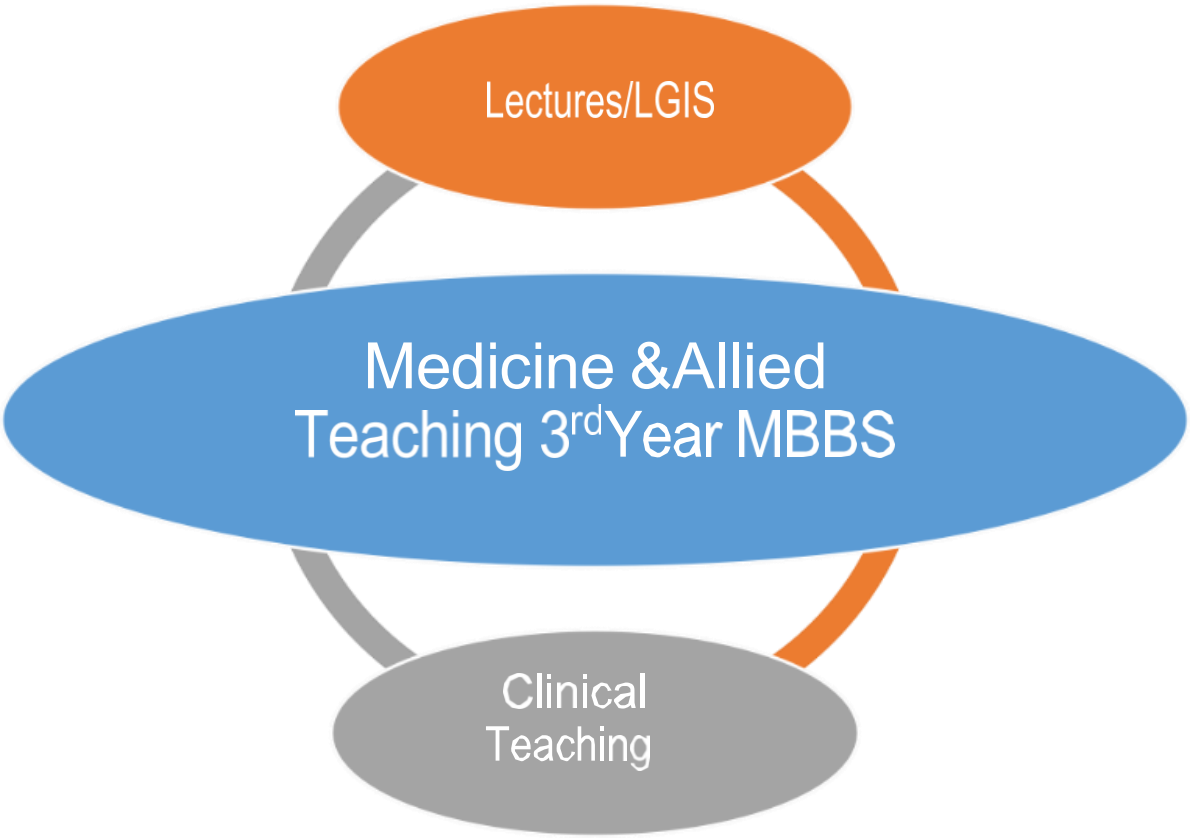
MEDICINE & ALLIED TEACHING

3rd YEAR MBBS

2025

Medicine and Allied specialties are taught in all five years of MBBS program of Rawalpindi Medical University, Rawalpindi. Third year Medicine and Allied Teaching is divided into Large Group Interactive Sessions (LGIS) and Clinical Clerkship/Rotation in Wards. This teaching is aligned with all components of main modules of 3rd Year. This document will provide an outline of the Third Year MBBS Medicine and Allied teaching program.

MEDICINE & ALLIED TEACHING 3rd YEAR MBBS



MEDICINE & ALLIED TEACHING HOURS 3RD YEAR MBBS

PMC HEC REQUIRED 210 hours

<table>
<tr><td></td><td colspan="2">Schedule Duration

Weekly</td><td>Hours</td></tr>
<tr><td>Interactive LGIS</td><td colspan="2">1 hour, 2/week= 2/week</td><td>40 hours</td></tr>
<tr><td rowspan="2">Clinical Clerkship in Wards</td><td colspan="2">8-1030 am, 4 days a week= 10 hour/week

Medicine (10 week), Emergency Medicine (2 week), Skill Lab (2 week), Infectious Diseases (1 week), Radiology (2 week), Gastroenterology (2 weeks)</td><td rowspan="2">190</td></tr>
<tr><td>Current weeks

18</td><td>Suggested weeks

19</td></tr>
<tr><td>Evenings in Ward and Emergency</td><td colspan="2">3 hours, twice a week= 6</td><td>114 hours</td></tr>
<tr><td>Self-Directed Study</td><td colspan="2">1 hours, 4 times week= 4 hours/week</td><td>76 hours</td></tr>
<tr><td></td><td colspan="2"></td><td>420 hours</td></tr>
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LECTURES/LGIS DETAILS FOR THIRD YEAR MBBS 2025

Sr #	Date	Day	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MIT	Level of Cognition			Affective	MOA
								C1	c2	C3		
1)FOUNDATON MODULE												
1		FRIDAY	Dr. Shahzad Manzoor/ Dr. Faran Maqbool	FOUNDATION MODULE	1) Medicine in practice	Recognize importance of clinical medicine and context for theoretical learning so that one can see how learning about body system and social sciences are applied to care of patient. Recognize the importance of clinical decision making. Explain clinical reasoning and clinical skills. Understand problems with diagnostic errors. Explain the use and interpretation of diagnostic tests. Analysis of patient- physician relationship. Explain evidence-based medicine. Explain the expanding role of physician.			➹		**A3**	SEQS, MCQs, OSPE
2		SATURDAY	Dr. Saima/Dr. Madiha/ Dr. Seemab	FOUNDATION MODULE	2) Common Medical Issues 1	Describe Pathophysiology of pain			➹		**A3**	SEQS, MCQs, OSPE
						Describe evaluation of patient with pain	LGIS/PPT					
						Evaluate cause of chest discomfort and describe approach to a patient with fever.						

						Evaluate the cause of chest discomfort and describe an approach to a patient with fever. Differentiate between faintness, syncope, dizziness and vertigo. Describe approach to a patient with lymphadenopathy and splenomegaly . Describe approach to a Patient with hypertension.						
3		FRIDAY	Dr. Saima/Dr. Madiha/ Dr. Seemab	FOUNDATION MODULE	3) Common Medical Issues 2	Describe evaluation of patient with pain. Evaluate cause of chest discomfort and describe approach to a patient with fever. Evaluate the cause of chest discomfort and describe an approach to a patient with fever. Differentiate between faintness, syncope, dizziness and vertigo Describe approach to a patient Describe approach to a patient with lymphadenopathy and splenomegaly with hypertension.	LGIS/PPT		➶		**A3**	SEQS, MCQs, OSPE
4		SATURDAY	Dr. Faran Maqbool	FOUNDATION MODULE	4) Acute and Chronic Inflammation, medical related perspective	Recognize the mechanism of acute inflammation. Describe what acute phase responses are. Explain acute phase proteins. Explain mechanism of sepsis and septic shock. Differentiate between acute and chronic inflammation. Recognize the investigations involved in inflammation. Describe presenting modes of inflammation and problems related to it.	LGIS/PPT			➶	**A3**	SEQS, MCQs, OSPE

5		FRIDAY	Dr. Shahzad Manzoor/ Dr. Faran Maqbool	FOUNDATION MODULE	Medical ethics introduction	Recognize and evaluate different ethical problems including gap block, priority setting, moral dilemma and resolving conflict. Analysis different ethical problems and knows different approaches. Recognize the importance of informed consent before examining a patient or any procedure. Recognize the importance of counseling of patients and attendants in different clinical settings. Recognize respect for patient autonomy and acting in best interest of patient and maintaining confidentiality.	LGIS/PPT		➹	➹	**A3**	SEQS, MCQs, OSPE
6		SATURDAY	Dr. Shahzad Manzoor/Dr. Faran Maqbool	FOUNDATION MODULE	Symptomatology 1	Recognize common symptoms including dyspnea, chest pain, cough, palpitations, vomiting, fever, edema, dysuria and fatigue. Distinguish between acute, chronic and persistent symptoms. Knows important steps involved in history taking of common symptoms. Recognize important signs during clinical examinations. Recognize abnormal lab findings in common symptoms 1	LGIS/PPT/		➹		**A3**	SEQ,MCQ,OSPE

7		FRIDAY	Dr. Shahzad Manzoor/Dr. Faran Maqbool	FOUNDATION MODULE	Symptomatology 2	Recognize common symptoms including dyspnea, chest pain, cough, palpitations, vomiting, fever, edema, dysuria and fatigue. Distinguish between acute, chronic and persistent symptoms. Knows important steps involved in history taking of common symptoms. Recognize abnormal lab findings in common symptoms.	LGIS/PPT/		➹		**A3**	SEQS, MCQs, OSPE
8		SATURDAY	Dr. Saima/Dr. Madiha/ Dr. Seemab	FOUNDATION MODULE	Physiological response to infection	Recall infectious agents including prions, viruses, prokaryotes and eukaryotes. Recognize the meaning of normal flora. Describe host pathogen interactions. Explain pathogenesis of infectious diseases.	LGIS/PPT/		➹		**A3**	SEQS, MCQs, OSPE
2) GI MODULE												
8		FRIDAY	Dr. Tanveer/ Dr. Sadia Ahmed	GI Module	Introduction, symptoms and analysis of GI investigations	a) Define this condition and Discuss epidemiology and risk factors associated with tis condition) Discuss relevant qualifications in history of common presentations in Gastroenterology	LGIS/PPT/		➹		**A3**	SEQS, MCQs, OSPE
						Describe important investigations (e.g. endoscopy) in Gastroenterology and their indications and interpretation of results	Case Vignette					

9		FRIDAY	Dr. Tanveer/ Dr. Sadia Ahmed	GI Module	Approach to a patient with Dyspepsia	Define dyspepsia. Describe pathophysiology of gastric acid secretion. Describe and discuss different clinical presentations and treatment options for Dyspepsia	LGIS/PPT/		➹		**A3**	SEQS, MCQs, OSPE
10		SATURDAY	Dr. Tanveer/ Dr. Sadia Ahmed	GI Module	Approach to a patient with upper GI bleed	Should know the definition of hematemesis, melena and hematochezia.			➹		**A3**	SEQS, MCQs, OSPE
						Describe anatomical basis and Patho-physiological correlation of GI. bleed e.g. potential bleeding areas and mechanism of bleeding from the gut. Discuss common causes of GI bleeding.	LGIS/PPT/ Case Vignette					
11		FRIDAY	Dr. Tanveer/ Dr. Sadia Ahmed	GI Module	Approach to a patient with Ascites	Able to define Ascites. Explain pathophysiology of Ascites. Describe etiology Of Ascites. Classify different types of Ascites.	LGIS/PPT/		➹		**A3**	SEQS, MCQs, OSPE
12		SATURDAY	Dr. Tanveer/ Dr. Sadia Ahmed	GI Module	Approach to a patient with Jaundice	Should be able to discuss and describe Bilirubin metabolism and pathophysiology of Jaundice as increased bilirubin production, decreased bilirubin uptake, obstruction in	LGIS/PPT/		➹		**A3**	SEQS, MCQs, OSPE

						biliary tree. Relevant questions to elaborate and differentiate between different causes of jaundice for example Pre-hepatic, hepatic and post hepatic. Associated symptoms of jaundice that clarify cause like anemia, loss of appetite, fever, dark urine, clay stools and pruritus						
13		FRIDAY	Dr. Tanveer/ Dr. Sadia Ahmed	GI Module	Medical aspect of parasitology	Discuss common intestinal parasitic infections e.g. amebiasis, giardiasis, ascariasis, schistosomiasis. Describe and discuss clinical features of common parasitic infections Discuss relevant questions on history to differentiate between different parasitic infections. Overview of treatment					**A3**	SEQS, MCQs, OSPE
							LGIS/PPT/					

14		SATURDAY	Dr. Tanveer/ Dr. Sadia Ahmed	GI Module	Seminar on Hepatitis	Student should be able to define acute and chronic viral hepatitis and Different types of viruses causing Hepatitis and their natural course of disease. Describe Clinical features and complications of viral hepatitis. Describe Investigations to diagnosis different viral hepatitis and for complications.	LGIS/PPT/		➹		**A3**	SEQS, MCQs, OSPE
3)MICROBES AND ANTIMICROBIALS												
15		FRIDAY	Prof. M. khurram /Dr. Nida Anjum	MICROBES AND ANTIMICROBIALS	Introduction and basic symptom analysis and investigations	Discuss clinical examination of patients with infectious disease. Describe presenting problems in infectious disease in relation to different symptoms. Discuss microbial investigations of infectious diseases.	LGIS/PPT		➹		**A3**	SEQS, MCQs, OSPE
16		SATURDAY	Prof. M. khurram /Dr. Nida Anjum	MICROBES AND ANTIMICROBIALS	Fever of unknown origin	Define P.U.O Enumerate causes/etiology of P.U.O. Describe investigations and management plan of P.U.O.	LGIS/PPT		➹		**A3**	SEQS, MCQs, OSPE
17		FRIDAY	Prof. M. khurram /Dr. Nida Anjum	MICROBES AND ANTIMICROBIALS	Brucellosis	Recognize epidemiology of infection. Describe clinical findings of	LGIS/PPT Case Vignette		➹		**A3**	SEQS, MCQs, OSPE

						brucellosis. Describe investigations, differential diagnosis, complications and treatment of brucellosis						
18		SATURDAY	Prof. M. khurram /Dr. Nida Anjum	MICROBES AND ANTIMICROBIALS	Influenza	Recall epidemiology of influenza. Describe clinical findings. Describe abnormal lab investigations. Recognize complications of influenza. Describe management/treatment of infection	LGIS/PPT		➹		**A3**	SEQS, MCQs, OSPE
19		FRIDAY	Prof. M. khurram /Dr. Nida Anjum	MICROBES AND ANTIMICROBIALS	HIV and immunodeficiency	Describe natural history and classification of HIV. Describe clinical examination of patients with HIV infection. Discuss presenting problems in HIV infection.	LGIS/PPT/		➹		**A3**	SEQS, MCQs, OSPE
20		SATURDAY	Prof. M. khurram /Dr. Nida Anjum	MICROBES AND ANTIMICROBIALS	Polio	Recall epidemiology of infection. Describe clinical findings of infections. Describe investigations, differential diagnosis, complications and management plan for infection. Recognize preventive aspects of infection.			➹		**A3**	SEQS, MCQs, OSPE
21		FRIDAY	Prof. M. khurram	MICROBES AND	Seminar on Dengue	Describe pathophysiology of dengue infection.	LGIS/PPT		➹		**A3**	SEQS, MCQs, OSPE

			/Dr. Nida Anjum	ANTIMICROBIALS		Recognize signs and symptoms of dengue fever. Differentiate between DF, DHF, and DSS on the basis of symptoms, signs and lab parameters. Discuss investigations and management of dengue fever						
Seminar on Typhoid Fever												
4)HEMATOLOGY and IMMUNOLOGY MODULE												
22		SATURDAY	Dr. Arshad Rabbani/ Dr. Saliha	HEMATOLOGY and IMMUNOLOGY MODULE	Approach and workup of Anemia	Define Anemia Classify Anemia (microcytic, macrocytic, normocytic) Describe clinical presentation of different types of anemia. Discuss Investigation plan according to the type of anemia	LGIS/PPT Case Vignette		➹		**A3**	SEQS, MCQs, OSPE
23		FRIDAY	Dr. Arshad Rabbani / Dr. Saliha	HEMATOLOGY and IMMUNOLOGY MODULE	Management of Hypersensitivity Reaction	Explain pathogenesis of Hypersensitivity reaction. Classify Hypersensitivity reactions. Describe a general approach to the allergic patient in view of clinical assessment, investigation and management. Enlist cause of anaphylaxis, Describe approach to patient in view of clinical assessment, investigation and management. Recognize other common allergic conditions like	LGIS/PPT		➹		**A3**	SEQS, MCQs, OSPE

						angioedema, specific allergens and c1 inhibitor deficiency.						
24		SATURDAY	Dr. Arshad Rabbani / Dr. Saliha	HEMATOLOGY and IMMUNOLOGY MODULE	Lymphoproliferative Diseases	Differentiate between leukemias and lymphomas Recognize risk factors Classify leukemias Recognize types of lymphoma and staging. Describe investigation plan Discuss prognosis	LGIS/PPT				**A3**	SEQS, MCQs, OSPE
25		FRIDAY	Dr. Arshad Rabbani / Dr. Saliha	HEMATOLOGY and IMMUNOLOGY MODULE	Lymphoproliferative Diseases	Define and classify myeloproliferative disorders (polycythemia rubra vera, chronic myeloid leukemia, myelofibrosis, essential thrombocythemia) Differentiate between different myeloproliferative disorders. Discuss investigations and management of myeloproliferative disorders	LGIS/PPT		➹		**A3**	SEQS, MCQs, OSPE
26		SATURDAY	Dr. Arshad Rabbani / Dr. Saliha	HEMATOLOGY and IMMUNOLOGY MODULE	Myeloproliferative Diseases	Enumerate causes of bleeding disorders (thrombocytopenia, platelet function disorder, Von Willebrand disease, diseases affecting vessel wall)	LGIS/PPT		➹		**A3**	SEQS, MCQs, OSPE
27		FRIDAY	Dr. Arshad Rabbani / Dr. Saliha	HEMATOLOGY and IMMUNOLOGY MODULE	Bleeding disorders	Enumerate causes of bleeding disorders (thrombocytopenia, platelet function disorder, Von Willebrand disease, diseases affecting vessel wall) Differentiate between different bleeding disorders Discuss investigation Discuss management of	LGIS/PPT		➹		**A3**	SEQS, MCQs, OSPE

						different bleeding disorder						
28		SATURDAY	Dr. Arshad Rabbani / Dr. Saliha	HEMATOLOGY and IMMUNOLOGY MODULE	Signs , symptoms and management of Malaria	Recall parasitology of protozoa (plasmodium) and vector (anopheles' mosquito) Recall pathogenesis including life cycle of malarial parasite Discuss clinical features of malaria Discuss complications of malaria Describe investigations	LGIS/ PPT		➹		**A3**	SEQS, MCQs, OSPE
29		FRIDAY	Dr. Abrar Akbar/ Dr. Mariam Imtiaz	CVS AND RESPIRATION MODULE	Hypertension	Define hypertension. Enlist causes of hypertension Describe clinical manifestations of hypertension including target organ damage. Outline investigations and management of hypertension highlighting choice of antihypertensive drugs in different comorbidities.	LGIS/PPT/		➹		**A3**	SEQS, MCQs, OSPE
30		SATURDAY	Dr. Abrar Akbar/ Dr. Mariam Imtiaz	CVS AND RESPIRATION MODULE	Ischemic Heart Disease	Classify coronary heart diseases. Explain clinical manifestation of ischemic heart disease including stable angina, unstable angina, MI and heart failure. Describe investigation of IHD. Outline management of IHD			➹		**A3**	SEQS, MCQs, OSPE
31		FRIDAY	Dr. Abrar Akbar/ Dr. Mariam Imtiaz	CVS AND RESPIRATION MODULE	Rheumatic Fever	Explain pathogenesis of rheumatic fever. Describe clinical manifestations and JONES criteria for diagnosis of RF.	LGIS/ PPT/		➹		**A3**	SEQS, MCQs, OSPE

						Enlist investigations for RF. Describe management of acute attack and secondary prevention of RF.						
32		SATURDAY	Dr. Abrar Akbar/ Dr. Mariam Imtiaz	CVS AND RESPIRATION MODULE	Infective Endocarditis	Describe pathogenesis of IE. Explain clinical features of IE and Dukes' criteria. Enlist investigation of IE. Outline management of IE			✓		**A3**	SEQS, MCQs, OSPE
33		FRIDAY	Dr. Abrar Akbar/ Dr. Mariam Imtiaz	CVS AND RESPIRATION MODULE	Valvular Heart Disease	Describe rheumatic heart disease with pathogenesis. Describe clinical features of valvular heart disease including mitral stenosis, mitral regurgitation, aortic stenosis, aortic regurgitation, tricuspid stenosis, tricuspid regurgitation, pulmonary stenosis, and pulmonary regurgitation. Enlist investigation of above-mentioned valvular heart diseases. Describe management of valvular heart diseases.			✓		**A3**	SEQS, MCQs, OSPE
34		SATURDAY	Dr. Abrar Akbar/ Dr. Mariam Imtiaz	CVS AND RESPIRATION MODULE	Asthma and COPD	Describe pathophysiology of asthma. Describe clinical manifestations of asthma. Enlist predisposing factors of asthma. Describe diagnostic tests and management of asthma in step wise fashion. Define COPD. Describe pathophysiology of	LGIS/ PPT /		✓		**A3**	SEQS, MCQs, OSPE

						COPD. Enumerate risk factors for development of COPD. Outline investigations and management of COPD						
35		FRIDAY	Dr. Abrar Akbar/ Dr. Mariam Imtiaz	CVS AND RESPIRATION MODULE	Pleural effusion	Define pleural effusion. Classify and explain different types of pleural effusion. Enlist causes and clinical features of pleural effusion. Outline investigations and treatment of pleural effusion. Enlist indication of chest intubation in pleural effusion	LGIS/PPT		➹		**A3**	SEQS, MCQs, OSPE
36		SATURDAY	Dr. Abrar Akbar/ Dr. Mariam Imtiaz	CVS AND RESPIRATION MODULE	Seminar on TB	Recognize pathophysiology of Tuberculosis. Explain clinical features of Pulmonary and extra pulmonary Tuberculosis. Outline Investigations and management plan of Tuberculosis	LGIS/PPT		➹		**A3**	SEQS, MCQs, OSPE

MEDICINE CLINICAL ROTATION DETAILS

Clinical Module 1 (HISTORY AND GPE) (1.5 weeks)

Day	Specialty	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor			Attitude	MOT/MIT	MOA
			Cognition	Skill	Attitude	C 1	C 2	C 3	P1	P 2	A1	A2		
1st WEEK														
MON DAY	INTROD UCTION	General introduction to the field of medicine. Medical ethics	Students will be able to: a) Recognize the importance of clinical medicine and context for theoretical learning so that one can see how learning about body system and social sciences are applied to care of patients. b) Recognize and evaluate different ethical problems including gap block, priority setting, moral dilemma and resolving conflict. Analyze different ethical problems and know different approaches. c) Recognize the importance of informed consent before examining a patient or any procedure. Recognize the importance of counseling of patients and attendants in different clinical settings. d)Recognize respect for patient autonomy and acting in best interest of patient and maintaining confidentiality.	Students will be able to: Take detailed history	Students will be able to: Take Consent for History			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE, MINICEX, CBD

TUESDAY	HISTORY TAKING	History Taking, Importance of history, Contents of history, Presenting Complaint, History of Present illness	Student will be able to: Demonstrate art of history taking including all components of history, Presenting complaint, History of presenting illness in detail and in chronological order.	Student will be able to: Take detailed history	Student will be able to: Take Consent for History			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
WEDNESDAY	HISTORY TAKING	Systemic Inquiry, Past Medical History	Students will be able to: Demonstrate systemic inquiry in detail and past medical history	Students will be able to: Take detailed history	Students will be able to: Take Consent for History			✓		✓		✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX,CBD

THURSDAY	HISTORY TAKING	Family History, Occupational History, Personal History, Developmental + Obstetrics History. General physical examination. Pulse, BP, Temp. Resp Rate	Students will be able to: a) Describe different components of history like Family History, Occupational History, Personal History, Developmental+ Obstetrics History b) Recall causes of bradycardia, tachycardia, fever, hypothermia and tachypnea	Students will be able to: Take history and perform GPE and can pick findings and relate them with different diseases. .	Students will be able to: Take Consent for History and Clinical Examination			↗		↗		↗	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)	OSPE,MINICEX, CBD
MONDAY	HISTORY TAKING	EVEN ROLL NO TEST														MINICEX
TUESDAY	HISTORY TAKING	ODD ROLL NO TEST														MINICEX

CLINICAL MODULE 2 (RESPIRATORY SYSTEM)

WEDNESDAY	RESPIRATORY SYSTEM	Systemic Inquiry , Cough ,Sputum, Dyspnea , Cyanosis	Students will be able to: a) Recall causes of cough and how to differentiate between dry and productive cough. b) Know causes of dyspnea, grading of dyspnea and how to differentiate between dyspnea, orthopnea and PND. c) Recall causes of cyanosis and difference between central and peripheral cyanosis	Students will be able to: Take detailed history of cough, sputum, dyspnea and cyanosis and able to make differential diagnosis related to above symptoms.	Students will be able to: Take Consent for History and Clinical Examination.			✓		✓		✓	BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
THURSDAY	RESPIRATORY SYSTEM	Hemoptysis, wheezing, pleuritic chest pain.	Students will be able to: Explain causes of hemoptysis, wheezing g and pleuritic chest pain.	Students will be able to: Take detailed history of hemoptysis, wheezing and chest pain and able to make differential diagnosis related to these symptoms.	Students will be able to: Take Consent for History and Clinical Examination			✓		✓		✓	BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)

MONDA Y	RESPIRAT ORY SYSTEM	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	Students will be able to: a) Recall causes and types of cyanosis. b) Tell causes of clubbing and its grading c) c)Describe pulsus paradoxus ,intercostal indrawing and tracheal tug and their causes. d) Describe different methods to palpate trachea and different causes of tracheal deviation.	Students will be able to: a) Take history and perform GPE relevant to respiratory system and able to pick these signs on examination. b) perform palpation of trachea	Students will be able to: Take Consent for History and Clinical Examination			➹		➹		➹	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
TUESDAY	RESPIRAT ORY SYSTEM	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Students will be able to: a) know types of respiration b) , chest deformities, different scar marks and their significance, different types of apex beat, causes of displaced apex beat, causes of decreased chest movements, importance of accessary muscles use in respiration b) able to describe abnormal percussion notes and their causes c) Recall types of normal and other	Students will be able to: Take history and perform Respiratory system examination including inspection, palpation, percussion and auscultation of front of chest & relevant clinical examination according to cause .	Students will be able to: Take Consent for History and Clinical Examination .			➹		➹		➹	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)

			breathing patterns and causes of increased and decreased vocal resonance and corelate the findings with cause.										
WEDNESDAY	RESPIRATORY SYSTEM	Inspection of the back of chest. Chest movements Percussion of back of chest	Students will be able to: a) know types of respiration, chest deformities, different scar marks and their significance, causes of decreased chest movements , importance of accessary muscles use in respiration b).Describe abnormal percussion and their causes.	Take history and perform Respiratory system examination including inspection, palpation, percussion and auscultation of back of chest & relevant clinical examination according to cause	Students will be able to: Take Consent for History and Clinical Examination. .			➶		➶		➶	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)

THURSDAY	RESPIRATORY SYSTEM	Auscultation of back OF chest	c) Recall types of normal and other breathing patterns and causes of increased and decreased vocal resonance and corelate the findings with cause.	.	Students will be able to: Take Consent for History and Clinical Examination. .			↙		↙		↙	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
MONDAY	RESPIRATORY SYSTEM	EVEN ROLL NO TEST											MINICEX

TUESDAY	RESPIRATORY SYSTEM	ODD ROLL NO TEST													MINICEX
						CLINICAL MODULE 3 (GIT)									
WEDNES DAY	GIT	Systemic Inquiry Vomiting, jaundice, pain in abdomen, acute and chronic diarrhea	Students will be able to: a) Recall different causes of vomiting b) Explain causes and types of jaundice c) tell different causes of generalized and localized abdominal pain d) Recall different causes of acute and chronic diarrhea and differentiate between two on the		Students will be able to: can take detailed history of vomiting, jaundice, abdominal pain and diarrhea and able to make differential diagnosis related to these symptoms.		Students will be able to: Take Consent for History and Clinical Examination.							SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
			basis of history												

THURSDAY	GIT	GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leukonychia, Oedema Examination of Oral Cavity	Students will be able to: a) Recall different causes of jaundice, clubbing, b) koilonychia, pallor, leukonychia and edema. c) tell causes of oral ulcers, macroglossia, d) hypertrophy of gums	Students will be able to: a) Take history and perform GPE relevant to abdominal examination and able to pick these signs on examination. b)can perform examination of oral cavity	Students will be able to: Take Consent for History and Clinical Examination.			➹		➹		➹	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
MONDAY	GIT	Inspection of abdomen, Superficial Palpation of Abdomen	Students will be able to: a) Recall different causes of distended abdomen, significance of prominent veins and scar marks. Can differentiate different shapes of umbilicus and their position. b) tell causes of abdominal tenderness	Students will be able to: Take history and perform inspection and superficial palpation of abdomen and relevant clinical examination.	Students will be able to: Take Consent for History and Clinical Examination.			➹		➹		➹	AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)

TUESDAY	GIT	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Students will be able to: a) Recall different causes of hepatomegaly, splenomegaly, b) causes of palpable kidneys and other abdominal masses b) differentiate between kidney and spleen on examination	Students will be able to: Take history and perform abdominal examination to pick visceromegaly and other masses and relevant examination.	Students will be able to: Take Consent for History and Clinical Examination.			➹		➹		➹	AMBULATORY TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
WEDNESDAY	GIT	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Students will be able to: a) Recall causes of abnormal percussion notes of abdomen b) Recall causes positive fluid thrill and shifting dullness. C) Describe different causes of absent bowl sounds	Students will be able to: Take history and perform abdominal examination including percussion auscultation and relevant examination.	Students will be able to: Take Consent for History and Clinical Examination.			➹		➹		➹	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
THURSDAY	GIT	EVEN ROLL TEST											MINICEX
MONDAY	GIT	ODD ROLL NO TEST											MINICEX

CLINICAL MODULE 4 (CNS)

TUESDAY	CNS		Consciou s level, HMF, orientati on, speech, memory, intellect, sleep	Students will be able to: a) Recall higher mental functions and Glassgow coma scale. b) differentiate between long term and short term memory c) differentiate between narcolepsy and somnolence	Students will be able to: a) Take history and perform relevant clinical examination.	ı) Students will be able to: Take Consent for History and Clinical Examination										SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)

WEDNESDAY	CNS	Headaches ,Numbness, Paresthesia, weakness patterns	Students will be able to: Recall causes and types of headaches , causes of numbness and paresthesia Recall different pattern of weakness	Students will be able to: Take history and perform relevant clinical examination	Students will be able to: Take Consent for History and Clinical Examination			➹		➹		➹	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
THURSDAY	CNS	Cranial nerves. 1 to 6	Students will be able to: Recall anatomy and functions of cranial nerves, tell causes of lesion of cranial nerves 1 to 6	Students will be able to: Take History and perform examination of cranial nerves from 1 to 6 and able to pick abnormal findings.	Students will be able to: Take Consent for History and Clinical Examination			➹		➹		➹	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)

MONDAY	CNS	Cranial nerves. 7 to 12	Students will be able to: Recall anatomy and functions of cranial nerves, can tell causes of lesion of cranial nerves 7 to 12	Students will be able to: Take History and do examination of cranial nerves from 7 to 12 and can pick abnormal findings.	Students will be able to: Take Consent for History and Clinical Examination			➶		➶		➶	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
TUESDAY	CNS	Examination of motor system (bulk, tone, power/ Reflexes.	Students will be able to: Recall motor tracts, causes of hypo and hypertrophy of muscles, grading of power, causes of hypo and hypertonia. Can differentiate between hypo and hyper reflexia and clonus	Students will be able to: Take History and perform motor system examination and able to pick abnormal findings	Students will be able to: Take Consent for History and Clinical Examination .			➶		➶		➶	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)

WEDNESDAY	CNS	Examination of sensory system	Students will be able to: Recall different sensory tracts and tell causes of abnormal sensation of touch, pain, temperature, proprioception and vibration	Students will be able to: Take History and perform sensory system examination keeping in mind etiology	Students will be able to: Take Consent for History and Clinical Examination .			➹		➹		➹	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
THURSDAY	CNS	Examination of Cerebellar System/ Gait	Students will be able to: a) Recall normal functions of cerebellum and causes of abnormal cerebellar signs. b) tell different types of gaits and their cause	Students will be able to: Take History and can perform cerebellar examination keeping in mind etiology.	Students will be able to: Take Consent for History and Clinical Examination			➹		➹		➹	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)

MONDAY		CNS		EVEN ROLL NO TEST														MINICEX
TUESDAY		CNS		ODD ROLL NO TEST														MINICEX
CLINICAL MODULE 5(CVS)																		
WEDNES DAY		CVS Examin at ion		Students will be able to: Recall causes of precordial chest pain palpitation and etiology of valvular heart diseases Systemic Inquiry Pericardial Chest Pain, Palpitation, Patient with murmur.			Students will be able to: Take History and perform examination keeping in mind etiology and complications of disease		Students will be able to: Take Consent for History and Clinical Examination								SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK

THURSDAY	CVS Examination	GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter hemorrhage	Students will be able to: a) Recall causes of raised JVP, clubbing, b) osler's nodes, janeway's lesion and splinter hemorrhages. c) Differentiate between pitting and non pitting edema and their various causes	Students will be able to: Take History and perform GPE examination relevant to Cardiovascular system and can pick these signs.	Students will be able to: Take Consent for History and Clinical Examination			➹		➹		➹	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK
MONDAY	CARDIOLOGY	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Students will be able to: a) Recall causes of prominent veins on chest, can pick scar marks on precordium and know their significance. b) Recall causes of displaced apex beat, right parasternal heave and epigastric pulsations. c) Describe causes of palpable heart sounds and thrills	Students will be able to: Take History and perform inspection and palpation of precordium.	Students will be able to: Take Consent for History and Clinical Examination			☐		☐		☐	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)

TUESDAY	CARDIOLOGY	Examination of Pulse	Students will be able to: a) Recall causes of bradycardia, tachycardia, b) Radio radial and radio femoral delay. Recall causes of low, high volume pulse and irregular pulse. Differentiate between different characters of pulse.	Students will be able to: Take History and palpate all peripheral pulses and able compare them bilaterally.	Students will be able to: Take Consent for History and Clinical Examination			☐		☐		☐	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
WEDNESDAY	CVS Examination	JVP	Students will be able to: a) Recall different waves and descents of JVP and their significance. b) tell causes of raised JVP. C)Describe hepatojugular reflex and its significance d) Differentiate between arterial and venous pulsations in neck.	Students will be able to: Take History and examine JVP and able to measure it.	Students will be able to: Take Consent for History and Clinical Examination			☐		☐		☐	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK

THURSDAY	CVS Examination	1. Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	Students will be able to: a) Recall causes of loud and soft S1,S2, and causes of S3 and S4. b) Describe normal and abnormal splitting of S2. c)Differentiate between different systolic and diastolic murmurs and thrills and describe their causes.	Students will be able to: Take History and perform auscultation of precordium	Students will be able to: Take Consent for History and Clinical Examination			☐		☐		☐	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK
MONDAY	CVS Examination	EVEN ROLL NO TEST											MINICEX

TUESDAY	CVS Examination	ODD ROLL NO TEST											MINICEX
WEDNESDAY	**REVISION**												
THURSDAY	**ENDBLOCK EXAM**												

MEDICAL EMERGENCY EVENING CLINICAL PROGRAMME

Sr #	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)			Cognition	Psychomotor			Attitude	MOT/MIT			MOA
		Knowledge	Skill	Attitude	C1	C2	C 3	P1	P2	A1	A2		
DAY 1.	1. Introduction to ER services regarding triage system. 2. History taking and examination. 3. Monitoring of vitals	1. Should be able to describe the components of triaging system in ER and its importance in differentiating stable vs sick patients. 2. Should be able to describe the importance and components of vitals.	1. Should observe how the resident does triaging. 2. Students should be able to take a quick history and perform relevant clinical examination under guidance of resident 3. Student should be able to check the vitals including pulse, blood pressure, temperature, and respiratory rate with proper method.	Student will be able to Take Consent for History, Clinical Examination and Procedures		✓		✓			✓	SGD / BED SIDE SESSIONS	OSPE/MCQs

DAY 2	1. Introduction to medicolegal cases and maintenance of record. 2. Observation of IV cannulas and IM injections	1. Students should be able to describe the importance of record keeping and documentation. 2. Should be able to describe indications and complications of IV and IM injections.	1. Students will be able to observe and assist resident about record keeping and the importance of documentation. 2. Student should observe and assist resident in IV and IM canulation.	Students will be able to 1. Take consent for history and examination 2. Take consent for IM and IV injections and explain procedure to the patient.		✓		✓			✓	SGD / BED SIDE SESSIONS	OSPE/MCQs

DAY 3	1. Should be able to describe the indications of types of IV drips and rate of setting. 2. Should be able to describe different types of drugs being used as	Students will be able to: 1. Observe resident regarding setting of IV drips 2. Observe how to set up a nebulizer	Students will be able to: 1. Counsel the patient regarding use of IV drips in a particular setting and its benefits and side effects.		✓		✓			✓	SGD / BED SIDE SESSIONS	OSPE/ MCQ
	nebulizer medications and their indications		2. Counsel the patient for nebulization.									

DAY 4	1. Should be able to describe the indications and contraindications of Foley Catheter, types, uses. 2. Should be able to describe the indications and contraindications of Nasogastric tubes, types, uses.	Student will be able to; 1. Observe and assist resident in inserting a foley catheter. 2. Observe and assist resident in inserting a Nasogastric tube	Students will be able to: 1. Counsel the patient regarding foley catheter insertion and guide about its pros and cons. 2. Counsel the patient regarding NG tube insertion and guide about its pros and cons.		✓		✓			✓	SGD / BED SIDE SESSIONS	OSPE/ MCQ
DAY 5	APPROACH TO AN UNCONSCIOUS PATIENT	1. Should observe how the resident approaches an unconscious patient. 2. Students should be able to; take a quick history and perform relevant clinical examination under guidance of resident.	Students will be able to:		✓		✓			✓	SGD / BED SIDE SESSIONS	OSPE /MCQ

		3. Student should be able to check the vitals including pulse, blood pressure, temperature, GCS and do detail CNS exam	Counsel the patient regarding unconsciousness and its possible causes under guidance of HCW.									
DAY 6	APPROCAH TO APATIENT WITH DYSPNEA	Students will be able to: Should be able to take History of a patient with dyspnea under resident guidance and do quick relevant examination	Students will be able to: Counsel the patient regarding dyspnea and possible cause under guidance of resident		✓			✓		✓	SGD / BED SIDE SESSIONS	OSPE /MCQ

Day	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
		Knowledge	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
DAY 7	Approach to a patient with febrile illness	Should be able to describe causes of febrile illness and the importance of different steps of history taking and clinical examination in a febrile patient	Student will be able to Take History of a febrile patient and do clinical examination	Students will be able to: Counsel the patient regarding possible causes of fever and do relevant examination after informed consent.		➹			➹		➹	SGD / BED SIDE SESSIONS	OSPE/MCQ
DAY 8	Approach to a patient	Should be able to describe types of	Students will be able to:	Students will be able to:									

	with stroke	stroke and possible risk factors	Take History of a patient with stroke and do clinical examination	Counsel the patient regarding stroke and its possible types and causes under guidance of HCW.		➹			➹		➹	SGD / BED SIDE SESSIONS	OSPE/MCQ

Day	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
		Knowledge	Skill	Attitude	C 1	C 2	C 3	P1	P2	A1	A2		
DAY 9	Approach to a patient with chest pain	Should be able to describe causes of chest pain and different presentations of a patient with cardiac chest pain.	Student will be able to: Should be able to take History of a patient with chest pain under resident guidance and do quick relevant examination	Students will be able to: Counsel the patient regarding chest pain and possible cause under guidance of resident		➹			➹		➹	SGD / BED SIDE SESSIONS	MCQ/SEQ

DAY 10	Approach to a patient with Upper GI bleed	1. Should be able to describe causes of upper GI bleed 2. Should be able to identify whether patient is in hypovolemic shock or not.	Student will be able to: 1. Take History of a patient with upper GI bleed and do clinical examination under HCW guidance. 2. Should take vitals esp. pulse, blood pressure, should look for postural drop and urine output as a marker of hypovolemic shock.	Students will be able to: Counsel the patient regarding cause of upper GI bleed under guidance of resident		➹			➹		➹	SGD / BED SIDE SESSIONS	MCQ/SEQ

Clinical Rotation Gastroenterology

Timetable:

WEEK 1

	Academic activity				
	08:30 – 09:30 am	**09:30 – 10: 00 am**	**10:00- 10:30 am**	**Teacher/ Facilitator**	**Evening duty 2:0 – 5:0 pm**
Monday	Student Gathering and Orientation to Gastroenterology components in 3rd year, MBBS, including medical ethics	Introduction to different GI symptomatology (jaundice, Malena, hematemesis, hematochezia, diarrhea, abdominal pain, dysphagia, odynophagia, abdominal distension, nausea, vomiting)	Clinical methods (Hands on training)	HOD	Batch A: ER Batch B: Ward
Tuesday	Art of History Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness. Systemic Inquiry, Past Medical History, Family History, Occupational History, Personal History, Travel History, Blood transfusion history Developmental+ Obstetrics History.	Small Group Interactive session (GI symptomatology)	Clinical methods (Hands on training) General physical examination (focus on Gastrointestinal & Hepatology)	AP/Senior Registrar	Batch A: Ward Batch B: ER

Wednesday	Abdominal examination: Inspection Palpation, including superficial, deep for visceromegaly, abdominal masses.	Small Group Interactive session (History taking components, include ng systemic inquiry)	Clinical methods (Hands on training) Abdominal examination, including inspection, palpation	AP/Senior Registrar	Batch C: ER Batch D: Ward
Thursday	Abdominal examination: Inspection Palpation, including superficial, deep for visceromegaly, abdominal masses, Percussion including shifting dullness, fluid thrill and visceral/ mass, and Auscultation of bowel sound, visceral bruit	Small Group Interactive session (GPE)	Clinical methods (Hands on training) Abdominal examination, including inspection, palpation, Percussion and Auscultation.	AP/Senior Registrar	Batch C: Ward Batch D: ER
Friday & Saturday	No Ward Rotation				
*All students will be regularly evaluated by attendance and participation.					

WEEK 2

	Academic activity				
Day	**08:30 – 09:30 am**	**09:30 – 10:00 am**	**10:10;30 am**	**Teacher / Facilitator**	**Evening duty 2:0 – 5:0 pm**
Monday	Reinforcement of GI history taking and examinations including (hematemesis, melena, jaundice, dysphagia, diarrhea, abdominal pain, GPE (palmar erythema, koilonychia, leukonychia, clubbing , Dupuytren contracture, LN, jaundice, eye brow/ lashes, oral cavity, edema, gynecomastia, wasting, proximal myopathy), inspection, palpation,	Small Group Interactive session (CBD, regarding upper GI Bleed, VB / NVB)	Clinical methods (Hands on training), GPE Abdominal examination, including inspection, palpation, Percussion and Auscultation.	HOD	Batch A: ER Batch B: Ward

	percussion and auscultation.				
Tuesday	Approach to patient with Gastrointestinal bleed, including causes, clinical signs, investigations plan and initial management	Small Group Interactive session (CBD on acid peptic disease/ GERD)	Small Group Interactive session (CBD on acid peptic disease/ GERD)	AP/ Senior Registrar	Batch A: Ward Batch B: ER
Wednesday	Approach to patient with ascites, including causes, clinical signs, investigations plan and initial management	Small Group Interactive session (CBD on abdominal distension/ jaundice	Small Group Discussion / Activity (Patient Counseling)	AP/ Senior Registrar	Batch C: ER Batch D: Ward
Thursday	**WARD TEST --- End of Clinical Rotation**				Batch C: Ward
*All students will be regularly evaluated by attendance and participation.					

Department of Infectious Disease (Infectious Control & Patient Safety)

Hospital :_____ Duration:_____to _____

TIMETABLE:

WEEK 1

Academic activity			
Day	**08:00 – 09:00 am**	**09:00 – 09: 30 am**	**09:30- 10:00 am**
Monday	Introduction to Infectious Control: Basic Principles	Hand Hygiene & PPE Demonstration	Case Discussion: Common Hospital-Acquired Infections
Tuesday	Disinfection & Sterilization Techniques	Environmental Infection Control	Case-Based Learning: Outbreak Investigations
Wednesday	Antimicrobial Stewardship & Rational Antibiotic Use	Isolation Precautions & Transmission-Based Measures	Case Presentation: Multi-Drug Resistant Organisms (MDROs)
Thursday	Role of Healthcare Workers in Infection Prevention	Needle Stick Injuries & Post-Exposure Prophylaxis	Case Discussion: Tuberculosis & Airborne Precautions
Friday & Saturday	No Ward Rotation		
*All students will be regularly evaluated by attendance and participation.			

Department Of Radiology

Hospital :_____ Duration:_____ to _____

TIMETABLE:

WEEK 1

Academic activity			
Day	**08:00 – 09:00 am**	**09:00 – 09: 30 am**	**09:30- 10:00 am**
Monday	Student Gathering and Orientation to Radiology	Small Group Interactive session (Introduction to Radiology and Basic Principles)	SDL
Tuesday	Hands on training in X ray Reporting room	Small Group Interactive session (Approach to cardio-thoracic Imaging)	Case Based learning
Wednesday	Hands on training in X ray Reporting room	Small Group Interactive session (Introduction to Abdominal Imaging)	Small Group Discussion / SDL
Thursday	Hands on training in X ray Ultrasound room	Small Group Interactive session (Approach to the Musculoskeletal imaging & Trauma)	Case based learning
Friday & Saturday	No Ward Rotation		
*All students will be regularly evaluated by attendance and participation.			

CLINICAL ROTATION: SKILL LAB

Learning Outcomes:

To equip them with essential knowledge, skill and attitude In order to enable them to

Learning Outcomes
By the end of 02-week skill lab the students will be able to:
Perform airway assessment and manage airway
Administer drugs via different routes, mainly I.M, I.V and sub cutaneous
Conduct breast examination
Conduct prostate examination
Perform urinary catheterization in both genders
Apply basic principles of medical ethics

WEEK 2

Academic activity			
Day	**08:00 – 09:00 am**	**09:00 – 09: 30 am**	**09:30- 10:00 a**
Monday	Hands on Training in Ultrasound Room	Small Group Interactive session (Introduction to Gynae-Pelvic Imaging)	Small group di
Tuesday	Hands on training in Ultrasound Room	Small Group Interactive session (Introduction to Contrast imaging Techniques)	Case Based le
Wednesday	Hands on training in CT Scan Reporting Room	Small Group Interactive session (Introduction to Cross Sectional Imaging)	Small Group D
Thursday	**WARD TEST --- End of Clinical Rotation**		
*All students will be regularly evaluated by attendance and participation.			

LMS CURRICULUM

Introduction

Our medical university has introduced an innovative Learning Management System (LMS) curriculum for third MBBS students, aiming to integrate modern technology into traditional medical education. Spearheaded by our Vice Chancellor, this initiative focuses on providing a flexible, interactive, and engaging learning environment through continuous formative assessments and summative evaluations. The curriculum is built around vertical, horizontal, and spiral integration, ensuring that students not only grasp individual modules but also understand the connections between different medical disciplines. By conducting assessments in the evening, students are encouraged to engage with their coursework beyond university walls, promoting independent, self-directed learning.

At the core of this LMS initiative is the use of technology to create an accessible, interactive platform that supports students in managing their learning. The system allows students to track their progress, access course materials, and collaborate with peers, all while developing critical thinking and reflective learning skills. This technology-driven approach aims to foster both academic excellence and professional preparedness, equipping students with the knowledge and skills needed for success in medical practice and future exams like the USMLE. By blending modern teaching methods with traditional medical training, our LMS curriculum prepares students to become competent, well-rounded healthcare professionals.

Vision

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

Implementation

The implementation of the LMS curriculum involves a structured approach that combines formative and summative assessments throughout the academic year. Each of the third year MBBS student will engage in one formative assessment per clinical module, allowing for regular feedback and the opportunity to review and improve their understanding of core content. At the end of 5 clinical modules taught in 10 weeks, a summative clinical module LMS assessment will be conducted, providing a comprehensive evaluation of student progress and reinforcing the cumulative learning from previous modules. The integration of vertical, horizontal, and spiral concepts within the curriculum ensures that students develop a well-rounded understanding that links different disciplines and revisits key material at appropriate stages of their education. The use of technology in delivering these assessments allows for greater flexibility, accessibility, and scalability, ensuring that students have the support they need to succeed in a modern medical education environment.

Outcomes

The LMS system not only supports academic learning but also prepares students for professional exams, promotes flexibility, and cultivates key skills for their future medical careers.

USMLE-based Preparation: The LMS curriculum is aligned with the structure and content of the United States Medical Licensing Examination (USMLE), helping students develop the foundational knowledge and test-taking skills required for this important international benchmark in medical education.

Learning Beyond University Walls: Conducted during evening hours, the LMS provides students the flexibility to learn outside traditional classroom settings, enabling them to balance their academic responsibilities with personal commitments and access learning materials at their own convenience.

Harnessing Technology for Learning: By integrating advanced technology, the LMS creates an interactive, engaging learning environment where students can access resources, participate in assessments, and track their progress from anywhere, enhancing the learning experience and supporting a modern approach to medical education.

Promoting Self-Directed Learning: The LMS fosters a culture of independent learning, encouraging students to take ownership of their educational journey, explore topics in depth, and engage with diverse resources beyond the core curriculum.

Encouraging Reflective Learning: Through regular formative assessments and feedback, students are prompted to reflect on their performance, identify strengths and areas for improvement, and implement strategies for continuous self-improvement and mastery of medical content.

Integration Across Disciplines: Vertical, horizontal, and spiral integration ensures that students not only learn individual modules but understand how different concepts interconnect, promoting a more comprehensive and holistic understanding of medical knowledge.

Continuous Assessment and Progress Tracking: Regular formative assessments allow for ongoing evaluation, helping students identify gaps in their knowledge early, while summative block assessments provide a comprehensive review and ensure readiness for future academic and clinical challenges.

Collaboration and Peer Learning: The LMS encourages collaborative learning through group discussions, peer assessments, and shared resources, promoting a sense of community and collective learning among students.

Assessment Structure

- **Format:** 1) Assessments of clinical modules consist of 20 "best of 5" multiple-choice questions (MCQs) in each clinical module to encourage in-depth analysis and application of knowledge.
  2)Assessments of the lecture consists of 10 “best of 5 “ multiple choice questions (MCQs) on weekly basis
- **Focus:** MCQs will be clinically oriented, featuring scenarios, images, or videos related to symptoms, clinical signs,and diagnosis of diseases across Medicine and Allied disciplines.
- **Delivery:** Assessments are administered online through LMS platform.
- **Timing:** Assessments take place weekly on a designated day and time.
- **Student registration:** All third year MBBS students are registered on the LMS and have access to assessments.

Assessment Development and Review

- **Faculty Collaboration:** A team of faculty from Medicine and Allied specialties collaborate to develop and review clinically relevant MCQs that align with learning objectives.
- **Focus on Case-Based Scenarios:** MCQs emphasize practical application within real-world patient presentations.
- **Visual Integration: Images (clinical photos) and videos (physical examinations) are incorporated to enhance clinical context.**
- **Quality Assurance:** Assessments undergo rigorous review by multiple faculty members for accuracy, clarity, and alignment with learning objectives.

Feedback and Learning Support

- **Detailed Results:** Students will receive feedback on their performance, including individual question analysis and overall scores.
- **Learning Resources:** Faculty will provide targeted resources based on assessment results to support students in areas requiring improvement.
-

Continuous Improvement

- **Data Analysis** DME program will track assessment data to identify trends in student performance. This will guide ongoing curriculum refinement.
- **Student Feedback** Students will be encouraged to provide feedback on the assessment structure and content to continuously improve this learning initiative.

TABLE OF SPECIFICATION FOR LMS OF CLINICAL MODULES

SR. NO	DATE	CLINICAL MODULE	TYPE OF ASSESSMENT	TOOL OF ASSESSMENT	NO. OF MCQs	DOMAIN	LEARNING OUTCOMES
1	Date to be specified in Notification	History Taking and GPE	Formative	MCQ's/image /video ospe	20	C3	Interpretation of symptoms and signs to make a diagnosis
2	Date to be specified in Notification	Respiratory System	Formative	MCQ's/image/ video ospe	20	C3	Interpretation of symptoms and signs to make a diagnosis
3	Date to be specified in Notification	Gastroenterology	Formative	MCQ's/image/ video ospe	20	C3	Interpretation of symptoms and signs to make a diagnosis
4	Date to be specified in Notification	Central Nervous system	Formative	MCQ's/image/ video ospe	20	C3	Interpretation of symptoms and signs to make a diagnosis
5	Date to be specified in Notification	Cardiovascular system	Formative	MCQ's/image/ video ospe	20	C3	Interpretation of symptoms and signs to make a diagnosis

Note:

Topics are aligned with the third year MBBS Medicine and Allied Block curriculum.

This schedule is subject to change. Updates will be communicated to student

TABLE OF SPECIFICATION FOR MEDICINE MODULE (LECTURES)LMS

Sr.No	Frequency	Date & Time	Topic	Domain	Tools of Assessment	Learning O
1.	Weekly	Date and time to be notified	Introduction to internal medicine, Foundation to Medical Ethics	C3	10 Mcqs/Image/ video ospe	1)Recognize importa context for theoretic see how learning ab sciences are applied 2)Recognize and eva problems including g moral dilemma and
2.	Weekly	Date and time to be notified	Acute and Chronic Inflammation Physiological response to infection	C3	10 Mcqs/Image/ video ospe	1) Recognize the me inflammation. 2) Explain mechanis shock. 3) Explain pathogene
3.	Weekly	Date and time to be notified	Symptomatology 1 Symptomatology 2	C3	10 Mcqs/Image/ video ospe	1) Recognize commo chest pain, cough, palp dysuria and fatigue. 2) Knows important s of common symptoms 3) Recognize abnorm symptoms.
4.	Weekly	Date and time to be notified	Common medical issues 1 Coommon medical issues 2	C3	10 Mcqs/Image/ video ospe	1) Describe evaluatio 2) Evaluate cause of c approach to a patient 3) Differentiate betw and vertigo
5.	Weekly	Date and time to be notified	A Clinical Approach to Assess Gastrointestinal Symptoms Dyspepsia: from Symptom to Diagnosis	C3	10 Mcqs/Image/ video ospe	1)Interpret relevant q history of common pre 2)Evalute different clinical presentations a Dyspepsia
5.	Weekly	Date and time to be notified	Upper Gastrointestinal Bleeding Approach to the patient with Ascites	C3	10 Mcqs/Image/ video ospe	1)Should differentiate hematemesis, melena 2) Evaluate common 3)Describe etiology of 4)Classify different typ

6.	Weekly	Date and time to be notified	Approach to the patient with Jaundice Medical aspect of parasitology	C3	10 Mcqs/Image/ video ospe	1) Should be able to c metabolism and patho increased bilirubin pro uptake, obstruction in 2)Discuss relevant q differentiate betwee 3)Overview of treatm
7.	Weekly	Date and time to be notified	The Different Faces of Hepatitis: Types, Causes and Complications	C3	10 Mcqs/Image/ video ospe	1)Evaluate different ty and their natural cours 2)Interpret Clinical fe viral hepatitis 3). Interpret Investig viral hepatitis and fo
8.	Weekly	Date and time to be notified	Presenting Problems in Infectious Diseases Fever of unknown origin	C3	10 Mcqs/Image/ video ospe	1)Interpret clinical ex infectious disease. 2)Evaluate presenting in relation to differen 3)Recognize causes/e
9.	Weekly	Date and time to be notified	Brucellosis Influenza	C3	10 Mcqs/Image/ video ospe	1)Describe investigat complications and trea 2)Recall epidemiology 3)Interpret clinical fin investigations.
10.	Weekly	Date and time to be notified	HIV and immunodeficiency Poliomyelitis	C3	10 Mcqs	1) Describe clinical ex infection 2)Interpret investigat diagnosis, complicati plan for polio.
11.	Weekly	Date and time to be notified	A Comprehensive Review of Dengue Fever	C3	10 Mcqs/Image/ video ospe	1)Recognize signs and 2)Differentiate betwe basis of symptoms, si 3)Interpret investigati fever
12.	Weekly	Date and time to be notified	Approach and workup of Anemia Management of Hypersensitivity Reaction	C3	10 Mcqs/Image/ video ospe	1) Diffrentiate clinical anemia. Discuss Invest type of anemia 2) Recognize general a patient with anaphyla
13.	Weekly	Date and time to be notified	Lymphoproliferative Disordrs Myeloproliferative Diseases	C3	10 Mcqs/Image/ video ospe	1)Differentiate betwe lymphomas Recogniz leukemias 2)Recognize types of 3)Differentiate betwe myeloproliferative di 4)Discuss investigatio

						management of mye
14.	Weekly	Date and time to be notified	Bleeding disorders Signs, symptoms and management of malaria	C3	10 Mcqs/Image/ video ospe	1) Differentiate betwe 2)Discuss investigatio bleeding disorders
15.	Weekly	Date and time to be notified	Hypertension Ischemic heart disease	C3	10 Mcqs/Image/ video ospe	1) Enlist causes of hyp 2) Evaluate clinical m including target organ 3) Outline investigatio hypertension 4) Interpret clinical m disease including stabl and heart failure
16.	Weekly	Date and time to be notified	Rheumatic fever Infective endocarditis	C3	10 Mcqs/Image/ video ospe	1)Describe clinical ma criteria for diagnosis o 2)Explain clinical feat 3)Interpret investigatio IE
17.	Weekly	Date and time to be notified	Valvular heart disease Asthma and COPD	C3	10 Mcqs/Image/ video ospe	1) Differentiate betwe heart disease including regurgitation, aortic st tricuspid stenosis, tricu stenosis, and pulmona 2) Describe pathophys 3)Enumerate risk fact
18.	Weeky	Date and time to be notified	Pleural Efusion Seminar on TB	C3	10 Mcqs/Image/ video ospe	1)Define pleural effus different types of ple 2)Evaluate causes an effusion. 3)Interpret clinical fe extra pulmonary Tub 4). Outline Investigati management plan of

SELF DIRECTED LEARNING FOR CLINICAL CLERKSHIP

SELF DIRECTED LEARNING- MODULE-I History taking and GPE
WEEK 1-2

1	Introduction to Medical Ethics	1- A 45 years old male patient with terminal cancer refuses further chemotherapy despite his family insisting to continue treatment. 2- A hospital has one ICU bed available, and two critically ill patients need it. One is a 30- year- old with a treatable infection and other with multiple comorbidities. 3- A patient with advanced dementia has an advance directive refusing artificial ventilation .The family insists on ventilation when patient develop resp. failure.
2	Introduction to History taking skills	1- A 15 years old male patient, presented to Medical ER with history of fever for 10 days with left sided chest pain on deep inspiration. 2- A 29 years old female patient presented with loose motions for 2 days and vomiting. She also complains of diffuse abdominal pain. 3- A 30 tears old male presented with high grade fever with rigors and chills for 2 days.
3	Introduction to GPE	1- A 28-year female presented with history of excessive menstural bleeding for 1 year, she complains of palpitations and fatigue as well. On examination she is pale as well. 2- A 56 years old male with long standing history of smoking presented with dyspnea and cough for 2 years. On examination he has cyanosis and grade 2 clubbing.
How you will take history? Discuss the important components of history which have to be focused to make diagnosis. What is symptom-based DD?		

What are expected findings on clinical examination? Focus on GPE.
Corelate the history, and clinical examination and discuss the previously focused DD
Focus on etio-pathophysiological basis of disease, clinical features, and complications.
How this patient will be counselled?

SELF DIRECTED LEARNING- CLINICAL MODULE-II
RESPIRATORY SYSTEM
WEEK 3 and 4

1	Approach to acute dyspnea (bronchial asthma, pulmonary edema, pneumothorax)	1- A 26-year-old female complains of episodic shortness of breath and wheeze. 2- A 60-year-old male, known patient of IHD has arrived in emergency with shortness of breath. He also complains of orthopnea/PND and pedal swelling. 3- A 22 years old young male presented with sudden left sided chest pain with shortness of breath.
2	Approach to chronic dyspnea and chronic cough- COPD with complications	1- A 50-year-old long standing smoker complains of shortness of breath and cough productive of sputum for last 2years.
3	Approach to pleural effusion	1- A 34-year male complains of progressive shortness of breath and left sided pleuritic chest pain and fever
4	Approach to pneumonia (CAP) its complications including lung abscess and uncomplicated and complicated pleural effusion	1- A 30-year-old male complains of fever, cough, and right sided chest pain. 2- A young female was recently treated for pneumonia. Four weeks after discharge she complains of fever, weight loss, and right sided chest pain.
5	Approach to Pulmonary TB	A 45-year male has having fever for last 4 weeks. He also complains of cough, weight loss and Hemoptysis
How you will take history? Discuss the important components of history which have to be focused to make diagnosis. What is symptom-based DD?		
What are expected findings on clinical examination? Focus on GPE, Chest examination, disease severity and complications.		
Co-relate the history, and clinical examination and discuss the previously focused DD		
Focus on etio-pathophysiological basis of disease, clinical features, and complications.		
How patient is to be investigated?		
What is short- and long-term treatment plan. Focus on disease and its complications, side effects of Treatments		
How this patient will be counselled?		

SELF DIRECTED LEARNING- MODULE III, GIT
WEEK 5

1	Approach to upper GI bleeding	1- A 55-year-old male presented with two episodes of hematemesis and malena since morning.
2	Approach to dysphagia and dyspepsia	1- A 60-year-old male complains of increasing difficulty of swallowing. He has lost 5 kg weight in last 2 months. 2- A 35-year-old female presents with epigastric pain, bloating and feeling of acidity in lower chest.
3	Approach to ascites	1-45-year-old ant-HCV positive patient complains of confusion and abdominal distension.
4	Approach to acute and chronic liver disease.	1- A young female has arrived with jaundice, anorexia, and vomiting. 2- A young man is being evaluated for bizarre behavior and tremors. He is also jaundiced
How you will take history? Discuss the important components of history which have to be focused to make diagnosis. What is symptom-based DD?		
What are expected findings on clinical examination? Focus on GPE, abdominal examination, disease severity and complications.		
Corelate the history, and clinical examination and discuss the previously focused DD		
Focus on etiopathophysiological basis of disease, staging/grading, clinical features, and complications.		
How patient is to be investigated?		
What is short- and long-term treatment plan. Focus on disease and its complications, side effects of treatments		
How this patient will be counselled?		

SELF DIRECTED LEARNING- MODULE-IV CNS
WEEK 6,7 and 8

1	Approach to comatose patient	1- A 40-year-old female has been brought with fever and confusional status.
2	Approach to patient with stroke	1- A 30-year-old female known patient of valvular heart disease has arrived in emergency with right sided weakness A 45 year old hypertensive patient presented with sudden onset headache, vomiting and loss 2- of consciousness
3	Approach to patient with headache	1- A 45 year old hypertensive patient presented with sudden onset headache, vomiting and loss of consciousness 2-A 32 years old young female presented with chronic unilateral headache, with vomiting, photophobia and phonophobia
4	Approach to patient with epilepsy	A 15-year-old boy presented in emergency with history of generalized tonic clonic fits for last two hours.
5	Approach to patient with movement disorder	A 25 year old female presented with fever, arthritis and abnormal, involuntary movements of right upper limb
6	Approach to a patient with cranial nerve palsy	A 50 years old male chronic smoker presented with right sided ptosis, productive cough and weight loss
7	Approach to a patient with paresthesias	50 years old diabetic female presented with burning sensations of feet
How you will take history? Discuss the important components of history which have to be focused to make diagnosis. What is symptom-based DD?		
What are expected findings on clinical examination? Focus on GPE, CNS examination, disease severity and complications.		
Corelate the history, and clinical examination and discuss the previously focused DD		
Focus on etio-pathophysiological basis of disease, clinical features, and complications.		
How patient is to be investigated?		
What is short- and long-term treatment plan. Focus on disease and its complications, side effects of treatments.		
How this patient will be counselled?		

SELF DIRECTED LEARNING- MODULE-V CVS
WEEK 9 and 10

1	Approach to Hypertension	1- A 40-year-old female presented with headache,vomiting and fatigue.
2	Approach to Rheumatic heart disease	1- A 25 year old female presented with exertional dyspnea,and history of recurrent sore throat 2- A 40 years old male with persistant fever, fatigue and a new heart murmur.
3	Approach to patient with infective endo carditis	1- A 10 year old male presented with history of easy fatigability and recurrent respiratory infections with pansystolic murmur at the left lower sternal border, mild central cyanosis.
4	Approach to congestive heart failure	1- A 60 year old male presented with exertional dyspnea, fatigue,leg swelling has a loud systolic murmur radiating to axilla
5	Approach to chest pain	A 40 years old male presented with left sided chest pain, dyspnea and sweating in emergency
How you will take history? Discuss the important components of history which have to be focused to make diagnosis. What is symptom-based DD?		
What are expected findings on clinical examination? Focus on GPE, relevant examination, disease severity and complications.		
Corelate the history, and clinical examination and discuss the previously focused DD		
Focus on etiopathophysiological basis of disease, staging/grading, clinical features, and complications.		
How patient is to be investigated?		
What is short- and long-term treatment plan. Focus on disease and its complications, side effects of		
Treatments		
How the patients will be counselled?		

TIPS

- It is task-based learning, requiring your and rest of the members of batch involvement.
- Think of a real-world patient and focus on how to approach him/her with reference to history, clinical examination, investigations, complications, treatment, counselling etc.
- Study topic/scenario from text book, clinical examination book, and other resources.
- Gather pictures, sounds, videos pertaining to the clinical issue. You can make your own.
- Not only work the task given to you but coordinate with other Batch members to give power point presentations to the task based learning topic covered during SDL on previous day.

END BLOCK ASSESSMENT THIRD YEAR (MEDICINE)

It consists of two components:

- Written Examination
- Clinical Examination

Written Examination:

- It will consist of 25 MCQs,3 SAQs and 6 stations of audiovisual OSCE.
- Core concept of MCQs will be to assess knowledge of students regarding basic concepts of history taking and clinical examination.

Clinical Examination:

- There will be total 5 stations.
- One station for history taking .
- 4 stations for examination of all 4 major systems GIT, CVS,CNS and Respiratory system.

MARKS DISTRIBUTION

- End Block Exam: 120 Marks
- Internal Assessment: 30 Marks
- Total Marks: 150 Marks

End Block Exam Stations	Marks Distribution (150 marks)	Time Allocation 1 Hour 18 mins
MCQs	25 marks	20mins
SEQs	3*5 =15 marks	15mins
CLINICAL OSPE • History taking • Short case (CVS) • Short case (Respiratory) • Short case (GIT) • Short case (CNS)	5*10=50 marks 10 10 10 10 10	Total time=25 min 05 mins 05 mins 05 mins 05 mins 05 mins
Clinical Video/ Audio/Pictorial OSPE (06)	6(5) = 30 marks	18 mins
Workplace based Assessment	30 marks	

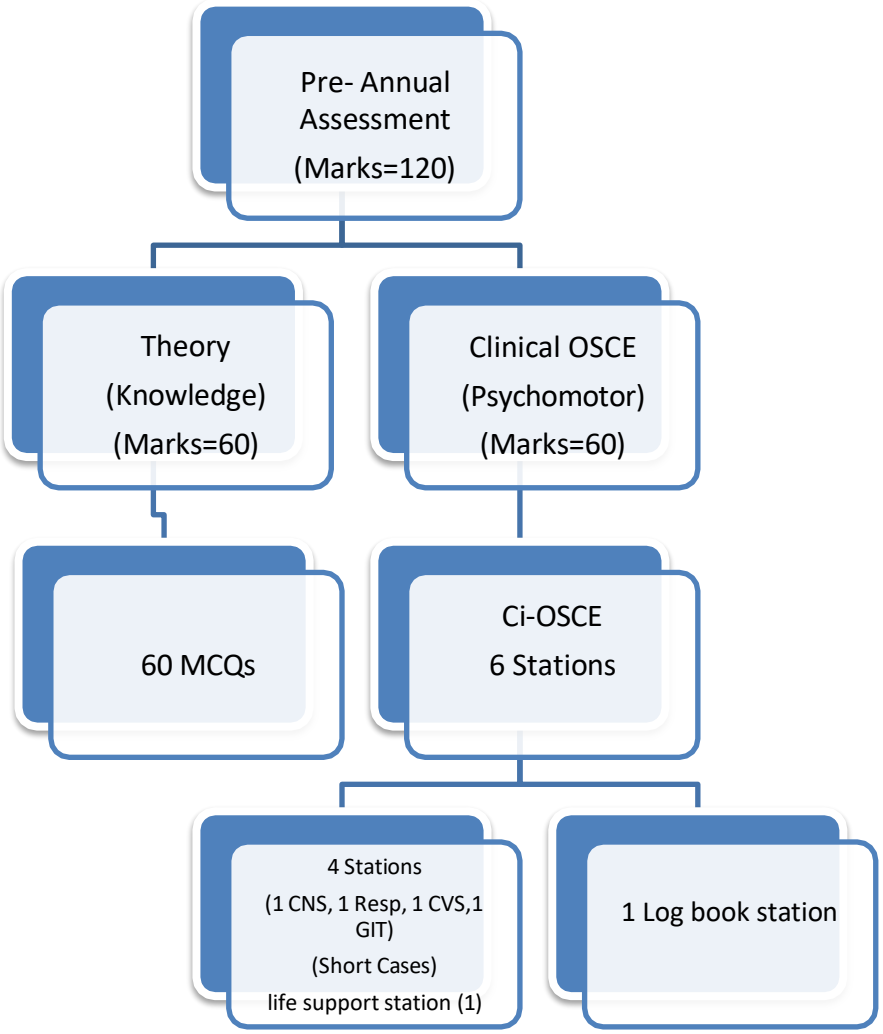
WORKPLACE BASED ASSESSMENT TOTAL MAKS 30				
Histories 10 marks	Attendance 10 marks		Mini Clinical Examination 10 marks	
If 05 histories witten:10 marks If less than 05 histories written: 0 marks	>75% 60-75% <60%	10marks 7 marks 0 marks	75 - 100% 50%-75% <50%	10 marks 7.5 marks 0 marks

Neutral/Unbiased Examination concept:

Training Unit	**Examination Unit**
MU-1,HFH	MU-2,HFH
MU-2,HFH	MU-1,BBH
MU-1,BBH	MU-2,BBH
MU-2,BBH	MU,DHQ
MU,DHQ	MU-1,HFH

PRE-ANNUAL ASSESSMENT (SEND UP) MEDICINE & ALLIED THIRD YEAR MBBS-2025

TABLE OF SPECIFICATIONS(TOS)



THEORY PAPER (Knowledge)

THEORY PAPER (Knowledge)	
Components	MCQS
Questions	60
Marks	60
Time	One hour

	Topic Distribution	MCQs- 60
1	Respiratory system	10
2	Central nervous system	10
3	Gastrointestinal system	10
4	Cardiovascular system	10
5	Hematology and Immunology	8
6	Infectious disease	6
7	Foundation module	6

TOS Distribution for MCQs of Theory Paper(knowledge)

Topic	Impact	Frequency	I*F	Weightage	No. of items	Basic knowledge	Diagnosis	Investigation	Treatment
Respiratory system	3	3	9	0.16	10	6	2	1	1
Central nervous system	3	3	9	0.16	10	6	2	1	1
Gastrointestinal system	3	3	9	0.16	10	6	2	1	1
Cardiovascular system	3	3	9	0.16	10	6	2	1	1
Hematology and immunology	2	2	4	0.13	8	4	2	1	1
Infectious disease	2	2	4	0.1	6	2	2	1	1
Foundation module	1	1	2	0.1	6	2	2	1	1
				1	60	32	14	7	7

Clinical OSCE

Short cases	Life Support Station	Log book station	Total
4 Stations 1 CNS 1 Respiratory 1 CVS 1 GIT	1 Station	1 station	6 Stations
10 marks each/40 marks	10 marks	10 marks	60 marks
6 minutes each (24 min total)	6 minutes	6 minutes	36 minutes

Recommended Resources

(Bold ones are essential)

1. **Kumar and Clark's Clinical Medicine, 10th Edition, 2020**
2. **Davidson's Principles and Practice of MEDICINE, 24th edition 2023**
3. **Videos on clinical skills available on NEJM website, free online.**
4. **MacLeod's Clinical Examination. Churchill Livingstone. 14th Edition2018**
5. **Clinical Examination by Nicholas Talley & Simon O'Connor. Elsevier. 9th Edition 2020**
6. MacLeod's Clinical Diagnosis by Alan G Japp & Colin Robertson Elsevier, 2nd Edition 2017
7. Medical Statistics Made Easy, Harris & Taylor. Churchill Livingstone, 2nd Edition,2008
8. RMU/HEC Digital Library
9. Uptodate available at RMU Library
10. ABC of Practical Procedures by Tim Nutbeam and Ron Daniels: Blackwell Publishing, BMJ Books, UK,2010
11. RAPID ACLS by Barbara Aehlert: Elsevier Revised 2nd Edition 2012
12. Kaplan USMLE Step-2 CK Lecture Notes
13. Current Medical Diagnosis & Treatment, 61st Edition, 2024
14. Cecil's Essentials of MEDICINE: By Andreoli and Carpenter, 10th edition 2021.
15. Clinical Medicine, A Clerking Companion: By Randall & Feather, OUP 2011.
15. Oxford American Handbook of Clinical Medicine, OUP, 10th edition 2017.
16. Davidson's 100 clinical cases. Churchill Livingstone. 2nd Edition, 2012.
17. Oxford Handbook of Clinical diagnosis. Oxford University Press. 10th Edition 2017.
18. Problem Based Medical Diagnosis (POMD) By John Friedman 7th Edition 2000.
19. The Patient History: An Evidence-Based Approach to Differential Diagnosis
20. Henderson, Tierney and Smetana. McGraw Hill Medical. 2nd Edition 2012.
21. Mechanisms of Clinical Signs by Dennis, Bowen and Cho. Churchill Livingstone. 2020, 3rd edition
22. The Rational Clinical Examination. JAMA Evidence.2009
23. Tutorials in Differential Diagnosis (Beck tutorials) by Beck and Souhami. 4th Edition 2004
24. How to read a paper, Trisha Greenhalgh. BMJ books, 6th Edition, 2019
25. USMLE and MRCP resources

CURRICULUM REVISION / AMENDMENTS 2025

1) Teaching hours increased to 420hours
2) Clinical clerkship divided into 5 clinical modules
3) Clinical clerkship duration increased from 18 to 19 weeks
4) Gastroenterology(2 weeks), infectious diseases (1 week) clinical rotations started started, psychaitry clinical rotation shifted from 3rd year to 4th year
5) Mcq's on LMS of lectures and clinical modules started
6) SDL in clinical clerkship added
7) CMS attendance of LGIS and clinical modules started
8) CIA increased from 30% to 40%
9) Assessment of medicine included in module and annual assessment
10) Logbook and workbook revised