

 MEDICINE & ALLIED SPECIALITIES

 STUDY GUIDE

 4TH YEAR MBBS 2025

**Message of Vice Chancellor, Rawalpindi Medical University**

The four year MBBS year is a crucial bridge between classroom learning and clinical practice. Our curriculum emphasizes a blend of interactive sessions (LGIS), diverse clinical placements, and ongoing assessments to nurture competent and compassionate future physicians.

Teaching hours, learning components, and assessment methods are detailed within this document. Faculty are dedicated mentors, while students are expected to be active, engaged learners. Continuous internal assessments and the Pre-Annual Assessment ensure readiness for the fourth year Professional Assessment.

 Together, we have a shared responsibility to uphold the highest standards of medical education. Let us collaborate to ensure our graduates are well-prepared to excel as junior doctors and make a positive impact on the communities they serve

Professor Muhammad Umar ( Hilal-a-e-Imtiaz &

 Sitar-a-e-Imtiaz)

**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.

The fourth year of MBBS is about integrating knowledge, practicing skills, and developing the professional values that will guide your career. Rawalpindi Medical University's mission statement sets the foundation for this comprehensive and holistic training.

***INTRODUCTION***

Medicine and Allied specialties are taught in all five years of MBBS program of Rawalpindi Medical University, Rawalpindi. Fourth year Medicine and Allied Teaching is divisible into Large Group Interactive Sessions (LGIS) and Clinical Clerkship/Rotation in Wards. This teaching is aligned with and component of main modules of 4th Year This document provides outline of Fourth Year MBBS Medicine and Allied specialties teaching.

## MEDICINE & ALLIED SPECIALITIES

##  4TH YEAR MBBS

LGIS

Medicine & Allied

Teaching 4th Year MBBS

Clinical

Teaching

 **FRAMEWORK OF-MEDICINE & ALLIED SPECIALITIES 4TH YEAR MBBS**

|  |  |  |
| --- | --- | --- |
|  | **Schedule Duration****Weekly** | **Hours** |
| Interactive LGIS | 1 hour,2/week = 2/week Endocrinology 8, Reproduction 8 ,Renal Medicine 11 , CNS 6,Rheumatology 2,Psychiatry 4, Dermatology 12 | 51 hour |
| Clinical Clerkship in Wards |  10.30 – 0200pm,4 days a week=14hour/weekNephrology (1 week), Dermatology(1 week) Family medicine and Preventive health (1 week) Psychiatry (3 weeks) | 84 hours |
| Evening in Ward and Emergency | 3 hours, twice a week = 6 | 36 hours |
|  | 1 hour,2 times week = 2 hours/week | 18 hours |
|  |  | 189 hours |



#  MEDICINE AND ALLIED

**LGIS DETAILS FOR FOURTH YEAR MBBS 2025**

|  |
| --- |
| ENDOCRINOLOGY |
| **Sr #** | **DATE** | **DAY** | **TEACHER** | **SPECIALITY** | **TOPIC** | **Specific Learning Objectives (SLO)** | **MOT/****MIT** | **Level of****Cognition** | **Affective** |
|  | **C1** | **C2** | **C3** |  |
| 1 | 28-02-2022 | MONDAY | Dr SHAHZAD MANZOOR / Dr NIDA | ENDOCRINOL OGY | ACROMEGALY | At the end of lecture, students will be able to apply:* Identify clinical presentation and physical findings in acromegaly.
* Describe laboratory workup of acromegaly.
* Explain various therapeutic options in management of acromegaly
* Recall clinical conditions associated with acromegaly
 | LGIS/ PPT |  |  | ➹ | **A3** |
| 2 |  | TUESDAY | Dr SHAHZAD MANZOOR / Dr SAIMA AMBREEN | ENDOCRINOL OGY | DIABETES INSIPIDUS | At the end of lecture, students will be able to:* Explain the clinical presentation and physical findings in DI.
* Differentiate between central DI and nephrogenic DI and describe etiology of both types.
* Describe importance of water deprivation test in diagnosis and differentiation between both types of DI

Discuss various treatment options available for management of diabetes insipidus. | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 3 |  | WEDNESDAY | Dr MOJEEB KHAN / Dr NIDA | ENDOCRINOL OGY | DIABETES AND HYPOGLYCEMIA | At the end of lecture, students will be able to:Enlist types of diabetes mellitus. Diagnose diabetes mellitus.Develop management plan for diabetes mellitus, including both pharmacological and nonpharmacological therapies. Identify clinical features of hypoglycemia and discuss management plan | LGIS/PPT |  |  | ➹ | **A3** |
| 4 |  | THURSDAY | Dr MOJEEB KHAN/ Dr NIDA | ENDOCRINOL OGY | THYROID DISORDERS (HYPOTHYROIDI SM) | 1. Recall Pathophysiology of thyroid disorders
2. Discuss causes and clinical feature of Hypothyroidism
3. Outline basic management points of Hypothyroidism
4. Discuss various complications of Hypothyroidism and myxedema coma
 | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 5 |  | MONDAY | Dr MOJEEB KHAN / Dr NIDA | ENDOCRINOL OGY | THYROID DISORDERS (HYPERTHYROID ISM) | At the end of lecture, students will be able to:1. Recall Pathophysiology of thyroid disorders
2. Discuss causes and clinical feature of Hyperthyroidism
3. Outline basic management points of Hyperthyroidism
4. Discuss various complications of Hyperthyroidism and Thyrotoxic crises
 | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 6 |  | TUESDAY | Dr MOJEEB KHAN / Dr NIDA | ENDOCRINOL OGY | Diabetes Mellitus/DKA | At the end of lecture, students will be able to: Define Diabetes ketoacidosis Discuss its clinical features Plan relevant investigationsDiagnose and manage complications of diabetes mellitus. (DKA, HONK)Discuss treatment and management plan. Outline DKA and its managementCounsel the parents.Do follow-up | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 7 |  | WEDNESDAY | Dr SAIMA AMBREEN /Dr MOJEEB KHAN | ENDOCRINOL OGY | Cushing’s Syndrome and Addison’s Disease | At the end of lecture, students will beable to:Identify clinical presentation of Cushing’s disease and describe diagnostic workup and management plan of Cushing’s syndrome.Differentiate between Cushing’s disease and syndrome. Enlist various causes of Cushing’s syndromeIdentify causes and clinical features of Addison’s disease Differentiate between primary and secondary Addison’s disease | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 8 |  | THURSDAY | Dr MOJEEB KHAN / DR NIDA | ENDOCRINOLOGY | HYPERALDOSTE RONISM | 1. Discuss clinical features and investigations to confirm diagnosis
2. Discuss Management plan and complications of each disease separataely
 | Case Vignette |  |  | ➹ | **A3** |
| **REPRODUCTION / RHEUMATOLOGY** |
| 9 |  | TUESDAY | Dr MUHAMMAD ARIF / Dr Arslan | REPRODUCTIO N | HYPERTENSION (Pre eclampsia, Eclampsia) | At the end of lecture, students will be able to:1. Recall Etiology, pathophysiology of Gestational diabetes mellitus and Hypertensive diorders in pregnancy
2. Explain risk factors, clinical features and investigations to confirm diagnosis
3. Construct management plan of each disorder and discuss complications of these conditions

for both fetus and mother | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 10 |  | WEDNESDAY | Dr MUHAMMAD ARIF / Dr FARAN MAQBOOL | REPRODUCTIO N | ASTHMA AND PREGNANCY | At the end of lecture, students will be able to:1. Explain the effects of pregnancy on asthma
2. Explain risk factors, clinical features and investigations to confirm diagnosis
3. Discuss Treatment plan and appropriate medication to control asthma in pregnancy
 | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
|  |  |  |  |  |  | At the end of lecture, students will beable to: |  |  |  |  |  |
| 11 |  | THURSDAY | DR SHAMAILA MUMTAZ/ DR FARAN MAQBOOL | REPRODUCTION / RHEUMATOLO GY | RHEUMATOLOGI CAL ILLNESS AND PREGNANCY | 1. Review the effect of pregnancy on different

rheumatological diseases esp SLE, RA,Vasculitis, APLA1. Explain risk factors and change in clinical

features during pregnancy1. Discuss Treatment plan and appropriate medication that are safe in pregnancy and possible complications of untreated conditions for both fetus and mother
 | LGIS/PPT/Case Vignett |  |  | ➹ |  |
| 12 |  | MONDAY | Dr MUHAMMAD ARIF / Dr FARAN MAQBOOL | REPRODUCTIO N | ANEMIA IN PREGNANCY | At the end of lecture, students will be able to:1. Recall Etiology, pathophysiology and common types of Anemia in pregnancy
2. Explain risk factors for anemia, clinical features and investigations to confirm diagnosis
3. Construct management plan including prevention and discuss complications of anemia for both fetus and mother
 | LGIS/PPT/Case Vignett |  |  | ➹ |  |
| 13 |  | TUESDAY | Dr MUHAMMAD ARIF / Dr ARSLAN | REPRODUCTIO N | EPILEPSY AND PREGNANCY | At the end of lecture, students will be able to:1. Explain how does epilepsy effects pregnancy
2. know antieplieptics drugs which are safe in pregnancy and breastfeeding
3. Construct management plan and discuss complications of epilepsy for both fetus and mother
 | LGIS/PPT/Case Vignett |  |  | ➹ |  |
| 14 |  | WEDNESDAY | Dr MUHAMMAD ARIF / Dr ARSLAN | REPRODUCTIO N | LIVER DISORDERS AND THROMBOCYTO PENIA IN PREGNANCY | At the end of lecture, students will be able to:1. Explain etiologies and prevalence of thrmbocytopenia in pregnancy

thrombocytopenia, keeping in mind bothc) Brief overview of liver diseases during pregnancy and their management individually | LGIS/PPT/Case Vignett |  |  | ➹ |  |
|  |  |  |  |  |  | At the end of lecture, students will beable to: |  |  |  |  |  |
| 15 |  | THURSDAY | Dr MUHAMMAD ARIF / Dr NIDA | REPRODUCTIO N | INFECTIONS IN PREGNANCY | 1. Enlist common infections which occur more

frequently in pregnancy and risk factors for these infections1. know obstetric complications of infections
2. Treatment of infections in pregnancy and during breastfeeding
 | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 16 |  | MONDAY | Dr MUHAMMAD ARIF / Dr ARSLAN | REPRODUCTIO N | THROMBOTIC DISRODERS IN PREGNANCY ( DVT, CVT) | At the end of lecture, students will be able to:1. Discuss Etiologies and risk factors for common thrombotic disoders in pregnancy

to confirm thrombotic disorders in pregnancyc) Discuss appropriate anticoagulation therapy in pregnancy and breastfeeding | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 17 |  | TUESDAY | Dr MUHAMMAD ARIF / Dr ARSLAN | REPRODUCTIO N | DIABETES IN PREGNANCY | At the end of lecture, students will be able to:1. Review physiological changes associated with pregnancy
2. Effect of preexisting diabetes on pregnancy
3. Overview of Diabetes associated with pregnancy and their basic management
 | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 18 |  | THURSDAY | / DR MUDASSAR | NEPHROLOGY | INFECTION | disease1. Explain clinical features and investigations to confirm thediagnosis
2. Discuss Management plan including
 |  |  |  | ➹ | **A3** |
| 19 |  | MONDAY | DR ASMARA/ DR MUDASSAR | NEPHROLOGY | NEPHROTIC SYNDROME | At the end of lecture, students will be able to: .1. Review etiology and pathophysiology of disease b) Explain clinical features and investigations to confirm the diagnosis

c) Discuss Management plan including | LGIS/PPTCase Vignett |  |  | ➹ | **A3** |
| 20 |  | TUESDAY | DR ASMARA/ DR MUDASSAR | NEPHROLOGY | GLOMERULONE PHRITIS | At the end of lecture, students will be able to: .1. Explain Etiopathogenesis of disease
2. Classify and Describe clinical features of GN c) DIscuss

Investigations to confirm type of | LGIS/PPTCase Vignett |  |  | ➹ | **A3** |
| 21 |  | WEDNESDAY | DR ASMAR3/ DR MUDASSAR | NEPHROLOGY | ACUTE RENAL FAILURE | At the end of lecture, students will be able to describe:1. Etiology, pathophysiology and clinical features of this condition
2. Appropriate investigations to confirm diagnosis
3. Outline management plan of Acute renal failure
4. Complications of ARF and indications of dialysis in ARF
 | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 22 |  | THURSDAY | DR ASMARA/ DR MUDASSAR | NEPHROLOGY | CHRONIC KIDNEY DISEASE | At the end of lecture, students will be able to explain:1. Etiology, pathophysiology and clinical features of this condition
2. Staging and Appropriate investigations to confirm diagnosis
3. Complications and indications of dialysis in CRF

c) Outline management plan of Chronic kidney disease | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| **NEPHROLOGY** |
| 23 |  | WEDNESDAY | DR ASMARA/ DR MUDASSAR | NEPHROLOGY | OVERVIEW OF RENAL DISEASES | At the end of lecture, students will be able to: .a) Describe clinical manifestations of renal diseases b) Explain important investigations to diagnose Renal disorders | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 24 |  |  | DR ASMARA |  | URINARY TRACT | At the end of lecture, students will be able to: .a) Review etiology and pathophysiology of | LGIS/PPT/Case Vignett |  |  |  |  |
| 25 |  | MONDAY | DR ASMARA/ DR MUDASSAR | NEPHROLOGY | RENALREPLACEMENT THERAPY(Hemodialysis,Hemofiltration, Peritonealdialysis, Renal | At the end of lecture, students will be able to explain:1. Indications of Renal replacement therapy
2. Pros and Cons of each type of therapy
3. Complications and their management
 | LGIS/PPT/Case Vignette |  |  | ➹ | **A3** |
| 26 |  | TUESDAY | DR ASMARA/ DR MUDASSAR | NEPHROLOGY | RENAL DISEASE IN SYSTEMIC ILLNESS ( DM,HTN, Connective tissue disorders ) | At the end of lecture, students will be able to explain:1. Pathophysiology of Renal involvement in

systemic disease1. Laboratory investigations to confirm

diagnosis1. Management steps of each abnormality individually and complications
 | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 27 |  | WEDNESDAY | DR ASMARA/ DR MUDASSAR | NEPHROLOGY | ACUTE INTERSTITIAL NEPHRITIS | At the end of lecture, students will be able to: .1. Explain Etiology and pathogenesis of disease b)

Describe clinical features of AIN1. Discuss Investigations to confirm AIN
2. Outline management and discuss
 | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 28 |  | THURSDAY | DR ASMARA/ DR MUDASSAR | NEPHROLOGY | DOSE MODIFICATION IN RENAL DISEASE(Antibiotics, ATT) | At the end of lecture, students will be able to: .1. Explain effect of renal disease on metabolism and elimination of drugs
2. Enlist antibiotics that need dose modification in renal disease
3. Discuss Antituberculous therapy in presence of chronic kidney disease
 | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| **NEUROLOGY** |
| 29 |  |  | DR LUBNA MIRAJ |  | CNS | At the end of one hour lecture, studentswill be able to explain:1. Etiology and Pathophysiology of Acute

Meningitis |  |  |  |  |  |
| 30 |  | MONDAY | DR ARSHAD RABBANI | NEUROLOGY | INFECTIONS(Acute Meningitis) | 1. Clinical feature and investigations to confirm diagnosis, especially CSF findings in this disease
2. Management plan including appropriate antibiotics & enlist

complications of Acute meningitis | LGIS/PPT |  |  | ➹ | **A3** |
| 31 |  | TUESDAY | DR LUBNA MIRAJ (AP) / DR ARSHAD RABBANI | NEUROLOGY | CNS INFECTIONS(Tuberculous Meningitis) | At the end of lecture, students will be able to explain:1. Etiology and Pathophysiology of TBM
2. Clinical feature and investigations to confirm diagnosis, especially CSF findings in this disease
3. Management plan & enlist complications of TBM
 | LGIS/PPT |  |  | ➹ | **A3** |
| 32 |  | WEDNESDAY | DR LUBNA MIRAJ (AP) / DR ARSHAD RABBANI | NEUROLOGY | CNS INFECTIONS(Viral Encephalitis) | At the end of lecture, students will be able to explain:1. Etiological organisms and Pathophysiology of Encephalitis
2. Clinical feature and investigations to confirm diagnosis, especially CSF findings in this disease
3. Management plan & enlist complications of Encephalitis
 | LGIS/PPT |  |  | ➹ | **A3** |
| 33 |  | THURSDAY | DR LUBNA MIRAJ (AP) / DR ARSHAD RABBANI | NEUROLOGY | STROKE(Ischemic & Hemorrhagic Stroke) | At the end of lecture, students will be able to know:1. Etiology and pathophysiology of disease
2. Risk factors and Clinical features of stroke
3. Appropriate investigations to reach diagnosis
4. Management plan & recent advances

especially role of tPA and mechnical thrombectomy | LGIS/ PPT |  |  | ➹ | **A3** |
|  |  |  |  |  |  | At the end of lecture, students will beable to:* Explain types of epilepsies
 |  |  |  |  |  |
| 34 |  | MONDAY | DR LUBNA MIRAJ (AP) / DR ARSHAD RABBANI | NEUROLOGY | EPILEPSY | * know Etiology ,pathophysiology, clinical features, and investigations
* Describe Treatment of Status epilepticus
* Enlist Indications, contraindications and side effects of different antiepileptic drugs
* Know how to Withdraw antiepileptic thearpy

· know key differences of management ofEpilepsy in pregnancy | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| 35 |  | TUESDAY | DR LUBNA MIRAJ (AP) / DR ARSHAD RABBANI | NEUROLOGY | MOVEMENT DISORDERS( Parkinson's disease, Huntington's disease) | At the end of lecture, students will be able to explain:1. Etiology and Pathophysiology of movement disorders
2. Clinical features and diagnostic investigations of some common disorders
3. Outline Management plan including recent advances
4. Genetic component of disease and prognosis
 | LGIS/PPT/Case Vignett |  |  | ➹ | **A3** |
| **PSYCHIATRY** |
| 36 |  | WEDNESDAY | DR AZEEM / DR SADIA | PSYCHIATRY | DEPRESSION | At the end of lecture, students will beable to:1. Define depression keeping in view ICD 11 criteria for depressive illness
2. Discuss differential diagnosis and Prognosis of depressive patients
3. outline a management plan of a depressed patient keeping in view

etiological, psychopathological and epidemiological factors. d) identify the risk of self-harm / suicide in adepressed patients | LGIS/ PPT/ Case Vignette |  |  | ➹ | **A3** |
| 37 |  | THURSDAY | DR AZEEM / DR SADIA | PSYCHIATRY | BIPOLAR AFFECTIVE DISORDER | At the end of lecture, students will beable to:1. Define bipolar keeping in view ICD 10 criteria for Bipolar Affective Disorder (BAD)
2. Discuss differential diagnosis and Prognosis of BAD patients
3. outline a management plan of a BAD

patient keeping in view etiological, psychopathological and epidemiological1. Identify the risk factors in violent patients.

Devise a management plan for these patients. | LGIS/ PPT / Case Vignette |  |  | ➹ | **A3** |
| 38 |  | MONDAY | DR AZEEM / DR SADIA | PSYCHIATRY | ANXIETY AND STRESS DISORDER | At the end of lecture, students will beable to:1. Define this condition and Discuss epidemiology and risk factors associated with tis condition )
2. Discuss clinical features, differential diagnosis and prognosis of this condition
3. outline a management plan of these patients keeping in view etiological, psychopathological and epidemiological
 | LGIS/ PPT / Case Vignette |  |  | ➹ | **A3** |
| 39 |  | TUESDAY | DR AZEEM / DR SADIA | PSYCHIATRY | PSYCHOSIS | At the end of lecture, students will beable to:1. Define this condition and Discuss epidemiology and etiology of this condition )
2. Discuss clinical features, differential diagnosis and prognosis of this condition
3. outline a management plan of these

patients keeping in view etiological, psychopathological and epidemiological factors. | LGIS/ PPT / Case Vignette |  |  | ➹ | **A3** |
| **DERMATOLOGY** |
| 40 |  | WEDNESDAY | DR SHAWANA SHARIF (HOD) | DERMATOLOG Y | CLINICAL EVALUATION OF A RASH | At the end of lecture, students will be able to: .1. Describe symptoms associated with skin disease
2. Describe what is a primary lesion
3. Explain the types of primary lesion with LGIS/PPT/

example1. Describe what is a secondary lesion Clinical
2. Explain the types of such lesion with Vignette

example1. Tell the important pearls of history and examination
2. Explain the diagnostic details of basic skin lesions
 |  |  | ➹ | **A3** |  |
| 41 |  | THURSDAY | DR SHAWANA SHARIF (HOD) | DERMATOLOG Y | APPROACH TO A PATIENT WITHPSORIASIS | At the end of lecture, student should be able to: .1. Describe the risk factors of psoriasis
2. Describe the types according to LGIS/PPT/

morphology Clinical1. Explain the modification of psoriasis by

site Vignette1. Describe the clinical features of psoriasis
2. Explain the features of psoriatic arthritis
 |  |  | ➹ | **A3** |  |
| 42 |  | MONDAY | DR SHAWANA SHARIF (HOD) | DERMATOLOG Y | APPROACH TO A PATIENT WITH ECZEMATOUS DISORDERS | At the end of lecture, students will be able to: .1. Define eczema
2. Classify eczema on basis of duration and etiology
3. Differentiate different types of endogenous eczema on basis of clinical findings
4. Differentiate different types of exogenous eczema on clinical findings
5. Order appropriate investigations
6. Give treatment appropriate to the subtype of eczema
 | LGIS/PPT/Clinical Vignette |  |  | ➹ | **A3** |
| 43 |  | TUESDAY | DR SHAWANA SHARIF (HOD) | DERMATOLOG Y | APPROACH TO A PATIENT WITH BACTERIAL SKIN INFECTIONS AND SCABIES | At the end of lecture, students will be able to:.1. Classify common streptococcal skin diseases
2. Identify clinical features of direct streptococcal cutaneous infections
3. Identify clinical features of toxin mediated streptococcal cutaneous infections
4. Classify common staphylococcal skin diseases
5. Identify clinical features of direct staphylococcal cutaneous infections
6. Identify clinical features of toxin mediated streptococcal cutaneous

infections1. Treat different types of cutaneous
 | LGIS/PPT/Clinical Vignette |  |  | ➹ | **A3** |
| 44 |  | WEDNESDAY | DR SHAWANA SHARIF (HOD) | DERMATOLOG Y | APPROACH TO A PATIENT WITH FUNGAL AND VIRAL SKIN INFECTIONS | At the end of lecture, students will be able to: .1. Classify cutaneous fungal infections
2. Identify different patterns of superficial fungal infections
3. Make an appropriate diagnosis of superficial fungal infections
4. Treat different types of dermatophytosis
5. Classify common viral infections of skin
6. Recognize clinical features of different viral infections
7. Treat cutaneous viral infections
 | LGIS/PPT/Clinical Vignette |  |  | ➹ | **A3** |
| 45 |  | THURSDAY | DR SHAWANA SHARIF (HOD) | DERMATOLOG Y | APPROACH TO A PATIENT WITH ACNE AND MELASMA | At the end of lecture, students will be able to: .* Elaborate the pathophysiology of acne
* Clinical features of acne
* Treat acne according to type and severity
* Identify melasma
* Differentiate melasma from other differentials
* Treat appropriately a case of melisma
 | LGIS/PPT/Clinical Vignette |  |  | ➹ | **A3** |
| 46 |  | TUESDAY | DR SHAWANA SHARIF (HOD) | DERMATOLOG Y | APPROACH TO A PATIENT WITH BACTERIAL SKIN INFECTIONS AND SCABIES | At the end of lecture, students will be able to:.1. Classify common streptococcal skin diseases
2. Identify clinical features of direct streptococcal cutaneous infections
3. Identify clinical features of toxin mediated streptococcal cutaneous infections
4. Classify common staphylococcal skin diseases
5. Identify clinical features of direct staphylococcal cutaneous infections
6. Identify clinical features of toxin mediated streptococcal cutaneous

infections1. Treat different types of cutaneous
 | LGIS/PPT/Clinical Vignette |  |  | ➹ | **A3** |
| 47 |  | WEDNESDAY | DR SHAWANA SHARIF (HOD) | DERMATOLOG Y | APPROACH TO A PATIENT WITH FUNGAL AND VIRAL SKIN INFECTIONS | At the end of lecture, students will be able to: .1. Classify cutaneous fungal infections
2. Identify different patterns of superficial fungal infections
3. Make an appropriate diagnosis of superficial fungal infections
4. Treat different types of dermatophytosis
5. Classify common viral infections of skin
6. Recognize clinical features of different viral infections
7. Treat cutaneous viral infections
 | LGIS/PPT/Clinical Vignette |  |  | ➹ | **A3** |
| 48 |  | THURSDAY | DR SHAWANA SHARIF (HOD) | DERMATOLOG Y | APPROACH TO A PATIENT WITH ACNE AND MELASMA | At the end of lecture, students will be able to: .* Elaborate the pathophysiology of acne
* Clinical features of acne
* Treat acne according to type and severity
* Identify melasma
* Differentiate melasma from other differentials
* Treat appropriately a case of melisma
 | LGIS/PPT/Clinical Vignette |  |  | ➹ | **A3** |
| 49 |  | THURSDAY | DR SHAWANA SHARIF (HOD) | DERMATOLOG Y | APPROACH TO A PATIENT WITH NAIL DISORDERS | At the end of lecture, students will be able to: .1. Know the anatomy of nail apparatus
2. Identify nail diseases
3. Know the common associations of nail diseases with systemic disorders
4. Know the tumors arising in nail apparatus
5. Nail changes of common skin
 | LGIS/PPT/Clinical/Vignette |  |  | ➹ | **A3** |
| 50 |  | MONDAY | DR SHAWANA SHARIF (HOD) | DERMATOLOG Y | APPROACH TO A PATIENT WITH URTICARIA | At the end of lecture, students will be able to:1. Identify lesions of urticarial and angioedema
2. Know brief pathophysiology of urticaria
3. Describe causes of urticaria
4. Investigate a case of urticaria
5. Treat a case of urticarial
 | LGIS/PPT/Clinical Vignette |  |  | ➹ | **A3** |
| 51 |  | TUESDAY | DR SHAWANA SHARIF (HOD) | DERMATOLOG Y | APPROACH TO A PATIENT WITH BULLOUS DISORDERS | At the end of lecture, students will be able to:* Classify vesicobullous eruptions on the basis of aetiology
* Know about common vesicobullous eruptions.
* examine a patient with vesicobullous eruption
* diagnose a patient with

vesiculobullous eruptions | LGIS/PPT/Clinical Vignette |  |  | ➹ | **A3** |
| 52 |  | WEDNESDAY | DR SHAMAILA MUMTAZ/ DR FARAN MAQBOOL | RHEUMATOLO GY | OVERVIEW OF RHEUMATOLOGI CAL DISORDERS | At the end of lecture, students will be able to:1. Describe clinical manifestations of rheumatological diseases
2. Explain important investigations to diagnose Rheumatolgical disorders
3. Discuss DMARDS and biological agents and their role in rheumatolgical disorders
 | LGIS/PPT/Clinical Vignette |  |  | ➹ | **A3** |



# MEDICINE AND ALLIED CLINICAL ROTATION DETAILS

**FOURTH YEAR MBBS 2025**

**MODULE # 1: NEPHROLOGY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Specialty** | **TOPIC** | **Specific Learning Objectives**  | **Cognition** | **Psychomotor** | **attitude** | **MOT/MIT** | **Check list**  |
| **Cognition** | **Skills** | **Attitude**  | **C1** | **C2** | **C3** | **P1** | **P2** | **P3** | **A1** | **A2** |  |  |
| Monday | Approach to a patient with AKI | Students will be able to:1. Recall etiology & pathophysiology of disease
2. Discuss clinical features & Investigations to confirm the diseases
3. Describe management plan including complications, impact of disease on functional status of patient
 | Students will be able to:1. Take history and perform relevant examination
2. Perform Interpretation of related investigations
3. practice prescription writing
4. Observe and perform pleuritic tap if indicated.
5. e) Assist HCW in management of AKI patient
 | Students will be able to:a) Take Consent for History, Clinical Examination and Procedures.b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. |  |  | 🗸 |  |  | 🗸 |  | 🗸 | AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (GrandWard Rounds, Teaching Ward Rounds) / LAB WORK | a) fluid status assessmentb) neurologic assessment for uremic encephalopathyc) lab investigations interpretation including rfts, S/E, iPTH urine analysis and ultrasound d) classify AKI |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tuesday | Approach to a patient with CKD | Students will be able to:1. Recall etiology & pathophysiology of disease
2. Discuss clinical features & Investigations to confirm the diseases
3. Describe management plan including complications, impact of disease on functional status of patient
 | Students will be able to:1. a) Take history and perform relevant examination
2. b) Perform Interpretation of related investigations
3. c) practice prescription writing
4. d) Observe and perform ascitic and pleuritic tap if indicated

e) Assist HCW in management of CKD patient | Students will be able to:a)Take Consent for History, Clinical Examination and Procedures.b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. |  |  | 🗸 |  |  | 🗸 |  | 🗸 | AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (GrandWard Rounds, Teaching Ward Rounds) / LAB WORK | a) fluid status assessmentb) neurologic assessment for uremic encephalopathyc) lab investigations interpretation including rfts, S/E, iPTH urine analysis and ultrasound d) classify CKD |
| Wednesday | Approach to a patient on HD | Students will be able to:1. Recall etiology & pathophysiology of disease
2. Discuss clinical features & Investigations to confirm the diseases
3. Describe management plan including complications, impact of disease on functional status of patient
 | Students will be able to:1. a) Take history and perform relevant examination
2. b) Perform Interpretation of related investigations
3. c) practice prescription writing
4. d) Observe and perform Joint aspiration and Intraarticular injection

e) Assist HCW in management of HD patient | Students will be able to:a)Take Consent for History, Clinical Examination and Procedures.b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. |  |  | 🗸 |  |  | 🗸 |  | 🗸 | AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (GrandWard Rounds, Teaching Ward Rounds) / LAB WORK | a) fluid status assessmentb) neurologic assessment for uremic encephalopathyc) lab investigations interpretation including rfts, S/E, iPTH urine analysis and ultrasound d) identify complication of HDe) AVF examination |

**MODULE # 2: DERMATOLOGY**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Specialty** | **TOPIC** | **Specific Learning Objectives**  | **Cognition** | **Psychomotor** | **attitude** | **MOT/MIT** | **Check list**  |
| **Cognition** | **Skills** | **Attitude**  | **C1** | **C2** | **C3** | **P1** | **P2** | **P3** | **A1** | **A2** |  |  |
| Monday | Approach to common skin disorders | Students will be able to:1. Recall etiology & pathophysiology of disease
2. Discuss clinical features & Investigations to confirm the diseases
3. Describe management plan including complications, impact of disease on functional status of patient
 | Students will be able to:1. Take history and perform relevant examination
2. Perform Interpretation of related investigations
3. practice prescription writing
4. Observe and perform pleuritic tap if indicated.
5. e) Assist HCW in management of patient
 | Students will be able to:a) Take Consent for History, Clinical Examination and Procedures.b) Counsel and educate patient about disease, its diagnosis, treatment and outcome. |  |  | 🗸 |  |  | 🗸 |  | 🗸 | AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (GrandWard Rounds, Teaching Ward Rounds) / LAB WORK | a) comedones,papules,pustules,nodules,cystsb) dry skin,itching,redness,small bumps, thick scaly red plaquesc) blisters,crustihg ,,white patches, loss of skin pigmentation, butterfly rashd) brown or black growths, swelling of skin, raised thick scars, linear atrophic lesionse) dermoscopy,skin examination |
| Tuesday | Approach to a patient Cutaneous Infections & Dermatologic Emergencies | Students will be able to:a)Recognize life-threatening dermatologic emergencies (SJS/TEN, necrotizing fasciitis)b).Recall etiology & pathophysiology of diseasesc)Discuss clinical features & Investigations to confirm the diseasesd)Describe management plan including complications, impact of disease on functional status of patient | Students will be able to:a) Take history and perform relevant examinationb) Perform Interpretation of related investigationsc) practice prescription writingd) Understand antibiotic/antifungal selectione) Assist HCW in management of patient | Students will be able to:a)Take Consent for History, Clinical Examination and Procedures.b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.c) Empathy in chronic skin diseases d)Skin scraping, KOH prep, emergency stabilization d)Counsel on hygiene & adherence to treatment |  |  | 🗸 |  |  | 🗸 |  | 🗸 | AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (GrandWard Rounds, Teaching Ward Rounds) / LAB WORK | a) Woods lamp examination b)butterfly rash, discoid rash,photosensitivity,hair loss, oral ulcers, nail changes, lupus profundus,subacute cutaneous lupusc)fever, skin tenderness,erythemanikolsky’s sign, blisters and erosions, skin peeling, mucous membrane involvementd)pain,swelling,erythema,bullae,necrosis,sloughing,foul ordor,eschar formation, skin loss |
| Wednesday | Approach to a patient Vesiculobullous Disorders & Skin Tumors | Students will be able to:a) - Recognize and classify bullous dermatoses.b)Recall etiology & pathophysiology of diseasec)Discuss clinical features & Investigations to confirm the diseasesd)Describe management plan including complications, impact of disease on functional status of patientd) Identify benign vs. malignant skin lesions | Students will be able to:1. a) Take history and perform relevant examination
2. b) Perform Interpretation of related investigations
3. c) practice prescription writing
4. d) Assist HCW in management
 | Students will be able to:a)Take Consent for History, Clinical Examination and Procedures.1. b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.
2. c)Discuss biopsy indications and referral
3. d) Assist in biopsy, perform blister roof examination
 |  |  | 🗸 |  |  | 🗸 |  | 🗸 | AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (GrandWard Rounds, Teaching Ward Rounds) / LAB WORK | a) skin examination for vesicles,bullae,crusting,erosioms,scarringb) itching,pain,fever,malaisec) presence of brown, black or tan growths, rough scaly patches, whites patches or plaques on the lips or inside the mouthd) biopsy and blister roof examination |
| Thursday |  |  WARD | TEST |  |  |  |  |  |  |  |  |  |  |  |

# MODULE # 3: FAMILY MEDICINE AND PREVENTIVE HEALTH

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Specialty** | **TOPIC** | **Specific Learning Objectives**  | **Cognition** | **Psychomotor** | **attitude** | **MOT/MIT** | **Check list**  |
| **Cognition** | **Skills** | **Attitude**  | **C1** | **C2** | **C3** | **P1** | **P2** | **P3** | **A1** | **A2** |  |  |
| Monday | Approach to Common Primary Care Conditions | Students will be able to:a) Identify and classify common primary care conditions (e.g., HTN, DM, COPD, asthma). – b) Recognize clinical features, screening tools, and diagnostic approaches. – c)Discuss management plans, including lifestyle modifications | Students will be able to:1. Take history and perform relevant examination
2. Perform Interpretation of related investigations
3. practice prescription writing

n) Assist HCW in management of patient | Students will be able to:a) Take Consent for History, Clinical Examination and Procedures.b) Counsel and educate patient about disease, its diagnosis, treatment and outcome:c) Empathy in chronic illness. |  |  | 🗸 |  |  | 🗸 |  | 🗸 | AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (GrandWard Rounds, Teaching Ward Rounds) / LAB WORK | a) Blood pressure,pulse,temperature, respirator rateb)Neurological examination,Fundoscopy,spirometryc) Chest examination and relevantd) Cyanosis,JVP,Apex beat |
| Tuesday | Health Promotion & Preventive Medicine | Students will be able to:a) Understand levels of prevention (primary, secondary, tertiary). – b)Implement vaccination schedules and screening guidelines | Students will be able to:a)Administer vaccines b) Perform risk assessment screeningc Patient-centered prevention strategies d Health promotion advocacy | Students will be able to:a) - Educate patients on modifiable risk factorsb) Counsel and educate patient about health significance and importance of prevention.d)Counsel on hygiene  |  |  | 🗸 |  |  | 🗸 |  | 🗸 | AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (GrandWard Rounds, Teaching Ward Rounds, Health Talks) /  | Perform health screenings and counsel 2 patients |
| Wednesday | Community Health & Common Infectious Diseases | Students will be able to:a) Recognize common community-acquired infections (e.g., TB, hepatitis, typhoid, and dengue). b) Understand outbreak investigation and public health measures. – c) Discuss antimicrobial stewardship. | Students will be able to:a)Interpret lab findings 1. b)Administer point-of-care testing

e.g., RDT for malaria, HbA1c) | Students will be able to:a) : Ethical considerations in public health interventions b)Infection control measures |  |  | 🗸 |  |  | 🗸 |  | 🗸 | AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (GrandWard Rounds, Teaching Ward Rounds) / LAB WORK Community Outreach | a) Participate in public health education)screen 2 patients for infectious diseases. |
| THURSDAY |  | WARD  | TEST |  |  |  |  |  |  |  |  |  |  |  |

**MODULE # 4: PSYCHIATRY**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Day** | **Topics** | **Specific Learning Objectives** | **Cognition** | **Psychomotor** | **Attitude** | **MOT/MIT** | **Facilitators** |
| **Cognition** | **Skill** | **Attitude** | **C1** | **C2** | **C3** | **P1** | **P2** | **A1** | **A2** |  |  |
| Day 1 | Monday | Introduction of the Institute Introduction to the clinical attachmentAllocation to groupsDistribution of the history books  | Student should be aware of the most common presentation of psychiatric illnesses in outpatient and inpatient departments.  |  |   | √ | √ |  |  |  |  |  | Case observation in class room  | Professor Asad Tamizuddin Nizami |
| Day 2 | Tuesday | History taking & demonstration of history taking in psychiatric patients  | The student should be able to: Discuss the predisposing, precipitating and maintaining factors in terms of bio-psycho-social model Discuss the differential diagnosisEnlist differential diagnosis with rationale | The student should be able to: Be able to elicitcharacteristic symptoms and signsof psychiatric illnesses Demonstrate the history taking skills  | Take Consent for History & Physical Examination with empathy   |  | √ | √ |  | √ |  | √ | Case observation in WardSGD | Dr Muhamad Kashif |
| Day 3 | Wednesday | Mental state examinationReview history taking and mental state examination Demonstration of MSE | The student should be able to: Discuss the differential diagnosis based on psychopathology found in mental state examinations  | The student should be able to: Be able to elicitrelevant psychopathology in patients suffering from psychiatric illnesses  | Take Consent for MSE with empathy   |  |  |  |  |  |  |  |  | Dr Muhammad Azeem Rao |
| Day 4 | Thursday | Approach to a patient of Stress related disorders | The student should be able to: Enlist types of stress related disorders Define the ICD 11 diagnostic criteria all stress related disordersDiscuss the etiology in terms of bio-psycho-social factors Discuss the brief management plan | The student should be able to: Conduct a safe interview with non-confrontational questioningElicit the symptoms of Stress related disorders Assess possible risk of harm to self and others | The student should be able to: Take Consent for History, Physical Examination and MSE with empathy Provide informational care to the patient and the family with sensitivityEstablish rapport with sensitivity and psycho educate the patient and the care giver about the course and prognosis of illness |  |  |  |  |  |  |  |  | Dr Mehmood Ali Khan |
| Day 5 | Monday | Approach to a patient of Anxiety Disorders/ OCD | The student should be able to: Define the ICD 11 diagnostic criteria of OCD and Anxiety disorders Able to differentiate it from anxiety related to organic disorders Discuss the etiology in terms of bio-psycho-social factors Enlist differential diagnosis with rationaleDiscuss the brief management plan | The student should be able to: Conduct a safe interview with non-confrontational questioningElicit the symptoms of Anxiety- disorders/ OCDAssess possible risk of harm to self and others | The student should be able to: Take Consent for History, Physical Examination and MSE with empathy Provide informational care to the patient and the family with sensitivityEstablish rapport with sensitivity and psycho educate the patient and the care giver about the Dr course and prognosis of illness |  |  |  |  |  |  |  |  | Dr Sadia Yasir |
| Day 6 | Tuesday | Approach to a patient of Depressive Disorder  | The student should be able to: Classify depressive illness (Mild, Moderate and Severe) Enlist differential diagnosis with rationaleDiscuss the brief management plan  | Conduct a safe interview with non-confrontational questioningElicit the symptoms of Depression Assess possible risk of harm to self and others | Take Consent for History, Physical Examination and MSE with empathy Provide informational care to the patient and the family with sensitivityEstablish rapport with sensitivity and psycho educate the patient and the care giver about the course and prognosis of illness |  | ✓ |  | ✓ |  | ✓ |  |  | Dr Zona Tahir |
| Day 7 | Wednesday | Approach to a patient of **Bipolar Affective Disorder** | The student should be able to:  Identify the common presentations of Mania/ Depressive Symptoms Discuss the etiology in terms of bio-psycho-social factors Enlist differential diagnosis with rationale and devise a management plan  | The student should be able to:Conduct a safe interview with non-confrontational questioningElicit the symptoms of Mania/ Depression Assess possible risk of harm to self and others | The student should be able to:  Take Consent for History, Physical Examination and MSE with empathy Provide informational care to the patient and the family with sensitivityEstablish rapport with sensitivity and psycho educate the patient and the care giver about the course and prognosis of illness |  | ✓ |  | ✓ |  | ✓ |  |  | Dr Mehboob Ali Shah |
| Day 8 | Thursday | Approach to a patient of **Suicide/Deliberate Self Harm** | The student should be able to:  Identify the common presentations of incomplete suicide and deliberate self-harm Discuss the etiology in terms of bio-psycho-social factors Enlist differential diagnosis with rationale and devise a management plan  | The student should be able to:  Conduct a safe interview with non-confrontational questioningElicit the history of deliberate self-harmAssess possible risk of harm to self and others | The student should be able to:  Take Consent for History, Physical Examination and MSE with empathy Provide informational care to the patient and the family with sensitivityEstablish rapport with sensitivity and psycho educate the patient and the care giver about the course and prognosis of illness |  | √ | √ |  | √ |  | √ | History taking in the wardCase based discussionsCase Presentations | Dr Amna Shakil |
| Day 9 | Monday | Approach to a patient of **psychosis/ Schizophrenia**  | The student should be able to: Discuss the diagnostic criteria of Schizophrenia Identify the risk factors causing Schizophrenia and other psychotic disorders Enlist differential diagnosis with rationale and devise a management plan | The student should be able to: Conduct supervised interview with non-confrontational questioning. Elicit relevant psychopathology (Delusions, Hallucinations) Assess the possible risk of harm to self and others. | The student should be: Take Consent for History, Physical Examination and MSE with empathy Provide informational care to the patient and the family with sensitivity |  | √ | √ |  | √ | √ |  | History taking in the wardCase based discussionsCase Presentations | Dr Muhammad Kashif |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Day 10 | Tuesday | Approach to a patient of Substance Use disorders   | The student should be: Familiar with common substances of abuse and appreciate the growing burden of disease. Understand the concept of dependence / withdrawal / intoxication  | The student should be: Obtain relevant history and elicit relevant psychopathology in the patient Assess motivation Assess risk / complications | The student should be: Take Consent for History, Physical Examination and MSE with empathy Provide informational care to the patient and the family with sensitivityEstablish rapport with sensitivity and psycho educate the patient and the care giver about the course and prognosis of illness |  | √ | √ |  | √ | √ |  | History taking in the wardCase based discussionsCase Presentations | Dr Muhammad Azeem Rao |
| Day 11 | Wednesday | Approach to a patient of Dementia | The student should be able to: Classify dementia and causes of dementiaEnlist differential diagnosis with rationaleDiscuss the brief management plan  | The student should be able to: Be able to elicitcharacteristic symptoms and signsof dementia Perform relevant mental state examination Elicit risk of harm to selfManagement of dementia | The student should be able to: Take Consent for History, Physical Examination and MSE with empathy Provide informational care to the patient and the family with sensitivityEstablish rapport with sensitivity and psycho educate the patient and the care giver about the course and prognosis of illness |  | √ | √ |  | √ | √ |  | Case observation in OPD and WardCase based discussionsSGDWard RoundsCase Presentations | Dr Sadia Yasir |
| Day 12 | Thursday | Ward Test | MCQs, SEQ, SAQ, EMQ & OSCE Evaluation (MCQs, SEQ, SAQ, EMQ & OSCE + Case histories + Attendance+ Signature of Logbook) and Feedback Submission of histories should be done before taking the ward tes |

## END BLOCK FOURTH YEAR (MEDICINE AND ALLIED SPECIALITIES)

* 25 MCQs of respective specialties will be added to the main End Block Modules.
* Date of first End Block Examination to be finalized after approval by Dean of Medicine and respected HODs.

### Written examination

* + It will consist of 25 MCQs based questions
	+ Core concept of MCQs will be to assess knowledge of students regarding basic concepts of history taking and clinical examination.
	+ Time allocation will be 25 minutes

## 4TH YEAR PRE-ANNUAL ASSESMENT- SEND UP (FORMERLY) MEDICINE & ALLIED BLOCK

**THEORY PAPER 1**

|  |  |
| --- | --- |
| **Components** | MCQS |
| **Questions** | 60 each |
| **Marks** | 60 |
| **TIME** | 60 minutes |

**MCQ PAPER**

|  |  |  |
| --- | --- | --- |
|  | **Topic Distribution** | **MCQs- 60** |
| 1 | General Physical Examination | 6 |
| 2 | GIT and Genitourinary examination |  6 |
| 3 | CNS Psychiatric examination | 12 |
| 4 | Dermatological examination | 6 |
| 5 | Nephrology and acid base balance | 5 |
| 6 | Dermatology | 5 |
| 7 | Psychiatry | 10 |
| 8 | Family Medicine | 5 |
| 9 | Surgery,Gynae,Physiology,Anatomy | 2 |
| 10 | Obstetrics, CommunityMedicine,Pharmacology,Pathology,Eye,ENT | 2 |
| 11 | Bioethics, Family Medicine,Research,Artificialintelligence (Spiral Integration) | 1 |

**CLINICAL**

|  |
| --- |
| **OSCE\*** |
| ***Ci-OSCE\*\* /AV OSCE\*\*\* 10 Stations*** | ***Total*** |
| Short cases | Life Support Station |  1  |
| 9 Stations5CNS /psyciatry, ,2 GIT, 2 Dermatology | 1 Station | 9 Stations |
| 10 marks each/40 marks | 10 marks | 100 |
| 6 minutes each (60 min total) | 6 minutes | 60 minutes |

\*OSCE: Observed Structured Clinical Examination.

\*\*Ci-OSCE: Clinically Integrated Observed Structured Clinical Examination.

\*\*\* AV –OSCE : Audio Visual Observed Structured Clinical Examination

## 4TH YEAR ANNUAL ASSESMENT- MEDICINE & ALLIED (SPECIALITIES) THEORY PAPER 1

|  |  |
| --- | --- |
| **Components** | MCQS |
| **Questions** | 60 each |
| **Marks** | 60 |
| **Time** | 60 minutes |

**MCQ PAPER**

|  |  |  |
| --- | --- | --- |
|  | **Topic Distribution** | **MCQs- 60** |
| 1 | General Physical Examination | 6 |
| 2 | GIT and Genitourinary examination |  6 |
| 3 | CNS Psychiatric examination | 12 |
| 4 | Dermatological examination | 6 |
| 5 | Nephrology and acid base balance | 5 |
| 6 | Dermatology | 5 |
| 7 | Psychiatry | 10 |
| 8 | Family Medicine | 5 |
| 9 | Surgery,Gynae,Physiology,Anatomy | 2 |
| 10 | Obstetrics, CommunityMedicine,Pharmacology,Pathology,Eye,ENT | 2 |
| 11 | Bioethics, Family Medicine,Research,Artificialintelligence (Spiral Integration) | 1 |

**CLINICAL**

|  |
| --- |
| **OSCE\*** |
| ***Ci-OSCE\*\* /AV OSCE\*\*\* 10 Stations*** | ***Total*** |
| Short cases | Life Support Station |  1  |
| 9 Stations5CNS /psyciatry, ,2 GIT, 2 Dermatology | 1 Station | 9 Stations |
| 10 marks each/40 marks | 10 marks | 100 |
| 6 minutes each (60 min total) | 6 minutes | 60 minutes |

\*OSCE: Observed Structured Clinical Examination.

\*\*Ci-OSCE: Clinically Integrated Observed Structured Clinical Examination.

\*\*\* AV –OSCE : Audio Visual Observed Structured Clinical Examination