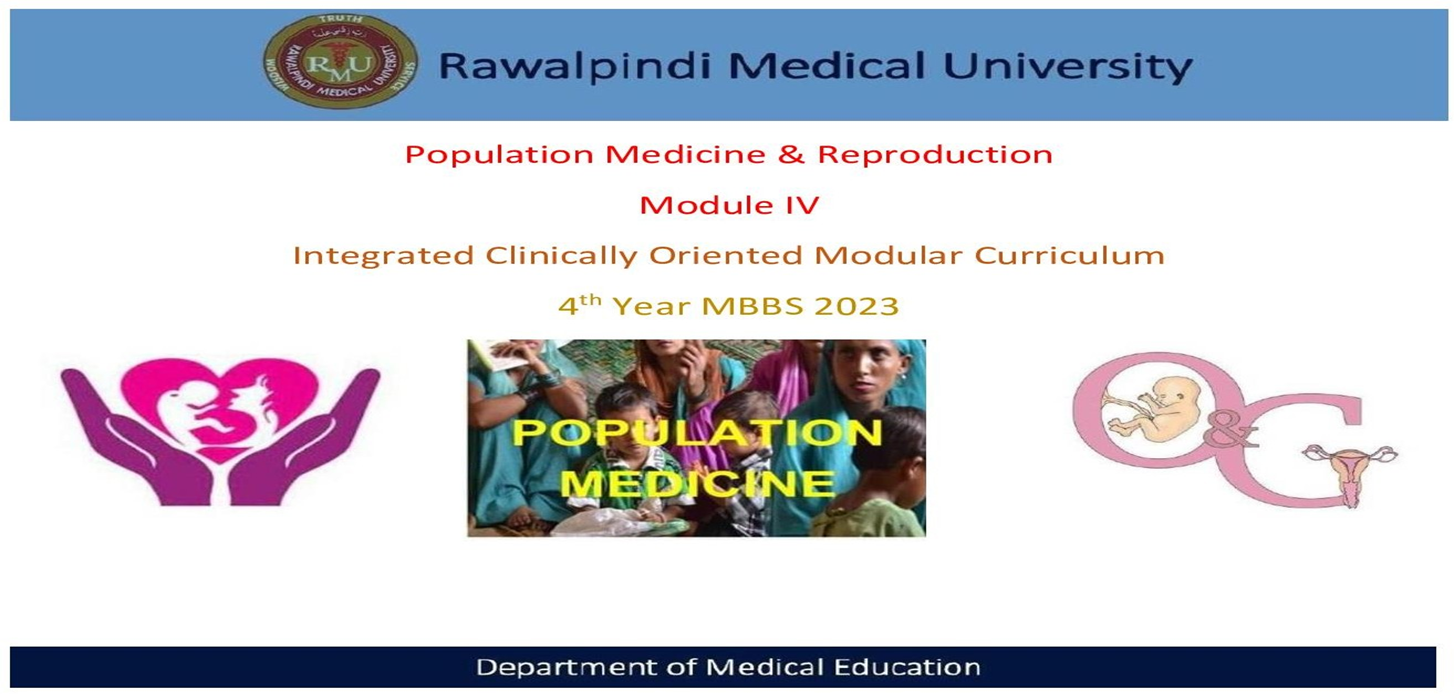
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**Population Medicine and Reproductive Health Block-XII**

**4th Year MBBS. Batch 49**

**Study Guide 2025**

Rawalpindi Medical University

Department of Medical Education (DME)

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| Dean HOD Gynae/Obs Prof Dr. Shagufta Sial, ,Dr Ismat Batool AP Gynae Department BBH | 2019-2020 | 2nd | Developed for Fourth Year MBBS.  Horizontally and vertically integrated  Learning objectives updated |
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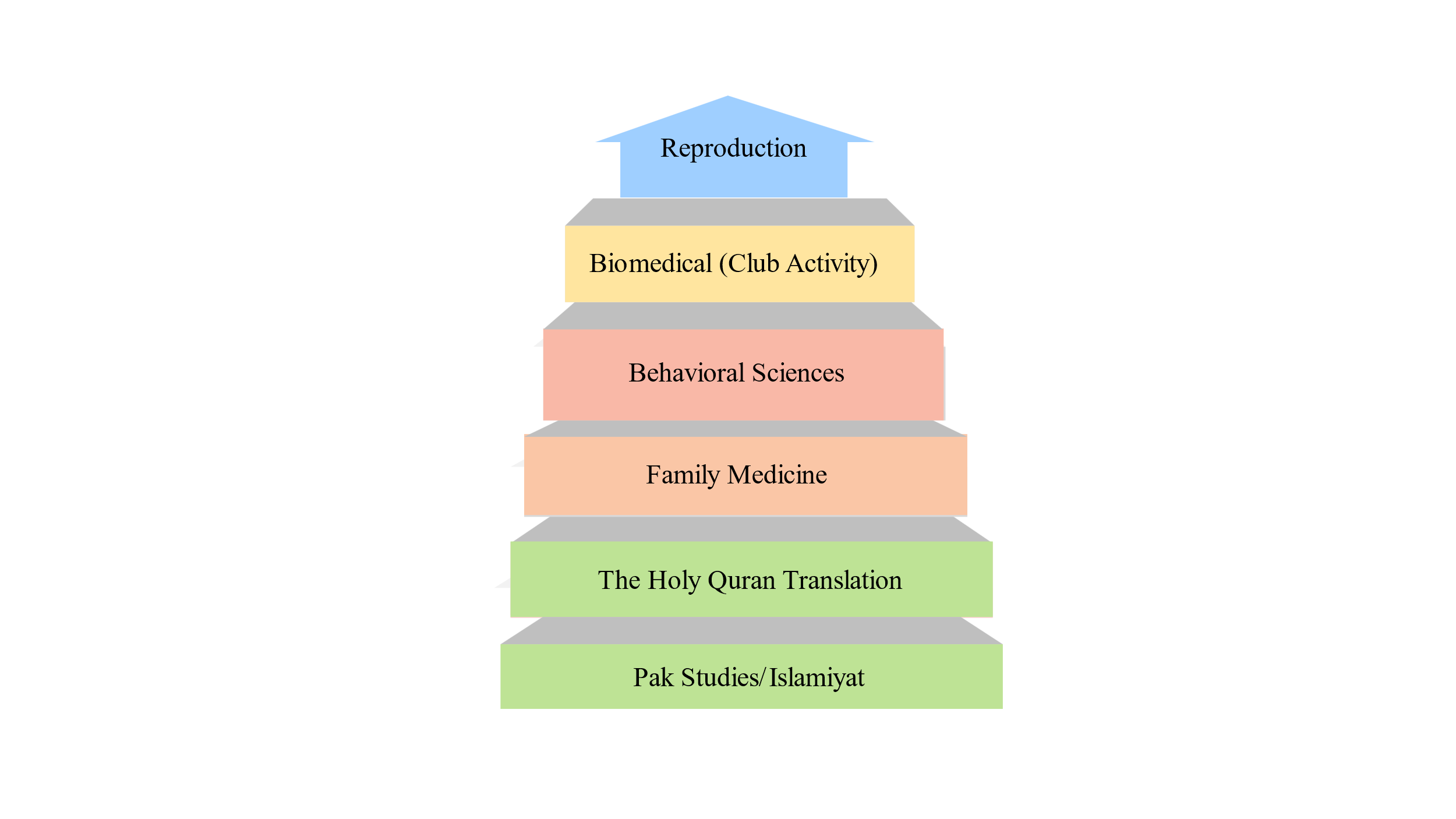
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| **RMU Motto**  University Moto, Vision, Values & Goals | **Mission Statement**  To impart evidence-based research-oriented health professional education in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability.  **Vision and Values**  Highly recognized and accredited 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.  **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. |

**Fourth Year MBBS 2025**

**Study Guide**

**Population Medicine & Reproductive Health Block -XXII**

**Integration of Disciplines in Population Medicine & Reproductive Health Block**



**Paediatrics**

**Surgery**

**Medicine**

Professionalism.& Entrepreneurship

**Research**

**Spiral Courses**

# Discipline Wise Details of Modular Contents

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Subjects | |  | |  |  |  |
| * Community Medicine | | * Reproductive health-preventive obstetrics-maternal death (MCH-I) * Reproductive health-preventive obstetrics-maternal health (MCH-II) * Reproductive health-preventive obstetrics-safe-mother hood (MCH-III) * Family planning & Population control approach & practices (FP-I) * Family planning & Population control and National perspective (FP-II) * Preventive Aspects of Neonatal care (Preventive Pediatrics-I) * Preventive Aspects of infants and childcare (Preventive Pediatrics-II) * Demography- Population growth transition & trends-I (Demography-I) * Demography-Population growth trends & transition. (Demography-II) * Population Migration and urbanization (Demography-III) * School health services * Child abuse & Handicapped children * Health economics Framework, structure & Evaluation * Global Public Health- WHO, NGOs | | | | |
| * Pharmacology | | * Prolactin antagonist * Gonadal hormones: I Estrogens * Gonadal hormones : II Progestin * Gonadal hormones: III Anabolic * Hormonal contraceptives * Oxytocic drugs and Uterine Relaxants * Drug used in the treatment of infertility | | | | |
| * Pathology | | * Benign Diseases of Ovary * Benign Diseases of breast (Non-Neoplastic Lesions) * Malignant Diseases of Ovary. * Malignant neoplasm of breast * Malignant Diseases of Cervix. * Testicular tumors * GTD & Choriocarcinoma * Benign and Premalignant Lesions of Cervix * Diseases of Lower Urinary Tract * Proliferative lesions of Endometrium and Myometrium | | | | |
| Spiral Courses | | | | | | |
| * The Holy Quran Translation | |  | | | | |
| * Bioethics & Professionalism | | * Abortion ethics | | | | |
| * Radiology & Artificial Intelligence | | * Imaging in obstetrics & anomaly scan | | | | |
| * Family Medicine | | * Core concepts of family medicine in antenatal care during normal pregnancy | | | | |
| * Research | | * IUGRC viva | | | | |
| Vertical Integration | | | | | | |
| * Gynae/Obs | | * Basic terminologies in obstetrics * Basic antenatal care * Minor pregnancy disorders * Nutrition in pregnancy * Prenatal diagnosis * Early pregnancy complications (miscarriages, ectopic pregnancy) * Induced and septic abortions * Diagnosis of labour * First stage of labour and management * Abnormalities of 1st stage of labour * Normal CTG * Second stage of labour * Normal labour * Episiotomy * Operative vaginal delivery * Abdominal delivery * Third stage of labour and its complications (retained placenta, uterine inversion) * Post-partum hemorrhage * Puerperium and its complications * Contraception * Multiple pregnancy * Antepartum hemorrhage * Perineal infections * Preterm labor * PPROM * Prolonged pregnancy/Induction of labour * Hypertension in pregnancy * IUGR & oligohydramnios * Rh Incompatibility * Medical disorders in pregnancy * Revision of stages of labour and management * Intra-uterine Death * Management of GTD * Physiology of Menstrual Cycle * Management of STDs * Management of benign & malignant disease of vulva & vagin * Management of premalignant & malignant disease of cervix * Management of benign & malignant disease of uterus. * Management of benign and malignant ovarian tumors * AUB & PMB | | | | |
| * Pediatrics | | * Neonatal resuscitation * Breast feeding * LBW / prematurity * Immunization | | | | |
| * Surgery | | * Pelvic cellulitis& abscess * Complication of laparotomy (visceral & vascular injury) * Surgical intervention of breast | | | | |
| * Medicine | | * Infections in pregnancy (RTI’s, GIT, EYE/ENT, Dermatitis) * Diabetes in pregnancy * Anemia in pregnancy * Liver disorders & thrombocytopenia in pregnancy * Epilepsy in pregnancy * Asthma in pregnancy * Thrombotic disorders in pregnancy | | | | |
| * Anesthesia | | * Pain management during labour | | | | |

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**Population medicine & Reproductive Health Block Team**

Module Name : Population medicine and Reproductive health Block

Duration of module : 07 Weeks

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MODULE COMMITTEE** | |  | **MODULE TASK FORCE TEAM** | |
| **1.** | **Vice Chancellor RMU** | Prof. Dr. Muhammad Umar | **1.** | **Coordinator** | Dr. Sana Bilal  Dr. Imrana Saeed  Dr. Saba Maryam |
| **2.** | **Director DME** | Prof. Dr. Rai Muhammad Asghar | **2.** | **DME focal person** | Dr Maryum Batool |
| **3.** | **Convener Curriculum** | Prof. Dr. Naeem Akhter |  |  | |
| **4.** | **Dean Basic Sciences** | Prof. Dr. Ayesha Yousaf |  |
| **5.** | **Additional Director DME** | Prof. Dr. Khola Noreen |  |
|  |  |  |  |
| **7.**  **8.**  **9.**  **10.**  **11.** | **Chairperson Gynae/Obs**  **Chairperson Community Medicine**  **Chairperson Pathology**  **Chairperson pharmacology**  **Focal person Gynae/Obs** | Prof. Dr. Talat Farkhanda  Prof. Dr. Rozina Shahadat Khan  Prof. Dr Mobina Dhodi  Dr Zonaira Hakim  Dr. Ismat Btool |  | **DME Implementation Team** | |
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| **13.** | **Focal Person Community Medicine** | Dr. Sana Bilal | **2.** | **Add. Director DME** | Prof. Dr. Ifra Saeed |
| **14.** | **Focal person Pathology**  **Focal person family medicine** | Dr. Nida  Dr Saadia | **3.** | **Deputy Director DME** | Dr. Saadia chuhadry |
|  |  |  | **4.** | **Assistant Director DME/Module planner & Implementation coordinator** | Dr. Omaima Asif |
|  |  |  | **5.** | **Editor** | Dr. Omaima Asif |

**Population medicine & Reproductive Health Block Outcomes**

**Introduction:** Reproduction module provides integration of core concepts that underlie the foundation of basic sciences and their use in clinical medicine. This will eventually lead to develop critical thinking for integration and application of basic knowledge for clinical application.

**Rationale:** The Reproduction module is designed to impart basic knowledge about Obs/Gynae, Pathology, Pharmacology, and Community Medicine. This knowledge will serve as a base on which the student will construct further knowledge about the etiology, pathogenesis and prevention of diseases; the principles of their therapeutics and management.

**Module Outcomes**

Each student will be able to:

**Knowledge:**

Acquire knowledge about the basic terminologies used in Obs/Gynae, Pathology, Pharmacology, and Community Medicine as well as the concepts of diseases in the community. Appreciate concepts & importance of

Research

Biomedical ethics

Family medicine

**Skills:**

Interpret and analyze various practical of basic Sciences and relevant skills of clinical sciences.

**Attitude:**

Demonstrate a professional attitude, team-building spirit, and good communication skills. This module will run for 7 weeks duration. The content will be covered through the introduction of topics. Instructional strategies are given int the timetable and learning objectives are given in the study guides. Study guides will be uploaded on the university website. Good luck!

**Terms & Abbreviations**

#### **Contents**

* + Domains of Learning
  + Teaching and Learning Methodologies/Strategies

Large Group Interactive Session (LGIS)

Small Group Discussion (SGD)

Self-Directed Learning (SDL)

Clinical / Skill Lab

**Tables & Figures**

* Table1. Domains of learning according to Blooms Taxonomy
* Figure 1. Prof Umar’s Model of Integrated Lecture
* Table 2. Standardization of teaching content in Small Group Discussions
* Table 3. Steps of taking Small Group Discussions

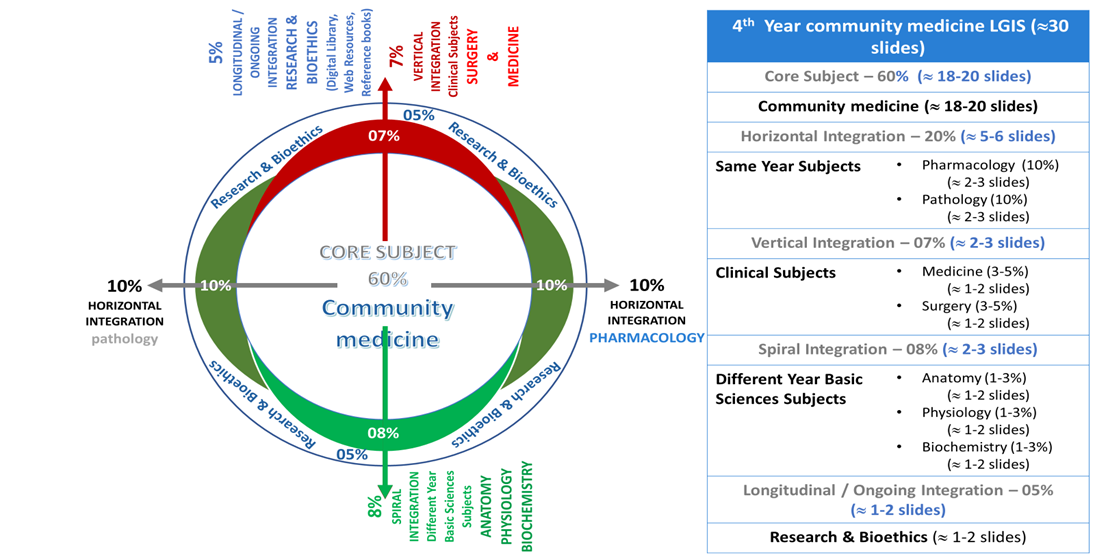
**Domains of learning according to Blooms Taxonomy**

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

**Teaching and Learning Methodologies / Strategies**

**Large Group Interactive Session (LGIS)**

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

 **Small Group Discussion (SGD)**

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

**Standardization of teaching content in SGDs**

|  |  |  |
| --- | --- | --- |
| **S. No** | **Contents** | **Approximate share in %** |
| **1** | Title Of SGD |  |
| **2** | Learning Objectives from Study Guides |  |
| **3** | Horizontal Integration | 5%+5% = 10% |
| **4** | Core Concepts of the Topic | 70% |
| **5** | Vertical Integration | 10% |
| **6** | Related Advance Research points | 3% |
| **7** | Biomedical Ethical points | 2% |
| **8** | Spiral integration | 5% |

**Steps of taking Small Group Discussions**

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

**Self-Directed Learning (SDL)**

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

**Case Based Learning (CBL)**

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

|  |  |
| --- | --- |
| Self-Directed Learning (SDL) | Case Based Learning (CBL) |
| * Self- directed learning is a process where students take primary charge of planning, continuing, and evaluating their learning experiences. * Time Home assignment * Learning objectives will be defined * Learning resources will be given to students = Textbook (page no), web site * Assessment:  1. Will be online on LMS (Mid module/ end of Module) 2. OSPE station | * It’s a learner centered model which engages students in discussion of specific scenarios that typically resemble real world examples. * Case scenario will be given to the students * Will engage students in discussion of specific scenarios that resemble or typically are real-world examples. * Learning objectives will be given to the students and will be based on  1. To provide students with a relevant opportunity to see theory in practice 2. Require students to analyze data in order to reach a conclusion. 3. Develop analytic, communicative, and collaborative skills along with content knowledge. |
| Problem Based Learning (PBL) | |
| * Problem-based learning (PBL) is a student-centered approach in which students learn about a subject by working in groups to solve an open-ended problem. * This problem is what drives the motivation and the learning.  |  |  |  | | --- | --- | --- | | The 7- Jump-Format of PBL (Masstricht Medical School) | |  | | Step 7 | Synthesize & Report | Session - II | | Step 6 | Collect Information from outside | | Step 5 | Generate learning Issues | Session - I | | Step 4 | Discuss and Organize Ideas | | Step 3 | Brainstorming to Identify Explanations | | Step 2 | Define the Problem | | Step 1 | Clarify the Terms and Concepts of the Problem Scenario | | Problem- Scenario | | | | |

**Figure 2. PBL 7 Jumps Model**

|  |  |
| --- | --- |
| Practical Session/ Skill Lab (SKL) | |
| Demonstration/ power point presentation 4-5 slide | 10-15 minutes |
| Practical work | 25-30 minutes |
| Write/ draw and get it checked by teacher | 20-25 minutes |
| 05 mcq at the end of the practical | 10 minutes |
| At the end of module practical copy will be signed by head of department | |
| At the end of block the practical copy will be signed by  Head of Department  Dean  Medical education department  QEC | |

# **Practical Sessions/Skill Lab (SKL)**

**Contents of the Module**

1. Horizontally Integrated Basic Sciences (Physiology, Pharmacology, Pathology, Community Medicine)

2. Large Group Interactive Session (LGIS):

1. Pathology
2. Community Medicine
3. Pharmacology
4. Medicine
5. Surgery
6. Gynae & Obs
7. Pediatrics

3. Small Group Discussions (SGD)

1. Pathology
2. Community Medicine
3. Pharmacology

4. Self-Directed Topic, Learning Objectives & References (SDL)

1. Pathology
2. Community Medicine
3. Pharmacology
4. PAL

Community medicine

1. SKILL LAB

Pathology

Pharmacology

7. CBL

1. Pathology
2. Pharmacology
3. Wards, operation theatres
4. Surgery
5. Medicine

# SECTION – II

# Learning Objectives, Teaching Strategies & Assessments

Learning objectives are given to the students and will be based on:

* Purpose to provide students with a relevant opportunity to see theory in practice
* Require students to analyze data in order to reach a conclusion.
* Develop analytic, communicative and collaborative skills along with content

**Horizontally Integrated Basic Sciences**

|  |  |  |
| --- | --- | --- |
| S no | Subjects | Teaching hours without practical/PAL |
| 1 | Pathology (LGIS+SGD+CBL) | 18 |
| 2 | Community medicine (LGIS+SGD) | 18 |
| 3 | Pharmacology (LGIS+SGD+CBL) | 09 |

**Content of Gynecology & Obstetrics**

**Learning Objectives of Large Group Interactive Session (LGIS)**

|  |  |  |  |
| --- | --- | --- | --- |
| Topic | Learning objectives  At the end of the lecture the student should be able to | Cognitive levels | Assessment  tool |
| Basic terminologies in obstetrics | * Enlist the aims of antenatal care. * Discuss the importance of early booking and regular anc. | C1 C2 C2 | MCQS/ SAQ |
| Basic antenatal care | * discuss important points in obstetric history and examination. * enlist the booking investigations. * explain the method of calculating EDD and gestational age. * elaborate the recommended schedule of antenatal visits. * categorize the obstetric patient into high risk and low risk groups. * define term, preterm, post term, post-dates, LBW, VLBW, lie, presentation, position, attitude and engagement of fetus. | C1 C2 C2 C3 C1 | MCQS  SAQ |
| Minor pregnancy  disorders | * enlist the common minor problems of pregnancy. * discuss the physiological basis of these disorders * describe their management options. | C1  C2  C2 | MCQS  SAQ |
| Nutrition in pregnancy | * discuss the importance of healthy diet and lifestyle in pregnancy. * describe dietary and caloric requirements during pregnancy. * Calculate the recommended dose of iron in pregnancy. | C2  C2  C3 | MCQS  SAQ |
| Prenatal diagnosis | * Define prenatal diagnoses. * enlist the conditions diagnosed with prenatal tests. * identify the high-risk women for prenatal diagnostic testing. * name the noninvasive and invasive tests. * elaborate the timing, method, complications and diagnostic accuracy of each test. * explain the risk prediction method for down's syndrome. | C1  C1  C1  C1  C2  C2 | MCQS  SAQ |
| Early pregnancy complications  (miscarriages, ectopic pregnancy) | * define miscarriage and its types. * elaborate the risk factors. * explain the clinical features of all types of miscarriage. * discuss key management principles of different types of miscarriages including counseling for future pregnancies. | C1  C2  C2 | MCQ |
| Induced and septic abortions | * Define induced septic abortion. * describe their clinical presentations and investigations required. * enumerate the complications of induced septic abortion. * discuss the management plan and follow up. | C1  C2  C1  C2 | MCQ, SAQ |
| Diagnosis of labour    First stage of labour and management | * Define labour and its different stages. * discuss the maternal and fetal anatomy relevant to labor and delivery. * identify the signs of onset of labour. * describe the normal progress of labor in relation to portogram. * explain the methods of fetal monitoring during labor and their normal values. * describe the significance of power, passage and passengers. * discuss the importance of adequate hydration and diet during labour. | C1  C2  C1  C2  C1  C2  C2 | MCQ, SAQ |
| Abnormalities of 1st stage of labour | * Describe the abnormalities of 1st stage of labour. * discuss the contribution of power, passage and passenger in progress of labour. * identify the abnormal progress of labor on portogram | C2  C2  C1 | MCQ, SAQ |
| Normal CTG | * Scenario based discussion on fetal monitoring during labour after which students will be able to •enlist different methods of fetal assessment during labour. * identify the 04-basic f hr. parameters to be interpreted on CTG trace. * differentiate between normal and abnormal CTG patterns. * discuss conditions in which continuous electronic FHR monitoring is required. | C1  C2  C2  C2 | MCQ, SAQ |
|  |
| Second stage of labour  Normal labour | * define the second stage of labour and its normal duration. * discuss the management of second stage of labour. * discuss role of power passage and passenger in prolong second stage of labour. * describe the mechanism of normal labour | C1  C2  C2  C2 | MCQ, SAQ |
| Episiotomy  Operative vaginal delivery | * Define episiotomy. * enlist its different types. * Explain anatomical structures involved in episiotomy. * Identify indications of episiotomy in correlation with the patient’s condition. * discuss complications of episiotomy. * define operative vaginal delivery. * discuss the urgency of operative vaginal deliveries & enumerate its indications. * Discuss prerequisites of operative vaginal delivery. * discuss methods for application of forceps and vacuum. * enlist the complications of operative vaginal delivery | C1  C1  C2  C3  C2  C1  C2  C1  C2  C2 | MCQ, SAQ |
| Abdominal delivery | * Define abdominal delivery. * discuss briefly the anatomy of anterior abdominal wall. * discuss the indications of c-section. * categorize the caesarean section according to RCOG. * explain the steps of LSCS. * describe the steps of cesarean section. * discuss the complications associated with LSCS. | C1  C2  C2  C3  C2  C2  C2 | MCQ, SAQ |
| Third stage of labour and its complications (retained placenta, uterine inversion) | * Define third stage of labour * discuss management of third stage of labour. * define post-partum hemorrhage.   (Primary & secondary post-partum hemorrhage)   * discuss the risk factors for post-partum hemorrhage. | C1  C2  C1  C2 | MCQ, SAQ |
| Post-partum hemorrhage | * Describe the signs, symptoms and diagnosis of primary PPH. * discuss the investigations and management of primary post-partum hemorrhage. * Describe the signs, symptoms and diagnosis of secondary post-partum hemorrhage. * discuss investigations and management of secondary postpartum hemorrhage. | C2  C2  C2  C2 | MCQ, SAQ |
| Puerperium and its complications | * Define puerperium. * explain the normal physiological changes of normal puerperium. * discuss the postnatal care during puerperium. * Enlist the common disorders of puerperium and their management. | C1  C2  C2  C1 | MCQ, SAQ |
| Contraception | * Define contraception. * discuss different methods of contraception and their mechanism of action. * enlist side effects and failure rate of each contraception. * explain emergency contraception. | C1  C2  C1  C2 | MCQ, SAQ |
| Multiple pregnancy | * Define multiple pregnancy. * Discuss the types of twin gestation according to chorionicity and zygosity. * Interpret the ultrasound findings of multiple pregnancy in first trimester. * Discuss the antenatal care in twin pregnancy. * Discuss the fetomaternal complications associated with multiple pregnancy. * Plan the mode of delivery according to presentation of first twin. . * Describe the mechanism of delivery of twins. | C1  C2  C3  C2  C2  C3/C4  C2 | MCQ, SAQ |
| Antepartum hemorrhage | * Define antepartum hemorrhage * Enlist causes of APH. * Differentiate clinically between placenta previa and placental abruption. * Elaborate the emergency approach towards the patient with massive hemorrhage. * Discuss management plan for placenta previa. * Discuss the management plan for placental abruption | C1  C1  C3  C2  C3  C3 | MCQ  SAQ |
| Perineal infections | * Elaborate the infections causing congenital abnormalities. * Explain the congenital infections causing preterm birth and pregnancy loss. * Identify infections acquired around time of birth causing serious neonatal consequences. * Discuss the perinatal infections causing long term disease. | C1  C2  C1  C2 | MCQSAQ |
| Preterm labor  PPROM | * Define preterm labour. * Enlist its causes. * Plan the management of patient with preterm labour. * Discuss fetal implications of preterm birth. * Define p-prom. * Enlist its causes. * Plan the management of patient with P-Prom. * Discuss Fetomaternal Complications Of P-Prom | C1  C1  C3  C2  C1  C1  C3  C2 | MCQ SAQ |
| Prolonged pregnancy/Induction of labour | * Define prolong pregnancy. * Correlate fetomaternal risks associated with prolong pregnancy. * Enlist indications and contraindications for IOL. * Describe modified bishop scoring system. * Explain methods of IOL. * Discuss complications of IOL. | C1  C2  C1  C2  C2  C2 | MCQ SAQ |
| Hypertension in pregnancy | * Classify hypertensive disorders of pregnancy. * Identify fetomaternal risks associated with hypertensive disorders of pregnancy. * Explain the pathophysiology of hypertensive disorders of pregnancy. * Discuss the clinical features of pre-eclampsia and eclampsia. * Enlist relevant investigations. * Elaborate the principles of management of hypertensive disorders | C2  C1  C2  C2  C1  C3 | MCQS SAQ |
| IUGR & oligohydramnios | * Define fetal growth restriction. * discuss the etiology * explain the pathophysiology of IUGR. * discuss the antenatal surveillance of the FGR fetus. * outline the management plan regarding timing and mode of delivery. * elaborate the prognosis of fetus in IUGR. | C1  C2  C2  C2  C3  C1 | MCQS SAQ |
| Rh Incompatibility | * Define Rh incompatibility. * Discuss the etiology and pathophysiology of rhesus disease. * enlist the potential sensitizing events for rhesus disease. * explain the management of sensitizing events in rhesus negative pregnant woman. * discuss prevention of rhesus isoimmunization. * enlist the fetal complications associated with rh incompatibility. * elaborate the management of rhesus disease in a sensitized woman. | C1  C2  C1  C2  C2  C1  C3 | MCQS SAQ |
| Medical disorders in pregnancy | * Scenario based discussion on diagnosis and management of:   + hypertension in pregnancy   + diabetes in pregnancy   + anemia and thrombocytopenia in pregnancy   + cardiac disease in pregnancy. | C3/C4 | MCQ, SAQ |
| Revision of stages of labour and management | * Revision class |  | MCQ, SAQ |
| Intra-uterine Death | * Define intrauterine fetal death. * enumerate the causes of IUFD. * enlist the investigations to rule out causes of IUFD * discuss the important points of counselling of parents in breaking the bad news. * discuss the fetomaternal complications associated with IUFD. * elaborate management of patient with IUFD. | C1  C1  C1  C2  C2  C3 | MCQ, SAQ |
| Management of GTD | * Define gestational trophoblastic disease. * classify the different types of GTD. * enumerate the clinical features of gtd. * enlist important investigation to be done in gtd. * discuss the management of GTD, its follow-up and contraceptive advice. | C1  C2  C1  C1  C3 | MCQ, SAQ |
| Physiology of  Menstrual Cycle | * Describe features of normal menstrual cycle. * elaborate the ovarian and endometrial changes which occur during normal menstrual cycle. * discuss the role of hypo axis in controlling the menstrual cycle. | C1  C2  C2 | MCQ, SAQ |
| Management of STDs | * Scenario based discussion on clinical features, diagnostic investigations, contact tracing and management of different std’s.   (chlamydia, trichomoniasis, gonorrhea, HIV, syphilis, hepatitis B&C. | C3/C4 | MCQ, SAQ |
| Management of benign & malignant disease of vulva & vagina | * Name the common benign conditions of vulva and vagina. * Identify their etiological factors. * Describe their clinical presentation. * Enlist their diagnostic investigations. * Discuss the management options for each condition. * Name the malignant conditions of vulva and vagina. * Describe their clinical presentation. * Enlist their diagnostic investigations. * Discuss the management options for each condition. | C1  C1  C2  C1  C3  C1  C2  C1  C3 | MCQ, SAQ |
| Management of premalignant & malignant disease of cervix | * Define premalignant diseases of cervix. * discuss the role of HPV testing in cervical screening program. * enlist the investigations for cervical screening of mass population. * enumerate types of CIN and their management options. * discuss the pathogenesis of cervical CA. * elaborate the FIGO staging of cervical cancer. * discuss the management options according to the stage of disease. | C1  C2  C1  C1  C2  C2 | MCQ SAQ |
| Management of benign & malignant disease of uterus. | * enlist the common benign conditions of uterus according to their tissue of origin. * discuss the clinical features of benign uterine conditions. * Describe the tests used to evaluate the uterine and endometrial pathology * explain the available treatment options for uterine fibroids and the rationale for selection. * Classify malignant diseases of uterus. * identify their etiology, risk and protective factors. * discuss clinical presentation of malignant disease of uterus. * Describe the investigations needed for diagnosis and staging of uterine cancer. * discuss FIGO staging of endometrial cancer. * explain management, follow up and five-year survival rate of endometrial cancer. | C1  C2  C2  C3  C2  C1/ C2  C2  C2  C3  C2 | MCQ SAQ |
| Management of benign and malignant ovarian tumors | * enlist the types of malignant ovarian tumors. * enumerate their risk factors. * describe clinical features of the disease. * explain the diagnostic criteria investigations and tumor markers of malignant ovarian tumor. * discuss the FIGO staging of ovarian carcinoma. * Discuss management, follow up and 5-year survival | C1/C2  C2  C2  C3  C3 | MCQ SAQ |
| AUB & PMB |  |  | MCQ SAQ |

**Gynae/Obs Small Group Discussion (SGD)**

|  |  |  |  |
| --- | --- | --- | --- |
| Topic | Learning objectives  At the end of the lecture the student should be able to | Cognitive domain | Assessment  tool |
| Scenario based SGD (mechanism of fetal delivery &delivery of placenta) | * Pictorial demonstration of mechanism of normal labour * Pictorial demonstration of delivery of placenta. * Scenario based discussion of management of abnormal labor. | C3  C3  C3/C4 | OSCE |
| Malpresentation | * Define malpresentations and its different types (breech, face, brow, shoulder, cord presentation) * Discuss the antenatal management of breech presentation. * Pictorial demonstration of external cephalic version. * Outline the management plan including mode of delivery. * Enlist the prerequisites for breech vaginal delivery. * Discuss the management of breech in labour. | C1  C3/C4  C2  C2  C2  C3 | MCQS  SAQ  OSCE |
| Covid-19 in pregnancy and immunization | * Discuss guidelines of Covid 19 in pregnancy. * Scenario based discussion regarding management of covid-19 in pregnancy according to disease severity. * Discuss guidelines of dengue in pregnancy. | C3/C4  C2  C2 | MCQS  SAQ |
| Dengue and HIV in  pregnancy | * Scenario based discussion regarding management of dengue in pregnancy. * Discuss guidelines of HIV in pregnancy. * Scenario based discussion regarding management HIV in pregnancy. | C3/C4  C2  C3/C4 | MCQS  SAQ |

**Self-directed learning (SDL)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No | Content Outlines (Major Topics & Sub Topics) | Learning Objectives  At the end of lecture students will be able to: | Learning Resource | Assessment tool |
| 1. | Renal Disease in Pregnancy | Discuss the Effect of pregnancy on CKD Explain the Effect of CKD on pregnancy outcome  Enlist feto-maternal complications associated with dialysis  Discuss the feto-maternal outcome of Pregnancy in women with renal transplants. | Obstetrics by Ten Teachers  (20th edition)    Page 148 | MCQs |
| 2. | Heart Disease in Pregnancy | Discuss Pre-pregnancy counseling of heart disease in pregnancy.  Elaborate antenatal management of heart disease in pregnancy.  Discuss management of labour and delivery in patients with heart disease in pregnancy  Discuss the treatment of heart failure in pregnancy | Obstetrics by Ten Teachers  (20th edition)    Page 155 | MCQs |
| 3. | Respiratory Disease in Pregnancy (Asthma) | explain the effects of pregnancy on asthma  explain risk factors, clinical features and investigations to confirm diagnosis C) discuss treatment plan and appropriate medication to control asthma in pregnancy | Obstetrics by Ten Teachers  (20th edition)    Page 158 | MCQs |
| 4. | Neurological Disease in Pregnancy Epilepsy | explain how does epilepsy effects pregnancy  Enlist antiepileptics drugs which are safe in pregnancy and breastfeeding  Devise management plan and discuss complications of epilepsy for both fetus and the mother | Obstetrics by Ten Teachers  (20th edition)    Page 160 | MCQs |
| 5. | Hematological Abnormalities  Thrombotic disorders in pregnancy | explain etiologies and prevalence of thrombocytopenia in pregnancy  management of delivery in thrombocytopenia, keeping in mind both maternal and neonatal considerations  brief overview of liver diseases during  pregnancy and their management individually | Obstetrics by Ten Teachers  (20th edition)  Page 162 | MCQs |
| 6. | Covid-19 in Pregnancy and Immunization | discuss guidelines of Covid 19 in pregnancy and dengue in pregnancy. | WHO guidelines of Covid-19 in pregnancy | MCQs |
| 7. | HIV in Pregnancy | discuss guidelines of HIV in pregnancy.  discussion regarding the management of HIV in pregnancy. | Obstetrics by Ten Teachers  (20th edition)  Page 184 | MCQs |

**Content of Community Medicine**

**Learning objectives of large group interactive sessions (LGIS)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Topic | Contents Outlines Sub- Topics | Learning Objectives  After the Session Students Will Be Able To: | Level of cognition | Assessment Tools |
| 1. | Reproductive Health and domiciliary services | * Preventive medicine in obstetrics-I * Maternal and child health care (MCH) * Maternity cycle * MCH problems * Delivering MCH services * Recent trends in MCH care | * Define and comprehend the rationale of different components of maternal and child health including   + Reproductive health & its components   + Safe motherhood & its components   + Maternal mortality rate, causes & prevention   + infant mortality rate, causes & Prevention * Infer the logic behind application of different preventive measures in various phases of life to improve the maternal health * Appreciate the relationship between the maternal health status and the outcome of pregnancy * Determine the factors that contribute to increase maternal mortality rate (MMR) * Develop interventions to control MMR * To understand the selection of different indicators for multi-dimensional concept of health related to MCH services * To acquire knowledge on different indicators which can be used for maternal and child health care and service. | C2  C3  C3  C3  C2  C3  C2  C2 | MCQ, SEQ |
| 2. | Preventive obstetrics | * Preventive medicine in obstetrics-II * Preventive services for mothers * Indicators in MCH care | * Understand the availability of preventive services for mother during antenatal period * appraise the mortality indicators related to MCH care | C1  C3 | MCQ, SEQ |
| 3. | Preventive obstetrics in  Post-natal period | * Preventive medicine in obstetrics-III * domiciliary care * Institutional care * Rooming in * Post-natal period and related complications | * Comprehend the concept of care required for the rapid restoration of the mother to optimum health * Enlist the preventive strategies required to prevent complications during intra natal & post-natal period. * Appreciate the importance of health education for mother/family regarding intra natal & postnatal complication * Understand the relevance of family planning services provided during postnatal period | C2  C2  C3  C3 | MCQs, SEQs |
| 4. | Preventive medicine in pediatrics I | * Preventive medicine in pediatrics-I * Mortality in infancy and childhood * Integrated Management of Childhood Illness (IMCI) | * Knowledge about concept of infant mortality * Determine the factors which predispose to high infant mortality * Appreciate the causes of infant mortality in different phases of child bearing and postnatal periods. * Classify according to Integrated Management of Childhood Illness * Classify degree of Pneumonia and ARI according to IMNCI | C1  C2  C3  C2  C2 | MCQs SEQs |
| 5. | Preventive medicine in pediatrics growth & development II | * Preventive medicine in pediatrics-II Surveillance of growth & development * Preventive measures to control infant and child mortality | * Able to record Weight the baby and measure the height of children * Assess degree of dehydration * Prepare home-made ORS * interpret growth chart * Suggest preventive measures at different levels of prevention and in different scenarios * Understand the logic of measures taken to prevent infant and child mortality | C3  C3  C3  C3  C3  C2 | MCQs, SAQs |
| 6. | Demography and population trends- I | * Definition * Linkage of Demography with other disciplines * Application of Demography within the health system * Sources of population data * Measures of Mortality * Measures of fertility * Population explosion | * Define demography and population dynamics * Discuss linkage of demography with other disciplines * Apply demographic concepts in health system. * Discuss all major sources of population data with special emphasis on population Census * Calculate different rates related to mortality from given data * Calculate different rates related to fertility from given data * Describe Demographic, economic, social and interdisciplinary implications of population explosion | C1    C3  C3      C2  C3    C3  C2 | MCQS, SEQ, OSPE AND VIVA VOCE |
| 7 | Demography and population trends II (Demographic transition) | * Demographic transition * Demographic cycle * Malthusian theory * Population Momentum * Demographic dividend, bonus , trap * Growth Rate * Population doubling time | * Discuss theory of demographic transition * Describe and interpret stages of demographic cycle with examples and logical reasoning * Graphically illustrate the stages of demographic cycle * Explain limitations of this model * Discuss Malthusian theory of population growth * Explain population momentum * Interpret the effect of population momentum on growth of population * Appraise demographic dividend, bonus, trap * Calculate growth rate from given data * Calculate and interpret population doubling time | C2    C3  C3  C2  C2    C2  C3    C3    C3  C3 | MCQS, SEQS AND OSPE AND VIVA VOCE |
| 8. | Demography III, Migration and urbanization,  Population density | * Population dynamics or change * Migration and urbanization * Population density * Family size * Replacement level fertility * Life expectancy | * Discuss concept of demographic equation * Calculate population at a particular time from the given data * Calculate population in future from given data * Discuss push and pull factors associated with migration. * Describe various measures of migration. * Discuss implications of urbanization * Explain types of migration and associated measures * Define population density * Explain family size and factors associated with it * Appraise replacement level fertility * State what is meant by life expectancy and how it is calculated | C1  C3  C3  C2    C1  C2  C2    C1  C2    C3  C3 | MCQs, SEQs and OSPE and Viva Voce |
| 9. | school health service | * functions of school health services * health related problems of school children * implementation strategies of school health services | * Define School health services * Enlist objectives of School Health Services. * Explain duties of School Health Team. * Enlist various health related problems of School children. * Enumerate and explain various functions of School health services. * Demonstrate importance of implementation of various aspects of school health services. | C1  C1    C2  C2  C2  C2 | MCQs, SEQs and OSPE |
| 10. | Handicapped | * definition * difference between handicapped, impairment, disability * types of disability * rehabilitation | * Define handicapped * Define impairment and disability * Differentiate between handicapped, impairment and disability with examples * Enlist types of disability and causes of disability * Define rehabilitation, enlist types of rehabilitation and objectives of rehabilitation * Integrated approach towards handicapped and prevention of disability * Appraise Social attitude towards handicapped | C1  C1  C2  C1  C2  C3  C3 | MCQ'S  SAQ |
| 11. | Health economics -I  Framework | * + - * Concept and definitions * Types * Framework of health economics * Supply and demand * elasticity * Production possibility frontier * Different types of Costs * Structures of Economic Evaluation | * Define economics, health economics * Explain   + Macroeconomics   + Microeconomics   + Positive economics   + Normative Economics * Describe framework of health economics * Explain law of demand and law of supply * Describe elasticity * Appraise Production possibility frontier * Explain Different types of Costs * Interpret   + Cost minimization analysis   + Cost effectiveness analysis   + Cost utility analysis   + Cost Benefit analysis | C1  C2    C2  C3  C2  C2  C3  C3  C3 | MCQ  SAQ |
| 12. | Public health on global scale | * World Health Organization * United Nations International Children’s Emergency Fund (UNICEF) | * Describe history, constitution and objectives of WHO * State WHO regions * Explain organizational structure of WHO with functions of each * Describe history, mission and milestones of UNICEF * Enlist important NGOS of Pakistan | C1  C1  C2  C1  C1 | MCQ  SAQ |
| 13. | Family planning- I | * Health aspects of family planning * Welfare concept * Small family norms * Eligible couples * Couple protection rate | * To identify the need and requirements for an informed decision-making process on contraceptive choice * To characterize the principles of reproductive rights and gender issues related to family planning * identify the scope of family planning * appreciate health aspects of family planning * understand the terms of small family norms and eligible couples & target couples * calculate the couple Protection rate of a given population | C2  C2  C1  C3  C2  C3 | MCQs, SEQs and OSPE |
| 14. | Family planning- II National population policy | * National population policy * Unmet need of family planning * Classification of Fertility regulating methods * Barrier methods * Natural contraceptive methods * Terminal methods | * Explain national population policy * understand the concept of unmet need of family planning * Classify fertility regulating method * Comprehend barrier method * Classify natural methods of fertility control * Explain sterilization and its complication | C2  C2  C2  C2  C2  C2 | MCQs, SEQs and OSPE |

**Community Medicine-- Small Group Discussion (SGD)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. no. |  | Content Outlines (Major Topics & Sub Topics) | * Learning Objectives | Level of cognition | Assessment tools |
|  |  |  |  |  |  |
| 1. | Evaluation of Family Planning methods | * Intra uterine devices * Hormonal contraceptives * Evaluation of contraceptive methods | * characterize the following contraceptive methods based on mechanism of action, indicators of effectiveness, side effects, non-contraceptive benefits, eligibility criteria and interventions for certain problems during use:   + Combined oral contraceptives   + Progestin only pills   + Injectable contraceptives   + Hormonal implants   + Tubal ligation and vasectomy   + Intrauterine contraceptive devices * Discuss Emergency contraception * New contraceptive technology * Appraise the methods for family planning evaluation | C3  C2  C3  C3 | MCQs, OSPE |
| 2. | Demographic transitions | * Population pyramids * Dependency ratio * Age-sex composition | * Explain population pyramid * Read and interpret a population pyramid * Identify and interpret population pyramids in different stages of growth * Identify and interpret different types of population pyramids with respect to shape * Explain any asymmetry in shape * Identify baby boom in population pyramid * State importance of population pyramids * Calculate and interpret dependency ratio * Explain age and sex composition of a population * Calculate sex ratio from a given data | C2  C3  C3  C3  C3  C3  C1  C3  C2  C3 | MCQs, SEQs and OSPE and Viva Voce |

**Self-Directed Learning (SDL)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Major topic | Contents Outlines / Sub- Topics | Learning objectives. Students will be able to | Learning resource | Assessment tool -MCQs |
| 1 | Dynamics of human behavior (Human psychology) | * Intro to selected important relevant concepts of psychology relevant to community medicine | * Describe dynamics of human behavior in terms of health behavior, illness behavior and treatment behavior * Comprehend learning as Behavior change. * Describe 3 types of learning | K Park Ed. 27th (673, 674, 676, 678) | 2-3MCQ |
| 2 | Ottawa charter on health promotion | * 5 Key action areas of Ottawa charter | * Explain key areas of action for health promotion | K Park Ed. 27th (30,31) | MCQ |
| 3 | Population control | * National population control strategy & policy (Pakistan) | * Explain element of national pop cont strategy * Explain national pop control policy * Population control action program | * Practical Journal of Com-Med Annexure III. * <https://pwd.punjab.gov.pk/> * <https://www.pc.gov.pk/uploads/plans/Ch4-Population2.pdf> | MCQs |
| 4 | Reproductive health | * Preventive aspects of neonatal health. * Elements of early neonatal care | Describe.   * early neonatal care * Immediate neonatal care * Early neonatal examination * Neonatal screening | K Park Ed. 27th (532-535 | MCQs |
| 5 | Child Health in context of MCH Services | * Monitoring of child growth & development | * Describe determinants of child growth & development * Describe methods assessment of physical growth of child * Explain formation of growth chart. | K Park Ed. 27th (541,42,43,44, -47 | MCQs |
| 6. | Genetics | * Preventive and social measures of genetic diseases and genetic counselling | * Acquire knowledge about human genetics, genotype, phenotype * Classify genetic diseases * Describe Preventive and social measures of genetic diseases * Define euthenics * Explain importance of Genetic counselling | Page 764, K-Park | MCQs |
| 1. 7 | Breast feeding Baby friendly hospital initiative (BFHI) | * Advantages of breast feeding * Weaning practices * Feeding associated problems * Baby friendly hospital initiative (BFHI) | * Procure knowledge about advantages &disadvantages of types of feeding practices. * Acquire knowledge of the hazards associated with feeding of the child. * Appreciate the logic behind the conditions of concern prevailing in the mother during breast feeding. * Identify the problems associated with feeding and the measures to rectify. * Educate mothers about the steps of weaning * Educate the mothers about technique of breast feeding and to advice to Tuberculous mother about lactation * Determine the conditions of concern prevailing in the mother during breast feeding * Understand BFHI | K.Park Page 497 Ed22nd | MCQs |

**Human Resource of Department of Community Medicine**

|  |  |  |
| --- | --- | --- |
| **Sr.no.** | **Designation** | **Total number of teaching staff** |
| **1** | Professor | 01 |
| **2** | Associate professor | 02 |
| **3** | Assistant professor | 03 |
| **4** | Demonstrators | 04 |
| **5** | PGTs | 07 |

**Detail of Contact Hours community medicine (Faculty &Students)**

**Ranking of The Content of Community Medicine**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category A\*** | **Category B\*\*** | **Cata** | **gory C\*\*\*** |  |
| **LGIS** | LGIS | SDGS | SDL | IUGRC SESSIONS  (PAL) |
| Reproductive health MCH, domiciliary care, Preventive aspects of infant & childcare (5 lectures) | Health care of school children | Family planning IUCDS | Dynamics of human behavior (Human psychology/ Genetics | Repro session 1  Hands-on session on descriptive and inferential data analysis on SPSS |
| National population control policy, issues & challenges, Family planning, Hormonal contraception (2 lectures) | Public health on global scale, WHO,  NGOs and agencies | Population pyramids | Ottawa charter on health promotion, Population control | Repro Session 2  Preparing students for students Report writing and oral presentation |
| Fertility trends Demography concepts, Demography Transition models (3 lectures) | Handicapped |  | Reproductive health/breast feeding |  |
| Health economics (1 lecture) |  |  | Child Health in context of MCH Services |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. no.** | **Hours Calculation for**  **Various Type of Teaching Strategies** | **Total Hours** **(Faculty)**  Hrs. x class x session | **Total**  **Hours**  **(Students)** | **Faculty level** |
| **1** | LGIS (14). 1hrs each session (half class sessions) | 1x2 x 14= 28 hrs. | 14 | Professor, associate, and assistant professors |
| **2** | SGD (2) approx. 2hrs each session. 1/4class | 2x4 x 2= 16 hrs. | 2 | Demos (subject specialists), Senior PGTs |
|  |  |  |  |  |
| **3** | PAL (IUGRC) (1) approx. 2hrs per session. (16 small group sessions). | 1x 16x2 =32hrs. | 1 | Demos (subject specialists) supervised by senior faculties |
| **4** | SDL (6) | 6 x 1 =6 hrs. | 7 | Demos (subject specialists) |
|  |  | Total: 83hrs | 24 hrs |  |

Category A\*: Fundamental & Complex Concepts taken by Professors, Associate Professors and Assistant Professors

Category B\*\*: Intermediate concepts. Exercises. By Professorial faculty and Senior Demonstrators/ subject specialists.

Category C\*\*\*: Relatively lower complex concepts, exercises/ applications. By Assistant professors, Demonstrators & senior PGTs)

**Details of Contact Hours Students & Faculty**

**Community medicine Faculty Wise Lectures Allocation**

|  |  |  |
| --- | --- | --- |
| Sr no | Faculty nominated | No of lectures |
| 1. | Prof Rozina Shahadat Khan | 04 |
| 2 | (Assc Prof) Dr. Khola Noreen | 05 |
| 3 | (Assc Prof) Dr. Sana Bilal | 04 |
| 4 | (Asst Prof) Dr. Afifa Kalsoom | 05 |
|  | Asst Prof) Dr Farah Parvaiz | 03 |
| 5 | (Asst Prof) Dr Mehwish Riaz | 04 |
| 6 | (APMO) Dr. Imrana Saeed | 04 |
| 7 | (Sr Demo) Dr. Asif Maqsood Butt (SGD) | 04 |
| 8 | (APMO)Dr Narjis Zaidi | 03 |
| 9 | (Sr demo) Dr Abdul Qudoos | 03 |

**Pathology content**

**Learning objectives of large group interactive session (LGIS)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TOPIC | Contents Outlines (Major Topics & Sub- Topics) | * Describe Etiology and morphology of Acute and Chronic Cervicitis (C2) | Learning domain | Assessment tool |
| Malignant diseases of cervix. | * Cervical Intraepithelial Neoplasia * Cervical Carcinomas. | * Interpret morphological diagnosis of Cervical intraepithelial Neoplasia. * Classify Cervical Carcinomas * Describe Morphological features and prognosis of cervical cancer. | C3  C2  C2 | MCQs, SEQs, OSPE  Viva |
| Benign Diseases of Uterus | * Endometrial hyperplasia and epithelial neoplastic lesions | * Enlist causes of endometrial hyperplasia and carcinoma. * Evaluate morphological features of Endometrial Hyperplasia. * Describe classification, genetic pathogenesis and morphology of Malignant Tumors of the Endometrium | C1  C3  C2 | MCQs, SEQs, OSPE  Viva |
| Benign diseases of ovary | * Classification of ovarian Cystic neoplasm and * Polycystic ovarian syndrome | * Categorize nonneoplastic and functional ovarian cysts * Describe Pathogenesis of polycystic ovarian syndrome * Interpret morphological diagnosis of endometriotic cyst | C2  C2  C3 | MCQ  SEQ  VIVA |
| Malignant diseases of Ovary. | * Ovarian tumors | * Classify ovarian tumors. * Describe pathogenesis morphological features and prognosis of surface epithelial ovarian tumors * Interpret morphological diagnosis of ovarian tumors * Differentiate between pathogenesis and histopathological features of various Germ cell and sex cord stromal ovarian tumour * Describe Prognosis and staging of ovarian tumors * Enumerate Diagnostic work up for ovarian tumors | C2  C2  C3  C3  C2  C2 | MCQ  SEQ  VIVA |
| Benign Non neoplastic lesions of breast | **Non neoplastic lesions of breast** –   * congenital anomalies. * inflammatory lesion of breast. * duct ectasia, fat necrosis and granulomatous mastitis | * identify the congenital anomalies of breast * Classify and describe the in klammatory lesions of breast * explain duct ectasia fat necro sis and granulomatous mastitis | C1  C2  C2 | MCQ  SEQ  VIVA |
| Benign neoplasm of breast | **Benign neoplastic lesions of breast**   * Proliferative epithelial lesions without atypia and * Proliferative epithelial lesions with atypia. * fibrocystic breast disease * breast stromal lesions. | * Compare proliferative lesions with and without atypia * Describe the morphology and pathophysiology of fibrocystic disease and stromal lesions of breast | C2  C2 | MCQ  SEQ  VIVA |
| Malignant neoplasm of breast | **Malignant lesions of breast** Classification of epitheial and stromal malignant lesions   * invasive mammary carcinoma (NOS) * Familial Breast Cancer, with molecular Mechanisms of Carcinogenesis and   Tumor Progression | * Classify the neoplasms of breast * explain the histology, grading, staging, lab diagnosis of breast cancer | C2  C2 | MCQ  SEQ  VIVA |
| BPH, prostatic cancer, testicular atrophy, seminoma | * BPH * prostatic cancer * testicular atrophy * seminoma | * Describe Etiology and morphology of BPH, prostatic cancer, testicular atrophy, seminoma * Enumerate investigations for investigations | C2  C2 | MCQ, SEQ.VIVA |
| Pathologies of lower urinary tract | Lower ureter,urethra,urinary bladder | * Describe pathologies of lower urinary tract in males and females | C3 | MCQ,SEQ, VIVA |

**Small Group Discussions (SGDs)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TOPIC | Contents Outlines (Major Topics & Sub- Topics) | Learning objectives  Students should be able to | Learning domain | Assessment tool |
| early pregnancy complications & Non neoplastic placental pathology | Pathology of early pregnancy complications & Non neoplastic placental pathology | * explain hypopituitarism and posterior pituitary gland diseases | C2 | MCQs, SEQs, OSPE  Viva |
| GTD & Choriocarcinoma | Gestational trophoblastic diseases and choriocarcinoma | * Explain Pathological features, diagnosis and follow-up of Gestational Trophoblastic Disease. * Enlist difference between complete and partial mole * Describe incidence and pathological features of Choriocarcinoma | C2  C1  C2 | MCQ, SEQ, VIVA |
| Dysfunctional uterine bleeding | Dysfunctional uterine bleeding | * Describe causes and pathogenesis of Functional Endometrial Disorders (Dysfunctional Uterine Bleeding) and Inflammatory Disorders. * Interpret diagnosis via morphological features of endometriosis and Adenomyosis & Endometrial Polyps | C2  C3 | MCQ, SEQ, VIVA |
| STD |  | * Describe Etiology, pathogenesis | C2 | MCQ, SEQ.VIVA |
| Benign and Premalignant  Lesions of Cervix |  | * Describe Etiology and morphology of Acute and Chronic Cervicitis * Categorize Endocervical Polyps and Metaplasia * Describe risk factors etiology pathogenesis of metaplasia leading to dysplasia. | C2  C2  C2 | MCQ, SEQ.VIVA |
| Endometritis  Adenomyosis,  endometriosis, |  | * Describe risk factors, histopathology, pathogenesis of endometritis, adenomyosis, endometriosis | C2,C3 | MCQ, SEQ.VIVA |

**Case Based Learning (CBL)**

|  |  |  |  |
| --- | --- | --- | --- |
| Topic | Content | Domain | Mode of Asses |
| Rh Incompatibility, Anemia & Diseases in Pregnancy | * Enlist etiology, pathogenesis, complications, investigations | C2 | MCQs |
| Pathology of vulva & vagina | * Categorize nonneoplastic lesion (Development anomalies, Infections and cysts) of vulva and vagina. * Enlist Premalignant lesions * Interpret diagnosis of Vulvar and Vaginal intra epithelial neoplasia and malignant lesion of vulva and vagina | C2  C2  C3 | MCQs |
| Testicular atrophy cryptorchidism | * Causes, pathogenesis, morphology & related investigations | C2, C3 | MCQs |

**Skill Lab Pathology**

|  |  |  |  |
| --- | --- | --- | --- |
| Topic | Content | Domain | Mode Of Assesment |
| Cervical carcinoma and screening through cervical smears | Describe pap smear, CIN, cervical carcinoma with its histopathological features | C2 C3 | MCQ SEQ  OSPE VIVA |
| Ovarian teratoma and hidetiform mole | Describe gross and histopathology with introduction of the disease | C2 C3 | MCQ SEQ  OSPE VIVA |
| Benign and malignant diseases of the uterus | Enlist benign and malignant diseases if uterus with their introduction describe the gross and histopathological features | C2 C3 | MCQ SEQ  OSPE VIVA |
| Tumors of the breast | Describe benign and malignant tumors of the breast with gross and histopathological features | C2 C3 | MCQ SEQ  OSPE VIVA |
| Male testicular tumors | Enlist benign and malignant tumors of testis and describe its gross and histopathological features | C2 C3 | MCQ SEQ  OSPE VIVA |

**Self-directed learning**

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | TOPIC | Learning Outcomes  At the end of session students will be able to: | Reference |
| 1 | Diseases of Penis | * Abnormalities /Malformations of Penis * Describe briefly about inflammatory diseases of Penis * Explain Neoplastic lesion of Penis | Robbins Basic Pathology 9th Edition  Chapter 17 Male Genital System  Pg. 658-659 |
| 2 | prostatitis | * Categorize different types of prostatitis * Explain etiology * clinically presentation of prostatitis * diagnosis of prostitis | Robbins Basic Pathology 9th Edition  Chapter 17 Male Genital System  Pg 663-664 |
| 3 | Fibrocystic changes of Breast | * explain fibrocystic changes of breast * explain briefly types of changes * describe the morphology * how the fibrocystic changes are related to breast carcinomas | Robbins Basic Pathology 9th Edition  Chapter 17 Female Genital System  Pg 705-707 |
| 4 | Polycystic ovarian disease | * Define PCOD * What is conical presentation of PCOD * Investigation of PCOD * Morphological changes of PCOD | Robbins Basic Pathology 9th Edition  Chapter 17 Female Genital System  Pg 695 - 696 |
| 5 | Disorders of uterus | * Define Endometriosis * Etiology and clinical features of endometriosis * Morphology of endometriosis * Describe adenomyosis | Robbins Basic Pathology 9th Edition  Chapter 17 Female Genital System  Pg 689 - 690 |
| 6. | Epidemiology and risk factors of breast carcinoma | * Epidemiology and Risk factors related to breast cancer | Robbins Basic Pathology 9th Edition  Chapter 17 Female Genital System  Pg 741 |
| 7 | Classification of sexually transmitted diseases | * Classify important STDs according to the pathogens | Robbins Basic Pathology 9th Edition  Chapter 17 Female Genital System  Pg 705 |

**Teaching Staff / Human Resource of Department of Pathology**

|  |  |  |
| --- | --- | --- |
| Sr.no. | Designation | Total number of teaching staff |
| 1 | Professor | 01 |
| 2 | Associate professor | 01 |
| 3 | Assistant professor | 03 |
| 4 | Demonstrators | 11 |

**Detail of Contact hours** (faculty) **& contact hours** (students)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. no. | Hours Calculation for Various Type of Teaching Strategies | Total Hours  (Faculty) | Total Hours  (Students) | Faculty level |
| 1 | LGIS (9). 1hrs each session (half class sessions) | 2 x 9= 18 hrs. | 9 | Professor, associate, and assistant professors |
| 2 | SGD (5) approx. 1hrs each session. 1/4th class | 5 x 4= 20hrs. | 5 | Assistant professors  Senior demonstrators |
| 3 | CBL (3) approx. 1hrs per session. (4 small group sessions. 1session per day) | 3x 4 = 12hrs. | 3 | Demos (subject specialists) supervised by professional faculties |
| 4 | SDL (7) | 1 x 7 = 7 hrs. | 7 | Demos (subject specialists) |
|  |  | Total: 57hrs | 24hrs |  |

**Categorization of Modular Content of Pathology Department**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category A\* | Category B\*\* | Category C\*\*\* | | |
| LGIS | LGIS | SGDS | SDL | CBL |
| Malignant diseases of cervix, | Benign Diseases of Uterus | Pathology of early pregnancy complications & Non neoplastic placental pathology | Pathogenesis & morphology of primary Glomerular diseases | Rh Incompatibility, Anemia & Diseases in Pregnancy |
| Malignant diseases of Uterus |  | GTD &, Choriocarcinoma | Pathogenesis & morphology of secondary Glomerular diseases | Pathology of vulva & vagina |
| Benign diseases of ovary |  | Dysfunctional uterine bleeding | Diabetic Nephropathy | Rh Incompatibility, Anemia & Diseases in Pregnancy |
| Malignant diseases of Ovary. |  | STD | Causes of Hematuria and related investigations | Testicular atrophy cryptorchidism |
| Malignant neoplasm of breast |  | Benign and Premalignant  Lesions of Cervix |  |  |
| Testicular tumors |  | BPH, prostatic cancer, testicular atrophy, seminoma |  |  |

**Pharmacology content**

**Learning objectives of Pharmacology LGIS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Topic** | **Learning Objectives** | **Learning Domains** | **Teaching strategy** | **Assessment tool** |
| Prolactin antagonist | * Enumerate Prolactin Antagonists * Describe Mechanism of Action, Uses as well as adverse effects of Prolactin Antagonists | C1 | LGIS | SEQ |
|  | C2 |  | MCQ |
|  |  |  | VIVA |
| Gonadal hormones: I  Estrogens | * Enumerate Estrogen antagonists/SERMs * Describe mechanism of action, uses & adverse effects of Estrogen antagonists/SERMs | C1  C2 | LGIS | SEQ  MCQ |
|  |  |  | VIVA |
| Gonadal hormones :II Progestin | * Describe mechanism of action, uses & adverse effects of Progesterone antagonists | C2 | LGIS | SEQ, MCQ, VIVA |
| Gonadal hormones’ | * Enumerate androgen preparations * Describe uses & adverse effects of androgen preparations * Discuss Pharmacokinetic and Pharmacodynamics of Anti-androgens | C1 | LGIS | SEQ |
| Anabolic | C2 |  | MCQ |
|  |  |  | VIVA |
|  | C2 |  |  |
| Hormonal | * Classify hormonal Contraceptives * Discuss the mechanism of action of hormonal contraceptives * Discuss the adverse effects and contraindications | C1 | LGIS | SEQ |
| contraceptives | C2 |  | MCQ |
|  |  |  | VIVA |
|  | C2 |  |  |
| Oxytocic drugs and | * Describe actions of oxytocin | C2  C2  C3  C1  C1  C2    C2 | LGIS | SEQ |
| Uterine Relaxants | * Describe uses and adverse effects of oxytocin |  | MCQ |
|  | * Elaborate clinical uses of prostaglandin |  | VIVA |
|  | * Enlist ergot alkaloids, their uses and adverse effects |  |  |
|  | * Classify Tocolytics |  |  |
|  | * Describe the pharmacodynamics of tocolytic agents |  |  |
|  | * Discuss their uses & adverse effects |  |  |
| Drug used in the | * Enlist drugs used for treatment of Infertility | C1 | LGIS | SEQ.VIVA.MCQ |
| treatment of infertility | * Discuss Pharmacokinetics and Pharmacodynamics * Discuss adverse effects and interactions | C2  C2 |  |  |

**Pharmacology Skill Lab**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PK Calculations I | * Calculation for loading dose * Calculation for maintenance dose | P | Practical | OSPE |
| PK Calculations II | * Calculations for maintenance dose * Calculations for plasma half-life & steady state concentration | P | Practical | OSPE |
| Drugs used in Pregnancy and Lactation | * Classify drugs according to their safety profiles during pregnancy based on the FDA's Pregnancy Risk Categories * Identify the potential impact of drugs on pregnancy outcomes, including risks of birth defects, miscarriage, preterm labor, and maternal complications. * Discuss the alterations in drug absorption, distribution, metabolism, and excretion during pregnancy and how these changes influence drug dosing and efficacy. * Acquire communication skills to effectively counsel pregnant and lactating patients about the risks and benefits of medication use, alternative therapies, and the importance of adhering to prescribed regimens. | P | Practical | OSPE |
| **CBL Pharmacology** | | | | |
| Hormonal Contraceptives | * Clinical pharmacology of hormonal contraceptives * Rationale of choosing specific hormonal contraceptive in a specific scenario | C3 | CBL | PBQ |
| P drug & Prescription writing | * P drug & prescription writing for infertility * P drug & prescription writing for premature labour | C3 | CBL | PBQ |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Topic | Learning objectives | Reference |
| 1. | Pharmacological management of dysmenorrhea | * Recall the pathophysiology of dysmenorrhea Enlist short- and long-term management strategies of dysmenorrhea * Discuss the salient pharmacological feature of different strategies | Mittal R. Medical management of  Dysmenorrhea. International Journal of Advance Research, Ideas and Innovations in Technology. 2019;5(1).  Harel Z. Dysmenorrhea in adolescents and young adults: an update on pharmacological treatments and management strategies. Expert opinion on pharmacotherapy. 2012 Oct 1;13(15):2157-70. |
| 2. | Novel endocrine therapies for hormone positive breast cancer | * Enumerate hormonal treatments of breast cancer * Discuss the mechanism of action of SERM and SERD in breast cancer * Give new therapies acting via nuclear estrogen receptors in breast cancer | Lloyd MR, Wander SA, Hamilton E, Razavi P, Bardia A. Next-generation selective estrogen receptor degraders and other novel endocrine therapies for management of metastatic hormone receptor-positive breast cancer: current and emerging role. *Therapeutic Advances in Medical Oncology*. 2022;14. doi:[10.1177/17588359221113694](https://doi.org/10.1177/17588359221113694) |
| 3. | Use and abuse of anabolic steroids | * Differentiate between androgens and * anabolic steroids * Discuss the clinical application of anabolic steroids * Give the organ effects of anabolic effects Identify the health consequences of abuse of anabolic steroids | Gagliano-Jucá T, Basaria S. Abuse of |
| anabolic steroids: A dangerous indulgence. |
| Current Opinion in Endocrine and Metabolic  Research. 2019 Dec 1;9:96-101. |
| 4. | Hormonal therapy for prostate cancer  (GnRH antagonist VS ADT) | * Identify different agents used in prostate cancer * Recognize the role of different hormone receptors in prostate cancer * Describe the clinical merits and demerits of different treatment options | Rice MA, Malhotra SV, Stoyanova T. Second-generation antiandrogens: from discovery to standard of care in castration resistant prostate cancer. Frontiers in oncology. 2019 Aug 28;9:801. |

**Learning objectives of Vertically integrated subjects**

**Large group interactive session (LGIS)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No | TOPIC | Learning objectives  At the end of the lecture the student should be able to | Cognitive  l | Assessment tool |
|  | Infections in pregnancy (RTI’s, GIT,  EYE/ENT, Dermatitis) | Enlist common infections which occur more frequently in pregnancy and risk factors for these infections  Know obstetric complications of infections  Treatment of infections in pregnancy and during breastfeeding | CI  CI  C2/C3 | MCQS |
|  | Diabetes in pregnancy | Recall etiology, pathophysiology of gestational diabetes mellitus  Explain risk factors, clinical features and investigations to confirm diagnosis  Construct management plan of each disorder and discuss complications of these conditions for both fetus and mother | CI  C3  C2/C3 | MCQS |
|  | Anemia in pregnancy | Recall etiology, pathophysiology and common types of anemia in pregnancy  Explain risk factors for anemia, clinical features and investigations to confirm diagnosis  Construct management plan including prevention and discuss complications of anemia for both fetus and mother | CI  CI,2  C3 | MCQS |
|  | Liver disorders &  thrombocytopenia in pregnancy | Discuss etiologies and risk factors for common thrombotic disorders in pregnancy  Explain clinical features and investigations to confirm thrombotic disorders in pregnancy and post-partum period  Discuss appropriate anticoagulation therapy in pregnancy and breastfeeding | CI  CI  C2 | MCQS |
|  | Epilepsy in pregnancy | Explain how does epilepsy effects pregnancy | CI | MCQS |
|  | Asthma in pregnancy | Explain the effects of pregnancy on asthma  Explain risk factors, clinical features and investigations to confirm diagnosis  Discuss treatment plan and appropriate medication to control asthma in pregnancy | C1  C2    C3 | MCQS |
|  | Thrombotic disorders in pregnancy | Explain etiologies and prevalence of thrombocytopenia in pregnancy |  | MCQS |

**Learning objectives of surgery in reproduction module (LGIS)**

|  |  |  |  |
| --- | --- | --- | --- |
| Topic | Learning objectives  At the end of the lecture the student should be able to | Cognitive level | Assessment  tool |
| Pelvic cellulitis & abscess | * Describe brief anatomy of pelvis and its structure * Enumerate possible causes of pelvic infusion in both male and female Patients * Enlist important clinical, signs and symptoms * Discuss the role of different investigation and differential diagnoses * Describe management plan for these patients | C1  C2/C3  C1  C2  C2 | MCQS |
| Complication of laparotomy (visceral & vascular injury) | * Briefly describe anatomy of the abdominal wall and its visceral and vascular Structures * Enlist commonly performed elective + emergency laparotomy * Enumerate vulnerable vascular and visceral structures at risk of complication During laparotomy * Identify signs and symptoms to recognize these injuries * Make management plan to deal with these injuries, the role of multiple Specialties and team work in management of these complications. | C1  C2/C3  C2  C3  C4 | MCQS |
| Surgical intervention of Breast | * Surgical anatomy of breast, diseases of breast and their management | * Briefly describe anatomy of the breast and vascular and lymphatic supply * Enlist important clinical signs and symptoms of different benign and malignant dissuEnlist the surgical procedure of breast diseases | C2 |

**Learning objectives of Pediatrics (LGIS)**

|  |  |  |  |
| --- | --- | --- | --- |
| Topic | Learning objectives  At the end of the lecture the student should be able to | Learning domain | Assessment  tool |
| Neonatal resuscitation | Identify the babies who will need resuscitation at birth  Enlist steps of resuscitation as per algorithm  Identify different sizes of face masks, ambo bags, laryngoscope blades and their use by pictures. | C2/C3 | MCQS |
| Breast feeding | Enumerate advantages of breast feeding  Describe the physiology  Know the importance of early initiation of breast feeding  Enlist five steps towards good breast feeding | C2/C3 | MCQS |
| LBW / prematurity | Define LBW babies  Enlist common causes of LBW babies  Enumerate important complications and problems of premature babies  Manage prematurity and its complications | C2/C3 | MCQS |
| Immunization | Know the importance of vaccination in prevention  Know the disease covered in immunization schedule  Know the extended program of immunization (EPI) in Pakistan  Know the role of immunization in health of a child  Know the method of administration and common side effects of vaccines used in epi | C2/C3 | MCQS |

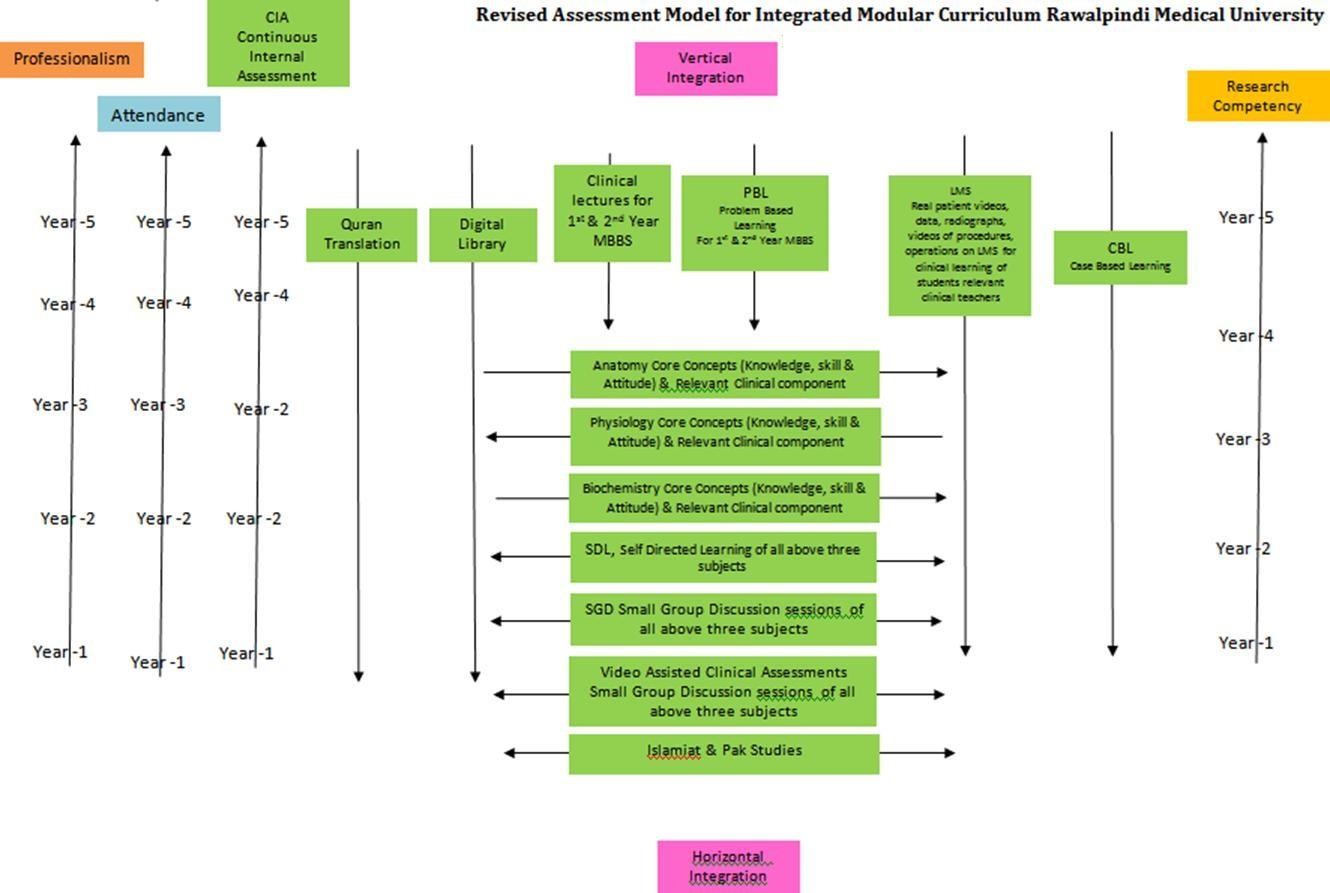
**Learning Objectives Of Family Medicine (LGIS)**

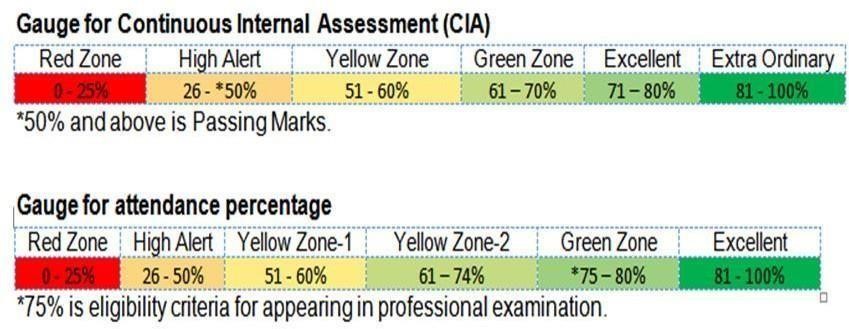
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.NO** | **Broad**    **topic** | **Major syllabus with sub-topics** | **Learning objectives** | **Learning domain** | **Assessment**  **tools** |
| 1 | Core concepts of family medicine in (antenatal care in normal pregnancy) | Discussion will cover;  Family medicine and Antenatal care during prenancy | At the end of the session  students should be able to;     * Describe the composition of antenatal care * Identify and do surveillance of pregnant mother and expected child * Apply Preventive measures, including tetanus toxoid immunisation, de-worming, iron and folic acid * Recommend healthy behaviours in the home, including healthy lifestyles and diet, safety and injury prevention, and support and care in the home, such as advice and adherence support for preventive interventions like iron supplementation | C1  C1  C3  C2  C3 | MCQS |

**9- Assessment Policies:**

**CONTENTS:**

1. Assessment Plan
2. Types of Assessment
3. Modular Examinations
4. Block examinations





**10- Assessment Plan**

guidelines of Pakistan Medical and Dental Council for assessment. Assessment is conducted for SDL, SGD, mid modular, block/module levels.

**Types of Assessment:**

The assessment is formative and summative.

**Formative Assessment:** Formative assessment is taken from topics of SDL, SGD, LGIS (LMS).

**Summative Assessment:** Summative assessment is taken at the mid modular, modular/block levels.

**Modular Examinations:**

**Theory Paper:**

There is an examination at the end of module. The content of the whole teaching of the module are tested in this examination.

It consists of paper with objective type questions, extended matching question, short answer questions and structured essay questions. The distribution of the questions is based on the Table of Specifications of the module.

**Viva Voce:**

Structured table viva voce is conducted including the practical content of the module.

**Block Examination**

On completion of a block which consists of two modules, there is a block examination which consists of one theory paper, viva and video assisted & practical OSPE.

**Theory Paper**

There is one written paper for each subject. The paper consists of objective type questions, extended matching question, short answer questions and structured essay questions. The distribution of the questions is based on the Table of Specifications of the module.

**Block OSPE:** This covers the practical content of whole block.

**Assessment**

**Types of Assessment**:

1. Formative
2. summative

**Formative Assessment**

Formative assessment will be done at the end of module as reflective writing & multiple-choice questions through LMS. Assessment of clinical lectures will also be on LMS. Tool for this assessment will be one best choice question.

**Summative Assessment:**

Summative assessment will be taken weekly through LMS as well as at the end of module/ block and will be subject wise

**Assessment Frequency & Time in reproduction Module**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Endocrinology Module** | **Type of** **Assessments** | **Total Assessment Time** | | | **No. of**  **Assessments** | |
| **Sr #** | **Types of Assessments** | **Nature of assessment** | **Assessment**  **Time** | **Summative**  **Assessment Time** | **Formative**  **Assessment Time** | **Formative** | **Summative** |
| 1 | Weekly LMS based assessments  (pathology20, Community Medicine 20,  Pharmacology 20) (60 MCQs)60 marks | summative | 60 Minutes per wk.=3hrs | 16 hours | 45 Minutes | 01 | 05 |
| 3 | End Module Examinations | Summative | Detailed below |
| Breakup of EOM Assessment | |  |  |
|  | i. Community medicine  (5SEQs,5 SAQs, 1 EMQ & 25 MCQs) 100 marks | Summative | 3 Hrs. |
|  | ii. Pathology  5SEQs,7 SAQs, 1 EMQ and 25 MCQs) 100 marks | Summative | 3 Hrs. |
|  | iii. pharmacology  5SEQs,5 SAQs, 1 EMQ and 25 MCQs) 100 marks | Summative | 3 Hrs. |
| 4 | iv (video assisted OSPE) for each subject 10 stations(50 marks) | Summative | 50 minutes    1 hr. 40 min |  | | | |
| v. Ward test at the end of two weeks rotation in clinical subjects & End of clerkship Community medicine |
| 5. | 1. End Module LMS based MCQs (45 MCQs) 45 marks | Summative | 45 min |
| 6 | Reflective writing | formative | 45min |  | | | |

**Table of specifications (TOS) weekly assessment (LMS) for reproduction block**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S.  No | Discipline | Type of Assessment | Number of MCQs | Cognitive domains | | | Marks |
| C1 | C2 | C3 |
|  | **LMS 1** | | | | | | |
|  |  | | | | | | |
| 1. | Community medicine | summative | 20 | 4 | 5 | 11 | 20 |
| 2. | Pathology | Summative | 20 | 4 | 5 | 11 | 20 |
| 3. | Pharmacology | summative | 20 | 3 | 5 | 12 | 20 |
|  | **LMS II** | | | | | | |
| 4. | Medicine & Allied | Summative | 10 | 2 | 3 | 5 | 10 |
| 5. | Surgery & Allied | Summative | 10 | 2 | 3 | 5 | 10 |
| 6. | Bioethics, Research, AI  Longitudinally running disciplines | Summative | 10 | 2 | 3 | 5 | 10 |
|  | Total |  | 90 | 17 | 24 | 49 | 90 |

**Types of Assessment ----------Community Medicine**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.  No | Mode of Assessment | Type of Assessment | Schedule of Assessment | Venue | Frequency |
|  | End of wk. MCQ based Test | summative | Weekly | LMS | 01 x no. of weeks |
|  | Theory (MCQ+SEQ+ SAQs + EMQ) | Summative | End of module | On campus | 01 |
|  | End of Block AV OSPE | Summative | End of module | On campus | 01 |
|  | End of block practical OSPE | Summative | End of block | On campus | 01 |
|  | End of block structured VIVA | Summative | End of block | On campus | 01 |
|  | End of module MCQs test | Summative | End of module | LMS | 01 |
|  | End of clerkship Exam  MCQs, OSCE | summative | end of clerkship batch | On campus | 01 x 2 wks. |

**Type of Assessment------ Pharmacology**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No | Mode of Assessment | Type of Assessment | Schedule of Assessment | Venue | Frequency |
| 1. | End of wk. MCQ based Test | summative | Weekly | LMS | 01 x no. of weeks |
| 2. | Theory (MCQ+SEQ+ SAQs + EMQ) | Summative | End of module | On campus | 01 |
| 3. | End of block AV & practical OSPE | Summative | End of block | On campus | 01 |
| 4. | End of block structured VIVA | Summative | End of block | On campus | 01 |
| 5. | End of module MCQs test | Summative | End of module | LMS | 01 |
| 6. | End of Skill lab Exam, MCQs | summative | End of module | On campus | 01 |

**Types of Assessment---------------- Pathology**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No | Mode of Assessment | Type of Assessment | Schedule of Assessment | Venue | Remarks |
| 1. | End of wk. MCQ based Test | summative | Weekly | LMS | 01 x no. of weeks |
| 2. | Theory (MCQ+SEQ+ SAQs + EMQ) | Summative | End of module | On campus | 01 |
| 3. | End of block ,AV & practical OSPE | Summative | End of block | On campus | 01 |
| 4. | End of block structured VIVA | Summative | End of block | On campus | 01 |
| 5. | End of module One best option MCQs test | Summative | End of module | LMS | 01 |
| 6. | End of Skill lab Exam, MCQs, | Summative |  | On campus | 01 |

**Table of Specification for end of block Assessment (TOS)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Block**  **Name&**  **Order** | **Modules**  **Names &**  **Numbers** | **Subject** |  | **Theory** |  | **Scheme of Integration** | | | | | | **Total**  **marks**  **Theory** | **Practical Assessment** | | | | | | |  | **Total**  **Block**  **marks** | **End of block**  **LMS**  **MCQs** | |
| 25  **MCQs**  (1  mark  each) | **5+1**  **SAQ**  **+EMQ**  (5 marks  each) | **5 SEQs**  **(9marks**  **each)** | **Core**  **Subject.**  **70%** | | **Hori- &**  **Verti- Integ.**  **20%** | | **\*Spiral Integ.**  **10%** | | **OSVE** | | | | **OSPE (05 marks each)** | | | **Total**  **marks**  **Practical** |
| **Module I** | | **Module 2** | | **Observed** | **Unobserved** | **Video**  **assisted** |  |
| **Population**  **Medicine &**      **reproduction** | **Endocrinology** | Community medicine | 25 | 25+5 | 45 | 19 | 46 | 4 | 12 | 2 | 7 | 100 |  | | | | | - | 10 stations |  | |  |
| Pharmacology | 25 | 25+5 | 45 | 19 | 46 | 4 | 12 | 2 | 7 | 100 |  | | | | |  | 10 stations |  | |  |
| Pathology | 25 | 25+5 | 45 | 19 | 46 | 4 | 12 | 2 | 7 | 100 |  | | | | |  | 10 stations |  | |  |
| **Population Med**    **& Reproduction** | Community medicine | 25 | 25+5 | 45 | 19 | 46 | 4 | 12 | 2 | 7 | 100 | Viva marks | Book marks | Viva marks | Book marks | 10 stations | 10 stations | 10 stations |  | 350 | 30 |
| 45 | 5 | 45 | 5 | 50 | 50 | 50 | 250 |
| Pharmacology | 25 | 25+5 | 45 | 19 | 46 | 4 | 12 | 2 | 7 | 100 | 45 | 5 | 45 | 5 | 50 | 50 | 50 | 250 | 350 | 30 |
| Pathology | 25 | 25+5 | 45 | 19 | 46 | 4 | 12 | 2 | 7 | 100 | 45 | 5 | 45 | 5 | 50 | 50 | 50 | 250 | 350 | 30 |

**Schedule of IUGRC session, 2025**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr#** | **Batch** | **Batch Incharge** | **Senior faculty** | **Venues** |
| 1 | A | Dr. Mahreen | Dr. Khola | Museum |
| 2 | B | Dr. Bushra | Dr. Sana | SGTR |
| 3 | C | Dr. Maria | Dr. Afifa | Lec hall 3 |
| **4** | **D (1st batch)** | **Dr. Narjis** | **Dr. Mehwish** | **Female demo room** |
| 5 | E | Dr. Asif | Dr. Asif | Male demo room |
| 6 | F | Dr. Saba | Dr. Farha | SGTR |
| 7 | G | Dr. Imrana | Dr. sana | Museum |
| 8 | H | Dr. Mehrish | Dr. Mehwish | Lec hall 3 |
| 9 | I | Dr.Mehjabeen | Dr. Sana | Female demo room |
| 10 | J | Dr. Mehreen | Dr. Mehwish | Museum |
| 11 | K | Dr. Maria | Dr. Khaula | Museum |
| 12 | L | Dr. Asif | Dr. Asif | Lec hall 3 |
| 13 | M | Dr. Zaira/Abdul Qadus | Dr. Abdul Qadus | Lec hall 3 |
| 14 | N | Dr. Bushra | Dr. Farha | SGTR |
| 15 | O | Dr. Saba | Dr. Rizwana | SGTR |
| 16 | P | Dr. Mehrish | Dr. Afifa | Male demo room |

**Rawalpindi medical University Rawalpindi**

**Tentative Timetable 4thyear MBBS-Population Medicine & Reproductive Health Module 2025 (1stweek)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Date / Day** | **8:00 Am – 9:00 Am** | | | | | **09:00am – 10:00am** | | | | | | | | **Break 10:00am – 10:30am** | **10:30am – 12:00pm** | | | | | | | | **12:00pm - 02:00pm** | | | | | | | | |
| **Monday**  **4.8.25** | **QURAN CLASS** | | | | | **ANATOMY (LGIS)** | | | | | | | | **CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document**  **Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.** | | | | | | | | | | | | | | | | |
| Combined class Lec hall 1 | | | | | Female bony pelvis,  Fetal skull (Revisit Lecture) | | | | | | | |
| **Qari Abdul Wahid** | | | | | **(odd) lec hall 1** | | | | | **Even lec hall 2** | | |
|  | | | | |  | | |
| **Tuesday**  **5.8.25** | **OBS (LGIS)** | | | | | **COMMUNITY MEDICINE (LGIS)** | | | | | | | |
| Basic terminology in Obstetrics, Basic antenatal care | | | | | Preventive obs antenatal care-I | | | | | | | |
| **(odd) lec hall 1** | | | | **Even lec hall 2** | **(odd) lec hall 1** | | | | | | **Even lec hall 2** | |
| Gynae Unit I  Dr. Humaira Bilqis | | | | Gynae Unit I  Dr. Saima Shoaib | Assoc Prof Dr. Khola | | | | | | Asst. Prof Dr. Mehwish Riaz | |
| **Wednesday**  **6.8.25.** | **OBS (LGIS)** | | | | | **COMMUNITY MEDICINE (LGIS)** | | | | | | | |
| Management of premalignant & malignant disease of cervix | | | | | Preventive medicine in obstetric (natal care) -II | | | | | | | |
| **(odd) lec hall 1** | | | **Even lec hall 2** | | **(odd) lec hall 1** | | | **Even lec hall 2** | | | | |
| Gynae-II  Dr. Khansa Iqbal | | | Gynae-II  Dr. Aqsa | | Assoc Prof Dr. Khola | | | | Asst. Prof Dr. Mehwish Riaz | | | |
| **Thursday**  **7.8.25.** | **PHARMACOLOGY (LGIS)** | | | | | **OBS (LGIS)** | | | | | | | |
| Gonadal Hormones 1 | | | | | Diagnosis of 1st stage of labor, its management and abnormalities  CTG, Partogram | | | | | | | |
| **(odd) lec hall 1** | | **Even Lec hall 2** | | | **(odd) lec hall 1** | **(odd) lec hall 2** | | | | | | |
| Dr. Uzma | | Dr. Zoefishan | | | Gynae Unit-II Dr Khansa | Gynae Unit-II  Dr. Aqsa | | | | | | |
| **Friday**  **8.8.25** | **08:00AM – 09:45AM** | | | | | **09:45AM – 10:30** | | | | | | | | **10:30AM – 11:15AM** | | | | **11:15AM – 12:00PM** | | | | | | |  | | | | | | |
| **PAL/skill lab**  **Community Medicine / Pathology**  **IUGRC Session/** | | | | | **COMMUNITY MEDICINE (LGIS)** | | | | | | | | **PHARMACOLOGY (LGIS)** | | | | **PATHOLOGY (SGD)** | | | | | | |
| Research viva/ Cervical Carcinoma & Screening Through Cervical Smears | | | | | Handicapped children | | | | | | | | Gonadal Hormone 2 | | | | Pathology of early pregnancy complication & non neoplastic placental pathologies | | | | | | |
| **Batch A-H** | **I-P** | | | | **Lec hall 4**  **(Odd)** | | | | | | | **Lec hall 5**  **(even)** | **Lec hall 4**  **(Odd)** | | **Lec hall 5**  **(even)** | | **Lec hall 3 & 4** | | **Lec hall 5 & 6** | | | | |  | | | | | |
| Faculty of community medicine | Dr. Nida Fatima | | | | Dr. Asif Butt Sen Demo | | | | | | | Dr. Abdul Qudoos,Sr Demo | Dr Uzma | | Dr Zoefishan | | Dr Fatima Tuz Zshra  Dr Kiran | | Dr Sara Rafi  Dr Shabih Haider | | | | |
| **Saturday**  **9.8.25.** | **08:00AM – 09:45AM** | | | | | **09:45AM – 10:30** | | | | | | | | **10:30AM – 11:15AM** | | | | **BREAK**  **11:15AM – 11:45AM** | **11:45AM – 12:30PM** | | | **12:30PM – 01:15PM** | | | | | **01:15PM – 02:00PM** | | |
| **PAL/ skill lab**  **Community Medicine / Pathology** | | | | | **PHARMACOLOGY (LGIS)** | | | | | | | | **COMMUNITY MEDICINE (LGIS)** | | | | **MEDICINE (LGIS)** | | | | | **Gynae (LGIS)** | | | | **Surgery (LGIS)** | | | |
| Research viva/ Cervical Carcinoma & Screening Through Cervical Smears | | | | | Gonadal Hormone 3 | | | | | | | | School health services | | | | Infections in pregnancy, RTI, GIT, Eye, ENT | | | | | Minor disorders in pregnancy | | | | Complications of laparotomy | | | |
| **Batch A-H** | | | | **I-P** | **Lec hall 4**  **(Odd)** | | **Lec hall 5**  **(even)** | | | | | | **Lec hall 4**  **(Odd)** | | | **Lec hall 5**  **(even)** | **Lec hall 4**  **(Odd)** | | **Lec hall 5**  **(even)** | | |  | |  | | **Lec Hall 4** | **Lec hall 5** | |
| Dr. Nida Fatima | | | | Faculty of community medicine | Dr Zaheer | | Dr Aisha | | | | | | Dr. Asif Butt Sen Demo | | | Dr. Abdul Qudoos,Sr Demo | Dr Muhammad Arif | | Dr Nida | | | Dr Aqsa DHQ | | Dr Shehla DHQ | | Dr Ramla | Dr Waqas | |

**RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI**

**TENTATIVE TIME TABLE 4THYEAR MBBS- POPULATION MEDICINE & REPRODUCTIVE HEALTH 2025 (2nd WEEK)**

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| **DATE / DAY** | **8:00 AM – 9:00 AM** | | | | | | **09:00am – 10:00am** | | | | | | | **BREAK 10:00AM – 10:30AM** | **10:30am – 12:00pm** | | | | | | | | **12:00pm - 02:00pm** | | | | | |
| **Monday**  **11.8.25.** | **OBS (LGIS)** | | | | | | **PATHOLOGY (LGIS)** | | | | | | | **CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document**  **Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.** | | | | | | | | | | | | | |
| 2nd stage of labour, mechanism of normal labour. | | | | | | Benign diseases of breast | | | | | | |
| **odd lec hall 1** | **Even lec hall 2** | | | | | **(odd) lec hall 1** | | | | | | **Even lec hall 2** |
| Gynae Unit I  Dr Saima Khan | Gynae Unit I  Dr. Saima Anwar | | | | | Prof Mobina | | | | | | Dr Mudasira |
| **Tuesday**  **12.8.25.** | **OBS (LGIS)** | | | | | | **SURGERY (LGIS)** | | | | | | |
| Episiotomy/ instrumental delivery | | | | | | Pelvic cellulitis & abscess | | | | | | |
| **(odd) lec hall 1** | | | **Even lec hall 2** | | | **(odd) lec hall 1** | | | **Even lec hall 2** | | | |
| Gynae Unit II Dr. Maliha Sadaf | | | Gynae Unit II  Dr. Aqsa Ikram | | | Dr Abdul Qadir | | | Dr Zahid | | | |
| **Wednesday**  **13.8.25.** | **OBS (LGIS)** | | | | | | **PATHOLOGY (LGIS)** | | | | | | |
| Abdominal Delivery | | | | | | Benign & premalignant conditions of cervix | | | | | | |
| **(odd) lec hall 1** | | | | **Even lec hall 2** | | **(odd) lec hall 1** | | | | **Even lec hall 2** | | |
| BBH  Dr Hina gul | | | BBH Dr Humaira Masood | | | Prof Mobina | | | | | Dr. Mudasira | |
| **Thursday**  **14.8.25** | **OBS(LGIS)** | | | | | | **COMMUNITY MEDICINE (LGIS)** | | | | | | |
| **3rd** stage of labor & its complications (retained placenta/ uterine inversion) | | | | | | Preventive medicine in obstetrics (Postnatal care)-III | | | | | | |
| **(odd) lec hall 1** | | | **Even lec hall 2** | | | **(odd) lec hall 1** | | | **Even lec hall 2** | | | |
| DHQ Dr. Rubaba | | | DHQ Dr. Tabinda | | | Assoc Prof Dr. Khola | | | Asst Prof Dr. Mehwish Riaz | | | |
| **Friday**  **15.8.25.** | **08:00AM – 09:45AM** | | | | | | **09:45AM – 10:30** | | | | | | | **10:30AM – 11:15AM** | | | | **11:15AM – 12:00PM** | | | | | |  | | | | |
| **SGD Community Medicine/ Skill Lab Pathology** | | | | | | **COMMUNITY MEDICINE (LGIS)** | | | | | | | **OBS (LGIS)** | | | | **OBS (LGIS)** | | | | | |
| Demonstration on CP devices/methods Evaluation of contraceptive methods Preventive aspects of breast feeding/ Ovarian Teratoma & Hydatidiform Mole | | | | | | Family planning & Population control approach & practices (FP-I) | | | | | | | Puerperium & its complications | | | | Postpartum Haemorrhage and its management. | | | | | |
| **Batch A-H** | | | | | **I-P** | **(odd) lec hall 4** | **Even lec hall 5** | | | | | | **(odd) lec hall 4** | | **Even lec hall 5** | | **(odd) lec hall 4** | | | **Even lec hall 5** | | |
| Dr. Ayesha PGT  Dr. Bushra PGT  Senior faculty Dr. Narjis APWMO | | | | | Dr. Faiza Zafar | Dr Afifa AP | Dr Narjis APWMO | | | | | | Gynae Unit II Dr. Khansa Iqbal | | Gynae Unit II Dr. Saira Ahmed | | Gynae Unit I Dr. Humera Bilquees | | | Gynae Unit I  Dr. Ammara | | |
| **Saturday**  **16.8.25.** | **08:00AM – 09:45AM** | | | | | | **09:45AM – 10:30** | | | | | | | **10:30AM – 11:15AM** | | | | **BREAK**  **11:15AM – 11:45AM** | **11:45AM – 12:30PM** | | | | | **12:30PM – 01:15PM** | | **01:15PM – 02:00PM** | | |
| **SGD Community Medicine/ Skill Lab Pathology** | | | | | | **GYNAE (LGIS)** | | | | | | | **COMMUNITY MEDICINE (LGIS)** | | | | **PHARMACOLOGY (LGIS)** | | | | | **PATHOLOGY (SGD)** | | **OBS (SGD)** | | |
| Demonstration on CP devices/methods Evaluation of contraceptive methods Preventive aspects of breast feeding/ Ovarian Teratoma & Hydatidiform Mole | | | | | | Contraception | | | | | | | Family planning & Population control approach & practices (FPI-I) | | | | Prolactin antagonists | | | | | STDs | | Mechanism of normal labor and placental delivery | | |
| **A-H** | | | **I-P** | | | **(odd) lec hall 4** | | **Even lec hall 5** | | | | | **(odd) lec hall 4** | | | **Even lec hall 5** | | | **(odd) lec hall 4** | | **Even lec hall 5** | | **(odd) lec hall 3 & 4** | **Even lec hall 5 & 6** | **(odd) lec hall 4** | **Even lec hall 5** |
| Dr. Faiza Zafar | | Dr. Ayesha PGT  Dr. Bushra PGT  Senior faculty Dr. Narjis APWMO | | | | BBH Dr Nighat | | BBH Dr. Asma Khan | | | | | Dr Afifa AP | | | Dr Narjis APWMO | | | Dr Saba | | Dr Arsheen | | Dr Fatima Tuz Zahra  Dr Rabbiya | Dr Kiran Fatima  Dr Mehreen Fatima | DHQ  Dr. Shama | DHQ Dr.  Ruqaiyah |

**RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI**

**TENTATIVE TIME TABLE 4THYEAR MBBS- POPULATION MEDICINE & REPRODUCTIVE HEALTH MODULE 2025 (3rd WEEK)**

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| **DATE / DAY** | **8:00 AM – 9:00 AM** | | | | **09:00am – 10:00am** | | **BREAK 10:00AM – 10:30AM** | | **10:30am – 12:00pm** | | | | **12:00pm - 02:00pm** | | | | |
| **Monday**  **18.8.25.** | **PATHOLOGY (LGIS)** | | | | **OBS (SGD)** | | **CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document**  **Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.** | | | | | | | | |
| Benign Diseases of ovary | | | | Malpresentations | |
| **(odd) lec hall 1** | **Even lec hall 2** | | | **lec hall 1 & 2** | **lec hall 6 & pharmacy lab** |
| Dr Fatima Tuz Zahra | Dr Kiran Fatima | | | Gynae Unit I Prof Tallat Farkhinda | Gynae Unit I  Dr Saima Khan |
| **Tuesday**  **19.8.25.** | **PHARMACOLOGY (LGIS)** | | | | **OBS (LGIS)** | |
| Oxytocic drugs and uterine relaxants | | | | Early pregnancy complications (miscarriages & Ectopic pregnancy) | |
| **(odd) lec hall 1** | **Even lec hall 2** | | | **(odd) lec hall 1** | **Even lec hall 2** |
| Dr Attiya | Dr Saba | | | DHQ Dr. Shama | DHQ Dr. Tabinda |
| **Wednesday**  **20.8.25.** |  | | | |  | |
| HOLIDAY | | | | | |
|  |  | | |  |  |
| **Thursday**  **21.8.25.** | **OBS (LGIS)** | | | | **PATHOLOGY (LGIS)** | |
| Multiple pregnancy | | | Diseases of lower urinary tract | | |
|  | (odd) lec hall 1 | | Even lec hall 2 | Lec hall 1 | | Lec hall 2 |  | | | | | | | | |
|  | Gynae Unit II Dr. Maliha Sadaf | | Gynae Unit II  Dr. Saira | Dr Mobina | | Dr Mudasira |  | | | | | | | | |
| **Friday**  **22.8.25.** | **08:00AM – 09:45AM** | | | | **09:45AM – 10:30** |  | **10:30AM – 11:15AM** | | | **11:15AM – 12:00PM** | | | |  | | | |
| **SGD Community Medicine/ Skill Lab Pathology** | | | | **FAMILY MEDICINE (LGIS)** | | **OBS (LGIS)** | | | **PATHOLOGY (LGIS)** | | | |
| Discussion on Demographic measures Demographic graphics (population pyramids) & other transitions graphics / Benign and Malignant Disease of Uterus | | | | Family medicine and Antenatal care during prenancy | | Preterm labor and PROM | | | Testicular Tumors | | | |
| **Batch A-H** | **I-P** | | | CPC Hall | | **(odd) lec hall 4** | **Even lec hall 5** | | **(odd) lec hall 4** | | **Even lec hall 5** | |  | | | | |
| Dr. Muniba PGT  Dr Saba PGT  Senior Faculty Dr Mehwish | Dr. Mahjbeen | | | Dr. Saadia HOD Family Medicine | | Gynae Unit -I Dr. Sobia | Gynae Unit -I Dr Sara | | Dr Fatima Tuz Zahra | | Dr Kiran | |
| **Saturday**  **23.8.25.** | **08:00AM – 09:45AM** | | | | **09:45AM – 10:30AM** | | **10:30AM – 11:15AM** | | | **BREAK**  **11:15AM – 11:45AM** | **11:45AM – 12:30PM** | | | **12:30PM – 01:15PM** | | **01:15PM – 02:00PM** | |
| **SGD Community Medicine/ Skill Lab Pathology** | | | | **OBS (LGIS)** | | **MEDICINE (LGIS)** | | | **PEADIATRICS (LGIS)** | | | **OBS (SGD)** | | **PATHOLOGY (CBL)** | |
| Discussion on Demographic measures Demographic graphics (population pyramids) & other transitions graphics / Benign and Malignant Disease of Uterus | | | | Antepartum Hemorrhage | | Diabetes in pregnancy | | | Neonatal resuscitation | | | COVID 19, Dengue and HIV in pregnancy | | Rh incompatibility | |
| **A-H** | **Batch I-P** | | | **(odd) lec hall 4** | **Even lec hall 5** | **(odd) lec hall 4** | **(even) lec hall 5** | | **(odd) lec hall 4** | **Even lec hall 5** | | **(odd) lec hall 4** | Even lec hall 5 | **lec hall 3 & 4** | Lec hall 5&6 | | |
| Dr. Mahjbeen | Dr. Muniba PGT  Dr Saba PGT  Senior Faculty Dr Mehwish | | | BBH  Dr. Asma Khan | BBH  Dr. Shumaila | Dr Muhammad Arif | Dr Faran Maqbool | | Dr Bushra Iqbal | Dr Hafeez | | Gynae unit II  Dr Humera Noreen | Gynae unit II Dr Sabeen | Dr Faiza Zafar  Dr Unaiza | Dr Syeda Aisha  Dr Shabih Haider | | |

**RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI**

**TENTATIVE TIME TABLE 4THYEAR MBBS- POPULATION MEDICINE & REPRODUCTIVE HEALTH MODULE 2025 (4th WEEK)**

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| **DATE / DAY** | **8:00 AM – 9:00 AM** | | **09:00am – 10:00am** | | **BREAK 10:00AM – 10:30AM** | | | **10:30am – 12:00pm** | | | **12:00pm - 02:00pm** | | | |
| **Monday**  **25.8.25.** | **OBS (LGIS)** | | **COMMUNITY MEDICINE (LGIS)** | | **CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document**  **Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.** | | | | | | |
| Perineal infections | | Family Planning, Population control approach and practice | |
| **(odd )lec hall 1** | **(Even) lec hall 2** | **(odd) lec hall 1** | **(Even) lec hall 2** |
| DHQ  Dr aqsa | DHQ  Dr Shehla | Asst Prof Dr Afifa | AP Dr Narjis Zaidi |
| **Tuesday**  **26.8.25.** | **CARDIOLOGY (LGIS)** | | **OBS (LGIS)** | |
| Cardiac disease in pregnancy | | Hypertension in pregnancy | |
| **lec hall 1** | **lec hall 2** | **(odd) lec hall 1** | **(Even) lec hall 2** |
| Dr. Asad |  | DHQ Dr. Shama | DHQ Dr. Ruqaiyah |
| **Wednesday**  **27.8.25.** | **OBS (LGIS)** | | **MEDICINE (LGIS)** | |
| IUGR/Oligo | | Liver disorders & thrombocytopenia in Pregnancy | |
| **lec hall 1,3** | **lec hall 2,6** | **(odd) lec hall 1** | **(Even) lec hall 2** |
| Gynae Unit I Dr. Saima Khan | Gynae Unit I  Dr. Ammara | Dr. Arif | Dr Faran |
| **Thursday**  **28.8.25.** | **PATHOLOGY (LGIS)** | | **COMMUNITY MEDICINE (LGIS)** | |
| Malignant diseases of ovary | | Preventive aspects of neonatal care (Preventive Pediatrics)-I | |
| **(odd) lec hall 1** | **(Even) lec hall 2** | **(odd) lec hall 1** | **(Even) lec hall 2** |
| Dr. Fatima Tuz Zahra | Dr. Kiran | Assoc Prof Dr. Khola | Dr Imrana Saeed APWMO |
| **Friday**  **29.8.25.** | **08:00AM – 09:45AM** | | **09:45AM – 10:30** | | **10:30AM – 11:15AM** | | **11:15AM – 12:00PM** | | | |  | | | |
| **Skill lab Pathology / Pharmacology** | | **PATHOLOGY (LGIS)** | | **MEDICINE (LGIS)** | | **OBS (LGIS)** | | | |
| Tumors of Breast / PK Calculation I | | Malignant neoplasm of breast | | Anemia in pregnancy | | Rh Incompatibility | | | |
| **Batch A-H** | **I-P** | **(odd) lec hall 4** | **(Even) lec hall 5** | **(odd) lec hall 4** | **(Even) lec hall 5** | **(odd) lec hall 4** | | | **(Even) lec hall 5** |  | | | | |
| Dr Zofeshan  Dr Zaheer | Dr. Syeda Aisha | Prof. Mobina Dodhy | Dr. Mudassira Zahid | Dr. Arif | Dr Faran | Gynae Unit-II Dr Khansa Iqbal | | | Gynae Unit-II  Dr Farah |
| **Saturday**  **30.8.25.** | **08:00AM – 09:45AM** | | **09:45AM – 10:30** | | **10:30AM – 11:15AM** | | **BREAK**  **11:15AM – 11:45AM** | | **11:45AM – 12:30PM** | | **12:30PM – 01:15PM** | | **01:15PM – 02:00PM** | |
| **Skill lab**  **Pathology / pharmacology** | | **RADIOLOGY (LGIS)** | | **PEADIATRICS (LGIS)** | | **PATHOLOGY (LGIS)** | | **MEDICIN E (LGIS)** | | **OBS (SGD)** | |
| Tumors of Breast /PK Calculation I | | Imaging in obstetrics & anomaly scan | | Neonatal Jaundice | | GTD &  Choriocarcinoma | | Asthma in Pregnancy | | Medical disorders in pregnancy | |
| **A-H** | **Batch I-P** | **(odd) lec hall 4** | **(Even) lec hall 5** | **lec hall 4** | **lec hall 5** | **(odd) lec hall 4** | **(Even) lec hall 5** | **(odd) lec hall 4** | **(Even) lec hall 5** | **(Odd)**  **hall 4** | **(Even) lec hall 5** | | |
| Dr. Syeda Aisha | Dr Zoofishan  Dr Zaheer |  |  | Dr Sara Liaqat | Dr Amal Hashmi | Dr. Fatima tuz Zohra | Dr. Kiran Fatima | Dr. Arif | Dr Faran | BBH DR Aysha Zulifqua | Dr Maryam Zaheer | | |

**RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI**

**TENTATIVE TIMETABLE 4THYEAR MBBS- POPULATION MEDICINE & REPRODUCTIVE HEALTH MODULE 2025 (5th WEEK)**

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| **DATE / DAY** | **8:00 AM – 9:00 AM** | | **09:00am – 10:00am** | | **BREAK 10:00AM – 10:30AM** | | | **10:30am – 12:00pm** | | | | **12:00pm - 02:00pm** | | | | |
| **Monday**  **1.9.25.** | **OBS (LGIS)** | | **NEPHROLOGY (LGIS)** | | **CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document**  **Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.** | | | | | | | | |
| Oligo and Polyhydramnios. | | Renal Disease in Pregnancy | |
| **lec hall 1** | **lec hall 2** | **(odd) lec hall 1** | **Even lec hall 2** |
| DHQ  Dr Rubaba | DHQ  Dr Aqsa | Dr. Asif |  |
| **Tuesday**  **2.9.25.** | **OBS (LGIS)** | | **PEDIATRICS (LGIS)** | |
| Breast Feeding | |
| Intra-uterine fetal death | |
| **lec hall 1** | **lec hall 2** | **(odd) lec hall 1** | **Even lec hall 2** |
| Gynae Unit I  Dr Humaira Bilqis | Gynae Unit I  Dr. Amara | Dr Maryam Amjad | Dr Javeria Zia |
| **Wednesday**  **3.9.25.** | **PEDIATRICS (LGIS)** | | **MEDICINE (LGIS)** | |
| Neonatal seizures | | Epilepsy in Pregnancy | |
| **(odd) lec hall 1** | **Even lec hall 2** | **(odd) lec hall 1** | **Even lec hall 2** |
| Dr Huma Asghar | Dr Naila Ahsan | Dr. Arif | Dr Faran |
| **Thursday**  **4.9.25.** | **MEDICINE (LGIS)** | | **COMMUNITY MEDICINE (LGIS)** | |
| Thrombotic disorders in pregnancy | | Preventive aspects of neonatal care (Preventive Pediatrics)-II | |
| **(odd) lec hall1** | **Even lec hall 2** | **(odd) lec hall 1** | **Even lec hall 2** |
| Dr. Arif | Dr. Nida | Assoc Prof Dr. Khola | Dr Imrana Saeed  APWMO |
| **Friday**  **5.9.25.** | **08:00AM – 09:45AM** | | **09:45AM – 10:30** | | **10:30AM – 11:15AM** | | | | **11:15AM – 12:00PM** | | | |  | | | |
| **Skill lab Pharmacology/ Pathology** | | **PEDIATRICS (LGIS)** | | **REPRODUCTION ETHICS (LGIS)** | | | | **GYNAE (LGIS)** | | | |
| PK Calculation\_II /Testicular Tumors | | Low birth weight & Prematurity | | Abortion Ethics | | | | Management of GTD | | | |
| **Batch A-H** | **I-P** | **(Odd) lec hall 4** | **(even) lec hall 5** | **(odd) lec hall 4** | **Even lec hall 5** | | | **(odd) lec hall 4** | | **Even lec hall 5** | |  | | | | |
| **Dr Zofeshan**  **Dr Zaheer** | Dr. Syed Iqbal Haider | Dr Sumbal Ghazi | Dr Saima Akhtar | Gynae unit 1  Dr Sobia | Dr Zainab | | | Gynae Unit-II  Dr. Maliha Sadaf | | Gynae Unit-II  Dr. sabeen | |
| **Saturday**  **6.9.25.** | **08:00AM – 09:45AM** | | **09:45AM – 10:30** | | **10:30AM – 11:15AM** | | | | **BREAK**  **11:15AM – 11:45AM** | **11:45AM – 12:30PM** | | | **12:30PM – 01:15PM** | | **01:15PM – 02:00PM** | |
| **Skill lab Pharmacology/ Pathology** | | **GYNAE (LGIS)** | | **PATHOLOGY (LGIS)** | | | | **PATHOLOGY (SGD)** | | | **GYNAE (LGIS)** | | **PATHOLOGY (CBL)** | |
| PK Calculation-II/ Testicular Tumors | | Management of benign and Malignant disease of uterus | | Malignant diseases of cervix | | | | Dysfunctional Uterine Bleeding | | | Management of Benign and malignant ovarian tumors | | | Testicular Atrophy, Crytorchidism |
| **Batch A-H** | **Batch I-P** | **(odd) lec hall 4** | **Even lec hall 5** | **(odd) lec hall 4** | | **Even lec hall 5** | | **(odd) lec hall 3 & 4** | **Even lec hall 5 & 6/Pharma lab** | | **(odd) lec hall 3,4** | **lec hall 3 & 4,5,6** | | | | |
| Dr. Syed Iqbal Haider | Dr Zofeshan  Dr Zaheer | BBH  Dr Sadia Khan | BBH  Dr Humera Masood | Dr. Mudasira | | Prof. Mobina Dodhy | | Dr. Fatima tuz Zahra  Dr. Kiran Fatima | Dr. Sarah Rafi  Dr. Shabih Haider | | DHQ  Dr Shama  Dr Ruqaiyah | Dr. Abid Hassan  Dr. Mah Jabeen  Dr. Syed Iqbal Haider  Dr. Nida Fatima | | | | |

**RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI**

**TENTATIVE TIME TABLE 4THYEAR MBBS- POPULATION MEDICINE & REPRODUCTIVE HEALTH 2025 (6th WEEK)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE / DAY** | **8:00 AM – 9:00 AM** | | **09:00am – 10:00am** | | **BREAK 10:00AM – 10:30AM** | | **10:30am – 12:00pm** | | | | **12:00pm - 02:00pm** | | | | | | |
| **Monday**  **8.9.25.** | **GYNAE (LGIS)** | | **PATHOLOGY (SGD)** | | **CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document**  **Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.** | | | | | | | | | | |
| Management of benign & malignant Disease of vulva& vagina | | BPH, prostatic cancer, testicular atrophy, seminoma | |
| **(odd) lec hall 1** | **Even lec hall 2** | **(odd) Lec hall 1 & 3** | **Even Lec hall 2/Pharma lab** |
| Gynae Unit II  Dr Humera Noreen | Gynae Unit II  Dr Farah | Dr. Fatima tuz Zahra  Dr. Rabbiya Khalid | Dr. Kiran Fatima  Dr. Mehreen Fatima |
| **Tuesday**  **9.9.25.** | **PATHOLOGY (LGIS)** | | **COMMUNITY MEDICINE (LGIS)** | |
| Demography  Introduction , measures of mortality and fertilility | |
| Proliferative lesions of Endometrium and Myometrium | |
| **(odd) lec hall 1** | **Even lec hall 2** | **(odd) lec hall 1** | **Even lec hall 2** |
| Dr. Mobina | Dr. Mudassira Zahid | Dr Afifa Kulsoom (AP) | Dr Sana Bilal (Assoc Prof) |
| **Wednesday**  **10.9.25** | **GYNAE (LGIS)** | | **COMMUNITY MEDICINE (LGIS)** | |
| Prenatal diagnosis | | Demography ( demographic momentum, transition & dividend) | |
| **(odd) lec hall 1** | **Even lec hall 2** | **(odd) lec hall 1** | **Even lec hall 2** |
| BBH  Dr. Ismat Batool | BBH  Dr. Humaira | Dr Afifa Kulsoom (AP) | Dr Sana Bilal (Assoc Prof) |
| **Thursday**  **11.9.25.** | **PATHOLOGY (SGD)** | | **COMMUNITY MEDICINE (LGIS)** | |
| Endometritis, Adenomyosis, Endometriosis | | Demography ( Migration & Urbanization) | |
| **(odd) lec hall 1 & 3** | **Even lec hall 2/ Pharma Lab** | **(odd) lec hall 1** | **Even lec hall 2** |
| Dr. Fatima tuz Zahra  Dr. Kiran Fatima | Dr. Sarah Rafi  Dr. Shabih Haider | Dr Afifa Kulsoom (AP) | Dr Sana Bilal (Assoc Prof) |
| **Friday**  **12.9.25.** | **08:00AM – 09:45AM** | | **09:45AM – 10:30** | | **10:30AM – 11:15AM** | | | **11:15AM – 12:00PM** | | | |  | | | | | |
| **Skill lab Pathology/Pharmacology** | | **SURGERY (LGIS)** | | **PATHOLOGY (CBL)** | | | **GYNAE (LGIS)** | | | |
| Tumors of Breast / Drugs used in pregnancy & lactation | | Surgical interventions of breast | | Pathology of Vulva & Vagina | | | Physiology of menstrual cycle | | | |
| **Batch A-H** | **I-P** | **Odd lec hall 4** | **Even lec hall 5** | **(odd) lec hall 3 & 4** | **Even lec hall 5 & 6/ Pharma lab** | | **(odd) lec hall 4** | | **Even lec hall 5** | |  | | | | | | |
| Dr Memona  Dr Arsalan  Dr Saba  Dr Uzma | Dr. Syeda Aisha | Dr Huma | Dr Faiza SU-I | Dr. Faiza Zafar  Dr. Unaiza Aslam | Dr. Syeda Aisha  Dr. Shabih Haider | | BBH  Dr Hina Gul | | BBH  Dr Asma khan | |
| **Saturday**  **13.9.25.** | **08:00AM – 09:45AM** | | **09:45AM – 10:30** | | **10:30AM – 11:15AM** | | | **BREAK**  **11:15AM – 11:45AM** | **11:45AM – 12:30PM** | | | **12:30PM – 01:15PM** | | | **01:15PM – 02:00PM** | | |
| **Skill lab Pathology/Pharmacology** | | **PHARMACO LOGY (CBL)** | | **GYNAE (LGIS)** | | | **PSYCHIATRY (LGIS)** | | | **ANESTHESIA(LGIS)** | | | **OBS (LGIS)** | | |
| Tumors of Breast / Drugs used in pregnancy & lactation | | Hormonal contraceptives | | Management of STDs | | | Puerperal Psychosis | | | Pain management during labour | | | | Prolonged Pregnancy / IOL | |
| **A-H** | **Batch I-P** | **(odd) lec hall 3 & 4** | **Even lec hall 5 & pharma lab** | **lec hall 3 & 4** | **lec hall 5,6** | | **(odd) lec hall 4** | **Even lec hall 5** | | **(odd) lec hall 4** | (even) lec hall 5 | **(odd) lec hall 4** | | | (even) lec hall 5 | | |
| Dr. Syeda Aisha | Dr Memona  Dr Arsalan  Dr Saba  Dr Uzma | Dr Zunera Dr Attiya Dr Memuna  Dr Arsheen Dr Aisha | Dr Saba Dr Uzma Dr Zaheer Dr Zoefishan | DHQ  Dr. Aqsa | DHQ Dr. Ruqaiyaah | | Dr Zona | Dr Zona | | Dr Ammara | Dr. Aisha | BBH  Dr Nighat Naheed | | | Dr Humera  Masood | | |

**RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI**

**TENTATIVE TIME TABLE 4THYEAR MBBS- POPULATION MEDICINE & REPRODUCTIVE HEALTH 2025 (7th WEEK)**

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| **DATE / DAY** | **8:00 AM – 9:00 AM** | | **09:00am – 10:00am** | | **BREAK 10:00AM – 10:30AM** | **10:30am – 12:00pm** | | | **12:00pm - 02:00pm** | |
| **Monday**  **15.9.25.** | **OBS (SGD)** | | **PHARMACOLOGY (LGIS)** | | **CLINICAL CLERKSHIP of community medicine attached as annexures at the end of document**  **Community oriented clerkship and other rotations will remain same. These will be completed at end of yr.** | | | | |
| Patogram, CTG | | Hormonal  contraceptives | |
| **(odd) lec hall 1** | **Even lec hall 2** | **(odd) Lec hall 1** | **Even Lec hall 2** |
| Gynae unit II  Dr Farah | Gynae unit II  Dr Khansa | Dr Memona | Dr Zunera |
| **Tuesday**  **16.9.25.** | **PHARMACOLOGY (LGIS)** | | **OBS (LGIS)** | |
| Induced / septic abortions | |
| Drugs used in treatment of infertility | |
| **(odd) lec hall 1** | **Even lec hall 2** | **(odd) lec hall 1** | **Even lec hall 2** |
| Dr. Memona | Dr. Aisha | Dr Hina Gul BBH | Dr Asma Khan BBH |
| **Wednesday**  **17.9.25.** | **PHARMACOLOGY (CBL)** | | **COMMUNITY MEDICINE (LGIS)** | |
| P drug & Prescription writing for infertility and preterm labour | | Health economics framework and structure & evaluation | |
| **(odd) lec hall 1 & 3** | **Even lec hall 2 & pharma lab** | **(odd) lec hall 1** | **Even lec hall 2** |
| Dr Attiya Dr Zunera Dr Memuna  Dr Arsheen | Dr Aisha  Dr Saba  Dr Uzma  Dr Zaheer  Dr Zoefishan | Dr Sana Bilal | Dr Imrana Saeed  APWMO |
| **Thursday**  **18.9.25.** | **PEDIATRICS (LGIS)** | | **COMMUNITY MEDICINE (LGIS)** | |
| IDM | | Global Public Health-NGOs | |
| **(odd) lec hall 1** | **Even lec hall 2** | **(odd) lec hall 1** | **Even lec hall 2** |
| Dr Maria Shamsher | Dr Sadaf Iqbal | Dr Narjis Zaidi | Dr Asif Butt |
| **Friday**  **19.9.25.** |  | | | | | | | | |  |
| **PREP LEAVE** | | | | | | | | |
|  | |
| **Saturday**  **20.9.25** |  | | | | | |  |  | | |
| **END block ASSESSMENT** | | | | | |
|  | | | | |
|  |  | | | | | |  |  | | | | |

**Community Oriented Clerkship Module (annex I)**

**Theme (Aim):**

The primary purpose of this module is to educate students in those areas of the subject of CM&PH which are learnt better by onsite presence of the students at certain sites, processes, agencies which have public health relevance and in general community setting. Moreover some, areas of the subject which demands close interactive teachings in small group like HHS data analysis & report writing skills, contraceptive use skills, vaccination skills, etc are also covered during this rotation. All opportunities available within and outside the institution within affordable logistics, time, are focused for this purpose. A short time of this batch rotation is dedicated for health education communication practices as Health awareness work and other social work.

**Learning Outcomes (LOs):**

At the end of this learning module students are expectedto achieve following Public health Competencies as will be able to:

1. Undertake a population-based health survey (HHS)
2. Appreciate working of First level Care Facility (Public Sector)
3. Perform Community Immunization / EPI vaccinations.
4. Develop Hospital waste management plans.
5. Develop Community based health awareness message.
6. Communicate for Health awareness in community settings.
7. Commemorate International public health days.
8. Develop Hospital administration Plans.
9. Undertake Preventive healthcare inquiries and NCDs Risk Factors Surveillance
10. Counsel for the contraceptive devices to the community

**Module Outline:**

* A batch comprising 20-22 students is posted in the department of CM & PH for a period of 2weeks **(Monday to Thursday-04 hrs. /day & for 32hrs in total**). This schedule is run over the whole academic year, till all students of 4th year MBBS class passes through this rotation.
* Batch formation and schedules of rotation for whole class as notified by the DME / Student’s section will be followed accordingly.
* At commencement of the academic year overall batch learning module coordinator, nomination of batch in-charges, senior faculty in charges and calendar schedule of batch rotation for all batches over the whole academic year will be notified by the Department of CM & PH.

**Domains of learning:** learning will occur in all the three domains C, A & P

**SOPs Of Learning & Assessments:**

* Active participation will be graded by the batch in charge **(under a check list)** during the activity / session and grades/marks will be entered in the practical manual as out of 05 (Max marks 05) by the batch in charge. O5 Max Marks are reserved for CHC (HMDTD and Health awareness work.
* Assessment will be done by **OSPE / MCQs Exam** / **Viva voce** at the end of each module and credit will be objectively recorded for the purpose of internal assessment. (Max mark 10)
* General assessment of the subject learning will be through MCQs, SEQs & OSPE on the relevant subjects in the relevant end of modules, block exams and Send up Exams.
* **Students are required to report / write the relevant work in Practical Journal, House Hold Survey Report Book and log all the clerkship activities in the Logbook on daily basis.**

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| **Da**  **y** | **Activity -I**  **10.30 –**  **11.00** | **Activity –**  **II 11.00-**  **11.30am** | **Activity III 11.30-**  **01.00pm** | **Act-V**  **01.00 – 2.00pm** | **Sites of teaching- learning** | **Assessment** | **Session outcome (level of learning)** |
|  | Session topic | Session topic | Session topic | Session topic |
| 1  st    day | instructing / demonstrati on on Practical Manual based Assignment  s | Visit to CHC  • SGIS on Health days  commemor ation work, Display material, PPT. | • SGIS on HMDTD  practicum. Topic finalization,  CHC-  Message draft outlines finalization. | * PPT based   Demo on How to conduct & report HHS.   * Guidelines on PHI work to be done during   clinical rotations / ward duties | * Demonstration on n / lec Hall 3 * CHC -   Dept. CM NTB  RMU. | * 1-2 OSPE in end of clerkship exam (credit will   part of IA)   * Assessment of   HHS -Report (Max marks:5 part practical /viva exam 4th  Prof MBBS) | * Construct a health message. (C6) * Prepare Health days commemoration stuff, Display material, PPT, (P) * Undertake a health survey. (HHS) (C3) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2  nd    day | Follow up session on.  - HM-DTD work - HHS work - health days commemorat  ion work | SGIS/  Briefing / PPT based guidelines on field visit of the day ( EPI services center HFH) | FV to the EPI center HFH | Health  awareness work  (HAW) | | * Demo Room, * EPI   Center  HFH   * OPD,   hospital shelters sites for health awareness  work (HAW) | * 1-2 OSPE in end of clerkship exam (credit will part of IA) * Grade of performance in EPI visit reporting. * Credit of HAW | * Explain cold chain component at EPI center * Vaccinate (EPI) vaccines to the clients. * Comprehend EPI system |
| 3  rd    day | Follow up session on  HM- DTD work & HHS | SGIS /  Briefing / PPT based guidelines  on FV to  MCH & FP  Services  Center HFH | FV to the MCH services & FP center HFH | Health  awareness work  (HAW) | | * FP Center   HFH   * OPD, hospital shelters sites for   HAW | * 1-2 OSPE in end of clerkship exam (credit will part of IA) * Grade of performance in EPI visit reporting. * Credit of HAW | * Identify CP devices available at MHC FP center * Counsel clients for use of a contraception method * Place CP devices to client (P) |
| 4  th    day | Follow up session on  HM- DTD work & HHS | Briefing / guidelines on FV Hospital waste disposal system in hospitals | • FV to the hospital waste disposal system &  relevant sites / Incinerator | Health  awareness work  (HAW) | | • FP Center  HFH  OPD, hospital shelters sites  for HAW | * End of module OSPE * Grade of performance in visits to sites | * Explain hospital waste disposal system * Develop a hospital waste management plan * Explains various domains of hospital management (C2) |
| 5  th    day    (  week    2) | SGIS / PPT based briefing on Hospital management  &  administration on | Visit to Hospital  management & administration (HFH) office | | Health  awareness work  (HAW | | HHF | * End of module OSPE * Grade of performance in visits to sites |
| 6  th    day | SGIS / PPT based briefing on visit to First level of health care facility  (FLCF)  BHU/RHC | Field visit to RHC  Khayaban Sir-Syed  (RHC) or BHU | | * Demo room / lec Hall 3 NTB / CPC-Hall. * RHC / BHU | | Health awareness  work (HAW at  site visited | * End of module OSPE * Report credit in PJ | * Explain working of FLCF * Appreciate PHC elements at FLCF. (C2) |
| 7  th    day | Health days commemoration  (walk/ seminar/ presentation/ CHC-message dissemination work  (10.30 – 12.00pm) | | | | 12.00 – 2.00pm   * Completion & assessment of relevant Practical Journal work, * HHS-report book, * Logbook etc. * Feedback discussion on PHI | | * Communication skills * Comprehend frequency Preventable RFs of NCDs in the real population (RF surveillance) * Undertake a preventive Healthcare inquiry | |

**RAWALPINDI MEDICAL UNIVERSITY, RAWALPINDI**

**CLINICAL TRAINING ROTATIONS 4TH YEAR MBBS CLASS (SESSION 2024-2025)**

**STARTING w.e.f. 19-02-2025 ENDING 20-11-2025.**

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| **Date** | **Medicine**  **/Neurology**  **DHQ** | **OBS/GYN**  **HFH**  **I & II** | **OBS/GYN**  **BBH & DHQ** | **C.MED** | **E.N.T.**  **H.F.H.** | **E.N.T.**  **B.B.H** | **E.N.T.**  **D.H.Q** | **Medicine DHQ** | **EYE**  **H.F.H** | **EYE**  **B.B.H.** | **EYE**  **DHQ** | **PEADS**  **H.F.H** | **PEADS**  **B.B.H.** | **CARDIO** | **PATH** | **NEUROSURGERY** |
| **19-02-25**  **To**  **03-03-25** | **A** | **B1, HFH-1**  **B2, HFH-2** | **C1, BBH**  **C2, DHQ** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **K** | **L** | **M** | **N** | **O** | **P** |
| **04-03-25 to**  **17-03-25** | **B** | **C1, HFH-1**  **C2, HFH-2** | **D1, BBH**  **D2, DHQ** | **E** | **F** | **G** | **H** | **I** | **J** | **K** | **L** | **N** | **O** | **P** | **A** |
| **18-03-25**  **To**  **31-03-25** | **C** | **D1, HFH-1**  **D2, HFH-2** | **E1, BBH**  **E2, DHQ** | **F** | **G** | **H** | **I** | **J** | **K** | **L** | **M** | **O** | **P** | **A** | **B** |
| **01-04-25**  **To**  **21-04-25**  **S.V** | **D** | **E1, HFH-1**  **E2, HFH-2** | **F1, BBH**  **F2, DHQ** | **G** | **H** | **I** | **J** | **K** | **L** | **M** | **N** | **P** | **A** | **B** | **C** |
| **22-04-25**  **To**  **12-05-25**  **(S.W)** | **E** | **F1, HFH-1**  **F2, HFH-2** | **G1, BBH**  **G2, DHQ** | **H** | **I** | **J** | **K** | **L** | **M** | **N** | **O** | **A** | **B** | **C** | **D** |
| **13-05-25**  **To**  **26-05-25** | **F** | **G1, HFH-1**  **G2, HFH-2** | **H1, BBH**  **H2, DHQ** | **I** | **J** | **K** | **L** | **M** | **N** | **O** | **P** | **B** | **C** | **D** | **E** |
| **27-05-25**  **To**  **09-05-25** | **G** | **H1, HFH-1**  **H2, HFH-2** | **I1, BBH**  **I2, DHQ** | **J** | **K** | **L** | **M** | **N** | **O** | **P** | **A** | **C** | **D** | **E** | **F** |
| **10-06-25**  **To**  **23-06-25** | **H** | **I1, HFH-1**  **I2, HFH-2** | **J1, BBH**  **J2, DHQ** | **K** | **L** | **M** | **N** | **O** | **P** | **A** | **B** | **D** | **E** | **F** | **G** |
| **25-06-25**  **To**  **08-08-25** | **I** | **J1, HFH-1**  **J2, HFH-2** | **K1, BBH**  **K2, DHQ** | **L** | **M** | **N** | **O** | **P** | **A** | **B** | **C** | **E** | **F** | **G** | **H** |
| **05-08-25**  **To**  **18-08-25** | **J** | **K1, HFH-1**  **K2, HFH-2** | **L1, BBH**  **L2, DHQ** | **M** | **N** | **O** | **P** | **A** | **B** | **C** | **D** | **F** | **G** | **H** | **I** |
| **19-08-25**  **To**  **01-09-25** | **K** | **L1, HFH-1**  **L2, HFH-2** | **M1, BBH**  **M2, DHQ** | **N** | **O** | **P** | **A** | **B** | **C** | **D** | **E** | **G** | **H** | **I** | **J** |
| **02-09-25**  **To**  **15-09-25** | **L** | **M1, HFH-1**  **M2, HFH-2** | **N1, BBH**  **N2, DHQ** | **O** | **P** | **A** | **B** | **C** | **D** | **E** | **F** | **H** | **I** | **G** | **K** |
| **16-09-25**  **To**  **29-09-25** | **M** | **N1, HFH-1**  **N2, HFH-2** | **O1, BBH**  **O2, DHQ** | **P** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **I** | **J** | **K** | **L** |
| **30-09-25**  **To**  **13-10-25** | **N** | **O1, HFH-1**  **O2, HFH-2** | **P1, BBH**  **P2, DHQ** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **J** | **K** | **L** | **M** |
| **14-10-25**  **To**  **27-10-25** | **O** | **P1, HFH-1**  **P2, HFH-2** | **A1, BBH**  **A2, DHQ** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **K** | **L** | **M** | **N** |
| **28-10-25**  **To**  **10-11-25** | **P** | **A1, HFH-1**  **A2, HFH-2** | **B1, BBH**  **B2, DHQ** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **L** | **M** | **N** | **O** |
| **Date** | **Medicine**  **/Neurology**  **DHQ** | **OBS/GYN**  **HFH**  **I & II** | **OBS/GYN**  **BBH & DHQ** | **C.MED** | **E.N.T.**  **H.F.H.** | **E.N.T.**  **B.B.H.** | **E.N.T.**  **D.H.Q** | **ENT / EYE**  **HFH / HFH** | **EYE**  **H.F.H** | **EYE**  **B.B.H.** | **EYE**  **DHQ** | **PEADS**  **H.F.H** | **PEADS**  **B.B.H.** | **CARDIO** | **PATH** | **NEUROSURGERY** |

**Vice Chancellor**

**Rawalpindi Medical University**

**Rawalpindi**

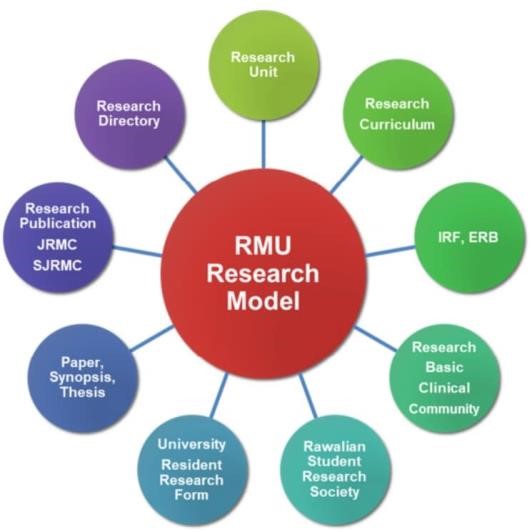
**No. T-9/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/RMU, RWP. Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2025.**

**Copy to all concerned Departments.**

**You are also informing to send revised lecture schedule.**

**12- Research**

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



**13- Biomedical Ethics**

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

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

1. Principle of respect for autonomy,
2. Principle of no maleficence, 3. Principle of beneficence, and 4. Principle of justice.

**14- Family Medicine**

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

**15- Artificial Intelligence**

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