**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**

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| **Document #:** RMU-MR-SOP-59 | **Rev. #:** 05 | **Issue #:** 01 | **Issue Date: 2**5-03-2024 |

**Procedure for Control of Documented Information**

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**Document Approval**

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| **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**

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 **Reviewed by: Module committee**

 **Approved by: Prepared By:**

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 **Rawalpindi Medical University, Rawalpindi**

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

**RMU Motto**



**Mission Statement**

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

**Vision and Values**

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

**Goals of the Undergraduate Integrated Modular Curriculum**

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

* Provide thorough grounding in the basic theoretical concepts 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)

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• 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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--- | --- | --- | --- | --- | --- | --- |
|  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 CHDDiscuss clinical features and enlist investigationsName the complicationsDifferentiate b/w different CHDOutline Management planPrognosis of CHDMedical ethics bRecent research article relevant | LGISPPT |  | **√** |  | MCQs, SEQs |
| **HEART DISEASES****CONGENITAL****ACYANOTIC**  | **VENTRICULAR SEPTAL DEFECT****PATENT DUCTUS ARTERIOSIS** | Enlist and classify CHDDiscuss clinical features and enlist investigationsName the complicationsDifferentiate b/w different CHDOutline Management planPrognosis of CHDMedical ethics Recent research article relevant | LGISPPT |  | **√** |  | MCQs, SEQs |
| **RENAL DISORDERS** | **NEPHROTIC SYNDROME****AND** **ACUTE POST STREPTOCOCCAL GLOMERULONEPHRITIS**  | Define nephrotic syndrome and AGN Discuss the clinical presentationDifferentiate nephrotic syndrome from acute Post Streptococcal glomerulonephritisPlan pertinent investigation, interpret, and take appropriate actionName the complicationsManage disease and its complications | LGISPPT |  | **√** |  | 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 failureKnow the common clinical presentationKnow the common complicationKnow the management plan and management of complication  | LGISPPT |  | **√** |  | MCQs, SEQs |
| **METABOLIC DISORDER**  | **INBORN ERROR****OF METABOLISM** | Significance of metabolic disordersCommon metabolic disorders (Glycogen storage disease, Galactosemia, PKU, Gaucher disease, MPS) and their clinical presentationRelevant investigation and their management | LGISPPT |  | **√** |  | MCQs, SEQs |
| **NEONATOLOGY** | **PERINATAL/ BIRTH ASPHYXIA** | Define asphyxia risk factorEnlist perinatal asphyxiaTo be familiar with APGAR scoreEnlist common complications of perinatal asphyxiaTo be familiar with SARNOT STAGING of Perinatal asphyxia Treatment options of perinatal asphyxia | LGISPPT |  | **√** |  | MCQs, SEQs |
| **NEONATOLOGY** | **NEONATAL JAUNDICE** | Enlist common causes of unconjugated and conjugated hyperbilirubinemia at different days of lifeEnlist investigationsKnow indications of phototherapy and exchange transfusionEnlist complicationsManage according to cause | LGISPPT |  | **√** |  | MCQs, SEQs |
| **NEONATOLOGY**  | **NEONATAL SEPSIS** | Define neonatal sepsisEnlist common causative factors and risk factorsDiscuss clinical featuresEnlist investigation and their interpretationDescribe treatment, identify complications and their management | LGISPPT |  | **√** |  | MCQs, SEQs |
| **NEONATOLOGY** | **LBW/PREMATURITY****AND RESP[IRATORY DISTRESS SYNDROME** | Define LBW babies And RDSEnlist common causes of LBW babies and RDSEnlist complications and problems of premature babies and RDSManage prematurity RDS and its complications | LGISPPT |  | **√** |  | MCQs, SEQs |
| **INFECTIOUS DISEASES** | **ENTERIC FEVER & UTI** | Pathogenesis of enteric fever and UTIKnow clinical presentation Know how to diagnose these diseasesKnow the importance of culture of organismsKnow the common complication Know the management plan and treatment | LGISPPT |  | **√** |  | MCQs, SEQs |
| **INFECTIOUS DISEASES** | **DENGUE FEVER** | Define dengue fever, dengue hemorrhagic fever, and dengue shock syndromeDiscuss clinical features and identify warning signsEnlist investigations and their interpretationAppropriate monitoring and manage accordinglyAdvise preventive measures | LGISPPT |  | **√** |  | MCQs, SEQs |
| **INFECTIOUS DISEASES** | **MEASLES AND DIPTHERIA** | Pathogenesis of the disease Know clinical presentation Know how to diagnose these diseasesKnow the importance of vaccination in preventionRole of EPI VACCINATION in prevention Know the common complication Know the management plan and treatment | LGISPPT |  | **√** |  | 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 childrenKnow how to diagnose these diseasesKnow the importance of gluten free diet in preventionOf celiac diseaseKnow the common complication Know the management plan and treatment | LGISPPT |  | **√** |  | MCQs, SEQs |
| **GIT** | **ACUTE DIARRHOEA**  | Pathogenesis of the ACUTE diarrhoea and Know clinical presentation and common causes Of acute diarrhoea in childrenKnow how to classify dehydration Hydration plan according to dehydration Know the common complication Know the management plan and treatment | LGISPPT |  | **√** |  | MCQs, SEQs |
| **NEUROLOGY** | **EPILEPSY** | Define and enumerate the causes of epilepsyClassify and discuss its clinical presentationInvestigations and their interpretationManage epilepsy and status epilepticusCounsel the parents/patient and plan follow-up | LGISPPT |  | **√** |  | MCQs, SEQs |
| **NEUROLOGY** | **NEONATAL SEIZURES** | Define neonatal seizuresEnlist common causesDescribe clinical typesEnlist investigationsManagement according to causes and follow-up | LGISPPT |  | **√** |  | MCQs, SEQs |
| **NEUROLOGY** | **CEREBRAL PALSY** | Define cerebral palsyKnow the etiology and classificationDescribe different clinical presentationsDiscuss the differential diagnosisManage with a multi-disciplinary approach | LGISPPT |  | **√** |  | MCQs, SEQs |
| **HEMATOLOGY** | **THALASSEMIA** | Know the pathogenesis of thalassemia Know the genetics of thalassemiaKnow clinical features of thalassemia How to diagnose In children Know common complication and management plan Discuss genetic counselling | LGISPPT |  | **√** |  | MCQs, SEQs |
| **HEMATOLOGY** | **NUTRITION ANEMIA** | Know the pathogenesis of nutritional anemia Know the common causes like iron deficiency etcKnow clinical features of anemia How to diagnose In children Know common complication and management plan Discuss role of nutrition in prevention of anemia | LGISPPT |  | **√** |  | MCQs, SEQs |
| **HEMATOLOGY** | **APLASTIC ANEMIA** | Know the pathogenesis of Aplastic anemia Know the common causes like Fanconi etcKnow clinical features of aplastic anemia How to diagnose aplastic In children Know common complication and management plan | LGISPPT |  | **√** |  | MCQs, SEQs |
| **NUTRITION**  | **MALNUTRITION** | Define malnutrition in children Use of anthropometry and centile charts in assessment of malnutritionknow causes of malnutrition common clinical features and common complication know the management plan and treatment of malnutrition  | LGISPPT |  | **√** |  | 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  | LGISPPT |  | **√** |  | MCQs, SEQs |
| **ENDOCRINOLOGY** | **SHORT STATURE****&****HYPOTHROIDISM** | Define short statureEnlist common causes and their presentationDemonstrate anthropometric measurementsEnlist investigations and their interpretationManage according to cause and plan follow-up | LGISPPT |  | **√** |  | MCQs, SEQs |
| **PULMONOLGY** | **ASTHMA** | Define asthmaEnlist risk factors and discuss clinical presentationClassify as per GINA guidelinesMake differentialsEnlist investigations and their interpretationManage acute attack | LGISPPT |  | **√** |  | 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  | LGISPPT |  | **√** |  | MCQs, SEQs |

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| CLERKSHIP PROGRAMFINAL YEAR MBBSPAEDIATRICS   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 STRATEGIES PEDIATRIC CLINICAL CLERKSHIP (4 weeks) At the end of session Student must learn:

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| 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 detailsComponent of history of present illness,past history Components of birth history,feeding history,vaccination history,development history,family and social historystudent 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 (GrandWard Rounds, Teaching Ward Rounds) | OSPE,MINICEX,CBDSHORT CASE LONG CASE  |
|  | **GENERAL PHYSICAL EXAMINATION** | **GENERAL PHYSICAL EXAMINATION** | Students will be able to recallSteps of GPEKnow 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 developmenta) Take Anthropometry measurements and plot them on WHO growth chartb)Measure the caloric intake  | Student will be able toa) Take Anthropometry measurements and plot them on WHO growth chartb)Measure the caloric intake  |  Take coconsent for  Clinical exexaminationB 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 toa) Recall etiopathogenesisb) Describe clinical featuresc)Suggest differential diagnosisd)Review basic management in Asthma, Pneumonia and tuberculosis | Students will be able toa) Perform history and chest examinationb) able to use O2 therapy, deliver drugs. using nebulizerc)Interpret CXRd)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 ExaminationCan do counselling  |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD / BED SIDE SESSIONS (GrandWard 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 MINIQUINSFollowing algorithms  | Can take consent and counsell regarding steps And management  |  |  | 🗸 |  | 🗸 |  | 🗸 | WORKSHOPSGD  | 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 ofGeneral 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,CBDSHORT CASE   |
|  | **FEVER WITH FITS** | **CNS EXAMINATION** | Student must be able to Know the causes of fever and fits Know how to take detail historyKnow 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,CBDSHORT 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 stepsof 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,CBDSHORT CASE LONG CASE |
|  | **FEVER WITH JAUNDICE** | **GIT EXAMINATION** | Student must able to Know the Causes of fever and jaundice like acute hepatitis ,enteric fever etcKnow 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,CBDSHORT CASE LONG CASE |
|  | **CHILD WITH CYANOSIS** | **CVS EXAMINATION** | Student must able to Know the Causes of cyanosis like congenital heart diseases etcKnow 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,CBDSHORT 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 examinationEspecially 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,CBDSHORT CASE LONG CASE |
|  | **IMCI GUIDELINES** | **PREVENTIVE** **MEDICINE** | Student must be able to Know the importance of IMCI guidelinesKnow 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 malnutritionb) 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,CBDSHORT CASE LONG CASE |
|  | **PYREXIA OF UNKNOWN ORIGIN** | **INFECTIOUS** **DISEASES** | Student must be able toKnow the causes of pyrexia of unknown originKnow 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,CBDSHORT CASE LONG CASE |
|  | **LAB DATA** **INTERPRETATION** **(CBC, LFTS, RFTS** | **DATA INTERPRETATION** | Students will be able to recalla) Causes of Dearranged labs b) Suggest differential diagnosisc)Components of CBC, LFTS, RFTS | Students will be able toa) Withdraw samples of CBC, LFTS, RFTSb) 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 |  |  | 🗸 |  | 🗸 |  | 🗸 | SGDWARD LAB | OSCE |
|  | **CLINICAL PICTURES**  | **DATA INTERPRETATION**  | Student must know common diseases with picturesKnow common clinical features , diagnosis and management  | Student must be able to Identify common diseases with picturesCan identify common clinical features and Mention regarding diagnosis and management  |  |  |  | 🗸 |  | 🗸 |  | 🗸 | PPT/SGD | OSCE |
|  | **OEDEMA** | **EXAMINATION** | Students will be able to recalla) Causes of edema b) To make differential diagnosisc)Suggest management steps  | Students will be able toa) Take history and perform GPE and relevant examinationb) Interpret urine R/Ec)Practice treatment planSt ,  | 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,CBDSHORT CASE LONG CASE |
|  | **LAB DATA** **INTERPRETATION** **urine,Blood chemistry**  | **DATA INTERPRETATION** | Students will be able to recalla) Causes of Dearranged labs b) Suggest differential diagnosisc)Components of URINE and Blood chemistry | Students will be able toa) Withdraw samples  | Students will be  able to a) Take consent for for History and  Clinical Examination and Sampling |  |  | 🗸 |  | 🗸 |  | 🗸 | SGDWARD LAB | OSCE |
|  | **ACUTE FLACCID PARALYSIS** | **CNS EXAMINATION** | Students must be able to Know the causes of AFPhow to notify AFPImportance 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,CBDSHORT CASE LONG CASE |
|  | **CONGENITAL HEART DISEASE AND ACQUIRED HEART DISEASE** | **CVS EXAMINATION** | Student will be able toa) Recall etiologyb) Describe clinical featuresc)Suggest differential diagnosisd)Review basic management points in acquired and congenital heart disease | Student will be able toa) Take history and perform precordial examinationb) 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,CBDSHORT CASE LONG CASE |
|  | **PROCEDURES****IV cannulation,NG tube** **Suction catheter** | **PROCEDURES** | Students will be able to recallIndication of proceduressteps and complication . . | Students will be able to perform under supervision or observe  Basic method of procedure and demonstration St | Stststudents will be  able to take Consent for procedure and explain its  complications. . |  |  | 🗸 |  | 🗸 |  | 🗸 | SGD | OSCE |
|  | **CHRONIC LIVER DISEASE** | **GIT** **EXAMINATION** | Students will be able to recalla) causes of chronic liver diseaseb) Suggest differential diagnosisc)Review basic management steps ( CLD)   | Students will be able to Take history and perform abdominal and relevant examinationInterpret Ascitic tap and its interpretation  | Ststudents will be  able toa)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,CBDSHORT 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 stepsof 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,CBDSHORT CASE LONG CASE |
|  | **CHRONIC DIARRHOEA** | **GIT** **EXAMINATION** | Students will be able to recalla) Causes of chronic diarrheab) Suggest differential diagnosisc)Review basic management steps chronic diarrheaS   | Students will be able to Take history and perform abdominal and relevant examinationS  | S Students will be  able toa)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,CBDSHORT CASE LONG CASE  |
|  | **PROCEDURES**(Ascitic tap, Pleural tap, Exchange transfusion, Gastric lavageLumbar puncture  | **PROCEDURES**  | Students will be able to recallIndication of proceduressteps and complication . | Students will be able to observe or perform under supervision  Basic method of procedure and demonstrate itSt | ststudents will be  able to take Consent for procedure and explain its  complications. |  |  | 🗸 |  | 🗸 |  | 🗸 | SGDWARD | OSCE |
|  | **APPROACH TO A CHILD WITH JOINT PAINS****(JIA, SLE)** | **RHEUMOTOLOGY****EXAMINATION** | Students will be able to recalla) Causes of joint painb) Suggest differential diagnosisc)Indication of procedures  | Students will be able to a) Take history and do locomotor Students will be examinationb) 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,CBDSHORT 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 picturesCan 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,CBDSHORT 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  |  |  | 🗸 |  | 🗸 |  | 🗸 | SGDWARDLAB | 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,CBDSHORT 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 difficultyDetails 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,CBDSHORT 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 stepsof 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,CBDSHORT CASE LONG CASE |
|  | **SHORT STATURE** | **ENDOCRINOLOGY** | Students will be able to recalla) Causes of short statureb) 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,CBDSHORT CASE LONG CASE |
|  | **AFEBRILE SEIZURES****(Epilepsy)** | **CNS** **EXAMINATION** | Student must Know the causes of afebrile seizuresKnow 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,CBDSHORT 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 examinationEspecially 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,CBDSHORT CASE LONG CASE |
|  | **BLEEDING DISORDER****Hemophilia** **ITP**  | **HEMATOLOGY****EXAMINATION** | Students will be able to a) Recall physiology of hemostasisb) Describe clinical feature suggestive of an underlying bleeding disorderc)Suggest differential diagnosisd)Review basic management | Students will be able toa) Take history and perform joint examination  for bleeding disorderb) Interpret lab findings in a child with  bleeding disorder (platelet count, PT/APTT)c)Practice treatment of bleeding disorderStudents 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,CBDSHORT 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 examinationEspecially 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,CBDSHORT CASE LONG CASE |
|  | **PROGRESSIVE PALLOR** | **GENERAL PHYSICAL EXAMINATION** | Student must be able to Know the causes of progressive pallorKnow 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,CBDSHORT 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 examinationEspecially 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,CBDSHORT CASE LONG CASE |

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# **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 ZainAssistant Professor  | NTB |
| Friday  | 15-03-2024 | Nephrotic Syndrome & Acute post streptococcal glomerulonephritis | Dr. Israr LiaqatAssistant Professor | NTB |
| Saturday  | 16-03-2024 | Renal Failure(Acute and chronic)  | Dr. Aqeela AyubAssistant Professor  | NTB |
| Friday  | 22-03-2024 | INBORN ERROR OF METABOLISM  | Dr. Hina SattarAssistant Professor | NTB |
| Saturday  | 23-03-2024 | PERINATAL ASPHYXIA | Dr. Asad ShabbirAssistant Professor | NTB |
| Friday  | 29-03-2024 | NEONATAL JAUNDICE  | Dr. Jawaria ZainAssistant Professor | NTB |
| Saturday  | 30-03-2024 | NEONATAL SEPSIS | Dr. Israr LiaqatAssistant Professor | NTB |
| Friday  | 05-04-2024 | LBW, PREMATURITY AND RESPIRATORY DISTRESS SYNDROME | Dr. Aqeela AyubAssistant Professor | NTB |
| Saturday  | 06-04-2024 | ENTERIC FEVER &UTI  | Dr. Hina SattarAssistant Professor | NTB |
| Friday  | 12-04-2024 | DENGUE FEVER  | Dr. Asad Shabbir Assistant Professor | NTB |
| Saturday  | 13-04-2024 | MEASLES AND DIPTHERIA  | Dr. Jawaria ZainAssistant Professor  | NTB |
| Friday  | 19-04-2024 | CHRONIC DIARRHOEA( CELIAC DISEASES)  | Dr. Israr LiaqatAssistant Professor | NTB |
| Saturday  | 20-04-2024 | ACUTE DIARRHOEA  | Dr. Aqeela AyubAssistant Professor | NTB |
| Friday  | 26-04-2024 | EPILEPSY / NEONATAL SEIZURES | Dr. Hina SattarAssistant 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 ZainAssistant Professor  | NTB |
| Saturday  | 18-05-2024 | NUTRITIONAL ANEMIA | Dr. Israr LiaqatAssistant Professor | NTB |
| Friday  | 24-05-2024 | APLASTIC ANEMIA  | Dr. Aqeela AyubAssistant Professor | NTB |
| Saturday  | 25-05-2024 | MALNUTRITION  | Dr. Hina SattarAssistant Professor | NTB |
| Friday  | 31-05-2024 | RICKETS  | Dr. Asad Shabbir Assistant Professor | NTB |
| Saturday  | 01-06-2024 | SHORT STATURE & HYPOTHYROIDISM  | Dr. Jawaria ZainAssistant Professor  | NTB |
| Friday  | 07-06-2024 | ASTHMA  | Dr. Israr LiaqatAssistant Professor | NTB |
| Saturday  | 08-06-2024 | PNEUMONIA / BRONCHIOLITIS | Dr. Aqeela AyubAssistant 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/month2.5 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 | NeonatologyRespiratory 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 | NeurodevelopmentalPaediatrics | 16,17 |  | 2 |  | C3 |  | 10% |  |
| 5 | Renal System | 18 |  | 1 |  | C2 |  | 5% |  |
| 6 | Cardiovascular | 19 |  |  | 1 | C2 |  |  | 5% |
| 7 | EndocrinologyGenetics | 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 paperPaper 2 SAQs 6 Short Essay Questions (SEQs) per paper1 SEQs1 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 stationsTotal Marks 60 |
| Clinical scenario(counselling/ethics) | **1** |
| PictureCT scan, X-ray, clinical pictureGenetics, syndrome, procedure | **6** |
| ECG | **1** |
| Data interpretation | **1** |
| VideosClinical signs | **2** |
| Video BLS/neoLS | **1** |

### Revised TOS Pre-Annual assessment

###

**Table of Specification**

**Pre-Annual Assessment**

|  |  |
| --- | --- |
|  Component  | Marks |
| Theory40% | 50 MCQs | 50 |
| 4 SAQs | 20 |
| 1 EMQ | 5 |
| 1 SEQ | 5 |
| Clinical60% | 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/station50 minutes’ minimum cycle, can be increased with RestStationsTotal Marks **58**Station 1-7= 7numbers eachStation 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/station20 minutes’ minimum cycle, can be increased with RestStationsStation **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_%28management%29),[[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