Rawalpindi Medical University, Rawalpindi

Medicine And Allied Teaching

Study Guide- 2025

Final Year MBBS

Revised and updated 7 February 2024

Message of Vice Chancellor, Rawalpindi Medical University

The final 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 Final 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

Preamble

The final year of the Bachelor of Medicine, Bachelor of Surgery (MBBS) program is a pivotal phase in the journey of medical education. This phase is designed to consolidate the knowledge and skills acquired over the previous years and prepare medical students for their transition into the world of clinical practice. The final year MBBS Medicine and Allied Rotation Curriculum serves as a comprehensive guide to this transformative period, equipping students with the necessary competencies to become competent and compassionate healthcare professionals.

This document is meticulously crafted to provide a structured and well-rounded educational experience, ensuring that students are not only well-versed in the core medical disciplines but also exposed to the broader spectrum of healthcare. Through a series of integrated clinical rotations and large group interactive sessions (LGIS), students will have the opportunity to explore medicine and allied specialties, gaining understanding of the intricacies of patient care and interdisciplinary collaboration.

In this document, we outline the goals, objectives, key components, LGIS, and clinical of final year MBBS Medicine and Allied Rotation Curriculum. We emphasize the importance of clinical skills development, evidence-based practice, ethical considerations, and patient-centred care. Moreover, this curriculum places a strong emphasis on fostering critical thinking, problem-solving abilities, and a commitment to lifelong learning—qualities that are essential for the ever-evolving field of medicine.

Aim is to produce well-rounded and empathetic medical graduates who are not only proficient in medical science but also possess the qualities of professionalism, communication, and cultural competence. Through a carefully structured curriculum and a diverse array of clinical experiences, we aspire to prepare our students to excel in their chosen specialties and make meaningful contributions to the healthcare community.

It is believed that final year of the MBBS program is a transformative phase where students transition from being learners to becoming healthcare providers. This curriculum is designed to facilitate this transition by providing a robust foundation in clinical practice, instilling a commitment to patient welfare, and fostering a sense of responsibility towards society. We encourage our students to approach this year with enthusiasm, curiosity, and a dedication to excellence, knowing that their journey as healthcare professionals is about to begin in earnest. It is to be noted that this document is undergoing periodic review and modifications.

Professor Muhammad Khurram

Misson 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 final 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.

Aims And Objectives

Goals and objectives are detailed below:

- Clinical Competence: The primary goal of this curriculum is to ensure that final year MBBS students attain a high level of clinical competence in various medical specialties and allied healthcare fields. Students should be proficient in diagnosing, managing, and providing evidence-based care to patients.
- Interdisciplinary Understanding: Foster an understanding of the importance of interdisciplinary collaboration in healthcare. Encourage students to work effectively with healthcare professionals from diverse backgrounds, recognizing that patient care often requires a team-based approach.
- Ethical and Professional Development: Promote ethical principles and professionalism among students, emphasizing the importance of compassion, integrity, and respect for patients' rights and confidentiality. Instill a sense of responsibility towards society and the healthcare profession.
- Critical Thinking and Problem Solving: Develop critical thinking skills that enable students to analyze complex medical cases, make informed clinical decisions, and adapt to evolving healthcare challenges.
- Communication Skills: Enhance communication skills, both with patients and colleagues, to facilitate effective patient-doctor relationships, ensure informed consent, and improve inter-professional communication.
- Cultural Competence: Cultivate cultural sensitivity and awareness to provide culturally competent care that respects the diverse backgrounds and beliefs of patients.
- Evidence-Based Practice: Train students to critically evaluate scientific literature and apply evidence-based medicine principles in clinical decision-making, ensuring that their practices are up-to-date and based on the best available evidence.
- Patient-Centered Care: Emphasize the importance of patient-centered care, focusing on the holistic well-being of patients, including their physical, psychological, and emotional needs.

- Lifelong Learning: Encourage a commitment to lifelong learning and professional development, as medicine is a constantly evolving field. Equip students with the skills and motivation to stay updated throughout their careers.
- Preparation for Specialization: Prepare students for their future specialization or residency programs by providing exposure to a wide range of medical and allied healthcare specialties. Help them make informed decisions about their career paths.
- Clinical Research Skills: Introduce students to clinical research methodologies, enabling them to participate in research projects, contribute to medical knowledge, and apply research findings to clinical practice.
- Community Engagement: Encourage students to engage with the community, promoting health awareness and preventive care, and addressing the unique healthcare needs of diverse populations.
- Quality Improvement and Patient Safety: Instill the principles of quality improvement and patient safety, fostering a culture of continuous improvement in healthcare delivery.
- Leadership and Advocacy: Develop leadership skills and an understanding of healthcare policy and advocacy to empower students to advocate for patients and contribute to healthcare system improvements.
- Self-Reflection and Well-being: Promote self-reflection and self-care among students, recognizing the importance of physical and mental well-being in their ability to provide high-quality care to patients.

These goals collectively aim to equip final year MBBS students with the knowledge, skills, attitudes, and values necessary to excel as competent, compassionate, and ethical healthcare professionals in a dynamic and ever-evolving healthcare landscape.

Learning Objectives

At the end of final year, student will be able to:

- Diagnose common Medical problems, suggest and interpret appropriate investigation, rationalize treatment plan and if appropriate, refer patient for specialist opinion/management.
- Perform relevant procedures.
- Convey relevant information and explanations accurately to patients, families, colleagues and other professionals.
- Understand medical ethics and its application pertaining to medicine and maintain the confidentiality of the patient.
- Adapt research findings appropriately to the individual patient situation or relevant patient population
- Is versed with prevention of common local health problems, and Family Medicine. Has basic knowledge pertaining to integration of artificial intelligence with care of medical patients.

Undergraduate Required Competencies- RMU Model

Undergraduate Required Competencies- PMDC Model

Overview, Duration, And Timings of Medicine & Allied Clerkship

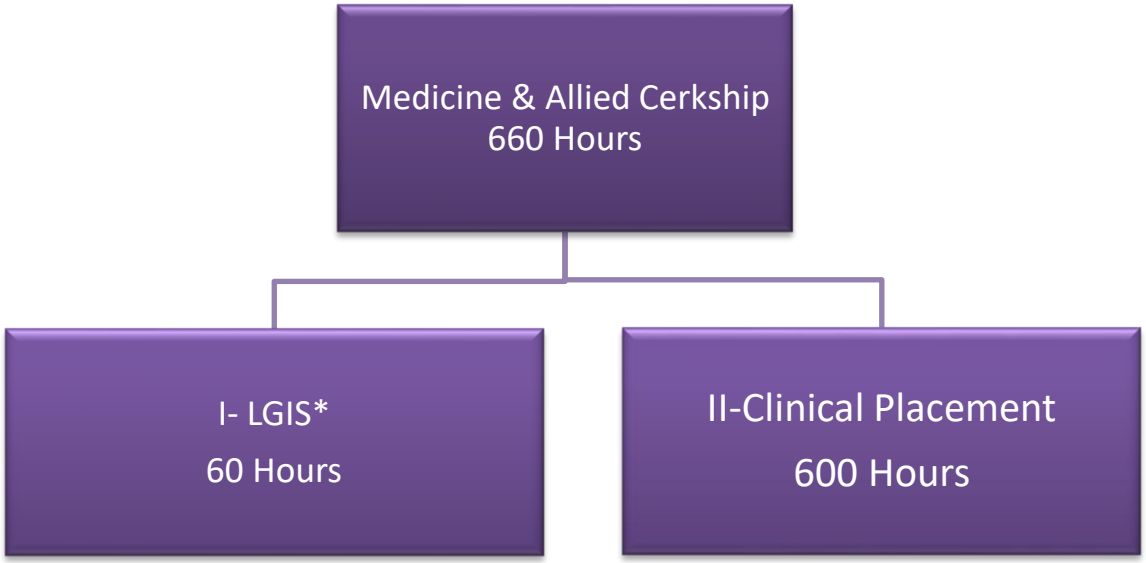
Clinical Medicine Rotation of Final year MBBS at Rawalpindi Medical University Rawalpindi (Clerkship) comprises following;

- Three months (12 weeks) duration.
- It includes; 1) Large Group interactive Session **(LGIS)** of one hour from Monday to Saturday, and 2) clinical placement 9 am to 2pm Monday to Thursday and Saturday, 9am to 12pm on Friday at respective Units.
- Each Student during the Clerkship rotates to;
    - Two Medical Units. At each Medical Unit he/she stays for four weeks.
    - In Neurology for two weeks. In Cardiology, and Radiology Units for one week respectively.
- From 2 to 5pm on minimum 3 days/week student attend Emergency/Ward of respective unit and shadows House Officers and Post Graduate Trainees

Hours Distribution/Required

	Schedule Duration 4 Weeks	**Schedule Duration** 12 Weeks
Interactive LGIS	8-9am, 5 days a week= 5 hours/week=20 hours	60 hours
CPC	8-9am, once a week= 1 hours/week= 4 hour	12 hours
Clinical Clerkship in Wards	9am-2pm, 5 days a week= 25 hours/week= 100 hours 9am-12pm Friday= 3 hours/week= 12hours 4 Weeks x 2 Medical Units = 8 1 Week Radiology 2 Week Neurology 1 Week Cardiology	300 hours 36 hours
Shadowing Resident in Emergency/Ward- Evening hours	3 hours, 3 times a week= 9 hours/week= 36 hours	108 hours
Self-Directed Study	2 hours, 6 times week= 12 hours/week= 48 hours	144 hours
		660 hours

Components


Medicine & Allied Cerkship
660 Hours
I- LGIS*
60 Hours
II-Clinical Placement
600 Hours

Learning Strategies

Educational activities used are given below;

- Large Group Interactive Sessions (LGIS)
- Teaching Ward Rounds
- Case presentations
- Case based Discussion
- Short cases in OPD
- Bedside Discussion
- Small Group Discussion
- Workshops
- Self-learning Activities
- Skill Lab Activity

Students are encouraged to adopt and inculcate self-learning strategies. Educational activities are carried out in; Inpatient and Outdoor Clinics, Emergency room, Teaching/Class Rooms, Lecture Theatres, C Hall, and Library. A number of online resources are available at RMU like RMU Digital Hb, Learning Management System (LMS), Uptodate, and HEC Educational Hub etc.

Section- I

Large Group Interactive Sessions

- Schedule Days
- Teacher, Specialty, and Topic
- Specific Learning Objectives (SLO), Teaching Methods/Mode of Information Transfer (MIT)
- Cognition Level & Mode of Assessment (MOA)

1st WEEK											
Sr #	**Days**	**Teacher**	**Specialty**	**Topic**	**Specific Learning Objectives (SLO)** *At the end of one hour lecture, students will be able to:*	**MOT/MIT**	**Level of Cognition**			**Affective**	**MOA**
							C1	**C2**	**C3**		
1	MONDAY	PROF DR MUHAMMAD KHURRAM	PULMONOLOGY	OBSTRUCTIVE LUNG DISEASES (ASTHMA, COPD)	Describe etiopathogenesis Discuss clinical feature and classify Name the complications Outline Management plan	LGIS/PPT			✓	**A3**	See assessment section
2	TUESDAY	PROF DR MUHAMMAD KHURRAM	PULMONOLOGY	PNEUMONIA (CAP, HAP)	Describe etiopathogenesis Discuss clinical feature, severity scores and classify Name the complications Outline Management plan	LGIS/PPT			✓	**A3**	See assessment section
	WEDNESDAY	CPC									
3	THURSDAY	PROF DR MUHAMMAD KHURRAM	PULMONOLOGY	TUBERCULOSIS (Pulmonary, Extrapulmonary, Drug resistant TB)	Discuss epidemiology and etiopathogenesis Describe clinical feature, classification & investigations Outline Management plan including side effects of ATT Basics of drug resistance TB Explain methods for control and Prevention	LGIS/PPT			✓	**A3**	See assessment section
4	FRIDAY	PROF DR MUHAMMAD KHURRAM	PULMONOLOGY	BRONCHOGENIC MALIGNANCY	Describe etiopathogenesis Discuss clinical feature and stage the disease Name the complications Explain Prognosis	LGIS/PPT			✓	**A3**	See assessment section
5	SATURDAY	PROF DR MUHAMMAD KHURRAM	PULMONOLOGY	DPLD (IIP, Sarcoidosis)	Describe etiopathogenesis Discuss clinical feature, classification & investigations Explain complications of disease	LGIS/PPT		✓		**A3**	See assessment section

Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO) *At the end of one hour lecture, students will be able to*	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
2nd WEEK											
6	MONDAY	PROF DR MUHAMMAD KHURRAM	PULMONOLOGY	RESPIRATORY FAILURE,	Describe causes of Respiratory failure Discuss types of Respiratory failure Explain ABGs results Outline Management plan	LGIS/PPT			✓	**A3**	See assessment section
7	TUESDAY	PATHWEL CONSULTANT	HEMATOLOGY	ANEMIAS (Macrocytic, Microcytic and Normocytic)	Describe etiopathogenesis Discuss clinical features Classify Anemia based on etiology and morphology Outline Management Plan	LGIS/PPT			✓	**A3**	See assessment section
	WEDNESDAY	CPC									
8	THURSDAY	PATWEL CONSULTANT	HEMATOLOGY	HEMATOLOGICAL MALIGNANCIES (Myeloproliferative, Lymphoproliferative disorders)	Describe epidemiology and etiopathogenesis Discuss classification and clinical features Outline Management Plan Explain Prognosis of each type	LGIS/PPT			✓	**A3**	See assessment section
9	FRIDAY	PATHWEL CONSULTANT	HEMATOLOGY	BLEEDING DISORDERS (ITP, Hemophilia A & B)	Explain genetics of disease Describe clinical features and investigations Outline management plan and discuss prognosis /complications	LGIS/PPT			✓	**A3**	See assessment section
10	SATURDAY	PATHWEL CONSULTANT	HEMATOLOGY	THROMBOTIC DISRODERS(DVT, Pulmonary Embolism)	*At the end of one hour lecture, students will be able to:* Discuss predisposing factors Explain causes (Inherited and Acquired) Describe clinical features, scoring system and investigation Outline management points and prophylaxis of disease	LGIS/PPT			✓	**A3**	See assessment section

Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO) *At the end of one hour lecture, students will be able to*	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
3rd WEEK											
11	MONDAY	PATWEL CONSULTANT	HEMATOLOGY	BLOOD TRANFUSION/ HSCT	Describe types of Blood component and their use Explain steps to ensure safe transfusion of blood products Name complications of transfusion Understand HSCT	LGIS/PPT/ Video			✓	**A3**	See assessment section
12	TUESDAY	PROF DR SHAHZAD MANZOOR	POISONING	GENERAL APPROACH / ORGANOPHOSPHATE POISONING / WHEAT PILL POISONING	Understand how to evaluate poisoned patient Explain Mechanism of Wheat pill and OP poisoning Describe clinical features of individual type of poisoning Outline management plan and explain complications	LGIS/PPT			✓	**A3**	See assessment section
	WEDNESDAY	CPC									
13	THURSDAY	PROF DR SHAHZAD MANZOOR	POISONING	CORROSIVE INTAKE / CO POISONING	Explain Mechanism of toxicity Describe clinical features of individual type of poisoning Outline Management plan Discuss complications of each type of poisoning	LGIS/PPT			✓	**A3**	See assessment section
14	FRIDAY	PROF DR SHAHZAD MANZOOR	POISONING	OVERDOSE OF PHARMACEUTICAL AGENTS (CVS, Antipsychotic, Antidepressants, Ant diabetic drugs)	Explain Mechanism of toxicity Describe features of individual type of drug overdose Outline Management plan Discuss complications	LGIS/PPT			✓	**A3**	See assessment section
15	SATURDAY	PROF DR SHAHZAD MANZOOR	ENVENOMATION	SNAKE BITE	Understand various types of snakebite Differentiate Neurotoxic and vasculotoxic snakebite Discuss clinical features Outline management points	LGIS/PPT/ Video PT			✓	**A3**	See assessment section

Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO) *At the end of one hour lecture, students will be able to*	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
4th WEEK											
16	MONDAY	DR SAIMA AMBREEN	ENDOCRINOLOGY	DIABETES MELLITUS	Diagnostic criteria for diabetes mellitus (WHO) Types, pathophysiology, and clinical feature Management focusing lifestyle modification, oral and injectable therapies. Outline of chronic complications of diabetes mellitus Gestational Diabetes Mellitus	LGIS/ PPT			✓	**A3**	See assessment section
17	TUESDAY	DR SAIMA AMBREEN	ENDOCRINOLOGY	DIABETIC EMERGENCIES (DKA, HHS, Hypoglycemia)	Explain Etiopathogenesis of diabetic emergencies Describe clinical features and investigations to confirm diagnosis and enlist complications Outline management plan of each emergency condition	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section
	WEDNESDAY	CPC									
18	THURSDAY	DR SAIMA AMBREEN	ENDOCRINOLOGY	Thyroid & Parathroid Disorders (Grave's Disease, Hashiomoto thyroiditis, Myxedema coma, Thyrotoxic crises)	Describe Pathophysiology of thyroid and Parathyroid diseases Discuss Classification and clinical feature of each disease Outline basic management points of individual diseases Explain management of thyroid disorders in pregnancy	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section
19	FRIDAY	DR SAIMA AMBREEN	ENDOCRINOLOGY	ADRENAL DISORDERS (Cushing Syndrome, Addison's Disease, Conn's Syndrome, Pheochromocytoma)	Explain Etiopathogenesis of each condition Discuss clinical features and investigations to confirm diagnosis Outline principles of management of adrenal disorders Discuss emergency management of addisonian crises	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section
20	SATURDAY	DR SAIMA AMBREEN	ENDOCRINOLOGY	PITUTIARY DISORDERS (Acromegaly, Diabetes insipidus, SIADH)	Explain Etiopathogenesis of each condition Explain clinical features and investigations to confirm diagnosis Outline management plan of each disorder and discuss Complications	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section

Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO) *At the end of one hour lecture, students will be able to*	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
5th WEEK											
21	MONDAY	DR M MUJEEB KHAN	**DID**	RESPIRATORY VIRAL INFECTIONS (Influenza, COVID-19)	Explain Etiopathogenesis of each disease Discuss clinical features and investigations to confirm diagnosis Outline Management plan and steps for prevention of disease including immunization	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section
22	TUESDAY	DR MMUJEEB KHAN	DID	VIRAL INFECTIONS (Dengue, Viral Hemorrhagic Fever)	Explain Etiopathogenesis of each condition Explain clinical features and investigations to confirm diagnosis Outline management plan of each disorder and discuss Complications	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section
	WEDNESDAY	CPC									
23	THURSDAY	DR M MUJEEB KHAN	DID	BACTERIAL & PROTOZOAL INFECTIONS (Enteric fever, Brucellosis, Malaria, Amoebiasis)	Describe Etiopathogenesis and clinical features of each disease Discuss appropriate investigations to confirm diagnosis Outline Management plan of each disease individually Explain effective preventive measures against each disease	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section
24	FRIDAY	DR M MUJEEB KHAN	DID	PUO	Define and classify PUO Enumerate causes of PUO Describe clinical features, work up to reach underlying cause	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section
25	SATURDAY	PROF ASAD TAMEEZ UD DIN	PSYCHIATRY	DEPRESSION	Define depression keeping in view ICD 11 criteria for depressive illness Discuss differential diagnosis and Prognosis of depressive patients Outline a management plan of a depressed patient keeping in view etiological, psychopathological and epidemiological factors. identify the risk of self-harm / suicide in a depressed patients	LGIS/ PPT/ Case Vignette			✓	**A3**	See assessment section

Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO) *At the end of one hour lecture, students will be able to*	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
6th WEEK											
26	MONDAY	PROF ASAD TAMEEZ UD DIN	PSYCHIATRY	BIPOLAR AFFECTIVE DISORDER	Define bipolar keeping in view ICD 10 criteria for Bipolar Affective Disorder(BAD) Discuss differential diagnosis and Prognosis of BAD patients Outline a management plan of a BAD patient keeping in view etiological, psychopathological and epidemiological factors. Identify the risk factors in violent patients. Devise a management plan for these patients.	LGIS/ PPT/ Case Vignette			✓	**A3**	See assessment section
27	TUESDAY	PROF ASAD TAMEEZ UD DIN	PSYCHIATRY	SUBSTANCE ABUSE	Understand different classes of substances of abuse define abuse, harmful use, dependence, tolerance, intoxication and withdrawal of different substances of abuse Describe symptoms and signs of a patient of substance use. Explain Motivational interview Outline a comprehensive management plan based on recent advances	LGIS / PPT			✓	**A3**	See assessment section
	WEDNESDAY	CPC									
28	THURSDAY	PROF ASAD TAMEEZ UD DIN	PSYCHIATRY	DEMENTIA	Define Dementia keeping in view ICD 11 criteria for Dementia. Classify dementia based on ICD-11 diagnostic criteria Describe etiology and pathophysiology of dementia Discuss differential diagnosis and Prognosis of dementia patients. outline a comprehensive management plan	LGIS/ PPT/ Case Vignette			✓	**A3**	See assessment section
29	SATURDAY	DR WAQAS AP NEUROLOGY	NEUROLOGY	STROKE (Ischemic Stroke, ICB, SAH)	Describe Etiology and pathophysiology of disease Explain risk factors and Clinical features of stroke Discuss appropriate investigations to reach diagnosis Outline management plan & recent advances	LGIS/ PPT			✓	**A3**	See assessment section
S					**Specific Learning Objectives (SLO)**		**Level of Cognition**			**Affective**	

r #	Days	Teacher	Specialty	Topic	*At the end of one hour lecture, students will be able to*	MOT/MIT	C1	C2	C3		MOA
7th WEEK											
30	MONDAY	DR WAQAS AP NEUROLOGY	NEUROLOGY	HEADACHE SYNDROMES (Migraine, Tension Headache, Cluster Headache)	Classify headache and clinical features of each type Discuss differentiating points of each type of headache Describe indications of Ct scan in Headache Outline Principles of Management and complications	LGIS/ PPT/ Case Vignette			✓	**A3**	See assessment section
31	TUESDAY	DR WAQAS AP NEUROLOGY	NEUROLOGY	EPILEPSY	Explain types of epilepsies Describe Etiology, pathophysiology, clinical features, and investigations Outline treatment of Status epilepticus understand indications, contraindications and side effects of different antiepileptic drugs Know how to Withdraw antiepileptic therapy understand the management of Epilepsy in pregnancy	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section
	WEDNESDAY	CPC									
32	THURSDAY	DR WAQAS AP NEUROLOGY	NEUROLOGY	CNS INFECTIONS (Meningitis, Encephalitis) / Multiple Sclerosis	Etiology and Pathophysiology of each disease Clinical feature and investigations to confirm diagnosis Macdonald's criteria for Multiple sclerosis Management plan & enlist complications	LGIS/PPT			✓	**A3**	See assessment section
33	FRIDAY	DR WAQAS AP NEUROLOGY	NEUROLOGY	NEUROPATHY / PARAPLEGIA (GBS)	Etiology and Pathophysiology of each disease Clinical features and investigations Outline Management plan of each disease Complications and Prognosis of disease	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section
34	SATURDAY	DR WAQAS AP NEUROLOGY	NEUROLOGY	DISORDERS OF NMJ (Myasthenia Gravis, LES) / MYOPATHIES	Etiology and Pathophysiology Clinical features and diagnostic investigations of each Outline Management plan including recent advances Genetic component of disease and prognosis	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section
S					**Specific Learning Objectives (SLO)**		**Level of Cognition**			**Affective**	

r #	Days	Teacher	Specialty	Topic	*At the end of one hour lecture, students will be able to*	MOT/MIT	C1	C2	C3		MOA
8th WEEK											
35	MONDAY	DR TANVEER HUSSAIN	GASTROENTEROLOGY / HEPATOLOGY	DISEASES OF GIT (GERD, APD, Achalasia)	Etiopathogenesis and clinical features of each disease Specific Investigations of each disease Treatment plan of each disease Complications of each disease	GIS/PPT/ Case Vignette			✓	**A3**	See assessment section
36	TUESDAY	DR TANVEER HUSSAIN	GASTROENTEROLOGY / HEPATOLOGY	HEPATITIS (Viral Hepatitis, Autoimmune Hepatitis)	Etiology and pathogenesis of each type of hepatitis Risk factors, transmission & Clinical features of hepatitis Investigations and interpretation of serology panel in Hepatitis Principles of management of both viral and autoimmune types Steps to prevent spread of hepatitis including immunization	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section
	WEDNESDAY	CPC									
37	THURSDAY	DR TANVEER HUSSAIN	GASTROENTEROLOGY / HEPATOLOGY	CIRRHOSIS AND Its COMPLICATIONS (Ascites, HRS, HE, SBP, HCC, UGI Bleeding etc)	Explain causes and pathogenesis of cirrhosis Describe Clinical features, scoring and investigations in cirrhosis Discuss various complications of cirrhosis Outline Management of cirrhosis and its complications Describe Child Pugh scoring system	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section
38	FRIDAY	DR TANVEER HUSSAIN	GASTROENTEROLOGY / HEPATOLOGY	FULMINANT HEPATIC FAILURE / PANCREATITIS	Etiopathogenesis and clinical features of each disease Clinical features and appropriate investigations Severity scoring system for pancreatitis Principles of management of both diseases Complications and long term prognosis of disease	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section
39	SATURDAY	DR TANVEER HUSSAIN	GASTROENTEROLOGY / HEPATOLOGY	LIVER DISEASE AND PREGNANCY	Causes of Jaundice in Pregnancy Clinical features and investigations of different liver disorder in pregnancy Outline management points and outcome of each disorder	LGIS/PPT/ Case Vignette			✓	**A3**	See assessment section

Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO) *At the end of one hour lecture, students will be able to*	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
				9th WEEK							
40	MONDAY	Dr Asmara/AP Nephrology	NEPHROLOGY	**Glomerulonephritis (Gn)**	Explain etiopathogenesis of disease Classify and describe clinical features of GN Understand Investigations to confirm type of GN Outline management and discuss complications	LGIS/PPT Case Vignette			✓	**A3**	See assessment section
41	TUESDAY	Dr Asmara/AP Nephrology	NEPHROLOGY	**Electrolytes & Acid-Base Imbalance** (Hyponatremia, Hypernatremia, Hypokalemia, Hyperkalemia, Acidosis, Alkalosis)	Etiopathogenesis of disease relevant Clinical features and investigations outline Management steps of each abnormality individually and complications	LGIS/PPT Case Vignette			✓	**A3**	See assessment section
	WEDNESDAY	CPC									
42	THURSDAY	Dr Asmara/ AP Nephrology	NEPHROLOGY	Kidney Disorder In Systemic Diseases (Lupus Nephritis, DM,Systemic Vasculitis) / AKI	Etiopathogenesis of each disease separately Clinical features and investigations to confirm diagnosis Basic management points of each disease Complications of Acute kidney injury and their management, indications of dialysis in ARF	LGIS/PPT Case Vignette			✓	**A3**	See assessment section
43	FRIDAY	Dr Asmara/AP Nephrology	NEPHROLOGY	Chronic Kidney Disease (Ckd)	Discuss Etiology and pathophysiology of disease Describe Clinical features of CKD Explain Investigations to confirm CKD and underlying cause Outline management of CKD Describe Complications of CKD and their management, Indications of Dialysis in CKD	LGIS/PPT Case Vignette			✓	**A3**	See assessment section
44	SATURDAY	Dr Asmara/AP Nephrology	NEPHROLOGY	RENAL REPLACEMENT THERAPY (Hemodialysis, Hemofiltration, Peritoneal dialysis, Renal transplantation)	Indications of Renal replacement therapy Pros and Cons of each type of therapy Complications and their management	LGIS/PPT Case Vignette			✓	**A3**	See assessment section

Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO) *At the end of one hour lecture, students will be able to*	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
10th WEEK											
45	MONDAY	DR LUBNA MERAJ	CARDIOLOGY	CAD /HEART FAILURE	Explain Clinical Anatomy and etiopathogenesis Describe clinical features and classify HF Outline Management points and complications Discuss Prognosis of both conditions	LGIS/PPT			✓	**A3**	See assessment section
46	TUESDAY	DR LUBNA MERAJ	CARDIOLOGY	HYPERTENSION	Define criteria, types and classification Explain clinical features and complications Outline Principles of management Understand key differences in management of Hypertension in pregnancy	LGIS/PPT			✓	**A3**	See assessment section
	Wednesday	CPC									
47	THURSDAY	DR LUBNA MERAJ	CARDIOLOGY	VALVULAR HEART DISEASE (Including RF & IE)	Revise etiology & pathophysiology of common VHDs Describe clinical feature & investigations of VHD Explain features, criteria and management of Rheumatic fever Explain features, criteria and management of Infective Endocarditis	LGIS/PPT			✓	**A3**	See assessment section
48	FRIDAY	DR LUBNA MERAJ	CARDIOLOGY	CARDIAC ARRYTHMIAS (TACHYARRYTHMIAS, BRADYARRYHTMIAS)	Outline etiopathogenesis of arrhythmias Discuss clinical and ECG features of each type of arrhythmia Outline principles of management (of both shockable and non-shockable rhythm) and complications of arrhythmias understand side effects of common antiarrhythmic drugs	LGIS/PPT/ Video PT			✓	**A3**	See assessment section
49	SATURDAY	DR ABRAR AKBAR	CARDIOLOGY	LIFE SUPPORT (BLS)	Describe components of life support Understand algorithm of BLS and basics of ACLS	LGIS/PPT/ Video PT			✓	**A3**	See assessment section

Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO) *At the end of one hour lecture, students will be able to*	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
11th WEEK											
50	MONDAY	PROF DR NASIR KHAN	RADIOLOGY	CLINICAL RADIOLOGY, GENERAL PRINCIPLES	Understand imaging modalities and categorize different densities including bone, fat, soft tissue, metal and air Understand Imaging algorithm for common diagnostic scenarios with emphasis on indications and interpretation Match Scenarios in which radiology is particularly important for diagnosis, management and delivery of patient care Explain Benefits and limitations of different radiologic modalities including plain film, CT, MR, Ultrasound, Nuclear Medicine Understand risks associated with radiation exposure specifically in pregnancy Integrate imaging with clinical information	LGIS/PPT/ Video PT			✓	**A3**	See assessment section
51	TUESDAY	PROF DR NASIR KHAN	RADIOLOGY	GASTROINTESTINAL/ RHEUM ATOLOGY/HEMATOLOGY ILLNESS RELATED RADIOLOGY	Free intraabdominal air on plain film and effect of patient positioning on sensitivity of detection Bone density on x-rays and findings in osteoporosis /osteomalacia Skeletal manifestations of Thalassemia, sickle cell anemia, and Hemolytic Anemias Differentiation between osteoarthritis and Rheumatoid Arthritis on joint x-rays Skeletal manifestations of connective tissue disorders	LGIS/PPT/ Video PT			✓	**A3**	See assessment section
	WEDNESDAY	CPC									
					Pattern for interpreting chest x-rays- ABCDE Basics Consolidations and differential diagnosis opacity on CXR Positioning of chest leads, Endotracheal tube, chest tube,						

52	THURSDAY	PROF DR NASIR KHAN	RADIOLOGY	RESPIRATORY AND CARDIOVASCULAR RADIOLOGY	tracheostomy, central venous pressure line on CXR Pleural effusion findings on CXR Pneumonia, Brocohopneumonia, Viral pneumonia, TB findings on chest x-ray X-Ray findings of cardiac failure and pericardial effusion Basics of valvular heart disease, cyanotic heart disease, and pulmonary Arterial Hypertension findings on CXR	LGIS/PPT			✓	**A3**	See assessment section
53	FRIDAY	PROF DR NASIR KHAN	RADIOLOGY	NEURORADIOLOGY	Normal anatomic structures of the head and neck and Brain on CT scan. Normal age-related changes in the brain imaging Strengths, weaknesses and limitations of CT vs. MRI in evaluation of patient's with central neurologic symptoms and diseases Indications for contrast enhanced MRI and CT Imaging signs of increased intracranial pressure How To Discriminate between a subdural and epidural hematoma at CT Imaging signs of a subarachnoid hemorrhage on CT				✓	**A3**	See assessment section
54	SATURDAY	DR SHUMAILA MUMTAZ	RHEUMATOLOGY	OA / RA/ SEPTIC ARTHRITIS/ GOUT	Explain etiopathogenesis Describe clinical features and Diagnostic criteria Name Investigations to confirm disease Outline management plan including new modalities of treatment	LGIS/PPT			✓	**A3**	See assessment section

Sr #	Days	Teacher	Specialty	Topic	Specific Learning Objectives (SLO) *At the end of one hour lecture, students will be able to*	MOT/MIT	Level of Cognition			Affective	MOA
							C1	C2	C3		
12th WEEK											
56	MONDAY	DR SHUMAILA MUMTAZ	RHEUMATOLOGY	VASCULITIS/AUTOIMMUNE CTDs (SLE, Sjogren Syndrome, Scleroderma, Polymyositis, Dermatomyositis)	a) Explain pathophysiology of disease b) Describe clinical features and Diagnostic criteria c) Name Investigations to confirm disease Outline Principles of management including new modalities of treatment	LGIS/PPT			✓	**A3**	See assessment section
57	TUESDAY	DR SHUMAILA MUMTAZ	RHEUMATOLOGY	BONE DISORDERS (Osteoporosis , Rickets Osteomalacia)	a) Define individual diseases and clinical features b) Explain Etiopathogenesis c) Describe risk factors & Screening protocols Outline Principles of management including new modalities of treatment	LGIS/PPT			✓	**A3**	See assessment section
	WEDNESDAY	CPC									
58	THURSDAY	DR SHAWANA SHARIF (HOD)	DERMATOLOGY	FUNGAL SKIN INFECTIONS/ SCABIES/ ACNE	Sites, clinical features, classification and management of cutaneous fungal infections Mode of spread, clinical features, diagnosis and management of scabies Etiopathogenesis, clinical features and management of Acne	LGIS/PPT Case Vignette			✓	**A3**	See assessment section
59	FRIDAY	DR SHAWANA SHARIF (HOD)	DERMATOLOGY	*ECZEMAS/ PSORIASIS*	Pathogenesis and risk factors and morphological types of psoriasis Sites, Clinical features and treatment options of Psoriasis Clinical features, classification, clinical morphology and management of Eczemas	LGIS/PPT Case Vignette			✓	**A3**	See assessment section
60	SATURDAY	DR SHAWANA SHARIF (HOD)	DERMATOLOGY	URTICARIA/ BULLOUS DISORDERS	Classification, clinical features and management of urticaria Clinical features and classification of bullous disorders	LGIS/PPT Case Vignette			✓	**A3**	See assessment section

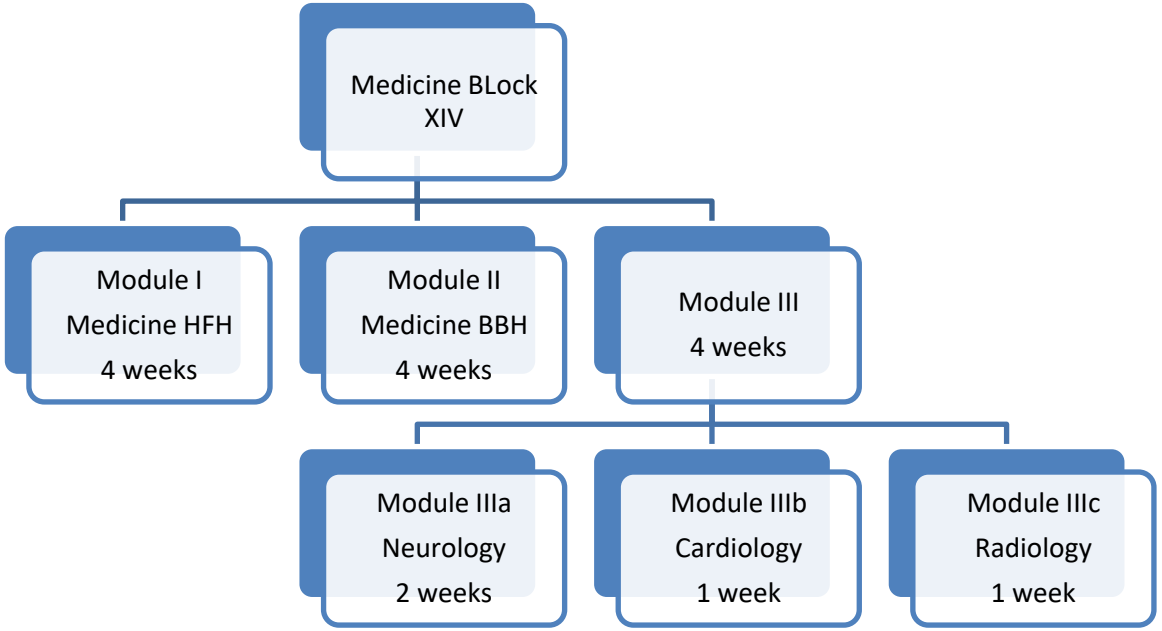
Section-II

Clinical Placement

- Outline of Clinical Placement, and briefs of approaches to various clinical problems and diseases.

Ward Clinical Placement- Medicine & Allied Block XIV

3 Modules



* Medical Students rotate to two Medical Units. Nephrology, Infectious Diseases, Gastroenterology &Hepatology, Critical Care sub-rotations are included in this period.

Module I- First Medical Unit

Approach to various clinical presentations and diseases.

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Approach to patient with Pneumonia	Approach to patient with Tuberculosis	Approach to patient with acute Dyspnea (Bronchial asthma, Pneumothorax, Pulmonary edema, Pulmonary embolism, etc	Approach to Chronic Dyspnea (COPD, ILD)	Approach to patient managed in Medical Emergency	Approach to Patients with pleural diseases and pulmonary neoplasia
2	Approach to Patients with bronchogenic malignancy	Approach to a patient with Upper Gastrointestinal Bleed	Approach to a patient with Lower Gastrointestinal Bleed	Approach to a patient with Dyspepsia/ Dysphagia	Approach to patient managed in Medical Emergency	Approach to patient with Acute Diarrhea
3	Approach to a patient with Chronic Diarrhea	Approach to a patient with Acute Liver Disease	Approach to a patient with Chronic Liver Disease	Approach to patient with Acute Renal Failure	Approach to patient with Chronic Renal Failure	Approach to patient with Glomerulonephritis
4	Approach to patient with Renal involvement due to Systemic Diseases	Approach to patient with Acid Base and Electrolyte Disorders	General approach to patient with poisoning, and Approach to patient with Wheat pill, Phosphine poisoning	Approach to patient with Snake bite and corrosive Intake	Repetition/Reinforcement	Ward Test

Module II- Second Medical Unit

Approach to various clinical presentations and diseases

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Approach to patient with Diabetes Mellitus	Approach to Treatment of Diabetics patient	Approach to Patient with Diabetic complication	Approach to Patient with Thyroid disorders	Approach to Patient with Adrenal and other endocrine disorders	Approach to Patient in context of Family Medicine & Preventive Health
2	Approach to patient calcium metabolism and bone disease	Approach to patient with Arthritis	Approach to a patient with Connective Tissue/Vasculitis Disorders	Approach to patient with Medical Illnesses in Pregnancy	Approach to a patient with Anemia	Approach to patient with Hepatosplenomegaly
3	Approach to patient with Lymphadenopathy	Approach to a patient with Bleeding & Thrombotic Disorders	Approach to patient with FUO	Approach to patient with Dengue & Malaria	Approach to patient with COVID-19 and Enteric Fever	Approach to patient with HIV infection/AIDS
4	Approach to patient with Sepsis & MOD	Approach to patient with Respiratory Failure/requiring Ventilatory support	Approach to patient with Shock	Approach to patient with Brucellosis, Tetanus etc	Repetition/ Reinforcement	Ward Test

Module III- Specialties- Neurology, Cardiology, and Radiology

Approach to various clinical presentations and diseases.

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Approach to patient with ischemic heart disease	Approach to Patient with heart failure	Approach to Patient with valvular heart disease, infective Endocarditis	Approach to Patient with Hypertension	Approach to patient with Dysrhythmias	Ward Test
2	Approach to Patient with Stroke	Approach to Patient with Stroke	Approach to Comatose patient	Approach to Patient with CNS infections	Approach to a patient with Neuropathy	Approach to a patient with Paraparesis
3	Approach to patient with Movement Disorders	Approach to patient with Headache	Approach to patient with Epilepsy	Approach to patient with Dementia/Degenerative disorders	Approach to patient with NM junction abnormalities & Channelopathy	Ward Test
4	Approach to normal & abnormal CXR	Approach to CT brain	Approach to CT Abdomen	Approach to CT Chest	Approach to Ultrasound	Ward Test

Section-III

Clinical Placement Details

- Details of approach for various clinical problems
- Specific Learning Objectives (SLO),
- Mode of Teaching (MOT)/Mode of Information Transfer (MIT)
- Cognition Level

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1st WEEK															
1	MONDAY	PULMONOLOGY	APPROACH TO PATIENT WITH PNEUMONIA	Students will be able to: a) Recall Etiopathogenesis b) Discuss clinical feature, severity scores and classification c) Name complications d) Outline Management plan including prevention	Students will be able to: a) Take history and perform chest examination keeping in mind the cause. b) Perform interpretation of CXR in pneumonias, CBC, ESR, CRP, ABGs interpretation c) Observe/assist oxygen Therapy, sputum /blood culture collection	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
2	TUESDAY	PULMONOLOGY	APPROACH TO PATIENT WITH TUBERCULOSIS	Students will be able to: a) Discuss epidemiology and etiopathogenesis b) Describe clinical feature, classification &investigations c) Outline Management plan including side effects of ATT d) recall MDR & XDRTB d) Explain methods for control and Prevention	Students will be able to: a) Take history and perform chest and relevant clinical examination keeping in mind the cause. b) Perform interpretation of CXR in Pulmonary TB patients. c) Make Treatment paln, write prescription d) Observe/assist sputum Collection, pleural tap/biopsy 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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
3	WEDNESDAY	PULMONOLOGY	APPROACH TO ACUTE DYSPNEA AND COUGH (Bronchial asthma, Pneumothorax Pulmonary edema, Pulmonary embolism,)	Student will be able to: a) Recall Etiology b) Describe clinical features, c) Suggest differential diagnosis d) Diagnostic approach e) Make management paln	Student will be able to: a) Take history and perform Chest examination with focus on etiology b) Interpret CXR in asthma, pneumothorax and pulmonary embolism, ABGs concerning the focused disease. c) Use Peak Flow Meter d) Practice writing treatment prescription e) Observe/assist Needle Chest aspiration/Chest tube intubation	Student 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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
				Student will be able to:	Student will be able to:	Student will be able									

4	THURSDAY	PULMONOLOGY	APPROACH TO CHRONIC DYSPNEA AND COUGH (COPD/ILD)	a) Recall Etiopathogenesis b) Describe clinical features c) Classification of disease, d) Suggest differential diagnosis e) Outline management plan	a) Take history and perform Chest examination with focus on etiology b) Interpret CXR in COPD, Peak Flow Meter, ABGs concerning the focused disease. d) Practice writing Treatment prescription e) Observe/assist Oxygen Therapy	to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
5	FRIDAY	EMERGENCY MEDICINE	APPROACH TO A CRITICAL PATIENT PRESENTING IN ER	Students will be able to: Students will be able to: a) State Presenting complaints b) Classify disease severity c) Outline basic management of Acute Severe Asthma, Stroke, Poisoning	Students will be able to: Students will be able to: a) Take quick history and perform relevant brief clinical examination under guidance of treating team. b) Perform Basic Interpretation of ECG, CXR, CT brain, ABGs c) Observe and assist Oxygen therapy, IV cannulation, NG, Foleys, airway insertion, ascitic/pleural paracentesis and CVP	Students will be able 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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
6	SATURDAY	PULMONOLOGY	APPROACH TO PLEURAL DISEASES	a) Recall Etiopathogenesis b) Describe clinical features c) Classification of disease, d) Suggest differential diagnosis e) Outline management plan	c) Take history and perform chest examination with focus on etiology d) Plan & interpret investigations f) Practice writing Treatment prescription g) Observe/assist relevant procedures	to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

2nd WEEK														
7	MONDAY	PULMONOLOGY	APPROACH TO PULMONARY NEOPLASIA	a) Recall Etiopathogenesis b) Describe clinical features c) Classification of neoplasia d) Suggest differential diagnosis e) Outline management plan	e) Take history and perform chest examination with focus on etiology f) Plan & interpret investigations h) Practice writing Treatment prescription Observe/assist relevant procedures	to: a) Take Consent for History, Clinical Examination and Procedures b) Counsel and educate patient about disease, its diagnosis, treatment and outcome.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
8	TUESDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH UPPER GI BLEED	Students will be able to: a) know Etiology and clinical features of UGI bleed b) Suggest Differential diagnosis, investigations and severity assessment c) Construct Short- and long-term treatment plan according to etiology	Students will be able to: a) Take history and perform abdominal examination keeping in mind the cause. b) Perform interpretation of abdominal imaging (ultrasound, plain x ray abdomen) c) Practice writing emergency management plan d) Master NG tube Insertion & feeding techniques e) Observe Upper GI endoscopy f) 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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
9	WEDNESDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH LOWER GI BLEEDING	Students will be able to: a) know Etiology and clinical features of Lower GI bleed b) Suggest Differential diagnosis, investigations and severity assessment c) Construct Short- and long-term treatment plan according to etiology	Students will be able to: a) Take history and perform abdominal & relevant clinical examination according to cause b) Perform interpretation of abdominal imaging (ultrasound, plain x ray abdomen) c) practice writing emergency management plan d) Observe Lower GI endoscopy	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

					e) Assist HCW in management of patient										

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
10	THURSDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH DYSPEPSIA / DYSPHAGIA	Students will be able to: a) know Etiology and clinical features of Dysphagia b) Suggest Differential diagnosis &investigations c) Construct Short- and long-term treatment plan according to etiology	Students will be able to: a) Take history and perform abdominal & relevant clinical examination according to cause . b) Perform interpretation of abdominal imaging (ultrasound, plain x ray abdomen) c) practice prescription writing H pylori eradication treatment d) Observe GI endoscopy 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. c) Break bad news according to SPIKE model			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
11	FRIDAY	EMERGENCY MEDICINE	APPROACH TO MANAGEMENT OF PATIENT IN MEDICAL EMERGENCY	Students will be able to: a) State Presenting complaints b) Explain risk factors and diagnostic criteria c) Describe Basic management of DKA, hypoglycemia, and renal failure	Students will be able to: a) Take quick history and perform relevant brief clinical examination under guidance of treating team. b) Perform Interpretation of ECG, CXR, ABGs c) Observe and assist Oxygen therapy, IV cannulation, NG, Foleys, airway insertion, ascitic/pleural paracentesis and CVP d) 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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
12	SATURDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH ACUTE DIARRHEA	Students will be able to: a) know Etiology and clinical features of acute diarrhea b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology	Students will be able to: a) Take history and perform abdominal clinical examination according to etiology B) Interpretation of investigations (serum electrolytes) c) practice prescription writing d) Observe and assist IV hydration of a patient 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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
3rd WEEK															
13	MONDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH CHRONIC DIARRHEA	Students will be able to: a) know Etiology and clinical features of chronic diarrhea b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology	Students will be able to: a) Take history and perform abdominal & relevant clinical examination according to cause . b) Perform interpretation of abdominal imaging (ultrasound, plain x ray abdomen) c) enlist D/D & practice prescription writing d) Observe upper GI endoscopy 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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
14	TUESDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH ACUTE LIVER DISEASE	Students will be able to: a) know Etiology and clinical features of acute liver disease b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology	Students will be able to: a) Take history and perform abdominal & relevant clinical examination according to cause . b) Perform interpretation of investigations (LFTs, PT, INR, APTT) c) practice writing emergency management plan d) 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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
15	WEDNESDAY	GASTROENTEROLOGY & HEPATOLOGY	APPROACH TO PATIENT WITH CHRONIC LIVER DISEASE	Students will be able to: a) know Etiology and clinical features of CLD b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology d) Discuss complications. (Ascites, HRS, HPS, Hepatic Encephalopathy) e) overview of HCC	Students will be able to: a) Take history and perform abdominal & relevant clinical examination according to cause . b) Perform interpretation of investigations (LFTs, PT, INR, APTT, USG abdomen) c) practice Treatment prescription d) Observe / Assist Ascitic tap 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 (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
16	THURSDAY	NEPHROLOGY	APPROACH TO PATIENT WITH ACUTE RENAL DISEASE	Students will be able to: a) know Etiology and clinical features of Acute Renal Failure b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology d) Discuss complications and indications of dialysis in ARF	Students will be able to: a) Take history and perform abdominal & relevant clinical examination act to cause . b) Perform interpretation of investigations (RFTs, Urine RE,ABGs) c) practice prescription writing d) Observe / Assist Double lumen catheter &dialysis 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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
17	FRIDAY	NEPHROLOGY	APPROACH TO PATIENT WITH CHRONIC RENAL DISEASE	Students will be able to: a) Recall Etiology and clinical features of CKD b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology d) Discuss Uremic complications and indications of dialysis in CRF	Students will be able to: a) Take history and perform relevant clinical examination b) Perform interpretation of investigations (RFTs, Urine RE) c) practice prescription writing d) Observe / Assist Double lumen catheter &dialysis 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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
18	SATURDAY	NEPHROLOGY	APPROACH TO PATIENT WITH GLOMERULOPATHY	Students will be able to: a) Recall Etiology and pathophysiology b) Suggest Differential diagnosis, investigations and severity assessment c) Construct treatment plan according to etiology d) Discuss complications of glomerulonephritis	Students will be able to: a) Take history and perform relevant clinical examination b) Perform interpretation of investigations (RFTs, Urine RE) c) practice prescription writing d) Observe Renal biopsy 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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
4th WEEK															
19	MONDAY	NEPHROLOGY	APPROACH TO PATIENT RENAL INVOLVEMENT IN SYSTEMIC DISEASES (Diabetes, Hypertension, CTD, and Vascultis etc),	Students will be able to: a) Recall Etiology and pathophysiology b) Suggest Differential diagnosis, investigations to confirm diagnosis c) Construct treatment plan according to etiology and discuss complications	Students will be able to: a) Take History and examination keeping in mind etiology clinical features and complications b) Interpretation of related basic and specific investigations c) practice prescription writing d) Assist HCW in management of patient with renal disease complicating systemic illness	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
20	TUESDAY	NEPHROLOGY	APPROACH TO PATIENT WITH ACID BASE AND EELCTROLYTES DISORDER (Metabolic/respiratory acidosis/alkalosis, Hypo/hyperkalemia, Hypo/hypercalcemia, hypo/hyper-natremia)	Students will be able to: a) Recall Etiology and pathophysiology b) discuss clinical features of each c) Construct treatment plan according to etiology and discuss complications	Students will be able to: a) History and examination keeping in mind etiology and complications b) Perform Interpretation of related basic and specific investigations including ABGs c) write management algorithms d) Observe and learn how to draw ABGS sample e) Assisting HCW in management of patient with Fluid electrolyte and acid base imbalance	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
21	WEDNESDAY	POISONING	GENERAL APPROACH TO POISONED PATIENT, WHEAT PILL POISONING, ORGANOPHOSPHATE POISONING	Students will be able to: a) Recall Pathophysiology, Clinical features & investigations b) Explain general and specific (antidotes) treatment of each poisoning, c) Indications for ICU Shifting in poisoned patient	Students will be able to: a) Take history and perform clinical examination keeping in mind the cause. b) Perform Interpretation of Investigations c) write emergency management plan d) Observing/Assisting/performing NG Tube, IV access, ETT/Laryngeal airway placement/maintenance/care, Foleys catheter etc) e) Observe/Assist HCW in poisoning patient management	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
22	THURSDAY	POISONING	SNAKE BITE / CORROSIVE INTAKE	Students will be able to: a) Discuss Various types of snake bite and envemonization risk b) Explain clinical features, complications and treatment plan for snake bite patient c) Review Various types of corrosives, clinical features, diagnostic investigations, complications and treatment plan	Students will be able to: a) Take history and perform clinical examination keeping in mind the cause. b) Perform Interpretation of investigations (Bed side clotting test, PT, INR, DIC profile) c) Develop Treatment prescription d) Observing/Assisting/per forming Foleys catheter e) Observe/ Assist HCW in poisoning patient management	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
23	FRIDAY	Revision	Revision	Revision	Revision	Revision									See assessment section
24	SATURDAY	**WARD TEST**													
5th WEEK															
25	MONDAY	ENDOCRINOLOGY	APPROACH TO PATIENT WITH DIABETES MELLITUS	Students will be able to: a) Recall epidemiology, pathophysiology of disease b) Discuss clinical features, types of DM and Investigations to confirm diagnosis	Students will be able to: a) Take history and perform relevant clinical examination B) Perform Interpretation of investigations c) practice Treatment prescription d) Observe and perform Glucose monitoring of patients and insulin injection techniques e) Assist HCW in patient management	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 (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
26	TUESDAY	ENDOCRINOLOGY	APPROACH TO TREATMENT OF DIABETIC PATIENT	Students will be able to: a) Recall modalities for DM management b) Discuss treatment options based on patient characteristics. c) Plan management	Students will be able to: a) Take history and perform relevant clinical examination B) Perform Interpretation of investigations e) Practice Treatment prescription f) Observe and perform Glucose monitoring of patients and insulin injection techniques	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 (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
27	WEDNESDAY	ENDOCRINOLOGY	APPROACH TO PATIENT WITH DIABETES MELLITUS-COMPLICATIONS	Students will be able to: a) Recall epidemiology, pathophysiology of disease and its complications b) Discuss clinical features, & Investigations to confirm these complications c) Describe management plan, including life style modifications and medications, impact of complications on functional status of patient	Students will be able to: a) Take history and perform clinical examination keeping in mind the complications of disease B) Perform Interpretation of investigations (Serum ketones, urine ACR, RFTs, ABGs) c) practice writing prescription d) Observe and perform Glucose monitoring of patients and observe fundoscopy e) Assist HCW in patient management	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 (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

28	THURSDAY	ENDOCRINOLOGY	APPROACH TO PATIENT WITH THYROID DISORDERS	Students will be able to: a) Recall epidemiology, pathophysiology of disease b) Discuss clinical features & Investigations to confirm these diseases c) Describe management plan including complications, impact of disease on functional status of patient d) Explain Pregnancy and Surgical related issues thyroid	Students will be able to: a) Take history and perform clinical examination keeping in mind the nature of disease B) Perform Interpretation of investigations (TFTS etc) c) practice prescription writing d) Assist HCW in patient management	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 (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
29	FRIDAY	ENDOCRINOLOGY	APPROACH TO PATIENT WITH ADRENAL AND OTHER DISORDERS	Students will be able to: a) Recall epidemiology, pathophysiology of disease b) Discuss clinical features & Investigations to confirm these diseases c) Describe management plan including complications, impact of disease on functional status of patient d) Explain Pregnancy and Surgical related issues in adrenal and other endocrine disorders	Students will be able to: a) Take history and perform clinical examination keeping in mind the nature of disease B) Perform Interpretation of investigations (Serum cortisol, Dexamethasone suppression test, Growth Hormone, IGF) e) Practice prescription writing f) Assist HCW in patient management	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 (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
30	SATURDAY	APPROACH TO PATIENT IN FAMILY MEDICINE & PREVENTIVE HEALTH PERSPECTIVES		a) Recall epidemiology, risk factors, and pathophysiology of common diseases encountered in family medicine and preventive health (Hypertension, Diabetes Mellitus, Dyslipidemia, Respiratory Infections, Musculoskeletal Disorders etc) b) Discuss clinical features & investigations required for diagnosis of common primary care conditions. c) Describe a management plan, including prevention, complications, and impact on patient functional status. d) Explain preventive measures, screening programs, and public health strategies for communicable and non-communicable diseases.	a) Take comprehensive history and perform clinical examination tailored to primary care settings. b) Interpret basic laboratory and diagnostic investigations (CBC, Blood Glucose, Lipid Profile, LFTs, RFTs, ECG, PFTs, etc.). c) Practice prescription writing and rational drug use for common conditions in family medicine. d) Assist healthcare workers (HCW) in patient management, immunization, and lifestyle counseling.	Students will be able to: a) Take informed consent for history-taking, examination, and minor procedures. b) Counsel and educate patients about disease prevention, lifestyle modification, screening programs, and early detection of illnesses.			✓		✓		✓	a) Ambulatory teaching / SGD / Bedside Sessions (Grand Ward Rounds, Teaching Ward Rounds) b) Community health visits, OPD-based training, and preventive health programs	See assessment section
6th WEEK															
Sr #	**Day**	**Specialty**	**Topic**	**SPECIFIC LEARNING OJECTIVES (SLO)**			**Cognition**			**Psychomotor**		**Attitude**		**MOT/MIT**	**MOA**
				Cognition	**Skill**	**Attitude**	C1	C2	C 3	P1	P2	A1	A2		

31	MONDAY	RHEUMATOLOGY	APPROACH TO PATIENT WITH CALCIUM METABOLISM & BONE DISEASES (Osteoporosis, Osteomalacia, Paget's Disease, Hypercalcemia, Hypocalcemia)	a) Recall the physiology of calcium metabolism and pathophysiology of related disorders. b) Discuss clinical features and diagnostic criteria for bone diseases. c) Describe management strategies, including pharmacological and lifestyle modifications.	a) Take history and perform physical examination, focusing on signs of bone diseases. b) Interpret investigations (Serum Calcium, Phosphate, ALP, Vitamin D, PTH, Bone Density Scan). c) Practice writing management plans for osteoporosis and other bone diseases.	a) Counsel patients on prevention, treatment, and lifestyle modifications (e.g., diet, exercise). b) Educate on long-term complications and medication adherence.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
32	TUESDAY	RHEUMATOLOGY	APPROACH TO PATIENT WITH ARTHRITIS (Rheumatoid Arthritis, Osteoarthritis, Septic Arthritis, Gout, Reactive Arthritis)	a) a) Recall etiology, classification, and pathophysiology of arthritis. b) Discuss clinical features and diagnostic approaches for different types of arthritis. c) Describe pharmacological and non-pharmacological management plans.	a) a) Take history and perform musculoskeletal examination (e.g., joint swelling, tenderness, range of motion). b) Interpret investigations (ESR, CRP, Rheumatoid Factor, Anti-CCP, Joint Aspiration). c) Observe and assist in intra-articular injections. d) Assist HCW in management of patient	a) Counsel patients on disease management, physical therapy, and long-term outcomes. b) Educate on medication adherence and red flag symptoms requiring urgent care.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
33	WEDNESDAY	RHEUMATOLOGY	APPROACH TO PATIENT WITH CONNECTIVE TISSUE DISORDERS & VASCULITIS (SLE, Scleroderma, Polymyositis, Wegener's Granulomatosis, Takayasu's Arteritis)	a) Recall classification, etiology, and pathophysiology of connective tissue disorders and vasculitis. b) Discuss clinical features, diagnostic criteria, and complications. c) Describe multidisciplinary management strategies.	a) Take detailed history and perform a focused physical examination (e.g., skin changes, joint deformities, systemic symptoms). b) Interpret investigations (ANA, Anti-dsDNA, ANCA, Complement Levels, Biopsy Findings). c) Practice writing management plans.	a) Counsel patients on disease prognosis, treatment adherence, and support groups. b) Educate about lifestyle modifications and preventive measures for complications.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
34	THURSDAY	MULTIDISCIPLINARY MANAGEMENT	MEDICAL ILLNESSES MANAGEMENT IN SURGICAL & GYNAECOLOGY/OBSTETRICS PATIENTS	a) Recall common medical illnesses encountered in surgical and obstetrics/gynaecology patients (e.g., diabetes, hypertension, anemia, sepsis). b) Discuss pre-operative, intra-operative, and post-operative considerations in managing medical illnesses. c) Describe multidisciplinary management strategies, including coordination with surgical and obstetrics teams.	a) Take history and perform pre-operative and post-operative evaluations, focusing on co-morbidities. b) Interpret investigations (CBC, Coagulation Profile, RFTs, LFTs, Blood Glucose, Imaging as needed). c) Practice writing peri-operative management plans, including prophylaxis and follow-up care.	a) Counsel patients on the importance of medical optimization before surgery or delivery. b) Educate patients on lifestyle modifications and adherence to treatment plans for chronic illnesses.			✓		✓		✓	AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
35	FRIDAY	HEMATOLOGY	APPROACH TO PATIENT WITH ANEMIA	Students will be able to: a) Recall etiology & pathophysiology of disease b) Discuss Classification based on morphology and etiology c) Explain clinical features & Investigations to confirm the diseases Describe management plan including complications, impact of disease on functional status of patient	Students will be able to: a) Take History and examination keeping in mind etiology and complications of various anemia types b) Perform Interpretation of related basic and specific investigations c) practice prescription writing Observe and perform injection administration, blood sample collection	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
36	SATURDAY	HEMATOLOGY	APPROACH TO PATIENT WITH	Students will be able to: a) Recall etiology & pathophysiology of this condition b) Explain clinical features & Investigations to confirm the diseases	Students will be able to: a) Take History and do examination keeping in mind etiology and complications of Hepatomegaly and splenomegaly b) Perform Interpretation of related basic and specific investigations	Students will be able to: a) Take Consent for History, Clinical Examination and Procedures . b) Counsel and educate patient about disease, its									

			HEPATOSPLEENOMEGALY	Describe management plan including complications, impact of disease on functional status of patient	c) practice writing prescription Observe and perform injection administration, blood sample collection	diagnosis, treatment and outcome.										

WEEK 7																	
Sr #	**Day**	**Specialty**		**SPECIFIC LEARNING OJECTIVES (SLO)**			**Cognition**				**Psychomotor**		**Attitude**		**MOT/MIT**	**MOA**
				Cognition	**Skill**	**Attitude**	C1	C2	C 3	P1		P2	A1	A2		
37	MONDAY	HEMATOLOGY	APPROACH TO PATIENT WITH LYMPHADENOPATHY (Lymphoma, Leukemia)	Students will be able to: a) Recall etiology & pathophysiology of this condition b) Explain clinical features & Investigations to confirm the diseases d) Describe management plan including complications, impact of disease on functional status of patient	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of this condition b) Perform Interpretation of related basic and specific investigations c) enlist differential diagnosis d) Observe FNA/ LN biopsy . Assist HCW in management of patient with anemia e) Observe Bone marrow biopsy f) Assist HCW in management of patient with anemia	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.			✓			✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
38	TUESDAY	HEMATOLOGY	APPROACH TO PATIENT WITH BLEEDING AND THROMBOTIC DISORDER (ITP, DIC, Hemophilia, Hypercoagulable states, DVT)	Students will be able to: a) Recall etiology & pathophysiology of hematological disorders b) Explain clinical features & Investigations to confirm the diseases Describe management plan including complications and long term prognosis of various associated diseases	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of this condition b) Perform Interpretation of related basic and specific investigations c) outline treatment strategy d) Observe / Assist blood products transfusion . Assist HCW in management of patient with anemia	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.										
39	WEDNESDAY	INFECTIOUS DISEASES	APPROACH TO PATIENT WITH FUO	Students will be able to: a) Recall etiology & classification of FUO b) Explain clinical features & Investigations to confirm the diseases	Students will be able to: a) Take History and examination keeping in mind etiology clinical features and complications based on etiology b) Perform Interpretation of related basic and specific investigations	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			✓			✓		✓	SGD / BED	

				Describe management plan including complications	c) practice Treatment prescription d) Observe and draw blood cultures, and sputum samples e) Perform Urine sample collection for culture sensitivity f) Assist HCW in management of patient with FUO	outcome.									SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
40	THURSDAY	INFECTIOUS DISEASES	APPROACH TO PATIENT WITH DENGUE AND MALARIA	Students will be able to: a) Recall etiology & pathophysiology of both diseases b) Explain clinical features & Investigations to confirm the diseases c) Classify dengue in to DF, DHF and DSS Describe management plan including complications	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of these conditions b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Observe / Assist blood products transfusion and perform fluid quota calculation . Assist HCW in management of patient of Dengue with focus on filling fluid quota monitoring sheet	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.			✓			✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
41	FRIDAY	INFECTIOUS DISEASES	APPROACH TO PATIENT WITH COVID-19 AND ENTERIC FEVER	Students will be able to: a) Recall etiology & pathophysiology of both diseases b) Explain clinical features & Investigations to confirm the diseases c) Classify COVID-19 on basis of severity Describe management plan including complications and preventive measures	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of these conditions b) Perform Interpretation of related basic and specific investigations (blood C/s, Urine C/S, CXR,HRCT) c) Develop Treatment prescription d) Observe and practice doffing and donning e) Assist HCW in management of patient with Enteric Fever	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.			✓			✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
42	SATURDAY	INFECTIOUS DISEASES	APPROACH TO PATIENT WITH AIDS/HIV	Students will be able to: a) Recall etiology & pathophysiology of both diseases b) Explain clinical features & Investigations to confirm the diseases Describe management plan including complications and	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of HIV b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription	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			✓			✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds,	See assessment section

				preventive measures	Observe & performing Infection Control Practices	outcome.								Teaching Ward Rounds) / LAB WORK		
8th WEEK																
43	MONDAY	INFECTIOUS DISEASES	APPROACH TO PATIENT WITH BRUCELLOSIS, TETANUS ETC	a) Recall etiology, pathophysiology, and modes of transmission of brucellosis and tetanus. b) Discuss clinical features, diagnostic criteria, and differential diagnoses. c) Describe management, including antibiotics, vaccination, and complications.	a) Take detailed history and perform a focused physical examination to identify signs of brucellosis and tetanus. b) Interpret investigations (Blood Culture, ELISA for Brucella, Wound Assessment for Tetanus). c) Practice writing treatment plans, including supportive care and prophylaxis.	a) Counsel patients on disease prevention, vaccination, and post-exposure prophylaxis. b) Obtain informed consent for procedures and treatment, ensuring patient understanding.			✓			✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK
44	TUESDAY	CRITICAL CARE MEDICINE	APPROACH TO PATIENT WITH SEPSIS / MOD	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain clinical features & Investigations to confirm the disease Describe management plan including complications and outcomes	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of disease b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Observe & performing Infection Control Practices in ICU settings Observing and Perform ICU procedures like arterial tap for ABGs, CVP, and ETT etc.	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

45	WEDNESDAY	CRITICAL CARE MEDICINE	APPROACH TO PATIENT WITH RESPIRATORY FAILURE	Students will be able to: a) Recall definition etiology & pathophysiology of disease b) Explain types, clinical features & Investigations to confirm respiratory failure Describe management plan including complications and outcomes	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of disease b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Observe & performing Infection Control Practices in ICU settings Observing and Perform ICU procedures like arterial tap for ABGs, CVP, and ETT etc.	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
46	THURSDAY	CRITICAL CARE MEDICINE	APPROACH TO PATIENT WITH SHOCK	Students will be able to: a) Recall definition etiology & pathophysiology of disease b) Explain types, clinical features &Investigations Describe management plan including complications and outcomes	Students will be able to: a) Take History and perform examination keeping in mind etiology and complications of disease b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Observe & performing Infection Control Practices in ICU settings Observing and Perform ICU procedures like arterial tap for ABGs, CVP, and ETT etc.	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

47	FRIDAY	REPETITION/REINFO RC EMENT	Revision of Difficult Disease Approaches and Compensation for Missed Disease Approaches													
48	SATURDAY	**WARD TEST**														

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
9th WEEK															
49	MONDAY	CARDIOLOGY	APPROACH TO PATIENT WITH IHD (Angina, myocardial infarction-NSTEMI & STEMI)	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain types, clinical features &Investigations c) Describe management plan including complications and outcomes d) Review life style modifications and preventive measure and impact of disease on functional status of patient	Students will be able to: a) Take History and perform CVS examination keeping in mind clinical features and complications b) Perform Interpretation of related basic and specific investigations c) practice writing emergency management of ACS d) Perform interpretation of related ECG findings e) Observe and perform BLS	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
50	TUESDAY	CARDIOLOGY	APPROACH TO PATIENT WITH HEART FAILURE	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain types, clinical features &Investigations c) Describe management plan including new modalities of treatment d) Review life style modifications and preventive measure and impact of disease on functional status of patient	Students will be able to: a) Take History and perform CVS examination keeping in mind clinical features and complications b) Perform Interpretation of related basic and specific investigations c) practice writing management of acute LVF d) interpretation of related ECG findings, e) Observe Echocardiography	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
51	WEDNESDAY	CARDIOLOGY	APPROACH TO PATIENT WITH VALVULAR HEART DISEASES AND INFECTIVE ENDOCARDITIS	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain clinical features & Investigations c) Describe management plan including new modalities of treatment d) Review life style modifications and preventive measures	Students will be able to: a) Take History and perform CVS examination keeping in mind clinical features and complications b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Perform interpretation of related ECG findings, e) Observe Echocardiography	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

52	THURSDAY	CARDIOLOGY	APPROACH TO PATIENT WITH HYPERTENSION	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain clinical features, Grades & Investigations c) Describe management plan including new modalities of treatment d) Review life style modifications and preventive measures	Students will be able to: a) Take History and perform CVS examination keeping in mind clinical features and complications b) Perform Interpretation of related basic and specific investigations c) Develop Treatment prescription d) Perform interpretation of related ECG findings, Observe Echocardiography	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
53	FRIDAY	CARDIOLOGY	APPROACH TO PATIENT WITH DYSARRYHTMIAS (tachy and brady arrhythmias with focus on premature ventricular contractions, atrial fibrillation, heart block, ventricular fibrillation, use of antiarrythmic agents)	Students will be able to: a) Recall etiology & pathophysiology of disease b) Explain clinical features, Grades & Investigations c) Describe management plan including new modalities of treatment d) Review life style modifications and preventive measures	Students will be able to: a) Take History and perform CVS examination keeping in mind clinical features, types, and investigations b) Describe management plan according to presentation c) Recall classification and indications of antiarrhythmic medications	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
54	SATURDAY	Cardiology	**WARD TEST**												
10th WEEK															
55	MONDAY	NEUROLOGY	APPROACH TO PATIENT WITH ISCHEMIC STROKE	Students will be able to: a) Recall pathophysiology of disease b) Discuss clinical features & Investigations to confirm the diseases c) Describe management plan including complications, impact of disease on functional status of patient and preventive measures	Students will be able to: a) Take history and perform CNS examination keeping in mind the nature of disease B) Perform Interpretation of investigations (CT brain plain) c) Practice prescription writing d) Assist HCW in patient management	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
56	TUESDAY	NEUROLOGY	APPROACH TO PATIENT WITH HEMORRHAGIC STROKE	Students will be able to: a) Recall pathophysiology of disease b) Discuss clinical features & Investigations to confirm the diseases. c) Describe management plan including complications, impact of disease on functional status of patient and preventive measures	Students will be able to: a) Take history and perform CNS examination keeping in mind the nature of disease b) Perform Interpretation of investigations (CT brain plain) c) Practice prescription writing d) Assist HCW in patient management	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
57	WEDNESDAY	NEUROLOGY	APPROACH TO COMATOSE PATIENT (Comatose Patient due to Various Causes: Metabolic, Infectious, Traumatic, Neurological)	Students will be able to: a) Recall etiology & pathophysiology of different causes of coma. b) Discuss clinical features & investigations to confirm the underlying cause. c) Describe management plan, including complications and impact on patient outcomes.	a) Students will be able to: a) Take history and perform a structured neurological examination in a comatose patient. b) Perform interpretation of investigations (Glasgow Coma Scale, Blood Glucose, ABGs, Electrolytes, CT Brain, CSF Analysis, EEG). c) Practice writing a comprehensive management plan for a comatose patient. d) Observe and assist in procedures like Lumbar Puncture, Endotracheal Intubation, and Airway Management. e) Assist HCW in critical care management of the patient.	Students will be able to: a) Take informed consent for history, clinical examination, and procedures. b) Counsel and educate attendants about the diagnosis, prognosis, and treatment plan.			✓		✓		✓	AMBULATORY TEACHING/ SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
58	THURSDAY	NEUROLOGY	APPROACH TO PATIENT WITH CNS INFECTIONS (Viral, Pyogenic and Tuberculosis meningitis, Encephalitis, Cerebral Malaria)	Students will be able to: b) Recall etiology & pathophysiology of disease c) Discuss clinical features & Investigations to confirm the diseases Describe management plan including complications, impact of disease on functional status of patient	Students will be able to: b) Take history and perform examination regarding comatose patient c) Perform Interpretation of investigations (CSF RE, CT brain) d) practice writing management plan e) Observe Lumbar puncture 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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

59	FRIDAY	NEUROLOGY	APPROACH TO PATIENT WITH NEUROPATHY (GBS, Diabetes, Vitamin Deficiency)	Students will be able to: b) Recall etiology & pathophysiology of disease c) Discuss clinical features & Investigations to confirm the diseases Describe management plan including complications, impact of disease on functional status of patient	Students will be able to: c) Take history and perform examination regarding comatose patient d) Perform Interpretation of investigations e) practice prescription writing Observe Lumbar puncture observe NCS/EMG	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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
60	SATURDAY	NEUROLOGY	APPROACH TO PATIENT WITH PARAPARESIS (Multiple sclerosis, compressive causes)	Students will be able to: a) Recall etiology & pathophysiology of disease b) Discuss clinical features & Investigations to confirm the diseases Describe management plan including complications, impact of disease on functional status of patient	Students will be able to: a) Take history and perform examination regarding comatose patient b) Perform Interpretation of investigations c) practice prescription writing d) Observe and perform Lumbar puncture under direct supervision, observe fundoscopy 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.			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
11th WEEK															
61	MONDAY	NEUROLOGY	APPROACH TO PATIENT WITH MOVEMENT DISORDERS (Parkinson's Disease, Essential Tremor, Dystonia, Chorea, Ataxia, Myoclonus, Restless Leg Syndrome)	Students will be able to: a) Recall etiology, classification, and pathophysiology of movement disorders. b) Discuss clinical features and diagnostic approach to differentiate movement disorders. c) Describe management plans, including pharmacological and non-pharmacological approaches, complications, and impact on functional status.	Students will be able to: a) Take history and perform a focused neurological examination, including assessment of gait, tremors, rigidity, bradykinesia, and postural instability. b) Perform interpretation of investigations (MRI Brain, Dopamine Transporter Imaging, Genetic Testing, Serum Copper & Ceruloplasmin for Wilson's Disease). c) Practice writing a comprehensive management plan for movement disorders. d) Observe and assist in procedures like Botulinum Toxin Injections and Deep Brain Stimulation (DBS) assessments. e) Assist HCW in multidisciplinary patient management, including rehabilitation and physiotherapy.	Students will be able to: a) Take informed consent for history, clinical examination, and procedures. b) Counsel and educate patients and caregivers about the disease, prognosis, and treatment options			✓					AMBULATORY TEACHING/ SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	See assessment section
62	TUESDAY	NEUROLOGY	APPROACH TO PATIENT WITH HEADACHE (Migraine, Tension-Type Headache, Cluster Headache, Trigeminal Neuralgia, Secondary Headaches – Meningitis, Raised ICP, Giant Cell Arteritis)	a) Students will be able to: a) Recall etiology, classification, and pathophysiology of different types of headaches. b) Discuss clinical features and diagnostic approach to differentiate primary and secondary headaches. c) Describe management	Students will be able to: a) Take history and perform a focused neurological examination, including headache red flags, cranial nerve assessment, and fundoscopy for papilledema. b) Perform interpretation of investigations (MRI/CT Brain, Lumbar Puncture, ESR/CRP for Temporal Arteritis). c) Practice writing a comprehensive management plan for headache disorders. d) Observe and assist in	Students will be able to: a) Take informed consent for history, clinical examination, and procedures. b) Counsel and educate patients about triggers, lifestyle modifications, medication use, and red flag symptoms			✓		✓		✓	AMBULATORY TEACHING/ SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

				plans, including pharmacological and non-pharmacological approaches, complications, and impact on daily life.	procedures like Greater Occipital Nerve Block and Lumbar Puncture. e) Assist HCW in differentiating primary vs. secondary headache and emergency headache management.	requiring urgent care.										

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
63	WEDNESDAY	NEUROLOGY	APPROACH TO PATIENT WITH EPILEPSY (Focal Seizures, Generalized Seizures, Status Epilepticus)	Students will be able to: a) Recall classification, etiology, and pathophysiology of epilepsy. b) Discuss clinical features and diagnostic criteria for epilepsy. c) Describe the acute and long-term management of epilepsy, including complications.	Students will be able to: a) Take detailed history and perform focused neurological examination, including identifying seizure semiology. b) Interpret investigations (EEG, MRI Brain, Metabolic Panel). c) Practice writing seizure management plans. d) Observe and assist in seizure first aid and management.	a) Take informed consent for history, examination, and procedures. b) Educate patient and caregivers on triggers, adherence to antiepileptic drugs, and lifestyle modifications.			✓		✓		✓	AMBULATORY TEACHING/ SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
64	THURSDAY	NEUROLOGY	APPROACH TO PATIENT WITH DEMENTIA & DEGENERATIVE DISORDERS (Alzheimer's Disease, Parkinson's Disease, Lewy Body Dementia)	Students will be able to: a) Recall etiology, classification, and pathophysiology of dementia and degenerative disorders. b) Discuss clinical features, progression, and diagnostic criteria. c) Describe management plans, including pharmacological, non-pharmacological, and supportive care.	Students will be able to: a) Take history and perform cognitive and neurological assessments (MMSE, MoCA, UPDRS). b) Interpret neuroimaging (MRI, CT Brain), and relevant labs (Thyroid Profile, Vitamin B12, etc.). c) Practice developing multidisciplinary management plans for dementia patients.	a) Counsel caregivers on patient care, disease progression, and available support services. b) Obtain consent for procedures and ensure ethical care of vulnerable patients.			✓		✓		✓	AMBULATORY TEACHING/ SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
65	FRIDAY	NEUROLOGY	APPROACH TO PATIENT WITH NEUROMUSCULAR JUNCTION DISORDERS & CHANNELOPATHIES (Myasthenia Gravis, Lambert-Eaton Syndrome, Hypokalemic Periodic Paralysis)	Students will be able to: a) Recall etiology, classification, and pathophysiology of neuromuscular junction disorders. b) Discuss clinical features and diagnostic criteria. c) Describe acute and long-term management, including complications.	Students will be able to: a) Take history and perform detailed neuromuscular examination (e.g., fatigability tests). b) Interpret investigations (Anti-AChR Antibodies, Nerve Conduction Studies, Repetitive Nerve Stimulation). c) Practice writing management plans and observe plasmapheresis if applicable.	Students will be able to: a) Take informed consent for procedures (e.g., Electromyography). b) Counsel patients on disease management, prognosis, and long-term care, including family support.			✓		✓		✓	AMBULATORY TEACHING/ SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
66	SATURDAY	PSYCHIATRY	**WARD TEST**												

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
12th WEEK															
67	MONDAY	RADIOLOGY	APPROACH TO NORMAL AND ABNORMAL CHEST XRAY	Students will be able to: a) Review spectrum of pathologies on chest x-ray b) Review Manifestations of meningitis on plain and CECT brain c) Explain features of common pathologies on Chest x-ray, like pneumonia, TB, ILD, COPD, Pneumothorax	Students will be able to: a) Observe and master normal anatomy on chest x-ray, adequate and inadequate inspiratory films, AP , PA and lateral views b) Perform interpretation of common pathologies on chest x-ray	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 (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
68	TUESDAY	RADIOLOGY	APPROACH TO CT BRAIN	Students will be able to: a) Recall different types of Stroke and their appearance on CT brain plain b) Review Manifestations of meningitis on plain and CECT brain	Students will be able to: a) Observe the normal anatomy of brain on CT b) Perform interpretations of ischemic insult are as on CT c) Observe different types of bleed on CT brain	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 (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
69	WEDNESDAY	RADIOLOGY	APPROACH TO CT ABDOMEN	Students will be able to: a) Explain different CT protocols to detect various abdominal pathologies with particular emphasis on liver and pancreas b) Know normal bowel loop patterns and pattern in case of obstruction	Students will be able to: a) Observe the normal anatomy of abdomen on CT b) Perform interpretations of viscera, vessels, soft tissue and normal bowel pattern on CT	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 (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section

Sr #	Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
				Cognition	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
70	THURSDAY	RADIOLOGY	APPROACH TO CT CHEST	Students will be able to: a) Recall normal anatomy of chest b) Interpret basic chest pathologies on CT scan including Pneumothorax, TB, Pneumonia, Pulmonary edema	Students will be able to: a) Observe the normal anatomy of lungs, mediastinum and vessels on chest CT b) Practice and Perform interpretation of abnormal patterns of diseases on CT chest	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 (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
71	FRIDAY	RADIOLOGY	APPROACH TO ULTRASOUND (abdomen/pelvis/chest), doppler studies, and Radionucleotide SCANS	Students will be able to: a) Recall normal anatomy of abdomen and pelvis on ultrasound b) Explain importance of doppler studies in evaluation of ischemia and thrombosis for early detection and prevention of chronic morbidity	Students will be able to: a) Observe the normal viscera on ultasound b) Observe the normal and abnormal color and power signal on color doppler c) Construct and interpret normal abdominopelvic scan report	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 (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK	See assessment section
72	SATURDAY	RADIOLOGY	**WARD TEST**												

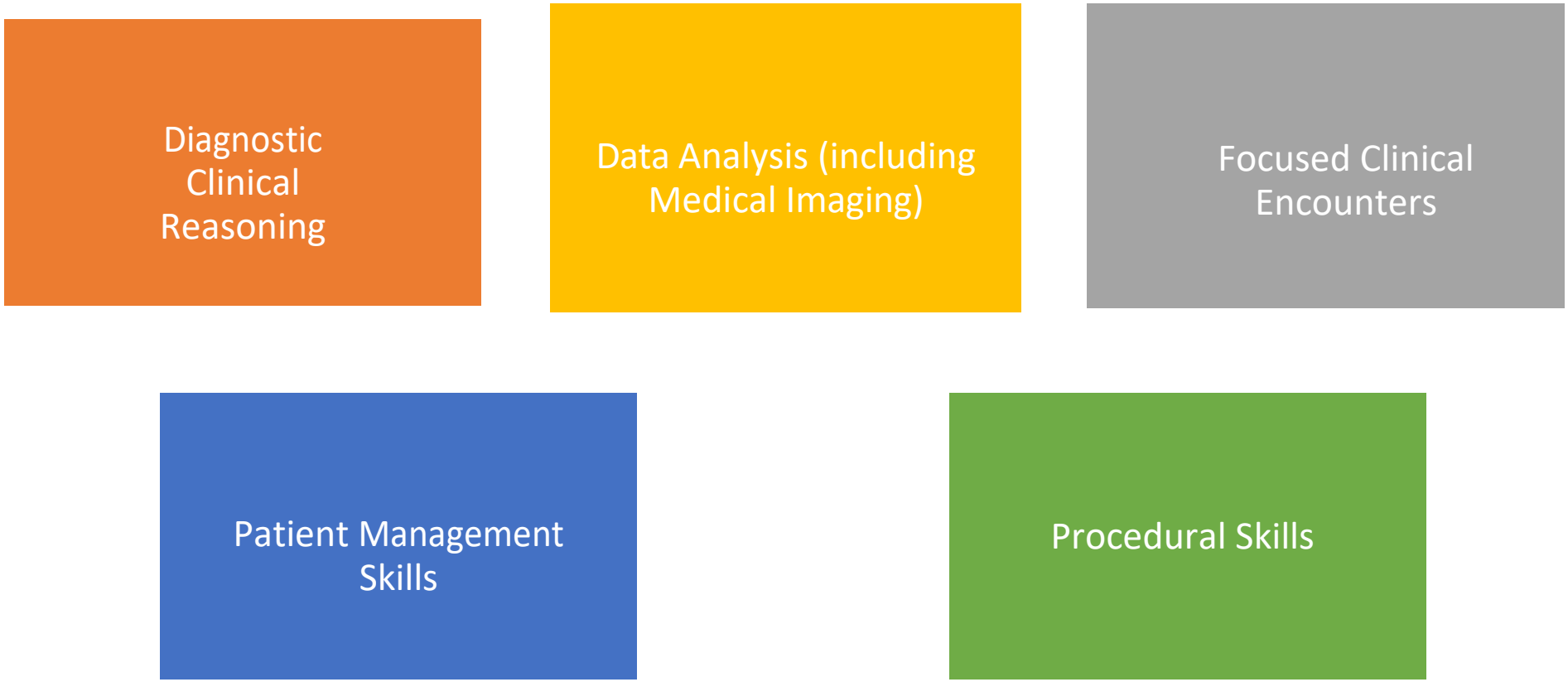
Section- IV

Clinical Placement Components

- Clerkship components
- Clinical case presentation guide

COMPONENTS

Clerkship activities include hands-on training based on actual interaction with patients covering five key areas:



Diagnostic Reasoning- Learning Objectives

Is a process by which clinicians collect, process, and interpret patient information to develop an action plan. This encompasses;

- Analyzing symptoms
- Detecting and interpreting clinical signs
- Suggesting differentials
- Planning relevant investigations
- Interpreting and analyzing data
- Creating case summaries
- Presenting findings

Focused Clinical Encounters- Learning Objectives

This entails interaction between student and patients to make plan about diagnosis and treatment. Following is included in this context;

- Approaching the patient in peculiar situations
- Taking a focused history
- Performing focused clinical examination
- Choosing appropriate diagnostic/ therapeutic options
- Recognizing and resuscitating acutely unwell patients

Data Analysis (Medical Imaging Inclusive) - Learning Objectives

Is meant to provide insight into clinical data and thus facilitate informed decision-making about the diagnosis and treatment of patients, prevention of diseases or others. This include following;

1. Interpreting and analyzing medical lab data
2. Identifying common lab errors
3. Recognizing normal and common abnormal ECG patterns (i.e. Ischemia, Acute MI, Axis deviation, Chamber enlargement, Heart blocks, APC, VPC, SVT, VT etc)
4. Recognizing normal and common abnormal patterns on various Medical Imaging modalities including X-rays, CT scans, MRIs, ultrasounds, Echocardiography, and Radioisotope scans
5. Knowing basics of EEG
6. Should acquire clinical acumen for ordering and basic interpreting results of common investigations like:
    a. CBC, urinalysis, culture and sensitivity, serum creatinine, blood urea, creatinine clearance, ultrasound etc.
    b. Echocardiography, Stress testing, Angiography, and the conclusions of Thallium Scan
    c. Pulmonary function tests.
    d. Arterial blood gas estimations
    e. Thyroid function tests
    f. Understand the conclusion of HRCT of the lungs.
7. Interpret and/or identify: common radiological findings of bone and joint diseases (Rheumatoid arthritis, Osteoarthritis, Vertebral collapse, and Caries spine, etc).

Patient Management Skills- Learning Outcomes

Following need to be focused;

1. Explaining patho-physiological concepts
2. Analyzing symptoms
3. Recognizing clinical signs
4. Making diagnostic plans
5. Discussing lifestyle modifications
6. Comparing therapeutic options
7. Writing prescriptions
8. Recording medical notes
9. Seeking interdisciplinary consults
10. Counseling patients and their relatives on relevant issues

Required Competencies- Procedural Skills

Should Be Able to Perform (EPA level 2,3) under observation during medicine rotation		
Date	*Give Brief Details of The Case- number of cases in bracket*	*Signs*
Basic Life-support (3)		
Inject I/V, I/M, S/C, intradermal injections (5 each)		
Assist Blood transfusion (1)		
Treatment for acute pulmonary edema (1)		
Oxygen therapy (02)		
Peak expiratory flow metry (PEFR) (1)		
Nebulization (05)		
Educate the patient regarding correct inhaler technique (2)		

Electrocardiogram (06)		
Urinary catheterization (2)		

Procedures to be Observed/Assisted (EPA level 1,2)		
Date	*Give Brief Details of The Case*	*Signs*
Passing the N/G Tube, feeding, suction, and stomach wash (3)		
Preparing a patient for endoscopy, upper and lower GIT, and to observe the procedures (1)		
Endotracheal tube placement (1)		
Endotracheal suction/maintenance of airway/nursing on side etc. (2)		
Preparing a patient for Bronchoscopy and to observe the procedure (1)		
Cardioversion therapy (AED) (1)		

Aspiration of fluids (Pleural, Peritoneal, Pericardial, and Knee) (2)		
Dialysis (1)		
Lumbar puncture (2)		
Treatment for acute pulmonary edema (1)		
Oxygen therapy (02)		

Should know Indications, Contra-indications, Procedure, and Complications of (EPA 1)		
Date	*Give Brief Details of The Case*	*Signs*
Holter monitoring (1)		
Nitrate Infusion (2)		
Thrombolysis (1)		

Entrustable Professional Activity (EPA)

Entrustable Professional Activities (EPAs) are critical tasks that medical trainees must perform independently by the end of their training. These activities integrate multiple competencies necessary for safe and effective patient care. For final year MBBS students, particularly those in clinical clerkship in Medicine and Allied fields, mastering these EPAs ensures they are well-prepared to enter residency training. The table below outlines the procedural skills and their associated learning outcomes, aligning with the concept of EPAs.

EPA	**Final Year (Diagnosis & Management Plan)**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Refine diagnostic skills with a focus on tailoring history and examination to complex cases. Integrate findings into clinical decision-making.
Prioritize a differential diagnosis following a clinical encounter	Formulate a comprehensive differential diagnosis with justification based on clinical evidence.
Recommend and justify patient management plans	Develop evidence-based and patient-specific management plans and justify decisions.
Perform procedural skills under supervision	Independently perform routine procedures with confidence, ensuring patient safety.
Provide handovers to transition patient care responsibility	Conduct structured and concise handovers, ensuring care continuity.
Educate patients and families about diagnosis and management plans	Provide clear, comprehensive explanations of diagnoses and management plans, ensuring patient understanding and adherence.

Clinical Case Presentation Guidelines

Presenting patients to Teachers or Peers

A student has to make the most of all learning opportunities. He/she should always take opportunities to present formally to seniors. The chance to talk through a history and examination, picking out important things, being asked to explain points, and then being challenged about future management of the patient is invaluable.

There are two types of case presentation. The **'teaching presentation'** is an all-inclusive presentation of the history, examination, and investigation findings, culminating with a well-constructed conclusion. Student will be expected to utilize this type of presentation during teaching sessions. One need to present a comprehensive, chronological case report, trying to demonstrate to the audience your diagnostic reasoning; this kind of presentation is also used at academic meetings such as hospital grand rounds and conferences.

The second type is the **'business presentation'**, utilized on busy ward rounds. The aim is to convey all the key points of the clerking in a few well-chosen sentences. If done well, the other members of the ward round are presented with a matter of fact, with which they should concur. This interaction is rapid and is learnt over many years on rounds. Students initially find it difficult to master, but improve with experience and knowledge. On business rounds students should listen to the way experienced doctors discuss cases. The good ones are focused, succinct, and quickly include and exclude relevant diagnoses with sharp and incisive comments. Student should try to get involved by clerking patients and asking to present them in this style. Presenting like this forces student to prioritize information and sharpen diagnostic reasoning.

Both presenting styles share key principles:

- Always structure presentation in terms of history, examination, and investigations, and conclude by outlining the current management plan. Finish one before starting the next and introduce the next section as you begin. 'This 43-year-old female presented with history of …. On examination she has …. Blood tests revealed … and chest x-ray showed ….She has been managed with…'

- Try to pack information into each sentence: ‘a 24-year-old shop keeper presenting generally unwell with a 2-day history of fever, dysuria, and now worsening flank pain’.
- Give people summaries of what is about to come next: ‘examination was unremarkable, with a clear chest, normal heart sounds and soft non-tender abdomen’.

Example format for ‘business’ presentations;

- Demographics: Age, sex, ethnicity, occupation.
- Presenting complaint: Just a few words needed.
- Relevant background: Any important factors from elsewhere in the history that directly impact on the presentation.
- History of presenting complaint: a few sentences. Only mention relevant negatives.
- Past medical history: Only dwell on conditions likely to affect diagnosis or management.
- Drug history: Often no need to read them all out. Mention key ones relevant to the presentation, e.g. warfarin or NSAIDs in a patient presenting with hemorrhage.
- Family history: Only if relevant.
- Social history: Give a one-sentence description of where the patient lives and how independent they are. Mention briefly tobacco and alcohol use.
- Examination:Mentionhowtheylookgenerally,andanyspecificpositivefindings.Sumupallthenegativeswherepossible, e.g. ‘little to find on examination except…’
- Impression: Always try to form an impression.
- Plan: Mention what has been done already, and what your senior needs to decide upon.

The key to these presentations is relevance, something which is difficult to judge even with experience. Furthermore, different seniors will have different preferences about how much information they wish to be told. Below is an example presentation of a very straightforward patient on a busy ward round. Making such a presentation is an excellent chance to be a part of clinical decision-making, though student may not have the chance to ask all the questions he would like to. Discussing the case thoroughly later on will mean that teaching value of this case will not be missed. Below is given presentation of a patient as reference example;

Mrs. ABC, 65-year-old, house old house wife was admitted last night with acute shortness of breath. She has been diagnosed to have hypertension and ischemic heart disease for 5 years. She complains of orthopnea and paroxysmal nocturnal dyspnea for last 10 days. She takes medication prescribed by Cardiologist irregularly. At admission she was distressed, tachypnic, and febrile (100F). Her pulse was 100/minute and blood pressure 150/100. Chest examination showed bilateral basal crackles and signs suggestive of consolidation in right axilla. Her ECG showed ST elevations in chest leads. Chest X-ray showed cardiomegaly. Her TLC and CRP were raised. Her cardiac troponins were not raised. My impression is that she is having pulmonary edema and pneumonia in back ground of Hypertension, and Ischemic Heart Disease. She has been treated with diuretics, antibiotics, oxygen, prophylactic heparin and ACE inhibitors. She is currently better. Her echocardiogram is planned after 2 days.

Section- V

- **Family Medicine**
- **Artificial Intelligence**
- **Research**
- **Biomedical Ethics**

i- Family Medicine

Family Medicine pertains to treatment of patients of all ages, from birth to death, and internal medicine doctors treat adults, 18 years or older. A family physician has knowledge and skills to manage common outpatient and emergency problems at the level of primary and secondary care. He/she is able to provide health care in the context of the family and local community, and is able to integrate principles of family medicine in their day to day interaction with patients. On one hand medical wards/units rotation pertains to adult medicine while the subspecialties rotation pertains to patients of all ages. Similarly Pediatric rotation covers the younger age group. Keeping in mind, "Integrated Curriculam Family Medicine – Final Year MBBS", Medicine and Allied rotation/clerkship will focus on components with involvement of Family Medicine Department. Details in this regard are given in Annexures.

ii- Artificial Intelligence (AI)

Artificial intelligence (AI) is affecting various fields of medicine substantially and has the potential to improve many aspects of healthcare. However, AI has been creating much hype, too. AI is being used in Dermatology, and Radiology etc. Medical students will be provided overview of AI during clinical rotation and encouraged to work on the same with coordination of AI Department. Didactic sessions will be arranged by HOD Incharge AI. Assessment will be MCQ based conducted through Learning Management System (LMS). Details in this regard are given in Annexures.

iii- Research

With reference to RMU Integrated Undergraduate Research Curriculum, didactic sessions are to be arranged by Community Medicine Department focusing Integrated Undergraduate Research Components (IUGRC). Medicine and Allied LGIS and Clinical sessions will have focus on research as a subcomponent. Assessment in this regard will be done by Community Medicine Department. It will be MCQs based conducted through LMS. Details in this regard are given in Annexures.

iv- Integrated Curriculum of Bioethics, Professionalism & Communication Skills

Will be part of Psychiatry Clinical Rotation focusing Integrated Curriculum of Bioethics, Professionalism & Communication Skills document.

Assessment will be done through MCQS conducted through LMS and End Block Examination. Details in this regard are given in Annexures.

Section- VI

Assessment & Evaluation

This component outlines the assessment process for Final Year MBBS Medicine and Allied program i.e., rigorous evaluation of accumulated knowledge, clinical skills, problem-solving abilities, and professionalism. This serves as gateway of transition from dedicated medical students to competent practitioners, ready to confidently contribute to the healthcare landscape.

The assessment is structured into three distinct components:

1. Continuous Internal Assessment (CIA): 150 Marks; Throughout academic year a medical student actively participates in large group interactive sessions (LGIS)/lectures, and clinical clerkship, and other learning activities. These ongoing assessments, amounting to 150 marks, capture consistent effort, engagement, and progress in acquiring key clinical skills. It is to be considered as the cornerstone upon which final evaluation rests.

2. Leaning Management System Based Assessment: This curriculum supplement introduces weekly online assessments as part of the final year MBBS Medicine and Allied block rotations. This innovative approach employs LMS platform

3. Pre-Annual Examination: Prerequisite for Final Assessment; Before engaging in the final assessment, medical student must demonstrate competency through the Pre-Annual Examination. This crucial stage, acting as a prerequisite, verifies possession of the essential knowledge and clinical understanding required to effectively navigate the challenges of the final evaluation.

4. Final Assessment: 350 Marks; Carrying 350 marks, the final assessment tests accumulated knowledge, clinical skills, and problem-solving capabilities. This comprehensive evaluation is designed to assure that medical students are ready to embark on medical career with confidence and competence.

This document serves as a guide. It is encouraged that Final Year Medical Students should utilize time strategically, meticulously plan revision efforts, and hone clinical skills. They are advised to approach assessment with unwavering focus, confidence, and dedication to lifelong learning that characterizes the medical profession.

We, your teachers, remain committed to supporting you. Do not hesitate to seek clarification should any questions or concerns arise. We believe in your potential and wish you all the best as you prepare for this significant milestone in medical career.

CONTINUOUS INTERNAL ASSESSMENT (CIA)

Medicine and Allied theory, clinical teaching and training are components of Final Year MBBS clerkship. Assessment in final year MBBS clerkships, holds importance for both students and healthcare system.

For Students CIA; 1) provides feedback and guidance: regular assessments throughout the clerkship highlight areas of strength and weakness, allowing students to focus on improvement and consolidate their knowledge and skills, 2) promotes active learning: the assessment process can encourage students to engage actively in theory sessions, bedside teaching, and clinical activities, fostering self-directed learning and deeper understanding, 3) increases accountability and professionalism: assessments hold students accountable for their learning and emphasize the importance of professionalism in clinical settings, 4) prepares for future practice: by simulating real-life scenarios and evaluating clinical decision-making, assessments prepare students for the challenges and responsibilities they will face as practicing doctors.

For the Healthcare System; 1) ensures competent graduates: rigorous assessments ensure that graduating doctors possess the necessary theoretical knowledge, clinical skills, and professional conduct to provide safe and effective patient care, 2) maintains high standards of medical practice: by upholding assessment standards, medical schools contribute to maintaining the overall quality and competence of the healthcare workforce, 3) identifies areas for improvement: assessment data can be used to identify weaknesses in the curriculum, teaching methods, or clinical rotations, leading to continuous improvement and refinement of medical education programs, 4) promotes patient safety: thoroughly assessed and competent graduates contribute to improved patient safety and overall healthcare outcomes.

Theory, clinical teaching, and training in assessments is crucial for a holistic evaluation of medical students as: 1) theory assessments evaluate fundamental knowledge and its application in clinical contexts, 2) Clinical teaching/training assessments assess clinical skills, decision-making abilities, communication skills, and ability to manage diverse clinical situations.

By integrating these aspects, assessments provide a comprehensive picture of a student's readiness to embark on their medical career.

CIA Evaluation Strategies

Educational Activity & Hours	Formative Assessment	Summative Assessment*	Assessment Hours
Theory & LGIS (60 Hours)	MCQs through LMS (4 hours and 33 minutes)	MCQs/SAQ/SEQ/EMQ in Module and End Block Assessment-s EBA	11 hours (18.3%)
Clinical Teaching (600 Hours)	Ward/Emergency Teaching/Working/Shadowing review/feedback (8 hours)**	Workplace Based Assessment, Module Assessment, and EBA OSCE	31 hours (5.16%)

*These components constitute Internal Assessment that is 30% (150 marks) of the total 500 marks of Final Professional Medicine and Allied MBBS Assessment.

**10 minutes review/feedback on days working by duty SR/PGT. 10 minutes/day, thrice a week, 30 minutes/week, 120 min/4 week, 8 hours/12-week Block)

Continuous Internal Assessment (CIA)- 150 mark

Details and marks distribution*

Clerkship- Unit/Ward Wise Assessment *A- Work Place Based (WPBA)- 50%* + *B- Ward Test (WT)- 50%*	1st Medical Unit	2nd Medical Unit	Neurology	Cardiology	Radiology	60
	20	20	10	5	5	
EBA It will comprise clinical (40 marks-50% of total EBE marks) and MCQ/SAQ (40 marks- 50% of total EBA marks) like framework of Final Professional Examination in Medicine						80
CPC Attended≥75% 10 marks Attended <75% Zero mark						10
Total						**150**
*Unit/Ward assessment, EBA will be rounded/calculated from actual marks.						

- A student having publication (Medicine & Allied related) in non-predator Journal during Final Year MBBS period will get extra 7.5 marks. Addition of these numbers will not be over and above total 150 numbers. Credit of these marks cannot be taken in other subjects. CIA marks for attendance will be given as per RMU policy. Addition of these numbers will not be over and above total 150 numbers
- There is no compensation for attendance for missed period(s) of clerkship.

Continuous Internal Assessment (CIA)- % Wise Breakup

Component	**% of Internal Assessment**
EBA- 80/150	53%*
Clinical Placement/ Clerkship Assessment – 60/150 Ward Assessment (WA) + Work Place Based (WPBA)	40%
CPC 10/150	7%*
**Research/Publication- 7.5/150*	*5%*

- *Details have been provided in previous page.*
- **Rounded figures*

Clinical Placement/Clerkship- Unit/Ward
Work-Place Based Assessment (WPBA) and Ward Assessment (WA)
Marking details- At One Medical Unit (200 marks)- These will be fractioned to 20 according to CIA Scheme

	WPBA- 100 marks (50%)		**WT - 100 marks (50%)**
2 Case Presentation/morning reports	Clinical Work-Book assessment (5 Case Write Ups on Workbook)	9 Evening duties in in Ward/ER	
40	30 5 Complete Case Write ups Yes - 30 No, <5- Zero	30 Attended all Yes - 30 No, <9 – Zero	100
20%	15%	15%	50%

- WA and WPBA marks will be documented separately. 100% of WPBA marks will be awarded to students with ≥80% attendance.
- For students with <80% attendance WA and WPBA marks will be reduced to 50%.
- Subspecialties will reduce components to 25% keeping in mind 1 week duration compared to 4 weeks of one Medical Unit

Final Year MBBS Clerkship- Unit/Ward Work-Place Based Assessment (WPBA)

100 Marks- (MU-II HFH Template)

Marks will be proportionally scaled down to 10 according to CIA Scheme.
Documentation is to be done during Ward duration.

Name		**Roll No**	
Batch		**Dates of Session**	

A- Clinical Work-Book Assessment- 30 Marks

0 marks for 5 Complete Clinical Write ups according to Work-Book components, Zero for any incomplete and<5

S No	Case Diagnosis	Assessed by	Assessment	Signature
1		Dr Nida Anjum	Complete Incomplete	
2		Dr Arsalan	Complete Incomplete	
3		Dr. Asmara/AP Nephrology	Complete Incomplete	
4		Dr. Unaiza Sharif	Complete Incomplete	
5		Dr Wasiq	Complete Incomplete	

B- 2 Case Presentations- 4 Marks

40 marks for 2 satisfactory Case Presentation/Morning Reports

Zero for any unsatisfactory or <2 Case presentations

S No	Case Presentation/Morning Report	Assessed by (Consultant Name)	Assessment	Signature
1			Satisfactory Unsatisfactory	
2			Satisfactory Unsatisfactory	

C- 9 Evening Duties in ER- 3 Marks

30 marks for all attended and documented, Zero for

<6 attended and documented

Date	Patient Documentation	Assessed by	Assessment	Signature

Composite Marks

Case Presentations	Work-Book Assessment	0 Evening Duties	Total	Total after Attendance Adjustment
-----/40	----/30	----/30	----/100	
Ward Attendance _____ (Days attended/Total Working Days × 100)				
Consultant Incharge Final Year MU-II HFH Dr. Arsalan/Dr Unaiza Sharif		**Signature, Date, Stamp**		

Module & End Block Assessment (EBA)

Framework of Assessment for Final Year MBBS Medicine and Allied Block Rawalpindi Medical University

1. Module Assessment

Each module lasts 4 weeks and covers specific medical disciplines. The assessments include Theory & Clinical Exams (OSCE, Ci-OSCE, Av-OSCE).

A. Theory Exam Structure

Component	No. of Questions	Marks per Question	Total Marks
MCQs	20	1	20
SEQs	3	5	15
SAQs	3	5	15
EMQ	1	10	10
Total	27	-	**60**
Time	-	-	**60 min**

Topic Distribution in Theory Exams

Module I Topics:

- Respiratory Medicine
- Gastroenterology & Hepatology
- Nephrology
- Emergency Medicine & Poisoning
- Fluid, Electrolyte, Acid-Base Abnormalities

Module II Topics:

- CNS
- Infectious Diseases
- Diabetes & Endocrinology
- Rheumatology
- Hematology

Module III Topics:

- Neurology
- Radiology
- Cardiology

B. Clinical Exam Structure (OSCE, Ci-OSCE, Av-OSCE)

Clinical Component	Number of Stations	Marks per Station	Total Marks	Time Allocation
Short Cases	4	15	60	60 min
Counselling	1	10	10	10 min
Ethics	1	10	10	10 min
Ci-OSCE Stations	10	5	50	30 min
Av-OSCE Stations	16	5	80	1 hr 50 min
Total	32	-	**130**	**1 hr 50 min**

Av-OSCE Components (Video/Picture/Clinical Scenarios)

1	Xray Station 2- Pulmonary (consolidation, effusion, cavitation, and pneumothorax etc)
2	Test/Data Interpretation 2- Spirometry, ABGs, Echo, USG
3	Ethical issue- Scenario focusing autonomy, confidentiality, beneficence, doing no harm etc
4	GIT- Clinical sign/scenario interpretation
5	Respiratory- Clinical sign/scenario interpretation
6	Emergency Medicine/Poisoning- Clinical/data interpretation
7	Fluid, Electrolyte, Acid Base abnormalities- Clinical/data interpretation
8	Family Medicine- Clinical scenario focusing preventive measures
9	Instrument- Identification, utilization, appropriate technique etc
10	Medication- Identification, utilization, side effects, and interactions etc

2. End Block Assessment (EBA)

It is a is comprehensive assessment evaluating theoretical knowledge across all modules and advanced clinical skills.

A. Theory Exam (Paper I & II)

Paper Component	No. of Questions	Marks per Question	Total Marks	Time
MCQs	60	1	60	60 min
SEQs	3	5	15	25 min
SAQs	3	5	15	25 min
EMQ	1	10	10	5 min
Total Marks	**200**	-	**200**	**4 hrs**

Topic Distribution in EBA Theory

- **Paper I**: Respiratory Medicine, CVS, Gastroenterology, Neurology, Emergency & Poisoning, Hematology, Rheumatology
- **Paper II**: Infectious Diseases, Endocrinology, Nephrology, Acid-Base Disorders, Psychiatry, Dermatology, Critical Care

B. Clinical Exam (OSCE, Ci-OSCE, Av-OSCE)

Clinical Component	Number of Stations	Marks per Station	Total Marks	Time Allocation
Short Cases	4	15	60	60 min
Long Case	1	50	50	30 min
Life Support	1	10	10	10 min
Ethics	1	10	10	10 min
Ci-OSCE Stations	20	5	100	1 hr
Av-OSCE Stations	27	5	135	2 hr 50 min
Total	54	-	**230**	**2 hr 50 min**

EBA Av-OSCE Components

1	ECG 1- ACS interpretation
2	ECG 2- Dysrhythmia evaluation (tachy/brady arrythmia)
3	Xray Station 1- Cardiac (cardiomegaly, Pulmonary edema, Valvular Heart Disease related major abnormalities)
4	Xray Station 2- Pulmonary (consolidation, effusion, cavitation, and pneumothorax etc)
5	CT Scan 1- Brain (Ischemia, Hemorrhage, SAH, SOL etc)
6	CT Scan 2- Chest/Abdomen (ILD, Bronchiectasis, Effusion, L Nodes, Liver, spleen kidney enlargement etc)
7	Test/Data Interpretation 1- Hematology data/slide
8	Test/Data Interpretation 2- Spirometry, ABGs, Echo, USG
9	Ethical issue- Scenario focusing autonomy, confidentiality, beneficence, doing no harm etc
10	CVS- Clinical sign/scenario interpretation
11	CNS- Clinical sign/scenario interpretation
12	GIT- Clinical sign/scenario interpretation
13	Respiratory- Clinical sign/scenario interpretation
14	Rheumatology- Clinical sign/scenario interpretation
15	Diabetes Mellitus- Clinical/data interpretation
16	Endocrinology other than DM- Clinical/data interpretation
17	Dermatology-
18	Family Medicine- Clinical scenario focusing preventive measures
19	Instrument- Identification, utilization, appropriate technique etc
20	Medication- Identification, utilization, side effects, and interactions etc

3. Training & Assessment Time Comparison

- **Total Training Duration**: **660 hours**
- **Total Assessment Time**: **36 hours**
- **Assessment vs. Training Ratio**: **5.45%**

Final Summary

- **12-week Medicine and Allied Block**
- **Three Modules (4 weeks each)**
- **End Block Assessment (EBA) covering all topics**
- **Theory Exam** (MCQs, SEQs, SAQs, EMQs)
- **Clinical Skills Assessment** (OSCE, Ci-OSCE, Av-OSCE)
- **Rigorous Testing of Clinical Judgment, Ethics, and Procedural Skills**

This framework aligns with **international medical education standards**, ensuring **comprehensive evaluation of final-year MBBS students** before their professional practice.

References:

- *Rawalpindi Medical University Module & Block Assessment Document (2024)*.
- *WHO Guidelines for Medical Education.*

LMS BASED ASSESSMENT

Vision

To enhance competency-based learning and clinical reasoning skills among final-year medical students by leveraging a robust Learning Management System (LMS) to implement weekly, clinically-oriented assessments in Medicine and Allied specialties.

Introduction

This curriculum supplement introduces weekly online assessments as part of the final year MBBS Medicine and Allied block rotations. This innovative approach employs LMS platform to:

- **Reinforce core concepts:** Assessments focus on the application of clinical knowledge across Medicine and Allied specialties.
- **Develop clinical reasoning:** Case-based MCQs and integrated visuals (images, videos) enhance diagnostic and management skills.
- **Track progress and identify areas for improvement:** Provides students and faculty with data-driven insights for targeted learning and support.

Assessment Structure

- **Format:** Assessments consist of weekly administered 20 "best of 5" multiple-choice questions (MCQs) to encourage in-depth analysis and application of knowledge.
- **Focus:** MCQs will be clinically oriented, featuring scenarios, images, or videos related to diagnosis, investigations, and management of diseases across Medicine and Allied disciplines.
- **Delivery:** Assessments are administered online through LMS platform.
- **Timing:** Assessments take place weekly on a designated day and time.
- **Student registration:** All final year MBBS students are registered on the LMS and have access to assessments.

Assessment Development and Review

- **Faculty Collaboration:** A team of faculty from Medicine and Allied specialties collaborate to develop and review clinically relevant MCQs that align with learning objectives.
- **Focus on Case-Based Scenarios:** MCQs emphasize practical application and decision-making within real-world patient presentations.
- **Visual Integration:** Images (X-rays, CT scans, clinical photos) and videos (procedures, physical examinations) are incorporated to enhance clinical context.
- **Quality Assurance:** Assessments undergo rigorous review by multiple faculty members for accuracy, clarity, and alignment with learning objectives.

Assessment Topics and Schedule

Table 1: Assessment Dates and Topics

Date	Topic (Medicine & Allied)
Date to be specified in Notification	Respiratory Medicine
Date to be specified in Notification	CVS
Date to be specified in Notification	Gastroenterology

Note:

- Topics are aligned with the final year MBBS Medicine and Allied Block curriculum.
- This schedule is subject to change. Updates will be communicated to students.

Feedback and Learning Support

- **Detailed Results:** Students will receive feedback on their performance, including individual question analysis and overall scores.
- **Learning Resources:** Faculty will provide targeted resources based on assessment results to support students in areas requiring improvement.

Continuous Improvement

- **Data Analysis** DME program will track assessment data to identify trends in student performance. This will guide ongoing curriculum refinement.
- **Student Feedback** Students will be encouraged to provide feedback on the assessment structure and content to continuously improve this learning initiative.

Table of Specifications for the Respiratory System

Content Area	Number of MCQs	Learning Objectives
Common Respiratory Diseases	17	Diagnose and manage common respiratory diseases, including: Asthma, COPD, Pneumonia, Tuberculosis, Pleural Diseases, Lung cancer
Video/Picture Clinical Features	1	Diagnosis/management based on clinical feature given in Video/Picture.
Investigations	1	Interpret chest X-rays, Spirometry, CT scans, and other diagnostic tests used in respiratory conditions. Order and analyze relevant blood tests (e.g., arterial blood gas analysis, sputum cultures).
Procedures	1	Demonstrate understanding of procedures relevant to respiratory medicine (e.g., bronchoscopy, thoracentesis). Describe indications and contraindications for common respiratory therapies (e.g., oxygen therapy, nebulizer treatments).

Picture, video etc contents will be sequentially increased as LMS capacity is tested

PRE-ANNUAL ASSESMENT- SEND UP

The final year MBBS pre-annual examination (formerly called Send-Up Examination) serves as a crucial milestone in your medical education journey. It assesses your progress and readiness for the final professional exams and subsequent entry into medical practice. Its purpose is to; 1) evaluates knowledge and skills: it comprehensively assesses theoretical understanding, clinical skills, and professional competencies acquired throughout final year, and 2) provides feedback: medical students performance highlights areas of strength and weakness, guiding onwards further improvement and ensuring preparedness for the final exams.

Structurally, it has two components: 1) theory: Assesses theoretical knowledge and understanding through multiple-choice questions (MCQs), short answer questions (SAQs), short essay questions (SEQs) across various medical subjects, and 2) OSCE (Objective Structured Clinical Examination): evaluates clinical skills and professional competencies through simulated patient encounters and stations focusing on specific clinical areas.

Significance of this assessment include; 1) preparation for final assessment: it serves as valuable preparation for the final professional assessment allowing to identify areas requiring further focus and refine exam-taking strategies, 2) confirms readiness for practice: strong performance signifies potential to successfully transition from medical student to a competent doctor, and 3) confidence building: performing well can boost confidence and motivation as medical student approach the final steps of medical education journey.

Framework for Pre-Annual Assessment (Send-Up)

The Pre-Annual Assessment consists of two major components:

1. **Cognitive (Theory) Component**
2. **Psychomotor (Clinical) Component**

1. Theory Component

The **Theory Exams** include:

- **Multiple-Choice Questions (MCQs)**
- **Short Answer Questions (SAQs)**
- **Structured Essay Questions (SEQs)**
- **Extended Matching Questions (EMQs)**

A. Structure of Theory Papers

Paper Component	No. of Questions	Marks per Question	Total Marks	Time Allocation
MCQs	60	1	60	60 min
SEQs	3	5	15	25 min
SAQs	3	5	15	25 min
EMQ	1	10	10	5 min
Total Marks	**200**	-	**200**	**4 hours**

B. Topic Distribution for Theory Papers

Paper I:

- Respiratory Medicine (10 MCQs, 1 SEQ, 1 EMQ)
- Cardiovascular Diseases (10 MCQs, 1 SEQ)
- Gastroenterology & Hepatobiliary Diseases (10 MCQs, 1 SAQ)
- Neurology (10 MCQs, 1 SEQ)
- Emergency Medicine & Poisoning (10 MCQs, 1 SAQ)
- Hematology (6 MCQs, 1 SEQ)
- Rheumatology (4 MCQs)

Paper II:

- Infectious Diseases (10 MCQs, 1 SEQ, 1 EMQ)
- Endocrinology including Diabetes Mellitus (10 MCQs, 1 SEQ)
- Psychiatry & Behavioral Sciences (10 MCQs, 1 SAQ)
- Nephrology (10 MCQs, 1 SEQ)
- Acid-Base, Water & Electrolyte Disorders (10 MCQs, 1 SAQ)
- Dermatology (6 MCQs, 1 SEQ)
- Critical Care (4 MCQs)

2. Clinical Component

The **Clinical Exams** include:

- Objective Structured Clinical Examination (OSCE)
- AV OSCE

A. Structure of Clinical Assessment

Clinical Component	Number of Stations	Marks per Station	Total Marks	Time Allocation
Short Cases	4	20	80	28 min (7 min each)

Life Support Station	1	20	20	7 min
Total	5	-	**100**	**35 min**

B. Details of OSCE & Ci-OSCE

- **OSCE Stations (4)**
  - **CNS** (2 stations)
  - **Respiratory Medicine** (1 station)
  - **Cardiovascular Medicine** (1 station)
- **Life Support Station (1)**
  - Focused on **emergency response and resuscitation skills**.

References:

- *Rawalpindi Medical University Module & Block Assessment Document (2025).*
- *WHO Guidelines for Medical Education.*

FINAL PROFESSIONAL MBBS ASSESMENT MEDICINE AND ALLIED

The Final Year MBBS Professional Medicine Examination marks culmination of medical education journey, serving as a gateway to practice as a doctor. It comprehensively assesses medical students readiness to provide safe and effective patient care across various medical disciplines. The focus of examination medical Knowledge, clinical Medicine, clinical Skills, professionalism and Ethics. It encompasses theory and OSCE components.

The **Final Professional Assessment (FPA)** is the **culminating evaluation** for Final Year MBBS students, designed to **assess competency** in both **theoretical knowledge and clinical skills**. This **structured assessment** aligns with the **educational objectives** and **evaluation criteria**, ensuring validity, reliability, and comprehensive evaluation.

Framework for Final Professional Assessment (FPA)

The **Final Professional Examination** consists of **two major domains**:

1. **Cognitive (Theory/Written) Domain**
2. **Psychomotor (Clinical/Performance) Domain**

Additionally, **Continuous Internal Assessment (CIA)** contributes **30% of the total marks**.

1. Examination Structure & Marks Distribution

Assessment Component	Marks
Annual Examination	**350**
Continuous Internal Assessment (CIA)	**150**
Total	**500**

- **CIA includes**:
  - **Ward-Based Assessments (Workplace-Based Assessments, Ward Tests)**
  - **End Block Assessment (EBA)**
  - **Case-Based Presentations (CPC Attendance - ≥75% required)**

2. Theory (Cognitive) Component

The theory examination evaluates students through:

- Multiple-Choice Questions (MCQs)
- Short Answer Questions (SAQs)
- Structured Essay Questions (SEQs)
- Extended Matching Questions (EMQs)

A. Structure of Theory Papers

Paper Component	No. of Questions	Marks per Question	Total Marks	Time Allocation
Paper I	-	-	**85**	**2 hours**
MCQs	60	1	60	-
SEQs	2	5	10	-
SAQs	2	5	10	-
EMQs	1 (5 parts)	1 per part	5	-
Paper Component	**No. of Questions**	**Marks per Question**	**Total Marks**	**Time Allocation**
Paper II	-	-	**90**	**2 hours**
MCQs	65	1	65	-
SEQs	2	5	10	-
SAQs	2	5	10	-
EMQs	1 (5 parts)	1 per part	5	-

B. Topic Distribution for Theory Papers

Paper I:

- Respiratory Medicine (10 MCQs, 1 SEQ, 1 EMQ)
- Cardiovascular Diseases (10 MCQs)

- Gastroenterology & Hepatobiliary Diseases (10 MCQs, 1 SAQ)
- Neurology (10 MCQs, 1 SEQ)
- Emergency Medicine & Poisoning (10 MCQs, 1 SEQ)
- Hematology (6 MCQs)
- Rheumatology (4 MCQs)

Paper II:

- Infectious Diseases (11 MCQs, 1 SEQ, 1 EMQ)
- Endocrinology including Diabetes Mellitus (11 MCQs, 1 SEQ)
- Psychiatry & Behavioral Sciences (11 MCQs, 1 SAQ)
- Nephrology (10 MCQs, 1 SEQ)
- Acid-Base, Water & Electrolyte Disorders (10 MCQs)
- Dermatology (6 MCQs, 1 SEQ)
- Critical Care (6 MCQs)

3. Clinical (Psychomotor) Component

The Clinical Examination is conducted through:

1. Objective Structured Clinical Examination (OSCE)
2. Audio-Video Observed Structured Practical Examination (AV-OSPE)

A. Structure of Clinical Assessment

Clinical Component	Number of Stations	Marks per Station	Total Marks	Time Allocation
Short Cases	4	10	40	60 min
Long Case	1	40	40	30 min
Life Support Station	1	10	10	10 min
Ethics Station	1	5	5	10 min
Ci-OSCE Stations	20	4	80	1 hr
Av-OSCE Stations	27	4	80	2 hr 50 min
Total	54	-	**175**	**2 hr 50 min**

B. Details of Av-OSCE (Multimedia-Based Clinical Scenarios)

1	ECG 1- ACS interpretation
2	ECG 2- Dysrhythmia evaluation (tachy/brady arrythmia)
3	Xray Station 1- Cardiac (cardiomegaly, Pulmonary edema, Valvular Heart Disease related major abnormalities)
4	Xray Station 2- Pulmonary (consolidation, effusion, cavitation, and pneumothorax etc)
5	CT Scan 1- Brain (Ischemia, Hemorrhage, SAH, SOL etc)
6	CT Scan 2- Chest/Abdomen (ILD, Bronchiectasis, Effusion, L Nodes, Liver, spleen kidney enlargement etc)
7	Test/Data Interpretation 1- Hematology data/slide
8	Test/Data Interpretation 2- Spirometry, ABGs, Echo, USG
9	Ethical issue- Scenario focusing autonomy, confidentiality, beneficence, doing no harm etc
10	CVS- Clinical sign/scenario interpretation
11	CNS- Clinical sign/scenario interpretation
12	GIT- Clinical sign/scenario interpretation
13	Respiratory- Clinical sign/scenario interpretation
14	Rheumatology- Clinical sign/scenario interpretation
15	Diabetes Mellitus- Clinical/data interpretation
16	Endocrinology other than DM- Clinical/data interpretation
17	Dermatology-
18	Family Medicine- Clinical scenario focusing preventive measures
19	Instrument- Identification, utilization, appropriate technique etc
20	Medication- Identification, utilization, side effects, and interactions etc

4. Continuous Internal Assessment (CIA)

CIA Component	Marks
Clerkship Ward Assessments (50%)	60
Ward Test (50%)	60
EBA (End Block Assessment - Clinical & Theory)	80
CPC Attendance (≥75%)	10
Total CIA Marks	150

- Students with research publications in non-predatory journals receive 7.5 extra marks (not exceeding 150 total).
- Attendance shortfall is not compensated.

5. Passing & Supplementary Exam Criteria

- Passing Criteria: ≥60% marks in the final assessment.
- Supplementary Examination: Required for students failing to meet passing criteria.

References:

- *Rawalpindi Medical University Module & Block Assessment Document (2025).*

Recommended Resources

(Bold ones are essential)

1. **Kumar and Clark's Clinical Medicine, 10th Edition, 2020**
2. **Davidson's Principles and Practice of MEDICINE, 24th edition 2023**
3. **Videos on clinical skills available on NEJM website, free online.**
4. **MacLeod's Clinical Examination. Churchill Livingstone. 14th Edition2018**
5. **Clinical Examination by Nicholas Talley & Simon O'Connor. Elsevier. 9th Edition 2020**
6. MacLeod's Clinical Diagnosis by Alan G Japp & Colin Robertson Elsevier, 2nd Edition 2017
7. Medical Statistics Made Easy, Harris & Taylor. Churchill Livingstone, 2nd Edition,2008
8. RMU/HEC Digital Library
9. Uptodate available at RMU Library
10. ABC of Practical Procedures by Tim Nutbeam and Ron Daniels: Blackwell Publishing, BMJ Books, UK,2010
11. RAPID ACLS by Barbara Aehlert: Elsevier Revised 2nd Edition 2012
12. Kaplan USMLE Step-2 CK Lecture Notes
13. Current Medical Diagnosis & Treatment, 61st Edition, 2024
14. Cecil's Essentials of MEDICINE: By Andreoli and Carpenter, 10th edition 2021.
15. Clinical Medicine, A Clerking Companion: By Randall & Feather, OUP 2011.
15. Oxford American Handbook of Clinical Medicine, OUP, 10th edition 2017.
16. Davidson's 100 clinical cases. Churchill Livingstone. 2nd Edition, 2012.
17. Oxford Handbook of Clinical diagnosis. Oxford University Press. 10th Edition 2017.
18. Problem Based Medical Diagnosis (POMD) By John Friedman 7th Edition 2000.
19. The Patient History: An Evidence-Based Approach to Differential Diagnosis
20. Henderson, Tierney and Smetana. McGraw Hill Medical. 2nd Edition 2012.
21. Mechanisms of Clinical Signs by Dennis, Bowen and Cho. Churchill Livingstone. 2020, 3rd edition
22. The Rational Clinical Examination. JAMA Evidence.2009
23. Tutorials in Differential Diagnosis (Beck tutorials) by Beck and Souhami. 4th Edition 2004
24. How to read a paper, Trisha Greenhalgh. BMJ books, 6th Edition, 2019
25. USMLE and MRCP resources

Acknowledgement

It is acknowledged that following resources were utilized for compilation of this document,

- Clinical clerkship. UNM Course Type Glossary.
- Barsukiewicz, Camille K.; Raffel, Marshall W.; Raffel, Norma K. (2010). The U.S. Health System: Origins and Functions, Sixth edition. Clifton Park, NY: Cengage Learning. p. 80. ISBN978-1-4180-5298-0.
- Cymet T. "What is a Clinical Clerkship?" American College of Osteopathic Family Physicians. Retrieved 20 February 2022.
- Clinical clerkship. https://en.wikipedia.org/wiki/Clinical_clerkship
- Clerkship Manual in Medicine 2016. Shifa College of Medicine, Islamabad.
- Dow University of Health Sciences, Karachi available at https://www.duhs.edu.pk/download/Final%20Module%20Book-20160514.pdf
- PMDC Guidelines for Under-Graduate Medical Education (MBBS) Curriculum 2024. https://pmdc.pk/Documents/Others/PM&DC%20GUIDELINES%20FOR%20UG%20M.EDUCATION-06242024035407.pdf
- Park SH, Do KH, Kim S, Park JH, Lim YS. What should medical students know about artificial intelligence in medicine? J Educ Eval Health Prof 2019; 16: 18. doi: 10.3352/jeehp.2019.16.18
- Sankarapandian V, Christopher PR. Family medicine in undergraduate medical education in India. J Family Med Prim Care 2014; 3(4):300-4. doi: 10.4103/2249-4863.148087.

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Revision/Modifications Details

- 31/12/22- Details of each OSCE station added. Addition of UHS assessment and comparison with RMU assessment. Page numbers added
- 01/01/23- Comparison between RMU and UHS details improvement done. References added
- 21/01/23- OSCE/Clinical components details improved
- 10/02/23- TOS updated by adding *Five percent (5%) questions may come from any topic
- 8/03/23- Study Guide was revised and updated.
- 19/6/23- Assessment document updated based on post examination evaluation. It is now mandatory to obtain 50% marks in Long and Short Cases Stations to pass Clinical Component. Number of SAQs in EBE were increased from 5 to 10 and their distribution revised to avoid selective study issue.
- 25/9/23- Modifications in Section IV and V done.
- 11/1/24- Filter added for WBA marks with reference to attendance.
- 31/1/24- WPBA table updated according to ward attendance.
- 12/2/24- Document revised, pass marks increased to 60%. Pre-Annual Assessment added. Introduction to various assessments added.
- 26/2/24- Assessment % of MCQS modified. EMQS addition
- 10/3/24- Blueprint for Assessment added
- 1/4/24- Correction in number components made
- 4/4/24- OSCE statin numbers increased for WA, EBA, and Final Professional Assessment. EMQ, and SEQ added.
- 15/4/24- Formatting modifications done with reference to VC, RMU verbal directions.
- 9/6/24- Details of LMS based assessment added. Formatting modification done.
- 15/8/24- Minor corrections done.

- 24/8/24- Assessment Section Modifications with reference to same day meeting
- 5/2/25- Modifide/Revised extensively. Module III now comprises 2 weeks Neurology, 1 week Cardiology, and 1 week Radiology. Clinical placement was revised accordingly. Assessment components have undergone major changes.