	CBL	MCQs&SEQ
CBL 4	Hypersensitivity Reaction TypeIII and IV	Pathology /immunology	Define type III hypersensitivity. Discuss local immune complex disease. Discuss systemic immune complex disease. Define and discuss type IV hypersensitivity Correlate clinical presentation of hypersensitivity diseases with underlying pathogenic mechanisms	C1 C2 C2 C2 C3	CBL	MCQs, SEQs,OSPE
L26		QURAN STUDIES				
L27	Management Of Hypersensitivity Reactions	Medicine	Explain pathogenesis of Hypersensitivity reaction. Classify Hypersensitivity reactions. Describe general approach to the allergic patient in view of clinical assessment, investigation and management. Enlist cause of anaphylaxis, Describe approach to patient in view of clinical assessment, investigation and management. Recognize other common allergic conditions like angioedema, specific allergens and c1 inhibitor deficiency.	C2 C2 C2 C1 C1	LGIS	MCQs, SEQs
L 28	Road traffic Accidents Primary,secondary & tertiary impact injuries	Forensic Medicine	Describe injuries to pedestrian, injuries sustain by motorcyclist and injuries sustained by occupant of a vehicle. Define terms like Bird foot injury, waddle's triad and Dicing injuries	C2 C1	LGIS	MCQs, SEQs, OSPE
L 29	Anemia in Pregnancy	Obstetrics and	Define anemia in pregnancy	C1	LGIS	OSPE,MCQS

		gynaecology	Enlist causes of anemia Describe pathophysiology of anemia Enlist effects of anemia on mother and fetus Classify anemia in pregnancy Enlist basic and advanced investigations Differentiate types of anemia Select the appropriate treatment plan Formulate the management plan	C1 C2 C2 C2 C3 C4 C5 C6		
SGD 4	Immune Tolerance And Autoimmunity.	Pathology /immunology	Explain basis of immunologic tolerance. Describe mechanisms of autoimmunity Describe general patterns of autoimmune diseases. Differentiate between various autoimmune	C2 C2 C2 C3	SGD	MCQs,SEQ,Viva
L30	Immunosuppressant drugs I	pharmacology	Enlist immune-suppressants Describe the mechanism of action of different immune-suppressants	C2 C2	LGIS	MCQs,OSPE
L31	Host Defense	Community medicine	Differentiate between active & passive immunity Categorize the primary & secondary immune response Compare between humoral & cellular immunity Illustrate the combine humoral & cellular response Differentiate between herd & ring immunity	C4 C4 C5 C3 C3	LGIS	MCQs, SEQs,OSPE
L32	Immunodeficiency	Pathology	Discuss congenital immunodeficiencies of B, T cells and complement system Discuss acquired immunodeficiencies of B & T cells and complement system	C2 C2	LGIS	MCQS
P4	P drug & Prescription writing(Dyslipidemia)	Pharmacology			The student will be able to write treatment for dyslipidemias	OSPE
P5	Road traffic accidents Examination of RTA Victim Models of mechanical injuries w.r.t Qisas & Diyat (Practical	Forensic Medicine and Toxicology	Differentiate among the various possible etiologies of Regional Injuries, and Special trauma during road traffic accidents. •Classify Transport and pedestrian injuries	Identify different injuries in RTA, Classify Transport and pedestrian injuries	Students will be able to manage a case of road traffic accidents.(RT A) A3	OSPE
P6	Lab diagnosis of hemolytic anemia	Pathology	Enlist investigations of hemolytic anemia Enlist peripheral smear findings of hemolytic anemia	Identify peripheral smear findings in different cases of hemolytic anemia	Identify RBC inclusions on peripheral smearA3	OSPE

Week 3						P2
Code No	Topic	Discipline	Knowledge	Skill	Attitude	MOA
L-33	WBC disorder and classification of leukemia	Pathology	Discuss disorders involving increase or decrease in different types of WBC. Classify acute and chronic leukemia Differentiate between the clinical presentation of different leukemias	C2 C3 C3	LGIS	MCQs, SEQs, OSPE
CBL 5	Acute Leukemia	Pathology	Define leukemia and enumerate its causes. Explain Role of oncogenes and tumour suppressor genes. Describe clinical features of acute leukaemia.	C1 C2 C3	CBL	MCQs, SEQs, OSPE
L34	Chronic Leukemia	Pathology	Define leukemia and enumerate its causes. Explain Role of oncogenes and tumour suppressor genes. Describe clinical features of acute leukaemia.	C1 C2 C3	LGIS	MCQs, SEQs, OSPE
L35	Myeloproliferative Diseases	Medicine	Define and classify myeloproliferative disorders (acute, chronic , polycythemia rubra vera, myelofibrosis, essential thrombocythemia) Differentiate between different myeloproliferative disorders Discuss investigations and management of Myelo proliferative disorders	C2 C2 C3	LGIS	MCQs, SEQs, OSPE
L36	Myeloproliferative disease/Myelodysplastic syndrome	Pathology	Outline the salient feature and lab investigation of Polycythemia, Essential Thrombocythemia, Myelofibrosis Describe Myelodysplastic syndrome	C2 C2	LGIS	MCQs, SEQs, OSPE
S- 6	Chronic leukemia	Pathology	Describe clinical features of chronic leukemias Interpret lab diagnosis of chronic Myelofibrosis and Lymphoid Leukaemias	C2 C2	SGD	MCQs, SEQs, OSPE
L37	Injuries and law-I Qisas & Diyat	Forensic medicine	.Classify Hurt on the basis of part involved and briefly describe its types in the light of Pakistan Penal Code with their punishments. Define Itlaf-e-udw, Itlaf-e-salahiyat-e-udw, shajjah, Jurh. Classify Hurt on the basis of manner of infliction and briefly describe its types in the light of Pakistan Penal Code with their punishments	C2	LGIS	C2 MCQs/SEQs
L38	Lymphoproliferative Diseases	Medicine	Classify leukemias Differentiate between leukaemia and lymphoma, recognise risk factors Recognize types of lymphoma and Staging Describe investigation plan Discuss prognosis	C2 C2 C3 C2 C3	LGIS	MCQs, SEQs, OSPE
L39	ALL/Lymphoma	Peads	Define lymphoma and ALL Briefly describe clinical features Discuss plans of investigations Make treatment plan Briefly discuss about chemotherapy and radiotherapy	C1 C2 C2 C3 C2	LGIS	MCQs, SEQs
L0	QURAN STUDIES					
L41	Immunosuppressant drugs II	Pharmacology	Discuss the salient features of pharmacokinetic profile of different immune-suppressants	C2	LGIS	C2 MCQs/SEQs
SGD-7	Immunosuppressant drugs III	Pharmacology	Enumerate the clinical indications and adverse effects of use of immune-suppressants	C2	SGD	SEQs, MCQs, OSPE
L42	Injuries and law-II	Forensic Medicine	Enlist different types of Qatal in the light of Pakistan Penal Code and their	C1	LGIS	

	Qisas & Diyat		punishments. Classify different degrees of suicide. Classify criminal miscarriages and define Isqat-e-hamal and Isqat-e-Jinin in the light of Pakistan Penal Code with their punishments.	C1 C1		MCQs/SEQs
CBL-6	Multiple myeloma	Pathology	Outline lab diagnosis of multiple myeloma Describe prognosis of multiple myeloma. Describe pathogenesis and morphology of multiple myeloma Correlate clinical history with lab findings in a patient with multiple myeloma	C2 C2 C2 C3	CBL	MCQs, SEQs, OSPE
CBL-7	Immunosuppressant drugs IV	Pharmacology	Clinic pharmacology of immunosuppressant drugs Rationale of using immunosuppressant in specific scenario	C3 C3	CBL	MCQs, SEQs, OSPE
L-43	Lymphoma	Pathology	Classify lymphoid neoplasms. Describe the etiology, pathogenesis, classification and various types of Hodgkin lymphoma. Describe the etiology, pathogenesis, classification and various types of non Hodgkin lymphoma.	C1 C2 C2	LGIS	MCQs, SEQs, OSPE
L44	Immunizing agents	Community medicine	Memorize all types of immunizing agents Differentiate between functions of different types of immunoglobulins Recognize different types of vaccines, their storage & administration Describe the comparison of killed & live vaccines Describe cold chain & its equipment Enlist the vaccines required cold chain Recall the uses of antisera or antitoxins Identify the vaccines vial monitor Describe the correct storage & use of diluents in vaccines	C1 C3 C2 C2 C2 C1 C2 C3 C2	LGIS	MCQs, SEQs, OSPE
P7	P drug & prescription writing, IHD	Pharmacology	P drug & prescription writing for IHD s in children and adults	C3		OSPE
P8	Autopsy Visit to mortuary Medicolegal examination certificate writing of an injured person (Practical)	Forensic medicine & Toxicology	Classify the pattern of injuries in medico legal cases Define fracture. Briefly explain the mechanical forces with reference to fracture of bones. Describe the medicolegal importance of fractures. Classification of a fracture	Preparation of MLC/autopsy report by Observing different types of fractures and injuries Diagnoses of a fracture. P3	Manage a medicolegal case of self-inflicted & defense injuries. Apply the knowledge for classification of the type of injury and Observe medico-legal report preparation during field visits A3	OSPE
P9	Benign WBC	Pathology	Enlist morphological features of WBC in benign WBC disorders	- Focus	Identify the	OSPE, VIVA

	Morphology			the slide on microscope P3 Identify different WBCsP3	morphological features of WBC in a peripheral smear from a case of benign WBC disorder.A3	
Week 4						
Code No	Topic	Discipline	Knowledge	C/P/A	Teaching Strategy	Assessment tool
L45	Bleeding disorders of secondary haemostasis	Pathology	Classify inherited and acquired coagulation disorder.C1 Discuss pattern of inheritance and clinical features and lab diagnosis of vWD. C2	C1 C2	LGIS	C2 MCQs/SEQs
L46	Antiplatelet, drugs I	Pharmacology	Revise the role of platelets in the coagulation Classify anti-platelet drugs. Discuss the mechanism of action of various groups of antiplatelet drugs Describe the clinical uses &adverse effects of different anti-platelet drugs	C1 C2 C2 C2	LGIS	C2 MCQs/SEQs
CBL-7	Antiplatelet, drugs II	Pharmacology	Enumerate thrombolytic drugs Describe the mechanism of action, indications & adverse effects of thrombolytic (fibrinolytic) agents	C3 C3	CBL	MCQs,OSPE, Viva
CBL-8	Haemophilia / ITP	Pathology	Discuss pattern of inheritance, clinical features and diagnosis of hemophilia A and B Describe the pathogenesis and lab diagnosis of idiopathic thrombocytopenic purpura (ITP).	C2 C2	CBL	C3 PBQ
L47	Anticoagulants I	Pharmacology	Outline the mechanism of hemostasis &coagulation pathways &trace the role of coagulating factors &platelets in it Classify anticoagulant drugs Describe the mechanism of action of heparin Tabulate the difference between un-fractionated heparin &low molecular weight heparin Summarize the indications, precautions & potential adverse effects of heparin Enumerate direct thrombin inhibitors	C2 C1 C2 C3 C2 C2	LGIS	MCQs, SEQs
L48	Regional Injuries (Skull & spinal injuries) (Thoraco-abdominal injuries)	Forensic medicine	<ul style="list-style-type: none"> Briefly describe the head injury, scalp injury, injury to skull, injury to meninges and brain, Classify skull fractures & hemorrhages Explain the method of Coup and countercoup injures. Describe injury to spine and spinal cord.(Whiplash injury) Describe the pattern of thoraco-abdominal injuries with special account of hemothorax, pneumothorax and hemoperitonium.	C2 C1 C2 C2	<ul style="list-style-type: none"> Regional Injuries, of Head (Scalp, Skull, Brain) and Face, Vertebral 	MCQs SAQs VIVA

				C2	column and its contents Regional Injuries, of Neck, Chest, Abdomen, Limbs, Bones and Joints and Special trauma	
L49	hemophilia	Paediatrics	Define Hemophilia Discuss the pattern of inheritance Enlist the types and classify according to severity Describe the clinical features and complications Discuss Management plan and prophylaxis		LGIS	
L50	Adverse effects following immunization	Community Medicine	Define AEFI Describe common , minor vaccines reaction Explain rare, more serious vaccine reactions Memorize case definitions of AEFI Describe the treatment of AEFI Recognize the anaphylaxis Describe error-related reactions Illustrate anxiety-related reactions Identify coincidental events after immunization Enlist the precautions to be taken during immunization Investigate AEFI	C1 C2 C2 C2 C2 C2 C2 C3 C1 C1 C2	LGIS	C2 MCQs/SEQs
L51	Bleeding Disorders	Medicine	Enumerate causes of bleeding disorders (thrombocytopenia, platelet function disorders, von will brand disease, diseases affecting vessel wall) Differentiate between different bleeding disorders Discuss investigation	C2 C2 C2 C2	LGIS	MCQs,SEQs,VIVA
L52		Quran class			LGIS	
L53	Firearm – I Introduction of Ballistics and its types	Forensic Medicine	Define firearm injuries and describe the classification of firearms and ballistics. Describe the structure of a ammunition of a firearm/bullet. Briefly describe the structure of a firearm along with its mechanism of action.	C1 C2 C2 C2	LGIS	MCQs, SEQs, OSPE,viva
L54	Anticoagulants II	Pharmacology	Describe the mechanism of action of warfarin Outline the major drug interactions of warfarin Enlist the clinical uses of warfarin Identify the adverse effects of warfarin & suggest treatment of warfarin toxicity	C2 C2 C1 C2	SDL	MCQ, Viva
SGD-	Anticoagulants III	Pharmacology	Identify the drugs used in the treatment of given case	C2	SGD	,MCQs,SEQs

8			Discuss briefly the salient features of different agents used in this case	C3		
L55	Bleeding disorders of secondary haemostasis	Pathology	Classify inherited and acquired coagulation disorder.C1 Discuss pattern of inheritance and clinical features and lab diagnosis of vWD. C2	C1	LGIS	C2 MCQs/SEQs
L56	Firearm – II Firearm phenomena	Forensic Medicine	Describe the terminal ballistics effects on the body of a victim in case of various types of firearms and ranges Define various terms related with firearms, smooth bored weapons and rifled firearm	C2 C1	LGIS	MCQs, SEQs,OSPE
SGD 10	Tumor immunity	Pathology	• Enumerate tumor associated antigens Explain mechanism of tumour immunity Describe antitumor effector mechanisms	C1 C2 C2	SGD	MCQs, SEQs,OSPE
L57	Firearm – III (Smooth bore firearm wounds)	Forensic medicine	Describe the special findings to be noted in a victim of smooth bore firearm w.r.t distance and direction. Briefly explain the autopsy findings in firearm victims. State the method of collection and disposal of firearm entities	C2 C2 C2	LGIS	MCQs, SEQs
P10	P drug & Prescription writing, DVT	Practical Pharmacology	Prescription writing and p drug for DVT	C3		OSPE
P11	Firearm & blast injuries Examination of Firearm victim, Models of Firearm and blast injuries	Forensic Medicine	Identify different types of firearm weapons and their parts including cartridge and bullet. Identify and differentiate between entry and exit wounds of firearm injury. Identify `different characteristics` of firearm injuries both in living and dead	Identify firearm injuries and calculate range of shot made by smooth bored and rifled firearm P3	The student will be able to manage a case of firearm injury.A3	MCQS, VIVA, OSPE
P12	Malignant WBC morphology	Pathology	- Malignant WBC morphology Enlist morphological features of WBC in acute leukemia i.e. blast. C2 Enlist Morphological features of WBC in acute leukemia.e.blast chronic lymphoid and myeloid leukemia and outline features of Reed Sternberg cell C	Identify Blasts and atypical cells in a cse of acute leukemia – P3	Diagnose a case of acute leukemia on peripheral smear A3	
Week 5						
Code No	Topic	Discipline	Knowledge	C/P/A	Teaching Strategy	Assessment tool
L58	Immunization schedule	Community medicine	.Memorize the EPI schedule Enlist the diseases in EPI	C2 C1	LGIS	MCQs,SEQs,Viva,OSPE

			Describe recent advance & modification in EPI Enlist the diseases other than EPI against which vaccination is recommended Categorize the vaccination of high risk population	C2 C1 C4		
L59	Fibrinolytic And Antifibrinolytic drugs	Pharmacology	Enumerate thrombolytic drugs Describe the mechanism of action, indications & adverse effects of thrombolytic (fibrinolytic) agents	C1 C2	LGIS	SEQs, MCQs, OSPE
SGD-11	Fibrinolytic And Antifibrinolytic drugs	Pharmacology	Name anti-fibrinolytic agents/agents used for neutralizing action of thrombolytic drugs Trace the possible interaction of fibrinolytic agents with anticoagulant(heparin) & antiplatelet drugs(aspirin)	C2 C3	LGIS	MCQs,SEQs, OSPE
L60	Firearm – IV (Rifled firearm wounds)	Forensic Medicine	-Describe the special findings to be noted in a victim of rifled w.r.t distance and direction. Briefly explain the autopsy findings in firearm victims. State the method of collection and disposal of firearm entities	C2 C2 C2	LGIS	MCQs, SEQs,OSPE
S-12	Tumor immunity	Pathology	• Enumerate tumor associated antigens Explain mechanism of tumour immunity Describe antitumor effector mechanisms	C1 C2 C2	CBL	MCQs, SEQs,OSPE
L61	Blast Injuries Types and identification in blast	Forensic medicine	Define blast Injuries and classify its types. Briefly describe the autopsy finding in different types of blast injuries. State the medico-legal importance of blast injuries	C1 C2 C2	LGIS	
L62	Life cycle of Plasmodium	PATHOLOGY	Enlist species of Plasmodium and type of malaria caused by each. Explain life cycle, transmission, epidemiology and pathogenesis of malaria Recall parasitology of protozoa (plasmodium) and vector (anopheles mosquito) Recall pathogenesis including life cycle of malarial parasite	C1 C2 C1 C1	LGIS	C2 MCQs/SEQs
L63	Sign Symptoms and Management of Malaria SEMINAR	Medicine	Discuss clinical features of malaria Discuss complications of malaria •Describe investigations •Discuss management of malaria •Discuss prevention of malaria	C2 C3 C2 C3 C2	LGIS	MCQ,SEQs,OSPE
L64	Antimalarial drugs I	Pharmacology	Revise species, life cycle of malarial parasite Give therapeutic classification & Chemical classification of anti- malarial drugs	C1 C2	LGIS	
L65	Complications of malaria	FAMILY MEDICINE	-Discuss management of complications of malaria	C2	LGIS	MCQs
L66	Antimalarial drugs II	Pharmacology	Describe MOA, pharmacokinetics, indications adverse effects of different anti-malarial agents	C2	LGIS	SEQs, MCQs, OSPE
L67	Thermal Injuries Injuries due to Burns & Electrocution	Forensic medicine	<ul style="list-style-type: none"> Classify different types of thermal injuries Briefly explain different types of burns and Wallace rule of nine State the role of medico legal officer in handling death from burns Differentiate between postmortem and ante mortem burns. Enumerate different causes of death in burns. Explain the autopsy findings of burn victim 	C1 C2 C2 C2 C1 C2	LGIS	MCQs, SEQs

L68	Antimalarial drugs III	Pharmacology	List the drugs used in chloroquine resistant malaria recommended by WHO. Summarize chemoprophylaxis of malaria	C2 C2	LGIS	MCQs,Viva
SGD-13	Leishmania & Trypanasoma	Pathology	- Explain the, Life cycle, Transmission, epidemiology and Pathogenesis of diseases caused by liesHmania species.	C2 C3	LGIS	MCQs,SEQs
SGD-14	Disorders of Spleen & Lymph Nodes	Pathology	Describe various disorders of spleen Enumerate causes of lymph node enlargement. Describe various types of acute and chronic lymphadenitis.	C2 C1 C2	LGIS	MCQs,SEQs,OSPE,Vi va
L69	Non- Mechanical Injuries, Death due to Starvation, heat	Forensic medicine	Describe the pathophysiology of starvation induced injuries. Describe the forensic importance of starvation injuries. Define non-mechanical injuries and classify its types State the role of medicolegal officer in case of receiving burnt dead body. Enlist the factors affecting the production of electrocution burns. Describe the medico-legal aspects of death due to thermal injuries and electrocution.	C1 C2 C2 C2 C1 C2	LGIS	MCQs,SEQs, Viva
L70	Inferential Statistics & Anova	Community Medicine	By the end of lecture, students should be able to: Apply ANOVA for comparison of means in more than 2 groups Compute one way and two way ANOVA for a given data set Interpret the results of ANOVA	C3 C6 C5	LGIS	MCQs,SEQs, Viva
P13	P drug & Prescription writing(malaria)	Pharmacology	Recall the drug groups used in malaria treatment	C3		OSPE
P14	Animal Poisons Snake, Bees & Wasp Poisons (Management of snake Bite) (CBL)	Forensic medicine	Classify the types of Snakes and state their mechanism of action w.r.t their types . Briefly describe the clinical features of Snake, wasp, scorpion and Bees poisoning and their management State their Medicolegal importance and autopsy findings of a victim of their poisoning	Identify specimen of different snakes	The student will be able to manage case of snake bite poisoning	OSPE
P15	ICT Devices	Pathology		Perform The test in laboratory step wise – C3	Demonstrate safe handling of lab equipment and follow SOPs A3	OSPE

MEDICAL ETHICS & FAMILY MEDICINE

lecture	subject	Learning objectives	Cognition level	Teaching strategy	Assessment strategy
Prescription writing& Common errors in prescription writing	MEDICAL ETHICS	Identify the essential components of a prescription Identify common errors in prescription writing and their	C1 C1	LGIS	MCQs

		<p>reasons</p> <p>Correlate the importance of prescription elements in minimizing prescription errors</p> <p>Describe the role of prescription audit in evaluating the pattern and errors in hospitals</p>	<p>C2</p> <p>C3</p>		
Pharmacovigilance		<p>Define pharmacovigilance</p> <p>Identify the purpose of pharmacovigilance</p> <p>Discuss the adverse effect reporting process for health care professionals</p>	<p>C1</p> <p>C2</p> <p>C2</p>	LGIS	MCQs
Complications of malaria	FAMILY MEDICINE	<p>Describe the complications of malaria</p> <p>Give management of complications of malaria</p>	<p>C2</p> <p>C3</p>	LGIS	MCQs

PATHOLOGY SDL

S.NO	Topic	Learning objectives	References
1	Paroxysmal Nocturnal Hemoglobinuria	At the end of SDL students should be able to understand clinical presentation and Pathogenesis of PNH	Robins Basic Pathology 10th Edition Page # 417
2	Overview of normal Immune responses	At the end of SDL students should be able to understand <ul style="list-style-type: none"> • The early innate immune response to microbes • The capture and display of microbial antigens • Cell-mediated immunity: activation of T lymphocytes and elimination of cell-associated microbes • Humoral immunity: activation of B lymphocytes and elimination of extracellular microbes • Decline of immune responses and immunologic memory 	Robins Basic Pathology 10th Edition Page # 105-109
3	Reactive Leukocytosis	At the end of SDL students should be able to understand <ul style="list-style-type: none"> • Causes of reactive leukocytosis • Clinical presentation, pathogenesis, morphology of Infectious mononucleosis 	Robins Basic Pathology 10th Edition Page # 426-427
4	Hodgkin Lymphoma	At the end of SDL students should be able to understand classification, Clinical presentation, pathogenesis, morphology, staging and grading of Hodgkin's Lymphoma	Robins Basic Pathology 10th Edition Page # 441-442
5	Amyloidosis	At the end of SDL students should be able to understand classification, Clinical presentation, pathogenesis and morphology of Amyloidosis	Robins Basic Pathology 10th Edition Page # 153-158

FORENSIC MEDICINE AND TOXICOLOGY SDL

S.NO	Topic	Learning objectives	References
1	Firearm Firearm (Smooth bore & Rifled firearm wounds)	Define firearm injuries and describe the classification of firearms and ballistics. Describe the structure of a ammunition of a firearm/bullet. Briefly describe the structure of a firearm along with its mechanism of action. Describe the terminal ballistics effects on the body of a victim in case of various types of firearms and ranges Define various terms related with firearms, smooth bored weapons and rifled firearm Describe the special findings to be noted in a victim of smooth bore firearm w.r.t distance and direction. Briefly explain the autopsy findings in firearm victims. Describe the special findings to be noted in a victim of rifled w.r.t distance	Essential: Parikh's text book of forensic and toxicology Recommended: Principles of Forensic Medicine & Toxicology by Gautam Biswas

		and direction. Briefly explain the autopsy findings in firearm victims. State the method of collection and disposal of firearm entities the method of collection and disposal of firearm entities.	
2	Mechanical injuries Abrasion, Buise, Laceration, Incised, Punctured and stab wound	Define mechanical injury and describe the classification of mechanical injuries Briefly describe the mechanism of production of a mechanical injury. Explain the different types of Abrasions and Bruise\ contusion. Briefly state the method of duration or age estimation of an injury with respect to type of injury. Describe the medicolegal importance of age estimation of an injury. Describe and differentiate between the features of lacerated wound and incised wound Briefly describe the types of laceration. Differentiate between incised & lacerated wounds. State the medico-legal importance of both incised and lacerated wound Describe the different types of punctured wound with calculation of age of a punctured wound. Briefly describe the features of Stab wound State the medico-legal importance of Punctured and Stab wound.	Essential: Parikhs' text book of forensic and toxicology Recommended: Principles of Forensic Medicine & Toxicology by Gautam Biswas
3-	Injuries and law Qisas & Diyat	Classify Hurt on the basis of part involved and briefly describe its types in the light of Pakistan Penal Code with their punishments. Define Itlaf-e-udw, Itlaf-e-salahiyat-e-udw, shajjah, Jurh. Classify Hurt on the basis of manner of infliction and briefly describe its types in the light of Pakistan Penal Code with their punishments Enlist different types of Qatal in the light of Pakistan Penal Code and their punishments. Classify different degrees of suicide. Classify criminal miscarriages and define Isqat-e-hamal and Isqat-e-Jinin in the light of Pakistan Penal Code with their punishments.	Essential: Parikhs' text book of forensic and toxicology Recommended: Principles of Forensic Medicine & Toxicology by Gautam Biswas
4-	Non- Mechanical Injuries & Thermal Injuries Death due to Starvation, heat, cold, burns & Electrocutation	Describe the pathophysiology of starvation induced injuries. Describe the forensic importance of starvation injuries. Define non-mechanical injuries and classify its types State the role of medicolegal officer in case of receiving burnt dead body. Enlist the factors affecting the production of electrocution burns. Describe the medico-legal aspects of death due to thermal injuries and electrocution. Classify different types of thermal injuries Briefly explain different types of burns and Wallace rule of nine State the role of medico legal officer in handling death from burns	Essential: Parikhs' text book of forensic and toxicology Page 198-203 Recommended: Principles of Forensic Medicine & Toxicology by Gautam Biswas

		Differentiate between postmortem and ante mortem burns. Enumerate different causes of death in burns. Explain the autopsy findings of burn victim	
5.	Animal Poisons & Corrosives (Oxalic & Carbolic acid)	Classify the types of Snakes and state their mechanism of action w.r.t their types . Briefly describe the clinical features of Snake,wasp,scorpion and Bees poisoning and their management	Essential:Parikhs”text book of forensic and toxicology Page 573-584(Animal poisons) Page 534-535 (Corrosives)

PHARMACOLOGY SDL

S.NO	Topic	Learning objectives	References
	Use of Erythropoietin in performance enhancement in athletes	At the end of the session, the students should be able to: <ul style="list-style-type: none"> Identify the role of erythropoietin in performance enhancement Explain Doping detection in sports 	<ol style="list-style-type: none"> Aghadi A, Dybała E, Cuber I, Mazurek M, Białowąż E. Erythropoietin as banned substance in professional sports: effects on maximal aerobic capacity, endurance and detection methods-a review. <i>Journal of Education, Health and Sport.</i> 2023 Feb 15;13(3):331-6. Heuberger J. <i>The clinical pharmacology of performance enhancement and doping detection in sports</i> (Doctoral dissertation, Leiden University). Dahlgren AR, Knych HK, Arthur RM, Durbin-Johnson BP, Finno CJ. Transcriptomic Markers of Recombinant Human Erythropoietin Micro-Dosing in Thoroughbred Horses. <i>Genes.</i> 2021 Nov 24;12(12):1874.
	Use of rivaroxiban in Covid-19	<ul style="list-style-type: none"> Compare the efficacy and safety of therapeutic versus prophylactic anticoagulation in Covid 19 	<ol style="list-style-type: none"> Lopes RD, Furtado RH, Macedo AV, Bronhara B, Damiani LP, Barbosa LM, de Aveiro Morata J, Ramacciotti E, de Aquino Martins P, de Oliveira AL, Nunes VS. Therapeutic versus prophylactic anticoagulation for patients admitted to hospital with COVID-19 and elevated D-dimer concentration (ACTION): an open-label, multicentre, randomised, controlled trial. <i>The Lancet.</i> 2021 Jun 12;397(10291):2253-63. Capell WH, Barnathan ES, Piazza G, Spyropoulos AC, Hsia J, Bull S, Lipardi C, Sugarmann C, Suh E, Rao JP, Hiatt WR. Rationale and design for the study of rivaroxaban to reduce thrombotic events, hospitalization and death in outpatients with COVID-19: The PREVENT-HD study. <i>American heart journal.</i> 2021 May 1;235:12-23.
	Novel antihyperlipidemic drug	<ul style="list-style-type: none"> Enlist the newer drugs used in the management of hyperlipidemia Rationalize their use in different clinical settings 	<ol style="list-style-type: none"> Hassan RM, Ali IH, Abdel-Maksoud MS, Abdallah HM, El Kerdawy AM, Sciandra F, Ghannam IA. Design and synthesis of novel quinazolinone-based fibrates as PPARα agonists with antihyperlipidemic activity. <i>Archiv der Pharmazie.</i> 2022 Mar;355(3):2100399. KOTHAWADE PB, LOKHANDE KB, SWAMY KV, Sohan SC, THOMAS AB. Novel nitrogen-containing heterocyclic compounds in GPR109A as an anti-hyperlipidemic: Homology modeling, docking,

			dynamic simulation studies. Journal of Research in Pharmacy. 2020 Jul 1;24(4).
			3. Laeeq S, Dubey DV. Insilico Screening for Identification of Novel Acyl-CoA: Cholesterol Acyltransferase Inhibitors. NeuroQuantology. 2022 Jul;20(8):2557-67.
	Malarial vaccine	<ul style="list-style-type: none"> Discusses the current challenges and advances in malaria vaccine development Review recent human clinical trials for each stage of infection. 	<ol style="list-style-type: none"> Duffy PE, Patrick Gorres J. Malaria vaccines since 2000: progress, priorities, products. npj Vaccines. 2020 Jun 9;5(1):48. Wilson KL, Flanagan KL, Prakash MD, Plebanski M. Malaria vaccines in the eradication era: current status and future perspectives. Expert review of vaccines. 2019 Feb 1;18(2):133-51. Bonam SR, Rénia L, Tadepalli G, Bayry J, Kumar HM. Plasmodium falciparum malaria vaccines and vaccine adjuvants. Vaccines. 2021 Oct;9(10):1072.

Reference books

Pharmacology:

- Katzung's Basic and Clinical Pharmacology, 15th edition**

Forensic Medicine:

Text Book

Parikh's Textbook of Medical Jurisprudence, Forensic Medicine & Toxicology

Reference Books

- Principles & Practice of Forensic Medicine by Nasib R Awan**
- Principles of Forensic Medicine & Toxicology by Rajesh Bardale**

Pathology:

ROBBINS Text book of pathology 10th Edition

Medicine:

Davidson Textbook Of Medicine

Medical Ethics:Medical Errors: The Scope of the Problem. Fact sheet, Publication No. AHRQ 00-P037. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/qual/errba>

<http://nbcPakistan.org.pk/assets/may-16-bioethics-facilitator-book---may-16%2c-2017.pdf> (page 195)

NBC Guidelines for Healthcare Professionals* Interaction with Pharmaceutical Trade and Industry

<http://nbcPakistan.org.pk/assets/may-16-bioethics-facilitator-book---may-16%2c-2017.pdf> (page 276)

nbcPakistan.org.pk/assets/ppi_guidelines_may_2011-1-final-copy-on-PHRC-wbsite.pdf Open source document

http://karachibioethicsgroup.org/PDFs/Karachi_Bioethics_Group_Ethical_Guidelines.pdf Karachi Bioethics Group Institutional Ethical Guidelines for Physician Pharmaceutical Industry Interaction

Medical Ethics:

<http://nbcPakistan.org.pk/assets/may-16-bioethics-facilitator-book---may-16%2c-2017.pdf> (page 194)

Peads: Current diagnosis and treatment pediatrics 25ST EDITION.

Integrated Modular Curriculum

Haematology, Immunology & Research Module



3rd Year MBBS
Time Table 2024

Duration Of Module: 05 Weeks & 4 Days
Module Coordinators: Dr.Shahida Bashir
Module Co-Coordinator : Dr.Fatima Rizvi,

Members Of Module Committee

Module Committee	
Vice Chancellor RMU	Prof. Dr. Muhammad Umar
Director DME	Prof. Dr. Rai Muhammad Asghar
Convener Curriculum	Prof. Dr. Naeem Akhter
Dean Basic Sciences	Prof. Dr. Ayesha Yousaf
Additional Director DME	Prof. Dr. Ifra Saeed
Chairperson Pharmacology & Implementation Incharge 3 rd year MBBS	Dr. Asma Khan
Chairperson Pathology	Prof. Dr. Mobina Dodhy
Chairperson Forensic Medicine	Dr Romana Malik
Focal Person Pharmacology	Dr Attiya
Focal Person Pathology	Dr Faiza
Focal Person Forensic Medicine	Dr.Filza
Focal Person Medicine	Dr. Saima Ambreen
Focal Person of Gynaecology	Dr. Sobia Nawaz
Focal Person Community Medicine	Dr. Afifa Kulsoom
Focal Person Quran Translation Lectures	Mufti Abdul Wahid
Focal Person Family Medicine	Dr Sadia Khan
Focal Person Bioethics Department	Prof. Dr. Akram Randhawa

Reviewed by: Module committee
Approved by:
Curriculum Committee RMU

Prepared By:

Forensic Medicine Department,
 Rawalpindi Medical University, Rawalpindi

**Time Table 3rd Year MBBS Haematology, And Immunology Module
(First Day)**

	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:30am	10:30 AM – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm
31-8-2024	Bioethics(LGIS)* L-2	Bioethics(LGIS)* L-3	Forensic Med. (LGIS)* L-4	BREAK	Pharmacology (SGD) S-1	Pathology/Haem (LGIS)* L-1	Behavioral sciences (LGIS)* L-5
	Prescription Writing and common errors in prescription Dr. Attiya, Dr. Uzma LH1,LH2	Pharmacovigilance and roll of CTU in drug development Dr. Zunaira, Dr. LH1,LH2	Corrosives LH1,LH2 Dr. Romana, Dr Filza		Haemopoitic growth factors Dr Arsheen, Dr Tahira , Dr. Uzma, Dr. Zoefeshan LH1,LH2	Classification of anemia and Iron deficiency anemia Prof Mobeena, Dr. Fariha LH1,LH2	Obsessive Compulsive Disorder (OCD) Dr. Sara Afzal, dr Zona tahir LH1,LH2

**Time table 3rd year MBBS Haematology And Immunology Module
(1st week) 2024**

DATE / DAY	8:00 AM – 9:30 AM	9:30 AM – 11:00 AM	11:10am – 12:00pm	12:00 PM – 02:00 PM				
Monday	Clinical Clerkship		Pathology (LGIS)* L-6	Batch	Practical	Topic of Practical	Teacher name	Venue
			Megaloblastic Anemia Prof Mobeena, Dr. Fariha LH1, LH2,	A	Pharmacology P-1	Prescription and P drugs of Iron deficiency anemia	Dr zaheer	Lecture Hall: 06
				B	Forensic Medicine P-2	Mechanical injuries Self-Inflicted & Defense Wound (CBL)	Dr Gulzaib Dr Roheena	Lecture Hall: 04
C				Pathology P-3	Benign RBC Morphology	Dr. Abid	Pathology Lab, NTB	
Tuesday	Batch : A Medicine		Peads (LGIS)* L-7	Batch	Practical	Topic of Practical	Teacher name	Venue
	Batch : B Surgery		Iron deficiency Anemia Dr Farah Naz, Dr Nadia Mumtaz LH1, LH2	B	Pharmacology P-1	Prescription and P drugs of iron deficiency anemia	Dr Zaheer	Lecture Hall: 06
	Batch : C Sub-Specialty			C	Forensic Medicine P-2	Mechanical injuries Self-Inflicted & Defense Wound (CBL)	Dr Gulzaib Dr Roheena	Lecture Hall: 04
				A	Pathology P-3	Benign RBC Morphology	Dr. Abid	Pathology Lab, NTB
Wednesday	(Refer to annexure 2)		Pathology (LGIS)* L-8	Batch	Practical	Topic of Practical	Teacher name	Venue
			Introduction To Immunology and Cellular Basis of Immune Response Prof. Naem, Prof. LH1, LH2,	C	Pharmacology P-1	Prescription and P drugs of iron deficiency anemia	Dr Zaheer	Lecture Hall: 06
				A	Forensic Medicine P-2	Mechanical injuries Self-Inflicted & Defense Wound (CBL)	Dr Gulzaib Dr Roheena	Lecture Hall: 04
		B		Pathology P-3	Benign RBC Morphology	Dr. Abid	Pathology Lab, NTB	
Thursday			Forensic Medicine (LGIS)* L-9	Pathology/Immunology (LGIS)* L-10 12:00-1:00			Pathology/Immunology (CBL)* **C-1 1:00 - 2:00	
			Mechanical injuries – I (Abrasion & Buise) Dr. Filza, Dr. Romana	Classification of hemolytic anemia & Acquired Hemolytic Anemias Prof. Mobina, Dr. Fareeha			Megaloblastic Anemia Dr. Abid, Dr. Saeed, Dr. Nida, Dr. Mahjbeen LH1, LH2, LH6,Pharma lab	
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm			
	Pharmacology (LGIS)* L-11	Forensic Med. (LGIS)* L-12	Pathology/Haem (LGIS)* L-13	Quran Studies (LGIS)* L-14	Pharmacology (CBL)* **C-2			
	Haematinics Dr. Asma, Dr. Haseeba	Mechanical injuries – II (Laceration & Incised Wounds) Dr. Romana, Dr Filza	RBC Membranopathies and enzymopathies Prof Mobeena, Dr.Mudasarah LH1,LH2		Haematinics Dr. Tahira, Dr. Zoefeshan, Dr. Rubina, Dr. Uzma			
Saturday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:30am	10:30 AM – 11:00 am	11:00am – 12:00pm		12:00:pm – 01:00pm	01:00pm – 02:pm
	Pharmacology (LGIS) * L-15	Pathology/Haem (LGIS) * L-16	Pharmacology (LGIS) * L-17	BREAK	Pathology /Immunology (SGD)**S-2		Pathology/Haem (LGIS)* L-18	Pharmacology CBL)* **C-3
	Lipid Lowering drugs I Dr. Zunera, Dr. Attiya	Antigen antibody reactions Prof. Naem, Prof. mobina LH1, LH2,	Lipid Lowering drugs II Dr. Zunera, Dr. Attiya		Antibody and compliment system Dr Mudassira, Dr. , Dr. Fatima Zohra, Dr. LH1, LH2, LH6,Pharma		Hemoglobinopathies (Thalasemia, PNH) Prof Mobeena, Dr. Fariha LH1,LH2	Lipid Lowering drugs III Dr. Tahira, Dr. Arsheen, Dr rubina, ,Dr Uzma

**Time Table 3RD YEAR MBBS Haematology, Immunology And Research Module
(Second Week) 2024**

DATE / DAY	8:00 AM – 9:30 AM	9:30 AM – 11:00 AM	11:10am – 12:00pm	12:00 PM – 02:00 PM				
Monday	Clinical Clerkship		Medicine (LGIS) * L-19	Batch	Practical	Topic of Practical	Teacher name	Venue
			Approach and workup of anemia Dr. Saleha Ahmad, Dr. Rizwan Mehmood	A	Pharmacology P-4	Prescription writing and P drug for Dyslipidemia	Dr. Zoefeshan	Lecture Hall: 06
				B	Forensic Medicine P-5	Road traffic accidents Examination of RTA Victim Models of mechanical injuries w.r.t Qisas & Diyat	Dr. Shahida Bashir, Dr. Urooj	Lecture Hall: 04
Tuesday	Batch : A Medicine Batch : B Surgery Batch : C Sub-Specialty (Refer to annexure 2)		Peads(LGIS) * L-20	Batch	Practical	Topic of Practical	Teacher name	Venue
			Thalasemia Dr Afrah Tariq, Dr Ayesha Tariq	B	Pharmacology P-4	Prescription writing and P drug for Dyslipidemia	Dr. Zoefeshan	Lecture Hall: 06
				C	Forensic Medicine P-5	Road traffic accidents Examination of RTA Victim Models of mechanical injuries w.r.t Qisas & Diyat	Dr. Shahida Bashir, Dr. Urooj	Lecture Hall: 04
Wednesday			Pathology/Immunology (LGIS) * L-21	Batch	Practical	Topic of Practical	Teacher name	Venue
			MHC and Transplantation Prof. Naeem, Prof. Mobina LH1 LH2	A	Pathology P-6	Lab diagnosis of hemolytic anemia	Dr. Nida Fatima	Pathology Lab, NTB
				C	Pharmacology P-4	Prescription writing and P drug for Dyslipidemia	Dr. Zoefeshan	Lecture Hall: 06
Thursday			Forensic Med. (LGIS) * L-22	Pathology SGD)**S-3 12:00- 1:00 pm		Peads (LGIS) * L-23 1:00-2:00pm		
			Mechanical injuries – III (Punctured and stab wound) Dr. Filza, Dr. Romana LH-1, LH2	Aplastic Anemia Dr. Fatima Zahra , Dr. Rabbiya, Dr. Sarah, Dr. Amna		Aplastic Anemia Dr Qurat ul Ain, Dr. Maria Shamsheer		
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm			
	Pathology/Immunology (CBL)** C-4	Pathology/Immunology (CBL)** C-5	Forensic Med. (LGIS) * L-24	Quran Studies (LGIS) * L-25	Medicine (LGIS)* L-26			
	Hypersensitivity Reaction I and II , Dr. Haider, Dr. Unaiza, Dr. Aisha, Dr. Faiza	Hypersensitivity Reaction Type III and IV Dr. Abid, Dr. Shabih Dr. Nida , Dr. Mahjbeen	Road traffic Accidents Primary, secondary & tertiary impact injuries Dr. Filza, Dr. Romana		Management of Hypersensitivity Reactions Dr. Saleha Ahmad, Dr. Rizwan Mehmood			

			LH-1, LH2				
Saturday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:30am	10:30 AM – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm
	Obs & Gynae (LGIS) * L-27	Forensic Med. (LGIS) * L-28	Pathology/Immunology (SGD)**S-4	BREAK	Pharmacology (LGIS) * L-29	Community medicine(LGIS) * L-30	Pathology/immunology (LGIS)* L-31
	Anemia in Pregnancy Dr. Farah Deebea, dr amna abbasi	Injuries and law-I Qisas & Diyat Dr.Romana,Dr.Filza	Immune Tolerance And Autoimmunity. Dr. Mudassira, Dr. Fatima zohra, Dr. Rabbia, Dr, Mehreen		Immunosuppressant drugs I Dr. Zunera, Dr. Attiya	Host defenses Dr. Sana Associate prof Dr. Imran AP	Immunodeficiency Prof. Wafa, Dr. Fatima Zahra

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI NEW TEACHING BLOCK
Time Table 3rd YEAR MBBS – Haematology, Immunology And Research Module
(Third Week)

DATE / DAY	8:00 AM – 9:30 AM	9:30 AM – 11:00 AM	11:10am – 12:00pm	12:00 PM – 02:00 PM				
Monday	Clinical Clerkship Batch : A Medicine Batch : B Surgery Batch : C Sub-Specialty (Refer to annexure 2)		Pathology/Haem L32	Batch	Practical	Topic of Practical	Teacher name	Venue
			WBC disorder and classification of leukemia Dr. Dr. Sarah, Dr Fatima-tuz-Zahra	A	Pharmacology P-6	Prescription writing and P drug for IHD	Dr. Arsheen	Lecture Hall: 06
				B	Forensic Medicine P-7	Autopsy Visit to mortuary Medicolegal examination certificate writing of an injured person	Dr. Shahrukh, Dr. Fatima	Lecture Hall: 04
				C	Pathology P-8	Benign WBC Morphology	Dr. Syeda Aisha	Pathology Lab, NTB
Tuesday			Pathology/Haem (CBL)**C6	Batch	Practical	Topic of Practical	Teacher name	Venue
			Acute Leukemia Dr. Haider, Dr. Unaiza, Dr. Aisha, Dr. Faiza	B	Pharmacology P-6	Prescription writing and P drug for IHD	Dr. Rubina	Lecture Hall: 06
				C	Forensic Medicine P-7	Autopsy Visit to mortuary Medicolegal examination certificate writing of an injured person	Dr. Shahrukh, Dr. Fatima	Lecture Hall: 04
				A	Pathology P-8	Benign WBC Morphology	Dr. Syeda Aisha	Pathology Lab, NTB
Wednesday			Pathology/Haem (LGIS)* L33	Batch	Practical	Topic of Practical	Teacher name	Venue
			Chronic leukemia	C	Pharmacology P-6	Prescription writing and P drug for IHD	Dr. Arsheen	Lecture Hall: 06

			Dr Fatima-tuz-Zahra, Dr. Sarah LH1,LH2	A	Forensic Medicine P-7	Autopsy Visit to mortuary Medicolegal examination certificate writing of an injured person	Dr. Shahruxh, Dr.Fatima	Lecture Hall: 04
				B	Pathology P-8	Benign WBC Morphology	Dr. Syeda Aisha	Pathology Lab, NTB
Thursday	Medicine (LGIS) * L-34		Pathology/Haem (LGIS)*L-35 12:00-1:00 pm			Pathology/Haem (SGD)**S6 1:00-2:00pm		
	Myeloproliferative Diseases Dr. Saleha Ahmad, Dr. Rizwan Mehmood		Myeloproliferative disease/Myelodysplastic syndrome Dr. , Dr Sara			Chronic leukemia Dr. Mudassira, Dr. Fariha, Dr. Mehreen, Dr. Amna		
Friday	08:00am - 08:45am Medicine (LGIS) * L-36	08:45am – 09:30am Forensic Med. (LGIS) * L-37	09:30am – 10:15am Paeds (LGIS) * L-38	10:15am - 11:00am Quran Studies (LGIS) * L-39	11:00am – 12:00pm Pharmacology (LGIS) * L-40			
	Lymphoproliferative Diseases Dr. Saleha Ahmad, Dr. Rizwan Mehmood	Injuries and law-II Qisas & Diyat Dr. Filza, Dr. Romana LH-1, LH2	ALL/Lymphoma Dr. Sadaf Iqbal, Dr. Mamona Qudrat		Immunosuppressant drugs II Dr. Zunera, Dr. Attiya			
saturday	08:00am - 08:45am Pharmacology (SGD)**S-7	08:45am – 09:30am Forensic Med. (LGIS) * L-41	09:30am – 10:30am Pathology/Haem (CBL)**C-7	10:30 AM – 11:00 am BREAK	11:00am – 12:00pm Pharmacology (CBL)** *C-8		12:00:pm – 01:00pm Pathology/Haem (LGIS) * L-42	01:00pm – 02:pm Community medicine (LGIS) * L-43
	Immunosup Pressant drugs III .Dr. Zaheer, Dr.Zoefeshan, Dr. Rubina, Dr. Uzma	Regional Injuries (Skull & spinal injuries) (Thoraco-abdominal injuries)Dr. Filza, Dr. Romana LH-1, LH2	Multiple myeloma Dr. Abid, Dr. , Dr. Nida , Dr. Mahjbeen		Immunosup Pressant drugs IV Dr. Zaheer, Dr. Arsheen, Dr. Rubina, Dr. Uzma		Lymphoma Dr. Tayyaba, Dr. Mehreen LH1,LH2	Immunizing agents Dr. Sana Associate prof Dr. Imran AP

**Time Table 3rd YEAR MBBS Haematology, Immunology And Research Module
(Fourth Week)**

DATE / DAY	8:00 AM – 9:30 AM	9:30 AM – 11:00 AM	11:10am – 12:00pm	12:00 PM – 02:00 PM				
Monday	Clinical Clerkship		Pathology/Haem (LGIS)* L-44	Batch	Practical	Topic of Practical	Teacher Name	Venue
	Batch : A Medicine		Bleeding disorders of primary haemostasis Dr. Mudassira, Dr. Fatima-tuz- Zahra LH1,LH2	Xcd	Pharmacology P-9	Prescription writing and p drug for DVT	Dr. Rubina	Lecture Hall: 06
	Batch : B Surgery			B	Forensic Medicine P-10	Firearm & blast injuries Examination of Firearm victim, Models of Firearm and blast injuries	Dr.Gulzaib, Dr Roheena	Lecture Hall: 04
	Batch : C Sub-Specialty			C	Pathology P-11	Malignant WBC Morphology	Dr. Syed Iqbal Haider	Pathology Lab, NTB
Tuesday			Pharmacology (LGIS) * L-45	Batch	Practical	Topic of Practical		

(Refer to annexure 2)

				B	Pharmacology P-9	Prescription writing and p drug for DVT	Dr. Rubina	Lecture Hall: 06
			Antiplatelet, drugs I Dr. Zunera, Dr. Attiya	C	Forensic Medicine P-10	Firearm & blast injuries Examination of Firearm victim, Models of Firearm and blast injuries	Dr. Gulzaib, Dr Roheena	Lecture Hall: 04
				A	Pathology P-11	Malignant WBC Morphology	Dr. Syed Iqbal Haider	Pathology Lab, NTB
			Pharmacology CBL)* * *C-9	Batch	Practical	Topic of Practical		
				C	Pharmacology P-9	Prescription writing and p drug for DVT	Dr. Rubina	Lecture Hall: 06
Wednesday			Antiplatelet, drugs II Dr. Tahira, Dr. Zoefshan, Dr. Uzma, Dr. Zaheer	A	Forensic Medicine P-10	Firearm & blast injuries Examination of Firearm victim, Models of Firearm and blast injuries	Dr. Gulzaib, Dr Roheena	Lecture Hall: 04
				B	Pathology P-11	Malignant WBC Morphology	Dr. Syed Iqbal Haider	Pathology Lab, NTB
			Pathology/Haem (CBL)** C-10	Pharmacology (LGIS) 46 12:00- 1:00 pm			Forensic Med(LGIS) * L-47	
Thursday			Haemophilia / ITP Dr. Haider, Dr. Unaiza, Dr. Aisha, Dr. Faiza	Anticoagulants I Dr. Asma, Dr. Haseeba			Firearm – I Introduction of Ballistics and its types Dr. Romana , Dr. Filza LH-1, LH2	
	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm			
	Peads (LGIS) * L-48	Community medicine (LGIS) * L-49	Medicine (LGIS) * L-50	Quran Studies (LGIS) * L-51	Forensic Med. (LGIS) * L-52			
Friday	Hemophilia Dr. Amal Hasham, Dr. Muneeba	Adverse events following immunization Dr. Gul Mehar, Dr. Maimoona	Bleeding Disorders Dr. Saleha Ahmad, Dr. Rizwan Mehmood		Firearm – II Firearm phenomena Dr. Romana , Dr. Filza LH-1, LH2			
	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:30am	10:30 AM – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm	
	Pharmacology (LGIS) * L-53	Pharmacology SGD)**S-8	Forensic Med. (LGIS)	BREAK	Forensic Med. (LGIS) * L-55	Pathology/Immunology SGD)**S-9	/Haem (Pathology LGIS)* L-54	
Saturday	Anticoagulants II Dr. Asma, Dr. Haseeba	Anticoagulants III Dr. zaheer, Dr. Arsheen Dr. Rubina, Dr. Tahira	Firearm – III Smooth bore firearm wounds Dr Romana Dr Filza		Firearm – IV (Rifled firearm wounds) Dr. Filza, Dr. Romana LH-1, LH2	Tumor immunity Dr., Dr. , Dr. , Dr. mehreen	Bleeding disorders of secondary haemostasis L-56 Dr. Fatima –tuz-Zahra, Dr. mudassira *	

**Time Table 3RD YEAR MBBS - Haematology, And Immunology Module
(Fifth Week)**

DATE / DAY	8:00 AM – 9:30 AM	9:30 AM – 11:00 AM	11:00am – 12:00pm	12:00 PM – 02:00 PM				
Monday	Clinical Clerkship		Community medicine (LGIS) * L-57	Batch	Practical	Topic of Practical	Teacher Name	Venue
			Immunization schedule Dr. Afifa Kulsoom, Dr. Imrana	A	Pharmacology P-12	Prescription writing and P drug for Malaria	Dr. Uzma	Lecture Hall: 06
				B	Forensic Medicine P-13	Animal Poisons Snake, Bees & Wasp Poisons (Management of snake Bite) (CBL)	Dr.Urooj, Dr.Naila	Lecture Hall: 04
C	Pathology P-14	ICT devices	Dr.	Pathology Lab, NTB				
Tuesday	Batch : A Medicine Batch : B Surgery Batch : C Sub-Specialty (Refer to annexure 2)		Pharmacology (LGIS) * L-58	Batch	Practical	Topic of Practical		
			Fibrinolytic And Antifibrinol Dr. Asma, Dr. Haseeba	B	Pharmacology P-12	Prescription writing and P drug for Malaria	Dr. Uzma	Lecture Hall: 06
				C	Forensic Medicine P-13	Animal Poisons Snake, Bees & Wasp Poisons (Management of snake Bite) (CBL)	Dr.Urooj, Dr.Naila	Lecture Hall: 04
				A	Pathology P-14	ICT devices	Dr. Saeed Lehrasab	Pathology Lab, NTB
Wednesday				C	Pharmacology P-12	Prescription writing and P drug for Malaria	Dr. Uzma	Lecture Hall: 06
			A	Forensic Medicine P-13	Animal Poisons Snake, Bees & Wasp Poisons (Management of snake Bite) (CBL)	Dr.Urooj, Dr.Naila	Lecture Hall: 04	
			B	Pathology P-14	ICT devices	Dr. Saeed Lehrasab	Pathology Lab, NTB	
Thursday			11.00-12.00 pm Pharmacology SGD)**S-10	12.00 – 01.00 pm Forensic Med. (LGIS) * L-59		Pathology/Immunology SGD)**S-11		
			Fibrinolytic And Antifibrinolytic drugs Dr. Tahira, Dr. Arsheen, Dr. Rubina, Dr. Zaheer	Blast Injuries Dr. Filza, Dr. Romana LH-1, LH2		Vaccines Dr. Mudassira, Dr. Rabbia, Dr. Mehreen, Dr. Amna		
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm			
	Pathology (LGIS) * L-60	Medicine(LGIS) * L-61	Pharmacology (LGIS) * L-62	Family Medicine (LGIS)* L-63	Pharmacology (LGIS) * L-64			

Seminar	Life cycle of Plasmodium Dr. Kiran , Dr. Amna LH1, LH2	Sign Symptoms and Management of Malaria Dr. Saleha Ahmad, Dr. Rizwan Mehmood	Antimalarial drugs I Dr. Asma, Dr. Haseeba	Management Of Malaria And Its Complications Dr. Sadia	Antimalarial drugs II Dr. Asma, Dr. Haseeba		
	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:30am	10:30 AM – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:00pm
Saturday	Pharmacology (LGIS) * L-65	Forensic Med(LGIS) * L-66	Pathology/Haem (SGD)**S-12	Break	Pathology (SGD)**S-13	Forensic Med. ((LGIS) * L-67	Community medicine LGIS) * L-68
	Antimalarial drugs III Dr. Asma, Dr. Haseeba	Thermal Injuries Injuries due to Burns & Electrocution Dr.Romana, Dr.Filza LH-1, LH2	Leishmania & Trypanosoma Dr. Rabbia Dr. Tayyaba, Dr. , Dr.		Disorders of Spleen & Lymph Nodes Dr. Rabbiya, Amna DrMehreen, Sarah,	15. Non- Mechanical Injuries,Death due to Starvation, heat ,cold &Electrocution Dr.Romana, Dr.Filza LH-1, LH2	Inferential Statistics & Anova Dr. Rizwana, Dr. abdulqudus

Time Table 3RD YEAR MBBS - Haematology, Immunology And Research Module

MONDAY	END OF MODULE EXAM
TUESDAY	END OF MODULE EXAM
WEDNESDAY	END OF MODULE EXAM

Teaching Hours

SR No.	Disciplines	LGIS	SGD	CBL	SDL	Seminar	Hours
1.	Pharmacology	11	04	04	5	01	25
2.	Pathology (Haematology)	11	03	04	5	-	23
3.	Pathology (Immunology)	04	04	02		-	10
4.	Pathology (Parasitology)	-	01	-	-	01	02
5.	Forensic Medicine	15	-	-	04	-	19
6.	Community Medicine	05	-	-	-		05
7.	Medicine	05	-	-	-	01	06
8.	Peads	05	-	-	-		05
9.	Obstetrics and Gynaecology	01	-	-	-	-	01
10.	Family medicine					01	01
11.	Bioethics	02					02
12.	Behavioral sciences	01					01
13.	Quran class	04					04
14.	Total	64	12	10	14	04	104

Practical/ SGD and Clinical Clerkship hours

Disciplines	Practical hours	Disciplines	Clerkship hours
Pharmacology	2x5 = 10 hrs	Surgery	2.5 x 4 X4= 40 hrs
Pathology	2x5 = 10 hrs	Medicine	2.5 x 4 x4 = 40 hrs
Forensic Medicine	2x5= 10 hrs	Sub Specialty	2.5 x 4 x4 = 40 hrs

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

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

Batch: A = Lecture Hall 01 (starting from batch A1 to A3)
B1,B2)

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

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

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

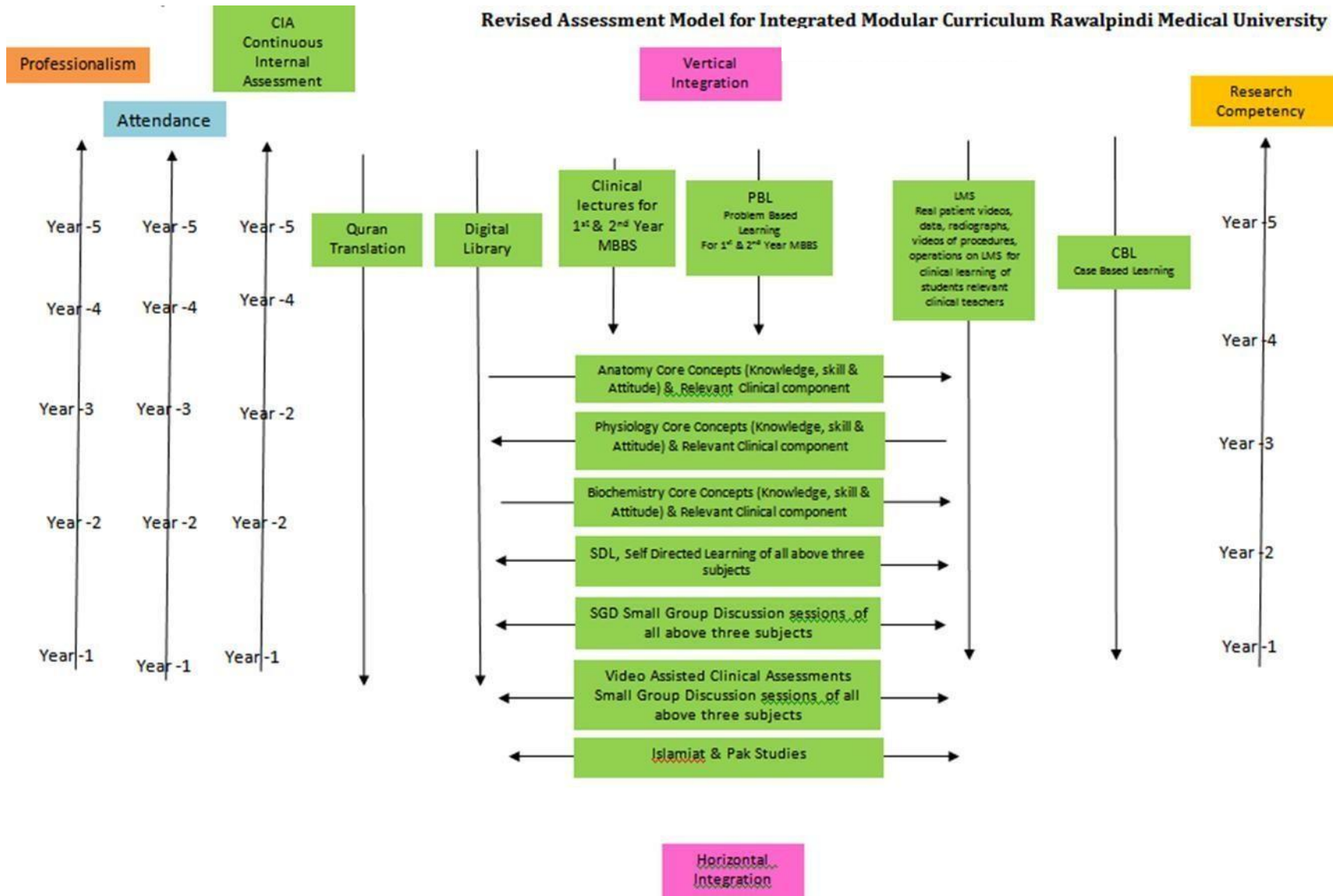
The batch distribution & venues for whole year are fixed with no change except for extra ordinary situations.

Section IV- Assessment Policies

Contents

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

Section IV: Assessment Policies



Assessment plan

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

Types of Assessment:

The assessment is formative and summative.

Formative Assessment

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

Summative Assessment:

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

Module Examination Theory Paper

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

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

Viva Voce:

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

Block Examination

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

Theory Paper

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

Block OSPE

This covers the practical content of whole block.

-Assessment Frequency & Time in hematology and immunology module

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

Hematology and Immunology Module Assessment Plan

Date / day	Assesment plan	Total marks	Assesment mode	Content
	Mid module assesment	20	LMS- 20 mcq	15mcq-(pathology, pharmacology and forensic 5xeach) 3 mcq - community medicine 2 mcq- surgery and medicine 1xeach
	Weekly assesementson SDL topics	15 15 15 15	15 mcq 15 mcq 15 mcq 15 mcq	-(pathology, pharmacology and forensic 5xeach) -(pathology, pharmacology and forensic 5xeach)
	End module theory exam (9 am to 2pm)	160	Pharmacology (9 to 10:30 am) Forensic medicine,(10: 45 am to 12 :15pm) Pathology (12:15 pm to 2pm)	Pathology- 60 marks Pharmacology-50 Forensic medicine-50 (for mcq/seq distribution see table)
	Viva (12pm-2pm)	90	viva of batches in respective department	Pathology- 40 marks Pharmacology-30 marks Forensic medicine -10 marks

Table of Specification (TOS) For Hematology and Immunology End Module Examination for 3rd Year MBBS

Sr. #	Discipline	No. of MCQs (%)	No. of MCQs according to cognitive domain			No. of SEQs (%)		No. of SEQs according to cognitive domain			Viva voce	OSPE Marks	Total Marks
						No. of items	Marks						
			C1	C2	C3			C1	C2	C3			
1.	Pharmacology	15	2	9	4	7	35	2	4	1	30	0	80
2.	Forensic Medicine	15	4	9	3	5	25	2	2	1	25	0	65
3.	Pathology	25	2	5	3	7	35	2	4	1	40	0	100
4.	Family Medicine	2	1	0	1	0	0	0	0	0	0	0	Vertical integration
5.	Research	2	0	1	1	0	0	0	0	0	0	0	Vertical integration
6.	Medicine	5	1	3	1	0	0	0	0	0	0	0	Vertical integration
7.	Paeds	5	1	3	1	0	0	0	0	0	0	0	Vertical integration
Total marks = 245													



A 20 years male with history of recurrent attacks of jaundice was admitted in surgical ward for splenectomy. He is a diagnosed case of Hereditary Spherocytosis. What is most appropriate in this case?

- A. It is an X-linked inherited disorder.
- B. Sickling test is positive
- C. Gall stone is an associated finding
- D. DAT is positive
- E. It presents with haemoglobinuria

A 28 years female presents with pallor. Her Complete blood counts shows Hb: 10.1 gm/dL, RBC: $6.0 \times 10^{12}/L$, TLC: $5.6 \times 10^9/L$ and Platelets: $240 \times 10^9/L$. Blood film shows Hypochromic Microcytic blood picture with Target cells and occasional Basophilic stippling. The most probable diagnosis is:

- A. Iron Deficiency anemia
- B. Sideroblastic anemia
- C. Anemia of Chronic disorder
- D. Thalassemia minor
- E. Lead poisoning

In the process of Erythropoiesis during the various stages of development, up to which stage of myeloid development does mitotic division occurs and haemoglobin also starts appearing at this stage?

- A. Proerythroblast
- B. Early Normoblast
- C. Intermediate Normoblast
- D. Late Normoblast
- E. Reticulocyte

A 32 years female presented with lassitude and weakness for the last 6 months. Blood picture showed Hb: 9.2 gm/dL with a Hypochromic Microcytic blood picture. Further workup revealed increased TIBC and decreased transferrin saturation. The most likely diagnosis is:

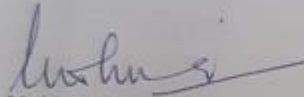
- A. Iron Deficiency Anemia
- B. Sideroblastic Anemia
- C. Thalassemia minor
- D. Thalassemia major
- E. Anemia of Chronic Disorder

The laboratory reports of a 60 years patient taking regular non-steroidal anti-inflammatory drugs for joint pains shows low Hb, low mean cell volume (MCV) high serum ferritin and reduced total iron binding capacity. What is the most likely cause for this patient's anemia?

- A. Iron deficiency anemia
- B. Anemia of chronic disease
- C. Thalassemia minor
- D. Drug induced haemolytic anemia
- E. Autoimmune haemolytic anemia

Level of cognition	Question no	Total	Percentage
C1	3,19	2	8%
C2	1,7,8,12,15,16, 17, 20, 21, 22, 23, 24 and 25	13	56%
C3	2,4,5,6,9,10,11,13, 14 and 18	10	36%

Type of integration	Question no	Total	Percentage
Core	1, 2,4,6,9,10,12, 14,15,20,21,22 23 and 24,25	15	60%
Horizontal	5,7,16,	3	12%
Vertical	11, 13, 18	3	12%
Spiral	3 and 19	2	8%
Research and medical ethics	8, 17	2	8%



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RAWALPINDI MEDICAL UNIVERSITY
DEPARTMENT OF PATHOLOGY
RMU & Allied Hospitals
Haematology Immunology & Research Module Assessment
3rd Year MBBS

ROLL NO.

Date: 07th November 2022
Time Allowed: 45min

Total Marks: 35
Time: 12:00noon

SEQS PAPER

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

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

01
02
02

Q2. A 65-years man presents to clinic with fatigue, night sweats, and lethargy of 6 months duration. He tells you that he has experienced 10 lb weight loss over that period. On physical examination, the spleen is palpable 6 cm below the costal margin, the rest of his examination is normal. Laboratory testing is remarkable for leukocytosis ($85 \times 10^9/l$) and an elevated lactate dehydrogenase level. A complete spectrum of myeloid cells is seen in the peripheral blood with bimodal peak of neutrophils and myelocytes. There is also increased number of basophils.

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

01
2.5
1.5

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

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

2.5
2.5

Q4. A 47 years woman presented in basic health unit of district Jehlum with complains of fatigue and repeated infections. Physical examination shows scattered bruises on body. Her laboratory investigations reveals Hb 7.3 g/dL, WBC $174 \times 10^9/L$ and platelet count is $24 \times 10^9/L$. Pathologist reports 90% blast cells on peripheral film.

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

02
01
02

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

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

01
02
02

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

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

02
03

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

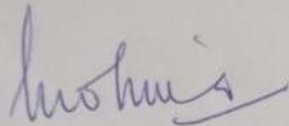
- What is your most likely diagnosis?

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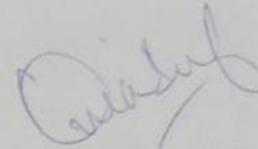


01
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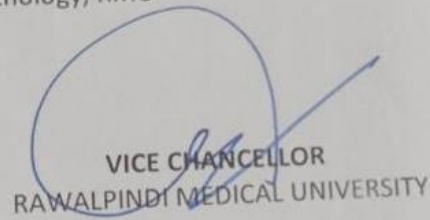
Levels of cognition	Question number	Total	Percentage
C1	5b,6a and 7c	3	16%
C2	2b, 2c, 3b, 4a, 4b, 5c, 6b and 7b	8	42%
C3	1a, 1b, 1c, 2a, 3a, 4c, 5a and 7a	8	42%



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



ASSISTANT DIRECTOR
Department of Medical Education, RMU



VICE CHANCELLOR
RAWALPINDI MEDICAL UNIVERSITY

Annexure II

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

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

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

MISCELLANEOUS

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

> Tentative Holidays

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

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

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 Vice-Chancellor
 Rawalpindi Medical University
 Rawalpindi

Clinical Clerkship

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

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

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

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

Students during their rotations in Medicine & Allied and Surgery & Allied are required to fill the log books which is dually signed by the facilitator. Each student is required to take 10 histories and fill the log book with short cases and long cases discussed which is then again signed by Head of the department. Also during their practical classes of Preclinical sciences they are fill their log books & 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-II	BBH Unit-1	BBH Unit-II	DHQ	HFH Unit-1	HFH Unit-II	BBH Unit-1	BBH Unit-II	DHQ	PATHOLOGY	TOPICS	PSYCHIATRY	TOPIC	RADIOLOGY	TOPIC	SKILL LAB	TOPIC	EMERGENCY	TOPIC	
	W.V	A1	A2	A3	A4	A5	B5	B4	B3	B2	B1											
FOUNDATION 1 & 2 MODULE	WEEK 1	MONDAY	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	General introduction to the field of medicine. Medical ethics	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners	introduction & bed side manners	Introductory round of laboratory & benches. Working of Autoclave. & Guidelines of Microbiological specimen collection & transport	History Taking Allotment of Cases and Groups	Chest x ray anatomy			Use of Injections I/M, I/V, Intradermat, subcutaneous, I/V Cannulation, Arterial Tap			<ul style="list-style-type: none"> • Introduction to ER services regarding triage system. • History taking • Monitoring of vitals 	
		TUESDAY	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness	art of history taking	art of history taking	art of history taking	art of history taking	art of history taking	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			<ul style="list-style-type: none"> • Introduction to medical cases and maintenance of record. • Observation of IV cannulas • IM injections
		WEDNESDAY	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	Systemic Inquiry, Past Medical History	systemic history	systemic history	systemic history	systemic history	systemic history	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)			<ul style="list-style-type: none"> • 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	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			<ul style="list-style-type: none"> • Insertion of Foley's 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	systemic examination	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Retic, Quality Control	Interview with the patient Theoretical aspect of schizophrenia	Fluoroscopic procedures & Ba studies.			Breast Examination			<ul style="list-style-type: none"> • counsel a patient with febrile illness 	

FOUNDATION 1 & 2 MODULE

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

FOUNDATION 1 & 2 MODULE

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

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

GIT & HEPATOBIILIARY

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

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

Week	Day	Topic 1	Topic 2	Topic 3	Topic 4	Topic 5	Topic 6	Topic 7	Topic 8	Topic 9	Topic 10	Topic 11	Topic 12	Topic 13	Topic 14	Topic 15	Topic 16	Topic 17	Topic 18	
WEEK 14	TUESDAY	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug, Palpation of trachea	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug, Palpation of trachea	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug, Palpation of trachea	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug, Palpation of trachea	GPE: Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug, Palpation of trachea	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.	Presentation of cases histories of Substance use	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)						• 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 IM, IV, Intradermal, subcutaneous, I/V Cannulation, Arterial Tap					• Introduction to ER services regarding triage system, • History taking • Monitoring of vitals
	TUESDAY	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	Resp., System (Even Roll Numbers)	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	Culture media (Inoculated & Uninoculated), Antibiotic sensitivity testing, Orientation to Serology & PCR.	Demonstration of History taking and MSE	Chest x ray pathology	Nasogastric Intubation					Introduction to medicolegal cases and maintenance of record, Observation of IV cannulas, IM injections
	WEDNESDAY	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	Resp. System (Odd Roll Numbers)	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	history & examination of Breast & Axillary lymph nodes	Performance & Interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.	Interview with the patient, Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)					• Setting of IV drips, Nebulization
	THURSDAY	CVS Examination, Systemic Inquiry, Precordial Chest Pain, Palpitation, Patient with murmur	CVS Examination, Systemic Inquiry, Precordial Chest Pain, Palpitation, Patient with murmur	CVS Examination, Systemic Inquiry, Precordial Chest Pain, Palpitation, Patient with murmur	CVS Examination, Systemic Inquiry, Precordial Chest Pain, Palpitation, Patient with murmur	CVS Examination, Systemic Inquiry, Precordial Chest Pain, Palpitation, Patient with murmur	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					Inversion of folleys catheter, Nasogastric tube
	MONDAY	CVS Examination, GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages	CVS Examination, GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages	CVS Examination, GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages	CVS Examination, GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages	CVS Examination, GPE, JVP, Oedema, Clubbing, Osler's Nodes, Janeway's Lesions, Splinter hemorrhages	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	history & examination of Chronic Abdomen	Reception, Sampling Techniques & sibiotomy, Routine Hematology, Preparation of Blood Smear and Retic, Quality Control	Interview with the patient, Theoretical aspect of schizophrenia	Fluoroscopic procedures & Ba studies.	Breast Examination					• counsel a patient with febrile illness

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

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

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

WEEK 22	TUESDAY	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavit	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavit	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavit	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavit	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leuconychia, Oedema Examination of Oral Cavit	local examination	local examination	local examination	local examination	local examination	Coagulation Studies, Bone Marrow, Hb Studies, Coomb's Test.			CT scan brain: basics	Prostate Examination	• counsel a patient with stroke
	WEDNESDAY	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	Inspection of abdomen, Superficial Palpation of Abdomen	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	basic physical signs in detail	Grouping, Cross Matching	Presentation of cases histories of Substance use Interview with the patient Theoretical aspect of Substance use	Presentation of cases histories of Delirium/dementia/ organcity by medical students & Theoretical aspects	Basics of ultrasound and observation	revision	• counsel a patient with upper GI bleed
	THURSDAY	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	history & examination of lump	Ward test	Evaluation (OCSE + case histories + attendance & Signatures on logbook) & Feedback	Ward assessment(film based)		• 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
	TUESDAY	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	GIT System Test ODD Roll Numbers	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer	history & examination of ulcer	Culture media (Inoculated & Uninoculated), Antibiotic sensitivity testing, Orientation to Serology & PCR.	Demonstration of History taking and MSE	Chest x ray pathology	Nasogastric Intubation	Introduction to medicolegal cases and maintenance of record. Observation of IV cannulas IM injections	
	WEDNESDAY	GIT Systems Test Even Roll Numbers	GIT Systems Test Even Roll Numbers	GIT Systems Test Even Roll Numbers	GIT Systems Test Even Roll Numbers	GIT Systems Test Even Roll Numbers	GIT Systems Test Even Roll Numbers	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula	history & examination of Sinus/fistula	Performance & interpretation of Gram & ZN staining, Catalase, Coagulase & Oxidase Tests.	Interview with the patient Theoretical aspect of depression	Bones & joints with fractures	Male & Female catheterization(urine)	• Setting of IV drips Neubulization
	THURSDAY	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	Respiratory System Examination Systemic Inquiry, Cough, Sputum, Dyspnea + Cyanosis	history & examination of skin	history & examination of skin	history & examination of skin	history & examination of skin	history & examination of skin	Urine & Stool Examination, Examination of CSF & Body Fluids	Interview with the patient Theoretical aspect of Dissociation	Plain x ray abdomen & KUB	Endotracheal intubation & tracheostomy	Insertion of foley's catheter Nasogastric tube
MONDAY	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	Hemoptysis, wheezing, pleuritic chest pain.	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	history & examination of Neck Swelling	Reception, Sampling Techniques & Phlebotomy, Routine Hematology, Preparation of Blood Smear and Reflex, Quality Control	Interview with the patient Theoretical aspect of schizophernia	Fluoroscopic procedures & Ba studies.	Breast Examination	• counsel a patient with febrile illness	

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

CVS & RESPIRATION

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

A4

A3

A2

A1

A5

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

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

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

Vice Chancellor
Rawalpindi Medical University
Rawalpindi

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:

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

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

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

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

**MEDICINE CLINICAL ROTATIONS
THIRD YEAR MBBS 2024**

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

Learning Objectives Clinical Rotation of 3rd Year Pathology

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

Microbiology: 04 Days

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

Hematology: 03 Days

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

Clerkship Model of Radiology

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

Dr Nasir Khan
Chairperson of Radiology Department
RMU & Allied Hospitals

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

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