MBBS
Final Year Integrated Modular Curriculum
Medicine (2025)

Rawalpindi Medical University Rawalpindi
Pakistan

Message from the Vice Chancellor, Rawalpindi Medical University

The final year of the MBBS program, including allied disciplines, represents a pivotal stage in medical education, serving as a crucial transition from theoretical knowledge to practical clinical expertise. Our comprehensive curriculum integrates interactive learning sessions (LGIS), a variety of clinical placements, and continuous assessments, all designed to develop well-rounded, competent, and compassionate healthcare professionals.

This document outlines the gives details of Final Year MBBS Medicine and Allied curriculum. Our dedicated faculty members serve as committed mentors, guiding students through this intensive year of training. At the same time, students are encouraged to actively engage in their learning journey, taking full advantage of the opportunities for hands-on experience and knowledge application.

We share a collective responsibility to maintain and uphold the highest standards of medical education. Together, let's work towards equipping our graduates with the necessary skills and knowledge to excel as junior doctors and allied healthcare professionals, making a significant positive impact on the communities they serve.

Introduction

Medicine is a comprehensive specialty focused on delivering both primary and specialized care to adult patients. As such, it is a fundamental component of the undergraduate curriculum at Rawalpindi Medical University, woven throughout the five-year MBBS program with an intensified focus during the final three years.

The primary objective of our curriculum is to equip students with the essential knowledge, skills, and professional attitudes required for the effective practice of medicine at the primary care level.

Additionally, it prepares students to pursue advanced postgraduate studies in clinical practice, medical education, and research, fostering a commitment to lifelong learning and professional development.

Mission

Our mission is to make highly recognized and accredited center 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.

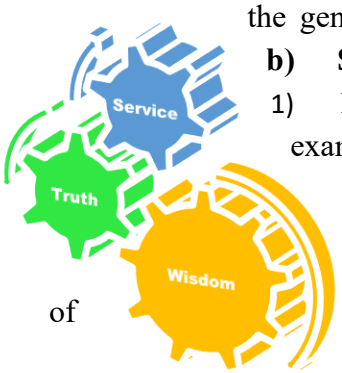
RMU MISSION, VISION, VALUES & GOALS	
RMU Motto	**Mission Statement** To impart evidence-based research-oriented health professional education in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability. **Vision and Values** Highly recognized and accredited centre of excellence in Medical Education, using evidence-based training techniques for development of highly competent health professionals, who are lifelong experiential learner and are socially accountable. **Goals of the Undergraduate Integrated Modular Curriculum** The Undergraduate Integrated Learning Program is geared to provide you with quality medical education in an environment designed to: • Provide thorough grounding in the basic theoretical concepts underpinning the practice of medicine. • Develop and polish the skills required for providing medical services at all levels of the health care delivery system. • Help you attain and maintain the highest possible levels of ethical and professional conduct in your future life. • Kindle a spirit of inquiry and acquisition of knowledge to help you attain personal and professional growth & excellence.

The objectives of the program

The program objective is to establish a foundation for independent practice after graduation as a general practitioner and involves the principal aspects of health improvement, preventive medicine, and acute and chronic care in the domain of medical disorders.

a) Knowledge

1) Acquisition of the knowledge and the ability to apply it in approach to the common complaints and symptoms in medical diseases.
2) Knowledge of common medical diseases and the ability to apply it to primary medical care of the patients within the limits of general practitioner's duties.
3) Acquisition of the knowledge of simple procedures in outpatient setting that the general practitioner must be able to do.



b) Skill

1) 1) Ability to take clinical history and perform clinical examination in patients with medical disorders.
2) Ability to construct and execute a management plan for common medical diseases including emergencies.
3) Ability to do basic procedures required in the practice of medicine.
4) Ability to interpret results of common laboratory tests and imaging techniques in medicine.

2. Competencies

a) Communication skills
b) Critical thinking
c) Problem solving
d) Clinical skills
e) Examination skills
f) Procedural skills

3. Learning Outcome

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

a) Diagnose common medical problems, suggest and interpret appropriate investigation, rationalize treatment plan and if appropriate, refer patient for specialist opinion/ management.
b) Suggest preventive measure for the common Public Health Problem in the community.
c) Perform relevant procedures.
d) Convey relevant information and explanations accurately to patients, families, colleagues and other professionals.
e) Understand medical ethics and its application pertaining to medicine and maintain the confidentiality of the patient.
f) Adapt research findings appropriately to the individual patient situation or relevant patient population.

Details in this regard can be sought in Annexure I, and II that focus LGIS and Clinical Teaching.

Rawalpindi Medical university

Department of Medicine

Clinical curriculum
5th year MBBS

Introduction

The Medicine clerkship offers a focused and immersive learning experience that integrates theoretical knowledge with clinical practice. It provides a comprehensive understanding of core concepts that form the foundation of basic sciences and their application in clinical medicine, fostering critical thinking and enabling the practical use of foundational knowledge in clinical settings.

Spanning 12 weeks of mandatory rotation, of which 8 weeks in General Medicine, 2 weeks in Neurology, 1 week in Cardiology, and one weeks in Radiology. The clerkship is conducted at Department of Medicine, Cardiology, Neurology, and Radiology Holy Family Hospital and Benazir Bhutto Hospital. Clinical training involves a minimum of 660 hours, with students attending Medicine, Cardiology, Radiology, and Neurology Department/Units.

Active and experiential learning is emphasized through bedside teaching, clinical exposure in Wards, OPD, Emergency Department, simulated communication, patient counselling scenarios, guided pre-reading, Large Group Interactive Sessions, Small Group Discussions to encourage collaborative learning and critical thinking. Assessment methods include summative approach to ensure thorough learning. These include ward tests contributing to continuous internal assessment, logbook maintenance for documenting clinical exposure and skill acquisition, OSCEs to evaluate clinical and communication skills, faculty feedback and logbook reviews, case presentations for analytical skill development, and formative quizzes to reinforce knowledge and identify areas for improvement.

RMU Competency Framework:

The focus of this curriculum is on the roles of a general physician, as identified by the PMDC. These roles include being skillful, knowledgeable, a community health promoter, a critical thinker, a professional and role model, a researcher, and a leader.

RMU Competency Framework

RMU Undergraduate Competency Model:

The Rawalpindi Medical University (RMU) Undergraduate Competency Model is designed to prepare medical students to meet the evolving challenges of modern healthcare. Grounded in the principles of patient-centered care, ethical practice, and community engagement, this model outlines the core competencies that every RMU graduate must attain. These competencies are carefully aligned with the needs of Pakistan's healthcare system and the broader global context, ensuring that RMU graduates are not only skilled clinicians but also ethical leaders, compassionate caregivers, and innovative problem-solvers.

The RMU Undergraduate Competency Model emphasizes a holistic approach to medical education, integrating scientific knowledge with practical skills, critical thinking, and a deep commitment to lifelong learning. Each competency is complemented by specific sub competencies that provide a clear roadmap for students' development, guiding them from foundational knowledge to advanced clinical practice.

Through this competency-based framework, RMU aims to cultivate graduates who are capable of delivering high-quality, safe, and effective care, while also advancing the health and well-being of the communities they serve. By adhering to these competencies, RMU students will be equipped to excel in diverse medical environments, adapt to the rapidly changing landscape of healthcare, and contribute positively to the society they serve.

Competency 1: Patient Care Deliverer:

The "Patient Care Deliverer" competency focuses on the practical aspects of delivering patient care. It emphasizes the importance of applying clinical skills, knowledge, and compassion in providing high-quality healthcare to patients. Students are expected to develop a strong foundation in patient-centered care, practice-based learning, and a commitment to continuous improvement in their clinical practice.

- **Practice-Based Learning:** Students should engage in continuous learning through practical experience, applying evidence-based medicine and reflecting on their clinical practice to improve patient care.
    - Apply evidence-based medicine in clinical practice.
    - Reflect on clinical experiences to improve patient care.
    - Engage in self-directed learning to enhance clinical skills.
        - **Service Orientation:** A commitment to serving others is fundamental to the practice of medicine. Students should prioritize the well-being of patients and the community, demonstrating a strong dedication to providing compassionate and effective care.
        - Demonstrate a commitment to patient-centered care.
        - Engage in community service activities.
        - Reflect on the role of service in medical practice.

Competency 2: Ethical & Professional:

The "Ethical & Professional" competency encompasses the foundational principles of medical ethics and professional behavior. It requires students to uphold the highest standards of legal and ethical responsibility in their practice. They must demonstrate empathy, integrity, and accountability, treating all individuals with respect and maintaining a commitment to continuous improvement.

- **Professional & Ethical & Legal Responsibility:** Students are expected to understand and apply ethical principles and legal requirements in medical practice. They should be able to identify and analyze ethical dilemmas in healthcare settings and make decisions that prioritize patient well-being.
    - Explain ethical frameworks in medical decision-making.
    - Apply legal standards in patient care.
    - Demonstrate professionalism in all interactions.

- **Capacity for Improvement:** Students should continuously strive to improve their clinical skills, knowledge, and patient care practices through self-assessment and reflective learning.
    - Assess personal strengths and weaknesses.
    - Implement strategies for self-improvement.
    - Seek feedback from peers and mentors.
- **Empathy:** Understanding and **sharing** the feelings of patients is crucial for building trust and providing compassionate care. Students must develop the ability to empathize with patients from diverse backgrounds.
    - Demonstrate empathy in patient interactions.
    - Reflect on the emotional and psychological aspects of patient care.
    - Integrate empathy into clinical practice.
- **Integrity:** Students must practice medicine with honesty and adhere to moral and ethical principles, ensuring that their actions align with the values of the medical profession.
    - Maintain honesty in patient interactions.
    - Uphold ethical standards in clinical decision-making.
    - Demonstrate transparency in communication with patients and colleagues.
- **Accountability:** Medical students must be accountable for their actions, taking responsibility for their decisions and outcomes in patient care.
    - Take responsibility for clinical decisions.
    - Reflect on the outcomes of patient care.
    - Ensure accountability in teamwork.
- **Respect:** Respect for patients, colleagues, and the broader healthcare team is fundamental. Students should treat everyone with dignity and consideration, regardless of differences in background or beliefs.
    - Demonstrate respect in patient interactions.
    - Collaborate respectfully with team members.
    - Address cultural differences in a respectful manner.

Competency 3: Scholar & Life-Long Learner:

The "Scholar & Life-Long Learner" competency highlights the importance of continuous learning and scholarly inquiry in medical practice. Students are encouraged to engage in scientific research, develop critical thinking skills, and commit to lifelong learning to stay current in their field and contribute to the advancement of medical knowledge.

- **Living Systems:** Students should have a deep understanding of living systems and their functions, enabling them to apply this knowledge to patient care.
    - Explain the principles of living systems.
    - Apply knowledge of living systems to clinical practice.
    - Evaluate the impact of living systems on health and disease.
- **Human Behavior:** Understanding human behavior is crucial for effective patient care and communication. Students should be able to analyze behavioral factors that influence health and apply this understanding in clinical settings.
    - Analyze the impact of behavior on health outcomes.
    - Apply behavioral principles in patient care.
    - Reflect on the role of behavior in health and disease.
- **Diagnose and Manage: Students** must be proficient in diagnosing and managing medical conditions, using evidence-based approaches to ensure the best possible outcomes for patients.
    - Diagnose medical conditions accurately.
    - Develop management plans for patient care.
    - Evaluate the effectiveness of treatment interventions.
- **Scientific Inquiry:** Engaging in scientific inquiry is essential for advancing medical knowledge. Students should be able to conduct research, critically appraise evidence, and contribute to the scientific community.
    - Conduct research on medical topics.
    - Critically appraise scientific literature.
    - Disseminate research findings effectively.

- **Quantitative Reasoning:** Quantitative reasoning skills are necessary for interpreting data and making informed **decisions** in medical practice. Students should be able to analyze and apply quantitative data in clinical settings.
    - Interpret quantitative data in clinical practice.
    - Apply statistical methods to medical research.
    - Reflect on the role of quantitative reasoning in decision-making.
- **Critical Thinker:** Developing critical thinking skills is vital for solving complex medical problems. Students should be able to analyze information, evaluate evidence, and make reasoned decisions in patient care.
    - Analyze clinical scenarios critically.
    - Evaluate evidence in medical practice.
    - Make informed decisions based on critical thinking.

Competency 4: Team Worker & Communicator:

The "Team Worker & Communicator" competency emphasizes the importance of effective communication and teamwork in healthcare settings. Students are expected to develop strong oral and written communication skills, work collaboratively as part of a healthcare team, and demonstrate leadership when necessary. Reliability, adaptability, and resilience are key qualities that support their ability to function effectively in diverse and dynamic clinical environments.

- **Oral and Written Communication:** Students must be able to convey medical information clearly and effectively, both verbally and in writing, to patients, families, and colleagues.
    - Communicate medical information clearly.
    - Develop patient-centered communication strategies.
    - Write accurate and comprehensive patient records.
- **Team Member:** Students should actively participate as members of the healthcare team, contributing to collective problem-solving and decision-making processes.
    - Collaborate effectively with team members.
    - Participate in interdisciplinary case discussions.
    - Contribute to team-based patient care.

- **Team Leader: When** required, students should be able to take on leadership roles within the healthcare team, guiding and coordinating the efforts of others.
    - Lead a healthcare team in clinical settings.
    - Make decisions as a team leader.
    - Facilitate effective team communication.
- **Reliability and Dependability:** Students must consistently demonstrate reliability and dependability in fulfilling their clinical responsibilities, ensuring that they are trusted members of the healthcare team.
    - Fulfill clinical duties reliably.
    - Demonstrate dependability in patient care.
    - Maintain consistency in performance under pressure.
- **Resilience & Adaptability:** Students need to develop resilience to cope with the challenges of medical practice and adapt to changes in clinical settings.
    - Demonstrate resilience in stressful situations.
    - Adapt to changes in clinical practice.
    - Reflect on challenges and adapt strategies accordingly.

Competency 5: Community Health Promoter:

The "Community Health Promoter" competency focuses on the role of medical students in promoting health within the community. It involves educating and empowering communities, conducting assessments, and engaging with diverse populations to address public health challenges. Cultural competence and advocacy are essential in promoting health equity and improving community health outcomes.

- **Health Education and Promotion:** Students should be able to design and implement health education programs that address the specific needs of the community.
    - Develop health education materials.
    - Implement community health promotion activities.
    - Evaluate the effectiveness of health education programs.

- **Community Assessment and Engagement:** Students must be capable of assessing **the** health needs of communities and engaging with community members to identify and address public health issues.
    - Conduct community health assessments.
    - Engage with community stakeholders.
    - Identify public health priorities based on community needs.
- **Cultural Competence:** Understanding and respecting cultural differences is crucial in providing effective community health promotion. Students should be able to work with diverse populations and tailor health interventions accordingly.
    - Demonstrate cultural sensitivity in community interactions.
    - Adapt health interventions to cultural contexts.
    - Reflect on cultural influences in health behaviors.
- **Advocacy and Empowerment: Students** should advocate for policies and practices that promote community health and empower individuals and communities to take control of their health.
    - Advocate for community health initiatives.
    - Empower individuals to make informed health decisions.
    - Promote policies that address social determinants of health.

Competency 6: Quality & Safety Practitioner:

The "Quality & Safety Practitioner" competency emphasizes the importance of patient safety and quality improvement in healthcare. Students are trained to understand and apply patient safety principles, comply with regulatory requirements, and collaborate with interdisciplinary teams to ensure the highest standards of care.

- **Patient Safety Principles:** Students must understand and apply patient safety principles to prevent medical errors and enhance the quality of care.
    - Identify potential safety risks in clinical practice.
    - Implement strategies to prevent medical errors.
    - Evaluate the effectiveness of patient safety interventions.

- **Regulatory Compliance:** Knowledge of and adherence to regulatory standards is essential in **maintaining** patient safety and quality care. Students must be familiar with relevant regulations and ensure compliance in their practice.
    - Understand and apply healthcare regulations.
    - Ensure compliance with legal and regulatory standards.
    - Reflect on the impact of regulations on patient safety.
- **Interdisciplinary Collaboration:** Effective collaboration with professionals from various disciplines is necessary to achieve optimal patient outcomes. Students should develop skills in working within interdisciplinary teams to enhance patient care.
    - Collaborate with interdisciplinary teams in patient care.
    - Contribute to interdisciplinary case discussions.
    - Reflect on the impact of interdisciplinary collaboration on patient outcomes.

Competency 7: Digital & Artificial Intelligence Literate:

The "Digital & Artificial Intelligence Literate" competency prepares students to navigate the rapidly evolving landscape of digital health and artificial intelligence. Students are trained to use AI-based systems ethically and effectively in diagnosis and decision-making, ensuring that technological advancements are integrated into patient care responsibly.

- **Technology and AI-Based Diagnosis and Decision-Based Systems:** Students should be proficient in using technology and AI tools for diagnosis and decision-making, ensuring that these tools enhance patient care.
    - Use AI-based tools for diagnosis.
        - Evaluate the effectiveness of technology in clinical decision-making.
        - Integrate digital tools into patient care responsibly.
    - **Ethical Usage of AI:** Ethical considerations are paramount when using AI in healthcare. Students **must** understand the ethical implications of AI and ensure that its application respects patient rights and autonomy.
        - Identify ethical issues in AI usage.
        - Apply ethical principles to AI-based decisions.
        - Reflect on the impact of AI on patient care.

This framework ensures that undergraduate medical students at Rawalpindi Medical University are well-prepared to excel as competent, ethical, and compassionate healthcare professionals. By meeting these competencies and their corresponding learning objectives, students will be equipped to navigate the complexities of modern medical practice and contribute meaningfully to patient care and community health.

The objectives of the program

The program objective is to establish a foundation for independent practice after graduation as a general practitioner and involves the principal aspects of health improvement, preventive medicine, and acute and chronic care in the domain of medical disorders.

a) Knowledge

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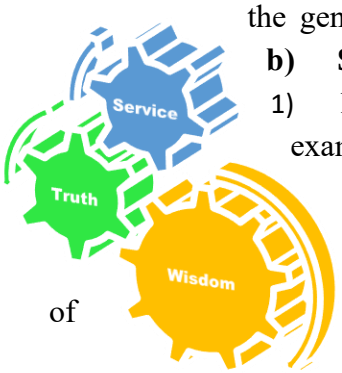

b) Skill

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2. Competencies

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3. Learning Outcome

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

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Details in this regard can be sought in Annexure I, and II that focus LGIS and Clinical Teaching.

4. Teaching hours – Medicine and Allied

Details of Final Year

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

Composite Details

Years	Contact Hours
V	660
IV	206
III	420
II	14 LGIS +10.5 Early Clinical Exposure (ECE) = 24.5
I	12 LGIS+23 ECE= 35
Total	1345.5

Learning Strategies & Situations

A variety of pedagogies are used in this course, including didactic teaching, team-based and evidence-based learning in class rooms and patient side environment. Students are encouraged to adopt and inculcate self-learning strategies during the course.

5. Learning Opportunities

a) Interactive lectures
b) Teaching Ward Rounds
c) Case presentations
d) Case based Discussion
e) Short cases in OPD
f) Bedside Discussion
g) Small Group Discussion
h) Workshops
i) Self-learning Activities
j) Skill Lab Activity

6. Venues for learning opportunities

a) Outpatient clinic
b) Emergency room
c) Inpatient ward
d) Teaching room
e) Libraries including audio-visuals

7. Specific Learning Outcomes

Learning outcomes specific to the modules and block of Final year MBBS, and MBBS medicine course have been tabulated separately in Annexure I and II.

a. Implementation of curriculum

The University provided learning outcomes and table of specifications are implemented through Faculty Members of Department of Medicine and Allied

b. Attendance & Discipline:

i. A record of attendance of medical students, /test results, end of module/rotation test result, workshop marks should be updated regularly.
ii. DME would keep a log of all clinical activities
iii. Attendance of each student would be endorsed in his logbook as well.
iv. Overall, 80% attendance is mandatory to appear in final professional assessment.

Annexure III gives details of Attendance and Reward Policy

c. Assessment

Assessment is an important aspect of any training program which not only includes assessment of students but also of the training program itself. The performance of each student would be marked and counted towards final internal assessment. The following tools/ methods would be used for this purpose:

d. Theory

i. ***Periodical class tests- Learning Management System (LMS) based***. Details in this regard are given in Annexure --.
ii. ***Module and End of Block Assessment*****:** At the end of each Module/Block, a theory assessment is held concurrently from the syllabus covered during this period.

e. Practical

i. ***Log Book:*** Each student would complete his log book and get it countersigned from DME at the end of each rotation. Log book is maintained during the rotation.
ii. ***Work Book*****:** Each student would complete his Work Book and get it countersigned from DME at the end of each rotation. Work Book is maintained during the block.
iii. ***Module and End Block Assessment:*** At the end of each Module and Block, the whole group would have a clinical exam.

f. BLS/ACLS workshop (attendance is required).

i. ***Internal assessment***. There will be 30% internal assessment. Details are given in Section----
ii. ***Professional exam***. Professional exam of Medicine will be held in final year. There will be 140 marks theory paper and 210 marks of practical. Student has to pass theory and practical separately with minimum 60 % marks. However, in clinical subjects, student should pass in clinical exams (long Case, Short Cases, and OSCE). All three clinical assessment sections have to be passed separately.

g. Evaluation of the Course

i. Student portfolio should be maintained in the department in which students should give their feedback either by name or anonymously.
ii. Faculty suggestions for improvement of training may be incorporated in the next rotation.
iii. Evaluation is done by a systematic process for collecting feedback from both students

iv. and faculty members on the curriculum. Formative Feedback is taken after every
v. module and summative feedback once per year from students and faculty.
vi. Curriculum review committee comprising faculty members, administrators, and students assess feedback and proposes changes.
vii. DME analyzes feedback data to identify common trends, strengths, weaknesses and
viii. areas in need of improvement. It is presented in curriculum review committee for implementation of changes as a pilot project.
ix. Once accepted these changes are send for final approval from curriculum committee and syndicate of university.

h. Recommended Readings

i. Davidson's Principles and Practice of Medicine
ii. Current Medical Diagnosis and Treatment
iii. Oxford Handbook of Clinical Medicine
iv. Macleod Clinical Methods
v. Hutchinson Clinical Methods
vi. USMLE and PLAB resources
vii. RMU Digital Hub

i. Reference Book

1. *Kumar and Clark's Clinical Medicine, 10th Edition, 2020*

2. Davidson's Principles and Practice of Medicine, 24th edition 2023

3. MacLeod's Clinical Examination. Churchill Livingstone. 14th Edition2018

4. *Videos on clinical skills available on NEJM website, free online.*

5. *Clinical Examination by Nicholas Talley & Simon O'Connor. Elsevier. 9th Edition 2020*

g. Acknowledgement

We acknowledge that the MBBS Final Year Medicine and Allied curriculum has been adopted from the National University of Medical Sciences (NUMS), Pakistan.

MEDICINE & ALLIED

The table below gives details of all content, distribution across the three years:

Theme/ Topic	Course Content	Learning Outcomes		Instructional Strategies	Assessment
		At the end of each module, student will beable to			
		Knowledge	**Skill/ Attitude**		
A- MEDICINE BASICS					
Symptomatology	Symptomatology of following: CVS disease Respiratory diseases GI diseases CNS diseases Locomotor diseases Renal diseases common endocrine diseases	Correlate clinical findings to anatomical structures Correlate clinical features to etiology in terms of congenital, traumatic, inflammatory, neoplastic or miscellaneous. Discuss basic pharmacology of drugs being used in a medical unit	Take the relevant history Perform general physical examination Perform systemic examination of different systems Show empathy and sympathy while examining the patient Recognise the right to consent and privacy of the patient	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Common clinical presentations	Approach to patient with: Fever Headache Cyanosis Jaundice chest pain Unconsciousness Dyspnea Dyspepsia Hematemesis Bleeding per rectum Malena Vomiting Diarrhoea Fits Anorexia and	list the investigations Outline management plan	Present findings of the history and examination in logical order verbally as well as in written form		

	weight loss Oedema Acute Poisoning Ascites Anemia Critically ill patient PUO				
B- INFECTIOUS DISEASES					
Diagnosis and management of common infectious diseases	Typhoid/ Paratyphoid Fevers- Diagnosis and management Dengue Hemorrhagic Fever – Diagnosis and management Malaria- Diagnosis and management	Discuss the etiology and Enumerate the Symptoms and signs of the disease Elaborate Modes of transmission and the causative organism Identify Susceptible individuals Diagnose various stages of disease based on clinical and characteristic features. Suggest Diagnostic modalities and treatment options. Propose prevention options including vaccination.	Take history of a patient Perform clinical examination Establish diagnosis through a focused history and physical exam Counsel the patients about importance of hygiene and how to prevent contamination of food and by limiting vector and its breeding places	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Septicemia	Sepsis/ Septicemia Meningococcaemia – Diagnosis and management	Define Sepsis Classify sepsis according to criteria identify the organ involved and stage of the disease based on Clinical Presentation Evaluate	Take history of a patient Perform clinical examination of a patient with sepsis	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		Diagnostic modalities, treatment options and. complications of the disease Propose drug treatment of sepsis and measures to prevent its progression			
HIV/AIDS	Acquired immune deficiency syndrome	Take history of a patient Perform clinical examination of a patient	LGIS/CBL/ SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC/ Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE	
***Common disease syndromes caused by different bacteria and their drug therapy.**	Pneumococci Staphylococci. Streptococci. Hemophilis influenzae. Shigella. Gonococci. Pseudomonas. Cholera. Amoebiasis/Giardi asis	Already taught in different modules with respective system	Take history of a patient Perform clinical examination of a patient	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC/ Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
C- CARDIOLOGY					
Hypertension	Hypertension: Causes, Types, Diagnosis and Management.	Define diagnostic criteria for hypertension. Provide pathophysiologic al basis of hypertension. Propose Life style modifications and non-pharmacologic al options for patients with hypertension.	Take history of a patient with hypertension. Perform clinical examination of a patient with hypertension.	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC/ Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		Diagnose primary hypertension from secondary hypertension Rationalize the need for achieving recommended BP goals in treatment of hypertension. Classify antihypertensive drugs Choose appropriate antihypertensive drug cosiderign their indications for use. Recognize types of hypertension, hypertensive urgency and emergency.			
Ischaemic heart disease	ACS/MI: Diagnosis, complications and Management	Define Acute coronary syndrome (ACS) Angina Unstable angina pectoris (UA) Non-ST segment elevation myocardial infarction(NSTEMI) ST segment elevation myocardial infarction Provide pathophysiologic al basis of cardiac ischemia. Diagnose ACS	Take history of a patient with ACS/MI Perform clinical examination of a patient with ACS/MI	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		and MI. List complications of MI Analyze the pharmacological management in the treatment of ACS. Differentiate between male and female signs and symptoms of ACS. Examine ACS modifiable and non-modifiable risk factors. Discuss coronary Revascularization procedures and nursing care			
Heart failure	LVF CCF Cor-pulmonale	Define Heart failure Provide pathophysiologic al basis of Heart failure. Diagnose Heart failure. List complications of Heart failure Analyze the pharmacological management in the treatment of Heart failure	Take history of a patient Perform clinical examination of a patient with Heart failure	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Endocardial diseases	Infective endocarditis.	Identify signs/symptoms of infective endocarditis. Differentiate between types of IE in relation to its pathophysiology Diagnose suspected and	Take history of a patient with infective endocarditis. Perform clinical examination of a patient with infective	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		confirmed IE on the basis of criteria used Manage infective endocarditis List its complications	endocarditis.		
Pericardial diseases	Constrictive pericarditis Pericardial effusion	Differentiate between types of Pericarditis on the basis of its etiology and pathophysiology Identity acute and chronic complications of Pericarditis Identify the clinical manifestation of Pericarditis with diagnostic approach of Pericarditis. State principles of management of Pericarditis. List common causes and understand mechanism of pericardial effusion Recognize early signs of pericardial tamponade Justify the role of echocardiography in the diagnosis of pericardial effusion	Take history of a patient with Pericarditis/ Pericardial effusion Perform clinical examination of a patient with Pericarditis/ Pericardial effusion	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Cyanotic heart disease.	Congenital heart diseases (brief). Atrial Septal Defect Ventricular	Identify common etiologies and risk factors for cyanotic heart	Take history of a patient with cyanotic heart	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward	MCQ/SAQ/ SEQ/Clinical Integrate

	Septal Defect Patent Ductus Arteriosus Fallot's tetralogy Other causes of cyanosis	defects. Diagnose cyanotic heart defects based on clinical manifestations and appropriate diagnostic methods Explain the pathophysiology, manifestations, diagnosis and management of acyanotic congenital cardiac anomalies. Elaborate the pathophysiology, manifestations, diagnosis and management of obstructive congenital anomalies. Explain the pathophysiology, manifestations, diagnosis and management of cyanotic heart disease. Identify the implications of cardiac anomalies for respiratory care.	defects Perform clinical examination of a patient with cyanotic heart defects	and ER Clerkship/CPC / Case Presentations	d (Ci) & Audio-video (Av) OSCE
Valvular Heart Disease	Mitral valve. disease Aortic valve disease Causes of Valvular Heart Disease Etiology, pathogenesis and hemodynamics of Valvular	list causes of Valvular Heart Disease Describe Etiology, pathogenesis and hemodynamics of mitral/aortic valve disease. Outline	Take history of a patient with valvular disease. Perform clinical examination of a patient with valvular	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

	Heart Disease Clinical finding, treatment of Valvular Heart Disease Assessment, diagnosis and management of the patient with Valvular Heart Disease Rheumatic fever- Diagnosis and treatment.	management plan Illustrate clinical features of rheumatic fever Diagnose Rheumatic fever on the basis of its Pathogenesis Devise the prevention and treatment plan of rheumatic fever.	disease. Take history of a patient with rheumatic fever Perform clinical examination of a patient with rheumatic fever		
Cardiomyopathies	Cardiomyopathies- Brief review	Identify signs/symptoms of Cardiomyopathies. List its relevant investigations, treatment plan and its complications	Take history of a patient Perform clinical examination.	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Investigations	ECG.	Review the electrophysiolo g y of the heart as it relates to the ECG Interpret normal ECGs. Identify common errors in ECG recording. Recognize common characteristics of abnormal heart rhythms. Identify abnormal heart rhythms. Differentiate between life threatening and non-life-threatening EKG rhythms Identify components of	Perform ECG	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		the ECG waveform. Employ a systematic process to evaluate and analyze ECG rhythm strips. Recognize common ECG dysrhythmias. List the common causes, consequences and patient management strategies for ECG dysrhythmias. Provide physiological basis of the rate, rhythm and axis of ECG.			
	ETT, ECHO, CT-Angiography and cardiac catheterization - Overview	Plan patient preparation for ECG Select clinical protocol Explain the role of a pre-contrast scan Outline a contrast administration protocol Identify access site anatomy, including femoral artery and vein, internal jugular vein, and brachial artery List disease conditions (and surgical correction) involving these anatomic structures Appreciate atherosclerotic		LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations/ Echo Room	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		disease of the ileo-femoral system and knowledge of surgical revascularizati o n anatomy, including Aorto-bifemoral graft, Fem-fem bypass, and Fem-pop bypass. Demonstrate understanding of basic aspects of cardiac ultrasound, including physical principles, instrumentation, cardiovascular anatomy, cardiovascular physiology, and cardiovascular pathophysiolog y . Give an overview of cardiac CT angiography acquisition. List the indications and C/I of cardiac investigations			
D- RESPIRATORY MEDICINE					
Allergic Disorders of respiratory system	Bronchial Asthma	Relate l abnormalities of physiology of ventilation & respiration to obstructive pulmonary diseases Discuss the incidence, etiology, risk factors	Take history of a patient with bronchial asthma Perform clinical examinatio n to pick up the signs of bronchial asthma	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-video (Av) OSCE

		associated with asthma, pathophysiology and progression of asthma Debate the short and long term complications of obstructive diseases Evaluate the prognosis of disease Establish diagnosis of asthma through a focused history and physical exam Advise Investigations and workup of patient Describe the procedure of pulmonary function tests and enlist criteria for diagnosing asthma and grading severity Advise medication keeping in mind their mechanism of drug action, particularly SABA and ICS, Benefits, risks, limitations, Use patterns, compliance, device use Evaluate the different medication delivery methods (and relevant	Explain the methods to use inhaler/spacer Teach the patient how to use a nebulizer		

		compliance / educational issues) Advise management plan for patients with acute exacerbations Justify Non-pharmacological treatment List Complications of drug therapy			
Interstitial lung diseases	ILD/ DPLD/EAA/IPF Definition of ILD/DPLD/EAA/I PF Etiology and Pathophysiology of parenchymal and interstitial lung diseases Classification of diffuse parenchymal lung disease Diagnosis and management Nonpharmacolo gic therapies, including lifestyle changes and multidisciplinary care interventions	Determine the evaluation plan of patients with DPLD including exposure history, signs and symptoms, and results of diagnostic tests. Critique current treatment of the DPLDs and their side effects	Take history of a patient Perform clinical examination of patient with ILD/DPLD	Lecture& bed side teaching	MCQ/SEQ/ SAQ/OSPE/ Long case/ short case
	Sarcoidosis	Review the epidemiology of sarcoidosis. Recognize diverse clinical presentations of sarcoidosis on the basis of its pathophysiology Describe the	Take history of a patient Perform clinical examination of patient	Lecture & bedside teaching (Case presentation) /SDL	

		clinical predictors for disease progression and outcomes. Devise a diagnostic pathway from a differential diagnosis. Propose plan for drug therapy and investigating the disease			
Inflammatory diseases	Tuberculosis- Diagnosis, Treatment 9DS- TB, MDR- TB, XDR- TB	Evaluate the prognosis of TB and treatment of opportunistic infections List the aims of treatment of recommended doses of first-line anti-TB drugs for adults; Develop treatment regimens for new and previously treated patients taking into consideration Significance of standard regimens for defined patient groups, including Special populations like pregnant women, children, and HIV infected patients. Manage drug therapy and its complications.	Identify the signs and symptoms of the pt with TB Take history of a patient Perform clinical examinatio n of patient with TB		
	Pathophysiolog y and	Diagnose Pneumonia on	Take history of a	LGIS/CBL/SG D /Bed Side	MCQ/SA Q/

	progression of disease Clinical features and presentation of disease Clinical evaluation and Investigations for diagnosis Assessment of disease severity- CURB65 List of differential diagnosis Management of disease and its complications Antibiotic therapy and Supportive treatment Pneumonias in specific populations: Immunocompro mised and hospital acquired pneumonias	the basis of its clinical features and presentation relating to its etiology and Pathophysiology Advise relevant investigations Devise management plan Propose plan for prevention and follow up	patient Perform clinical examination of patient with pneumonia	Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Lung Abscess	Provide pathophysiological basis of lung abscess due to various etiological factors. Diagnose lung abscesss based on clinical presentation Generate differentia diagnosis based on clinical assessment of patient Suggest appropriate lab investigations including chest X ray, sputum	Take history of a patient Perform clinical examination of patient with lung abscess	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		examination and hematological studies. Devise plan for drug therapy, drainage and surgical intervention for management of lung abscess.l			
Obstructive airway diseases	COPD	Provide pathophysiological basis of COPD due to various etiological factors. Diagnose lung abscesss based on clinical presentation Generate differential diagnosis based on clinical assessment of patient Suggest appropriate lab investigations including chest X ray, sputum examination and hematological studies.	Take history of a patient Perform clinical examination of patient with lung abscess	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Respiratory Emergencies	Adult respiratory distress syndrome. Pulmonary thromboembolism/ Acute corpulmonale.	Diagnose the patient on the basis of its clinical features and presentation relating to its etiology and pathophysiology Advise relevant investigations Devise management plan Propose preventive	Take history of a patient Perform clinical examination of patient with pneumonia Provide emergency treatment	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		measures and follow up			
	Respiratory Failure	Define diagnostic criteria of respiratory failure of varied etiology. Differentiate between acute, chronic, and postoperative respiratory failure on the basis of pathophysiology Recognize the signs and symptoms of respiratory failure. Apply alveolar gas equation to evaluate respiratory failure. Recognize the changes in blood gases that accompany respiratory failure and other investigations Review major treatment strategies for respiratory failure and their monitoring.	Take history of a patient Perform clinical examination of patient with respiratory failure	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Tumours	Carcinoma Lung Etiology and risk factors for development of ca lung Pathophysiology and classification of lung cancers alternate	Elaborate plan for diagnosis of common types of lung cancers based on clinical presentations and Radiological appearance. Describe the grading and	Take history of a patient Perform clinical examination of patient with Ca lung	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

	treatment modalities like stenting and laser therapy	staging systems for lung Carcinomas Propose plan for chemotherapy, surgical interventions and radiotherapy for management of lung carcinomas Suggest alternate treatment modalities like stenting and laser therapy Evaluate prognosis and need for palliative care and			
Miscellaneous	Pneumothorax : Causes/ Diagnosis/ Management	Classify pneumothorax based on etiological factors Provide Pathophysiologic al basis of clinical manifestations and differential diagnosis of pneumothorax. Develop plan for diagnosing and managing a patient of pneumothorax, including emergency treatment Identify measures for prevention of recurrence	Take history of a patient Perform clinical examination of patient with pneumothorax	Lecture & bedside teaching (Case presentation) /SDL	
	Bronchiectasis	Analyze the etiology and pathogenesis of bronchiectasis Diagnose	Take history of a patient Perform clinical	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward	

		bronchiectasis based on clinical features radiological and lab investigations Generate Differential diagnosis of bronchiectasis Develop plan for diagnosing and managing a patient of bronchiectasis, including drug therapy, surgical intervention and physiotherapy Assess prognosis required measures for prevention	examinatio n of patient with bronchiecta sis	and ER Clerkship/CPC / Case Presentations	
	Pulmonary Embolism	Elaborate, epidemiology and risk factors and preventive measures for pulmonary embolism Recognize the clinical features and presenting symptoms of pulmonary embolism Evaluate various modalities of investigations for diagnosis and differential diagnosis Develop plan for pharmacologic al and surgical management of a patient with pulmonary	Take history of a patient Perform clinical examinatio n of patient with pulmonary embolism	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-video (Av) OSCE

		embolism			
	Pleural effusion types & causes	Differentiate between transudative and exudative effusio ns based on etiology, pathophysiolog y and risk factors. Diagnose effusion based on clinical features and investigations. Manage effusion appropriate to the underlying cause Differentiate between transudative and exudative effusio ns based on etiology, pathophysiolog y and risk factors. Diagnose effusion based on clinical features and investigations. Manage effusion appropriate to the underlying cause	Take history of a patient Perform clinical examinatio n of patient with pleural effusion.	CBL & bedside teaching	
Examination of Chest	Chest Auscultation	Justify Significance of chest auscultation in clinical examination Apply basic concepts of anatomy and physiology of heart and lungs and related structures in relation to	Perform the correct procedure for carrying out chest auscultation recognize normal breath sounds iden tify Adventitiou s lung	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-video (Av) OSCE

		auscultation Correlate biological changes of the aging process to the altered physical findings on chest and lung examination	sounds: Wheezes, Crackles, Squeak, Pleural rub and Stridor.		
Investigations	Chest X- ray Arterial blood Gases	Identify anatomical features of heart and lungs on a chest x-ray interpret Arterial Blood Gases findings Learn the concept of atelectasis and the ability to recognize it on a chest x-ray justify reasons that make lung cancer unresectable	Appreciate the appearance of pulmonary edema and the differences between cardiogenic and noncardiogenic causes Recognize atelectasis on a chest x-ray Appreciate the difference findings of atelectasis and pneumonia Recognize pleural effusions and pneumothorax appear on CXR Recognize the signs of COPD Recognize the signs of a benign pulmonary nodule Recognize the signs of COPD	Lecture & bedside teaching	MCQ/SEQ/ SAQ/OSPE/ Long case/ short case (Case presentation) /SD

			Recognize the signs of a benign pulmonary nodule		
Therapy	Oxygen Therapy: Various means & implications	Differentiate between ventilation, internal respiration, and external respiration. Identify the major muscles of respiration. Identify factors affecting external and internal Respiration Define hypoxemia and hypoxia. Identify the indications dangers, problems and contraindications for oxygen therapy elaborate preventive measures for injury when working with oxygen. Differentiate between low flow and high flow oxygen delivery systems. Identify different oxygen delivery devices. Evaluate physiological basis of pulse oximetry, its. indications and limitations		LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Ventilator Techniques	Emphasize primary		LGIS/CBL/SGD /Bed Side	MCQ/SAQ/

	different modes and terms used in mechanical ventilation such as IPPV, PCV, PEEP, CPAP, BIPAP, NIPPV Etc	objective of airway maintenance list the indications for mechanical ventilation(MV) Identify ventilation strategies. alternative modes of MV and the basic principles of non-invasive ventilation		Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
E- NEPHROLOGY					
Inflammatory Diseases	Urinary tract Infections	Diagnose the patient on the basis of its clinical features and presentation relating to its etiology and pathophysiology Advise relevant investigations Devise management plan Propose preventive measures and follow up	Take history of a patient Perform clinical examination of patient Counsel the patient with renal failure	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Miscellaneous	Renal artery Stenosis	Diagnose the patient on the basis of its clinical features and presentation relating to its etiology and pathophysiology Advise relevant investigations Devise management plan Propose preventive			

		measures and follow up			
Renal failure	AKI (Acute renal failure) CKD(Chronic renal failure)	Diagnose the patient on the basis of its clinical features and presentation relating to its etiology and pathophysiology Advise relevant Investigations Devise Management plan and follow up			
Treatment	Dialysis	List the different causes requiring dialysis Enumerate steps of dialysis and its preparation			
	Renal Transplant	List the different causes requiring renal transplant			
F- ENDOCRINOLOGY AND DIABETES					
Disorders of Pituitary gland and Hypothalamus	Acromegaly/Growth hormone deficiency.	Define criteria for diagnosing acromegaly, clinical presentation of acromegaly/ growth hormone deficiency. Identify pathophysiology of central precocious puberty, acromegaly and growth hormone deficiency. Discuss functions of anterior and	Take history of a patient Perform clinical examination of a patient with acromegaly	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		posterior pituitary hormones and hypothalamic hormones. Suggest investigations for diagnosis by oral glucose tolerance test and GH levels. Propose surgical ,medical and radiotherapy management .			
	Diabetes insipidus/SIADH	Correlate pathophysiology of diabetes insipidus/SIADH to its clinical manifestations and Relate the effects Devise plan for diagnosis and clinical management of SIADH/diabetes insipidus.	Take history of a patient Perform clinical examination of a patient with diabetes insipidus	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Hypopituitrism /Addi son's disease.	Correlate pathophysiologic al basis of various etiological factors in to clinical manifestations of the disease Determine diagnostic criteria for hypopituitarism / acromegaly. Outline the management of the disease.	Take history of a patient Perform clinical examination of a patient with Addison's disease	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Acute Addisonian crisis	Outline the management of the disease	Take history of a patient Perform	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward	MCQ/SAQ/ SEQ/Clinical

			clinical examination of a patient	Rounds/Ward and ER Clerkship/CPC / Case Presentations	Integrated (Ci) & Audio-video (Av) OSCE
Disorders of thyroid gland	Hyperthyroidism	Correlate pathophysiologic al basis of various etiological factors to clinical manifestations of hypothyroidism Devise plan for diagnosis, drug therapy, radioactive iodine and surgeryical management of hyperthyroidism	Take history of a patient Perform clinical examination of a patient with hyperthyroidism	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC /Case Presentations (Case presentation)	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE Long case/ short case
	Hypothyroidism.	Correlate pathophysiologi cal basis of various etiological factors to clinical manifestations of hypothyroidism. Classify hypothyroidism. Interpret investigations for diagnosis including thyroid function tests. Outline management including drug therapy and regular follow up.	Take history of a patient Perform clinical examination of a patient with hypothyroidism	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

Disorders of Parathyroid gland	Parathyroid disorders.	Identify the hormones produced by the parathyroid and their functions. Correlate pathophysiologic al basis of various etiological factors to clinical manifestations of parathyroid endocrine disorder. Devise plan for diagnosis and clinical management of each parathyroid disorder.	Take history of a patient Perform clinical examination of a patient with parathyroid disorder	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Disorders of Adrenal Gland	Cushing Syndrome Pheochromocyto ma Aldosterone & related conditions	Justify abnormalities in the hormones produced by the adrenal glands and their functions resulting in Cushing Syndrome / Pheochromocyto ma Aldosterone & related conditions Propose management of Cushing Syndrome after establishing clinical diagnosis.	Take history of a patient Perform clinical examination of a patient with Cushing Syndrome	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

MEN-I and II	MEN-I and II	Outline management plan of MEN-I and II	Take history of a patient Perform clinical examination of a patient	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC /Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
DIABETES MELLITUS					
Diabetes mellitus	Diabetes mellitus type - 1 Diabetes mellitus type-2 Acute Complication of Diabetes Mellitus- DKA/HHS/Hypogl ycemia Chronic complications of diabetes mellitus	Differentiate between type 1 and type 2 diabetes on the basis of pathophysiology, etiology, Prevalence and incidence, risk factors, manifestations and complications. Identify abnormalities in investigations for blood sugar levels including HbA1c. Propose diagnostic tests used for screening, diagnosis and monitoring of diabetes mellitus. Emphasize implications of insulin and oral hypoglycemic agents used to treat patients of DM-1& II. Identify maternal and fetal risks or complications	Take history of a patient Perform clinical examination of a patient with diabetes mellitus Advise best practices of self- care management of diabetes related to diet planning, sick day management and exercise	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		associated with diabetes in pregnancy. Identify the warning signs of insulin-dependent and non-insulin-dependent diabetes mellitus. Compare prevalence of diabetes mellitus among different ethnic groups. Identify risk factors for developing diabetes and its complications. Devise Management plan for acute Complication of Diabetes Mellitus-DKA/HHS/Hypogl ycemia Describe the major microvascular, macrovascular and neuropathic complications of diabetes and self- care behavior that are important in their prevention.			
G- GASTROENTEROLOGY					
Dyspepsia/ Indigestion	Dyspepsia/ GERD/ Peptic Ulcer	Identify the causes of Dyspepsia, GERD and Peptic Ulcer Generate	Take history of a patient Perform clinical examinatio	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) &

		differential diagnosis of Dyspepsia, GERD and Peptic Ulcer Establish definitive diagnosis based on laboratory investigations Develop treatment plan for Dyspepsia, GERD and Peptic Ulcer Evaluate prognosis of the patient of Dyspepsia, GERD and Peptic Ulcer	n of patient with dyspepsia Counseling of patients with GERD & Peptic ulcer about the outcomes of diseases and how to prevent them	Clerkship/CPC / Case Presentations	Audio-video (Av) OSCE
Gastrointestinal Bleeding	Differential diagnosis of Upper GI Bleeding Lower GI Bleeding Clinical assessment, and signs and symptoms Management Risk factors for death in Upper GI bleeding Prognosis	Differentiate between upper and lower GI bleeding Assess the patient on the basis of signs and symptoms Outline the management plan Outline the risk factors for death in Upper GI Bleeding Assess the Prognosis	Take history of a patient Perform clinical examination of patient.	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Diarrhea	Acute and chronic diarrhea Inflammatory Bowel Disease Ulcerative colitis Crohn's disease Irritable Bowel Syndrome Clinical features, signs	Differentiate between Acute and Chronic Diarrhoea on the basis of its etiology Outline the risk factors for Acute and Chronic Diarrhoea Assess the patient on the	Take history of a patient Perform clinical examination of patient with diarrhea	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

	and symptoms Managemen t Malabsorption Sprue Tropical Coelia c Disease	basis of signs and symptoms Outline the investigations and management plan Discuss the Prognosis Discuss the prognosis			
Tumours	Upper GI Malignancy Lower GI Malignancy	Classify Upper and lower GI tumours Differentiate between benign and malignant tumours on the basis of its etiology and clinical features List risk factors Outline investigations and management of tumours	Take history of a patient Perform clinical examinatio n of patient with GI tumours	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-video (Av) OSCE
LIVER & PANCREAS					
Chronic Liver disease	Ascites and Management Cirrhosis of Liver	Elabor ate the causes of Ascites Outline the management and Prognosis Describe the causes, pathology and clinical features of Hepatic Cirrhosis Explain the pathogenic mechanism of Hepatic Fibrosis Discuss the Management and prognosis of the condition	Take history of a patient Perform clinical examinatio n of patient with CLD Counsel a cirrhotic patient Counsel a cirrhotic patient	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-video (Av) OSCE
	Portal Hypertension/ Sequalae Aetiology and pathogenesis Clinical features Investigations and management Complications of Portal Hypertension				

		Classifiy Portal Hypertension according to site of vascular obstruction Evaluate Management and prognosis of the condition Correlate the causes and pathology of hepatic encephalopathy to its clinical features Outline the management and prognosis			
Hepatitis	Hepatitis B and C Infections Other Forms of Hepatitis (A, D and E) Autoimmune Hepatitis	Classify viral Hepatitis Differentiate between different types of Hepatitis Interpret investigations for diagnosis of Hepatitis B and C Discuss their modes of transmission Outline the treatment plan and prognosis List the Complications	Take history of a patient Perform clinical examination of patient with hepatitis	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Pancreatitis	Acute Pancreatitis Chronic Pancreatitis	Elaborate the pathophysiology of Acute and Chronic Pancreatitis Diagnose the patient on the basis of Signs, symptoms and investigations Outline the Treatment plan List its Complications	Take history of a patient Perform clinical examination of patient with pancreatitis	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

Investigation & Imaging of GI, Liver and Pancreatic disorder		Interpret investigations for diagnosis of GI, Liver and Pancreatic disorder		LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Other hepatobiliary/pa ncreatic disorders	Hemochromatosis Wilson Diseases SBP/HRS Metabolic Diseases of the liver Liver abscess HCC CA pancreas/ Ampullary Carcinoma Abdominal tuberculosis Dysphagia and its evaluation	Diagnose the patient on the basis of Signs, symptoms and investigations Outline the Treatment plan	Take history of a patient Perform clinical examination of patient	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
H- HAEMATOLOGY AND TRANSFUSION MEDICINE					
Anemias Pancytopenia clinical approach	Iron deficiency Megaloblastic B- 12 deficiency Folic acid deficiency Anaemia of chronic disorder Haemolytic anaemia Hereditary Acquired Aplastic anemia Aetiology and presentation Causes & Management	Differentiate between various types of anemia based on etiology, underlying pathology, symptoms and signs Evaluate the patient on the basis of signs and symptoms and differential diagnosis Interpret appropriately ordered laboratory investigation to reach a final diagnosis Devise plan for	Take history of a patient Perform clinical examination of a patient with anemia	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		treatment of disease and complications of the condition if it remains untreated Monitor treatment of anemia			
Transfusion	Transfusion – Blood groups and blood transfusion. Reactions & Management	Elaborate the generic prerequisites and modes of transfusion. Correlate the pathophysiology of blood reactions to the Requirement & safety protocol Follow through step by step management of different types of transfusion reactions	Follow the protocol of blood transfusion	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Generalized Lymphadenopathy	Differential diagnosis of Generalized Lymphadenopathy	Outline the approach to a patient with generalized lymphadenopath y to identify its cause. Establish final Diagnosis, after generating differential diagnosis, based on clinical presentation and investigations Suggest different treatment modalities to treat the condition	Take history of a patient Perform clinical examination of a patient with lymphadenopath y	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

***Haemoglobino p athies.** ***Also included in genetic disorders**	Sickle cell syndromes Thalassaemias	Classify hemoglobinopa t hies based on abnormalities in structure and formation of Hb. Differentiate between different hemoglobinopat hies based on characteristic features, signs and symptoms treatment modalities, and diagnostic approach.	Take history of a patient Perform clinical examination of a patient with hemoglobin opat hies	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-video (Av) OSCE
Bleeding Disorders	ITP/ Bleeding Disorders/ DIC	Correlate abnormalities inphysiology of coagulation with. etiology, Symptoms and signs of ITP/ Bleeding Disorders/ DIC Devise plan for investigating, diagnosing and treating Bleeding disorders and their complications.	Take history of a patient Perform clinical examination of a patient with Bleeding Disorders	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-video (Av) OSCE
I- RHEUMATOLOGY/BONES					
Inflammation of joints	Rheumatoid arthritis	Discuss etiology, Symptoms and signs of the disease Diagnose the patient on the basis of presenting complaints and clinical examination Interpret relevant Investigations	Take history of a patient Perform clinical examination of a patient	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-video (Av) OSCE

		and laboratory findings. Recognize complications and their management options			
	Osteoarthritis	Diagnose the patient on the basis of presenting complaints and clinical examination Determine causes of osteoarthritis established through Investigations and laboratory findings. Manage complications of the disease	Take history of a patient with joint disease Perform clinical examination of a patient	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Seronegative Poly Arthritis	Define diagnostic criteria for Seronegative Poly Arth Correlate etiology of the disease to its presentation. Diagnose the patient on the basis of presenting complaints and clinical examination Propose appropriate Investigations and laboratory findings to establish diagnosis. Manage complications of the disease	Take history of a patient Perform clinical examination of a patient with Poly Arthritides	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC /Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

	Arthritis/ ankylosing spondylitis	Diagnose the disease on the basis of clinical Presentation and investigations. Correlate clinical signs with radiological findings. Suggest appropriate diagnostic modalities and treatment options.	Take history of a patient Perform clinical examination of a patient with Arthritis/ ankylosing spondylitis	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Gout	Give pathological basis of Gout Differentiate between acute and chronic disease based on presentation, Investigations	Take history of a patient Perform clinical examination of a patient with gout	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
		and treatment options Diagnose the disease based on clinical presentation and investigations. Discuss the association of disease with other diseases Manage the complications of disease			
	Polymalgia rheumatica	Define Polymalgia rheumatica Develop therapeutic plan for the disease after diagnosing	Take history of a patient Perform clinical examination of a patient with	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC /	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video

		based on clinical presentation of various stages, and investigations diagnosing	Polymalgiar heumatica	Case Presentations	(Av) OSCE
Systemic disorders involving joints	SLE	Define diagnostic criteria Seronegative SLE Suggest therapeutic options and investigations after establishing diagnosis based on etiology, clinical Presentation andinvestigatio ns Manage complications.	Take history of a patient Perform clinical examination of a patient with SLE	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-video (Av) OSCE
	MCTD Vasculitis (Small, Medium and Large) Dermatomycos i s/Polymyositie s Scleroderma/R a ynaud Phenomenon and Syndrome Systemic Sclerosis Sjorgen syndrome/Kera t oconjuncitives Sicca	Suggest therapeutic options and investigations after establishing diagnosis based on etiology, clinical Presentation and investigations	Take history of a patient Perform clinical examination of a patient	Lecture & bedside teaching (Case presentation) /CBL	MCQ/SE Q/ SAQ/OSP E/ Long case/ short case case
J- DERMATOLOGY					
Basic Dermatology	Anatomy and Physiology of Skin related to Clinical Dermatology skin lesions	Apply concepts of anatomy and physiology of skin to clinical dermatology give pathologic	Take history of a patient Perform clinical examination of a patient	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-

		basis of skin lesions Identify different types of skin lesions characteristic differentiating features of various skin lesions	with skin lesions		video (Av) OSCE
Allergy	Pruritis Differential diagnosis Management	Classify types of pruritis Identify its characteristic lesions Advise specific lab investigations Discuss the steps of management	Take history of a patient Perform clinical examination of a patient with pruritis	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Urticaria Anaphylaxis	Define urticaria Diagnose urticarial illness on the basis of clinical features Give causes of anaphylaxis Advise specific lab investigations Describe immediate management of urticaria.	Take history of a patient Perform clinical examination of a patient with urticaria	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Dermatitis	Eczema	Classify eczema Apply diagnostic criteria to clinical assessment of eczema Develop management plan of eczema	Take history of a patient Perform clinical examination of a patient with eczema	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Viral infections of skin	list common types of viral infections of skin Establish diagnosis of	Take history of a patient Perform clinical examinatio	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) &

		viral skin infections based on clinical features and investigations. Elaborate various management modalities of viarl skin infections	n of a patient with viral infections of skin	Clerkship/CPC / Case Presentations	Audio-video (Av) OSCE
	Bacterial and Mycobacterial infections of skin	list the types of Bacterial and Mycobacterial Infections Give clinical features and symptoms of bacterial and Mycobacterial infections Develop management plan to establish diagnosis and treat different infections	Take history of a patient Perform clinical examination of a patient with bacterial infections	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Acne vulgaris	Clinically assess Acne vulgaris Diagnose acne vulgaris based on clinical features and investigations Suggest treatment options for Acne vulgaris	Take history of a patient Perform clinical examination of a patient	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Fungal infections of skin	Differentiate between different fungal infections of the skin based on their clinical features and management	Take history of a patient Perform clinical examination of a patient with fungal infections of skin	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		plan			
Infestations	Scabies Pediculosis	Diagnose scabies and pediculosis based on clinical features and investigations Recommend specific treatment options for scabies and pediculosis	Take history of a patient Perform clinical examination of a patient with infestations	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Other disorders	Psoriasis and Lichen planus Nodular ulcerative cutaneous lesions Cutaneous signs of systematic disease	Explain the etiology and precipitating factors Discuss general and specific treatment of psoriasis and Lichen planus Describe the role of ultraviolet and PUVA therapy and its uses in Psoriasis Propose systemic treatment of psoriasis and Lichen planus	Take history of a patient Perform clinical examination of a patient with psoriasis and Lichen planus	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Disorders of hairs.	Alopecia	Classify alopecia Make clinical diagnosis by assessing symptoms. list necessary investigations Discuss management of the condition.	Take history of a patient Perform clinical examination of a patient with alopecia	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Sexually transmitted diseases	Syphilis Gonorrhea Chlamydia	Make clinical diagnosis by assessing symptoms. list necessary investigations Discuss	Take history of a patient Perform clinical examination of a patient	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-

		management of the condition.		/ Case Presentations	video (Av) OSCE
K- NEUROLOGY					
Headache	Differential diagnosis of headache, Migraine, cluster, tension, analgesia-overuse, neuralgias, idiopathic intracranial hypertension, temporal arteritis Presentations and clinical features of various types of headache especially migraine Etiologies & Pathogenesis	Assess the patient with headache. Discuss the investigation modalities for diagnosis Elaborate pharmacologic treatment for Acute condition and Prophylaxis Migraine. Suggest primary drugs used to prevent nausea related to migraine. Develop management plan for complications of migraine including life style modifications	Take history of a patient Perform clinical examination of patient with headache	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Unconsciousness	Approach to an Unconscious Patient	Generate differential diagnosis of the unconscious patient Identify signs and investigations to determine the cause Justify the utility of Glasgow Coma Scale (GCS) Outline the emergency management of patient	Take history of a patient Perform clinical examination of unconscious patient Manage an unconscious patient	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

Gait/movements Disorders	Parkinson's disease, essential tremor, Huntington's disease, tics, medication-induced dyskinesia Distinguishing features of essential tremor from dystonic tremor, cerebellar tremor, parkinsonian tremor, and other tremor disorders Pharmacological treatment for relief of symptoms and its complications	Review the gait cycle Classify gait disorders Recognize common clinical features of gait disorders Differentiate between clinical and laboratory features of essential tremor dystonic tremor, cerebellar tremor, parkinsonian tremor, and other tremor disorders Recognize the spectrum of movement disorders, both hypo- and Hyperkinetic	Take history of a patient Perform clinical examination of patient with gait disorders	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Non Pharmacological treatment including surgery and rehabilitation	Generate differential diagnosis of PD Describe the prevalence and etiology of Parkinson's disease Recognize the clinical features and presentations of movement disorders Outline the workup and management of patients with gaitdisorders			

	Myasthenia Gravis Muscle Dystrophy	Provide pathophysiologi c al basis of Myasthenia gravis. Differentiate between Myasthenia and Dystrophy. Give genetic basis of muscular dystrophy Identify clinical features of Myasthenia Gravis Diagnose various stages on time based characteristic features. Develop management plan for Myasthenia Gravis	Take history of a patient Perform clinical examination of a patient with Myasthenia and Dystrophy.	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-video (Av) OSCE
Spinal cord disorders.	Myelitis	Assess the patient with Myelitis Suggest investigation modalities for diagnosis Evaluate treatment options for Myelitis	Take history of a patient Perform clinical examinatio n of patient	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-video (Av) OSCE
Cerebrovascula r accident	Stroke Transient ischemic attack (TIA)	Classify stroke Correlate pathophysiolog y of stroke to its causes and risk factors Outline early evaluation and management of stroke patients Emphasize the importance of early symptom recognition and prompt reaction	Take history of a patient Perform clinical examinatio n of patient with stroke Counsel the patient with stroke about physiotherap y	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-video (Av) OSCE

		Justify the role of thrombolytic therapy and administration of tPA Explain the pathophysiological basis of Transient Ischemic Attack (TIA) Evaluate stroke risk after transient ischemic attack (TIA) Order Investigations for diagnosis of stroke List the complications of stroke Identify various prevention strategies pertaining to stroke Outline management of ischemic and hemorrhagic Stroke			
Seizures	Epilepsy various seizure types including adult vs pediatric seizures Status Epilepticus Epilepsy Management Issues Medically refractory epilepsy and immunotherapy Anticonvulsants in Specific Patient Populations such as	Differentiate between different types of seizures including epilepsy Explain pathophysiologic al basis of epilepsy Identify the cause and trigger factors associated Recognize the clinical features of seizures Outline the management of Status	Take history of a patient Perform clinical examination of patient with seizures	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

	Neonates, Children, Elderly, Women on contraceptive agents, Pregnant women, Patients with hepatic or renal insufficiency, (HIV)– infected patients Seizure relapse after discontinuation of drug therapy	Epilepticus List the investigation of a patient with suspected epilepsy Outline the acute and long term management of seizures, both medical and surgical Evaluate the considerations in special populations such as pregnancy and old age illustrate the Goals of management of epilepsy			
Infections of CNS	Meningitis/ Encephalitis/ Brain Abscess	Differentiate among the various infections of CNS based on etiologies and clinical features and presentations Outline the modalities for investigation and medical management of CNS infections Identify Complications their treatment Advocate preventive strategies for complications	Take history of a patient Perform clinical examination of patient with infections of CNS	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Other diseases	Multiple Sclerosis	Provide pathophysiologic basis of the effects of Multiple Sclerosis (MS) on the body.	Take history of a patient Perform clinical examination of patient	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-

		Diagnose MS on the basis of to Clinical features Develop plan for the workup and management Including therapeutic options, of a patient with MS Propose plan for treatment of acute relapse, prevention of future relapses, treatment of complications and management of disability. Provide pathophysiologic basis of the poor prognosis of MS	with MS Counsel the patient about prognosis of MS	/ Case Presentations	video (Av) OSCE
Motor Neuron Disease/ Polyneuropathies	Amyotrophic Lateral Sclerosis (ALS), Guillain–Barré Syndrome (GBS), Post-polio Syndrome (PPS), neuropathies, and brachial plexus injuries lower motor neuron disease upper motor neuron disease Investigations and general management of these patient Role of Plasma	Correlate the phenomenon of degeneration and regeneration nerve and muscle and patterns of involvement in motor neuron disease Describe the demographic, risk factors, etiology, pathophysiology, diagnosis, general progression and prognosis of Amyotrophic Lateral Sclerosis (ALS),	Take history of a patient Perform clinical examination of patient with motor neuron diseases	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

	exchange or IV immunoglobulin therapy	Guillain–Barré Syndrome (GBS), Post-polio Syndrome (PPS), neuropathies, and brachial plexus injuries Elaborate the pathophysiology, incidence, signs and symptoms, and typical progression of Guillain-Barre syndrome Differentiate among lower motor neuron and upper motor neuron disease based on signs and symptoms and pathology Describe the general investigations and interpretation of nerve conduction studies, including motor and sensory studies of peripheral nerves and clinical electromyography Discuss the differential diagnosis, management and prognosis of these diseases			

Dementia	Neurodegenerative cognitive impairment, Alzheimer's disease (AD) and related dementias	Distinguish neurodegenerative cognitive impairment, Alzheimer's disease (AD) and related dementias from age-related normal cognitive changes. Apply standard diagnostic criteria for mild cognitive impairment, dementia, and Alzheimer's disease Apply standard guidelines for the laboratory investigation of patients with dementia or suspected dementia. Relate the etiology and risk factors of conditions leading to dementia to its pathophysiology and progression Discuss the short and long term management of disease. Review the standard pharmacotherapy for cognitive deficits experienced by patients with mild cognitive impairment & dementia. Describe non-pharmacological interventions	Take history of a patient Perform clinical examination of patient with dementia	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		for management of behavioral disturbances ensuring Compassionate Palliative & End- of-Life Care for People with Dementia			
L- POISONING/ANIMAL BITES					
Animal Bites	Snake Bite- Diagnosis and management	Classify Snake bite, based on animal and time duration and type of wound. List the immediate management and long term management Discuss the antivenom type and dosing and the criteria of administering antivenom Enumerate the various complications	Take history of a patient Perform clinical examination of a patient with snake bite Counsel the patients and relatives regarding the correct response at home of the managemen t of snake bite and regarding the immediate presentation of the patient to hospital	CBL	MCQ/SE Q/ SAQ/OSP E/ Long case/ short case
Poisoning	Paracetamol Poisoning- Diagnosis and management	Discuss the pharmacologica l effects of Paractamol. Diagnose paracetamol poisoning on the basis of clinical presentation Apply the concepts of mode of reversal to the dosage and route of	Take history of a patient Perform clinical examination of a patient with poisoning Counsel the patient to prevent self-harm	LGIS/CBL/SG D /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC	MCQ/SA Q/ SEQ/Clin ical Integrate d (Ci) & Audio-video (Av) OSCE

		reversal medication Enumerate the complication			
M- PSYCHIATRY & MENTAL HEALTH					
Introduction to Psychiatry	Phenomenology	Give overview regarding Phenomenology and Psychiatry disorders Classify Psychiatry disorders Elaborate epidemiological and etiological basis of psychiatric disorders Outline diagnostic plan for Psychiatry disorders		LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Anxiety Disorders	Acute anxiety states Panic disorders Generalized anxiety disorders Psychic Traumatic disorders Obsessive-compulsive disorders Phobic disorders	Classify Anxiety Disorders Discuss the Management of Anxiety Disorders	Take history of a patient Perform clinical examination of a patient with anxiety disorders	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Mood Disorders	Major depressive episodes Stress Related Disorders Unipolar Bipolar Dysthymic Atypical Manic episodes	Diagnose mood Disorder on the basis of etiology Discuss its Management and prognosis	Take history of a patient Perform clinical examination of a patient with mood Disorder	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Schizophrenia	Diagnose Schizophrenia based on signs and symptoms Devise a plan	Take history of a patient Perform clinical	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward	MCQ/SAQ/ SEQ/Clinical Integrate

		for treatment of disease, side effects of the treatment and its withdrawal. Assess prognosis of the disease	examination of a patient with Bipolar Disorder	and ER Clerkship/CPC / Case Presentations	d (Ci) & Audio-video (Av) OSCE
Other disorders	Dissociative Disorders	Give an overview of dissociative disorders Discuss common presentation Give management options for these disorders	Take history of a patient Perform clinical examination of a patient with dissociative disorders	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Mental and Behavioural Disorder due to General Medical Condition	Classify different medical conditions and its related psychological disorders Diagnose the patient on history and signs and symptoms Outline treatment options for these disorders	Take history of a patient Perform clinical examination of a patient with different medical conditions and its related psychological disorders	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Psychopharmacology	overview of drugs used to treat psychiatric disorders and classification of drugs	Classify drugs used to treat psychiatric disorders Elaborate mode of action of drugs used in psychiatry and their side effects		LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Drug Abuse	Substance Misuse and Abuse	Elaborate the different groups of drugs of abuse and misuse Suggest the	Take history of a patient Perform clinical examination	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) &

		laboratory investigations needed for Management Evaluate the prognosis of substance abuse	of a patient with substance abuse	Clerkship/CPC / Case Presentations	Audio-video (Av) OSCE
N- NUTRITION/OBESITY/ CHOLESTEROL RELATED & GENETIC DISORDERSo					
Nutrition	Vit B12 deficiency Folate deficiency Metabolic syndromes	Assess the patient with nutrition disorders Propose investigation modalities Treatment options for nutritional deficiencies	Take the relevant history Perform general and relevant clinical examination	LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Obesity		Assess the patient with nutrition disorders Discuss the investigation modalities and Treatment options		LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Cholesterol Related Disorders	Dyslipidemia	Assess the patient with nutrition disorders Discuss the investigation modalities for diagnosis Discuss the Treatment options available		LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
Genetic Disorders	Hemoglobinopathie s Sickle cell syndromes Thalassaemias	Classify hemoglobinopathies on the basis of defects in basic structure and formation Identify Characteristic features of each type of		LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE

		hemoglobinopathy Establish clinical basis of diagnosis of various hemoglobinopa t hies and them treatment modalities			
O- ONCOLOGY, DISEASES OF LYMPH NODES & BONE MARROW					
White blood cells tumours	Lymphoma	Corelate abnormalities in the immune system and its processes to occurrence of lymphoma and its associated clinical presentation. Identify organs associated with Lymphoma. Delineate the diagnostic criteria of various stages on time based Characteristic features. Propose diagnostic modalities and treatment options.	Take history of a patient Perform clinical examination of a patient with Lymphoma	Lecture & bedside teaching (Case presentation) /SDL	MCQ/SEQ/ SAQ/OSPE/ Long case/ short case
Bone marrow tumors	Acute Leukemia Chronic Leukemia	Classify various forms of acute and chronic Leukemia. Differentiate between Symptoms and signs, and characteristic features of acute and chronic Leukemia Diagnose various stages of leukemia Propose	Take history of a patient Perform clinical examination of a patient with bone marrow tumors	Lecture & bedside teaching (Case presentation) /SDL	MCQ/SEQ/ SAQ/OSPE/ Long case/ short case

		appropriates Investigations, diagnostic modalities and treatment options.			
	Multiple Myeloma	Define the pathological basis of Multiple myeloma Classify various stages based on clinical presentation Justify the role of laboratory investigations and various treatment options		LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
	Myeloproliferative Disorders	Classify various forms of Myeloproliferativ e disorders based on Clinical Presentation. Diagnoses various stages of the disease. Propose Appropriate Investigations diagnostic modalities and treatment options.		LGIS/CBL/SGD /Bed Side Sessions/ Teaching Ward Rounds/Ward and ER Clerkship/CPC / Case Presentations	MCQ/SAQ/ SEQ/Clinical Integrated (Ci) & Audio-video (Av) OSCE
P- CRITICAL CARE & EMERGENCY*					
Q- PHARMACOTHERAPEUTICS*					
*Integrated throughout the curriculum and taught as a part of each module where required					

Anx-A

PROCEDURE

Perform:

Injection I/V, I/M, S/C, intradermal
Oxygen therapy
Urinary catheterisation – collection and samples of blood

Observe:

Observe I/V lines/Fluids/Blood/Blood products, direct, branula, cut down, CVP
N/G passing and feeding
Foley's catheter/Red rubber catheter, IOP record maintenance
Endotracheal tube placement
Endotracheal suction/maintenance of airway/nursing on side etc.
Aspiration of fluids (Pleural, Pericardial, Peritoneal, Knee)
Lumbar puncture
O_2 therapy
Nebulisation
ECG taking/reading basics
X-ray chest reading
Barium series
I/V urograms
Bone and joint X-ray reading for medical problems (Rheumatoid arthritis, Osteoarthritis, Collapse vertebra, Caries spine, Multiple myeloma, Cervical rib etc.)
Preparing a patient for endoscopies, upper and lower GIT
Bone marrow aspiration/Terphine.

Acknowledgement

We acknowledge that the MBBS Final Year Medicine and Allied curriculum has been adopted from the National University of Medical Sciences (NUMS), Pakistan.

LARGE GROUP INTERACTIVE SESSIONS (LGIS) - FINAL YEAR MBBS MEDICINE & ALLIED BLOCK

The Large Group Interactive Sessions (LGIS) in the Medicine & Allied Block for the final year MBBS program at Rawalpindi Medical University are designed to foster a deep understanding and practical knowledge among students in various medical specialties. These sessions are integral to the curriculum, providing an opportunity for students to engage actively with faculty and peers in learning core medical topics.

Structure and Timing

- Frequency and Duration: There are five LGIS sessions scheduled each week, each lasting one hour.
- Location: All sessions take place in the New Teaching Block (NTB) at Rawalpindi Medical University.
- Timing: Sessions are held at 8:00 AM.

Weekly Focus

Each week, the LGIS covers a range of topics across different specialties, including but not limited to Pulmonology, Hematology, Neurology, Endocrinology, Gastroenterology, and more. The content of these sessions is carefully structured to cover etiopathogenesis, clinical features, management plans, and recent advancements in treatment across various diseases and conditions.

Special Sessions

Weekly Clinicopathological Conference (CPC): Every Wednesday, a clinicopathological conference is conducted as part of the LGIS. This is a critical platform where students, guided by faculty, discuss complex cases, integrating their theoretical knowledge with clinical reasoning and practical application.

The LGIS is designed to enhance the cognitive abilities of students at a higher level (Cognition Level C2), focusing on the application and analysis of knowledge in real-world scenarios. Through these sessions, students are expected to gain a comprehensive understanding of the subjects discussed, preparing them for their roles as competent physicians.

LGIS - Week 1

Specialty	Topic	Specific Learning Objectives (SLO)	Cognition Level	MOA
Pulmonology	Obstructive lung diseases (asthma, copd)	Describe etiopathogenesis, classify, and discuss clinical features, including severity and complications. Outline Management plan.	C3	See assessment section
Pulmonology	Pneumonia (cap, hap)	Describe etiopathogenesis, discuss clinical features and severity scores, classify, name complications, and outline Management plan.	C3	See assessment section

Pulmonology	Tuberculosis	Discuss epidemiology, describe clinical features and classification, investigations, management plan including side effects, drug resistance TB control and prevention.	C3	See assessment section
Pulmonology	Bronchogenic malignancy	Describe etiopathogenesis, discuss clinical features and disease stage, name complications, and explain prognosis.	C3	See assessment section
Pulmonology	Dpld (iip, sarcoidosis)	Describe etiopathogenesis, discuss clinical features, classification and investigations, explain complications of the disease.	C3	See assessment section

LGIS - Week 2

Specialty	**Topic**	**Specific Learning Objectives (SLO)**	**Cognition Level**	**MOA**
Pulmonology	Respiratory failure	Describe causes of Respiratory failure, types of Respiratory failure, ABGs results, and management plan.	C3	See assessment section
Hematology	Anemias	Describe etiopathogenesis, clinical features, classify Anemia, and outline management plan.	C3	See assessment section
Hematology	Hematological malignancies	Describe epidemiology, clinical features, classification of malignancies, management plan and prognosis.	C3	See assessment section
Hematology	Bleeding disorders	Explain genetics of disease, describe clinical features, investigations, management plan and complications.	C3	See assessment section
Hematology	Thrombotic disorders	Discuss predisposing factors, explain causes (Inherited and Acquired), clinical features, and management.	C3	See assessment section

LGIS – Week 3

Specialty	Topic	Specific Learning Objectives (SLO)	Cognition Level	MOA
Hematology	Blood transfusion/ hsct	Describe types of Blood component, complications of transfusion, and understand HSCT.	C3	See assessment section
Poisoning	General approach/ organophospha te poisoning	Understand how to evaluate poisoned patients, explain mechanism of poisoning, clinical features, and management.	C3	See assessment section
Poisoning	Corrosive intake/ co poisoning	Explain toxicity mechanism, clinical features, management, and complications of poisoning.	C3	See assessment section
Poisoning	Overdose of pharmaceutical agents	Describe toxicity, overdose of drugs, clinical features, and management plan.	C3	See assessment section
Envenomatio n	Snake bite	Understand types of snakebites, clinical features, differentiate types, and management points.	C3	See assessment section

LGIS – Week 4

Specialty	Topic	Specific Learning Objectives (SLO)	Cognition Level	MOA
Endocrinology	Diabetes mellitus	Discuss diagnostic criteria, types, pathophysiology, and management of Diabetes Mellitus.	C3	See assessment section
Endocrinology	Diabetic emergencies	Explain Diabetic emergencies, clinical features, investigations, and management plan.	C3	See assessment section
Endocrinology	Thyroid & parathyroid disorders	Describe pathophysiology, classification, clinical features, and management of thyroid and parathyroid diseases.	C3	See assessment section
Endocrinology	Adrenal disorders	Explain adrenal disorders, investigations, management, and emergency management of 3ddisonian crises.	C3	See assessment section
Endocrinology	Pituitary disorders	Discuss pituitary disorders, investigations, and management plan of each disorder.	C3	See assessment section

LGIS - Week 5

Specialty	Topic	Specific Learning Objectives (SLO)	Cognition Level	MOA
DID	Respiratory viral infections	Explain etiopathogenesis, clinical features, investigations, management plan, and steps for prevention.	C3	See assessment section
DID	Viral infections	Describe clinical features, diagnosis, management, and complications of viral infections.	C3	See assessment section
DID	Bacterial & protozoal infections	Discuss bacterial and protozoal infections, investigations, management plan, and preventive measures.	C3	See assessment section
DID	Puo	Define PUO, causes, clinical features, and work up to reach diagnosis.	C3	See assessment section
Psychiatry	Depression	Define depression, differential diagnosis, prognosis, management plan, and risk of self-harm.	C3	See assessment section

LGIS - Week 6

Specialty	Topic	Specific Learning Objectives (SLO)	Cognition Level	MOA
Psychiatry	Bipolar affective disorder	Define Bipolar disorder, differential diagnosis, prognosis, and management plan.	C3	See assessment section
Psychiatry	Substance abuse	Understand substance abuse, define terms, symptoms, motivational interview, and management plan.	C3	See assessment section
Psychiatry	Dementia	Define dementia, classification, etiology, diagnosis, and management plan.	C3	See assessment section
Neurology	Stroke	Describe etiology, pathophysiology, clinical features, investigations, and management plan for stroke.	C3	See assessment section
Neurology	Headache syndromes	Classify headache types, clinical features, differentiating points, management, and complications.	C3	See assessment section

LGIS - Week 7

Specialty	Topic	Specific Learning Objectives (SLO)	Cognition Level	MOA
Neurology	Headache syndromes	Classify headache syndromes, discuss clinical features, and management.	C3	See assessment section
Neurology	Epilepsy	Describe types of epilepsies, their clinical features, and management of status epilepticus.	C3	See assessment section
Neurology	CNS infections	Discuss CNS infections like Meningitis and Encephalitis, their clinical features, and management.	C3	See assessment section
Neurology	Neuropathy/ paraplegia	Explain the clinical features and investigations of neuropathy and paraplegia.	C3	See assessment section
Neurology	Disorders of nmj	Discuss Myasthenia Gravis, its pathophysiology, and management.	C3	See assessment section

LGIS - Week 8

Specialty	Topic	Specific Learning Objectives (SLO)	Cognition Level	MOA
Gastroenterology	Diseases of git (gerd, apd, achalasia)	Discuss etiopathogenesis, clinical features, investigations, treatment, and complications of GIT diseases.	C3	See assessment section
Gastroenterology	Hepatitis (viral hepatitis, autoimmune hepatitis)	Describe etiology and pathogenesis, clinical features, management, and prevention of viral and autoimmune hepatitis.	C3	See assessment section
Gastroenterology	Cirrhosis and its complications	Explain causes and complications of cirrhosis, management, and Child-Pugh scoring.	C3	See assessment section
Gastroenterology	Fulminant hepatic failure / pancreatitis	Discuss clinical features, scoring systems, and management of hepatic	C3	See assessment section

		failure and pancreatitis.		
Gastroenterology	Liver disease and pregnancy	Discuss clinical features, investigations, and management of liver disorders in pregnancy.	C3	See assessment section

LGIS - Week 9

Specialty	Topic	Specific Learning Objectives (SLO)	Cognition Level	MOA
Nephrology	Glomerulonephritis	Discuss etiopathogenesis, classification, and management of glomerulonephritis.	C3	See assessment section
Nephrology	Electrolytes & acid-base imbalance	Explain the causes, clinical features, investigations, and management of electrolyte and acid-base imbalances.	C3	See assessment section
Nephrology	Kidney disorder in systemic diseases	Describe kidney disorders associated with systemic diseases and their management.	C3	See assessment section
Nephrology	Chronic kidney disease	Discuss the clinical features, investigations, and management of chronic kidney disease.	C3	See assessment section
Nephrology	Renal replacement therapy	Explain renal replacement therapy options, their pros and cons, and complications.	C3	See assessment section

LGIS - Week 10

Specialty	Topic	Specific Learning Objectives (SLO)	Cognition Level	MOA
Cardiology	Cad / heart failure	Explain the clinical anatomy, etiopathogenesis, and management of CAD and heart failure.	C3	See assessment section
Cardiology	Hypertension	Describe the types, classification, clinical features, and management of hypertension.	C3	See assessment section
Cardiology	Valvular heart disease	Discuss the clinical features, investigations, and management of valvular heart diseases.	C3	See assessment section
Cardiology	Cardiac arrhythmias	Describe the clinical and ECG features of arrhythmias and their management.	C3	See assessment section
Cardiology	Life support (bls)	Understand the BLS algorithm and the basics of	C3	See assessment section

		ACLS.		

LGIS - Week 11

Specialty	Topic	Specific Learning Objectives (SLO)	Cognition Level	MOA
Radiology	Clinical radiology: general principles	Understand the principles of imaging modalities and their indications in clinical scenarios.	C3	See assessment section
Radiology	Gastrointestinal/ rheumatology/ hematology related radiology	Identify radiological findings in gastrointestinal, hematological, and rheumatological illnesses.	C3	See assessment section
Radiology	Respiratory and cardiovascular radiology	Discuss respiratory and cardiovascular radiology, and findings on chest X-ray and ECG.	C3	See assessment section
Radiology	Neuroradiology	Understand neuroradiology, the strengths and weaknesses of CT vs. MRI, and imaging signs in neurologic diseases.	C3	See assessment section
Rheumatology	Oa / ra / septic arthritis / gout	Describe the clinical features, investigations, and management of OA, RA, septic arthritis, and gout.	C3	See assessment section

LGIS - Week 12

Specialty	Topic	Specific Learning Objectives (SLO)	Cognition Level	MOA
Rheumatology	Vasculitis / autoimmune ctds	Discuss the clinical features, diagnostic criteria, and management of vasculitis and autoimmune connective tissue diseases.	C3	See assessment section
Rheumatology	Bone disorders (osteoporosis, rickets, osteomalacia)	Explain the clinical features, risk factors, screening protocols, and management of bone disorders.	C3	See assessment section
Dermatology	Fungal skin infections / scabies / acne	Discuss the clinical features, diagnosis, and management of fungal skin infections, scabies, and acne.	C3	See assessment section
Dermatology	Eczemas /	Describe the clinical	C3	See assessment

	psoriasis	features, classification, and treatment of eczemas and psoriasis.		section
Dermatology	Urticaria / bullous disorders	Discuss the clinical features, classification, and management of urticaria and bullous disorders.	C3	See assessment section

CLINICAL CLERKSHIP PLACEMENT OVERVIEW FOR THE FINAL YEAR MBBS MEDICINE & ALLIED BLOCK

The clinical clerkship in the Medicine & Allied Block of the Final Year MBBS program at Rawalpindi Medical University is structured into three comprehensive modules that span various medical specialties. This phase of practical training is crucial for students as it bridges the gap between theoretical knowledge and clinical practice.

Module Distribution

1. Module 1 (4 Weeks): Students are placed in one medical unit where they gain hands-on experience by engaging with a range of medical conditions and patient interactions under the supervision of seasoned medical professionals.
2. Module 2 (4 Weeks): This module involves placement in a different medical unit, allowing students to experience a variety of medical disciplines and healthcare settings, further broadening their clinical acumen.
3. Module 3 (4 Week): The final module includes two-week rotation in Neurology, and one-week each rotation in Cardiology, and Psychiatry. Each week focuses on specific skills and knowledge pertinent to each specialty, enhancing the students' versatility and readiness for various medical challenges.

Daily Schedule

- Morning Sessions: Each day starts with a Large Group Interactive Session (LGIS) from 8-9 AM in the New Teaching Block (NTB), focusing on in-depth discussions and interactive learning on various medical topics.
- Clinical Clerkship: Post LGIS, students proceed to Holy Family Hospital and Benazir Hospital for clinical clerkships that run up to 2 PM. Here, they engage directly with patients, participating in diagnoses, management plans, and routine medical procedures, providing a realistic and practical approach to medical education.
- Evening Duties: As part of their training, students also partake in evening duties, shadowing residents in the emergency department or wards. This includes three hours of duty, two times a week, totaling 24 hours every four weeks. These sessions are crucial for experiencing the dynamics of medical practice during different shifts and emergencies.

Module I - Week 1 Schedule

Sr #	Day	Specialty	Topic	Cognition (C)	Skill (P)	Attitude (A)
1	Monday	**Pulmonology**	Approach to Acute Dyspnea and Cough	Recall etiology, clinical features, and management points of acute dyspnea	Take history and perform chest examination, interpret CXR, use Peak Flow Meter	Take consent and educate patients on diagnosis and treatment
2	Tuesday	**Pulmonology**	Approach to Chronic Dyspnea and Cough (COPD)	Recall etiology, pathogenesis, and classification of COPD	Interpret CXR and perform Oxygen Therapy	Counsel patients on COPD management and treatment
3	Wednesd	**Pulmonology**	Approach	Recall	Interpret	Counsel

	ay		to Chronic Dyspnea and Cough (Interstitial Lung Diseases)	etiopathogenesis, differential diagnosis, and treatment plan	CXR, Spirometry, and perform bronchoscopy	patients on ILD management
4	Thursday	**Pulmonology**	Approach to Chronic Dyspnea and Cough (Sarcoidosis and Occupational Lung Disease)	Recall etiopathogenesis and treatment plan for Sarcoidosis and Occupational Lung Disease	Perform chest exam, interpretation of CXR, Spirometry	Counsel patients on diagnosis, treatment, and outcome
5	Friday	**Emergency Medicine**	Approach to Critical Patient in ER	State complaints and classify severity in ER; outline management	Perform clinical exams, assist in Oxygen therapy and procedures	Educate ER patients about their diagnosis and treatment
6	Saturday	**Pulmonology**	Approach to Patient with Pneumonia	Recall etiology, clinical features, severity scores, and management plan	Interpret CXR, CBC, and perform oxygen therapy	Counsel pneumonia patients about diagnosis and treatment

Module I - Week 2 Schedule

Sr #	Day	Specialty	Topic	Cognition (C)	Skill (P)	Attitude (A)
7	Monday	**Pulmonology**	Approach to Patient with Tuberculosis	Discuss epidemiology, etiopathogenesis, and management plan for TB	Interpret CXR and perform sputum collection for TB	Educate patients about TB prevention and treatment
8	Tuesday	**Gastroenterology & Hepatology**	Approach to Patient with Upper GI Bleed	Recall etiology, diagnosis, and treatment for upper GI bleed	Perform abdominal exams and NG tube insertion	Counsel patients on treatment and outcomes
9	Wednesday	**Gastroenterology & Hepatology**	Approach to Patient with Lower GI Bleed	Recall causes and diagnosis of lower GI bleed	Perform abdominal exam and observe GI endoscopy	Counsel patients on diagnosis and treatment for GI bleed
10	Thursday	**Gastroenterology & Hepatology**	Approach to Dyspepsia/	Recall etiology and diagnosis for dysphagia	Perform abdominal exam and	Break bad news using the SPIKE

			Dysphagia		interpret imaging	model for dysphagia patients
11	Friday	**Emergency Medicine**	Approach to Management of Medical Emergencies	State risk factors and management of DKA, hypoglycemia, etc.	Interpret ECG, CXR, and ABGs in emergency cases	Counsel emergency patients on diagnosis and treatment
12	Saturday	**Gastroenterology & Hepatology**	Approach to Patient with Acute Diarrhea	Recall etiology, complications, and diagnosis for acute diarrhea	Perform abdominal exam and hydration therapy	Counsel diarrhea patients on diagnosis and treatment

Module I - Week 3 Schedule

Sr #	Day	Specialty	Topic	Cognition (C)	Skill (P)	Attitude (A)
13	Monday	**Gastroenterology & Hepatology**	Approach to Patient with Chronic Diarrhea	Recall causes and treatment plans for chronic diarrhea	Perform abdominal exams and interpret imaging for chronic diarrhea	Counsel chronic diarrhea patients on diagnosis and treatment
14	Tuesday	**Gastroenterology & Hepatology**	Approach to Patient with Acute Liver Disease	Recall etiology and complications of acute liver disease	Interpret LFTs, PT, and manage patients with liver disease	Counsel liver disease patients on treatment and management
15	Wednesday	**Gastroenterology & Hepatology**	Approach to Patient with Chronic Liver Disease	Recall etiology and management of chronic liver disease	Interpret liver function tests and manage CLD complications	Educate CLD patients on diagnosis and treatment
16	Thursday	**Nephrology**	Approach to Patient with Acute Renal Disease	Recall causes and complications of acute renal failure	Interpret RFTs and perform double-lumen catheter insertion	Educate renal disease patients about treatment plans
17	Friday	**Nephrology**	Approach to Patient with Chronic Renal	Recall causes, complications, and management of chronic renal disease	Interpret RFTs and assist in dialysis	Counsel chronic renal disease patients on

			Disease			treatment
18	Saturday	**Nephrology**	Approach to Patient with Glomerulopathy	Recall pathophysiology and complications of glomerulonephritis	Interpret tests and observe renal biopsy	Educate glomerulopathy patients on treatment and outcomes

Module I - Week 4 Schedule

Sr #	Day	Specialty	Topic	Cognition (C)	Skill (P)	Attitude (A)
19	Monday	**Nephrology**	Approach to Renal Involvement in Systemic Diseases	Recall etiology and complications of renal involvement in systemic diseases	Interpret related investigations for renal systemic involvement	Educate patients on renal disease complicating systemic illness
20	Tuesday	**Nephrology**	Approach to Acid-Base and Electrolyte Disorders	Recall pathophysiology and treatment of acid-base disorders	Interpret ABGs and manage electrolyte imbalances	Counsel patients about acid-base imbalances
21	Wednesday	**Poisoning**	General Approach to Poisoned Patient (Wheat Pill, Organophosphate)	Recall pathophysiology, features, and treatment of poisoning	Perform clinical exams and assist with NG tubes and airways	Counsel poisoned patients about treatment and prognosis
22	Thursday	**Poisoning**	Snake Bite/Corrosive Intake	Recall clinical features and treatment for snake bite and corrosives	Perform history, examination, and assist in procedures	Counsel snake bite patients about treatment
23	Friday	**Revision**	Revision of Topics	Review all major topics covered in the module	Practice all key skills	Consolidate learning and attitudes toward patient care
24	Saturday	**Ward Test**	Ward Test	Assessment of knowledge	Demonstrate knowledge	N/A

Module II - Week 1 Schedule

Sr #	Day	Specialty	Topic	Cognition (C)	Skill (P)	Attitude (A)
25	Monday	**Endocrinology**	Approach to Patient with Diabetes Mellitus	Recall epidemiology, pathophysiology of disease, clinical features, and management plan	Take history and perform relevant clinical examination	Take consent for history and clinical examination; educate patients
26	Tuesday	**Endocrinology**	Approach to Patient with Diabetes Mellitus – Complications	Discuss complications of diabetes, investigations, and lifestyle modifications	Interpret investigations and perform glucose monitoring	Counsel patients on complications and treatment options
27	Wednesday	**Endocrinology**	Approach to Patient with Thyroid and Adrenal Disorders	Recall thyroid and adrenal disorders' clinical features and complications	Interpret investigations like TSH, Cortisol; assist in patient management	Counsel patients regarding thyroid and adrenal diseases
28	Thursday	**Neurology**	Approach to Patient with Stroke	Recall pathophysiology, features of stroke, and preventive measures	Perform CNS examination and interpret CT scans	Educate patients on stroke diagnosis and outcome
29	Friday	**Neurology**	Approach to Comatose Patient	Review differential diagnosis of coma and basic management	Perform clinical examinations and lumbar punctures	Counsel comatose patient relatives and manage care
30	Saturday	**Neurology**	Approach to Patient with Epilepsy	Recall criteria, types, and diagnosis of epilepsy	Interpret EEG, perform prescription writing	Educate epilepsy patients on diagnosis and management

Module II - Week 2 Schedule

Sr #	Day	Specialty	Topic	Cognition (C)	Skill (P)	Attitude (A)
31	Monday	**Neurology**	Approach to Patient with CNS Infections	Recall etiology and pathophysiology of CNS infections, types, and investigations	Perform examination for CNS infection symptoms and interpret CSF results	Counsel patients on CNS infection outcomes and management
32	Tuesday	**Neurology**	Approach to Patient with Neuropathy	Recall pathophysiology of neuropathy, its types, and related investigations	Interpret nerve conduction studies and lumbar puncture	Educate patients on neuropathy and its complications
33	Wednesday	**Neurology**	Approach to Patient with Paraparesis	Recall etiology and features of paraparesis and related disorders	Interpret related investigations and perform lumbar puncture	Educate patients about paraparesis diagnosis and management
34	Thursday	**Rheumatology**	Approach to Patient with Arthritis	Recall clinical features and investigations for arthritis	Perform joint aspiration, observe and assist in injections	Educate patients about arthritis and treatment options
35	Friday	**Rheumatology**	Approach to Patient with Connective Tissue Disorder	Recall types and pathophysiology of connective tissue disorders	Interpret rheumatological investigations and assist in patient management	Counsel patients on treatment and outcomes of connective tissue disorders
36	Saturday	**Hematology**	Approach to Patient with Anemia	Recall types of anemia and investigations based on etiology	Perform history and exam relevant to anemia types and interpret investigations	Educate patients about anemia diagnosis and treatment

Module II - Week 3 Schedule

Sr #	Day	Specialty	Topic	Cognition (C)	Skill (P)	Attitude (A)
37	Monday	**Hematology**	Approach to Patient with Hepatosplenomegaly	Recall pathophysiology and investigations for hepatospleno megaly	Perform examinations relevant to hepatospleno megaly and interpret tests	Counsel patients on management and outcome of hepatospleno megaly
38	Tuesday	**Hematology**	Approach to Patient with Lymphadenopathy	Recall causes and types of lymphadenopathy and related investigations	Interpret FNA and biopsy for lymphadenopathy	Counsel and educate patients about lymphadenopathy
39	Wednesday	**Hematology**	Approach to Patient with Bleeding and Thrombotic Disorder	Recall pathophysiology of bleeding disorders and thrombotic states	Interpret coagulation profiles and assist in transfusions	Educate patients on bleeding and thrombotic disorder management
40	Thursday	**Infectious Diseases**	Approach to Patient with FUO	Recall classification and etiology of FUO and related investigations	Perform investigations like blood cultures, urine cultures	Counsel patients on FUO management strategies
41	Friday	**Infectious Diseases**	Approach to Patient with Dengue and Malaria	Recall etiology and classification of Dengue and Malaria	Perform fluid monitoring and calculate fluid quotas for patients	Educate patients about dengue/malaria prevention and treatment
42	Saturday	**Infectious Diseases**	Approach to Patient with COVID-19 and Enteric Fever	Recall pathophysiology of COVID-19 and enteric fever	Interpret COVID-related diagnostic tests and perform donning/doffing	Counsel patients on preventive measures for COVID-19

Module II - Week 4 Schedule

Sr #	Day	Specialty	Topic	Cognition (C)	Skill (P)	Attitude (A)
43	Monday	**Infectious Diseases**	Approach to Patient with AIDS/HIV	Recall etiology and pathophysiology of AIDS and HIV	Perform history and examination for HIV and interpret related tests	Counsel and educate HIV patients about treatment and outcome
44	Tuesday	**Critical Care Medicine**	Approach to Patient with	Recall pathophysiolo	Perform sepsis-related	Counsel families of

			Sepsis/MOD	gy and features of sepsis and MOD	diagnostics and assist in ICU procedures	patients with sepsis/MOD in critical care
45	Wednesday	**Critical Care Medicine**	Approach to Patient with Respiratory Failure	Recall types and causes of respiratory failure	Interpret ABGs and manage ICU procedures for respiratory failure	Counsel patients and families about respiratory failure management
46	Thursday	**Critical Care Medicine**	Approach to Patient with Shock	Recall types of shock and clinical features	Interpret diagnostic tests related to shock and perform ICU procedures	Educate patients about shock and management strategies
47	Friday	**Repetition**	Revision of Difficult Disease Approaches	Review and reinforce knowledge of difficult cases	Assist and practice revision of difficult cases	Consolidate attitudes towards patient care and clinical skills
48	Saturday	**Ward Test**	Ward Test	Assessment of clinical knowledge	Demonstrate knowledge through ward test	N/A

Module III - Week 1 Schedule

Sr #	Day	Specialty	Topic	Cognition (C)	Skill (P)	Attitude (A)
49	Monday	**Cardiology**	Approach to Patient with IHD (Angina, MI, NSTEMI & STEMI)	Recall etiology, types, clinical features, and management plan	Perform CVS exam and interpret ECG; perform BLS	Take consent, counsel and educate on diagnosis and treatment
50	Tuesday	**Cardiology**	Approach to Patient with Heart Failure	Recall pathophysiology, clinical features, and investigations for heart failure	Interpret ECG and observe echocardiography	Take consent, counsel and educate on disease and treatment
51	Wednesday	**Cardiology**	Approach to Patient with Valvular Heart Diseases & Infective Endocarditis	Recall clinical features, investigations, and management for valvular diseases	Perform CVS exam and interpret ECG, develop prescription	Counsel patients on valvular disease treatment
52	Thursday	**Cardiology**	Approach to Patient with Hypertension	Recall pathophysiology, grades, and	Interpret ECG findings and observe echocardiogra	Counsel patients on hypertension management

				management plan for hypertension	phy	
53	Friday	**Cardiology**	Approach to Patient with Dysarrhythmias	Recall classification and management of dysarrhythmias	Perform CVS exam and interpret ECG	Counsel and educate on dysarrhythmia treatment
54	Saturday	**Cardiology**	Ward Test	Assessment of knowledge	Demonstrate knowledge through ward test	N/A

Module III - Week 2 Schedule

Sr #	Day	Specialty	Topic	Cognition (C)	Skill (P)	Attitude (A)
55	Monday	**Dermatology**	Approach to Patient with Infectious Dermatological Lesions	Recall etiology, clinical features, and treatment for infectious lesions	Take history and perform clinical exam, observe skin scraping	Counsel patients on diagnosis, treatment, and outcome
56	Tuesday	**Dermatology**	Approach to Patient with Papulosquamous Eruptions	Recall clinical features, diagnostic approach, and treatment for eruptions	Observe skin biopsy and prescribe treatment	Counsel patients on eruptions treatment and outcome
57	Wednesday	**Dermatology**	Approach to Patient with Drug Rash & Bullous Disorders	Recall etiology, clinical features, and treatment for drug rashes	Observe skin scraping, use magnifying glass, develop treatment	Counsel patients on drug rash management
58	Thursday	**Dermatology**	Approach to Patient with Scabies, Pediculosis, Acne Vulgaris	Recall etiology, diagnosis, and treatment for scabies, pediculosis, acne	Perform clinical exam and write prescriptions	Counsel patients on diagnosis and treatment for acne
59	Friday	**Dermatology**	Approach to Patient with Leprosy & Cutaneous Leishmaniasis	Recall clinical features, diagnosis, and treatment for tropical diseases	Learn skin smear procedure and treatment prescription	Counsel patients on tropical disease treatment
60	Saturday	**Dermatology**	Ward Test	Assessment of knowledge	Demonstrate knowledge through ward test	N/A

Module III - Week 3 Schedule

Sr #	Day	Specialty	Topic	Cognition (C)	Skill (P)	Attitude (A)
61	Monday	**Psychiatry**	Approach to Psychiatric Patient & Managing Stress	Summarize symptoms and diagnosis using ICD-11 criteria	Take psychiatric history and assess self-harm risks	Counsel patients and provide psychoeducation
62	Tuesday	**Psychiatry**	Approach to Patient with Depressive Illness	Recall etiology and clinical features of depressive illness	Perform mental state exam and assess risk	Provide psychoeducation to patients and families
63	Wednesday	**Psychiatry**	Approach to Patient with Bipolar Affective Disorder	Recall features and management of bipolar disorder	Perform mental state exam and develop management plan	Counsel and educate patients about bipolar disorder
64	Thursday	**Psychiatry**	Approach to Patient with Schizophrenia/ Schizoaffective	Recall clinical features and management of schizophrenia	Perform mental state exam, observe EEG	Educate patients on schizophrenia management
65	Friday	**Psychiatry**	Approach to Patient with Substance Use Disorders	Recall etiology and management of substance use disorders	Demonstrate motivational interview, assess physical exam	Psychoeducate patients and caregivers about substance use
66	Saturday	**Psychiatry**	Ward Test	Assessment of knowledge	Demonstrate knowledge through ward test	N/A

Module III - Week 4 Schedule

Sr #	Day	Specialty	Topic	Cognition (C)	Skill (P)	Attitude (A)
67	Monday	**Radiology**	Approach to Normal & Abnormal Chest X-ray	Review pathologies on chest x-ray, explain features of common pathologies	Interpret chest x-rays for pneumonia, TB, ILD, COPD	Counsel patients on diagnosis and treatment based on x-rays
68	Tuesday	**Radiology**	Approach to CT Brain	Recall types of stroke and their appearance on CT brain	Interpret ischemic strokes and different bleeds on CT brain	Counsel patients on diagnosis and treatment using CT brain
69	Wednesday	**Radiology**	Approach to CT Abdomen	Explain CT protocols for	Interpret viscera,	Counsel patients on

				abdominal pathologies	vessels, and bowel patterns on CT abdomen	diagnosis and treatment using CT abdomen
70	Thursday	**Radiology**	Approach to CT Chest	Recall anatomy and basic pathologies on CT chest	Interpret lung, mediastinum, and vessel pathologies on CT chest	Counsel patients on treatment based on CT chest results
71	Friday	**Radiology**	Approach to Ultrasound & Doppler Studies	Recall anatomy of abdomen and pelvis, explain importance of Doppler	Interpret ultrasound scans and Doppler signals	Counsel patients on diagnosis using ultrasound and Doppler
72	Saturday	**Radiology**	Ward Test	Assessment of knowledge	Demonstrate knowledge through ward test	N/A

Final Year MBBS Assessment for Medicine and Allied Specialties Assessment

The final year of the MBBS program is pivotal in shaping the capabilities of future medical professionals. This year is designed to integrate and apply the comprehensive knowledge and clinical skills acquired throughout the medical course, focusing particularly on Medicine and Allied specialties. The final year's curriculum and assessment strategies are structured to ensure that students are not only well-prepared for their immediate examinations but also equipped with the essential competencies required for their upcoming professional lives.

Framework for Final Year MBBS Medicine and Allied Clinical Specialties Assessment

Overview

The assessment structure for the final year MBBS in Medicine and Allied specialties encompasses various methodologies to evaluate both theoretical knowledge and clinical proficiency. This multi-modal assessment approach ensures a thorough evaluation of student competencies across different domains.

Components of the Assessment

1. **LMS-Based Weekly Assessments**:
    - **Purpose**: To reinforce core concepts and develop clinical reasoning through case-based multiple-choice questions (MCQs) and integrated visuals.
    - **Structure**: Weekly online assessments comprising 20 best-of-five MCQs, focusing on clinical scenarios related to diagnosis, investigations, and management across Medicine and Allied disciplines.
2. **Module and End Block Assessments**:
    - **Modules**: The program is divided into three 4-week modules, each focusing on different medical units and specialized areas such as Psychiatry, Radiology, Dermatology, and Cardiology.
    - **Assessment Techniques**: Includes MCQs, short answer questions (SAQs), and Clinically Integrated Observed Structured Clinical Examinations (Ci-OSCEs), enhancing both theoretical and practical learning.
3. **Pre-Annual (Send-Up) Examination**:
    - **Objective**: To assess readiness for the final professional examination by mirroring its format.
    - **Format**: Comprises cognitive (theory) and psychomotor (clinical) components, evaluating through MCQs, SAQs, SEQs, EMQs, and OSCEs.
4. **Final Professional Assessment (FPA)**:

- **Scope**: Culminates the final year training, assessing comprehensive medical knowledge and clinical skills.
- **Content**: Involves a structured examination covering core and integrated medical subjects, assessed through written and clinical tests.
- **Details**:
  - **Cognitive Domain**: Assessed via MCQs, SEQs, and SAQs.
  - **Psychomotor Domain**: Evaluated through OSCE stations, including long and short cases, ethics stations, and life support scenarios.

5. **Continuous Internal Assessment (CIA)**:
   - **Purpose**: To continuously evaluate and provide feedback throughout the year, contributing significantly to the final score.
   - **Components**: Includes clerkship/ward-based assessments, end block assessments, and participation in problem case discussions (PCDs).

Educational Outcomes

This comprehensive assessment framework ensures that students develop critical thinking and decision-making skills necessary for medical practice. It emphasizes the application of theoretical knowledge in clinical settings, preparing students for seamless transition into their medical careers.

LMS BASED ASSESSMENT

Vision

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

Introduction

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

Reinforce core concepts:

Assessments focus on the application of clinical knowledge across Medicine and Allied specialties.

Develop clinical reasoning:

Case-based MCQs and integrated visuals (images, videos) enhance diagnostic and management skills.

Track progress and identify areas for improvement:

Provides students and faculty with data-driven insights for targeted learning and support.

Assessment Structure

Format:

Assessments consist of weekly administered 20 "best of 5" multiple-choice questions (MCQs) to encourage in-depth analysis and application of knowledge.

Focus:

MCQs will be clinically oriented, featuring scenarios, images, or videos related to diagnosis, investigations, and management of diseases across Medicine and Allied disciplines.

Delivery:

Assessments are administered online through LMS platform.

Timing:

Assessments take place weekly on a designated day and time.

Student registration:

All final year MBBS students are registered on the LMS and have access to assessments.

Assessment Development and Review

Faculty Collaboration:

A team of faculty from Medicine and Allied specialties collaborate to develop and review clinically relevant MCQs that align with learning objectives.

Focus on Case-Based Scenarios:

MCQs emphasize practical application and decision-making within real-world patient presentations.

Visual Integration:

Images (X-rays, CT scans, clinical photos) and videos (procedures, physical examinations) are incorporated to enhance clinical context.

Quality Assurance:

Assessments undergo rigorous review by multiple faculty members for accuracy, clarity, and alignment with learning objectives.

Assessment Topics and Schedule

Topics are aligned with the final year MBBS Medicine and Allied Block LGIS Schedule, please referrer to Annexure- I.

Table of Specifications for the Respiratory System

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

Picture, video etc contents inclusion depends on LMS system capacity and can be modified to MCQS.

MODULE AND BLOCK ASSESSMENT

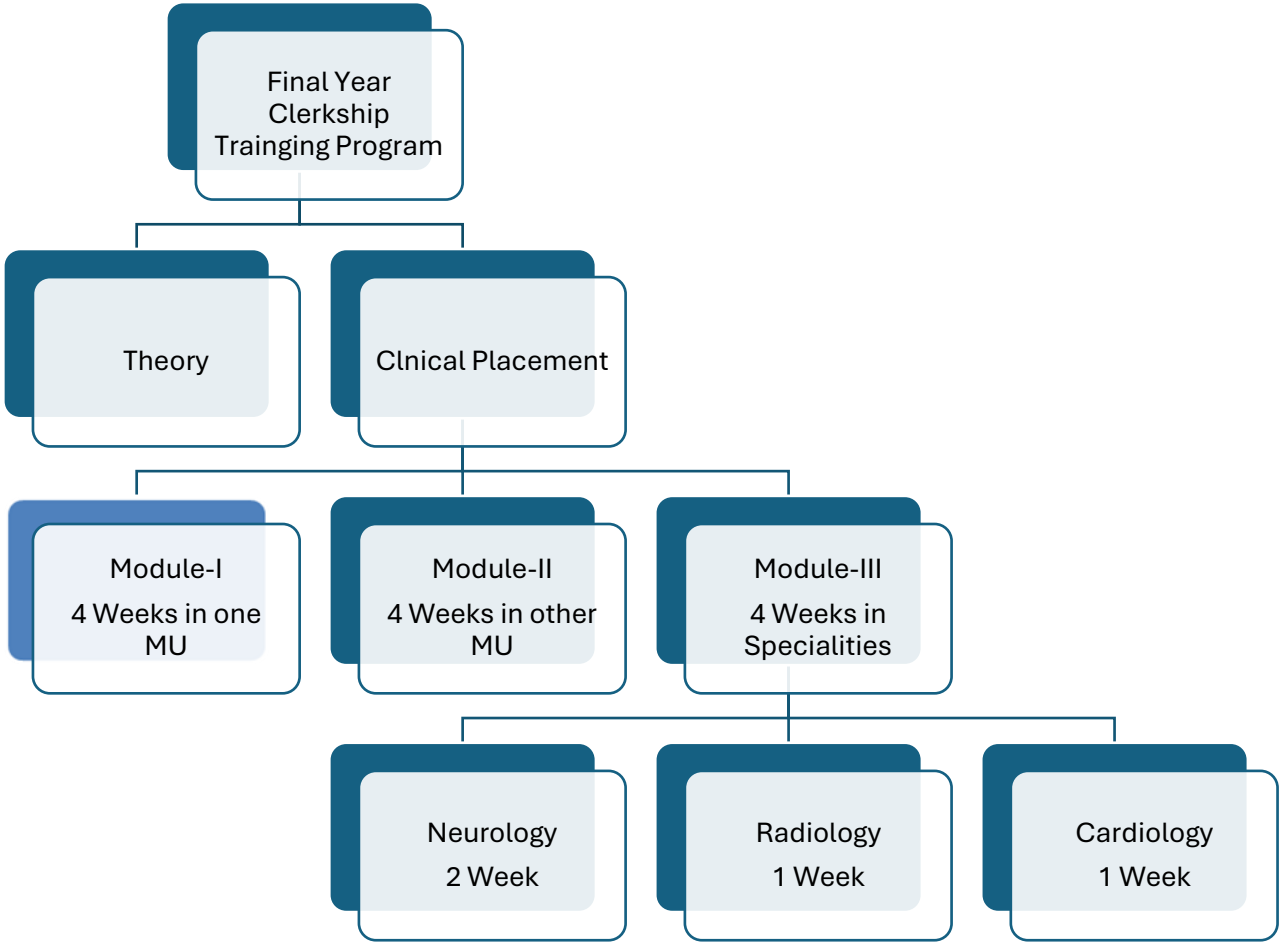
The final year MBBS Medicine and Allied Block at Rawalpindi Medical University represents the culmination of undergraduate medical education. It spans 12 weeks and integrates theoretical knowledge with practical clinical skills, preparing students for the professional demands of medical practice. This program is structured into three modules, each lasting four weeks. The first two modules focus on clinical placements in different medical units, allowing students to gain hands-on experience in managing patients. The third module exposes students to specialized areas for one week each in Psychiatry, Radiology, Dermatology, and Cardiology.

The assessment approach for this block is rigorous, ensuring that students demonstrate proficiency in both theory and clinical skills. The theoretical component consists of multiple-choice questions (MCQs) and structured short-answer questions (SAQs) that test a broad range of topics, from respiratory and cardiovascular medicine to emergency medicine and endocrinology. In addition, clinical skills are assessed through the Clinically Integrated Observed Structured Clinical Examination (Ci-OSCE) and the Audio-Visual OSCE (Av-OSCE), which simulate real-world medical scenarios. This comprehensive system ensures that students are well-prepared for the final professional medicine and allied assessments, which will take place during the End Block assessment.

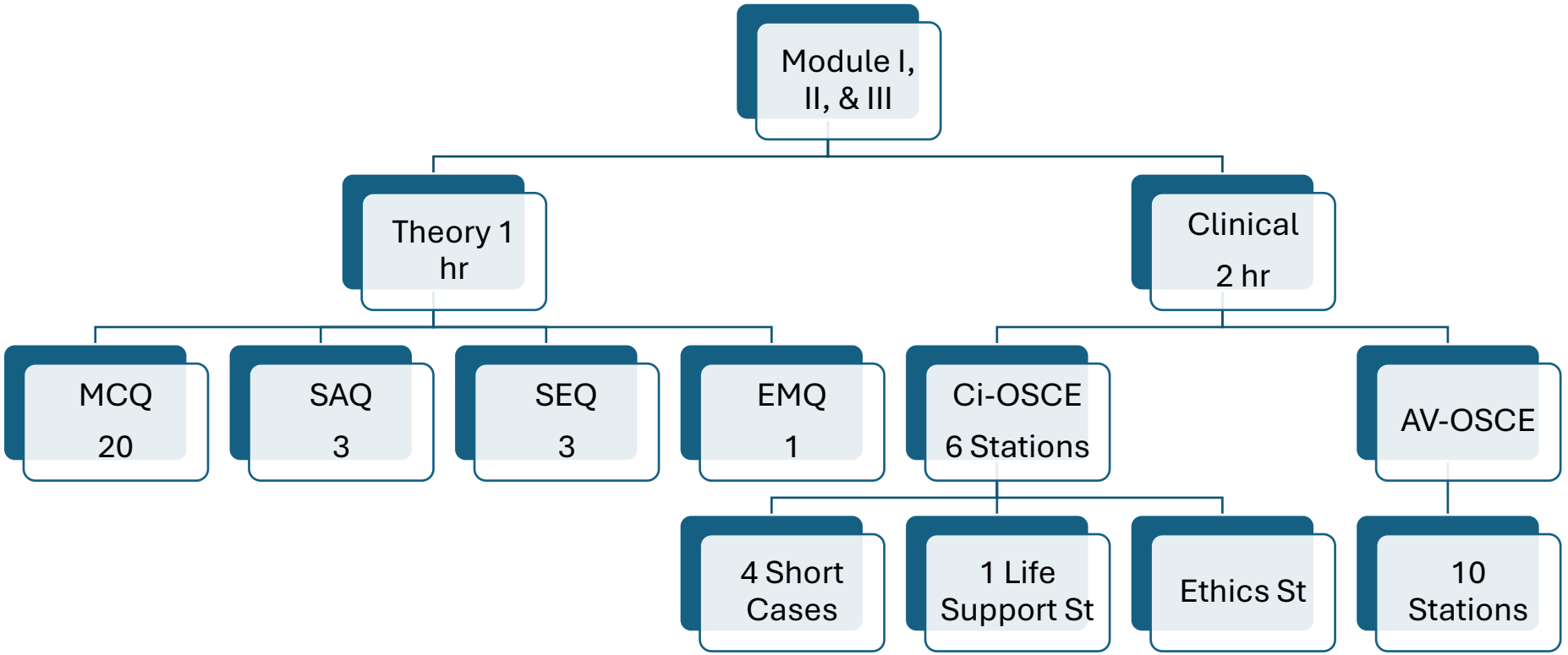
SUMMARY

The 12-week final year MBBS Medicine and Allied Block at Rawalpindi Medical University is designed to offer a blend of theoretical knowledge and clinical practice. Divided into three modules, each lasting four weeks, the program covers a broad spectrum of clinical training and specialization. Modules I and II are dedicated to clinical placements in various medical units, while Module III focuses on specialized fields like Psychiatry, Dermatology, Radiology, and Cardiology. Each of these specialties is taught intensively over a one-week period. Assessments are conducted at the end of each module and include both theoretical and clinical components. Theory assessments consist of MCQs and SAQs, with topics covering essential areas such as Infectious Diseases, Respiratory Medicine, Endocrinology, GIT, and Hepatobiliary system etc. Clinical assessments involve Ci-OSCE and Av-OSCE exams, which test students' abilities in patient care, life support, counselling, and ethical decision-making. The End Block assessment is particularly comprehensive, with a total of 7 hours allocated for theory and clinical exams. This includes two separate theory papers, each covering multiple disciplines and featuring 60 MCQs, SEQs, SAQs, and EMQs. Clinical skills are tested through long and short cases, along with OSCE stations that evaluate critical clinical judgment and procedural skills. This structure ensures that graduating students have a well-rounded clinical education and are equipped with the necessary competencies for their medical careers.

FINAL YEAR CLERKSHIP MEDICINE TRAINING PROGRAM



FINAL YEAR TRAINING PROGRAM MEDICNE & ALLIED
MODULE I, II, AND III (A-D) ASSESSMENT



Module I Assessment- Theory

Components	**MCQ**	**SEQ**	**SAQ**	**EMQ**
Questions	20	3	3	1
Marks	20	15 (5 each)	15 (5 each)	10
Time: 60 min		**Total Marks: 60**		

Topic Distribution

	Topic distribution	**MCQ 20**	**SEQ**	**SAQ**	**EMQ**
1.	Respiratory Medicine	5	1		1
2.	Gastroenterology & Hepatology	5	1		
3.	Nephrology	5		1	
4.	Emergency Medicine and Poisoning	3	1	1	
5.	Fluid, electrolyte, acid base abnormalities	2		1	

Clinical

OSCE				
Ci-OSCE*			***Av-OSCE*** **	***Total***
Short cases	Counselling	Ethics		
4 Stations	1	1	10 Stations	16 Stations
15 marks each/60 marks	10 marks	10 marks	5 marks each/50 marks	130
15 minutes each and total 60 min	10 minutes each	10 minutes each	30 minutes	1 Hours 50 minutes

*CI-OSCE: Clinically Integrated Observed Structured Clinical Examination. **Av-OSCE: Audio-visual Observed Structured Clinical Examination. AV-OSCE according to EBA AV-OSCE scheme

Av- OSCE Details

(Video/Picture/Clinical Scenario with 5 one liner questions)

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

Module II Assessment- Theory

Components	**MCQ**	**SEQ**	**SAQ**	**EMQ**
Questions	20	3	3	1
Marks	20	15 (5 each)	15 (5 each)	10
Time: 60 min		**Total Marks: 60**		

Topic Distribution

	Topic distribution	**MCQ 20**	**SEQ**	**SAQ**	**EMQ**
1.	CNS	5	1		1
2.	Infectious Disease	5	1		
3.	Diabetes and Endocrinology	5	1	1	
4.	Rheumatology	2		1	
	Hematology	3		1	

Clinical

OSCE				
Ci-OSCE*			***Av-OSCE*** **	***Total***
Short cases	Counselling	Ethics		
4 Stations	1	1	10 Stations	16 Stations
15 marks each/60 marks	10 marks	10 marks	5 marks each/50 marks	130
15 minutes each (60 min total)	10 minutes each	10 minutes each	30 minutes	1 Hours 50 minutes

*CI-OSCE: Clinically Integrated Observed Structured Clinical Examination. **Av-OSCE: Audio-visual Observed Structured Clinical Examination. AV-OSCE according to EBA AV-OSCE scheme

AV- OSCE Details

(Video/Picture/Clinical Scenario with 5 one liner questions)

1	ECG 1- ACS interpretation	Dr Asad
2	ECG 2- Dysrhythmia evaluation (tachy/brady arrythmia)	Dr Asad
3	Xray Station 1- Infectious Diseases/Rheumatology	Dr Saima Ambrin
4	CT Scan 1- Brain (Ischemia, Hemorrhage, SAH, SOL etc)	Prof Shahzad Manzoor
5	Test/Data Interpretation 1- Hematology data/slide	Prof Shahzad Manzoor
6	Ethical issue- Scenario focusing autonomy, confidentiality, beneficence, doing no harm etc	Prof Asad Tammeez Ud Din
7	CVS- Clinical sign/scenario interpretation	Dr Asad
8	CNS- Clinical sign/scenario interpretation	Dr Arshad Rabbani
9	Diabetes Mellitus- Clinical/data interpretation	Dr Saima Amrin
10	Infectious Diseases (Dengue emphasis)- Clinical/data interpretation	Dr Saima Ambrin

MODULE III (a-c) ASSESSMENT- Pattern for Neurology, Radiology, and Cardiology.

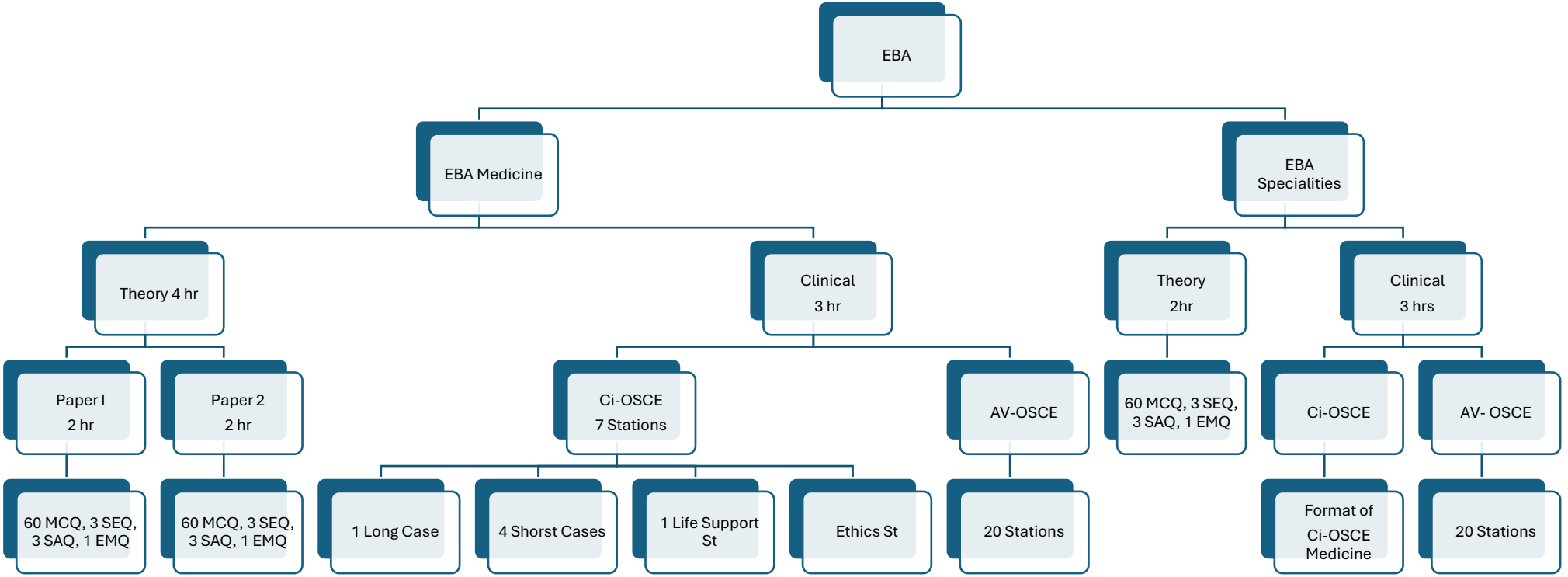
Theory

Components	**MCQ**	**SEQ**	**SAQ**	**EMQ**
Questions	20	3	3	1
Marks	20	15 (5 each)	15 (5 each)	10
Time: 60 min		**Total Marks: 60**		

OSCE				
Ci-OSCE*			***Av-OSCE*** **	***Total***
Short cases	Counselling	Ethics		
4 Stations	1	1	10 Stations	16 Stations
15 marks each/60 marks	10 marks	10 marks	5 marks each/50 marks	130
15 minutes each (60 min total)	10 minutes each	10 minutes each	30 minutes	1 Hours 50 minutes

*CI-OSCE: Clinically Integrated Observed Structured Clinical Examination. **Av-OSCE: Audio-visual Observed Structured Clinical Examination. AV-OSCE according to EBA AV-OSCE scheme

END BLOCK ASSESSMENT (EBA) MEDICINE TRAINING PROGRAM FINAL YEAR



THEORY

THEORY (Paper I and Paper II)						
Components	MCQS	SEQS	SAQS	EMQS	Total Paper I	Total Paper II
Questions	60 each	3 each	3 each	1 each	71	71
Marks	60	15	15	10	100	100
Time	60 minutes	25 min	25 min	5 min	2 Hours	2 Hours
				Total marks	200	
				Total time	4 Hours	

Paper I

	Topic Distribution	MCQs- 60	EMQ	SAQ	SEQ
1	Respiratory Medicine	10	1	1	
2	Cardiovascular Diseases	10			1
3	Gastroenterology and Hepatobiliary Diseases	10		1	
4	Neurology	10			1
5	Emergency Medicine and Poisoning	10		1	
6	Hematology	6		-	1
7	Rheumatology	4		-	

Paper II

	Topic Distribution		EMQ	SAQ	SEQ
1	Infectious Diseases	10	1	1	
2	Endocrinology including Diabetes Mellitus	10			1
4	Psychiatry and Behavioral Sciences	10		1	
3	Nephrology	10			1
5	Acid Base, Water and Electrolytes Disorders	10		1	
6	Dermatology	6			1
7	Critical Care	4			

TOS Distribution for MCQs of Theory Paper I

PAPER I						
	Impact (1-3)	Frequency (1-3)	I × F (Impact × Frequency)	Weightage	No of Items	Rounded No
Respiratory Medicine	3	3	9	0.169811	10.18868	10
CVS	3	3	9	0.169811	10.18868	10
GE Hepatology	3	3	9	0.169811	10.18868	10
Neurology	3	3	9	0.169811	10.18868	10
EM & Poisoning	3	3	9	0.169811	10.18868	10
Hematology	2	2	4	0.075472	4.528302	6
Rheumatology	2	2	4	0.075472	4.528302	4
			53	1	60	60

TOS Distribution for Theory Paper II

PAPER II	Impact (1-3)	Frequency (1-3)	I × F (Impact × Frequency)	Weightage	No of Items	Rounded No
Infectious Diseases	3	3	9	0.163636	9.818182	10
Endocrinology and Diabetes	3	3	9	0.163636	9.818182	10
Nephrology	3	3	9	0.163636	9.818182	10
Acid Base Water & Electrolyte Disoders	3	3	9	0.163636	9.818182	10
Psychiatry & Behavioural Sciences	3	3	9	0.163636	9.818182	10
Dermatology	2	3	6	0.109091	6.545455	6
Critical Care	2	2	4	0.072727	4.363636	4
			55	1	60	60

CLINICAL

OSCE					
Ci-OSCE*				***Av-OSCE*** **	***Total***
Short cases	Long Case	Life Support	Ethics		
4 Stations	1	1	1	20 Stations	27 Stations
15 marks each/60 marks	50 marks	10 marks	10 marks	5 marks each/100 marks	230
15 minutes each (60 min total)	30 minutes	10 minutes each	10 minutes each	1 hour	2 Hours 50 minutes

*CI-OSCE: Clinically Integrated Observed Structured Clinical Examination. **Av-OSCE: Audio-visual Observed Structured Clinical Examination.

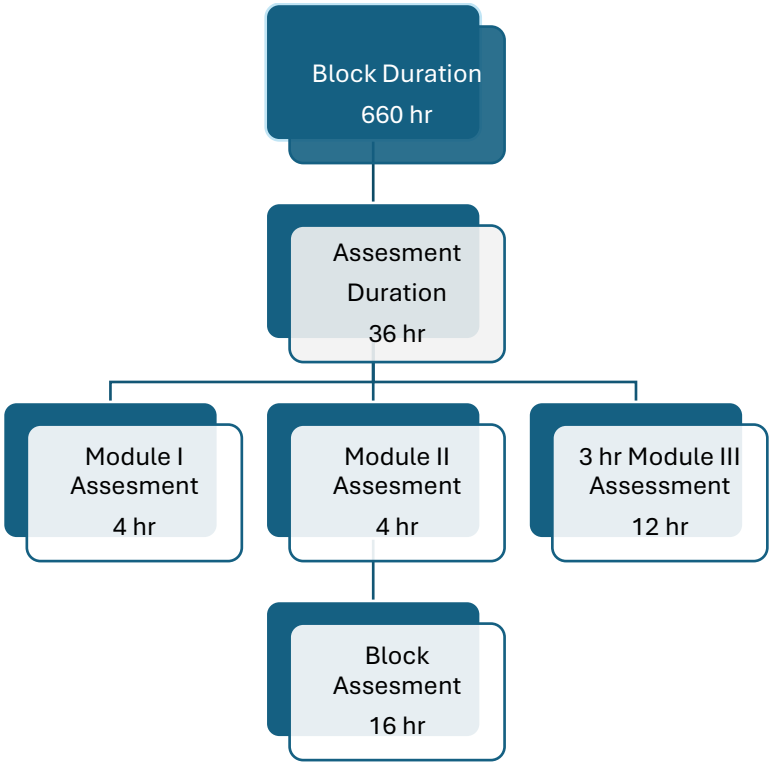
AV- OSCE Details

(Video/Picture/Clinical Scenario with 5 one liner questions)

1	ECG 1- ACS interpretation
2	ECG 2- Dysrhythmia evaluation (tachy/brady arrythmia)
3	Xray Station 1- Cardiac (cardiomegaly, Pulmonary edema, Valvular Heart Disease related major abnormalities)
4	Xray Station 2- Pulmonary (consolidation, effusion, cavitation, and pneumothorax etc)
5	CT Scan 1- Brain (Ischemia, Hemorrhage, SAH, SOL etc)
6	CT Scan 2- Chest/Abdomen (ILD, Bronchiectasis, Effusion, L Nodes, Liver, spleen kidney enlargement etc)
7	Test/Data Interpretation 1- Hematology data/slide
8	Test/Data Interpretation 2- Spirometry, ABGs, Echo, USG
9	Ethical issue- Scenario focusing autonomy, confidentiality, beneficence, doing no harm etc
10	CVS- Clinical sign/scenario interpretation
11	CNS- Clinical sign/scenario interpretation

12	GIT- Clinical sign/scenario interpretation
13	Respiratory- Clinical sign/scenario interpretation
14	Rheumatology- Clinical sign/scenario interpretation
15	Diabetes Mellitus- Clinical/data interpretation
16	Endocrinology other than DM- Clinical/data interpretation
17	Dermatology-
18	Family Medicine- Clinical scenario focusing preventive measures
19	Instrument- Identification, utilization, appropriate technique etc
20	Medication- Identification, utilization, side effects, and interactions etc

TRAINING DURATION AND ASSESSMENT HOURS COMPARISON (660:36=5.45%)



Final Year MBBS Pre-Annual Assessment (Send-Up) – Medicine & Allied

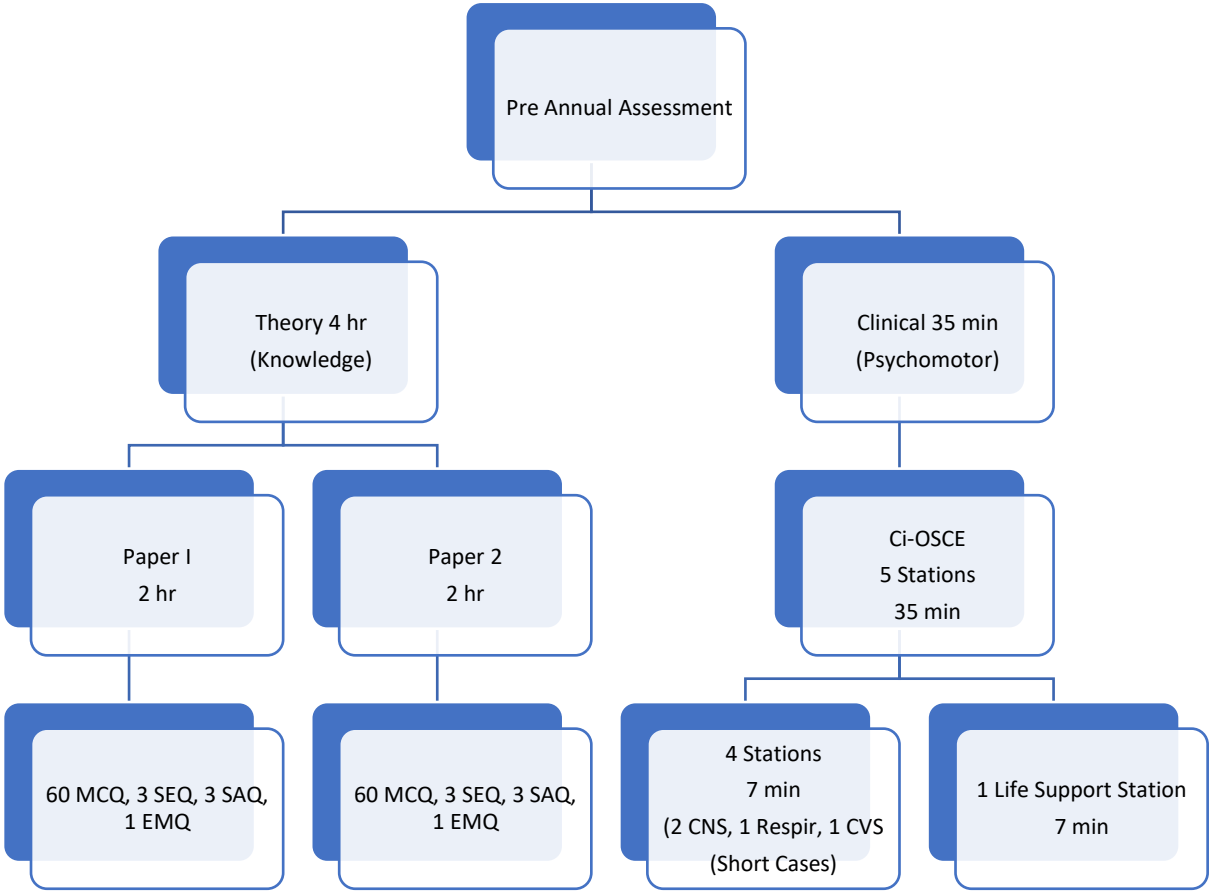
The **Pre-Annual Assessment (Send-Up) for Final Year MBBS** in **Medicine & Allied** serves as a preparatory evaluation for the **Final Professional Examination**. This structured assessment aims to assess students' readiness in both theoretical knowledge and clinical competencies. By mirroring the format of the final professional exam, it provides a comprehensive review of the core subjects, enabling students to identify areas of improvement before the final assessment.

The Pre-Annual Assessment consists of **two major components**:

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

The **theory component** evaluates students through Multiple-Choice Questions (MCQs), Short Answer Questions (SAQs), Structured Essay Questions (SEQs), and Extended Matching Questions (EMQs). The **clinical component** is conducted via **Objective Structured Clinical Examination (OSCE) and Clinically Integrated OSCE (Ci-OSCE)**, assessing clinical reasoning and patient management skills.

Outline of Pre-Annual Assessment (Send-Up) for Final Year MBBS in **Medicine & Allied**



THEORY

THEORY (Paper 1 and Paper 2)						
Components	MCQS	SEQS	SAQS	EMQS	Total Paper 1	Total Paper 2
Questions	60 each	3 each	3 each	1 each	71	71
Marks	60	15	15	10	100	100
Time	60 minutes	25 min	25 min	5 min	2 Hours	2 Hours
				Total marks	200	
				Total time	4 Hours	

Paper I

	Topic Distribution	MCQs- 60	EMQ	SAQ	SEQ
1	Respiratory Medicine	10	1	1	
2	Cardiovascular Diseases	10			1
3	Gastroenterology and Hepatobiliary Diseases	10		1	
4	Neurology	10			1
5	Emergency Medicine and Poisoning	10		1	
6	Hematology	6		-	1
7	Rheumatology	4		-	

TOS Distribution for MCQs of Theory Paper I

PAPER I	Impact (1-3)	Frequency (1-3)	I × F (Impact × Frequency)	Weightage	No of Items	Rounded No
Respiratory Medicine	3	3	9	0.169811	10.18868	10
CVS	3	3	9	0.169811	10.18868	10
GE Hepatology	3	3	9	0.169811	10.18868	10
Neurology	3	3	9	0.169811	10.18868	10
EM & Poisoning	3	3	9	0.169811	10.18868	10
Hematology	2	2	4	0.075472	4.528302	6
Rheumatology	2	2	4	0.075472	4.528302	4
			53	1	60	60

Paper II

	Topic Distribution		EMQ	SAQ	SEQ
1	Infectious Diseases	10	1	1	
2	Endocrinology including Diabetes Mellitus	10			1
4	Psychiatry and Behavioral Sciences	10		1	
3	Nephrology	10			1
5	Acid Base, Water and Electrolytes Disorders	10		1	
6	Dermatology	6			1
7	Critical Care	4			

TOS Distribution for Theory Paper II

PAPER II						
	Impact (1-3)	Frequency (1-3)	I × F (Impact × Frequency)	Weightage	No of Items	Rounded No

Infectious Diseases	3	3	9	0.163636	9.818182	10
Endocrinology and Diabetes	3	3	9	0.163636	9.818182	10
Nephrology	3	3	9	0.163636	9.818182	10
Acid Base Water & Electrolyte Disoders	3	3	9	0.163636	9.818182	10
Psychiatry & Behavioural Sciences	3	3	9	0.163636	9.818182	10
Dermatology	2	3	6	0.109091	6.545455	6
Critical Care	2	2	4	0.072727	4.363636	4
			55	1	60	60

CLINICAL

OSCE*

Ci-OSCE** ***5 Stations***		***Total***
Short cases	Life Support Station	
4 Stations 2 CNS, 1 Respiratory, 1 CVS	1 Station	5 Stations
20 marks each/80 marks	20 marks	100
7 minutes each (28 min total)	7 minutes	35 minutes

*OSCE: Observed Structured Clinical Examination.

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

FINAL PROFESSIONAL ASSESSMENT MBBS

The Final Professional Assessment (FPA) for Final Year MBBS is designed to evaluate students' competency in both theoretical knowledge and clinical skills essential for medical practice. This structured assessment ensures alignment between educational objectives, instructional content, and evaluation criteria, thereby maintaining the integrity, reliability, and validity of medical assessments.

The assessment follows a Table of Specifications (TOS), which distributes assessment items based on core medical subjects and their integration with allied disciplines. The examination comprises two main domains:

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

Additionally, the assessment is structured to include Continuous Internal Assessment (CIA), which contributes significantly to the final evaluation.

Framework for Final Professional Assessment

The Final Professional Examination follows a structured framework that integrates multiple disciplines and assessment methods to ensure comprehensive evaluation. The key components of the framework include:

1. Examination Schedule & Subjects

- The Final Professional Examination is conducted at the end of the fifth year of MBBS.
- Subjects covered include:
    - Core Subject: Medicine
    - Vertically Integrated Subjects: Anatomy, Physiology, Biochemistry, Pathology, Pharmacology, Community Medicine
    - Horizontally Integrated Subjects: Gynaecology & Obstetrics, Surgery, Pediatrics
    - Spirally Integrated Subjects: Research, Family Medicine, HEC General Cluster, ALPHA (Artificial Intelligence, Leadership, Professionalism, Humanities & Arts)

2. Assessment Components

The total marks for the Final Professional Medicine Examination is 500 marks, divided as follows:

- Annual Examination: 350 marks
- Continuous Internal Assessment (CIA): 150 marks

Continuous Internal Assessment (CIA) consists of:

- Clerkship Unit/Ward-Based Assessments (Workplace-Based Assessments, Ward Tests)
- End Block Assessment (EBA) covering clinical and written components
- CPC Attendance (≥75% required)

3. Examination Domains

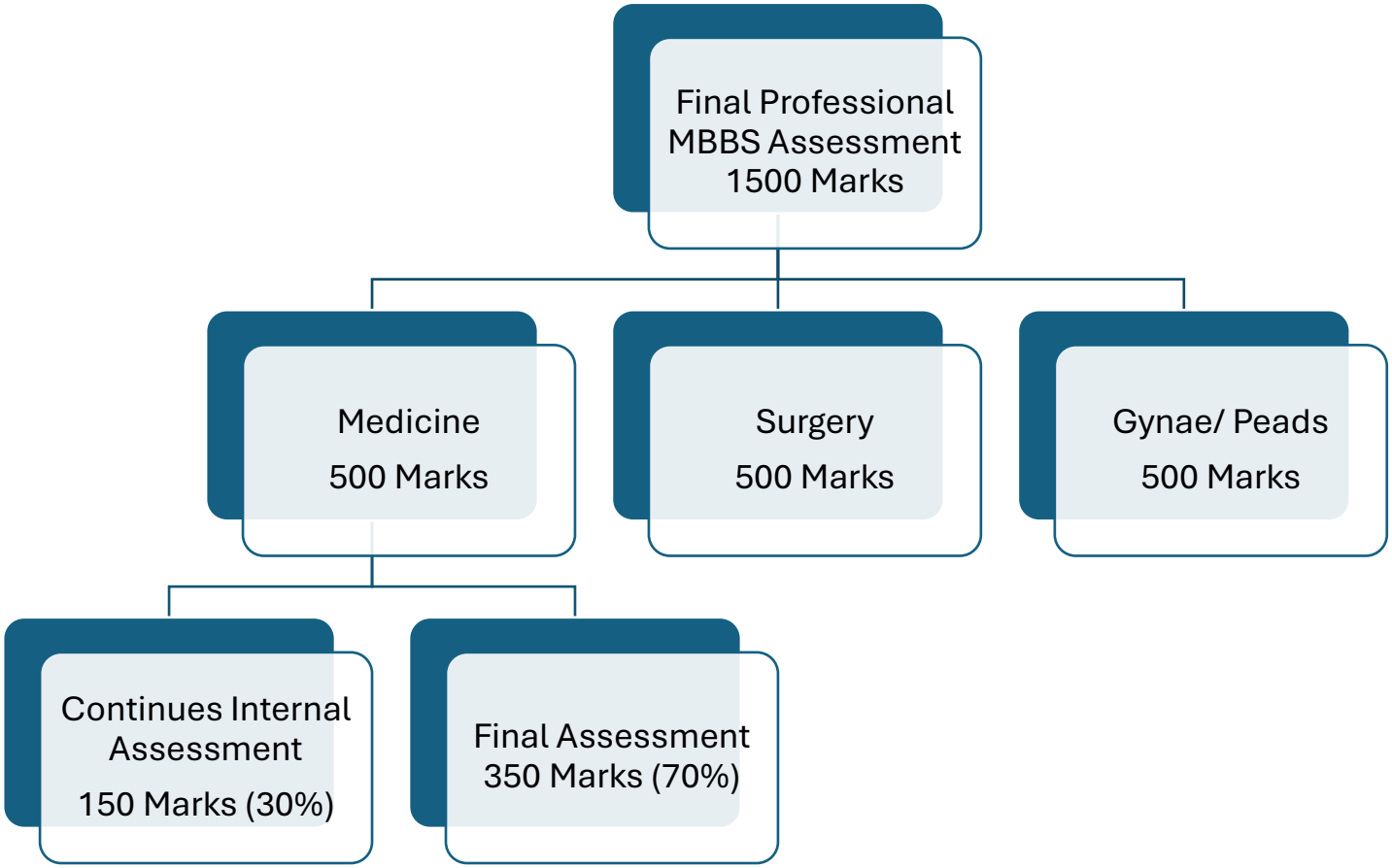
The Final Professional Examination comprises two domains:

1. Cognitive Domain (Theory Assessment)
    - MCQs: Single best answer questions (1 mark per question, 1 minute per question)
    - SAQs (Short Answer Questions): Brief, direct responses (5 minutes per question)
    - SEQs (Structured Essay Questions): Assess comprehension, critical thinking, and structured response (5 marks per question, 5 minutes per question)
2. Psychomotor Domain (Clinical/Performance Assessment)
    - Objective Structured Clinical Examination (OSCE)
        - 1 Long Case
        - 4 Short Cases
        - 1 Ethics Station
        - 1 Life Support Station
    - Audio-Video Observed Structured Practical Examination (AV-OSPE)
        - Multimedia-based clinical assessments (3 minutes per station)

4. Passing & Supplementary Criteria

- To pass, students must secure ≥50% marks in the final assessment.
- Students who fail must reappear in the supplementary examination.

Framework for Final Professional Assessment- Outline



Preamble:

The Table of Specifications (TOS) is a detailed framework that describes how assessment items are distributed in terms of content in examination. The purpose of the TOS is 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 describes structured mode of assessment by outlining the cognitive levels, domains, and weightings of assessment items.

Statutes:

Schedule: The Final Professional MBBS shall be held at the end of fifth year.

Subjects: Every candidate shall be required to study the following subjects in Medicine block

a. **Core subjects Medicine**
b. **Vertically integrated Subjects-** Anatomy, Physiology, Biochemistry, Pathology, Pharmacology & Community Medicine
c. **Horizontally Integrated Subjects-** Gynaecology and Obstetrics. Surgery, Pediatrics
d. **Spirally Integrated subjects-** Research, family medicine, HEC General Cluster, ALPHA (Artificial Intelligence, Leadership, Professionalism, Humanities and Arts)

Final Professional Examination- 300 Marks

Medicine Block Assessment -: 500 Marks (350+ CIA: 150)

1. **Continuous Internal Assessment (CIA):** Continuous Internal Assessment means the assessment based on continuous internal assessment (CIA) tests and assignments given to the students during an academic period
2. **Medicine Final Assessments**: Assessment will comprise of two Domains, “theory (Cognitive)” and “Clinical (Psychomotor)”.

Domains

a. Cognitive domain: Theory/Written assessment

b. Psychomotor domain: Clinical/ Performance assessment

Instructional strategies for assessment: Separate Instructional strategies will be used for cognitive and psychomotor domain, which includes the following

Theory (Cognitive)

MCQs:

It will be single Best type of Multiple-Choice Questions (MCQs) with one stem & with five options. Integration ratio in multiple choice questions will be 70% core subject knowledge, 10% will be Horizontally integrated subjects, 10% Vertical &10% spiral Integration. Each MCQ will carry One Mark and Time allowed per MCQ will be 1 minute.

Short Answer/Essay Questions (SAQ/SEQs):

a. **SAQs:** Short answer questions require brief direct responses, typically a sentence or two. They test specific knowledge or understanding of a topic. Time required for each will be 5 min.
b. **SEQ**: SEQs assess students' comprehension, critical thinking, and ability to organize and express knowledge concisely. They require clear, logical answers supported by relevant concepts. Each SEQ carries 5 marks, with 5 minutes allocated per question.

Clinical (Psychomotor) Component:

1: Objective Structured Clinical Examination (OSCE):

It will include one Long Case, four Short Cases, one Life Support and one Ethics Station.

2: Audio video assisted Practical Exam (Av OSPE): This section will assess students' understanding and practical skills using multimedia resources. It will require 3 min per slide.

Examination Eligibility:

Eligibility to appear in professional will be as per RMU Assessment Policy approved by the Academic Council and Syndicate.

Passing Criteria:

A student will be declared successful in a Final assessment if they score more than 50% in assessment

Supplementary Examination Criteria:

The student who is unsuccessful in a final professional Medicine assessment will have to appear in the supplementary examination

SECTION I:

Marks Distribution of Continuous Internal Assessment (CIA)

Marks breakup of continuous internal assessment: Breakup of marks for continuous internal assessment (30%) is given in the Table.

- Total Medicine Final Professional Examination marks: 500
- Continuous Internal Assessment (30%) marks = 150
- Annual Marks: (70%) = 350

Continuous Internal Assessment (CIA)- 150 mark

Details and marks distribution*

<table>
<tr><td rowspan="2">Clerkship- Unit/Ward Wise Assessment
A- Work Place Based (WPBA)- 50%
+
B- Ward Test (WT)- 50%</td><td>1st Medical Unit</td><td>2nd Medical Unit</td><td>Cardiology</td><td>Psychiatry</td><td>Dermatology</td><td>Radiology</td><td rowspan="2">60</td></tr>
<tr><td>20</td><td>20</td><td>5</td><td>5</td><td>5</td><td>5</td></tr>
<tr><td colspan="7">EBA
It will comprise clinical (40 marks-50% of total EBE marks) and MCQ/SAQ (40 marks- 50% of total EBA marks) like framework of Final Professional Examination in Medicine</td><td>80</td></tr>
</table>

CPC Attended≥75% Attended <75%	 10marks Zero mark	10
Total		**150**
*Unit/Ward assessment, EBA will be rounded/calculated from actual marks.		

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

SECTION II

Table of specifications of Annual MBBS Final Professional Examinations 2024

- Total Final Professional Marks: 500
- Continuous Internal Assessment: (30%)= 150 Marks
- Annual Marks: (70%) =350 Marks

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

Block	Subjects	Teaching hrs.	Theory	CLINICALS	Internal Assessment	Total marks
Medicine	**Medicine**	624 hours	175	175	150	500
	Total	624	175	175	150	500

Distribution of Marks of Final Professional BBS

Subject	THEORY 50%			CLINICALS 50%			
	Component	**No of Items**	**Marks**	**Component**	**No of Items stations**	**Marks**	**Total Marks**
Paper I **85 marks**	Section I- MCQ EMQ Section II- SAQ/SEQ	60 1 4	60 (1 x 60) 5 20	Long case Short Cases Ethics Life Support	1 4 1 1	40 40 (4x10) 5 10	95

			(5 x 4)				
Paper II **90 marks**	Section I- MCQ EMQ Section II- SAQ/SEQ	65 1 4	65 (1 x 65) 5 20 (5 x 4)	Av OSPE	20	80 (4x20)	80
Total marks with CIA	Continuous Internal Assessment (30%)		75	Continuous Internal Assessment (30%)		75	175
	Total Marks		**250**	**Total Marks**		**250**	**500**

=350+150=500					

THEORY PAPERS

Paper I					
Components	MCQS	SEQS	SAQS	EMQS	Total Paper I
Questions	60 each	2 each	2 each	1 each (5 parts)	65
Marks	60	10	10	5	85
				Total marks	85
				Total time	2 hours
Paper II					
Components	MCQS	SEQS	SAQS	EMQS	Total Paper II
Questions	65 each	2 each	2 each	1 each (5 parts)	70
Marks	65	10	10	5	90
				Total marks	90
				Total time	2 hours

Topic Distribution

Paper I

	Topic Distribution	MCQs-60	EMQ	SAQ	SEQ
1	Respiratory Medicine	10	1	1	
2	Cardiovascular Diseases	10			
3	Gastroenterology and Hepatobiliary Diseases	10		1	
4	Neurology	10		-	1
5	Emergency Medicine and Poisoning	10		-	1
6	Hematology	6		-	
7	Rheumatology	4		-	

Paper II

	Topic Distribution		EMQ	SAQ	SEQ
1	Infectious Diseases	11	1	1	
2	Endocrinology including Diabetes Mellitus	11			1
4	Psychiatry and Behavioral Sciences	11			
3	Nephrology	10		1	
5	Acid Base, Water and Electrolytes Disorders	10			
6	Dermatology	6			1
7	Critical Care	6			

TOS Distribution for MCQs of Theory Paper I

PAPER I						
	Impact (1-3)	**Frequency (1-3)**	**I × F (Impact × Frequency)**	**Weightag**	**No of Items**	**Rounded No**
Respiratory Medicine	3	3	9	0.169811	10.18868	10
CVS	3	3	9	0.169811	10.18868	10
GE Hepatology	3	3	9	0.169811	10.18868	10
Neurology	3	3	9	0.169811	10.18868	10
EM & Poisoning	3	3	9	0.169811	10.18868	10
Hematology	2	2	4	0.075472	4.528302	6
Rheumatology	2	2	4	0.075472	4.528302	4
			53	1	60	60

TOS Distribution for Theory Paper II

PAPER II	Impact (1-3)	Frequency (1-3)	I × F (Impact × Frequency)	Weightage	No of Items	Rounded No
Infectious Diseases	3	3	9	0.169231	9.818182	11
Endocrinology and Diabetes	3	3	9	0.169231	9.818182	11
Nephrology	3	3	9	0.169231	9.818182	11
Acid Base Water & Electrolyte Disorders	3	3	9	0.153846	9.818182	10
Psychiatry & Behavioral Sciences	3	3	9	0.153846	9.818182	10
Dermatology	2	3	6	0.092308	6.545455	6
Critical Care	2	2	4	0.092308	4.363636	6
			65	1	65	65

CLINICAL

OSCE					
OSCE				***Av-OSCE****	***Total***
Short cases	Long Case	Life Support	Ethics		
4 Stations	1	1	1	20 Stations	27 Stations
10 marks each/40 marks	40 marks	10 marks	5 marks	4 marks each/80 marks	175 Marks
15 minutes each (60 min total)	30 minutes	10 minutes each	10 minutes each	1 hour	2 Hours 50 minutes

OSCE: Clinically Integrated Observed Structured Clinical Examination. *Av-OSCE: Audio-visual Observed Structured Clinical Examination.

AV- OSCE Details

(Video/Picture/Clinical Scenario with 5 one liner questions)

1	ECG 1- ACS interpretation
2	ECG 2- Dysrhythmia evaluation (tachy/brady arrythmia)
3	Xray Station 1- Cardiac (cardiomegaly, Pulmonary edema, Valvular Heart Disease related major abnormalities)
4	Xray Station 2- Pulmonary (consolidation, effusion, cavitation, and pneumothorax etc)
5	CT Scan 1- Brain (Ischemia, Hemorrhage, SAH, SOL etc)
6	CT Scan 2- Chest/Abdomen (ILD, Bronchiectasis, Effusion, L Nodes, Liver, spleen kidney enlargement etc)
7	Test/Data Interpretation 1- Hematology data/slide
8	Test/Data Interpretation 2- Spirometry, ABGs, Echo, USG
9	Ethical issue- Scenario focusing autonomy, confidentiality, beneficence, doing no harm etc
10	CVS- Clinical sign/scenario interpretation
11	CNS- Clinical sign/scenario interpretation
12	GIT- Clinical sign/scenario interpretation
13	Respiratory- Clinical sign/scenario interpretation
14	Rheumatology- Clinical sign/scenario interpretation

15	Diabetes Mellitus- Clinical/data interpretation
16	Endocrinology other than DM- Clinical/data interpretation
17	Dermatology-
18	Family Medicine- Clinical scenario focusing preventive measures
19	Instrument- Identification, utilization, appropriate technique etc
20	Medication- Identification, utilization, side effects, and interactions etc

Rawalpindi Medical University
Clinical Clerkship Training Program
Final Year MBBS

MEDICINE
BLOCK XIV
2025

Student Name:……..

Roll No……..Batch:……..

University Registration No……..PMDC No……

Address:……..

Contact:……..Email:……..

Vision

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.

Mission

Highly recognized and accredited center 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.

Aims and Objectives

Aims:

1. To provide a structured and comprehensive record of clinical and procedural experiences during undergraduate training in Medicine and Allied specialties.
2. To ensure systematic documentation of the learning process and competencies achieved in alignment with curriculum and training requirements.
3. To serve as a reflective tool for self-assessment, enabling students to identify strengths and areas for improvement in clinical skills and knowledge.
4. To facilitate periodic evaluation by supervisors, fostering constructive feedback and personalized guidance.
5. To promote integration of evidence-based medicine and critical thinking into clinical practice.

Objectives:

1. **History Taking and Physical Examination:** a) Develop proficiency in taking detailed and accurate patient histories and conducting thorough physical examinations with appropriate consent and respect for patient dignity, and 2) Understand the relevance of clinical findings in diagnosis and management.
2. **Skill Development:** a) Acquire competency in core medical procedures such as intravenous cannulation, arterial blood gas sampling, lumbar puncture, blood culture collection, and ECG interpretation, and b) Gain exposure to allied medical procedures such as thoracentesis, paracentesis, and central venous catheterization under supervision.
3. **Patient Management:** a) Document detailed history, clinical notes, diagnostic plans, progress notes, and discharge summaries with clarity and precision, b) Develop a structured approach to patient care in both outpatient and inpatient settings, including management of acute and chronic medical conditions, and c) Enhance understanding of multidisciplinary care through collaboration with allied healthcare teams.
4. **Compliance with Training Program:** a) Ensure alignment with the requirements set by the training program and regulatory bodies for successful certification, b) Document clinical exposure and competencies systematically to fulfill assessment and certification criteria.
5. **Assessment and Evaluation:** a) Maintain a transparent, verifiable record of clinical and procedural exposure for supervisors to assess progress and provide structured feedback, and b) Facilitate formative assessments during periodic evaluations to address gaps and enhance learning.
6. **Research and Academic Growth:** a) Promote the application of evidence-based medicine in diagnostic and therapeutic decision-making, and b) Encourage participation in case discussions, journal clubs, and audits to develop critical appraisal skills and contribute to academic learning.
7. **Professional Development:** a) Instill a patient-centered approach to care, emphasizing empathy, communication skills, and ethical medical practice, and b) Foster accountability and responsibility in clinical decision-making, preparing for future roles as competent healthcare professionals.

SOP's for filling the logbook

1. All students should wear White Coat.
2. All students should wear their ID badges during the clinical rotation
3. Please follow RMU attendance policy.
4. Students are required to submit leave application in principal office in case of illness or family emergencies
5. Students will not be permitted to makeup time missed without a leave application
6. Students time schedule for clinical rotation will be set in the time table
7. All students are required to attend the wards in the evening according to their unit schedule
8. The final year clinical rotation will be clinical clerkship and students will stay in the ward according to the unit schedule.
9. Student will have call days according to the unit schedule.
10. Student must write histories of all the patients on their allotted beds.
11. Moorings reports will be presented from 9:30 am to 10:00 am for 3rd year.
12. Students are expected at all times to maintain a professional and therapeutic relationship with patients.
13. Ward test at the end of clinical rotation is mandatory.
14. Your internal assessment is based on periodic assessment, ward test, and Mini CXA etc per RMU policy.
15. Please keep a photocopy of this card with you so it can be replaced if lost.

Module-I

Four Week

Clinical Clerkship Training Program

Final Year MBBS

Holy Family Hospital Unit __

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-I

Four Week

Clinical Clerkship Training Program

Final Year MBBS

Holy Family Hospital Unit __

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-I

Four Week

Clinical Clerkship Training Program

Final Year MBBS

Holy Family Hospital Unit __

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-I

Four Week

Clinical Clerkship Training Program

Final Year MBBS

Benazir Bhutto Hospital Unit __

From _____ To _____

Mini Clinical Skills Assessment (Mini CXA) Record

Final Year

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign	

Each student will be assessed on two cases.

Morning Report

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign

Each student will be assessed on two cases.

Interpretation of Investigations

Date	Investigation	Case	Assessment Marks 5	Sign
	Hematology			
	Blood Chemistry			
	Serology			
	C-XR			
	CT Scan			

Procedure Observed / Assisted

Date	Procedure	Case	Assessment Marks 5	Sign
	CVP Line			
	Lumbar Puncture			
	Endoscopy			
	Ascitic/Pleural Pancreatitis			
	Echocardiography			

No. of Histories Written _____Marks _____

Assessment Marks _____Marks Obtained_____ Percentage_____

Remarks_____

SR/AP ncharge_____Signature_____

Name (Head of Unit) _____ Signature_____

Module-II

Four Week

Clinical Clerkship Training Program
Benazir Bhutto Family Hospital Unit __
From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-II

Four Week

Clinical Clerkship Training Program
Benazir Bhutto Hospital Unit __
From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-II

Four Week

Clinical Clerkship Training Program
Benazir Bhutto Hospital Unit __
From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-II

Four Week

Clinical Clerkship Training Program
Benazir Bhutto Hospital Unit __
Mini Clinical Skills Assessment (Mini CXA) Record

Final Year

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign

Each student will be assessed on two cases.

Morning Report

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign

Each student will be assessed on two cases.

Interpretation of Investigations

Date	Investigation	Case	Assessment Marks 5	Sign
	Hematology			
	Blood Chemistry			
	Serology			
	C-XR			
	CT Scan			

Procedure Observed / Assisted

Date	Procedure	Case	Assessment Marks 5	Sign
	CVP Line			
	Lumbar Puncture			
	Endoscopy			
	Ascitic/Pleural Pancreatitis			
	Echocardiography			

No. of Histories Written _____Marks _____
Assessment marks _____Marks obtained_____Percentage_____
Remarks_____
SR/AP ncharge_____Signature_____
Name (Head of Unit) _____ Signature_____

CPC

Medicine Department Holy Family Hospital
CPC Record

Final Year

Date	Unit	Topic	Sign	Date	Unit	Topic	Sign

Total CPC _____ CPC Attended _____ Percentage % _____

Inchrage CPC _____, DME _____

Procedural Skills

Should Be Able to Perform (EPA level 2,3) under observation during medicine rotation		
Date	*Give Brief Details of The Case- number of cases in bracket*	*Signs*
Basic Life-support (3)		
Inject I/V, I/M, S/C, intradermal injections (5 each)		
Assist Blood transfusion (1)		
Treatment for acute pulmonary edema (1)		
Oxygen therapy (02)		
Peak expiratory flow metry (PEFR) (1)		
Nebulization (05)		
Educate the patient regarding correct inhaler technique (2)		
Electrocardiogram (06)		

Urinary catheterization (2)		

Procedures to be Observed/Assisted (EPA level 1,2)		
Date	*Give Brief Details of The Case*	*Signs*
Passing the N/G Tube, feeding, suction, and stomach wash (3)		
Preparing a patient for endoscopy, upper and lower GIT, and to observe the procedures (1)		
Endotracheal tube placement (1)		
Endotracheal suction/maintenance of airway/nursing on side etc. (2)		
Preparing a patient for Bronchoscopy and to observe the procedure (1)		
Cardioversion therapy (AED) (1)		
Aspiration of fluids (Pleural, Peritoneal, Pericardial, and Knee) (2)		
Dialysis (1)		
Lumbar puncture (2)		
Treatment for acute pulmonary edema (1)		
Oxygen therapy (02)		

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

Nitrate Infusion (2)		
Thrombolysis (1)		

Entrustable Professional Activity (EPA)

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

Entrustable Professional Activities (EPA) for Common Medical Issues - Final Year MBBS

EPA	Acute Coronary Syndrome (ACS)	Hypertension	Heart Failure
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Refine skills in identifying ischemic symptoms (e.g., chest pain, dyspnea, diaphoresis) and associated risk factors. Perform focused cardiac and systemic examination for ACS signs.	Evaluate history of elevated BP, associated symptoms (headache, dizziness), and assess for end-organ damage. Perform a thorough systemic examination.	Take a detailed history of dyspnea, fatigue, orthopnea, and associated conditions. Perform cardiac, respiratory, and systemic exams to identify heart failure signs.
Prioritize a differential diagnosis following a clinical encounter	Differentiate ACS from non-cardiac chest pain, pericarditis, pulmonary embolism, and other causes of chest pain using clinical history and examination.	Formulate a differential diagnosis for hypertension, including secondary causes (renal, endocrine).	Differentiate heart failure from other causes of dyspnea (e.g., COPD, anemia) using history, clinical findings, and preliminary tests.
Recommend and justify patient management plans	Develop evidence-based management for ACS, including antiplatelets, anticoagulants, beta-blockers, statins, and reperfusion strategies.	Initiate lifestyle modifications and pharmacologic therapy tailored to the patient's BP and risk profile, following guidelines.	Propose diuretics, ACE inhibitors, beta-blockers, and other therapies based on heart failure classification. Justify fluid management and advanced care needs.
Perform procedural skills under supervision	Perform supervised procedures such as ECG interpretation, obtaining arterial blood gases, and assisting in thrombolysis or catheterization.	Measure accurate BP and perform ambulatory monitoring. Support procedures like fundoscopy to identify hypertensive retinopathy.	Perform supervised procedures such as bedside echocardiography, central venous line insertion, or fluid drainage (if pleural effusion is present).
Provide handovers to transition	Provide concise handovers highlighting ACS management,	Summarize treatment adjustments, BP	Communicate clearly about diuretic therapy, monitoring needs, and

patient care responsibility	interventions, and ongoing risk factor control for smooth care transitions.	trends, and investigations in structured handovers.	discharge planning during patient handovers.
Educate patients and families about diagnosis and management plans	Explain ACS diagnosis, lifestyle changes, and medication adherence to prevent recurrence, ensuring understanding of red flag symptoms.	Educate patients about BP control, medication adherence, and lifestyle changes, emphasizing the importance of follow-up.	Provide education about heart failure management, emphasizing fluid and salt restriction, medication adherence, and early recognition of worsening symptoms.

Stroke, **Meningoencephalitis**, and **Neuropathy (including GBS)**

EPA	**Stroke**	**Meningoencephalitis**	**Neuropathy (including GBS)**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Identify acute onset focal neurological deficits (e.g., weakness, aphasia, altered consciousness). Perform focused neurological and systemic examinations.	Obtain a history of fever, altered consciousness, seizures, and neurological deficits. Perform a complete neurological and meningeal examination (Kernig's/Brudzinski's signs).	Take history of weakness (progressive, symmetrical/asymmetrical), sensory changes, or paralysis. Perform focused neurological examination for motor/sensory deficits and reflex changes.
Prioritize a differential diagnosis following a clinical encounter	Differentiate ischemic vs hemorrhagic stroke using history and clinical findings. Consider differentials like TIA, hypoglycemia, and seizures.	Differentiate meningoencephalitis from other CNS infections (e.g., brain abscess, TB meningitis). Include non-infectious causes (e.g., autoimmune encephalitis).	Differentiate GBS from other causes of neuropathy (e.g., diabetic neuropathy, CIDP). Consider mimics like myopathies or spinal cord lesions.

Recommend and justify patient management plans	Initiate evidence-based treatment such as thrombolysis, antiplatelets, or anticoagulants for ischemic stroke. Manage BP and glucose and plan rehabilitation.	Recommend empirical antibiotic/antiviral therapy based on likely pathogens (e.g., ceftriaxone + acyclovir). Consider ICU care for severe cases.	Develop management plans including IVIG or plasmapheresis for GBS. Recommend supportive measures (e.g., respiratory support, physical therapy).
Perform procedural skills under supervision	Perform supervised procedures such as lumbar puncture (if needed), arterial blood gas analysis, and ECG to rule out arrhythmias as stroke etiology.	Assist or perform lumbar puncture for CSF analysis. Ensure proper technique and interpretation of findings (e.g., glucose, protein, cell count).	Perform supervised procedures such as nerve conduction studies (NCS) and assisting with lumbar puncture for CSF in suspected GBS.
Provide handovers to transition patient care responsibility	Communicate structured handovers detailing the stroke type, timeline of symptoms, investigations (e.g., CT/MRI), and ongoing management (antiplatelets/anticoagulants).	Provide concise handovers on the patient's clinical progress, CSF findings, and response to therapy. Emphasize monitoring for complications like seizures or raised ICP.	Provide clear handovers about neurological progression, respiratory status, and response to treatment in GBS or other neuropathies.
Educate patients and families about diagnosis and management plans	Educate patients and families about stroke risk factors (hypertension, diabetes, smoking). Emphasize the importance of rehabilitation and secondary prevention.	Explain the condition, need for antimicrobial therapy, and the importance of monitoring for complications (e.g., seizures, cognitive impairment).	Provide education about GBS and recovery timelines. Emphasize adherence to physical therapy and early reporting of worsening respiratory symptoms.

Diabetes, **Thyroid Disorders**, and **Calcium Metabolic Abnormalities**

EPA	Diabetes	Thyroid Disorders	Calcium Metabolic Abnormalities
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Obtain history of polyuria, polydipsia, weight changes, and family history. Perform a focused examination for complications (e.g., neuropathy, retinopathy).	Take history of symptoms of hypothyroidism (fatigue, weight gain) or hyperthyroidism (weight loss, palpitations). Perform a thyroid gland and systemic examination.	Obtain history of bone pain, muscle weakness, or tetany. Perform an examination for signs of hypocalcemia (Chvostek/Trousseau) or hypercalcemia (dehydration, stones).
Prioritize a differential diagnosis following a clinical encounter	Differentiate Type 1 and Type 2 diabetes based on clinical features and age. Consider secondary causes like steroid-induced or pancreatic diabetes.	Differentiate primary thyroid dysfunction (hypo/hyperthyroidism) from secondary (pituitary) or tertiary (hypothalamic). Include thyroiditis and iodine disorders.	Differentiate hypercalcemia causes (e.g., primary hyperparathyroidism, malignancy) from hypocalcemia (e.g., hypoparathyroidism, vitamin D deficiency).
Recommend and justify patient management plans	Develop a management plan with glycemic control targets using lifestyle modification, oral hypoglycemics, or insulin therapy.	Propose treatment based on thyroid function tests: thyroxine replacement for hypothyroidism or antithyroid drugs for hyperthyroidism. Manage associated symptoms.	Recommend evidence-based management such as calcium/vitamin D supplementation for hypocalcemia or bisphosphonates for hypercalcemia. Address underlying etiology.
Perform procedural skills under supervision	Perform supervised blood glucose monitoring, insulin administration, and foot examination for	Assist or perform fine-needle aspiration cytology (FNAC) for thyroid nodules under supervision.	Perform serum calcium/phosphate level interpretation and ECG analysis for hypercalcemia-related arrhythmias under supervision.

	diabetic complications.		
Provide handovers to transition patient care responsibility	Communicate structured handovers detailing glycemic control, complications (e.g., nephropathy, retinopathy), and treatment plans (e.g., insulin adjustments).	Provide concise handovers on thyroid hormone replacement therapy or antithyroid medication titration and symptom progression.	Provide clear handovers on calcium abnormality causes, acute treatment strategies, and follow-up requirements for underlying conditions.
Educate patients and families about diagnosis and management plans	Educate patients about diabetes control, lifestyle changes, regular glucose monitoring, and complication prevention.	Explain thyroid dysfunction and its impact. Educate about medication adherence, symptom monitoring, and follow-up for thyroid function tests.	Educate patients on the importance of calcium balance, dietary changes, and adherence to prescribed medications or supplements.

Diarrhea (Acute and Chronic), **Chronic Liver Disease (CLD)**, and **Hepatitis**:

EPA	**Diarrhea (Acute and Chronic)**	**Chronic Liver Disease (CLD)**	**Hepatitis**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Take history of stool frequency, duration, consistency, blood/mucus, associated symptoms (fever, abdominal pain, weight loss). Perform hydration and abdominal exam.	Obtain history of jaundice, ascites, fatigue, alcohol use, or hepatotoxic drugs. Perform abdominal examination for ascites, hepatomegaly, and signs of liver failure.	Obtain history of jaundice, fatigue, anorexia, abdominal pain, and risk factors (e.g., viral exposure, alcohol, or toxins). Perform systemic examination for jaundice, hepatomegaly.
Prioritize a differential diagnosis	Differentiate infectious (e.g., viral, bacterial, parasitic) from non-	Differentiate alcoholic liver disease, viral hepatitis, autoimmune	Differentiate types of hepatitis (viral A-E, alcoholic,

following a clinical encounter	infectious diarrhea (e.g., IBS, IBD, malabsorption). Include acute vs chronic differentials.	liver disease, NASH, and cirrhosis from other chronic conditions.	autoimmune, drug-induced). Include acute vs chronic hepatitis in differentials.
Recommend and justify patient management plans	Recommend rehydration therapy, antimicrobials for bacterial causes, or further investigations for chronic cases (e.g., colonoscopy, stool culture).	Propose diuretics, nutritional support, and treatment for complications like varices (beta-blockers, endoscopy) and encephalopathy.	Recommend antiviral therapy (e.g., entecavir for HBV), supportive care, or corticosteroids for autoimmune hepatitis. Advise vaccination for contacts where needed.
Perform procedural skills under supervision	Perform supervised stool sample collection and interpretation, and rectal examination if required.	Assist in abdominal paracentesis for ascites analysis. Perform supervised LFT interpretation and ultrasound-based liver assessment.	Assist in liver biopsy or diagnostic tests like serology for viral markers (e.g., HBsAg, HCV RNA). Perform LFT and coagulation profile interpretation.
Provide handovers to transition patient care responsibility	Provide concise handovers detailing stool findings, hydration status, and treatment for underlying cause.	Communicate structured handovers detailing the cause of CLD, current complications (ascites, varices), and ongoing management.	Provide clear handovers about type of hepatitis, treatment plan (antivirals, supportive care), and monitoring for complications like coagulopathy or liver failure.
Educate patients and families about diagnosis and management plans	Educate about proper hydration, hygiene practices, and adherence to antimicrobials or dietary changes for chronic cases.	Explain the nature of CLD, importance of abstinence from alcohol, dietary modifications (low salt, high protein), and adherence to medications.	Educate about the mode of transmission, preventive measures (vaccination, hygiene), and the importance of follow-up for hepatitis-related liver damage.

Acute Kidney Injury (AKI), **Chronic Kidney Disease (CKD)**, and **Glomerulonephropathies**

EPA	**Acute Kidney Injury (AKI)**	**Chronic Kidney Disease (CKD)**	**Glomerulonephropathies**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Obtain history of recent illnesses (infections, sepsis), nephrotoxic drugs, volume depletion, or obstruction. Perform a focused exam for hydration and volume status.	Obtain history of fatigue, weight loss, polyuria/nocturia, or fluid retention. Perform a detailed exam for pallor, edema, hypertension, and signs of uremia.	Take history of hematuria, proteinuria, edema, recent infections, or autoimmune diseases. Perform an examination for edema, hypertension, and skin/systemic findings (e.g., rash).
Prioritize a differential diagnosis following a clinical encounter	Differentiate prerenal (hypovolemia, sepsis), intrinsic (ATN, nephrotoxins), and postrenal AKI (obstruction) based on clinical history and investigations.	Differentiate CKD from AKI using history, chronicity of symptoms, and investigations (e.g., small kidneys on ultrasound, anemia of chronic disease).	Differentiate glomerulonephritis subtypes (e.g., IgA nephropathy, membranous nephropathy, post-infectious GN). Consider secondary causes like lupus nephritis or diabetes.
Recommend and justify patient management plans	Recommend fluid resuscitation for prerenal AKI, stop nephrotoxic drugs, and manage underlying cause (e.g., sepsis, obstruction). Consider dialysis for severe cases.	Recommend dietary modifications (low potassium, phosphorus), antihypertensives (ACE inhibitors), and treatment of anemia. Plan for renal replacement if needed.	Propose specific treatments based on glomerular pathology (e.g., corticosteroids for lupus nephritis, immunosuppressants for vasculitis) and manage hypertension/proteinuria.
Perform procedural skills under supervision	Perform urine dipstick tests, fluid balance monitoring, and	Perform supervised urine microscopy, assist in peritoneal dialysis or	Assist in kidney biopsy for diagnosis and supervised immunological testing (e.g., ANA, anti-dsDNA). Perform

	assist in central line insertion for dialysis access under supervision.	hemodialysis initiation. Interpret GFR and electrolyte abnormalities.	urine protein/creatinine ratio interpretation.
Provide handovers to transition patient care responsibility	Provide structured handovers on AKI progression, hydration status, electrolyte abnormalities, and dialysis requirements (if initiated).	Communicate concise handovers on CKD stage, complications (anemia, bone disease), and planned interventions (e.g., dialysis, transplant evaluation).	Provide clear handovers on glomerulonephropathy subtype, immunosuppressive therapy plan, and follow-up requirements for renal function monitoring.
Educate patients and families about diagnosis and management plans	Educate patients about AKI causes, avoiding nephrotoxic medications, and the importance of early recognition of symptoms like decreased urine output.	Explain the progressive nature of CKD, importance of lifestyle changes (diet, BP control), and adherence to medications and follow-up for renal function.	Educate patients about the underlying disease, need for immunosuppressive therapy, and regular monitoring of renal function and proteinuria.

Pneumonia, **Tuberculosis (TB)**, and **COPD/Asthma**:

EPA	**Pneumonia**	**Tuberculosis (TB)**	**COPD/Asthma**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Obtain history of fever, cough (productive/non-productive), chest pain, and dyspnea. Perform chest examination for crackles, dullness, and bronchial breathing.	Take history of chronic cough, weight loss, night sweats, hemoptysis, and TB exposure. Perform a focused exam for lymphadenopathy, chest auscultation, and pallor.	Obtain history of chronic cough, dyspnea, wheezing, and exacerbation triggers (smoking, allergens). Perform chest examination for wheezes and prolonged expiration.
Prioritize a differential diagnosis following a	Differentiate bacterial/viral pneumonia from other causes of fever	Differentiate pulmonary TB from other causes of chronic cough (e.g., lung cancer, pneumonia,	Differentiate COPD and asthma from other causes of airway obstruction (e.g.,

clinical encounter	and respiratory distress (e.g., TB, lung abscess, pulmonary embolism).	bronchiectasis). Include extrapulmonary TB in differentials.	bronchiectasis, heart failure). Include allergic and occupational triggers for asthma.
Recommend and justify patient management plans	Propose antibiotic therapy based on local guidelines (e.g., amoxicillin, ceftriaxone). Provide oxygen therapy and manage complications like pleural effusion.	Recommend anti-TB therapy (e.g., HRZE regimen for active TB). Emphasize DOTS adherence. Plan for contact screening and isolation in infectious cases.	Recommend inhaled bronchodilators (e.g., beta-agonists, anticholinergics), corticosteroids, smoking cessation, and pulmonary rehabilitation.
Perform procedural skills under supervision	Assist in diagnostic procedures like sputum collection, blood culture, and thoracocentesis if pleural effusion is suspected.	Assist in sputum smear preparation, GeneXpert testing, and pleural fluid aspiration in TB effusion cases.	Perform or assist in peak expiratory flow rate (PEFR) measurement, nebulization administration, and arterial blood gas analysis during exacerbations.
Provide handovers to transition patient care responsibility	Provide structured handovers detailing pneumonia severity, antimicrobial therapy, oxygen needs, and follow-up requirements.	Communicate concise handovers about TB status, current treatment regimen, drug side effects, and contact tracing efforts.	Provide handovers about the patient's baseline respiratory status, current exacerbation triggers, and medication adjustments.
Educate patients and families about diagnosis and management plans	Educate about completing antibiotic courses, hydration, and recognizing worsening symptoms. Emphasize vaccination (e.g., pneumococcal, influenza).	Educate about TB transmission, adherence to anti-TB therapy, and nutrition. Explain the importance of follow-up for drug-resistant TB testing if indicated.	Educate about inhaler technique, smoking cessation, and recognizing early signs of exacerbation. Emphasize adherence to maintenance and rescue medications.

Poisoning, **Managing Unconscious/Unresponsive Patients**, **Rheumatoid Arthritis (RA)**, and **Systemic Lupus Erythematosus (SLE)**:

EPA	**Poisoning**	**Managing Unconscious/Unresponsive Patients**	**Rheumatoid Arthritis (RA)**	**Systemic Lupus Erythematosus (SLE)**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Obtain a focused history of toxin exposure (substance, route, dose, and time). Perform examination for vital signs, pupil size, skin, and specific toxidrome signs.	Take history from bystanders for events leading to unconsciousness (e.g., trauma, seizures, toxin exposure). Perform a rapid assessment of ABCs and neurological exam.	Obtain history of joint pain, stiffness (morning), swelling, and systemic features. Perform joint examination for synovitis and deformities.	Take history of fatigue, joint pain, skin rashes (malar rash), photosensitivity, and systemic symptoms. Perform examination for rash, arthritis, and organ involvement.
Prioritize a differential diagnosis following a clinical encounter	Differentiate between common types of poisoning (organophosphate, sedatives, opioids, or corrosives) using history and clinical signs.	Differentiate causes of unconsciousness: metabolic (e.g., hypoglycemia, DKA), neurologic (e.g., stroke, head injury), or toxicological (e.g., drug overdose).	Differentiate RA from other inflammatory arthritis (e.g., gout, reactive arthritis). Include osteoarthritis as a non-inflammatory differential.	Differentiate SLE from other autoimmune diseases (e.g., RA, systemic sclerosis). Consider infections and hematological causes for systemic symptoms.
Recommend and justify patient management plans	Initiate supportive care (airway, breathing, circulation). Administer specific	Recommend airway management, IV fluids, glucose if hypoglycemia is suspected, and imaging if trauma is suspected. Plan ICU transfer if required.	Recommend DMARDs (e.g., methotrexate), NSAIDs, and corticosteroi	Propose corticosteroids, hydroxychloroquine, and immunosuppressants for systemic involvement. Treat

	antidotes (e.g., atropine for organophosphates, naloxone for opioids).		ds for symptom control. Emphasize physical therapy for joint function.	complications (e.g., nephritis, thrombocytopenia).
Perform procedural skills under supervision	Assist in gastric lavage, activated charcoal administration, and intravenous antidote administration (if indicated).	Perform supervised airway management techniques (e.g., intubation). Assist in central line placement or arterial blood gas analysis.	Perform joint aspiration under supervision for diagnosis and relief of effusion. Assist in monitoring for methotrexate toxicity.	Assist in diagnostic procedures like ANA, anti-dsDNA testing, and renal biopsy for lupus nephritis under supervision.
Provide handovers to transition patient care responsibility	Communicate clear handovers about type of poisoning, antidotes given, and current clinical status. Include follow-up for long-term effects of toxin exposure.	Provide structured handovers about GCS, interventions (e.g., airway, fluids), and suspected causes. Ensure smooth ICU or specialist transfer.	Provide concise handovers about disease activity, medications (e.g., DMARDs), and monitoring for complications (e.g., infection, deformities).	Provide handovers about SLE organ involvement, immunosuppressive therapy plan, and monitoring for flares or treatment complications.
Educate patients and families	Educate about toxin avoidance, first aid measures, and	Explain the need for airway support, causes of unresponsiveness, and prognosis. Educate	Educate about RA as a chronic disease,	Educate about SLE triggers, need for regular follow-up, medication

about diagnosis and management plans	the importance of immediate medical care in poisoning cases.	families about red-flag symptoms and the need for follow-up.	importance of medication adherence, physical activity, and regular follow-up to prevent joint damage.	adherence, and monitoring for complications like nephritis or cardiovascular issues.

EPA Evaluation Performa

Evaluation Criteria

EPA	Evaluation Components	Result
Obtain a history and perform a physical examination	1. Completeness of history-taking (covers all relevant points).	☐ Pass / ☐ Fail
	2. Accuracy of history and ability to identify key details.	☐ Pass / ☐ Fail
	3. Systematic approach to physical examination.	☐ Pass / ☐ Fail
	4. Rapport with the patient (communication and empathy).	☐ Pass / ☐ Fail
Prioritize a differential diagnosis	5. Ability to integrate history and physical findings.	☐ Pass / ☐ Fail
	6. Logical formulation of differential diagnoses.	☐ Pass / ☐ Fail
Recommend and justify management plans	7. Ability to suggest basic management options.	☐ Pass / ☐ Fail
	8. Justification of chosen management plans.	☐ Pass / ☐ Fail
Perform procedural skills	9. Skill execution (technical accuracy and patient safety).	☐ Pass / ☐ Fail
	10. Adherence to proper procedural protocols and aseptic techniques.	☐ Pass / ☐ Fail
Provide handovers	11. Ability to communicate clinical details effectively.	☐ Pass / ☐ Fail
	12. Use of structured handover frameworks (e.g., SBAR).	☐ Pass / ☐ Fail
Educate patients and families	13. Communication clarity (simple language, understandable explanations).	☐ Pass / ☐ Fail
	14. Ability to answer patient/family questions effectively.	☐ Pass / ☐ Fail

Grading Scale

- **Pass**: Meets expectations for the skill in the respective academic year.
- **Fail**: Does not meet expectations and requires further training.

Evaluator Feedback

- **Strengths**:

  _____

_____
_____

- **Areas for Improvement**:
  _____
  _____
  _____

- **Additional Comments**:
  _____
  _____
  _____

Evaluator Information

Name	
Designation	
Signature	
Date	

Summary of Clinical Assessment

Lecture	Ward	CPC	Internal Assessment			Sign
Attendance	Attendance	Attendance	Total Marks	Marks Obtained	Percentage	

Remarks

Head of Unit _____ Signature _____

Dean _____ DME _____

Rawalpindi Medical University
Clinical Clerkship Training Program
Final Year MBBS

MEDICINE SPECIALITIES
BLOCK XIV
2025

Student Name:……..

Roll No……..Batch:……

University Registration No……..PMDC No……

Address:……..

Contact:……..Email:……..

Aims and Objectives

Aims:

1. To provide a structured and comprehensive record of clinical and procedural experiences during undergraduate training in Medicine and Allied specialties.
2. To ensure systematic documentation of the learning process and competencies achieved in alignment with curriculum and training requirements.
3. To serve as a reflective tool for self-assessment, enabling students to identify strengths and areas for improvement in clinical skills and knowledge.
4. To facilitate periodic evaluation by supervisors, fostering constructive feedback and personalized guidance.
5. To promote integration of evidence-based medicine and critical thinking into clinical practice.

Objectives:

1. **History Taking and Physical Examination:** a) Develop proficiency in taking detailed and accurate patient histories and conducting thorough physical examinations with appropriate consent and respect for patient dignity, and 2) Understand the relevance of clinical findings in diagnosis and management.
2. **Skill Development:** a) Acquire competency in core medical procedures such as intravenous cannulation, arterial blood gas sampling, lumbar puncture, blood culture collection, and ECG interpretation, and b) Gain exposure to allied medical procedures such as thoracentesis, paracentesis, and central venous catheterization under supervision.
3. **Patient Management:** a) Document detailed history, clinical notes, diagnostic plans, progress notes, and discharge summaries with clarity and precision, b) Develop a structured approach to patient care in both outpatient and inpatient settings, including management of acute and chronic medical conditions, and c) Enhance understanding of multidisciplinary care through collaboration with allied healthcare teams.
4. **Compliance with Training Program:** a) Ensure alignment with the requirements set by the training program and regulatory bodies for successful certification, b) Document clinical exposure and competencies systematically to fulfill assessment and certification criteria.
5. **Assessment and Evaluation:** a) Maintain a transparent, verifiable record of clinical and procedural exposure for supervisors to assess progress and provide structured feedback, and b) Facilitate formative assessments during periodic evaluations to address gaps and enhance learning.
6. **Research and Academic Growth:** a) Promote the application of evidence-based medicine in diagnostic and therapeutic decision-making, and b) Encourage participation in case discussions, journal clubs, and audits to develop critical appraisal skills and contribute to academic learning.
7. **Professional Development:** a) Instill a patient-centered approach to care, emphasizing empathy, communication skills, and ethical medical practice, and b) Foster accountability and responsibility in clinical decision-making, preparing for future roles as competent healthcare professionals.

SOP's for filling the logbook

1. All students should wear White Coat.
2. All students should wear their ID badges during the clinical rotation
3. Please follow RMU attendance policy.
4. Students are required to submit leave application in principal office in case of illness or family emergencies
5. Students will not be permitted to makeup time missed without a leave application
6. Students time schedule for clinical rotation will be set in the time table
7. All students are required to attend the wards in the evening according to their unit schedule
8. The final year clinical rotation will be clinical clerkship and students will stay in the ward according to the unit schedule.
9. Student will have call days according to the unit schedule.
10. Student must write histories of all the patients on their allotted beds.
11. Moorings reports will be presented from 9:30 am to 10:00 am for 3rd year.
12. Students are expected at all times to maintain a professional and therapeutic relationship with patients.
13. Ward test at the end of clinical rotation is mandatory.
14. Your internal assessment is based on periodic assessment, ward test, and Mini CXA etc per RMU policy.
15. Please keep a photocopy of this card with you so it can be replaced if lost.

Module-IIIa

One Week

Clinical Clerkship Training Program

Final Year MBBS

Radiology

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-IIIa

One Week

Clinical Clerkship Training Program

Final Year MBBS

Radiology

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
11				
12				
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2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-IIIa

One Week

Clinical Clerkship Training Program

Final Year MBBS

Radiology

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
21				
22				
23				
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2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-IIIa

One Week

Clinical Clerkship Training Program

Final Year MBBS

Radiology

From _____ To _____

Mini Clinical Skills Assessment (Mini CXA) Record

Final Year

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign	

Each student will be assessed on two cases.

Morning Report

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign

Each student will be assessed on two cases.

Interpretation of Investigations

Date	Investigation	Case	Assessment Marks 5	Sign
	Hematology			
	Blood Chemistry			
	Serology			
	C-XR			
	CT Scan			

Procedure Observed / Assisted

Date	Procedure	Case	Assessment Marks 5	Sign
	CVP Line			
	Lumbar Puncture			
	Endoscopy			
	Ascitic/Pleural Pancreatitis			
	Echocardiography			

No. of Histories Written _____Marks _____

Ward Test Total _____Marks Obtained_____ Percentage_____

Remarks_____

SR/AP ncharge_____Signature_____

Name (Head of Unit) _____ Signature_____

Module-IIIb

One Week

Clinical Clerkship Training Program

Final Year MBBS

Dermatology

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
1				
2				
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9				
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2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-IIIb

One Week

Clinical Clerkship Training Program

Final Year MBBS

Dermatology

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
11				
12				
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19				
20				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-IIIb

One Week

Clinical Clerkship Training Program

Final Year MBBS

Dermatology

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
21				
22				
23				
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29				
30				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-IIIb

One Week

Clinical Clerkship Training Program

Final Year MBBS

Dermatology

From _____ To _____

Mini Clinical Skills Assessment (Mini CXA) Record

Final Year

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign	

Each student will be assessed on two cases.

Morning Report

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign

Each student will be assessed on two cases.

Interpretation of Investigations

Date	Investigation	Case	Assessment Marks 5	Sign
	Hematology			
	Blood Chemistry			
	Serology			
	C-XR			
	CT Scan			

Procedure Observed / Assisted

Date	Procedure	Case	Assessment Marks 5	Sign
	CVP Line			
	Lumbar Puncture			
	Endoscopy			
	Ascitic/Pleural Pancreatitis			
	Echocardiography			

No. of Histories Written _____Marks _____

Ward Test Total _____Marks Obtained_____ Percentage_____

Remarks_____

SR/AP ncharge_____Signature_____

Name (Head of Unit) _____ Signature_____

Module-IIIc

One Week

Clinical Clerkship Training Program

Final Year MBBS

Psychiatry

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
1				
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4				
5				
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7				
8				
9				
10				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-IIIc

One Week

Clinical Clerkship Training Program

Final Year MBBS

Psychiatry

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
11				
12				
13				
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15				
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17				
18				
19				
20				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-IIIc

One Week

Clinical Clerkship Training Program

Final Year MBBS

Psychiatry

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
21				
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30				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-IIIc

One Week

Clinical Clerkship Training Program

Final Year MBBS

Psychiatry

From _____ To _____

Mini Clinical Skills Assessment (Mini CXA) Record

Final Year

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign	

Each student will be assessed on two cases.

Morning Report

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign

Each student will be assessed on two cases.

Interpretation of Investigations

Date	Investigation	Case	Assessment Marks 5	Sign
	Hematology			
	Blood Chemistry			
	Serology			
	C-XR			
	CT Scan			

Procedure Observed / Assisted

Date	Procedure	Case	Assessment Marks 5	Sign
	CVP Line			
	Lumbar Puncture			
	Endoscopy			
	Ascitic/Pleural Pancreatitis			
	Echocardiography			

No. of Histories Written _____Marks _____

Ward Test Total _____Marks Obtained_____ Percentage_____

Remarks_____

SR/AP ncharge_____Signature_____

Name (Head of Unit) _____ Signature_____

Module-IIId

One Week

Clinical Clerkship Training Program

Final Year MBBS

Cardiology

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-IIId

One Week

Clinical Clerkship Training Program

Final Year MBBS

Cardiology

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
11				
12				
13				
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15				
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17				
18				
19				
20				

2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-IIId

One Week

Clinical Clerkship Training Program

Final Year MBBS

Cardiology

From _____ To _____

Final Year

No.	Date	Topic	Teacher Name	Sign
21				
22				
23				
24				
25				
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2 Morning Reports/Case Presentations, 2 Mini CEX, 5 Case Write Ups on Workbook, and 6 Evenings are mandatory. EPAs are to be mandatorily completed

Module-IIId

One Week

Clinical Clerkship Training Program

Final Year MBBS

Cardiology

From _____ To _____

Mini Clinical Skills Assessment (Mini CXA) Record

Final Year

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign	

Each student will be assessed on two cases.

Morning Report

Date	Case	History (2)	Physical Examination (3)	Differential Diagnosis (2)	Management (3)	Total (10)	Sign

Each student will be assessed on two cases.

Interpretation of Investigations

Date	Investigation	Case	Assessment Marks 5	Sign
	Hematology			
	Blood Chemistry			
	Serology			
	C-XR			
	CT Scan			

Procedure Observed / Assisted

Date	Procedure	Case	Assessment Marks 5	Sign
	CVP Line			
	Lumbar Puncture			
	Endoscopy			
	Ascitic/Pleural Pancreatitis			
	Echocardiography			

No. of Histories Written _____Marks _____

Ward Test Total _____Marks Obtained_____ Percentage_____

Remarks_____

SR/AP ncharge_____Signature_____

Name (Head of Unit) _____ Signature_____

CPC

Medicine Department Holy Family Hospital
CPC Record

Final Year

Date	Unit	Topic	Sign	Date	Unit	Topic	Sign

Total CPC _____ CPC Attended _____ Percentage % _____

Inchrage CPC _____, DME _____

Procedural Skills

Should Be Able to Perform (EPA level 2,3) under observation during medicine rotation		
Date	*Give Brief Details of The Case- number of cases in bracket*	*Signs*
Basic Life-support (3)		
Inject I/V, I/M, S/C, intradermal injections (5 each)		
Assist Blood transfusion (1)		
Treatment for acute pulmonary edema (1)		
Oxygen therapy (02)		
Peak expiratory flow metry (PEFR) (1)		
Nebulization (05)		
Educate the patient regarding correct inhaler technique (2)		
Electrocardiogram (06)		

Urinary catheterization (2)		

Procedures to be Observed/Assisted (EPA level 1,2)		
Date	*Give Brief Details of The Case*	*Signs*
Passing the N/G Tube, feeding, suction, and stomach wash (3)		
Preparing a patient for endoscopy, upper and lower GIT, and to observe the procedures (1)		
Endotracheal tube placement (1)		
Endotracheal suction/maintenance of airway/nursing on side etc. (2)		
Preparing a patient for Bronchoscopy and to observe the procedure (1)		
Cardioversion therapy (AED) (1)		
Aspiration of fluids (Pleural, Peritoneal, Pericardial, and Knee) (2)		
Dialysis (1)		
Lumbar puncture (2)		
Treatment for acute pulmonary edema (1)		
Oxygen therapy (02)		

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

Nitrate Infusion (2)		
Thrombolysis (1)		

Entrustable Professional Activity (EPA)

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

Entrustable Professional Activities (EPA) for Common Medical Issues - Final Year MBBS

EPA	Acute Coronary Syndrome (ACS)	Hypertension	Heart Failure
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Refine skills in identifying ischemic symptoms (e.g., chest pain, dyspnea, diaphoresis) and associated risk factors. Perform focused cardiac and systemic examination for ACS signs.	Evaluate history of elevated BP, associated symptoms (headache, dizziness), and assess for end-organ damage. Perform a thorough systemic examination.	Take a detailed history of dyspnea, fatigue, orthopnea, and associated conditions. Perform cardiac, respiratory, and systemic exams to identify heart failure signs.
Prioritize a differential diagnosis following a clinical encounter	Differentiate ACS from non-cardiac chest pain, pericarditis, pulmonary embolism, and other causes of chest pain using clinical history and examination.	Formulate a differential diagnosis for hypertension, including secondary causes (renal, endocrine).	Differentiate heart failure from other causes of dyspnea (e.g., COPD, anemia) using history, clinical findings, and preliminary tests.
Recommend and justify patient management plans	Develop evidence-based management for ACS, including antiplatelets, anticoagulants, beta-blockers, statins, and reperfusion strategies.	Initiate lifestyle modifications and pharmacologic therapy tailored to the patient's BP and risk profile, following guidelines.	Propose diuretics, ACE inhibitors, beta-blockers, and other therapies based on heart failure classification. Justify fluid management and advanced care needs.
Perform procedural skills under supervision	Perform supervised procedures such as ECG interpretation, obtaining arterial blood gases, and assisting in thrombolysis or catheterization.	Measure accurate BP and perform ambulatory monitoring. Support procedures like fundoscopy to identify hypertensive retinopathy.	Perform supervised procedures such as bedside echocardiography, central venous line insertion, or fluid drainage (if pleural effusion is present).
Provide handovers to transition	Provide concise handovers highlighting ACS management,	Summarize treatment adjustments, BP	Communicate clearly about diuretic therapy, monitoring needs, and

patient care responsibility	interventions, and ongoing risk factor control for smooth care transitions.	trends, and investigations in structured handovers.	discharge planning during patient handovers.
Educate patients and families about diagnosis and management plans	Explain ACS diagnosis, lifestyle changes, and medication adherence to prevent recurrence, ensuring understanding of red flag symptoms.	Educate patients about BP control, medication adherence, and lifestyle changes, emphasizing the importance of follow-up.	Provide education about heart failure management, emphasizing fluid and salt restriction, medication adherence, and early recognition of worsening symptoms.

Stroke, **Meningoencephalitis**, and **Neuropathy (including GBS)**

EPA	**Stroke**	**Meningoencephalitis**	**Neuropathy (including GBS)**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Identify acute onset focal neurological deficits (e.g., weakness, aphasia, altered consciousness). Perform focused neurological and systemic examinations.	Obtain a history of fever, altered consciousness, seizures, and neurological deficits. Perform a complete neurological and meningeal examination (Kernig's/Brudzinski's signs).	Take history of weakness (progressive, symmetrical/asymmetrical), sensory changes, or paralysis. Perform focused neurological examination for motor/sensory deficits and reflex changes.
Prioritize a differential diagnosis following a clinical encounter	Differentiate ischemic vs hemorrhagic stroke using history and clinical findings. Consider differentials like TIA, hypoglycemia, and seizures.	Differentiate meningoencephalitis from other CNS infections (e.g., brain abscess, TB meningitis). Include non-infectious causes (e.g., autoimmune encephalitis).	Differentiate GBS from other causes of neuropathy (e.g., diabetic neuropathy, CIDP). Consider mimics like myopathies or spinal cord lesions.

Recommend and justify patient management plans	Initiate evidence-based treatment such as thrombolysis, antiplatelets, or anticoagulants for ischemic stroke. Manage BP and glucose and plan rehabilitation.	Recommend empirical antibiotic/antiviral therapy based on likely pathogens (e.g., ceftriaxone + acyclovir). Consider ICU care for severe cases.	Develop management plans including IVIG or plasmapheresis for GBS. Recommend supportive measures (e.g., respiratory support, physical therapy).
Perform procedural skills under supervision	Perform supervised procedures such as lumbar puncture (if needed), arterial blood gas analysis, and ECG to rule out arrhythmias as stroke etiology.	Assist or perform lumbar puncture for CSF analysis. Ensure proper technique and interpretation of findings (e.g., glucose, protein, cell count).	Perform supervised procedures such as nerve conduction studies (NCS) and assisting with lumbar puncture for CSF in suspected GBS.
Provide handovers to transition patient care responsibility	Communicate structured handovers detailing the stroke type, timeline of symptoms, investigations (e.g., CT/MRI), and ongoing management (antiplatelets/anticoagulants).	Provide concise handovers on the patient's clinical progress, CSF findings, and response to therapy. Emphasize monitoring for complications like seizures or raised ICP.	Provide clear handovers about neurological progression, respiratory status, and response to treatment in GBS or other neuropathies.
Educate patients and families about diagnosis and management plans	Educate patients and families about stroke risk factors (hypertension, diabetes, smoking). Emphasize the importance of rehabilitation and secondary prevention.	Explain the condition, need for antimicrobial therapy, and the importance of monitoring for complications (e.g., seizures, cognitive impairment).	Provide education about GBS and recovery timelines. Emphasize adherence to physical therapy and early reporting of worsening respiratory symptoms.

Diabetes, **Thyroid Disorders**, and **Calcium Metabolic Abnormalities**

EPA	Diabetes	Thyroid Disorders	Calcium Metabolic Abnormalities
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Obtain history of polyuria, polydipsia, weight changes, and family history. Perform a focused examination for complications (e.g., neuropathy, retinopathy).	Take history of symptoms of hypothyroidism (fatigue, weight gain) or hyperthyroidism (weight loss, palpitations). Perform a thyroid gland and systemic examination.	Obtain history of bone pain, muscle weakness, or tetany. Perform an examination for signs of hypocalcemia (Chvostek/Trousseau) or hypercalcemia (dehydration, stones).
Prioritize a differential diagnosis following a clinical encounter	Differentiate Type 1 and Type 2 diabetes based on clinical features and age. Consider secondary causes like steroid-induced or pancreatic diabetes.	Differentiate primary thyroid dysfunction (hypo/hyperthyroidism) from secondary (pituitary) or tertiary (hypothalamic). Include thyroiditis and iodine disorders.	Differentiate hypercalcemia causes (e.g., primary hyperparathyroidism, malignancy) from hypocalcemia (e.g., hypoparathyroidism, vitamin D deficiency).
Recommend and justify patient management plans	Develop a management plan with glycemic control targets using lifestyle modification, oral hypoglycemics, or insulin therapy.	Propose treatment based on thyroid function tests: thyroxine replacement for hypothyroidism or antithyroid drugs for hyperthyroidism. Manage associated symptoms.	Recommend evidence-based management such as calcium/vitamin D supplementation for hypocalcemia or bisphosphonates for hypercalcemia. Address underlying etiology.
Perform procedural skills under supervision	Perform supervised blood glucose monitoring, insulin administration, and foot examination for	Assist or perform fine-needle aspiration cytology (FNAC) for thyroid nodules under supervision.	Perform serum calcium/phosphate level interpretation and ECG analysis for hypercalcemia-related arrhythmias under supervision.

	diabetic complications.		
Provide handovers to transition patient care responsibility	Communicate structured handovers detailing glycemic control, complications (e.g., nephropathy, retinopathy), and treatment plans (e.g., insulin adjustments).	Provide concise handovers on thyroid hormone replacement therapy or antithyroid medication titration and symptom progression.	Provide clear handovers on calcium abnormality causes, acute treatment strategies, and follow-up requirements for underlying conditions.
Educate patients and families about diagnosis and management plans	Educate patients about diabetes control, lifestyle changes, regular glucose monitoring, and complication prevention.	Explain thyroid dysfunction and its impact. Educate about medication adherence, symptom monitoring, and follow-up for thyroid function tests.	Educate patients on the importance of calcium balance, dietary changes, and adherence to prescribed medications or supplements.

Diarrhea (Acute and Chronic), **Chronic Liver Disease (CLD)**, and **Hepatitis**:

EPA	**Diarrhea (Acute and Chronic)**	**Chronic Liver Disease (CLD)**	**Hepatitis**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Take history of stool frequency, duration, consistency, blood/mucus, associated symptoms (fever, abdominal pain, weight loss). Perform hydration and abdominal exam.	Obtain history of jaundice, ascites, fatigue, alcohol use, or hepatotoxic drugs. Perform abdominal examination for ascites, hepatomegaly, and signs of liver failure.	Obtain history of jaundice, fatigue, anorexia, abdominal pain, and risk factors (e.g., viral exposure, alcohol, or toxins). Perform systemic examination for jaundice, hepatomegaly.
Prioritize a differential diagnosis	Differentiate infectious (e.g., viral, bacterial, parasitic) from non-	Differentiate alcoholic liver disease, viral hepatitis, autoimmune	Differentiate types of hepatitis (viral A-E, alcoholic,

following a clinical encounter	infectious diarrhea (e.g., IBS, IBD, malabsorption). Include acute vs chronic differentials.	liver disease, NASH, and cirrhosis from other chronic conditions.	autoimmune, drug-induced). Include acute vs chronic hepatitis in differentials.
Recommend and justify patient management plans	Recommend rehydration therapy, antimicrobials for bacterial causes, or further investigations for chronic cases (e.g., colonoscopy, stool culture).	Propose diuretics, nutritional support, and treatment for complications like varices (beta-blockers, endoscopy) and encephalopathy.	Recommend antiviral therapy (e.g., entecavir for HBV), supportive care, or corticosteroids for autoimmune hepatitis. Advise vaccination for contacts where needed.
Perform procedural skills under supervision	Perform supervised stool sample collection and interpretation, and rectal examination if required.	Assist in abdominal paracentesis for ascites analysis. Perform supervised LFT interpretation and ultrasound-based liver assessment.	Assist in liver biopsy or diagnostic tests like serology for viral markers (e.g., HBsAg, HCV RNA). Perform LFT and coagulation profile interpretation.
Provide handovers to transition patient care responsibility	Provide concise handovers detailing stool findings, hydration status, and treatment for underlying cause.	Communicate structured handovers detailing the cause of CLD, current complications (ascites, varices), and ongoing management.	Provide clear handovers about type of hepatitis, treatment plan (antivirals, supportive care), and monitoring for complications like coagulopathy or liver failure.
Educate patients and families about diagnosis and management plans	Educate about proper hydration, hygiene practices, and adherence to antimicrobials or dietary changes for chronic cases.	Explain the nature of CLD, importance of abstinence from alcohol, dietary modifications (low salt, high protein), and adherence to medications.	Educate about the mode of transmission, preventive measures (vaccination, hygiene), and the importance of follow-up for hepatitis-related liver damage.

Acute Kidney Injury (AKI), **Chronic Kidney Disease (CKD)**, and **Glomerulonephropathies**

EPA	**Acute Kidney Injury (AKI)**	**Chronic Kidney Disease (CKD)**	**Glomerulonephropathies**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Obtain history of recent illnesses (infections, sepsis), nephrotoxic drugs, volume depletion, or obstruction. Perform a focused exam for hydration and volume status.	Obtain history of fatigue, weight loss, polyuria/nocturia, or fluid retention. Perform a detailed exam for pallor, edema, hypertension, and signs of uremia.	Take history of hematuria, proteinuria, edema, recent infections, or autoimmune diseases. Perform an examination for edema, hypertension, and skin/systemic findings (e.g., rash).
Prioritize a differential diagnosis following a clinical encounter	Differentiate prerenal (hypovolemia, sepsis), intrinsic (ATN, nephrotoxins), and postrenal AKI (obstruction) based on clinical history and investigations.	Differentiate CKD from AKI using history, chronicity of symptoms, and investigations (e.g., small kidneys on ultrasound, anemia of chronic disease).	Differentiate glomerulonephritis subtypes (e.g., IgA nephropathy, membranous nephropathy, post-infectious GN). Consider secondary causes like lupus nephritis or diabetes.
Recommend and justify patient management plans	Recommend fluid resuscitation for prerenal AKI, stop nephrotoxic drugs, and manage underlying cause (e.g., sepsis, obstruction). Consider dialysis for severe cases.	Recommend dietary modifications (low potassium, phosphorus), antihypertensives (ACE inhibitors), and treatment of anemia. Plan for renal replacement if needed.	Propose specific treatments based on glomerular pathology (e.g., corticosteroids for lupus nephritis, immunosuppressants for vasculitis) and manage hypertension/proteinuria.
Perform procedural skills under supervision	Perform urine dipstick tests, fluid balance monitoring, and	Perform supervised urine microscopy, assist in peritoneal dialysis or	Assist in kidney biopsy for diagnosis and supervised immunological testing (e.g., ANA, anti-dsDNA). Perform

	assist in central line insertion for dialysis access under supervision.	hemodialysis initiation. Interpret GFR and electrolyte abnormalities.	urine protein/creatinine ratio interpretation.
Provide handovers to transition patient care responsibility	Provide structured handovers on AKI progression, hydration status, electrolyte abnormalities, and dialysis requirements (if initiated).	Communicate concise handovers on CKD stage, complications (anemia, bone disease), and planned interventions (e.g., dialysis, transplant evaluation).	Provide clear handovers on glomerulonephropathy subtype, immunosuppressive therapy plan, and follow-up requirements for renal function monitoring.
Educate patients and families about diagnosis and management plans	Educate patients about AKI causes, avoiding nephrotoxic medications, and the importance of early recognition of symptoms like decreased urine output.	Explain the progressive nature of CKD, importance of lifestyle changes (diet, BP control), and adherence to medications and follow-up for renal function.	Educate patients about the underlying disease, need for immunosuppressive therapy, and regular monitoring of renal function and proteinuria.

Pneumonia, **Tuberculosis (TB)**, and **COPD/Asthma**:

EPA	**Pneumonia**	**Tuberculosis (TB)**	**COPD/Asthma**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Obtain history of fever, cough (productive/non-productive), chest pain, and dyspnea. Perform chest examination for crackles, dullness, and bronchial breathing.	Take history of chronic cough, weight loss, night sweats, hemoptysis, and TB exposure. Perform a focused exam for lymphadenopathy, chest auscultation, and pallor.	Obtain history of chronic cough, dyspnea, wheezing, and exacerbation triggers (smoking, allergens). Perform chest examination for wheezes and prolonged expiration.
Prioritize a differential diagnosis following a	Differentiate bacterial/viral pneumonia from other causes of fever	Differentiate pulmonary TB from other causes of chronic cough (e.g., lung cancer, pneumonia,	Differentiate COPD and asthma from other causes of airway obstruction (e.g.,

clinical encounter	and respiratory distress (e.g., TB, lung abscess, pulmonary embolism).	bronchiectasis). Include extrapulmonary TB in differentials.	bronchiectasis, heart failure). Include allergic and occupational triggers for asthma.
Recommend and justify patient management plans	Propose antibiotic therapy based on local guidelines (e.g., amoxicillin, ceftriaxone). Provide oxygen therapy and manage complications like pleural effusion.	Recommend anti-TB therapy (e.g., HRZE regimen for active TB). Emphasize DOTS adherence. Plan for contact screening and isolation in infectious cases.	Recommend inhaled bronchodilators (e.g., beta-agonists, anticholinergics), corticosteroids, smoking cessation, and pulmonary rehabilitation.
Perform procedural skills under supervision	Assist in diagnostic procedures like sputum collection, blood culture, and thoracocentesis if pleural effusion is suspected.	Assist in sputum smear preparation, GeneXpert testing, and pleural fluid aspiration in TB effusion cases.	Perform or assist in peak expiratory flow rate (PEFR) measurement, nebulization administration, and arterial blood gas analysis during exacerbations.
Provide handovers to transition patient care responsibility	Provide structured handovers detailing pneumonia severity, antimicrobial therapy, oxygen needs, and follow-up requirements.	Communicate concise handovers about TB status, current treatment regimen, drug side effects, and contact tracing efforts.	Provide handovers about the patient's baseline respiratory status, current exacerbation triggers, and medication adjustments.
Educate patients and families about diagnosis and management plans	Educate about completing antibiotic courses, hydration, and recognizing worsening symptoms. Emphasize vaccination (e.g., pneumococcal, influenza).	Educate about TB transmission, adherence to anti-TB therapy, and nutrition. Explain the importance of follow-up for drug-resistant TB testing if indicated.	Educate about inhaler technique, smoking cessation, and recognizing early signs of exacerbation. Emphasize adherence to maintenance and rescue medications.

Poisoning, **Managing Unconscious/Unresponsive Patients**, **Rheumatoid Arthritis (RA)**, and **Systemic Lupus Erythematosus (SLE)**:

EPA	**Poisoning**	**Managing Unconscious/Unresponsive Patients**	**Rheumatoid Arthritis (RA)**	**Systemic Lupus Erythematosus (SLE)**
Obtain a history and perform a physical examination adapted to the patient's clinical situation	Obtain a focused history of toxin exposure (substance, route, dose, and time). Perform examination for vital signs, pupil size, skin, and specific toxidrome signs.	Take history from bystanders for events leading to unconsciousness (e.g., trauma, seizures, toxin exposure). Perform a rapid assessment of ABCs and neurological exam.	Obtain history of joint pain, stiffness (morning), swelling, and systemic features. Perform joint examination for synovitis and deformities.	Take history of fatigue, joint pain, skin rashes (malar rash), photosensitivity, and systemic symptoms. Perform examination for rash, arthritis, and organ involvement.
Prioritize a differential diagnosis following a clinical encounter	Differentiate between common types of poisoning (organophosphate, sedatives, opioids, or corrosives) using history and clinical signs.	Differentiate causes of unconsciousness: metabolic (e.g., hypoglycemia, DKA), neurologic (e.g., stroke, head injury), or toxicological (e.g., drug overdose).	Differentiate RA from other inflammatory arthritis (e.g., gout, reactive arthritis). Include osteoarthritis as a non-inflammatory differential.	Differentiate SLE from other autoimmune diseases (e.g., RA, systemic sclerosis). Consider infections and hematological causes for systemic symptoms.
Recommend and justify patient management plans	Initiate supportive care (airway, breathing, circulation). Administer specific	Recommend airway management, IV fluids, glucose if hypoglycemia is suspected, and imaging if trauma is suspected. Plan ICU transfer if required.	Recommend DMARDs (e.g., methotrexate), NSAIDs, and corticosteroi	Propose corticosteroids, hydroxychloroquine, and immunosuppressants for systemic involvement. Treat

	antidotes (e.g., atropine for organophosphates, naloxone for opioids).		ds for symptom control. Emphasize physical therapy for joint function.	complications (e.g., nephritis, thrombocytopenia).
Perform procedural skills under supervision	Assist in gastric lavage, activated charcoal administration, and intravenous antidote administration (if indicated).	Perform supervised airway management techniques (e.g., intubation). Assist in central line placement or arterial blood gas analysis.	Perform joint aspiration under supervision for diagnosis and relief of effusion. Assist in monitoring for methotrexate toxicity.	Assist in diagnostic procedures like ANA, anti-dsDNA testing, and renal biopsy for lupus nephritis under supervision.
Provide handovers to transition patient care responsibility	Communicate clear handovers about type of poisoning, antidotes given, and current clinical status. Include follow-up for long-term effects of toxin exposure.	Provide structured handovers about GCS, interventions (e.g., airway, fluids), and suspected causes. Ensure smooth ICU or specialist transfer.	Provide concise handovers about disease activity, medications (e.g., DMARDs), and monitoring for complications (e.g., infection, deformities).	Provide handovers about SLE organ involvement, immunosuppressive therapy plan, and monitoring for flares or treatment complications.
Educate patients and families	Educate about toxin avoidance, first aid measures, and	Explain the need for airway support, causes of unresponsiveness, and prognosis. Educate	Educate about RA as a chronic disease,	Educate about SLE triggers, need for regular follow-up, medication

about diagnosis and management plans	the importance of immediate medical care in poisoning cases.	families about red-flag symptoms and the need for follow-up.	importance of medication adherence, physical activity, and regular follow-up to prevent joint damage.	adherence, and monitoring for complications like nephritis or cardiovascular issues.

EPA Evaluation Performa

Evaluation Criteria

EPA	Evaluation Components	Result
Obtain a history and perform a physical examination	1. Completeness of history-taking (covers all relevant points).	☐ Pass / ☐ Fail
	2. Accuracy of history and ability to identify key details.	☐ Pass / ☐ Fail
	3. Systematic approach to physical examination.	☐ Pass / ☐ Fail
	4. Rapport with the patient (communication and empathy).	☐ Pass / ☐ Fail
Prioritize a differential diagnosis	5. Ability to integrate history and physical findings.	☐ Pass / ☐ Fail
	6. Logical formulation of differential diagnoses.	☐ Pass / ☐ Fail
Recommend and justify management plans	7. Ability to suggest basic management options.	☐ Pass / ☐ Fail
	8. Justification of chosen management plans.	☐ Pass / ☐ Fail
Perform procedural skills	9. Skill execution (technical accuracy and patient safety).	☐ Pass / ☐ Fail
	10. Adherence to proper procedural protocols and aseptic techniques.	☐ Pass / ☐ Fail
Provide handovers	11. Ability to communicate clinical details effectively.	☐ Pass / ☐ Fail
	12. Use of structured handover frameworks (e.g., SBAR).	☐ Pass / ☐ Fail
Educate patients and families	13. Communication clarity (simple language, understandable explanations).	☐ Pass / ☐ Fail
	14. Ability to answer patient/family questions effectively.	☐ Pass / ☐ Fail

Grading Scale

- **Pass**: Meets expectations for the skill in the respective academic year.
- **Fail**: Does not meet expectations and requires further training.

Evaluator Feedback

- **Strengths**:

  _____

_____
_____

- **Areas for Improvement**:
  _____
  _____
  _____

- **Additional Comments**:
  _____
  _____
  _____

Evaluator Information

Name	
Designation	
Signature	
Date	

Summary of Clinical Assessment

Lecture	Ward	CPC	Internal Assessment			Sign
Attendance	Attendance	Attendance	Total Marks	Marks Obtained	Percentage	

Remarks

Head of Unit _____ Signature _____

Dean _____ DME _____

Rawalpindi Medical University

Clinical History and Work Book

Medicine

FINAL YEAR MBBS

Student Name :……..Roll No……Batch……

New Teaching Block, Holy Family Hospital, Rawalpindi.
Tel: 051-9290755, 9290360 Fax: 051-9290519

FINAL YEAR
CLINICAL WORKBOOK

Rawalpindi Medical University

Name of Student _____Roll No. _____
RMU Reg. No. _____Batch No. _____
Address _____
_____
Phone _____Email_____

AIMS AND OBJECTIVES

Aims:

1. To provide a structured and comprehensive record of clinical and procedural experiences during undergraduate training in Medicine and Allied specialties.
2. To ensure systematic documentation of the learning process and competencies achieved in alignment with curriculum and training requirements.
3. To serve as a reflective tool for self-assessment, enabling students to identify strengths and areas for improvement in clinical skills and knowledge.
4. To facilitate periodic evaluation by supervisors, fostering constructive feedback and personalized guidance.
5. To promote integration of evidence-based medicine and critical thinking into clinical practice.

Objectives:

1. **History Taking and Physical Examination:** a) Develop proficiency in taking detailed and accurate patient histories and conducting thorough physical examinations with appropriate consent and respect for patient dignity, and 2) Understand the relevance of clinical findings in diagnosis and management.
2. **Skill Development:** a) Acquire competency in core medical procedures such as intravenous cannulation, arterial blood gas sampling, lumbar puncture, blood culture collection, and ECG interpretation, and b) Gain exposure to allied medical procedures such as thoracentesis, paracentesis, and central venous catheterization under supervision.
3. **Patient Management:** a) Document detailed history, clinical notes, diagnostic plans, progress notes, and discharge summaries with clarity and precision, b) Develop a structured approach to patient care in both outpatient and inpatient settings, including management of acute and chronic medical conditions, and c) Enhance understanding of multidisciplinary care through collaboration with allied healthcare teams.
4. **Compliance with Training Program:** a) Ensure alignment with the requirements set by the training program and regulatory bodies for successful certification, b) Document clinical exposure and competencies systematically to fulfill assessment and certification criteria.
5. **Assessment and Evaluation:** a) Maintain a transparent, verifiable record of clinical and procedural exposure for supervisors to assess progress and provide structured feedback, and b) Facilitate formative assessments during periodic evaluations to address gaps and enhance learning.
6. **Research and Academic Growth:** a) Promote the application of evidence-based medicine in diagnostic and therapeutic decision-making, and b) Encourage participation in case discussions, journal clubs, and audits to develop critical appraisal skills and contribute to academic learning.
7. **Professional Development:** a) Instill a patient-centered approach to care, emphasizing empathy, communication skills, and ethical medical practice, and b) Foster accountability and responsibility in clinical decision-making, preparing for future roles as competent healthcare professionals.

INSTRUCTIONS

1. All students should wear White Coat.
2. All students should wear their ID badges during the clinical rotation
3. Please follow RMU attendance policy.
4. Students are required to submit leave application in principal office in case of illness or family emergencies.
5. Students will not be permitted to makeup time missed without a leave application.
6. Students time schedule for clinical rotation will be set in the time table.
7. All students are required to attend the wards in the evening according to their unit schedule
8. The final year clinical rotation will be clinical clerkship and students will stay in the ward according to the unit schedule.
9. Student will have call days according to the unit schedule.
10. Student must write histories of all the patients on their allotted beds.
11. Mornings reports will be presented from 9:30 am to 10:00 am for 3rd year.
12. Students are always expected to maintain a professional and therapeutic relationship with patients.
13. Ward test at the end of clinical rotation is mandatory.
14. Your internal assessment is based on periodic assessment, ward test, and Mini CXA etc. per RMU policy.
15. All components of the workbook must be duly signed by head of department where required and countersigned by DME.
16. Record must be kept for internal assessment of annual examination.

How to Document /SOPs

- All history taking, examination should be documented according to the format provided in the beginning.
- Students must write ten histories during medicine rotation.
- Morning progress will be on SOAP format (subjective, objective, assessment, plan).

MEDICINE

Hospital _____
Unit _____
Professor In charge _____
Dates From_____to _____

Morning Attendance No of days_____, Attended_____, %_____
No of Evening _____Attended_____, %_____

SR/AP INCHARGE REMARKS

_____
_____
_____

Signature/Stamp of SR/AP. _____ Date_____

PROFESSOR REMARKS

_____
_____
_____

Signature/Stamp of Professor _____ Date_____

DME REMARKS

_____
_____
_____

Signature/Stamp of DME Officer _____ Date_____

HISTORY TAKING AND PHYSICAL EXAM CHECKLIST

1.	**SETTING THE STAGE FOR THE INTERVIEW**
a.	Introduction and greeting
b.	Asked patient's name and age, occupation, education, residence, mode and date of admission
2.	**PRESENTING COMPLAINTS**
a.	Used concise, easily understood questions and complaints (avoid medical terminology) with duration in chronological order
3.	**HISTORY OF THE PRESENT ILLNESS (HPI)**
a.	Used open-ended and closed questions appropriately, moving from open to closed.
b.	Characteristics (both quality and severity)
c.	Location and/or radiation
d.	Onset and/or duration
d.	Symptoms associated with the concern
e.	Exacerbating factors
f.	Relieving factors
g.	Details of all presenting complaints mentioned above
4.	**SYSTEMIC REVIEW**
a.	General
b.	Skin
	Change in skin color, rash, nail or hair changes
c. Respiratory	
	Cough
	Shortness of breath? (dyspnea)
	Wheezing or tightness in your chest?
	Sputum/phlegm or blood in cough (hemoptysis)?
	Chest pain with coughing or breathing? (pleurisy)
d. Cardiovascular	
	Chest pain
	Shortness of breath when lying down or need to sit up to breathe? (orthopnea)/ at night (paroxysmal nocturnal dyspnea)
	Feet swelling? (edema)
	Irregular heartbeats or sensation that your heart is racing or skipping beats? (palpitations)
e. Gastrointestinal	
	Difficulty swallowing? (dysphagia)
	Heartburn? (reflux)
	Nausea, vomiting, blood in vomiting (hematemesis)
	Pain abdomen
	Excessive belching/burping?
	Excessive gas? (flatulence)
	Difficult or infrequent bowel movements (constipation)?
	Loose or frequent bowel movements (diarrhea)?
	Bloody or black tarry stools? (melena)
	Yellowish discoloration of the skin/whites of the eyes with dark urine (jaundice)
	Rectal pain, rectal discharge or rectal itching (pruritis ani)?
f. Neurologic	
	Fainting or passing out? (syncope)
	Seizures?
	Weakness on one side of your body? (paralysis)
	Shaking that you can't stop? (tremors)
	Loss of feeling (anesthesia) or numbness (paresthesia) in part of your body?

Dizziness?
Loss of balance or lack of coordination? (incoordination)
Alterations in consciousness?
Headache
g. Urinary
Urinating often? (frequency)
Need to urinate suddenly? (urgency)
Burning when you urinate? (dysuria)
Urinating blood? (hematuria)
Getting up more than once a night to urinate? (nocturia)
Loss of control of urinating? (urinary incontinence)
Pebbles or gravel in your urine? (renal stones), slow to start urinating? (hesitancy)
c. Endocrine
Swelling in neck
Feeling unusually hot or cold? (heat/cold intolerance)
Loss of sexual drive? (libido)
Excessive thirst?
Hat/ring / glove size getting bigger? (enlarging glove or hat size)
d. Hematopoietic
Swelling, lumps or bumps anywhere. (lymphadenopathy, enlarging glands)
Bleeding or bruising tendencies?
Frequent or unusual infections?
e. Musculoskeletal
Frequent fractures?
Trouble with your joints such as pain, stiffness or swelling?
Muscle pain or weakness?
Low back pain?
Difficulty moving or walking?
Aching or cramping pain in calves while walking? (claudication)
f. Head and Neck
Headaches?
Head injury? (trauma)
Neck stiffness?
g. Eyes
Bright flashes of light?
Changes in vision?
Spots in visual field (floaters)?
Double vision? (diplopia)
Pain, redness of eyes
h. Ears, Nose, Sinuses, Mouth and Throat
Sore throat?
Painful tooth?
Decreased or a change in your sense of taste?
Difficult speech/ hoarseness of voice
Nasal drainage or nosebleeds? (epistaxis)
Loss of hearing
Ringing in ears
i. Breasts
Pain/ mass / discharge
j. Male Reproductive

Lump or swelling of your scrotum? (scrotal swelling or mass/ hernia)
Scrotal pain?
Discharge from your penis? (urethral discharge)
Sores on your penis?
k. Psychiatric
Nervousness? (anxiety)
Being sad or blue? (depression)
Having a really up mood? (mania)
Seeing or hearing things that don't exist? (hallucinations)
5. PAST MEDICAL HISTORY
Past major illness for which admitted in hospital or took treatment
6. PAST SURGICAL HISTORY
Surgical procedures and hospital admissions
7. OBSTETRIC AND GYNAECOLOGICAL HISTORY
a. Menstrual history (onset of menses, cycle length, pads soaked per daily)
b. Number of pregnancies and complications
c. Menopause (onset)
d. Contraception methods
8. IMMUNIZATION HISTORY
a. BCG, Hepatitis B, COVID , EPI vaccines
9. FAMILY HISTORY
a. Ages of immediate family members
b. Physical and mental health of immediate family members
c. Family members with similar symptoms and signs
d. Presence of chronic and/or infectious diseases in family members
10. SOCIAL HISTORY
a. Marriage/other relationships and outcome (e.g. spouse, partner, children)
b.Household composition/living situation (e.g. alone or with others, relationships; care giving)
11. PERSONAL HISTORY
Tobacco, Alcohol, Recreational drugs use
Sexually active Partners (ask male/female/both), history of sexually transmitted disease
Occupational hazard/environmental exposures

GENERAL PHYSICAL EXAMINATION

1. Greetings
2. Informed content
3. Adequate exposure
4. General appearance (young/ old, healthy/ill)
5. Physique (normal, tall/short, obese/thin lean, puffy)
6. Consciousness (alert, confused, drowsy, unconscious)
7. Posture
8. BMI
Vital Signs
1. Blood pressure(mmHg)
2. Pulse per minute, rate, rhythm, character, volume, peripheral pulses, radio radial delay, radio femoral delay, condition of vessel wall
3. Temperature
4. Respiratory rate per minute
Hand examination
1. Nails (pallor, cyanosis, koilonychia, clubbing, splinter hemorrhage, leukonychia, pitting, half and half nails)
2. Fingers (Osler's nodes, Heberden's nodes, Bouchard's node, joint swelling, deformity of fingers, arachnodactyly
3. Palm (pallor, palmer erythema, sweating, Dupuytren's contracture)
4. Face (puffiness, proptosis, xanthelasmas, color of lower conjunctiva, sclera color, skin color, rash, hirsutism, parotid glands, lips, tongue)
5. Neck (thyroid, neck veins, lymph nodes)
6. Axilla (lymph nodes)
7. Groin (lymph nodes)
8. Feet (clubbing, koilonychia, cyanosis, loss of hair, edema)
9. Edema (dorsum of foot, behind medial malleolus, shin, sacrum)

CARDIOVASCULAR SYSTEM EXAMINATION

• Radial pulse, rate, rhythm, volume, character, radio radial delay, radio femoral delay, condition of vessel wall, palpation of all peripheral pulses
• Juglar venous pulse (JVP)
EXAMINATION OF PRECORDIUM
Inspection
Chest deformity, bulging of precordium, scar, pulsations, prominent veins)
Palpation
Apex beat, left parasternal heave, palpable heart sounds, thrill, palpable pericardial rub)
Auscultation
1. Auscultation of all cardiac area along with carotid timing
2. Heart sounds
3. Murmurs
4. Pericardial rub
5. Other sounds (opening snap, ejection click, mid systolic click, prosthetic valve sound)

RESPIRATORY SYSTEM

Inspection
1. Respiratory rate
2. Type of respiration
3. Chest shape
4. Chest deformity
5. Prominent veins, pulsations, scar marks
6. Chest movements
Palpation of the chest
Position of trachea, Chest expansion, Chest movements, Tactile fremitus, tenderness, Crepitus
Percussion of the chest:
Comparison of percussion note on both sides, Upper border of liver
Auscultation of the lungs
Breath sounds (vesicular/ bronchial breathing, decreased or absent breath sounds), Added sounds (pleural rub, crackles, wheezes, or rhonchi), Vocal resonance, whispering pectoriloquy, Forced expiratory time

EXAMINATION OF ABDOMEN

Inspection
Shape of abdomen, Movements of abdominal wall, Umbilicus, Pulsations, Scar, Striae, Prominent veins, Pubic hairs, Hernia orifices
Palpation
1. Superficial palpation
2. Deep palpation
3. Palpation of viscera (liver, spleen, kidneys, urinary bladder)
4. Dipping palpation
Percussion
1. For viscera (liver, spleen, urinary bladder, other masses)
2. For ascites (shifting dullness, fluid thrill)
Auscultation
Bowel sounds, Bruit, Friction sounds
Groin and genitalia
1. Hernias (inguinal, femoral)
2. Male/ female genitalia
3. Rectal examination

NERVOUS SYSTEM EXAMINATION

Higher mental function
1. Appearance and behavior
2. Orientation in time and place
3. Delusions and hallucinations
4. Orientation in time, place and person
5. Conscious level (check GCS)
6. Memory, general intelligence, Calculation
7. Released reflexes /Primitive reflexes
Speech
Cranial Nerve Examination
1. **1st: Olfactory nerve** (sense of smell)
2. **2nd:Optic nerve** (visual acuity, field of vision, color vision, fundoscopy)
3. **3rd:Occulomotor nerve** (ptosis, pupil size, light reflex, accommodation reflex, extraocular movements)
4. **4th: Trochlear nerve** (extraocular movements)
5. **5th: Trigeminal nerve** (motor function of temporalis, masseter, pterygoids, gag reflex, sensations of touch, pain on ophthalmic, maxillary and mandibular division)
6. **6th: Abducent nerve** (extraocular movements)
7. **7th: Facial nerve** (facial symmetry, drooling of saliva, forehead wrinkles, eye closure, showing of teeth, check for hyperacusis, taste sensation on anterior 2/3rd of tongue)

8. **8th: Vestibulocochlear nerve** (watch test, Rennie's test, Weber test, nystagmus)
9. **9th: Glossopharyngeal nerve** (gag reflex, palatal reflex, taste sensations on posterior 1/3rd of tongue)
10. **10th: Vague nerve** (nasal regurgitation, AH test, gag reflex)
11. **11th: Spinal accessory nerve** (shrugging of shoulders, neck movements against resistance)
12. **12th: Hypoglossal nerve** (size, wasting, deviation of tongue, tongue muscles power)
Motor system examination of upper and lower limbs
1. Bulk of muscles
2. Tone of muscles
3. Power of muscles
4. Reflexes
5. Coordination of movements
6. Involuntary movements
7. Gait/Examination of Spine.
Sensory system examination
1. Primary sensations: touch, pain, temperature, deep pain, sense of position and passive movements, sense of vibration
2. Cortical sensations: localization, two point discrimination, stereognosis, graphesthesia, perceptual rivalry
Cerebellar signs
1. Nystagmus
2. Scanning speech
3. Intention tremors
4. Incoordination
5. Dysdiadochokinesia
6. Rebound phenomenon
7. Pendular knee jerk
8. Hypotonia
9. Ataxia
10. Drunken gait

MEDICINE AND ALLIED
HISTORY TAKING FORMAT

Patient Bio Data

Patient's name: _____Age_____ Sex_____ Occupation_____

Date of Admission_____ Mode of Admission ER/OPD_____ Admission No._____

Ward _____Bed No. _____Contact Details_____

Presenting Complaints with duration (in chronological order)

1._____

2._____

3._____

Premorbid complaints/conditions

_____

_____

_____

History of presenting complaints/Illness

_____

_____

_____

_____

SYSTEMIC INQUIRY	
GENERAL COMPLAINTS	Appetite, weight loss, fever, fatigability, sleep pattern, mood changes, any other
RESPIRATORY SYSTEM	Cough, sputum, hemoptysis, dyspnea, sinusitis any other
CARDIOVASCULAR SYSTEM	Shortness of breath, chest pain, orthopnea, orthopnea, PND, palpitations, edema, claudication, any other
GASTROINTESTINAL SYSTEM	Nausea, vomiting,dyspepsia,haematemesis,jaundice,bowel habits,diet,any other
GENITOURINARY SYSTEM	Oliguria, polyuria, urgency, hesitancy, incontinence, impotence, menstruation, any other
NERVOUS SYSTEM	Headache, blackouts, fits, tremors, paresthesia, paralysis, gait disturbances, any other
MUSCULOSKELETAL SYSTEM	Myalgias,arthralgias,arthritis, any other
OBSTETRIC DETAIL	Pregnancy, C-section, normal deliveries, transfusion, other

Past History

_____

_____

Personal History

_____

_____

Family History

_____

Drug history/Treatment history

_____

Menstrual and obstetric history in case of female

_____

Socioeconomic history

_____

History of allergies

_____

GENERAL PHYSICAL EXAMINATION- FORMAT

Date _____ Unit/ward _____

Appearance, Behavior, Posture, Build, State of Nutrition and Dehydration
Vitals: BP_____ Pulse _____Temp_____ Respiratory Rate_____

Weight_____ Height _____BMI _____

HANDS:

Shape, Temperature Deformity Grip Nails
Clubbing Koilonychia Leukonychia Color, Pits
Heberden Nodes, Bouchard Nodes Digital Infarct, Periungual, Telangiectasia's
Splinter Hemorrhage Onycholysis Baselines, Paronychia
Dupuytren Contracture Spindling of Finger Ulnar deviation,
Palma Erythema, Thenar and Hypothenar Muscles,
Dorsal Guttering, Tremors Flaps

HAIR AND SCALP

Color of Hairs, Texture of Hair, Frontal baldness, Temporal Recession,
Alopecia, Anxious Faces, Cushingoid Faces, Facial Puffiness,
Periorbital Puffiness, Mask like Face Anemia Depressed looking,
Facial Asymmetry, Dehydration, Oral Hygiene Body odor
Lips Color, Angle of mouth or Stomatitis, Coating of Tongue.
Teeth: Carries Missing Brown Line Blue Line
Complexion: Pale Cyanosed Plethoric, Sallow Cherry Red
Neck: Thyroid _____
Signs of Thyrotoxicosis: Staring look_____Lid retraction____Lid lag ____Exophthalmos____Tremors_____

Lymph nodes: Cervical Lymph nodes, Sites , Number, size, tenderness Discreet or matted Temperature over skin, Scarring of skins, Sinus , Discharge, Adherent to deep structures, soft, firm , hard

Axillary Nodes

Sites, Number, Size, Tenderness, Discrete or matted, soft, firm , hard
Temperature over skin, Scarring of skin, Sinus , Discharge, Adherent to deep structures
Soft, firm, hard,

Inguinal Nodes Sites, Number, Size, Tenderness, Discrete or Matted Soft , Firm, Hard Discharge,
Temperature over skin, Skin, Scarring of skin, Sinus, Discharge, Adherent to deep structure.

Sacral and Pedal Edema_____

CARDIOVASCULAR SYSTEM (CVS)-FORMAT

PULSE

Rate _____ Rhythm _____ Volume _____ Tension _____ Vessel Wall _____
Character of Pulse _____ Radio Femoral Delay _____
Comparison of Pulses _____

Blood Pressure _____

Juglar Venus Pulse (JVP) _____

Examination of Precordium

Inspection:

Shape of precordium chest _____ Scars _____ Vessels _____Pulsation _____ Apexbeat_____

Palpation:

Apex Beat: Site _____ Type _____ Character _____

Left Parasternal Heave _____ Palpable Heart Sounds _____ Thrills _____

Percussions:

_____

Auscultation:

S1 _____ S2 _____
S3 _____ S4 _____

Murmurs _____
Any other _____

Mitral Area: S1 _____ S2 _____ S1 _____

Tricuspid Area _____

Pulmonary Area _____

Aortic Area _____

CENTRAL NERVOUS SYSTEM (CNS)- FORMAT

MENTAL STATE EXAMINATION

Conscious Level _____ GCS _____
Orientation to time _____ Place _____ Person _____

Speech:

- Dysarthria's / Apraxia
- Dysphasia / Aphasia

a. Motor _____

b. Sensory _____

Registration: Test by asking patient to repeat 3 item lists. _____

Repetition: By asking the patient to repeat a phrase . _____

Comprehension: Test by asking the patient to follow 3 steps command . _____

Reading: Test reading by asking the patient to follow a written command. _____

Writing: Test writing by asking the patient to write a sentence. _____

Naming: Test by asking the patient to name 3 objects. _____

Visual Special Construction: Test by asking the patient to copy a figure or draw a clock. _____

Immediate Memory (Attention): Test by giving 3 items to remember then asking for them 5 minutes later._____

Recent Memory: Test by asking recent current events. _____

Remote memory: Test asking the past events . _____

CRANIAL NERVES- EXAMINATION FORMAT

1st Cranial Nerve:

- Check for Smell _____

2nd Cranial Nerve:

- Visual Acuity _____
- Colour Vision _____
- Field of Vision _____
- Fundoscopy _____

3rd, 4th, 6th Cranial Nerve:

- Ptosis _____ Squint _____ Pupil R _____ L _____
- Eyes movements _____
- Light Reflex: Direct and Consensual _____
- Accommodation reflex _____

5th Cranial Nerve:

- Check for muscle of mastication _____
- Check for sensation over face _____
- Jaw Jerk _____

7th Cranial Nerve:

- Test muscles fascial expression _____

8th Cranial Nerve:

- Test for Hearing _____
- Tests for nystagmus and equilibrium _____
- Tuning fork tests Rinnies, Webbers _____

9th Cranial Nerve:

- Taste Sensation over posterior one third of tongue _____
- Gag Reflex _____

10th Cranial Nerve:

- Nasal Voice _____ Test for Palatal Movements _____
- Nasal Regurgitation _____

11th Cranial Nerve:

- Test for Sternocleidomastoid _____
- Test for Shoulder Elevation _____

12th Cranial Nerve:

- Test for Tongue Movements _____

MOTOR SYSTEM- EXAMINATION FORMAT

Bulk _____
Deformity _____
Posture _____
Abnormal Movements / Fasciculations_____

Tone R. Upper Limb_____L. Upper Limb _____
R. Lower Limb _____ L. Lower Limb _____

Power with grading_____

Reflexes _____

UPPER LIMB

	Power Grade Right (R.)	**Power Grade** Left.(L)
Flexors of Finger	_____	_____
Extensors of Finger	_____	_____
Abductors of Finger	_____	_____
Adductors of Finger	_____	_____
Flexors of Wrist	_____	_____
Extensors of Wrist	_____	_____
Adductors of Wrist	_____	_____
Flexors of Elbow	_____	_____
Extensors of Elbow	_____	_____
Adductors of Elbow	_____	_____
Flexors of Shoulder	_____	_____
Extensors of Shoulder	_____	_____
Adductors of Shoulder	_____	_____
Abductors of Shoulder	_____	_____
Internal Rotation of Shoulder	_____	_____
External Rotation of Shoulder	_____	_____

LOWER LIMB

	Power Grade Right (R)	Power Grade Left (L)
• Flexors of Toes	_____	_____
• Extensors of Toes	_____	_____
• Abductors of Toes	_____	_____
• Adductors of Toes	_____	_____
• Dorsiflexors of Foot	_____	_____
• Planter Flexors of Foot	_____	_____
• Eversion of Foot	_____	_____
• Inversion of Foot	_____	_____
• Flexors of Knee Joint	_____	_____
• Extensors of Knee Joint	_____	_____
• Flexors of Hip Joint	_____	_____
• Extensor of Hip Joint	_____	_____
• Adductors of Hip Joint	_____	_____
• Abductors of Hip Joint	_____	_____
• Internal Rotation of Hip Joint	_____	_____
• External Rotation of Hip Joint	_____	_____

Any other _____

_____

REFLEXES

• Biceps	_____	_____
• Triceps	_____	_____
• Supinator Jerk	_____	_____
• Knee Jerk	_____	_____
• Ankle Jerk	_____	_____
• Patellar Clonus	_____	_____
• Ankle Clonus	_____	_____
• Babinski's sign	_____	_____

ABDOMINAL REFLEXES

_____

_____

Conclusion / Diagnosis _____

Signature of Tutor _____

CEREBELLAR SYSTEM EXAMINATION FORMAT

Nystagmus _____
Speech_____
Tone (R) _____ (L)_____
Finger Nose Test (R) _____(L) _____
Dysdiadochokinesia (R) _____ (L)_____
Rebound Phenomenon (R) _____ (L) _____
Heel Knee Shin Test (R) _____ (L)_____
Pendular Knee Jerk (R) _____ (L) _____
Gait_____

Conclusion / Diagnosis_____

Signature of Tutor _____

SENSORY SYSTEM EXAMINATION

Patient Name _____Age _____Sex _____Occupation _____
Date of Admission_____ Mode of Admission ER / OPD _____Admission No.
_____Ward_____Bed No. _____Contact Details _____

Superficial Sensations

Pain (R) _____ (L)_____
Touch (R) _____ (L)_____
Temp (R) _____ (L) _____

Deep Sensations

Sense of Vibrations (R) _____ (L) _____
Sense of Movement (R) _____ (L) _____
Joint Position Sense (R) _____ (L)_____
Two Point Discrimination (R) _____ (L) _____

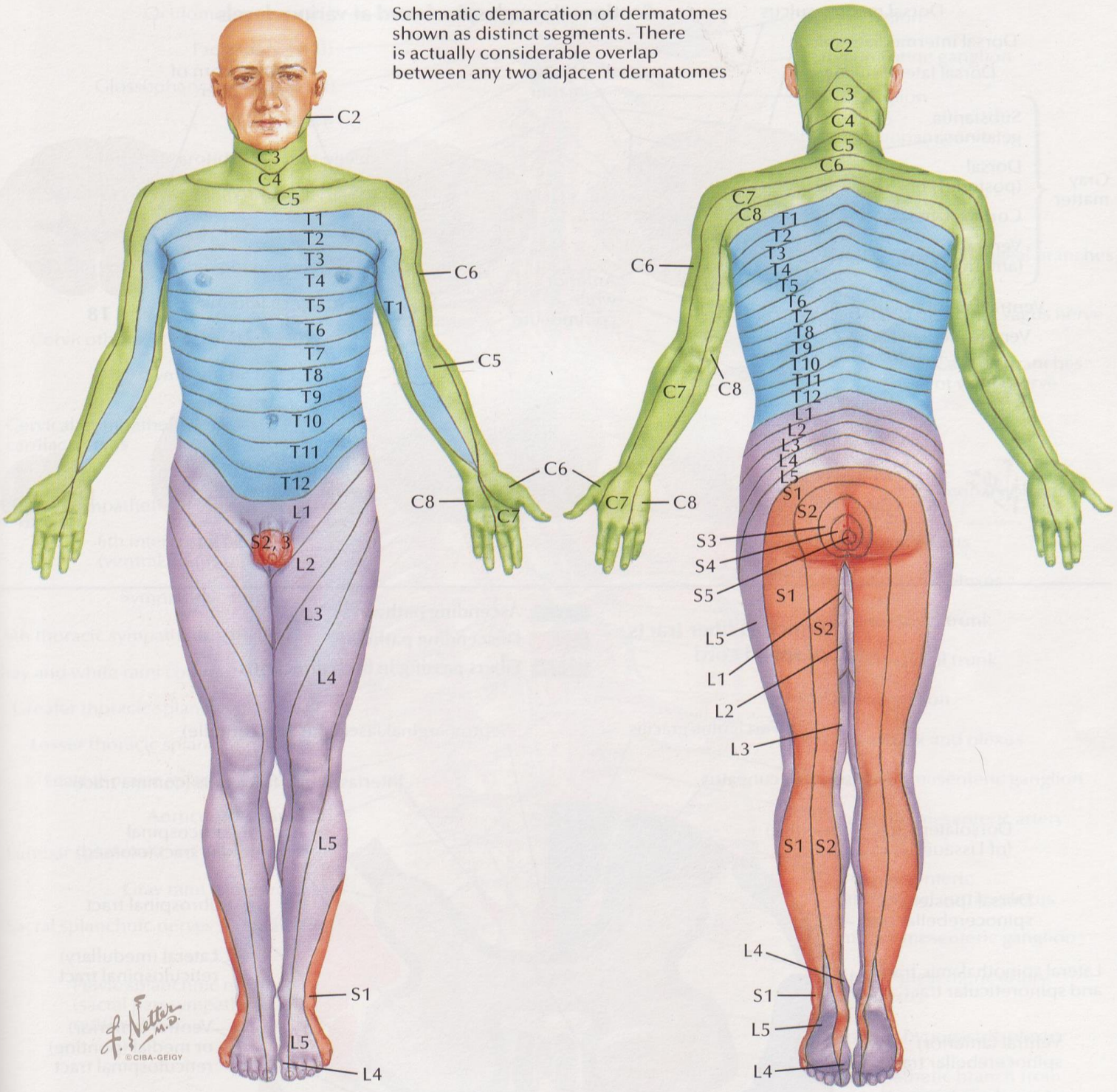
Cortical Sensations

- Stereognosis_____
- Sensory Inattention _____
- Graphesthesia_____

Conclusion / Diagnosis_____

Signature of Tutor _____

Schematic demarcation of dermatomes shown as distinct segments. There is actually considerable overlap between any two adjacent dermatomes



Levels of principal dermatomes

C5	Clavicles
C5, 6, 7	Lateral parts of upper limbs
C8, T1	Medial sides of upper limbs
C6	Thumb
C6, 7, 8	Hand
C8	Ring and little fingers
T4	Level of nipples
T10	Level of umbilicus
T12	Inguinal or groin regions
L1, 2, 3, 4	Anterior and inner surfaces of lower limbs
L4, 5, S1	Foot
L4	Medial side of great toe
S1, 2, L5	Posterior and outer surfaces of lower limbs
S1	Lateral margin of foot and little toe
S2, 3, 4	Perineum

SKULL AND SPINE- EXAMINATION FORMAT

Skull:

Tenderness _____

Injuries _____

Depressed Fracture_____

Spine:

Deformity_____

Tenderness _____

Gibbus_____

Signs of Meningeal Irritation:

Neck Rigidity _____

Kernig Signs_____

Brudzinski Sign _____

FINAL / DIAGNOSIS _____

HISTORY AND EXAMINATION -1

Patient Bio data

Patient's name: _____Age_____ Sex_____Occupation_____

Date of Admission_____Mode of Admission ER/OPD_____Admission No._____

Ward _____Bed No. _____Contact Details_____

HISTORY TAKING

HISTORY TAKING

HISTORY TAKING

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SUMMARY OF HISTORY

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Conclusion /Diagnosis

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INVESTIGATION PLAN

ENLIST THE INVESTIGATION REQUIRED.

1._____ 2. _____

3._____. 4. _____

5._____ 6. _____

7._____ 8. _____

9._____ 10. _____

WRIE ABNORMAL INVESTIGATION /REPORTS.

1._____

2._____

3._____

X-RAY _____

_____

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ECG_____

_____

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ANY OTHER ABNORMAL REPORTS

_____

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MANAGEMENT PLAN

ENLIST THE MANAGEMENT PLAN

1._____

2._____

3._____

4._____

5._____

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10._____

WRITE THE MEDICATION PATIENT RECEIVING WITH DOSES AND TIMING

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PROGRESS NOTE

DAY 1

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DAY -2

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DAY 3

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IFINAL ASSESSMENT_____

SIGNATURE OF TUTOR/CONSULTANT _____

MORNING REPORT

NIGHT CALL/CLINICAL WORK

PATIENT Name_____Age_____Sex_____Occupation_____

Date of admission_____Mode of admission ER/OPd_____ADMISSION NO_____

WARD_____Bed no._____Contact details_____

ENLIST CLINICAL WORK DONE

1._____

2._____

3._____

4._____

5._____

Enlist Procedure Observed /Performed

1._____

2._____

3._____

4._____

5._____

Any Other.

1._____

2._____

3..._____

4._____

5._____

TUTOR SIGNATURE_____

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HISTORY AND EXAMINATION -2

Patient Bio data

Patient's name: _____Age_____ Sex_____Occupation_____

Date of Admission_____Mode of Admission ER/OPD_____Admission No._____

Ward _____Bed No. _____Contact Details_____

HISTORY TAKING

HISTORY TAKING

HISTORY TAKING

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SUMMARY OF HISTORY

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Conclusion /Diagnosis

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INVESTIGATION PLAN

ENLIST THE INVESTIGATION REQUIRED.

1._____ 2. _____

3._____. 4. _____

5._____ 6. _____

7._____ 8. _____

9._____ 10. _____

WRIE ABNORMAL INVESTIGATION /REPORTS.

1._____

2._____

3._____

X-RAY _____

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ECG_____

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ANY OTHER ABNORMAL REPORTS

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MANAGEMENT PLAN

ENLIST THE MANAGEMENT PLAN

1._____

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WRITE THE MEDICATION PATIENT RECEIVING WITH DOSES AND TIMING

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PROGRESS NOTE

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DAY 3

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FINAL ASSESSMENT_____

SIGNATURE OF TUTOR/CONSULTANT _____

MORNING REPORT

NIGHT CALL/CLINICAL WORK

PATIENT Name_____Age_____Sex_____Occupation_____

Date of admission_____Mode of admission ER/OPd_____ADMISSION NO_____

WARD_____Bed no._____Contact details_____

ENLIST CLINICAL WORK DONE

1._____

2._____

3._____

4._____

5._____

Enlist Procedure Observed /Performed

1._____

2._____

3._____

4._____

5._____

Any Other.

1._____

2._____

3..._____

4._____

5._____

TUTOR REMARKS & SIGNATURES _____

_____

HISTORY AND EXAMINATION -3

Patient Bio data

Patient's name: _____Age_____ Sex_____Occupation_____

Date of Admission_____Mode of Admission ER/OPD_____Admission No._____

Ward _____Bed No. _____Contact Details_____

HISTORY TAKING

HISTORY TAKING

HISTORY TAKING

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SUMMARY OF HISTORY

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Conclusion /Diagnosis

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INVESTIGATION PLAN

ENLIST THE INVESTIGATION REQUIRED.

1._____ 2. _____

3._____. 4. _____

5._____ 6. _____

7._____ 8. _____

9._____ 10. _____

WRIE ABNORMAL INVESTIGATION /REPORTS.

1._____

2._____

3._____

X-RAY _____

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ECG_____

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ANY OTHER ABNORMAL REPORTS

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MANAGEMENT PLAN

ENLIST THE MANAGEMENT PLAN

1._____

2._____

3._____

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WRITE THE MEDICATION PATIENT RECEIVING WITH DOSES AND TIMING

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PROGRESS NOTE

DAY 1

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DAY 3

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IFINAL ASSESSMENT_____

SIGNATURE OF TUTOR/CONSULTANT _____

MORNING REPORT

NIGHT CALL/CLINICAL WORK

PATIENT Name_____Age_____Sex_____Occupation_____

Date of admission_____Mode of admission ER/OPd_____ADMISSION NO_____

WARD_____Bed no._____Contact details_____

ENLIST CLINICAL WORK DONE

1._____

2._____

3._____

4._____

5._____

Enlist Procedure Observed /Performed

1._____

2._____

3._____

4._____

5._____

Any Other.

1._____

2._____

3..._____

4._____

5._____

TUTOR SIGNATURE_____

_____

HISTORY AND EXAMINATION -4

Patient Bio data

Patient's name: _____Age_____ Sex_____Occupation_____

Date of Admission_____Mode of Admission ER/OPD_____Admission No._____

Ward _____Bed No. _____Contact Details_____

HISTORY TAKING

HISTORY TAKING

HISTORY TAKING

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SUMMARY OF HISTORY

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Conclusion /Diagnosis

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INVESTIGATION PLAN

ENLIST THE INVESTIGATION REQUIRED.

1._____ 2. _____

3._____. 4. _____

5._____ 6. _____

7._____ 8. _____

9._____ 10. _____

WRIE ABNORMAL INVESTIGATION /REPORTS.

1._____

2._____

3._____

X-RAY _____

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ECG_____

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ANY OTHER ABNORMAL REPORTS

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MANAGEMENT PLAN

ENLIST THE MANAGEMENT PLAN

1._____

2._____

3._____

4._____

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WRITE THE MEDICATION PATIENT RECEIVING WITH DOSES AND TIMING

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PROGRESS NOTE

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DAY 3

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FINAL ASSESSMENT_____

SIGNATURE OF TUTOR/CONSULTANT _____

MORNING REPORT

NIGHT CALL/CLINICAL WORK

PATIENT Name_____Age_____Sex_____Occupation_____

Date of admission_____Mode of admission ER/OPd_____ADMISSION NO_____

WARD_____Bed no._____Contact details_____

ENLIST CLINICAL WORK DONE

1._____

2._____

3._____

4._____

5._____

Enlist Procedure Observed /Performed

1._____

2._____

3._____

4._____

5._____

Any Other.

1._____

2._____

3.._____

4._____

5._____

TUTOR SIGNATURE _____

_____

Patient Bio data

Patient's name: _____Age_____ Sex_____Occupation_____

Date of Admission_____Mode of Admission ER/OPD_____Admission No._____

Ward _____Bed No. _____Contact Details_____

HISTORY TAKING

HISTORY TAKING

HISTORY TAKING

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SUMMARY OF HISTORY

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Conclusion /Diagnosis

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INVESTIGATION PLAN

ENLIST THE INVESTIGATION REQUIRED.

1._____ 2. _____

3._____. 4. _____

5._____ 6. _____

7._____ 8. _____

9._____ 10. _____

WRIE ABNORMAL INVESTIGATION /REPORTS.

1._____

2._____

3._____

X-RAY _____

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ECG_____

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ANY OTHER ABNORMAL REPORTS

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MANAGEMENT PLAN

ENLIST THE MANAGEMENT PLAN

1._____

2._____

3._____

4._____

5._____

6._____

7._____

8._____

9._____

10._____

WRITE THE MEDICATION PATIENT RECEIVING WITH DOSES AND TIMING

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PROGRESS NOTE
DAY 1

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DAY -2

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DAY 3

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IFINAL ASSESSMENT_____

S**IGNATURE OF TUTOR/CONSULTANT** _____

MORNING REPORT

NIGHT CALL/CLINICAL WORK

PATIENT Name_____Age_____Sex_____Occupation_____

Date of admission_____Mode of admission ER/OPd_____ADMISSION NO_____

WARD_____Bed no._____Contact details_____

ENLIST CLINICAL WORK DONE

1._____

2._____

3._____

4._____

5._____

Enlist Procedure Observed /Performed

1._____

2._____

3._____

4._____

5._____

Any Other.

1._____

2._____

3.._____

4._____

5._____

TUTOR SIGNATURE _____

_____

Workbook and Log Books for Final Year MBBS Medicine & Allied Block

The Workbook and Log Books are integral components of the documentation and assessment processes in the Final Year MBBS Medicine & Allied Block at Rawalpindi Medical University. These tools are meticulously designed to ensure that every aspect of the modules and blocks is thoroughly documented and appropriately assessed, enhancing the educational experience and ensuring compliance with academic standards.

Purpose of the Workbook and Log Books

- **Workbook**: The Workbook serves as a structured guide for students throughout their clinical rotations. It includes detailed outlines of learning objectives, procedural skills to be mastered, and reflection spaces for personal notes and observations. This resource is essential for students to track their progress, prepare for examinations, and ensure they meet all educational requirements.
- **Log Books**: Log Books are used to record each student's individual experiences and achievements during their clinical clerkship. These books are critical for documenting the variety and depth of clinical exposure each student receives. Entries in the Log Book are typically verified by supervising physicians, who ensure that the students actively participate and achieve competency in various clinical tasks.

Features and Benefits

- **Comprehensive Documentation**: Both the Workbook and Log Books allow for comprehensive documentation of the students' learning journey, detailing every clinical encounter and procedural skill acquired during the clerkship.
- **Assessment and Feedback**: These tools are vital for ongoing assessments, providing a basis for constructive feedback from instructors and peers. They help identify areas where students excel and aspects where they may need further guidance or improvement.
- **Standardization and Accountability**: The use of these books standardizes the training process, ensuring that all students meet the same rigorous standards of knowledge and practice. They also hold students accountable for their learning, encouraging them to engage fully with all aspects of their training.

Implementation and Usage

Students are required to carry their Workbook and Log Books during all clinical rotations, updating them regularly to reflect their experiences and learnings. Faculty members review these books periodically to assess students' progress and provide targeted feedback. The meticulous record-keeping facilitated by these books also aids in the accreditation and continuous improvement of the medical program.

Overall, the Workbook and Log Books are essential for ensuring that the educational objectives of the Medicine & Allied Block are met with high standards of documentation and assessment, preparing students for successful careers in

Policy for Feedback on Medicine and Allied Block from Final Year MBBS Students of Rawalpindi Medical University

The undergraduate medical curriculum requires regular revision to maintain its relevance and effectiveness. Feedback from students is essential for identifying areas that need improvement in the Medicine and Allied curriculum of Final year MBBS. The following outlines the policy for collecting and acting on student feedback:

1. Feedback Collection Mechanism

Feedback will be gathered through a student course evaluation questionnaire tailored for the Medicine and Allied block, based on existing formats recommended by the institution. This questionnaire will be administered at the conclusion of each module and the end of Block. Additional feedback on assessment practices and clinical teaching experiences will be sought to ensure comprehensive input.

2. Communication of Feedback

The feedback collected will be formally communicated in writing to the Dean and all relevant Heads of Departments of (Medicine and Allied specialties).
Summary reports will be shared with the respective Heads of Departments to address concerns and suggestions.

3. Addressing Feedback

Any suggestions, recommendations, or grievances raised by the students will be discussed in collaboration with the relevant Head of Department.
Action points and resolutions will be documented and submitted to the Dean of Medicine.

4. Responsible Personnel for Feedback Process

Dr. [Name] will be responsible for the overall supervision of the feedback process on the Medicine and Allied block.

Dr. [Name] will be responsible for distributing and collecting feedback questionnaires from final-year MBBS students.

Dr. [Name] will be responsible for analyzing the data and preparing feedback reports.

This feedback process will ensure that student input is systematically considered and incorporated to improve the curriculum, teaching methods, and assessment in the Medicine and Allied block.

The questionnaire for the feedback is given below.

Introduction:

This is the questionnaire to gather feedback from final-year MBBS students of Rawalpindi Medical University regarding the Medicine and Allied Curriculum. The survey items are grouped under four constructs: Course Content, Teaching and Learning, Assessment, and Effectiveness of Curriculum Implementation. Responses are recorded on a Likert scale from 1 to 5, where:

1 = Strongly Disagree
2 = Disagree
3 = Neutral
4 = Agree

5 = Strongly Agree

Medicine and Allied Curriculum Feedback Questionnaire

Section 1: Course Content

The course content provides a comprehensive understanding of essential topics in Medicine and Allied fields.

- The curriculum covers a balanced range of theoretical and practical knowledge.
- The course content is relevant to real-life clinical scenarios and patient care.
- The course content is up-to-date with the latest medical practices and guidelines.
- The curriculum adequately addresses emerging health issues pertinent to Pakistan.

Section 2: Teaching and Learning

The teaching methods used enhance my understanding of Medicine and Allied subjects.

- Clinical rotations provide sufficient hands-on experience in diagnosis and management.
- Faculty members use effective teaching strategies to clarify complex concepts.
- Teaching resources (e.g., slides, handouts, recommended readings) are sufficient and beneficial.
- Faculty are approachable and open to answering questions and providing additional guidance.

Section 3: Assessment

Assessments in this course accurately reflect the content taught during the year.

- Exam questions (written/oral) are relevant and align with the learning objectives.
- There is a good balance of formative and summative assessments.
- Assessment methods allow students to demonstrate critical thinking and clinical skills.
- Feedback provided on assessments helps improve my learning.

Section 4: Effectiveness of Curriculum Implementation

The Medicine and Allied curriculum is implemented in a structured and organized manner.

- Clinical placements are well-coordinated and provide meaningful learning experiences.
- Time allocated to different topics and rotations is appropriate for effective learning.
- The curriculum promotes an integrated understanding of multiple disciplines.
- The overall curriculum prepares me well for real-world medical practice and postgraduate training.

Optional Comments:

What aspects of the Medicine and Allied Curriculum do you find most beneficial?

- What areas of the curriculum do you feel need improvement?
- Additional suggestions for enhancing the Medicine and Allied Curriculum at RMU: