**RAWALPINDI MEDICAL UNIVERSITY**



**STUDY GUIDE**

**FINAL YEAR MBBS**

**MODULE III (PAEDS)**

**BLOCK XVI (GYNAE/OBS &PAEDS)**

**RAWALPINDI MEDICAL UNIVERSITY**

**Rawalpindi Medical University**

**Department of Pediatrics**

**Integrated Modular Curriculum**

**Final Year MBBS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Final RMU logo | **Rawalpindi Medical University** | | | |
| **Doc. Title: Procedure for Control of Documented Information** | | | |
| **Document #:** RMU-MR-SOP-59 | **Rev. #:** 05 | **Issue #:** 01 | **Issue Date: 2**5-03-2024 |

**Procedure for Control of Documented Information**

In-Compliance with

**ISO 9001:2015**

**Clause 7.5**

**Copyright**

**The copyright of this procedure, together with all confidential information contained herein is the sole property of Rawalpindi Medical University**

**It may be copied in full or in parts only by the Management/personnel and only for Company-related activities.**

**Disclosure of any information contained within this procedure to any person (s) outside the of the institute without written permission of the Vice Chancellor or Principal or ISO Committee Head is strictly prohibited.**

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

**Document Approval**

|  |  |  |
| --- | --- | --- |
| **Prepared By** | **Reviewed By** | **Approved By** |
| Department Of Pediatrics | Curriculum Committee | Vice Chancellor |

# **Study Guide Final Year Paediatrics Team**

**DURATION OF BLOCK: 12 WEEKS**

**DURATION OF MODULE : 4 WEEKS**

| Module Committee | |
| --- | --- |
| Vice Chancellor RMU | Prof. Dr. Muhammad Umar |
| Director DME | Prof. Dr. Rai Muhammad Asghar |
| Convener Curriculum | Prof. Dr. NaeemAkhter |
| Dean of Pediatrics | Prof. Dr.Rai Muhammad Asghar |
| Additional Director DME | Prof. Dr. Ifra Saeed |
| Chairperson of Peads | Dr.Hina Sattar |
| Dean of Medicine and Allied | Prof. Muhammad Khurram |
| Chairperson Gyne/obs | Prof. Tallat Farkhanda |
| |  |  | | --- | --- | | Focal Person of Paeds | Dr.Asad shabbir | | |  |  | | --- | --- | | Dr. Asad Shabbir | Dr.Asad shabbir | |

**Reviewed by: Module committee**

**Approved by: Prepared By:**

**CURRICULUM COMMITTEE RMU Dr.HINA SATTAR**

**ASSOCIATE PROFESSOR PEDIATRICS**

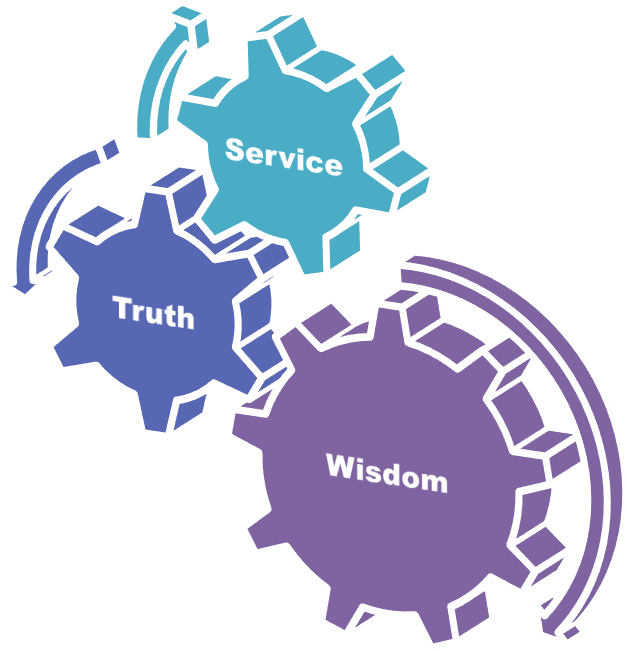
**Rawalpindi Medical University, Rawalpindi**

**Table of Contents**

1. **Mission and Vision**
2. **Curricular outcomes/competencies**
3. **Terms and abbreviations**
4. **Domains of learning according to Blooms taxonomy**
5. **Teaching and learning methodologies and strategies** 
   1. **Large group interactive sessions (LGIS)**
   2. **Self Directed Learning (SDL), Case Based Learning (CBL)**
6. **Learning objectives (L.O.s)**
7. **Assessment Policies** 
   1. **Assessment Plan**
   2. **Assessment frequency and time in**
8. **Table of specifications**
9. **Learning Resources**
10. **Time Table**
11. **Spiral subjects**
    1. **Research**
    2. **Bioethics**
    3. **Family Medicine**
    4. **Artificial intelligence**

**University Moto, Vision, Values & Goals**

**RMU Motto**



**Mission Statement**

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

**Vision and Values**

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

**Goals of the Undergraduate Integrated Modular Curriculum**

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

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

**Preamble**

This curriculum is according to the standards set by following organizations.

1. Foundation for Advancement of International Medical Education and Research (FAIMER)
2. Accreditation Council for Graduate Medical Education (ACGME)
3. World Federation for Medical Education (WFME)
4. Undergraduate Education Policy 2023 from Higher Education Commission (HEC)
5. Pakistan Medical and Dental Council (PMDC) guidelines for undergraduate Medical Education Curriculum (MBBS) 2022

**It is based on SPICES model of educational strategies which is student centered, problem based, integrated, community oriented and systematic**.\*

|  |  |  |  |
| --- | --- | --- | --- |
| Teacher centered | 🡪 | Student centered | S |
| Information oriented | 🡪 | Problem based | P |
| Discipline based | 🡪 | Integrated | I |
| Hospital based | 🡪 | Community based | C |
| Standardized curriculum | 🡪 | Elective programs | E |
| Opportunistic | 🡪 | Systematic | S |

\*Harden, R. M., Sowden, S., & Dunn, W. R. (1984). Educational strategies in curriculum development: The SPICES model. Medical Education, 18, 284-297. http://dx.doi.org/10.1111/j.1365-2923.1984.tb01024.x

# **Section - Terms & Abbreviations**

Contents

• Domains of Learning

• Teaching and Learning Methodologies/Strategies

• Large Group Interactive Session (LGIS)

• Small Group Discussion (SGD)

• Self-Directed Learning (SDL)

• Case Based Learning (CBL)

Tables & Figures

• Table1. Domains of learning according to Blooms Taxonomy

• Figure 1. Prof Umar’s Model of Integrated Lecture

• Table2. Standardization of teaching content in Small Group Discussions

• Table 3. Steps of taking Small Group Discussions

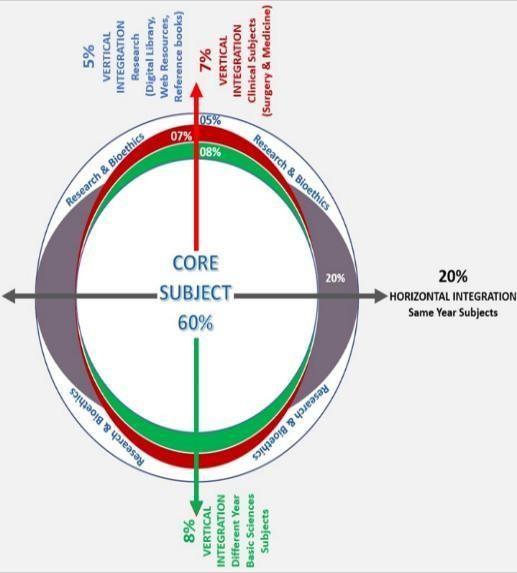
Table1. Domains of learning according to Blooms Taxonomy

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

# **Teaching and Learning Methodologies / Strategies**

## **Large Group Interactive Session (LGIS)**

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



(Anatomy, Physiology & Biochemistry)

### **Figure 1. Prof Umar’s Model of Integrated Lecture**

## **Small Group Discussion (SGD)**

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

**Table 2**

**Table 3**

Steps of taking Small Group Discussions

Standardization of teaching content in

Small Group Discussions

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

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

## **Self-Directed Learning (SDL)**

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

## **Case Based Learning (CBL)**

* It’s a learner centered model which engages students in discussion of specific scenarios that resemble typically are real world examples.
* Case scenario will be given to the students
* Will engage students in discussion of specific scenarios that resemble or typically are real-world examples.
* Learning objectives will be given to the students and will be based on

1. To provide students with a relevant opportunity to see theory in practice
2. Require students to analyze data in order to reach a conclusion.
3. Develop analytic, communicative and collaborative skills along with content knowledge.

# **Table of specifications LGIS**

**MODULE PAEDS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TABLE OF SPECIFICATION ( THEMES/TOPICS/LEARNING OUTCOMES/EDUCATIONAL STRATEGIES   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **THEME** | **TOPIC** | **Specific learning object (SLO)**  **At the end of the Session student should be able to** | **Teaching strategy** | **Level of cognition** | | | | | **Assessment tools** | | **C1** | **C2** | | | **C3** | |  | | | | | | **HEART DISEASES**  **CONGENITAL**  **CYANOTIC** | **TERATOLOGY OF FALLOT (TOF)**  **TRANSPOSITION OF GREAT ATERIES(TGA)** | Enlist and classify CHD  Discuss clinical features and enlist investigations  Name the complications  Differentiate b/w different CHD  Outline Management plan  Prognosis of CHD  Medical ethics b  Recent research article relevant | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **HEART DISEASES**  **CONGENITAL**  **ACYANOTIC** | **VENTRICULAR SEPTAL DEFECT**  **PATENT DUCTUS ARTERIOSIS** | Enlist and classify CHD  Discuss clinical features and enlist investigations  Name the complications  Differentiate b/w different CHD  Outline Management plan  Prognosis of CHD  Medical ethics  Recent research article relevant | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **RENAL DISORDERS** | **NEPHROTIC SYNDROME**  **AND**  **ACUTE POST STREPTOCOCCAL GLOMERULONEPHRITIS** | Define nephrotic syndrome and AGN  Discuss the clinical presentation  Differentiate nephrotic syndrome from acute Post Streptococcal glomerulonephritis  Plan pertinent investigation, interpret, and take appropriate action  Name the complications  Manage disease and its complications | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **RENAL DISORDERS** | **RENAL FAILURE**  **(ACUTE AND CHRONIC** | Define acute and chronic renal failure  Know the common etiology  Know the stages of acute and chronic renal failure  Know the common clinical presentation  Know the common complication  Know the management plan and management of complication | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **METABOLIC DISORDER** | **INBORN ERROR**  **OF METABOLISM** | Significance of metabolic disorders  Common metabolic disorders (Glycogen storage disease, Galactosemia, PKU, Gaucher disease, MPS) and their clinical presentation  Relevant investigation and their management | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **NEONATOLOGY** | **PERINATAL/ BIRTH ASPHYXIA** | Define asphyxia risk factor  Enlist perinatal asphyxia  To be familiar with APGAR score  Enlist common complications of perinatal asphyxia  To be familiar with SARNOT STAGING of Perinatal asphyxia  Treatment options of perinatal asphyxia | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **NEONATOLOGY** | **NEONATAL JAUNDICE** | Enlist common causes of unconjugated and conjugated hyperbilirubinemia at different days of life  Enlist investigations  Know indications of phototherapy and exchange transfusion  Enlist complications  Manage according to cause | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **NEONATOLOGY** | **NEONATAL SEPSIS** | Define neonatal sepsis  Enlist common causative factors and risk factors  Discuss clinical features  Enlist investigation and their interpretation  Describe treatment, identify complications and their management | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **NEONATOLOGY** | **LBW/PREMATURITY**  **AND RESP[IRATORY DISTRESS SYNDROME** | Define LBW babies And RDS  Enlist common causes of LBW babies and RDS  Enlist complications and problems of premature babies and RDS  Manage prematurity RDS and its complications | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **INFECTIOUS DISEASES** | **ENTERIC FEVER & UTI** | Pathogenesis of enteric fever and UTI  Know clinical presentation  Know how to diagnose these diseases  Know the importance of culture of organisms  Know the common complication  Know the management plan and treatment | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **INFECTIOUS DISEASES** | **DENGUE FEVER** | Define dengue fever, dengue hemorrhagic fever, and dengue shock syndrome  Discuss clinical features and identify warning signs  Enlist investigations and their interpretation  Appropriate monitoring and manage accordingly  Advise preventive measures | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **INFECTIOUS DISEASES** | **MEASLES AND DIPTHERIA** | Pathogenesis of the disease  Know clinical presentation  Know how to diagnose these diseases  Know the importance of vaccination in prevention  Role of EPI VACCINATION in prevention  Know the common complication  Know the management plan and treatment | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **GIT** | **CHRONIC DIARRHOEA**  **( CELIEC DISEASE)** | Pathogenesis of the chronic diarrhoea and celiac disease  Know clinical presentation and common causes  Of chronic diarrhoea in children  Know how to diagnose these diseases  Know the importance of gluten free diet in prevention  Of celiac disease  Know the common complication  Know the management plan and treatment | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **GIT** | **ACUTE DIARRHOEA** | Pathogenesis of the ACUTE diarrhoea and  Know clinical presentation and common causes  Of acute diarrhoea in children  Know how to classify dehydration  Hydration plan according to dehydration  Know the common complication  Know the management plan and treatment | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **NEUROLOGY** | **EPILEPSY** | Define and enumerate the causes of epilepsy  Classify and discuss its clinical presentation  Investigations and their interpretation  Manage epilepsy and status epilepticus  Counsel the parents/patient and plan follow-up | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **NEUROLOGY** | **NEONATAL SEIZURES** | Define neonatal seizures  Enlist common causes  Describe clinical types  Enlist investigations  Management according to causes and follow-up | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **NEUROLOGY** | **CEREBRAL PALSY** | Define cerebral palsy  Know the etiology and classification  Describe different clinical presentations  Discuss the differential diagnosis  Manage with a multi-disciplinary approach | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **HEMATOLOGY** | **THALASSEMIA** | Know the pathogenesis of thalassemia  Know the genetics of thalassemia  Know clinical features of thalassemia  How to diagnose In children  Know common complication and management plan  Discuss genetic counselling | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **HEMATOLOGY** | **NUTRITION ANEMIA** | Know the pathogenesis of nutritional anemia  Know the common causes like iron deficiency etc  Know clinical features of anemia  How to diagnose In children  Know common complication and management plan  Discuss role of nutrition in prevention of anemia | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **HEMATOLOGY** | **APLASTIC ANEMIA** | Know the pathogenesis of Aplastic anemia  Know the common causes like Fanconi etc  Know clinical features of aplastic anemia  How to diagnose aplastic In children  Know common complication and management plan | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **NUTRITION** | **MALNUTRITION** | Define malnutrition in children  Use of anthropometry and centile charts in assessment  of malnutrition  know causes of malnutrition  common clinical features and common complication  know the management plan and treatment of malnutrition | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **NUTRITION** | **RICKETS** | How to diagnose rickets in children  Use of anthropometry and centile charts in assessment  of malnutrition and rickets  know different types of rickets  common clinical features and common complication  know the management plan and treatment of rickets | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **ENDOCRINOLOGY** | **SHORT STATURE**  **&**  **HYPOTHROIDISM** | Define short stature  Enlist common causes and their presentation  Demonstrate anthropometric measurements  Enlist investigations and their interpretation  Manage according to cause and plan follow-up | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **PULMONOLGY** | **ASTHMA** | Define asthma  Enlist risk factors and discuss clinical presentation  Classify as per GINA guidelines  Make differentials  Enlist investigations and their interpretation  Manage acute attack | LGIS  PPT |  | | **√** |  | | MCQs, SEQs | | **PULMONOLGY** | **PNEUMONIA**  **&**  **BRONCHIOLITIS** | How to diagnose pneumonia and bronchiolitis  Common clinical features  Classification of pneumonia according to IMCI Guideline  Management plan and complication in both disorder  Difference between pneumonia and bronchiolitis | LGIS  PPT |  | | **√** |  | | MCQs, SEQs |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | |  |  |  |  |  |  |  | | CLERKSHIP PROGRAM  FINAL YEAR MBBS  PAEDIATRICS      CLERKSHIP IN PEDIATRICS  Each student during the clerkship will rotate in one pediatric unit for 4 weeks. They will have duties as morning placement and evening placement.  During clinical work, students will be divided into 4 sub batches and join house officers and post graduate trainees and senior registrars at their morning stations and will closely follow their morning station routine.  On each Monday, the senior person (incharge of students) will introduce the students to postgraduate trainees and senior registrar of respective stations. Pairing will be refreshed as the morning stations of students change.  From 10:00 am to12:00 pm they will be on clinical floor in their allotted wards to participate in morning rounds and carry out orders given during round under direct supervision and assistant of postgraduate trainees and house officers. They will take history, perform examination, make list of required investigations,make D/D and provisional diagnosis. Then they will discuss cases with their PGTs/SRs. The 4 groups in batch (A,B,C,D) will rotate weekly to their work stations. There will be a bed side class by consultant from 12:00pm to 02:00pm, in which students will present allotted case histories. Students will be allotted cases and case presentation schedule at the start of their rotation.  At the end of each station, Log book with written morning station targets will be filled by each student and submitted after signature and stamp of senior registrar of respective station. This will be included in continuous internal assessment of students and will have weightage in final assessment. TABLE OF SPECIFICATION ( THEMES/TOPICS/LEARNING OUTCOMES/EDUCATIONAL STRATEGIESPEDIATRIC CLINICAL CLERKSHIP (4 weeks) At the end of session Student must learn:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Sr # | **Specialty** | **Topic** | **SPECIFIC LEARNING OJECTIVES (SLO)** | | | **Cognition** | | | **Pyscomotor** | | **Attitude** | | **MOT/MIT** | **MOA** | | **Cognition** | **Skill** | **Attitude** | **C1** | **C2** | **C3** | **P1** | **P2** | **A1** | **A2** | | 1 | **HISTORY TAKING** | **HISTORY TAKING**  **INTRODUCTION** | Know the Component of demographic details  Component of history of present illness,past history  Components of birth history,feeding history,  vaccination history,development history,family and social history  student must know the all component of history taking | Able to take history including demographic details,history of presentillness,past history,birth history,feeding history,  vaccination history,development history,family and social history and all relevant history | Students will be able to:  Take Consent for History  Can do counselling |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand  Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE  LONG CASE | |  | **GENERAL PHYSICAL EXAMINATION** | **GENERAL PHYSICAL EXAMINATION** | Students will be able to recall  Steps of GPE  Know the steps like general signs,  Vital and anthropometry | Students will be able to  Take history and perform GPE and relevant examination  Interpretation of findings | Can take consent  Must be able to introduce him/her  Can counsell the patient regarding examination |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | Long case ,  Short case ,OSCE | |  | **ANTHROPOMERY**  **CENTILE CHARTS** | **GROWTH AND DEVELOPMENT** | Students will be able to recall how to define growth and development  a) Take Anthropometry  measurements and plot them on WHO growth chart  b)Measure the caloric intake | Student will be able to  a) Take Anthropometry  measurements and plot them on WHO growth chart  b)Measure the caloric intake | Take coconsent for  Clinical exexamination  B b) Educate patients about importance of regular followup  And asassessment |  |  | 🗸  🗸 |  | 🗸  🗸 |  | 🗸  🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | Long case ,  Short case ,OSCE | |  | **CHRONIC COUGH**  **(TB/ASTHMA)** | **RESPIRATORY SYSTEM** | Student will be able to  a) Recall etiopathogenesis  b) Describe clinical features  c)Suggest differential diagnosis  d)Review basic management in Asthma, Pneumonia and tuberculosis | Students will be able to  a) Perform history and chest examination  b) able to use O2 therapy, deliver drugs  . using nebulizer  c)Interpret CXR  d)Practice writing prescription | Szstudents will be  able to  a) Take consent for for History and  Clinical  Examination  b) Counsel and  educate patient  about disease, its  diagnosis,  treatment and  management |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | LONG CASE ,  SHORT CASE | | 2 | **RESPIRATORY SYSTEM** | **SHORT CASE** | Student must know the steps of examination  Know the steps of inspection, palpation, percussion  and auscultation  The interpretation of the findings of examination | Students will be able to:  Take history and perform Respiratory system examination including inspection,palpation,percussion and auscultation of front and back of chest & relevant clinical examination according to cause  Student can interpret the findings and can present the case with management plan for patient. | Students will be able to:  Take Consent for History andClinical Examination  Can do counselling |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand  Ward Rounds, Teaching Ward Rounds) | LONG CASE ,  SHORT CASE  MINICEX,  CBD | |  | **NEONATAL RESUSITATION** | **BLS** | Student must know  All steps of neonatal resuscitation and all  Algorithms | Can perform resuscitation on MINIQUINS  Following algorithms | Can take consent and counsell regarding steps  And management |  |  | 🗸 |  | 🗸 |  | 🗸 | WORKSHOP  SGD | OSCE | |  | **GENERAL PHYSICAL EXAMINATION** | **EXAMINATION** | Student must know the steps of examination  Know the steps of GPE including general signs  ,vitals and Anthropomertry.  The interpretation of the findings of examination | Must be able to perform the all steps of  General Physical Examination in a patient | Can take consent  Must be able to introduce him/her  Can counsell the patient regarding examination |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds | OSPE  ,MINICEX  ,CBD  SHORT CASE | |  | **FEVER WITH FITS** | **CNS EXAMINATION** | Student must be able to  Know the causes of fever and fits  Know how to take detail history  Know the examination steps  Know the interpretation of findings | Take history and perform clinical examination  Especially CNS examination | Can take consent for history and examination  Can cousell attendant regarding disease and complications |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **MOTOR SYSTEM EXAMINATION** | **CNS EXAMINATION** | Student must know the steps of examination  Know the steps like higher motor function,  cranial nerves, motor system,sensory system,  and gait examination etc  The interpretation of the findings of examination | Must be able to perform the all steps  of central nervous system examination in a patient | Can take consent  Must be able to introduce him/her  Can counsell the patient regarding examination |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE  LONG CASE | |  | **FEVER WITH JAUNDICE** | **GIT EXAMINATION** | Student must able to  Know the Causes of fever and jaundice like acute hepatitis  ,enteric fever etc  Know the steps of gastrointestinal system examination  Like inspection, palpation, percussion  and auscultation  The interpretation of the findings of examination | Must be able to perform the all steps of GPE and  GIT system examination in a patient | Can take consent  Must be able to introduce him/her  Can counsell the patient regarding examination |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **CHILD WITH CYANOSIS** | **CVS EXAMINATION** | Student must able to  Know the Causes of cyanosis like congenital heart diseases etc  Know the steps of cardiovascular system examination  Like inspection, palpation, percussion  and auscultation  The interpretation of the findings of examination | Must be able to perform the all steps of GPE and  CVS examination in a patient | Can take consent  Must be able to introduce him/her  Can counsell the patient regarding examination |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **CVS EXAMINATION** | **EXAMINATION**  **SHORT CASE** | Know the steps of cardiovascular system examination  Like inspection, palpation, percussion  and auscultation  The interpretation of the findings of examination  Especially finding of auscultation | Must be able to perform the all steps  CVS examination in a patient | Can take consent  Must be able to introduce him/her  Can counsell the patient regarding examination |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **IMCI GUIDELINES** | **PREVENTIVE**  **MEDICINE** | Student must be able to  Know the importance of IMCI guidelines  Know the guidelines for common childhood  illness like pneumonia and diarrhoea  must know the interpretation of these guidelines | Apply guidelines by examination of patients  and must interpret the guidelines | Take consent and can cousell the attendant |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD | OSCE | |  | **MALNUTRITION** | **NUTRITION** | Students will be able to recall  a) Causes of malnutrition  b) Suggest its types and classification | Students will be able to  a) Take history,  detailed GPE and relevant examination | StStudents will be  able to  a) Take consent for for History and  Clinical  Examination  b) Consent for  procedure and  explain its  complications. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **PYREXIA OF UNKNOWN ORIGIN** | **INFECTIOUS**  **DISEASES** | Student must be able to  Know the causes of pyrexia of unknown origin  Know how to take history and examination of patient  Presenting with PUO | Take history and perform relevant clinical examination  in a patient  Must interpret the findings of history and examination | To introduce and counsel the patient and attendants |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **LAB DATA**  **INTERPRETATION**  **(CBC, LFTS, RFTS** | **DATA INTERPRETATION** | Students will be able to recall  a) Causes of Dearranged labs  b) Suggest differential diagnosis  c)Components of CBC, LFTS, RFTS | Students will be able to  a) Withdraw samples of CBC, LFTS, RFTS  b) Able to differentiate b/w CP and serum vials | Students will be  able to  a) Take consent for for History and  Clinical  Examination and  Sampling |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD  WARD LAB | OSCE | |  | **CLINICAL PICTURES** | **DATA INTERPRETATION** | Student must know common diseases with pictures Know common clinical features , diagnosis and management | Student must be able to Identify common diseases with pictures  Can identify common clinical features and  Mention regarding diagnosis and management |  |  |  | 🗸 |  | 🗸 |  | 🗸 | PPT/SGD | OSCE | |  | **OEDEMA** | **EXAMINATION** | Students will be able to recall  a) Causes of edema  b) To make differential diagnosis  c)Suggest management steps | Students will be able to  a) Take history and perform GPE and  relevant examination  b) Interpret urine R/E  c)Practice treatment plan  St  , | St Students will be  able to  a) Take consent for for History and  Clinical  Examination  b) Counsel and  educate patient  about disease, its  diagnosis,  duration of  treatment and  management |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **LAB DATA**  **INTERPRETATION**  **urine,Blood chemistry** | **DATA INTERPRETATION** | Students will be able to recall  a) Causes of Dearranged labs  b) Suggest differential diagnosis  c)Components of URINE and Blood chemistry | Students will be able to  a) Withdraw samples | Students will be  able to  a) Take consent for for History and  Clinical  Examination and  Sampling |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD  WARD LAB | OSCE | |  | **ACUTE FLACCID PARALYSIS** | **CNS EXAMINATION** | Students must be able to  Know the causes of AFP  how to notify AFP  Importance of notification  Details of all diseases with AFP | Take relevent history and do examination | Able to take consent and do appropriate counselling |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **CONGENITAL HEART DISEASE AND ACQUIRED HEART DISEASE** | **CVS EXAMINATION** | Student will be able to  a) Recall etiology  b) Describe clinical features  c)Suggest differential diagnosis  d)Review basic management points in acquired and  congenital heart disease | Student will be able to  a) Take history and perform precordial examination  b) Interpret CXR, ECG concerning the focal disease | Take consent for History and  Clinical  Examination  b) Counsel and  educate patient  about disease, its  diagnosis,  treatment and  management |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **PROCEDURES**  **IV cannulation,NG tube**  **Suction catheter** | **PROCEDURES** | Students will be able to recall  Indication of procedures  steps and complication  .  . | Students will be able to perform under supervision or observe  Basic method of procedure and demonstration  St | St  ststudents will be  able to  take Consent for  procedure and  explain its  complications.  . |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD | OSCE | |  | **CHRONIC LIVER DISEASE** | **GIT**  **EXAMINATION** | Students will be able to recall  a) causes of chronic liver disease  b) Suggest differential diagnosis  c)Review basic management steps ( CLD) | Students will be able to  Take history and perform abdominal and  relevant examination  Interpret Ascitic tap and its interpretation | Ststudents will be  able to  a)Take consent for for History and  Clinical examination  b) Counsel and  educate patient  about disease, its  diagnosis,  treatment,  management |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **CNS EXAMINATION** | **SHORT CASE**  **EXAMINATION** | Student must know the steps of examination  Know the steps like higher motor function,  cranial nerves, motor system,sensory system,  and gait examination etc  The interpretation of the findings of examination | Must be able to perform the all steps  of central nervous system examination in a patient | Can take consent  Must be able to introduce him/her  Can counsell the patient regarding examination |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **CHRONIC DIARRHOEA** | **GIT**  **EXAMINATION** | Students will be able to recall  a) Causes of chronic diarrhea  b) Suggest differential diagnosis  c)Review basic management steps chronic diarrhea  S | Students will be able to  Take history and perform abdominal and relevant examination  S | S Students will be  able to  a)Take consent for for History and  Clinical  Examination  b) Counsel and  educate patient  about disease, its  diagnosis,  treatment,  management |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS  (Grand Ward Rounds,  Teaching Ward Rounds | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **PROCEDURES**  (Ascitic tap, Pleural tap, Exchange transfusion, Gastric lavage  Lumbar puncture | **PROCEDURES** | Students will be able to recall  Indication of procedures  steps and complication  . | Students will be able to observe or perform under supervision  Basic method of procedure and demonstrate it  St | ststudents will be  able to  take Consent for  procedure and  explain its  complications. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD  WARD | OSCE | |  | **APPROACH TO A CHILD WITH JOINT PAINS**  **(JIA, SLE)** | **RHEUMOTOLOGY**  **EXAMINATION** | Students will be able to recall  a) Causes of joint pain  b) Suggest differential diagnosis  c)Indication of procedures | Students will be able to  a) Take history and do locomotor  Students will be examination  b) Basic method of procedure and demonstrate it | Able to  a) Take consent for for History and  Clinical  Examination  b) Consent for  procedure and  explain its  complications. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **CLINICAL PICTURS**  (Measles, Chickenpox,  ITP, Scabies,  Meningococcemia,  Diaper Rash, Oral Thrush) | **DATA INTERPRETATION** | **Student must know how to**  Identify common diseases with pictures  , common clinical features , diagnosis and management | **Student must be able to**  Identify common diseases with pictures  Can identify common clinical features and  Mention regarding diagnosis and management |  |  |  | 🗸 |  | 🗸 |  | 🗸 | PPT,SGD | OSCE | |  | **DEVELOPMENTAL**  **DELAY** | **CNS**  **EXAMINATION** | Student must be able to  Know normal developmental assessment in  Children  How to calculate developmental age of child  Differential of developmental delay | Able to perform steps of developmental assessment  Able to calculate development age of child  Take history and examination to make differential of  Developmental delay | Able to take consent and do appropriate counselling |  |  | 🗸 |  | 🗸 |  | v | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **LAB DATA**  **Xray - Chest**  **Xray -wrist**  **CT -SCAN** | **DATA INTERPRETATION** | Student Know the indication of tests  Procedure of the tests  Complication of test  Interpretation of results | Student must tell indication of tests ,  Procedure of the tests  Complication of test  Interpretation of results | Know how to counsell the parents  regarding investigations |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD  WARD  LAB | OSCE | |  | **POLYURIA IN CHILDREN**  **(Diabetes Mellitus**  **Diabetes Insipidius )** | **ENDOCRINE**  **EXAMINATION** | Student must know  Definition of polyuria  Causes of polyuria  Details of common causes | Take history and examination of patient with polyuria  Interpret finding and make differentials | Consent and can counsell the parents regarding disease  and its complication and management |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **PROGRESSIVE DIFFICULTY IN WALKING**    **(Duchenne muscular dystrophy**  **Spinal muscular atrophy)** | **NEUROMUSCULAR**  **EXAMINATION** | Student must be able to  Know the Causes of progressive walking difficulty  Details of common causes , management and  Complications  And know how to take history and examination of patient with  progressive walking difficulty  Interpret finding and make differentials | Take history and examination of patient with  progressive walking difficulty  Interpret finding and make differentials | Take Consent and can counsell the parents regarding disease  and its complication and management |  |  |  |  |  |  |  | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **CNS**  **( SHORT CASE** | **CNS EXAMINATION** | Student must know the steps of examination  Know the steps like higher motor function,  cranial nerves, motor system,sensory system,  and gait examination etc  The interpretation of the findings of examination | Must be able to perform the all steps  of central nervous system examination in a patient | Must be able to introduce him/her  Can counsell the patient regarding examination |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **SHORT STATURE** | **ENDOCRINOLOGY** | Students will be able to recall  a) Causes of short stature  b) Steps to evaluate short stature  c)Suggest management steps | Students will be able to  Take history and Perform detailed  examination of Short stature  Learn how to plot Length/Height  Practice treatment plan | SSStudents will be  able to  a) Take consent for for History and  Clinical  Examination  b) Educate  parents about  importance of  compliance and  regular follow-  ups. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **AFEBRILE SEIZURES**  **(Epilepsy)** | **CNS**  **EXAMINATION** | Student must  Know the causes of afebrile seizures  Know the clinical features ,steps of history ,  Examination and management plan of epilepsy | Able to take relevant history and examination  And interpret findings | Can take consent  Must be able to introduce him/her  Can counsell the patient regarding examination |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **RESPIRATORY SYSTEM** | **SHORT CASE**  **EXAMINATION** | Know the steps of Respiratory system examination  Like inspection, palpation, percussion  and auscultation  The interpretation of the findings of examination  Especially finding of auscultation | Must be able to perform the all steps  Respiratory examination in a patient | Can take consent  Must be able to introduce him/her  Can counsell the patient regarding examination |  |  | 🗸 |  | 🗸 |  | v | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **BLEEDING DISORDER**  **Hemophilia**  **ITP** | **HEMATOLOGY**  **EXAMINATION** | Students will be able to  a) Recall physiology of hemostasis  b) Describe clinical feature suggestive of an  underlying bleeding disorder  c)Suggest differential diagnosis  d)Review basic management | Students will be able to  a) Take history and perform joint examination  for bleeding disorder  b) Interpret lab findings in a child with  bleeding disorder (platelet count, PT/APTT)  c)Practice treatment of bleeding disorder  Students will be  able to | SSstudents will be  able to  a) Take consent for for History and  Clinical  Examination  b) Counsel and  educate patient  about disease, its  diagnosis,  treatment and  management |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **GIT**  **EXAMINATION** | **EXAMINATION** | Know the steps of Gastrointestinal system examination  Like inspection, palpation, percussion  and auscultation  The interpretation of the findings of examination  Especially finding liver and spleen palpation  And fluid thrill and shifting dullness | Must be able to perform the all steps  Gastrointestinal system examination in a patient | Can take consent  Must be able to introduce him/her  Can counsell the patient regarding examination |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **PROGRESSIVE PALLOR** | **GENERAL PHYSICAL EXAMINATION** | Student must be able to  Know the causes of progressive pallor  Know the steps of history taking and relevant examination  according to differentials  know the interpretation of finding | Must be able to perform the all steps  General physical examination and relevant  Examination like GIT examination in a patient | Can take consent  Must be able to introduce him/her  Can counsell the patient regarding examination |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | |  | **CVS**  **EXAMINATION** | **SHORT CASE**  **EXAMINATION** | Know the steps of cardiovascular system examination  Like inspection, palpation, percussion  and auscultation  The interpretation of the findings of examination  Especially finding of auscultation | Must be able to perform the all steps  CVS examination in a patient | Can take consent  Must be able to introduce him/her  Can counsell the patient regarding examination |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) | OSPE  ,MINICEX  ,CBD  SHORT CASE LONG CASE | | | | | | | | | |

# 

# **REFERENCE BOOKS**

Recommended resources:

1. Basics of Pediatrics by Pervez Akbar Khan- Revised 10th edition.
2. Nelson essentials of Pediatrics- 9th edition.
3. Nelson textbook of pediatrics-21st edition.
4. Pediatric board study guide- 2nd edition.
5. Gomella NEONATOLOGY-6th edition.
6. Textbook of neonatal resuscitation American academy of pediatrics-8th edition.
7. Bedside techniques, methods of clinical examination-5th edition.
8. Macleod’s clinical examination-14th edition.
9. Examination pediatrics by Wayne Harris.



**PEDIATRICS**

**FINAL YEAR MBBS**

**TIME TABLE**

**2024**

**RAWALPINDI MEDICAL UNIVERSITY**

**TIME TABLE (12 Weeks)**

**Final Year MBBS Annual Calendar / Lecture Schedule 2024**

**Pediatric Department BBH/HFH/DHQ**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Date** | **Topic**  **08:00am to 09:00am** | **Teacher** | **Time & Venue** |
| Friday | 08-03-2024 | Cyanotic Congenital Heart disease,TGA, TOF | Dr. Asad Shabbir  Assistant Professor | NTB |
| Saturday | 09-03-2024 | Congenital Heart Disease, VSD, PDA | Dr. Jawaria Zain  Assistant Professor | NTB |
| Friday | 15-03-2024 | Nephrotic Syndrome & Acute post streptococcal glomerulonephritis | Dr. Israr Liaqat  Assistant Professor | NTB |
| Saturday | 16-03-2024 | Renal Failure  (Acute and chronic) | Dr. Aqeela Ayub  Assistant Professor | NTB |
| Friday | 22-03-2024 | INBORN ERROR OF METABOLISM | Dr. Hina Sattar  Assistant Professor | NTB |
| Saturday | 23-03-2024 | PERINATAL ASPHYXIA | Dr. Asad Shabbir  Assistant Professor | NTB |
| Friday | 29-03-2024 | NEONATAL JAUNDICE | Dr. Jawaria Zain  Assistant Professor | NTB |
| Saturday | 30-03-2024 | NEONATAL SEPSIS | Dr. Israr Liaqat  Assistant Professor | NTB |
| Friday | 05-04-2024 | LBW, PREMATURITY AND RESPIRATORY DISTRESS SYNDROME | Dr. Aqeela Ayub  Assistant Professor | NTB |
| Saturday | 06-04-2024 | ENTERIC FEVER &  UTI | Dr. Hina Sattar  Assistant Professor | NTB |
| Friday | 12-04-2024 | DENGUE FEVER | Dr. Asad Shabbir  Assistant Professor | NTB |
| Saturday | 13-04-2024 | MEASLES AND DIPTHERIA | Dr. Jawaria Zain  Assistant Professor | NTB |
| Friday | 19-04-2024 | CHRONIC DIARRHOEA  ( CELIAC DISEASES) | Dr. Israr Liaqat  Assistant Professor | NTB |
| Saturday | 20-04-2024 | ACUTE DIARRHOEA | Dr. Aqeela Ayub  Assistant Professor | NTB |
| Friday | 26-04-2024 | EPILEPSY / NEONATAL SEIZURES | Dr. Hina Sattar  Assistant Professor | NTB |
| Saturday | 27-04-2024 | CEREBRAL EPILEPSY | Dr. Asad Shabbir  Assistant Professor | NTB |
|  |  | **Sports and Spring Week** |  |  |
| Friday | 17-05-2024 | THALASSEMIA | Dr. Jawaria Zain  Assistant Professor | NTB |
| Saturday | 18-05-2024 | NUTRITIONAL ANEMIA | Dr. Israr Liaqat  Assistant Professor | NTB |
| Friday | 24-05-2024 | APLASTIC ANEMIA | Dr. Aqeela Ayub  Assistant Professor | NTB |
| Saturday | 25-05-2024 | MALNUTRITION | Dr. Hina Sattar  Assistant Professor | NTB |
| Friday | 31-05-2024 | RICKETS | Dr. Asad Shabbir  Assistant Professor | NTB |
| Saturday | 01-06-2024 | SHORT STATURE & HYPOTHYROIDISM | Dr. Jawaria Zain  Assistant Professor | NTB |
| Friday | 07-06-2024 | ASTHMA | Dr. Israr Liaqat  Assistant Professor | NTB |
| Saturday | 08-06-2024 | PNEUMONIA / BRONCHIOLITIS | Dr. Aqeela Ayub  Assistant Professor | NTB |

**Lectures & Practical distribution**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **No Of Lectures** | **lecturer** | **No of lectures** | **No. of lectures per Facilitator** |
| LGIS | 24 | Dr.Hina Sattar | 04 | 01 |
| Dr.Aqeela Ayub | 05 | 01 |
| Dr.Jawaria Zain | 05 | 01 |
| Dr.Israr Liaqat | 05 | 01 |
| Dr.Asad Shabbir | 05 | 01 |

**CLINICAL Teaching Schedule**

**MODULE III ( PAEDIATRIC MODULE)**

**Final Year MBBS**

**Integrated Modular Curriculum**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **BEDSIDE TEACHING**  **9.30AM TO 10.30AM** | **Case presentation**  **10:30 to 12:30pm** | **OSPE Preparation**  **(12:30 to 02:00pm)** |
|
| Monday | **BEDSIDE TEACHING** | **Introduction / History Taking** | **Growth & development (anthropometry measurements, video clips & centile charts plotting)** |
| Tuesday | **BEDSIDE TEACHING** | **Chronic cough (TB/Asthma)** | **Respiratory system** |
| Wednesday | **BEDSIDE TEACHING** | **Neonatal Resuscitation** | **GPE** |
| Thursday | **BEDSIDE TEACHING** | **Fever with Fits / Unconsciousness**  **(Meningitis, encephalitis, cerebral malaria, Febrile fits)** | **CNS (motor system)** |
| Friday | **BEDSIDE TEACHING** | **Fever with Jaundice**  (**Acute hepatitis, malaria, enteric fever)** | |
| Saturday | **BEDSIDE TEACHING** | **Child with Cyanotic CHD (TOF, TGA)** | **CVS** |
| Monday | **BEDSIDE TEACHING** | **IMCI** | **Malnutrition / Failure to thrive** |
| Tuesday | **BEDSIDE TEACHING** | **PUO**  **(Infections, malignancy, autoimmune diseases)** | **Lab Data**  **(Typhoid, Malaria, TB, PPA scoring)** |
| Wednesday | **BEDSIDE TEACHING** | **Rheumatic fever** | **Clinical pictures**  **(Rheumatic fever)** |
| Thursday | **BEDSIDE TEACHING** | **Oedema**  **(Nephrotic syndrome, AGN, CRF)** | **Lab Data**  **(Urine, blood chemistry)** |
| Friday | **BEDSIDE TEACHING** | **Acute flaccid paralysis** | |
| Saturday | **BEDSIDE TEACHING** | **Acyanotic CHD**  **(VSD, PDA, ASD)** | **Procedures**  **(I/V Cannula, NG tube insertion)**  **Instruments**  **( I/V Cannula , NG tube, Suction catheter)** |
| Monday | **BEDSIDE TEACHING** | **CLD** | **CNS**  **( cerebellar system, cranial nerves)** |
| Tuesday | **BEDSIDE TEACHING** | **Chronic Diarrhea** | **Procedures**  ( **LP puncture, Ascitic fluid tap, pleural tap, ventolin nebulization**)  **Instruments**  **( LP needle)** |
| Wednesday | **BEDSIDE TEACHING** | **Joint Pains**  **( Rheumatic fever,JIA, Septic arthritis)** | **Clinical Pictures**  **(Measles, chickenpox, ITP Scabies, Meningococcemia, diaper rash, oral thrush)** |
| Thursday | **BEDSIDE TEACHING** | **Developmental Delay**  Dr. Khushdil Khan | **Lab Data**  **(X-ray- chest & wrist, CT Scan)** |
| Friday | **BEDSIDE TEACHING** | **Polyuria**  **(Diabetes mellitus, Diabetes insipidus)** | |
| Saturday | **BEDSIDE TEACHING** | **Progressive difficulty in walking**  **(Duchenne muscular dystrophy, SMA)** | **Short Case**  **(CNS)** |
| Monday | **BEDSIDE TEACHING** | **Short Stature** | **Short Case**  **(GPE)** |
| Tuesday | **BEDSIDE TEACHING** | **Afebrile Fits**  **(Epilepsy)** | **Short Case**  **(Respiratory system)** |
| Wednesday | **BEDSIDE TEACHING** | **Bleeding Diathesis**  **( Hemophilia, ITP )** | **Short Case**  **(GIT)** |
| Thursday | **BEDSIDE TEACHING** | **Progressive Pallor** | **Short Case**  **(CVS)** |
| Friday |  | **OSPE** | |
| SATURDAY |  | **END MODULE EXAM** | |

**FINAL YEAR MBBS**

**PAEDIATRICS CLERKSHIP HOURS**

|  |  |  |
| --- | --- | --- |
| **LGIS** | **Schedule Duration**  Monthly | **Schedule Duration**  Total 3 months |
| Interactive LGIS | 2 days a week = 8 hour/month | 24 hour |
| CPC | once a week = 4 hours/month | 12 hours |
| **Total** |  | **36**  **Hours/3month** |

|  |  |  |
| --- | --- | --- |
| **CLINICAL CLERKSHIP** | **Schedule Duration**  Monthly | **Schedule Duration**  Total 1month  clinical rotation(4weeks |
| Clinical Clerkship in Wards | 4.5hrs/day &  6days a week = 108 hrs/month  2.5 hrs/ Friday= 10 hours/month | 118 hours/month |
| Shadowing Resident in Paeds critical care areas Evening hours | 2.5 hours, Two times a week= 5x 4 = 20 hrs | 20 hrs hours |
| Clinical Clerkship |  | **138 hours** |
| **TOTAL CLINICAL CLERKSHIP** |  | **174 hrs** |

**SECTION**

**Assessment**

# **Assessment Policy**

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

### Guiding principles

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

### Purposes of assessment

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

**Table of Specification of Assessment**

**Final year MBBS**

**Preamble**

The Table of Specifications (TOS) is a detailed framework that describes how assessment items are distributed in terms of content among modules in our prestigious medical university's curriculum. The TOS was created with great care to ensure that educational objectives, instructional content, and evaluation criteria are all in line with one other. This allows us to guarantee the validity, integrity, and reliability of assessments while supporting our students' overall growth. This paper offers clarity and transparency by outlining the cognitive levels, domains, and weightings of assessment items. This helps faculty members create tests that appropriately measure students' understanding of critical competencies and knowledge areas. The TOS, which is based on pedagogical ideas and evidence-based practices, symbolizes our dedication to provide our graduates with the necessary skills, knowledge, and professionalism in medical education to achieve success in their chosen industries and contribute significantly to the medical community and society at large.

**Table of specification**

**Module examination**

|  |  |  |
| --- | --- | --- |
| **No.** | **Stations** | **Marks** |
| 1 | Long Case – History Taking | 8 |
| 2 | Long Case – Examination | 8 |
| 3 | Long Case – Viva Voce | 8 |
| 4 | Short Case–GIT | 8 |
| 5 | Short Case – Respiratory | 8 |
| 6 | Short Case– CVS, CNS | 8 |
| 7 | Short Case– GPE | 8 |
| 8 | Work Book, Log Book | 4 |
| 9 | ECG/Instrument/ Lab Data/ Procedure | 5 |
| 10 | X-Ray or CT Scan | 5 |
| 11 | Picture/ Clinical Scenario | 5 |
| 12 | BLS/Neonatal Resuscitation | 5 |
| 13 | MCQs ( clinical based scenarios ) | 20 |
| 14 | TOTAL MARKS | **100** |

**Table of specification (MCQS)**

**Module exam Paeds**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.**  **No.** | **Domain of Assessment** | **Question No.** | **Integration** | | | **Cognition** | **Weightage** | | |
| **CK** | **HI/VI** | **SI** | **CK** | **HI/VI** | **SI** |
| 1 | Neonatology  Respiratory diseases | 1,2,3 | 5 |  |  | C2 | 25% |  |  |
| 4,5 | C3 |
| 2 | Infectious Diseases | 6,7,8 | 5 |  |  | C2 | 25% |  |  |
| 9,10 | C3 |
| 3 | Gastroenterology | 11,12,13 | 4 | 1 |  | C2 | 20% | 5% |  |
| 14,15 | C3 |
| 4 | Neurodevelopmental  Paediatrics | 16,17 |  | 2 |  | C3 |  | 10% |  |
| 5 | Renal System | 18 |  | 1 |  | C2 |  | 5% |  |
| 6 | Cardiovascular | 19 |  |  | 1 | C2 |  |  | 5% |
| 7 | Endocrinology  Genetics | 20 |  |  | 1 | C2 |  |  | 5% |
| TOTAL | | | | | | | 70% | 20% | 10% |

### 

### **Revised TOS End block examination (EBE)**

**Revised TOS End block examination (EBE)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Component | Details | Marks | | Theory Papers | Paper 1 MCQs  - 40 Multiple Choice Questions (MCQs) per paper  Paper 2 SAQs  6 Short Essay Questions (SEQs) per paper  1 SEQs  1 EMQ | 40 (20%)  40 (20%)  Total: 80 marks (40%)  Time Allocated: 120 min | | Objective Structured Clinical Examination (CiOSCE) | **Long Case** - 1 Long Case - Duration: 60 minutes  **Short Cases** - 3 Short Cases - Duration: 15 minutes each  **BLS / NNR:** 15 Minutes | **24 (12%)**  **24 (12%)**  **12 (6%)**  **Total: 60 marks (30%)**  **Time allocated: 120 min** | | Audio-Visual Objective Structured Clinical Examination (AvOSCE) | - 12 slides presented - 5 minutes per slide - Each slide assesses clinical reasoning and decision-making | 5 stems/ marks per slide **Total: 60 marks (30%)**  **Time allocated: 60 min** | | Assessment Criteria | - All sections must be completed to pass - Marks based on accuracy, clinical reasoning, and professional standards - Minimum passing grade required for each section | **<80% attendance initially marks will be deducted to Half and later on they are not allowed to sit in block exam.**  **Clinical 120 marks (60%)**  **Theory 80 marks (40%)**  **Total marks 200**  **Time: 300 minutes**  **(5 hours)** | |

**TOS for AvOSPE**

|  |  |
| --- | --- |
| Stations  (5 stems and 5 marks each) | Total 12 stations  Total Marks 60 |
| Clinical scenario  (counselling/ethics) | **1** |
| Picture  CT scan, X-ray, clinical picture  Genetics, syndrome, procedure | **6** |
| ECG | **1** |
| Data interpretation | **1** |
| Videos  Clinical signs | **2** |
| Video BLS/neoLS | **1** |

### Revised TOS Pre-Annual assessment

### 

**Table of Specification**

**Pre-Annual Assessment**

|  |  |  |
| --- | --- | --- |
| Component | | Marks |
| Theory  40% | 50 MCQs | 50 |
| 4 SAQs | 20 |
| 1 EMQ | 5 |
| 1 SEQ | 5 |
| Clinical  60% | 12 Av-OSCE | 60 |
| 4 Short cases | 40 |
| 1 BLS | 10 |
| Log book | 10 |
| Total marks |  | 200 |

**TOS for Pre-Annual Assessment**

**Theory**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Topic Distribution** | MCQs-50 | SAQs/ EMQ/ SEQ -6 |
| 1 | Neonatology | 4 | 1 |
| 2 | Infectious Diseases | 4 | 1 |
| 3 | Gastroenterology | 4 | 1 |
| 4 | Cardiology | 4 | 1 |
| 5 | Nephrology | 4 | 1 |
| 6 | Neurology | 4 | 1 |
| 7 | Pediatric Emergency/ Critical Care | 4 |  |
| 8 | Hematology/ Oncology | 4 |  |
| 9 | Preventive Pediatrics/ Nutrition | 4 |  |
| 10 | Immunology/ Rheumatology/ Bone Disease | 2 |  |
| 11 | Endocrinology | 4 |  |
| 12 | Pulmonology | 4 |  |
| 13 | Developmental/ Genetics/ Metabolic | 2 |  |
| 14 | Dermatology/ Psychiatry | 2 |  |

**TOS for Clinical Pre-Annual Assessment**

|  |  |  |
| --- | --- | --- |
| **Assessment** | **Number of stations** | **Topics** |
| Av-OSCE | 12 | Picture, pedigree, X-ray, ECG, data interpretation, clinical scenario |
| Short cases | 04 | GPE, respiratory, CVS, GIT, CNS |
| BLS/NRP | 01 | Pediatric basic life support |
| Log book | 01 | Log book record of pediatric clerkship |

**TABLE OF SPECIFICATIONS**

FINAL PROFESSIONAL EXAM

**Table of specifications of** **Annual MBBS final professional Examinations 2024**

* **Table 1:Distribution of teaching hrs. & Marks for Final year MBBS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Block** | **Subjects** | **Teaching hrs.** | **Annual Exam 70%** | | **CIA**  **30%** | **Total marks** |
| **Theory**  **50 %** | **CLINICALS**  **50%** |
| **PEDIATRICS** | **PEDIATRICS** | 174 | **70** | **70** | **60** | **200** |
| **Total** | **174** | **70 marks** | **70 marks** | **60 marks** | **200 marks** |
| **GRAND TOTAL** | |  | **200 Marks** | | | |

# **Table of Final Professional Exam**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Component | | Marks | Total marks |
| Theory | Paper 1 | 35 MCQs | 35 | 70 |
| Paper 2 | 7 SAQs | 35 |
| Clinical | OSCE | 1 Long case  (3 stations) | 21 | 70 |
|  | 4 Short cases | 28 |
| 1 BLS | 05 |
| Log book | 04 |
| Av-OSPE | Av-OSCE | 12 |
| Internal assessment  30 % |  | End block exam | 12.5 | 60 |
| Work based assessment &  Module exam assessment | 44.5 |
| CPC | 3 |
| **Total marks** |  | **200** | | |

**TOS for Clinical (Final Professional)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Assessment** | **Number of stations** | **Topics** |
| OSCE | Long case | 3 | History taking ,Examination and viva |
| Short cases | 04 | GPE, respiratory, CVS, GIT, CNS |
| Log book | 01 | Log book record of pediatric clerkship |
| BLS/NRP | 01 | Pediatric basic life support |
| AV-OSPE | Av-OSPE | 03 | Picture, pedigree, X-ray, ECG, Data interpretation, clinical scenario |

**Table of specification**

**(Theory Component)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Topic Distribution** | **MCQs-35** | **SAQs-7** |
| 1 | Neonatology | 4 | 1 |
| 2 | Infectious Diseases | 4 | 1 |
| 3 | Gastroenterology | 4 | 1 |
| 4 | Cardiology | 3 | 1 |
| 5 | Nephrology | 3 | 1 |
| 6 | Neurology | 3 | 1 |
| 7 | Pulmonology | 3 | 1 |
| 8 | Pediatric Emergency/ Critical Care | 2 |  |
| 9 | Hematology/ Oncology | 2 |  |
| 10 | Preventive Pediatrics/ Nutrition | 2 |  |
| 11 | Immunology/ Rheumatology/ Bone Disease | 1 |  |
| 12 | Endocrinology | 2 |  |
| 13 | Developmental/ Genetics/ Metabolic | 1 |  |
| 14 | Dermatology/ Psychiatry | 1 |  |
| **Total Marks: 70** | | **35** | **35** |

**TABLE OF SPECIFICATION FOR CLINICAL COMPONENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Component** | **Station** | **Marks** |
| 1 | **OSCE** | Long Case – History Taking | 7 |
| 2 | Long Case – Examination | 7 |
| 3 | Long Case – Viva Voce | 7 |
| 4 | Short Case–GIT | 7 |
| 5 | Short Case – Respiratory | 7 |
| 6 | Short Case– CVS, CNS | 7 |
| 7 | Short Case– GPE | 7 |
| 8 | Work Book, Log Book | 4 |
| 9 | BLS/Neonatal Resuscitation | 5 |
| **Marks** | | | **58** |
| 10 | **Av-OSPE** | Av-OSPE (ECG/Instrument/ Lab Data/ Procedure) | 4 |
| 11 | Av-OSPE (X-Ray or CT Scan) | 4 |
| 12 | Av-OSPE (Picture/ Clinical Scenario) | 4 |
| **Marks** | | | **12** |
| **Total Marks** | | | **70** |

**Clinical Exam Cycle (OSCE)**

|  |  |  |
| --- | --- | --- |
| **1**  Long Case- History taking | **2**  Long Case- Examination | **3**  Long Case- Viva |
| **9**  BLS/Neonatal Resuscitation/ Pediatric Life Support | **OSCE**  **Final Year MBBS** | **4**  Short Case- GIT |
| **8**  Log Book, Work Book | 5 minutes/station  50 minutes’ minimum cycle, can be increased with Rest  Stations  Total Marks **58**  Station 1-7= 7numbers each  Station 8 = 4 marks  Station 9= 5 numbers each  (7 x 7) +4 +5)  **58** | **5**  Short Case- Respiratory |
| **7**  Short Case- GPE | **6**  Short Case-  CVS/CNS |

**Clinical Exam Cycle ( Av-OSPE)**

|  |  |  |
| --- | --- | --- |
|  | **Av-OSCE**  **Final Year MBBS** |  |
| **Station 10**  **Av-OSPE**  **ECG/Instrument/ Lab Data/ Procedure** | 5 minutes/station  20 minutes’ minimum cycle, can be increased with Rest  Stations  Station **10-12** = 4 numbers each  (3 x 4)  **Total marks = 12** | **Station 11**  **Av-OSPE**  **X-Ray or CT Scan** |
| **Station 12**  **Av-OSPE**  **Picture/ Clinical Station** | | |

Internal Assessment

**Details and marks distribution**

|  |  |  |
| --- | --- | --- |
| **Distribution** | **Marks** | **Total** |
| **Clerkship-Paediatric Unit (BBH or HFH) Wise Assessment 74.17% (44.5 Marks)**  **A.** **Work place based (WBA)-29.15%**  i. Case Presentation (16.66%)  ii. Workbook (5.83%)  iii.Evening Attendance (6.66%)  **B. Module exam 45%** | **17.5**  **10**  **3.5**  **4**  **27** | **44.5** |
| **END Block Exam**  (**20.83%)** | **12.5** | **12.5** |
| **CPC 5%**  Attended > 75% 3 marks  Attended < 75% Zero Mark | **3** | **3** |
| **Total** | | **60** |
| Unit/ward assessment will be rounded | | |

* + There is no compensation for attendance for missed period(s) of clerkship. Remedial learning can only be used to make up for compensation of clerkship objectives not attendance.

Internal Assessment- 60 Marks **% Wise Breakup**

|  |  |  |
| --- | --- | --- |
| **Component** | **Marks** | **% of internal assessment** |
| End Block Exam (EBE) | **12.5/60** | **20.83%** |
| Clerkship – unit/ward assessment-work place based (WBA) and Module exam assessment | **44.5/60** | **74.17%** |
| CPC | **3/60** | **5%** |
| Total | **60** | **100%** |

**Important Note:**

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

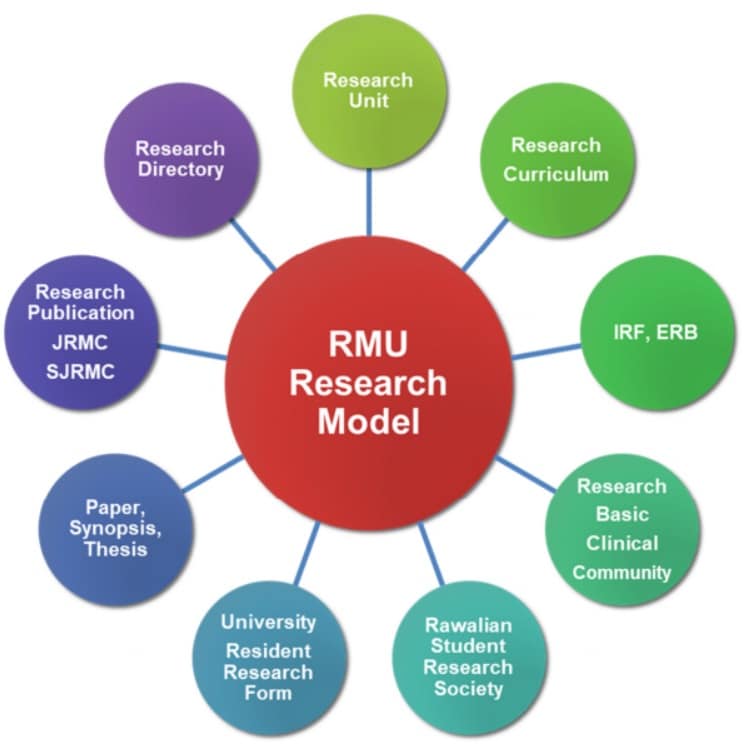
**Work based assessment (WBA) and Module exam**

**Marking Details in Paediatric Unit (17.5 + 27 =44.5 marks)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Place Based Assessment 17.5 Marks (29.15%)** | | | **Module exam 27 Marks (45%)** |
| **Case presentation** | **Clinical work book assessment**  **(5 case write Ups on work book)** | **4 evening duties in ward/ER per month** | **Module exam 27 marks (45%)** |
| **1 Long Cases**  **16.66%**  **10 marks** | **5.83%**  **3.5 marks)**  **5 complete case write Ups)**  **Yes 3.5 marks**  **No <5-zero** | **6.66% (4 marks)**  **8/8 Evening marks 4**  **6/8 Evening marks 3**  **4/8 Evening marks 2**  **2/8 Evening marks 1** | **Av-OSPE**  **(3 scenario, data interpretation, instruments, picture, Xray etc stations)**  **20 MCQs ( clinical scenario based)**  **OSCE**  **1 BLS / NRP station,**  **1 log book station,**  **4 Short Cases**  **1 Long Case**  **(History taking, examination and viva)**  **OSCE**  **Short cases marks 4x8=32**  **Long Case 3x8= 24**  **BLS 5marks**  **Logbook 4marks**  **AV-OSPE station marks 3x5 = 15**  **MCQs ( clinical scenario based = 20**  **Total Module exam Marks = 100**  **Obtained marks / total marks (100) x 27**  **For Example Student A took 70/100**  **His ward test assessment according to the given formula will be**  **70/100x27= 18.9 out of 27** |

**Research**

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



**Biomedical Ethics**

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

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

1. Principle of respect for autonomy,
2. Principle of nonmaleficence,
3. Principle of beneficence, and
4. Principle of justice.

**Family Medicine**

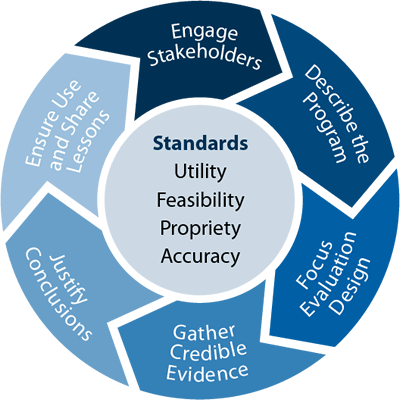
Family Medicine is the primary care medical specialty concerned with provision of comprehensive health care to the individual and the family regardless of sex, age or type of problem. It is the specialty of breadth that integrates the biological, clinical and behavioural sciences.  Family physicians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

**Artificial Intelligence**

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

**Program Evaluation and Feedback**

**Program evaluation** is a systematic method for collecting, analyzing, and using information to answer questions about projects, policies and [programs](https://en.wikipedia.org/wiki/Program_(management)),[[1]](https://en.wikipedia.org/wiki/Program_evaluation#cite_note-1) particularly about their [effectiveness](https://en.wikipedia.org/wiki/Effectiveness) and [efficiency](https://en.wikipedia.org/wiki/Efficiency).



Centers for Disease Control and Prevention. Framework for

program evaluation in public health. MMWR 1999;48 (No. RR-1