



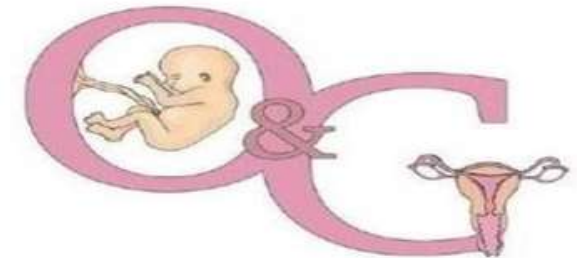
Rawalpindi medical university


Department of medical education (DME)

4th Year MBBS 2023-2024

Study Guide

Population Medicine and Reproduction Block



	Rawalpindi Medical University			
	Doc. Title: Procedure For Control of Documented Information			
	Document #: RMU-MR-SOP-59	Rev. #: 00	Issue #: 01	Issue Date: 25-06-2024

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Prepared By	Reviewed By	Approved By
Department Of Community Medicine	Curriculum Committee	Vice Chancellor

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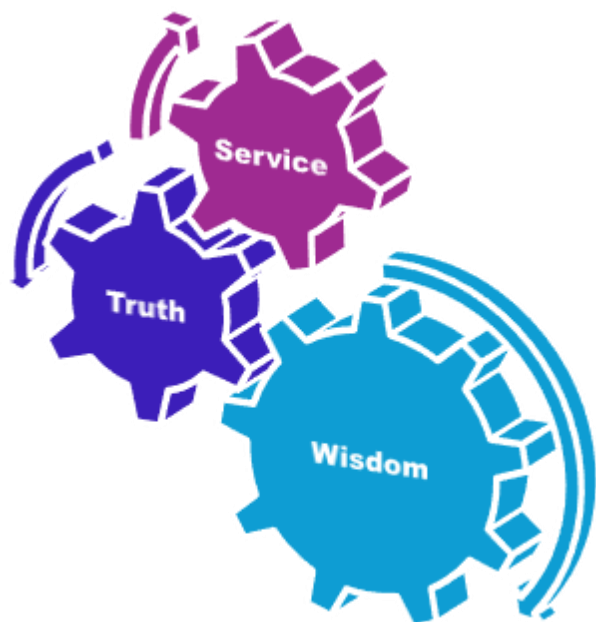
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University Moto, Vision, Values & Goals

RMU Motto



Mission Statement

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

Vision and Values

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

Goals of the Undergraduate Integrated Modular Curriculum

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

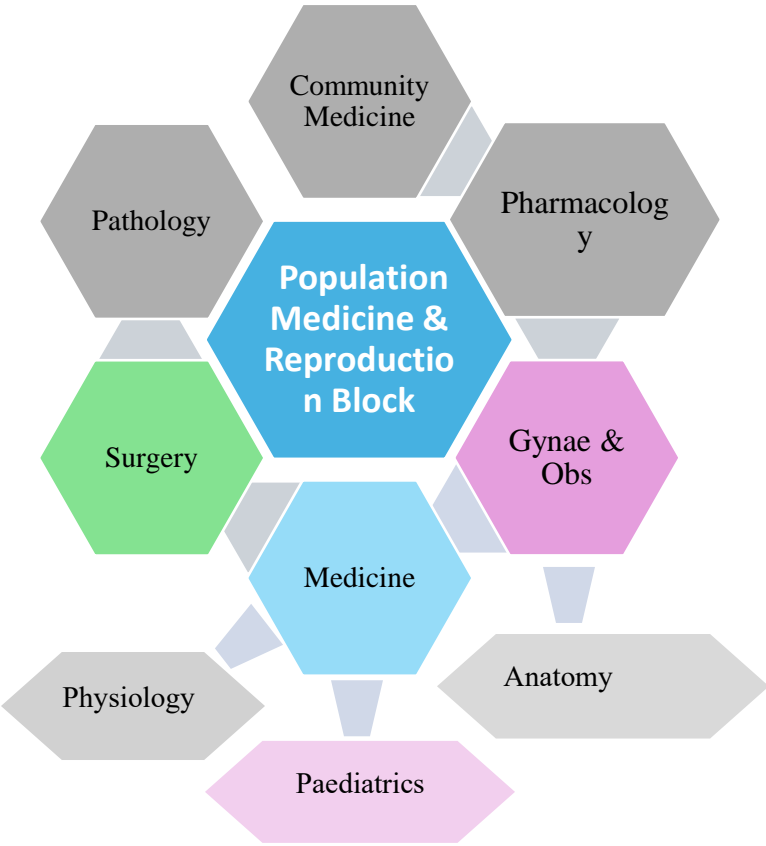
- Provide thorough grounding in the basic theoretical concepts underpinning the practice of medicine.
- Develop and polish the skills required for providing medical services at all levels of the health care delivery system.
- Help you attain and maintain the highest possible levels of ethical and professional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

Fourth Year MBBS 2024

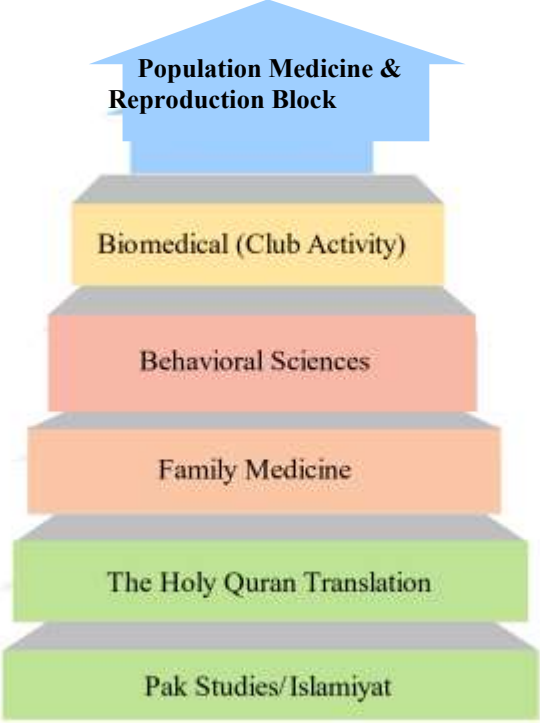
Study Guide

Population Medicine & Reproduction Block

Integration of Disciplines in Population Medicine & Reproduction Module



Spiral Courses



Discipline Wise Details of Modular Contents

Subjects	Embryology	Histology	General Anatomy	Gross Anatomy
<ul style="list-style-type: none"> Community Medicine 	<ul style="list-style-type: none"> Reproductive health-preventive obstetrics-maternal death (MCH-I) Reproductive health-preventive obstetrics-maternal health (MCH-II) Reproductive health-preventive obstetrics-safe-mother hood (MCH-III) Family planning & Population control approach & practices (FP-I) Family planning & Population control plus National perspective (FP-II) Preventive Aspects of Neonatal care (Preventive Pediatrics-I) Preventive Aspects of infants and childcare (Preventive Pediatrics-II) Demography- Population growth transition & trends-I (Demography-I) Demography-Population growth trends & transition. (Demography-II) Population Migration and urbanization (Demography-III) School health services Child abuse & Handicapped children Health economics Framework, structure & Evaluation Global Public Health- WHO, NGOs 			
<ul style="list-style-type: none"> Pharmacology 	<ul style="list-style-type: none"> Prolactin antagonist Gonadal hormones: I Estrogens Gonadal hormones : II Progestin Gonadal hormones: III Anabolic Hormonal contraceptives Oxytocic drugs and Uterine Relaxants Drug used in the treatment of infertility 			
<ul style="list-style-type: none"> Pathology 	<ul style="list-style-type: none"> Benign Diseases of Ovary Benign Diseases of breast (Non-Neoplastic Lesions) Malignant Diseases of Ovary. Malignant neoplasm of breast Malignant Diseases of Cervix. Testicular tumors GTD & Choriocarcinoma Benign and Premalignant Lesions of Cervix Diseases of Lower Urinary Tract 			

	<ul style="list-style-type: none"> • Proliferative lesions of Endometrium and Myometrium
Spiral Courses	
<ul style="list-style-type: none"> • The Holy Quran Translation 	
<ul style="list-style-type: none"> • Bioethics & Professionalism 	<ul style="list-style-type: none"> • Abortion ethics
<ul style="list-style-type: none"> • Radiology & Artificial Intelligence 	<ul style="list-style-type: none"> • Imaging in obstetrics & anomaly scan
<ul style="list-style-type: none"> • Family Medicine 	<ul style="list-style-type: none"> • Core concepts of family medicine in antenatal care during normal pregnancy
<ul style="list-style-type: none"> • Research 	<ul style="list-style-type: none"> • IUGRC viva
Vertical Integration	
<ul style="list-style-type: none"> • Gynae/Obs 	<ul style="list-style-type: none"> • Basic terminologies in obstetrics • Basic antenatal care • Minor pregnancy disorders • Nutrition in pregnancy • Prenatal diagnosis • Early pregnancy complications (miscarriages, ectopic pregnancy) • Induced and septic abortions • Diagnosis of labour • First stage of labour and management • Abnormalities of 1st stage of labour • Normal CTG • Second stage of labour • Normal labour • Episiotomy • Operative vaginal delivery • Abdominal delivery • Third stage of labour and its complications (retained placenta, uterine inversion) • Post-partum hemorrhage • Puerperium and its complications

	<ul style="list-style-type: none"> • Contraception • Multiple pregnancy • Antepartum hemorrhage • Perineal infections • Preterm labor • PPROM • Prolonged pregnancy/Induction of labour • Hypertension in pregnancy • IUGR & oligohydramnios • Rh Incompatibility • Medical disorders in pregnancy • Revision of stages of labour and management • Intra-uterine Death • Management of GTD • Physiology of • Menstrual Cycle • Management of STDs • Management of benign & malignant disease of vulva & vagin • Management of premalignant & malignant disease of cervix • Management of benign & malignant disease of uterus. • Management of benign and malignant ovarian tumors • AUB & PMB
<ul style="list-style-type: none"> • Pediatrics 	<ul style="list-style-type: none"> • Neonatal resuscitation • Breast feeding • LBW / prematurity • Immunization
<ul style="list-style-type: none"> • Surgery 	<ul style="list-style-type: none"> • Pelvic cellulitis& abscess • Complication of laparotomy (visceral & vascular injury) • Surgical intervention of breast
<ul style="list-style-type: none"> • Medicine 	<ul style="list-style-type: none"> • Infections in pregnancy (RTI's, GIT, • EYE/ENT, Dermatitis) • Diabetes in pregnancy • Anemia in pregnancy

	<ul style="list-style-type: none">• Liver disorders &• thrombocytopenia in pregnancy• Epilepsy in pregnancy• Asthma in pregnancy• Thrombotic disorders in pregnancy
<ul style="list-style-type: none">• Anesthesia	<ul style="list-style-type: none">• Pain management during labour

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Reproduction Module Team

Module Name : Population medicine and Reproduction Module

Duration of module : 07 Weeks

MODULE COMMITTEE			MODULE TASK FORCE TEAM		
1.	Vice Chancellor RMU	Prof. Dr. Muhammad Umar	1.	Coordinator	Dr. Sana Bilal Dr. Imrana Saeed Dr. Zaira Azhar Dr Maryum Batool
2.	Director DME	Prof. Dr. Rai Muhammad Asghar	2.	DME focal person	
3.	Convener Curriculum	Prof. Dr. Naeem Akhter			
4.	Dean Basic Sciences	Prof. Dr. Ayesha Yousaf			
5.	Additional Director DME	Prof. Dr. Ifra Saeed			
6.	Associate Dean				
7.	Chairperson Gynae/Obs	Prof. Dr. Talat Farkhanda	DME Implementation Team		
8.	Chairperson Community Medicine	Assoc Prof. Dr. Khola Noreen			
9.					
10.	Chairperson Pathology	Prof. Dr Mobina Dhodi			
11.	Chairperson pharmacology	Dr Zonaira Hakim			
12.	Focal person Gynae/Obs	Dr. Ismat Btool	1.	Director DME	Prof. Dr. Rai Muhammad Asghar
12.	Focal Person Pharmacology	Dr. Zunaira	2.	Add. Director DME	Prof. Dr. Ifra Saeed
13.	Focal Person Community Medicine	Dr. Sana Bilal	3.	Deputy Director DME	Dr. Saadia chuhadry
14.	Focal person Pathology	Dr. Nida	4.	Assistant Director DME/Module planner & Implementation coordinator	Dr. Omaima Asif
	Focal person family medicine	Dr Saadia	5.	Editor	Dr. Omaima Asif

Reproduction Module Outcomes

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

Rationale: The Reproduction module is designed to impart basic knowledge about Obs/Gynae, Pathology, Pharmacology, and Community 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 Obs/Gynae, Pathology, Pharmacology, and Community Medicine as well as the concepts of diseases in the community.

Appreciate concepts & importance of

Research

Biomedical ethics

Family medicine

Skills

Interpret and analyze various practical of basic Sciences and relevant skills of clinical sciences.

Attitude

Demonstrate a professional attitude, team-building spirit, and good communication skills. This module will run for 7 weeks duration. The content will be covered through the introduction of topics. Instructional strategies are given in the timetable and learning objectives are given in the study guides. Study guides will be uploaded on the university website. Good luck!

Terms & Abbreviations

Contents

- Domains of Learning
- Teaching and Learning Methodologies/Strategies
 - Large Group Interactive Session (LGIS)
 - Small Group Discussion (SGD)
 - Self-Directed Learning (SDL)
 - Clinical / Skill Lab

Tables & Figures

- Table 1. Domains of learning according to Blooms Taxonomy
- Figure 1. Prof Umar's Model of Integrated Lecture
- Table 2. Standardization of teaching content in Small Group Discussions
- Table 3. Steps of taking Small Group Discussions

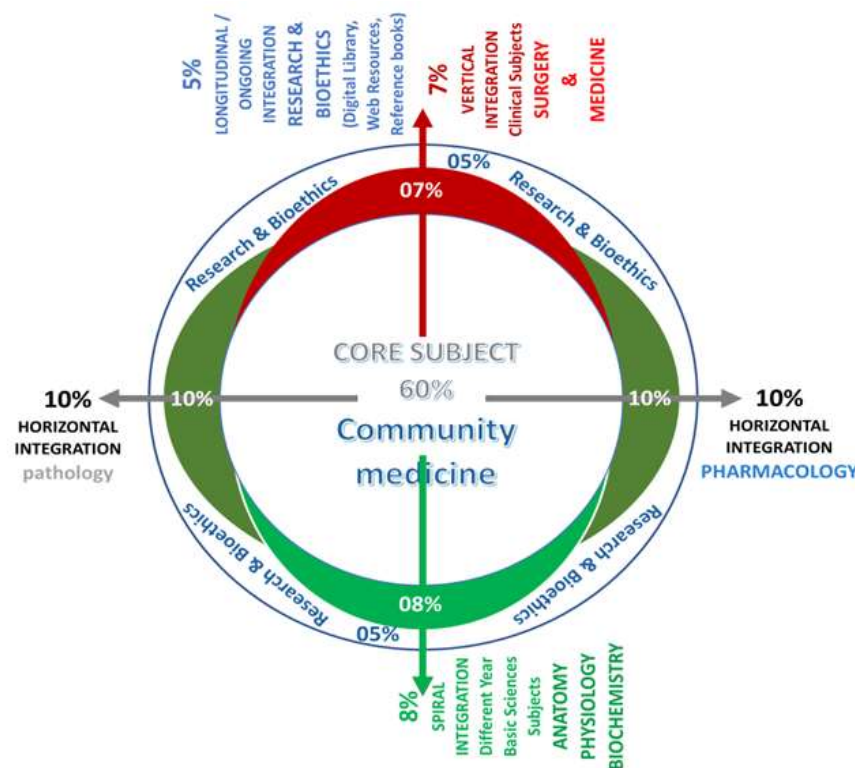
Domains of learning according to Blooms Taxonomy

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

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.



4 th Year community medicine LGIS (≈30 slides)	
Core Subject – 60% (≈ 18-20 slides)	
Community medicine (≈ 18-20 slides)	
Horizontal Integration – 20% (≈ 5-6 slides)	
Same Year Subjects	<ul style="list-style-type: none"> Pharmacology (10%) (≈ 2-3 slides) Pathology (10%) (≈ 2-3 slides)
Vertical Integration – 07% (≈ 2-3 slides)	
Clinical Subjects	<ul style="list-style-type: none"> Medicine (3-5%) (≈ 1-2 slides) Surgery (3-5%) (≈ 1-2 slides)
Spiral Integration – 08% (≈ 2-3 slides)	
Different Year Basic Sciences Subjects	<ul style="list-style-type: none"> Anatomy (1-3%) (≈ 1-2 slides) Physiology (1-3%) (≈ 1-2 slides) Biochemistry (1-3%) (≈ 1-2 slides)
Longitudinal / Ongoing Integration – 05% (≈ 1-2 slides)	
Research & Bioethics (≈ 1-2 slides)	

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.

Standardization of teaching content in SGD's

S. No	Contents	Approximate share in %
1	Title Of SGD	
2	Learning Objectives from Study Guides	
3	Horizontal Integration	5%+5% = 10%
4	Core Concepts of the Topic	70%
5	Vertical Integration	10%
6	Related Advance Research points	3%
7	Biomedical Ethical points	2%
8	Spiral integration	5%

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)	5 minutes
Step 3	Students divided into groups of three and allocation of learning objectives	5 minutes
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	30 min
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 every Tuesday during the reproduction 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.

Self-Directed Learning (SDL)	Case Based Learning (CBL)
<ul style="list-style-type: none"> ▪ Self- directed learning is a process where students take primary charge of planning, continuing, and evaluating their learning experiences. ▪ Time Home assignment ▪ Learning objectives will be defined ▪ Learning resources will be given to students = Textbook (page no), web site ▪ Assessment: <ul style="list-style-type: none"> i Will be online on LMS (Mid module/ end of Module) ii.OSPE station 	<ul style="list-style-type: none"> ▪ It's a learner centered model which engages students in discussion of specific scenarios that typically resemble 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 <ul style="list-style-type: none"> 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.

Problem Based Learning (PBL)

- Problem-based learning (PBL) is a student-centered approach in which students learn about a subject by working in groups to solve an open-ended problem.
- This problem is what drives the motivation and the learning.

The 7- Jump-Format of PBL (Masstricht Medical School)		
Step 7	Synthesize & Report	Session - II
Step 6	Collect Information from outside	
Step 5	Generate learning Issues	Session - I
Step 4	Discuss and Organize Ideas	
Step 3	Brainstorming to Identify Explanations	
Step 2	Define the Problem	
Step 1	Clarify the Terms and Concepts of the Problem Scenario	
Problem- Scenario		

Figure 2. PBL 7 Jumps Model

Practical Sessions/Skill Lab (SKL)

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

Contents of the Module

1. Horizontally Integrated Basic Sciences (Physiology, Pharmacology, Pathology, Community Medicine)
2. Large Group Interactive Session (LGIS):
 - i. Pathology
 - ii. Community Medicine
 - iii. Pharmacology
 - iv. Medicine
 - v. Surgery
 - vi. Gynae & Obs
 - vii. vii. pediatrics
3. Small Group Discussions (SGD)
 - i. Pathology
 - ii. Community Medicine
 - iii. Pharmacology
4. Self-Directed Topic, Learning Objectives & References (SDL)
 - i. Pathology
 - ii. Community Medicine
 - iii. Pharmacology
5. PAL
Community medicine
6. SKILL LAB
 - i. Pathology
 - ii. Pharmacology
7. CBL
 - i. Pathology
 - ii. Pharmacology
1. Wards, operation theatres
 - i. Surgery
 - ii. Medicine
 - iii. Gynae& obs

SECTION – II

Learning Objectives, Teaching Strategies & Assessments

Learning Objectives, Teaching Strategies & Assessments

Learning objectives are given to the students and will be based on:

- Purpose to provide students with a relevant opportunity to see theory in practice • Require students to analyze data in order to reach a conclusion.
- Develop analytic, communicative and collaborative skills along with content

Horizontally Integrated Basic Sciences

S no	Subjects	Teaching hours without practical/PAL
1	Pathology (LGIS+SGD+CBL)	18
2	Community medicine (LGIS+SGD)	18
3	Pharmacology (LGIS+SGD+CBL)	09

Content of Gynae & OBS

Learning Objectives of Obs/Gynae (LGIS)

Topic	Learning objectives At the end of the lecture the student should be able to	Cognitive levels	Assessment tool
Basic terminologies in obstetrics	<ul style="list-style-type: none"> Enlist the aims of antenatal care. •discuss the importance of early booking and regular anc. 	C1 C2 C2	MCQS/ SAQ
Basic antenatal care	<ul style="list-style-type: none"> •discuss important points in obstetric history and examination. •enlist the booking investigations. •explain the method of calculating EDD and gestational age. •elaborate the recommended schedule of antenatal visits. •categorize the obstetric patient into high risk and low risk groups. •define term, preterm, post term, post-dates, LBW, VLBW, lie, presentation, position, attitude and engagement of fetus. 	C1 C2 C2 C3 C1	MCQS SAQ
Minor pregnancy disorders	<ul style="list-style-type: none"> • enlist the common minor problems of pregnancy. • discuss the physiological basis of these disorders • describe their management options. 	C1 C2 C2	MCQS SAQ
Nutrition in pregnancy	<ul style="list-style-type: none"> • discuss the importance of healthy diet and lifestyle in pregnancy. •describe dietary and caloric requirements during pregnancy. Calculate the recommended dose of iron in pregnancy. 	C2 C2 C3	MCQS SAQ
Prenatal diagnosis	<ul style="list-style-type: none"> Define prenatal diagnoses. • enlist the conditions diagnosed with prenatal tests. • identify the high-risk women for prenatal diagnostic testing. •name the noninvasive and invasive tests. • elaborate the timing, method, complications and diagnostic accuracy of each test. <ul style="list-style-type: none"> • explain the risk prediction method for down's syndrome. 	C1 C1 C1 C1 C2 C2	MCQS SAQ
Early pregnancy complications (miscarriages, ectopic	<ul style="list-style-type: none"> •define miscarriage and its types. •elaborate the risk factors. explain the clinical features of all types of miscarriage. • discuss key management principles of different types of miscarriages including counseling for future pregnancies. 	C1 C2 C2	M Q C

pregnancy)			
Induced and septic abortions	<p>Define induced septic abortion.</p> <ul style="list-style-type: none"> •describe their clinical presentations and investigations required. •enumerate the complications of induced septic abortion. •discuss the management plan and follow up. 	<p>C1 C2 C1 C2</p>	<p>MCQ SAQ</p>
Diagnosis of labour First stage of labour and management	<p>Define labour and its different stages. discuss the maternal and fetal anatomy relevant to labor and delivery.</p> <ul style="list-style-type: none"> •identify the signs of onset of labour. describe the normal progress of labor in relation to portogram. explain the methods of fetal monitoring during labor and their normal values. •describe the significance of power, passage and passengers. •discuss importance of adequate hydration and diet during labour. 	<p>C1 C2 C1 C2 C1 C2 C2</p>	<p>MCQ SAQ</p>
Abnormalities of 1st stage of labour	<p>Describe the abnormalities of 1st stage of labour.</p> <ul style="list-style-type: none"> •discuss the contribution of power, passage and passenger in progress of labour. • identify the abnormal progress of labor on portogram 	<p>C2 C2 C1</p>	<p>MCQ SAQ</p>
Normal CTG	<p>Scenario based discussion on fetal monitoring during labour after which students will be able to</p> <ul style="list-style-type: none"> •enlist different methods of fetal assessment during labour. •identify the 04-basic f hr. parameters to be interpreted on CTG trace. •differentiate between normal and abnormal CTG patterns. •discuss conditions in which continuous electronic FHR monitoring is required. 	<p>C1 C2 C2 C2</p>	<p>MCQ SAQ</p>
Second stage of labour Normal labour	<p>define the second stage of labour and its normal duration. C1</p> <ul style="list-style-type: none"> •discuss the management of second stage of labour. C2 • discuss role of power passage and passenger in prolong second stage of labour. C2 •describe the mechanism of normal labour. C2 	<p>C1 C2 C2 C2</p>	<p>MCQ SAQ</p>
Episiotomy Operative vaginal delivery	<p>Define episiotomy. enlist its different types.</p> <ul style="list-style-type: none"> •Explain anatomical structures involved in episiotomy. •Identify indications of episiotomy in correlation with the patient's condition. <ul style="list-style-type: none"> • discuss complications of episiotomy. • define operative vaginal delivery. • discuss the urgency of operative vaginal deliveries. •enumerate its indications. Discuss prerequisites of operative vaginal delivery. •discuss methods for application of forceps and vacuum. enlist the complications of operative vaginal delivery 	<p>C1 C1 C2 C3 C2 C1 C2 C1 C2 C2</p>	<p>MCQ SAQ</p>

		C1	
Abdominal delivery	<p>Define abdominal delivery.</p> <ul style="list-style-type: none"> • discuss briefly the anatomy of anterior abdominal wall. • discuss the indications of c-section. • categorize the caesarean section according to RCOG. • explain the steps of LSCS. <p>•describe the steps of cesarean section. discuss the complications associated with LSCS.</p>	<p>C1</p> <p>C2</p> <p>C2</p> <p>C3</p> <p>C2</p> <p>C2</p> <p>C2</p>	<p>MCQ</p> <p>SAQ</p>
Third stage of labour and its complications (retained placenta, uterine inversion)	<p>Define third stage of labour</p> <ul style="list-style-type: none"> •discuss management of third stage of labour. •define post-partum hemorrhage. *primary post-partum hemorrhage. *secondary post-partum hemorrhage. •discuss the risk factors for post-partum hemorrhage. 	<p>C1</p> <p>C2</p> <p>C1</p> <p>C1</p> <p>C1</p> <p>C2</p>	<p>MCQ</p> <p>SAQ</p>
Post-partum hemorrhage	<ul style="list-style-type: none"> •Describe the signs, symptoms and diagnosis of primary PPH. •discuss the investigations and management of primary post-partum hemorrhage. •describe the signs, symptoms and diagnosis of secondary post-partum hemorrhage. •discuss investigations and management of secondary postpartum hemorrhage. 	<p>C2</p> <p>C2</p> <p>C2</p> <p>C2</p>	<p>MCS</p> <p>SAQ</p>
Puerperium and its complications	<ul style="list-style-type: none"> •Define puerperium. • explain the normal physiological changes of normal puerperium. •discuss the postnatal care during puerperium. •Enlist the common disorders of puerperium and their management. 	<p>C1</p> <p>C2</p> <p>C2</p> <p>C1</p>	<p>MCQ</p> <p>SAQ</p>
Contraception	<p>Define contraception.</p> <ul style="list-style-type: none"> •discuss different methods of contraception and their mechanism of action. •enlist side effects and failure rate of each contraception. •explain emergency contraception. 	<p>C1</p> <p>C2</p> <p>C1</p> <p>C2</p>	<p>MCQ</p> <p>SAQ</p>
Multiple pregnancy	<p>Define multiple pregnancy.</p> <ul style="list-style-type: none"> •Discuss the types of twin gestation according to chorionicity and zygosity. •Interpret the ultrasound findings of multiple pregnancy in first trimester. •Discuss the antenatal care in twin pregnancy. •Discuss the fetomaternal complications associated with multiple pregnancy. •Plan the mode of delivery according to presentation of first twin. . •Describe the mechanism of delivery of twins. 	<p>C1</p> <p>C2</p> <p>C3</p> <p>C2</p> <p>C2</p> <p>C3/C4</p> <p>C2</p>	<p>MCQ</p> <p>SAQ</p>

Antepartum hemorrhage	<p>Define antepartum hemorrhage</p> <ul style="list-style-type: none"> •Enlist causes of APH. •Differentiate clinically between placenta previa and placental abruption. <ul style="list-style-type: none"> • Elaborate the emergency approach towards the patient with massive hemorrhage. • Discuss management plan for placenta previa. • Discuss the management plan for placental abruption 	<p>C1 C1 C3 C2 C3 C3</p>	<p>MCQ SAQ</p>
Perineal infections	<ul style="list-style-type: none"> •Elaborate the infections causing congenital abnormalities. •Explain the congenital infections causing preterm birth and pregnancy loss. •Identify infections acquired around time of birth causing serious neonatal consequences. •Discuss the perinatal infections causing long term disease. 	<p>C1 C2 C1 C2</p>	<p>MCQS AQ</p>
Preterm labor PPROM	<p>Define preterm labour.</p> <ul style="list-style-type: none"> •Enlist its causes. •Plan the management of patient with preterm labour. •Discuss fetal implications of preterm birth. •Define p-prom. •Enlist its causes. •Plan the management of patient with P-Prom. •Discuss Fetomaternal Complications Of P-Prom 	<p>C1 C1 C3 C2 C1 C1 C3 C2</p>	<p>MCQ SAQ</p>
Prolonged pregnancy/ Induction of labour	<p>Define prolong pregnancy.</p> <ul style="list-style-type: none"> •Correlate fetomaternal risks associated with prolong pregnancy. •Enlist indications and contraindications for IOL. •Describe modified bishop scoring system. •Explain methods of IOL. •Discuss complications of IOL. 	<p>C1 C2 C1 C2 C2 C2</p>	<p>MCQ SAQ</p>
Hypertension in pregnancy	<ul style="list-style-type: none"> • Classify hypertensive disorders of pregnancy. • Identify fetomaternal risks associated with hypertensive disorders of pregnancy. • Explain the pathophysiology of hypertensive disorders of pregnancy. • Discuss the clinical features of pre-eclampsia and eclampsia. • Enlist relevant investigations. • Elaborate the principles of management of hypertensive disorders 	<p>C2 C1 C2 C2 C1 C3</p>	<p>MCQ S SAQ</p>
IUGR & oligohydramnios	<p>Define fetal growth restriction.</p> <ul style="list-style-type: none"> •discuss the etiology. • explain the pathophysiology of IUGR. •discuss the antenatal surveillance of the FGR fetus. •outline the management plan regarding timing and mode of delivery. •elaborate the prognosis of fetus in IUGR. 	<p>C1 C2 C2 C2 C3 C1</p>	<p>MCQ S SAQ</p>

Rh Incompatibility	<p>Define Rh incompatibility.</p> <ul style="list-style-type: none"> •Discuss the etiology and pathophysiology of rhesus disease. •enlist the potential sensitizing events for rhesus disease. •explain the management of sensitizing events in rhesus negative pregnant woman. •discuss prevention of rhesus isoimmunization. •enlist the fetal complications associated with rh incompatibility. • elaborate the management of rhesus disease in a sensitized woman. 	<p>C1 C2 C1 C2 C2 C1 C3</p>	<p>MCQ S SAQ</p>
Medical disorders in pregnancy	<p>Scenario based discussion on diagnosis and management of:</p> <ul style="list-style-type: none"> •hypertension in pregnancy •diabetes in pregnancy •anemia and thrombocytopenia in pregnancy •cardiac disease in pregnancy. 	C3/C4	<p>MCQ S SAQ</p>
Revision of stages of labour and management	Revision	<p>C1 C1 C1 C2 C2 C3</p>	<p>MCQ S SAQ</p>
Intra-uterine Death	<p>Define intrauterine fetal death.</p> <ul style="list-style-type: none"> •enumerate the causes of IUFD. •enlist the investigations to rule out causes of IUFD •discuss the important points of counselling of parents in breaking the bad news. •discuss the fetomaternal complications associated with IUFD. •elaborate management of patient with IUFD. 	<p>C1 C1 C1 C2 C2 C3</p>	<p>MCQ SAQ</p>
Management of GTD	<ul style="list-style-type: none"> • Define gestational trophoblastic disease. •classify the different types of GTD. •enumerate the clinical features of gtd. •enlist important investigation to be done in gtd. •discuss the management of GTD, its follow-up and contraceptive advice. 	<p>C1 C2 C1 C1 C3</p>	<p>MCQ SAQ</p>
Physiology of Menstrual Cycle	<p>Describe features of normal menstrual cycle.</p> <ul style="list-style-type: none"> •elaborate the ovarian and endometrial changes which occur during normal menstrual cycle. •discuss the role of hypo axis in controlling the menstrual cycle. 	<p>C1 C2 C2</p>	<p>MCQ SAQ</p>
Management of STDs	<p>Scenario based discussion on clinical features, diagnostic investigations, contact tracing and management of different std's. (chlamydia, trichomoniasis, gonorrhoea, HIV, syphilis, hepatitis B&C.</p>	C3/C4	<p>MCQ SAQ</p>

Management of benign & malignant disease of vulva & vagina	<p>Name the common benign conditions of vulva and vagina. Identify their etiological factors. Describe their clinical presentation. Enlist their diagnostic investigations. Discuss the management options for each condition.</p> <p>Name the malignant conditions of vulva and vagina. Describe their clinical presentation. Enlist their diagnostic investigations. Discuss the management options for each condition.</p>	<p>C1 C1 C2 C1 C3 C1 C2 C1 C3</p>	<p>MCQ SAQ</p>
Management of premalignant & malignant disease of cervix	<ul style="list-style-type: none"> • Define premalignant diseases of cervix. • discuss the role of HPV testing in cervical screening program. • enlist the investigations for cervical screening of mass population. • enumerate types of CIN and their management options. • discuss the pathogenesis of cervical CA. • elaborate the FIGO staging of cervical cancer. • discuss the management options according to the stage of disease. 	<p>C1 C2 C1 C1 C2 C2</p>	<p>MCQ SAQ</p>
Management of benign & malignant disease of uterus.	<ul style="list-style-type: none"> • enlist the common benign conditions of uterus according to their tissue of origin. • discuss the clinical features of benign uterine conditions. • describe the tests used to evaluate the uterine and endometrial pathology • explain the available treatment options for uterine fibroids and the rationale for selection. <p>Classify malignant diseases of uterus.</p> <ul style="list-style-type: none"> • identify their etiology, risk and protective factors. • discuss clinical presentation of malignant disease of uterus. • describe the investigations needed for diagnosis and staging of uterine cancer. • discuss FIGO staging of endometrial cancer. • explain management, follow up and five-year survival rate of endometrial cancer. 	<p>C1 C2 C2 C3 C2 C1/ C2 C2 C2 C3</p>	<p>MCQ SAQ</p>
Management of benign and malignant ovarian tumors	<ul style="list-style-type: none"> enlist the types of malignant ovarian tumors. • enumerate their risk factors. • describe clinical features of the disease. <p>explain the diagnostic criteria investigations and tumor markers of malignant ovarian tumor.</p> <ul style="list-style-type: none"> • discuss the FIGO staging of ovarian carcinoma. • Discuss management, follow up and 5-year survival 	<p>C1/C2 C2 C2 C3</p>	<p>MCQ SAQ</p>
AUB & PMB			<p>MCQ SAQ</p>

Gynae/Obs Small Group Discussion (SGD)

Topic	Learning objectives At the end of the lecture the student should be able to	Cognitive domain	Assessment tool
Scenario based SGD (mechanism of fetal delivery & delivery of placenta)	<ul style="list-style-type: none"> • Pictorial demonstration of mechanism of normal labour. • Pictorial demonstration of delivery of placenta. • Scenario based discussion of management of abnormal labor. 	C3 C3 C3/C4	OSCE
Malpresentation	<ul style="list-style-type: none"> • Define malpresentations and its different types (breech, face, brow, shoulder, cord presentation) • Discuss the antenatal management of breech presentation. • Pictorial demonstration of external cephalic version. • Outline the management plan including mode of delivery. • Enlist the prerequisites for breech vaginal delivery. • Discuss the management of breech in labour. 	C1 C3/C4 C2 C2	MCQS SAQ OSCE
Covid-19 in pregnancy and immunization	<p>Discuss guidelines of Covid 19 in pregnancy.</p> <p>Scenario based discussion regarding management of covid-19 in pregnancy according to disease severity.</p> <p>Discuss guidelines of dengue in pregnancy.</p>	C3/C4 C2 C2	MCQS SAQ
Dengue and HIV in pregnancy	<p>Scenario based discussion regarding management of dengue in pregnancy.</p> <p>Discuss guidelines of HIV in pregnancy.</p> <p>Scenario based discussion regarding management HIV in pregnancy.</p>	C3/C4 C2 C3/C4	MCQS SAQ

Self-directed learning gynae (SDL)

Sr. No	Content Outlines (Major Topics & Sub Topics)	Learning Objectives At the end of lecture students will be able to:	Learning Resource	Assessment tool
1.	Renal Disease in Pregnancy	Discuss the Effect of pregnancy on CKD Explain the Effect of CKD on pregnancy outcome Enlist fetο-maternal complications associated with dialysis Discuss the fetο-maternal outcome of Pregnancy in women with renal transplants.	Obstetrics by Ten Teachers (20 th edition) Page 148	MCQs
2.	Heart Disease in Pregnancy	Discuss Pre-pregnancy counseling of heart disease in pregnancy. Elaborate antenatal management of heart disease in pregnancy. Discuss management of labour and delivery in patients with heart disease in pregnancy Discuss the treatment of heart failure in pregnancy	Obstetrics by Ten Teachers (20 th edition) Page 155	MCQs
3.	Respiratory Disease in Pregnancy (Asthma)	explain the effects of pregnancy on asthma explain risk factors, clinical features and investigations to confirm diagnosis C) discuss treatment plan and appropriate medication to control asthma in pregnancy	Obstetrics by Ten Teachers (20 th edition) Page 158	MCQs
4.	Neurological Disease in Pregnancy Epilepsy	explain how does epilepsy effects pregnancy Enlist antiepileptics drugs which are safe in pregnancy and breastfeeding Devise management plan and discuss complications of epilepsy for both fetus and the mother	Obstetrics by Ten Teachers (20 th edition) Page 160	MCQs
5.	Hematological Abnormalities Thrombotic disorders in pregnancy	explain etiologies and prevalence of thrombocytopenia in pregnancy management of delivery in thrombocytopenia, keeping in mind both maternal and neonatal considerations brief overview of liver diseases during pregnancy and their management individually	Obstetrics by Ten Teachers (20 th edition) Page 162	MCQs
6.	Covid-19 in Pregnancy and Immunization	discuss guidelines of Covid 19 in pregnancy and dengue in pregnancy.	WHO guidelines of Covid-19 in pregnancy	MCQs
7.	HIV in Pregnancy	discuss guidelines of HIV in pregnancy. discussion regarding the management of HIV in pregnancy.	Obstetrics by Ten Teachers (20 th edition) Page 184	MCQs

Content of Community Medicine

Learning objectives of large group interactive sessions (LGIS)

S.No.	Topic	Contents Outlines Sub-Topics)	Learning Objectives After the Session Students Will Be Able To:	Level of cognition	Assessment Tools
1.	Reproductive Health and domiciliary services	Preventive medicine in obstetrics-I Maternal and child health care (MCH) Maternity cycle MCH problems Delivering MCH services Recent trends in MCH care	<ul style="list-style-type: none"> • Define and comprehend the rationale of different components of maternal and child health including • Reproductive health & its components • Safe motherhood & its components • Maternal mortality rate, causes & prevention • infant mortality rate, causes & • Prevention MCH center • Child care- IMCI • Infer the logic behind application of different preventive measures in various phases of life to improve the maternal health • Appreciate the relationship between the maternal health status and the outcome of pregnancy • Determine the factors that contribute to increase maternal mortality rate (MMR) • Develop interventions to control MMR • To understand the selection of different indicators for multi-dimensional concept of health related to MCH services • To acquire knowledge on different indicators which can be used for maternal and child health care and service. 	C1 C2 C2 C2 C3 C1 C2 C3 C2 C3 C2 C2	MCQS SEQS
2.	Preventive obstetrics	Preventive medicine in obstetrics-II Preventive services for mothers Indicators in MCH care	<ul style="list-style-type: none"> • Understand the availability of preventive services for mother during antenatal period • appraise the mortality indicators related to MCH care 	C1 C2	MCQS SEQS
3.	Preventive obstetrics in Post-natal period	Preventive medicine in obstetrics-III domiciliary care Institutional care	<ul style="list-style-type: none"> • Comprehend the concept of care required for the rapid restoration of the mother to optimum health 	C2 C2 C2	MCQs SEQs

		Rooming in Post-natal period and related complications	<ul style="list-style-type: none"> Enlist the preventive strategies required to prevent complications during intra natal & post-natal period. Appreciate the importance of health education for mother/family regarding intra natal & postnatal complication Understand the relevance of family planning services provided during postnatal period 	C1	
4.	Preventive medicine in pediatrics I	Preventive medicine in pediatrics-I Mortality in infancy and childhood Integrated Management of Childhood Illness (IMCI)	<ul style="list-style-type: none"> Knowledge about concept of infant mortality Determine the factors which predispose to high infant mortality Appreciate the causes of infant mortality in different phases of child bearing and postnatal periods. Classify according to Integrated Management of Childhood Illness Classify degree of Pneumonia and ARI according to IMNCI 	C1 C2 C1 C1 C2	MCQs SEQs
5.	Preventive medicine in pediatrics growth & development II	Preventive medicine in pediatrics-II Surveillance of growth & development Preventive measures to control infant and child mortality	<ul style="list-style-type: none"> Able to record Weight the baby and measure the height of children Assess degree of dehydration Prepare home-made ORS interpret growth chart Suggest preventive measures at different levels of prevention and in different scenarios Understand the logic of measures taken to prevent infant and child mortality 	C3 C3 C3 C3 C1 C2	MCQs, SAQs,
6.	Demography and population trends, I	Definition Linkage of Demography with other disciplines Application of Demography within the health system Sources of population data Measures of Mortality Measures of fertility Population explosion	<ul style="list-style-type: none"> Define demography and population dynamics Discuss linkage of demography with other disciplines Apply demographic concepts in health system. Discuss all major sources of population data with special emphasis on population Census Calculate different rates related to mortality from given data Calculate different rates related to fertility from given data 	C1 C3 C3 C2 C3 C3	MCQS, SEQS AND OSPE AND VIVA VOCE

			<ul style="list-style-type: none"> Describe Demographic, economic, social and interdisciplinary implications of population explosion 	C2	
7	Demography and population trends II Demographic transition	Demographic transition Demographic cycle Malthusian theory Population Momentum Demographic dividend, bonus, trap Growth Rate Population doubling time	<ul style="list-style-type: none"> Discuss theory of demographic transition Describe and interpret stages of demographic cycle with examples and logical reasoning Graphically illustrate the stages of demographic cycle Explain limitations of this model Discuss Malthusian theory of population growth Explain population momentum Describe the effect of population momentum on growth of population Discuss demographic dividend, bonus, trap Calculate growth rate from given data Calculate and interpret population doubling time 	C2 C2 C2 C2 C2 C3 C3 C3 C3	MCQS, SEQS AND OSPE AND VIVA VOCE
8.	Demography III, Migration and urbanization Population density	Population dynamics or change Migration and urbanization Population density Family size Replacement level fertility Life expectancy	<ul style="list-style-type: none"> Discuss concept of demographic equation Calculate population at a particular time from the given data Calculate population in future from given data Discuss push and pull factors associated with migration. Describe various measures of migration. Discuss implications of urbanization Explain types of migration and associated measures Define population density Explain family size and factors associated with it Explain replacement level fertility State what is meant by life expectancy and how it is calculated 	C1 C3 C3 C2 C1 C2 C1 C2 C2 C3 C3	MCQs, SEQs and OSPE and Viva Voce
9.	school health service	functions of school health services	<ul style="list-style-type: none"> Define School health services Enlist objectives of School Health Services. 	C1 C1	MCQs, SEQs and OSPE

		health related problems of school children implementation strategies of school health services	<ul style="list-style-type: none"> • Explain duties of School Health Team. • Enlist various health related problems of School children. • Enumerate and explain various functions of School health services. • Demonstrate importance of implementation of various aspects of school health services. 	C2 C2 C2 C2	
10.	Handicapped	1.definition 2. difference between handicapped, impairment, disability 3. types of disability 4. rehabilitation	<ul style="list-style-type: none"> • Define handicapped • Define impairment and disability • Differentiate between handicapped, impairment and disability with examples • Enlist types of disability and causes of disability • Define rehabilitation, enlist types of rehabilitation and objectives of rehabilitation • Integrated approach towards handicapped and prevention of disability • Social attitude towards handicapped 	C1 C1 C2 C1 C2 C2 C2	MCQ'S SAQ
11.	Health economics I Framework	1. Concept and definitions Types 2. Framework of health economics 3. Supply and demand 4. elasticity 5. Production possibility frontier 6. Different types of Costs 7. Structures of Economic Evaluation	<ul style="list-style-type: none"> • Define economics, health economics • Explain <ul style="list-style-type: none"> ○ Macroeconomics ○ Microeconomics <ul style="list-style-type: none"> ○ Positive economics ○ Normative Economics • Describe framework of health economics • Explain law of demand and law of supply • Describe elasticity • Describe Production possibility frontier • Explain Different types of Costs • Explain <ul style="list-style-type: none"> • Cost minimization analysis <ul style="list-style-type: none"> ○ Cost effectiveness analysis ○ Cost utility analysis • Cost Benefit analysis 	C1 C2 C3 C3 C2 C3 C1 C1 C1 C3 C3	MCQ'S SAQ
12.	Public health on global scale	World Health Organization	<ul style="list-style-type: none"> • Describe history, constitution and objectives of WHO 	C1 C1	MCQ'S SAQ

		United Nations International Children's Emergency Fund (UNICEF)	<ul style="list-style-type: none"> • State WHO regions • Explain organizational structure of WHO with functions of each • Describe history, mission and milestones of UNICEF • 5. Enlist important NGOS of Pakistan 	C1 C1 C1	
13.	Family planning, I	Health aspects of family planning Welfare concept Small family norms Eligible couples Couple protection rate	<ul style="list-style-type: none"> • To identify the need and requirements for an informed decision-making process on contraceptive choice • To characterize the principles of reproductive rights and gender issues related to family planning • identify the scope of family planning • appreciate health aspects of family planning • understand the terms of small family norms and eligible couples & target couples • 6. calculate the couple Protection rate of a given population 	C2 C2 C1 C3 C1 C3	MCQs, SEQs and OSPE
14.	Family planning II National population policy	National population policy Unmet need of family planning Classification of Fertility regulating methods Barrier methods Natural contraceptive methods Terminal methods	<ul style="list-style-type: none"> • Explain national population policy • understand the concept of unmet need of family planning • Classify fertility regulating method • Comprehend barrier method • Classify natural methods of fertility control • Explain sterilization and its complication 	C2 C2 C2 C1 C2 C2	MCQs, SEQs and OSPE

Community Medicine Small Group Discussion SGD

S. no.		Content Outlines (Major Topics & Sub Topics)	● Learning Objectives	Level of cognition	Assessment tools
			●		
1.	Evaluation of Family Planning methods	Intra uterine devices Hormonal contraceptives Postconceptional methods Evaluation of contraceptive methods	<ul style="list-style-type: none"> ● characterize the following contraceptive methods based on mechanism of action, indicators of effectiveness, side effects, non-contraceptive benefits, eligibility criteria and interventions for certain problems during use: ● Combined oral contraceptives ● Progestin only pills ● Injectable contraceptives ● Hormonal implants ● Tubal ligation and vasectomy ● Intrauterine contraceptive devices ● Emergency contraception ● New contraceptive technology ● Identify the methods for family planning evaluation 	<p>C1</p> <p>C1</p> <p>C1</p> <p>C1</p> <p>C1</p> <p>C1</p> <p>C1</p> <p>C1</p> <p>C1</p> <p>C2</p> <p>C1</p>	MCQs, OSPE
2.	Demographic transitions	Population pyramids Dependency ratio Age-sex composition	<ul style="list-style-type: none"> ● Explain population pyramid ● Read and interpret a population pyramid ● Identify and interpret population pyramids in different stages of growth 	<p>C1</p> <p>C2</p> <p>C1</p> <p>C1</p> <p>C1</p>	MCQs, SEQs and OSPE and Viva Voce

			<ul style="list-style-type: none"> • Identify and interpret different types of population pyramids with respect to shape • Explain any asymmetry in shape • Identify baby boom in population pyramid • State importance of population pyramids • Calculate and interpret dependency ratio • Explain age and sex composition of a population • Calculate sex ratio from a given data 	C3 C1 C3 C2 C3	
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Self-Directed Learning (SDL) community medicine

#	Major topic	Contents Outlines / Sub- Topics	Learning objectives. Students will be able to ...	Learning resource	Assessment tool -MCQs
1	Dynamics of human behavior (Human psychology)	Intro to selected important relevant concepts of psychology relevant to community medicine	Students should be able to: <ul style="list-style-type: none"> Describe dynamics of human behavior in terms of health behavior, illness behavior and treatment behavior Comprehend learning as Behavior change. Describe 3 types of learning 	K Park Ed. 27 th (673, 674, 676, 678)	2-3MCQ
2	Ottawa charter on health promotion	5 Key action areas of Ottawa charter	Students should be able to: Describe. <ul style="list-style-type: none"> Explain key areas of action for health promotion 	K Park Ed. 27 th (30,31)	MCQ
3	Population control	National population control strategy & policy (Pakistan)	Students should be able to: <ul style="list-style-type: none"> Explain element of national pop cont strategy Explain national pop control policy Population control action program 	<ul style="list-style-type: none"> Practical Journal of Com-Med Annexure III. https://pwd.punjab.gov.pk/ https://www.pc.gov.pk/uploads/plans/Ch4-Population2.pdf 	MCQs
4	Reproductive health	Preventive aspects of neonatal health. Elements of early neonatal care	Students should be able to: Describe. <ul style="list-style-type: none"> early neonatal care Immediate neonatal care Early neonatal examination Neonatal screening 	K Park Ed. 27 th (532-535)	MCQs
5	Child Health in context of MCH Services	Monitoring of child growth & development	Students should be able to <ul style="list-style-type: none"> Describe determinants of child growth & development Describe methods assessment of physical growth of child Explain formation of growth chart. 	K Park Ed. 27 th (541,42,43,44, - 47)	MCQs
6.	Genetics	Preventive and social measures of genetic diseases and genetic counselling	<ul style="list-style-type: none"> Acquire knowledge about human genetics, genotype, phenotype Classify genetic diseases 	Page 764, K-Park	MCQs

			<ul style="list-style-type: none"> • Describe Preventive and social measures of genetic diseases • Define eugenics <p>Explain importance of Genetic counselling</p>		
	Breast feeding Baby friendly hospital initiative (BFHI)	Advantages of breast feeding Weaning practices Feeding associated problems Baby friendly hospital initiative (BFHI)	<ul style="list-style-type: none"> • Procure knowledge about advantages &disadvantages of types of feeding practices. • Acquire knowledge of the hazards associated with feeding of the child. • Appreciate the logic behind the conditions of concern prevailing in the mother during breast feeding. • Identify, the problems associated with feeding and the measures to rectify. • Educate mothers about the steps of weaning • Educate the mothers about technique of breast feeding and to advice to Tuberculous mother about lactation • Determine the conditions of concern prevailing in the mother during breast feeding • Understand BFHI 	K.Park Page 497 Ed22nd	MCQs

Human Resource of Department of Community Medicine

Sr.no.	Designation	Total number of teaching staff
1	Professor	0
2	Associate professor	02
3	Assistant professor	03
4	Demonstrators	03
5	PGTs	07

**Detail of Contact Hours community medicine (Faculty & Students)
Ranking of The Content of Community Medicine**

Category A*	Category B**	Category C***		
LGIS	LGIS	SDGS	SDL	IUGRC SESSIONS (PAL)
Reproductive health MCH, domiciliary care, Preventive aspects of infant & childcare (5 lectures)	Health care of school children	Family planning IUCDS	Dynamics of human behavior (Human psychology/ Genetics)	Repro session 1 Hands-on session on descriptive and inferential data analysis on SPSS
National population control policy, issues & challenges, Family planning, Hormonal contraception (2 lectures)	Public health on global scale, WHO, NGOs and agencies	Population pyramids	Ottawa charter on health promotion, Population control	Repro Session 2 Preparing students for students Report writing and oral presentation
Fertility trends Demography concepts, Demography Transition models (3 lectures)	Handicapped		Reproductive health/breast feeding	
Health economics (1 lecture)			Child Health in context of MCH Services	

Category A*: Fundamental & Complex Concepts taken by Professors, Associate Professors and Assistant Professors
 Category B**: Intermediate concepts. Exercises. By Professorial faculty and Senior Demonstrators/ subject specialists.
 Category C***: Relatively lower complex concepts, exercises/ applications. By Assistant professors, Demonstrators & senior PGTs)

Details of Contact Hours Students & Faculty

Sr. no.	Hours Calculation for Various Type of Teaching Strategies	Total Hours (Faculty) Hrs. x class x session	Total Hours (Students)	Faculty level
1	LGIS (14). 1hrs each session (half class sessions)	1x2 x 14= 28 hrs.	14	Professor, associate, and assistant professors
2	SGD (2) approx. 2hrs each session. 1/4class	2x4 x 2= 16 hrs.	2	Demos (subject specialists), Senior PGTs
3	PAL (IUGRC) (1) approx. 2hrs per session. (16 small group sessions).	1x 16x2 =32hrs.	1	Demos (subject specialists) supervised by senior faculties
4	SDL (6)	7 x 1 =7 hrs.	7	Demos (subject specialists)
		Total: 83hrs	24 hrs	

Community medicine Faculty Wise Lectures Allocation

Sr no	Faculty nominated	No of lectures
a.	(Asse Prof) Dr. Khola Noreen	05
2.	(Asse Prof) Dr. Sana Bilal	04
3.	(Asst Prof) Dr. Afifa Kalsoom	05
4.	(Asst Prof) Dr Mehwish Riaz	04
5.	(APMO) Dr. Imrana Saeed	04
6.	(Sr Demo) Dr. Asif Maqsood Butt (SGD)	04
7.	(APMO)Dr Narjis Zaidi	03
8.	(Sr demo) Dr Abdul Qudoos	03

Pathology content
Learning objectives of large group interactive session (LGIS)

TOPIC	Contents Outlines (Major Topics & Sub- Topics)	• Describe Etiology and morphology of Acute and Chronic Cervicitis (C2)	Learning domain	Assessment tool
1.Malignant diseases of cervix.	<ul style="list-style-type: none"> • Cervical Intraepithelial Neoplasia • Cervical Carcinomas. 	<ul style="list-style-type: none"> • Interpret morphological diagnosis of Cervical intraepithelial Neoplasia. • Classify Cervical Carcinomas • Describe Morphological features and prognosis of cervical cancer. 	C3 C2 C2	MCQs, SEQs, OSPE Viva
2.Benign Diseases of Uterus	Endometrial hyperplasia and epithelial neoplastic lesions	<ul style="list-style-type: none"> • Enlist causes of endometrial hyperplasia and carcinoma. Evaluate morphological features of Endometrial Hyperplasia. • Describe classification, genetic pathogenesis and morphology of Malignant Tumors of the Endometrium 	C1 C3 C2	MCQs, SEQs, OSPE Viva
3.Benign diseases of ovary	Classification of ovarian Cystic neoplasm and Polycystic ovarian syndrome	<ul style="list-style-type: none"> • Categorize nonneoplastic and functional ovarian cysts • Describe Pathogenesis of polycystic ovarian syndrome • Interpret morphological diagnosis of endometriotic cyst 	C2 C2 C3	MCQ SEQ VIVA
4.Malignant diseases of Ovary.	Ovarian tumors	<ul style="list-style-type: none"> • Classify ovarian tumors. • Describe pathogenesis morphological features and prognosis of surface epithelial ovarian tumors • Interpret morphological diagnosis of ovarian tumors 	C2 C2 C3 C3	MCQ SEQ VIVA

		<ul style="list-style-type: none"> • Differentiate between pathogenesis and histopathological features of various Germ cell and sex cord stromal ovarian tumour • Describe Prognosis and staging of ovarian tumors • Enumerate Diagnostic work up for ovarian tumors 	C2	
5.Benign Non neoplastic lesions of breast	Non neoplastic lesions of breast -congenital anomalies. inflammatory lesion of breast. duct ectasia, fat necrosis and granulomatous mastitis.	The students should be able to 1)identify the congenital anomalies of breast 2)Classify and describe the inflammatory lesions of breast 3)explain duct ectasia fat necrosis and granulomatous mastitis	C1 C2 C2	MCQ SEQ VIVA
6.Benign neoplasm of breast	Benign neoplastic lesions of breast Proliferative epithelial lesions without atypia and Proliferative epithelial lesions with atypia. fibrocystic breast disease breast stromal lesions.	The students should be able to 1)Compare proliferative lesions with and without atypia 2)Describe the morphology and pathophysiology of fibrocystic disease and stromal lesions of breast	C2 C2	MCQ SEQ VIVA
7.Malignant neoplasm of breast	Malignant lesions of breast Classification of epithelial and stromal malignant lesions <ul style="list-style-type: none"> • invasive mammary carcinoma (NOS) • Familial Breast Cancer, with molecular Mechanisms of Carcinogenesis and Tumor Progression 	The students Should be able to 1)Classify the neoplasms of breast 2)explain the histology ,grading, staging, lab diagnosis of breast cancer	C2 C2	MCQ SEQ VIVA

8.BPH, prostatic cancer, testicular atrophy, seminoma	BPH, prostatic cancer, testicular atrophy, seminoma	Describe Etiology and morphology of BPH, prostatic cancer, testicular atrophy, seminoma Enumerate investigations for investigations	C2	MCQ, SEQ.VIVA
9.Pathologies of lower urinary tract	Lower ureter,urethra,urinary bladder	Describe pathologies of lower urinary tract in males and females	C2 C3	MCQ,SEQ, VIVA

Small Group Discussions (SGDs)

TOPIC	Contents Outlines (Major Topics & Sub- Topics)	Describe Etiology and morphology of Acute and Chronic Cervicitis (C2)	Learning domain	Assessment tool
1.early pregnancy complications & Non neoplastic placental pathology	Pathology of early pregnancy complications & Non neoplastic placental pathology	<ul style="list-style-type: none"> Students should be able to explain hypopituitarism and posterior pituitary gland diseases 	C3 C3 C2	MCQs, SEQs, OSPE Viva

2.GTD & Choriocarcinoma	Gestational trophoblastic diseases and choriocarcinoma	<p>Explain Pathological features, diagnosis and follow-up of Gestational Trophoblastic Disease. Enlist difference between complete and partial mole</p> <p>Describe incidence and pathological features of Choriocarcinoma</p>	<p>C2</p> <p>C1</p> <p>C2</p>	MCQ, SEQ, VIVA
3.Dysfunctional uterine bleeding	Dysfunctional uterine bleeding	<p>Describe causes and pathogenesis of Functional Endometrial Disorders (Dysfunctional Uterine Bleeding) and Inflammatory Disorders.</p> <p>Interpret diagnosis via morphological features of endometriosis and Adenomyosis & Endometrial Polyps</p>	<p>C2</p> <p>C3</p>	MCQ, SEQ, VIVA
4.STD		Describe Etiology, pathogenesis,	C2	MCQ, SEQ.VIVA
5.Benign and Premalignant Lesions of Cervix		<p>Describe Etiology and morphology of Acute and Chronic Cervicitis</p> <p>Categorize Endocervical Polyps and Metaplasia</p> <p>Describe risk factors etiology pathogenesis of metaplasia leading to dysplasia.</p>	<p>C2</p> <p>C2</p> <p>C2</p>	MCQ, SEQ.VIVA
6.Endometritis,Adenomyosis,endometriosis,		Describe risk factors ,histopathology, pathogenesis of endometritis, adenomyosis, endometriosis	C2,C3	MCQ, SEQ.VIVA

Case Based Learning (CBL)

Topic	Content	Domain	Mode of Asses
1.Rh Incompatibility, Anemia & Diseases in Pregnancy	Enlist etiology, pathogenesis, complications, investigations	C2 C3	MCQs
2.Pathology of vulva & vagina	<p>Categorize nonneoplastic lesion (Development anomalies, Infections and cysts) of vulva and vagina.</p> <p>Enlist Premalignant lesions</p> <p>Interpret diagnosis of Vulvar and Vaginal intra epithelial neoplasia and Malignant lesion of vulva and vagina</p>	C2 C2 C3	MCQs
3.Testicular atrophy cryptorchidism	Causes, pathogenesis, morphology & related investigations	C2 C3	MCQs

Skill Lab Pathology

TOPIC	CONTENT	DOMAIN	MODE OF ASSESMENT
1.Cervical carcinoma and screening through cervical smears	Describe pap smear, CIN, cervical carcinoma with its histopathological features	C2 C3	MCQ SEQ OSPE VIVA
2.Ovarian teratoma and hidetiform mole	Describe gross and histopathology with introduction of the disease	C2 C3	MCQ SEQ OSPE VIVA
3.Benign and malignant diseases of the uterus	Enlist benign and malignant diseases of uterus with their introduction describe the gross and histopathological features	C2 C3	MCQ SEQ OSPE VIVA
4.Tumours of the breast	Describe benign and malignant tumors of the breast with gross and histopathological features	C2 C3	MCQ SEQ OSPE VIVA
5.Male testicular tumors	Enlist benign and malignant tumors of testis and describe its gross and histopathological features	C2 C3	MCQ SEQ OSPE VIVA

Self-directed learning session

SR. NO	TOPIC	Learning Outcomes At the end of session students will be able to:	Reference
1	Diseases of Penis	<ul style="list-style-type: none"> • Abnormalities /Malformations of Penis • Describe briefly about inflammatory diseases of Penis • Explain Neoplastic lesion of Penis 	Robbins Basic Pathology 9 th Edition Chapter 17 Male Genital System Pg. 658-659
2	prostatitis	<ul style="list-style-type: none"> • Categorize different types of prostatitis • Explain etiology • clinically presentation of prostatitis • diagnosis of prostatitis 	Robbins Basic Pathology 9 th Edition Chapter 17 Male Genital System Pg 663-664
3	Fibrocystic changes of Breast	<ul style="list-style-type: none"> • explain fibrocystic changes of breast • explain briefly types of changes • describe the morphology • how the fibrocystic changes are related to breast carcinomas 	Robbins Basic Pathology 9 th Edition Chapter 17 Female Genital System

			Pg 705-707
4	Polycystic ovarian disease	Define PCOD What is conical presentation of PCOD Investigation of PCOD Morphological changes of PCOD	Robbins Basic Pathology 9 th Edition Chapter 17 Female Genital System Pg 695 - 696
5	Disorders of uterus	Define Endometriosis Etiology and clinical features of endometriosis Morphology of endometriosis Describe adenomyosis	Robbins Basic Pathology 9 th Edition Chapter 17 Female Genital System Pg 689 - 690
6.	Epidemiology and risk factors of breast carcinoma	Epidemiology and Risk factors related to breast cancer	Robbins Basic Pathology 9 th Edition Chapter 17 Female Genital System Pg 741
7	Classification of sexually transmitted diseases	Classify important STDs according to the pathogens	Robbins Basic Pathology 9 th Edition

			Chapter 17 Female Genital System
			Pg 705

Teaching Staff / Human Resource of Department of Pathology

Sr.no.	Designation	Total number of teaching staff
1	Professor	01
2	Associate professor	01
3	Assistant professor	03
4	Demonstrators	11

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

Sr. no.	Hours Calculation for Various Type of Teaching Strategies	Total Hours (Faculty)	Total Hours (Students)	Faculty level
1	LGIS (9). 1hrs each session (half class sessions)	2 x 9= 18 hrs.	9	Professor, associate, and assistant professors
2	SGD (5) approx. 1hrs each session. 1/4 th class	5 x 4= 20hrs.	5	Assistant professors Senior demonstrators
3	CBL (3) approx. 1hrs per session. (4 small group sessions. 1session per day)	3x 4 = 12hrs.	3	Demos (subject specialists) supervised by professional faculties
4	SDL (7)	1 x 7 = 7 hrs.	7	Demos (subject specialists)
		Total: 57hrs	24hrs	

Categorization of Modular Content of Pathology Department

Category A*	Category B**	Category C***		
LGIS	LGIS	SGDS	SDL	CBL
Malignant diseases of cervix,	Benign Diseases of Uterus	Pathology of early pregnancy complications & Non neoplastic placental pathology	Pathogenesis & morphology of primary Glomerular diseases	Rh Incompatibility, Anemia & Diseases in Pregnancy
Malignant diseases of Uterus		GTD &, Choriocarcinoma	Pathogenesis & morphology of secondary Glomerular diseases	Pathology of vulva & vagina
Benign diseases of ovary		Dysfunctional uterine bleeding	Diabetic Nephropathy	Rh Incompatibility, Anemia & Diseases in Pregnancy
Malignant diseases of Ovary.		STD	Causes of Hematuria and related investigations	Testicular atrophy cryptorchidism
Malignant neoplasm of breast		Benign and Premalignant Lesions of Cervix		
Testicular tumors		BPH, prostatic cancer, testicular atrophy, seminoma		

Pharmacology content

Learning objectives of Pharmacology LGIS

Topic	Learning Objectives	Learning Domains	Teaching strategy	Assessment tool
Prolactin antagonist	<ul style="list-style-type: none"> Enumerate Prolactin Antagonists Describe Mechanism of Action, Uses as well as adverse effects of Prolactin Antagonists 	C1 C2	LGIS	SEQ MCQ VIVA
Gonadal hormones: I Estrogens	<ul style="list-style-type: none"> Enumerate Estrogen antagonists/SERMs Describe mechanism of action, uses & adverse effects of Estrogen antagonists/SERMs 	C1 C2	LGIS	SEQ MCQ VIVA
Gonadal hormones :II Progesterin	<ul style="list-style-type: none"> Describe mechanism of action, uses & adverse effects of Progesterone antagonists 	C2	LGIS	S E Q M C Q VIVA
Gonadal hormones' Anabolic	<ul style="list-style-type: none"> Enumerate androgen preparations Describe uses & adverse effects of androgen preparations Discuss Pharmacokinetic and Pharmacodynamics of Anti-androgens 	C1 C2 C2	LGIS	SEQ MCQ VIVA
Hormonal contraceptives	<ul style="list-style-type: none"> Classify hormonal Contraceptives Discuss the mechanism of action of hormonal contraceptives Discuss the adverse effects and contraindications 	C1 C2 C2	LGIS	SEQ MCQ VIVA
Oxytocic drugs and Uterine Relaxants	<ul style="list-style-type: none"> Describe actions of oxytocin Describe uses and adverse effects of oxytocin Elaborate clinical uses of prostaglandin Enlist ergot alkaloids, their uses and adverse effects 	C2 C2 C3 C1 C1	LGIS	SEQ MCQ VIVA

	<ul style="list-style-type: none"> • Classify Tocolytics • Describe the pharmacodynamics of tocolytic agents • Discuss their uses & adverse effects 	C2 C2		
Drug used in the treatment of infertility	<ul style="list-style-type: none"> • Enlist drugs used for treatment of Infertility • Discuss Pharmacokinetics and Pharmacodynamics • Discuss adverse effects and interactions 	C1 C2 C2	LGIS	SEQ.VIVA.MCQ

Pharmacology Skill Lab

PK Calculations I	<ul style="list-style-type: none"> • Calculation for loading dose • Calculation for maintenance dose 	P	Practical	OSPE
PK Calculations II	<ul style="list-style-type: none"> • Calculations for maintenance dose • Calculations for plasma half-life & steady state concentration 	P	Practical	OSPE
Drugs used in Pregnancy and Lactation	<ul style="list-style-type: none"> • Classify drugs according to their safety profiles during pregnancy based on the FDA's Pregnancy Risk Categories • Identify the potential impact of drugs on pregnancy outcomes, including risks of birth defects, miscarriage, preterm labor, and maternal complications. • Discuss the alterations in drug absorption, distribution, metabolism, and excretion during pregnancy and how these changes influence drug dosing and efficacy. • Acquire communication skills to effectively counsel pregnant and lactating patients about the risks and 	P	Practical	OSPE

	benefits of medication use, alternative therapies, and the importance of adhering to prescribed regimens.			
CBL Pharmacology				
Hormonal Contraceptives	<ul style="list-style-type: none"> • Clinical pharmacology of hormonal contraceptives • Rationale of choosing specific hormonal contraceptive in a specific scenario 	C3	CBL	PBQ
P drug & Prescription writing	<ul style="list-style-type: none"> • P drug & prescription writing for infertility • P drug & prescription writing for premature labour 	C3	CBL	PBQ

Self-Directed Learning (SDL) Pharmacology

Sr. No.	Topic		Learning objectives		Reference
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1.	Pharmacological management of dysmenorrhea	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Recall the pathophysiology of dysmenorrhea Enlist short- and long-term management strategies of dysmenorrhea</p> <p>Discuss the salient pharmacological feature of different strategies</p>	<input type="checkbox"/> <input type="checkbox"/> <p>Mittal R. Medical management of Dysmenorrhea. International Journal of Advance Research, Ideas and Innovations in Technology. 2019;5(1).</p> <p>Harel Z. Dysmenorrhea in adolescents and young adults: an update on pharmacological treatments and management strategies. Expert opinion on pharmacotherapy. 2012 Oct 1;13(15):2157-70.</p>
2.	Novel endocrine therapies for hormone positive breast cancer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Enumerate hormonal treatments of breast cancer</p> <p>Discuss the mechanism of action of SERM and SERD in breast cancer</p> <p>Give new therapies acting via nuclear estrogen receptors in breast cancer</p>	<input type="checkbox"/> <p>Lloyd MR, Wander SA, Hamilton E, Razavi P, Bardia A. Next-generation selective estrogen receptor degraders and other novel endocrine therapies for management of metastatic hormone receptor-positive breast cancer: current and emerging role. <i>Therapeutic Advances in Medical Oncology</i>. 2022;14. doi:10.1177/17588359221113694</p>
3.	Use and abuse of anabolic steroids	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Differentiate between androgens and anabolic steroids</p> <p>Discuss the clinical application of anabolic steroids</p> <p>Give the organ effects of anabolic effects Identify the health consequences of abuse of anabolic steroids</p>	<input type="checkbox"/> <p>Gagliano-Jucá T, Basaria S. Abuse of anabolic steroids: A dangerous indulgence. <i>Current Opinion in Endocrine and Metabolic Research</i>. 2019 Dec 1;9:96-101.</p>
4.	Hormonal therapy for prostate cancer (GnRH antagonist VS ADT)	<input type="checkbox"/> <input type="checkbox"/>	<p>Identify different agents used in prostate cancer</p> <p>Recognize the role of different hormone receptors in prostate cancer Describe the clinical merits and demerits of different treatment options</p>	<input type="checkbox"/> <p>Rice MA, Malhotra SV, Stoyanova T. Second-generation antiandrogens: from discovery to standard of care in castration resistant prostate cancer. <i>Frontiers in oncology</i>. 2019 Aug 28;9:801.</p>

Learning objectives Vertically integrated subjects

Large group interactive session of medicine reproduction module LGIS

Sr.No	TOPIC	Learning objectives At the end of the lecture the student should be able to	Cognitive level	Assessment tool
1.	Infections in pregnancy (RTI's, GIT, EYE/ENT, Dermatitis)	Enlist common infections which occur more frequently in pregnancy and risk factors for these infections Know obstetric complications of infections Treatment of infections in pregnancy and during breastfeeding	CI CI C2/C3	MCQS
2.	Diabetes in pregnancy	Recall etiology, pathophysiology of gestational diabetes mellitus Explain risk factors, clinical features and investigations to confirm diagnosis Construct management plan of each disorder and discuss complications of these conditions for both fetus and mother	CI C3 C2/C3	MCQS
3.	Anemia in pregnancy	Recall etiology, pathophysiology and common types of anemia in pregnancy Explain risk factors for anemia, clinical features and investigations to confirm diagnosis Construct management plan including prevention and discuss complications of anemia for both fetus and mother	CI CI,2 C2 C3	MCQS

4.	Liver disorders & thrombocytopenia in pregnancy	<p>Discuss etiologies and risk factors for common thrombotic disorders in pregnancy C1 & C2</p> <p>Explain clinical features and investigations to confirm thrombotic disorders in pregnancy and post-partum period C1 & C2</p> <p>Discuss appropriate anticoagulation therapy in pregnancy and breastfeeding</p>	<p>CI</p> <p>CI</p> <p>C2</p>	MCQS
5.	Epilepsy in pregnancy	Explain how does epilepsy effects pregnancy	CI	MCQS
6.	Asthma in pregnancy	<p>Explain the effects of pregnancy on asthma</p> <p>Explain risk factors, clinical features and investigations to confirm diagnosis</p> <p>Discuss treatment plan and appropriate medication to control asthma in pregnancy C3</p>	<p>CI</p> <p>C2</p> <p>C2</p>	MCQS
7.	Thrombotic disorders in pregnancy	Explain etiologies and prevalence of thrombocytopenia in pregnancy C1 & C2		MCQS

Learning objectives of surgery in reproduction module (LGIS)

Topic	Learning objectives At the end of the lecture the student should be able to	Cognitive level	Assessment tool
Pelvic cellulitis& abscess	<ul style="list-style-type: none"> • Describe brief anatomy of pelvis and its structure • Enumerate possible causes of pelvic infection in both male and female Patients • Enlist important clinical, signs and symptoms • Discuss the role of different investigation and differential diagnoses • Describe management plan for these patients 	C1 C2/C3 C1 C2 C2	MCQS
Complication of laparotomy (visceral & vascular injury)	<ul style="list-style-type: none"> • Briefly describe anatomy of the abdominal wall and its visceral and vascular Structures • Enlist commonly performed elective + emergency laparotomy • Enumerate vulnerable vascular and visceral structures at risk of complication During laparotomy • Identify signs and symptoms to recognize these injuries • Make management plan to deal with these injuries, the role of multiple • Specialties and team work in management of these complications. 	C1 C2/C3 C2 C3 C4	MCQS

<p>Surgical intervention of Breast</p>	<ul style="list-style-type: none"> Surgical anatomy of breast, diseases of breast and their management 	<ul style="list-style-type: none"> Briefly describe anatomy of the breast and vascular and lymphatic supply Enlist important clinical signs and symptoms of different benign and malignant diseases of breast Approach towards a patient with breast pathology. Outline pre-operative work up for breast diseases Managing patient with breast pathology <p>Enlist the surgical procedure of breast diseases</p>	<p>C2</p> <p>C2</p> <p>C2</p> <p>C2</p> <p>C3</p> <p>C2</p>
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Learning objectives of Pediatrics (LGIS)

Topic	Learning objectives At the end of the lecture the student should be able to	Learning obj aim	Assessment tool
Neonatal resuscitation	Identify the babies who will need resuscitation at birth Enlist steps of resuscitation as per algorithm Identify different sizes of face masks, ambo bags, laryngoscope blades and their use by pictures.	C2/C3	MCQS
Breast feeding	Enumerate advantages of breast feeding Describe the physiology Know the importance of early initiation of breast feeding Enlist five steps towards good breast feeding	C2/C3	MCQS
LBW / prematurity	Define LBW babies Enlist common causes of LBW babies Enumerate important complications and problems of premature babies Manage prematurity and its complications	C2/C3	MCQS
Immunization	Know the importance of vaccination in prevention Know the disease covered in immunization schedule Know the extended program of immunization (EPI) in Pakistan Know the role of immunization in health of a child Know the method of administration and common side effects of vaccines used in epi	C2/C3	MCQS

Learning Objectives Of Family Medicine (LGIS)

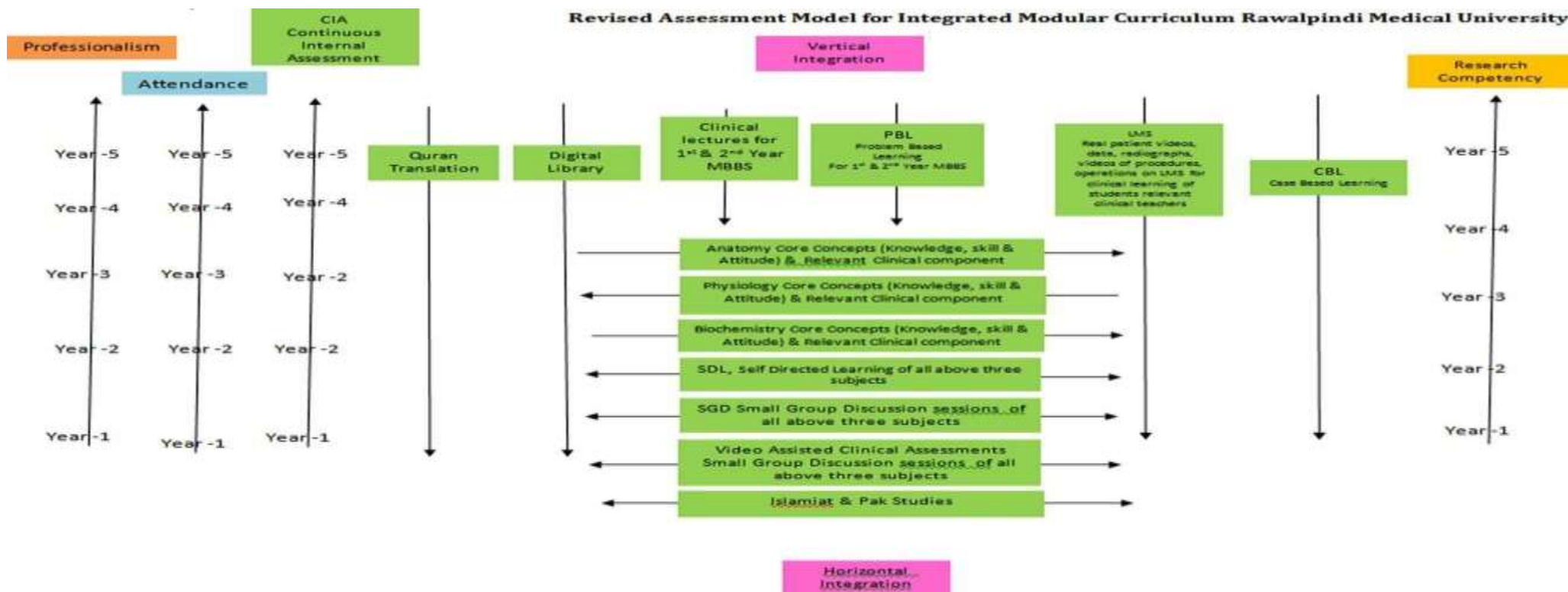
S.NO	Broad topic	Major syllabus with sub-topics	Learning objectives	Learning domain	Assessment tools
1	Core concepts of family medicine in (antenatal care in normal pregnancy)	Discussion will cover; Family medicine and Antenatal care during pregnancy	At the end of the session students should be able to; <ul style="list-style-type: none"> • Describe the composition of antenatal care • Identify and do surveillance of pregnant mother and expected child • Apply Preventive measures, including tetanus toxoid immunisation, de-worming, iron and folic acid • Recommend healthy behaviours in the home, including healthy lifestyles and diet, safety and injury prevention, and support and care in the home, such as advice and adherence support for preventive interventions like iron supplementation 	C1 C1 C3 C2 C3	MCQS

9- Assessment Policies:

CONTENTS:

1. Assessment Plan
2. Types of Assessment
3. Modular Examinations
4. Block examinations

Revised Assessment Model for Integrated Modular Curriculum Rawalpindi Medical University



Gauge for Continuous Internal Assessment (CIA)

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

*50% and above is Passing Marks.

Gauge for attendance percentage

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

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

10- Assessment Plan

guidelines of Pakistan Medical and Dental Council for assessment. Assessment is conducted for SDL, SGD, mid modular, block/module levels.

Types of Assessment:

The assessment is formative and summative.

Formative Assessment: Formative assessment is taken from topics of SDL, SGD, LGIS (LMS).

Summative Assessment: Summative assessment is taken at the mid modular, modular/block levels.

Modular Examinations:

Theory Paper:

There is an examination at the end of module. The content of the whole teaching of the module are tested in this examination.

It consists of paper with objective type questions, extended matching question, short answer questions and structured essay questions. The distribution of the questions is based on the Table of Specifications of the module.

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, viva and video assisted & practical OSPE.

Theory Paper

There is one written paper for each subject. The paper consists of objective type questions, extended matching question, short answer 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

Types of Assessment:

1. Formative
2. summative

Formative Assessment

Formative assessment will be done at the end of module as reflective writing & multiple-choice questions through LMS. Assessment of clinical lectures will also be on LMS. Tool for this assessment will be one best choice question.

Summative Assessment:

Summative assessment will be taken weekly through LMS as well as at the end of module/ block and will be subject wise

Assessment Frequency & Time in reproduction Module

Sr #	Endocrinology Module Types of Assessments	Type of Assessments Nature of assessment	Total Assessment Time			No. of Assessments	
			Assessment Time	Summative Assessment Time	Formative Assessment Time	Formative	Summative
1	Weekly LMS based assessments (pathology 20, Community Medicine 20, pharmacology20) (60 MCQs)60 marks	summative	60 Minutes per wk.=3hrs	15 hours	1hr 30 Minutes	02	05
3	End Module Examinations	Summative	Detailed below				
Breakup of EOM Assessment							
	i. Community medicine (5SEQs,5 SAQs, 1 EMQ & 25 MCQs) 100 marks	Summative	3 Hrs.				
	ii. Pathology 5SEQs,7 SAQs, 1 EMQ and 25 MCQs) 100 marks	Summative	3 Hrs.				
	iii. pharmacology 5SEQs,7 SAQs, 1 EMQ and 25 MCQs) 100 marks	Summative	3 Hrs.				
4	iv (video assisted OSPE) for each subject 10 stations(50 marks) V. Ward test at the end of two weeks rotation in clinical subjects & End of clerkship C med	Summative	50 minutes 1 hr. 40 min				
5.	I. Reflective writing II. End Module LMS based MCQs (45 MCQs) 45 marks	formative	45+45=90 min				

Table of specifications (TOS)End of week assessment (LMS)

S. No	Discipline	Type of Assessment	Number of MCQs	Cognitive domains			Marks
				C1	C2	C3	
	LMS 1						
1.	Community medicine	summative	20	4	5	11	20
2.	Pathology	Summative	20	4	5	11	20
3.	Pharmacology	summative	20	3	5	12	20
	LMS II						
4.	Medicine & Allied	formative	10	2	3	5	10
5.	Surgery & Allied	formative	10	2	3	5	10
6.	Bioethics, Research, AI Longitudinally running disciplines	formative	10	2	3	5	10
	Total		90	17	24	49	90

Types of Assessment -----Community Medicine

S. No	Mode of Assessment	Type of Assessment	Schedule of Assessment	Venue	Frequency
	End of wk. MCQ based Test	summative	Weekly	LMS	01 x no. of weeks
	Theory (MCQ+SEQ+ SAQs + EMQ)	Summative	End of module	On campus	01
	End of Block AV OSPE	Summative	End of module	On campus	01
	End of block practical OSPE	Summative	End of block	On campus	01
	End of block structured VIVA	Summative	End of block	On campus	01
	End of module MCQs test	formative	End of module	LMS	01
	End of clerkship Exam MCQs, OSCE	summative	end of clerkship batch	On campus	01 x 2 wks.

Type of Assessment----- Pharmacology

S. No	Mode of Assessment	Type of Assessment	Schedule of Assessment	Venue	Frequency
1.	End of wk. MCQ based Test	summative	Weekly	LMS	01 x no. of weeks
2.	Theory (MCQ+SEQ+ SAQs + EMQ)	Summative	End of module	On campus	01
3.	End of block AV & practical OSPE	Summative	End of block	On campus	01
4.	End of block structured VIVA	Summative	End of block	On campus	01
5.	End of module MCQs test	formative	End of module	LMS	01
6.	End of Skill lab Exam, MCQs	summative	End of module	On campus	01

Types of Assessment----- Pathology

S. No	Mode of Assessment	Type of Assessment	Schedule of Assessment	Venue	Remarks
1.	End of wk. MCQ based Test	summative	Weekly	LMS	01 x no. of weeks
2.	Theory (MCQ+SEQ+ SAQs + EMQ)	Summative	End of module	On campus	01
3.	End of block ,AV & practical OSPE	Summative	End of block	On campus	01
4.	End of block structured VIVA	Summative	End of block	On campus	01
5.	End of module One best option MCQs test	Formative	End of module	LMS	01
6.	End of Skill lab Exam, MCQs,	Summative		On campus	01

Table of Specification for end of block Assessment (TOS)

Block Name & Order	Modules Names & Numbers	Subject	Theory			Scheme of Integration						Total marks Theory	Practical Assessment							Total marks Practical	Total Block marks	End of block LMS MCQs
			25 MCQs (1 mark each)	5+1 SAQ +EMQ (5 marks each)	5 SEQs (9marks each)	Core Subject. 70%	Hori- & Verti- Integ. 20%			*Spiral Integ. 10%	OSVE		OSPE (05 marks each)									
							Module I	Module 2	Observed		Unobserved		Video assisted									
Population Medicine & reproduction	Endocrinology	Community medicine	25	25+5	45	19	46	4	12	2	7	100	10 stations									
		Pharmacology	25	25+5	45	19	46	4	12	2	7	100	10 stations									
		Pathology	25	25+5	45	19	46	4	12	2	7	100	10 stations									
	Population Med & Reproduction	Community medicine	25	25+5	45	19	46	4	12	2	7	100	Viva marks	Book marks	Viva marks	Book marks	10 stations	10 stations	10 stations		400	30
		Pharmacology	25	25+5	45	19	46	4	12	2	7	100	45	5	45	5	50	50	10	300	400	30
		Pathology	25	25+5	45	19	46	4	12	2	7	100	45	5	45	5	50	50	10	300	400	30

Schedule of IUGRC session, 2024

Batch	Batch Incharge	Senior Faculty
A.	Dr Mehreen Noor	Dr Khola Noren
B.	Dr Ayesha Zujaja	Dr Imran Younis
C.	Dr Maria Jabeen	Dr Sana Bilal
D.	Dr Narjis Zaidi	Dr Rizwana Shahid
E.	Dr Imrana Saeed	--
F.	Dr Abdul Qudoos	Dr Mehwish Riaz
G.	Dr Bushra Farooq	Dr Afifa Kalsoom
H.	Dr Saba Maryam	Dr Arshad Sabir
I.	Dr Asif Maqsood	Dr Farah Parvaiz
J.	Dr Mehreen Noor	Dr Khola Noreen
K.	Dr Maria Jabeen	Dr Mehwish Riaz
L.	Dr Moniba Iqbal	Dr Rizwana Shahid
M.	Dr Bushra Farooq	Dr Sana Bilal
N.	Dr Zaira Azhar	Dr Arshad Sabir
O.	Dr Saba Maryam	Dr Afifa Kalsoom
P.	Dr Ayesha Zujaja	Dr Imran Younis

Rawalpindi medical University Rawalpindi

Tentative Timetable 4th year Mbbs-Population Medicine & Reproductive Health Module 2024 (1st week)

Date / Day	8:00 Am – 9:00 Am	09:00am – 10:00am	10:30am – 12:00pm		12:00pm - 02:00pm		
Monday 29.7.24	QURAN CLASS	ANATOMY (LGIS)	Break 10:00am – 10:30am CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.				
	Combined class Lec hall 1	Female bony pelvis, Fetal skull (Revisit Lecture)					
Qari Abdul Wahid	(odd) lec hall 1	Even lec hall 2					
Tuesday 30.7.24	OBS (LGIS)	COMMUNITY MEDICINE (LGIS)					
	Basic terminology in Obstetrics, Basic antenatal care	Preventive obs antenatal care-I					
	(odd) lec hall 1	Even lec hall 2					(odd) lec hall 1
Gynae Unit I Dr. Humaira Bilqis	Gynae Unit I Dr. Saima Shoaib	Assoc Prof Dr. Khola					Asst. Prof Dr. Mehwish Riaz
Wednesday 31.7.24.	OBS (LGIS)	COMMUNITY MEDICINE (LGIS)					
	Management of premalignant & malignant disease of cervix	Preventive medicine in obstetric (natal care) -II					
	(odd) lec hall 1	Even lec hall 2					(odd) lec hall 1
Gynae-II Dr. Khansa Iqbal	Gynae-II Dr. Aqsa	Assoc Prof Dr. Khola					Asst. Prof Dr. Mehwish Riaz
Thursday 1.8.24.	PHARMACOLOGY (LGIS)	OBS (LGIS)					
	Gonadal Hormones 1	Diagnosis of 1 st stage of labor, its management and abnormalities CTG, Partogram					
	(odd) lec hall 1	Even Lec hall 2	(odd) lec hall 1	(odd) lec hall 2			
Dr. Uzma	Dr. Zoefishan	Gynae Unit-II Dr Khansa	Gynae Unit-II Dr. Aqsa				
Friday 2.8.24	08:00AM – 09:45AM	09:45AM – 10:30	10:30AM – 11:15AM		11:15AM – 12:00PM		
	PAL/skill lab Community Medicine / Pathology IUGRC Session/	COMMUNITY MEDICINE (LGIS)	PHARMACOLOGY (LGIS)		PATHOLOGY (SGD)		
	Research viva/ Cervical Carcinoma & Screening Through Cervical Smears	Handicapped children	Gonadal Hormone 2		Pathology of early pregnancy complication & non neoplastic placental pathologies		
	Batch A-H	I-P	Lec hall 4 (Odd)	Lec hall 5 (even)	Lec hall 4 (Odd)	Lec hall 5 (even)	Lec hall 3 & 4
Faculty of community medicine	Dr. Nida Fatima	Dr. Asif Butt Sen Demo	Dr. Abdul Qudoos, Sr Demo	Dr Uzma	Dr Zoefishan	Dr Fatima Tuz Zshra Dr Kiran	Dr Sara Rafi Dr Shabih Haider
Saturday 3.8.24.	08:00AM – 09:45AM	09:45AM – 10:30	10:30AM – 11:15AM		11:45AM – 12:30PM	12:30PM – 01:15PM	01:15PM – 02:00PM
	PAL/ skill lab Community Medicine / Pathology	PHARMACOLOGY (LGIS)	COMMUNITY MEDICINE (LGIS)		MEDICINE (LGIS)	Gynae (LGIS)	Surgery (LGIS)

Research viva/ Cervical Carcinoma & Screening Through Cervical Smears		Gonadal Hormone 3		School health services		Infections in pregnancy, RTI, GIT, Eye, ENT		Minor disorders in pregnancy		Complications of laparotomy	
Batch A-H	I-P	Lec hall 4 (Odd)	Lec hall 5 (even)	Lec hall 4 (Odd)	Lec hall 5 (even)	Lec hall 4 (Odd)	Lec hall 5 (even)			Lec Hall 4	Lec hall 5
Dr. Nida Fatima	Faculty of community medicine	Dr Zaheer	Dr Aisha	Dr. Asif Butt Sen Demo	Dr. Abdul Qudoos, Sr Demo	Dr Muhammad Arif	Dr Nida	Dr Aqsa DHQ	Dr Shehla DHQ	Dr Ramla	Dr Waqas

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TENTATIVE TIME TABLE 4THYEAR MBBS- POPULATION MEDICINE & REPRODUCTIVE HEALTH 2024 (2ND WEEK)

DATE / DAY	8:00 AM – 9:00 AM		09:00am – 10:00am		10:30am – 12:00pm		12:00pm - 02:00pm	
Monday 5.8.24.	OBS (LGIS)		PATHOLOGY (LGIS)		BREAK 10:00AM – 10:30AM CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.			
	2 nd stage of labour, mechanism of normal labour.		Benign diseases of breast					
	(odd lec hall 1)	Even lec hall 2	(odd) lec hall 1	Even lec hall 2				
Gynae Unit I Dr Saima Khan	Gynae Unit I Dr. Saima Anwar	Prof Mobina	Dr Mudasira					
OBS (LGIS)		SURGERY (LGIS)						
Episiotomy/ instrumental delivery		Pelvic cellulitis & abscess						
(odd) lec hall 1	Even lec hall 2	(odd) lec hall 1	Even lec hall 2					
Gynae Unit II Dr. Maliha Sadaf	Gynae Unit II Dr. Aqsa Ikram	Dr Abdul Qadir	Dr Zahid					
OBS (LGIS)		PATHOLOGY (LGIS)						
Abdominal Delivery		Benign & premalignant conditions of cervix						
(odd) lec hall 1	Even lec hall 2	(odd) lec hall 1	Even lec hall 2					
BBH Dr Hina gul	BBH Dr Humaira Masood	Prof Mobina	Dr. Mudasira					
OBS(LGIS)		COMMUNITY MEDICINE (LGIS)						
3 rd stage of labor & its complications (retained placenta/ uterine inversion)		Preventive medicine in obstetrics (Postnatal care)-III						
(odd) lec hall 1	Even lec hall 2	(odd) lec hall 1	Even lec hall 2					
DHQ Dr. Rubaba	DHQ Dr. Tabinda	Assoc Prof Dr. Khola	Asst Prof Dr. Mehwish Riaz					
Friday 9.8.24.	08:00AM – 09:45AM		09:45AM – 10:30		10:30AM – 11:15AM		11:15AM – 12:00PM	
	SGD Community Medicine/ Skill Lab Pathology		COMMUNITY MEDICINE (LGIS)		OBS (LGIS)		OBS (LGIS)	
	Demonstration on CP devices/methods Evaluation of contraceptive methods Preventive aspects of breast feeding/ Ovarian Teratoma & Hydatidiform Mole		Family planning & Population control approach & practices (FP-I)		Puerperium & its complications		Postpartum Haemorrhage and its management.	
	Batch A-H	I-P	(odd) lec hall 4	Even lec hall 5	(odd) lec hall 4	Even lec hall 5	(odd) lec hall 4	Even lec hall 5

	Dr. Ayesha PGT Dr. Bushra PGT Senior faculty Dr. Narjis APWMO	Dr. Faiza Zafar	Dr Afifa AP	Dr Narjis APWMO	Gynae Unit II Dr. Khansa Iqbal	Gynae Unit II Dr. Saira Ahmed	Gynae Unit I Dr. Humera Bilquees	Gynae Unit I Dr.Ammara					
Saturday 10.8.24.	08:00AM – 09:45AM		09:45AM – 10:30		10:30AM – 11:15AM		BREAK 11:15AM – 11:45AM	11:45AM – 12:30PM		12:30PM – 01:15PM		01:15PM – 02:00PM	
	SGD Community Medicine/ Skill Lab Pathology		GYNÆ (LGIS)		COMMUNITY MEDICINE (LGIS)			PHARMACOLOGY (LGIS)		PATHOLOGY (SGD)		OBS (SGD)	
	Demonstration on CP devices/methods Evaluation of contraceptive methods Preventive aspects of breast feeding/ Ovarian Teratoma & Hydatidiform Mole		Contraception		Family planning & Population control approach & practices (FPI-I)		Prolactin antagonists		STDs		Mechanism of normal labor and placental delivery		
	A-H	I-P	(odd) lec hall 4	Even lec hall 5	(odd) lec hall 4	Even lec hall 5	(odd) lec hall 4	Even lec hall 5	(odd) lec hall 3 & 4	Even lec hall 5 & 6	(odd) lec hall 4	Even lec hall 5	
Dr. Faiza Zafar	Dr. Ayesha PGT Dr. Bushra PGT Senior faculty Dr. Narjis APWMO	BBH Dr Nighat	BBH Dr. Asma Khan	Dr Afifa AP	Dr Narjis APWMO	Dr Saba	Dr Arsheen	Dr Fatima Tuz Zahra Dr Rabbiya	Dr Kiran Fatima Dr Mehreen Fatima	DHQ Dr. Shama	DHQ Dr. Ruqaiyah		

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

TENTATIVE TIME TABLE 4THYEAR MBBS- POPULATION MEDICINE & REPRODUCTIVE HEALTH MODULE 2024 (3rd WEEK)

DATE / DAY	8:00 AM – 9:00 AM	09:00am – 10:00am	BREAK 10:00AM – 10:30AM		10:30am – 12:00pm	12:00pm - 02:00pm
Monday 12.8.24.	PATHOLOGY (LGIS)	OBS (SGD)				
	Benign Diseases of ovary	Malpresentations				
	(odd) lec hall 1	Even lec hall 2	lec hall 1 & 2	lec hall 6 & pharmacy lab		
	Dr Fatima Tuz Zahra	Dr Kiran Fatima	Gynae Unit I Prof Tallat Farkhinda	Gynae Unit I Dr Saima Khan		
Tuesday 13.8.24.	PHARMACOLOGY (LGIS)	OBS (LGIS)			CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.	
	Oxytocic drugs and uterine relaxants	Early pregnancy complications (miscarriages & Ectopic pregnancy)				
	(odd) lec hall 1	Even lec hall 2	(odd) lec hall 1	Even lec hall 2		
	Dr Attiya	Dr Saba	DHQ Dr. Shama	DHQ Dr. Tabinda		
Wednesd ay 14.8.24.	HOLIDAY				CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.	
Thursda y 15.8.24.	OBS (LGIS)	PATHOLOGY (LGIS)			CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.	
	Multiple pregnancy	Diseases of lower urinary tract				
	(odd) lec hall 1	Even lec hall 2	Lec hall 1	Lec hall 2		
	Gynae Unit II Dr. Maliha Sadaf	Gynae Unit II Dr. Saira	Dr Mobina	Dr Mudasira		
Friday 16.8.24.	08:00AM – 09:45AM	09:45AM – 10:30	10:30AM – 11:15AM	11:15AM – 12:00PM		
	SGD Community Medicine/ Skill Lab Pathology	FAMILY MEDICINE (LGIS)	OBS (LGIS)	PATHOLOGY (LGIS)		
	Discussion on Demographic measures Demographic graphics (population pyramids) & other transitions graphics / Benign and Malignant Disease of Uterus	Family medicine and Antenatal care during pregnancy	Preterm labor and PROM	Testicular Tumors		
Batch A-H	I-P	CPC Hall	(odd) lec hall 4	Even lec hall 5	(odd) lec hall 4	Even lec hall 5

	Dr. Muniba PGT Dr Saba PGT Senior Faculty Dr Mehwish	Dr. Mahjbeen	Dr. Saadia HOD Family Medicine	Gynae Unit -I Dr. Sobia	Gynae Unit -I Dr Sara	Dr Fatima Tuz Zahra	Dr Kiran						
Saturday 17.8.24.	08:00AM – 09:45AM		09:45AM – 10:30AM		10:30AM – 11:15AM		BREAK 11:15AM – 11:45AM	11:45AM – 12:30PM		12:30PM – 01:15PM		01:15PM – 02:00PM	
	SGD Community Medicine/ Skill Lab Pathology		OBS (LGIS)		MEDICINE (LGIS)			PEADIATRICS (LGIS)		OBS (SGD)		PATHOLOGY (CBL)	
	Discussion on Demographic measures Demographic graphics (population pyramids) & other transitions graphics / Benign and Malignant Disease of Uterus		Antepartum Hemorrhage		Diabetes in pregnancy			Neonatal resuscitation		COVID 19, Dengue and HIV in pregnancy		Rh incompatibility	
	A-H	Batch I-P	(odd) lec hall 4	Even lec hall 5	(odd) lec hall 4	(even) lec hall 5		(odd) lec hall 4	Even lec hall 5	(odd) lec hall 4	Even lec hall 5	lec hall 3 & 4	Lec hall 5&6
	Dr. Mahjbeen	Dr. Muniba PGT Dr Saba PGT Senior Faculty Dr Mehwish	BBH Dr. Asma Khan	BBH Dr. Shumaila	Dr Muhammad Arif	Dr Faran Maqbool		Dr Bushra Iqbal	Dr Hafeez	Gynae unit II Dr Humera Noreen	Gynae unit II Dr Sabeen	Dr Faiza Zafar Dr Unaiza	Dr Syeda Aisha Dr Shabih Haider

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TENTATIVE TIME TABLE 4THYEAR MBBS- POPULATION MEDICINE & REPRODUCTIVE HEALTH MODULE 2024 (4TH WEEK)

DATE / DAY	8:00 AM – 9:00 AM		09:00am – 10:00am		10:30am – 12:00pm		12:00pm - 02:00pm	
Monday 19.8.24.	OBS (LGIS)		COMMUNITY MEDICINE (LGIS)		BREAK 10:00AM – 10:30AM CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.			
	Perineal infections		Family Planning, Population control approach and practice					
	(odd) lec hall 1	(Even) lec hall 2	(odd) lec hall 1	(Even) lec hall 2				
DHQ Dr aqsa	DHQ Dr Shehla	Asst Prof Dr Afifa	AP Dr Narjis Zaidi					
Tuesday 20.8.24.	CARDIOLOGY (LGIS)		OBS (LGIS)					
	Cardiac disease in pregnancy		Hypertension in pregnancy					
	lec hall 1	lec hall 2	(odd) lec hall 1	(Even) lec hall 2				
Dr. Asad		DHQ Dr. Shama	DHQ Dr. Ruqaiyah					
Wednesd ay 21.8.24.	OBS (LGIS)		MEDICINE (LGIS)					
	IUGR/Oligo		Liver disorders & thrombocytopenia in Pregnancy					
	lec hall 1,3	lec hall 2,6	(odd) lec hall 1	(Even) lec hall 2				
Gynae Unit I Dr. Saima Khan	Gynae Unit I Dr. Ammara	Dr. Arif	Dr Faran					
Thursda y 22.8.24.	PATHOLOGY (LGIS)		COMMUNITY MEDICINE (LGIS)					
	Malignant diseases of ovary		Preventive aspects of neonatal care (PreventivePediatrics)-I					
	(odd) lec hall 1	(Even) lec hall 2	(odd) lec hall 1	(Even) lec hall 2				
Dr. Fatima Tuz Zahra	Dr. Kiran	Assoc Prof Dr. Khola	Dr Imrana Saeed APWMO					
Friday 23.8.24.	08:00AM – 09:45AM		09:45AM – 10:30		10:30AM – 11:15AM		11:15AM – 12:00PM	
	Skill lab Pathology / Pharmacology		PATHOLOGY (LGIS)		MEDICINE (LGIS)		OBS (LGIS)	
	Tumors of Breast / PK Calculation I		Malignant neoplasm of breast		Anemia in pregnancy		Rh Incompatibility	
	Batch A-H	I-P	(odd) lec hall 4	(Even) lec hall 5	(odd) lec hall 4	(Even) lec hall 5	(odd) lec hall 4	(Even) lec hall 5
Dr Zofeshan Dr Zaheer	Dr. Syeda Aisha	Prof. Mobina Dodhy	Dr. Mudassira Zahid	Dr. Arif	Dr Faran	Gynae Unit-II Dr Khansa Iqbal	Gynae Unit-II Dr Farah	
Saturday	08:00AM – 09:45AM		09:45AM – 10:30		10:30AM – 11:15AM		11:45AM – 12:30PM	
							12:30PM – 01:15PM	
							01:15PM – 02:00PM	

24.8.24.	Skill lab Pathology / pharmacology		RADIOLOGY (LGIS)		PEADIATRICS (LGIS)		PATHOLOGY(LGIS)		MEDICINE (LGIS)		OBS (SGD)	
	Tumors of Breast /PK Calculation I		Imaging in obstetrics & anomaly scan		Neonatal Jaundice		GTD & Choriocarcinoma		Asthma in Pregnancy		Medical disorders in pregnancy	
	A-H	Batch I-P	(odd) lec hall 4	(Even) lec hall 5	lec hall 4	lec hall 5	(odd) lec hall 4	(Even) lec hall 5	(odd) lec hall 4	(Even) lec hall 5	(Odd) hall 4	(Even) lec hall 5
	Dr. Syeda Aisha	Dr Zoofishan Dr Zaheer			Dr Sara Liaqat	Dr Amal Hashmi	Dr. Fatima tuz Zohra	Dr. Kiran Fatima	Dr. Arif	Dr Faran	BBH DR Aysha Zulifqu a	Dr Maryam Zaheer

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TENTATIVE TIMETABLE 4THYEAR MBBS- POPULATION MEDICINE & REPRODUCTIVE HEALTH MODULE 2024 (5th WEEK)

DATE / DAY	8:00 AM – 9:00 AM		09:00am – 10:00am		10:30am – 12:00pm		12:00pm - 02:00pm									
Monday 26.8.24.	OBS (LGIS)		NEPHROLOGY (LGIS)		BREAK 10:00AM – 10:30AM											
	Oligo and Polyhydramnios.		Renal Disease in Pregnancy													
	lec hall 1	lec hall 2	(odd) lec hall 1	Even lec hall 2												
DHQ Dr Rubaba	DHQ Dr Aqsa	Dr. Asif														
Tuesday 27.6.24.	OBS (LGIS)		PEDIATRICS (LGIS)						CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.							
	Intra-uterine fetal death		Breast Feeding													
	lec hall 1	lec hall 2	(odd) lec hall 1	Even lec hall 2												
Gynae Unit I Dr Humaira Bilqis	Gynae Unit I Dr. Amara	Dr Maryam Amjad	Dr Javeria Zia													
Wednesday 28.8.24.	PEDIATRICS (LGIS)		MEDICINE (LGIS)										CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.			
	Neonatal seizures		Epilepsy in Pregnancy													
	(odd) lec hall 1	Even lec hall 2	(odd) lec hall 1	Even lec hall 2												
Dr Huma Asghar	Dr Naila Ahsan	Dr. Arif	Dr Faran													
Thursday 29.8.24.	MEDICINE (LGIS)		COMMUNITY MEDICINE (LGIS)		CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.											
	Thrombotic disorders in pregnancy		Preventive aspects of neonatal care (PreventivePediatrics)-II													
	(odd) lec hall 1	Even lec hall 2	(odd) lec hall 1	Even lec hall 2												
Dr. Arif	Dr. Nida	Assoc Prof Dr. Khola	Dr Imrana Saeed APWMO													
Friday 30.8.24.	08:00AM – 09:45AM		09:45AM – 10:30						10:30AM – 11:15AM		11:15AM – 12:00PM					
	Skill lab Pharmacology/ Pathology		PEDIATRICS (LGIS)						REPRODUCTION ETHICS (LGIS)		GYNAE (LGIS)					
	PK Calculation_II /Testicular Tumors		Low birth weight & Prematurity						Abortion Ethics		Management of GTD					
	Batch A-H	I-P	(Odd) lec hall 4	(even) lec hall 5					(odd) lec hall 4	Even lec hall 5	(odd) lec hall 4	Even lec hall 5				
Dr Zofeshan Dr Zaheer	Dr. Syed Iqbal Haider	Dr Sumbal Ghazi	Dr Saima Akhtar	Gynae unit 1 Dr Sobia					Dr Zainab	Gynae Unit-II Dr. Maliha Sadaf	Gynae Unit-II Dr. sabeen					

Saturday 31.8.24.	08:00AM – 09:45AM		09:45AM – 10:30		10:30AM – 11:15AM		BREAK	11:45AM – 12:30PM		12:30PM – 01:15PM	01:15PM – 02:00PM
	Skill lab Pharmacology/ Pathology		GYNÆ (LGIS)		PATHOLOGY (LGIS)			PATHOLOGY (SGD)	GYNÆ (LGIS)	PATHOLOGY(CBL)	
	PK Calculation-II/ Testicular Tumors		Management of benign and Malignant disease of uterus		Malignant diseases of cervix			Dysfunctional Uterine Bleeding	Management of Benign and malignant ovarian tumors	Testicular Atrophy, Cryptorchidism	
	Batch A-H	Batch I-P	(odd) lec hall 4	Even lec hall 5	(odd) lec hall 4	Even lec hall 5		(odd) lec hall 3 & 4	Even lec hall 5 & 6/Pharma lab	(odd) lec hall 3,4	lec hall 3 & 4,5,6
	Dr. Syed Iqbal Haider	Dr Zofeshan Dr Zaheer	BBH Dr Sadia Khan	BBH Dr Humera Masood	Dr. Mudasira	Prof. Mobina Dodhy		Dr. Fatima tuz Zahra Dr. Kiran Fatima	Dr. Sarah Rafi Dr. Shabih Haider	DHQ Dr Shama Dr Ruqaiyah	Dr. Abid Hassan Dr. Mah Jabeen Dr. Syed Iqbal Haider Dr. Nida Fatima

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

TENTATIVE TIME TABLE 4THYEAR MBBS- POPULATION MEDICINE & REPRODUCTIVE HEALTH 2024 (6th WEEK)

DATE / DAY	8:00 AM – 9:00 AM	09:00am – 10:00am	10:30am – 12:00pm		12:00pm - 02:00pm
Monday 2.9.24.	GYNAE (LGIS) Management of benign & malignant Disease of vulva& vagina		PATHOLOGY (SGD) BPH, prostatic cancer, testicular atrophy, seminoma		BREAK 10:00AM – 10:30AM CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.
	(odd) lec hall 1	Even lec hall 2	(odd) Lec hall 1 & 3	Even Lec hall 2/Pharma lab	
	Gynae Unit II Dr Humera Noreen	Gynae Unit II Dr Farah	Dr. Fatima tuz Zahra Dr. Rabbiya Khalid	Dr. Kiran Fatima Dr. Mehreen Fatima	
Tuesday 3.9.24.	PATHOLOGY(LGIS)		COMMUNITY MEDICINE (LGIS)		
	Proliferative lesions of Endometrium and Myometrium		Demography Introduction , measures of mortality and fertility		
	(odd) lec hall 1	Even lec hall 2	(odd) lec hall 1	Even lec hall 2	
Dr. Mobina	Dr. Mudassira Zahid	Dr Afifa Kulsoom (AP)	Dr Sana Bilal (Assoc Prof)		
Wednesday 4.9.24	GYNAE (LGIS)		COMMUNITY MEDICINE (LGIS)		
	Prenatal diagnosis		Demography (demographic momentum, transition & dividend)		
	(odd) lec hall 1	Even lec hall 2	(odd) lec hall 1	Even lec hall 2	
BBH Dr. Ismat Batool	BBH Dr. Humaira	Dr Afifa Kulsoom (AP)	Dr Sana Bilal (Assoc Prof)		
Thursday 5.9.24.	PATHOLOGY(SGD)		COMMUNITY MEDICINE (LGIS)		
	Endometritis, Adenomyosis, Endometriosis		Demography (Migration & Urbanization)		
	(odd) lec hall 1 & 3	Even lec hall 2/ Pharma Lab	(odd) lec hall 1	Even lec hall 2	
Dr. Fatima tuz Zahra Dr. Kiran Fatima	Dr. Sarah Rafi Dr. Shabih Haider	Dr Afifa Kulsoom (AP)	Dr Sana Bilal (Assoc Prof)		
Friday	08:00AM – 09:45AM	09:45AM – 10:30	10:30AM – 11:15AM	11:15AM – 12:00PM	

6.9.24.	Skill lab Pathology/Pharmacology		SURGERY (LGIS)		PATHOLOGY (CBL)		GYNAE (LGIS)					
	Tumors of Breast / Drugs used in pregnancy & lactation		Surgical interventions of breast		Pathology of Vulva & Vagina		Physiology of menstrual cycle					
	Batch A-H	I-P	Odd lec hall 4	Even lec hall 5	(odd) lec hall 3 & 4	Even lec hall 5 & 6/ Pharma lab	(odd) lec hall 4	Even lec hall 5				
	Dr Memona Dr Arsalan Dr Saba Dr Uzma	Dr. Syeda Aisha	Dr Huma	Dr Faiza SU-I	Dr. Faiza Zafar Dr. Unaiza Aslam	Dr. Syeda Aisha Dr. Shabih Haider	BBH Dr Hina Gul	BBH Dr Asma khan				
Saturday 7.9.24.	08:00AM – 09:45AM		09:45AM – 10:30		10:30AM – 11:15AM		11:45AM – 12:30PM		12:30PM – 01:15PM		01:15PM – 02:00PM	
	Skill lab Pathology/Pharmacology		PHARMACOLOGY (CBL)		GYNAE (LGIS)		PSYCHIATRY (LGIS)		ANESTHESIA(LGIS)		OBS (LGIS)	
	Tumors of Breast / Drugs used in pregnancy & lactation		Hormonal contraceptives		Management of STDs		Puerperal Psychosis		Pain management during labour		Prolonged Pregnancy / IOL	
	A-H	Batch I-P	(odd) lec hall 3 & 4	Even lec hall 5 & pharma lab	lec hall 3 & 4	lec hall 5,6	(odd) lec hall 4	Even lec hall 5	(odd) lec hall 4	(even) lec hall 5	(odd) lec hall 4	(even) lec hall 5
	Dr. Syeda Aisha	Dr Memona Dr Arsalan Dr Saba Dr Uzma	Dr Zunera Dr Attiya Dr Memuna Dr Arsheen Dr Aisha	Dr Saba Dr Uzma Dr Zaheer Dr Zoefishan	DHQ Dr. Aqsa	DHQ Dr. Ruqaiyaah	Dr Zona	Dr Zona	Dr Ammara	Dr. Aisha	BBH Dr Nighat Naheed	Dr Humera Masood

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

TENTATIVE TIME TABLE 4THYEAR MBBS- POPULATION MEDICINE & REPRODUCTIVE HEALTH 2024 (7th WEEK)

DATE / DAY	8:00 AM – 9:00 AM		09:00am – 10:00am		10:30am – 12:00pm	12:00pm - 02:00pm
Monday 9.5.24.	OBS (SGD)		PHARMACOLOGY (LGIS)		BREAK 10:00AM – 10:30AM	CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.
	Patogram, CTG		Hormonal contraceptives			
	(odd) lec hall 1	Even lec hall 2	(odd) Lec hall 1	Even Lec hall 2		
Gynae unit II Dr Farah	Gynae unit II Dr Khansa	Dr Memona	Dr Zunera			
PHARMACOLOGY (LGIS)		OBS (LGIS)				
Drugs used in treatment of infertility		Induced / septic abortions				
(odd) lec hall 1	Even lec hall 2	(odd) lec hall 1	Even lec hall 2			
Dr. Memona	Dr. Aisha	Dr Hina Gul BBH	Dr Asma Khan BBH			
Wednesday 11.9.24.	PHARMACOLOGY (CBL)		COMMUNITY MEDICINE (LGIS)			
	P drug & Prescription writing for infertility and preterm labour		Health economics framework and structure & evaluation			
	(odd) lec hall 1 & 3	Even lec hall 2 & pharma lab	(odd) lec hall 1	Even lec hall 2		
Dr Attiya Dr Zunera Dr Memuna Dr Arsheen	Dr Aisha Dr Saba Dr Uzma Dr Zaheer Dr Zoefishan	Dr Sana Bilal	Dr Imrana Saeed APWMO			
Thursday 12.9.14.	PEDIATRICS (LGIS)		COMMUNITY MEDICINE (LGIS)			
	IDM		Global Public Health-NGOs			
	(odd) lec hall 1	Even lec hall 2	(odd) lec hall 1	Even lec hall 2		
Dr Maria Shamsher	Dr Sadaf Iqbal	Dr Narjis Zaidi	Dr Asif Butt			
Friday 13.9.24.						

	PREP LEAVE	
Saturday 14.9.24	END block ASSESSMENT	

Community Oriented Clerkship Module (annex I)

Theme (AIM):

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

LEARNING OUTCOMES (LOS):

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

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

MODULE OUTLINE:

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

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

Day	Activity -I 10.30 – 11.00	Activity – II 11.00- 11.30am	Activity III 11.30- 01.00pm	Act-V 01.00 – 2.00pm	Sites of teaching- learning	Assessment	Session outcome (level of learning)
	Session topic	Session topic	Session topic	Session topic			
1 st day	instructing / demonstrati on on Practical Manual based Assignment s	Visit to CHC • SGIS on Health days commemor ation work, Display material, PPT.	• SGIS on HMDTD practicum. Topic finalization, CHC- Message draft outlines finalization.	• PPT based Demo on How to conduct & report HHS. • Guidelines on PHI work to be done during clinical rotations / ward duties	• Demonstration on n / lec Hall 3 • CHC - Dept. CM NTB RMU.	• 1-2 OSPE in end of clerkship exam (credit will part of IA) • Assessment of HHS - Report (Max marks:5 part practical /viva exam 4 th Prof MBBS)	• Construct a health message. (C6) • Prepare Health days commemoration stuff, Display material, PPT, (P) • Undertake a health survey. (HHS) (C3)

SOPS OF LEARNING & ASSESSMENTS:

- Active participation will be graded by the batch in charge (**under a check list**) during the activity / session and grades/marks will be entered in the practical manual as out of 05 (Max marks 05) by the batch in

charge. 05 Max Marks are reserved for CHC (HMDTD and Health awareness work.

- Assessment will be done by **OSPE / MCQs Exam / Viva voce** at the end of each module and credit will be objectively recorded for the purpose of internal assessment. (Max mark 10)
- General assessment of the subject learning will be through MCQs, SEQs & OSPE on the relevant subjects in the relevant end of modules, block exams and Send up Exams.
- **Students are required to report / write the relevant work in Practical Journal, House Hold Survey Report Book and log all the clerkship activities in the Logbook on daily basis.**

2 nd day	Follow up session on. - HM-DTD work - HHS work - health days commemoration work	SGIS/ Briefing / PPT based guidelines on field visit of the day (EPI services center HFH)	FV to the EPI center HFH	Health awareness work (HAW)	<ul style="list-style-type: none"> • Demo Room, • EPI Center HFH • OPD, hospital shelters sites for health awareness work (HAW) 	<ul style="list-style-type: none"> • 1-2 OSPE in end of clerkship exam (credit will part of IA) • Grade of performance in EPI visit reporting. • Credit of HAW 	<ul style="list-style-type: none"> • Explain cold chain component at EPI center • Vaccinate (EPI) vaccines to the clients. • Comprehend EPI system
3 rd day	Follow up session on HM- DTD work & HHS	SGIS / Briefing / PPT based guidelines on FV to MCH & FP Services Center HFH	FV to the MCH services & FP center HFH	Health awareness work (HAW)	<ul style="list-style-type: none"> • FP Center HFH • OPD, hospital shelters sites for HAW 	<ul style="list-style-type: none"> • 1-2 OSPE in end of clerkship exam (credit will part of IA) • Grade of performance in EPI visit reporting. • Credit of HAW 	<ul style="list-style-type: none"> • Identify CP devices available at MHC FP center • Counsel clients for use of a contraception method • Place CP devices to client (P)
4 th day	Follow up session on HM- DTD work & HHS	Briefing / guidelines on FV Hospital waste disposal system in hospitals	<ul style="list-style-type: none"> • FV to the hospital waste disposal system & relevant sites / Incinerator 	Health awareness work (HAW)	<ul style="list-style-type: none"> • FP Center HFH • OPD, hospital shelters sites for HAW 	<ul style="list-style-type: none"> • End of module OSPE • Grade of performance in visits to sites 	<ul style="list-style-type: none"> • Explain hospital waste disposal system • Develop a hospital waste management plan • Explains various domains of hospital management (C2)

5 th day week 2)	SGIS / PPT based briefing on Hospital management & administration on	Visit to Hospital management & administration (HFH) office	Health awareness work (HAW	HHF	<ul style="list-style-type: none"> • End of module OSPE • Grade of performance in visits to sites 	
6 th day	SGIS / PPT based briefing on visit to First level of health care facility (FLCF) BHU/RHC	Field visit to RHC Khayaban Sir-Syed (RHC) or BHU	<ul style="list-style-type: none"> • Demo room / lec Hall 3 NTB / CPC-Hall. • RHC / BHU 	Health awareness work (HAW at site visited	<ul style="list-style-type: none"> • End of module OSPE • Report credit in PJ 	<ul style="list-style-type: none"> • Explain working of FLCF • Appreciate PHC elements at FLCF. (C2)
7 th day	Health days commemoration (walk/ seminar/ presentation/ CHC-message dissemination work (10.30 – 12.00pm)		12.00 – 2.00pm <ul style="list-style-type: none"> • Completion & assessment of relevant Practical Journal work, • HHS-report book, • Logbook etc. • Feedback discussion on PHI 		<ul style="list-style-type: none"> • Communication skills • Comprehend frequency Preventable RFs of NCDs in the real population (RF surveillance) • Undertake a preventive Healthcare inquiry 	

RAWALPINDI MEDICAL UNIVERSITY, RAWALPINDI
CLINICAL TRAINING ROTATIONS 4TH YEAR MBBS CLASS (SESSION 2023-2024)
STARTING w.e.f. 19-02-2024 ENDING 20-11-2024.

Date	Medicine /Neurology DHQ	OBS/GYN HFH I & II	OBS/GYN BBH & DHQ	C.ME D	E.N.T. H.F.H.	E.N. T. B.B. H	E.N. T. D.H. Q	Medicine DHQ	EYE H.F.H	EYE B.B. H.	EYE DHQ	PEA DS H.F. H	PEA DS B.B. H.	CARDI O	PAT H	NEUR OSUR GERY
19-02-24 To 03-03-24	A	B1, HFH-1 B2, HFH-2	C1, BBH C2, DHQ	D	E	F	G	H	I	J	K	L	M	N	O	P
04-03-24 to 17-03-24	B	C1, HFH-1 C2, HFH-2	D1, BBH D2, DHQ	E	F	G	H	I	J	K	L	N		O	P	A
18-03-24 To 31-03-24	C	D1, HFH-1 D2, HFH-2	E1, BBH E2, DHQ	F	G	H	I	J	K	L	M		O	P	A	B
01-04-24 To 21-04-24 S.V	D	E1, HFH-1 E2, HFH-2	F1, BBH F2, DHQ	G	H	I	J	K	L	M	N	P		A	B	C
22-04-24 To 12-05-24 (S.W)	E	F1, HFH-1 F2, HFH-2	G1, BBH G2, DHQ	H	I	J	K	L	M	N	O		A	B	C	D

13-05-24 To 26-05-24	F	G1, HFH-1 G2, HFH-2	H1, BBH H2, DHQ	I	J	K	L	M	N	O	P	B		C	D	E				
27-05-24 To 09-05-24	G	H1, HFH-1 H2, HFH-2	I1, BBH I2, DHQ	J	K	L	M	N	O	P	A			D	C	D	E	F		
10-06-24 To 23-06-24	H	I1, HFH-1 I2, HFH-2	J1, BBH J2, DHQ	K	L	M	N	O	P	A	B	E				E	F	G		
24-06-24 To 08-08-24	I	J1, HFH-1 J2, HFH-2	K1, BBH K2, DHQ	L	M	N	O	P	A	B	C					F	E	F	G	H
05-08-24 To 18-08-24	J	K1, HFH-1 K2, HFH-2	L1, BBH L2, DHQ	M	N	O	P	A	B	C	D	G		G	H			I		
19-08-24 To 01-09-24	K	L1, HFH-1 L2, HFH-2	M1, BBH M2, DHQ	N	O	P	A	B	C	D	E			H				H	I	J
02-09-24 To 15-09-24	L	M1, HFH-1 M2, HFH-2	N1, BBH N2, DHQ	O	P	A	B	C	D	E	F							H		I

16-09-24 To 29-09-24	M	N1, HFH-1 N2, HFH-2	O1, BBH O2, DHQ	P	A	B	C	D	E	F	G			J	K	L
30-09-24 To 13-10-24	N	O1, HFH-1 O2, HFH-2	P1, BBH P2, DHQ	A	B	C	D	E	F	G	H		I	K	L	M
14-10-24 To 27-10-24	O	P1, HFH-1 P2, HFH-2	A1, BBH A2, DHQ	B	C	D	E	F	G	H	I	J			L	M
28-10-24 To 10-11-24	P	A1, HFH-1 A2, HFH-2	B1, BBH B2, DHQ	C	D	E	F	G	H	I	J	L	K	M	N	O
Date	Medicine /Neurology DHQ	OBS/GYN HFH I & II	OBS/GYN BBH & DHQ	C.ME D	E.N.T. H.F.H.	E.N. T. B.B. H.	E.N. T. D.H. Q	ENT / EYE HFH / HFH	EYE H.F.H	EYE B.B. H.	EYE DHQ	PEA DS H.F. H	PEA DS B.B. H.	CARDI O	PAT H	NEUR OSUR GERY

Vice Chancellor
Rawalpindi Medical University
Rawalpindi

No. T-9/_____/RMU, RWP. Dated _____ 2024.

Copy to all concerned Departments.
You are also informing to send revised lecture schedule.

12- Research

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



13- Biomedical Ethics

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

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

1. Principle of respect for autonomy,
2. Principle of no maleficence, 3. Principle of beneficence, and 4. Principle of justice.

14- Family Medicine

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

15- Artificial Intelligence

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