2023-2024 ANNUAL RESEARCH REPORT



Department of Research & Development Rawalpindi Medical University



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Aamir Afzal

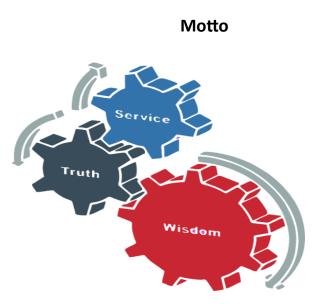
B.Sc Stats, M.Sc Stats, MS HME Statistician R&D Department Data Analyst QEC Rawalpindi Medical University. Rawalpindi











Vision





To Inculcate the Values of Mutual Respect & Ethical Practice of Medicine

Research Vision

To promote research culture in the university &

Facilitate research process from conception of an idea to its transformation into research thesis and articles

Generation of evidence based interventions leading to excellence in patient care

Message from Vice Chancellor:



Rawalpindi Medical University is one of the most prominent medical universities in South Asia. This institute has developed immensely since its up progression on 5th May, 2017. This University aims to offer an ideal learning environment. Rawalpindi Medical University has always been recognized as an exclusive spot in the public sector. It serves as an inspiring frontier for health care formulation and medical education; with the three allied hospitals bearing the burden of the city's health care needs, medical and paramedical along with undergraduate and postgraduate training programs. Establishing a dynamic university is a

knowledgeably meaningful effort, but one that is far from relaxed. It requires self-possessed equipoise amongst experienced government institutions: salute to the highbrow liberation and imagination. This institution is eminent not only for the modernization in its teaching hospitals but also for faculty development under various University Programs.

My vision is to make RMU a center of knowledge-sharing and to create a generation with critical thinking who can debate human values, at its heart. I aim to lead the university into an era of innovation and cutting-edge scientific inquiry with a truly scientific, social, and economic impact. A place where students are enabled and stimulated to achieve human excellence, and where the ethos and values of quality assurance, transparency, merit, openness, accessibility, participatory approach and gaining public confidence are held supreme.

I am certain that through the support and help of my team, we will be able to make RMU the most sought after medical university in Pakistan; a university excelling not only in rankings but also in inducing a positive change in society by virtue of upholding the fundamental moral and ethical human values.

Prof. Dr. Muhammad Umar, (Sitara-e-Imtiaz, Hilal-e-Imtiaz) Vice Chancellor Rawalpindi Medical University & Allied Hospitals

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Section 1 Introduction



Inauguration of Research Unit by Prof. Yasmin Rashid (Health Minister), 10th March 2021





RAWALIAN RESEARCH UNIT

PROF. YASMEEN RASHID HEALTH MINISTER PUNJAB

10 MARCH 2021

RAWALIAN RESEARCH UNIT POUNDATION STONE UND 57 PROF. MUHAMMAD UMAR VICE CHANGELLOR RAWALPINGT MEDICAL UNIVERSITY DR. SOHAIL AMAN PRESIDENT ELECT RMCANA 01 DECEMBER 2020



Introduction

Research Unit of RMU

Rawalpindi Medical University was first established in February 2014. It was initially located at Liver Centre of Holy Family Hospital but in December 2015, then it was shifted to the Department of Medical Education, New Teaching Block of RMU. It is situated in a completely renovated purpose built unit within the main campus of RMU where it was inaugurated on 10th March 2021. The core team of the research unit comprises of the director research, the additional and assistant directors, the statistical expert and the concerned IT staff. Together, this team facilitates research activities at all levels of the university be it under graduate, postgraduate, residents, visitors, all faculty members, and international collaborative research projects. The Research Unit is carrying out all the following research-related activities:

- Administration of all research-related activities of Rawalpindi Medical University and Allied Hospitals.
- Facilitation and guidance of undergraduates, postgraduate trainees, university residents, and faculty of RMU regarding Health Systems Research e.g. research proposal formulation, basic and advanced research methodologies, data entry, analysis& interpretation and manuscript writing.
- At the research unit, individual and group consultations regarding topic selection, literature search, referencing system, plagiarism detection, research proposal formulation, study methods, and materials, sample size calculation, sampling technique, selection of study variables, data collection tools, data collection techniques, pretesting, pilot study, data entry & analysis, manuscript writing etc are provided. Free of cost individual or groups counselling and assistance is being provided to all undergraduates, postgraduate trainees, faculty, and even visitor researchers of RMU.
- Research Unit also provides facilitation to visitor researchers and collaborative researchers of RMU through (ORIC) Office of Research Innovation & Commercialization., to present at IRF and conduct studies at RMU and Allied hospitals, along with progress monitoring by ORIC team.
- Research workshops and training courses are regularly conducted by the Research Unit.
- Clinical Trial unit has been initiated in the new teaching block of RMU.CTU facilitates in guidance, and supervision of clinical trials going on in different departments of the university
- RGMO; research grant management office has also recently been introduced which is supporting faculty and residents for grant writing and all legal and financial support.

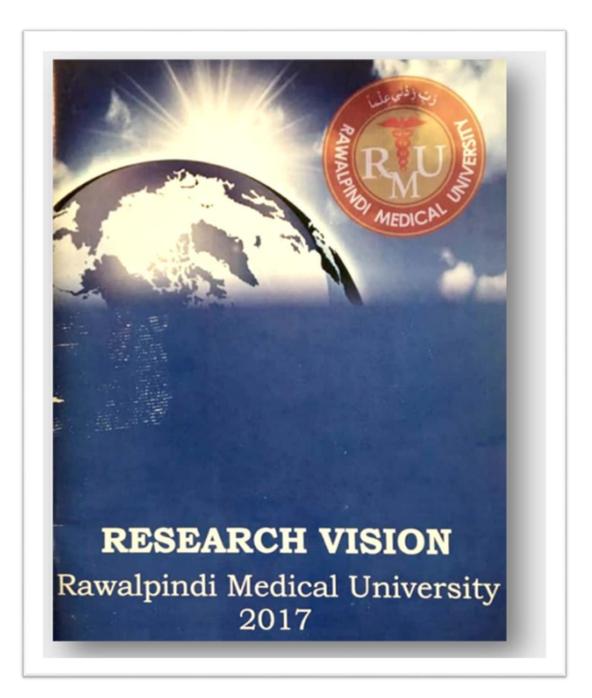


Fig.1 Research Vision RMU 20217-2027

Research Model RMU

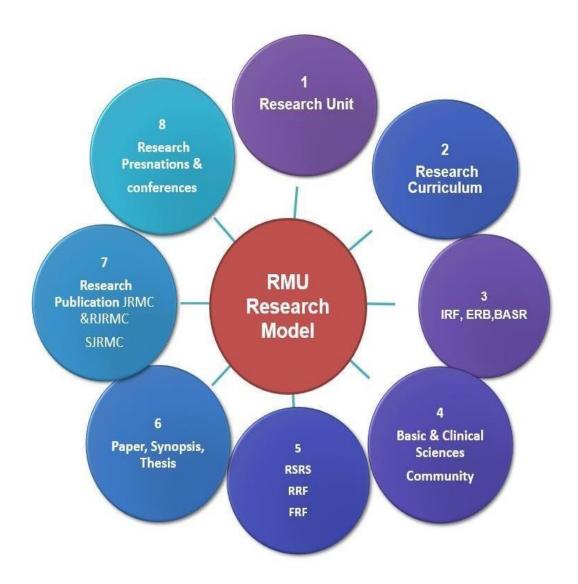
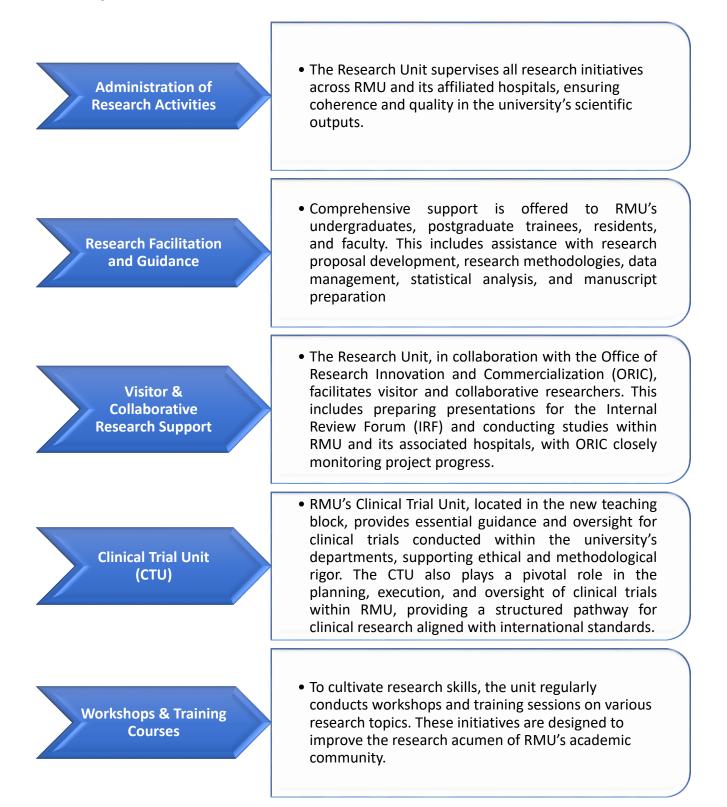
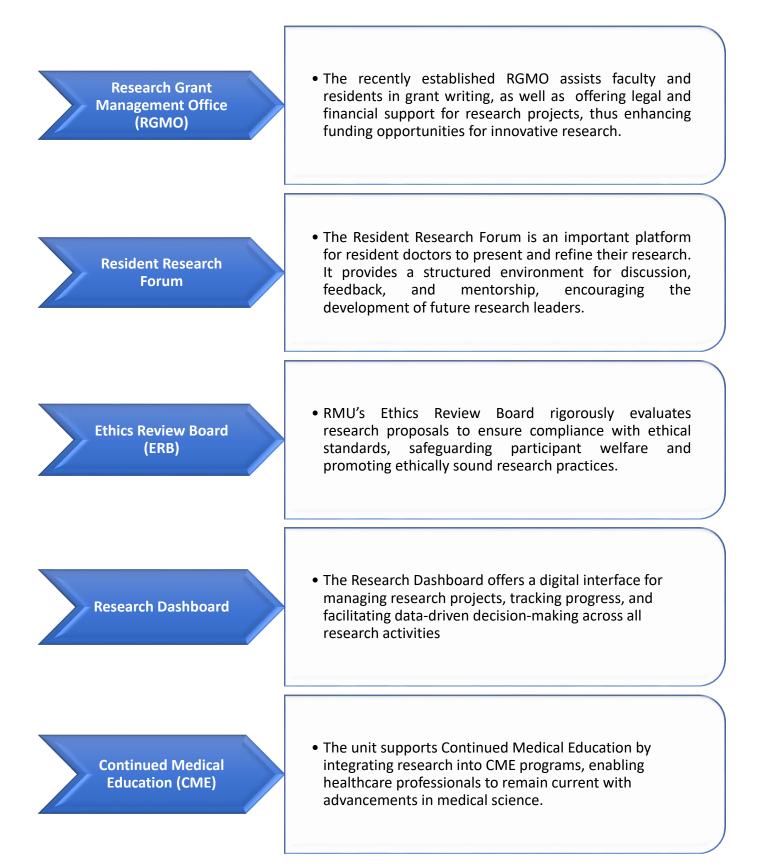


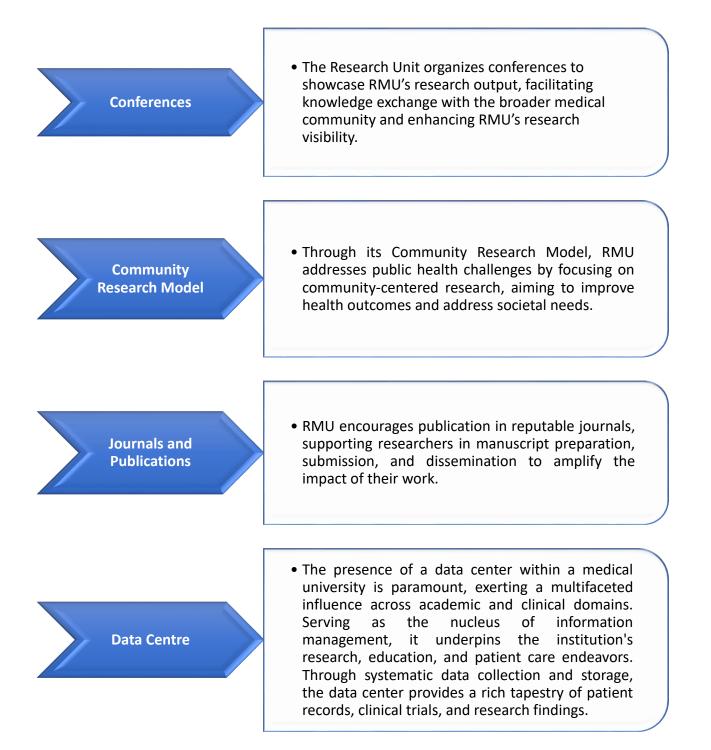
Fig.2 8 Step Research Model RMU

Section 2 Key Activities & Services

Key Activities & Services







The Research and Development (R&D) wing of Rawalpindi Medical University (RMU) plays a pivotal role in advancing implementation research by fostering innovation, developing sustainable solutions, and enhancing healthcare delivery. RMU R&D focuses on bridging the gap between research findings and their application in real-world healthcare settings, ensuring that evidence-based practices are systematically incorporated into health systems. Here's how RMU R&D promotes implementation research:

1. Facilitating Evidence-Based Interventions

- Research Translation: RMU R&D translates research findings into actionable interventions, enabling healthcare providers and policymakers to incorporate scientific insights into routine practice. For example, R&D develops protocols for infectious disease control based on recent research findings.
- Identifying Gaps in Practice: Through needs assessments and stakeholder feedback, RMU R&D identifies gaps in healthcare practices that implementation research can address, helping target interventions to areas of high need.

2. Capacity Building and Training

- Workshops on Implementation Science: RMU R&D organizes training programs and workshops to build capacity in implementation research methodologies, equipping healthcare professionals with skills to conduct research that addresses real-world challenges.
- Train-the-Trainer Programs: RMU R&D establishes a train-the-trainer model, empowering faculty and researchers to become champions of implementation research, who then train others within their networks, expanding expertise across the region.

3. Supporting Collaborative Research Projects

- Interdisciplinary Research Teams: RMU R&D facilitates interdisciplinary research teams that bring together experts from medicine, public health, data science, and social sciences, developing comprehensive solutions for complex healthcare challenges.
- Regional and International Partnerships: RMU R&D fosters collaborations with universities, research institutions, and health organizations to co-develop and implement research projects, accessing additional expertise and resources to enhance the reach and impact of implementation research.

4. Establishing Monitoring and Evaluation Frameworks

• Implementing M&E Protocols: RMU R&D creates monitoring and evaluation frameworks that track the effectiveness of implementation research projects, ensuring that interventions achieve desired outcomes and identify areas for improvement.

 Data Collection and Feedback Mechanisms: RMU R&D establishes robust data collection systems to monitor each project's progress and gathers regular feedback from healthcare providers and patients, allowing for real-time adjustments.

5. Funding and Resource Allocation

- Securing Grants and External Funding: RMU R&D actively pursues funding opportunities to support implementation research projects, securing grants from governmental and international organizations to ensure sustainable funding.
- Allocating Resources for High-Priority Projects: RMU R&D prioritizes projects with the greatest potential to improve healthcare delivery and patient outcomes, directing resources to initiatives that address pressing health issues.

6. Knowledge Dissemination and Policy Advocacy

- Publishing Research Outcomes: RMU R&D ensures that findings from implementation research are published in peer-reviewed journals, presented at conferences, and shared through knowledge repositories to disseminate evidence-based practices widely within the medical and academic communities.
- Engaging Policymakers: RMU R&D works closely with policymakers to advocate for research findings' adoption into health policies, supporting systematic improvements in healthcare practices at regional and national levels.

7. Developing Sustainable Healthcare Models

- Creating Context-Specific Solutions: RMU R&D designs and implements interventions that are sustainable and adapted to the regional context, ensuring research findings' applicability to local settings and improving long-term impact likelihood.
- Building Community Health Models: RMU R&D promotes implementation research that focuses on community health, developing preventive care, maternal health, and infectious disease control models that can be scaled across the region.

8. Utilizing Digital Platforms for Research and Implementation

- Digital Health Tools: RMU R&D integrates digital tools, such as telemedicine and mobile health applications, to enhance implementation research reach and impact, extending services to remote areas and streamlining data collection.
- Research Dashboards: RMU R&D employs research dashboards to visualize data and track progress, making it easier for teams to assess implementation strategies' effectiveness in realtime and make necessary adjustments.

9. Fostering A Culture of Innovation

- Encouraging Innovative Solutions: RMU R&D fosters a culture of innovation by encouraging researchers and healthcare providers to develop creative, evidence-based solutions to healthcare challenges, inspiring continuous improvement within RMU's health programs.
- **Promoting Research Competitions and Grants:** RMU R&D hosts research competitions and offers small grants to support pilot projects and innovative approaches to implementation research, incentivizing creative problem-solving.

Through these activities, RMU R&D plays a central role in embedding implementation research within the university's academic and healthcare frameworks. This focus on evidencebased interventions, capacity building, and sustainable practices positions RMU as a leader in healthcare innovation and strengthens its contributions to regional and national health improvement.



Our Team at Dept R&D

Resources R&D

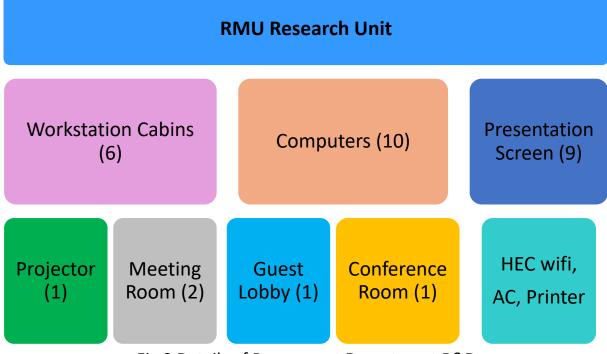


Fig.3 Details of Resource at Department R&D

Section 3 Data Center

DATA CENTRE



Vision:

To become the cornerstone of innovation and efficiency in healthcare data management, propelling Rawalpindi Medical University towards pioneering research, seamless patient care, and transformative medical education.

Mission:

Our mission at Rawalpindi Medical University Data Centre is to harness the power of data to enhance medical research, education, and patient outcomes. Through cutting-edge technologies, rigorous data governance, and collaborative partnerships, we strive to centralize, secure, and analyze healthcare data, empowering healthcare professionals with actionable insights and facilitating the advancement of medical knowledge and practice.

Introduction:

The presence of a data center within a medical university is paramount, exerting a multifaceted influence across academic and clinical domains. Serving as the nucleus of information management, it underpins the institution's research, education, and patient care endeavors. Through systematic data collection and storage, the data center provides a rich tapestry of patient records, clinical trials, and research findings. Researchers harness this wealth of information to conduct evidence-based studies, drawing insights from real-world patient experiences and outcomes. This not only fuels innovation but also contributes to the advancement of medical knowledge and the development of novel treatments. In the realm of education, the data center equips medical students and professionals with access to diverse patient cases and medical histories, facilitating experiential learning and evidence-based practice. Clinicians, in turn, rely on the data center to access patient information swiftly and accurately, aiding in diagnosis, treatment planning, and ongoing patient care. Moreover, the data center supports quality improvement initiatives by enabling the collection of performance metrics and facilitating data-driven decision-making.

It also plays a pivotal role in managing clinical trials, from patient recruitment to data analysis, ensuring the integrity and efficiency of research endeavors. Overall, the data center serves as an indispensable asset to the medical university, fostering research excellence, educational innovation, and optimal patient outcomes.

Rawalpindi Medical University's (RMU) Patient Data Center serves as a cornerstone for advancing research and development initiatives within the institution. By effectively collecting, retaining, and analyzing patient data, the center plays a pivotal role in driving innovative research endeavors and improving healthcare outcomes.

Scope

1. Comprehensive Data Repository:

The RMU Patient Data Center houses a vast repository of patient information, spanning diverse medical conditions, demographics, and treatment modalities. This comprehensive dataset provides faculty, resident trainees, students, and researchers with a rich source of real-world patient data, facilitating studies across various medical disciplines.

2. Evidence-Based Research:

Structured data gathering and storage enable researchers to conduct studies based on evidence, leveraging real patient experiences and outcomes to gain valuable insights. By analyzing longitudinal data trends, researchers can identify patterns, risk factors, and treatment efficacy, leading to the development of evidence-based guidelines and practices.

3. Precision medicine:

The availability of organized patient data enables the implementation of precision medicine approaches, tailoring treatments to individual patient characteristics and needs. Through advanced analytics and data mining techniques, researchers can identify biomarkers, genetic predispositions, and personalized therapeutic interventions, optimizing patient care.

4. Streamlined clinical trials:

The RMU Patient Data Center facilitates the recruitment and selection of eligible participants for clinical trials, streamlining the research process. by leveraging historical patient data, researchers can identify potential candidates, monitor trial progress, and analyze outcomes more efficiently, accelerating the pace of medical innovation.

5. Quality Improvement Initiatives:

Continuous data analysis and monitoring support quality improvement initiatives within healthcare settings. By identifying areas for improvement, such as reducing hospital readmissions, optimizing resource utilization, and enhancing patient safety measures, the center contributes to the overall quality of care delivery.

6. Multidisciplinary Collaboration:

The RMU Patient Data Center serves as a platform for multidisciplinary collaboration, bringing together researchers, clinicians, data scientists, and other stakeholders. Collaborative research projects harness the collective expertise and resources of diverse teams, fostering innovation and cross-disciplinary insights. In conclusion, the RMU Patient Data Center stands as a vital resource for advancing research and development efforts in healthcare. Through organized data collection, retention, and analysis, the center enables evidence-based research, precision medicine, streamlined clinical trials, quality improvement initiatives, and multidisciplinary collaboration. By harnessing the power of patient data, RMU continues to drive innovation and improve patient outcomes in the pursuit of excellence in healthcare delivery.

- Plagiarism Policy
- Data Management and Protection Policy
- Plan for MS-MD Research
- RMU Data Bank Mosel for Dengue, Hepatitis and Diabetes 🛽 Research Directory

Table.1 Data Collected for Diseases

Sr. No.	Type of data	Last updated	Data available (years)	Focal person
1	Hepatitis C	Dec 2024	2006- 2023	Current focal person: Dr. Misbah Noureen, 0313-5324954 (Previous focal person: Dr. Aqsa, 0300- 4064396)
2	Dengue	Dec 2024	2022-2024	Focal Person: Dr. Safiullah, 0321-5798050
3	ICU Infections	Sep 2024	2019	Focal Person: Dr. Kiran (0335-9627484)
4	Radiology	Aug 2024	2012- 2023	Focal person: Dr. Nasir, 0333-5142295
5	Oncology	Mar,2025	2022-2025	Current focal person: Dr. Muhammad Hamza, 0333-8173512 (Previous focal person: Dr. Umer Afzal, 0335-9627484)
6	Covid-19	Sep, 2024	2020	Focal person: Dr. Khuzeema Tanveer, 0332- 6681750
7	Diabetes	Feb 2025	2024-2025 (HbA1c: 2020- 2024)	Focal Person: Dr Madeeha Nazar, 0332- 7777658

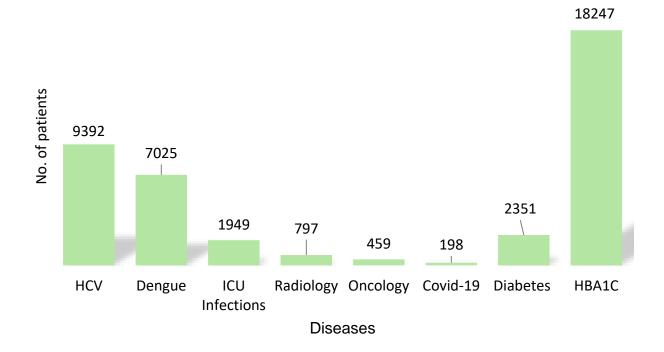


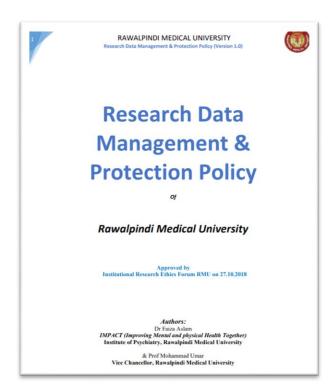
Fig.4 Number of Patients in Each Date Set





Section 4 Policies

POLICIES



https://rmur.edu.pk/wpcontent/uploads/2022/12/Datamanagement-protection-policyof-RMU-approved-27.10.2108-12-13-2022.pdf



https://rmur.edu.pk/wpcontent/uploads/2022/08/Plagia rism-Policy.pdf

Section 5 Board of Advanced Studies and Research (BASR) & Ethical Board Review Board (ERB)

S. No.	Detail of Composition of BASAR as per RMU Act 2017	Name of officer	
a)	Vice Chancellor;	Prof. Muhammad Umar	
b)	All the Deans;	Prof. Jahangir Sarwar Khan, Dean Postgraduate Studies RMU Prof. Tallat Farkhanda, Dean Gynae & Obs RMU Prof. Mobina Ahsan Dodhy, Dean Nursing RMU Prof. Muhammad Khurram, Dean Medicine & Allied RMU Prof. Ayesha Yousaf, Dean Basic Sciences Prof. Nasir Khan, Dean IAHS RMU Prof. Fuad Ahmad Khan Niazi, Dean ENT / Ophthalmology	
c)	Controller of Examinations;	Prof. Rai Muhammad Asghar, Professor of Paediatrics	
d)	one University Professor from each Faculty to be nominated by the Syndicate;	Prof. Naeem Akhtar, Professor of Pathology Prof. Asad Tameez-ud-Din, Professor of Psychiatry Prof. Samia Sarwar, Professor of Physiology Prof. Nasir Khan, Professor of Radiology Prof. Ayesha Yousaf, Professor of Anatomy Prof. Zein-el-Amir, Professor of Urology Prof. Nosheen Qureshi Professor of ENT Dr. Khola Noreen, Associate Prof. of Comm-Medicine (Co-convener) Dr. Jawad Zahir, Associate Professor of Anesthesia Dr. Tanveer Hussain, Associate Professor of Gastrenology Dr. Ashraf Mahmood, Associate Professor of Neurosurgery Dr. Mudassar Fiaz. Associate Professor of Paediatric Surgery Dr. Husnain Khan, Associate Professor of Plastic Surgery Dr. Husnain Khan, Associate Professor of Plastic Surgery Dr. Ashraf Mahmood, Associate Professor of Dematology Dr. Aneela Jamil, Assistant Professor of Biochemistry Dr. Attia Munir, Assistant Professor of Dermatology Dr. Asmara Asrar, Assistant Professor of Dermatology Dr. Hina Sattar, Associate Professor of Neurology Dr. Hina Sattar, Associate Professor of Neurology Dr. Samara Asrar, Assistant Professor of Neurology Dr. Samara Asrar, Assistant Professor of Neurology Dr. Samara Asrar, Assistant Professor of Neurolog Dr. Sadia Azam Khan, Assistant Professor of Neurolog Mrs. Samina Akram, BBH Principal Mr. Tariq Mehmood, Advocate Legal Member	

Composition of Board of Advance Studies and Research (BASR)

e)	one member to be nominated by the Vice Chancellor;	Prof. Fareed Aslam Minhas . Professor of Psychiatry
f)	three members from the relevant field, research organizations or the Government to be nominated by the Syndicate;	Dr. Humera Bilgees, Assistant Professor of Gynae & Obs Dr. Ashar Alamgir, Assistant Professor of ENT Dr. Faiza Aslam, Research Coordinator
g)	three professors other than Deans to be nominated by the Syndicate;	Prof. Hamama-tul-Bushra Khaar, Professor of Medicine, Prof. Waseem-ud-din, Professor of Medicine
h)	Registrar	Mr. Abdul Rehman Cheema
i)		Prof. Shagufta Saeed Sial, Director Research Prof. Naeem Akhtar, Director PhD Program, RMU Prof. Akram Randhawa, Prof of Pharmacology Prof. Saima Naz, Prof of Anatomy Dr. Sarah Rafi, Research Coordinator Dr. Farrah Pervaiz, additional Director R&D
	Co-Opted Members	Dr. Amna Noor, Program coordinator PhD in Micro&Mol Pathology Dr. Muhammad Umar, Director AHS Dr. Asma Nafisa, Program Coordinator PhD in Chem&Mol Pathology Dr M. Abdul Rab Faisal Sultan, Director PhD in Health Sciences (Biochemistry)
		Dr. Muhammad Ansar, PhD Faculty Member Dr. Mehwish Iqbal, IPFP Assistant Professor Pathology Dr. Kahkashan Jabeen, IPFP Assistant Professor Pathology Dr. Khuzeema Tanveer, IPFP Assistant Professor Pathology Dr. Shanila Akhtar, IPFP Assistant Professor Pharmacology Dr. Haq Nawaz, IPFP Assistant Professor Community Medicine Prof. Sadaf Mumtaz, ORIC

No. of	Year	Month	Submitted	Approved
Meetings				
1	2021	May	16	15
2		June	21	21
3		July	13	13
4		November	38	38
		Total	88	87
5	2022	February	14	14
6		June (1)	16	11
7		June (2)	14	13
8		December	20	20
		Total	64	58
9	2023	March	19	19
10		June (1)	31	31
11		June (2)	28	25
		Total	78	95
12	2024	January	13	13
13		August (1)	33	33
14		August (2)	29	29
	Total	14	305	295

Table. 2 Board of Advanced Studies & Research (BASR) Year-Wise Report

Table. 3 SOPs for Board of Advanced Studies & Research (BASR) Date : 09-05-2024

Sr.#	Actions	Responsibility
1	Approval of SOPs related to Data Centre	VC RMU Director R& D
2	Review of Approved SOPs related to the Data Centre for Research activities and initiatives	Director R& D Additional Dir R&D
3	Identify and Record Adverse events for Data Centre on Register RMU- R&D -F-no and shall report to the director R&D	Data Centre Coordinator. Dr Haq Nawaz
4	Review of a research protocol/ thesis /synopsis before presentation to IRB and final approval before final ERB approval	Senior demonstrator Dr Qudoos
5	Monitoring of One Disease Statistical Review and research projects	Research Coordinators Dr Sarah Rafi, Additional Dir R&D
6	Workshops related to DSR, Statistical analysis, academic writing, research methodology and clinical research (with CME points)	All R&D Team Members
7	Statistical analysis plan review	Data Analyst & Statistician
8	Database monitoring, maintenance, upgradation, and security	Director R&D Data Centre Coordinator. Assistant Professor Dr Haq Nawaz Dept R&D
9	Data retrieval requests for research proposals shall be made via filling of Data Request Form RMU-R&D - Form No-	Data set focal person, HOD, Additional Dir R&D
10	Data security shall be maintained by all focal persons for data centre as required by strict implementation and undertaking on Non-Disclosure Agreement (NDF) Form RMU_R&D -Form no – and user policy IF form no	Research Coordinator. Dr Haq Nawaz IT dept rep

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Table.4 Composition of Ethical Review Board

N N	No. of	Synopsis	
Year	meetings	Submitted	Approved
2014-15	3	60	44
2016	5	114	105
2017	4	111	93
2018	4	82	58
2019	4	95	77
2020	12	215	198
2021	11	240	162
2022	8	162	118
2023	4	133	123
2024	7	161	152
TOTAL	62	1373	1130 (approved) 243 (not approved)

Table.5 Ethical Review Board Yearly Report of Synopsis Approval

SOP's of Ethical Review Board

:

- 1. After the development of the synopsis, the resident must get approval from the departmental review board (DRB) under the chairmanship of the respective dean. After approval from DRB
- The resident has to download the relevant Research Application Performa from the official website of RMU (rmur.edu.pk/research/research forums/downloads/Research Application Performa for Post Graduate Trainees of RMU)
- 3. After filling it in electronically and after endorsement by the supervisor/Head of department/resident, five copies along with the research proposal, data collection tool and research supervisory certificate (sample attached in appendix) should be submitted at the research unit of RMU, as per time line given in relevant pathway.
- 4. Then applicants had to make a five minutes presentation on PowerPoint and present at the monthly meeting of the ethical review board (IRF) for approval that is held every month.
- 5. After approval from the ethical review board, the synopsis is presented to the BASR (Board of Advance Studies and Research).
- 6. It is mandatory that the synopsis is approved from the BASR before start of data collection and thesis.

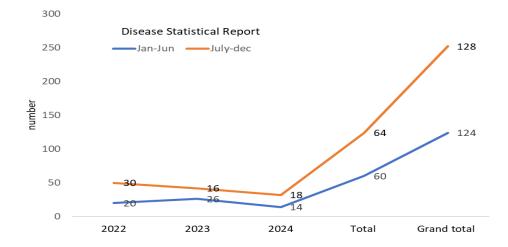
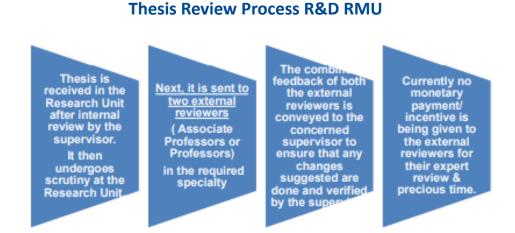


Table.5 Disease Statistical Review (DSR)



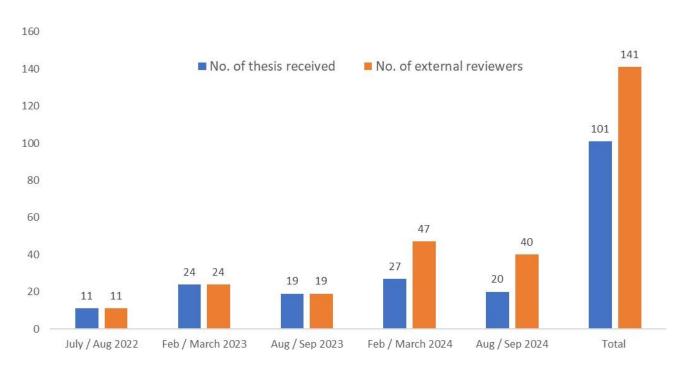


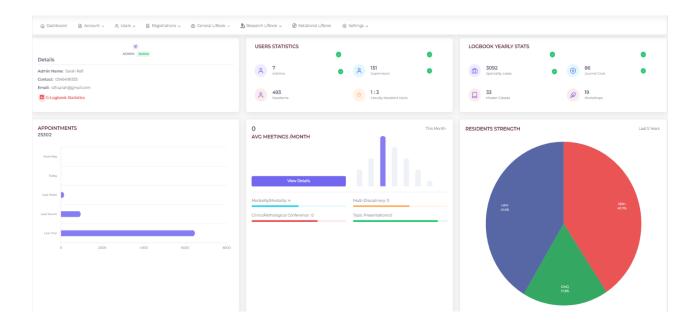
Fig.6 Data For Thesis External Review 2022- 2024

Section 6 RMU Research Dashboard

Research Dashboard Entries Verification Through 2024

Research Dashboard

To promote an authentic research culture, it has been made mandatory that resident when starts collecting data, has to get login on research dash board and enter patient's data for verification on research dash board. Research unit then verifies each entry as per given sample size of research proposals. The data is verified through telephone calls and patient records at the hospitals if required. Any entry that could not be verified, residents are informed to submit hard copies, patient records or discard this entry and collect a new sample for their research work. All this data is presented to DEANS and supervisors meetings conducted almost every Friday. And appraisal is a continuous process through official correspondence and in person meetings with residents and their supervisors as well.





	RESEARCH SAMPLE DATA							
🌡 Residen	t Name: Fayzan Farooq	Master Supervisor: Abeer	a Zareen 🖺 Hospital/Depa	rtment: BBH Anesthesia	Y5 RTMC: 119/RM	IU/MS-ANA/2021	Research ID : 🎗 RMU-343/06/2024/URP	Total Research Sample Data: 85
Show 10	 entries 							Search:
SR.NO	CONDUCT DATE	PATIENT REGISTRATION	PATIENT NAME	PATIENT CONTACT	PROCEDURE	TRAINING YEAR) STATUS	O REMARKS O ACTIONS
11	29 Mar, 2025	3073	Samra Adeel	03103058884	TAP block	Y5	Pending for approval	2 🗑 🛛
12	29 Mar, 2025	3147	Irum Fayyaz	03329856443	TAP block	Y5	Pending for approval	? 🖥 0
13	29 Mar, 2025	24762	Irsa Abid	03107605321	Wound Infiltration	Y5	Pending for approval	? 🖥 0
14	29 Mar, 2025	25151	Nagina Ghulam	03412512252	TAP block	Y5	Pending for approval	? î 0
15	29 Mar, 2025	25275	Riffat Rizwan	03070092467	Wound Infiltration	Y5	Pending for approval	r 🖥 🛛
65	29 Jan, 2025	5518	Sabina Ikhlaq	03145372631	TAP block	Y5	Pending for approval	F i 0
66	29 Jan, 2025	924	Nasreen Kamran	03005597434	Wound Infiltration	Y5	Pending for approval	2 🖥 🛛
67	29 Jan, 2025	4767	Nadia Waqar	03088896961	TAP block	Y5	Pending for approval	7 🖥 🛛
68	29 Jan, 2025	6236	Saima Khurram	03135354879	Wound Infiltration	Y5	Pending for approval	2 🖥 🛛
69	29 Jan, 2025	609	Tayyaba Sajid	03165657548	TAP block	Y5	Pending for approval	2 🖥 🛛

Fig.7 Research Dashboard RMU

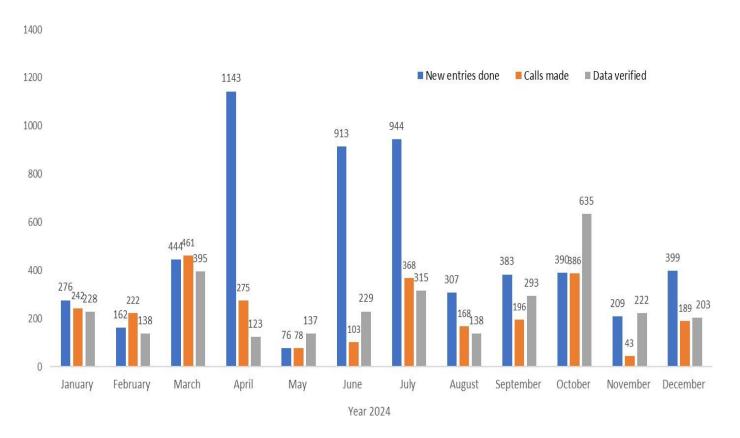


Fig. 7 Month Wise Status of RMU Research Dashboard Entries 2024

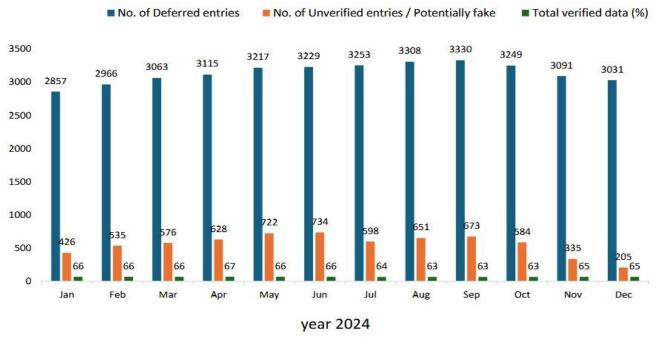


Fig.8 Month Wise Deferred/Fake/Verified Entries of RMU Research Dashboard 2024

35

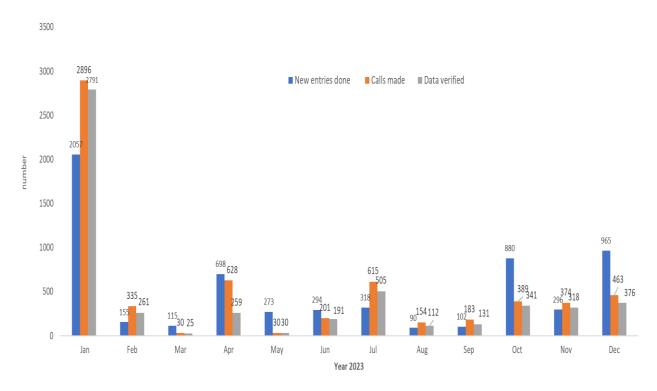


Fig.9 Month Wise Status of RMU Research Dashboard Entries 2023

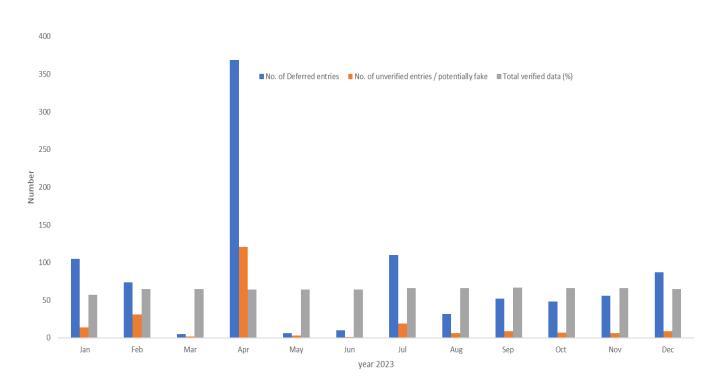


Fig.10 Month Wise Status of RMU Research Dashboard Entries 2023

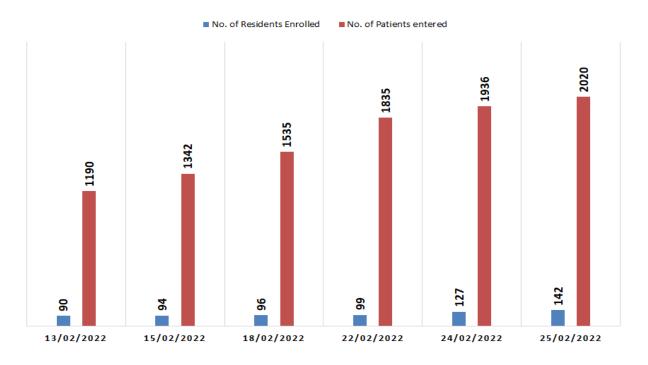


Fig.11 Month-Wise Status of RMU Research Dashboard Entries 2022

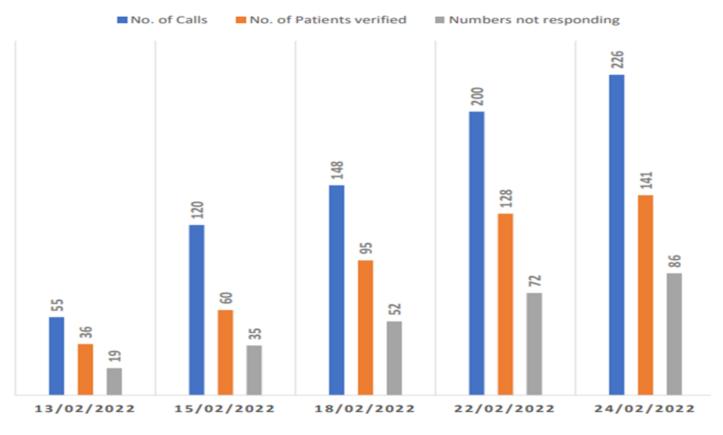


Fig. 12 RMU Research Dashboard Verification Status 2022

Section 7 RMU Research Journals

List of Journals RMU

RJRMU						
Year	No. Volumes	publications	No of Abstract books/volumes	publications		
2024	01	16	-	-		
2023	02	31	01	135		
2022	01	35	01	-		
2021	01	25	-	-		
2020	-	-	-	-		
2019	01	10	-	-		
2018	-	-	-	-		
2017	-	-	-	-		
Total	05	101	02	135		

Table.6 Number of Publications Resident journal of RMU

Table.7 Number of Publications Journal of Health & Climate Change JHCC

JHCC						
Year	No of volumes	No of publications				
2024	01	10				
2023	01	13				
2022	-	-				
2021	01	08				
2020	-	-				
2019	-	-				
2018	-	-				
2017	-	-				
Total	03	21				

Journal of Health and Climate Change (JHCC)

Summary:

Rawalpindi Medical University (RMU) is committed to addressing the pressing issue of climate change and its far-reaching impacts on human health. As part of its efforts to promote research and outreach in this critical area, RMU is launching a dedicated program to support climate change enthusiastic researchers in publishing their scientific research work. The primary objective of this program is to provide a platform for researchers to share their scientific findings on the complex relationships between climate change and human health.

Website development of Journal for online publication of journal issues.

https://jhcc.supp.journalrmc.com/index.php/public/index

Official publication	of Rawalpindi Me	edical University					
				JOURNAL OF HEALTH			Register Login
	CURRENT	ARCHIVES	GUIDE FOR AUTHORS	GUIDE FOR REVIEWERS	JOURNAL POLICIES -	SEARCH	ABOUT -
			-	Current Issue			
				Vol. 3 No. 1 (2024)			
			-	Published August 13, 2024			tivate Windows to Settings to activate Wi

Assigning of ISSN Number to Journal For International Standardization.

- An ISSN (International Standard Serial Number) is a unique identifier that distinguishes a journal from others, ensuring its visibility and credibility in the academic community.
- The assignment of an ISSN number to a journal is a vital step in establishing its legitimacy and reputation, as it confirms the journal's compliance with international publishing standards.
- An ISSN number facilitates the indexing and abstracting of a journal in major databases, making its content more discoverable and accessible to researchers, scholars, and readers worldwide.

Assigning of DOI to the Article for better reach through Google Scholar and Science Direct platforms.

- The DOI numbers are assigned to the articles published in this issue, which ensure the digital availability of the articles and increase the citation rate ultimately improve the ranking of journal and institute.
- A DOI is a unique and permanent identifier that distinguishes a research article from others, ensuring that it can be accurately cited and referenced.
- The assignment of DOIs demonstrates a journal's commitment to transparency, accountability, and best practices in academic publishing, enhancing its reputation and trustworthiness among authors, readers, and the broader academic community.

New addition of Reviewers in the National Advisory Board from other Institutes.

- Prof. Humaira Mehmood (NUMS)
- Dr. Faiza Rabbani (MoNHSR&C)
- Dr. Muhammad Ashar Ayub (IUB)
- Dr. Muhammad Nadeem (IUB)
- > Dr. Muhammad Anwar-ul-Haq (UAF) 🛛 Dr. Muhammad Adnan Hafeez (SU)
- > Dr. Muhammad Tahir Shehzad (UAF)
- Prof. Babar Tasneem Sheikh (HSA)

Three issues of journal have been published. The 4th issue is under process for publication in February 2025.

Resident Research Forum (RRF)

Introduction

The Resident Journal of Rawalpindi Medical University (RJRMU) is a peer-reviewed medical journal established in 2020 with the aim of promoting high-quality research and medical writing. It publishes original research articles, review articles, case reports, and editorials in both basic and clinical sciences. The journal is committed to upholding the highest standards of ethical and scientific integrity, ensuring that all published content is rigorously reviewed by experts in the field.

Restructuring of RRF

New addition of reviewers in national advisory board from other institutes.

- Prof Rai Muhammad Asghar
- Prof Shagufta Seed Sial
- Prof Naeem Zia
- Prof Muhammad Hanif
- Prof Muhammad Khurram
- Prof Syed Irfan Ahmed
- Prof Shahzad Manzoor
- > Dr Muhammad Umar
- Dr Muhammad Mujeeb Khan
- > Dr Saima Ambreen
- > Dr Naeem Liaquat
- Dr Tayyab Saeed
- Dr Akhtar Raja Imran
- Dr Israr Ahmed Salman
- > Dr Mushtaq Hina Sattar
- > Dr Bilal Humayun Mirza
- Dr Uzma Hayat
- Dr Muhammad Iqbal
- > Dr Obaid Ur Rehman
- Dr Omer Fraz
- > Dr Muhammad Haider

> Dr Lubna Meraj

Composition of RRF

- Dr.Tashfeen Farooq, President, RRF
- > Dr.Jamila Bibi, President, RRF
- > Dr.Momna AmanUllah, Vice President, RRF
- Dr.Shoaib Ali-General Secretary, RRF
- Dr.Kinza Shaista, Secretory, RRF
- Dr.Muhammad Rawal Saeed, Secretary, RRF
- Dr.Madiha Liaqat, Secretary, RRF

RESIDENT JOURNAL OF RAWALPINDI MEDICAL UNIVERSITY (RJRMU)

Resident Journal of Rawalpindi Medical University (journalrmc.com)

SUMMARY:

The Resident Journal of Rawalpindi Medical University (RJRMU) is an official publication of Rawalpindi Medical University. It was first published in 2020. Till now, it has been published yearly. RJRMU is committed to advancing developments in the field of medicine by allowing unrestricted access to articles, and communicating scientific knowledge to researchers and the public alike, to enable the scientific breakthroughs of the future. (ISSN print: 3078-8870, ISSN online: 3078-8889)

Updation of Resident Journal of Rawalpindi Medical University for online publication of journal issues.

RESIDENTJOURNAL OF RAWALPINDI MEDICAL UNIVERSITY CURRENT ARCHIVES GUIDE FOR AUTHORS GUIDE FOR REVIEWERS JOURNAL POLICIES -SEARCH ABOUT -Current Issue No. 1 (2024) The Resident Journal of Rawalpindi Medical University (RJRMU) is an official publication of Rawalpindi JRMU Medical University. It was first published in 2020. Till now, it has been published yearly. RJRMU is committed to advancing developments in the field of medicine by allowing unrestricted access to articles, and communicating scientific knowledge to researchers and the public alike, to enable the scientific breakthroughs of the future.

Assigning of ISSN number to Journal for International Standardization.

• An ISSN (International Standard Serial Number) is a unique identifier that distinguishes a journal from others, ensuring its visibility and credibility in the academic community.

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- The assignment of an ISSN number to a journal is a vital step in establishing its legitimacy and reputation, as it confirms the journal's compliance with international publishing standards.
- An ISSN number facilitates the indexing and abstracting of a journal in major databases, making its content more discoverable and accessible to researchers, scholars, and readers worldwide.

Issues Published.

Six issues of the Journal were published. While the 7th issue is in the process to get published in February 2025.

Future Perspectives.

In future, we aim to get our journal recognized by HEC.



Section 8 Continued Medical Education (CME)

Continued Medical Education (CME) Certification Program

We follow Rawalpindi Medical University (RMU) CPD Policy for scoring and grading CME hours. RMU CPD policies are modified by PMDC, ACCME, and WFME requirements. The concept of CPD:

Continuous Professional Development (CPD) denotes the period of education and training for doctors that commences after completing both basic and postgraduate medical education, extending throughout their professional lives. However, CPD is not limited to a specific time frame but is viewed as a lifelong process, initiating when a student enters medical school and continuing as long as the doctor is actively involved in professional activities. It is considered a professional imperative for all doctors and is essential for improving the quality of healthcare.

Name	Designation	Role
Dr. Farrah Pervaiz	Additional Director R&D Department, RMU	In charge CME certification program
Dr. Haq Nawaz	Coordinator R&D Department, RMU	Calculation and verification of CME point according to given evidences and issuance of letter.
Mr. Aamir Afzal	Data Analyst	Calculation and verification of CME point according to given evidences and issuance of letter.
Mr. Jabir Abbasi	Computer Clerk	Record keeping and issuance of CME certificate

Table.8 Team Members at Department of R&D

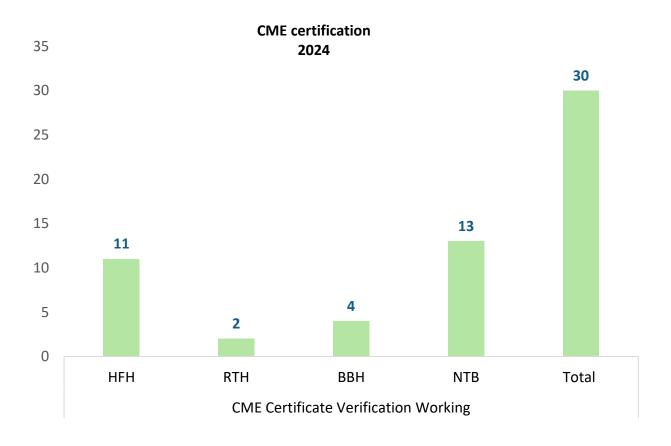


Fig.13 No. of CME Certificate Verification Working

Rawalpindi Medical University (RMU) CPD Policy for scoring and grading of CME points

The concept of CPD:

Continuous Professional Development (CPD) denotes the period of education and training for doctors that commences after completing both basic and postgraduate medical education, extending throughout their professional lives. However, CPD is not limited to a specific timeframe but is viewed as a lifelong process, initiating when a student enters medical school and continuing as long as the doctor is actively involved in professional activities. It is considered a professional imperative for all doctors and is essential for improving the quality of healthcare.

RMU policies are modified in accordance to PMDC, ACCME and WFME requirements

Rawalpindi Medical University has approved the following two categories of activities for the award of CME Credits:

- One Credit Point is equal to 2 credit hours
- One Credit Hour is equal to 3 hours session
- 01 credit point = 02 credit hours
- 01 credit hour = 03-hour session

Live activities:

- Conducted by the Department of UFDP (University Faculty Development Program): Mandatory Workshops for Faculty- 2 credit hours for 3-hour session
 Capacity Building workshops for faculty- 2 credit hours for 3-hour session
- Conducted by the Department of Medical Education:
 - Clinico-pathological-conference
 - Grand Rounds
 - Seminars
 - Conference
 - Item writing-1 credit hour for 1 hour of writing
 - Manuscript Review- 3 credit hour

Other activities:

• Departmental Activities

Workshops, Journal clubs (single article -1 credit hour), Grand rounds, conducted individually by clinical as well basic sciences departments.

- One Credit hour is equal to 3 hours of Session
- Maximum 6 hours duration per day shall be 2 credit hours is equal to one credit point
- Guest Speaker in International / National Conferences 4 Credit Point
- Paper Presentation (Oral/Poster) In international/ National Conferences- 2 Credit point
- Participation in International Conference as Delegate -2 Credit point
- National Conference organized by Recognized accredited National Professional Organization -2 Credit point
- Outside CME/CPD/Symposia organized by recognized bodies 2 Credit points
- CME/ CPD workshop of a minimum three hours duration shall be eligible for maximum of one credit hour.
- CME/ CPD workshop of six-hour duration shall be eligible for two credit hours.
- Presently many organizations of doctors are organizing international conferences/ CME/ CPD/workshops in RMU.
- Speakers at any conference/ CME/ CPD/ workshop/ training program will be given one credit hour per lecture given. If they attend the whole CME/ CPD as a delegates, then they will be given the approved points of the CME/ CPD.
- The doctors may attend the international CME/ CPD Conference held overseas as delegates. On the production of the certificate of attendance. CME/ CPD credit hours will be given as per the equivalence formula.
- Medical Officers/ General Practitioners all the official training programs conducted by the Provincial/District Department of health (Directorate of Health Services) should be granted credit points. All relevant departments should apply for recognition as per university rules and then shall inform about the details of training programs well in advance to the university to avail points.
- Online/ Manual application will have to be made preferably one month in advance. Minimum 20 days in advance, of application will be required. President or members with delegated powers will have power to waive this time in some specific circumstances.
- The institutions should be accountable for deciding/ labeling credit hours for each activity as the degree of assignation of candidates varies with the type of activity e.g., lecture, or workshop. The level of

competency achieved in a one-hour session for a skill training workshop is different from the one achieved through a one-hour seminar.

Requirement of credit points

- 5 credit hours/ years of CME training from a recognized DAI/ professional body is mandatory for General Practitioners.
- 10 credit hours/ years of CME training from a recognized DA I/ professional body is mandatory for Specialist.
- No carry forward of extra credit points is acceptable after 5 years.
- For any CME/ CPD/ Symposium/ Conferences of any interval, not more than 4 credit points will be presented.
- A standard for recertification of medical/ dental counselor license should be predictable including of pressure of BLS for each candidate aspiring of recertification

Speakers & Observers for CME/ CPD

Vice-chancellor / CME / CPD committee may appoint observers in consultation who will have specialty knowledge of the subject.

Guidelines for observer of CME/CPD Activity:

- RMU may nominate maximum 1 observer for each CME/ CPD.
- Observer will be now in consultation with the CME/ CPD committee.
- Observers will have to authenticate the attendance sheet, Feedback forms & submit it to UFDP Office.
- Observers will have to maintain highest standards of politeness and they will have to ensure that the CME/ CPD is conducted properly and as per prescribed norms and there is no false attendance and that excess fees is not charged.
- Observer will be entitled for 1 extra point.

Continuing Medical Education (CME) Credit Allocation for Clinical Faculty

Category 1: Direct Patient Care Activities

Rationale: Clinical practice directly benefits patient care.

CME Credits:

• Base Credits: 10 credits per year for maintaining an active clinical practice within their specialty.

• Multidisciplinary Care Credits: 3 credits per quarter for participation in multidisciplinary care teams.

Category 2: Teaching and Training

Rationale: Faculty is backbone of medical education, mentoring future generations of healthcare professionals.

CME Credits:

- LGIS/Lecture: 1 credit per hour of formal teaching.
- Small Group Teaching Credits: 1.5 credits per hour of small-group teaching (e.g., bedside rounds, case discussions).
- Mentorship Credits: 5 credits per semester for actively mentoring a medical student or resident.
- Teaching Material Development: 2 credits per hour spent creating educational materials (e.g., presentations, videos, handouts).

Category 3: Assessment Development

Rationale: Assessments are crucial for evaluating learner competence and identifying areas for improvement.

CME Credits:

- Question Development: 0.5 credits per MCQ/SAQ, 1 credit per OSCE station created and validated.
- Question Bank Maintenance: 5 credits per year for contributing to or maintaining a departmental question bank.
- Assessment Coordination: 10 credits per exam for organizing and coordinating assessments (e.g., Written, Ward Assessments, Block Assessments, etc.

Category 4: Curriculum Development

Rationale: Faculty input is essential for developing improving curriculum.

CME Credits:

- Development: 1 credit per hour of active participation in curriculum development.
- Committee Participation: 1 credit per hour for participation in curriculum development.
- Curriculum Implementation: 10 credits for successfully implementing a new course or major curriculum revision.
- Evaluation and Improvement: 5 credits for leading a formal evaluation of a course or curriculum component and implementing changes.

Category 5: Institutional and Community Service

Rationale: Participation in institutional committees and health initiatives contributes to the broader mission of the medical institution and improves healthcare delivery.

CME Credits:

- Committee Membership: 5 credits per year for active membership on institutional committees (e.g., academic council, medical board) subject to attending 75% of meetings.
- Health Service: 5-10 credits per project for contributions to health initiatives (e.g., Dengue Center, Expert Advisory Group).

Category 6: Unplanned/Out of Blue Tasks/Meetings

Rationale: Faculty are frequently tasked with urgent or unexpected meetings and tasks/projects (e.g., developing a presentation, writing a proposal) that require significant time and expertise.

CME Credits:

- Task/Meeting Participation: 1 credit per hour for documented participation in unplanned tasks or meetings.
- Deliverables: 2-5 credits (depending on complexity) for developing presentations, proposals, or reports as part of these unplanned activities.

Procedure for CME hour calculation and issuance of certificate

- Applicant submitted the application along with CME Activity form **(annexure 1)** all all evidence of CME activities mentioned in form.
- The application file of applicant submitted to Mr. Amir Afzal. He initiate the procedure of CME hour calculation.
- Dr. Haq Nawaz verified evidence based calculation of CME hour according RMU CME policy.
- After the calculation and verification of CME hour of applicant Dr. Haq Nawaz issued the initial signed letter of CME hours.
- Applicant submitted the CME hour letter along with evidence document file to Mr. Jabir.
- Mr. Jabir keep the record of applicant for CME hours and documentation file.
- Mr. Jabir generate the certificate of CME hours for applicant.
- Dr. Farrah Pervaiz (In-charge CME program) signed the certificate of CME hours after final verification.
- Certificate (annexure 2) issued to applicant.

	CME Activities Form						
Sr. No	Name of Activity	Venue	Role	Date	CME Hrs		



Section 9 RMU Statistical Support

RMU Statistical Support at The Department Of R&D

The department provides support in the following domains:

1. Study Design Consultation:

Assisting with the planning of research studies, including sample size, methodology, and study type selection.

2. Statistical Analysis Planning:

Advising on appropriate statistical tests and models based on research questions and data types.

3. Data Management Guidance:

Providing support on data collection, cleaning, coding, and storage practices to ensure data integrity.

4. Statistical Software Training:

Offering training sessions on statistical software like SPSS, Excel/Office 365 to enhance trainees' analytical skills.

5 . Data Analysis:

Performing or assisting with data analysis for clinical studies, ensuring accurate and interpretable results.

6. Interpretation of Results:

Assisting with the interpretation of statistical findings in a clinical context.

7. Workshops and Seminars:

Conducting workshops on SPSS and Disease Statistical Report (DSR) to postgraduate trainees of MS/MD programs

8. Collaborative Research:

Collaborating on interdisciplinary research projects, contributing statistical expertise.

9. Data Verification:

Verifying data of postgraduate trainees through RMU Research Dashboard (an official database where every postgraduate trainee's patient entries will be entered and cross-checked on real-time basis).

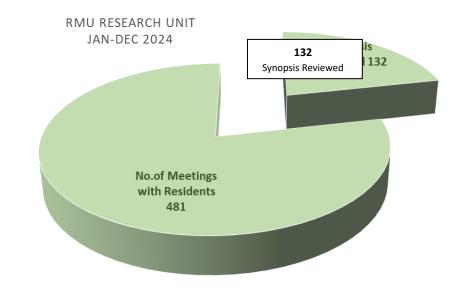


Fig. 14 Number of statistical meetings with residents & synopsis reviewed, 2024

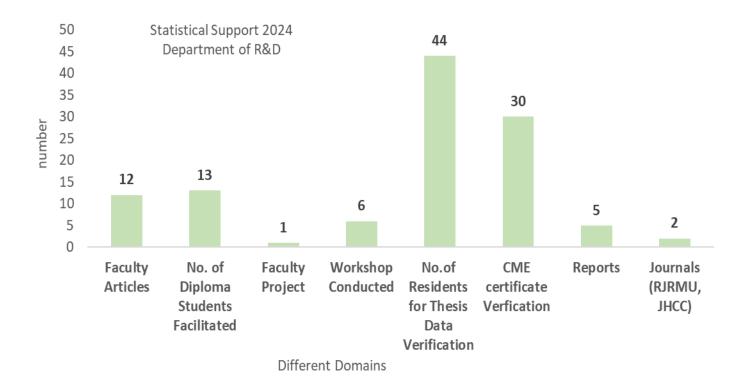


Fig. 15 Statistical Support in Different Domains

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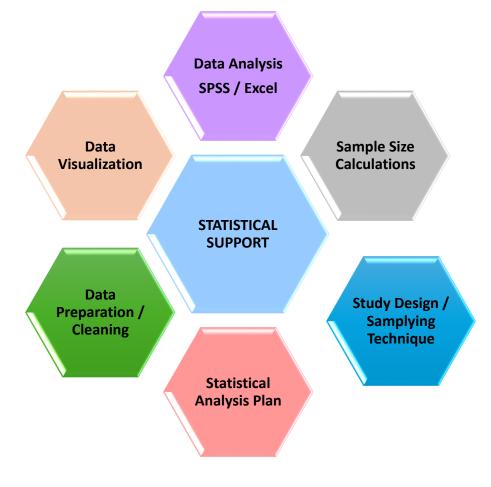


Fig. 16 Type of Statistical Support at R&D Department

Academic Trainings

Training Activities of University Residents At RMU

The University Residency Program (URP) was launched at Rawalpindi Medical University in 2018. There are 05 mandatory workshops for capacity building of university residents who are enrolled in the University Residency Program (URP) at RMU. The data on the workshops carried out from 2018 till now is depicted below:

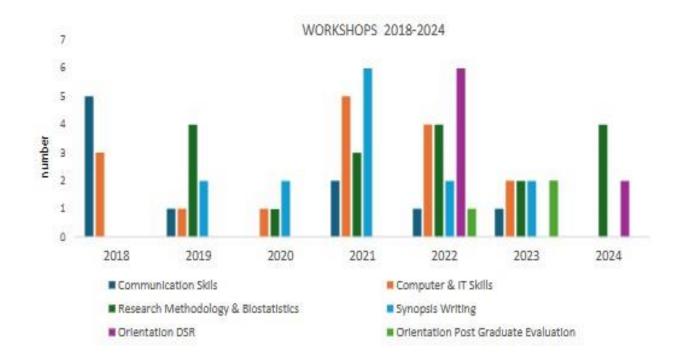


Fig.17 Number. Of Training and Workshops carried out at R&D

- There is a plan to include a Clinical Audit workshop as a mandatory workshop in the University Residency Program.
- Short intensive Preparatory courses are organized for trainees before appearing in formative and summative assessments like In-training assessments, Mid Training Assessment (MTA), and Final Training Assessment (FTA).
- Work-place Assessment (WPBA) of university residents is carried out every 3 months and residents are subjected to evaluation by external examiners.

- 360-degree evaluations of trainees are done every 6 months. 12 cycles of trainees' evaluation have yet to be submitted in the Quality Enhancement Cell (QEC) of Rawalpindi Medical University.
- The compiled reports of residents are then shared with their respective supervisors for counseling the trainee if required followed by submission of counseling report back to QEC.
- Residents also attend the Clinico-Pathological Conference (CPC) which is arranged by clinical departments of teaching hospitals on a weekly basis. As per the decision of the Academic Council, it is mandatory for postgraduate trainees to attend 50% of CPCs annually.
- The Annual Resident Research Conference is organized on an annual basis with a specific theme to ensure the participation of all university residents in this event.
- A separate journal for university residents titled: Resident Journal of Rawalpindi Medical College (RJRMC) has been launched for publishing their manuscripts and to enhance the visibility of their research work across the globe.
- Counseling sessions of residents are planned to secure below 50% results by trainees in In-Training assessments.
- Detailed meetings are also arranged by the Dean of Postgraduate Studies to get feedback of trainees following summative assessments and recommendations of trainees for improvement/amendments in assessments are given due consideration. Trainees are also guided for the enhancement of their respective competencies.

Section 10 Climate Change Impact & Humanitarian Initiatives

Climate Change Impact & Humantrian Intitatives

In response to the escalating impacts of climate change and recent catastrophic flooding in Pakistan, the Rawalpindi Medical University (RMU) launched a comprehensive humanitarian program aimed at relief, recovery, and disease prevention. RMU's Flood Relief Action Program, led by Vice Chancellor Prof. Dr. Muhammad Umar, mobilized resources and personnel to support flood-affected communities across South Punjab, Khyber Pakhtunkhwa, Sindh, and Balochistan. The initiative emphasized four strategic areas: mitigation, preparedness, response, and recovery, with a strong focus on minimizing health risks associated with waterborne diseases, which surged due to contaminated water sources and compromised sanitation systems.

The action program included rapid deployment of medical camps, providing essential health services to thousands of individuals. These camps addressed acute cases of gastroenteritis, skin infections, and respiratory ailments while delivering urgent supplies of food, clean water, and hygiene products. Through RMU's fundraising efforts, significant resources were collected in the form of cash, medical supplies, and rations, which were essential in stabilizing affected communities and supporting ongoing relief.

Recognizing the heightened risk of infectious disease outbreaks, RMU took an innovative approach by developing the "Ready RMU – Preventive Kit" and the "Ready RMU – Hygiene Kit." These kits, distributed widely in flood- impacted areas, were tailored to prevent malaria and gastroenteritis, two major post-disaster health threats. This preventive approach marks a pioneering step in regional disaster response, emphasizing proactive public health measures. Furthermore, RMU collaborated with the Higher Education Commission (HEC) to produce the "Post- Flood Community Health Guidelines" in Urdu, providing accessible health information to prevent disease spread and support local health workers.

In summary, RMU's flood relief efforts highlight a sustainable model for humanitarian aid, integrating immediate health response with preventive care and community resilience strategies. This initiative underscores the importance of addressing climate change-induced disasters with well-coordinated, health-focused relief operations that prioritize vulnerable populations and foster long-term public health stability.

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Section 11 Collaborations

Collaborations

Transforming Health Systems Responsiveness: Rawalpindi Medical University And Aga Khan University Collaborate On Groundbreaking Research In LMICs

• Rawalpindi Medical University (RMU) is collaborating with Aga Khan University

(AKU) on the transformative research project titled "**Rethinking Health Systems Responsiveness in Low-and Middle-Income Countries.**" This collaboration focuses on addressing critical gaps in health system performance by evaluating and enhancing the responsiveness of healthcare systems in the context of low- and middle-income countries (LMICs).

 Under the leadership of principal investigator Dr. Meesha Iqbal from AKU, the project aims to update and validate the WHO's framework of health systems responsiveness, adapt the measurement tools for LMIC contexts, and assess the responsiveness across various levels of care in district Rawalpindi. RMU contributes to this initiative by providing access to its allied hospitals for data collection and offering institutional support for ethical review and research facilitation. This partnership exemplifies a shared commitment to advancing public health research and delivering actionable insights for policy and practice improvements in LMICs.

Empowering Global Health: Rawalpindi Medical University's Strategic Collaboration With WHO TDR Regional Training Centre

Rawalpindi Medical University (RMU) has pioneered public health education and research by collaborating with the World Health Organization's Special Programme for Research and Training in Tropical Diseases (WHO TDR). Recognizing RMU's potential as a hub for capacitybuilding in health research, an application for establishing a WHO TDR Regional Training Centre has been submitted and is currently under consideration. This collaboration aims to address critical health challenges in low- and middle-income countries by fostering research and capacitybuilding initiatives in line with TDR's objectives. The proposed Regional Training Centre at RMU will focus on:

1. Strengthening Research Capacity:

Equipping healthcare professionals with the knowledge and skills to conduct high-quality research in tropical diseases and public health.

2. Promoting Evidence-Based Practices:

Translating research findings into actionable health policies to improve community health outcomes.

3. Building Regional Networks:

Facilitating knowledge exchange and collaboration among regional researchers and institutions.

4. Addressing Health Inequities:

Empowering underrepresented groups by providing equitable access to training and resources.

This initiative positions RMU as a key regional player in advancing public health and tropical disease research, aligning with its vision to lead transformative educational and research endeavors. If approved, the WHO TDR Regional Training Centre at RMU will serve as a beacon for health innovation, fostering sustainable development in public health across the region.

Collaboration with HEC NAHE

Program Overview: The Rawalpindi Medical University (RMU) Capacity Building Program for University Management was conducted from January 27–31, 2025. Designed to enhance the skills and competencies of administrative and academic staff, the program aimed to strengthen governance, leadership, digital proficiency, financial management, and institutional compliance. This initiative was implemented with HEC NAHE to align university administration with best practices in higher education.

Objectives:

- Improve administrative efficiency and leadership capabilities.
- Promote digital literacy for effective data management.
- Enhance financial management and procurement planning skills.
- Strengthen institutional governance through policy implementation.
- Foster collaboration and teamwork within university departments.

Training Structure & Key Modules: The program was delivered through interactive lectures, case studies, and group activities. Key modules included:

- Interpersonal Skills & Workplace Ethics: Conflict resolution, adaptability, and resilience.
- Leadership, Strategy & Policy: Data-driven decision-making, governance, and strategic planning.
- Business Communication: Effective writing, digital communication, and report preparation.
- Financial Management: Budgeting, cost-benefit analysis, and financial reporting.
- **Procurement Planning:** PPRA rules, donor agency requirements, and project management.

Participants & Engagement:

- Total Participants: 30 (16 Male, 14 Female).
- Resource Persons: Experts from academia, government, and industry.
- Active Learning Approach: Group projects, case discussions, and problem-solving exercises.
- Satisfaction Rate: High engagement with positive feedback on practical application and relevance.

Key Outcomes & Impact:

- Strengthened leadership and governance skills for institutional growth.
- Improved digital and financial literacy for data-driven decision-making.
- Enhanced teamwork and collaboration among university departments.
- Greater awareness of compliance with regulatory and accreditation standards.

Recommendations for HEC NAHE:

- Expand specialized modules on digital education and research management.
- Establish continuous professional development programs.
- Promote cross-institutional collaborations and alumni networks.
- Develop post-training assessment mechanisms to measure long-term impact.

Conclusion: This program has successfully contributed to the professional development of university management personnel. Collaboration with HEC NAHE has ensured alignment with national and international standards in higher education administration. Moving forward, sustained efforts in training and institutional capacity-building will be crucial for enhancing the efficiency and effectiveness of university governance and management.







MAT PINDI MEDICAL UNIVERSIT



Annexure-I

Table.9 List of One Disease Statistical Reviews

Title	Resident name	Department	Hospital
Frequency of PDPH in parturient patients undergoing c-section under spinal anesthesia	Dr. Ahmad Bilal	Anesthesia	HFH
Comparison of symptoms of acute appendicitis in patients presenting in a tertiary care hospital	Dr. Hummayoon Ashraf	Orthopaedic Surgery	BBH
Symptoms and complications of dengue hemorrhagic fever in children less than five years of - a statistical report of 35 patients presenting in holy family hospital, Rawalpindi	Dr. Aqeela Jabeen	Pediatric Medicine	HFH
Statistical analysis of prevalence and characteristics of gallstones among different groups of patients presenting in the emergency department of holy family hospital, Rawalpindi	Dr. Sadaf Zahid	Radiology	HFH
Statistical analysis of bipolar disorder is seen in patients presenting in emergency	Dr. Mehvish Batool	Psychiatry	BBH
Statistical analysis of polycystic ovarian syndrome	Dr. Zeeshan Ahmad	Gynae & Obs	BBH
Factors contributing the outcome of intracerebral hemorrhage patients	Dr. Sanabil Anwar	Medicine	DHQ
Statistical analysis of deviated nasal septum disease seen in patients presenting in OPD	Dr. Muhammad Sibtain Raza	ENT	BBH
Title hematological and ultrasonographic characteristics of dengue viral infection an insight from HFH, Rawalpindi	Dr. Asad Khan	Medicine Unit 02	HFH
Disease statistical review if bipolar affective disorder seen as OPD and emergency referral	Dr. Ibrahim	Psychaitry	BBH
Spinal anesthesia & shivering	Dr. Muammad Noman Aslam	Anesthesia	BBH
Association of suicidal risk in Borderline personality disorder in a tertiary care hospital	Dr. Muhammad Rasim Zoraiz	Psychaitry	BBH
Disease statistical review of mania seen in patients presenting in emergency	Dr. Muhammad Rasim Zoraiz	Psychaitry	BBH
Outcomes and compliance of pneumonia in children less than five years of age presenting in HFH, Rawalpindi	Dr.Hamza Niaz	Pediatric Medicine	HFH
Report on the early postoperative complications faced by patients undergoing surgery in the orthopedics department	Dr. Zubair Javed	Orthopaedic Surgery	HFH
Spectrum of ocular disease at BBH	Dr. Muhammad Jawad Awan	Ophthalmology	BBH

Allergic reaction in patients of snake bite	Dr. Haroon Rasheed	Medicine	BBH
Statistical analysis of the association between uteroplacental insufficiency and oligohydramnios among pregnant patients presenting in holy family hospital Rawalpindi	Dr. Romila Safdar	Radiology	HFH
Comparative study of acute appendicitis symptoms in patients admitted in Benazir Bhutto Hospital Rawalpindi	Dr. Ali Arshad	Orthopaedic Surgery	BBH
Undescended testis in pediatric age group - a	Dr. Umar Abbas	pediatric Surgery	HFH
Disease statistical report on the hospitalized pediatrics burn patients in burn unit/plastic & reconstructive surgery department, holy family hospital, Rawalpindi	Dr. Fahad Abid	Plastic Surgery	HFH
Statistical analysis: percentage of patients having acne vulgaris between age group 13 to 30	Dr. Hira Khalid	Dermatology	BBH
Statistical analysis of factors contributing to the outcomes of surgical evacuation of extradural hematoma	Dr. Anwaarul Mustafa	Neuro Surgery	BHQ
Report statistical analysis of diabetes mellitus and its complications seen in patients admitted in ward	Dr. Nauman Nawaz	Medicine	DHQ
Statistical analysis of stroke	Dr. Muhammad Ihtisham ul Haq	Medicine	DHQ
The prevalence of antepartum haemorrhage (aph) and its association with maternal risk factors and maternal complications among patients presenting in the department of gynaecology and obstetrics unit 1 of Holy Family Hospital (HFH) in Rawalpindi, Pakistan.	Dr. Qudsia Amir	Gynae & Obs	HFH
Prevalence of risk factors of pregnancy-induced hypertension in women seeking maternity services at holy family hospital, Rawalpindi	Dr. Anam	Gynae & Obs	HFH
Statistical analysis of gestational diabetes mellitus	Dr. Saria Malik	Gynae & Obs	BBH
Frequency of patients presented with nasal polyps and middle ear infections in allergic rhinitis.	Dr. Aqib Majeed	ENT	HFH
Statistical analysis of deviated nasal septum disease seen in patients presenting in OPD	Dr. Asif Saif Ullah Khan	ENT	DHQ
Statistical analysis of cataract disease seen in patients presenting in eye OPD Benazir Bhutto Hospital.	Dr. Irfan Baloch	Ophthalmology	BBH

Disease statistical report on complications faced by patients undergoing intramedullary nailing for fracture of femur and tibia in the orthopedics department, holy family hospital	Dr. Muhammad Nida E Hussain	Orthopedic surgery	HFH
Relation of different factors associated with urinary tract infection incidence of	Dr. Muhammad Awais Iqbal	Orthopedic surgery	DHQ
Disease statistical report on the early postoperative complications faced by patients undergoing emergency laparotomy in the surgical department, unit ii, holy family hospital	Dr. Sarmad Shah	General surgery	HFH
A statistical I report of 30 patients with signs, symptoms and complications of acute appendicitis presented in the ER of DHQ Teaching Hospital Rawalpindi	Dr. M. Awais Akram	General surgery	DHQ
Symptoms and early complications of birth asphyxia in neonates a statistical report of 35 patients presenting in holy family hospital, Rawalpindi	Dr. Sarmad Shah	General Surgery	HFH
Statistical analysis of ultrasonographic findings as evidence of early plasma leakage in dengue fever	Dr. Munazzah Mehak	Radiology	BBH
Statistical analysis of the association between uteroplacental insufficiency and oligohydramnios among pregnant patients presenting in holy family hospital Rawalpindi	Dr. Romila Safdar	Radiology	HFH
Vitamin b12 versus folate level status of diabetic patients treated with metformin presented in OPD, BBH, Rawalpindi	Dr. Afsheen	Medicine unit 2	HFH
Statistical analysis of patients of covid-19 patients presented to holy family hospital Rawalpindi	Dr. Muhammad ali	Gastroenterology	HFH
Statistical analysis of precipitating factors of acute life in patients with chronic left ventricular dysfunction	Dr.Muhammad Asad	Cardiology	BBH
Prevalence, associated factors and treatment of post spinal shivering: a prospective	Dr. Rabbiya Ghafoo	Anesthesia	BBH
Disease statistical report of post-partum females presenting to holy family hospital with post-partum	Dr. Saman Akhter	Gynecology	HFH
Outcomes and complications of measles in children presenting in Holy Family Hospital, Rawalpindi a statistical report of 40 patients.	Dr. Hassan Mehmood Raja	Pediatric Medicine	HFH
Frequency of diabetes in cataract patients Statistical report of 50 consecutive patients presenting to holy family hospital, Rawalpindi	Dr. Hassan Hamid Mahmood	Ophtalmology	HFH
Symptoms and complications of meningitis in children less than five years of age presenting in a tertiary care	Dr Muhammad Ibrahim	Pediatric Medicine	HFH

hospital-a statistical report of 35 patients presenting in holy family hospital, Rawalpindi			
Demographic profile and causative agents of patients of chronic kidney disease presented in tertiary care	Dr. Mariya. Asan	Medical Unit	HFH
Statistical analysis of 40 patients presenting with anti- HBsAg positive in medical OPD of family hospital Rawalpindi	Dr.Ali Asif	General medicine	
Statistical analysis of depression seen in patients presenting in emergency	Dr. Ayesha Ejaz	Psychiatry	BBH
Prevalence of depression in patients diagnosed with hepatitis c	Dr. Muhammad Faisal Amir Malik	Psychiatry	BBH
Comparison of symptoms of pneumonia in children less than two years of age presenting in a tertiary care hospital	Dr. Aiman tariq	Pediatric medicine	BBH
Statistical analysis of tonsillitis (patients underwent tonsillectomy)	Dr. Anique Ahmad Jamil	Otorhinolaryngolo gy	BBH
Statistical analysis of the epidemiology of recurrent acute tonsillitis in DHQ Hospital, Rawalpindi	Dr. Ishra Javed	MS-ENT)	BBH
Acute appendicitis in pediatric age group - statistical report of 30 consecutive patients presenting to holy family hospital, Rawalpindi	Dr. Bilal Javed	Pediatric surgery	HFH
Statistical report of 33 patients suffering dengue with reference to their demographic, hematological and hemodynamic characterization	Dr. Ishtiaq Awais	Medical Unit 2	HFH
Statistical analysis of patients presenting with orthopedic complaints in the emergency department of holy family hospital, Rawalpindi	Dr. Hassan Jalil	Orthopaedic Surgery	HFH
Disease statistical report of consecutive burn patients presenting to the indoor patient department of the Department of Plastic Surgery, Holy Family Hospital, Rawalpindi	Dr. Maryam Ghani	Pediatric Surgery	HFH
Statistical analysis of 31 patients presenting with hemorrhagic cva in a medical emergency of the Holy Family Hospital, Rawalpindi	Dr. Salman Zafar	Nephrology	HFH
Percentage of patients familiar with immunization in chronic kidney disease currently on hemodialysis	Dr. Muhammad Usman Khan	Dermatology	BBH
Statistical analysis of patients presented to the emergency department with supraventricular tachycardia	Dr. Ayesha Zahoor	Cardiology	ввн

Diabetes mellitus	Dr. Siraj Ul Haq	Dermatology	BBH
Comparison of symptoms of acute appendicitis in patients presenting in a tertiary care hospital	Dr. M. Usman Rafiq	Orthopaedic Surgery	BBH
Statistical analysis of cholelithiasis as a disease, its incidence and signs & symptoms in a population	Dr. Sami Ullah	Urology	BBH
Disease statistical report on incidence of burn from cylinder blast in patients admitted at burn unit/plastic & reconstructive surgery Department Holy Family Hospital, Rawalpindi	Dr. Qindeel Fatima	Plastic Surgery	HFH
Statistical analysis of natural course vs interventions to clear common bile duct stones at holy family hospital Rawalpindi	Dr. Javeria Khalid	General Surgery	HFH
Statistical analysis of pregnancy-induced hypertension (pih)	Dr. Sibgha Aziz	Gynae & Obs	BBH
Oligohydramnios statistical review	Dr. Kainat Naveed	Gynae & Obs	BBH
Relation of different factors associated with the incidence of paraumbilical hernia	Dr. Faisal Javed	Orthopaedic Surgery	DHQ
Prevalence of other comorbid conditions & complications in patients with type 2 diabetes	Dr. Komal Shahid Abbasi	Medicine	BBH
Statistical analysis of pelvic inflammatory disease (PID)	Dr. Nida Mumraiz	Gynae & Obs	BBH
Statistical analysis of dengue fever (df)	Dr. Farhan Afzal	Diagnostic Radiology	BBH
Disease statistical report on the correlation between smoking and perforated dudenal ulcer faced by patients presented in an emergency in the surgical department, unit 1, holy family hospital	Dr. Adil Ayoub	General Surgery	HFH
Symptoms and complications of early-onset neonatal sepsis- a statistical report of 35 patients presenting in holy family hospital, Rawalpindi	Dr. Ghulam Ali	Pediatric Medicine	HFH
Statistical analysis of bacterial meningitis in children- symptoms & its causative agents	Dr. Sania Bhatti	Neurosurgery	HFH
Symptoms and complications of measles in children less than 5 years old children- a statistical report of 30 patients presenting in holy family hospital, Rawalpindi	Dr. Hira Mustafa	Pediatric Medicine	HFH
Statistical analysis of incidence and risk factors of pre- eclampsia disorders in tertiary care center in Rawalpindi, Pakistan	Dr. Filza Javed	Gynae/Obs	HFH

A cross sectional study to determine the quality of life in patients with severe mental illness at Institute of psychiatry	Dr. Kainat Kareem Mirza	Psychiatry	BBH
Correlation of different types of strokes with comorbid	Dr. Rameen Ansari	Medicine	HFH
Disease statistical report on role of inflammatory and hematological indices in predicting the severity of acute appendicitis in the pediatric population	Dr. Nimra Gul	Pediatric Surgery	HFH
One month statistical analysis of patients managed in red zone of the medical emergency holy family hospital, Rawalpindi	Dr. Abru Erum	Medicine	HFH
Association of acute otitis media with faulty breastfeeding position among infants (under 12 months age) in tertiary care hospital of Pakistan	Dr. Mahnoor Anwar	ENT	HFH
Statistical analysis of CT findings among different age of patients with chief complaint of headache presenting in holy family hospital Rawalpindi	Dr. Muntazr Qasim	Diagnostic Radiology	HFH
Evaluation of the indications for performing magnetic resonance imaging of the female pelvis at holy family hospital Rawalpindi, according to the American College of Radiology criteria	Dr. Amina Asif	Diagnostic Radiology	HFH
Statistical analysis of acute diarrhea leading to acute kidney injury seen in patients presenting in ER of Holy Family Hospital	Dr. Mohsin Jameel	Medicine	HFH

Annexure-II

Table.10 List of Thesis 2023-2024

Department	Supervisor	Name	Topic of Thesis
		Dr. Syed Ahmad Zunnoor	Comparison of The Efficacy of Dexmedetomidine And Midazolam Infusion for ICU Sedation in Mechanically Ventilated Patients
	Prof. Dr. Jawad Zahir	Dr. Saadullah Raja	Comparison of Thyromental Height Test with Modified Mallampati Classification for Predicting Difficult Airway in Obese Patients Undergoing General Anesthesia
Anesthesis		Dr. Hamza Tanveer	Comparison of Addition of Dexamethasone to Bupivacaine Versus Bupivacaine Alone in Caudal Block for Post-Operative Analgesia in Pediatric Lower Abdominal Surgeries
	Dr. Abeera	Dr. Mohammad Yousuf Dar	Comparison of Upper Lip Bite Test with Modified Mallampati Score for Better Bedside Difficult Laryngoscopy Predictability in Elective Surgeries
Zaree	Zareen	Dr. Raheel Ahmed Baig	Comparison of Hemodynamic Effects of Unilateral Versus Bilateral Spinal Anaesthesia in Lower Limb Surgeries
Cardiology	Muhammad Asad	Dr. Naima Shehzadi Qazi	Comparison Between Atorvastatin and Rosuvastatin in Reduction of Inflammatory Biomarkers in Patients with Acute Coronary Syndrome
Gastroenterol ogy	Prof. Dr. Muhammad Umar	Dr. Muhammad Mumtaz	Level of Platelet -albumin-bilirubin score to predict outcome (mortality and rebleeding) of acute variceal bleeding in patients with liver cirrhosis
	Dr. Ismat Batool	Dr. Aiman Shahid	Comparison of Per-Operative Findings of Placenta Accreta Spectrum with Pre-Operative Gray Scale Ultrasound Findings
	Dr. Sobia	Dr. Aisha Habib	Association of Body Mass Index with Endometrial Histopathological Findings in Premenopausal Females with Abnormal Uterine Bleeding
Gynae & Obs	Nawaz	Dr. Humaira Shoukat	Comparison of Efficacy of Clomiphene Citrate Vs Letrozole in Ovulation Induction
	Dr. Khansa Iqbal	Dr. Farzeen Ehsan	Comparison of Expulsion Rate of Intrauterine Contraceptive Device Insertion during Caesarean Section Versus Post placental Vaginal Application
	Professor Dr. Tallat Farkhanda	Dr. Madeeha Rashid	Comparison of Probiotics with Oral Antibiotics Versus Oral Antibiotics with Placebo in Treatment of Bacterial Vaginosis

	Prof. Dr. Lubna Ejaz Kahloon	Dr. Farzeen Ehsan	Comparison of Outcomes of Frequently Adopting Squatting Position Vs Not Adopting Squatting Position During Labor
	Dr. Humera Noreen	Dr. Qurat-Ul-Ain	Diagnostic Accuracy of Endometrial Biopsy Pipelle Versus Conventional Dilatation and Curettage Taking Hysterectomy Histopathology Findings as Gold Standard in Patients With Postmenopausal Bleeding
	Dr. Sadia Khan	Dr. Sadia Jabeen	Perinatal Outcome in Women Presenting at Term with Perception of Reduced Fetal Movements
	Dr. Maliha Sadaf	Dr. Qurat Ul Aain	The Effects of Maternal Preeclampsia on The Hematological Profile of Newborns Leading to Poor Pregnancy Outcomes
	Dr. Arshad Rabbani	Dr. Samiullah khan	Prevalence of Asymptomatic Diastolic Cardiac Dysfunction in Diabetics
	Prof Dr M Shehzad	Dr. Muhammad Asif	To Compare the Efficacy of Single High Dose and Single Standard Dose Vitamin D3 Therapy in Painful Diabetic Neuropathy
Medicine	Manzoor	Dr. Zia Ur Rehman	Association of Glycaemic Control with Platelets to Lymphocytes Ratio, Neutrophils to Lymphocytes Ratio, And Diabetic Complications
	Prof. Dr. Muhammad Khurram	Dr. Sidra Mobin Arshad Iqbal	Effects of Electrolyte Imbalance on PSE Outcome in Hepatitis C related Cirrhosis
		Dr. Muhammad Shahid Khan	Neutrophil to Lymphocyte Ratio (NLR) As A Predictor for Severity of Covid-19 Infection
	Dr. Faran Maqbool	Dr. Zeshan Ali Siddiqui	Efficacy and Renal Safety Of Empagliflozin In Type 2 Diabetes Mellitus Patients With Chronic Kidney Disease (CKD)
	Dr. Ashraf Mahmood	Dr. Saima Asghar	Comparison of Outcomes in Patients with Intracerebral Hematoma Undergoing Endoscope Guided Drainage Versus Craniotomy and Drainage
Neurosurgery	Prof. Dr.	Dr. Qurrat-ul-ain Yousafi	Comparison of Outcome After Evacuation of Traumatic Intracerebral Hemorrhage and Spontaneous Intracerebral Hemorrhage
	Nadeem Akhtar	Dr. Malik Mohsin Yousuf	Intraoperative Use of Corticosteroids and Bupivacaine to Reduce Postoperative Lumbar Discectomy Pain, Hospital Stay, Narcotic Requirement and Early Return to Work
Pediatrics	Prof. Dr. Rai Muhammad Asghar	Dr. Hina Zaffar	A Comparison of Efficacy and Safety of Caffeine Citrate and Aminophylline in The Treatment of Apnea of Prematurity in Preterm Neonates Presenting to Benazir Bhutto Hospital

Di		Dr. Afaf Arshad	Diagnostic Accuracy of the Twinkling Artifact in Doppler Ultrasound in the Detection of Ureteric Stones by Taking CT KUB as the Gold Standard
	Dr. Hina Hanif	Dr. Kamran Khursheed	Validity of Color Versus Spectral Doppler Ultrasound Indices in Post-Surgical Cases of Testicular Torsion
Radiology		Dr. Iqra Maqbool	Correlation of Sociological Findings of Carotid Intima Media Thickness, Carotid Plaque Score and Plaque Height in Coronary Artery Disease Risk Patients
Radiology		Dr. Lubna Hafeez	Accuracy of Alberta Stroke Program Early Computed Tomography Score (ASPECTS) as a Predictor of Outcomes in Acute Ischemic Stroke Patients
	Dr. Nasir Khan	Dr. Zahid Iqbal	Diagnostic Accuracy of Intra-Testicular Resistive Index by Color Doppler Ultrasonography Measurements in Detection of Oligospermia In Sub fertile Males Taking Semen Analysis as Gold Standard
Wa Pro Jal	Professor Dr.	Dr. Ijaz Ahmed	Comparison of Polypropylene Suture VS Skin Staples for Securing Mesh in Lichtenstein Hernioplasty In Terms of Operative Time and Post-Operative Pain
	Waqas Raza	Dr. Ahsan Nayyar	Frequency of Triglyceridemia In Acute Pancreatitis Patients and Its Association with Disease Severity at Time of Onset Presenting at Tertiary Care Hospitals, Rawalpindi
	Prof. Dr. Jahangir Sarwar Khan	Dr. Sadaf Nayab	Comparison of The Risk of Surgical Site Infection in Patients Who Undergo & Who Do Not Undergo Endoscopic Retrograde Cholangiopancreatography (ERCP) Prior To Laparoscopic Cholecystectomy
Surgery	Dr. Anis Ahmed	Dr. Muhammad Salman	A Comparative Analysis of Post-Operative Parameters in Laparoscopic Versus Open Appendectomy
	Prof. Dr. Naveed Akhtar Malik	Dr. Muhammad Zeeshan Azam	Laparoscopic Subtotal Cholecystectomy Versus Open Conversion as A Bailout Strategy, In Terms of Postoperative Outcomes
	Prof. Dr. M Idrees Anwar	Dr. Ayesha Huma	Comparison of Baltazhar CT Severity Index and Bedside Index of Severity in Acute Pancreatitis Scoring in the Assessment of Severity and Mortality in Cases of Acute Pancreatitis
	Prof. Dr. Usman Qureshi	Dr. Johum Javed	Impact of Bactobilia On Perioperative Course of Patients Undergoing Cholecystectomy
		Dr. Sikandar Asghar	Comparison of Oral Doxycycline with Salicylic Acid Peel 30% For Treatment of Acne Vulgaris
Dermatology	Dr. Shawana Sharif	Dr. Shama Benazir	Comparison of Topical Tretinoin Versus Salicylic Acid Peel in Treatment of Post Inflammatory Hyperpigmentation

Orthopedic Surgery	Dr. Muhammad Zubair Javaid	Dr. Shahid Bashir	Diagnostic Accuracy of Magnetic Resonance Imaging (MRI) In the Diagnosis of Meniscal Tears Keeping Arthroscopy as Gold Standard
Pediatrics	Dr. Israr Liaquat	Dr. Saba Bashir	Efficacy and Outcome of Zinc as Adjunctive Treatment for Pneumonia in Children Under 5 Years of Age
Psychiatry	Prof. Dr Asad Tamizzudin Nizami	Dr. Aamir Suhail	Comparison of Cognitive Dysfunction in Moderately and Severely Depressed Patients
Urology	Prof. Dr. Zein	Dr. Muhammad Ashfaq Dr. Farooq Hashim	Effectiveness of Ureteroscopic Pneumatic Lithotripsy with And Without Stone Cone for Ureteric Stone Comparison of Holmium Laser Versus Cold Knife in
	El Amir	·	Optical Internal Urethrotomy For the Management of Urethral Stricture
Radiology	Dr. Nasir Khan	Dr. Muhammad Abubakar	Diagnostic Accuracy of MRI in Detecting Grade-III Meniscal Tears Keeping Arthroscopy as Gold Standard
	Dr. Hina hanif	Dr Saqib Naveed	Prospective Validation of Ultrasound-based TI-RADS System in Detection of Carcinoma in Thyroid Nodule by Keeping Histopathology as Gold Standard Investigation
Anesthesia	Professor Dr Jawad Zahir	Dr. Mehwish Arshad	Comparison of Dexmedetomidine versus Midazolam Intravenous Infusion for Intraoperative Sedation during Spinal Anesthesia
		Dr. Abida Qadir	To Compare Dexmedetomidine Versus Tramadol as an Adjuvant to Caudal Block with 0.5% Bupivacaine in Paediatric Daycare Surgery
		Dr. Naseer Ahmad	Comparison of Intravenous Dexamethasone along with Caudal Block versus Caudal Block Alone for Postoperative Analgesia in Pediatric Lower Abdominal Surgeries
General Surgery	Prof. Dr. Naeem Zia	Dr. Ayesha Mureed	Comparison Between Pre-Operative Oral Carbohydrate Loading and Conventional Fasting in Colorectal Surgery, A Randomized Controlled Trial
		Dr. Sadia Tasneem	Distribution of breast cancer molecular subtypes and their association with biological behavior
		Dr. Muhammad Suleman Mushtaq	Outcomes of conservative management of blunt liver trauma in patients presenting in the emergency department of Benazir Bhutto Hospital Rawalpindi
	Prof Dr. Jahangir Sarwar khan	Dr. Anam Saeed	Comparison of Early versus Delayed Cholecystectomy in patients of Mild Gallstone Pancreatitis

	Prof. Dr. Muhammad Hanif	Dr. Muhammad Umar Javed	Comparison of outcomes and complications between Single-Stage Laparoscopic and Two-Stage Endo- Laparoscopic approach for management of concurrent gallbladder and bile duct stones
	Dr Anis Ahmed	Dr. Mujahid ur Rehman	Diagnostic accuracy of Tokyo guidelines 2018, in acute cholecystitis, taking histopathology as the gold standard
	Prof M Idrees Anwar	Dr. Adil Shafi War	Comparison Between Hemorrhoidectomy with Ligasure Versus Conventional Hemorrhoidectomy in Terms of Operative Time and Post-Operative Pain
Urology	Dr. Zein El Amir	Dr. Shoaib Rasul	Diagnostic Accuracy of Stone Score in Detecting Ureterolithiasis Taking CT KUB as Gold Standard
Gynae & Obs	Prof Dr. Lubna Ejaz Kahloon	Dr. Afreen Asad	Assessment of fetal maturity at various gestational ages using a modified Dubowitz scoring system
	Prof. Dr. Shazia Syed	Dr. Unsa Malik	Comparison of Ovulation Induction response in Obese/overweight vs Non-Obese women with Polycystic Ovary Syndrome
		Dr. Sumaira Mubasher	Frequency of Postpartum Hemorrhage in Spontaneous Versus prostaglandin-induced Induced Labor
	Dr. Maliha Sadaf	Dr. KiranMushtaq	Role of Vitamin D Supplements on the Size of Uterine Leiomyomas in Women with Vitamin D Deficiency
	Dr. Sobia Nawaz	Dr. Humaira Rahim	Comparison of Fetal Outcome in Gestational Diabetes Mellitus and Non-Gestational Diabetes Mellitus Patients Delivering Between 37 to 39 Weeks at a Tertiary Care Hospital
Gastroenterol ogy	Prof. Dr. Muhammad	Dr. Ahsan Nawaz	Effect of Fatty Liver on Severity of Acute Pancreatitis
	Umar	Dr. Aftab Raheem	Integration of ALBI Score into Barcelona Clinic Liver Cancer Staging System
General Medicine	Prof. Dr. Muhammad Khurram	Dr. Abdul Kabeer Baig	Comparison of Presenting Symptoms in Dengue Fever Patients with and without Capillary Leak Syndrome
	Dr. Muhammad Ali Khalid	Dr. Ali Hassan	Effect of Empagliflozin on Red cell Indices in Type II Diabetics
	Dr. Shahzad Manzor	Dr. Faisal Shiraz	Role of Immature Platelet Fraction in Predicting Platelets Recovery Time in Patients with Dengue Infection
		Dr. Muhammad Bilal Khalid	Frequency of Myocardial Injury in Patients with Covid19, Who Presented Within Four Weeks of Onset of Symptoms

Cardiology	Dr. Muhammad Asad	Dr. Mohsin Shahid	Comparative Efficacy of Two-Hour Regimen Of Streptokinase Versus 24-Hour Regimen In Suspected High Risk Pulmonary Embolism: Immediate Clinical And Hemodynamic Outcomes
ENT	Dr. Sadia Chaudhry	Dr. Sanam Saqib	Comparison of Mean Operating time and post- operative Pain in Harmonic Scalpel versus Electrocautery Tonsillectomy in Adult Patients
		Dr. Javed Ahmad	Comparison Of Mean Change In Treatment Score of Betahistine And Ginkgo Biloba Extract In Patients With Tinnitus

Section 12 RMU Research Pathways

FUTURE DIRECTIONS ENHANCEMENTS PLANNED:

- Incorporation of AI for predictive analytics.
- > Expansion of the database to include multi-center collaborations.
- Enhanced data security and cloud storage solutions

VISION:

Become a national leader in medical data management and innovation.

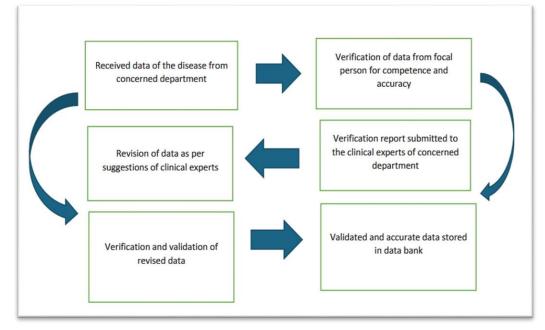


Fig 18 Data Collection and Validation Flowchart

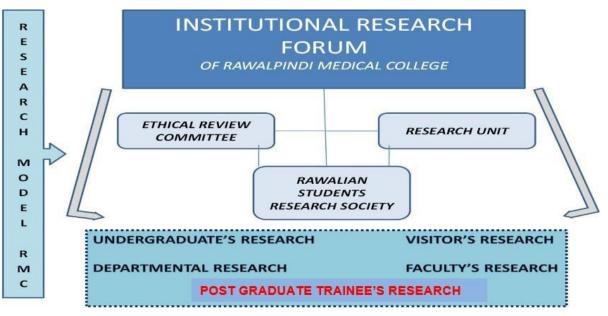


Fig. 19 RMU Research Model Organogram



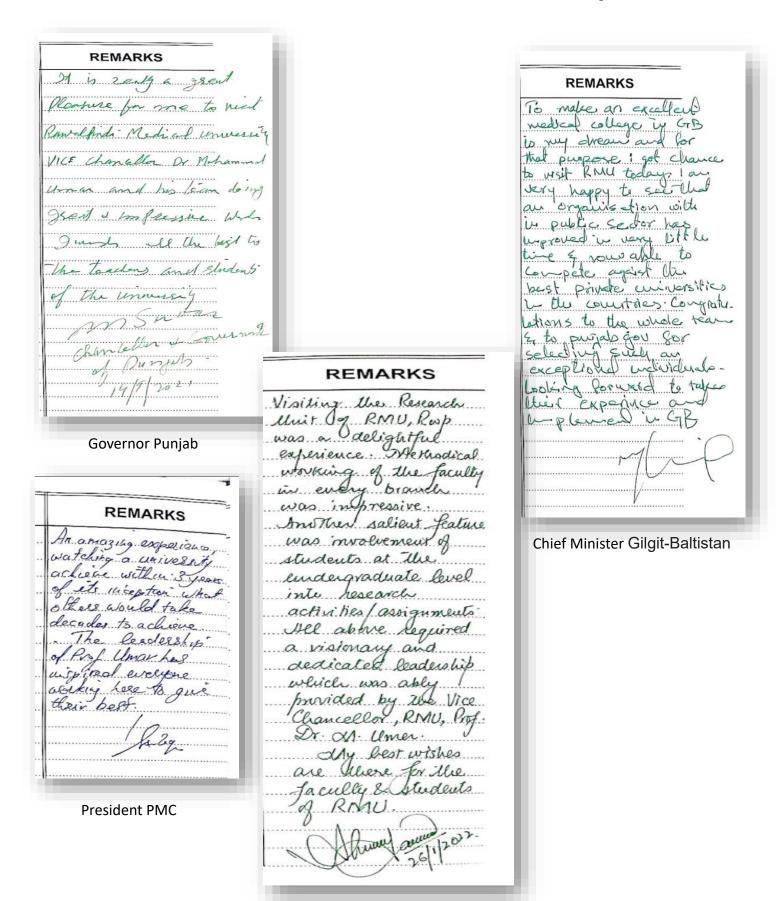
Fig. 20 Four Years University Residency Program Pathway



Fig. 21 Five Years University Residency Program Pathway

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Section 13 Appreciation Marks by Honorable Guest visiting Department of R&D



Secretary, Specialized Healthcare & Medical Department

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Gallery (visitors)

























Section 14 Deans Meeting

Weekly Dean's Meeting at Rawalpindi Medical University

The Dean's Meeting at Rawalpindi Medical University is held every Friday and serves as a vital platform for collaboration and academic progress. Attended by all Deans and faculty members, the meeting provides an opportunity for each department to share their weekly updates through brief PowerPoint presentations. These sessions foster interdepartmental coordination, promote transparency, and ensure continuous improvement in academic and administrative functions across the university

Gallery (Deans Meeting)









Department of Research & Development Rawalpindi Medical University