Study Guide Gastrointestinal Module-I

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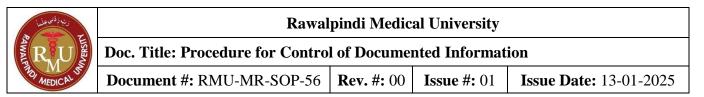
INIVERSIT

NEW TEACHING BLOCK

Department of Medical Education

Second Year MBB

20 25



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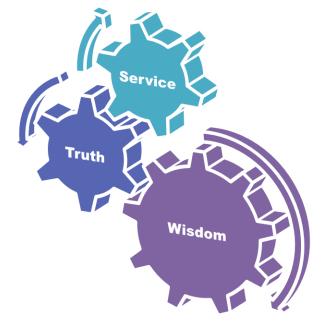
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University Moto, Vision, Values & Goals

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.

Second Year MBBS 2025

Study Guide

GIT Module - I

Integration Anatomy GIT Module Physiology Biochemistry **Behavioral Sciences** GIT Module - I Radiology Gynae & Medicine Obs Family Medicine Community Medicine Islamiayat Pharmacology Pediatrics Pak Studies **Spiral / General Education Cluster Courses Disciplines in GIT Module - I**

			Integration						
			Themes						
Block	Module	General Anatomy	Embryology	Histology	Gross Anatomy				
	Anatomy	-	Tongue, Body Cavities,	Digestive Tract &	Oral Cavity, Abdomen and associated				
			Gastrointestinal System	associated organs	visceras				
				(Junqueira)					
	Biochemistry		Carbohydrate metabolism, GIT digestive juices, Digestion and absorption, GIT Hormones LFTs, Jundice & Nutrition,						
	Physiology	1	General Principles of Gastrointestinal Function—Motility, Nervous Control, and Blood Circulation						
		Propulsion and Mixing of Fo			Contractional Tracet				
		Secretory Functions of the A Physiology of Gastrointestin		and Adsorption in the	Gastrointestinai Tract				
		Thysiology of Castronnestin	Orientation Session	n					
	Department of Medical	Orientation Session on Ci							
	Education (DME)	Orientation Session on Curricular Reform RMU & Feedback of Year 2024							
Ι	Spiral Courses								
		Nazria Pakistan							
	 Allah SWT ki Hakmiyat ka Nifaz 								
	Pak Studies	• Two Nation Theory							
		• Establishment of an Islamic state							
	Islamiyat	Toheed Related Quranic	Toheed Related Quranic Verses & their Explanation						
		• Toheed & Shirk	-						
		Risalat Related Quranic Y							
		• Introduction to descriptive	Introduction to descriptive statistics (Research-I)						
		• Classification of different types of Data (Research-II)							
	Research (IUGRC)	• Scales of Data measurement (Research-III)							
		• Measures of central Tende	• Measures of central Tendency (Research-IV)						
		• Geriatrics (Research-V)							
		• Synopsis wrting session (Research Practical Session	()					
	Radiology	Medical imaging of abdomen- I							
		Medical imaging of abdomen-II							
	Family Medicine	Common Abdominal dise	Common Abdominal diseases						
	Behavioral Sciences	• Learning & Memory							

Discipline Wise Details of Modular Content

	• Eating Disorders
	Vertical Integration
Community Medicine	Clinically content relevant to GIT Module - I
	Concept of health & disease
	Epidemiology of Infectious Diseases & Basic Concepts
• Gynae and OBS	Physiologic Changes in the GIT in Pregnancy
	Jaundice/Obstetric Cholestasis in Pregnancy
Medicine	• Jaundice
	Inflammatory Bowel Diseases
• Surgery	Acute Abdomin
	Gall Stones
Pediatrics	Acute and Chronic Diarrhea Cute & Choronic Diaherrea
Pharmacology	Anti Diarrheal Drugs
Pathology	Pathologies of Intestine
	Clinical Relevance
	and Management of Peptic Ulcer Disease
	bsorption Syndromes (e.g., celiac disease)
-	gement of Gastroesophageal Reflux Disease (GERD)
	nflammatory Bowel Diseases (e.g., Crohn's disease, ulcerative colitis)
	Appendicitis and Surgical Decision-Making
	ding: Causes and Initial Management
	tion and Clinical Evaluation
	ts Complications (e.g., ascites, hepatic encephalopathy)
-	esis and Surgical Indications
Mechanisms of Diari	thea and Dehydration Management

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MCQ, SEQ Paper, & EMQ	
Templates for AV OSPE	
Templates for Structured Viva	

GIT Module - I Team

:	GIT Module - I
:	06 Weeks
:	Dr. Uzma Kiyani
:	Dr. Shazia Nosheen
:	Module Committee
	: : : :

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2.	Director DME	Prof. Dr. Ifra Saeed	2.	DME Focal Person	Dr. Farzana Fatima
3.	Convener Curriculum	Prof. Dr. Naeem Akhter	3.	Co-coordinator	Dr. Minahil Haq (Senior Demostrator of Anatomy)
4.	Chairperson Anatomy & Dean Basic Sciences	Prof. Dr. Ayesha Yousaf	4.	Co-Coordinator	Dr. Shazia Nosheen (Senior Demonstrator of Physiology)
5.	Additional Director (Assessment) DME	Dr. Arsalan Manzoor Mughal	5.	Co-coordinator	Dr. Uzma Zafar (APWMO of Biochemistry)
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13.	Focal Person Behavioral Sciences	Dr. Saadia Yasir			
14.	Focal Person Community Medicine	Dr. Afifa Kulsoom			
15.	Focal Person Quran Translation	Dr. Uzma Zafar			
	Lectures				
16.	Focal Person Family Medicine	Dr. Sadia Khan			

Module I -GIT Module - I

Rationale: GIT Module - I has been designed to unravel the basic structure function of the alimentary system along with its embryological development and anomalies. The composition of the food is complex and little of it is water soluble. Therefore, it cannot enter body fluids. Hence it needs to be broken down into its chemical components before it can be absorbed. Four activities of the GIT tract can be identified for this process to occur. These are:

Motility: The term is used to describe the movements of the GIT tract. These movements are responsible for breaking down and pushing the food along the alimentary tract and to its destination as feces.

Secretion: Different secretion of the GIT are concerned with breakdown of food into its digestive particles

Digestion: Break down of food into small pieces. It is produced by the mechanical activity of the alimentary tract. The surface of the food is exposed to enzymatic activity.

Absorption: The transfer of nutrients or the digestive products from the lumen to blood or the lymph.

Disruption of any of its activities can lead to disease states such as pain, peptic ulceration, diarrhea & constipation.

Coordination of all these functions is brought about hormones of GIT and exocrine pancreas.

Module Outcomes

At the end of this module the student should be able to:

Knowledge

- Explain the structural & developmental organization of GIT.
- Explain the composition, functions, mechanism & control of following gastrointestinal secretions: salivary, gastric, pancreatic, biliary, small & large intestines.
- Explain the swallowing and motility patterns in the GIT & its role in mixing, propulsion & evacuation of feces.
- Describe the mechanism of absorption of various nutrients and their role in malabsorption syndrome.
- Explain the physiological anatomy, biochemistry functions and dysfunctions of Liver.
- Explain the formation, function & control of secretion of bile.
- Explain the GIT hormones (structure, function) & their role in secretion and motility.
- Apply the knowledge of the basic sciences to understand pathophysiology of common GIT diseases.
- Appreciate concepts & importance of

- Family Medicine
- Biomedical Ethics
- Artificial Intelligence
- \circ Research

Skills

- Dissect various parts of GIT, and related structures including peritoneum, to demonstrate their gross Anatomy and relationship to each other.
- Identify different organs of GIT under microscope and on model.

Attitude

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

This module will run in 6 weeks duration. The content will be covered through 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!

SECTION - I

Terms & Abbreviations

Contents

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

Tables & Figures

• Table1. Domains of learning according to Blooms

Taxonomy

- Figure 1. Prof Umar's Model of Integrated Lecture
- Table2. Standardization of teaching content in Small Group Discussions
- Table 3. Steps of taking Small Group Discussions
- Figure 2. PBL 7 Jumps Model

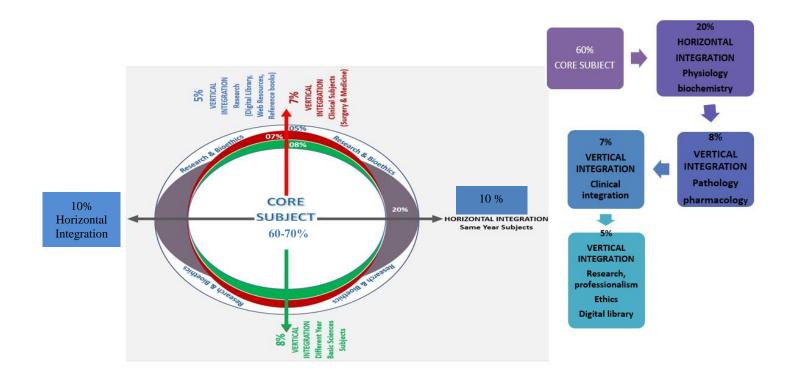
Table1. Domains of Learning According to Blooms Taxonomy

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

Teaching and Learning Methodologies / Strategies

Large Group Interactive Session (LGIS)

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



Prof Umar's Model of Integrated Lecture

Small Group Discussion (SGD)

This format helps students to clarify concepts acquire skills and attitudes. Sessions are structured with the help of specific exercises such as patient case, interviews 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 help to clarify the concepts.

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

Table 2. Standardization of teaching content in Small Group Discussions

Table 3. Steps of Implementation of Small Group Discussions

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

Self-Directed Learning (SDL)

- Self- directed learning is a process where students take primary charge of planning, continuing, and evaluating their learning experiences.
- Time Home assignment
- Learning objectives will be defined
- Learning resources will be given to students = Textbook (page no), web site
- Assessment:

i Will be online on LMS (Mid module/ end of Module)

ii.OSPE station

Case Based Learning (CBL)

- It's a learner centered model which engages students in discussion of specific scenarios that 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
 - 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.

Tł	ne 7- Jump-Format of PBL (Masstricht Medical School)
Step 7	Synthesize & Report
Step 6	Collect Information from outside
Step 5	Generate learning Issues
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	f department				
At the end of block the practical copy will be signed by					
Head of Department					
Dean					
Medical education department					
QEC					

SECTION – II

Learning Objectives, Teaching Strategies & Assessments

Contents

- Horizontally Integrated Basic Sciences (Anatomy, Physiology & Biochemistry)
- Large Group Interactive Session:
 - Anatomy (LGIS)
 - Physiology (LGIS)
 - Biochemistry (LGIS)
- Small Group Discussions
 - Anatomy (SGD)
 - Physiology (SGD)
 - Biochemistry (SGD)
- Self-Directed Topic, Learning Objectives & References
 - Anatomy (SDL)
 - Physiology (SDL)
 - Biochemistry (SDL)
- Skill Laboratory
 - Anatomy
 - Physiology
 - Biochemistry
- Learning Management System (LMS)
 - Anatomy (LMS)
 - Physiology (LMS)
 - Biochemistry (LMS)

Horizontally Integrated Basic Sciences (Anatomy, Physiology & Biochemistry)

(Knowledge)

Anatomy Large Group Interactive Session (LGIS)

		Theory				
Code	Торіс	Learning Objectives	Calgary	Learning	Teaching	Assessmen
		At the end of lecture students should be able to	Gauges	Domain	Strategy	Tool
	-	Embryology		1		
		• Describe the development of pharyngeal apparatus	Must Know	C2		
		• Enlist the sources for development of different parts of tongue.	Must Know	C1		
		• Explain the development of tongue along with its nerve	Must Know	C2		SAQ
		supply.			LGIS	MCQ
		• Describe the congenital anomalies associated with tongue	Should Know	C2		VIVA OSPE
	Development of	• Describe the developmental basis of physiological and	Must Know	C2		OSFE
M1-GIT-A-001	Tongue	biochemical mechanisms involved in perception and				
	Tonguo	transmission of taste sensation				
		• Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		Read relevant research articles		C3		
		• Use HEC digital library		C3		
		• Enumerate different body cavities	Must Know	C1		
		Describe division of embryonic body cavity	Must Know	C2		
		• Discuss formation and significance of pleuropericardial	Must Know	C2		SAQ
		membranes and pleuroperitoneal membranes			LGIS	MCQ
M1-GIT-A-002	Development of	• Describe muscular ingrowth from Lateral body walls	Must Know	C2		VIVA
	Body cavities I & II	• Correlate with the clinical conditions	Should Know	C3		OSPE
		• Understand curative and preventive heath care measures	Nice to know	C3		
		Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care measures.	Nice to know	C3		
		• Read relevant research articles.		C3		
		• Use HEC digital library		C3		

		• Explain different stages of development of salivary glands	Must Know	C2		
		• Enlist the sourse for development of different type of salivary gland	Must Know	C1		SAQ
		• Explain development of its nerve supply	Must Know	C2	LGIS	MCQ
		• Describe the congenital anomalies associated with salivary glands	Must Know	C2		VIVA OSPE
	Development of	Correlate with the clinical conditions	Should Know	C3		
M1-GIT-A-003	Salivary glands	• Understand curative and preventive heath care measures	Nice to know	C3	-	
		Practice the principles of bioethetics		C3 C3		
		• Apply strategic use of A.I in health care		C3		
		Read relevant research articles		C3		
		• Use of HEC digital library				
	Development of Esophagus	Discuss the formation of tracheoesophageal septum and its importance	Must Know	ust Know C2	LGIS	SAQ MCQ VIVA OSPE
		 Describe salient features of esophageal development	Must Know	C2		
		Describe congenital anomalies of esophagus	Must Know	C2		
		• Describe the developmental basis for the physiological and	Must Know	C2		
M1-GIT-A-004		biochemical mechanisms involved in the process of swallowing				
		Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3	-	
		• Apply strategic use of A.I in health care	Nice to know	C3	-	
	Read relevant research articles					
	• Use of HEC digital library					
		• Explain the development of stomach	Must Know	C2		
		• Discuss rotations and positional shifts of stomach & their effect on nerve supply and peritoneal attachments	Must Know	C2		SAQ
M1-GIT-A-005	Development of	Explain formation of omental bursa.	Must Know	C2	LGIS	MCQ
011 11 000	Stomach	Describe congenital anomalies of stomach	Must Know	C2 C2		VIVA

		• Describe the developmental basis for the physiological and biochemical mechanisms involved in the process of digestion in the stomach	Must Know	C2		OSPE
		Discuss pernicious anemia		C2		
		Correlate with the clinical conditions	Should Know	C3	-	
		• Understand curative and preventive heath care measures	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		Read relevant research articles	Nice to know	C3		
		• Use of HEC digital library	Nice to know	C3	-	
		Describe formation of hepatic diverticulum	Must Know	C2		
		• Describe histogenesis of liver during intrauterine life	Must Know	C2		SAQ
	Development of	• Describe formation of various ligaments of liver.	Must Know	C2		MCQ VIVA OSPE
		• Discuss congenital abnormalities of liver	Must Know	C3		
M1-GIT-A-006		• Describe the developmental basis for the physiological and biochemical mechanisms involved in the process of detoxification in the liver	Must Know	C2		
	Liver	• Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		• Read relevant research articles	Nice to know	C3		
		• Use of HEC digital library	Nice to know	C3		
		Discuss development of Gall bladder	Must Know	C2		
		• Describe /congenital anomalies of gall bladder	Must Know	C2]	
		• Discuss development and congenital anomalies of pancreas	Must Know	C2]	SAQ
M1-GIT-A-007 Gall bladder, pancreas and Biliary apparatus	pancreas and Biliary	• Describe development of extrahepatic biliary apparatus and its parts with abnormalities	Must Know	C2	LGIS	MCQ VIVA
	• Describe the developmental basis for the physiological and biochemical mechanisms involved in the process of production of bile and pancreatic vsecretions	Must Know	C2		OSPE	
		• Correlate with the clinical conditions	Should Know	C3	1	

		• Understand curative and preventive heath care measures	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3	_	
		• Apply strategic use of A.I in health care	Nice to know	C3		
		Read relevant research articles	Nice to know	C3		
		• Use of HEC digital library	Nice to know	C3		
		• Describe development of mid gut, midgut loop and rotation of midgut loop.	Must Know	C2	LGIS	SAQ
		• Explain physiological umbilical hernia and return of mid gut to abdomen.	Must Know	C2		MCQ VIVA
		• Describe fixation of intestines and transformations in peritoneal dispositions after mid gut loop return.	Must Know	C2		OSPE
M1-GIT-A-008	Development of small intestine	• Describe congenital anomalies and clinical correlation of mid gut development.	Must Know	C2		
		Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		• Read relevant research articles Nice to know C3				
		• Use HEC digital library	Nice to know	C3		
		• Enlist parts of large intestine.	Must Know	C1		
		• Describe partitioning of cloaca and cloacal membrane.	Must Know	C2		SAQ
		• Describe development of anal canal.	Must Know	C2	LGIS	MCQ
		Describe congenital anomalies of large intestine. Must Know C3		VIVA OSPE		
M1-GIT-A-009	Development of	• Correlate with the clinical conditions	Should Know	C3		
	large intestine	• Understand curative and preventive heath care measures.	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		Read relevant research articles	Nice to know	C3		
		• Use HEC digital library	Nice to know	C3		
		Histology				
		• Discuss surfaces of tongue with their histological features	Must Know	C2		
M1-GIT-A-0010	Tongue	• Describe different papillae of tongue with their location &	Must Know	C2	LGIS	SAQ

		features				MCQ
		• Explain histological features of taste buds	Must Know	C2		VIVA
		• Discuss leukoplakia and oral thrush	Should Know	C2		OSPE
		• Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		• Read relevant research articles	Nice to know	C3		
		• Use HEC digital library	Nice to know	C3		
		• Enlist major salivary glands	Must Know	C1		
		• Explain histological structure of salivary glands	Must Know	C2		
		• Discuss different cells forming parenchyma of salivary glands	Must Know	C2	LGIS	SAQ
		• Discuss histology of duct system	Must Know	C2		MCQ
M1-GIT-A-0011	Salivary glands	• Differentiate between major salivary glands on histological basis	Must Know	C2		VIVA OSPE
MI-011-A-0011		• Discuss effects of viral infections on salivary glands	Should Know	C3		
		• Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		• Read relevant research articles	Nice to know	C3		
		• Use HEC digital library	Nice to know	C3		
		• Describe the developmental basis of physiological and	Must Know	C2		
M1-GIT-A-0012	General organization	biochemical mechanisms involved in perception and transmission of taste sensation				SAQ MCQ
	of GIT	• Describe the histological characteristics of each layer with functional significance	Must Know	C2	LGIS	VIVA OSPE
		• Discuss associated clinicals (megacolon, chagas disease)	Should Know	C3		
		• Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		• Read relevant research articles	Nice to know	C3		
		• Use HEC digital library		C3		
		• Describe the histological layers of esophagus.	Must Know	C2		

		• Compare between various portions of esophagus histologically.	Must Know	C2	LGIS	SAQ MCQ
		• Discuss GERD	Should Know	C2	1	VIVA
M1-GIT-A-0013	Esophagus	• Correlate with the clinical conditions	Should Know	C3		OSPE
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		Practice the principles of bioethetics	Nice to know	C3		
		Apply strategic use of A.I in health care	Nice to know	C3		
		Read relevant research articles	Nice to know	C3		
		• Use HEC digital library	Nice to know	C3		
		• Describe the histological layers of different parts of stomach	Must Know	C2	LGIS	
		• Describe histological differences of different parts of the gastric glands	Must Know	C2		SAQ MCQ
	Stomach	• Describe the structure and function of different cells of gastric glands	Must Know	C2		VIVA OSPE
M1-GIT-A-0014		• Explain clinical conditions associated with stomach histologically	Should Know	C2		
MII-011-A-001+		Discuss pernicious anemia	Should Know	C2		
		• Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		• Read relevant research articles	Nice to know	C3		
		• Use HEC digital library	Nice to know	C3		
		Discuss in detail the histological organization of liver	Must Know	C2		
		• Explain the structure of liver lobule, portal triads& hepatic acinus and its functional importance	Must Know	C2	LGIS	SAQ MCQ
		Discuss histological features of hepatocytes.	Must Know	C2	LOID	VIVA
M1-GIT-A-0015	Liver	• Explain Hepatic cords, central vein, portal triad, hepatic venules, hepatic arterioles, bile duct & liver sinusoids.	Must Know	C2		OSPE
		Discuss the blood supply of the liver. Must Know C2	-			
		Explain different cells of the liver tissue	Must Know	C2 C2	-	
		 Explain different cens of the liver fissue Describe clinical aspects of liver on histological grounds 	Should Know	C2 C3	-	
		• Discuss cirrhosis, fatty liver	Should Know	C2		

		Describe histological features of parts of large intestine.	Must Know	C2	LGIS	SAQ
		• Use HEC digital library	Nice to Know	C3		
		Read relevant research articles	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		Practice the principles of bioethetics	Nice to know	C3		
		• Understand curative and preventive heath care measures.	Nice to know Nice to know	C3		
		Correlate with the clinical conditions	Nice to know	C3		
		disease				
		• Discuss histological aspects of celiac disease and crohn	Should Know	C3		
		• Discuss different cells lining the epithelium of small intestine	Must Know	C2		
M1-GIT-A-0017	Small Intestine	and microvilli in different parts of small intestine	Must Know	C2		OSPE
		• Discuss the location and function of villi, crypts of liberkuhn		_		VIVA
		and ileum	Must Know	C2		MCQ
		• Differentiate the histological features of duodenum, jejunum	Must Know	C2	LGIS	SAQ
		• Use HEC digital library				
		Read relevant research articles	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
	Diaudei	• Correlate with the clinical conditions	Nice to know	C3		
MII-011-A-0010	Bladder	Discuss cholelithiasis	Should Know	C2 C3		
M1-GIT-A-0016	Pancreas & Gall	• Explain the histological features of the gallbladder.	Should Know	C2 C2		
		• Discuss acute & chronic pancreatitis and pancreatic cancer	Must Know	C2 C2		OSIE
		 pancreatic acinus and ducts. Discuss acute & chronic pancreatitis and pancreatic concer 	Must Know	C2		OSPE
			WIUST KIIOW	C2		VIVA
		 Differentiate between exocrine and endocrine pancreas. Discuss the cellular structure and function of exocrine 	Must Know	C2 C2	LUIS	MCQ
		Differentiete between executing and endeering percentee	Must Know	C2	LGIS	SAQ
		• Use HEC digital library	Nice to know	C3		
		Read relevant research articles	Nice to know	C3 C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3 C2		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		• Correlate with the clinical conditions	Nice to know	C3		
		• Discuss jaundice	Should Know	C2		

M1-GIT-A-0018	Large Intestine I (General Histological Features)	 Discuss cells lining the epithelium Explain concept of tenaei coli. Differentiate histological structure of the large intestine from the small intestine. Correlate with the clinical conditions Understand curative and preventive heath care measures. Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use HEC digital library 	Must Know Must Know Must Know Should Know Nice to know Nice to know Nice to know Nice to know Nice to know	C2 C2 C2 C3 C3 C3 C3 C3 C3 C3 C3		MCQ VIVA OSPE
M1-GIT-A-0019	Large Intestine II (Histological Features of different parts)	 Describe histological features of appendix, caecum, rectum and anal canal Discuss clinical conditions (Colorectal cancer) Correlate with the clinical conditions Understand curative and preventive heath care measures. Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use HEC digital library 	Must Know Should Know Should Know Nice to know Nice to know Nice to know Nice to know	C2 C3 C3 C3 C3 C3 C3 C3 C3 C3	LGIS	SAQ MCQ VIVA OSPE

(Knowledge) Anatomy Small Group Discussion (SGDs)

Code	Торіс	Learning Objectives Students Should Be Able To	Calgary Gauge	C/P/A	Teaching Strategy	Assessment Tool
M1-GIT-A-0020	Topographical organization of Gastrointestinal tract	 Enlist components of gastrointestinal tract Mark the planes dividing the abdomen into nine quadrants Enumerate the parts of GIT lying in the various quadrants Correlate with the clinical conditions Understand curative and preventive heath care measures. Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use of HEC digital library 	Gauge Must Know Should Know Should Know Should Know Nice to know Nice to know Nice to know Nice to know Nice to know	C1 P C1 C3 C3 C3 C3 C3 C3 C3 C3 C3	Skill lab	SAQ MCQ VIVA OSPE/OSCE

		• Define the boundaries of oral cavity	Must Know	C1		SAQ
		• Tabulate the Extrinsic and Intrinsic muscles of the tongue,	Must Know	C2	Skill lab	MCQ
M1-GIT-A-0021	Oral Cavity,	anatomical location and clinical importance of tongue				VIVA
	tongue and salivary glands,	• Brief Introduction of salivary glands with their anatomical	Must Know	C1		OSPE
	sanvary granus,	location		C 2		
		• Correlate with the clinical conditions	Should Know Nice to know	C3 C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		Read relevant research articles	Nice to know	C3		
		• Use of HEC digital library				
		• Explain the layers of abdominal wall.	Must Know	C2		
	Anterolateral abdominal wall	• Explain the fascia and muscles of abdominal wall.	Must Know	C2	Skill lab	SAQ MCQ VIVA OSPE
		• Describe nerve supply of anterior and lateral abdominal wall.	Must Know	C2		
M1-GIT-A-0022		• Explain the segmental sympathetic supplies	Must Know	C2		
		Correlate the Anatomical knowledge with Abdominal Hernias	Should Know	C3		OSPE
		Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		Read relevant research articles	Nice to know	C3		
		• Use of HEC digital library	Nice to know	C3		
		Describe Formation of rectus sheath	Must Know	C2		
		• Enlist contents of rectus sheath	Must Know	C1		SAQ
	- · ·	Discuss associated clinical anatomy	Should Know	C2	Skill lab	MCQ
M1-GIT-A-0023	Rectus sheath,	• Correlate with the clinical conditions	Should Know	C3		VIVA
		• Understand curative and preventive heath care measures.	Nice to know	C3		OSPE
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		• Read relevant research articles	Nice to know	C3		
		• Use of HEC digital library	Nice to know	C3		

		Describe Walls of Inguinal Canal	Must Know	C2				
		• Explain Deep & Superficial Inguinal Ring	Must Know	C2				
		• Enumerate Structures passing through the inguinal canal	Must Know	C1				
	Inguinal Region	Enlist Coverings of spermatic cord	Must Know	C1				
M1-GIT-A-0024	& Inguinal Hernias	• Explain Mechanics of the inguinal Canal	Must Know	C2		SAQ		
WII-011-A-0024	Tiermas	Describe boundaries of Hassalbachs triangle	Must Know	C2	Skill lab	MCQ VIVA OSPE/OSCE		
		Define hernia	Should Know	C1	-			
		Differentiate indirect from direct inguinal hernia	Should Know	C3				
		• Map outline of inguinal canal on simulated patient /model	Should Know	P+A				
		• Correlate with the clinical conditions	Should Know	C3				
		• Understand curative and preventive heath care measures.	Nice to know	C3				
		• Practice the principles of bioethetics	Nice to know	C3				
		 Apply strategic use of A.I in health care 	Nice to know	C3				
		 Read relevant research articles 	Nice to know	C3				
		 Use of HEC digital library 	Nice to know	C3				
		 Define Anatomy of Testes and Scrotum 	Must Know	C1				
	Testes, scrotum			• Differentiate between Protective Coverings of Testes & scrotum	Must Know	C2		SAQ
M1-GIT-A-0025		• Enumerate Nerve & blood supply of these Structures	Must Know	C1	Skill lab	MCQ VIVA		
		• Discuss the parts of epididymis	Must Know	C2				
		• Discuss Spermatocoele, Varicocoele, Hematocoele, hydrocoele,	Should Know	C2		OSPE		
		Testicular torsion	Should Know	C3				
		Correlate with the clinical conditions	Nice to know	C3				
		• Understand curative and preventive heath care measures.	Nice to know	C3				
		Practice the principles of bioethetics	Nice to know	C3				
		• Apply strategic use of A.I in health care	Nice to know	C3				
		Read relevant research articles	Nice to know	C3				
		Use of HEC digital library						
		Define peritoneum	Must Know	C1	-			
		• Explain the different folds of peritoneum.	Must Know	C2		SAQ		
		• Describe greater and lesser sacs	Must Know	C2	Skill lab	MCQ		
	Peritoneum &	• Enlist the intra and retroperitoneal viscera	Must Know	C1		VIVA		
M1-GIT-A-0026	Peritoneal	Discuss vertical tracings of peritoneum	Must Know	C2		OSPE		
	Cavity	• Correlate with the clinical conditions	Should Know	C3				
		• Understand curative and preventive heath care measures.	Nice to know	C3				

		Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		Read relevant research articles	Nice to know	C3		
		• Use of HEC digital library	Nice to know	C3		
		Describe arrangement of peritoneum in transverse & Longitudinal section of abdomen	Must Know	C2		
		• Describe arrangement of peritoneum in transverse section of male pelvis	Must Know	C2		SAQ
M1-GIT-A-0027	Subdivisons of Peritoneal	• Explain arrangement of peritoneum in transverse section of female pelvis	Must Know	C2	Skill lab	MCQ VIVA
	Cavity	• Explain the layers, folds, recesses and compartments of peritoneum with their clinical importance	Must Know	C2		OSPE
		Describe peritonitis	Should Know	C3		
		• Enumerate the signs and symptoms of peritonitis	Should Know	C3	1	
		• Treat peritonitis by antibiotics and peritoneal dialysis	Should Know	C3		
		• Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		 Practice the principles of bioethetics 	Nice to know	C3		
		 Apply strategic use of A.I in health care 	Nice to know	C3		
		 Read relevant research articles 	Nice to know	C3		
		 Use of HEC digital library 	Nice to know	C3		
		Discuss gross features of abdominal part of esophagus	Must Know	C2		
		• Enumerate their peritoneal & visceral relations.	Must Know	C1		SAQ
		• Explain blood supply, lymphatic drainage & nerve supply of esophagus	Must Know	C2	Skill lab	MCQ VIVA
M1-GIT-A-0028	Esophagus	Discuss Esophageal varices	Should Know	C2		OSPE
		Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		 Practice the principles of bioethetics 	Nice to know	C3		
		 Apply strategic use of A.I in health care 	Nice to know	C3		
		 Read relevant research articles 	Nice to know	C3		
		 Use of HEC digital library 	Nice to know	C3		
		Explain gross features of stomach.	Must Know	C2		
M1-GIT-A-0029	Stomach	 Discuss blood supply, lymphatic drainage & nerve supply of stomach 	Must Know	C2		SAQ MCQ

		• Explain peritoneal & visceral relations of stomach	Must Know	C2	Skill lab	VIVA
		Discuss greater and lesser omentum	Must Know	C2		OSPE/OSCE
		Describe formation and boundaries of epiploic foramen	Must Know	C2		
		• Map outline of stomach on simulated patient /model	Should Know	P+A		
		Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		Read relevant research articles	Nice to know	C3		
		• Use of HEC digital library	Nice to know	C3		
		• Describe the different parts of duodenum with their anatomical	Must Know	C2		SAQ
		differences			Skill lab	MCQ
	Small Intestine	• Enumerate the relations of different parts of duodenum	Must Know	C1	-	VIVA
M1-GIT-A-0030	(Duodenum)	Discuss its clinical importance	Should Know	C2		OSPE
		• Map outline of duodenum on simulated patient /model	Should Know	P+A		
		• Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		Read relevant research articles	Nice to know	C3		
		• Use of HEC digital library	Nice to know	C3		
		• Describe jejunum and ileum with their anatomical features	Must Know	C2		SAQ
		• Discuss mesentery and its attachment	Must Know	C2	Skill lab	MCQ
						VIVA
M1-GIT-A-0031	Small Intestine	Discuss its clinical importance	Should Know	C2		OSPE
	(Jejunum and	• Correlate with the clinical conditions	Should Know	C3		
	Ileum)	• Understand curative and preventive heath care measures.	Nice to know	C3		
		Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		 Read relevant research articles 	Nice to know	C3		
		• Use of HEC digital library	Nice to know	C3		
		Enlist various parts of large intestine	Must Know	C1		
	Large Intestine	• Demonstrate gross anatomical features of different parts of	Must Know	C2		
M1-GIT-A-0032	& Appendix	large intestine				

		• Enlist intra and retroperitoneal parts of large intestine	Must Know	C1		SAQ	
		Discuss gross features of caecum	Must Know	C2		MCQ	
		• Describe gross anatomy of appendix	Must Know	C2	Skill lab	VIVA	
		• Enlist different anatomical positions of vermiform appendix.	Should Know	C1		OSPE	
		Mark McBurney's point	Should Know	Р			
		Demonstrate McBurney's incision	Should Know	Р			
		• Discuss common features, differential diagnosis of acute	Should Know	C3			
		 appendicitis and appendicectomy Map outline of Transverse and descending colon on simulatrs patient /model 	Should Know	P+A			
		• Correlate with the clinical conditions	Should Know	C3			
		• Understand curative and preventive heath care measures.	Nice to know	C3			
		• Practice the principles of bioethetics	Nice to know	C3			
		• Apply strategic use of A.I in health care	Nice to know	C3			
		Read relevant research articles	Nice to know	C3			
		• Use HEC digital library	Nice to know	C3			
		• Describe the anatomical structure of liver.	Must Know	C2			
			• Describe the lobes, surfaces and segments of liver	Must Know	C2		
		• Describe peritoneal reflections, ligaments and bare area of liver.	Must Know	C2			
	L'ann Dantal	• Enumerate visceral relations of liver.	Must Know	C1		SAQ	
M1-GIT-A-0033	Liver, Portal hypertension,	• Enlist the structures in porta hepatis.	Must Know	C1	Skill lab	MCQ VIVA	
	Portosystemic	Discuss Sub hepatic abscess & Live Biopsy	Must Know	C2	SKIII Ido	OSPE	
	Anastomosis	• Discuss formation, course and parts of portal vein	Must Know	C2			
		• Enumerate relations and tributaries of portal vein	Must Know	C1			
		Define portal hypertension	Should Know	C1			
		• Describe sites of the portocaval anastomosis and their clinical significance	Should Know	C2			
		Explain role of portocaval shunts	Should Know	C2			
		• Map outline of liver on simulated patient /model	Should Know	P+A			
		• Correlate with the clinical conditions	Should Know	C3			
		• Understand curative and preventive heath care measures.	Nice to know	C3			
		• Practice the principles of bioethetics	Nice to know	C3			
		• Apply strategic use of A.I in health care	Nice to know	C3 C3			
		Read relevant research articles	Nice to know	US			

		• Use HEC digital library				
		• Describe location & size of gall bladder	Must Know	C2	Skill lab	540
		Enumerate relations of gallbladder.	Must Know	C1	SKIII Iau	SAQ MCQ
M1-GIT-A-0034	Gallbladder and	Describe clinical conditions related to gallbladder	Should Know	C2	-	VIVA OSPE/OSCE
	Biliary apparatus	Enlist different components of Extra-hepatic biliary System	Must Know	C1	4	
		• Discuss the right & left hepatic ducts, common hepatic duct, cystic ducts, bile duct	Must Know	C2		
		• Explain differences between Intra & Extra Hepatic Biliary Systems.	Must Know	C2		
		Discuss clinicals related with biliary apparatus	Should Know	C2		
		Discuss accessory hepatic ducts	Must Know	C2		
		 Map outline of gallbladder & Bile duct on simulated patient /model Correlate with the clinical conditions Understand curative and preventive heath care measures. Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use HEC digital library 	Should Know Should Know Nice to know Nice to know Nice to know Nice to know	P+A C3 C3 C3 C3 C3 C3 C3 C3		
		 Discuss anatomical location and features of spleen with its blood supply, and lymphatic drainage Explain Rupture of spleen & its effects 	Must Know Should Know	C2 C2		SAQ
		 Map outline of spleen on simulated patient /model 	Should Know	P+A	Skill lab	MCQ
M1-GIT-A-0035	Spleen	• Correlate with the clinical conditions	Should Know	C3		VIVA
		• Understand curative and preventive heath care measures.	Nice to know	C3		OSPE
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		

		Read relevant research articles	Nice to know	C3		
		• Use of HEC digital library	Nice to know	C3		
		• Recall location, shape, dimensions and extent of pancreas	Must Know	C2		
M1-GIT-A-0036	Pancreas	• Discuss parts, ducts and relations of pancreas	Must Know	C2		
		• Describe arterial supply of pancreas	Must Know	C2		
		• Explain applied aspects of pancreas	Should Know	C2]	SAQ
		• Map outline of pancrease on simulated patient/ model	Should Know	P+A	Skill lab	MCQ
		• Correlate with the clinical conditions	Should Know	C3		VIVA
		• Understand curative and preventive heath care measures.	Nice to know	C3		OSPE/OSCE
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		Read relevant research articles	Nice to know	C3		
		 Use of HEC digital library 	Nice to know	C3		
		• Describe the position and the vertebral levels of aorta in the	Must Know	C2		
		abdomen.				SAQ
M1-GIT-A-0037	Vasculature of	• Enlist the main branches of the aorta and its territories.	Must Know	C1	Skill lab	MCQ
	GIT	• Explain the applied anatomy of the aorta	Must Know	C1		VIVA
		• Explain origin, course, branches and distribution of celiac trunk	Must Know	C2		OSPE/OSCE
		• Map outline of abdominal aorta, coeliac trunk, superior	Should Know	P+A		
		&inferior mesenteric artery on simulated patient/ model				
		Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		 Read relevant research articles 	Nice to know	C3		
		• Use of HEC digital library	Nice to know	C3		
		• Discus enteric nervous system with formation of plexuses and	Must Know	C2		
		its parasympathetic role				
		• Enlist the types of lymph nodes draining the abdomen	Must Know	C1		
M1-GIT-A-0038	Nerve supply	• Describe lymphatic drainage of GIT with special reference to	Must Know	C2		
	and Lymphatic	lymphatic trunks, cisterna chyli & the thoracic duct				SAQ
	drainage of GIT	• Correlate with the clinical conditions	Should Know	C3	Skill lab	MCQ
		• Understand curative and preventive heath care measures.	Nice to know	C3		VIVA
		 Practice the principles of bioethetics 	Nice to know	C3		OSPE
		 Apply strategic use of A.I in health care 	Nice to know	C3		

		Read relevant research articles	Nice to know	C3		
		Use of HEC digital library	Nice to know	C3		
		• Identify different visceras located at different levels of vertebral coloumn; T10, T11, T12, L1, L2	Must Know	C1		
M1-GIT-A-0039	Cross Sectional	Correlate with the clinical conditions	Should Know	C3		
	Anatomy	• Understand curative and preventive heath care measures.	Nice to know	C3		SAQ
		Practice the principles of bioethetics	Nice to know	C3	Skill lab	MCQ
		• Apply strategic use of A.I in health care	Nice to know	C3		VIVA
		Read relevant research articles	Nice to know	C3		OSPE
		• Use of HEC digital library	Nice to know	C3		
		Discuss the location and extent of rectum	Must Know	C2		
		• Describe the internal and external features of rectum	Must Know	C2		SCQ
M1-GIT-A-0040	Rectum	• Discuss peritoneal reflections rectouterine, rectovesical fossae and their clinical significance	Must Know	C2	Skill lab	MCQ VIVA
		Enumerate relations of rectum	Must Know	C1		OSPE
		• Discuss blood supply, nerve supply, venous and lymphatic drainage	Must Know	C1		
		• Describe the basis and features of rectal prolapsed	Should Know	C3		
		• Correlate with the clinical conditions	Nice to know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		• Read relevant research articles		C3		
		• Use of HEC digital library		C3		
		Discuss location and extent of anal canal	Must Know	C2		
		Describe external and internal features of Anal Canal	Must Know	C2		
		Discuss features of anal sphincters	Must Know	C2		
M1-GIT-A-0041	Anal canal	• Tabulate relations of the anal canal with the surrounding	Must Know	C2		640
		structures			01.111.1	SAQ
		• Describe the Blood supply, venous and lymphatic drainage & innervations of anal canal	Must Know	C2	Skill lab	MCQ VIVA
		Discuss anal continence	Must Know	C2		OSPE
		Differentiate between internal and external haemorrhoids	Should Know	C3		
		• Correlate with the clinical conditions	Should Know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		

	 Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use of HEC digital library 	Nice to know Nice to know Nice to know Nice to know	C3 C3 C3 C3		
M1-GIT-A-0042 Radiological Anatomy	 Identify structures on a normal X-ray abdomen Appreciate Air fluid shadows. Mark anatomical landmarks. Correlate the clinical conditions Understand the preventive and curative health care measures Practice the principles of Bioethics Apply Strategic use of AI in health care Read relevant research articles 	Must Know Must Know Must Know Must Know Nice to know Nice to know Nice to know	C2 C2 C2 C3 C3 C3 C3 C3 C3	Skill lab	OSPE

(Knowledge)

Anatomy Self Directed Learning (SDL)

Code	Topics of SDL	Learning Objectives Students Should Be Able To	Learning Resources
M1-GIT-A-0043	Layers of Antero lateral abdominal wall & its defects	 Explain the layers of abdominal wall. Explain the fascia and muscles of abdominal wall. Describe nerve supply of anterior and lateral abdominal wall. Explain the segmental sympathetic supplies 	 Clinical Oriented Anatomy by Keith L. Moore.7TH Edition. (Chapter 2, Page 183,184-216). https://3d4medical.com/
M1-GIT-A-0044	Applied Anatomy of Rectus sheath	Describe Formation of rectus sheathEnlist contents of rectus sheath	 Clinical Oriented Anatomy by Keith L. Moore.7TH Edition. (Chapter 2, Page 188-201). https://teachmeanatomy.info/
M1-GIT-A-0045	Applied Anatomy of Inguinal region & Hernias	 Describe Walls & detailed anatomy of Inguinal Canal Explain Deep & Superficial Inguinal Ring 	 Clinical Oriented Anatomy by Keith L. Moore.7TH Edition. (Chapter 2, Page 197, 202- 203, 212-213).
		Associated Clinicals	https://3d4medical.com/
		Define peritoneumExplain the different folds of peritoneum.	Clinical Oriented Anatomy by Keith L. Moore.7 TH Edition. (Chapter 2, Page 219-221,).

M1-GIT-A-0046	Peritoneal	Describe greater and lesser sacs	*	https://teachmeanatomy.info/			
	Dialysis/Peritonial	• Enlist the intra and retroperitoneal viscera					
	Lavage	Discuss vertical tracings of peritoneum					
		• Describe arrangement of peritoneum in transverse &					
		Longitudinal section of abdomen					
		• Describe arrangement of peritoneum in transverse section of male pelvis					
		• Explain arrangement of peritoneum in transverse section of female pelvis					
		• Explain the layers, folds, recesses and compartments of peritoneum with their clinical importance					
		Describe peritonitis					
		• Enumerate the signs and symptoms of peritonitis	1				
		• Treat peritonitis by antibiotics and peritoneal dialysis					
	Crohn's Disease,	• Describe the different parts of duodenum with their anatomical differences	*	Clinical Oriented Anatomy by Keith L. Moore.7 TH Edition. (Chapter 2, Page 239, 241			
M1-GIT-A-0047	Celiac Disease, Irritable Bowel	• Enumerate the relations of different parts of duodenum	*	244, 245, 325, 436). https://www.kenhub.com/en/library/anatomy/th			
		Discuss its clinical importance		e-digestive-system			
	Sydrome	Sydrome Anatomy of Jejunum & Ileum					
		• Enlist various parts of large intestine					
M1-GIT-A-0048	Diverticulum,	• Demonstrate gross anatomical features of different parts of large intestine	*	Clinical Oriented Anatomy by Keith L. Moore.7 TH Edition. (Chapter 2, Page			
	Intussusception	• Enlist intra and retroperitoneal parts of large		227,246,248, 325).			
	intussusception	intestine	*	https://www.kenhub.com/en/library/anatomy/th e-digestive-system			
		Describe formation of hepatic diverticulum	*	Clinical Oriented Anatomy by Keith L.			
	Liver Biopsy, Liver	• Describe histogenesis of liver during intrauterine life		Moore.7 TH Edition. (Chapter 2, Page 267-268,			
M1-GIT-A-0049	Abscess and	• Describe formation of various ligaments of liver.		272-278, 282,323, 395).			
	hepatitis	Discuss congenital abnormalities of liver	*	https://www.kenhub.com/en/library/anatomy/th			
		• Differentiate between exocrine and endocrine pancreas.		e-digestive-system			
		 Discuss the cellular structure and function of exocrine pancreatic acinus and ducts. 	1				

M1-GIT-A-0050		• Explain the applied anatomy of the aorta	*	Clinical Oriented Anatomy by Keith L.		
	Applied Anatomy of	• Explain origin, course, branches and distribution of		Moore.7 TH Edition. (Chapter 2, Page 228-233,		
	Vasculature of GIT	celiac trunk		249-250, 263-285).		
	(Blood Supply,	• Discuss formation, course and parts of portal vein	**	http://www.anatomyzone.com 3D anatomy		
	Venous drainage,	• Enumerate relations and tributaries of portal vein				
	Lymphatic	Define portal hypertension				
	drainage)	Discuss Major Lymphatic Channels				
		• Discuss the location and extent of rectum	*	Clinical Oriented Anatomy by Keith L.		
		• Describe the internal and external features of rectum		Moore.7 TH Edition. (Chapter 2, Page 239,		
	Hemorrhoids &	• Discuss peritoneal reflections rectouterine, rectovesical fossae and their clinical significance	*	248,253 368-371,436,438). http://www.anatomyzone.com 3D anatomy		
M1-GIT-A-0051	Anal Fissure	• Enumerate relations of rectum				
		• Discuss blood supply, nerve supply, venous and lymphatic drainage				
		• Describe the basis and features of rectal prolapsed				
		• Discuss location and extent of anal canal				
		• Describe external and internal features of Anal Canal				
		• Discuss features of anal sphincters				
		• Tabulate relations of the anal canal with the surrounding structures				
		• Describe the Blood supply, venous and lymphatic drainage & innervations of anal canal				
		Discuss anal continence				
		• Differentiate between internal and external				
		hemorrhoids				
	Applied Anatomy of	• Discuss cutaneous & Somatic innervation of GIT	*	Clinical Oriented Anatomy by Keith L.		
M1-GIT-A-0052	Innervation of Abdominal Viscera's	Describe Autonomic innervation of GIT	*	Moore.7 TH Edition. (Chapter 2, Page 301-305 http://www.anatomyzone.com 3D anatomy		

Code	Торіс	At the end of practical students should be able to	Calgary Gauges	Learning Domain	Teaching Strategy	Assessment Tool
M1-GIT-A-0053	Tongue & salivary	• Focus & Identify slides of tongue & glands under	Should Know	Р	Skill lab	OSPE/OSCE
MI-011-A-0055	glands	 microscope Illustrate histological structure of tongue & salivary glands 	Must Know	C2		
		Write two points of identification	Must Know	C1		
		• Focus & Identify slide of Esophagus under microscope	Should Know	Р		
M1-GIT-A-0054	Esophagus	Illustrate histological structure of Esophagus	Must Know	C2	Skill lab	OSPE/OSCE
		• Write two points of identification	Must Know	C1		
		• Focus & Identify slide of Stomach under microscope	Should Know	Р		
	~ .	Illustrate histological structure of Stomach	Must Know	C2	~ ~ ~ ~ ~ ~	
M1-GIT-A-0055	Stomach	Write two points of identification	Must Know	C1	Skill lab	OSPE/OSCE
		• Differentiate mucosa of cardiac, fundus, body and pyloric end of stomach	Must Know	C2		
	Liver, Gall bladder	• Focus & Identify slides of Liver, Gall bladder & Pancreas under microscope	Should Know	Р		
M1-GIT-A-0056	& Pancreas	Illustrate histological structures of Liver, Gallbladder & Pancreas	Must Know	C2	Skill labs	OSPE/OSCE
		Write two points of identification	Must Know	C1		
		• Focus & Identify slide of small intestine under microscope	Should Know	Р		
M1-GIT-A-0057	Small Intestine	• Illustrate histological structure of small intestine	Must Know	C2	Skill lab	OSPE/OSCE
		Write two points of identification	Must Know	C1		
		• Focus & Identify slide of Large Intestine under microscope	Should Know	Р		
M1-GIT-A-0058	Large Intestine	Illustrate histological structure of large intestine	Must Know	C2	Skill lab	OSPE/OSCE
		• Write two points of identification	Must Know	C1		

(Psychomotor) Histology Practicals Skill Laboratory (SKL)

Code	Торіс	Learning Objectives At the end of lecture students should be able to	Calgary Gauge	Learning Domain	References
		Embryology			
		• Describe the development of pharyngeal apparatus	Should Know	C2	• Embryology: - KLM
		• Enlist the sources for development of different parts of tongue.	Should Know	C1	Embryology Developing Human 11 th Edition
	Development	• Explain the development of tongue along with its nerve supply.	Should Know	C2	• USMLE Q Bank Step 1 (Volume 1) 2023-2034
M1-GIT-A-0059	of Tongue	• Describe the congenital anomalies associated with tongue	Must Know	C2	•
		• Describe the developmental basis of physiological and biochemical mechanisms involved in perception and transmission of taste sensation	Should Know	C2	UWORLD Step 1 (Volume 3) 2023-2024
		• Correlate with the clinical conditions	Must Know	C3	
		• Understand curative and preventive heath care measures	Nice to know	C3	
		• Practice the principles of bioethetics	Nice to know	C3	
		• Apply strategic use of A.I in health care	Nice to know	C3	
		• Read relevant research articles		C3	
		• Use HEC digital library		C3	
		• Enumerate different body cavities	Should Know	C1	
		• Describe division of embryonic body cavity	Should Know	C2	• Embryology: - KLM
		• Discuss formation and significance of pleuropericardial membranes and pleuroperitoneal membranes	Should Know	C2	Embryology Developing Human 11 th Edition
	Development	• Describe muscular ingrowth from Lateral body walls	Should Know	C2	• USMLE Q Bank Step 1
M1-GIT-A-0060	of Body cavities I &	• Correlate with the clinical conditions	Must Know	C3	(Volume 1) 2023-2034
	II	• Understand curative and preventive heath care measures	Nice to know	C3	
		• Practice the principles of bioethetics	Nice to know	C3	UWORLD Step 1 (Volum 3) 2023-2024
		• Apply strategic use of A.I in health care measures.	Nice to know	C3	3) 2023-2024
		• Read relevant research articles.		C3	
		• Use HEC digital library		C3	
M1-GIT-A-0061	Development of Salivary	• Explain different stages of development of salivary glands	Should Know	C2	

Anatomy LGIS Syllabus of Learning Management System (LMS)

	glands	• Enlist the sourse for development of different type of salivary gland	Should Know	C1	•	Embryology:- KLM Embryology Developing
		• Explain development of its nerve supply	Should Know	C2		Human 11 th Edition
		• Describe the congenital anomalies associated with salivary glands	Should Know	C2	•	USMLE Q Bank Step 1 (Volume 1) 2023-2034
		• Correlate with the clinical conditions	Must Know	C3	•	UWORLD Step 1 (Volume
		• Understand curative and preventive heath care measures	Nice to know	C3		3) 2023-2024
		• Practice the principles of bioethetics		C3 C3	•	Embryology: - KLM Embryology Developing
		• Apply strategic use of A.I in health care		C3		Human 11 th Edition
		 Read relevant research articles Use of HEC digital library		C3	•	USMLE Q Bank Step 1 (Volume 1) 2023-2034
		• Discuss the formation of tracheoesophageal septum and its importance	Should Know	C2	•	Embryology: - KLM Embryology Developing
		Describe salient features of esophageal development	Should Know	C2		Human 11 th Edition
		Describe congenital anomalies of esophagus	Should Know	C2	•	USMLE Q Bank Step 1
M1-GIT-A-0062	Development of Esophagus	• Describe the developmental basis for the physiological and biochemical mechanisms involved in the process of swallowing	Should Know	C2	•	(Volume 1) 2023-2034 UWORLD Step 1 (Volume
		• Correlate with the clinical conditions	Must Know	C3		3) 2023-2024
		• Understand curative and preventive heath care measures	Nice to know	C3		
		Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		Read relevant research articles				
		• Use of HEC digital library				
		• Explain the development of stomach	Should Know	C2	•	Embryology:- KLM
		• Discuss rotations and positional shifts of stomach & their effect on nerve supply and peritoneal attachments	Should Know	C2		Embryology Developing Human 11 th Edition
	Development	• Explain formation of omental bursa.	Should Know	C2	•	USMLE Q Bank Step 1
M1-GIT-A-0063	of Stomach	• Describe congenital anomalies of stomach	Should Know	C2		(Volume 1) 2023-2034
		• Describe the developmental basis for the physiological	Should Know	C2	•	

		and biochemical mechanisms involved in the process of digestion in the stomach			UWORLD Step 1 (Volume 3) 2023-2024
		Discuss pernicious anemia		C2	
		• Correlate with the clinical conditions	Must Know	C3	
		• Understand curative and preventive heath care measures	Nice to know	C3	
		• Practice the principles of bioethetics	Nice to know	C3	7
		• Apply strategic use of A.I in health care	Nice to know	C3	
		Read relevant research articles	Nice to know	C3	
		• Use of HEC digital library	Nice to know	C3	_
		• Describe formation of hepatic diverticulum	Should Know	C2	• Embryology: - KLM
		• Describe histogenesis of liver during intrauterine life	Should Know	C2	Embryology Developing
	Development	• Describe formation of various ligaments of liver.	Should Know	C2	Human 11 th Edition
		Discuss congenital abnormalities of liver	Should Know	C3	• USMLE Q Bank Step 1
M1-GIT-A-0064	of Liver	• Describe the developmental basis for the physiological	Should Know	C2	(Volume 1) 2023-2034
		and biochemical mechanisms involved in the process of detoxification in the liver			• UWORLD Step 1 (Volume
		• Correlate with the clinical conditions	Must Know	C3	3) 2023-2024
		• Understand curative and preventive heath care measures	Nice to know	C3	
		Practice the principles of bioethetics	Nice to know	C3	
		• Apply strategic use of A.I in health care	Nice to know	C3	
		Read relevant research articles	Nice to know	C3	
		• Use of HEC digital library	Nice to know	C3	
		• Discuss development of Gall bladder	Should Know	C2	• Embryology: - KLM
		• Describe /congenital anomalies of gall bladder	Should Know	C2	Embryology Developing
		• Discuss development and congenital anomalies of	Should Know	C2	Human 11 th Edition
	Gall bladder,	pancreas			• USMLE Q Bank Step 1
M1-GIT-A-0065	pancreas and Biliary	• Describe development of extrahepatic biliary apparatus	Should Know	C2	(Volume 1) 2023-2034
MI-0II-//-0005	apparatus	and its parts with abnormalities		~	UWOPI D Stop 1 (Volumo
	appulates	• Describe the developmental basis for the physiological	Should Know	C2	UWORLD Step 1 (Volume 3) 2023-2024
		and biochemical mechanisms involved in the process of			5) 2025-2024
		production of bile and pancreatic vsecretions			4
		• Correlate with the clinical conditions	Must Know	C3	

M1-GIT-A-0067	Development	 Describe congenital anomalies of large intestine. Correlate with the clinical conditions 	Should Know Must Know	C3 C3	• USMLE Q Bank Step 1 (Volume 1) 2023-2034
		Describe development of anal canal.	Should Know	C2	Human 11 th Edition
		• Describe partitioning of cloaca and cloacal membrane.	Should Know	C2	Embryology Developing
		• Enlist parts of large intestine.	Should Know	C1	• Embryology: - KLM
		• Use HEC digital library	Nice to know	C3	
		Read relevant research articles	Nice to know	C3	
		• Apply strategic use of A.I in health care	Nice to know	C3	
		 Practice the principles of bioethetics 	Nice to know	C3	
		• Understand curative and preventive heath care measures.	Nice to know	C3	
		Correlate with the clinical conditions	Must know	C3	
		• Describe congenital anomalies and clinical correlation of mid gut development.	Should Kliow	C2	3) 2023-2024
	intestine	peritoneal dispositions after mid gut loop return.	Should Know	C2	• UWORLD Step 1 (Volume
WII-0II-A-0000	intestine	• Describe fixation of intestines and transformations in	Should Know	C2	(Volume 1) 2023-2034
M1-GIT-A-0066	Development of small	gut to abdomen.		<u> </u>	• USMLE Q Bank Step 1
		• Explain physiological umbilical hernia and return of mid	Should Know	C2	Human 11 th Edition
		rotation of midgut loop.			Embryology Developing
		Describe development of mid gut, midgut loop and	Should Know	C2	Embryology:- KLM
		Use of HEC digital library	Nice to know	C3	_
		Read relevant research articles	Nice to know	C3	_
		• Apply strategic use of A.I in health care	Nice to know	C3	—
		Practice the principles of bioethetics	Nice to know	C3	—
		• Understand curative and preventive heath care measures	Nice to know	C3	

		• Describe different papillae of tongue with their location & features	Should Know	C2	USMLE Q Bank Step 1 (Volume 1) 2023-2034
		• Explain histological features of taste buds	Should Know	C2	• UWORLD Step 1 (Volume
		 Discuss leukoplakia and oral thrush Correlate with the clinical conditions 	Must Know Must Know Nice to know	C2 C3	3) 2023-2024
		 Understand curative and preventive heath care measures. Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use HEC digital library 	Nice to know Nice to know Nice to know Nice to know	C3 C3 C3 C3 C3	
		• Enlist major salivary glands	Should Know	C1	Histology: -Junqueira's Basic Histology 18th Edition
		• Explain histological structure of salivary glands	Should Know	C2	USMLE Q Bank Step 1
		• Discuss different cells forming parenchyma of salivary glands	Should Know	C2	(Volume 1) 2023-2034
		Discuss histology of duct system	Should Know	C2	UWORLD Step 1 (Volume
M1-GIT-A-0069	Salivary	• Differentiate between major salivary glands on histological basis	Should Know	C2	3) 2023-2024 •
	glands	• Discuss effects of viral infections on salivary glands	Must Know	C3	
		• Correlate with the clinical conditions	Must Know	C3	
		• Understand curative and preventive heath care measures.	Nice to know	C3	
		• Practice the principles of bioethetics	Nice to know	C3	
		• Apply strategic use of A.I in health care	Nice to know	C3	
		• Read relevant research articles	Nice to know	C3	
		• Use HEC digital library	Nice to know	C3	
		• Describe the developmental basis of physiological and biochemical mechanisms involved in perception and transmission of taste sensation	Should Know	C2	Histology: -Junqueira's Basic Histology 18th Edition USMLE Q Bank Step 1
M1-GIT-A-0070	General	• Describe the histological characteristics of each layer with functional significance	Should Know	C2	(Volume 1) 2023-2034
	organization	• Discuss associated clinicals (megacolon, chagas disease)	Must Know	C3	UWORLD Step 1 (Volume
	of GIT	• Correlate with the clinical conditions	Must Know	C3	3) 2023-2024
			Nice to know	C3	•

		 Understand curative and preventive heath care measures. Practice the principles of bioethetics 	Nice to know Nice to know	C3 C3		
		 Apply strategic use of A.I in health care 	Nice to know	C3		
		Read relevant research articles		C3		
		Vise HEC digital library				
		 Describe the histological layers of esophagus. 	Should Know	C2	•	Histology: -Junqueira's
		 Compare between various portions of esophagus 	Should Know	$\frac{C2}{C2}$	- ╹	Basic Histology 18th Edition
		histologically.	Should Khow	02		USMLE Q Bank Step 1
		Discuss GERD	Must Know	C2		(Volume 1) 2023-2034
	Esophagus	Correlate with the clinical conditions	Must Know	C2 C3	•	(+ 0101110 1) 2020 2001
M1-GIT-A-0071	1 0		Nice to know	C3		UWORLD Step 1 (Volume
		• Understand curative and preventive heath care measures.	Nice to know	C3		3) 2023-2024
		• Practice the principles of bioethetics	Nice to know	C3	•	-,
		 Apply strategic use of A.I in health care Read relevant research articles 	Nice to know	C3		
		Vise HEC digital library	Nice to know	C3		
		• Describe the histological layers of different parts of	Should Know	C2	•	Histology: -Junqueira's
		 stomach Describe histological differences of different parts of the 	Should Know	C2	_	Basic Histology 18th Edition USMLE Q Bank Step 1
		gastric glands	Should Know	C2		(Volume 1) 2023-2034
		• Describe the structure and function of different cells of gastric glands	Should Know	C2	•	UWORLD Step 1 (Volume
M1-GIT-A-0072	Stomach	Explain clinical conditions associated with stomach histologically	Must know	C2	•	3) 2023-2024
		Discuss pernicious anemia	Must know	C2		
		• Correlate with the clinical conditions	Must know	C3		
		• Understand curative and preventive heath care measures.	Nice to know	C3		
		• Practice the principles of bioethetics	Nice to know	C3		
		• Apply strategic use of A.I in health care	Nice to know	C3		
		Read relevant research articles	Nice to know	C3		
		• Use HEC digital library	Nice to know	C3		
		• Discuss in detail the histological organization of liver	Should Know	C2	•	Histology: -Junqueira's
		• Explain the structure of liver lobule, portal triads&	Should Know	C2		Basic Histology 18th Edition
M1-GIT-A-0073	Liver	hepatic acinus and its functional importance				USMLE Q Bank Step 1
		• Discuss histological features of hepatocytes.	Should Know	C2		(Volume 1) 2023-2034

		• Explain Hepatic cords, central vein, portal triad, hepatic venules, hepatic arterioles, bile duct & liver sinusoids.	Should Know	C2	• UWORLD Step 1 (Volume
		• Discuss the blood supply of the liver.	Should Know	C2	3) 2023-2024
		• Explain different cells of the liver tissue	Should Know	C2] ∙
		• Describe clinical aspects of liver on histological grounds	Must know	C3	_
		• Discuss cirrhosis, fatty liver	Must know	C2	_
		• Discuss jaundice	Must know	C2	
		• Correlate with the clinical conditions	Nice to know	C3	
		• Understand curative and preventive heath care measures.	Nice to know	C3	
		• Practice the principles of bioethetics	Nice to know	C3	
		• Apply strategic use of A.I in health care	Nice to know	C3	
		• Read relevant research articles	Nice to know	C3	
		• Use HEC digital library	Nice to know	C3	
		• Differentiate between exocrine and endocrine pancreas.	Should know	C2	• Histology: -Junqueira's
		• Discuss the cellular structure and function of exocrine pancreatic acinus and ducts.	Should know	C2	Basic Histology 18th Edition USMLE Q Bank Step 1
		• Discuss acute & chronic pancreatitis and pancreatic	Should know	C2	(Volume 1) 2023-2034
		cancer	Should know	C2	•
M1-GIT-A-0074	Pancreas &	• Explain the histological features of the gallbladder.	Must know	C2	UWORLD Step 1 (Volume
	Gall Bladder	 Discuss cholelithiasis 	Must know	C3	3) 2023-2024
		• Correlate with the clinical conditions	Nice to know	C3	•
		• Understand curative and preventive heath care measures.	Nice to know	C3	
		 Practice the principles of bioethetics 	Nice to know	C3	
		 Apply strategic use of A.I in health care 	Nice to know	C3	
		Read relevant research articles	Nice to know	C3	
		• Use HEC digital library			
		• Differentiate the histological features of duodenum,	Should know	C2	• Histology: -Junqueira's
		jejunum and ileum		C2	Basic Histology 18th Edition
		• Discuss the location and function of villi, crypts of	Should know	~~	USMLE Q Bank Step 1
M1-GIT-A-0075	Small	liberkuhn and microvilli in different parts of small		C2	(Volume 1) 2023-2034
	Intestine	intestine	Should know	C2	•
		• Discuss different cells lining the epithelium of small	Should know	\mathbf{C}^{2}	UWORLD Step 1 (Volume
		intestine	Must know	C3	3) 2023-2024

		 Discuss histological aspects of celiac disease and crohn disease Correlate with the clinical conditions Understand curative and preventive heath care measures. Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use HEC digital library 	Nice to know Nice to know Nice to know Nice to know Nice to know	C3 C3 C3 C3 C3	•
M1-GIT-A-0076	Large Intestine I (General Histological Features)	 Describe histological features of parts of large intestine. Discuss cells lining the epithelium Explain concept of tenaei coli. Differentiate histological structure of the large intestine from the small intestine. Correlate with the clinical conditions Understand curative and preventive heath care measures. Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use HEC digital library 	Should know Should know Should know Should know Must know Nice to know Nice to know Nice to know Nice to know Nice to know	C2 C2 C2 C2 C2 C3 C3 C3 C3 C3 C3 C3	 Histology :-Junqueira's Basic Histology 18th Edition USMILE Q Bank Step 1 (Volume 1) 2023-2034 UWORLD Step 1 (Volume 3) 2023-2024
M1-GIT-A-0077	Large Intestine II (Histological Features of different parts)	 Describe histological features of appendix, caecum, rectum and anal canal Discuss clinical conditions (Colorectal cancer) Correlate with the clinical conditions Understand curative and preventive heath care measures. Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use HEC digital library 	Should know Must know Must know Nice to know Nice to know Nice to know Nice to know	C2 C3 C3 C3 C3 C3 C3 C3 C3 C3	 Histology :-Junqueira's Basic Histology 18th Edition USMLE Q Bank Step 1 (Volume 1) 2023-2034 UWORLD Step 1 (Volume 3) 2023-2024

Code	Торіс	Learning Objectives Students Should Be Able To	Importance	C/P/A	
		• Enlist components of gastrointestinal tract	Should know	C1	• Gross Anatomy :- KLM clinically oriented
		• Mark the planes dividing the abdomen into nine quadrants	Must know	Р	 anatomy edition 10 USMLE Q Bank Step 1
	Topographical	• Enumerate the parts of GIT lying	Must know	C1	(Volume 1) 2023-2034
M1-GIT-A-0078	organization of Gastrointestinal tract	in the various quadrants	Must know	C3	UWORLD Step 1
	Gastronnestinai tract	• Correlate with the clinical	Nice to know Nice to know	C3 C3	(Volume 3) 2023-2024
		conditionsUnderstand curative and	Nice to know	C3	
		• Understand curative and preventive heath care	Nice to know	C3	
		measures.	Nice to know	C3	
		• Practice the principles of			
		bioethetics			
		• Apply strategic use of A.I in			
		health care			
		 Read relevant research articles 			
		 Use of HEC digital library 			
		• Define the boundaries of oral cavity	Should know	C1	Gross Anatomy :- KLM
		• Tabulate the Extrinsic and	Should know	C2	clinically oriented
	Oral Cavity, tongue	Intrinsic muscles of the tongue,			anatomy edition 10
M1-GIT-A-0079	and salivary glands,	anatomical location and clinical			• USMLE Q Bank Step
		importance of tongue	Should know	C1	(Volume 1) 2023-2034 UWORLD Step 1
		• Brief Introduction of salivary glands with their anatomical	Should know	CI	(Volume 3) 2023-2024
		location	Must know	C3	(() 010010 0) 2020 2021
		• Correlate with the clinical	Nice to know	C3	
		conditions	Nice to know	C3	
		• Understand curative and	Nice to know	C3	
		preventive heath care	Nice to know Nice to know	C3 C3	
		measures.	INICE TO KHOW	CS	
		• Practice the principles of bioethetics			

Anatomy SGDs Syllabus of Learning Management System (LMS)

		 Apply strategic use of A.I in health care Read relevant research articles Use of HEC digital library 			
		• Explain the layers of abdominal wall.	Should know	C2	 Clinical Oriented Anatomy by Keith L.
		• Explain the fascia and muscles of abdominal wall.	Should know	C2	Moore.7 TH Edition. (Chapter 2, Page
M1-GIT-A-0080	Anterolateral abdominal wall	• Describe nerve supply of anterior and lateral abdominal wall.	Should know	C2	183,184-216). https://3d4medical.com/
		• Explain the segmental sympathetic supplies	Should know	C2	
		Correlate the Anatomical knowledge with Abdominal	Must know	C3	_
		Hernias	Must know	C3	
		Correlate with the clinical	Nice to know	C3	
		conditions	Nice to know	C3	
		• Understand curative and	Nice to know	C3	
		preventive heath care	Nice to know	C3	
		measures.	Nice to know	C3	
		Practice the principles of bioethetics			
		• Apply strategic use of A.I in health care			
		• Read relevant research			
		articlesUse of HEC digital library			
	Rectus sheath,	Describe Formation of rectus sheath	Should know	C2	 Clinical Oriented Anatomy by Keith L.
M1-GIT-A-0081		• Enlist contents of rectus sheath	Should know	C1	Moore.7 TH Edition.
		Discuss associated clinical anatomy	Must know	C2	(Chapter 2, Page 188-
		• Correlate with the clinical	Must know	C3	201).
		conditions	Nice to know	C3	https://teachmeanatomy.infe
		• Understand curative and	Nice to know	C3	/

		preventive heath care measures.	Nice to know Nice to know	C3 C3		
		 Practice the principles of bioethetics 	Nice to know	C3		
		• Apply strategic use of A.I in health care				
		• Read relevant research articles				
		Use of HEC digital libraryDescribe Walls of Inguinal Canal	Should know	C2	*	Clinical Oriented
		 Explain Deep & Superficial Inguinal Ring 	Should know	C2	•	Anatomy by Keith L. Moore.7 TH Edition.
		 Enumerate Structures passing through the inguinal canal 	Should know	C1		(Chapter 2, Page 197, 202-203, 212-213). https://3d4medical.com/
		• Enlist Coverings of spermatic cord	Should know	C1	**	
	Inguinal Region &	• Explain Mechanics of the inguinal Canal	Should know	C2		
M1-GIT-A-0082	Inguinal Hernias	Describe boundaries of Hassalbachs triangle	Should know	C2		
		Define hernia	Must know	C1		
		• Differentiate indirect from direct inguinal hernia	Must know Must know	C3 P+A		
		• Map outline of inguinal canal on	Must know	C3		
		simulated patient /model	Nice to know	C3		
		• Correlate with the clinical	Nice to know	C3		
		conditions	Nice to know	C3		
		• Understand curative and preventive heath care measures.	Nice to know Nice to know	C3 C3		
		• Practice the principles of bioethetics				
		• Apply strategic use of A.I in health care				
		Read relevant research articlesUse of HEC digital library				
M1-GIT-A-0083	Testes, scrotum	 Define Anatomy of Testes and Scrotum 	Should know	C1	•	Gross Anatomy :- KLM clinically oriented

		• Differentiate between Protective Coverings of Testes & scrotum	Should know	C2	anatomy edition 10USMLE Q Bank Step 1
		Enumerate Nerve & blood supply of these Structures	Should know	C1	(Volume 1) 2023-2034 UWORLD Step 1
		 Discuss the parts of epididymis 	Should know	C2	(Volume 3) 2023-2024
		• Discuss Spermatocoele,	Must know	C2	
		Varicocoele, Hematocoele, hydrocoele, Testicular torsion	Must know	C3	
		Correlate with the clinical conditions	Nice to know Nice to know	C3 C3	
		 Understand curative and 	Nice to know	C3	
		preventive heath care measures.	Nice to know Nice to know	C3 C3	
		 Practice the principles of bioethetics Apply strategic use of A.I in 			
		health care			
		 Read relevant research articles Use of HEC digital library 			
		Define peritoneum	Should know	C1	 Clinical Oriented
		• Explain the different folds of peritoneum.	Should know	C2	Anatomy by Keith L. Moore.7 TH Edition.
		 Describe greater and lesser sacs 	Should know	C2	(Chapter 2, Page 219-
		Enlist the intra and retroperitoneal viscera	Should know	C1	221,). https://teachmeanatomy.info
M1-GIT-A-0084	Peritoneum & Peritoneal Cavity	 Discuss vertical tracings of peritoneum 	Should know Must know	C2 C3	_ /
		Correlate with the clinical	Nice to know	C3	
		conditions	Nice to know	C3	
		Understand curative and	Nice to know	C3	
		preventive heath care	Nice to know	C3	
		measures.	Nice to know	C3	
		• Practice the principles of bioethetics			
		 Apply strategic use of A.I in 			

		 health care Read relevant research articles Use of HEC digital library 			
		Describe arrangement of peritoneum in transverse & Longitudinal section of abdomen	Should know	C2	• Gross Anatomy :- KLM clinically oriented anatomy edition 10
		• Describe arrangement of peritoneum in transverse section of male pelvis	Should know	C2	• USMLE Q Bank Step 1 (Volume 1) 2023-2034 UWORLD Step 1
M1-GIT-A-0085	Subdivisons of Peritoneal Cavity	• Explain arrangement of peritoneum in transverse section of female pelvis	Should know	C2	(Volume 3) 2023-2024
		• Explain the layers, folds, recesses and compartments of peritoneum with their clinical importance	Should know	C2	
		Describe peritonitis	Must know	C3	
		• Enumerate the signs and symptoms of peritonitis	Must know	C3	
		• Treat peritonitis by antibiotics and	Must know	C3	
		peritoneal dialysis	Must know	C3	
		• Correlate with the clinical	Nice to know Nice to know	C3 C3	
		conditions	Nice to know	C3 C3	
		• Understand curative and preventive heath care	Nice to know	C3	
		measures.	Nice to know	C3	
		 Practice the principles of bioethetics 			
		• Apply strategic use of A.I in health care			
		 Read relevant research articles Use of HEC digital library 			
	Econhagua	Discuss gross features of	Should know	C2	Gross Anatomy :- KLM
M1-GIT-A-0086	Esophagus	abdominal part of esophagus	Should know	C1	clinically oriented anatomy edition 10
		• Enumerate their peritoneal &	Should know	U	

		 visceral relations. Explain blood supply, lymphatic drainage & nerve supply of esophagus 	Should know	C2	• USMLE Q Bank Step 1 (Volume 1) 2023-2034 UWORLD Step 1 (Volume 3) 2023-2024
		 Discuss Esophageal varices Correlate with the clinical conditions Understand curative and preventive heath care measures. Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use of HEC digital library 	Must know Must know Nice to know Nice to know Nice to know Nice to know	C2 C3 C3 C3 C3 C3 C3	
		• Explain gross features of stomach.	Should know	C2	Gross Anatomy :- KLM
		• Discuss blood supply, lymphatic drainage & nerve supply of stomach	Should know	C2	 clinically oriented anatomy edition 10 USMLE Q Bank Step 1
M1-GIT-A-0087	Stomach	• Explain peritoneal & visceral relations of stomach	Should know	C2	(Volume 1) 2023-2034 UWORLD Step 1
		• Discuss greater and lesser omentum	Should know	C2	(Volume 3) 2023-2024
		• Describe formation and boundaries	Should know	C2	
		of epiploic foramen	Must know Must know	P+A C3	
		 Map outline of stomach on simulated patient /model 	Nice to know	C3	
		 Correlate with the clinical 	Nice to know	C3	
		conditions	Nice to know	C3	
		• Understand curative and	Nice to know	C3	
		preventive heath care	Nice to know	C3	
		measures.			
		 Practice the principles of bioethetics 			

M1-GIT-A-0088	Small Intestine (Duodenum)	 Apply strategic use of A.I in health care Read relevant research articles Use of HEC digital library Describe the different parts ofduodenum with their anatomical differences Enumerate the relations of different parts of duodenum Discuss its clinical importance Map outline of duodenum on simulated patient /model Correlate with the clinical conditions Understand curative and preventive heath care measures. Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use of HEC digital library Describe jejunum and ileum with their anatomical features 	Should know Should know Must know Must know Must know Nice to know Nice to know Nice to know Nice to know Nice to know Nice to know	C2 C1 C2 P+A C3 C3 C3 C3 C3 C3 C3 C3 C3	 Clinical Oriented Anatomy by Keith L. Moore.7TH Edition. (Chapter 2, Page 239, 241, 244, 245, 325, 436). https://www.kenhub.com/en /library/anatomy/the- digestive-system
M1-GIT-A-0089	Small Intestine (Jejunum and Ileum)	 Discuss mesentery and its attachment Discuss its clinical importance Correlate with the clinical conditions Understand curative and 	Should know Must know Must know Nice to know Nice to know	C2 C2 C3 C3 C3 C3	 Gross Anatomy :- KLM clinically oriented anatomy edition 10 USMLE Q Bank Step 1
		preventive heath care measures.Practice the principles of bioethetics	Nice to know Nice to know Nice to know	C3 C3 C3	(Volume 1) 2023-2034 UWORLD Step 1 (Volume 3) 2023-2024

		 Apply strategic use of A.I in health care Read relevant research articles Use of HEC digital library 			
		• Enlist various parts of large intestine	Should know	C1	 Clinical Oriented Anatomy by Keith L.
		• Demonstrate gross anatomical features of different parts of large intestine	Should know	C2	Moore.7 TH Edition. (Chapter 2, Page 227,246,248, 325).
		• Enlist intra and retroperitoneal parts of large intestine	Should know	C1	https://www.kenhub.com/e /library/anatomy/the-
M1-GIT-A-0090	Large Intestine &	 Discuss gross features of caecum 	Should know	C2	digestive-system
	Appendix	 Describe gross anatomy of appendix 	Should know	C2	
		• Enlist different anatomical positions of vermiform appendix.	Must know	C1	
		Mark McBurney's point	Must know	Р	
		Demonstrate McBurney's incision	Must know	Р	
		• Discuss common features, differential diagnosis of acute	Must know	C3	
		 appendicitis and appendicectomy Map outline of Transverse and 	Must know	P+A	
		descending colon on simulatrs	Must know	C3	
		patient /model	Nice to know	C3	
		• Correlate with the clinical	Nice to know	C3	
		conditions	Nice to know	C3	
		• Understand curative and	Nice to know	C3	
		preventive heath care measures.	Nice to know	C3	
		• Practice the principles of bioethetics			
		 Apply strategic use of A.I in health care 			
		 Read relevant research articles Use HEC digital library 			

		• Describe the anatomical structure of liver.	Should know	C2	Gross Anatomy :- KLM clinically oriented
		• Describe the lobes, surfaces and segments of liver	Should know	C2	 anatomy edition 10 USMLE Q Bank Step 1
		• Describe peritoneal reflections, ligaments and bare area of liver.	Should know	C2	(Volume 1) 2023-2034 UWORLD Step 1
	Liver, Portal	• Enumerate visceral relations of liver.	Should know	C1	(Volume 3) 2023-2024
M1-GIT-A-0091	hypertension, Portosystemic	• Enlist the structures in porta hepatis.	Should know	C1	_
	Anastomosis	Discuss Sub hepatic abscess & Live Biopsy	Should know	C2	
		• Discuss formation, course and parts of portal vein	Should know	C2	
		• Enumerate relations and tributaries of portal vein	Should know	C1	
		Define portal hypertension	Must know	C1	
		• Describe sites of the portocaval anastomosis and their clinical significance	Must know	C2	
		• Explain role of portocaval shunts	Must know	C2	
		• Map outline of liver on simulated	Must know	P+A	
		patient /model	Must know	C3	
		• Correlate with the clinical	Nice to know	C3	
		conditions	Nice to know	C3	
		• Understand curative and	Nice to know	C3	
		preventive heath care	Nice to know	C3	
		measures.	Nice to know	C3	
		• Practice the principles of bioethetics			
		• Apply strategic use of A.I in health care			
		Read relevant research articlesUse HEC digital library			
M1-GIT-A-0092	Gallbladder and	 Ose HEC digital horary Describe location & size of gall 	Should know	C2	Gross Anatomy :- KLM

	Biliary apparatus	bladder			clinically oriented
		• Enumerate relations of gallbladder.	Should know	C1	anatomy edition 10
		• Describe clinical conditions related to gallbladder	Must know	C2	• USMLE Q Bank Step 1 (Volume 1) 2023-2034
		• Enlist different components of Extra-hepatic biliary System	Should know	C1	- UWORLD Step 1 (Volume 3) 2023-2024
		• Discuss the right & left hepatic ducts, common hepatic duct, cystic ducts, bile duct	Should know	C2	
		• Explain differences between Intra & Extra Hepatic Biliary Systems.	Should know	C2	
		Discuss clinicals related with biliary apparatus	Must know	C2	
		Discuss accessory hepatic ducts	Should know	C2	
		• Map outline of gallbladder & Bile duct on simulated patient /model	Must know	P+A	
		• Correlate with the clinical	Must know	C3	
		conditions	Nice to know	C3	
		• Understand curative and preventive heath care	Nice to know	C3	
		measures.	Nice to know	C3	
		Practice the principles of	Nice to know	C3	
		bioethetics	Nice to know	C3	
		• Apply strategic use of A.I in health care			
		Read relevant research articlesUse HEC digital library			
M1-GIT-A-0093	Spleen	• Discuss anatomical location and features of spleen with its blood supply, and lymphatic drainage	Should know	C2	Gross Anatomy :- KLM clinically oriented anatomy edition 10
	-	• Explain Rupture of spleen & its	Must know	C2	• USMLE Q Bank Step 1
		effects	Must know	P+A	(Volume 1) 2023-2034
		 Map outline of spleen on simulated 	Must know	C3	UWORLD Step 1
		patient /model	Nice to know	C3	(Volume 3) 2023-2024
		r	Nice to know	C3	``´´

		 Correlate with the clinical conditions Understand curative and preventive heath care measures. Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use of HEC digital library Recall location, shape, dimensions 	Nice to know Nice to know Nice to know	C3 C3 C3	Gross Anatomy :- KLM
		 and extent of pancreas Discuss parts, ducts and relations of pancreas 	Should know	C2	clinically oriented anatomy edition 10USMLE Q Bank Step 1
M1-GIT-A-0094	Pancreas	 Describe arterial supply of pancreas Explain applied aspects of pancreas Map outline of pancrease on simulated patient/ model Correlate with the clinical conditions Understand curative and preventive heath care measures. Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use of HEC digital library 	Should know Must know Must know Nice to know Nice to know Nice to know Nice to know Nice to know	C2 C2 P+A C3 C3 C3 C3 C3 C3	(Volume 1) 2023-2034 UWORLD Step 1 (Volume 3) 2023-2024
M1-GIT-A-0095	Vasculature of GIT	• Describe the position and the vertebral levels of aorta in the abdomen.	Should know	C2	 Clinical Oriented Anatomy by Keith L. Moore.7TH Edition. (Chapter 2, Page 228- 233, 249-250, 263-285). http://www.anatomyzone.co

					m 3D anatomy
		• Enlist the main branches of the aorta and its territories.	Should know	C1	
		• Explain the applied anatomy of the aorta	Should know	C1	
		• Explain origin, course, branches	Should know	C2	
		and distribution of celiac trunk	Must know	P+A	
		• Map outline of abdominal aorta,	Must know	C3	
		coeliac trunk, superior &inferior	Nice to know	C3	
		mesenteric artery on simulated patient/ model	Nice to know	C3	
		 Correlate with the clinical 	Nice to know	C3	
		conditions	Nice to know	C3	
		• Understand curative and	Nice to know	C3	
		preventive heath care			
		measures.			
		• Practice the principles of			
		bioethetics			
		 Apply strategic use of A.I in health care 			
		Read relevant research articles			
		 Vise of HEC digital library 			
		 Discus enteric nervous system with 	Should know	C2	 Clinical Oriented
		formation of plexuses and its			Anatomy by Keith L.
		parasympathetic role			Moore.7 TH Edition.
M1-GIT-A-0096	Nerve supply and	• Enlist the types of lymph nodes	Should know	C1	(Chapter 2, Page 301-
	Lymphatic drainage	draining the abdomen			305).
	of GIT	• Describe lymphatic drainage of	Should know	C2	http://www.anatomyzone.co m 3D anatomy
		GIT with special reference to	Must know	C3	in 5D anatomy
		lymphatic trunks, cisterna chyli & the thoracic duct	Nice to know	C3	
		 Correlate with the clinical 	Nice to know	C3	
		conditions	Nice to know	C3	
		 Understand curative and 	Nice to know	C3	
		preventive heath care	Nice to know	C3	
		measures.			

		 Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use of HEC digital library 			
M1-GIT-A-0097	Cross Sectional Anatomy	 Identify different visceras located at different levels of vertebral coloumn; T10, T11,T12,L1,L2 Correlate with the clinical conditions Understand curative and preventive heath care measures. Practice the principles of bioethetics Apply strategic use of A.I in health care Read relevant research articles Use of HEC digital library 	Should know Must Know Nice to know Nice to know Nice to know Nice to know	C1 C3 C3 C3 C3 C3 C3	 Gross Anatomy :- KLM clinically oriented anatomy edition 10 USMLE Q Bank Step 1 (Volume 1) 2023-2034 UWORLD Step 1 (Volume 3) 2023-2024
		Discuss the location and extent of rectum	Should know	C2	Clinical Oriented Anatomy by Keith L.
M1-GIT-A-0098	Rectum	• Describe the internal and external features of rectum	Should know	C2	Moore.7 TH Edition. (Chapter 2, Page 239,
		• Discuss peritoneal reflections rectouterine, rectovesical fossae and their clinical significance	Should know	C2	248,253 368- 371,436,438). http://www.anatomyzone.co
		Enumerate relations of rectum	Should know	C1	m 3D anatomy
		• Discuss blood supply, nerve supply, venous and lymphatic drainage	Should know	C1	
		• Describe the basis and features of	Must know	C3	
		rectal prolapsed	Nice to know	C3	
		• Correlate with the clinical	Nice to know	C3	
		conditions	Nice to know	C3	

		• Understand curative and preventive heath care	Nice to know	C3 C3 C3	
		Practice the principles of		CS	
		bioetheticsApply strategic use of A.I in health care			
		Read relevant research articles			
		Use of HEC digital library			
		• Discuss location and extent of anal canal	Should know	C2	• Gross Anatomy :- KLM clinically oriented
		• Describe external and internal features of Anal Canal	Should know	C2	anatomy edition 10USMLE Q Bank Step 1
		• Discuss features of anal sphincters	Should know	C2	(Volume 1) 2023-2034
M1-GIT-A-0099	Anal canal	• Tabulate relations of the anal canal with the surrounding structures	Should know	C2	UWORLD Step 1 (Volume 3) 2023-2024
		• Describe the Blood supply, venous and lymphatic drainage & innervations of anal canal	Should know	C2	
		Discuss anal continence	Should know	C2	
		• Differentiate between internal and	Must know	C3	_
		external haemorrhoids	Must know	C3	
		• Correlate with the clinical	Nice to know	C3	
		conditions	Nice to know	C3	
		• Understand curative and	Nice to know	C3	
		preventive heath care	Nice to know	C3	
		measures.	Nice to know	C3	
		• Practice the principles of bioethetics			
		• Apply strategic use of A.I in health care			
		 Read relevant research articles Use of HEC digital library			
		• Identify structures on a normal X-	Should know	C2	• Gross Anatomy :- KLM
M1-GIT-A-00200	Radiological	ray abdomen	Should know	C2	clinically oriented
	Anatomy	• Appreciate Air fluid shadows.	Should know	C2	anatomy edition 10

 Mark anatomical landmarks. Correlate the clinical conditions Understand the preventive and curative health care measures Practice the principles of Bioethic Apply Strategic use of AI in healt care Read relevant research articles 		C3 C3 C3 C3 C3	• USMLE Q Bank Step 1 (Volume 1) 2023-2034 UWORLD Step 1 (Volume 3) 2023-2024
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Anatomy Histology Syllabus of Learning Management System (LMS)

Code	Торіс	At the end of practical students should be able to	Calgary Gauge	Learning Domain	
	Tongue & salivary	• Focus & Identify slides of tongue & glands under microscope	Must know	Р	• Histology :- Junqueira's Basic Histology 18th
M1-GIT-A-00201	glands	Illustrate histological structure of tongue & salivary glands	Should know	C2	Edition USMLE Q Bank Step 1 (Volume 1) 2023-
		Write two points of identification	Must know	C1	2034
	Esophagus	• Focus & Identify slide of Esophagus under microscope	Must know	Р	
M1-GIT-A-00202		Illustrate histological structure of Esophagus	Should know	C2	
		• Write two points of identification	Must know	C1	
		• Focus & Identify slide of Stomach under microscope	Must know	Р	
M1-GIT-A-00203	Stomach	Illustrate histological structure of Stomach	Should know	C2	
		• Write two points of identification	Must know	C1	
		• Differentiate mucosa of cardiac, fundus, body and pyloric end of stomach	Must know	C2	
M1-GIT-A-00204	Liver, Gall bladder & Pancreas	• Focus & Identify slides of Liver, Gall bladder &Pancreas under microscope	Must know	Р	

		• Illustrate histological structures of Liver, Gallbladder & Pancreas	Should know	C2
		• Write two points of identification	Must know	C1
	Small Intestine	• Focus & Identify slide of small intestine under microscope	Must know	Р
M1-GIT-A-00205		• Illustrate histological structure of small intestine	Should know	C2
		• Write two points of identification	Must know	C1
M1-GIT-A-00206	Large Intestine	• Focus & Identify slide of Large Intestine under microscope	Must know	Р
		• Illustrate histological structure of large intestine	Should know	C2
		• Write two points of identification	Must know	C1

(Knowledge)

Physiology Large Group Interactive Session (LGIS)

Code	Торіс	Learning Objectives At the end of lecture students should be able to	Calgary Gauge	Grade	Learning Domain	Teaching Strategy	Assessment Tools
		Explain the physiologic anatomy of GIT	Must know	A	C2	Strategy	10015
M1-GIT-P-001	Introduction to GIT, Electrical activity in GIT Movements of GIT	Summarize the functions of GIT	Must know	A	C1	LGIS	SEQ MCQ VIVA
		Explain the electrical activity of GIT smooth muscle	Must know	A	C2		
		 Describe the concept of slow waves and spike potentials 	Must know	A	C1		
		 Explain resting membrane potential and factors affecting RMP 	Must know	A	C2		
		• Explain role of calcium ions in muscle contraction	Should know	В	C2		
		Describe tonic contraction in GIT smooth muscles	Should know	В	C1		
		• Enumerate different types of movements in GIT	Should know	В	C1		
		Define propulsive movements	Must know	Α	C1		
		Define mixing movements	Must know	А	C1		
		• Describe sites of peristaltic movement in GIT	Should know	В	C1		
		• Describe stimulus, mechanism and direction of peristaltic movement	Should know	В	C1		
		• Discuss role of Myenteric plexus in peristaltic movement	Must know	Α	C2		
		• Explain peristaltic reflex and Law of gut	Must know	A C2	C2		
		• Describe mechanism and function performed by mixing movements	Must know	A	C1		
	Enteric nervous system and GIT reflexes	• Describe physiological anatomy of enteric nervous system	Must know	Α	C1		SEQ MCQ VIVA
		• Enlist functions of enteric nervous system	Must know	Α	C1		
		Compare and contrast Myenteric and Meissner's plexus	Must know	A	C2		
M1-GIT-P-002		• Enumerate neurotransmitters of enteric nervous system	Must know	Α	C1		
		• Describe the autonomic regulation of enteric nervous system	Must know	A	C1		
		• Enumerate afferent sensory connections of enteric nervous system	Must know	A	C1		
		• Discuss the physiology of GIT reflexes	Must know	А	C2		
		• Explain GIT reflexes integrated at the level of gut wall, prevertebral sympathetic ganglia and spinal	Must know	А	C2		

		cord/brain stem			<u> </u>		
M1-GIT-P-003	Control of GIT motility and factors affecting GIT blood flow	• Enumerate hormones of GIT	Must know	A	C2	LGIS	SEQ MCQ VIVA
		• Describe the hormonal control of GIT motility	Must know	А	C1		
		• Explain site of secretion, stimuli for secretion and actions of Gastrin, Cholecystokinin, Secretin, Gastric inhibitory peptide and Motilin	Must know	А	C2		
		• Discuss the factors affecting GIT blood flow	Should know	В	C2		
		• Recall anatomy of GIT blood supply	Should know	В	C1		
		• Explain splanchnic circulation and hepatic portal circulation	Must know	А	C2		
		• Describe the significance of blood flow to liver through portal vein	Must know	А	C1		
		• Describe special organization of blood flow through intestinal villus	Should know	В	C1		
		• Explain factors affecting gastrointestinal blood flow	Must know	А	C2		
		• Describe counter current blood flow in villi.	Must know	А	C1		
		• Explain nervous control of GIT blood supply	Must know	А	C2		
		• Discuss physiological importance of sympathetic vasoconstriction in GIT under special conditions	Must know	А	C2		
M1-GIT-P-004	Swallowing1 and (Mastication and Saliva)	• Describe the secretion and composition of saliva and its physiologic roles	Must know	А	C1	LGIS	SEQ MCQ VIVA
		• Describe the nervous regulation of saliva	Must know	А	C1		
		Describe mastication	Must know	А	C1		
		• Enumerate functions of mastication	Must know	А	C1		
		• Explain role of teeth and muscles of mastication	Should know	В	C2		
		• Describe the steps and nervous control center of chewing reflex	Must know	А	C1		
		• Introduceswallowing	Must know	А	C1		
		• Enumerate stages of swallowing (voluntary/involuntary)	Must know	А	C1		
		 Explain in detail each stage ofswallowing Voluntary stage Mechanism Pharyngeal stage (reflex act) Stimulus, receptors, afferents, center, efferent, effectors, response 	Must know	A	C2		

		 Relate pharyngeal stagewith process ofrespiration Esophagealstage 			(2)		
		• Primary peristalsis Secondary peristalsis (stimulus, afferent, center, efferent, response)	Must know	А	C2		
		• Describe physiological anatomy and function of Lower esophageal sphincter	Should know	В	C1		SEQ
M1-GIT-P-005	Swallowing -II	• Explain receptive relaxation of stomach with nervous pathway	Must know	А	C2	LGIS	MCQ VIVA
		• Describe physiological anatomy and function of distal end of esophagus	Should know	В	C1		
		Define Achalasia cardia	Must know	А	C1		
	Clinical disorders	• Describe causes, effects and treatment of achalasia cardia	Should know	В	C1		SEQ
of swallowing (Achalasia cardia,	• Define vomiting	Must know	А	C1	LGIS	MCQ	
		• Describe stimuli & nervous pathway of vomiting	Must know	А	C1	-	VIVA
	vomiting & nausea)	• Discuss act of vomiting	Should know	В	C2		
	nausea)	Describe chemoreceptor trigger zone	Must know	А	C1		
		• Define nausea	Should know	В	C1		
		• Enlist causes of nausea	Should know	В	C2		
M1-GIT-P-006	Regulation of	• Discuss in detail gastric factors that promote emptying and duodenal factors that inhibit emptying	Should know	В	C2		SEQ
	Stomach emptying	• Explain the role of enterogastric nervous reflexes and hormonal feedback	Must know	А	C2	LGIS	MCQ VIVA
		 Recall physiological anatomy of stomach 	Should know		C1		
		 Describe motor functions of stomachin detail 1. Storage 	Must know	А	C1		6 - - -
M1-GIT-P-007	Motor functions of stomach	 Mixing and propulsion of foodchyme and Hungercontractions Stomachemptying Pole of pulorionump 				LGIS	SEQ MCQ VIVA
		4. Role of pyloricpumpDiscuss role of pyloricsphincter	Must know	А	C2	-	

M1-GIT-P-008	Gastric juice-I and Digestion in stomach Physiological barrier protecting development of peptic ulcer	 Describe the secretion of gastricjuice. a. Describe the basic mechanism ofHCl secretion. b. Describe the secretion andactivation ofpepsinogen c. Describe the secretion of intrinsic factor d. Describe the secretion of mucousand gastrin e. Describe the regulation of gastricacid and pepsinogensecretion Summarize the digestive process occurring in stomach Discuss the role of gastric juice, hormones and enzymes acting in stomach 	Should know Should know Should know	B B B	C1 C1 C2	LGIS	SEQ MCQ VIVA
		 Discuss sites, causes and physiological factors preventing peptic ulcer 	Should know	В	C2		
	Liver & gall	Recall physiological anatomy of liver & portal circulation	Must know	А	C1	LGIS	SEQ
M1-GIT-P-009	bladder, liver and biliary secretions	• Describe in detail metabolic and non-metabolic functions of liver	Should know	В	C1		MCQ VIVA
		• Explain the mechanism of secretion of bile.	Must know	А	C2		
		• Explain the functions of biliary tree.	Should know	В	C2		
		• Describe the composition of bile.	Must know	А	C1		
		• Explain the role of bile in fat digestion.	Must know	А	C2		
		• Explain the formation of gall stones.	Should know	В	C2		
		• Enlist liver functions test	Should know	В	C1		SEQ
M1-GIT-P-0010	LFTs and jaundice	• Describe liver function tests	Nice to know	С	C1	LGIS	MCQ
		• Discuss in detail pathophysiology of jaundice	Must know	А	C2		VIVA
		• Describe causes and effects of cirrhosis	Must know	А	C1		SEQ
M1-GIT-P-0011	Cirrhosis & portal hypertension	• Describe causes and effects of portal hypertension	Must know	А	C1	LGIS	MCQ VIVA
	Physiology of	• Discuss composition of pancreatic secretions	Should know	В	C2		SEQ
M1-GIT-P-0012	pancreas	• Describe mechanism of secretion of bicarbonate ions	Should know	В	C1	LGIS	MCQ
	Pancreatic secretions	• Describe the regulation and phases of pancreatic secretion.	NICE TO KNOW	С	C1		VIVA

(Knowledge)

Physiology Small Group Discussion (SGDs)

Code	Торіс	Learning Objectives Students Should Be Able To	Calgary Gauge	Learning Domain	Teaching Strategy	Assessment Tools
M1-GIT-P-0013	Introduction to	Enlist general four functions performed by GIT	Must Know	C1	Strategy	SEQ
	GIT	GIT • Recall physiological anatomy and blood flow through GIT	Should Know	C1	SGD	MCQ VIVA
		Briefly discuss electrical activity of GIT smooth muscle	Must Know	C1		
M1-GIT-P-0014	Swallowing	• Discuss in detail the three stages of swallowing	Must Know	C2	SGD	SEQ MCQ
		• Briefly discuss physiological anatomy of lower esophageal sphincter and distal end of esophagus and state their functional importance	Must Know	C2		VIVA
M1-GIT-P-0015	Functions of	Recall physiological anatomy of stomach	Should Know	C1		SEQ MCQ
	stomach	• Describe motor functions of stomach including storage, mixing, propulsion and stomach emptying.	Must Know	C1	SGD	VIVĂ
		Discuss in detail gastric factors that promote emptying	Must Know	C2		
		• Explain the role of enterogastric nervous reflexes and hormonal feedback.	Must Know	C2		
M1-GIT-P-0016	Liver functions	Recall physiological anatomy of liver	Should Know	C1	SGD	SEQ MCQ
		Discuss formation and storage of bile	Should know	C2		VIVA
		• Enlist and describe all functions performed by liver	Must Know	C1		
M1-GIT-P-0017	Digestion and absorption	• Describe in detail the process of digestion of carbohydrates, proteins and fats with special emphasis on enzymes involved at each step	Should Know	C1	SGD	SEQ MCQ
		• Discuss special features of small and large intestine to promote absorptive process and mechanism of absorption in detail	Must Know	C2		VIVA

M1-GIT-P-0018	Large intestine	Recall movements and functions of large intestine	Must	C1		
			Know			
		Enumerate causes of empty rectum	Should	C1		SEQ
			Know		SGD	MCQ
		• Explain defecation reflex, its importance and nervous	Must	C2		VIVA
		control	Know			
		• Explain GIT reflexes integrated at the level of gut wall,	Must	C2		
		prevertebral sympathetic ganglia and spinal cord/brain stem.	Know			

(Knowledge) Physiology Self Directed Learning (SDL)

Code	Topics Of SDL	Learning Objectives Students Should Be Able To	Learning Resources
M1-GIT-P-0019	Introduction to GIT, electrical activity in GIT, Enteric Nervous System and GIT reflexes	 Introduction Role of GIT in control system Concept of Enteric nervous system GIT reflexes and its clinical correlation 	 Ganong's Review of Medical Physiology.25TH Edition. Overview of gastrointestinal function and regulation (Chapter 25, Page 453,467,472). Human Physiology by Dee Unglaub Silver thorn. 8TH Edition. The Digestive System (Chapter 21Page 691,700) Physiology by Linda S. Costanzo 6th Edition. Gastrointestinal Physiology (Chapter 8. Page 339) Physiological Basis of Medical Practice by Best & Taylor's.13th Edition. Section 6.Gastrointestinal System. (Chapter 43, Page 681) Textbook of Medical Physiology by Guyton & Hall.14th Edition. Gastrointestinal Physiology. Section 12. (Chapter 63, Page 787)
M1-GIT-P-0020	Gastric secretion, digestion in stomach, peptic ulcer and gastritis	 Gastric secretion and role in digestion Peptic ulcer disease Type of gastritis and clinical importanceof gastritis Investigations to diagnose gastritis 	 Ganong's Review of Medical Physiology. Overview of gastrointestinal function and regulation(Chapter 25, Page 455). Physiology by Linda S. Costanzo 6th Edition. Gastrointestinal Physiology (Chapter 8. Page 356,360) Physiological Basis of Medical Practice

M1-GIT-P-0021	Small intestine motility and malabsorption (sprue, paralytic ileus and Crohn's disease)	 Factors affecting motility of smallintestine Concept of absorption of nutrients Importance of history in diagnosis of various malabsorption diseases Inflammatory bowel disease 	 by Best & Taylor's.13th Edition. Section 6.Gastrointestinal System. (Chapter 44, Page 706) (Chapter 45, Page 720,726) Textbook of Medical Physiology by Guyton & Hall.14th Edition. Gastrointestinal Physiology. Section 12. (Chapter 65, Page 809,811) Ganong's Review of Medical Physiology.25TH Edition, Gastrointestinal motility. (Chapter 27, Page 495) Human Physiology by Dee Unglaub Silver thorn. 8TH Edition. The Digestive System (Chapter 21,Page 697) Physiology by Linda S. Costanzo 6th Edition. Gastrointestinal Physiology (Chapter 8. Page 348) Physiological Basis of Medical Practice by Best & Taylor's.13th Edition. Section 6.Gastrointestinal System. (Chapter 44,Page 690,710) Textbook of Medical Physiology by Guyton & Hall.14th Edition. Gastrointestinal Physiology by Guyton & Hall.14th Edition. Gastrointestinal Physiology by Guyton & Hall.14th Edition.
M1-GIT-P-0022	Intestinal secretion and its functions, pancreatic juice, its composition and functions	 Intestinal secretions and action Anatomy of pancreas and its blood supply Composition of pancreatic juice and itsrole in absorption Function of pancreas 	 Ganong's Review of Medical Physiology.25TH Edition.Overview of gastrointestinal function and regulation (Chapter 25,Page 460). Human Physiology by Dee Unglaub Silver thorn. 8TH Edition. The Digestive System (Chapter 21,Page 709) Physiology by Linda S. Costanzo 6th Edition. Gastrointestinal Physiology (Chapter 8. Page 366,371) Physiological Basis of Medical Practice by Best & Taylor's.13th Edition. Section 6.Gastrointestinal System. (Chapter 45,Page 738,739) Textbook of Medical Physiology by Guyton & Hall.14th Edition. Gastrointestinal Physiology. Section 12. (Chapter 65,Page 814,820)

M1-GIT-P-0023	Pancreatitis, overall mechanism of digestion and absorption of intestine (amino acids, fatty acids and glucose)	 Pancreatitis Conclusion of digestion and absorption of nutrients. Clinical correlation with pancreaticenzymes. Hormones secreted by pancreas 	 Ganong's Review of Medical Physiology.25TH Edition. Digestion, Absorption and Nutritional Principles. (Chapter 2, Page 475) Human Physiology by Dee Unglaub Silver thorn. 8TH Edition. The Digestive System (Chapter 21,Page 703- 710,715) Physiology by Linda S. Costanzo 6th Edition. Gastrointestinal Physiology (Chapter 8. Page 374) Physiological Basis of Medical Practice by Best & Taylor's.13th Edition. Section 6.Gastrointestinal System. (Chapter 47,Page 770)(Chapter 48,Page 785) Textbook of Medical Physiology by Guyton & Hall.14th Edition. Gastrointestinal Physiology. Section 12. (Chapter 66, Page 823)
M1-GIT-P-0024	Motor function of large gut, defecation reflex	 Motor function of large gut Inflammatory bowel disease Defecation reflex Concept of Hemorrhoids 	 Ganong's Review of Medical Physiology.25TH Edition, Gastrointestinal motility. (Chapter 27, Page 495) Human Physiology by Dee Unglaub Silver thorn. 8TH Edition. The Digestive System (Chapter 21,Page 720) Physiological Basis of Medical Practice by Best & Taylor's.13th Edition. Section 6.Gastrointestinal System. (Chapter 44,Page 713) Textbook of Medical Physiology by Guyton & Hall.14th Edition. Gastrointestinal Physiology. Section 12. (Chapter 64,Page 804)
M1-GIT-P-0025	Pathophysiology (vomiting, diarrhea, constipation, ulcerative colitis, megacolon and carcinoma of colon)	 Symptomsrelated to GIT Clinical role of various symptoms Overview of Carcinoma of stomach, smalland large intestine 	 Ganong's Review of Medical Physiology.25TH Edition, Gastrointestinal motility. (Chapter 27,Page495) Physiology by Linda S. Costanzo 6th Edition. Gastrointestinal Physiology (Chapter 8. Page 385) Textbook of Medical Physiology by Guyton & Hall.14th Edition. Gastrointestinal Physiology. Section 12. (Chapter 67, Page 833)

(Psychomotor) Physiology Practicals Skill Laboratory (SKL)

Code	Торіс	At the end of this skill lab, student should be able to illustrate:	Calgary Gauge	Learning Domain	Teaching Strategy	Assessment Tool
		Apparatus identification	Must Know	P	Bildiegy	1001
		Principle	Must Know	C1		
M1-GIT-P-0026	Sense of taste	Procedure	Must Know	Р	Skill lab	OSPE
		Precautions	Should Know	C1		
		• Recall taste modalities, taste pathway & abnormalities of taste	Must Know	C1		
		Apparatus identification	Must Know	Р		
		Principle	Must Know	C1		
M1-GIT-P-0027	Examination of sense of smell	Procedure	Must Know	Р	Skill lab	OSPE
		Precautions	Should Know	C1		
		Recall Olfactory pathways and abnormalities of olfaction	Must Know	C1		
		Apparatus identification	Must Know	C1		
		• Principle	Must Know	C1		
	Examination of	• Procedure	Must Know	A,P		
M1-GIT-P-0028	superficial	Precautions	Should Know	Р	Skill lab	OSPE
	reflexes	Recall reflex arc	Should Know	C1		
		Recall effects of UMNL & LMNL on reflexes	Should Know	C1		
		Apparatus identification	Must Know	C1		
	Examination of	• Principle	Must know	C1		
M1-GIT-P-0029	deep reflexes	Procedure	Must Know	A,P	Skill lab	OSPE
		Precautions	Should Know	Р		
		Recall reflex arc	Should Know	C1		
		Recall effects of UMNL & LMNL on reflexes	Should Know	C1		

(Knowledge)

Biochemistry Large Group Interactive Session (LGIS)

Code	Торіс	Learning Objectives At The End Of Lecture Students Should Be Able To	Calgary Gauge	Learning Domain	Teaching Strategy	Assessment Tool
	Introduction to	Understand metabolic pathways	Should Know	C2		MCQs,
M1-GIT-B-001	Carbohydrate metabolism	Discuss glucose entry into the cells	Should Know	C2	LGIS	SAQs Viva
		• Explain types, reactions and regulation of Glycolysis	Must Know	C2		MCQs,
M1-GIT-B-002	Glycolysis and Fates	Describe fates of Pyruvate	Must Know	C2	LGIS	SAQs
	of Pyruvate	Explain related clinical disorders	Nice to Know	C3		Viva
M1-GIT-B-003	Gluconeogenesis	Discuss substrates, reactions and regulation of Gluconeogenesis	Must Know	C2	LGIS	MCQs, SAQs Viva
M1-GIT-B-004	Glycogen metabolism	• Explain the steps and regulation of glycogenesis and glycogenolysis	Must Know	C2	LGIS	MCQs, SAQs Viva
	Metabolism of	Describe the metabolism of individual sugars	Must Know	C2		MCQs,
M1-GIT-B-005	Individual Sugars	Explain related clinical disorders	Should Know	C3	LGIS	SAQs Viva
		Explain the pathway of HMP shunt	Must Know	C2		MCQs,
M1-GIT-B-006	HMP Shunt and	Discuss uses of NADPH	Must Know	C2	LGIS	SAQs
	G6PD deficiency	Describe G6PD deficiency	Must Know	C3		Viva
		Describe the composition and role of digestive juices	Must Know	C2		MCQs,
M1-GIT-B-007	GIT Digestive juices	Explain role of gastrointestinal hormones	Should Know	C2	LGIS	SAQs
	and Hormones	Understand related clinical disorders	Nice to Know	C3		Viva
		Understand BMI and BMR	Must Know	C2		MCQs,
M1-GIT-B-008	Nutrition	Explain the role of different dietary constituents	Must Know	C2	LGIS	SAQs
		Understand related clinical disorders	Should Know	C3		Viva
		Discuss Liver function tests and Jaundice	Must Know	C3		MCQs,
M1-GIT-B-009	LFTs and Jaundice				LGIS	SAQs Viva
		Explain the digestion and absorption of carbohydrates, lipids and	Should Know	C2	LOIG	MCQs,
M1-GIT-B-0010	Digestion and	proteins			LGIS	SAQs

	Absorption	Discuss the role of different digestive enzymes	Should Know	C2		Viv
		Describe related clinical disorders	Should Know	C3		
·		(Knowledge)				·
		Biochemistry Small Group Discussion (SGDs))			
Code	Торіс	Learning Objectives Students Should Be Able To	Calgary Gauge	Learning Domain	Teaching Strategy	Assessment Tool
M1-GIT-B-0011	Saliva	• Explain formation, composition & biochemical functions	Should Know	C2	SGD	MCQs SAQs Viva
M1-GIT-B-0012	Gluconeogenesis & its regulation	 Discuss substrates, reactions and regulation of Gluconeogenesis 	Must Know	C2	SGD	MCQs SAQs Viva
M1-GIT-B-0013	LFT's Jaundice	Discuss Liver function tests and Jaundice	Must Know	C3	SGD	MCQs SAQs Viva

(Knowledge)

Biochemistry Self Directed Learning (SDL)

Code	Topics of SDL	Learning Objectives Students Should Be Able To	References
M1-GIT-B-0014	Carbohydrate Metabolism & Glycolysis	 Understand stages of metabolism Explain transport of glucose across cell memebrane Describe steps of glycolysis Discuss regulation of committed steps Explain energy calculation in anaerobic and aerobic conditions Understand pyruvate kinase deficiency 	 Reference Book: Lippincott's Illustrated reviews of Biochemistry 8th Edition Chapter#8, Page 100.
M1-GIT-B-0015	TCA Cycle & Gluconeogenesis	 Describe steps of TCA cycle Discuss substrates, steps and regulation of gluconeogenesis 	 Reference Book: Lippincott's Illustrated reviews of Biochemistry 8th Edition Chapter#9, Page 120. Reference Book: Lippincott's Illustrated reviews of Biochemistry 8th Edition Chapter#10, Page 128.
M1-GIT-B-0016	Glycogen metabolism	Explain synthesis and breakdown of glycogenDiscuss glycogen storage diseases	 Reference Book: Lippincott's Illustrated reviews of Biochemistry 8th Edition

			Chapter#11, Page 137.
M1-GIT-B-0017	Individual Sugars	 Descibe the metabolism of individual sugar Explain related clinal disorder 	 Essentials of Medical Biochemistry Book by Mushtaq Ahmed Edition 9th Volume#1, Chapter#7, Page 186 Reference Book: Lippincott's Illustrated reviews of Biochemistry 8th Edition Chapter#19, Page 276, 77.
M1-GIT-B-0018	Digestion of Lipids by Pancreatic Enzymes	 Explain the digestion and absorption of lipids Discuss the role of pancreatic enzymes in lipid digestion 	*

(Psychomotor) Biochemistry Practicals Skill Laboratory (SKL)

Code	Торіс	At the End of Practical Students Should Be Able To	Calgary	Learning	Teaching	Assessment
			Gauge	Domain	Strategy	Tool
M1-GIT-B-0019	Saliva-I	• Understand Normal constituents of saliva Discuss effects of saliva on digestion of starch	Must Know	Р	Skill Lab	OSPE
M1-GIT-B-0020	Silva-II	• Discus the role of silva in digestion of carbohydrates	Should Know	Р	Skill Lab	OSPE
M1-GIT-B-0021	Bile	• Descirbe the composition and role of bile in disgestion	Must Know	Р	Skill Lab	OSPE
		Understand related disorder	Should Know	Р		
M1-GIT-B-0022	Estimation of ALT & ALP	Perform estimation of ALT	Must Know	Р	Skill Lab	OSPE
		Perform estimation of ALP	Must Know	Р		
M1-GIT-B-0023	Analysis of Food Component (Wheat)	• Perform to analyse the different constituents of wheat	Must Know	Р	Skill Lab	OSPE

Biochemistry LGIS Syllabus of Learning Management System (LMS)

Code	Торіс	Learning Objectives At the End of Assessment Students Should be able to	Learning Domain	Teaching Strategy	Assessment Tool
M1-GIT-B-0024	Introduction to carbohydrate Metabolism	 Introduction and stages of Metabolism Differentiation between Anabolism and Catabolism Transportr of glucose across the cell. (Glucose Transporters) 	C2 C2 C2	LGIS	MCQs
M1-GIT-B-0025	Metabolism of monosaccharide & Disaccharide (Fructose, Lactose, Galactose)	• Explain the Metabolism of Fructose, Lactose, Galactose and there related clinical Disotders.	C2	LGIS	MCQs
M1-GIT-B-0026	Glycolysis	 Steps of Glycolysis Regulation of the Committed Steps Enetgy calculation in Anaerobic Gylcolosis. 	C2 C2 C2	LGIS	MCQs
M1-GIT-B-0027	Fate of Pyruvate	 Pate of Pyruvate Ciru's Lactic Acid Cycle & Lactic Acidosis 	C2 C2	LGIS	MCQs
M1-GIT-B-0028	Function of NADPH and deficiency of G6PD	 Describe hexose monophosphate pathway Explain functions of NADPH with G6PD deficiency 	C2 C2	LGIS	MCQs
M1-GIT-B-0029	Glycogen Metabolism	 Explain synthesis and breakdown of glycogen Discuss glycogen storage diseases 	C2 C3	LGIS	MCQs
M1-GIT-B-0030	Gastric Juice	 Explain composition, function, formation of gastric juice and related disorders Peptic ulcer disease 	C2 C3	LGIS	MCQs
M1-GIT-B-0031	Bile and Pancreatic Juice	 Describe composition, function, formation of bile and related disorders Describe composition, function and formation of pancreatic juice and related disorder 	C2 C2	LGIS	MCQs
M1-GIT-B-0032	GIT Hormones and Succus Entericus	 Understand the sources, functions, and regulation of gastrointestinal hormones. Describe the composition, secretion, and role of succus entericus in digestion. 	C2 C2	LGIS	MCQs
M1-GIT-B-0033	Nutrition	 Understand the roles of macronutrients and micronutrients in energy production and overall health. Describe the consequences of nutrient deficiencies and excesses in the human body 	C2 C2	LGIS	MCQs
M1-GIT-B-0034	Citric acid cycle	• Describe steps, regulations, energy calculations and	C2	LGIS	MCQs

		 significance of CAC Deficiences of coenzymes of pyruvate dehydrogenase complex 	C3		
M1-GIT-B-0035	Digestion and Absorption of lipids, proteins and carbohydrates	 Explain the enzymatic processes involved in the digestion of lipids, proteins, and carbohydrates. Describe the pathophysiology of related disorders 	C2 C3	LGIS	MCQs

Biochemistry SGDs Syllabus of Learning Management System (LMS)

Code	Торіс	Learning Objectives	Learning	Teaching	Assessment
		At the End of Assessment Students Should be able to	Domain	Strategy	Tool
M1-GIT-B-0036	Gluconeogenesis and its regulation	• Describe the steps and regulations of gluconeogenesis	C2	SGD	MCQs
M1-GIT-B-0037	LFTs and Jaundice	Describe types of jaundiceUnderstand and interpret LFTs	C2 C2	SGD	MCQs
M1-GIT-B-0038	Saliva	• Explain formation, composition and biochemical functions of saliva.	C2	SGD	MCQs

Biochemistry SDL Syllabus of Learning Management System (LMS)

Code	Торіс	Learning Objectives At the End of Assessment Students Should be able to	Learning Domain	Teaching Strategy	Assessment Tool
M1-GIT-B-0039	Pyruvate Kinase Deficiency	 Understand Role of Pyruvate Kinase Discuss Pathogenesis of PK Deficiency Understand Clinical Features of PK Deficiency 	C1 C2 C3	SDL	MCQs
M1-GIT-B-0040	Clinical disorders related to HMP Shunt	 Explain applied aspects and importance of HMP shunt Discuss the role of NADPH in phagocytosis 	C2 C3	SDL	MCQs
M1-GIT-B-0041	Glycogen storage diseases	• Describe the sign and symptoms and deficient enzymes of glycogen storage diseases	C3	SDL	MCQs
M1-GIT-B-0042	Clinical aspects of Digestive Juices	 Understand the disorder of salivary glands Discuss clinical aspects related to gastric and pancreatic juice Understand the pathogenesis of gall stones 	C2 C2 C2	SDL	MCQs
M1-GIT-B-0043	Clinical disorders related to digestion and absorption	• Explain disorders i.e. lactose intolerance, cystinuria, hartnup disorder, steatorrhea and cystic fibrosis	C3	SDL	MCQs

	J				
Code	Торіс	Learning Objectives	Learning	Teaching	Assessment
		At the End of Assessment Students Should be able to	Domain	Strategy	Tool
M1-GIT-B-0044	Glucose 6 phosphate dehydrogenase deficiency	• Explain the biochemical basis of G6PD deficiency and related disorders	C3	CBL	MCQs
M1-GIT-B-0045	Lactose intolerance	Explain enzymatic deficiency and its related genetic factorExplain the treatment of lactose intolerance	C2 C2	CBL	MCQs

Biochemistry Practical Syllabus of Learning Management System (LMS)

SECTION - III

Basic and Clinical Sciences (Vertical Integration)

Content

- Case Based Learning (CBLs)
- Vertical Integration LGIS

	Case Dased Learning (CDL)						
Subject	Торіс	At the End Of Lecture Students Should Be Able To	Learning				
			Domain				
	Acute Appendicitis	Apply basic knowledge of subject to study clinical case.	C3				
Anatomy	Liver Cirrhosis	Apply basic knowledge of subject to study clinical case.	C3				
	Peptic Ulcer	Apply basic knowledge of subject to study clinical case.	C3				
Physiology	Food Poisoning	Apply basic knowledge of subject to study clinical case.	C3				
	Glucose 6 Phosphate Dehydrogenase	Apply basic knowledge of subject to study clinical case.	C3				
Biochemistry	Deficiency						
	Lactose Intolerance	Apply basic knowledge of subject to study clinical case.	C3				

Case Based Learning (CBL)

Large Group Interactive Sessions (LGIS)

Department of Medical Education (DME)

Code	Торіс	Learning Objectives At the end of the lecture the student should be able to	Teaching Strategy	Assessment Tool
M1-GIT-VI(DME)-001	Orientation of Integrated Modular system, Intoduction to study guides and RMU Policies	 Understand the concept of integration Understand the orientation of integrated modular curriculum of RMU How to use Study Guides Introduction to different policies of RMU 	LGIS	MCQs

Community Medicine

Code	Торіс	Learning Objectives	Cognitive Domain	Teaching Strategy	Assessment Tool
M1-GIT-VI(CM)-001	Concept of Health and Disease	 By the end of the session students will be able to. Define Health Identify different phases of Health Elaborate concepts of Health Acknowledge Dimensions of Health Elucidate Dimensions of health Appreciate Determinants of Health Describe the types of determinants 	C1 C1 C1 C1 C1 C2 C2	LGIS	MCQs
M1-GIT-VI(CM)-002	Basic Concepts of Infectious Disease Epidemiology	 Define important terms related to infectious disease epidemiology. Differentiate between epidemic, endemic and pandemic Describe the dynamics of transmission of disease Explain the concept of incubation period and its importance. Demonstrate the incidence of water related diseases in Pakistan and other developing countries 	C1 C2 C2 C2 C1	LGIS	MCQs

Medicine

Code	Торіс	At the end of the lecture, students should be able	Learning	Learning	Assessment
		to	Domain	Strategy	Tools
		Describe Mechanism of digestion in stomach	C1		
		• Describe Mechanism of APD and GERD	C2		
	Peptic ulcer	Discuss Peptic ulcer formation	C2	LGIS	MCQs
M1-GIT-VI(M)-001		Enlist Clinical features	C2		
		Enlist Investigations	C1		
		Describe management	C2		
		• Enlist types of Jaundice	C1		
		Discuss changes in Liver	C2	LGIS	
M1-GIT-VI(M)-002	Jaundice	Describe clinical features	C2		MCQs
		Enlist investigations	C1		
		Discuss management	C2		
		• Describe features of IBD	C2		
	Inflammatory	Classify IBD	C2		
M1-GIT-VI(M)-003	bowel disease	Describe pathogenesis of IBD	C2	LGIS	MCQs
		Describe histological diagnosis of IBD	C1		
		Enlist complication of IBD	C1		

Surgery

Code	Торіс	At the end of the lecture, students should be able to	Learning	Learning	Assessment
			Domain	Strategy	Tools
		• Identify the clinical features of acute abdomen,	C1		
M1-GIT-VI(S)-001	Acute Abdomin	including its presentation, common causes, and			
		potential complications.		LGIS	MCQs
		• Describe the role of laboratory investigations,	C2		
		imaging studies (such as ultrasound and CT scan)			
		• Describe the general principles of management of	C2		
		acute abdomen			
		• Identify the causes, types, and risk factors of	C1		
M1-GIT-VI(S)-002	Gall Stones	gallstones.		LGIS	MCQs
		• Understand the clinical presentation, diagnostic	C2		

methods, and complications associated with gallstones.Describe the management options, including medical	C2	-	
and surgical interventions, for patients with gallstones.	02		

Peadiatrics

		Theory			
Code	Торіс	Learning Objectives	Learning	Teaching	Assessment
		At the end of the lecture the student should be able to	Domain	Strategy	Tool
M1-GIT-VI(Peads)-001	Acute and Chronic Diarrhea Cute &	• Understand the diagnostic approach for both acute and chronic diarrhea, including the use of stool analysis, blood tests, and imaging when appropriate.	C2	LGIS	MCQs
	Choronic Diaherrea	• Explain the management strategies for acute and chronic diarrhea, emphasizing fluid and electrolyte replacement, pharmacological interventions, and addressing the underlying causes.	C2	LGIS	MCQs

Pharmacology

		Theory			
Code	Topic	Learning Objectives	Learning	Teaching	Assessment
		At the end of the lecture the student should be able to	Domain	Strategy	Tool
		• Classify the antidiarrheal drugs	C1		
	Anti Diarrheal			LGIS	MCQs
M1-GIT-VI(Pharm)-001	Drugs	• Describe the mechanism of action and clinical uses of	C2		
	Drugo	antidiarrheal drugs		LGIS	MCQs
		• Describe the adverse effects and contraindications	C2		
		of these drugs			
		• Recognize the role of probiotics and prebiotics in	C2		
		managing diarrhea			

Pathology

		Theory			
Code	Торіс	Learning Objectives	Learning	Teaching	Assessment
		At the end of the lecture the student should be able to	Domain	Strategy	Tool
	Dethologies of	• Understand the normal structure and function of the intestine, and how these are altered in disease states.	C1	LGIS	MCQs
M1-GIT-VI(Path)-001	Pathologies of Intestine	• Explain the pathophysiology of common intestinal disorders, including infections, inflammations, and neoplasms.	C2	LGIS	MCQs
		• Identify the clinical features and diagnostic approaches for inflammatory bowel diseases, intestinal infections, and tumors.	C2		

SECTION - IV

Spiral Courses

Content

- Longitudinal Themes
 - The Holy Quran Translation
 - **o** Biomedical Ethics & Professionlism
 - Behavioural Sciences
 - Family Medicine
 - Artificial Intelligence (Innovation)
 - Integrated Undergraduate Research Curriculum (IUGRC)
 - Enterpeneurship
 - Digital Literacy Module
 - Early Clinical Exposure (ECE)

Introduction to Spiral Courses

The Holy Quran Translation

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

Bioethics

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

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

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

Professionalism

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

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

Communication Skills

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

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

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

Behavioral Sceinces

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

Family Medicine

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

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

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

Artificial Intelligence

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

Integrated Undergraduate Research Curriculum

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

Entrepreneurship

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

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

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

Digital Literacy Module

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

Early Clinical Exposure (ECE)

Early clinical exposure helps students understand the relevance of their preclinical studies by providing real-world contexts. This can enhance motivation and engagement by showing students the practical application of their theoretical knowledge. Early exposure allows students to begin developing essential clinical skills from the start of their education. This includes not only technical skills but also crucial soft skills such as communication, empathy, and professionalism. Direct interaction with patients early in their education helps students appreciate the complexities of patient care, including the psychological and social aspects of illness. Early exposure to various specialties can aid students in making informed decisions about their future career paths within medicine.

Early clinical experiences contribute to the development of a professional identity, helping students see themselves as future physicians and understand the responsibilities and ethics associated with the profession. This can help reduce the anxiety associated with clinical work by familiarizing students with the clinical environment. It can build confidence in their abilities to interact with patients and healthcare professionals. Engaging with real-life clinical situations early on encourages the development of critical thinking and problem-solving skills, which are essential for medical practice. It helps bridge the gap between theoretical knowledge and practical application, leading to a more integrated and holistic approach to medical education. It allows students to observe and understand how healthcare systems operate, including the challenges and limitations faced in different settings.: Early patient interaction emphasizes the importance of patient-centered care from the outset, underscoring the importance of treating patients as individuals with unique needs and backgrounds. Practical experiences can enhance long-term retention of knowledge as students are able to connect theoretical learning with clinical experiences.: Early clinical experiences often involve working in multidisciplinary teams, which fosters a sense of collaboration and understanding of different roles within healthcare.

In summary, early clinical exposure in medical education is pivotal for the holistic development of medical students, providing them with a strong foundation of practical skills, professional attitudes, and a deep understanding of patient-centered care.

		The Islamiyat			
Code	Торіс	Teaching Strategy	Assessment Tool		
	Toheed Related Quranic Verses &	• Understand the concept of Tawheed as presented in the Quran, and its significance in Islamic theology.	C2	LGIS	SAQ
M1-GIT-SI(ISL)-001	their Explanation	• Identify key Quranic verses related to Tawheed, focusing on the concepts of divine unity, power, and sovereignty.	C2	LGIS	SAQ
M1 CIT SUISL \ 002	Tohood & Shirl	• Understand the concept of Tawheed (Oneness of Allah) and its fundamental importance in Islamic belief and practice.	C2	LGIS	SAQ
M1-GIT-SI(ISL)-002	Toheed & Shirk	• Explain the different types of Shirk and their theological implications in Islam.	C2	LGIS	SAQ
M1-GIT-SI(ISL)-003	Risalat Related Quranic Verses &	• Understand the concept of Risalat in Islam, focusing on the role and responsibilities of the Prophets as conveyed in the Quran.	C2	LGIS	SAQ
	Their Explanation	• Identify key Quranic verses related to Risalat and explain their meanings, emphasizing the messages delivered by the Prophets.	C2	LGIS	SAQ

Pak Studies

Code	Торіс	Learning Objectives	Learning	Teaching	Assessment
		At the end of the lecture the student should be able to	Domain	Strategy	Tool
M1-GIT-SI(PKS)-001	Nazria Pakistan	• Understand the concept of Nazria Pakistan, including its historical, cultural, and religious foundations.	C2	LGIS	SAQ
M1-GIT-SI(PKS)-002	Allah SWT ki Hakmiyat ka Nifaz	• Understand the concept of Allah's Hakmiyat and its significance in Islamic teachings, emphasizing divine authority in all aspects of life.	C2	LGIS	SAQ
M1-GIT-SI(PKS)-003	Two Nation Theory	• Explain the significance of the Two Nation Theory in the creation of Pakistan, emphasizing the cultural, religious, and political differences between Muslims and Hindus in the Indian subcontinent.	C2	LGIS	SAQ
M1-GIT-SI(PKS)-004	Establishment of an Islamic state	• Understand the concept of an Islamic state, focusing on its foundational principles based on Islamic teachings, governance, and law.	C2	LGIS	SAQ

Behavioral Sciences

Code	Торіс	At the End of Lecture Students Should Be Able To	Learning Domain	Teaching Strategy	Assessment Tool
M1-GIT-SI(BS)-001	Medically Unexplained	• To be able to Idetify the role Psychological factors in the aetiology of health problems	C1	LGIS	MCQs
	Symptoms / Stress Diarrhea, Non-Ulcer	• To be able to describe the role of Psychological factors in Precipitation of Illness.	C2		
	Dyspepsia	• To identify clinical presentation of medically (MUS) un explained symtoms / Stess Diarrhea, Non-Ulcer	C2		
		Dyspepsia			
M1-GIT-SI(BS)-002	Learning	 To define Learning. To describe the types of Learning i.e Classical and Operant conditioning. 	C1 C2	LGIS	MCQs
		 To relate the concept of different types of learning in everyday practice, disease causation and psychotherapy 	C3		
M1-GIT-SI(BS)-003	Memory	• To define the types of memory.	C2		
		• To explain the areas in brain responsible for memory storage and Retrieval.	C2	LGIS	MCQs
		• To describe ways to improve memory	C3		

Family Medicine

Code	Торіс	Learning Objectives	Learning	Teaching	Assessment
		At the end of the lecture the student should be able to	Domain	Strategy	Tool
	Common	Discuss what is abdominal pain			
M1-GIT-SI(FMed)-001	Abdominal	Discuss its causes	C2	LGIS-1	MCQs
	Diseases	Disscus diagnosis & principle of management			

Radiology

Code	Торіс	At the end of lecture student should be able to	Learning Domain	Teaching Strategy	Assessment Tools
	Medical imaging of	• Identify normal and abnormal radiographs of abdomen (AP view)	C1		

M1-GIT-SI(R)-001	abdomen- I	• Identify filling defects (Barium meal and Barium enema)	C1	LGIS	MCQs
		• Recognize the correct and incorrect positioning of feeding tubes	C1		
M1-GIT-SI(R)-002	Medical imaging of abdomen- II	Identify normal and abnormal CT Scan MRI abdomen	C1	LGIS	MCQs

Integrated Undergraduate Research Curriculum (IUGRC)

Code	Торіс	Learning Objectives	Cognitive Domain	Teaching Strategy	Assessment Tool
M1-GIT-SI(IUGRC) -001	IUGRC Descriptive Statistics 1 Introduction to	 Define & enlist uses of statistical knowledge in research & healthcare profession. Differentiate descriptive statistics form inferential statistics 	C1 C2		
	descriptive statistics	 Appreciate value of information & precision in scientific decision making Describe the sequent of data variable & sequence of 	C1	LGIS	MCQs
		• Describe the concept of data, variable & sources of data with respect to descriptive statistics	C2		
M1-GIT-SI(IUGRC) -002	IUGRC Descriptive Statistics 2 Classification of different types of data	 Classify data and types of data with examples Enlist data types with examples in medical background Enlist different method of data presentation (tables, graphs, diagrams, pie chart, Bar graph, histo gram. line diagram scatter diagram, statistical maps, pictogram and ogive curve) according to type of data 	C2 C1 C1	LGIS	MCQs
M1-GIT-SI(IUGRC) -003	IUGRC Descriptive Statistics 3 Scales of Data Measurement	 Define a scale of measurement Classify data according to their scale of measurement Distinguish between discrete and continuous variable 	C1 C3 C2	LGIS	MCQs
M1-GIT-SI(IUGRC) -004	IUGRC Descriptive Statistics 4	 Explain concept of Measures of central tendency with illustrations form medical background Compute and Interpret results of different measures of central tendency form a given data file 	C2 C3		
	Measures of central			LGIS	MCQs

	tendency	 Explain concept of Measures of dispersion with illustrations form medical background Compute and Interpret results of different measures of dispersion from a given data file 	C1 C3		
M1-GIT-SI(IUGRC) -005	Geriatrics	 Differentiate between geriatrics and gerontology Explain the public health importance of geriatrics Enlist common health and other problems related to old age Recommend preventive, rehabilitative measures for older age health problems 	C2 C2 C1 C2	LGIS	MCQs
		• Appreciate the role of health physicians in giving health advise to elderly	C1		



Assessment Policies



Assessment

Assessment is the systematic basis for making inferences about the learning and development of students. It is the process of defining, selecting, designing, collecting, analyzing, interpreting, and using information to increase students' learning and development.

Assessment Policy

Scope

This policy is applicable to all the students of the MBBS program of RMU for all modes of teaching (on campus/online/any other) from the date of approval by the RMUAcademic Council.

1. Guiding principles

- RMU has the responsibility to ensure to all the stakeholders that students have achieved the identified outcomes of the medical degree course.
- Assessment requires a variety of methods; no single method can completely ensure that the requisite competence level has been achieved. Hence each assessmentinstrument must be selected based on its utility index.
- Feedback, ensuring that the feedback loop is closed, should be provided to students following all assessments to ensure that students identify gaps in their learning and faculty can review future curricular and assessment content.
- The quality of the entire assessment including confidentiality of the assessment process must be ensured.
- The assessment process should be clear and transparent so that students know in advance the expectations (from students) and consequences of the assessment.
- Details of the conduct of examinations are available in the Examination policy document.

2. Purposes of Assessment.

- To ensure appropriate competence has been achieved.
- Feedback to students regarding their readiness and deficiencies
- Feedback to faculty to evaluate the effectiveness of the teaching program.

3. Forms of assessments

3.1 Formative Assessment

A formative assessment refers to a low-stakes assessment that does not normally contribute towards a student's final grade. Assessment for learning is carried out throughout modules and clerkships using various strategies (at the discretion of module coordinators and clerkship directors feedback. Weekly assessment of Large Group Interactive Session (LGIS) and Self-Directed Learning (SDL) Sessions will be conducted on LMS (learning management system). The LMS result will be shared by module coordinator and DME through vice chancellor on weekly basis

3.2 Summative Assessment

A summative assessment is performed at the end of a unit that allows a teacher to measure a student's understanding, typically against a standardized criterion. These Assessment includes End of Module Assessment (EMA), End of Block Assessment (EBA), Pre- Annual Assessment (PAA) and Annual Professional Assessment (APA). Each Assessment comprises of theory component and a practical component.

3.2.1 Components of Assessment

- Cognitive competence is tested in the theory component using the following tool of assessment
 - o USMLE/ PLAB Type / Multiple Choice Questions

(MCQs)

o USMLE/ PLAB Type / Extended Match Questions

(EMQ)

- Short Answer Questions (SAQs)
- Short Essay Questions (SEQs)
- Competence in psychomotor and affect domains is tested in practical component using the following tools of assessment
 - o Audio Visual OSPE (AVOSPE): This comprises of stations using PowerPoint slides with images animations and videos
 - Laboratory OSPE (Lab OSPE): This comprises of stations focused on practical (hands on performance) components from core subject areas
 - Integrated OSPE (I OSPE): This comprises of stations, from each core subject, emphasizing horizontal and vertical integration
 - Objective Structured Clinical Examinations (OSCE): This comprises of stations, dedicated to Early Clinical Exposure (ECE), Simulated Patients (SP), models, ALPHA and clinical component of core subjects

• Objective Structured Viva Examinations (OSVE): This comprises of table viva for each core subject. Students will be evaluated by internal and external examiner using a structured marking rubric, with each viva

3.2.2 End of Module Assessment (EMA)

- End of module assessments will be conducted at the end of each module.
- The module teams will be responsible for the assessment plan including assessment strategies, timings, and other essentials

3.2.3 End of Block Assessment (EBA)

- End of block assessments will be conducted at the end of each block.
- The block teams will be responsible for the assessment plan including assessment strategies, timings, and other essentials
- 80% attendance in each subject will be mandatory
- Student must pass in all LMS, mid module assessments to appear in EBA
- There will be no remedial classes for attendance compensation
- There will be no remedial of assessment in case of poor academic performance

V V								Dom	nains:	C-Core	Subje	ect (70	0%) Lev	vels C	1-C2, H\	V- Horizo	ntal &	Vertica	l Integ	ration (2	20%) Levels	C2-C3, S-	Spira	l Integ	gration (10%) Le	vels C2-C3	Q						
										Th	eory (Cogni	itive) A	Assess	ment						19) (h)				o ()		Practical	(Skill & Attitu	ide) Assessi	nent		0		
End of Module Assessment	Subject		МС	Qs			EM	Qs				SAQ	ls			SEQs N			Marks	Total Marks Theory	Total Time		AV OSPE			Time	AED Reflective Writing	OSVE			Total Practical Marks	Grand Total	Total Time of Module Assessment	
		C HV	S	Fotal	Marks	С	Total	Mar	ks	С	H/	V S	S T	otal N	Marks	C	HV	S	Tota	1	meory		C	HV S	S Total	Mark	5		Viva	Сору	Total	ividi Ka		
	Anatomy	19 4	2	25	25	1	1	5		3	1	1	1	5	25	3	1	1	5	45	100	2 HRS	7	2 1	1 10	50	50 min	15 min	45	5	50	100	200	6 HRS
First Module	Physiology	19 4	2	25	25	1	1	5		3	1	. 1	1	5	25	3	1	1	5	45	100	2 HRS	7	2 1	1 10	50	50 min	15 min	45	5	50	100	200	6 HRS
	Biochemistry	19 4	2	25	25	1	1	5		3	1	1	1	5	25	3	1	1	5	45	100	2 HRS	7	2 1	1 10	50	50 min	15 min	45	5	50	100	200	6 HRS
Formative- Weel	kly LMS Based Assessi	nent of 30 I	ACQs	(10 M	CQs per S	ubject	t)																		_									
			-	y		1		12					-		8		2	2	y.			2			-			9				-		
			Theory (Cognitive) Assessment													Practical	(Skill & Attitu	ide) Assessi		Total Time of														
End of Module Subject	Subject MCQs			MCQs F			EMQs SAQs				SEQs N				Marks	Total Marks Marks	Total	AV OSPE		Time	AED Reflective Writing		OSVE		1507578	Grand Total	Module							
		C HV	S	Total	Marks	С	Total	Mar	ks	С	H/	V S	S T	otal M	Marks	С	HV	S	Tota	1	Theory	Time	C	HV	S Total	Mark	5	Writing	Viva	Сору	Total	Marks	44974	Assessment
Second	Anatomy	19 4	2	25	25	1	1	5		3	1	1	1	5	25	3	1	1	5	45	100	2 HRS	7	2 1	1 10	50	50 min	15 min	45	5	50	100	200	6 HRS
Module	Physiology	19 4	2	25	25	1	1	5		3	1	. 1	1	5	25	3	1	1	5	45	100	2 HRS	7	2 1	1 10	50	50 min	15 min	45	5	50	100	200	6 HRS
module	Biochemistry	19 4	2	25	25	1	1	5		3	1	1	1	5	25	3	1	1	5	45	100	2 HRS	7	2 1	1 10	50	50 min	15 min	45	5	50	100	200	6 HRS
Formative- Weel	kly LMS Based Assess	nen tof 30 l	ACQs	(10 M	CQs per S	ubject	t)																											
		2				8								8			- 22								90					10				
	C. block	LMS B	LMS Based Assessment				(OSPE					Gran To	otal Block											Weekly LMS	Assessment								
Block	Subjects	MCQs LabOSPE IOSPE COSPE Total Marks Time Total									a Total	Time										bjects	_	Physiology										
		C HV	S 1	otal	Time		C	HV		S	12				1929											f MCQs*	30	30	30					
		30 min	1	14	1	4		2 2	0 6	0 6	HRS	90	10 HRS	1								Mar	ks/MCQ	30	30	30	1							
BLOCK	Physiology	21 6		30	30 min	è.	14	8		_	2 2		0 6			10 HRS												each, 1 min ea		-				

2 20 60 6 HRS 90 10 HRS

Table of Specification (TOS) For Module Examination for Second Year MBBS

Marks per

Biochemistry

Item					
MCQ=1	EMQ=5	SAQ= 5	SEQ= 9	AVOSPE= 5	OSPE= 3
OSPE Time=1 Round of 40 Students =80 min					
3 Round of 40 Students =240 min					
OSVE=Time per student=5mins					

14

4

50% Questions/OSPE Stations/Viva Stations will be from Foundation Module and 50% Questions will be from MSK-1 Module For Each assessment student will have to individually pass Theory and Practical components

21 6 3 30 30 min

Weekly LMS Assessment					
Subjects	Anatomy	Physiology	DIOCHEIMISC		
No of MCQs*	30	30	30		
Marks/MCQ	30	30	30		
*MC0)=1 Mark ea	ch, 1 min ead	ch		

3.2.4 Continuous Internal Assessment (CIA)

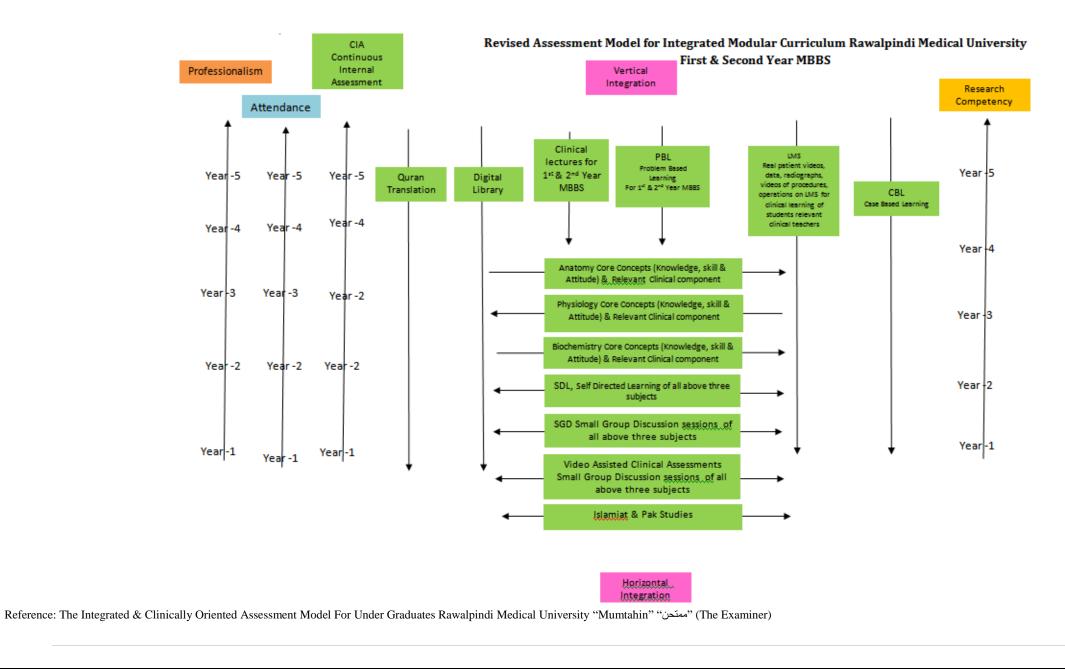
Continuous Internal Assessment means the assessment based on tests and assignments given to the students during an academic period.

Break up of internal assessment is as follows:

Blocks	Subjects	Total marks	Module 1	Module 2	Total marks	
Dia di 1	Anatomy	30 marks	15 marks	15 marks	90 Marks	
Block 1 90 Marks	Physiology	30 marks	15 marks	15 marks		
90 IVIALKS	Biochemistry	30 marks	15 marks	15 marks		
Diack 2	Anatomy	30 marks	15 marks	15 marks	90 Marks	
Block 2 90 Marks	Physiology	30 marks	15 marks	15 marks		
	Biochemistry	30 marks	15 marks	15 marks		
	Anatomy	30 marks	15 marks	15 marks	90 Marks	
Block 3 90 Marks	Physiology	30 marks	15 marks	15 marks		
	Biochemistry	30 marks	15 marks 15 marks			
			-	Total marks	270 Marks	

Once internal assessment is compiled it CANNOT be altered under ANY circumstance unless a clerical/ human error is detected. He will repeat classes and skillsThere will be no change in calculated internal assessment scores for supplementary University examination.

I. Diagrammatic Presentation of Various Components of Clinically Oriented Integrated Modular Curriculum of Rawalpindi Medical University



No. of Assessments of Anatomy for Second Year MBBS (Block- I):

	Sr. #			Total Assessments Time					
Block		Module – 1 GIT Module - I Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Assessments		
	1	End Module Examinations (SEQs, SAQs, EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours & 35 minutes	30 Minutes	1 Formative	2 Summative	
-	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes					
	3	Weekly LMS based Assessment (MCQs based)	Formative	30 Minutes					
	Total			3 Hours & 05 Minutes 3 Assessm Total Assessments Time		3 Assessm	ents		
	Sr. #	Module – 2 Renal Module Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Asses	sments	
Block – I	1	End Module Examinations (SEQs,SAQs,EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2.11		2	2	
	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes	2 Hours & 35 minutes	60 Minutes	2 Formative	2 Summative	
	3	2 Weekly LMS based Assessment (MCQs based)	Formative	2 x 30 Minutes					
	Tota				3 Hours & 35 Minutes			4 Assessments	
	G. #	Block – I Assessment	Type of Assessments						
	Sr. #	DIUCK – I ASSESSMENT		Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Assessments		
	1	(OSPE)	Summative	5 Hours	5 Hours & 30 minutes			2 Summative	
	2	LMS Based Block Assessment (MCQs based)	Summative	30 Minutes					
		Total			5 Hours & 30 Minutes			2 Assessments	

	Total Assessments Time					<u>}</u>		
Block	Sr. #	Module – 3 Reproduction Module Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of A	Assessments
	1	End Module Examinations (SEQs, SAQs, EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours & 35 minutes	30 Minutes	1 Formative	2 Summative
	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes				
	3	Weekly LMS based Assessment (MCQs based)	Formative	30 Minutes				
	Total			3	Hours & 05 Minut	tes	3 Ass	essments
				Total	Assessments Time	;		
	Sr. #	Module – 4 CNS Module Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of A	Assessments
П-	1	End Module Examinations (SEQs,SAQs,EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours &		2	2
Block -	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes	35 minutes	60 Minutes	Formative	Summative
B	3	2 Weekly LMS based Assessment (MCQs based)	Formative	2 x 30 Minutes				
	Tota			3 Hours & 35 Minutes			4 Assessments	
	a "		Type of Assessments	Total As	Total Assessments Time			
	Sr. #	Block – II Assessment		Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of A	Assessments
	1	Objectively Structured Practical Examination (OSPE)	Summative	5 Hours	5 Hours & 30 minutes			2 Summative
	2	LMS Based Block Assessment (MCQs based)	Summative	30 Minutes				Summutve
		Total		5 Ho	urs & 30 Minutes		2 Ass	essments

No. of Assessments of Anatomy for Second Year MBBS (Block- II):

	Total Assessments Time					ne		
Block	Sr. #	Module – 5 Special Senses Module Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of A	Assessments
	1	End Module Examinations (SEQs,SAQs,EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours & 35 minutes	30 Minutes	1 Formative	2 Summative
	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes				
	3	Weekly LMS based Assessment (MCQs based)	Formative	30 Minutes				
	Total			3	Hours & 05 Mi	nutes	3 Assessments No. of Assessments	
				Total	Assessments Tir	ne		
	Sr. #	Module – 6 Endocrinology Module Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Assessments	Assessments
Ш-	1	End Module Examinations (SEQs,SAQs,EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours &		2	2
Block -	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes	35 minutes	60 Minutes	Formative	Summative
B	3	2 Weekly LMS based Assessment (MCQs based)	Formative	2 x 30 Minutes				
	Tota			3 Hours & 35 Minutes			4 Assessments	
	a "	Diack III Aggaggement	Type of Assessments	Total Assessments Time				
	Sr. #	Block – III Assessment		Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of A	ssessments
	1	Objectively Structured Practical Examination (OSPE)	Summative	5 Hours	5 Hours & 30 minutes			2 Summative
	2	LMS Based Block Assessment (MCQs based)	Summative	30 Minutes				Summutvo
		Total		5 Ho	urs & 30 Minute	S	2 Ass	essments

No. of Assessments of Anatomy for Second Year MBBS (Block- III):

Total Time of Anatomy Assessments for Second Year MBBS:

Module	Summative Assessment Time	Formative Assessment Time	Total Assessments Time
GIT Module - I	2 Hours & 35 minutes	30 Minutes	3 Hours & 05 Minutes
Renal Module	2 Hours & 35 minutes	60 Minutes	3 Hours & 35 Minutes
Block -I	5 Hours & 30 Minutes		5 Hours & 30 Minutes
Reproduction Module	2 Hours & 35 minutes	30 Minutes	3 Hours & 05 Minutes
CNS Module	2 Hours & 35 minutes	60 Minutes	3 Hours & 35 Minutes
Block -II	5 Hours & 30 Minutes		5 Hours & 30 Minutes
Special Senses Module	2 Hours & 35 minutes	30 Minutes	3 Hours & 05 Minutes
Endocrinology Module	2 Hours & 35 minutes	60 Minutes	3 Hours & 35 Minutes
Block -III	5 Hours & 30 Minutes		5 Hours & 30 Minutes
Pre-Annual Examination			7 Hours & 45 Minutes
Second Professional			3 Hours & 45 Minutes
Grand Total	31 Hours & 30 Minutes	4 hours and 30 minutes	48 Hours

Total Teaching Hours vs Total Assessment Hours

Ratio of Teaching Hours	Grand Total Teaching Hours	Grand Total Assessment Hours
to Assessments Hours	250 Hours:	48 Hours
	5:1	

	Total Assessments Time				Assessments Time			
Block	Sr. #	Module – 1 GIT Module - I Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of A	ssessments
	1	End Module Examinations (SEQs, SAQs, EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours & 35 minutes	30 Minutes	1 Formative	2 Summative
	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes				
	3	Weekly LMS based Assessment (MCQs based)	Formative	30 Minutes				
	Total	(inclys based)		3	Hours & 05 Minu	tes	3 Asse	ssments
					Assessments Time			
	Sr. #	Module – 2 Renal Module Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of A	ssessments
- I	1	End Module Examinations (SEQs,SAQs,EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours &		2	2
Block	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes	35 minutes	60 Minutes	Formative	Summative
В	3	2 Weekly LMS based Assessment (MCQs based)	Formative	2 x 30 Minutes				
	Tota			3 Hours & 35 Minutes			4 Assessments	
	Sm #	Block – I Assessment	Type of Assessments	Total As	sessments Time			
	Sr. #			Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of As	ssessments
	1	Objectively Structured Practical Examination (OSPE)	Summative	5 Hours	5 Hours & 30 minutes			2 Summative
	2	LMS Based Block Assessment (MCQs based)	Summative	30 Minutes				Summurve
		Total		5 <u>Ho</u> ı	irs & 30 Minutes		2 Asse	ssments

No. of Assessments of Physiology for Second Year MBBS (Block- I):

				Total	Assessments Time			
Block	Sr. #	Module – 3 Reproduction Module Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Assess	sments
	1	End Module Examinations (SEQs, SAQs, EMQs, MCQs Av OSPE Based)	Summative	2 Hours 25 minutes	2 Hours & 35 minutes	30 Minutes	1 Formative	2 Summative
	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes	- 55 minutes		Tonnutve	Summative
	3	Weekly LMS based Assessment (MCQs based)	Formative	30 Minutes				
	Total		ł		Hours & 05 Minut		3 Assessme	ents
				Total	Assessments Time			
	Sr. #	Module – 4 CNS Module Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Assess	ements
Π	1	End Module Examinations (SEQs,SAQs,EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2.11		2	2
Block –	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes	2 Hours & 35 minutes	60 Minutes	2 Formative	2 Summative
Bl	3	2 Weekly LMS based Assessment (MCQs based)	Formative	2 x 30 Minutes				
	Tota	1		3 Но	urs & 35 Minutes		4 Assessments	
	G //	Block – II Assessment	Type of Assessments	Total As	Total Assessments Time			
	Sr. #	block – 11 Assessment		Assessment	Summative	Formative	No. of Assess	ments
				Time	Assessment Time	Assessment		
						Time		
	1	Objectively Structured Practical Examination (OSPE)	Summative	5 Hours	5 Hours & 30 minutes			2 Summative
	2	LMS Based Block Assessment (MCQs based)	Summative	30 Minutes				
		Total		5 Hou	urs & 30 Minutes	- 	2 Assessments	

No. of Assessments of Physiology for Second Year MBBS (Block- II)

				Total A	Assessments Time)		
Block	Sr. #	Module – 5 Special Senses Module Components	Type of Assessment s	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Assessments	
	1	End Module Examinations (SEQs, SAQs, EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours & 35 minutes	30 Minutes	1 Formative	2 Summative
	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes	55 minutes		1 01111111 / 0	Summarve
	3	Weekly LMS based Assessment (MCQs based)	Formative	30 Minutes				
	Total		1		3 Hours & 05 Min	nutes	3 Asse	essments
				Total A	Assessments Time	<u>)</u>		
	Sr. #	Module – 6 Endocrinology Module Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of A	ssessments
Ш-	1	End Module Examinations (SEQs, SAQs, EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours &		2	2
Block	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes	35 minutes	60 Minutes	Formative	Summative
Щ	3	2 Weekly LMS based Assessment (MCQs based)	Formative	2 x 30 Minutes				
	Tota	I		3 Hours & 35 Minutes			4 Assessments	
	a "		Type of Assessments	Total As	sessments Time			
	Sr. #	Block – III Assessment	Assessments	Assessment	Summative	Formative	No. of A	ssessments
				Time	Assessment Time	Assessment Time		
	1	Objectively Structured Practical Examination (OSPE)	Summative	5 Hours	5 Hours & 30 minutes			2 Summative
	2	LMS Based Block Assessment (MCQs based)	Summative	30 Minutes				
		Total		5 Hou	irs & 30 Minutes		2 Ass	essments

No. of Assessments of Physiology for Second Year MBBS (Block- III):

Total Time of Physiology	Assessments for	Second Year MBBS:
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Module	Summative Assessment Time	Formative Assessment Time	Total Assessments Time
GIT Module - I	2 Hours & 35 minutes	30 Minutes	3 Hours & 05 Minutes
Renal Module	2 Hours & 35 minutes	60 Minutes	3 Hours & 35 Minutes
Block -I	5 Hours & 30 Minutes		5 Hours & 30 Minutes
Reproduction Module	2 Hours & 35 minutes	30 Minutes	3 Hours & 05 Minutes
CNS Module	2 Hours & 35 minutes	60 Minutes	3 Hours & 35 Minutes
Block -II	5 Hours & 30 Minutes		5 Hours & 30 Minutes
Special Senses Module	2 Hours & 35 minutes	30 Minutes	3 Hours & 05 Minutes
Endocrinology Module	2 Hours & 35 minutes	60 Minutes	3 Hours & 35 Minutes
Block -III	5 Hours & 30 Minutes		5 Hours & 30 Minutes
Pre-Annual Examination			7 Hours & 45 Minutes
Second Professional			3 Hours & 45 Minutes
Grand Total	31 Hours & 30 Minutes	4 hours and 30 minutes	48 Hours

Total Teaching Hours vs Total Assessment Hours

Ratio of Teaching Hours	Grand Total Teaching Hours	Grand Total Assessment Hours
to Assessments Hours	225 hours:	48 Hours
	9:2	

No. of Assessments of Biochemistry for Second Year MBBS (Block- I):

				Total A	Assessments Time				
Block	Sr. #	Module – 1 GIT Module - I Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Assessments		
	1	End Module Examinations (SEQs, SAQs, EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours & 35 minutes	30 Minutes	1 Formative	2 Summative	
	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes					
	3	Weekly LMS based Assessment (MCQs based)	Formative	30 Minutes					
	Total		1		3 Hours & 05 N	Ainutes	3 Ass	essments	
I-	Sr. #	Module – 2 Renal Module Components	Type of Assessments	Assessment Time	Assessments Time Summative Assessment Time	Formative Assessment Time	No. of A	Assessments	
	1	End Module Examinations (SEQs,SAQs,EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 11 9		2	2	
Block	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes	2 Hours & 35 minutes	60 Minutes	2 Formative	2 Summative	
	3	2 Weekly LMS based Assessment (MCQs based)	Formative	2 x 30 Minutes					
	Tota			3 Hours & 35 Minutes			4 Asses	4 Assessments	
	Sr. #	Block – I Assessment	Type of Assessments	Total As	sessments Time				
	51. π			Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of A	ssessments	
	1	(OSPE)	Summative	5 Hours	5 Hours & 30 minutes			2 Summative	
	2	LMS Based Block Assessment (MCQs based)	Summative	30 Minutes					
		Total	·	5 Hou	rs & 30 Minutes		2 Ass	essments	

		Total Assessments Time				ne		
Block	Sr. #	Module – 3 Reproduction Module Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Ass	sessments
	1	End Module Examinations (SEQs,SAQs,EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours & 35 minutes	30 Minutes	1 Formative	2 Summative
	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes				
	3	Weekly LMS based Assessment (MCQs based)	Formative	30 Minutes				
	Total				Hours & 05 Min		3 Assess	ments
			Total	Assessments Tir				
	Sr. #	Module – 4 CNS Module Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Ass	essments
Π-	1	End Module Examinations (SEQs,SAQs,EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours &		2	2
Block	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes	35 minutes	60 Minutes	Formative	Summative
В	3	2 Weekly LMS based Assessment (MCQs based)	Formative	2 x 30 Minutes				
	Tota			3 Hours & 35 Minutes			4 Assessments	
	S #	Block – II Assessment	Type of Assessments	Total As	ssessments Time			
	Sr. #			Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Asse	essments
	1	Objectively Structured Practical Examination (OSPE)	Summative	5 Hours	5 Hours & 30 minutes			2 Summative
	2	LMS Based Block Assessment (MCQs based)	Summative	30 Minutes				Summurve
		Total		5 Ho	urs & 30 Minute	es	2 Assessments	

No. of Assessments of Biochemistry for Second Year MBBS (Block- II):

No. of Assessments of Biochemistry for Second Year MBBS (Block- III):

				Total	Assessments Time			
Block	Sr. #	Module – 5 Special Senses Module Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Asso	essments
	1	End Module Examinations (SEQs,SAQs,EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours & 35 minutes	30 Minutes	1 Formative	2 Summative
	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes				
	3	Weekly LMS based Assessment (MCQs based)	Formative	30 Minutes				
	Total				3 Hours & 05 Minut	es	3 Assessr	nents
				Total	Assessments Time			
	Sr. #	Module – 6 Endocrinology Module Components	Type of Assessments	Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Asse	essments
- 111	1	End Module Examinations (SEQs,SAQs,EMQs, MCQs AvOSPE Based)	Summative	2 Hours 25 minutes	2 Hours &		2	2
Block -	2	Structured & Clinically oriented Viva voce	Summative	10 Minutes	35 minutes	60 Minutes	Formative	Summative
B	3	2 Weekly LMS based Assessment (MCQs based)	Formative	2 x 30 Minutes				
	Tota			3 Но	urs & 35 Minutes		4 Assessm	ents
	Sr. #	Block – III Assessment	Type of Assessments	Total As	sessments Time			
	51.#			Assessment Time	Summative Assessment Time	Formative Assessment Time	No. of Asse	ssments
	1	Objectively Structured Practical Examination (OSPE)	Summative	5 Hours	5 Hours & 30 minutes			2 Summative
	2	LMS Based Block Assessment (MCQs based)	Summative	30 Minutes				Summurve
		Total		5 Hor	urs & 30 Minutes		2 Assess	nents

Module	Summative Assessment Time	Formative Assessment Time	Total Assessments Time
GIT Module - I	2 Hours & 35 minutes	30 Minutes	3 Hours & 05 Minutes
Renal Module	2 Hours & 35 minutes	60 Minutes	3 Hours & 35 Minutes
Block -I	5 Hours & 30 Minutes		5 Hours & 30 Minutes
Reproduction Module	2 Hours & 35 minutes	30 Minutes	3 Hours & 05 Minutes
CNS Module	2 Hours & 35 minutes	60 Minutes	3 Hours & 35 Minutes
Block -II	5 Hours & 30 Minutes		5 Hours & 30 Minutes
Special Senses Module	2 Hours & 35 minutes	30 Minutes	3 Hours & 05 Minutes
Endocrinology Module	2 Hours & 35 minutes	60 Minutes	3 Hours & 35 Minutes
Block -III	5 Hours & 30 Minutes		5 Hours & 30 Minutes
Pre-Annual Examination			7 Hours & 45 Minutes
Second Professional			3 Hours & 45 Minutes
Grand Total	31 Hours & 30 Minutes	4 hours and 30 minutes	48 Hours

Total Time of Biochemistry Assessments for Second Year MBBS:

Total Teaching Hours vs Total Assessment Hours

Ratio of Teaching Hours	Grand Total Teaching Hours	Grand Total Assessment Hours
to Assessments Hours	125 Hours:	48 Hours
	5:2	

				Total Assessments Time		No. of
Block	Sr. #	Module – 1 GIT Module - I Components	Type of Assessments	Assessment Time	Formative Assessment Time	Assessments
	1	Mid Module Examination (MCQs Based)	Formative	15 Minutes	45 Minutes	2 Formative
	2	End Module Examination (MCQs Based)	Formative	30 Minutes		
	Total			45	2 Assessments	
				Total Ass	No. of	
Block –	Sr. #	Module – 2 Renal Module Components	Type of Assessments	Assessment Time	Formative Assessment Time	Assessments
B	1	Mid Module Examination (MCQs Based)	Formative	15 Minutes	45 Minutes	2 Formative
	2	End Module Examination (MCQs Based)	Formative	30 Minutes		
	Total			45 Minute	28	2 Assessments

No. of Assessments of Clinical Component (Vertical and Horizontal Integration) for Second Year MBBS (Block- I):

				Total Asse	ssments Time	No. of Assessments
Block	Sr. #	Module – 3 Reproduction Module Components	Type of Assessments	Assessment Time	Formative Assessment Time	
	1	Mid Module Examination (MCQs Based)	Formative	15 Minutes	45 Minutes	2 Formative
	2	End Module Examination (MCQs Based)	Formative	30 Minutes		
	Total			45 Minutes		2 Assessments
				Total Assessn	nents Time	No. of Assessments
Block – II	Sr. #	Module – 4 CNS Module Components	Type of Assessments	Assessment Time	Formative Assessment Time	
В	1	Mid Module Examination (MCQs Based)	Formative	15 Minutes	45 Minutes	2 Formative
	2	End Module Examination (MCQs Based)	Formative	30 Minutes		
	Total		45 N	linutes	2 Assessments	

No. of Assessments of Clinical Component (Vertical and Horizontal Integration) for Second Year MBBS (Block-II):

			Type of	Total Asses	ssments Time	No. of Assessments
Block	Sr. #	Module – 5 Special Senses Module Components	Assessments	Assessment Time	Formative Assessment Time	
	1	Mid Module Examination (MCQs Based)	Formative	15 Minutes	45 Minutes	2 Formative
	2	End Module Examination (MCQs Based)	Formative	30 Minutes		
	Total			45 Minutes		2 Assessments
H			Type of	Total Assessments Time		No. of Assessments
Block –	Sr.#	Module – 6 Endocrinology Module Components	Aggoggmonta	Assessment Time	Formative Assessment Time	
Ble	1	Mid Module Examination (MCQs Based)	Formative	15 Minutes	45 Minutes	2 Formative
	2	End Module Examination	Formative	30 Minutes		
		(MCQs Based)				
	Total		45 Minutes		2 Assessments	

No. of Assessments of Clinical Component (Vertical and Horizontal Integration) for Second Year MBBS (Block- III):

Total Time of Clinical Component (Vertical and Horizontal Integration) Assessments for Second Year MBBS:

Module	Formative Assessment Time	Total Assessments Time
GIT Module - I	45 Minutes	45 Minutes
Renal Module	45 Minutes	45 Minutes
Block -I		
Reproduction Module	45 Minutes	45 Minutes
CNS Module	45 Minutes	45 Minutes
Block -II		
Special Senses Module	45 Minutes	45 Minutes
Endocrinology Module	45 Minutes	45 Minutes
Block -III		
Pre-Annual Examination		35 Minutes
Second Professional		60 Minutes
Grand Total	4 hours and 30 minutes	6 hours and 5 minutes

Total Teaching Hours vs Total Assessment Hours

Ratio of Teaching Hours	Grand Total Teaching Hours	Grand Total Assessment Hours
to Assessments Hours	97 Hours:	6 Hours
	19:1	

3.2.4 Pre- Annual Assessment (PAA)

- It is mandatory to appear in all EBA to appear in PAA
- Transcript / good character certificate from head of departments will be needed to appear in pre-annual assessment.

Proposed Table of Specifications for 2nd Pre-Annual Examination 2025

• Total Marks: 845

Total marks =800 Marks			
Subjects	% Weightage of subjects	Marks distribution as per weightage	
Anatomy	28%	240 Marks	
Physiology	28%	240 Marks	
Biochemistry	28%	240 Marks	
Integrated Subjects			
Community Medicine & Public			
Health/Research			
Behavioural Sciences			
Pathology			
Pharmacology			
Radiology			
Family Medicine	14 %	115 Marks	
Surgery	14 70		
Medicine			
Gynae & Obs			
Orthopedics			
Pediatrics			
Surgery			
Opthalmology			
Otorhinolaryngology			
Early Clinical Exposure (ECE)	1%	5 Marks	
ALPHA(Artificial Intelligence,	1%		
Leadership, Professionalism, Humanities &		5 Marks	
Arts)		JIVIAIKS	
GEC (General Education Cluster)			
Total Marks		845 Marks	

Notes:

- The total marks for final Annual Assessment (Professional examination) are 900 as per UHS
- The total marks for Pre-Annual Assessment are 800 as OSVE is not being used as assessment tool.
- As per analysis of Module/Block results throughout the academic year, the passing percentage of students is generally higher in OSVE than in other assessment tools. For comprehensive assessment this tool will not be used in Pre- Annual Assessment.as per decision of assessment committee OSVE is not included

A - Blockwise Distribution of Marks

Total Marks	BLOCK I	BLOCK II	BLOCK III	Total
	Marks	Marks	Marks	Marks
845 Marks	285 Marks	285 Marks	275 Marks	845 Marks

B - Subject wise marks breakup in Blocks

Subjects	Block I	Block II	Block III	Total Marks
Anatomy	80 Marks	80 Marks	80 Marks	240 Marks (28%)
Physiology	80 Marks	80 Marks	80 Marks	240 Marks (28%)
Biochemistry	80 Marks	80 Marks	80 Marks	240 Marks (28%)
Integrated Subjects	45 Marks	45 Marks	35 Marks	125 Marks (16%)

C - Subject wise Break up of Marks for Second year MBBS - Block -I

B	Block	Subjects	Theory (Knowledge)	Practical (Skill/attitude)	Total marks	Total marks (Core subjects + Integrated Subjects)
B	Block I	Anatomy	50	30	80 marks	240+45=285
		Physiology	50	30	80 marks	240+43 = 283 marks
		Biochemistry	50	30	80 marks	marks

	Total			240	
				marks	
(Core	Integrated Subjects				
subjects +	Community Medicine	6 Marks			
Integrated	/Research				
Subjects)	Behavioural Sciences	3 Marks			
	Pathology	2 Marks			
	Pharmacology	3 Marks			
	Radiology	2 Marks		45 Marks	
285	Gynae & Obs	4 Marks		43 Marks	
Marks	Medicine	2 Marks			
	Family Medicine	2 Marks			
	Paediatrics	4 Marks			
	Surgery	2 Marks			
	ECE		5 Marks		
	ALPHA and GEC		5 Marks		
	Total		240+45	= 285 marks	
marks					

D - Subject wise Break up of Marks for Second year MBBS - Block -II

Block	Subjects	Theory (Knowledge)	Practical (Skill/attitude)	Total marks	Total marks (Core subjects + Integrated Subjects)
Block II	Anatomy	50	30	80 marks	
(Core	Physiology	50	30	80 marks	
subjects + Integrated	Biochemistry	50	30	80 marks	240+ 45 = 285 marks
Subjects)	Total			240 marks	
	Integrated Subjects			45	
	Community	4 Marks		Marks	

285	Medicine /Research				
Marks	Family Medicine	3 Marks			
	Orthopedics	3 Marks			
	Radiology	3 Marks			
	Medicine	3 Marks			
	Gynae & Obs	3 Marks			
	Behavioural Sciences	4 Marks			
	Pathology	2 Marks			
	ECE		5 Marks		
	ALPHA and GEC		5 Marks		
	Total		240+45 =	285 marks	
marks					

E - Subject wise Break up of Marks for Second year MBBS - Block -III

Block	Subjects	Theory (Knowledge)	Practical (Skill/attitude)	Total marks	Total marks (Core subjects + Integrated Subjects)
Block III	Anatomy	50	30	80 marks	
	Physiology	50	30	80	
				marks	
Tetel	Biochemistry	50	30	80	
Total				marks	
marks (Core	Total			240 marks	240+35 =
subjects +	Integrated Subjects			marks	240+33 = 275 marks
Integrated	Community Medicine	2 Marks			275 marks
Subjects)	Behavioural Sciences	2 Marks			
	Medicine	3 Marks		35	
	Family medicine	3 Marks		Marks	
275	Gynae & Obs	2 Marks		1	
Marks	Radiology	2 Marks		1	
wiarks	Pediatrics	2 Marks		1	

Otorhinolaryngolog	gy 3 Marks		
Opthalmology	2 Marks		
Pathology	2Marks		
Pharmacology	2 Marks		
ECE		5 Marks	
ALPHA and GEC		5 Marks	
Total m	arks	240+35 =	= 275 marks
GRAND TOTAL MARKS	80	0	

F - Modular distribution of Marks for Module 1(GIT Module - I) & Module 2(Renal Module) - Block -I

Block -I Theory Component (Knowledge)

		MCQs			EMQ			SAQ			SEQ		Total
Subjects	Module	Module-	Marks	marks									
	-1	2		-1	2		-1	2		-1	2		
Anatomy	13	12	25	-	01	5	01	01	10	0.5	0.5	10	50
Physiology	12	13	25		01	5	01	01	10		01	10	50
Biochemistry	15	10	25	-	01	5	01	01	10	01	-	10	50
Vertically &													
Spirally			35	-		-	-		-	-		-	35
Integrated													
Subjects													
Total	110		110	3		15	6		30	3		30	185

	Lab OSPE	1		Iospe			OSCE			Total	
Subjects	Number of Stations of Module - 1	Number of Stations of Module - 2	Marks	Number of Stations of Module - 1	Number of Stations of Module - 2	Marks	Number of Stations of Module -1	Number of Stations of Module -2	Marks	Total stations	marks
Anatomy	01	02	15	01		5	01	01	10	6	30
Physiology	01	02	15		01	5	01	01	10	6	30
Biochemistry	01	02	15	-	01	5	01	01	10	6	30
ECE	-		-	-		-		01	5	1	5
ALPHA- Research	-		-	-		-		01	5	1	5
Total	9		45	3		15	8		40	20	100

DIOCK -1 I LACHCAL COMPONENT (DRIIL & ATHLUUC)	Block -I	Practical Comp	onent (Skill & Attitude)
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G- Modular distribution of Marks for Module 3 (Reproduction Module) & Module 4(CNS module) - Block -II

Block -II Theory Component (Knowledge)

	MCQs			EMQ	EMQ S			SAQ		SEQ		Total	
Subjects	Module	Module-	Marks	marks									
	-1	2		-1	2		-1	2		-1	2		
Anatomy	12	13	25		01	5	01	01	10	0.5	0.5	10	50
Physiology	12	13	25		01	5	01	01	10		01	10	50
Biochemistry	10	15	25		01	5	01	01	10		01	10	50
Vertically &													
Spirally			35	-		-	-		-	-		-	35
Integrated													
Subjects													
Total	110		110	3		15	6		30	3		30	185

	LabOSPE			Iospe			OSCE				Total
Subjects	Number of Stations of Module - 1	Number of Stations of Module - 2	Marks	Number of Stations of Module - 1	Number of Stations of Module - 2	Marks	Number of Stations of Module -1	Number of Stations of Module -2	Marks	Total stations	marks
Anatomy	02	01	15	-	01	5	01	01	10	6	30
Physiology	01	02	15		01	5	01	01	10	6	30
Biochemistry	01	02	15	01	-	5	01	01	10	6	30
ECE	-		-	-		-		01	5	1	5
ALPHA- Research	-		-	-		-		01	5	1	5
Total	9		45	3		15	8		40	20	100

Block -II Practical Component (Skill & Attitude)

H - Modular distribution of Marks for Module 5 (Special Senses Module) & Module 6 (Endocrinology Module) - Block -III

	MCQs			EMQ			SAQ			SEQ			Total
Subjects	Module	Module-	Marks	marks									
	-1	2		-1	2		-1	2		-1	2		
Anatomy	13	12	25	01	-	5	01	01	10	0.5	0.5	10	50
Physiology	13	12	25	01		5	01	01	10	01		10	50
Biochemistry	13	12	25	01	-	5	01	01	10	01	-	10	50
Vertically &													
Spirally			25	-		-	-		-	-		-	25
Integrated													
Subjects													
Total	100		100	3		15	6		30	3		30	175

Block -III Theory Component (Knowledge)

Block -III Practical Component (Skill & Attitude)

~ • • •	LabOSPE			I OSPE			OSCE			Total	
Subjects	Number of Stations of Module - 1	Number of Stations of Module - 2	Marks	Number of Stations of Module - 1	Number of Stations of Module - 2	Marks	Number of Stations of Module -1	Number of Stations of Module -2	Marks	Total stations	marks
Anatomy	02	01	15	-	01	5	01	01	10	6	30
Physiology	02	01	15	01	-	5	01	01	10	6	30
Biochemistry	02	01	15	-	01	5	01	01	10	6	30
ECE	-		-	-		-		01	5	1	5
ALPHA- Research	-		-	-		-		01	5	1	5
Total	9		45	3	·	15	8		40	20	100

Calculation for Pre-Annual Assessment Implementation for Second Year MBBS 2025

Block -I	Theory component (Knowledge)				Practical component (Skill & Attitude)				
	MCQs	SAQs	SEQs	EMQs	Lab OSPE	I OSPE	OSCE	Total time required for Block – I pre-annual assessment is	
Total number of questions	110	6	3	3	9	3	8	8 hrs and 25 minutes	
Time required for	110 x 1	6 x 10 min	3 x 10 min	3 x 5 min	9 x2.5 min	3 x 2.5 min	8 x 2.5 min		
each component	min								
	110 mins	60 mins	30 mins	25 mins	22.5 mins	7.5 mins	20 mins		
Total time	110+60+30-	$+25 = 225 \min$	s (4hrs and 25	mins)	22.5+7.5+20 = 50 mins/ round of 20 students 4 hrs				
					If the OSPE	If the OSPE is conducted simultaneously at 4 venues:			
In 50 minutes, 20 students can complete the OSPE at each venue, totaling 80 students					the OSPE at each venue, totaling 80 students across all venues.				
					With 5 rour	nds at 4 venues	, the entire cla	ass can complete the OSPE within 4 hours.	

Block -II	Theory com	ponent (Know	ledge)		Practical component (Skill & Attitude)			
	MCQs	SAQs	SEQs	EMQs	Lab OSPE	I OSPE	OSCE	Total time required for Block – II pre-annual assessment is
Total number of	110	6	3	3	9	3	8	8 hrs and 25 minutes
questions								
Time required for	110 x 1	6 x 10 min	3 x 10 min	3 x 5 min	9 x2.5 min	3 x 2.5 min	8 x 2.5 min	
each component	min							
	110 mins	60 mins	30 mins	25 mins	22.5 mins	7.5 mins	20 mins	
Total time	110+60+30+	$+25 = 225 \min$	s (4hrs and 25	mins)	22.5+7.5+20	0 = 50 mins/ rc	ound of 20 stud	dents 4 hrs
					If the OSPE i	is conducted si	imultaneously	at 4 venues:
				In 50 minutes, 20 students can complete the OSPE at each venue, totaling 80 students across all venues.				
					With 5 roun	ds at 4 venues	, the entire cla	ass can complete the OSPE within 4 hours.

Block -III	Theory component (Knowledge)				Practical component (Skill & Attitude)				
	MCQs	SAQs	SEQs	EMQs	Lab OSPE	I OSPE	OSCE	Total time required for Block – III pre-annual assessment is	
Total number of questions	100	6	3	3	9	3	8	8 hrs and 15 minutes	
Time required for each component	100 x 1 min	6 x 10 min	3 x 10 min	3 x 5 min	9 x2.5 min	3 x 2.5 min	8 x 2.5 min		
	100 mins	60 mins	30 mins	25 mins	22.5 mins	7.5 mins	20 mins		
Total time	100+60+30-	$+25 = 225 \min$	s (4hrs and 15	mins)	22.5+7.5+20 = 50 mins/ round of 20 students 4 hrs				
				If the OSPE is conducted simultaneously at 4 venues: In 50 minutes, 20 students can complete the OSPE at each venue, totaling 80 students across al With 5 rounds at 4 venues, the entire class can complete the OSPE within 4 hours.			the OSPE at each venue, totaling 80 students across all venues.		

3.2.5 Annual Professional Assessment (APA)

- Minimum 50% score in pre-annual assessment is required to appear in annual professional examination.
- Annual professional exam weightage will be 70%
- Continuous internal assessment weightage will be 30%
- 60% marks will be needed to pass annual professional examination.
- Written and practical /OSPE/OSCE should be passed separately.

Regulations

- Final Annual Assessment shall be open to any student who:
 - Has been enrolled/registered and completed one academic year preceding the concerned Final Annual Assessment in Rawalpindi Medical University.
 - Has his/her name submitted to the Controller of Examinations for assessment purposes by the Principal of the College and meets all prerequisites for the assessment.
 - Has his/her internal assessment marks for all Blocks submitted to the Controller of Examinations by the Principal of the College along with the admission form.
 - Produces good character certificate the following certificates duly verified by the Principal:
- Candidates not meeting the above requirements shall not be allowed to appear in the Final Annual Assessment but may sit for the supplementary examination if they fulfill all remaining requirements and stay enrolled as regular students up to the next examination.
- To pass the Final Annual Assessment, students must achieve at least 50% in both the Written and Oral/Practical/Clinical assessments, as well as a 50% aggregate score

simultaneously.

- Candidates scoring 85% or above in any paper will be awarded a "distinction" in that Block, provided they achieve at least 80% in the Written component. Candidates must pass all papers in the Final Annual Assessment concurrently to receive any distinctions.
- A candidate who fails one or more papers in the Final Annual Assessment may temporarily join the next professional class until the supplementary examination but will not be promoted permanently without passing all papers.

- Students taking the supplementary examination for the Second time due to an absence in the annual examination, if failing any paper, will be retained in their current class.
- Any student failing to clear the Second or Second Final Annual Assessment MBBS within four attempts will be ineligible to continue or reapply for MBBS or BDS admission.
- Examination applications must be submitted to the Controller of Examination via the College Principal, with the required fee and documentation.
- College must submit question papers, internal assessment marks, and attendance records for each block to the Examinations Department of Rawalpindi Medical University.
- Revised internal assessments are only permissible for detained students. Continuous assessment records must be maintained by college departments.
- Examination fees are to be paid through the Principal, using a bank draft, pay order, or crossed cheque made out to the Treasurer, Rawalpindi Medical University.
- One annual and one supplementary examination for Second and Second Final Annual Assessment MBBS are allowed per academic session. Under exceptional circumstances, such as national emergencies, a special examination may be arranged with the Syndicate and Board of Governors' approval.

Reference: UHS INTEGRATED CURRICULUM VERSION 2

Statutes:

• Scheduling: The Second Professional MBBS will be held at the end of Second year whereas the Second Professional MBBS shall be held at the end of Second

year.

- Subjects: Every candidate is required to appear in the following subjects in each Block
 - a. Core subjects- Integrated Anatomy, Integrated Physiology, Integrated Biochemistry
 - b.Vertically integrated Subjects- Community Medicine C Public Health,
 - Behavioral Sciences, Pathology, Pharmacology, associated Clinical Subjects
 - c. Spirally Integrated subjects- General Education Cluster (GEC), ALPHA (Artificial Intelligence, Leadership, Professionalism, Humanities and Arts), Early

Clinical Exposure (ECE) and Research.

• Assessments: There will be three papers in Second Annual Professional Examination and four papers in the Second Annual professional Examination.

Paper	Second year MBBS	Second year MBBS
Paper-1	Block -I	Block -I
Paper-2	Block-II	Block- II
Paper-3	Block-III	Block-III
Paper-4		GEC (Islamic Studies C Pakistan Studies)

- a. Second Professional Examination Total Marks = G00*
 - i. Block I Assessment Total Marks = 300
 - ii. Block II Assessment Total Marks = 300
 - iii. Block III Assessment Total Marks = 300
- b. Second Professional Examination- 1000 Marks*
 - i. Block I Assessment Total Marks = 300
 - ii. Block II Assessment Total Marks = 300
 - iii. Block III Assessment Total Marks = 300
- iv. GEC Assessment (Islamic Studies C Pakistan Studies)Total Marks = 100

*Marks Adopted from University of Health Sciences (UHS)

Reference: https://www.uhs.edu.pk/downloads/2k23mbbscurriculum.pdf

• Continuous Internal Assessment (CIA):

Continuous Internal Assessment shall carry total marks = 270(30%) of the total allocated marks = 900) for Second and second year MBBS.CIA for each block is 90 marks and this score will be equally distributed to the written Assessment (45 marks).

- Block Assessment Components: the components of Block Assessment shall be as follows:
 - a. One theory Paper (K) having two sections

i. Section:1 One best type Multiple choice questions of 75 Marks (1 mark for each MCQ) and time allocated will be 90 Minutes. The integration ratio in

MCQs will be 70% core content, 10% horizontal integration, and 20% vertical integration. There will be no negative marking

Second year MBBS	Number of MCQs	Number of SEQs
Block -I	75	6
Block -II	75	6
Block -III	75	6
Second Year MBBS	Number of MCQs	Number of SEQs
Block -I	70	7
Block -II	75	6
Block -III	80	5

ii. Section:2 will have Structured Essay Questions of 5 marks each and time allocated for 1 SEQ will be 10 minutes.

- **b. Practical Component (Skill and Attitude):** The assessment will include an Objective Structured Practical Examination (OSPE) with a total of 15 stations, time allocated for each station will be 4 minutes.
- i. Laboratory OSPE (Lab OSPE): This section will consist of stations focused on practical (hands on performance) components from core subject areas, each station carries 5 marks.

ii. Integrated OSPE (I OSPE): This section will include stations, from each core subject, emphasizing horizontal and vertical integration, each station carries 5 marks

- i. **Objective Structured Clinical Examinations (OSCE):** This section comprises of stations, dedicated to Early Clinical Exposure (ECE), Simulated Patients (SP), models, ALPHA and clinical component of core subjects each station carries 5 marks.
- ii. **Objective Structured Viva Examinations (OSVE):** This section will consist of table viva for each core subject. Students will be evaluated by internal and external examiner using a structured marking rubric, with each viva carries15 marks.

Second year MBBS	Number of LabOSPE Stations	Number of iOSPE Stations	Number of OSCE Stations	Numbe r of table VIVA
Block -I	5	3	4	3
Block -II	5	3	4	3
Block -III	4	3	5	3
Second	Number	Number	Number	Numbe
Year	of	of iOSPE	of OSCE	r of
MBBS	LabOSPE	Stations	Stations	table

	Stations			VIVA
Block -I	4	3	5	3
Block -II	5	3	4	3
Block -III	5	3	4	3

• Annual Examination Eligibility Criteria: Eligibility to appear in Annual Professional will be as per RMU Assessment Policy approved by the Academic Council

and Syndicate.

• Passing Criteria: A student will be declared pass in a block assessment if he/she scores 50% and above marks in each block assessment component (Theory and

Practical) and 50% and above marks in each Core Subject (Anatomy, Physiology C Biochemistry).

• Supplementary Examination Criteria: The student who fails in any component of a block assessment will have to appear in the supplementary examination of the

entire block.

Table of Abbreviation

CIA	Continuous Internal Assessment
I-OSPE	Integrated OSPE
LabOSPE	Laboratory Objective Structured Practical Examination
OSCE	Objective Structured Clinical Examinations
OSVE	Objective Structured Viva Examinations
ECE	Early Clinical Exposure
ALPHA	(Artificial Intelligence, Leadership, Professionalism, Humanities C Arts
GEC	General Education Cluster
Κ	Knowledge

Annual Assessment Plan of Second Year MBBS 2025 (Batch 51)

- Total Second Professional Marks: 900
- Continuous Internal Assessment (30%) =270 Marks
- Annual Marks: (70%) = 630 Marks

Blocks	Subjects	Total marks	Module 1	Module 2	Total marks	
	Anatomy	30 marks	15 marks	15 marks		
Block 1 90 Marks	Physiology	30 marks	15 marks	15 marks	90 Marks	
	Biochemistry	30 marks	15 marks	15 marks		
	Anatomy	30 marks	15 marks	15 marks		
Block 2 90 Marks	Physiology	30 marks	15 marks	15 marks	90 Marks	
90 IVIAIKS	Biochemistry	30 marks	15 marks	15 marks]	
	Anatomy	30 marks	15 marks	15 marks	90 Marks	
Block 3 90 Marks	Physiology	30 marks	15 marks	15 marks		
20 IVIAIKS	Biochemistry	30 marks	15 marks	15 marks		
				Fotal marks	270 Marks	
-				nts throughout the Biochemistry		
Blocks	Modules	Anatomy				
	Modula 1		Physiology		Total	
Block 1	Module 1 Module 2	200	200	200	600	
	Module 2	200 200	200 200	200 200	600 600	
Block 1 1470 Marks	Module 2 Block Exam	200 200 90	200 200 90	200 200 90	600 600 270	
	Module 2 Block Exam Total	200 200 90 490	200 200 90 490	200 200 90 490	600 600 270 1470	
	Module 2 Block Exam Total Module 1	200 200 90 490 200	200 200 90 490 200	200 200 90 490 200	600 600 270 1470 600	
1470 Marks	Module 2 Block Exam Total Module 1 Module 2	200 200 90 490 200 200	200 200 90 490 200 200	200 200 90 490 200 200	600 600 270 1470 600 600	
1470 Marks Block 2	Module 2 Block Exam Total Module 1	200 200 90 490 200	200 200 90 490 200	200 200 90 490 200	600 600 270 1470 600	
1470 Marks Block 2 1470 Marks	Module 2 Block Exam Total Module 1 Module 2 Block Exam Total	200 200 90 490 200 200 90 490	200 200 90 490 200 200 90 490	200 200 90 490 200 200 90 490	600 600 270 1470 600 600 270 1470	
1470 Marks Block 2	Module 2 Block Exam Total Module 1 Module 2 Block Exam	200 200 90 490 200 200 90	200 200 90 490 200 200 90	200 200 90 490 200 200 90	600 600 270 1470 600 600 270	
1470 Marks Block 2 1470 Marks	Module 2 Block Exam Total Module 1 Module 2 Block Exam Total Module 1 Module 1 Module 2	200 200 90 490 200 200 90 490 200	200 200 90 490 200 90 490 200 200 200 200 200 200 200 200 200 200 200	200 200 90 490 200 200 90 490 200 200 200	600 600 270 1470 600 270 1470 600 270 1470 600 600 600 600 600 600 600	
1470 Marks Block 2 1470 Marks Block 3	Module 2Block ExamTotalModule 1Module 2Block ExamTotalModule 1Module 2	200 200 90 490 200 200 90 490 200 200 200	200 200 90 490 200 200 90 490 200 90 490 200 90 490 200 200 200 200 200 200	200 200 90 490 200 200 90 490 200 200 200 200	600 600 270 1470 600 270 1470 600 600 600 600 600 600 600 600 600 600	

A: Original Distribution of CIA (Continuous Internal Assessment) Marks (270 Marks)

Note:

- Total Operational marks =4410 converted to 270 marks and per block 1470 marks will be converted to 90 marks for Annual professional marks calculation.
- The CIA should be submitted to Examination cell in round off values.
- Evidence of CIA Marks along with papers should be retained in the department that can be reproduced on request by examination cell if required. Reference: https://www.uhs.edu.pk/downloads/2k23mbbscurriculumv20.pdf

Annual Second Professional Examinations 2025

- Total Second Professional Marks: 900
- Continuous Internal Assessment (30%) =270 Marks
- Annual Marks: (70%) =630 Marks

A: Second Professional Examination (70%)

A: Second Professional Examination (70%) Total marks = 630 Marks						
Subjects	% Weightage of subjects	Marks distribution as per weightage				
Anatomy	35%	218 Marks				
Physiology	30%	192 Marks				
Biochemistry	23%	137 Marks				
Integrated Subjects						
Community Medicine						
C Public						
Health/Research						
Behavioural Sciences						
• Pathology						
Pharmacology						
Radiology	11%	73 Marks				
Family Medicine						
• Surgery						
Medicine						
• Gynae C Obs						
Orthopedics						
Pediatrics						
• Surgery						
Opthalmology						
Otorhinolaryngology						

 Early Clinical Exposure ALPHA and General Education Cluster (GEC) 	2%	10 Marks
	Total Marks	630 Marks

B: Blockwise Distribution of Marks

Total	BLOCK 1	BLOCK 2	BLOCK 3	Total
Annual	Marks	Marks	Marks	Marks
Professional				
Marks (70%)				
630 Marks	210 Marks	210 Marks	210 Marks	630 Marks

• Reference: https://www.uhs.edu.pk/downloads/2k23mbbscurriculumv20.pdf

C: Subject Wise Marks Breakup in Blocks

Subjects	Block 1	Block 2	Block 3	Total
				Marks
Anatomy	85 Marks	78 Marks	55 Marks	218 Marks (35%)
Physiology	45 Marks	64 Marks	83 Marks	192 Marks (30%)
Biochemistry	53 Marks	39 Marks	45 Marks	137 Marks (23%)
Integrated Subjects	27 Marks	29 Marks	27 Marks	83 Marks (13%)

D: Subject Wise Distribution of Marks for Second Year MBBS

Block	Subjects	Theory	Practical	Total marks	Total marks Core Subject + Integrated Subjects		
	Anatomy	45 marks	40 marks	85 marks			
	Physiology	20 marks	25 marks	45 marks			
	Biochemistry	23 marks	30 marks	53 marks			
	Total	88	95	183 marks			
	Integrated Subjects						
	Communit	4 Marks					
Block 1	y Medicine						
	/Research						
	Behavioural	2 Marks					
	Sciences				183+27 =		
	Pathology	2 Marks			210 marks		
	Pharmacology	3 Marks					
	Radiology	1 Marks		27 Marks			
	Gynae C Obs	1 Marks					
	Medicine	1 Marks					
210 Marks	Family Medicine	1 Marks					
	Paediatrics	1 Marks					
	Surgery	1 Marks					
	• ECE		5 Marks	1			
	ALPHA and GEC		5 Marks	1			
	Total marks		183+2	27 = 210 marks			

Block	Subjects	Theory	Practical	Total marks	Total marks Core Subject + Integrated Subjects
	Anatomy	38 marks	40 marks	78 marks	
	Physiology	34 marks	30 marks	64 marks	
Block 2	Biochemistry	14 marks	25 marks	39 marks	
DIOCK 2	Total	86	95	181 Marks	181+29 =
	Integrated Subjects				210 marks

	Communit y Medicine /Research	4 Marks	
	Family Medicine	1 Marks	29 Marks
	 Orthopedics 	2 Marks	
210 Marks	Radiology	2 Marks	
	Medicine	3 Marks	

	Gynae C Obs	1 Marks					
		4 Marks					
	Sciences						
		2 Marks					
	• ECE		5 Marks				
	• ALPHA and		5 Marks				
	GEC		101.00				
	Total marks	1	181+29	= 210 marks			
Block	Subjects	Theory	Practical	Total	Total marks		
		-		marks	Core Subject + Integrated Subjects		
	Anatomy	25 marks		55 marks			
	Physiology	48 marks		83 marks	-		
	Biochemistry	15 marks		45 marks	-		
	Total	88	95	183 marks			
	Integrated Subjects						
	Community	3 Marks					
Block 3	Medicine						
	Behavioural	2 Marks					
	Sciences						
	Medicine	2 Marks		4	183+27 =		
	Family medicine	1 Marks		4	210 marks		
	Gynae C Obs	1 Marks		4			
	Radiology	1 Marks		27 Marks			
210 Marks	Pediatrics	1 Marks					
	Otorhinolaryngology						
	Opthalmology	1 Marks					
	Pathology	2 Marks					
	Pharmacology	2 Marks					

	• ECE	5 Marks	
	ALPHA and GEC	5 Marks	
Total marks		183+27 = 210 marks	
GRAND TOTAL MARKS		630 Marks	

E: Block Wise Distribution of Marks for Second Year MBBS (Batch 51) (Annual Professional Marks + CIA)

Subject	Theory			Practical			Total Marks
	Component	No of Items	Marks	Component	No of Items	Marks	
Block 1	Section I- MCQ	75	75	LabOSPE	5	25	210
(GIT s Renal) Total Annual marks=210	Section II- SEQ		30	iOSPE	3	15	
		6		OSCE	4	20	
				OSVE	3	45	
CIA = 90 Marks	Continuous Internal Assessm	Continuous Internal Assessment (30%) 45		Continuous Internal Assessment (30%)		45	90
Total Annual marks+ CIA =210+90= 300	Total Marks		150	Total Marks		150	300
Block 2	Section I-	75	75	LabOSPE	5	25	210
(Reproduction, CNS)	MCQ		30	iOSPE	3	15	
	Section II-	6		OSCE	4	20	
Total Annual	SEQ			OSVE	3	45	
marks=210							
CIA = 90 Marks	Continuous Internal Assessm	ient (30%)	45	Continuous Internal Assessment (30%)		45	90
Total Annual marks+ CIA =210+90= 300	Total Marks		150	Total Marks		150	300
Block 3	Section I-	75	75	LabOSPE	4	20	210
(Special Senses , Endocrinology)	MCQ		30	iOSPE	3	15	
Total Annual	Section II-	6		OSCE	5	25	

marks=210	SEQ			OSVE	3	45	
CIA = G0 Marks	Continuous Internal Assessm	nent (30%)	45	Continuous I	nternal Assessment (30%)	45	90
Total Annual marks + CIA =210+G0= 300	Total Marks		150	Total Marks		150	300
	·				Grand Tota	l Marks	G00

F: 2nd Professional Examination 2025 (Batch 51)

Block 1 Assessment Breakup (GIT, Renal Module)

			Theor	у		Pra	Practical (OSPE)			Marks	%	Total M per subj	
Themes	Discipline	No of MCQ s (1 marks each)	No of SEQs (5 marks each)	Marks	%	No of Stations of LabOSPE (5 marks each)	No of Stations of iOSP E (5 marks each)	No of Stations of OSCE (5 marks each)	OSVE (15 Marks)			Marks	%
	Anatomy C Applied /Clinical	30	3	45	30	3	1	1	1	40	32	85	40
Core s Horizontally Integrated Subjects	Physiology C Applied/Clinical	10	2	20	26	1	1	-	1	25	29	45	21
integrated Subjects	Biochemistry C Applied/clinical 18	18	1	23	26	1	1	1	1	30	29	53	25
	Communit y Medicine C Public Health/Research	4	-	3	4	-	-	-	-	-	-	4	
	Behavioural Sciences	2	-	1	2	-	-	-	-	-	-	2	
Vertically Integrated	Pathology	2	-	2	2	-	-	-	-	-	-	2	
Subjects	Radiology	1		1								1	
Subjects	Gynae C Obs	1		1								1	14
	Medicine	1		1								1	
	Family Medicine	1		1								1	
-	Paediatrics	1		1								1	
	Surgery	1		1								1	

	Pharmacology	3	-	3	3	-	-		-	-	-	3	
Spirally Integrated	ECE	-	-	-		-	-	1	-	5	5	5	
Subjects	ALPHA and GEC	-	-	-		-	-	1	-	5	5	5	
Total		75	6x5=30	105	100	5x5=25	3x5=15	4x5=20	3x15=45	105	100	210	100
Total			105					105			10	5+105=2	210

G: 2nd Professional Examination 2025 (Batch 51)

Block 2 Assessment

Reproduction, CNS Modules

			Theory			Practical		OSVE		Total Ma per subj	
Theme	Subject	No of MCQ s (1 marks each)	No of SEQs (5 marks each)	Marks	No of Stations of LabOSPE (5 marks each)	No of Stations of iOSPE (5 marks each)	No of Stations of OSCE (5 marks each)	OSVE (15 Marks)	Marks	Total Marks	%
	Anatomy C Applied /Clinical	23	3	38	3	1	1	1	40	78	37
Core s Horizontally Integrated Subjects	Physiology C Applied/Clinical	24	2	29	1	1	1	1	30	64	30
	Biochemistry C Applied/clinical	9	1	14	1	1	-	1	25	39	18
	Community Medicine C Public Health	4	-	4	-	-	-	-	-	4	
	Behavioural Sciences	4	-	4	-	-	-	-	-	4	
Vertically Integrated	Pathology	2	-	2	-	-	-	-	-	2	
Subjects	Family Medicine	1								1	15
	Orthopedics	2								2	
	Radiology	2								2	
	Medicine	3								3	
	Gynae C Obs	1								1	

Spirally Integrated	ECE	-	-	-	-	-	1	-	5	5	
Subjects	ALPHA and GEC	-	-	-	-	-	1	-	5	5	
Total		75	6x5=30	105	5x5=25	3x5=15	4x5=20	3x15=45	105	210	100
Total	Total						105			105+105	=210

H: 2nd Professional Examination 2025 (Batch 51)

Block 3 Assessment Special Senses, Endocrinology Modules

		•	Theory	,		Practical		OSVE		Total Mar subje	
Themes	Discipline	No of MC Qs (1 marks each)	No of SEQs (5 mark s each)	Marks	No of Stations of LabOSPE (5 marks each)	No of Station s of iOSPE (5 marks each)	No of Stations of OSCE (5 marks each)	OSV E (15 Marks)	Marks	Marks	%
	Anatomy C Applied /Clinical	15	2	25	1	1	1	1	30	55	26
Core s Horizontally Integrated Subjects	Physiology C Applied/Clinical	33	3	48	2	1	1	1	35	83	40
	Biochemistry C Applied/clinical	10	1	15	1	1	1	1	30	45	21
	Community Medicine C Public Health	Z	-	2	-	-	-	-	-	2	
	Behavioural Sciences	2	-	2	-	-	-	-	-	2	
	Pathology	2	-	2	-	-	-	-	-	2	
	Medicine	2		2						2	
Vertically Integrated	Family medicine	1		1						1	
Subjects	Gynae C Obs	1		1						1	
	Radiology	1		1						1	
	Pediatrics	1		1						1	13
	Otorhinolaryngology	1		1						1	15
	Opthalmology	1		1						1	
	Pathology	2		2						2	
	Pharmacology	1	-	1	-	-	-	-		1	

Spirally Integrated	ECE	-	-	-	-	-	1	-	5	5	
Subjects	ALPHA and GEC	-	-	-	-	-	1	-	5	5	
Total		75	6x5=30	105	4x5=20	3x5=15	5x5=25	3x15=45	105	210	100
Total		105				105			105+10	5=210	

	Learning Resources
Subject	Resources
	A. Gross Anatomy
	1. Gray's Anatomy by Prof. Susan Standring 42th edition, Elsevier.
	2. Clinical Anatomy for Medical Students by Richard S.Snell 10 th edition.
	3. Clinically Oriented Anatomy by Keith Moore 9 th edition.
Anatomy	4. Cunningham's Manual of Practical Anatomy by G.J. Romanes, 16th edition, Vol-I, II and III
	5. http://www.anatomyzone.com 3D anatomy
	https://www.kenhub.com/en/library/anatomy/the-digestive-system
	https://teachmeanatomy.info/
	B. Histology
	1. B. Young J. W. Health Wheather's Functional Histology 6 th edition.
	2. Medical Histology by Prof. Laiq Hussain 7 th edition.
	https://www.udemy.com/course/histology/
	https://www.youtube.com/@DrRubenGarciaGarza/community
	C. Embryology
	1. Keith L. Moore. The Developing Human 11 th edition.
	2. Langman's Medical Embryology 14 th edition.
	A. Textbooks
	1. Textbook Of Medical Physiology by Guyton And Hall 14 th edition.
	2. Ganong 'S Review of Medical Physiology 26 th edition.
Physiology	B. Reference Books
	1. Human Physiology by Lauralee Sherwood 10 th edition.
	2. Berne & Levy Physiology 7 th edition.
	3. Best & Taylor Physiological Basis of Medical Practice 13 th edition.
	4. Guyton & Hall Physiological Review 3 rd edition.
	Textbooks
	1. Lippincott IIIustrated Reviews: Biochemistry – Wolters Kluwer
Biochemistry	2. Harper's Illustrated Biochemistry 32th edition.
	3. Lehninger Principle of Biochemistry 8 th edition.
	4. Biochemistry by Devlin 7 th edition.
	Textbooks
	1. Community Medicine by Parikh 25 th edition.
Community Medicine	2. Community Medicine by M Illyas 8 th edition.
	3. Basic Statistics for the Health Sciences by Jan W Kuzma 5 th edition.

Learning Resources

	Textbooks
	1. Robbins & Cotran, Pathologic Basis of Disease, 10 th edition.
Pathology/Microbiology	2. Rapid Review Pathology, 5 th edition by Edward F. Goljan MD.
	3. <u>http://library.med.utah.edu/WebPath/webpath.html</u>
	Textbooks
Pharmacology	1. Lippincot Illustrated Pharmacology 9 th edition.
	2. Basic and Clinical Pharmacology by Katzung 5 th edition.

SECTION - V

Time Table

Integrated Clinically Oriented Modular Curriculum for Second Year MBBS

GIT Module - I Time Table Second Year MBBS
Session 2025
Batch- 51

GIT Module - I Team

Module Name	:	GIT Module - I
Duration of module	:	06 Weeks
Coordinator	:	Dr. Uzma Kiyani
Co-coordinator	:	Dr. Shazia Nosheen
Reviewed by	:	Module Committee

	Module Comm	ittee		Ν	Aodule Task Force Team
1.	Vice Chancellor RMU	Prof. Dr. Muhammad Umar	1.	Coordinator	Dr. Uzma Kiyani (Senior Demonstrator of Physiology)
2.	Director DME	Prof. Dr. Ifra Saeed	2.	DME Focal Person	Dr. Farzana Fatima
3.	Convener Curriculum	Prof. Dr. Naeem Akhter	3.	Co-coordinator	Dr. Minahil Haq (Senior Demostrator of Anatomy)
4.	Chairperson Anatomy & Dean Basic	Prof. Dr. Ayesha Yousaf	4.	Co-Coordinator	Dr. Shazia Nosheen (Senior Demonstrator of
	Sciences				Physiology)
5.	Additional Director (Assessment) DME	Dr. Arsalan Manzoor Mughal	5.	Co-coordinator	Dr. Uzma Zafar (APWMO of Biochemistry)
6.	Chairperson Physiology	Prof. Dr. Samia Sarwar			
7.	Chairperson Biochemistry	Dr. Aneela Jamil		DI	ME Implementation Team
			1.	Director DME	Prof. Dr. Ifra Saeed
8.	Focal Person Anatomy Second Year	Dr. Maria Tasleem	2.	Implementation Incharge	Dr. Arsalan Manzoor Mughal
	MBBS			1st & 2 nd Year MBBS	Dr. Farzana Fatima
9.	Focal Person Physiology	Dr. Sidra Hamid	3.	Assistant Director DME	Dr. Farzana Fatima
10.	Focal Person Biochemistry	Dr. Aneela Jamil	4.	Editor	Muhammad Arslan Aslam
11.	Focal Person Pharmacology	Dr. Zunera Hakim			
12.	Focal Person Pathology	Dr. Asiya Niazi			
13.	Focal Person Behavioral Sciences	Dr. Saadia Yasir			
14.	Focal Person Community Medicine	Dr. Afifa Kulsoom			
15.	Focal Person Quran Translation	Dr. Uzma Zafar			
	Lectures				
16.	Focal Person Family Medicine	Dr. Sadia Khan			

Module natomy ochemistry ysiology epartment of Medical lucation (DME)	General Principles of Gastro Propulsion and Mixing of Fo Secretory Functions of the A Physiology of Gastrointestin	ointestinal Function—Motili ood in the Alimentary Tract Alimentary Tract, Digestion nal Disorders Orientation Session	ty, Nervous Control, a and Absorption in the							
ochemistry ysiology	Carbohydrate metabolism, G General Principles of Gastro Propulsion and Mixing of Fo Secretory Functions of the A Physiology of Gastrointestin	Tongue, Body Cavities, Gastrointestinal System GIT digestive juices, Digestive pintestinal Function—Motili ood in the Alimentary Tract Alimentary Tract, Digestion nal Disorders Orientation Session	Digestive Tract & associated organs (Junqueira) on and absorption, GIT ty, Nervous Control, a and Absorption in the	Oral Cavity, Abdomen and associated visceras F Hormones LFTs, Jundice & Nutrition, nd Blood Circulation						
ysiology epartment of Medical	General Principles of Gastro Propulsion and Mixing of Fo Secretory Functions of the A Physiology of Gastrointestin	GIT digestive juices, Digestive pintestinal Function—Motili pood in the Alimentary Tract Alimentary Tract, Digestion nal Disorders Orientation Session	(Junqueira) on and absorption, GI ty, Nervous Control, a and Absorption in the	T Hormones LFTs, Jundice & Nutrition, nd Blood Circulation						
ysiology epartment of Medical	General Principles of Gastro Propulsion and Mixing of Fo Secretory Functions of the A Physiology of Gastrointestin	ointestinal Function—Motili ood in the Alimentary Tract Alimentary Tract, Digestion nal Disorders Orientation Session	on and absorption, GI ty, Nervous Control, a and Absorption in the	nd Blood Circulation						
ysiology epartment of Medical	General Principles of Gastro Propulsion and Mixing of Fo Secretory Functions of the A Physiology of Gastrointestin	ointestinal Function—Motili ood in the Alimentary Tract Alimentary Tract, Digestion nal Disorders Orientation Session	ty, Nervous Control, a and Absorption in the	nd Blood Circulation						
-	Secretory Functions of the A Physiology of Gastrointestin	Alimentary Tract, Digestion nal Disorders Orientation Session	and Absorption in the	Gastrointestinal Tract						
-	Physiology of Gastrointestin	nal Disorders Orientation Session	1	Gastrointestinal Tract						
-		Orientation Session								
-	Orientation Session on Cu									
-	Orientation Session on Cu	urricular Reform RMU & Fe	eedback of Year 2024							
			Orientation Session on Curricular Reform RMU & Feedback of Year 2024							
		Spiral Courses								
	Nazria Pakistan									
	Allah SWT ki Hakmiyat ka Nifaz									
Pak Studies	• Two Nation Theory									
	• Establishment of an Islamic state									
amiyat	Toheed Related Quranic Verses & their Explanation									
·	• Toheed & Shirk	Ĩ								
	Risalat Related Quranic V	Verses & Their Explanation								
	Introduction to descriptive	e statistics (Research-I)								
	Classification of different	types of Data (Research-II))							
esearch (IUGRC)	• Scales of Data measureme	ent (Research-III)								
• Measures of central Tendency (Research-IV)										
	• Geriatrics (Research-V)									
	• Synopsis wrting session (Research Practical Session 1	[)							
diology	• Medical imaging of abdor	men- I								
	Medical imaging of abdor	men-II								
mily Medicine	Common Abdominal dise	eases								
	Learning & Memory									
havioral Sciences	Esting Disorders									
	ily Medicine	Geriatrics (Research-V) Synopsis wrting session (ology Medical imaging of abdo Medical imaging of abdo Medical imaging of abdo Common Abdominal dise	Geriatrics (Research-V) Synopsis wrting session (Research Practical Session I Medical imaging of abdomen- I Medical imaging of abdomen-II Medical imaging of abdomen-II Common Abdominal diseases Learning & Memory	Geriatrics (Research-V) Synopsis wrting session (Research Practical Session I) Synopsis wrting of abdomen- I Medical imaging of abdomen-II Medical imaging of abdomen-II Common Abdominal diseases Vioral Sciences Learning & Memory						

Discipline Wise Details of Modular Content

	Vertical Integration
Community Medicine	Clinically content relevant to GIT Module - I
	Concept of health & disease
	Epidemiology of Infectious Diseases & Basic Concepts
• Gynae and OBS	Physiologic Changes in the GIT in Pregnancy
	Jaundice/Obstetric Cholestasis in Pregnancy
Medicine	• Jaundice
	Inflammatory Bowel Diseases
• Surgery	Acute Abdomin
	Gall Stones
Pediatrics	Acute and Chronic Diarrhea Cute & Choronic Diaherrea
Pharmacology	Anti Diarrheal Drugs
Pathology	Pathologies of Intestine
	Clinical Relevance
Clinical Presentation	and Management of Peptic Ulcer Disease
	bsorption Syndromes (e.g., celiac disease)
-	gement of Gastroesophageal Reflux Disease (GERD)
1 1 01	nflammatory Bowel Diseases (e.g., Crohn's disease, ulcerative colitis)
	Appendicitis and Surgical Decision-Making
	ding: Causes and Initial Management
• Jaundice: Differentia	tion and Clinical Evaluation
	ts Complications (e.g., ascites, hepatic encephalopathy)
6	esis and Surgical Indications
 Mechanisms of Diarr 	hea and Dehydration Management

Categorization of Modular Content Anatomy: Category A **Category B** Category C Special Special **Demonstrations** Practical's CBL SSDL SDL Embryology Histology Development Of -Histological **Gross Anatomy:** • Acute Appendicitis Layers of • Subdivission of • Histology of Features Of --Topographical Organization Of Antero lateral abdominal • Liver & Portal Pretonial Cavity Tongue, Tongue & - Salivary Glands Tongue, GIT • Liver-II (Functional wall & its defects Hypertension Salivary glands -Oral Cavity - Esophagus & - Salivary Glands • Applied Anatomy of Sagments) Esophagus & -General Stomach -Tongue Rectus sheath Spleen • Stomach - Liver Structure of GIT - Salivary Glands • Applied Anatomy of Pancrease • Liver & -Anterolateral Abdominal Wall - Gallbladder & - Esophagus & Inguinal region & Hernias Gallbladder Pancreas Stomach -Rectus Sheath • Peritoneal Dialysis/ Small Intestine - Small Intestine - Liver -Inguinal Region & Hernias Peritonial Lavage - Gallbladder & - Large Intestine - Testes Large Intestine Crohn's Disease, Celiac Pancreas -Scrotum Disease, Irritable Bowel -Peritoneum & Peritoneal Cavity - Small Intestine Sydrome -Subdivisions of Peritoneal Cavity - Large Intestine • Diverticulum. -Esophagus Intussusception -Stomach Liver Biopsy, Liver Abscess -Small & Large Intestines and hepatitis -Liver Applied Anatomy of -Gallbladder Vasculature of GIT (Blood -Biliary Apparatus Supply, Venous drainage, -Spleen • Lymphatic drainage -Pancreas Hemorrhoids & Anal -Vasculature of GIT Fissure -Portosystemic Anastomosis • Applied Anatomy of -Rectum Innervation of Abdominal -Anal Canal Viscera's -Innervation of Abdominal Viscera Development of **Body Cavities** Histology Of Liver **Category A:** By Professors **Category B:** By Associate & Assistant Professors

Category C: By Senior Demonstrators

Teaching Staff / Human Resource of Department of Anatomy

Sr. #	Designation of Teaching Staff / Human Resource	Total Number of Teaching Staff
1.	Professor of Anatomy department	01
2.	Assistant professor of Anatomy department (AP)	01
3.	Demonstrators of Anatomy department	04

Contact Hours (Faculty)

Sr. #	Hours Calculation for Various Type of Teaching	Total Hours
	Strategies	
1.	Large Group Interactive Session (LGIS)	32 hours
2.	Small Group Discussions (SGD)	31 hours
	Supervised Self-Directed Learning (SSDL)	6 hours
3.	Practical / Skill Lab	37.5 hours

Contact Hours (Students)

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total Hours
1.	Large Group Interactive Session (LGIS)	16 hours
2.	Small Group Discussions (SGD) Supervised Self-Directed Learning (SSDL)	31 hours 6 Hours
3.	Practical / Skill Lab	7.5 hours
4.	Self-Directed Learning (SDL)	20 hours

Physiology:

Category A	Category B	Category C
Introduction to GIT, electrical activity in GIT,	Saliva and mastication, stages of swallowing, clinical	PBL:
Enteric Nervous System and GIT reflexes (Dr.	disorders of esophagus and swallowing, achalasia and	
Samia Sarwar)	vomiting (Dr. Shazia)	
Small intestine motility and malabsorption	Movements of GIT, control of GIT motility and	CBL:
(sprue, paralytic ileus and Crohn's disease) (Dr .	factors affecting GIT blood flow, hormones of GIT	Peptic Ulcer
Samia Sarwar)	(Dr. Aneela)	Food poisoning
	Motor functions of stomach, physiology of regulation	Practical:
	of gastric emptying (Dr. Shazia)	Sense of taste
		Sense of smell
		Examination of superficial reflexes (CNS) Examination of deep reflexes
		Performance of axon reflex (triple response of skin)
	Physiology of liver and gall bladder, liver and biliary	SGD:
	secretion (Dr. Aneela)	Saliva and mastication, stages of swallowing, clinical disorders of esophagus and
	secretion (Dr. rulecia)	swallowing, achalasia and vomiting
		Motor functions of stomach, physiology of regulation of gastric emptying
		Physiology of liver and gall bladder, liver and biliary secretion
	Gastric secretion, digestion in stomach, peptic ulcer	SDL:
	and gastritis (Dr. Shazia)	Introduction to GIT, electrical activity in GIT, Enteric Nervous System and GIT
	Liver function tests, types of jaundice,	reflexes
	pathophysiology of cirrhosis and portal hypertension	Gastric secretion, digestion in stomach, peptic ulcer and gastritis
	(Dr. Aneela)	Small intestine motility and malabsorption (sprue, paralytic ileus and Crohn's
	Intestinal secretion and its functions, pancreatic juice,	disease)
	its composition and functions, pancreatitis, overall	Intestinal secretion and its functions, pancreatic juice, its composition and
	mechanism of digestion and absorption of intestine	functions
	(amino acids, fatty acids and glucose) (Dr. Aneela)	Pancreatitis, overall mechanism of digestion and absorption of intestine (amino
	Motor function of large gut, defecation reflex and	acids, fatty acids and glucose)
	pathophysiology (diarrhea, constipation, ulcerative	Motor function of large gut, defecation reflex
	colitis, mega colon and carcinoma of colon) (Dr.	Pathophysiology (diarrhea, constipation, ulcerative colitis, mega colon and
	Shazia)	carcinoma of colon)
Category A: By HOD and Associate Professor		
Category B: By All (HOD, Associate, Assistant, S	Senior Demonstrators)	

Category C: By Demonstrators and Residents

Sr. #	Designation Of Teaching Staff / Human Resource	Total Number of Teaching Staff
1.	Professor of physiology department	01
2.	Associate professor of physiology department	01
3.	Assistant professor of physiology department (AP)	01 (DME)
4.	Demonstrators of physiology department	07
5.	Residents of physiology department (PGTs)	08

Teaching Staff / Human Resource of Department of Physiology

Contact Hours (Faculty) & Contact Hours (Students)

Sr. #	Hours Calculation for Various Type oTeaching Strategies	Total Hours
1.	Large Group Interactive Session (Lectures)	22 hours
2.	Small Group Discussions (SGD)/CBL	38.5 hours
3.	Problem Based Learning (PBL)	2.5 hours
4.	Practical / Skill Lab	38.5 hours
5.	Self-Directed Learning (SDL)	17 hours

Biochemistry:

Category A	Category B	Category C
Introduction to Carbohydrate metabolism	Saliva	PBL: GERD (Gastroesophageal Reflux
		Disease)
Glycolysis	Gastric Juice	CBL: G6PDH Deficiency
Fate of Pyruvate		Lactose Intolerance
Gluconeogenesis	Bile & Pancreatic Juice	Practical: Saliva
Metabolism of Individule sugars		Bile
		Analysis of Food Components (Wheat)
TCA cycle	Nutrition	SGD: Gluconeogenesis and Its
Glycogen metabolism	GIT Hormones & Succus Entericus	Regulation
LFTS, Jaundice		Jaundice and LFTs
Digestion and Absorption of Carbohydrates, Proteins and Lipids		
Category A*: By Assistant Professor & Senior Demonstrators with	h Postgraduate Qualification	
Category B**: By Senior Demonstrators		

Category C***: By Senior Demonstrators & Demonstrators

Teaching Staff / Human Resource of Department of Biochemistry

Sr. #	Designation of Teaching Staff / Human Resource	Total Number of Teaching Staff
1	Assistant Professor of Biochemistry Department (AP)	01
2	Demonstrators of Biochemistry Department	06

Contact Hours (Faculty) & Contact Hours (Students)

Sr. #	Hours Calculation for Various Type of Teaching Strategies	Total Hours (Faculty)	Total Hours (student)
1.	Large Group Interactive Session (LECTURES)	20 hours	10 hours
2.	Small Group Discussions (SGD)	38 hours	7.5 hours
4.	Practical / Skill Lab	38 hours	7.5 hours
5.	Self-Directed Learning (SDL)	4 hours	05 hours

Date/Day	8:00am-9:20am	9:20am	– 10:10am	10:10am – 10:30am	10:30a	m-11:20am	11:20a	m-12:10pm	12:10pm- 12:30pm	12:30pm – 2:00pm	Home Assignments(2hrs)
		PHYSIOLOGY LGIS		10 . 50aiii	DM	E (LGIS)	BIOCHEMISTRY LGIS		12:50pm	DISSECTION/SGD	
24-02-2025 Monday	Practical &CBL/SGD Topic & Venue Mentioned at The End	Introduction to GIT Electrical Activity in GIT, Enteric Nervous System & GIT Reflexes	Saliva &Mastication, Stages ofSwallowing, Clinical DisordersofEsophagus &Swallowing, Achalasia & Vomiting		Orientation Session on Curricular Reform RMU & Feedback of Year 2024 Introduction Carbohydrate Metabolism			Topographical Organization of GIT Refere to Table No. 1	SDL Physiology Enteric Nervous System		
		Prof. Dr. Samia Sarwar / Dr. Aneela (Even)	Dr Shazia (Odd)		Prof Ifra Saeed (Even)	l Dr. Farzana (Odd)	Dr Uzma Zafar (Even)	Dr. Almas (Odd)			
			LOGY LGIS		ANAT	OMY LGIS	BIOCHEN	AISTRY LGIS		DISSECTION/SGD	
25-02-2025 Tuesday	Practical &CBL/SGD Topic & Venue Mentioned at The End	Saliva & Mastication, Stages of Swallowing, Clinical Disorders of Esophagus & Swallowing, Achalasia &Vomiting	Introduction to GIT Electrical Activity in GIT, Enteric Nervous System & GIT Reflexes	k	Development of Tongue	Histology of Tongue	Carbohydrate Metabolism	Saliva	k	Oral Cavity, Tongue and Salivary Glands Refere to Table No.	SDL Physiology GIT Reflexes
		Dr Shazia (Even)	Prof. Dr. Samia Sarwar / Dr. Aneela (Odd)	e a	Prof. Dr Ifra (Even)	Ass. Prof. Dr Maria (Odd)	Dr Uzma Zafar (Odd)	Dr. Almas (Even)	e a]		
			IISTRY LGIS	Br	ANAT	OMY LGIS	PBL-1 (SESSION-I)	Ľ	DISSECTION/SGD	
26-02-2025 Wednesday	Practical &CBL/SGD Topic & Venue Mentioned at The End	Metabolism of Monosaccharide & Disaccharide (Fructose, Lactose, Galactose)	Glycolysis		Histology of Tongue	Development of Tongue	PB	L Team	Anterolateral Abdominal Wall	SDL Biochemistry Glycolysis	
		Dr. Aneela (Even)	Dr Uzma Zafar (Odd)		Ass. Prof. Dr Maria (Even)	Prof. Dr Ifra (Odd)				Refere to Table No.1	
		COMMUNITY	MEDICINE LGIS		ANAT	OMY LGIS	BIOCHEN	BIOCHEMISTRY LGIS		DISSECTION/SGD	1
27-02-2025 Thursday	Practical &CBL/SGD Topic & Venue Mentioned at The End	Concept of Health & Disease	Epidemiology of Infectious Diseases& Basic Concepts		Development of Salivary Glands	Histology Salivary Glands	Glycolysis	Metabolism of Monosaccharide & Disaccharide (Fructose, Lactose, Galactose)	-	Rectus Sheath Refere to Table No.1	SDL Anatomy Layers of Antero lateral abdominal wall & i
		Dr. Rizwana Shahid (Even)	Dr. Asif (Odd)		Prof. Dr Ifra (Even)	Ass. Prof. Dr Maria (Odd)	Dr Uzma Zafar (Even)	Dr. Aneela (Odd)			defects
	8:00-9:00AM		10:00AM		10:00-11:00			-12:00PM			
	GYNAE & OBS	BIOCHEM	IISTRY LGIS		ANATOMY		PAK	STUDIES			
28-02-2025 Friday	Physiologic Changes in the GIT in Pregnancy	Fate of Pyruvate	Gluconeogenesis	Histology Gla	y Salivary inds	Development Of Salivary Glands	Nazri	a Pakistan			
	Dr. Farah Dr. Saira (Even) (Odd)	Dr Uzma Zafar (Even)	Dr. Aneela (Odd)		. Dr Maria ven)	Prof. Dr Ifra (Odd)	Qari A	maan Ullah			
Date/Day	8:00am-9:20am	9:20am	– 10:10am	10:10am – 10:30am					12:10pm- 12:30pm	12:30pm – 2:00pm	Home Assignments(2hrs
		BEHAVIOR	AL SCIENCES		PBL-1 (SESSION-II)		MEDICINE LGIS			
01-03-2025 Saturday	Practical &CBL/SGD Topic & Venue Mentioned at The End	Medically Unexplained	Symptoms / Stress Diarrhea	Break	PI	BL Team	Epidemiology Infectious Disea Basic Concept Dr. Asif	ses Health &		Elections	SDL Applied Anato Of Rectus Sheath

Batch Distrib	ution for	Topics for Skill Lab wi	th Venue	1 81	Die No. 1	(1 me: 12)	:20pm -	<u>- 02:00pm)</u> Scl	hedu	le for Pra	actical			
	ls (all subjects			Day	Histolog	v Practica	al Bioc	hemistry Pract				l		Biochemistry SGD
CBL / Small Discussion(E and Physiolo	Group liochemistry	Glands (Anatomy Histo Practical) Venue-Histol Dr. Sadia Baqir	logy	Duy	Batch	Teacher Name		v	DOH	Batch	Teacher Name	ПОР	Batch	Teacher Name
Sr. No Batch		• Saliva I (Biochemistry F	Practical)	Monday	С		С	Dr. Rahat	, Η	Е	Dr. Fareed	by]	D	Dr. Uzma
1. A	01-70	Venue- Biochemistry La		Tuesday	D	by	D	Dr. Romessa	d by	Α	Dr. Aneela		Е	Dr. Almas
2. B	71-140	• Sense of Taste (Physiol	-	Vednesday	7 E	sed D	Α	Dr. Uzma	ise	В	Dr. Shazia	vis	Α	Dr. Romessa
3. C	141-210			Thursday	B	Supervised l HOD	Е	Dr. Almas	Supervised	D	Dr. Jawad	nper	С	Dr. Romessa
4. D	211-280			Saturday	Α]]	С	Dr. Romessa	Sup	С	Dr. Fahd	S	В	Dr. Rahat
5. E	281-onwar	ds		5		\mathbf{N}					Anwar			
I	1	Topics for SGDs / C	BL with Ven	ue				•		1	1			1
		esophagus and swallow vomiting Saliva VenueBiochemistry SGD: Saliva Saliva Venue	- Lecture Ha											
		Lecture Hall No 2 Table No. 2 Bat		ion with V	enues an	d Teacher	rs Name	e for Problem B	Based	Learnin	ng (PBL) Ses	sions		
Sr No. Batch	es Roll No	Lecture Hall No 2 Table No. 2 Bat Venue	ch Distributi	ion with V 'eachers		d Teacher Sr No. Ba		e <mark>for Problem E</mark> Roll No	Based		n <mark>g (PBL) Ses</mark> s Venue	sions	5	Teachers
Sr No. Batch	es Roll No (01-35)	Table No. 2 Bat	ch Distributi	'eachers		Sr No. Ba				V	0		S Dr. Naz	
1. A1	(01-35)	Table No. 2 BatVenueLecture Hall no.05Physiology	ch Distributi T Dr. Sana Lat Biochemistr	eachers tif (Demor y)		Sr No. Ba 6.	C2	Roll No (176-210)	Nev Lect	w Lecture ure Thear	Venue Hall Completer # 01	ex	Dr. Naz (Demor	zia nstrator Physiology)
		Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st Floor	<mark>ch Distributi</mark> T Dr. Sana Lat Biochemistr Dr. Farah A	' eachers tif (Demor 'y) li Shah	istrator	Sr No. Ba 6.	tches	Roll No	Nev Lect Nev	w Lecture ure Thea w Lecture	V enue e Hall Completer # 01 e Hall Comple	ex	Dr. Naz (Demor Dr. Jaw	zia nstrator Physiology) vad
1. A1 2. A2	(01-35) (36-70)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st FloorAnatomy)	ch Distributi T Dr. Sana Lat Biochemistr Dr. Farah A (Demonstrat	' eachers tif (Demor 'y) li Shah tor Physiol	istrator	Sr No. Ba 6. 7.	C2 D1	Roll No (176-210) (210-245)	New Lect New Lect	w Lecture ure Thea w Lecture ure Thea	Venue e Hall Completer # 01 e Hall Completer # 04	ex ex	Dr. Naz (Demoi Dr. Jaw (Demoi	zia nstrator Physiology) vad nstrator Physiology)
1. A1	(01-35)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st FloorAnatomy)Anatomy Museum (First	ch Distributi T Dr. Sana Lat Biochemistr Dr. Farah A (Demonstrat Dr. Romessa	' <mark>eachers</mark> tif (Demor 'y) li Shah tor Physiol a	nstrator logy)	Sr No. Ba 6. 7.	C2	Roll No (176-210)	New Lect New Lect New	w Lecture ure Thea w Lecture ure Thea w Lecture	Venue e Hall Completer # 01 e Hall Completer # 04 ter # 04 e Hall Completer # 04	ex ex	Dr. Naz (Demor Dr. Jaw (Demor Dr. Alt	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz
1. A1 2. A2	(01-35) (36-70)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st FloorAnatomy)	ch Distributi T Dr. Sana Lat Biochemistr Dr. Farah A (Demonstrat	eachers tif (Demor y) li Shah tor Physiol a tor Bioche	nstrator logy)	Sr No. Ba 6. 7. 8. 7.	C2 D1	Roll No (176-210) (210-245)	New Lect New Lect New Lect	w Lecture ure Thear w Lecture ure Thear w Lecture ure Thear	Venue e Hall Completer # 01 e Hall Completer # 04 ter # 04 e Hall Completer # 04	ex ex ex	Dr. Naz (Demoi Dr. Jaw (Demoi Dr. Ali (APWM	zia nstrator Physiology) vad nstrator Physiology)
1. A1 2. A2 3. B1 4. B2	(01-35) (36-70) (71-105) (106-140)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st FloorAnatomy)Anatomy Museum (FirstFloorAnatomy)Lecture Hall no.03 (FirstFloor)	ch Distributi T Dr. Sana Lat Biochemistr Dr. Farah A (Demonstrat Dr. Romessa (Demonstrat Dr. Sajjad (S Demonstrat	eachers tif (Demor y) li Shah tor Physiol a tor Bioche Senior or of Anato	nstrator logy) mistry) omy)	Sr No. Ba 6. 7. 7. 7. 8. 7. 9. 7.	tchesC2D1D2E1	Roll No (176-210) (210-245) (246-280) (281-315)	New Lect New Lect New Lect Ana	w Lecture ure Thear w Lecture ure Thear w Lecture ure Thear atomy Mu	Venue e Hall Completer # 01 e Hall Completer # 04 e Hall Completer # 04 useum (First 1	ex ex ex	Dr. Naz (Demor Dr. Jaw (Demor Dr. Alt (APWM r Dr. Uz	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry)
2. A2 3. B1	(01-35) (36-70) (71-105) (106-140)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st FloorAnatomy)Anatomy Museum (FirstFloor Anatomy)Lecture Hall no.03 (FirstFloor)New Lecture Hall Complex	ch Distributi T Dr. Sana Lat Biochemistr Dr. Farah A (Demonstrat Dr. Romessa (Demonstrat Dr. Sajjad (S Demonstrat	eachers tif (Demor y) li Shah tor Physiol a tor Bioche Senior or of Anato	nstrator logy) mistry) omy)	Sr No. Ba 6. 7. 7. 7. 8. 7. 9. 7.	tchesC2D1D2E1	Roll No (176-210) (210-245) (246-280)	New Lect New Lect New Lect Ana Anat	w Lecture ure Thear w Lecture w Lecture w Lecture ure Thear atomy Mu tomy)	Venue e Hall Completer # 01 e Hall Completer # 04 e Hall Completer # 04 useum (First 1	ex ex ex	Dr. Naz (Demon Dr. Jaw (Demon Dr. Alu (APWM T Dr. Uzz (APWM Dr. Afs	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar IO Biochemistry) sheen
1. A1 2. A2 3. B1 4. B2	(01-35) (36-70) (71-105) (106-140)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st FloorAnatomy)Anatomy Museum (FirstFloor Anatomy)Lecture Hall no.03 (FirstFloor)New Lecture Hall ComplexLecture Theater # 01	ch Distributi T Dr. Sana Lat Biochemistr Dr. Farah A (Demonstrat Dr. Romessa (Demonstrat Dr. Sajjad (S Demonstrat Dr. Ali Zain	ieachers tif (Demor y) li Shah tor Physiol a tor Bioche Senior or of Anato i (PGT Phy	nstrator logy) mistry) omy) /siology)	Sr No. Ba 6. 7. 7. 7. 8. 7. 9. 7. 10 7.	itchesC2D1D2E1E2	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards)	New Lect New Lect New Lect Ana Anat	w Lecture ure Thear w Lecture ure Thear w Lecture ure Thear atomy Mu	Venue e Hall Completer # 01 e Hall Completer # 04 e Hall Completer # 04 useum (First 1	ex ex ex	Dr. Naz (Demon Dr. Jaw (Demon Dr. Alu (APWM T Dr. Uzz (APWM Dr. Afs	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar IO Biochemistry)
1. A1 2. A2 3. B1 4. B2	(01-35) (36-70) (71-105) (106-140)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st FloorAnatomy)Anatomy Museum (First Floor Anatomy)Lecture Hall no.03 (First Floor)New Lecture Hall Complex Lecture Theater # 01Ta	ch Distributi T Dr. Sana Lat Biochemistr Dr. Farah A (Demonstrat Dr. Romessa (Demonstrat Dr. Sajjad (S Demonstrat Dr. Ali Zain	eachers tif (Demor y) li Shah tor Physiol a tor Bioche Senior or of Anato (PGT Phy nues for L	nstrator logy) mistry) omy) vsiology) arge Gro	Sr No. Ba 6. 7. 7. 7. 8. 7. 9. 7. 10 10	ttches C2 D1 D2 E1 E2 ctive Se	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards) ssion (LGIS)	Nev Lect Nev Lect Nev Lect Ana Anat Lec (Bas	w Lecture ure Thear w Lecture w Lecture w Lecture ure Thear atomy Mu tomy)	Venue e Hall Completer # 01 e Hall Completer # 04 e Hall Completer # 04 useum (First 1	ex ex ex	Dr. Naz (Demon Dr. Jaw (Demon Dr. Alu (APWM T Dr. Uzz (APWM Dr. Afs	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar IO Biochemistry) sheen
1. A1 2. A2 3. B1 4. B2	(01-35) (36-70) (71-105) (106-140)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st Floor Anatomy)AnatomyAnatomy Museum (First Floor Anatomy)Lecture Hall no.03 (First Floor)New Lecture Hall Complex Lecture Theater # 01Ta Odd	ch Distributi T Dr. Sana Lat Biochemistr Dr. Farah A (Demonstrat Dr. Romessa (Demonstrat Dr. Sajjad (S Demonstrato Dr. Ali Zain ble No. 3 Ver Roll Number	tif (Demor tif (Demor y) li Shah tor Physiol a tor Bioche Senior or of Anato or of Anato a (PGT Phy nues for L s New 1	nstrator logy) mistry) omy) /siology) arge Gro Lecture H	Sr No. Ba 6. 7. 8. 9. 10 up Interaction	ttches C2 D1 D2 E1 E2 Ctive Se ex Lectu	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards) ession (LGIS) ure Theater # 01	Nev Lect Nev Lect Ana Anat Lec (Bas	w Lecture ure Thear w Lecture w Lecture w Lecture ure Thear atomy Mu tomy)	Venue e Hall Completer # 01 e Hall Completer # 04 e Hall Completer # 04 useum (First 1	ex ex ex	Dr. Naz (Demon Dr. Jaw (Demon Dr. Alu (APWM T Dr. Uzz (APWM Dr. Afs	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar IO Biochemistry) sheen
1. A1 2. A2 3. B1 4. B2	(01-35) (36-70) (71-105) (106-140)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st Floor Anatomy)AnatomyAnatomy Museum (First Floor Anatomy)Lecture Hall no.03 (First Floor)New Lecture Hall Complex Lecture Theater # 01Ta Odd	ch Distributi T Dr. Sana Lat Biochemistr Dr. Farah A (Demonstrat Dr. Romessa (Demonstrat Dr. Sajjad (S Demonstrat Dr. Ali Zain	tif (Demor tif (Demor y) li Shah tor Physiol a tor Bioche Senior or of Anato or of Anato a (PGT Phy nues for L s New 1	nstrator logy) mistry) omy) /siology) arge Gro Lecture H	Sr No. Ba 6. 7. 8. 9. 10 up Interaction	ttches C2 D1 D2 E1 E2 Ctive Se ex Lectu	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards) ssion (LGIS)	Nev Lect Nev Lect Ana Anat Lec (Bas	w Lecture ure Thear w Lecture w Lecture w Lecture ure Thear atomy Mu tomy)	Venue e Hall Completer # 01 e Hall Completer # 04 e Hall Completer # 04 useum (First 1	ex ex ex	Dr. Naz (Demon Dr. Jaw (Demon Dr. Alu (APWM T Dr. Uzz (APWM Dr. Afs	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar IO Biochemistry) sheen
1. A1 2. A2 3. B1 4. B2	(01-35) (36-70) (71-105) (106-140)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st Floor Anatomy)AnatomyAnatomy Museum (First Floor Anatomy)Lecture Hall no.03 (First Floor)New Lecture Hall Complex Lecture Theater # 01Ta Odd	ch Distributi T Dr. Sana Lat Biochemistr Dr. Farah A (Demonstrat Dr. Romessa (Demonstrat Dr. Sajjad (S Demonstrato Dr. Ali Zain ble No. 3 Ver Roll Number	tif (Demor tif (Demor y) li Shah tor Physiol a tor Bioche Senior or of Anato or of Anato a (PGT Phy nues for L s New 1	nstrator logy) mistry) omy) /siology) arge Gro Lecture H	Sr No. Ba 6. 7. 8. 9. 10 up Interaction	ttches C2 D1 D2 E1 E2 Ctive Se ex Lectu	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards) ession (LGIS) ure Theater # 01	Nev Lect Nev Lect Ana Anat Lec (Bas	w Lecture ure Thear w Lecture w Lecture w Lecture ure Thear atomy Mu tomy)	Venue e Hall Completer # 01 e Hall Completer # 04 e Hall Completer # 04 useum (First 1	ex ex ex	Dr. Naz (Demon Dr. Jaw (Demon Dr. Alu (APWM T Dr. Uzz (APWM Dr. Afs	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar IO Biochemistry) sheen

Table	NO. 4 Date	h Distribution and Venues fo SGDs / Dissec	•	oup Discussion	Table	No. 5 Batch	Distribution and Venues for SGDs	Physiology Small Grou	Ip Discussion
Batches	Roll No	Subgroup	Anatomy Teacher	Venue	Batches	Roll No	Subgroup	Physiology Teacher	Venue
Α	01-60	A1: Roll No (1 – 15)	Dr. Sara Bano	New Lecture	Α	01-70	A1: Roll No (1 – 14)	Dr. Aneela Yasmeen	Physiology
		A2: Roll No (16 – 30)	(Assistant	Hall Complex 1			A2: Roll No (15 – 28)	(APWMO)	Lecture Hall 5
		A3: Roll No (31 – 45)	Professor)	-			A3: Roll No (29 – 42)		
		A4: Roll No (46 – 60)					A4: Roll No (43 – 56)		
							A5: Roll No (57 – 70)		
В	61-120	B1: Roll No (61 – 75)	Dr. Sadia Aman	New Lecture	В	71-140	B1: Roll No (71 – 84)	Dr. Shazia Nosheen	Physiology
		B2: Roll No (76 – 90)	(Assistant	Hall Complex 3			B2: Roll No (85 – 98)	(APWMO)	Lecture Hall 5
		B3: Roll No (91 – 105)	Professor)	_			B3: Roll No (99 – 112)		
		B4: Roll No (06 – 120)					B4: Roll No (113 – 126)		
							B5: Roll No (127 – 140)		
С	121-180	C1: Roll No (121 – 135)	Dr. Minahil haq	New Lecture	С	141-210	C1: Roll No (141 – 154)	Dr. Fahd Anwar	Physiology
		C2: Roll No (136 – 150)	(Senior	Hall Complex 2			C2: Roll No (155 – 168)	(Demonstrator)	Lecture Hall 5
		C3: Roll No (151 – 165)	Demonstrator)				C3: Roll No (169 – 182)		
		C4: Roll No (166 – 180)					C4: Roll No (183 – 196)		
							C5: Roll No (197 – 210)		
D	181-240	D1: Roll No (181 – 195)	Dr. Tariq Furqan	Anatomy Lecture	D	211-280	D1: Roll No (211 – 224)	Dr. Jawad	Physiology
		D2: Roll No (196 - 210)	(Senior	Hall 3			D2: Roll No (225 – 238)	(Demonstrator)	Lecture Hall 5
		D3: Roll No (211 – 225)	Demonstrator)				D3: Roll No (239 – 252)		
		D4: Roll No (226 – 240)					D4: Roll No (253 – 266)		
							D5: Roll No (267 – 280)		
Ε	241-300	E1: Roll No (241 – 255)	Dr. Mariyam	New Lecture	Ε	281-	E1: Roll No (281 – 294)	Dr. Fareed Ullah	Physiology
		E2: Roll No (256 – 270)	(P.G Trainee)	Hall Complex 4		onwards	E2: Roll No (295 – 308)	(Demonstrator)	Lecture Hall 5
		E3: Roll No (271 – 285)					E3: Roll No (309 – 322)		
		E4: Roll No (286 – 300)					E4: Roll No (323 – 336)		
F	301-	F1: Roll No (301 – 315)	Dr. Sana	Anatomy Lecture			E5: Roll No (337 – onwards)		
	onwards	F2: Roll No 316 – 330)	(P.G Trainee)	Hall 4					
		F3: Roll No 331 – 345)							
		F4: Roll No (346 –							
		onwards)							
		Supervised by Prof. Dr.	Ayesha Yousaf				Supervised by Prof. Dr. S	amia Sarwar	

				Tim		or GIT Mod -03-2025 to (ule - I (Second)8-03-2024)	Week)		-	of Ramzan Observed 8:00AM – 01:00PM
Date/Day	8:00am-9:20a	m	9:20am	– 10:10am	10:10am – 10:30am	10:30a	m-11:10am	11:10am	-11:50am	11:50am – 01:00pm	Home Assignments (2hrs)
			PHYSIO	LOGY LGIS	Toto oum	BIOCHEM	IISTRY LGIS	RESEARC	CH-I LGIS	DISSECTION/SGD	
03-03-2025 Monday	Practical &CBL/ Topic & Venu Mentioned at The	ue	Movements of GIT, control of GIT motility and factors affecting GIT blood flow, hormones of GIT	Motor functions of stomach, physiology of regulation of gastric emptying		Gluconeogenesis	Fate Of Pyruvate	Introduction to De	scriptive Statistics	Inguinal Region And Hernias Refere to Table No.1	SDL Physiology Control Of GI Motility & Factors Affecting GIT Blood Flow
			Dr. Aneela (Even)	Dr. Shazia (Odd)		Dr. Aneela (Even)	Dr Uzma Zafar (Odd)	Dr. Asif Maqsood (Even)	Dr. Rizwana Shahid (Odd)		
			PHYSIO	LOGY LGIS		ANATO	OMY LGIS	BIOCHEMI	STRY LGIS	DISSECTION/SGD	
04-03-2025 Tuesday	Practical &CBL/ Topic & Venu Mentioned at The	ue	Motor functions of stomach, physiology of regulation of gastric emptying	Movements of GIT, control of GIT motility and factors affecting GIT blood flow, hormones of GIT	× ×	Development Of Esophagus & Stomach-1	Histology General Structure of GIT & Esophagus	Function Of NADPH & Deficiency of G6PD	Citric Acid Cycle	Testes & Scrotum Refere to Table No.1	SDL Physiology Swallowing
			Dr. Shazia (Even)	Dr. Aneela (Odd)	e a	Prof. Dr Ifra (Even)	Ass. Prof. Dr Maria (Odd)	Dr. Aneela (Even)	Dr Uzma Zafar (Odd)		
				LOGY LGIS	<u>ц</u>	ANATO	OMY LGIS	PBL-2 (SI	ESSION-I)	DISSECTION/SGD	
05-03-2025 Wednesday	Practical &CBL Topic & Venu Mentioned at The	ue	Physiology of liver and gall bladder, liver and biliary secretion	Gastric secretion, digestion in stomach, peptic ulcer and gastritis	8	Histology General Structure of GIT & Esophagus	Development Of Esophagus & Stomach-1	PBL:	Team	Peritoneum & Peritoneal Cavity Refere to Table No.1	SDL Biochemistry TCA Cycle
	Mentioned at The	e End	Dr. Aneela (Even)	Dr. Shazia (Odd)		Ass. Prof. Dr Maria (Even)	Prof. Dr Ifra (Odd)				
				LOGY LGIS	-	PHYSIO	LOGY SGD	BIOCHEMI	STRY LGIS	SSDL	
06-03-2025 Thursday	Practical &CBL/ Topic & Venu Mentioned at The	ue	Gastric secretion, digestion in stomach, peptic ulcer and gastritis	Physiology of liver and gall bladder, liver and biliary secretion		motility and factor	GIT, control of GIT rs affecting GIT blood nones of GIT	Citric Acid Cycle	Function of NADPH & Deficiency of G6PD	Sub divisions of Peritoneal Cavity Refere to Table No.1	SDL Applied Anatomy of Inguinal region & Hernias
			Dr. Shazia (Even)	Dr. Aneela (Odd)		SGD Team of S	Second Year MBBS	Dr Uzma Zafar (Even)	Dr. Aneela (Odd)		
	8:00-9:00am	n	9:00-	10:00am		10:00-11:00 a	m	11:00-1	2:00pm		•
	SURGERY	7		OMY LGIS		PAK STUDI	ES	ISLAN			
07-03-2025 Friday	Acute Abdome	ien	Development of Stomach-2	Histology of Stomach	А	llah SWT ki Hakmiy	at ka Nifaz	Toheed Related Qu Expla	ranic Verses & their nation		
		r. Faiza Even)	Prof. Dr. Ifra (Even)	Ass. Prof. Dr Maria (Odd)		Qari Amaan U	llah	Mufti Nae	em Sherazi		
Date/Day	8:00am-9:20a	m	9:20am	– 10:10am	10:10am – 10:30am	10:30a	m-11:10am	11:10am	-11:50am	11:50am – 01:00pm	Home Assignments (2hrs)
			RADIOL	OGY (LGIS)	ık	ANATO	OMY LGIS	BIOCHEMI	STRY LGIS	DISSECTION/SGD	
08-03-2025 Saturday	Practical &CBL/ Topic & Venu Mentioned at The	ue	Medical Imag	ing of abdomen-I	rea	Histology of Stomach	Development of Stomach-2	Glycogen Metabolism	Gastric Juice	Esophagus and stomach	SDL Anatomy Peritoneal Dialysis/ Peritonial Lavage
	mentioned at The		Dr Humaira (Even)	Dr. Fizza (Odd)	B	Ass. Prof. Dr Maria (Even)	Prof. Dr. Ifra (Odd)	Dr. Aneela (Even)	Dr. Almas (Odd)	Refere to Table No.1	i entoniai Lavage

Batch Distribu	ition for	Topics for Skill Lab wi	th Venue	1 au		(Time: 12:2	20pm -	· · · · ·	hedu	le for Pra	actical			
Practical Skills				Day	Histolog	v Practical	Bioc	hemistry Pract			ogy Practical			Biochemistry SGD
CBL / Small C	· •	(Anatomy Histology Pra		Zuj	Batch	Teacher	Batch			Batch	Teacher	-	Batch	Teacher Name
Discussion(Bi		Venue-Histology lab-Dr				Name		Name	\circ		Name	HOD		
and Physiolog		Baqir				1 (unite			Ю			Η		
Sr. No Batch	Roll No.	• Saliva II (Biochemistry	Practical)	Monday	С		С	Dr. Rahat	by HOD	Ε	Dr. Fareed	by	D	Dr. Uzma
1. A	01-70	Venue- Biochemistry la	ooratory	Tuesday	D	l by	D	Dr. Romessa	d b	Α	Dr. Aneela	vised	Ε	Dr. Almas
2. B	71-140	• Sense of Smell (Physiol	ogy	Wednesday	E	sed	Α	Dr. Uzma	vise	В	Dr. Shazia	rvi	Α	Dr. Romessa
3. C	141-210	Practical) Venue – Physi	iology Lab	Thursday	В	Supervised l HOD	Ε	Dr. Almas	Supervised	D	Dr. Jawad	Super	С	Dr. Romessa
4. D	211-280	_		Saturday	Α	ədn	С	Dr. Romessa	Sul	С	Dr. Fahd	S	В	Dr. Rahat
5. E	281-onward	ls		5		\mathbf{N}					Anwar			
I	1	Topics for SGDs / C	BL with Ve	enue	1	I	1	1		1		1		1
		Physiology SGD: Moto												
		stomach, physiology of												
		emptying Venue: Lectur												
		Biochemistry CBL: Glue												
		Dehydrogenase Deficier	-	-										
		Hall No 2)	•											
		,	•		enues an	d Teachers	s Name	e for Problem E	Based	Learnin	ng (PBL) Sess	sions		
Sr No. Batche	s Roll No	Hall No 2) Table No. 2 Bat Venue	ch Distribu			<mark>d Teachers</mark> Sr No. Bat		e for Problem F Roll No	Based		n <mark>g (PBL) Sess</mark> Venue	sions		Teachers
Sr No. Batche	s Roll No (01-35)	Table No. 2 Bat	ch Distribu	tion with V		Sr No. Bat				V	0		Dr. Naz	
	(01-35)	Table No. 2 Bat Venue	ch Distribu	tion with V Teachers atif (Demon		Sr No. Bat	ches	Roll No	Nev	V	Venue Hall Comple		Dr. Naz	
	(01-35)	Table No. 2 BatVenueLecture Hall no.05	ch Distribu Dr. Sana L	tion with V Teachers atif (Demon try)		Sr No. Bat 6. (ches	Roll No	Nev Lect	W Lecture Theat	Venue Hall Comple	ex	Dr. Naz	zia nstrator Physiology)
2. A2	(01-35) (36-70)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st FloorAnatomy)	ch Distribu Dr. Sana L Biochemis Dr. Farah a	tion with V Teachers atif (Demon try)	strator	Sr No. Bat 6. 0 7. I	chesC2D1	Roll No (176-210) (210-245)	Nev Lect Nev	W Lecture Theat	V enue e Hall Comple ter # 01 e Hall Comple	ex	Dr. Naz (Demor Dr. Jaw	zia nstrator Physiology)
1. A1	(01-35) (36-70) (71-105)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st FloorAnatomy)Anatomy Museum (First	ch Distribu Dr. Sana L Biochemis Dr. Farah a (Demonstr Dr. Romes	tion with V Teachers atif (Demon try) ali Shah ator of Physisa	strator iology)	Sr No. Bat 6. 0 7. I	ches C2	Roll No (176-210)	New Lect New Lect	w Lecture ture Theat w Lecture ture Theat w Lecture	Venue Hall Completer # 01 Hall Completer # 04 Hall Completer # 04	ex ex	Dr. Naz (Demor Dr. Jaw (Demor Dr. Alı	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz
1. A1 2. A2 3. B1	(01-35) (36-70) (71-105)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st FloorAnatomy)Anatomy Museum (FirstFloor Anatomy)	ch Distribu Dr. Sana L Biochemis Dr. Farah a (Demonstr Dr. Romes (Demonstr	tion with V Teachers atif (Demon try) ali Shah ator of Phys sa ator Biocher	strator iology)	Sr No. Bat 6. C 7. I 8. I	ches	Roll No (176-210) (210-245) (246-280)	New Lect New Lect New Lect	w Lecture ure Theat w Lecture ure Theat w Lecture ure Theat	Venue Hall Completer # 01 Hall Completer # 04 Hall Completer # 04 Hall Completer # 04	ex ex ex	Dr. Naz (Demor Dr. Jaw (Demor Dr. Alu (APWM	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry)
1. A1 2. A2	(01-35) (36-70) (71-105) (106-140)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st FloorAnatomy)Anatomy Museum (FirstFloorAnatomy)Lecture Hall no.03 (First	ch Distribu Dr. Sana L Biochemis Dr. Farah a (Demonstr Dr. Romes (Demonstr Dr. Sajjad	tion with V Teachers atif (Demon try) ali Shah ator of Phys sa ator Biocher (Senior	iology) mistry)	Sr No. Bat 6. C 7. I 8. I	chesC2D1	Roll No (176-210) (210-245)	New Lect New Lect New Lect Ana	w Lecture ture Theat w Lecture ture Theat w Lecture ture Theat atomy Mu	Venue Hall Completer # 01 Hall Completer # 04 Hall Completer # 04	ex ex ex	Dr. Naz (Demor Dr. Jaw (Demor Dr. Alı (APWM Dr. Uzı	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar
1. A1 2. A2 3. B1 4. B2	(01-35) (36-70) (71-105) (106-140)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st FloorAnatomy)Anatomy Museum (FirstFloor Anatomy)Lecture Hall no.03 (FirstFloor)	ch Distribu Dr. Sana L Biochemis Dr. Farah a (Demonstr Dr. Romes (Demonstr Dr. Sajjad Demonstra	tion with V Teachers atif (Demon try) ali Shah ator of Phys sa ator Biocher (Senior ttor of Anator	iology) mistry) my)	Sr No. Bat 6. 0 7. I 8. I 9. I	ches	Roll No (176-210) (210-245) (246-280) (281-315)	Nev Lect Nev Lect Nev Lect Ana	w Lecture ure Theat w Lecture ure Theat w Lecture ure Theat atomy Mu tomy)	Venue Hall Completer # 01 Hall Completer # 04 Hall Completer # 04 Hall Completer # 04 useum (First I	ex ex ex	Dr. Naz (Demor Dr. Jaw (Demor Dr. Alu (APWM Dr. Uzu (APWM	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar MO Biochemistry)
1. A1 2. A2 3. B1	(01-35) (36-70) (71-105) (106-140) (141-175)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st Floor Anatomy)Anatomy Museum (First Floor Anatomy)Lecture Hall no.03 (First Floor)New Lecture Hall Complex	ch Distribu Dr. Sana L Biochemis Dr. Farah a (Demonstr Dr. Romes (Demonstr Dr. Sajjad Demonstra	tion with V Teachers atif (Demon try) ali Shah ator of Phys sa ator Biocher (Senior ttor of Anator	iology) mistry) my)	Sr No. Bat 6. 0 7. I 8. I 9. I	ches	Roll No (176-210) (210-245) (246-280)	New Lect New Lect New Lect Ana Anat	w Lecture aure Theat w Lecture ture Theat w Lecture aure Theat atomy Mu tomy) cture Hall	Venue Hall Completer # 01 Hall Completer # 04 Hall Completer # 04 Hall Completer # 04 useum (First I	ex ex ex	Dr. Naz (Demor Dr. Jaw (Demor Dr. Alı (APWN Dr. Uzı (APWN Dr. Afs	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar MO Biochemistry) sheen
1. A1 2. A2 3. B1 4. B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st Floor Anatomy)Anatomy Museum (First Floor Anatomy)Lecture Hall no.03 (First Floor)New Lecture Hall Complex Lecture Theater # 01	ch Distribu Dr. Sana L Biochemis Dr. Farah a (Demonstr Dr. Romes (Demonstr Dr. Sajjad Demonstra Dr. Ali Zai	tion with V Teachers atif (Demon try) ali Shah ator of Phys sa ator Biocher (Senior tor of Anator in (PGT Phy	iology) mistry) my) rsiology)	Sr No. Bat 6. 0 7. I 8. I 9. I 10 I	ches C2 D1 D2 E1 E2	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards)	New Lect New Lect New Lect Ana Anat	w Lecture ure Theat w Lecture ure Theat w Lecture ure Theat atomy Mu tomy)	Venue Hall Completer # 01 Hall Completer # 04 Hall Completer # 04 Hall Completer # 04 useum (First I	ex ex ex	Dr. Naz (Demor Dr. Jaw (Demor Dr. Alı (APWN Dr. Uzı (APWN Dr. Afs	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar MO Biochemistry)
1. A1 2. A2 3. B1 4. B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st FloorAnatomy)Anatomy Museum (FirstFloor Anatomy)Lecture Hall no.03 (FirstFloor)New Lecture Hall ComplexLecture Theater # 01Ta	ch Distribu Dr. Sana L Biochemis Dr. Farah a (Demonstri Dr. Romes (Demonstri Dr. Sajjad Demonstria Dr. Ali Zai	tion with V Teachers atif (Demon try) ali Shah ator of Phys sa ator Biocher (Senior tor of Anator in (PGT Phy enues for La	strator iology) mistry) my) vsiology) arge Gro	Sr No. Bat 6. C 7. I 8. I 9. I 10 I oup Interact	ches C2 D1 D2 E1 E2 tive Se	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards) ssion (LGIS)	Nev Lect Nev Lect Nev Lect Ana Anat Lec (Bas	w Lecture aure Theat w Lecture ture Theat w Lecture aure Theat atomy Mu tomy) cture Hall	Venue Hall Completer # 01 Hall Completer # 04 Hall Completer # 04 Hall Completer # 04 useum (First I	ex ex ex	Dr. Naz (Demor Dr. Jaw (Demor Dr. Alı (APWN Dr. Uzı (APWN Dr. Afs	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar MO Biochemistry) sheen
1. A1 2. A2 3. B1 4. B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st Floor Anatomy)Anatomy Museum (First Floor Anatomy)Lecture Hall no.03 (First Floor)New Lecture Hall Complex Lecture Theater # 01Ta Odd 1	ch Distribu Dr. Sana L Biochemis Dr. Farah a (Demonstr Dr. Romes (Demonstr Dr. Sajjad Demonstra Dr. Ali Zai ble No. 3 Vo Roll Numbe	tion with V Teachers atif (Demon try) ali Shah ator of Phys sa ator Biocher (Senior tor of Anator in (PGT Phy enues for La ers New I	iology) mistry) my) rsiology) arge Gro Lecture H	Sr No. Bat 6. C 7. I 8. I 9. I 10 I oup Interact I Complete I	chesC2D1D2E1E2tive Sex Lecture	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards) ssion (LGIS) me Theater # 01	Nev Lect Nev Lect Ana Anat Lec (Bas	w Lecture aure Theat w Lecture ture Theat w Lecture aure Theat atomy Mu tomy) cture Hall	Venue Hall Completer # 01 Hall Completer # 04 Hall Completer # 04 Hall Completer # 04 useum (First I	ex ex ex	Dr. Naz (Demor Dr. Jaw (Demor Dr. Alı (APWN Dr. Uzı (APWN Dr. Afs	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar MO Biochemistry) sheen
1. A1 2. A2 3. B1 4. B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st Floor Anatomy)Anatomy Museum (First Floor Anatomy)Lecture Hall no.03 (First Floor)New Lecture Hall Complex Lecture Theater # 01Ta Odd 1	ch Distribu Dr. Sana L Biochemis Dr. Farah a (Demonstri Dr. Romes (Demonstri Dr. Sajjad Demonstria Dr. Ali Zai	tion with V Teachers atif (Demon try) ali Shah ator of Phys sa ator Biocher (Senior tor of Anator in (PGT Phy enues for La ers New I	iology) mistry) my) rsiology) arge Gro Lecture H	Sr No. Bat 6. C 7. I 8. I 9. I 10 I oup Interact I Complete I	chesC2D1D2E1E2tive Sex Lecture	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards) ssion (LGIS)	Nev Lect Nev Lect Ana Anat Lec (Bas	w Lecture aure Theat w Lecture ture Theat w Lecture aure Theat atomy Mu tomy) cture Hall	Venue Hall Completer # 01 Hall Completer # 04 Hall Completer # 04 Hall Completer # 04 useum (First I	ex ex ex	Dr. Naz (Demor Dr. Jaw (Demor Dr. Alı (APWN Dr. Uzı (APWN Dr. Afs	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar MO Biochemistry) sheen
1. A1 2. A2 3. B1 4. B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st Floor Anatomy)Anatomy Museum (First Floor Anatomy)Lecture Hall no.03 (First Floor)New Lecture Hall Complex Lecture Theater # 01Ta Odd 1	ch Distribu Dr. Sana L Biochemis Dr. Farah a (Demonstr Dr. Romes (Demonstr Dr. Sajjad Demonstra Dr. Ali Zai ble No. 3 Vo Roll Numbe	tion with V Teachers atif (Demon try) ali Shah ator of Phys sa ator Biocher (Senior tor of Anator in (PGT Phy enues for La ers New I	iology) mistry) my) rsiology) arge Gro Lecture H	Sr No. Bat 6. C 7. I 8. I 9. I 10 I oup Interact I Complete I	chesC2D1D2E1E2tive Sex Lecture	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards) ssion (LGIS) me Theater # 01	Nev Lect Nev Lect Ana Anat Lec (Bas	w Lecture aure Theat w Lecture ture Theat w Lecture aure Theat atomy Mu tomy) cture Hall	Venue Hall Completer # 01 Hall Completer # 04 Hall Completer # 04 Hall Completer # 04 useum (First I	ex ex ex	Dr. Naz (Demor Dr. Jaw (Demor Dr. Alı (APWN Dr. Uzı (APWN Dr. Afs	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar MO Biochemistry) sheen
1. A1 2. A2 3. B1 4. B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Table No. 2 BatVenueLecture Hall no.05PhysiologyLecture Hall #.04 (1st Floor Anatomy)Anatomy Museum (First Floor Anatomy)Lecture Hall no.03 (First Floor)New Lecture Hall Complex Lecture Theater # 01Ta Odd 1	ch Distribu Dr. Sana L Biochemis Dr. Farah a (Demonstr Dr. Romes (Demonstr Dr. Sajjad Demonstra Dr. Ali Zai ble No. 3 Vo Roll Numbe	tion with V Teachers atif (Demon try) ali Shah ator of Phys sa ator Biocher (Senior tor of Anator in (PGT Phy enues for La ers New I	iology) mistry) my) rsiology) arge Gro Lecture H	Sr No. Bat 6. C 7. I 8. I 9. I 10 I oup Interact I Complete I	chesC2D1D2E1E2tive Sex Lecture	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards) ssion (LGIS) me Theater # 01	Nev Lect Nev Lect Ana Anat Lec (Bas	w Lecture aure Theat w Lecture ture Theat w Lecture aure Theat atomy Mu tomy) cture Hall	Venue Hall Completer # 01 Hall Completer # 04 Hall Completer # 04 Hall Completer # 04 useum (First I	ex ex ex	Dr. Naz (Demor Dr. Jaw (Demor Dr. Alı (APWN Dr. Uzı (APWN Dr. Afs	zia nstrator Physiology) vad nstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar MO Biochemistry) sheen

Table	110. 4 Date	h Distribution and Venues fo SGDs / Dissec	•	oup Discussion	Table	No. 5 Date	Distribution and Venues for SGDs	i nysiology Sinan Grou	ip Discussion
Batches	Roll No	Subgroup	Anatomy Teacher	Venue	Batches	Roll No	Subgroup	Physiology Teacher	Venue
Α	01-60	A1: Roll No (1 – 15)	Dr. Sara Bano	New Lecture	Α	01-70	A1: Roll No (1 – 14)	Dr. Aneela Yasmeen	Physiology
		A2: Roll No (16 – 30)	(Assistant	Hall Complex 1			A2: Roll No (15 – 28)	(APWMO)	Lecture Hall 5
		A3: Roll No (31 – 45)	Professor)				A3: Roll No (29 – 42)		
		A4: Roll No (46 – 60)					A4: Roll No (43 – 56)		
							A5: Roll No (57 – 70)		
В	61-120	B1: Roll No (61 – 75)	Dr. Sadia Aman	New Lecture	B	71-140	B1: Roll No (71 – 84)	Dr. Shazia Nosheen	Physiology
		B2: Roll No (76 – 90)	(Assistant	Hall Complex 3			B2: Roll No (85 – 98)	(APWMO)	Lecture Hall 5
		B3: Roll No (91 – 105)	Professor)				B3: Roll No (99 – 112)		
		B4: Roll No (06 – 120)					B4: Roll No (113 – 126)		
							B5: Roll No (127 – 140)		
С	121-180	C1: Roll No (121 – 135)	Dr. Minahil haq	New Lecture	С	141-210	C1: Roll No (141 – 154)	Dr. Fahd Anwar	Physiology
		C2: Roll No (136 – 150)	(Senior	Hall Complex 2			C2: Roll No (155 – 168)	(Demonstrator)	Lecture Hall 5
		C3: Roll No (151 – 165)	Demonstrator)				C3: Roll No (169 – 182)		
		C4: Roll No (166 – 180)					C4: Roll No (183 – 196)		
							C5: Roll No (197 – 210)		
D	181-240	D1: Roll No (181 – 195)	Dr. Tariq Furqan	Anatomy Lecture	D	211-280	D1: Roll No (211 – 224)	Dr. Jawad	Physiology
		D2: Roll No (196 - 210)	(Senior	Hall 3			D2: Roll No (225 – 238)	(Demonstrator)	Lecture Hall 5
		D3: Roll No (211 – 225)	Demonstrator)				D3: Roll No (239 – 252)		
		D4: Roll No (226 – 240)					D4: Roll No (253 – 266)		
							D5: Roll No (267 – 280)		
Ε	241-300	E1: Roll No (241 – 255)	Dr. Mariyam	New Lecture	Ε	281-	E1: Roll No (281 – 294)	Dr. Fareed Ullah	Physiology
		E2: Roll No (256 – 270)	(P.G Trainee)	Hall Complex 4		onwards	E2: Roll No (295 – 308)	(Demonstrator)	Lecture Hall 5
		E3: Roll No (271 – 285)					E3: Roll No (309 – 322)		
		E4: Roll No (286 – 300)			-		E4: Roll No (323 – 336)		
\mathbf{F}	301-	F1: Roll No (301 – 315)	Dr. Sana	Anatomy Lecture			E5: Roll No (337 – onwards)		
	onwards	F2: Roll No 316 – 330)	(P.G Trainee)	Hall 4					
		F3: Roll No 331 – 345)							
		F4: Roll No (346 –							
		onwards)							
		Supervised by Prof. Dr	Ayesha Yousaf				Supervised by Prof. Dr. S	amia Sarwar	

					2025 to 15-03	5-2025)				TT A
Date/Day	8:00am-9:20am	9:20am -	- 10:10am	10:10am – 10:30am	10:30am-	11:10am	11:10am-11	:50am	11:50am – 01:00pm	Home Assignmen (2hrs)
			OGY LGIS		PHYSIOLO	OGY SDL-I	BIOCHEMIST	TRY LGIS	DISSECTION/SGD	
10-03-2025 Monday	Practical &CBL/SGD Topic & Venue Mentioned at The End	Liver function tests, types of jaundice, pathophysiology of cirrhosisandportalhypertensi on	Small intestine motilityand malabsorption (sprue, paralytic ileus and Crohn's disease)		Introduction to GIT, GIT, Enteric Nervo refle	us System and GIT	Gastric Juice	Glycogen Metabolism	Small intestine (Duodenum)	SDL Physiology Clinical disorders Esophagus & Swallowing.,
		Dr. Aneela (Even)	Prof. Dr. Samia Sarwar / Dr. Shazia (Odd)		Dr. Nazia (Even)	Dr. Fareed (Even)	Dr. Almas (Even)	Dr. Aneela (Odd)	Refere to Table No.1	Achalasia/ vomitin
		PHYSIOL	OGY LGIS		ANATOM	AY LGIS	RADIOL	OGY	DISSECTION/SGD	_
11-03-2025 Tuesday	Practical &CBL/SGD Topic & Venue Mentioned at The End	Small intestine motility and malabsorption (sprue, paralytic ileus and Crohn's disease)	Liver function tests, types of jaundice, pathophysiology of cirrhosis and portal hypertension	a k	Development of Liver & Biliary Apparatus	Histology of Liver	Medical Imaging of	of abdomen-II	Small intestine (Jejunum & ileum) Refere to Table No.1	SDL Physiolog Motor function of stomach
		Prof. Dr. SamiaSarwar / Dr. Shazia (Even)	Dr. Aneela (Odd)	r e	Prof. Dr Ifra (Even)	Prof Dr. Ayesha / Dr Maria (Odd)	Dr. Madiha (Odd)	Dr. Aniqua Saleem (Even)		
		RESEARC	CH-II LGIS	B	ANATOM		BIOCHEMIST	TRY LGIS	DISSECTION/CBL	_
12-03-2025 Wednesday	Practical &CBL/SGD Topic & Venue	Classification of di	fferent types of data		Histology of Liver	Development of Liver & Biliary Apparatus	LFT's Jaundice	Bile & pancreatic juice	Liver-I CBL- Liver & portal	SDL Biochemist Glycogen
5	Mentioned at The End	Dr. Rizwana Shahid (Even)	Dr. Asif (Odd)		Prof Dr. Ayesha / Dr Maria (Even)	Prof. Dr Ifra (Odd)	Dr. Nayab (Even)	Dr. Almas (Odd)	Hypertension Refere to Table No.1	Metabolism
			TOMY		MEDICI		PBL-2 SESS	ION – II	SSDL	SDL Anatomy
13-03-2025	Practical &CBL/SGD Topic & Venue	Development of Gallbladder & Pancreas	Histology of Gallbladder & Pancreas		State Of The A Jaun				Liver II (Functional	Crohn's Disease Celiac Disease
Thursday	Mentioned at The End	Prof Dr Ifra (Even).	Ass. Prof. Dr Maria (Odd)		Worthy Vice Prof. Dr. Muh	e Chancellor	PBL Te	am	Sagment) Refere to Table No.1	Irritable Bowe Sydrome
	8:00-9:00AM	9:00-10):00AM		10:00-11:00AM		11:00-12:0	00PM		<u> </u>
	DISSECTION		MY LGIS		PAK STUDIES		ISLAMI	YAT		
14-03-2025 Friday	Dissection / Spotting	Histology Of Gallbladder & Pancreas	Development Of Gallbladder &Pancreas		Two Nation Theor	-	Toheed &	Shirk		
	Dissection / Spotting	Ass. Prof. Dr Maria (Even)	Prof Dr Ifra (Odd)		Qari Amaan Ullal	h	Mufti Naeem	Sherazi		
Date/Day	8:00am-9:20am	9:20am -	- 10:10am	10:10am – 10:30am	10:30am-	11:10am	11:10am-11	:50am	11:50am – 01:00pm	Home Assignmen (2hrs)
		PHYSIOL	OGY LGIS		ANATOM	AY LGIS	GYNAE &	z OBS	PEDIATRICS	
15-03-2025 Saturday	Practical &CBL/SGD Topic & Venue Mentioned at The End	Intestinal secretion and its functions, pancreatic juice, its composition and functions, pancreatitis, overall mechanism of digestion and absorption of intestine (amino acids, fatty acids and glucose	Motor function of large gut, defecation reflex and pathophysiology (diarrhea, constipation, ulcerative colitis, mega colon and carcinoma of colon)	Break	Development Of Small Intestine	Histology Of Small Intestine	Jaundice/Obstetric Chole	estasis in Pregnancy	PEDIATRICS Acute and Chronic	SDL Anatomy Diverticulum, Intussusception <mark>Mid Module Onl Evaluation</mark>
		Dr Aneela (Even)	Dr Shazia (Odd)		Prof Dr Ifra (Even) Ass. Prof. Dr Maria (Odd)	Dr. Ayesha Zulfiqar (Even)	Dr. Asma Khan (Odd)	Dr. Maryam Dr. Sumbal (Even) (Odd)	

Potoh I	Distribut	tion for	Topics for Skill Lab wit	th Vonuo	180	ne no. 1	(11110.12.)	20pm -	<u>– 02:00pm)</u>	hodule	e for Pra	atical			
		(all subjects			Day	Histolog	w Practica	l Bioc	chemistry Pract						Biochemistry SGD
	Small G	· 5	(Anatomy Histology Pra		Day	Batch	Teacher	Batch			Batch	Teacher	F	Batch	Teacher Name
		chemistry	Venue-Histology Labora			Datti		Datti	Name		Datti	Name		Datti	
	ysiology	•	Sadia Baqir	uory- Di			Name		Ivanie	HOD		Traine	HOD		
	Batch	Roll No.	Bile (Biochemistry Pract	tical)	Monday	С	D	С	Dr. Rahat	Ħ	Ε	Dr. Fareed	by H	D	Dr. Uzma
1.	A	01-70	Venue- Biochemistry La	,	Tuesday	D	ОН	D	Dr. Romessa	- p	Ā	Dr. Aneela		E	Dr. Almas
2.	В	71-140	Examination of Superfic	•	Wednesday		Supervised by HOD	A	Dr. Uzma	Supervised by	В	Dr. Shazia	Supervised	Α	Dr. Romessa
			 Reflexes (Physiology Practice) 				l þe			<u> </u>					
3.	С	141-210	Venue – Physiology Lab	,	Thursday	В	vise	Ε	Dr. Almas	ladr	D	Dr. Jawad	Sup	С	Dr. Romessa
4.	D	211-280			Saturday	Α	per	С	Dr. Romessa	S	С	Dr. Fahd		В	Dr. Rahat
5.	Ε	281-onward	ls				Suj					Anwar			
•			Topics for SGDs / Cl	BL with Ve	enue										
			Physiology CBL: Peptic	Ulcer (Ver	nue:										
			Lastura Hall No. 5)												
			Lecture Hall No 5)												
			Biochemistry SGD: Glue	coneogenesi	is and Its										
			/												
			• Biochemistry SGD: Glue	ture Hall No											
			• Biochemistry SGD: Glue Regulation (Venue: Lect	ture Hall No											
			 Biochemistry SGD: Gluo Regulation (Venue: Lect Anatomy CBL: Liver an Hypertension Table No. 2 Bate 	ture Hall No d Portal	o 2)					Based			ions		
Sr No. I	Batches		 Biochemistry SGD: Gluo Regulation (Venue: Lect Anatomy CBL: Liver an Hypertension Table No. 2 Bate Venue 	ture Hall No d Portal ch Distribu	(1) 2) tion with V Teachers		Sr No. Bat	tches	Roll No		V	'enue			Teachers
Sr No. 1	Batches A1	(01-35)	Biochemistry SGD: Gluo Regulation (Venue: Lect Anatomy CBL: Liver an Hypertension Table No. 2 Bate Venue Lecture Hall no.05	ture Hall No d Portal ch Distribu Dr. Sana La	tion with V Teachers atif (Demon		Sr No. Bat			New	V Lecture	enue Hall Comple	x E	Dr. Naz	ia
1.	A1	(01-35)	Biochemistry SGD: Gluo Regulation (Venue: Lect Anatomy CBL: Liver an Hypertension Table No. 2 Bate Venue Lecture Hall no.05 Physiology	ture Hall No d Portal ch Distribu Dr. Sana La Biochemist	(1) 2) tion with V Teachers atif (Demon try)		Sr No. Bat 6. (tches	Roll No (176-210)	New Lectu	V Lecture re Theat	Yenue Hall Comple er # 01	x D	Demon	ia istrator Physiology)
Sr No. 1 1. 2.		(01-35) (36-70)	Biochemistry SGD: Gluo Regulation (Venue: Lect Anatomy CBL: Liver an Hypertension <u>Table No. 2 Bate</u> <u>Venue</u> Lecture Hall no.05 Physiology Lecture Hall #.04 (1st Floor	ture Hall No d Portal ch Distribu Dr. Sana La Biochemist Dr. Farah a	(1) 2) tion with V Teachers atif (Demon try) ali Shah	strator	Sr No. Bat 6. (tches	Roll No	New Lectu New	V Lecture re Theat Lecture	enue Hall Comple er # 01 Hall Comple	x L (I x L	Demon Dr. Jaw	ia nstrator Physiology) ad
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Table	NO. 4 Date	h Distribution and Venues f SGDs / Disse	•	oup Discussion	1 able	No. 5 Batch	Distribution and Venues for SGDs	Physiology Small Grou	IP Discussion
Batches	Roll No	Subgroup	Anatomy Teacher	Venue	Batches	Roll No	Subgroup	Physiology Teacher	Venue
Α	01-60	A1: Roll No (1 – 15)	Dr. Sara Bano	New Lecture	Α	01-70	A1: Roll No (1 – 14)	Dr. Aneela Yasmeen	Physiology
		A2: Roll No (16 – 30)	(Assistant	Hall Complex 1			A2: Roll No (15 – 28)	(APWMO)	Lecture Hall 5
		A3: Roll No (31 – 45)	Professor)	1			A3: Roll No (29 – 42)		
		A4: Roll No (46 – 60)	,				A4: Roll No (43 – 56)		
							A5: Roll No (57 – 70)		
В	61-120	B1: Roll No (61 – 75)	Dr. Sadia Aman	New Lecture	В	71-140	B1: Roll No (71 – 84)	Dr. Shazia Nosheen	Physiology
		B2: Roll No (76 – 90)	(Assistant	Hall Complex 3			B2: Roll No (85 – 98)	(APWMO)	Lecture Hall 5
		B3: Roll No (91 – 105)	Professor)	-			B3: Roll No (99 – 112)		
		B4: Roll No (06 – 120)					B4: Roll No (113 – 126)		
							B5: Roll No (127 – 140)		
С	121-180	C1: Roll No (121 – 135)	Dr. Minahil haq	New Lecture	С	141-210	C1: Roll No (141 – 154)	Dr. Fahd Anwar	Physiology
		C2: Roll No (136 – 150)	(Senior	Hall Complex 2			C2: Roll No (155 – 168)	(Demonstrator)	Lecture Hall 5
		C3: Roll No (151 – 165)	Demonstrator)	-			C3: Roll No (169 – 182)		
		C4: Roll No (166 – 180)					C4: Roll No (183 – 196)		
							C5: Roll No (197 – 210)		
D	181-240	D1: Roll No (181 – 195)	Dr. Tariq Furqan	Anatomy Lecture	D	211-280	D1: Roll No (211 – 224)	Dr. Jawad	Physiology
		D2: Roll No (196 - 210)	(Senior	Hall 3			D2: Roll No (225 – 238)	(Demonstrator)	Lecture Hall 5
		D3: Roll No (211 – 225)	Demonstrator)				D3: Roll No (239 – 252)		
		D4: Roll No (226 – 240)					D4: Roll No (253 – 266)		
							D5: Roll No (267 – 280)		
Ε	241-300	E1: Roll No (241 – 255)	Dr. Mariyam	New Lecture	Ε	281-	E1: Roll No (281 – 294)	Dr. Fareed Ullah	Physiology
		E2: Roll No (256 – 270)	(P.G Trainee)	Hall Complex 4		onwards	E2: Roll No (295 – 308)	(Demonstrator)	Lecture Hall 5
		E3: Roll No (271 – 285)					E3: Roll No (309 – 322)		
		E4: Roll No (286 – 300)					E4: Roll No (323 – 336)		
F	301-	F1: Roll No (301 – 315)	Dr. Sana	Anatomy Lecture			E5: Roll No (337 – onwards)		
	onwards	F2: Roll No 316 – 330)	(P.G Trainee)	Hall 4					
		F3: Roll No 331 – 345)							
		F4: Roll No (346 –							
		onwards)							
		Supervised by Prof. Dr.	Ayesha Yousaf				Supervised by Prof. Dr. S	amia Sarwar	

Date/Day	8:00am-9:20am	9:20	nm – 10:10am	10:10am – 10:30am	10:30 a	m-11:10am	11:10 a	m-11:50am	11:50am –01:00pm	Home Assignments(2hrs
		PHYS	OLOGY LGIS		ANATO	OMY LGIS	JOIN	FSESSION	SSDL	g
17-03-2025 Monday	Practical &CBL/SO Topic & Venue Mentio The End	(diarrhea constinution	its composition and		Histology Of Small Intestine	Development Of Small Intestine	Per	tic Ulcer	Spleen	SDL Physiology Physiology of Liv / Gall Bladder, Liver and Biliary Secretion
		Dr Shazia (Even)	Dr Sidra Hamid (Odd)		Ass. Prof. Dr. Maria (Even)	Prof. Dr. Ifra (Odd)	Dr. Jawad (Even)	Dr. Farah (Even)		
		BIOCH	EMISTRY LGIS		RESE	ARCH-III	PHYSIO	LOGY SDL-III	SSDL	
18-03-2025 Tuesday	Practical &CBL/SO Topic & Venue Mentio The End	Rile & Pancreatic Line	e LFT's Jaundice	e a k	Scales of Da	ta Measurement	Small intestine n malabsorption (s and Crohn's dise	prue, paralytic ileus	Pancreas	SDL Physiology LFTs, Jaundice
	The Life	Dr. Almas (Even)	Dr. Nayab (Odd)	Br	Dr. Rizwana Shahid (Even)	Dr. Asif (Odd)	Dr Nazia (Even)	Dr. Fareed (Odd)		
		FAMILY	MEDICINE LGIS		PHYSIOL	OGY SDL-IV		OMY LGIS	CBL	
19-03-2025 Wednesday	Practical &CBL/SC Topic & Venue Mentio The End	Common	Abdominal diseases		pancreatic juice,	on and its functions, its composition and actions	Development of Large Intestine	Histology of Large Intestine I	Large intestine CBL- Acute	SDL Biochemistr Individual Sugar
	The End	Dr. Sana Latif (Even)	Dr. Sidra Hamid (Odd)		Dr. Jawad(Even)	Dr. Farah (Odd)	Prof. Dr. Ifra (Even)	Prof Dr. Saima (Odd)	Appendicitis	
		BIOCH	EMISTRY LGIS		ANATO	OMY LGIS	RESE	CARCH-IV	DISSECTION/ SGD	SDL Anatomy
20-03-2025 Thursday	Practical &CBL/SO Topic & Venue Mentio	Nutrition_I	GIT Hormones & Succusentericus		Histology of Large Intestine-I	Development of Large Intestine	Measures of	central tendency	Vasculature of GIT (Blood Supply,	Liver Biopsy, Liv Abscess and hepatitis
	The End	Dr. Rahat (Even)	Dr. Almas (Odd)		Prof Dr. Saima (Even)	Prof. Dr. Ifra (Odd)	Dr. Rizwana Shahid (Even)	Dr. Asif (Odd)	Venous drainage, Lymphatic drainage)	
	8:00am 9: 20an	9:20	am - 10:00am		10:00-11:00a)-12:00pm		
	SURGERY	BEHAVI	ORAL SCIENCES		PAK STUDI	ES		AMIYAT		DL
21-03-2025 Friday	Gall Stones		Learning		Establishment of an Is	lamic state		d Quranic Verses & Explanation	Applied Anatomy o (Blood Supply,	f Vasculature of GIT Venous drainage,
	Dr. Faiza (Odd) (Ev	$Dr Sara \Delta tzal (Ddd$) Dr. Mehboob Ali Shah (Even)		Qari Aman Ul	lah	Mufti N	aeem Sherazi		
22-03-2025 Saturday	Practical &CBL/SC Topic & Venue Mentio The End				Early C	linical Exposure ((ECE)			

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	Distribut		Topics for Skill Lab		Dari	II: dalar		Dias			for Pra				Diachamistury CCD
		(all subjects	0,		Day			-	hemistry Pract		v		-	Datah	Biochemistry SGD
	Small G	chemistry	(Anatomy Histology F			Batch		Batch			Batch	Teacher	D	Batch	Teacher Name
	ysiology		Venue-Histology labo	ratory- Dr			Name		Name	HOD		Name	ПОЛ		
Sr. No		Roll No.	Sadia BaqirEstimation of ALT &	ALD (with a st)	Monday	С		С	Dr. Rahat		Е	Dr. Fareed	by F	D	Dr. Uzma
1.	A	01-70	(Biochemistry Practica	· · ·	Tuesday	D	by	D	Dr. Romessa	by	A	Dr. Aneela	sed b	E E	Dr. Almas
2.	B	71-140	Biochemistry laborato	,	Wednesday		Supervised by HOD	A	Dr. Uzma	Supervised	B	Dr. Shazia	vise	A	Dr. Romessa
	C B		Examination of Deep		2	B	vise OL			irvi –			Der		
3.		141-210	(Physiology Practical)		Thursday		per H	E	Dr. Almas	h	<u>D</u>	Dr. Jawad	Super	C	Dr. Romessa
4.	D	211-280	Dhusiology Lab	(enac	Saturday	Α	Suj	С	Dr. Romessa	Š	С	Dr. Fahd		B	Dr. Rahat
5.	Ε	281-onward			T							Anwar			
			Topics for SGDs /	CBL with Ve	nue										
			Physiology SGD: Ph												
			gall bladder, liver and		tion										
			(Venue: Lecture Hall	$\mathbf{N}_{\mathbf{a}}$ 5)											
			(Venue. Lecture man	NO(5)											
			• Biochemistry SGD: J	aundice & LF	Ts										
			· ·	aundice & LF	Ts										
			• Biochemistry SGD: J	aundice & LF No 2)											
			 Biochemistry SGD: J (Venue: Lecture Hall Anatomy CBL: Acute Table No. 2 B 	aundice & LF No 2) e Appendicitis atch Distribu	tion with V				for Problem B	ased L			sions		
Sr No. I	Batches		 Biochemistry SGD: J (Venue: Lecture Hall Anatomy CBL: Acute Table No. 2 B Venue 	aundice & LF No 2) atch Distribu	<mark>tion with V</mark> Teachers		Sr No. Bat	ches	Roll No		V	<i>'enue</i>			Teachers
Sr No. I 1.	Batches A1	(01-35)	 Biochemistry SGD: J (Venue: Lecture Hall Anatomy CBL: Acute Table No. 2 B Venue Lecture Hall no.05 	aundice & LF No 2) e Appendicitis atch Distribu Dr. Sana La	tion with V Teachers atif (Demon		Sr No. Bat			New	V Lecture	enue Hall Comple		Dr. Naz	via
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1. 2. 3.	A1 A2 B1	(01-35) (36-70) (71-105)	Biochemistry SGD: J (Venue: Lecture Hall Anatomy CBL: Acute Table No. 2 B Venue Lecture Hall no.05 Physiology Lecture Hall #.04 (1st Floo Anatomy) Anatomy Museum (First FloorAnatomy)	aundice & LF No 2) e Appendicitis atch Distribu Dr. Sana La Biochemist or Dr. Farah a (Demonstra Dr. Romes (Demonstra	tion with V Feachers atif (Demon try) li Shah ator of Phys sa ator Biocher	iology)	Sr No. Bat 6. C 7. I 8. I	ches	Roll No (176-210) (210-245) (246-280)	New Lectur New Lectur New Lectur	V Lecture re Theat Lecture re Theat Lecture re Theat	Yenue Hall Comple er # 01 Hall Comple er # 04 Hall Comple er # 04	ex ex ex	(Demor Dr. Jaw (Demor Dr. Alu (APWN	tia hstrator Physiology) vad hstrator Physiology) mas Aijaz AO Biochemistry)
1. 2.	A1 A2	(01-35) (36-70) (71-105) (106-140)	Biochemistry SGD: J (Venue: Lecture Hall Anatomy CBL: Acute Table No. 2 B Venue Lecture Hall no.05 Physiology Lecture Hall #.04 (1st Floc Anatomy) Anatomy Museum (First Floor Anatomy) Lecture Hall no.03 (First	aundice & LF No 2) e Appendicitis atch Distribu Dr. Sana L Biochemist or Dr. Farah a (Demonstra Dr. Romes (Demonstra Dr. Sajjad	tion with V Teachers atif (Demon try) li Shah ator of Phys sa ator Biocher (Senior	iology) mistry)	Sr No. Bat 6. C 7. I 8. I	ches C2 D1	Roll No (176-210) (210-245)	New Lectur New Lectur New Lectur Anato	V Lecture re Theat Lecture re Theat re Theat omy Mu	enue Hall Comple er # 01 Hall Comple er # 04 Hall Comple	ex ex ex Floor	(Demor Dr. Jaw (Demor Dr. Alu (APWM Dr. Uzu	tia Instrator Physiology) Yad Instrator Physiology) mas Aijaz MO Biochemistry) ma Zafar
1. 2. 3. 4.	A1 A2 B1 B2	(01-35) (36-70) (71-105) (106-140)	Biochemistry SGD: J (Venue: Lecture Hall Anatomy CBL: Acute Table No. 2 B Venue Lecture Hall no.05 Physiology Lecture Hall #.04 (1st Floor Anatomy) Anatomy Museum (First FloorAnatomy) Lecture Hall no.03 (First Floor)	aundice & LF No 2) Appendicitis atch Distribu Dr. Sana La Biochemist r Dr. Farah a (Demonstra Dr. Romest (Demonstra Dr. Sajjad Demonstra	tion with V Teachers atif (Demon try) li Shah ator of Phys sa ator Biocher (Senior tor of Anato	iology) mistry) my)	Sr No. Bat 6. C 7. I 8. I 9. F	ches C2 D1 D2 E1	Roll No (176-210) (210-245) (246-280) (281-315)	New Lectur New Lectur New Lectur Anato	V Lecture re Theat Lecture re Theat omy Mu omy)	Yenue Hall Comple er # 01 Hall Comple er # 04 Hall Comple er # 04 Iseum (First F	ex ex ex Floor	(Demor Dr. Jaw (Demor Dr. Alı (APWM Dr. Uzr (APWM	tia hstrator Physiology) vad hstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar MO Biochemistry)
1. 2. 3.	A1 A2 B1 B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Biochemistry SGD: J (Venue: Lecture Hall Anatomy CBL: Acute Table No. 2 B Venue Lecture Hall no.05 Physiology Lecture Hall #.04 (1st Floc Anatomy) Anatomy Museum (First FloorAnatomy) Lecture Hall no.03 (First Floor) New Lecture Hall Complex	aundice & LF No 2) Appendicitis atch Distribu Dr. Sana La Biochemist r Dr. Farah a (Demonstra Dr. Romest (Demonstra Dr. Sajjad Demonstra	tion with V Teachers atif (Demon try) li Shah ator of Phys sa ator Biocher (Senior tor of Anato	iology) mistry) my)	Sr No. Bat 6. C 7. I 8. I 9. F	ches C2 D1 D2 E1	Roll No (176-210) (210-245) (246-280)	New Lectur New Lectur Lectur Anato Lectur	V Lecture re Theat Lecture re Theat ce Theat omy Mu omy) ure Hall	Yenue Hall Comple er # 01 Hall Comple er # 04 Hall Comple er # 04 Iseum (First F	ex ex ex Floor	(Demor Dr. Jaw (Demor Dr. Alu (APWM Dr. Uzu (APWM Dr. Afs	tia Instrator Physiology) Yad Instrator Physiology) mas Aijaz <u>MO Biochemistry)</u> ma Zafar <u>MO Biochemistry)</u> heen
1. 2. 3. 4.	A1 A2 B1 B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Biochemistry SGD: J (Venue: Lecture Hall Anatomy CBL: Acute Table No. 2 B Venue Lecture Hall no.05 Physiology Lecture Hall #.04 (1st Floc Anatomy) Anatomy Museum (First Floor Anatomy) Lecture Hall no.03 (First Floor) New Lecture Hall Complex Lecture Theater # 01	aundice & LF No 2) e Appendicitis atch Distribu Dr. Sana La Biochemistor Dr. Farah a (Demonstra Dr. Romes (Demonstra Dr. Sajjad Demonstra K Dr. Ali Zai	tion with V Teachers atif (Demon try) di Shah ator of Phys sa ator Biocher (Senior tor of Anato n (PGT Phy	iology) mistry) my) zsiology)	Sr No. Bat 6. C 7. I 8. I 9. I 10 I	ches 22 D1 D2 E1 E2	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards)	New Lectur New Lectur New Lectur Anato	V Lecture re Theat Lecture re Theat ce Theat omy Mu omy) ure Hall	Yenue Hall Comple er # 01 Hall Comple er # 04 Hall Comple er # 04 Iseum (First F	ex ex ex Floor	(Demor Dr. Jaw (Demor Dr. Alu (APWM Dr. Uzu (APWM Dr. Afs	tia hstrator Physiology) vad hstrator Physiology) mas Aijaz MO Biochemistry) ma Zafar MO Biochemistry)
1. 2. 3. 4.	A1 A2 B1 B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Biochemistry SGD: J (Venue: Lecture Hall Anatomy CBL: Acute Table No. 2 B Venue Lecture Hall no.05 Physiology Lecture Hall #.04 (1st Floor Anatomy) Anatomy Museum (First Floor Anatomy) Lecture Hall no.03 (First Floor) New Lecture Hall Complex Lecture Theater # 01	aundice & LF No 2) Appendicitis atch Distribu Dr. Sana La Biochemistor Dr. Farah a (Demonstra Dr. Sajjad Dr. Sajjad Demonstra X Dr. Ali Zai	tion with V <u>Feachers</u> atif (Demon try) li Shah ator of Phys sa ator Biocher (Senior tor of Anato n (PGT Phy enues for L	istrator iology) mistry) my) zsiology) arge Gro	Sr No. Bat 6. C 7. I 8. I 9. F 10 F up Interact I	chesC2D1D2E1E2tive Set	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards) ssion (LGIS)	New Lectur New Lectur Lectur Anato Lectur	V Lecture re Theat Lecture re Theat ce Theat omy Mu omy) ure Hall	Yenue Hall Comple er # 01 Hall Comple er # 04 Hall Comple er # 04 Iseum (First F	ex ex ex Floor	(Demor Dr. Jaw (Demor Dr. Alu (APWM Dr. Uzu (APWM Dr. Afs	tia Instrator Physiology) Yad Instrator Physiology) mas Aijaz <u>MO Biochemistry)</u> ma Zafar <u>MO Biochemistry)</u> heen
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1. 2. 3. 4.	A1 A2 B1 B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Biochemistry SGD: J (Venue: Lecture Hall Anatomy CBL: Acute Table No. 2 B Venue Lecture Hall no.05 Physiology Lecture Hall #.04 (1st Floc Anatomy) Anatomy Museum (First Floor Anatomy) Lecture Hall no.03 (First Floor) New Lecture Hall Complex Lecture Theater # 01 Odd	aundice & LF No 2) Appendicitis atch Distribu Dr. Sana La Biochemistor Dr. Farah a (Demonstra Dr. Sajjad Dr. Sajjad Demonstra X Dr. Ali Zai	tion with V <u>Feachers</u> atif (Demon try) li Shah ator of Phys sa ator Biocher (Senior tor of Anato n (PGT Phy enues for L ers New I	istrator iology) mistry) my) rsiology) arge Gro Lecture H	Sr No. Bat 6. C 7. I 8. I 9. F 10 F up Interact all Complex	chesC2D1D2E1E2tive Seax Lectu	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards) ssion (LGIS)	New Lectur New Lectur Anato Anato (Baser	V Lecture re Theat Lecture re Theat ce Theat omy Mu omy) ure Hall	Yenue Hall Comple er # 01 Hall Comple er # 04 Hall Comple er # 04 Iseum (First F	ex ex ex Floor	(Demor Dr. Jaw (Demor Dr. Alu (APWM Dr. Uzu (APWM Dr. Afs	tia Instrator Physiology) Yad Instrator Physiology) mas Aijaz <u>MO Biochemistry)</u> ma Zafar <u>MO Biochemistry)</u> heen

Table	110. 4 Datt	h Distribution and Venues f SGDs / Disse	•	Sup Discussion	1 able	No. 5 Batch	Distribution and Venues for SGDs	Physiology Small Grou	IP Discussion
Batches	Roll No	Subgroup	Anatomy Teacher	Venue	Batches	Roll No	Subgroup	Physiology Teacher	Venue
A	01- 60	A1: Roll No (1 – 15) A2: Roll No (16 – 30) A3: Roll No (31 – 45) A4: Roll No (46 – 60)	Dr. Sara Bano (Assistant Professor)	New Lecture Hall Complex 1	A	01-70	A1: Roll No (1 – 14) A2: Roll No (15 – 28) A3: Roll No (29 – 42) A4: Roll No (43 – 56) A5: Roll No (57 – 70)	Dr. Aneela Yasmeen (APWMO)	Physiology Lecture Hall 5
В	61-120	B1: Roll No (61 – 75) B2: Roll No (76 – 90) B3: Roll No (91 – 105) B4: Roll No (06 – 120)	Dr. Sadia Aman (Assistant Professor)	New Lecture Hall Complex 3	B	71-140	B1: Roll No (71 – 84) B2: Roll No (85 – 98) B3: Roll No (99 – 112) B4: Roll No (113 – 126) B5: Roll No (127 – 140)	Dr. Shazia Nosheen (APWMO)	Physiology Lecture Hall 5
С	121-180	C1: Roll No (121 – 135) C2: Roll No (136 – 150) C3: Roll No (151 – 165) C4: Roll No (166 – 180)	Dr. Minahil haq (Senior Demonstrator)	New Lecture Hall Complex 2	С	141-210	C1: Roll No (141 – 154) C2: Roll No (155 – 168) C3: Roll No (169 – 182) C4: Roll No (183 – 196) C5: Roll No (197 – 210)	Dr. Fahd Anwar (Demonstrator)	Physiology Lecture Hall 5
D	181-240	D1: Roll No (181 – 195) D2: Roll No (196 - 210) D3: Roll No (211 – 225) D4: Roll No (226 – 240)	Dr. Tariq Furqan (Senior Demonstrator)	Anatomy Lecture Hall 3	D	211-280	D1: Roll No (211 – 224) D2: Roll No (225 – 238) D3: Roll No (239 – 252) D4: Roll No (253 – 266) D5: Roll No (267 – 280)	Dr. Jawad (Demonstrator)	Physiology Lecture Hall 5
Ε	241- 300	E1: Roll No (241 – 255) E2: Roll No (256 – 270) E3: Roll No (271 – 285) E4: Roll No (286 – 300)	Dr. Mariyam (P.G Trainee)	New Lecture Hall Complex 4	E	281- onwards	E1: Roll No (281 – 294) E2: Roll No (295 – 308) E3: Roll No (309 – 322) E4: Roll No (323 – 336)	Dr. Fareed Ullah (Demonstrator)	Physiology Lecture Hall 5
F	301- onwards	F1: Roll No (301 – 315) F2: Roll No 316 – 330) F3: Roll No 331 – 345) F4: Roll No (346 – onwards)	Dr. Sana (P.G Trainee)	Anatomy Lecture Hall 4			E5: Roll No (337 – onwards)		
	1	Supervised by Prof. Dr.	Ayesha Yousaf	1		1	Supervised by Prof. Dr. S	amia Sarwar	1

			Time 7	Table for	GIT Mod	ule - I (Fifth	Week)			
				(24-03-	2025 To 2	9-03-2025)				
Date/Day	8:00am-9:20am	9:20am -	– 10:10am	10:10am – 10:30am	10:30	am-11:10am	11:10am	-11:50am	11:50am – 01:00pm	Home Assignments(2hrs
		PHYSIOL	OGY SDL-V	10.50am	MI	EDICINE	ANATO	MY LGIS	DISSECTION/SGD	
24-03-2025 Monday	Practical &CBL/SGD Topic & Venue Mentioned	absorption of intestine	chanism of digestion and (amino acids, fatty acids (lucose)		Inflammato	ry Bowel Diseases	Development of Body Cavities-I	Histology of Large Intestine-II		SDL Physiology Hormones of GIT
Wolday	at The End	Dr. Jawad (Even)	Dr. Fareed (Odd)		Dr. Sadia (Eve		Prof Dr. Ifra Saeed (Even)	Prof. Dr. Ayesha / Ass. Prof Dr Maria (Odd)	Radiological Anatomy	
	Practical &CBL/SGD	PHARMA	ACOLOGY			MISTRY LGIS	PATH	OLOGY		
25-03-2025	Topic & Venue Mentioned	Anti Diar	rheal Drugs		GIT Hormones Succusentericu	Nutrition	Pathologies	s of Intestine		
Tuesday	at The End			a k	Dr. Almas (Even)	Dr. Rahat (Odd)				
		PHYSIOLO	OGY SDL-VI	e		COMY LGIS	BIOCHEM	ISTRY LGIS	DISSECTION/SGD	_
26-03-2025	Practical &CBL/SGD Topic & Venue Mentioned	Motor function of larg	ge gut, defecation reflex	Βr	Histology of Large Intestine-II	Development of Body Cavities-I	Digestion & Absorption-I	Nutrition-II		SDL Physiology
Wednesday	at The End	Dr. Nazia (Even)	Dr. Farah (Odd)		Prof. Dr. Ayesha / Ass. Prof Dr Maria (Even)	Prof Dr. Ifra Saeed (Odd)	Dr. Kashif (Even)	Dr. Rahat (Odd)	Rectum	Digestion & Absorptio
			MY LGIS		RES	EARCH V		ISTRY LGIS	DISSECTION/SGD	
27-03-2025	Practical &CBL/SGD Topic & Venue Mentioned	Development of body Cavities-II	Development of body Cavities-II		G	eriatrics	Digestion and absorption-I	Nutrition-II		SDL Biochemistry Lipid Digestion and
Thursday	at The End	Prof. Dr. Ifra Saeed (Evem)	Prof. Dr. Saima (Odd)		Dr. Asif (Even)	Dr. Rizwana Shahid (Odd)	Dr. Kashif (Odd)	Dr. Rahat (Even)	Anal canal	Absorbstion
Date/Day	8:00am 9: 20am		- 10:00am		10:00-11:00	**		12:00pm		
	BEHAVIORAL SCIENCES	BIOCHEM	ISTRY LGIS		DISSECTION	/SGD	MED	ICINE		
28-03-2025 Friday	Memory	Nutrition-III	Digestion & Absorption-II		Cross Sectional A	natomy	Peptic Ule	cer Disease		
Filday	Dr. MehmoodDr. AzeemAli Khan (Odd)Rao (Even)	Dr. Rahat (Even)	Dr. Kashif (Odd)	10.10			Dr. Aqsa (Even)	Dr. Sadia (Odd)		
Date/Day	8:00am-9:20am	9:20am -	– 10:10am	10:10am – 10:30am	10:30a	am-11:10am	11:10am-11:50am		11:50am – 01:00pm	Home Assignments(2h
			OGY SDL-VII			CH PRACTICAL ESSION I	BIOCHEM	ISTRY LGIS	DISSECTION/SGD	
29-03-2025 Saturday	Practical &CBL/SGD Topic & Venue Mentioned at The End	Pathophysiology (diarrhea, constipation, ulcerative colitis, mega colon and carcinoma of colon)	Pathophysiology (diarrhea, constipation, ulcerative colitis, mega colon and carcinoma of colon)	Break	Synopsis	s wrting session	Digestion & Absorption-II	Nutrition-III	Innervation of abdominal Viscera	SDL Anatomy Hemorrhoids & An Fissure End Module Online Clinical Evaluation
		Dr. Nazia (Even)	Dr. Fareed (Odd)		Dr. Asif (Even)	Dr. Rizwana Shahid (Odd)	Dr. Kashif (Even)	Dr. Rahat (Odd)		

Batch D	Victribut	tion for	Topics for Skill Lab wit	h Vonuo	1 80		(11110.12)	-20pm -	<u>– 02:00pm)</u>	hadula	for Pra	atical			
		(all subjects	*		Day	Histolog	w Dr ootioo	D Bior	chemistry Pract						Biochemistry SGD
CBL/S		· ·	 Histology of Large Intest (Anatomy Histology Prace) 		Day	Batch	Teacher			1	Batch	Teacher	R	atch	Teacher Name
		chemistry	Venue-Histology laborat			Datti		Datti	Name		Datti	Name		atti	
and Phy	•	•	Sadia Baqir	Jory- Di			Name		ivanic	HOD		Tame	ПОН		
Sr. No		Roll No.	Analysis of food compor	nents	Monday	С	Q	С	Dr. Rahat		Ε	Dr. Fareed		D	Dr. Uzma
1.	Α	01-70	(wheat) (Biochemistry P		Tuesday	D	НС	D	Dr. Romessa		Α	Dr. Aneela	p		Dr. Almas
2.	В	71-140	Venue- Biochemistry lab		Vednesday	Е	by	Α	Dr. Uzma	sed	B	Dr. Shazia	vise	Α	Dr. Romessa
3.	C	141-210	• Performance of Axon ref	~ -	Thursday	B	Supervised by HOD	E	Dr. Almas	Supervised by	D	Dr. Jawad			Dr. Romessa
4.	D	211-280	(Triple Response of Skin		Saturday	A	vis	C	Dr. Romessa	- dn	C	Dr. Fahd	Suj		Dr. Rahat
5.		281-onward	(Physiology Practical) V	enue –	Saturuay	A	iper	C	DI. Komessa	S	C			D	DI. Kallat
5.	Ľ		Physiology Lab				Su					Anwar			
			Topics for SGDs / CI												
			Physiology CBL: Food	Poisoning (V	enue:										
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			Lecture Hall No 5)	<i>U</i> ×											
			Lecture Hall No 5)	ose Intoleran											
			Lecture Hall No 5) • Biochemistry CBL: Lact	ose Intoleran											
			Lecture Hall No 5) • Biochemistry CBL: Lact	ose Intoleran											
			Lecture Hall No 5) • Biochemistry CBL: Lact	ose Intoleran 2)	ice				e for Problem B	Based L	earnin	g (PBL) Sess	ons		
Sr No. B	Satches	Roll No	Lecture Hall No 5) • Biochemistry CBL: Lact (Venue: Lecture Hall No Table No. 2 Bate Venue	ose Intoleran 2) <u>ch Distributi</u> T	ice ion with Ve eachers		Sr No. Ba	tches	Roll No		V	enue			Teachers
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<mark>5r No. B</mark> 1.	A1	(01-35)	Lecture Hall No 5) • Biochemistry CBL: Lact (Venue: Lecture Hall No Table No. 2 Bate Venue Lecture Hall no.05 Physiology	ose Intoleran 2) ch Distributi T Dr. Sana Lat Biochemistr	ice ion with Ve eachers tif (Demons ty)		Sr No. Ba 6.	tches C2	Roll No (176-210)	New Lectur	V Lecture e Theat	enue Hall Comple er # 01	x Dr (D	Demon	ia strator Physiology)
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1. 2.	A1 A2	(01-35) (36-70) (71-105) (106-140)	Lecture Hall No 5) • Biochemistry CBL: Lact (Venue: Lecture Hall No Table No. 2 Bate Venue Lecture Hall no.05 Physiology Lecture Hall #.04 (1st Floor Anatomy) Anatomy Museum (First Floor Anatomy) Lecture Hall no.03 (First	ose Intoleran 2) ch Distributi Dr. Sana Lat Biochemistr Dr. Farah ali (Demonstrat Dr. Romessa (Demonstrat Dr. Sajjad (S	ice ion with Ve eachers tif (Demons ty) i Shah tor of Physi a tor Biochen Senior	strator iology) nistry)	Sr No. Ba 6. 9 7. 1 8. 1	tches C2 D1	Roll No (176-210) (210-245)	New Lectur New Lectur New Lectur Anato	V Lecture e Theat Lecture e Theat e Theat omy Mu	enue Hall Comple er # 01 Hall Comple er # 04 Hall Comple	x Di (D x Di (C x Di (C x D (A loor D	Demon r. Jawa Demon Dr. Aln APWM r. Uzn	ia Istrator Physiology) ad Istrator Physiology) nas Aijaz IO Biochemistry) na Zafar
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1. 2. 3.	A1 A2 B1 B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Lecture Hall No 5) • Biochemistry CBL: Lact (Venue: Lecture Hall No Table No. 2 Bate Venue Lecture Hall no.05 Physiology Lecture Hall #.04 (1st Floor Anatomy) Anatomy Museum (First Floor Anatomy) Lecture Hall no.03 (First Floor) New Lecture Hall Complex	ose Intoleran 2) ch Distributi Dr. Sana Lat Biochemistr Dr. Farah ali (Demonstrat Dr. Romessa (Demonstrat Dr. Sajjad (S Demonstrat	ice ion with Vo eachers tif (Demons ty) i Shah tor of Physi a tor Biochen Senior or of Anator	strator iology) mistry) my)	Sr No. Ba 6. 0 7. 1 8. 1 9. 1	tches C2 D1 D2 E1	Roll No (176-210) (210-245) (246-280)	New Lectur New Lectur New Lectur Anator Lectur	V Lecture e Theat Lecture e Theat ce Theat omy Mu my) re Hall	enue Hall Comple er # 01 Hall Comple er # 04 Hall Comple er # 04 Iseum (First F	x Di (D x Di x D (A loor D (A Di	Demon r. Jawa Demon Dr. Aln APWM r. Uzn APWM r. Afsł	ia Istrator Physiology) ad Istrator Physiology) nas Aijaz IO Biochemistry) na Zafar IO Biochemistry) neen
1. 2. 3. 4.	A1 A2 B1 B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Lecture Hall No 5) • Biochemistry CBL: Lact (Venue: Lecture Hall No Table No. 2 Bate Venue Lecture Hall no.05 Physiology Lecture Hall #.04 (1st Floor Anatomy) Anatomy Museum (First Floor Anatomy) Lecture Hall no.03 (First Floor) New Lecture Hall Complex Lecture Theater # 01	ose Intoleran 2) ch Distributi Tr Dr. Sana Lat Biochemistr Dr. Farah ali (Demonstrat Dr. Romessa (Demonstrat Dr. Sajjad (S Demonstrat Dr. Ali Zain	ice ion with Vo eachers tif (Demons tif (D	strator iology) mistry) my) siology)	Sr No. Ba 6. 0 7. 1 8. 1 9. 1 10 1	tches C2 D1 D2 E1 E2	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards)	New Lectur New Lectur New Lectur Anato	V Lecture e Theat Lecture e Theat ce Theat omy Mu my) re Hall	enue Hall Comple er # 01 Hall Comple er # 04 Hall Comple er # 04 Iseum (First F	x Di (D x Di x D (A loor D (A Di	Demon r. Jawa Demon Dr. Aln APWM r. Uzn APWM r. Afsł	ia Istrator Physiology) ad strator Physiology) nas Aijaz IO Biochemistry) na Zafar IO Biochemistry)
1. 2. 3. 4.	A1 A2 B1 B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Lecture Hall No 5) • Biochemistry CBL: Lact (Venue: Lecture Hall No Table No. 2 Bate Venue Lecture Hall no.05 Physiology Lecture Hall #.04 (1st Floor Anatomy) Anatomy Museum (First Floor Anatomy) Lecture Hall no.03 (First Floor) New Lecture Hall Complex Lecture Theater # 01 Tat	ose Intoleran 2) ch Distributi Tr Dr. Sana Lat Biochemistr Dr. Farah ali (Demonstrat Dr. Romessa (Demonstrat Dr. Sajjad (S Demonstrat Dr. Ali Zain	ice ion with Vo eachers tif (Demons ty) i Shah tor of Physi a tor Biochen Senior or of Anaton or of Anaton (PGT Physi nues for La	strator iology) nistry) my) siology) arge Gro	Sr No. Ba 6. 9. 10 1 up Interact 1	tches C2 D1 D2 E1 E2 ctive Se	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards)	New Lectur New Lectur New Lectur Anator Lectur	V Lecture e Theat Lecture e Theat ce Theat omy Mu my) re Hall	enue Hall Comple er # 01 Hall Comple er # 04 Hall Comple er # 04 Iseum (First F	x Di (D x Di x D (A loor D (A Di	Demon r. Jawa Demon Dr. Aln APWM r. Uzn APWM r. Afsł	ia Istrator Physiology) ad Istrator Physiology) nas Aijaz IO Biochemistry) na Zafar IO Biochemistry) neen
1. 2. 3. 4.	A1 A2 B1 B2	(01-35) (36-70) (71-105) (106-140) (141-175)	Lecture Hall No 5) • Biochemistry CBL: Lact (Venue: Lecture Hall No Table No. 2 Bate Venue Lecture Hall no.05 Physiology Lecture Hall #.04 (1st Floor Anatomy) Anatomy Museum (First Floor Anatomy) Lecture Hall no.03 (First Floor) New Lecture Hall Complex Lecture Theater # 01 Tat	ose Intoleran 2) ch Distributi Tr Dr. Sana Lat Biochemistr Dr. Farah ali (Demonstrat Dr. Romessa (Demonstrat Dr. Sajjad (S Demonstrat Dr. Ali Zain	ice ion with Vere eachers tif (Demons ty) i Shah tor of Physi a tor Biochen Senior or of Anaton or of Anaton (PGT Physi nues for La rs New L	strator iology) mistry) my) siology) arge Gro Lecture H	Sr No. Ba 6. 0 7. 1 8. 1 9. 1 10 1 up Interaction 1	tchesC2D1D2E1E2ctive Seex Lecture	Roll No (176-210) (210-245) (246-280) (281-315) (315 onwards)	New Lectur New Lectur Anator Lectur (Baser	V Lecture e Theat Lecture e Theat ce Theat omy Mu my) re Hall	enue Hall Comple er # 01 Hall Comple er # 04 Hall Comple er # 04 Iseum (First F	x Di (D x Di x D (A loor D (A Di	Demon r. Jawa Demon Dr. Aln APWM r. Uzn APWM r. Afsł	ia Istrator Physiology) ad Istrator Physiology) nas Aijaz IO Biochemistry) na Zafar IO Biochemistry) neen

Table	INO. 4 DAIC	h Distribution and Venues f SGDs / Disse	•	oup Discussion	Table No. 5 Batch Distribution and Venues for Physiology Small Group Discussion SGDs									
Batches	Roll No	Subgroup	Anatomy Teacher	Venue	Batches	Roll No	Subgroup	Physiology Teacher	Venue					
A	01- 60	A1: Roll No (1 – 15) A2: Roll No (16 – 30) A3: Roll No (31 – 45) A4: Roll No (46 – 60)	Dr. Sara Bano (Assistant Professor)	New Lecture Hall Complex 1	A	01-70	A1: Roll No (1 – 14) A2: Roll No (15 – 28) A3: Roll No (29 – 42) A4: Roll No (43 – 56) A5: Roll No (57 – 70)	Dr. Aneela Yasmeen (APWMO)	Physiology Lecture Hall 5					
B	61-120	B1: Roll No (61 – 75) B2: Roll No (76 – 90) B3: Roll No (91 – 105) B4: Roll No (06 – 120)	Dr. Sadia Aman (Assistant Professor)	New Lecture Hall Complex 3	B	71-140	B1: Roll No (37 – 76) B1: Roll No (71 – 84) B2: Roll No (85 – 98) B3: Roll No (99 – 112) B4: Roll No (113 – 126) B5: Roll No (127 – 140)	Dr. Shazia Nosheen (APWMO)	Physiology Lecture Hall 5					
С	121-180	C1: Roll No (121 – 135) C2: Roll No (136 – 150) C3: Roll No (151 – 165) C4: Roll No (166 – 180)	Dr. Minahil haq (Senior Demonstrator)	New Lecture Hall Complex 2	С	141-210	C1: Roll No (141 – 154) C2: Roll No (155 – 168) C3: Roll No (169 – 182) C4: Roll No (183 – 196) C5: Roll No (197 – 210)	Dr. Fahd Anwar (Demonstrator)	Physiology Lecture Hall 5					
D	181-240	D1: Roll No (181 – 195) D2: Roll No (196 - 210) D3: Roll No (211 – 225) D4: Roll No (226 – 240)	Dr. Tariq Furqan (Senior Demonstrator)	Anatomy Lecture Hall 3	D	211-280	D1: Roll No (211 – 224) D2: Roll No (225 – 238) D3: Roll No (239 – 252) D4: Roll No (253 – 266) D5: Roll No (267 – 280)	Dr. Jawad (Demonstrator)	Physiology Lecture Hall 5					
Ε	241- 300	E1: Roll No (241 – 255) E2: Roll No (256 – 270) E3: Roll No (271 – 285) E4: Roll No (286 – 300)	Dr. Mariyam (P.G Trainee)	New Lecture Hall Complex 4	E	281- onwards	E1: Roll No (281 – 294) E2: Roll No (295 – 308) E3: Roll No (309 – 322) E4: Roll No (323 – 336)	Dr. Fareed Ullah (Demonstrator)	Physiology Lecture Hall 5					
F	301- onwards	F1: Roll No (301 – 315) F2: Roll No 316 – 330) F3: Roll No 331 – 345) F4: Roll No (346 – onwards)	Dr. Sana (P.G Trainee)	Anatomy Lecture Hall 4			E5: Roll No (337 – onwards)							
		Supervised by Prof. Dr.	Ayesha Yousaf	•	Supervised by Prof. Dr. Samia Sarwar									

Tentative Schedule for LMS Based Weekly Online Assessments for Second Year MBBS (GIT Module - I) Batch 51

Class	Module	Day & Date	Time of Assessment	Focal person	Department Responsible
		Monday 03 rd March, 2025	7:00 pm-7:30pm	Prof. Dr Ayesha Yousaf	Anatomy
		Tuesday 04 th March, 2025	7:00 pm-7:30pm	Prof. Dr Samia Sarwar	Physiology
		Wednesday 05 th March, 2025	7:00 pm-7:30pm	Dr Aneela Jamil	Biochemistry
		Monday 10 th March, 2025	7:00 pm-7:30pm	Prof. Dr Ayesha Yousaf	Anatomy
Second Year MBBS	GIT Module - I	Tuesday 11 th March, 2025	7:00 pm-7:30pm	Prof. Dr Samia Sarwar	Physiology
		Wednesday 12 th March, 2025	7:00 pm-7:30pm	Dr Aneela Jamil	Biochemistry
		Monday 17 th March, 2025	7:00 pm-7:30pm	Prof. Dr Ayesha Yousaf	Anatomy
		Tuesday 18 th March, 2025	7:00 pm-7:30pm	Prof. Dr Samia Sarwar	Physiology
		Wednesday 19 th March, 2025	7:00 pm-7:30pm	Dr Aneela Jamil	Biochemistry

The Online Assessment for GIT Module - I for Second Year MBBS will be as per following schedule:

*Note: All dates are subject to change.

Time Table for GIT Module - I (Sixth Week) (31-03-2024 TO 06-04-2024)

Date / Days	Tentative Exam Discipline Details	Time
14-03-2025		
Monday		
01-04-2025		
Tuesday		
02-04-2025		
Wednesday	Assessment Week	
03-04-2025	Assessment week	
Thursday		
04-04-2025		
Friday		
05-04-2025		
Saturday		

Note: Detailed notice regarding content, time and venue will be issued accordingly

Note: Timetable Subject to change according to the current circumstances.

Note: OSPE wiil be conducted in block exam.

SECTION VIII

507										Domain	ns: C-Co	re Su	ubject	(70%)) Level	s C1-C	.2, HV-	Horizo	ntal &	Vertica	Integr	ation (20%) Levels	C2-C3, S-	Spira	i Integ	gration	(10%)		1.1.1.1.1.1.1.1	14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	1000					
											1	Theo	ory (Co	gnitiv	/e) Ass	essme	ent						0						Practi	al (Skil	ill & Attitud	de) Assessn	nent		11		
nd of Module Assessment	Subject			N	ACQs				E	MQs			5	6AQs					SEQ	5		Marks	Total Marks Theory	Total Time		,	AV OSPI	E	Tir	8731 01	AED Reflective Writing		OSVE		0.0000000000000000000000000000000000000	Grand Total	Total Time of Module Assessment
		C	HV	S	Tota	al I	Marks	C	Total	Marks	C		HV	S	Tota	al Mar	rks	C	HV	S	Total		meory		C	HV	S Tota	al Ma	ks			Viva	Сору	Total	WIGH Ka		
	Anatomy	19	4	2	25		25	1	1	5	3		1	1	5	25	5	3	1	1	5	45	100	2 HRS	7	2 1	1 10	5) 50 r	nin	15 min	45	5	50	100	200	6 HRS
First Module	Physiology	19	4	2	25		25	1	1	5	3		1	1	5	25	5	3	1	1	5	45	100	2 HRS	7	2 1	1 10	5) 50 r	nin	15 min	45	5	50	100	200	6 HRS
	Biochemistry	19	4	2	25		25	1	1	5	3		1	1	5	25	5	3	1	1	5	45	100	2 HRS	7	2 1	1 10	5) 50 r	nin	15 min	45	5	50	100	200	6 HRS
ormative- Weekly	y LMS Based Assess	ment	of 30	MCC	s (10	MCO)s per S	Subje	ct)																												
					-			-		1101						_	-			,								_		32 22-		-		3		2	
											1	Theo	ry (Co	gnitiv	e) Ass	essme	ent		· · ·										Practi	al (Skil	ill & Attitud	de) Assessn	nent				Total Time of
nd of Module Assessment	Subject			N	ACQs				EI	MQs			5	SAQs					SEQ	5		Marks	Total Marks	Total			AV OSPI	E	Tin	AED Reflection OSVE Total		Total Practical	Grand Total	Module			
		C	HV	S	Tota	al	Marks	C	Total	Marks	C		HV	s	Tota	al Mar	rks	С	HV	S	Total	0120005	Theory	Time	C	HV	S Tota	al Ma	ks	27.54 1	Writing	Viva	Сору	Total	Marks	0.000	Assessment
Cound	Anatomy	19	4	2	25	8. I	25	1	1	5	3	ŧ.,	1	1	5	25	5	3	1	1	5	45	100	2 HRS	7	2 1	1 10	5) 50 r	nin	15 min	45	5	50	100	200	6 HRS
Second	Physiology	19	4	2	25	8	25	1	1	5	3	E . (1	1	5	25	5	3	1	1	5	45	100	2 HRS	7	2 1	1 10	5) 50 r	nin	15 min	45	5	50	100	200	6 HRS
Module	Biochemistry	19	4	2	25	8	25	1	1	5	3	E . (1	1	5	25	5	3	1	1	5	45	100	2 HRS	7	2 1	1 10	5) 50 r	nin	15 min	45	5	50	100	200	6 HRS
ormative- Weekly	LMS Based Assess	men t	of 30	MCC	c /10	MCC	c nor	Cubio	ct)											12													50 - 151 -				

011-	Sublecte		LMS	Base	d Assess	ment			OSPE					Gran	Total Block
Block	Subjects			1	ACQs		LabOSPE	IOSPE	COSP	E	Total	Marks	Time	d	Time
		С	HV	S	Total	Time	C	HV	9	5	TOTAL	IVIDIKS	Time	Total	10000
	Anatomy	21	6	3	30	30 min	14	4		2	20	60	6 HRS	90	10 HRS
BLOCK	Physiology	21	. 6	3	30	30 min	14	4		2	20	60	6 HRS	90	10 HRS
	Biochemistry	21	6	3	30	30 min	14	4		2	20	60	6 HRS	90	10 HRS
	50% Ques	stions/	OSPE	Stat	ions/Viv	a Stations	will be from	Foundation	Modul	e and	50% (Questio	ns will b	e from	MSK-1 Mod
			For E	ach	assessm	ent studer	nt will have to	o individually	pass T	heor	y and	Practica	l compo	onents	
arks per															
Item															

MCQ=1	EMQ=5	SAQ= 5	SEQ= 9	AVOSPE= 5	OSPE= 3
OSPE Time=1	Round of 40 S	tudents =80 min			
	3 Round of 40 S	tudents =240 min			
OSVE=	Time per stude	nt=5mins			

W	/eekly LMS /	Assessment	
Subjects	Anatomy	Physiology	DIOCHEIMISC
No of MCQs*	30	30	30
Marks/MCQ	30	30	30
*MC0	Q=1 Mark ea	ich, 1 min ead	ch

Annexure I

Templates for Thoery Paper

• MCQ, SEQ Paper, & EMQ

Templates for AV OSPE

Templates for Structured Viva

Rawalpindi Medical University Rawalpindi Department of Anatomy, Physiology & Biochemistry MCQs & EMQ Paper for _____ Module, Second Year MBBS Batch 51

Date: 00-00-0000

Total Marks: 30 (MCQs: 25, EMQ: 5) Total Time: 30 Minutes Each MCQ carries 1 mark and EMQ carries 5 marks Roll No. ______ Name. _____

Encircle the single best response

Q. #	Integrated & Clinically Oriented Assessment of the Subject Anatomy, Physiology & Biochemistry	Level of
	Section A: Core Knowledge of Anatomy / Physiology / Biochemistry (70%)	Cognition
1.	Question	C1
	a	
	b	
	C	
	d	
	e	
	USMLE: Type Question Reference: Ganong 25 th Edition Page No. 101	
	Section – B: Integrations (30%)	
	Horizontal Integration Anatomy / Physiology / Biochemistry (5%)	
2.	Horizontal Integration with Anatomy (2.5%)	C1
	Questions	
	a	
	b	
	c	
	d	
	e	
	USMLE: Type Question Reference: Ganong 25 th Edition Page No. 101	
	Vertical Integration with Medicine / Surgery / Gynae Obs etc (15%)	
3.	Question	C3
	a	
	b	
	c	
	d	
	e	
	USMLE: Type Question Reference: Ganong 25 th Edition Page No. 101	

	Spiral Integration (10%)	
	Medical Bioethics	
4.	Question	C2
	a	
	b	
	c	
	d	
	e	
	USMLE: Type Question Reference: Ganong 25 th Edition Page No. 101	
	Family Medicine	
5.	Question	
	a	
	b	
	c	
	d	
	e	
	USMLE: Type Question Reference: Ganong 25 th Edition Page No. 101	

Rawalpindi Medical University Rawalpindi Department of Anatomy, Physiology & Biochemistry SEQ & SAQ Paper for _____ Module, ____ Year MBBS Batch _____ Date: 00-00-0000

Total Marks: 70 Each SAQ carries 5 marks Each SEQ carries 9 marks Time allowed: 1 hour & 30 minutes Each SAQ: 5 minutes, SEQ: 10 minutes

Attempt all Questions

Integ	rated & Clinically Oriented Assessment of the Subject	ct of Anato	omy, Phy	siology & Bio	ochemistry	
	Domain	Percentage				
•	Core Knowledge (CK) of Anatomy/Physiology			(70%)		
	Biochemistry					
•	Integration			(30%)		
	• Horizontal Integration (HI)			(05%)		
	• Vertical Integration (VI)			(15%)		
	• Spiral Integration (SI)			(10%)		
Q.#	Construct your Answers according to the given	Domain	Marks	%	Level of	
	Scenarios and Questions			Weightage	Cognition	
	Short Answer Questions (SAQs) Total Marks:	25 (Each	SAQ car	ries marks)		
	A 55 years Male, known case of Coronary Artery					
	Disease, presented					
	to	CK &		•••••		
		VI				
640	a	OV	2	00/	C2	
SAQ	••••••	CK	2	8%	C2	
1	b					
		СК	2	12%	C2	
	C	CV	2	80/	<u> </u>	
		СК	2	8%	C2	

d	СК	2	12%	C2
e USMLE Question. References: Part a: Guyton & Hall 14 th Edition page # 114 Part b: Guyton & Hall 14 th Edition Page # 116	СК	1	8%	C2

Construct your Answers according to the given Scenarios and Questions	Domain	Marks	% Weightage	Level of Cognition
	Total Marks	: 45	vv eightuge	cogintion
A 55 years Male, Known case of Coronary Artery Disease, presented to	CK & VI			
a	HI with Anatomy	2	6.66%	C2
b	СК	3	6.66%	C2
c	СК	2	6.66%	C2
d	СК	1	6.66%	C2
 e USMLE Style Question. References: Part a: Guyton & Hall 14th Edition page # 101 Part b: Guyton & Hall 14th Edition Page # 103 	СК	1	6.66%	C2
	Scenarios and Questions Short Essay Question (SEQs) 1 A 55 years Male, Known case of Coronary Artery Disease, presented to	Scenarios and Questions Short Essay Question (SEQs) Total Marks A 55 years Male, Known case of Coronary Artery Disease, presented to	Scenarios and Questions Short Essay Question (SEQs) Total Marks: 45 A 55 years Male, Known case of Coronary Artery Disease, presented CK & VI to	Scenarios and Questions Weightage Scenarios and Questions Weightage Short Essay Question (SEQs) Total Marks: 45 Weightage A 55 years Male, Known case of Coronary Artery Disease, presented to CK & VI a. CK & VI a. HI with Anatomy 2 6.66% b. CK 3 6.66% c. CK 2 6.66% c. CK 1 6.66% e. CK 1 6.66% e. CK 1 6.66% e. CK 1 6.66% use to support & Hall 14 th Edition page # 101 1 6.66%

Rawalpindi Medical University Rawalpindi Department of Anatomy / Physiology / Biochemistry Clinically Oriented Audio Visal Objective Structured Practical Examination (OSPE) ________Module 2025

____ Year MBBS (Batch _____)

Day: _____

Date: _____

10 AV OSPE Slides

Time Allowed: 50 minutes

05 minutes for each slide

Chairperson

Department of _____ Rawalpindi Medical University, Rawalpindi Additional Director Assessment Rawalpindi Medical University Rawalpindi

Director DME Rawalpindi Medical University Rawalpindi

> Vice Chancellor Rawalpindi Medical University Rawalpindi

Slide 1

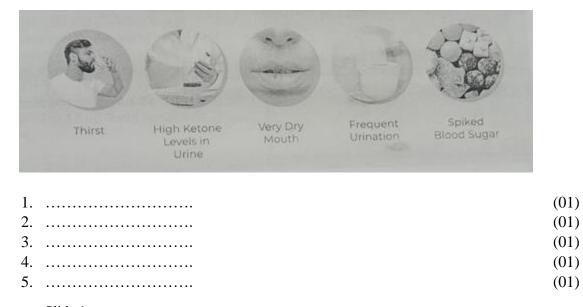
Core Knowledge with Horizontal / Vertical / Spiral Integration

Topic:

Teaching Strategy:

Requirements: Answer sheet, Pen

Objective: _____



Slide 1

Key for Examiner

1.	
2.	
3.	
4.	
5.	

Department of Anatomy

GIT Module - I (Structured Viva)

Time: 8:00-2:00pm

Date:

Roll no: 181 onwards

P: Punctuality, D: Dressing, C: Communication

Roll No.	Anterolateral abdominal wall & clinicals	Oral cavity	Inguinal canal, Testis and scrotum & clinicals	Peritoneum & clinicals	Esophagus, Stomach & Spleen	Small & Large intestine & clinicals	Liver, Pancreas, Gall bladder & clinicals	Vasculature & Innervation of GIT	Rectum & Anal Canal & clinicals	Surface marking (Skill)	Soft tissue spotting (Skill)	Gross sketch copy (Skill)	Professionalism (PDC)*	Total marks
	2 marks	1 mark	3 marks	5 marks	4 marks	7 marks	6 marks	9 marks	8 marks	3 marks	7 marks	2 marks	3 marks	60

Examiner

Sign

Stamp ____

*Objective Structured Practical Examination (OSPE) will be held in end of block assessment.

Department of Physiology GIT Module - I (Structured Viva)

MOD	DULE:	DATE:		TEACHER NAME: _			SIGNATURE	
Sr. No.	Roll No.	Students Name	Definition/ Enlist/Enumerate	Physiological/ Pathophysiological Mechanism Q=2	Related Diseases/ Diagnostic Parameters/ Management / Treatment Guidelines	Additional Domains of knowledge to be Assessed • Family Medicine /Preventive Medicine • Artificial Intelligence) • Counseling • Prevention • Social Impact • Psychosocial impact • Community Implication • Prevalence / algorithms	Professionalism & Behavior Components: Appropriate dressing & white coat College ID cardwith picture Behavior Level of Confidence/ Non verbal Body language Communication Skills Language of Communication Volume of vosce Clarity & fluency of speech Understanding of questions	Total marks obtained out of 25
			Cl (5Marks)	C2 (8 Marks)	Q=3 C3 (6 Marks)	C1/C2/C3 (2 Marks)	Prioritizing the answers A3 (4 Marks)	
	-							
_								
	-							

*Objective Structured Practical Examination (OSPE) will be held in end of block assessment.

Department of Biochemistry GIT Module - I (Structured Viva)

	Date:		Time:	ne		
Roll No.	Classification / Definition/ Enumerate (C1) (05 Marks)	Metabolic role/ Mechanism of action/ Physiological mechanism (C2) (08 Marks)	Related clinical disorders/ Pathogenesis (C3) (07 Marks)	Additional domains of Knowledge to be assessed Family Medicine, Artificial Intelligence, Ethics and Research (C1, C2, C3) (03 Marks)	Professionalism & Behavior (A3) (02 Marks)	Total marks (25)

*Objective Structured Practical Examination (OSPE) will be held in end of block assessment.

Rawalpindi Medical University 2nd Year MBBS Model MCQS (USMLE Format)

 A 28-year-old female presents to the emergency department with acute abdominal pain localized to the upper left quadrant, along with nausea and vomiting. The patient reports having had intermittent episodes of indigestion over the past several months. On physical examination, she is afebrile, and vital signs are stable. Abdominal examination reveals mild tenderness in the epigastric region. Imaging studies reveal a small cystic structure behind the stomach. Which of the following developmental processes is most likely responsible for the formation of this structure? A) Left subclavian lymph nodes B) Internal thoracic (mammary) lymph nodes C) Left axillary lymph nodes D) Right axillary lymph nodes 	Anatomy
 E) Left supraclavicular lymph nodes 2. A 45-year-old male presents to the clinic with complaints of frequent and urgent bowel movements after meals, particularly after eating large meals. He reports feeling the need to have a bowel movement within 30 minutes of eating, especially after a heavy lunch. The patient is otherwise healthy, and no other gastrointestinal symptoms such as pain or bloating are present. Upon further questioning, the patient mentions that he has noticed this pattern for the past few months, which tends to occur more frequently when he consumes large meals. Which of the following reflexes is most likely responsible for initiating the mass movements observed in this patient? A) Cristae B) Mitochondrial matrix C) Outer membrane D) Inner membrane E) Outer chamber 	Physiology
 3. A 7-year-old boy with a history of frequent hypoglycemic episodes presents to the clinic. His mother reports that he often experiences severe low blood sugar, particularly after periods of fasting or prolonged physical activity. His laboratory results show a marked increase in liver size (hepatomegaly), but no significant muscle weakness. Genetic testing confirms a diagnosis of von Gierke's disease (Type I glycogen storage disease), a disorder affecting glycogen metabolism. Which of the following statements about glycogen metabolism is most accurate in the context of this disease? A) Transfers information from DNA to ribosomes B) Transfers information from mRNA to cytosol C) Transfers amino acids from cytosol to ribosomes D) Transfers proteins from cytosol to ribosomes E) Transfers proteins from ribosomes to the Golgi apparatus 	Biochemistry
 4. A 60-year-old patient is diagnosed with a chronic condition and given several treatment options, each with varying degrees of risk and benefit. The patient carefully considers the options and decides to pursue a less invasive treatment, despite the doctor's recommendation for a more aggressive approach. The doctor provides all the necessary information, ensuring the patient understands the potential outcomes and respects their decision. A) Beneficence B) Justice C) Autonomy D) Non-maleficence E) Paternalism 	Spiral Courses Bioehtics

Rawalpindi Medical University 2nd Year MBBS Model EMQ

1. A 3-year-old child presents to the pediatric clinic with a noticeable bulge near the belly button. The bulge becomes more prominent when the child cries or coughs and appears to reduce in size when the child is lying down. The child has no associated pain, vomiting, or changes in bowel movements. Upon examination, a soft, non-tender mass is noted at the umbilicus, which is easily reducible.

Options for Questions:

- A. Congenital defect in the closure of the umbilical ring
- B. Increased intra-abdominal pressure
- C. Failure of complete fusion of the fascial layers
- D. Common in premature infants
- E. Often self-resolves by 1-2 years of age
- F. Surgical repair is generally recommended if symptoms persist after 4-5 years of age

Questions:

- 1. What is the most likely cause of this child's umbilical hernia?
- 2. Which factor is most associated with the increased occurrence of umbilical hernia in infants?
- 3. What is the usual course of management for most cases of umbilical hernia in infants?
- 4. At what age would surgical intervention be typically considered for an umbilical hernia if it does not resolve spontaneously?
- 5. Which of the following is a contributing factor to the development of an umbilical hernia in this patient?

Rawalpindi Medical University 1st Year MBBS Model SEQs & SAQs (USMLE Format)

 A 10-year-old boy is brought to the emergency department with a 24-hour history of lower abdominal pain, nausea, and intermittent vomiting. The pain is localized to the right lower quadrant, and the patient has had mild fever. There is no history of recent trauma. His past medical history is unremarkable. Physical examination reveals tenderness in the right lower quadrant, but no signs of peritonitis. Blood tests show mild leukocytosis. An ultrasound is inconclusive, so a CT scan is performed, revealing a small diverticulum located 70 cm from the ileocecal valve, a. What is the most likely diagnosis in this patient based on the imaging findings? (1) b. What embryological abnormality leads to the formation of Meckel's diverticulum? (1) c. What is the most common complication of Meckel's diverticulum? (1) d. How does Meckel's diverticulum typically present in children? (1) e. What is the treatment of choice for symptomatic Meckel's diverticulum? (1) 	Anatomy
 A 5-year-old child visits an amusement park and enjoys several rides. After taking a rotatory ride, the child suddenly complains of nausea, vomiting, and a sensation of spinning (vertigo). The child is visibly uncomfortable and has difficulty standing due to dizziness. The child's vital signs are stable, and there is no history of any previous medical conditions. The parents are concerned, as they have never seen this happen before, and bring the child to the clinic. a. What is the most likely cause of the child's symptoms following the rotatory ride? b. What physiological process explains the development of nausea and vertigo in this case? c. How does the inner ear contribute to balance, and what part is most likely involved in this scenario? d. What are some common treatments or interventions to help alleviate symptoms of motion sickness in children? e. What other conditions could present similarly to motion sickness and should be considered in the differential diagnosis? 	Physiology
 2. A 32-year-old male presents to the clinic with complaints of heartburn, acid reflux, and occasional stomach discomfort. He reports that these symptoms worsen after eating spicy or fatty foods and when lying down. Upon further questioning, the patient admits to a history of alcohol consumption and high-stress levels. His physical examination reveals mild tenderness in the epigastric region. Based on the symptoms and history, the physician suspects gastroesophageal reflux disease (GERD). The doctor explains to the patient the role of gastric juice in digestion and how excessive secretion or improper regulation can contribute to the development of GERD. a. What are the main components of gastric juice? b. What role does hydrochloric acid (HCl) play in the stomach's digestive process? c. How does pepsin function in the stomach, and what is its role in digestion? d. What is the role of intrinsic factor in gastric juice, and why is it important? e. How can an imbalance in gastric juice secretion contribute to conditions like GERD? 	Biochemistry

Rawalpindi Medical University 2nd Year MBBS Model AV OSPE

Slide 1 / Video

Core Knowledge with Horizontal / Vertical / Spiral Integration

Topic: Erbs Palsy

Teaching Strategy: Small Group Discussion

Requirements: Answer sheet, Pen

Objective: To Asses the Knowledge of Students Regaring Nerves Injuries in Upper Limb



1.	Name the clinical condition shown in video / slide?	(01)
2.	What is the primary cause of this clinical condition?	(01)
3.	What are the key features observed in the prenatal ultrasound of a fetus in above condition?	(01)
4.	Which clinical sign is often associated with this condition in newborns?	(01)
5.	What are the potential complications of this condition after birth?	(01)