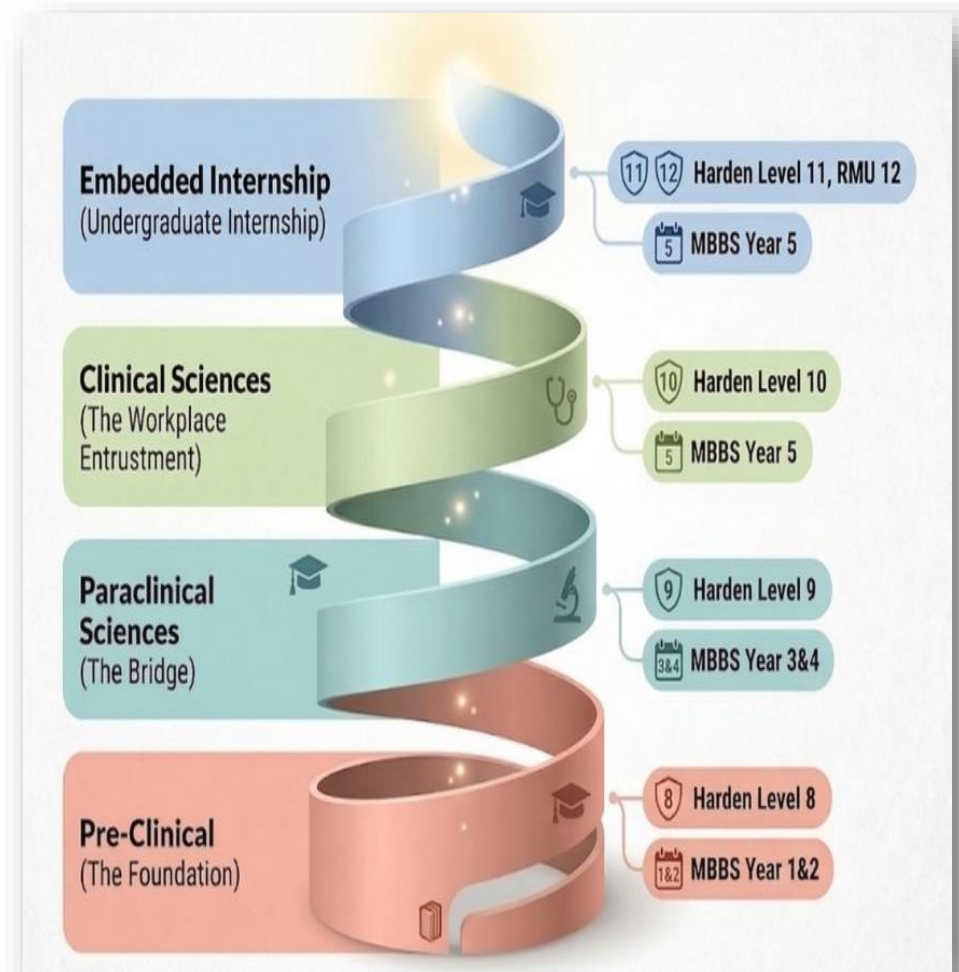


RMU – 12

Integrated Modular MBBS Curriculum 2026

Isolation to Beyond Boundaries





Third Year Medicine

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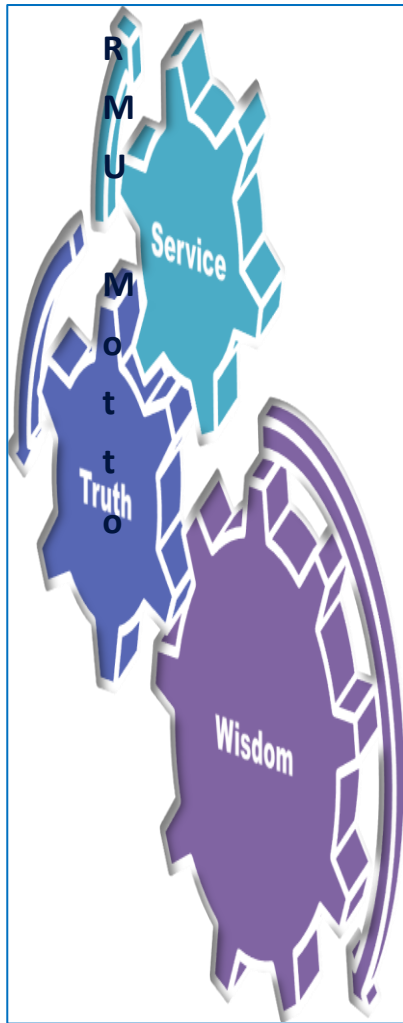
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Introduction to RMU-12 Integrated Modular MBBS Curriculum 2026 Isolation to Beyond Boundaries

Curriculum Mission and Vision



Mission Statement

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

Vision and Values

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

Goals of the Undergraduate Integrated Modular Curriculum

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

- Provide thorough grounding in the basic theoretical concepts underpinning the practice of medicine.
- Develop and polish the skills required for providing medical services at all levels of the health care delivery system.
- Help you attain and maintain the highest possible levels of ethical and professional conduct in your future life.
- Kindle a spirit of inquiry and acquisition of knowledge to help you attain personal and

professional growth & excellence.



Figure 1- RMU 12 Integrated Modular Curriculum 2026 Isolation to beyond boundaries Competency Framework

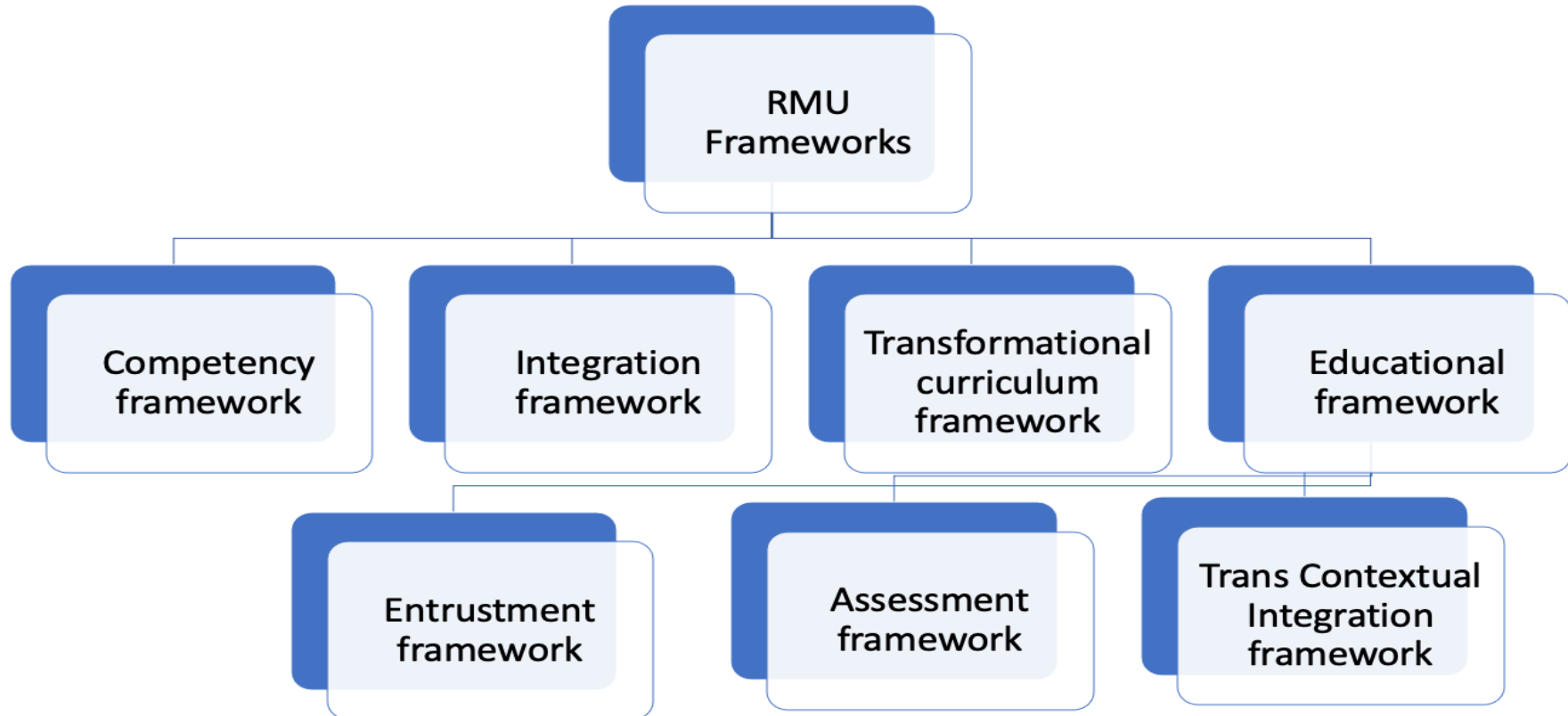


Figure 2 – Structured framework of RMU 12 Integrated Modular Curriculum 2026 Isolation to beyond boundaries

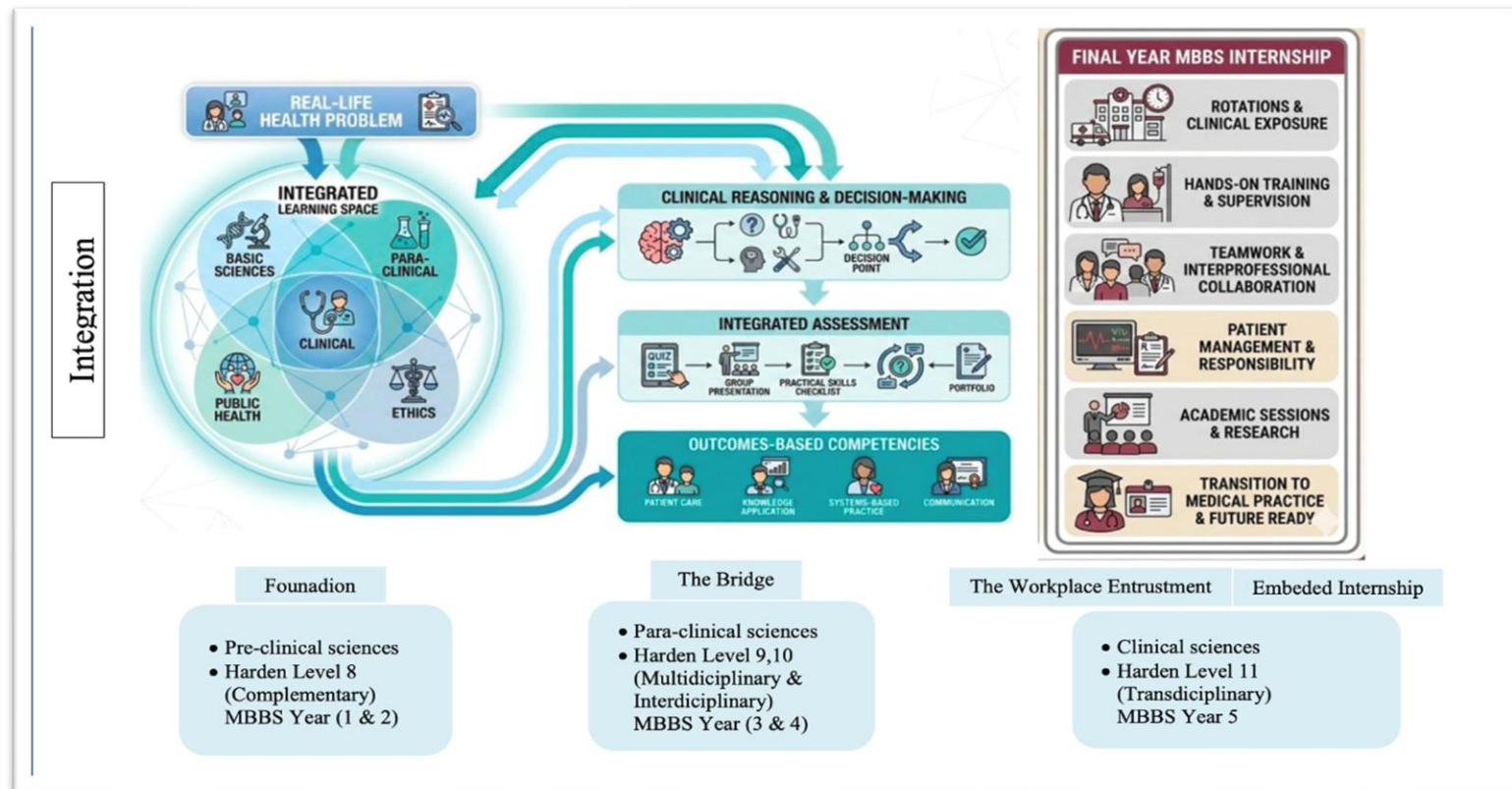
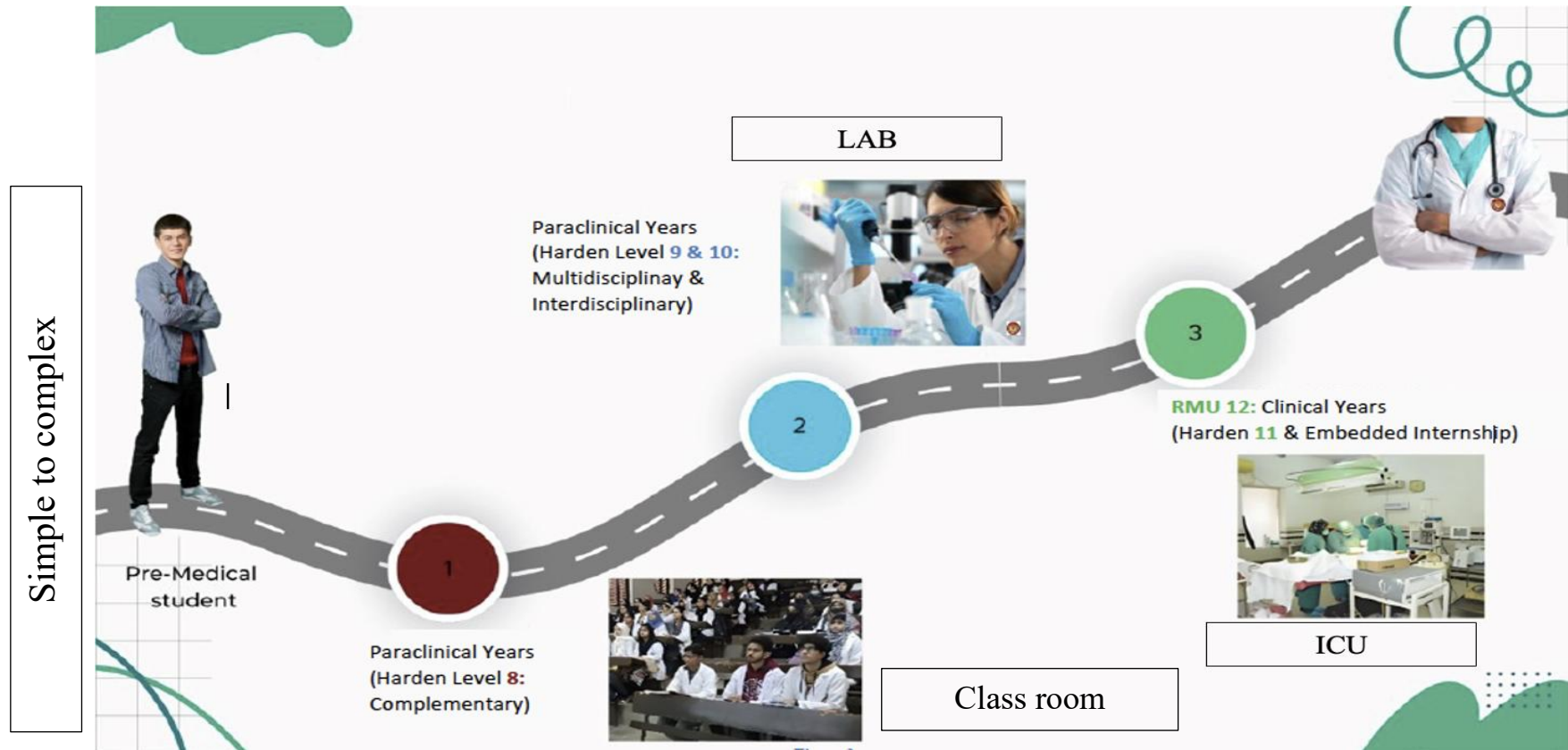
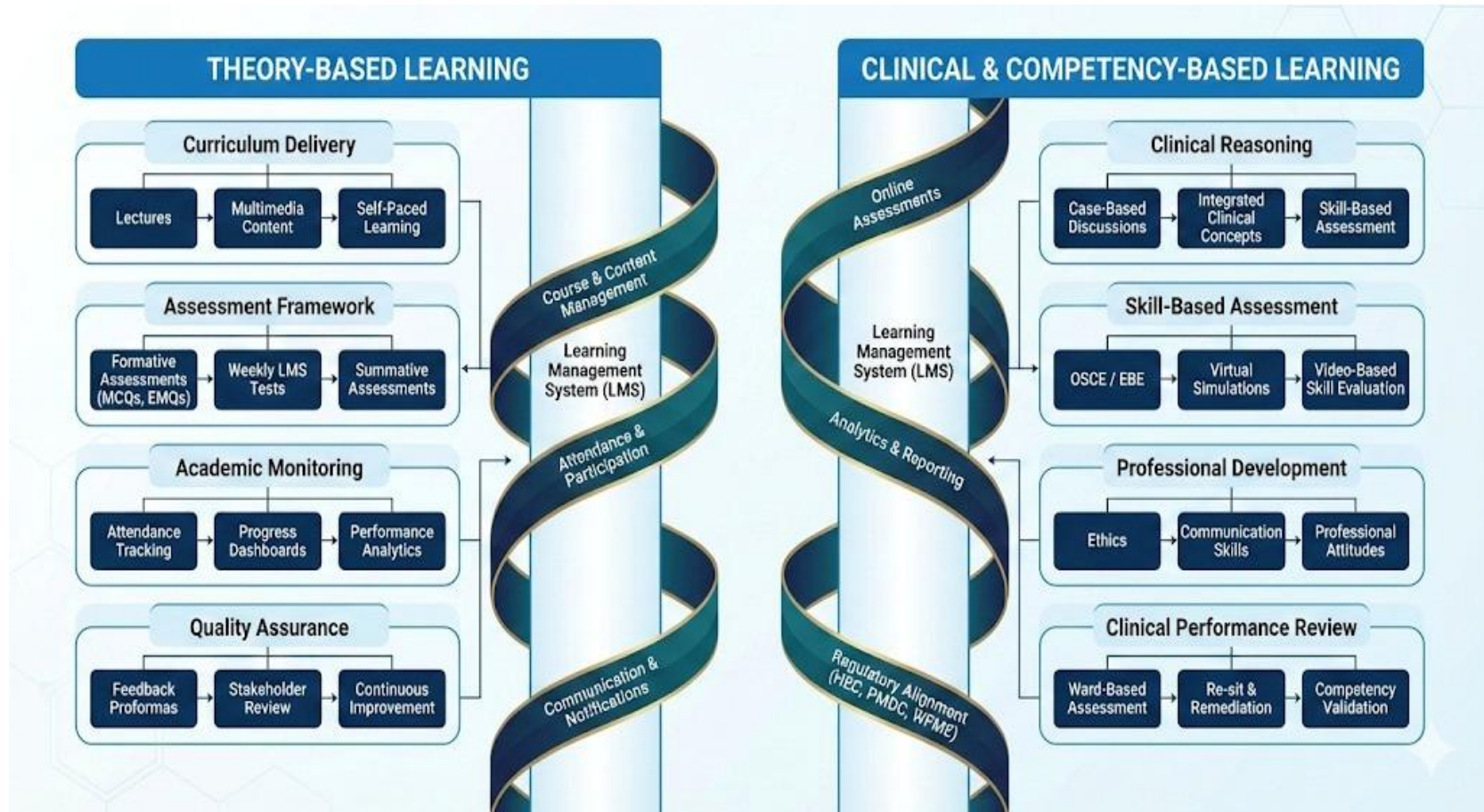


Figure 3 – Transformational Curriculum Framework of RMU 12 Integrated Modular Curriculum 2026 Isolation to Beyond Boundaries



**Figure 4 – Educational Framework of RMU 12 Integrated Modular Curriculum 2026
Isolation to Beyond Boundaries**



**Figure 5 – Entrustment Framework of RMU 12 Integrated Modular Curriculum 2026
Isolation to beyond boundaries**

Phase	Curricular Highlights
Pre House-job Internship	Undergraduate Internship The Pre House-Job Internship is a structured, supervised transition phase that consolidates clinical skills and professional readiness before the statutory house job. Learning is workplace-based and centred on clearly defined Entrustable Professional Activities aligned with international standards. Assessment relies on programmatic workplace-based tools and entrustment decisions to ensure safe, consistent performance and smoother transition into supervised clinical practice.
Clinical Sciences The Workplace Entrustment	Transdisciplinary Clinical education is embedded within real patient care and organised around EPAs and graded responsibility. Students learn as supervised members of clinical teams. Assessment is workplace-based and progression is guided by entrustment decisions supported by portfolios.
Paraclinical Sciences The Bridge	Multidisciplinary and Interdisciplinary Pre-clinical sciences are organised around clinical problems and system themes with interdisciplinary learning outcomes and team-based teaching. Instruction uses case-based learning, simulation and integrated laboratories to promote cross-disciplinary reasoning, while advanced units introduce task-based competencies and EPAs using a spiral design. Assessment emphasises integrated performance through OSCEs, workplace-linked tools and portfolios, with progression informed by aggregated evidence rather than single examinations.
Pre-Clinical The Foundation	Complementary Basic Medical Sciences are organized into system and theme-based modules with coordinated teaching across disciplines. Subject teaching is aligned through module-level outcomes and planned integrated sessions that reinforce related concepts. Assessments include items to test applied understanding, supported by interdisciplinary planning to ensure coherence.

**Figure 6 – Assessment framework of RMU 12 Integrated Modular Curriculum 2026
Isolation to beyond boundaries**

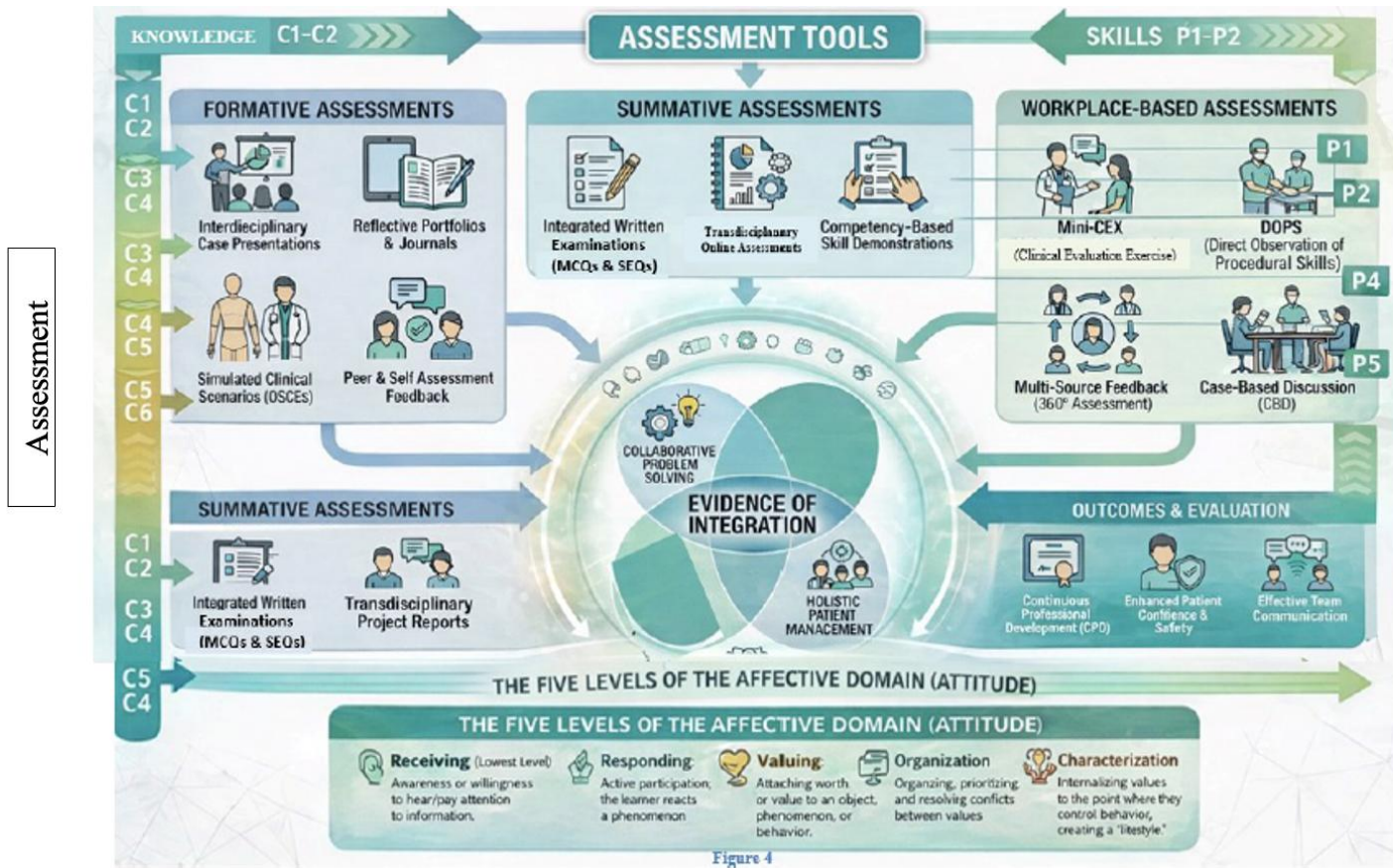
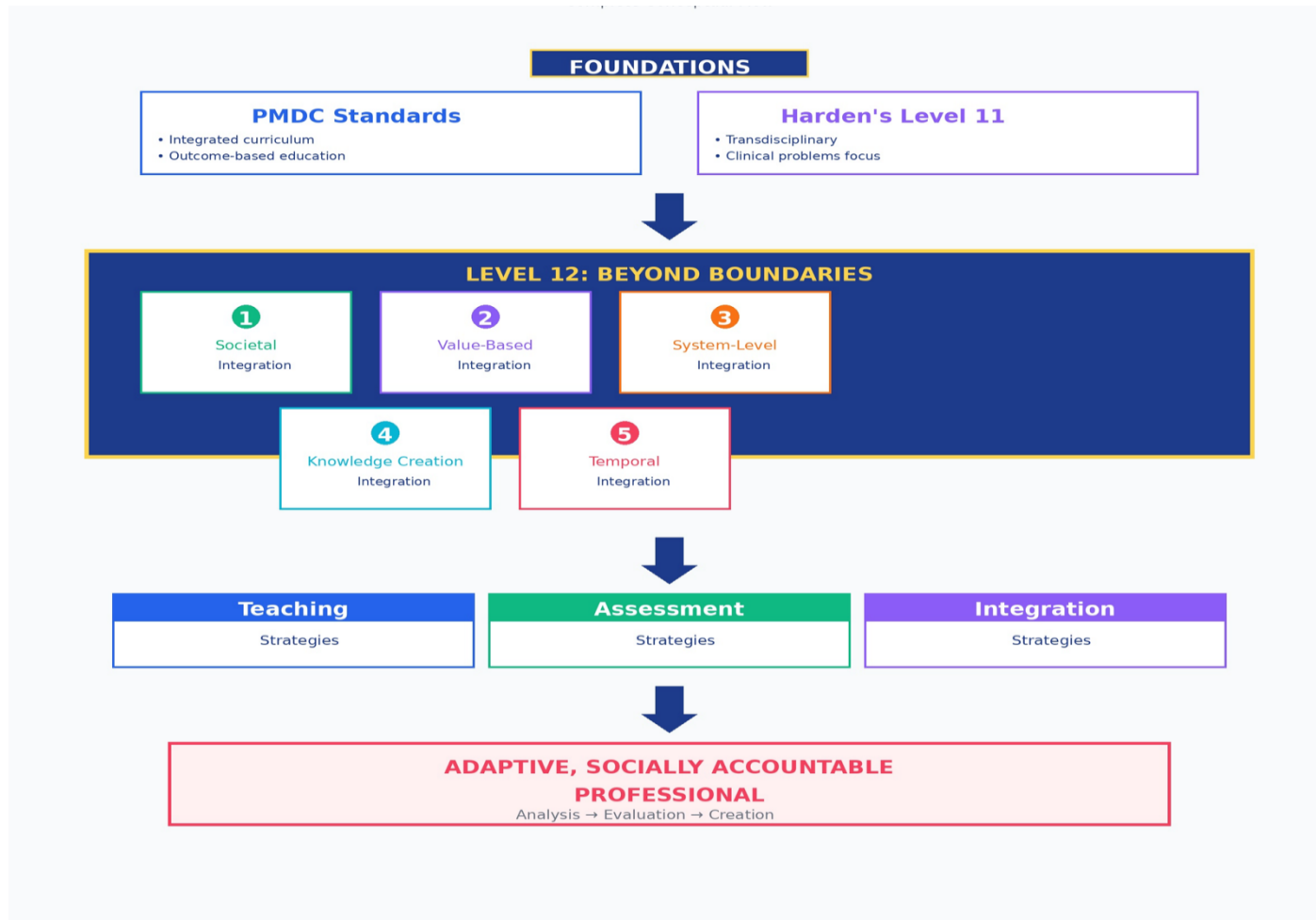


Figure 4

Figure 7 – Competency framework of RMU 12 Integrated Modular Curriculum 2026
Isolation to beyond boundaries



Rawalpindi Medical University has adopted a staged curricular framework that reflects a progressive movement along Harden's
RMU MBBS Undergraduate Curriculum 2026 : Section II : Introductions

integration ladder, culminating in going beyond the ladder to RMU Integration level 12. The curriculum is designed to ensure that knowledge acquired in the early years is not isolated or terminal, but is progressively contextualized, applied and transformed into professional competence. This progression is achieved by aligning curricular structure, teaching approaches and assessment strategies so that students move from conceptual understanding to integrated reasoning and finally to authentic clinical performance with graded responsibility.

Phase 1- The Foundation

In the early phase, basic sciences are organised using a complementary approach. The curriculum is structured into system- and theme-based modules rather than isolated subject courses, allowing Anatomy, Physiology, Biochemistry and related disciplines to retain their academic identity while contributing in a coordinated and mutually reinforcing manner. Learning outcomes are written at the module level and are intentionally framed to reflect conceptual understanding of systems rather than discipline-specific factual recall alone. Teaching is primarily discipline-led, but content delivery is carefully sequenced so that related concepts across subjects are taught in close temporal proximity. This sequencing is reinforced through planned integrated multidisciplinary activities such as problem-based learning, case-based learning and joint sessions that require students to draw connections across disciplines. Teaching methods extend beyond lectures to include small-group discussions with structured clinical problem triggers that encourage early application of knowledge. Assessment in this phase is knowledge-focused, but incorporates integrated items and short clinical vignettes to test applied understanding (C4 level) across disciplines. These integrated assessment elements are deliberately introduced to prepare students for more complex synthesis (C6 level) in later phases, while maintaining the reliability. Regular interdisciplinary planning meetings and module coordination ensure coherence, avoid unnecessary duplication and maintain alignment between teaching and assessment.

Phase 2- The Bridge

As students enter the pre-clinical phase, the curriculum transitions into a multidisciplinary and subsequently interdisciplinary design. At this stage, curricular organisation shifts more clearly towards clinical systems and patient presentations, and learning outcomes emphasise the integration of knowledge, skills and reasoning across disciplines. Rather than subjects contributing independently, departments collaborate in the design and delivery of modules, and students encounter learning experiences that require simultaneous application of concepts from multiple domains.

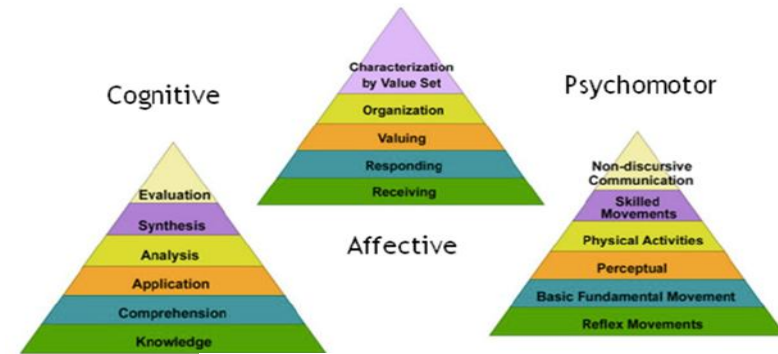


Figure 8 – Blooms Taxonomy

Teaching is increasingly delivered through team-based and co-facilitated sessions, With clinicians and basic scientists jointly guiding learning activities. Case-based learning, integrated practical sessions and simulation-based teaching become central modalities, allowing students to engage with clinically meaningful problems while still grounded in scientific principles. The curriculum adopts a spiral structure in which key concepts are revisited at increasing levels of complexity, enabling deeper understanding and clinical relevance. In advanced pre-clinical components, the curriculum becomes explicitly task-oriented, focusing on common clinical presentations and professional activities rather than disciplinary content. At this stage, portfolios are introduced to support longitudinal documentation of learning, and early forms of workplace-linked assessment and Entrustable activities are incorporated to familiarize students with performance-based expectations. Assessment strategies emphasize synthesis and reasoning, using integrated written examinations, complex case vignettes, OSCEs and structured simulation assessments. Decisions about student progress increasingly rely on aggregated evidence from multiple assessment tools and research projects.

Phase 3- The Workplace Entrustment

In the clinical phase, the curriculum becomes fully transdisciplinary, with learning embedded within authentic patient care and professional practice. Educational activities are organised around real clinical tasks, patient care pathways and Entrustable Professional Activities that reflect the core responsibilities of a graduating doctor. Students are integrated into clinical teams and participate in patient care under supervision, progressively assuming greater responsibility as competence is demonstrated. Teaching is predominantly workplace-based, supported by bedside teaching, coaching, reflective practice and targeted simulation for complex or high-risk activities. The distinction between disciplines becomes secondary to the holistic management of patients, as students are expected to integrate biomedical knowledge, clinical skills, communication, programmatic and centered on performance in the workplace, using tools such as mini-CEX, DOPS, case-based discussions and multisource feedback.



Figure 9 – Miller's Pyramid of Clinical Competence

Evidence from these assessments is collected longitudinally within portfolios and reviewed by entrustment or competence committees to make informed decisions about progression and readiness for practice. Summative judgment is therefore based on sustained performance over time. Faculty roles evolve from subject teachers to supervisors, assessors and

coaches, with explicit responsibility for observation, feedback and entrustment decisions. Diverse clinical exposure in tertiary public sector hospitals and community settings ensure adequate exposure, supervision and assessment opportunities, while quality assurance processes focus on the validity and consistency of entrustment decisions and learning experiences.

Phase 4- The Undergraduate Internship

The Undergraduate Internship is a structured, supervised transition phase designed to consolidate clinical competence and ensure readiness for the statutory house job. It provides learners with protected, workplace-based exposure focused on authentic patient care tasks, guided by clearly defined Entrustable Professional Activities aligned with international standards. Teaching emphasizes supervised clinical practice, simulation for high-risk scenarios, and interprofessional teamwork, while assessment uses programmatic workplace-based tools, portfolios and entrustment decisions to judge safe, consistent performance. This level strengthens patient safety, reduces transition shock, and ensures that graduates enter the house job with demonstrable, documented readiness for independent supervised practice.

Across all phases, the curriculum is underpinned by faculty development and continuous quality assurance. The staged movement from complementary through multidisciplinary and interdisciplinary learning to transdisciplinary clinical practice ensures that graduates are not only knowledgeable, but also capable of applying their learning effectively and safely in real clinical environments. This integrated and progressive design reflects contemporary best practices in medical education and aligns the educational experience with the expectations of modern healthcare systems.

RMU 12 Trans Contextual Integration Framework (TCIF)

Introduction

Modern medical education emphasizes integration as a cornerstone for producing competent, reflective, and patient-centered physicians. Harden's Integration Ladder provides a structured framework to assess the degree of integration within a medical curriculum, ranging from isolated teaching (Level 1) to full transdisciplinary integration (Level 11). Rawalpindi Medical University (RMU), through its MBBS curriculum design, teaching strategies, and assessment framework, demonstrates clear alignment with PMDC's undergraduate medical education standards and fulfills the criteria for Level 11 on Harden's Integration Ladder and even beyond boundaries corresponding to **RMU 12 Integration**. Furthermore, RMU's curriculum promotes higher-order thinking skills as defined by Bloom's Taxonomy, thereby extending beyond mere integration to the development of competent, reflective, and adaptive physicians.

Rawalpindi Medical University in the Context of Harden's Integration Ladder: Level 11 and Beyond Boundaries

Rawalpindi Medical University (RMU), through its undergraduate MBBS curriculum and evolving educational strategies, demonstrates characteristics that place it at Level 11 of Harden's Ladder and, in several aspects, even beyond that RMU 12(beyond boundaries/internship). This is evident in RMU's holistic curriculum design, clinical immersion, problem-based learning, community-oriented education, and outcome-driven assessment strategies.

Key Highlights

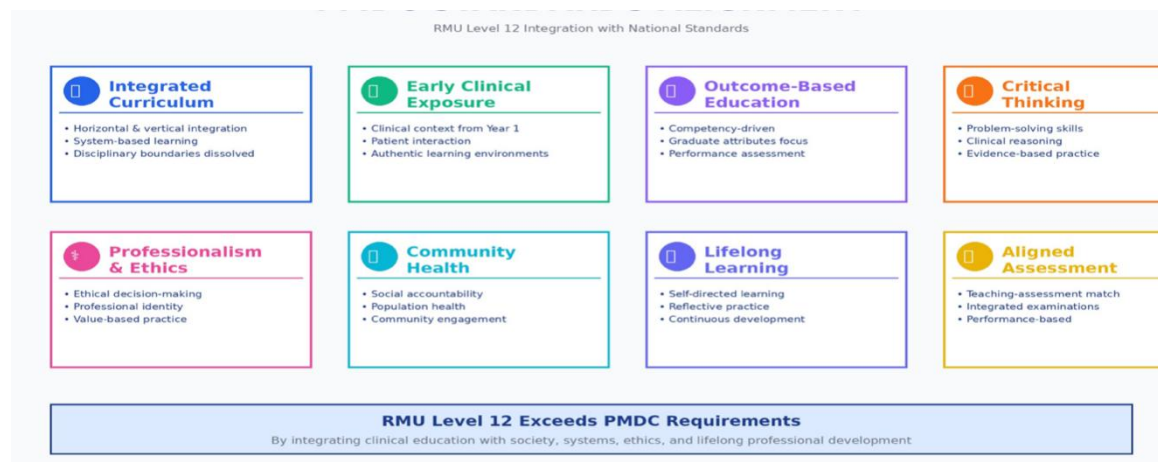
- Transcends Harden's Level 11 through integration with society, systems, ethics, and lifelong learning
- Fully aligned with PMDC undergraduate medical education standards
- Emphasizes higher-order thinking: Analysis, Evaluation, and Creation (Bloom's Taxonomy)
- Produces socially accountable, adaptive physicians prepared for 21st-century healthcare challenges

1. Foundations of Integration

1.1 PMDC Standards for Medical Education

The Pakistan Medical and Dental Council mandates a transformative approach to undergraduate medical education characterized by:

- **Integrated Curriculum:** Horizontal integration (across disciplines) and vertical integration (across years)
- **Early Clinical Relevance:** Clinical context introduced from initial years
- **Outcome-Based Education:** Focus on graduate competencies rather than content coverage
- **Critical Thinking & Problem-Solving:** Development of analytical and evaluative skills
- **Professionalism & Ethics:** Embedded throughout the curriculum, not as isolated modules
- **Alignment of Teaching, Learning, and Assessment:** Constructive alignment with graduate outcomes



PMDC Standard Alignment

Figure 10-


Harden's Integration Ladder  **RMU 12 Isolation to Beyond Boundaries**



Figure 11 –RMU 12 Isolation to Beyond Boundaries

2. RMU-12 —Beyond Boundaries

2.1 Conceptual Definition RMU 12: Beyond Boundaries Integration

A curriculum in which learning is organized not merely around disciplines or clinical problems, but around real-world health systems, societal needs, ethical complexity, population health challenges, and professional identity formation—producing graduates who can adapt, lead, and innovate across contexts.

2.2 Why Level 12 Exists

While Harden's Integration Ladder culminates at Level 11 (Transdisciplinary Integration), contemporary medical education—particularly as mandated by PMDC—requires graduates who can function beyond the clinical encounter. RMU operates beyond transdisciplinary clinical integration by:

- Shifting the unit of integration from the patient alone to the patient embedded within society, systems, ethics, and professional identity
- Addressing health systems, governance, and resource allocation as integral learning domains
- Embedding knowledge creation and research literacy, not just knowledge synthesis
- Structuring lifelong learning and adaptive professionalism as explicit outcomes



Figure 12 – Five Pillars of RMU 12 Integration

2.3 Five Pillars of Level 12 Integration

A. Societal Integration: Patient-in-Society Problems

Level 11: Patient-centred clinical problems

RMU 12: Patient-in-society problems

RMU Implementation: (Methodology)

- Community-based medical education
- Analysis of social determinants of health
- Preventive and promotive healthcare strategies
- Health equity considerations in clinical decision-making

Students don't merely diagnose disease—they analyze population patterns and design interventions, requiring evaluation and creation (Bloom's highest levels).

B. Value-Based Integration: Contextual Ethics

Level 11: Ethics integrated within cases

RMU 12: Ethics embedded longitudinally in real decisions

RMU Implementation:

- Ethical dilemmas arising from real patient encounters, not hypothetical scenarios
- Continuous professional identity formation throughout the curriculum
- Assessment of reflective practice and ethical reasoning

Students must weigh competing values, manage uncertainty, and justify actions—hallmarks of evaluation-level cognition.

C. System-Level Integration: Healthcare Systems & Leadership

Level 11: Focus on individual patient care

RMU 12: Focus on healthcare systems and governance

RMU Implementation:

- Exposure to health systems functioning and policy implications
- Understanding resource allocation realities
- Leadership and teamwork competencies

Students evaluate trade-offs between individual benefit and population good—something no single discipline or clinical problem can teach.

LEVEL 11 Transdisciplinary	LEVEL 12 Beyond Boundaries
Unit of Integration Patient problem	Unit of Integration Patient problem RMU-12
Primary Focus Clinical problem-solving	Primary Focus Clinical + population health + systems thinking
Scope Individual patient care	Scope Individual care + community + healthcare systems
Ethics Approach Integrated within cases	Ethics Approach Longitudinally embedded in real decisions
Knowledge Type Knowledge synthesis	Knowledge Type Knowledge creation & generation
Learning Organization Around clinical problems	Learning Organization Around health challenges & society
Disciplinary Boundaries Dissolved in teaching	Disciplinary Boundaries Extended to societal integration
Graduate Outcome Competent clinician	Graduate Outcome Adaptive, socially accountable professional
Bloom's Taxonomy Primarily Analysis	Bloom's Taxonomy Analysis → Evaluation → Creation

D. Knowledge

Level

RMU 12: Knowledge generation

RMU Implementation:

- Research literacy and critical appraisal skills

- Clinical audits and community health projects
- Evidence-based practice and innovation

Students formulate research questions, design solutions, and create outputs—aligning with the creation level of Bloom's Taxonomy.

E. Temporal Integration: Lifelong Professional Identity

Level 11: Competent graduate

RMU 12: Adaptive professional

RMU Implementation:

- Reflective portfolios documenting professional growth
- Self-directed learning plans
- Feedback-driven continuous improvement

Graduates leave with the ability to identify learning needs and adapt to new contexts—temporal integration across undergraduate education and professional life.

2. Alignment with PMDC Standards

The following table demonstrates explicit mapping between PMDC graduate competencies, RMU curriculum implementation, and justification for Level 12 integration:

PMDC Competency	RMU Implementation	Level 12 Justification
Medical Knowledge	Integrated system-based modules combining anatomy, physiology, pathology, pharmacology, radiology, and clinical medicine	Knowledge constructed through real patient problems; subject boundaries dissolved
Clinical Skills & Patient Care	Early clinical exposure, bedside teaching, skills labs, OSCEs	Skills and knowledge learned simultaneously in authentic clinical contexts
Clinical Reasoning	Case-based learning, problem-based tutorials, integrated examinations	Learning organized around clinical problems requiring synthesis beyond single disciplines
Communication Skills	Longitudinal communication training embedded in OSCEs and ward teaching	Communication competencies embedded within patient encounters, not isolated modules
Professionalism & Ethics	Longitudinal professionalism themes, ethics discussions during clinical rotations	Ethical reasoning contextualized within patient care—extends to value-based integration
Community & Preventive Health	Community-based medical education, public health projects, outreach programs	Integrates clinical medicine with population health and social determinants—societal integration
Lifelong Learning	Reflective practice, research literacy, self-directed learning tasks	Students identify learning needs from clinical encounters—temporal integration

4. Bloom's Taxonomy & Higher-Order Thinking

RMU's curriculum explicitly targets higher-order cognitive domains of Bloom's Taxonomy:

- **Analysis:** Breaking down complex clinical cases, interpreting investigations, differentiating diagnoses
- **Evaluation:** Appraising evidence, justifying management decisions, defending clinical choices

Creation: Designing interventions, formulating research questions, developing solution.

4.1 Learning Activities Mapped to Bloom's Levels

Learning Activity	Bloom's Level	Justification
Integrated case-based discussions	Analysis	Students deconstruct complex cases, interpret investigations, differentiate diagnoses
Ward-based clinical teaching	Analysis → Evaluation	Learners appraise patient data and justify management decisions in real time
OSCEs and scenario-based stations	Evaluation	Students defend clinical decisions, prioritize care, demonstrate judgment under pressure
Community health projects	Evaluation → Creation	Learners assess community needs and design context-specific preventive interventions
Research projects & clinical audits	Creation	Students formulate questions, design studies, generate new knowledge

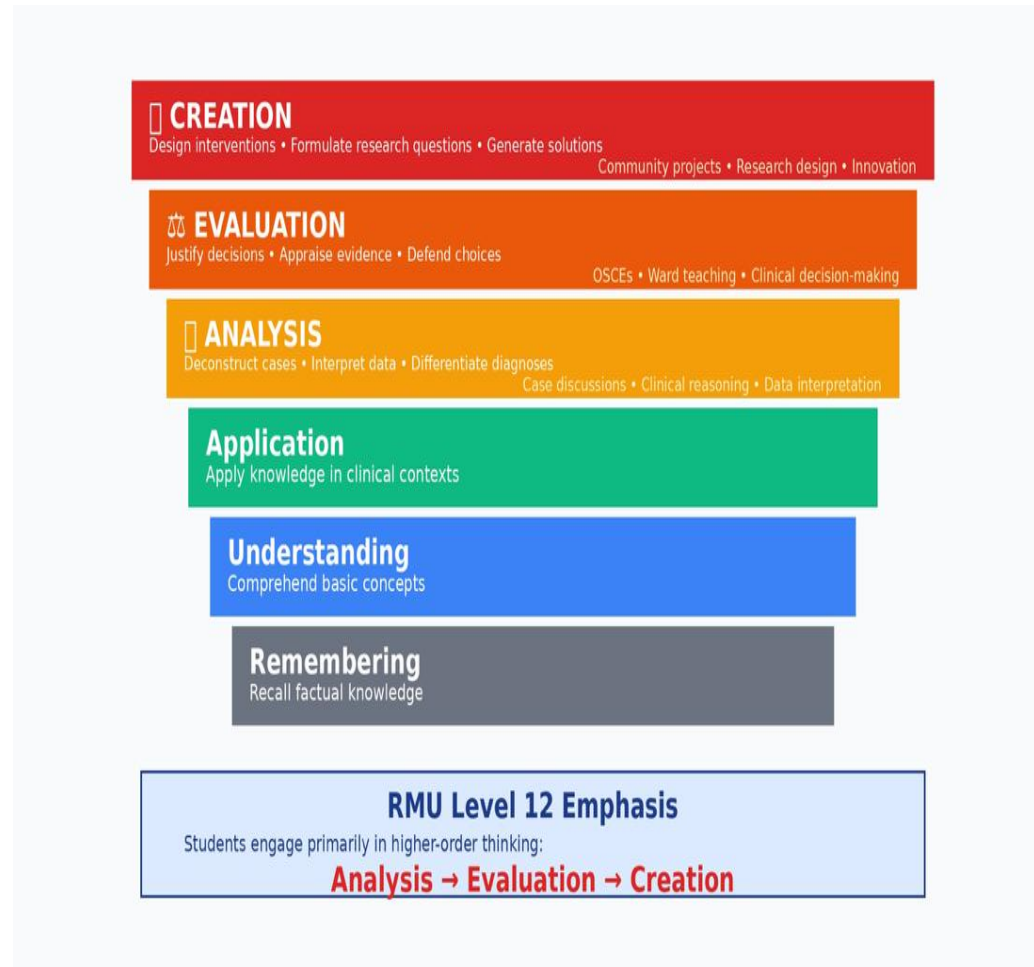


Figure 14 – Bloom’s Taxonomy in RMU 12



Figure 15 – Graduate Outcomes in RMU 12

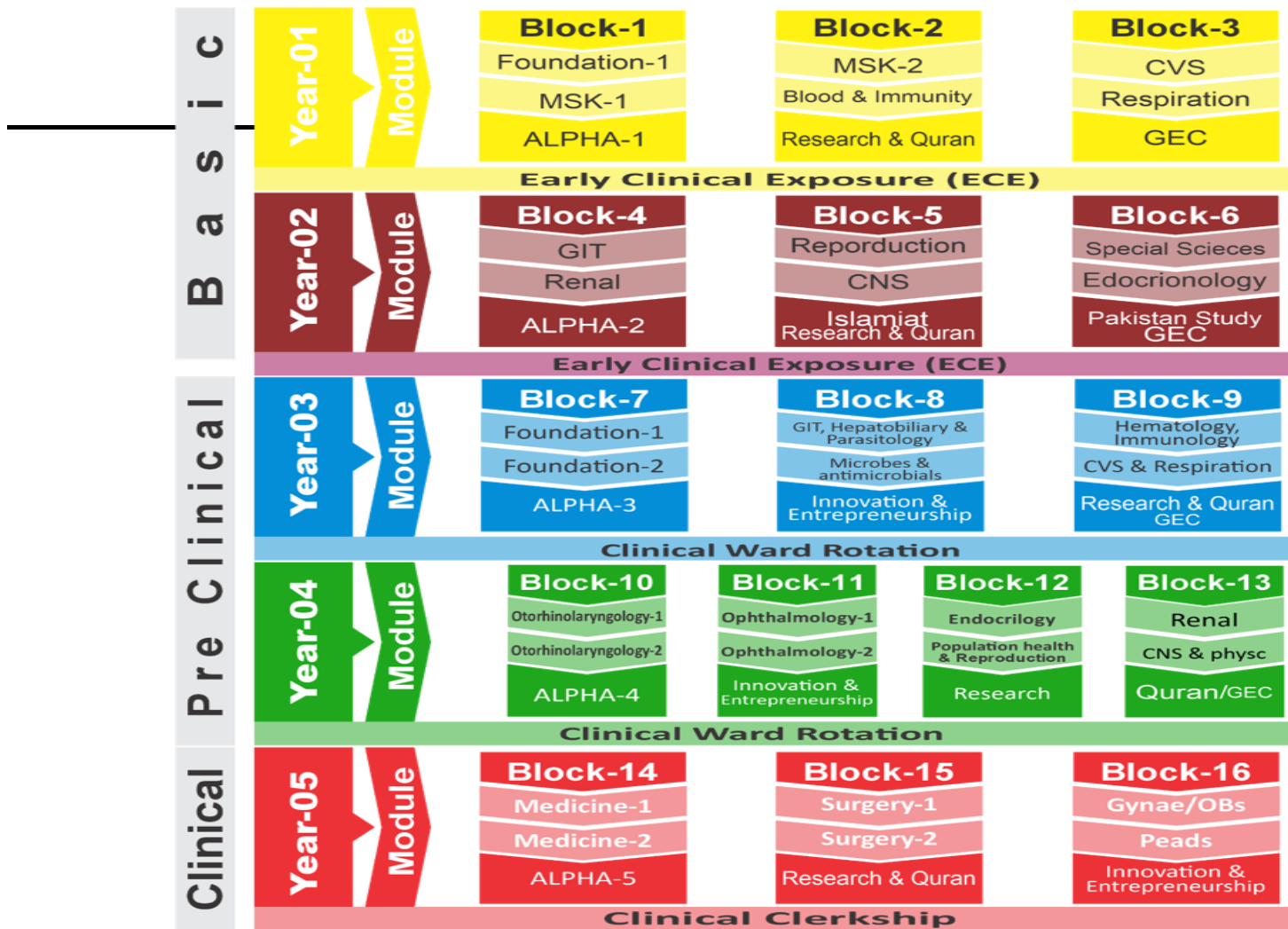


Figure 16 – Modules from basic to Clinical in RMU 12

Conclusion

Rawalpindi Medical University's curriculum exemplifies a transformational approach to medical education that extends beyond traditional disciplinary integration. By achieving **Level 12: Beyond Boundaries Integration**, RMU demonstrates that modern medical education must prepare graduates not only as competent clinicians but as adaptive, reflective, socially accountable professionals capable of navigating complex health systems, ethical dilemmas, and evolving healthcare landscapes.

This framework, fully aligned with PMDC standards and grounded in Bloom's higher-order cognitive domains, positions RMU as an innovator in outcome-based, student-centered medical education that produces physicians prepared for 21st-century healthcare challenges.

The Five Pillars of Level 12—Societal Integration, Value-Based Integration, System-Level Integration, Knowledge Creation, and Temporal Integration—collectively represent a holistic vision for medical education that transcends disciplinary boundaries and prepares graduates for lifelong professional excellence.

Key Takeaways for Educators

- Level 12 integration is achievable through deliberate curriculum design aligned with regulatory standards
- Higher-order thinking (Analysis, Evaluation, Creation) must be explicitly embedded in learning activities
- Integration extends beyond clinical problems to encompass society, systems, ethics, and professional identity
- Assessment strategies must align with transdisciplinary learning objectives
- The ultimate goal is producing adaptive professionals, not merely competent graduates

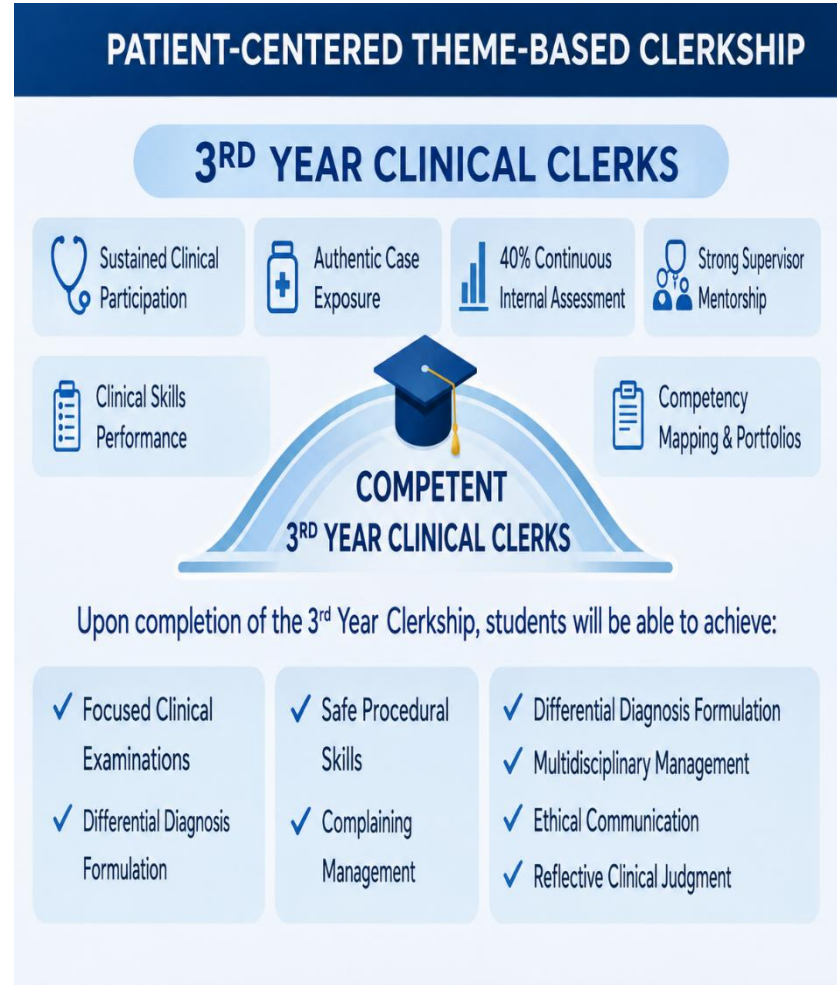
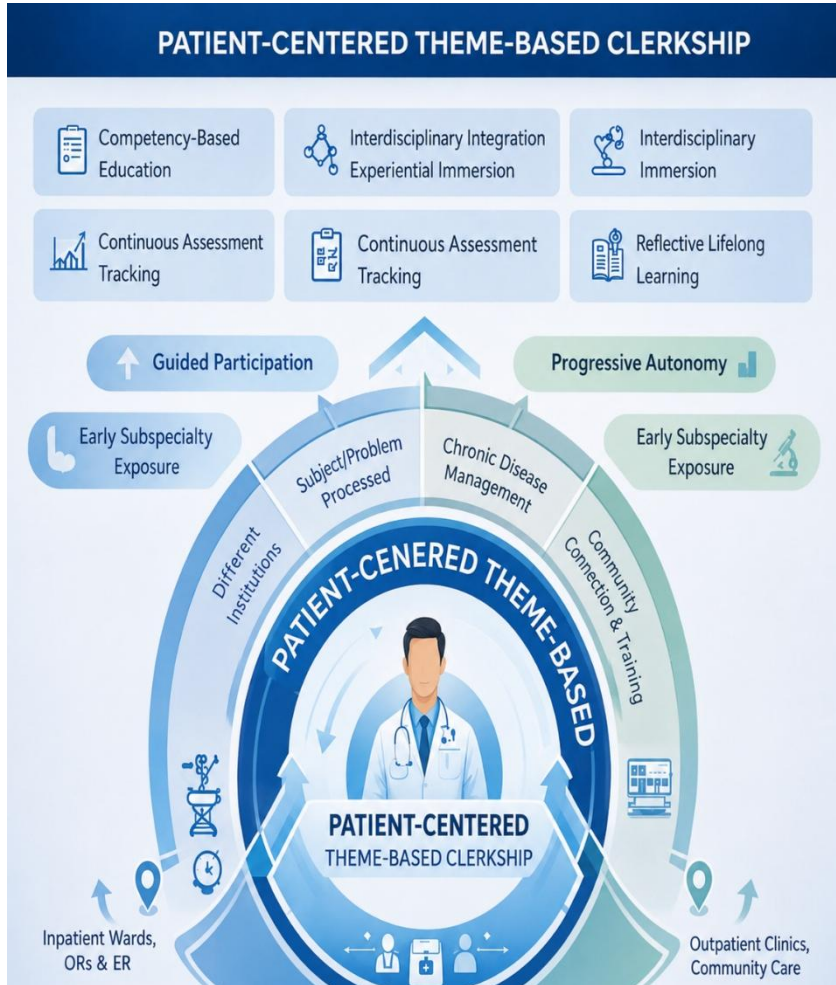


Figure 17 – RMU 12 Symptom Based Integrated Clinical Clerkship

Symptom Based Integrated Clinical Clerkship Rawalpindi Medical University

Level 12 Clinical Clerkship

(Theme-Based Integrated Clinical Training)

1. Program Overview

The 4th Year MBBS Clinical Clerkship at Rawalpindi Medical University (RMU) is designed as a structured, competency-driven, Level 12 embedded clinical training model.

At this stage, students transition from supervised academic learners to progressively independent clinical participants. The program emphasizes immersive patient care exposure, deliberate practice, interdisciplinary integration, reflective learning, and longitudinal competency tracking.

Unlike traditional block rotations that isolate disciplines, RMU adopts a **theme-based embedded structure**, where allied specialties are integrated within broader clinical streams. This ensures continuity in clinical reasoning, patient care responsibility, and professional identity formation.

The clerkship prioritizes:

- Authentic clinical participation
- Early subspecialty exposure
- Competency-based progression
- Structured formative feedback
- Reflective practice
- Continuous internal assessment
- Longitudinal skill development

Students are expected to function as active members of clinical teams rather than passive observers.

2. Educational Philosophy

The RMU 12 Embedded Clerkship is grounded in:

- Competency-Based Medical Education (CBME)
- Experiential learning through clinical immersion
- Progressive scaffolding of autonomy
- Continuous formative assessment
- Reflective and self-directed learning
- Interdisciplinary integration
- Patient-centered professionalism

Clinical learning is organized around **patient presentations and themes**, not isolated subject boundaries. Students develop clinical reasoning across systems rather than within silos.

3. Theme-Based Integrated Structure

The clerkship is organized into **integrated clinical themes** embedded within two major streams:

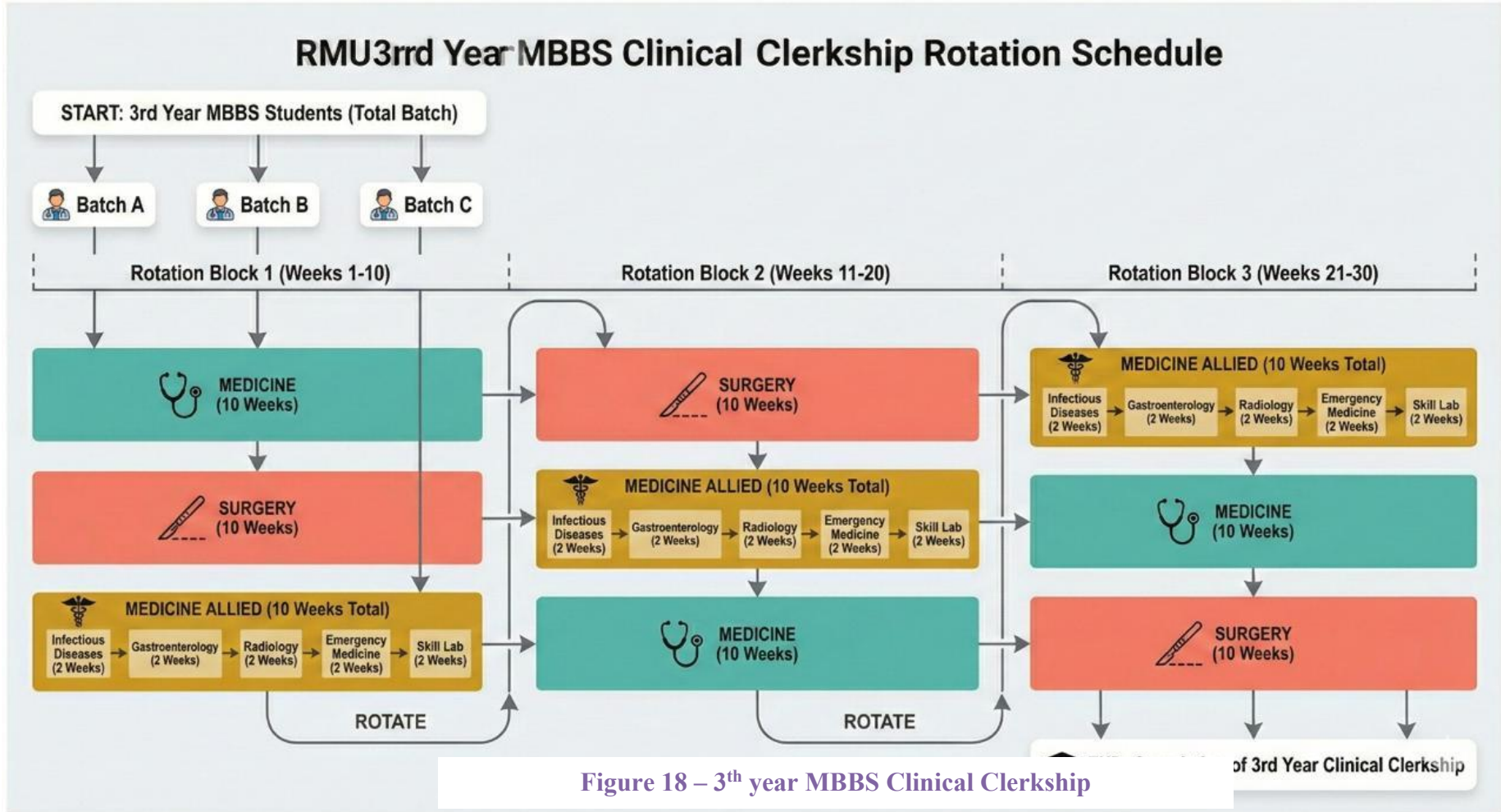
3.1 Surgical Stream (Allied Rotations – 2 Weeks Each) Themes emphasize procedural exposure, surgical reasoning, and perioperative care.

Specialties include:

- Urology
- Orthopaedics
- Neurosurgery

Students experience:

- Acute surgical presentations
- Trauma and emergency care
- Operative indications
- Post-operative monitoring
- Procedural skill development under supervision



3.2 Medicine Stream (Allied Rotations – 1 Week Each)

Themes emphasize chronic disease management, systemic evaluation, and community-based care. Specialties include:

- Dermatology
- Nephrology
- Family Medicine
- Psychiatry (3 weeks integrated exposure)

Students engage in:

- Outpatient clinics
- Ward rounds
- Multidisciplinary discussions
- Community and psychosocial assessments
- Longitudinal patient follow-up

The theme-based structure ensures exposure to:

- Acute conditions
- Chronic diseases
- Surgical decision-making
- Medical management
- Community care
- Mental health integration

4. Core Learning Outcomes (RMU 12 Competency Expectations)

Upon completion of the 4th Year Clerkship, students will be able to:

1. Conduct focused clinical history and examination across subspecialties
2. Perform selected procedural skills safely under supervision
3. Formulate prioritized differential diagnoses
4. Develop rational investigation plans
5. Participate in multidisciplinary case discussions
6. Communicate effectively with patients and healthcare teams
7. Apply ethical and professional standards consistently
8. Demonstrate reflective clinical learning

9. Show emerging independent clinical judgment

These outcomes align with Level 12 expectations of embedded participation and progressive autonomy.

5. Assessment Model – 40% Continuous Internal Assessment (CIA)

RMU distinguishes itself through a robust Continuous Internal Assessment system.

CIA Structure:

- **30% Theory & Clinical Assessments**
- **10% LMS-based assessments**

CIA evaluates:

- Clinical skills performance
- Case presentations
- Bedside participation
- Procedural competence
- Professionalism
- Logbook completion
- Reflective portfolio entries
- Mini-CEX and DOPS
- Supervisor feedback

Continuous assessment ensures:

- Sustained engagement
- Real-time feedback
- Early identification of learning gaps
- Remediation opportunities
- Skill consolidation over time

Competence is evaluated longitudinally rather than through a single high-stakes examination.

6. Progressive Scaffolding of Autonomy

The Level 12 clerkship follows a structured autonomy model:

Stage 1 — Guided Participation	Students observe and assist in patient care.
Stage 2 — Supervised Performance	Students perform clinical tasks with structured faculty oversight.
Stage 3 — Supported Independence	Students lead patient encounters with supervision available.

Each rotation increases responsibility while maintaining safety and accountability. This scaffolding:

- Builds confidence
- Reduces cognitive overload
- Encourages reflective learning
- Reinforces mastery through repetition
- Develops clinical judgment

Competence emerges through repeated exposure, structured feedback, and deliberate practice.

7. RMU 12 Embedded Clerkship

The RMU 12 model integrates:

- Vertical curriculum alignment
- Interdisciplinary collaboration
- Competency mapping
- Longitudinal evaluation
- Reflective learning cycles

Students follow patients across services, linking classroom knowledge to real clinical decision-making. This embedded design:

- Prevents fragmented learning
- Promotes continuity of care understanding
- Encourages systems thinking

- Strengthens teamwork skills
- Supports professional identity formation

Students learn not only clinical content but also how to function within healthcare systems.

8. Development of Self-Directed Lifelong Learners

The clerkship intentionally cultivates:

- Self-assessment skills
- Adaptive expertise
- Curiosity-driven inquiry
- Evidence-based reasoning
- Professional resilience

Students maintain portfolios, set learning goals, and engage in guided reflection. They learn to:

- Identify personal knowledge gaps
- Seek evidence independently
- Critically appraise information
- Update clinical reasoning continuously

The goal is transformation from exam-focused learners into evolving, self-sustaining professionals.

9. Distinctive Features of the RMU 12

Compared to traditional clerkship systems, RMU stands out by:

- Early subspecialty integration
- Embedded participation within clinical teams
- Strong 40% continuous internal assessment
- Structured scaffolding of independence
- Longitudinal competency tracking
- Emphasis on reflective growth

- Alignment with national and international competency frameworks

The outcome is a graduate who is:

- Clinically competent
- Adaptable
- Ethical
- Reflective
- Team-oriented
- Prepared for increasing responsibility in final year and house job

Alignment National and International Standards

This curriculum is according to the standards set by following organizations.

1. Foundation for Advancement of International Medical Education and Research (FAIMER)
2. Accreditation Council for Graduate Medical Education (ACGME)
3. World Federation for Medical Education (WFME)
4. Undergraduate Education Policy 2023 from Higher Education Commission (HEC)
5. Pakistan Medical and Dental Council (PMDC) guidelines for undergraduate Medical Education Curriculum (MBBS) 2022

It is based on **SPICES** model of educational strategies which is student centered, problem based, integrated, community oriented and systematic. *

Teacher cantered	Student cantered
Information oriented	Problem based
Discipline based	Integrated
Hospital based	Community based
Standardized curriculum	Elective programs
Opportunistic	Systematic

*Harden, R. M., Sowden, S., & Dunn, W. R. (1984). Educational strategies in curriculum development: The SPICES model. *Medical Education*, 18, 284-297. <http://dx.doi.org/10.1111/j.1365-2923.1984.tb01024.x>



**Foundation for Advancement of International Medical
Education and Research**

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<https://wfme.org/wp-content/uploads/2020/12/WFME-BME-Standards-2020.pdf>



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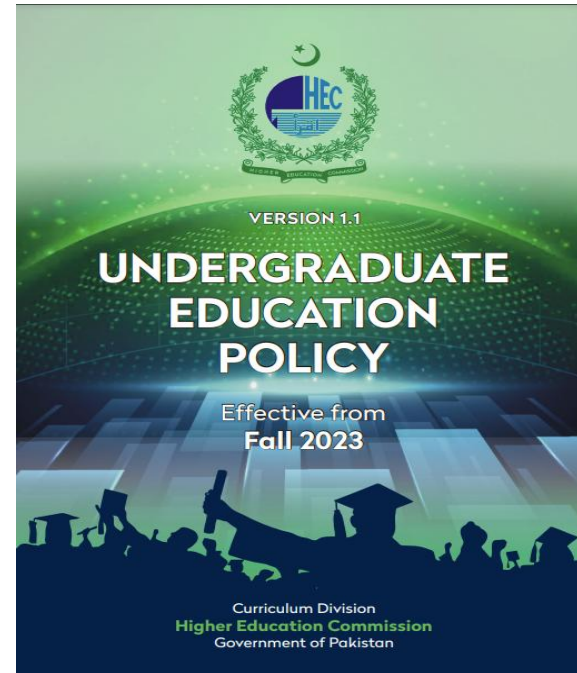
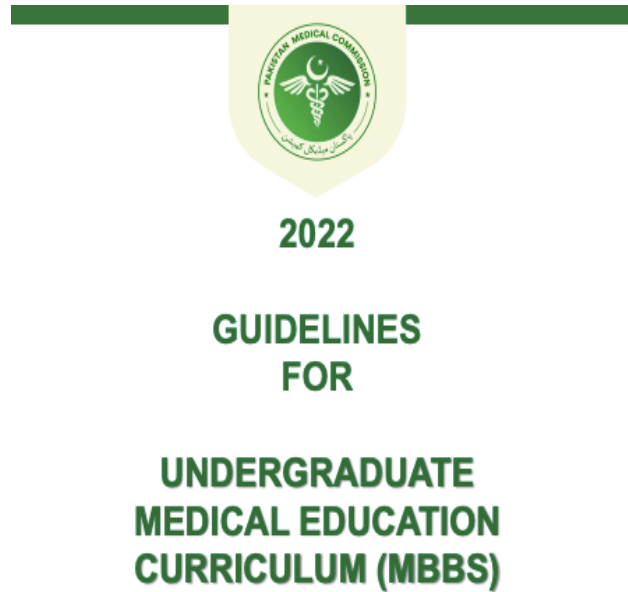
Home > Search > School Details New Search

Rawalpindi Medical University

Pakistan

School Details	Contact Information	Program Details	Sponsor Notes
<p>School Type: Public</p> <p>Year Instruction Started: 1974</p> <p>Operational Status: Currently operational</p> <p>Alternate Names: Rawalpindi Medical College (1974 - 2017)</p> <p>Academic Affiliation: University of Health Sciences Lahore (Current) University of the Punjab (Former)</p> <p>School Website(s): In English</p>			

FAIMER SCHOOL ID: F000151



[https://pmc.gov.pk/Documents/Examinations/Guidelines%20for%20Undergraduate%20Medical%20Education%20Curriculum%20\(MBBS\).pdf](https://pmc.gov.pk/Documents/Examinations/Guidelines%20for%20Undergraduate%20Medical%20Education%20Curriculum%20(MBBS).pdf)

<https://www.hec.gov.pk/english/services/students/UEP/Documents/UGE-Policy.pdf>

According to Pakistan Medical and Dental Council (PMDC) guidelines for undergraduate Medical Education Curriculum (MBBS) 2022

Seven-star doctor

Skilful	Knowledgeable
Community health promoter	Critical thinker
Professional	Scholar

Leader and role model

1. Skilful (Clinical, Cognitive and Patient Care Skills)

Takes a focused history	Perform
physical and psychological examination	
Formulates a provisional diagnosis	Orders appropriate investigations
Performs various common procedures	Debates, formulates management plans
Manages time and prioritizes tasks	Ensures patient safety.
Advises and counsels, educates, recognizes and takes in to consideration issues of equality	
Describes and debates the reasons for the success or failures of various approaches	

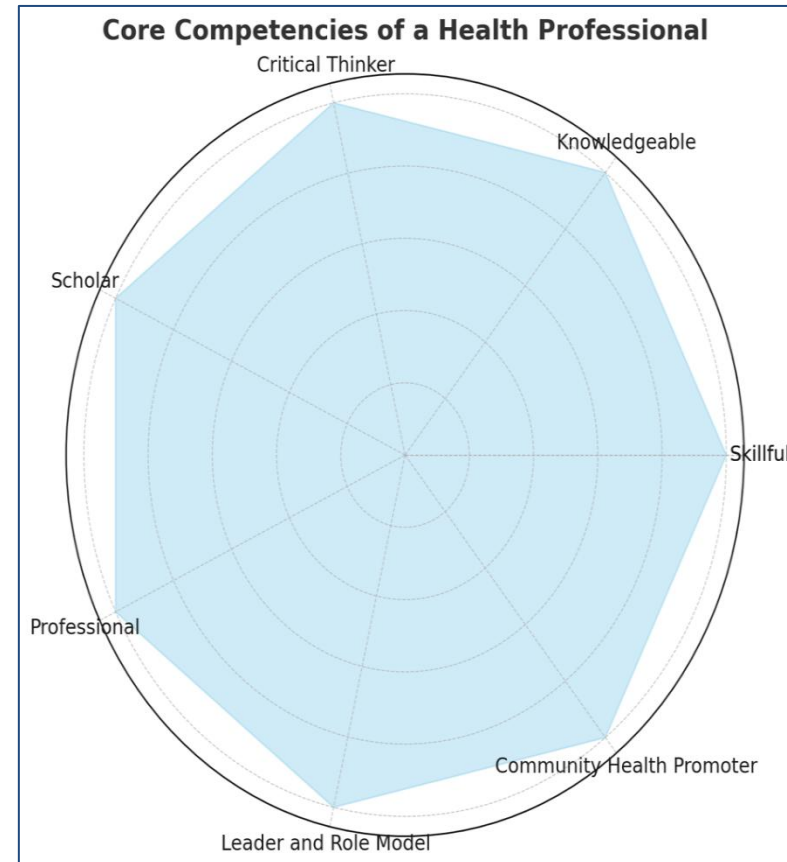


Figure 19 – Core competencies of a health professional

2. Knowledgeable (Scientific Knowledge for Good Medical Practice)

Differentiates, relates, applies and ensures knowledge is gained.

3. Community Health Promoter (Knowledge of Population Health and Healthcare Systems)

- Understands their role and be able to take appropriate action
- Determinants of health impact on the community
- Takes appropriate action for infectious non-communicable disease and injury prevention
- Evaluates national and global trends in morbidity and mortality
- Works as an effective member of health care team
- Adopts a multidisciplinary approach for health promotion
- Applies the basics of health systems
- Makes decisions for health care.

4. Critical thinker (Problem Solving and Reflective Practice)

- Use of information Critical data evaluation probability
- Regular reflection on their practice
- flexibility and problem-solving approach
- Raising concerns about public risks and patient safety.

Dealing effectively with complexity, uncertainty and

Initiating participating in or adopting to change,
Commitment to quality assurance,

5. Professional (Behaviour and Professionalism)

- Life long, self-directed learner
- Seeks peer feedback
- Provides evidence of continuing career advancement
- responds positively to appraisals and feedback
- Ethical, Collaborator, Communicator.

Demonstrates continuous learning

Manages information effectively

Functions effectively as a mentor and a trainer,

Altruistic and empathetic

6. Scholar and Researcher

- a. Identifies a researchable problem and critically reviews the literature
- b. Phrases succinct research questions and formulates hypotheses
- c. Identifies the appropriate research design(s) in epidemiology and analytical tests in biostatistics to answer the research question.
- d. Collects, analyzes and evaluates data, and presents results.
- e. Demonstrates ethics in conducting research and in ownership of intellectual property.

7. Leader and Role Model

Demonstrates exemplary conduct and leadership potential in a. advancing healthcare b. enhancing medical education c. initiating, participating in and adapting to change, using scientific evidence and approaches d. Enhancing the trust of the public in the medical profession by being exceptional role model at work and when away e. accepting leadership roles f. Providing leadership in issues concerning society.

8. Appreciate concepts & importance of

- Research
- Biomedical ethics
- Family medicine
- Artificial Intelligence

Figure 20- Integration of Disciplines in ENT Block / Special Integrated Disciplines

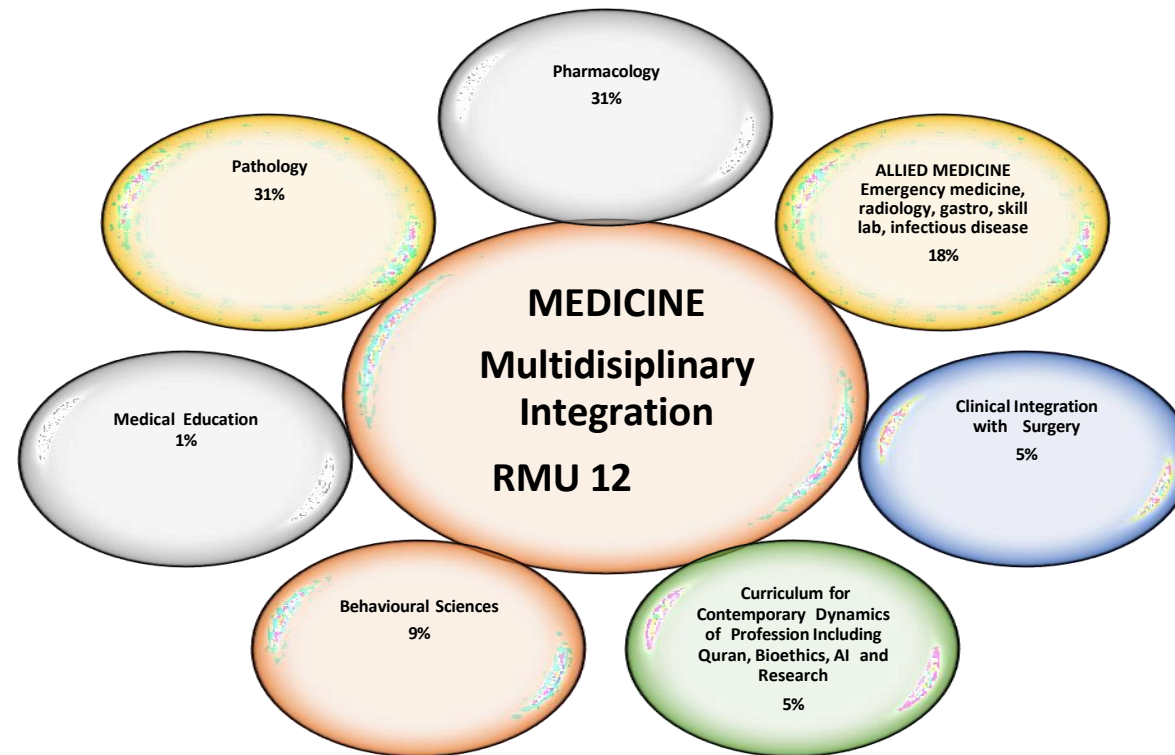


Figure 20 – Integration of Disciplines in Medicine

Study Guide: Terms & Abbreviations

Contents

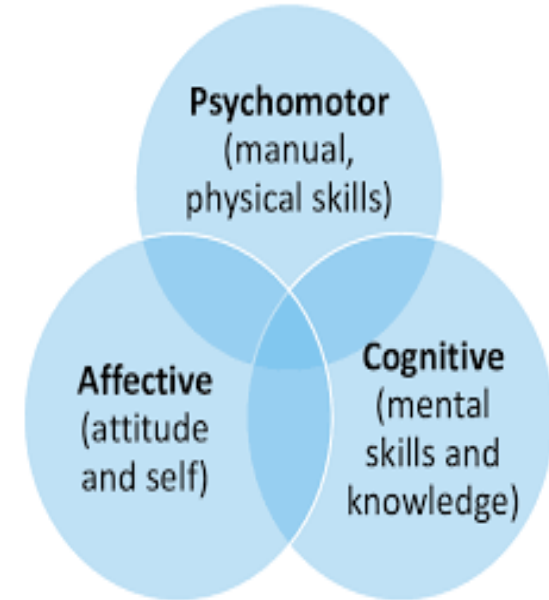
- Domains of Learning
- Teaching and Learning Methodologies/Strategies
- Large Group Interactive Session (LGIS)
- Small Group Discussion (SGD)
- Self-Directed Learning (SDL)
- Case Based Learning (CBL)
- Clinical / practical

Tables & Figures

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- Figure 1. Prof Umar's Model of Integrated Lecture
- Table 2. Standardization of teaching content in Small Group Discussions
- Table 3. Steps of taking Small Group Discussions

Domains of learning according to Blooms Taxonomy

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



Transdisciplinary Clinical Reasoning Forum (TCR-FORUM)

One-day end-of-module- capstone for 3rd Year MBBS – Medicine & Allied Block

Proposed for	3rd Year MBBS (Medicine & Allied Block)
Duration	One day at end of clinical module
Pilot nature	Initial pilot to test feasibility, learning impact, and scalability
Curricular anchor	Entrustable Professional Activities (EPAs) – 3rd year emphasis on History, Physical Examination and foundational skills
Integration frame	Harden – transdisciplinary integration (pilot of “beyond level 11” integration in practice)

1. Background and Rationale

The 3rd Year MBBS Medicine & Allied block spans 19 weeks, distributed across Internal Medicine and key allied disciplines. Students gain exposure to diverse clinical problems, but end-of-rotation learning is often fragmented: knowledge and skills acquired in individual rotations are not consistently consolidated into a single integrative clinical reasoning approach. This weakens transfer of learning from one clinical context to another, and limits the development of structured problem representation and cross-disciplinary thinking.

To address this, an end-of-rotation “Transdisciplinary Clinical Reasoning Forum (TCR-Forum)” is proposed. The activity is designed as a structured one-day capstone to deliberately integrate Medicine, Emergency Medicine, Infectious Diseases, Radiology, Gastroenterology, and Skills Lab learning into a unified patient-centered reasoning process.

The pilot is framed as a step towards Harden’s transdisciplinary integration (often conceptualized as beyond shared teaching into shared reasoning and shared assessment). Practically, the same clinical case is approached through multiple disciplinary lenses, and student performance is assessed using EPA-aligned criteria.

2. Aim

To pilot a one-day end-of-module capstone that strengthens structured clinical reasoning and integration of learning across Medicine and allied disciplines, mapped to 3rd-year EPAs.

3. Learning Outcomes (Mapped to 3rd-Year EPAs)

On completion of TCR-Forum, students will be able to:

1. Obtain a focused history and perform a physical examination adapted to the patient's clinical situation.
2. Demonstrate professional rapport-building and patient-centered communication during history and examination.
3. Present clinical findings clearly (positive findings, relevant negatives, and red flags) using a structured format.
4. Request basic investigations with justification (why, what will change, urgency).
5. Interpret selected basic imaging and bedside data at the level of pattern recognition and safety red flags.
6. Perform foundational clinical/procedural skills under supervision with attention to patient safety.
7. Provide basic patient and family education statements relevant to findings and the immediate care plan.

Note: For 3rd year, emphasis remains on foundational history and examination skills; prioritization of differentials and comprehensive management planning are introduced more strongly in 4th and final years.

4. Intervention Description

TCR-Forum is conducted on the final day of the Medicine & Allied block. Students work in teams, manage a structured patient encounter (real patient with consent or standardized case), and then complete a guided transdisciplinary reasoning session integrating inputs from Medicine, Emergency/ID, Radiology, Gastroenterology, and Skills Lab.

5. One-Day Workflow

Box	Time	Activity	Key outputs
1	20 min	Briefing and orientation (objectives, EPAs, roles, ground rules)	Teams formed; expectations clear
2	10 min	Case allocation and role assignment	Role card per student
3	40 min	Patient encounter: focused history	Problem representation draft
4	30 min	Focused examination and findings consolidation	Findings sheet (positives/negatives/red flags)
5	45 min	Transdisciplinary reasoning huddle (Medicine + allied faculty)	Reasoning map; prioritized syndromes
6	30 min	Radiology integration station (2–3 images per case theme)	Imaging interpretation notes; danger sign identified
7	40 min	Skills Lab micro-OSCE (case-linked foundational skill)	Skills checklist completed; feedback given
8	25 min	Patient education + debrief	Short patient explanation; feedback summary
9	10 min	Rapid reflection and submission	Reflection slip; improvement plan

6. Roles and Responsibilities

Student team roles (6–8 students per team):

- Lead interviewer: conducts opening and focused history.
- Exam lead: leads focused physical examination (inspection, palpation, percussion, auscultation as relevant).
- Recorder: documents key positives/negatives and time-stamps key events.
- Investigation proposer: suggests basic tests with rationale (what it changes).
- Patient education lead: prepares a short patient-friendly explanation and safety-netting advice.
- Timekeeper/flow coordinator: keeps the team on schedule and ensures all outputs are completed.

Faculty roles:

- Medicine facilitator(s): supervise encounter, coach problem representation, and lead clinical reasoning discussion.
- Emergency/ID facilitator: emphasizes red flags, triage thinking, infection control, and syndromic framing.
- Radiology facilitator: runs image station and aligns interpretation to the clinical question.
- Gastroenterology facilitator: guides abdominal/liver syndrome reasoning when relevant.
- Skills Lab assessor: conducts micro-OSCE using a standardized checklist; provides immediate feedback.

7. Case Themes (Suggested for Rotation)

Case themes are selected to require cross-disciplinary input. The pilot can run 3–4 themes in parallel across teams.

- Fever + cough + hypoxia (Medicine/ID/Emergency + chest imaging).
- Abdominal pain + vomiting (Gastro + Emergency + abdominal imaging patterns).
- Jaundice with constitutional symptoms (Gastro/Medicine + ultrasound pattern recognition).
- Altered sensorium (Medicine/Emergency + safety red flags; initial approach).

8. Assessment Strategy

Assessment is primarily formative with structured documentation. A light summative signal may be used (Pass/Borderline/Needs support) to encourage engagement, without high-stakes consequences in the pilot phase.

Assessment tools:

- EPA-aligned checklist for 3rd year: focused history, focused exam, rapport/communication, clarity of findings, basic skills safety, and patient education.
- Team reasoning rubric (4-domain scale) for integrative reasoning and communication.
- Skills Lab micro-OSCE checklist (procedure/skill specific).
- Reflection slip (individual): one learning point and one improvement target.

8.1 Team Reasoning Rubric (Template)

Domain	1 – Needs support	2 – Developing	3 – Competent	4 – Strong	Notes
Problem representation	Cannot summarize case; disorganized	Partial summary; misses key trigger	Clear 1–2 sentence summary	Concise summary with key syndrome + red flag status	
Evidence selection	Random facts; misses positives/negatives	Some key findings; incomplete negatives	Key positives/negatives captured	Selects high-yield evidence and excludes noise	
Cross-disciplinary integration	Ignores allied inputs	Mentions allied inputs without linkage	Uses allied inputs to refine reasoning	Integrates imaging/ID/ED/GI thinking coherently	
Teamwork/communication	Poor turn-taking; unclear	Some structure; inconsistent roles	Structured teamwork; respectful	Efficient, respectful, time-aware, high clarity	

9. Resources and Logistics

Minimum requirements:

- Rooms/areas: one briefing room, one patient encounter area (ward/clinic), skills lab, and radiology station space.
- Faculty: at least 2 Medicine facilitators + 1 allied facilitator per station (ED/ID, Radiology, GI, Skills).
- Materials: printed case packs, findings sheets, reasoning maps, checklists, reflection slips, and selected imaging prints/slides.
- Students: teams of 6–8; parallel streams recommended for large cohorts.

Optional (enhancements):

- Standardized patient actors for fairness and scalability.
- Digital forms for rubric/checklist scoring.
- Short video exemplars of ‘good problem representation’ and ‘good patient explanation’.

10. Governance, Ethics, and Risk Management

- If real patients are used: obtain informed consent; ensure privacy; avoid sensitive case discussion in open areas.
- Clear supervision: students perform only supervised skills appropriate to competence level.
- Standardization: case themes and checklists used across groups to maintain fairness.
- Remediation pathway: students categorized 'Needs support' receive targeted coaching and repeat observation in routine ward-based assessment.

11. Expected Outcomes

- Improved structure and confidence in focused history and examination.
- Better ability to summarize clinical problems and identify red flags.
- Early habit formation of integrating imaging and allied specialty inputs into reasoning.
- More consistent patient-centered explanations appropriate to level of training.
- Actionable data on feasibility and scalability of transdisciplinary capstones.

TCR-F SAMPLE CASE

Case 1:

“Fever, systemic illness, respiratory system involvement, integrated care”

A 35-year-old male presents to the medical outpatient department with low-grade fever, chronic productive cough, weight loss, and night sweats for the last two months. He reports occasional hemoptysis. He belongs to a low socioeconomic background and lives in a crowded household. There is a history of close contact with a family member previously treated for tuberculosis. He has no known drug allergies.

Clinical Examination

- Temperature: 38.2 °C
- Blood Pressure: 110/70 mmHg
- Pulse: 96/min
- Respiratory Rate: 22/min
- Pallor present
- Reduced chest expansion on the right side
- Bronchial breath sounds with coarse crepitations in the right upper lung zone

Laboratory & Radiological Investigations

- Complete Blood Count: Mild anemia, raised ESR
- Chest X-ray: Right upper lobe consolidation with cavitory lesions
- High-resolution CT Chest (if indicated): Cavitation with surrounding nodules and tree-in-bud appearance
- Sputum AFB smear: Positive
- GeneXpert MTB/RIF: *Mycobacterium tuberculosis* detected, rifampicin sensitive
- HIV screening: Negative

Educational Relevance to Theme

- Correlation of radiological findings with clinical presentation and pathology in TB
- Role of imaging in diagnosis, staging, and follow-up of pulmonary tuberculosis
- Rationale for multi-drug anti-tubercular therapy based on disease burden
- Impact of chronic inflammation on drug metabolism and toxicity
- Importance of adherence, counseling, and public health interventions
- Ethical and legal responsibilities in management of communicable diseases

Trans-disciplinary Integration (RMU 12)

Disciplines Involved:

Infectious Diseases

Comprehensive evaluation of pulmonary tuberculosis, interpretation of microbiological and molecular tests, assessment of drug susceptibility, selection of standardized anti-tubercular regimens, monitoring response to therapy, and prevention of transmission.

Internal Medicine

Holistic clinical assessment of patients with chronic cough and fever, recognition of systemic manifestations of tuberculosis, management of comorbid conditions, monitoring complications, and long-term follow-up during prolonged treatment.

Radiology

Interpretation of chest radiographic findings in pulmonary tuberculosis including consolidations, cavitary lesions, nodules, fibrosis, and miliary patterns; role of imaging in diagnosis, disease severity assessment, detection of complications, and monitoring treatment response.

Pharmacology

Principles of anti-tubercular drug therapy including pharmacokinetics, pharmacodynamics, rationale of combination therapy, dosing schedules, duration of treatment, adverse drug reactions, drug–drug interactions, and toxicity monitoring.

Pathology

Pathogenesis of *Mycobacterium tuberculosis* infection, granuloma formation, caseous necrosis, immune response, and correlation of pathological changes with clinical, laboratory, and radiological findings.

Community Medicine

Epidemiology of tuberculosis, modes of transmission, national TB control programs, DOTS strategy, contact tracing, treatment adherence, and public health implications of delayed diagnosis and incomplete therapy.

Behavioral Sciences & Ethics

Addressing stigma associated with tuberculosis, patient counseling for adherence, infection control practices, ethical issues of confidentiality, and shared decision-making.

How This Case Fits the Theme

This case demonstrates how pulmonary tuberculosis requires coordinated integration of infectious diseases, internal medicine, radiology, pharmacology, pathology, and community medicine. Radiological imaging plays a central role in diagnosis, assessment of disease severity, and monitoring treatment response, reinforcing the importance of multidisciplinary collaboration for effective and safe patient care.

Annex A: Findings Sheet (Template)

Team: _____ Case Theme: _____ Date: _____

Problem representation (1–2 sentences)	
Key positives (history + exam)	
Key relevant negatives	
Red flags / must-not-miss	
Basic investigations requested (with justification)	
Next immediate step (level-appropriate)	

Annex B: Reasoning Map (Template)

Syndrome/Problem: _____

Key evidence supporting	Key evidence against/uncertain	What we need next (question/test)

Annex C: EPA Checklist (3rd Year – TCR-Forum)

Student: _____ Team: _____ Assessor: _____ Date: _____

Domain	Observed (Y/N)	Rating (Needs support / Developing / Competent / Strong)	Comments
Focused history adapted to clinical situation			
Systematic focused physical examination			
Rapport and patient-centered communication			
Clear presentation of findings (positives, negatives, red flags)			
Appropriate basic investigation request with rationale			
Foundational skill/procedure performed safely under supervision			
Basic patient/family education and safety-netting			

Annex D: Feedback Form (5-item)

Tick one option per item: Strongly disagree / Disagree / Neutral / Agree / Strongly agree

Item	Response
The activity improved my ability to summarize a clinical problem.	
The activity improved my focused history and examination structure.	
Radiology/other allied inputs helped me reason more effectively.	
Feedback received was specific and useful for improvement.	
The activity should be continued as a regular end-of-rotation capstone.	

SECTION II

EDUCATIONAL STRATEGIES

1. Large Group Interactive Session (LGIS)

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

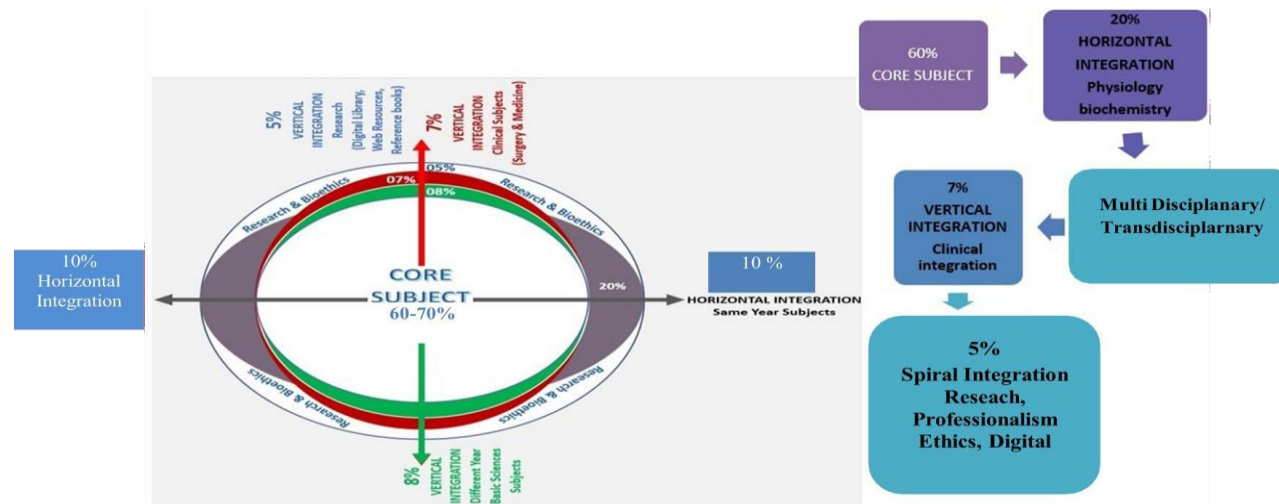


Figure 21 – Prof Umar Model of Integrated Lecture

Small Group Discussion (SGD)

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

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

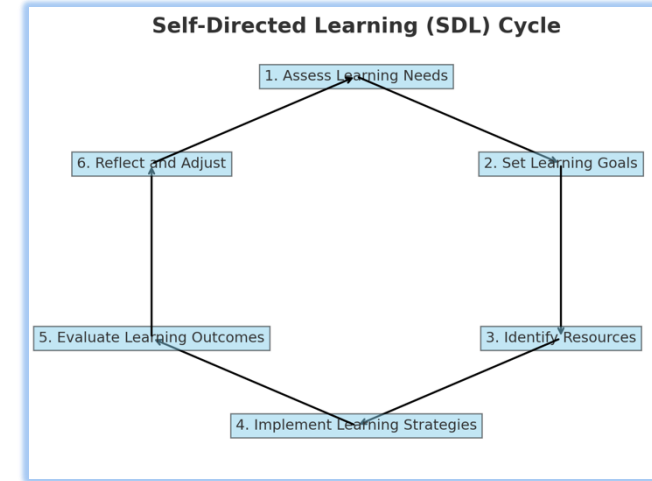
Table 2 – Standardization of teaching content in small group discussion

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

Table 3. Steps of taking Small Group Discussions

3. Self-Directed Learning (SDL)

- Self-directed learning is a process where students take primary charge of planning, continuing and evaluating their learning experiences.
- Time home assignment
- Learning objectives will be defined
- Learning resources will be given to students = Text book (page no), web site
- Assessment: i. online on LMS (Mid module/ end of Module)
ii. OSPE station



4. Transdisciplinary Clinical Reasoning Forum (TCRF)

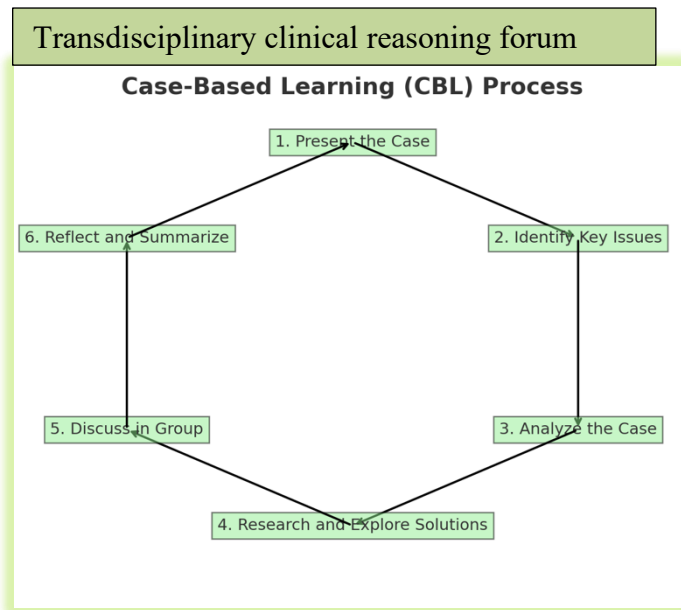
It's a learner centered model which engages students in discussion of specific scenarios that resemble typically are real world examples.

Case scenario will be given to the students

Will engage students in discussion of specific scenarios that resemble or typically are real-world examples.

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

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



SECTION III

LEARNING OBJECTIVES, TEACHING STRATEGIES, TOOLS OF ASSESSMENT MEDICINE & ALLIED TEACHING HOURS 3RD YEAR MBBS

PMC HEC REQUIRED 210 hours

	Schedule Duration Weekly	Hours
Interactive LGIS	1 hour, 2/week= 2/week	40 hours
Clinical Clerkship in Wards	8-1030 am, 4 days a week= 10 hour/week Medicine (10 week), Emergency Medicine (2 week), Skill Lab (2 week), Infectious Diseases (2 week), Radiology (2 week), Gastroenterology (2 weeks)	200
	<table border="1"> <tr> <td>Current weeks 20</td> <td>Suggested weeks 20</td> </tr> </table>	
Current weeks 20	Suggested weeks 20	
Evenings in Ward and Emergency	3 hours, twice a week= 6	114 hours
Self-Directed Study	1 hours, 4 times week= 4 hours/week	80 hours
		434 hours



Lectures / Lgis Details For Third Year MBBS 2025

1) Foundation Module		
Sr. #	Topic	Teacher
1	Medicine in practice	Dr. Faran Maqbool/ Dr. Shahzad Manzoor
2	Common Medical Issues 1	Dr. Saima Ambreen/ Dr. Muhammad Arif
3	Common Medical Issues 2	Dr. Saima Ambreen/ Dr. Muhammad Arif
4	Acute and Chronic Inflammation, medical related perspective	Dr. Saima Ambreen/ Dr. Muhammad Arif
5	Medical ethics introduction	Dr. Faran Maqbool/ Dr. Shahzad Manzoor
6	Symptomatology 1	Dr. Faran Maqbool/ Dr. Shahzad Manzoor
7	Symptomatology 2	Dr. Faran Maqbool/ Dr. Shahzad Manzoor
8	Physiological response to infection	Dr. Saima Ambreen/ Dr. Muhammad Arif
3) GI Module		
Sr. #	Topic	Teacher
1	Introduction, symptoms and analysis of GI investigations	Dr. Tanveer Hussain/ Dr. Sadia Ahmed
2	Approach to a patient with Dyspepsia	Dr. Tanveer Hussain/ Dr. Sadia Ahmed

3	Approach to a patient with upper GI bleed	Dr. Tanveer Hussain/ Dr. Sadia Ahmed
4	Approach to a patient with Ascites	Dr. Tanveer Hussain/ Dr. Sadia Ahmed
5	Approach to a patient with Jaundice	Dr. Tanveer Hussain/ Dr. Sadia Ahmed
6	Medical aspect of parasitology	Dr. Tanveer Hussain/ Dr. Sadia Ahmed
7	Seminar on Hepatitis	Dr. Tanveer Hussain/ Dr. Sadia Ahmed

3) Microbes And Antimicrobials

Sr. #	Topic	Teacher
1	Introduction and basic symptom analysis and investigations	Prof. Muhammad Khurram/ Dr. Nida Anjam
2	Fever of unknown origin	Prof. Muhammad Khurram/ Dr. Nida Anjam
3	Brucellosis	Prof. Muhammad Khurram/ Dr. Nida Anjam
4	Influenza	Prof. Muhammad Khurram/ Dr. Nida Anjam
5	HIV and immunodeficiency	Prof. Muhammad Khurram/ Dr. Nida Anjam
6	Polio	Prof. Muhammad Khurram/ Dr. Nida Anjam
7	Seminar on Dengue	Dr. Mujeeb/ Dr. Nida Anjam

4) Hematology And Immunology Module

Sr. #	Topic	Teacher
1	Approach and workup of Anemia	Dr. Arshad Rabbani/ Dr. Lubna Meraj
2	Management of Hypersensitivity Reaction	Dr. Arshad Rabbani/ Dr. Lubna Meraj
3	Lymphoproliferative Diseases	Dr. Arshad Rabbani/ Dr. Lubna Meraj
4	Myeloproliferative Diseases	Dr. Arshad Rabbani/ Dr. Lubna Meraj

5	Bleeding disorders	Dr. Arshad Rabbani/ Dr. Lubna Meraj
6	Signs , symptoms and management of Malaria	Dr. Arshad Rabbani/ Dr. Lubna Meraj
5) CVS And Respiration Module		
Sr. #	Topic	Teacher
1	Hypertension	Dr. Abrar Akbar/ Dr. Muhammad Asad
2	Ischemic Heart Disease	Dr. Abrar Akbar/ Dr. Muhammad Asad
3	Rheumatic Fever	Dr. Abrar Akbar/ Dr. Muhammad Asad
4	Infective Endocarditis	Dr. Abrar Akbar/ Dr. Muhammad Asad
5	Valvular Heart Disease	Dr. Abrar Akbar/ Dr. Muhammad Asad
6	Asthma and COPD	Dr. Abrar Akbar/ Dr. Maryam
7	Pleural effusion	Dr. Abrar Akbar/ Dr. Maryam
8	Seminar on T.B.	Dr. Abrar Akbar/ Dr. Maryam

Course Content Of LGIS (Knowledge)

Sr #	Date	Day	Teacher	Specialty	Topic	Specific Learning Objectives (SLO)	MOT/MI T	Level of Cognition			Affective	MOA
								C1	c2	C3		
1) Foundaton Module												
1		FRIDAY	Dr. Shahzad Manzoor/ Dr. Faran Maqbool	FOUNDATIO N 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.			✓		A3	SEQS, MCQs, OSPE

						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.						
2		SATURDAY	Dr. Saima/Dr. Madiha/Dr. Seemab	FOUNDATION MODULE	2) Common Medical Issues 1	Describe Pathophysiology of pain			↗		A3	
						Describe evaluation of patient with pain	LGIS/PPT					
						Evaluate cause of chest discomfort and describe approach to a patient with fever.						SEQS, MCQs, OSPE

						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
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5	FRIDAY	Dr. Shahzad Manzoor/ Dr. Faran Maqbool	FOUNDATION MODULE	Medical ethics introduction	<p>Recognize and evaluate different ethical problems including gap block, priority setting, moral dilemma and resolving conflict.</p> <p>Analysis different ethical problems and knows different approaches.</p> <p>Recognize the importance of informed consent before examining a patient or any procedure.</p> <p>Recognize the importance of counseling of patients and attendants in different clinical settings.</p> <p>Recognize respect for patient autonomy and acting in best interest of patient and maintaining confidentiality.</p>	LGIS/PPT		✓	✓	A 3	SEQS, MCQs, OSPE
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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/	✓	A 3	SEQ,MCQ,OSPE
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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 this condition) Discuss relevant qualifications in history of common presentations in Gastroenterology	LGIS/PPT/ Case Vignette	✓		A3	SEQS, MCQs, OSPE	
						Describe important investigations (e.g. endoscopy) in Gastroenterology and their indications and interpretation of results						
	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
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						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	<p>Student should be able to define acute and chronic viral hepatitis and Different types of viruses causing Hepatitis and their natural course of disease.</p> <p>Describe Clinical features and complications of viral hepatitis.</p> <p>Describe Investigations to diagnosis different viral hepatitis and for complications.</p>	LGIS/PPT/ ✓	A3	SEQS, MCQs, OSPE
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2) 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 ANTIMICROB I ALS	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 ANTIMICROB I ALS	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											

3) Hematology And Immunology Module											
22			Dr. Arshad		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					
		SATURDAY	Rabbani/	HEMATOLOG							
			Dr. Saliha	Y and IMMUNOLOG Y MODULE			LGIS/PPT Case Vignette	✓	A3	SEQS, MCQs, OSPE	
23				HEMATOLOG Y and IMMUNOLOG Y MODULE	Managem ent of Hypersensi tivity Reaction	Explain pathogenesis of Hypersensitivity reaction.					
						Classify Hypersensitivity reactions.					
						Describe a general approach to the allergic patient in view of					
		FRIDAY	Dr. Arshad Rabbani / Dr. Saliha			clinical assessment, investigation and management. Enlist cause of anaphylaxis,	LGIS/PPT	✓	A3	SEQS, MCQs, OSPE	
						Describe approach to patient in					
						view of clinical assessment,					
						investigation and management.					

						Recognize other common allergic conditions like					
						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	LGIS/PPT	✓		A3	SEQS, MCQs, OSPE

						malaria Describe investigations					
29	FRIDAY	Dr. Abrar Akbar/ Dr. Mariam Imtiaz	CVS AND RESPIRATIO N 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 RESPIRATORY 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 RESPIRATORY 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	✓	A3	SEQS, MCQs, OSPE

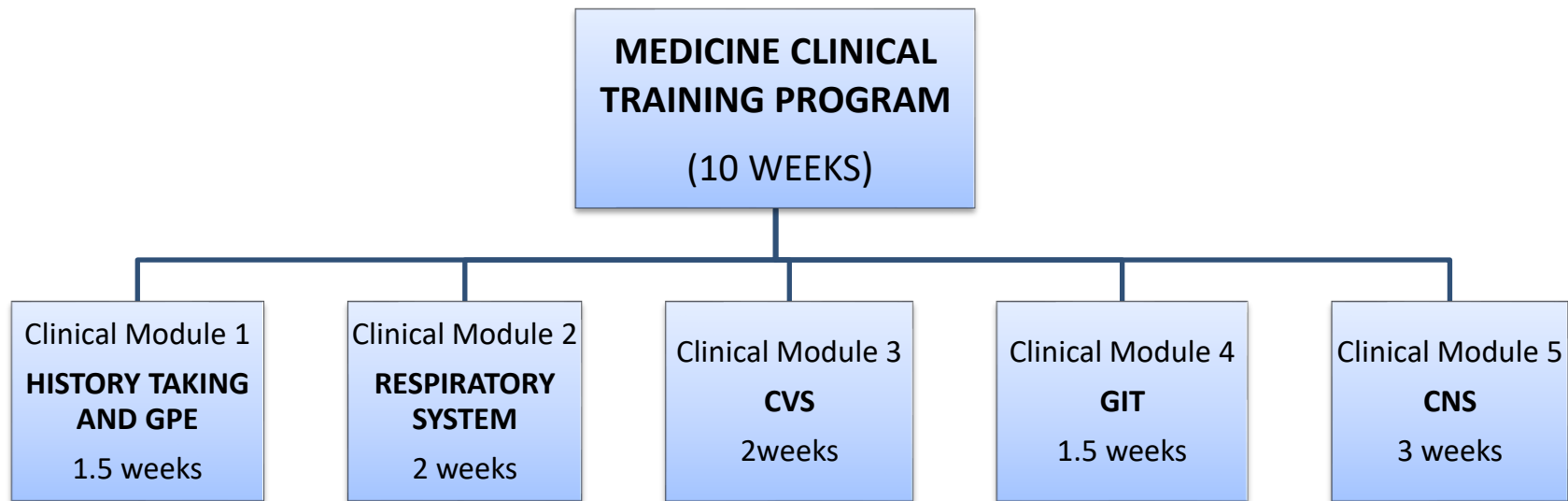
						valvular heart diseases.					
34		SATURDAY	Dr. Abrar Akbar / Dr. Mariam Imtiaz	CVS AND RESPIRATIO N MODULE	Asthma and COPD	Describe pathophysiology of asthma. Describe clinical manifestations of asthma. Enlist predisposing factors of asthma. Describe diagnostic tests and management of asthma in step 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 RESPIRATORY 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 RESPIRATORY MODULE	Seminar on TB	Recognize pathophysiology of Tuberculosis. Explain clinical features of Pulmonary and extra pulmonary Tuberculosis. Outline	LGIS/PPT	✓		A3	SEQS, MCQs, OSPE

						Investigations and management plan of Tuberculosis					
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Medicine Clinical Training Program (Skill/ Attitude)

Medicine Clinical Training Program Framework



Clinical Module 1 (History Taking And Gpe) 1.5 Weeks

Date	Day	Class		Consultant/ PGT	Evening Duties
		8:30 – 9:00 am	9:00 –10:30 am		
WEEK 1	Monday	Orientation class	General introduction to the field of medicine. Medical ethics	Professor/HOD	A
WEEK 1	Tuesday	SDL/TBL	Art of History, Taking, Importance of history, Contents of history, Presenting Complaint History of Present illness.	Professor/HOD	B
WEEK 1	Wednesday	SDL/TBL	Systemic Inquiry, Past Medical History	Professor/HOD	C
WEEK 1	Thursday	SDL/TBL	Family History, Occupational History, Personal History, Developmental+ Obstetrics History. General physical examination. Pulse, BP, Temp. Resp Rate	Professor/HOD	D
WEEK 2	Monday	TCR-Forum		All faculty members	B
WEEK 2	Tuesday	SDL/TBL	Clinical module 1 assessment	All faculty members	C

Clinical Module 2 (Respiratory System) 2 Weeks					
WEEK 2	Wednesday	SDL/TBL	Respiratory System Examination Systemic Inquiry. Cough, Sputum, Dyspnea + Cyanosis	Professor/HOD	D
WEEK 2	Thursday	SDL/TBL	Hemoptysis, wheezing, pleuritic chest pain.	Associate Professor	A
WEEK 3	Monday	SDL/TBL	GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal in drawing, Tracheal tug Palpation of trachea	Associate Professor	C
WEEK 3	Tuesday	SDL/TBL	Inspection of chest from front Chest movements, Percussion of front of chest and Auscultation	Associate Professor	D

WEEK 3	Wednesday	SDL/TBL	Inspection of back of chest. Chest movements Percussion of back of chest and Auscultation	Associate Professor	A
WEEK 3	Thursday	SDL/TBL	Percussion and auscultation of back of chest.	Associate Professor	B
WEEK 4	Monday	TCR-FORUM		All faculty members	D
WEEK 4	Tuesday	SDL/TBL	Clinical module 2 Assessment	All faculty members	A
Clinical Module 3 (CVS) 2 Weeks					
WEEK 4	Wednesday	SDL/TBL	CVS Examination Systemic Inquiry Precordial Chest Pain, Palpitation, Patient with murmur.	Professor/HOD	B
WEEK 4	Thursday	SDL/TBL	CVS Examination GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter hemorrhages.	Assistant Professor	C
WEEK 5	Monday	SDL/TBL	Inspection of precordium location + palpation of apex beat. Right parasternal heave, palpation of base of heart, epigastric pulsations	Assistant Professor	A

WEEK 5	Tuesday	SDL/TBL	Examination of Pulse	Assistant Professor	B
WEEK 5	Wednesday	SDL/TBL	JVP	Assistant Professor	C
WEEK 5	Thursday	SDL/TBL	Auscultation of heart 1. Normal heart sound 2. Effect of respiration on heart sound 3. Murmurs and Thrills	Assistant Professor	D
WEEK 6	Monday	TCR-FORUM		All faculty members	B
WEEK 6	Tuesday	SDL/TBL	Clinical module 3 Assessment	All faculty members	C
CLINICAL MODULE 4 (GIT) 1.5 WEEK					
WEEK 6	Wednesday	SDL/TBL	GIT System Systemic Inquiry Vomiting, jaundice, pain abdomen, acute and chronic diarrhea GPE, Jaundice, Clubbing, Koilonychia, Pallor, Leukonychia, Oedema Examination of Oral Cavity	Professor/HOD	D
WEEK 6	Thursday	SDL/TBL	Inspection of abdomen, Superficial Palpation of Abdomen	Senior Registrar	A
WEEK 7	Monday	SDL/TBL	Palpation of Liver, Spleen, Kidneys, Pelvic Masses	Assistant Professor	C
WEEK 7	Tuesday	SDL/TBL	Percussion of Abdominal Viscera, Fluid Thrill, Shifting Dullness, Auscultation of abdomen	Senior Registrar	D
WEEK 7	Wednesday	TCR-FORUM		All faculty members	A
WEEK 7	Thursday	SDL/TBL	Clinical module 4 Assessment	All faculty members	B

Linical Module 5 (CNS) 3 Weeks					
WEEK 8	Monday	SDL/TBL	NERVOUS SYSTEM History taking	Professor/HOD	D
WEEK 8	Tuesday	SDL/TBL	NERVOUS SYSTEM Conscious level, HMF, orientation, speech, memory, intellect, sleep	Senior Registrar	C
WEEK 8	Wednesday	SDL/TBL	Headaches, Numbness, Paresthesia's, weakness patterns	Senior Registrar	D
WEEK 8	Thursday	SDL/TBL	Cranial nerves. 1 to 6	Assistant Professor	A
WEEK 9	Monday	SDL/TBL	Cranial nerves. 7 to 12	Senior Registrar	B
WEEK 9	Tuesday	SDL/TBL	Examination of motor system (bulk, tone, power/ Reflexes.	Senior Registrar	C
WEEK 9	Wednesday	SDL/TBL	Examination of sensory system	Senior Registrar	A
WEEK 9	Thursday	SDL/TBL	Examination of Cerebellar System/ Gait	Senior Registrar	B
WEEK 10	Monday	TCR-FORUM		All faculty members	C
WEEK 10	Tuesday	SDL/TBL	Clinical module 5 assessment	All faculty members	D
WEEK 10	Wednesday	SDL/TBL	Revision	All faculty members	
WEEK 10	Thursday	End Block Exam		All faculty members	

Evening Schedule Third Year Mbbs 2025

BATCH A	BATCH B	BATCH C	BATCH D
Roll No.	Roll No.	Roll No.	Roll No.
Roll No.	Roll No.	Roll No.	Roll No.
Roll No.	Roll No.	Roll No.	Roll No.
Roll No.	Roll No.	Roll No.	Roll No.
Roll No.	Roll No.	Roll No.	Roll No.

- Each batch will perform one duty per week from 2:00 to 8:00 pm.
- Monday and Wednesday in ER
- Tuesday and Thursday in Ward.
- Please report to the on call Registrar on arrival and on leaving the ward/ER.

Bed Allotment For Third Year MBBS

Sr. No.	Roll No.	Bed Number
1	Roll no.	1
2	Roll no.	2
3	Roll no.	3
4	Roll no.	4
5	Roll no.	5
6	Roll no.	6
7	Roll no.	7
8	Roll no.	8
9	Roll no.	9
10	Roll no.	10
11	Roll no.	11
12	Roll no.	12
13	Roll no.	13
14	Roll no.	14
15	Roll no.	15
16	Roll no.	16
17	Roll no.	17
18	Roll no.	18
19	Roll no.	19
20	Roll no.	20
21	Roll no.	21
22	Roll no.	22
23	Roll no.	23
24	Roll no.	24

Theme-Based Third Year Clerkship

Educational Framework

This clerkship is redesigned at Harden Integration Level 11 (Transdisciplinary Integration), where learning is organized around real patient problems and themes, not disciplines. Clinical problems are approached holistically, integrating:

- Medical ethics and professionalism
- History taking and clinical examination
- Pathophysiology
- Diagnostics
- Management (acute & long-term)
- Prevention and counselling
- Departments function collaboratively, and boundaries between subjects are dissolved.

Core Clinical Themes

THEME 1: Patient-Centered Care, Ethics & Clinical Reasoning

- Clinical Focus: Decision-making, consent, end-of-life care, resource allocation
- Integrated Domains: Ethics · Communication · Law · Medicine · Psychiatry
- Representative Scenarios
- Terminal cancer patient refusing chemotherapy
- ICU bed allocation dilemma
- Advance directives vs family wishes

Learning Outcomes

- Apply ethical principles (autonomy, beneficence, non-maleficence, justice)
- Demonstrate empathetic communication
- Make ethically justified clinical decisions

THEME 2: Acute & Chronic Breathlessness

- **Clinical Focus:** Dyspnea as a presenting complaint
- **Integrated Domains:** Medicine · Emergency · Radiology · Pharmacology

Representative Scenarios

- Acute asthma exacerbation
- Cardiogenic pulmonary edema
- Pneumothorax
- COPD with complications

Core Competencies

- Symptom-based differential diagnosis
- GPE and chest examination
- Severity assessment
- Immediate and long-term management

THEME 3: Fever, Infection & Systemic Illness

Clinical Focus: Prolonged and acute febrile illnesses

Integrated Domains: Medicine · Microbiology · Pathology · Public Health

Representative Scenarios

- Community-acquired pneumonia
- Pulmonary tuberculosis
- Infective endocarditis

Core Competencies

- Fever workup
- Infection control principles
- Rational antimicrobial use

THEME 4: Gastrointestinal Bleeding, Liver & Abdominal Disorders

- **Clinical Focus:** GI symptoms and liver disease
- **Integrated Domains:** Medicine · Surgery · Radiology · Pathology

Representative Scenarios

- Upper GI bleeding
- Dysphagia and dyspepsia
- Ascites in chronic liver disease
- Acute and chronic hepatitis

Core Competencies

- Risk stratification
- Abdominal examination
- Staging of liver disease
- Patient counselling

THEME 5: Neurological Emergencies & Chronic Neurological Disorders

- **Clinical Focus:** Altered consciousness and focal deficits
- **Integrated Domains:** Medicine · Neurology · Radiology · Psychiatry

Representative Scenarios

- Stroke (ischemic & hemorrhagic)
- Coma and encephalopathy
- Epilepsy
- Headache syndromes
- Movement disorders

Core Competencies

- Neurological localization
- Emergency stabilization
- Long-term rehabilitation planning

THEME 6: Cardiovascular Symptoms & Circulatory Failure

- **Clinical Focus:** Chest pain, murmurs, heart failure
- **Integrated Domains:** Medicine · Cardiology · Pharmacology

Representative Scenarios

- Hypertension
- Rheumatic heart disease
- Congestive heart failure
- Acute coronary syndrome

Core Competencies

- Hemodynamic assessment
- Murmur evaluation
- Risk factor modification

THEME 7: Hematological & Systemic Manifestations

Clinical Focus: Pallor, bleeding, fatigue

Integrated Domains: Medicine · Pathology · Gynecology

Representative Scenarios

- Chronic anemia due to menorrhagia
- Systemic effects of chronic disease

Core Competencies

- GPE-based diagnosis
- Etiological evaluation
- Preventive counselling

Learning Process (Sdl-Based)

- Real patient or simulated case introduction
- Group discussion and hypothesis generation
- Integrated history & examination
- Diagnostic reasoning
- Evidence-based management planning
- Reflection and feedback

Assessment Strategy

- Case-based discussions (CBD)
- Mini-CEX
- OSCE (integrated stations)
- Reflective writing
- Group presentations

Expected Graduate Attributes

By the end of this clerkship, students will:

- Think in **patient problems, not subjects**
- Demonstrate safe, ethical clinical practice
- Integrate knowledge seamlessly into care delivery
- Communicate effectively with patients and teams

Summary

This theme-based clerkship reflects **true vertical and horizontal integration**, aligning with **Harden Level 11**, preparing students for real-world clinical practice rather than compartmentalized learning.

SECTION IV

Symptom Based Integrated Clinical Clerkship

Learning Objectives

Day	Specialty	Topic	SPECIFIC LEARNING OBJECTIVES (SLO)	Cognition			Psychomotor		Attitude	MOT/MIT	MOA	
				C1	C2	C3	P1	P2	A1			A2
					1st WEEK							
			Students will be able to: a) Recognize the importance of clinical medicine and context for theoretical	Students will be able to: Take detailed history	Students will be able to: Take Consent for History							

<p>MONDAY</p>	<p>INTRODUCTION</p>	<p>General introduction to the field of medicine. Medical ethics</p>	<p>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</p>				<p>✓</p>	<p>✓</p>		<p>✓</p>	<p>SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)</p>	<p>OSPE, MINICEX, CBD</p>
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			<p>counseling of patients and attendants in different clinical settings.</p> <p>d) Recognize respect for patient autonomy and acting in best interest of patient and maintaining confidentiality.</p>												
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TUESDAY	HISTORY TAKING	<p>History Taking, Importance of history, Contents of history, Presenting Complaint, History of Present illness</p>	<p>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.</p>	<p>Student will be able to: Take detailed history</p>	<p>Student will be able to: Take Consent for History</p>		✓	✓	✓	<p>SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)</p>	<p>OSPE, MINICEX, CBD</p>
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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
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THURSDAY	HISTORY TAKING	Family History, Occupational History, Personal History, Developmental + Obstetrics History. General physical examination Pulse, BP,	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,	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
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		Temp. Resp Rate	fever, hypothermia and tachypnea						
MONDAY	TCR-FORUM	Obtain a focused history and perform a physical examination adapted to the patient's clinical situation. Demonstrate professional rapport-building and patient-centered communication during	Perform foundational clinical/procedural skills under supervision with attention to patient safety.	Provide basic patient and family education statements relevant to findings and the immediate care plan.	√	√	MULTIDISCIPLINARY TEAM	MCQs, OSPE	

		<p>history and examination.</p> <p>Present clinical findings clearly (positive findings, relevant negatives, and red flags) using a structured format.</p> <p>Request basic investigations with justification (why, what will change, urgency).</p> <p>Interpret selected basic imaging and bedside data at the level of pattern recognition and safety red flags.</p>						
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TUESDAY	Module test											
WEDNESDAY	RESPIRATORY SYSTEM	Systemic Inquiry, Cough, Sputum, Dyspnea, Cyanosis	<p>Students will be able to:</p> <p>a) Recall causes of cough and how to differentiate between dry and productive cough.</p> <p>b) Know causes of dyspnea, grading of dyspnea and how to differentiate between dyspnea, orthopnea and PND.</p> <p>c) Recall causes of cyanosis and difference between central and peripheral cyanosis</p>	<p>Students will be able to: Take detailed history of cough, sputum, dyspnea and cyanosis and able to make differential diagnosis related to above symptoms.</p>	<p>Students will be able to: Take Consent for History and Clinical Examination.</p>			✓	✓		✓	<p>BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)</p>

THURSDAY	RESPIRATORY SYSTEM	Hemoptysis, wheezing, pleuritic chest pain.	Students will be able to: Explain causes of hemoptysis, wheezing 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)
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<p>MONDAY</p>	<p>RESPIRATORY SYSTEM</p>	<p>GPE; Cyanosis, Clubbing, Pulsus paradoxus, Intercostal indrawing, Tracheal tug Palpation of trachea</p>	<p>Students will be able to: a) Recall causes and types of cyanosis. b) Tell causes of clubbing and its grading 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.</p>	<p>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</p>	<p>Students will be able to: Take Consent for History and Clinical Examination</p>		<p>✓</p>	<p>✓</p>		<p>✓</p>	<p>SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)</p>
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TUESDAY	RESPIRATORY 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 accessory 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)
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			breathing patterns and causes of increased and decreased vocal resonance and correlate 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	Take history and perform Respiratory system examination including inspection, palpation, percussion and auscultation of back of chest & relevant clinical examination according to	Students will be able to: Take Consent for History and Clinical Examination.	✓	✓	✓			SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)

			, importance of accessory muscles use in respiration b).Describe abnormal percussion and their causes.	cause							
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 correlate 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	TCR-FORUM	<p>Obtain a focused history and perform a physical examination adapted to the patient's clinical situation.</p> <p>Demonstrate professional rapport-building and patient-centered communication during history and examination.</p> <p>Present clinical findings clearly (positive findings, relevant negatives, and red flags) using a structured</p>	<p>Perform foundational clinical/procedural skills under supervision with attention to patient safety.</p>	<p>Provide basic patient and family education statements relevant to findings and the immediate care plan.</p>	✓	✓	✓	MULTIDISCIPLINARY TEAM	MCQs, OSPE
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		<p>format.</p> <p>Request basic investigations with justification (why, what will change, urgency).</p> <p>Interpret selected basic imaging and bedside data at the level of pattern recognition and safety red flags.</p>							
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TUESDAY	RESPIRATORY SYSTEM CLINICAL MODULE TEST							
			Students will be able to:	Students will be able to:	Students will be able to:			
			a) Recall different causes of vomiting	can take detailed history of	Take Consent for History and Clinical Examination.			
			b) Explain causes and types of jaundice	vomiting, jaundice, abdominal pain and diarrhea and able to make differential diagnosis related to these symptoms.				
WEDNESDAY	GIT	Systemic Inquiry Vomiting, jaundice, pain in abdomen, acute and chronic diarrhea	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 basis of history		✓	✓	✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)

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)
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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.			✓	✓		✓	AMBULATOR Y TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
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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.	✓	✓	✓	AMBULATOR Y TEACHING / SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
WEDNES DAY	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 bowel	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)

		sounds							
THURSD AY	TCR-FORUM	<p>Obtain a focused history and perform a physical examination adapted to the patient’s clinical situation.</p> <p>Demonstrate professional rapport-building and patient-centered communication during history and examination.</p> <p>Present clinical</p>	<p>Perform foundational clinical/procedural skills under supervision with attention to patient safety.</p>	<p>Provide basic patient and family education statements relevant to findings and the immediate care plan.</p>	✓	✓	✓	MULTIDISCIPLINARY TEAM	MCQs, OSPE

		<p>findings clearly (positive findings, relevant negatives, and red flags) using a structured format.</p> <p>Request basic investigations with justification (why, what will change, urgency).</p> <p>Interpret selected basic imaging and bedside data at the level of pattern recognition and safety red flags.</p>							
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MONDAY		GIT CLINICAL MODULE TEST						
			Students will be able to: a) Recall higher mental functions and Glasgow coma scale.	Students will be able to: a) Take history and perform relevant clinical examination.	Students will be able to: a) Take Consent for History and Clinical Examination			
		Conscious level, HMF, orientation, speech, memory, intellect, sleep	b) differentiate between long term and short term memory c) differentiate between narcolepsy and somnolence					
TUESDAY	CNS					✓	✓	✓

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	T C R F O R U M	<p>Obtain a focused history and perform a physical examination adapted to the patient's clinical situation.</p> <p>Demonstrate professional rapport-building and patient-centered communication during history and examination.</p> <p>Present clinical findings</p>	<p>Perform foundational clinical/procedural skills under supervision with attention to patient safety.</p>	<p>Provide basic patient and family education statements relevant to findings and the immediate care plan.</p>		✓	✓	✓	MULTIDISCIPLINARY TEAM	MCQs, OS PE
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		<p>clearly (positive findings, relevant negatives, and red flags) using a structured format.</p> <p>Request basic investigations with justification (why, what will change, urgency).</p> <p>Interpret selected basic imaging and bedside data at the level of pattern recognition and safety red flags.</p>							
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TUESDAY	CNS CLINICAL MODULE TEST							
		Students will be able to:	Students will be able to:	Students will be able to:				
		Recall causes of precordial chest pain palpitation and etiology of valvular heart diseases	Take History and perform examination keeping in mind etiology and complications of disease	Take Consent for History and Clinical Examination				
		Systemic Inquiry						
WEDNESDAY	CVS Examination	Pericardial Chest Pain, Palpitation, Patient with murmur.		✓	✓	✓		SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK

<p>THURSDAY</p>	<p>CVS Examination</p>	<p>GPE, JVP, Oedema, Clubbing Osler's Nodes, Janeway's Lesions, Splinter hemorrhage</p>	<p>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</p>	<p>Students will be able to: Take History and perform GPE examination relevant to Cardiovascular system and can pick these signs.</p>	<p>Students will be able to: Take Consent for History and Clinical Examination</p>			<p>✓</p>	<p>✓</p>		<p>SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK</p>
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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)
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TUESDAY	CARDIOLOGY	Examination of Pulse	<p>Students will be able to: Recall causes of bradycardia, tachycardia, Radio radial and radio femoral delay. Recall causes of low, high volume pulse and irregular pulse. Differentiate between different characters of pulse.</p> <p>Students will be able to:</p>	<p>Students will be able to: Take History and palpate all peripheral pulses and able compare them bilaterally.</p>	<p>Students will be able to: Take Consent for History and Clinical Examination</p>	SGD / BEDSIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds)
WEDNESDAY	CVS Examination	JVP	<p>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.</p> <p>Students will be able to: Take History and examine JVP and able to measure it.</p>	<p>Students will be able to: Take Consent for History and Clinical Examination</p>		

THURSDAY	CVS Examination	<p>1. Auscultation of heart</p> <p>1. Normal heart sound</p> <p>2. Effect of respiration on heart sound</p> <p>3. Murmurs and Thrills</p>	<p>Students will be able to:</p> <p>a) Recall causes of loud and soft S1, S2, and causes of S3 and S4.</p> <p>b) Describe normal and abnormal splitting of S2.</p> <p>c) Differentiate between different systolic and diastolic murmurs and thrills and describe their causes.</p>	<p>Students will be able to:</p> <p>Take History and perform auscultation of precordium</p>	<p>Students will be able to: Take Consent for History and Clinical Examination</p>	✓	✓	✓	SGD / BED SIDE SESSIONS (Grand Ward Rounds, Teaching Ward Rounds) / LAB WORK
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MONDAY	TCR-FORUM	Obtain a focused history and perform a physical examination adapted to the patient's clinical situation. Demonstrate professional rapport-building and patient-centered communication during history and examination. Present clinical findings clearly (positive findings, relevant negatives, and red flags) using a structured format. Request basic investigations with justification	Perform foundational clinical/procedural skills under supervision with attention to patient safety.	Provide basic patient and family education statements relevant to findings and the immediate care plan.	✓	✓	✓	MULTIDISCIPLINARY TEAM	MCQs, OSPE
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		(why, what will change, urgency). Interpret selected basic imaging and bedside data at the level of pattern recognition and safety red flags.							
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TUESDAY	CVS CLINICAL MODULE TEST
WEDNESDAY	REVISION
THURSDAY	ENDBLOCK EXAM

Medical Emergency Evening Clinical Programme

Sr #	Topic	SPECIFIC LEARNING (SLO)	OBJECTIVES			Cognition	Psychomotor			Attitude	MOT/MIT		MOA
			Knowledge	Skill	Attitude		C1	C2	C3		P1	P2	
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			↗	↗				↗	OSPE/MCQs

<p>DAY 2</p>	<p>1. Introduction to medicolegal cases and maintenance of record. 2. Observation of IV cannulas and IM injections</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>		↗		↗			↗	<p>SGD/ BED SIDE SESSIONS</p>	<p>OSPE/MCQs</p>
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<p>DAY 4</p>	<p>1. Should be able to describe the indications and contraindications of Foley Catheter, types, uses.</p> <p>2. Should be able to describe the indications and contraindications of Nasogastric tubes, types, uses.</p>	<p>Student will be able to;</p> <p>1. Observe and assist resident in inserting a foley catheter.</p> <p>2. Observe and assist resident in inserting a Nasogastric tube</p>	<p>Students will be able to:</p> <p>1. Counsel the patient regarding foley catheter insertion and guide about its pros and cons.</p> <p>2. Counsel the patient regarding NG tube insertion and guide about its pros and cons.</p>		↗		↗			↗	<p>SGD / BED SIDE SESSI ONS</p>	<p>OSPE/ MCQ</p>

DAY 5	APPROACH TO AN UNCONSCIOUS PATIENT	<p>1. Should observe how the resident approaches an unconscious patient.</p> <p>2. Students should be able to; take a quick history and perform relevant clinical examination under guidance of resident.</p>	Students will be able to:		↗		↗			↗	SGD/ BED SIDE SESSI ONS	OSPE /MCQ
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		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	APPROACH TO A PATIENT 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 OBJECTIVES (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	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 OBJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
		Knowledge	Skill	Attitude	C1	C2	C3	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
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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 3 rd 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, including 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 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/ or Registrar	Senior 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/ or Registrar	Senior 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 : _____
TIMETABLE: WEEK 1

Duration: _____ to _____

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 am
Monday	Hands on Training in Ultrasound Room	Small Group Interactive session (Introduction to Gynae-Pelvic Imaging)	Small group d
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.			

Entrustable Professional Activities (EPA) Framework for Infectious Disease Clinical Clerkship

EPAs	Description	Key Competencies	Assessment Methods	Expected Level of Entrustment
Evaluate and manage Dengue Fever	Obtain history, assess warning signs, interpret CBC and fluid balance monitoring	- Communication skills for history taking- Psychomotor skills for examinations	OSCE (history taking, hemorrhagic signs examination)- Faculty feedback- Logbook review	Supervised with direct guidance for complete evaluation and management
Evaluate and manage Enteric Fever	Gather relevant history and examination findings, interpret blood cultures and Widal test	- Communication skills for history taking- Psychomotor skills for examinations	OSCE (history taking, abdominal examination)- Faculty feedback- Logbook review	Supervised with direct guidance for complete evaluation and management

Evaluate and manage Tuberculosis	Obtain history and perform respiratory examination, order and interpret diagnostic tests (e.g., sputum AFB, GeneXpert)	- Communication skills for history taking- Psychomotor skills for examinations	OSCE (history taking, respiratory exam)- Faculty feedback- Logbook review	Supervised with direct guidance for complete evaluation and management
Evaluate and manage HIV and other STDs	Obtain history and perform essential examination for suspected HIV cases and other STDs	- Communication skills for history taking- Psychomotor skills for examinations	OSCE (history taking, physical exam)- Faculty feedback- Logbook review	Supervised with direct guidance for performing complete assessment and management
Implement Antimicrobial Stewardship	Identify appropriate antibiotic use, interpret antibiograms	- Knowledge of antimicrobial resistance- Decision-making in antibiotic prescription	OSCE (case-based discussion on antibiotic selection)- Faculty feedback- Logbook review	Supervised with direct guidance for appropriate antimicrobial prescription

Medicine Clinical Clerkship Framework for Infectious Disease Rotation

Sr #	Day	Specialty	Topic	Specific Learning Objectives (SLOs)	Cognition	Psychomotor	Attitude
1	Monday	Infectious Diseases	Dengue & Emerging Infections	Identify warning signs, interpret CBC	Assess severity and manage cases	Discuss public health measures	SGD/Bedside Sessions
2	Monday Evening	Evening Class	COVID-19 & Influenza	Compare respiratory viral infections	Perform respiratory assessment	Communicate prevention strategies	Small Group Discussion
3	Tuesday	Infectious Disease	Pyrexia of Unknown Origin	Develop differential diagnosis approach	Interpret diagnostic tests	Discuss patient management	Small Group Discussion

4	Tuesday Evening	SDL	Antimicrobial Stewardship	Understand rational antibiotic use	Select appropriate antibiotics	Promote responsible prescribing	Self-directed learning
5	Wednesday	Infectious Diseases	Tuberculosis	Identify key symptoms, interpret chest X-ray	Perform respiratory examination	Communicate with TB patients	SGD/Bedside Sessions
6	Wednesday Evening	SDL	Basic Immunology	Understand immune response mechanisms	Interpretation of lab tests	Discuss immunological disorders	Self-directed learning
7	Thursday	Infectious Diseases	Enteric Fever & Brucellosis	Differentiate bacterial infections	Perform abdominal examination	Counsel patients on hygiene	SGD/Bedside Sessions
8	Thursday Evening	Infectious Diseases	STDs	Recall etiology, clinical features, and treatment	Take history, perform clinical examination	Counsel and educate patient	SGD/Bedside Sessions

SECTION V

Learning Management System (LMS) 26)

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 consist of 10 "best of 5" multiple choice questions (MCQs) on a 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 the 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.

Time 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 Outcomes
1.	Weekly	Date and time to be notified	Introduction to internal medicine, Foundation to Medical Ethics	C3	10 Mcqs/Image/video ospe	1)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 2)Recognize and evaluate different ethical problems including gap block, priority setting, moral dilemma and resolving conflict.
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 mechanism of acute inflammation. 2) Explain mechanism of sepsis and septic shock. 3) Explain pathogenesis of infectious diseases.
3.	Weekly	Date and time to be notified	Symptomatology 1 Symptomatology 2	C3	10 Mcqs/Image/video ospe	1) Recognize common symptoms including dyspnea, chest pain, cough, palpitations, vomiting, fever, edema, dysuria and fatigue. 2) Knows important steps involved in history taking of common symptoms. 3) Recognize abnormal lab findings in common symptoms.

4.	Weekly	Date and time to be notified	Common medical issues 1 Common medical issues 2	C3	10 Mcqs/Image/video ospe	1) Describe evaluation of patient with pain 2) Evaluate cause of chest discomfort and describe approach to a patient with fever. 3) Differentiate between faintness, syncope, dizziness 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 questions in history of common presentations in Gastroenterology 2) Evaluate different clinical presentations and treatment options for 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 between hematemesis, melena and hematochezia. 2) Evaluate common causes of GI bleeding. 3) Describe etiology of Ascites. 4) Classify different types of Ascites.
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 discuss and describe Bilirubin metabolism and pathophysiology of Jaundice as increased bilirubin production, decreased bilirubin uptake, obstruction in biliar tree 2) Discuss relevant questions on history to differentiate between different parasitic infections. 3) Overview of treatment
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 types of viruses causing Hepatitis and their natural course of disease. 2) Interpret Clinical features and

						complications of viral hepatitis 3). Interpret Investigations to diagnose different viral hepatitis and for complications.
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 examination of patients with infectious disease. 2) Evaluate presenting problems in infectious disease in relation to different symptoms. 3) Recognize causes/etiology of P.U.O.
9.	Weekly	Date and time to be notified	Brucellosis Influenza	C3	10 Mcqs/Image/video ospe	1) Describe investigations, differential diagnosis, complications and treatment of brucellosis 2) Recall epidemiology of influenza. 3) Interpret clinical findings. and abnormal lab investigations.
10.	Weekly	Date and time to be notified	HIV and immunodeficiency Poliomyelitis	C3	10 Mcqs	1) Describe clinical examination of patients with HIV infection 2) Interpret investigations, differential diagnosis, complications and management 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 symptoms of dengue fever. 2) Differentiate between DF, DHF, and DSS on the basis of symptoms, signs and lab parameters. 3) Interpret investigations and management of dengue 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) Differentiate clinical presentation of different types of anemia. Discuss Investigation plan according to the type of anemia 2) Recognize general approach, clinical assessment to a patient with anaphylaxis
13.	Weekly	Date and time to be notified	Lymphoproliferative Disorders Myeloproliferative Diseases	C3	10 Mcqs/Image/video ospe	1) Differentiate between leukemias and lymphomas Recognize risk factors Classify leukemias 2) Recognize types of lymphoma and staging. 3) Differentiate between different myeloproliferative disorders. 4) Discuss investigations and management of myeloproliferative disorders
14.	Weekly	Date and time to be notified	Bleeding disorders Signs, symptoms and management of malaria	C3	10 Mcqs/Image/video ospe	1) Differentiate between different bleeding disorder 2) Discuss investigation and management of different bleeding disorders
15.	Weekly	Date and time to be notified	Hypertension Ischemic heart disease	C3	10 Mcqs/Image/video ospe	1) Enlist causes of hypertension 2) Evaluate clinical manifestations of hypertension including target organ damage. 3) Outline investigations and management of hypertension 4) Interpret clinical manifestation of ischemic heart disease including stable angina, unstable angina, MI and heart failure
16.	Weekly	Date and time to be notified	Rheumatic fever	C3	10 Mcqs/Image/video	1) Describe clinical manifestations and JONES

			Infective endocarditis		ospe	criteria for diagnosis of RF. 2) Explain clinical features of IE and Dukes' criteria. 3) Interpret investigation of IE. Outline management of IE
17.	Weekly	Date and time to be notified	Valvular heart disease Asthma and COPD	C3	10 Mcqs/Image/video ospe	1) Differentiate between clinical features of valvular heart disease including mitral stenosis, mitral regurgitation, aortic stenosis, aortic regurgitation, tricuspid stenosis, tricuspid regurgitation, pulmonary stenosis, and pulmonary regurgitation. 2) Describe pathophysiology of COPD 3) Enumerate risk factors for development of COPD.
18.	Weekly	Date and time to be notified	Pleural Effusion Seminar on TB	C3	10 Mcqs/Image/video ospe	1) Define pleural effusion. Classify and explain different types of pleural effusion. 2) Evaluate causes and clinical features of pleural effusion. 3) Interpret clinical features of Pulmonary and extra pulmonary Tuberculosis 4). Outline Investigations and management plan of Tuberculosis

SECTION VI

Self Directed Learning or Medicine Clerkship

Self-Directed Learning (SDL) is an essential component of competency-based medical education. It encourages students to take responsibility for their own learning while faculty act as facilitators.

For 3rd Year MBBS, SDL aims to:

Students will learn to link patient symptoms with clinical findings and basic investigations.

- Develop basic clinical reasoning
- Strengthen history taking and examination skills
- Introduce symptom-based learning
- Encourage independent reading from standard medical resources
- Prepare students for clinical clerkship and OSCE examinations

Alignment with 3rd Year Clinical Curriculum

SDL activities are aligned with core competencies expected from 3rd year students:

Clinical Skills

- Structured history taking
- General physical examination
- Systemic examination

Clinical Reasoning

- Recognizing common symptoms
- Formulating basic differential diagnosis
- Identifying red flag symptoms

Investigations

- Understanding indications of basic investigations
- Interpretation of common laboratory tests

Professional Skills

- Patient communication
- Team-based learning
- Documentation and reflective practice

Rotation Structure and Time Allocation

- Interactive LGIS= 40 Hours
- Typical 3rd Year Clinical Rotation Duration: 20 Weeks
- Activity Hours : 4 days per week, 10 Hours/week
- Total: 200hours
- Evenings in ward and emergency : 114 hours
- SDL: 4hours/week= 80 hours
- TOTAL MEDICINE AND ALLIED HOURS= 434

SDL proportion of total learning time

- $80 / 434 \approx 19\%$
- Recommended target: 20% protected SDL time

SDL Design Based on Clinical Themes

Each SDL session will follow a structured clinical approach

Standard Learning Pathway

- Presenting Complaint
- Important History Questions
- Differential Diagnosis
- Physical Examination Findings
- Basic Investigations
- Initial Management Principles
- Possible Complications
- Patient Counselling

Roles and Responsibilities

Students are expected to:

- Identify learning objectives from clinical cases
- Review standard textbooks
- Prepare short 5–7 minute discussion topics
- Participate actively in group discussion
- Maintain SDL logbook

Facilitator (Faculty / Senior Registrar) will:

- Guide clinical discussion
- Ensure correct clinical reasoning
- Clarify difficult concepts
- Provide feedback to students
- Verify SDL logbook entries

SDL Session Workflow

- Each SDL session will follow the same structure.
- **Pre-session Preparation**
- Students receive:

- Case scenario
- Topic or symptom
- Suggested references
- Preparation time: 24 hours

SDL Session Structure

- Activity Time
- Define learning objectives 5 minutes
- Case discussion 20 minutes
- Examination discussion 20 minutes
- Investigation interpretation 10 minutes
- Summary & feedback 5 minutes
- Total: 60 minutes (1 hour)

Learning Resources

- Students are encouraged to use:
- Core Textbooks
- Davidson's Principles and Practice of Medicine
- Macleod's Clinical Examination
- Additional Resources
- Clinical case discussions
- RMU Learning Management System (LMS)
- Clinical videos and examination demonstrations
 - <https://youtu.be/vreCONISwZs?si=0AmgucUrdMLeb28f>
 - https://youtu.be/_63yg8GIK_4?si=bcUekbkhPp50t9gk
 - https://youtu.be/RuUH_rhm5UY?si=3glsXfHISqsVA2nR
 - <https://youtu.be/aPmQN2pqPsM?si=dT7EoQpT6Ewh-4hf>
 - https://youtu.be/_i8NB9pNGeE?si=7prW_v8vwJ7aAgeK
- *Clinical procedure demonstrations
 - <https://youtu.be/WZvIw0SnYrE?si=0PpkMTf70S6yXomM>
 - <https://youtu.be/vE99rZ7JT3Q?si=kKFis9dP5e4CTCgH>

https://youtu.be/pfAhHZQpenM?si=vX_7gs7JpmlusBT5
<https://youtu.be/hKiakPX6AdQ?si=q41EGbq6DDCEI4Qu>
https://youtube.com/shorts/56m-Cq8Nxf0?si=Ybp6nG5hyoDWmoP_

Assessment Framework

- SDL will include formative assessments.
- 2 Weekly Assessment
- LMS MCQ Quiz (15–20 MCQs)
- Short reflective note

Self directed learning- clinical themes -module-i history taking and GPE

Week 1-2

1	Introduction to Medical Ethics	<p>1- A 45 years old male patient with terminal cancer refuses further chemotherapy despite his family insisting to continue treatment.</p> <p>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.</p> <p>3- A patient with advanced dementia has an advance directive refusing artificial ventilation .The family insists on ventilation when patient develop resp. failure.</p>
2	Introduction to History taking skills	<p>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.</p> <p>2- A 29 years old female patient presented with loose motions for 2 days and vomiting. She also complains of diffuse abdominal pain.</p> <p>3- A 30 years old male presented with high grade fever with rigors and chills for 2 days.</p>
3	Introduction to GPE	<p>1- A 28-year female presented with history of excessive menstrual bleeding for 1 year, she complains of palpitations and fatigue as well. On examination she is pale as well.</p> <p>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.</p>
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 THEMES 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-Clinical Themes- 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-Clinical Themes-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?		

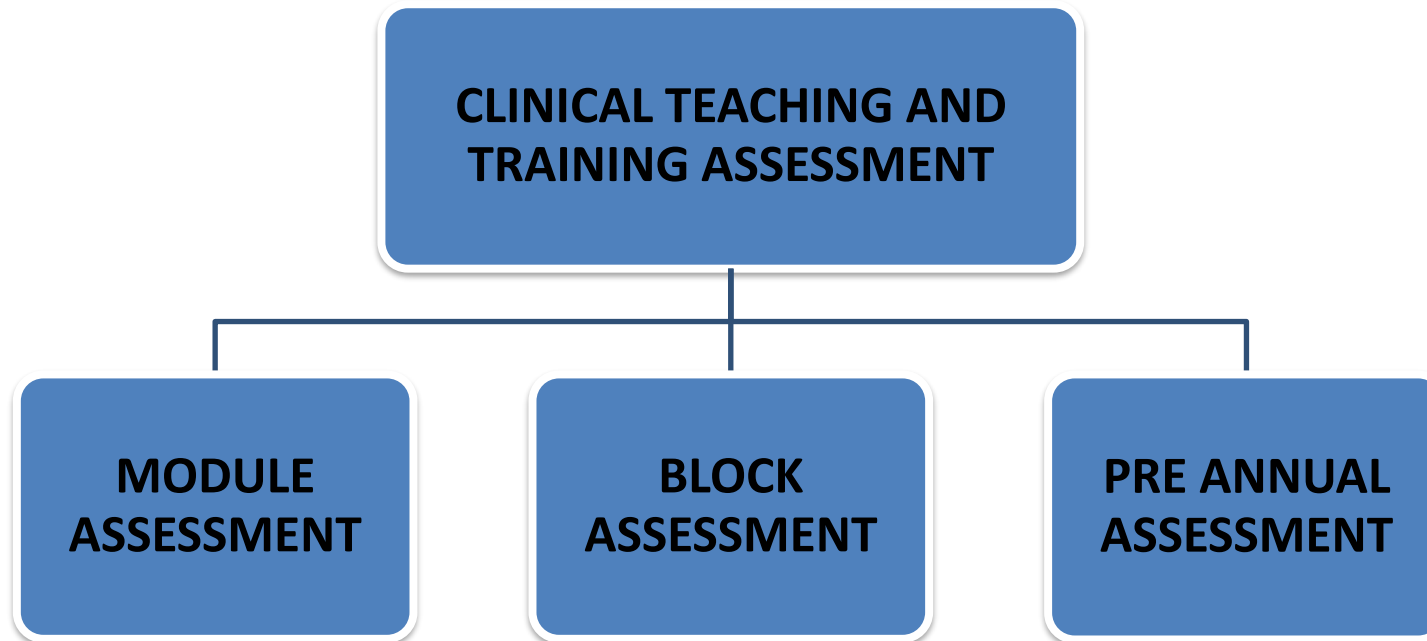
Self Directed Learning-Clinical Themes- Module-V Cvs

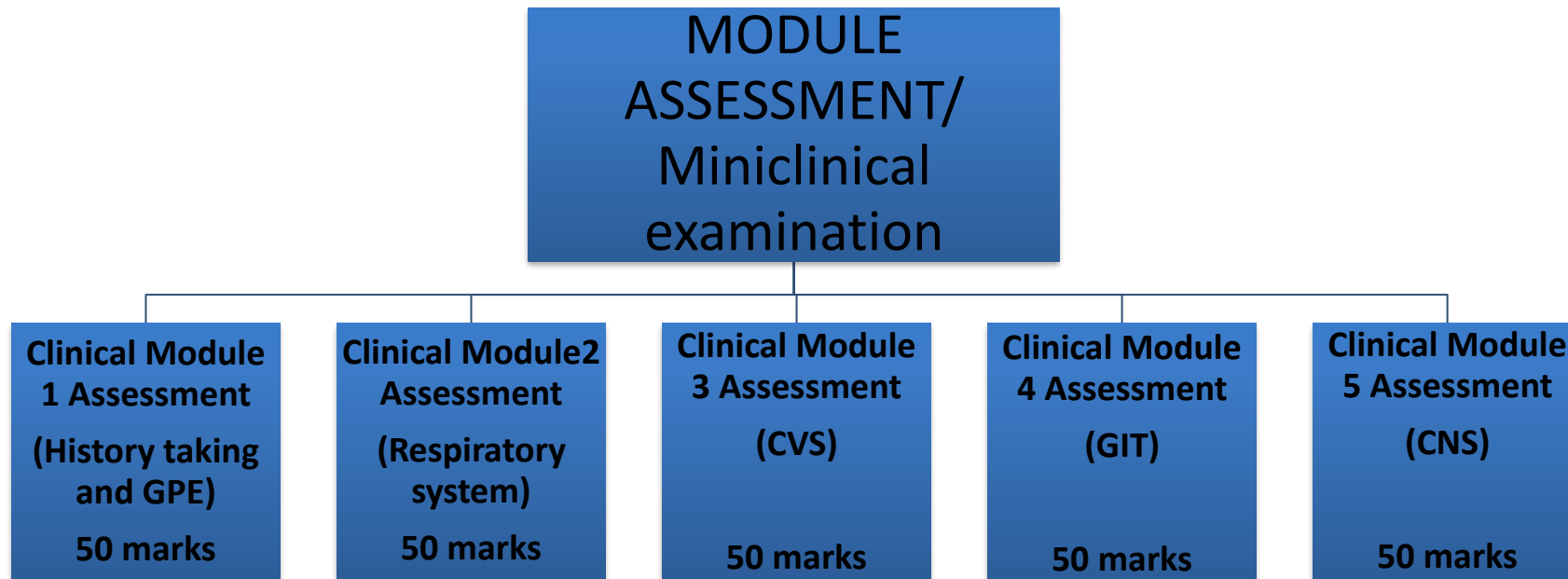
WEEK 9 and 10

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 persistent fever, fatigue and a new heart murmur.
3	Approach to patient with infective endocarditis	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.		
Correlate 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?		

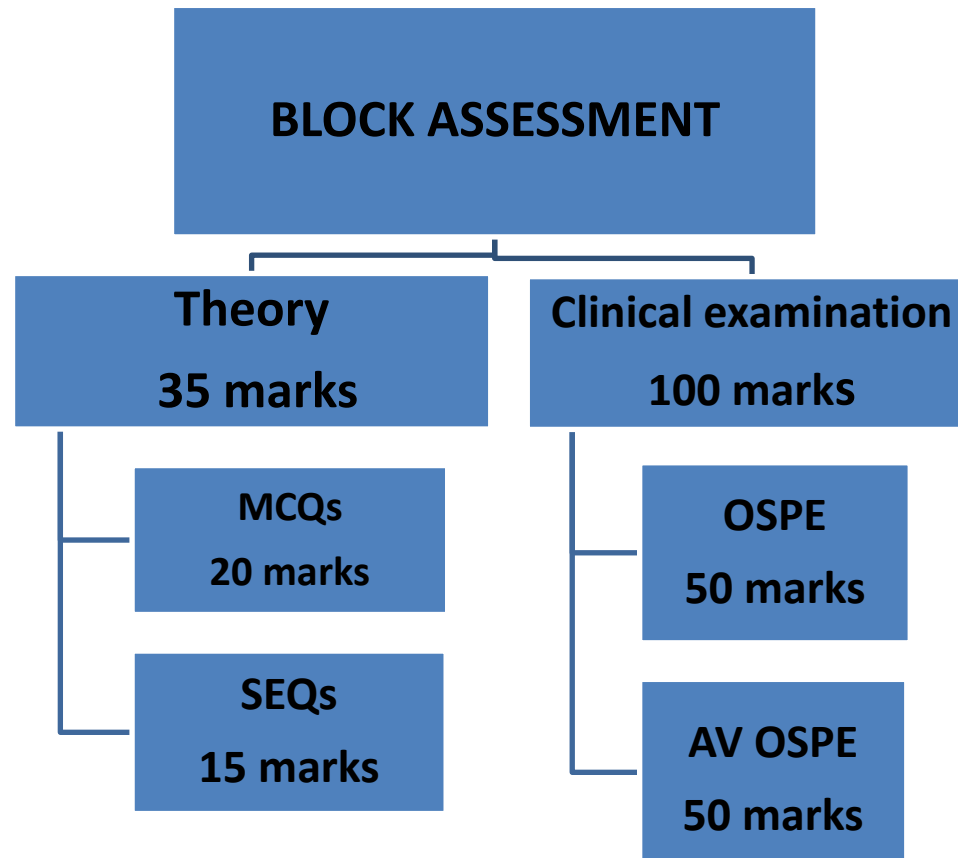
TIPS

- 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
- .

SECTION VII**Assessment**



AVERAGE MODULE ASSESSMENT= MODULE 1+MODULE 2+MODULE 3+MODULE 4+MODULE 5/5 = 50/5= 10



Block Assessment Third Year (Medicine)

It consists of two components:

- Written Examination
- Clinical Examination

Written Examination:

- It will consist of 20 MCQs, 3 SAQs in block theory paper
- Core concept of MCQs will be to assess knowledge of students regarding basic concepts of history taking and clinical examination.

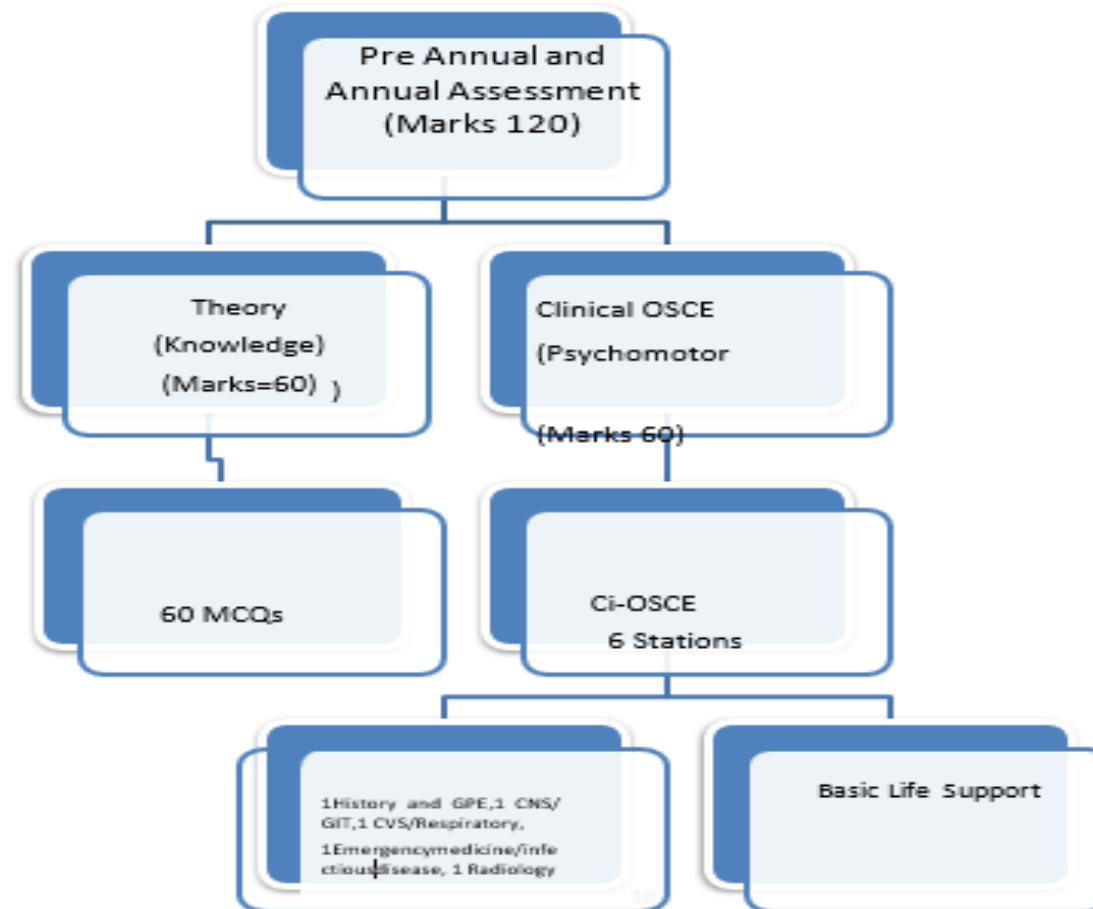
Clinical Examination:

Consists of AV OSPE and clinical OSCE

- There will be 10 stations of audiovisual OSPE, each station will be of 5 marks, total marks 50.
- There will be total 5 stations of clinical OSCE, One station for history taking, 4 stations for examination of all 4 major systems GIT, CVS, CNS and Respiratory system, each station will be of 10 marks, total 50 marks.

Block Exam Stations	Marks Distribution (100 marks)	Time Allocation 1 Hour 15 mins
CLINICAL OSCE	5*10=50 marks	Total time=25 min
• History taking	10	05 mins
• Short case (CVS)	10	05 mins
• Short case (Respiratory)	10	05 mins
• Short case (GIT) • Short case (CNS)	10	05 mins
Clinical Video/ Audio/Pictorial OSPE (10)	10(5) = 50 marks	50 mins

Medicin & Allied 3rd Year MBBS 2025



Theory Paper (Knowledge)

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

	Topic Distribution	MCQs- 60
1	Foundation module 2	10
2	Foundation module 3	10
3	Gastrointestinal Module	10
4	Infectious disease module	10
5	Hematology and Immunology Module	10
6	Cardiovascular / Respiratory Module	10

TOS Distribution for MCQs of Theory Paper(knowledge)

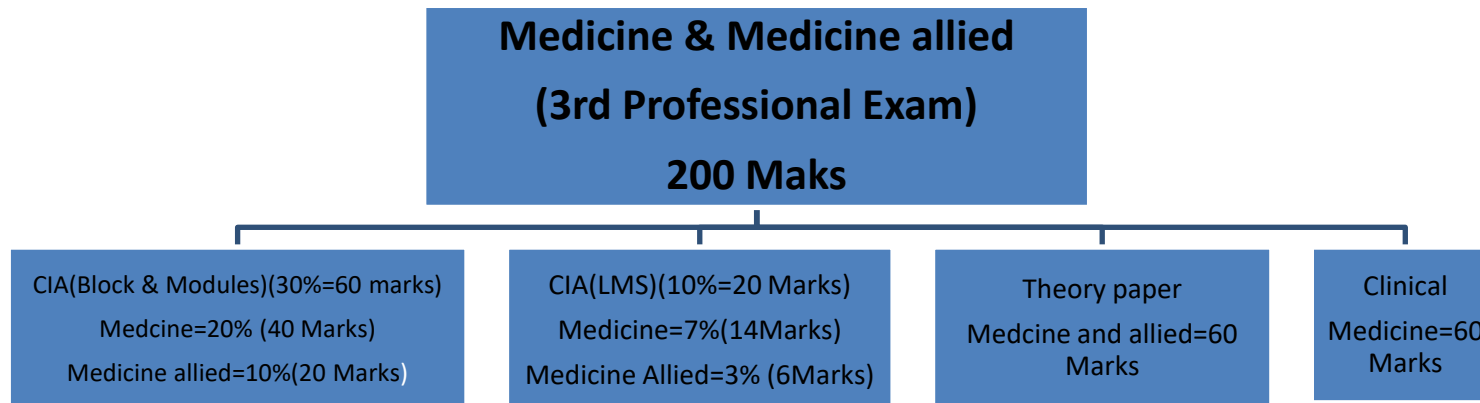
Topic	Impact	Frequency	I*F	Weightage	No. of items	Basic knowledge	Diagnosis	Investigation	Treatment
Foundation Module 2	3	3	9	0.16	10	4	3	2	1
Foundation Module 3	3	3	9	0.16	10	4	3	2	1
Gastrointestinal Module	3	3	9	0.16	10	4	3	2	1
Infectious disease module	3	3	9	0.16	10	4	3	2	1
Hematology and immunology	3	3	9	0.16	10	4	3	2	1
Cardiovascular and respiratory module	3	3	9	0.16	10	4	3	2	1
				1	60	24	18	12	6

Clinical OSCE

Short cases	Basic Life Support Station	Total
5 Stations 1 History taking and GPE 1 CNS/ GIT 1 Respiratory/CVS 1 Emergency medicine/ infectious disease 1 Radiology	1 Station	6 Stations
10 marks each/50 marks	10 marks	60 marks
5 minutes each (25 min total)	5 minutes	30 minutes

CONTINUOUS INTERNAL ASSESSMENT (CIA)

CIA of 3rd year is of 40% (80marks) of total 200 marks.



Tos Of End Block Of Medicine

Roll No.	Name of student	CIA (80 marks)						FINAL PROFESSIONAL (120 marks)			GRAND TOTAL (200marks)
		LMS BASED ASSESSMENT (20 marks)			END BLOCK (60 marks)			THEORY (60marks)	CLINICAL (60marks)	TOTAL (120marks)	
		Medicine (14marks)	Allied Medicine (6marks)	TOTAL (20marks)	Medicine (40marks)	Allied medicine (20marks)	TOTAL (60marks)				

CIA Of Module And End Block Of Medicine (20% Medicine, 10% Allied Medicine)

Medicine						ALLIED MEDICINE	
Roll No.	Name of Student	Theory (100marks)		Clinical (100marks)		Clinical (100marks)	
		Mcqs(60mark S)	Saqs(40m Arks)	AV OSPE(50marks)	CLINICAL OSCE(50marks)	AV OSPE(50marks)	CLINICAL OSCE(50marks)

Medicine CIA											
Roll No.	Name of Student	Marks	Module - 1	Module-2	Module-3	Module-4	Module-5	Clinical Block-	Sum of Theory Blocks (LGIS)	Total	CIA 20% weightage of Module & Block Exam (40 Marks)
		Obtained Marks	35	35	45	35	35	75	70	330	29.33
										(73%)	(73%)
		Total Marks	50	50	50	50	50	100	100	450	40

Medicine Allied CIA											
Roll No.	Name of Student	Marks	Module - 1	Module-2	Module-3	Module-4	Module-5	Clinical Block	Sum of Theory Blocks	Total	CIA 10% weightage of Module & Block Exam (20 Marks)
		Obtained	35	35	45	35	35	75	NA	260	14.8
		Marks								(74%)	(74%)
		Total	50	50	50	50	50	100	NA	350	20
		Marks									

CIA LMS BASED ASSESSMENT (7% Medicine , 3%allied Medicine)

Medicine											
Roll No.	Name of Student	Marks	LMS MODULE - 1	LMS MODULE - 2	LMS MODULE - 3	LMS MODULE - 4	LMS MODULE - 5	LMS BLOCK CLINICAL	LMS Theory (sum of all 20 LMS)	Total Marks	CIA 7% Weightage of LMS (14 Marks)
		Obtained	15	15	18	18	15	40	80	201	11.2
		Marks								(80.4%)	(80.4%)
		Total	20	20	20	20	20	50	100	250	14
		Marks									

Medicine allied

Roll no.	Name of Student	Marks	LMS MODULE- 1	LMS MODULE- 2	LMS MODULE - 3	LMS MODULE - 4	LMS MODULE - 5	LMS BLOCK CLINICAL	Total Marks	CIA 3% Weightage of LMS (6 marks)
		Obtained	15	15	18	18	15	40	121	4.8
		Marks							(80.66%)	(80.66%)
		Total	20	20	20	20	20	50	150	6
		Marks								

Final Professional Assessment Medicine And Allied (120 Marks)

Theory					Clinical		
Roll No.	Name of Student	Block 1 (20marks)	Block 2 (20marks)	Block 3 (20marks)	Block 1 (20marks)	Block 2 (20marks)	Block 3 (20marks)

Execution Plan For 3rd Year Final Professional

CLINICAL OSCE (Medicine)

1. Overview of Exam Structure

- Duration: 2 Days
- Parallel Halls per Day: 3 (Hall A, Hall B, Hall C)
- Stations per Hall: 6 stations
- Time per Station: 5 minutes
- Students per Rotation/cycle: 18 students per 30 minutes
- Exam Timing: 8:00 AM – 1:00 PM (5 hours)
- Students per Day: 180
- Total Students (2 Days): 360

2. Pre-Exam Planning (2–3 Weeks Before Exam)

A. Academic Preparation

1. Finalize:

Blueprint according to curriculum

Distribution of systems (CVS, CNS, Respiratory, Endocrine, GIT, Emergency, Communication, etc.)

2. Prepare:

Station scenarios

Examiner checklists (objective marking scheme)

Model answers

3. Validation meeting with:

SRs

PGTs

Supervising AP

4. Print:

Student mark sheets

Examiner scoring sheets

Attendance sheets

Station instructions

B. Human Resource Allocation

As per document:

3 Teams per Day

Each team: SRs + PGTs (Level 4)

Total Examiners per Day: 18

Moderator: 1 Assistant Professor in each Hall (total 3)

Head examiner: 1 internal examiner, 1 external examiner

Allocation:

Hall	Stations	Examiners Required
Hall A	6	6 examiners
Hall B	6	6 examiners
Hall C	6	6 examiners

1 Overall moderator in each hall (AP)
 1 Timekeeper per Hall
 2–3 Support staff per Hall

3. Station Arrangement

Each hall will have 6 stations arranged in circular rotation.

Types of Stations

1. History taking ,GPE
2. BLS station
3. GIT /CNS short case
4. Emergency Station
5. CVS/Resp short case
6. Radiology station

Ensure:

- Clear station number display
- Bell/timer system
- Printed instructions pasted outside each station

4. Exam Day Execution Plan

- A. Before 8:00 AM
- 7: 30AM: Examiners briefing
- Explain scoring system

Emphasize objectivity

No prompting

No teaching

7:45 AM:

Students assemble

Roll number grouping (18 per batch per hall)

Instructions explained

B. Rotation System

18 students enter per hall

5 minutes per station

Bell after 5 minutes

1 minute transition

Full rotation completed in 30 minutes

Next batch enters immediately

Total cycles per day:

5 hours = 10 cycles

$18 \times 10 = 180$ students per day

5. Student Flow Management

Division Example:

Hall	Batch Size	
A	60	students
B	60	students
C	60	students

Total 180 per day

Students must:

Leave bags outside

Wear white coat

Carry ID card

6. Marking & Documentation

- structured checklist and keys for examiners
- Each station: fixed marks (e.g., 10 marks)
- Total OSCE marks calculated after exam
- Collect mark sheets after each cycle
- Marks entered same day

7. Quality Control Measures

- AP rotates among halls
- Random review of scoring sheets
- Ensure equal difficulty across halls
- Avoid repetition of cases if possible
- Maintain patient confidentiality

8. Post-Exam Process

1. Cross-check marks
2. Compile results
3. Statistical review (mean, SD, pass percentage)
4. Feedback meeting with examiners
5. Documentation filing

9. Contingency Planning

- Backup examiner available
- Extra printed sheets
- Backup timer/bell
- Replacement standardized patient if needed
- Technical backup for ECG/X-ray display

10. Suggested Time Table (Sample)

Time	Activity
7:30– 7:45	Examiner briefing
7:45 – 8:00	Student instructions
8:00 – 1:00	OSCE cycles (10 rounds)
1:00 – 1:30	Collection & verification of marks

Examination logistics

Couches total required 9 -18

Chairs 36 chairs

Tables 18

Screens 18

Bell

Timer

Award sheets

Attendance sheets

Answer /Respose sheets

Station questions paper 3 sets each day

patients/simulators 9-18

BLS dummies 3

2 days exam

3 parallel halls/Day

360 students in 2 days

6 stations in each hall

5 minutes to each station

18 students in 30 minutes

180 students in 5 hrs (8.00am to 1pm) 1.00pm)

3 teams of examiners for 3 halls (SRs + PGT level 4

upervised by one AP) (18 examiners per Day

Section VIII

TIMETABLES

Foundation Module 2 Timetable

Timetable 3rd Year Mbbs -Foundation Module Ii-2026

(2nd and 3rd Week)

Date/Day	8:00-11:00AM	11:00-12:00PM	12:00PM-02:00PM						
Monday 23-02-2026		Pharmacology*L-13	Batch	Discipline	Topic	Facilitator	Venue	Home assignment	
		Absorption of Drugs	A	Pharmacology P-4	Pharmacological Calculations-II	Dr Aisha	Pharma Lab	SDL Pharma	
		Even	Odd	B	Forensic Medicine P-5	Osteology	Dr. Naila/Dr Gulzeb		Forensic Lab
		Dr Zari	Dr Haseeba	C	Pathology P-6	Fatty Change, Calcification Pigmentation	Dr. Syeda Ayesha		Pathology Lab
Tuesday 24-02-2026	Clinical Clerkship	Pharmacology *L-14	Batch	Discipline	Topic	Facilitator	Venue		
		Distribution of drugs-I (central and peripheral))	B	Pharmacology P-4	Pharmacological Calculations-II	Dr Aisha	Pharma Lab	SDL Patho	
		Even	Odd	C	Forensic	Osteology	Dr.	Forensic	

					Medicine P-5		Naila/Dr Gulzeb	Lab	
		Dr. Zunera	Dr Zari	A	Pathology P-6	Fatty Change, Calcification Pigmentation	Dr. Syeda Ayesha	Pathology Lab	
Wednes day 25-02-2026		Pharmacology*L-15		Batch	Discipline	Topic	Facilitator	Venue	
		Distribution of drugs-II (Factors affecting distribution)		C	Pharmacology P-4	Pharmacological Calculations-II	Dr Aisha	Pharma Lab	SDL Forensic Medicine
		Even	Odd	A	Forensic Medicine P-5	Osteology	Dr. Naila/Dr Gulzeb	Forensic Lab	
		Dr Zunera	Dr Zari	B	Pathology P-6	Fatty Change, Calcification Pigmentation	Dr. Syeda Ayesha	Pathology Lab	
Thursday 26-02-2026		Pathology *L-16		Pharmacology*L-17		Pharmacology*L-18			SDL Behavioral Sciences
		Cellular aging and intracellular accumulations		12:00-01:00PM		01:00-02:00PM			
				Biotransformation-I (Phases of biotransformation)		Biotransformation-II (Factors)			
		Even	Odd	Even	Odd	Even	Odd		
		Dr Kiran Fatim	Dr Fatima Tuz	Dr Zari		Dr Zunera		Dr Zari	Dr Zunera
Friday 27-02-2026	08:00-08:5AM	08:45-09:30AM	09:30-10:15AM	10:15-11:00AM	11:00-12:00PM				
	Medicine *L-19	Surgery *L-20	Pharmacology *S-4	Pathology *L	Pathology **S5				
	Acute & chronic inflammation	Surgical Infection	Enzyme induction & inhibition	Acute Inflammation Vascular events	Chronic Inflammation				
	Even	Odd	Even	Odd	Even	Odd	Dr. Shabih Haider A Dr Rubab Fatima B Dr Qaiser C Dr Syeda Aisha D		
	Dr Saima	Dr Arif	Dr Abiha SU-I(BB)	Dr. Sarmad SU-II BBH Dr Memuna C Dr Aisha D	Dr. Kiran	Dr. Fatima Tuz z			

			H									
Saturday 28-02-2026	08:00-08:5AM		08:45-09:30AM		09:30-10:30AM		10:30-11:00AM		11:00-12:00PM		12:00-01:00PM	01:00-02:00PM
	Behavioral sciences *L-22		Medicine *L-23		Surgery *L-24		BREAK		Pharmacology*L-25	Pathology ***C-2	Pharmacology *S3	
	Non-pharmacological interventions		Common Medical Issues -1 and 2		Sterilization and disinfection				Bioavailability	Granulomatous inflammation	Factors Affecting Absorption	
	Even	Odd	Even	Odd	Even	Odd	Even	Odd	Dr Sabih Haider A	Dr Memuna A		
Dr Mehbood	Dr Sadia	Dr Saima	Dr Arif	Dr.Rahat SU-I(BBH)	Dr.Ramiah SU-II(BBH)	Dr Haseeba	Dr Zunera	Dr Mahjabeen B	Dr. Arsheen B	Dr. Zoefishan C	Dr Afira D	

Date/Day	8:00-10:45AM	10:45-11:30AM	11:30AM-01:00PM					
Monday 02-03-2026	Pharmacology*L-27		Batch	Discipline	Topic	Facilitator	Venue	Home assignment
	Half life		A	Pharmacology P-7	Biostatistics-I	Dr Uzma	Pharma Lab	SDL Pharma
	Even	Odd	B	Forensic Medicine P-8	Dactylography	Dr. Naila/Dr Gulzeb	Forensic Lab	
	Dr Attiya	Dr Haseeba	C	Pathology P-9	Diagnosis of acute inflammation	Dr Faiza Zafar	Pathology Lab	
Tuesday 03-03-2026	Pharmacology *L-28		Batch	Discipline	Topic	Facilitator	Venue	
	Excretion of drugs		B	Pharmacology P-7	Biostatistics-I	Dr Uzma	Pharma Lab	SDL Patho
	Even	Odd	C	Forensic Medicine P-8	Dactylography	Dr. Naila/Dr Gulzeb	Forensic Lab	
	Dr. Afira	Dr Zoefishan	A	Pathology P-9	Diagnosis of acute inflammation	Dr. Faiza Zafar	Pathology Lab	
Wednesday 04-03-2026	Forensic *L-29		Batch	Discipline	Topic	Facilitator	Venue	
	Legal aspects of medical practice IV		C	Pharmacology P-7	Biostatistics-I	Dr Uzma	Pharma Lab	SDL Forensic Medicine
	Even	Odd	A	Forensic Medicine P-8	Dactylography	Dr. Naila/Dr Gulzeb	Forensic Lab	
	Dr Sharukh	Dr Filza	B	Pathology P-9	Diagnosis of acute inflammation	Dr. Faiza Zafar	Pathology Lab	
Thursday 05-03-	Pathology ***L-30		Pharmacology*C-31			Pathology S6		

2026					Cellular events of acute inflammation	11:30-12:15PM		12:15-01:00PM		SDL Behavioral Sciences	
						Pharmacogenetics		Mechanism of tissue regeneration			
					D			Dr Rubaab			
					Dr Fatima Tuz Zahra	Dr Kiran Fatima	Dr Zoefishan A Dr Afiraba B Dr Meemunah C Dr Ayisha A		Dr Fatima A Dr Syed Iqbal Haider B Dr Aqsa C Dr Syeda Aisha D		
Friday 06-03-2026	08:00-08:5AM		08:45-09:30AM		09:30-10:15AM		10:15-11:00AM		11:00-12:00PM		
	Medicine *L-32		Behavioral Sciences *L-33		Pathology *S-7		Surgery L 34		Pathology C		
	Physiological response to infection		Informational Care		Consequences of inflammation		Wound Healing and Repair		Healing by secondary Intention		
	Even	Odd	Even	Odd	Dr Sarah Rafi A Dr Faiza Zafar C Dr Qaiser D	Even	Odd	Dr. Rubab Fatima A Dr. Mahjabeen B Dr. Aqsa C Dr Salma D			
	Dr Saima	Dr Arif	Dr Mehboob	Dr Sadiha		Dr Asifa (SU-1)	Dr Qasim (SU-2)				
Saturday 07-03-	08:00-08:50AM		08:50-09:40AM		09:40-10:30AM		10:30-11:20PM		11:20-12:10PM		12:10-01:00PM

2026	Surgery *L-38		Pathology***S-7	TCRF Case: “When Inflammation Alters the Dose: Infection, Organ Dysfunction, and Rational Drug Use” Transdisciplinary Session by Department of Pharmacology, Pathology, Forensic Medicine, Medicine, Surgery, Family Medicine and Behavioral sciences. Pathology: Dr Sarah Rafi, Dr Sabih Haider Pharmacology: Dr Attiya Munir Medicine: Dr Arif	Pharmacology *L-39	Pathology *L-40	Research *L-41			
	Metabolic response to injury		Abnormalities in Tissue Repair		Therapeutic Drug Monitoring	Cellular mediators of inflammation		Normal distribution curve		
	Even	Odd			CPC	Even	Odd	Even	Odd	
	Dr Abdul Qadir RTH	Dr. Irfan RTH	Dr. Mahjabeen A Dr Syed Iqbal Haidet B Dr Sabih Haider C Dr Syeda Aisha D		Dr Zari Salahuddin	Dr Kiran	Dr Fatima tuz Zahra	Dr Imran a	Dr Mehjabeen	

Timetable 3rd Year Mbbs -Foundation Module II-2026 (4th Week)

Date/Day	8:00-10:45AM	10:45-11:30AM	11:30-01:00PM						
Monday 09-03-2026	Clinical Clerkship	Pharmacology*L-42	Batch	Discipline	Topic	Facilitator	Venue	Home assignment	
		Mechanism of drug action I	A	Pharmacology P-10	Biostatistics-II	Dr Memuna	Pharma Lab	SDL Pharma	
		Even	Odd	B	Forensic Medicine P-11	Odontology	Dr. Urooj/Dr Roohina		Forensic Lab
		Dr Attiya	Dr Zunera	C	Pathology P-12	Diagnosis of chronic & granulomatous inflammation	Dr Syed Iqbal Haider		Pathology Lab
Tuesday 10-03-2026	Clinical Clerkship	Pharmacology *L-43	Batch	Discipline	Topic	Facilitator	Venue		
		Mechanism of Drug Action II	B	Pharmacology P-10	Biostatistics-II	Dr Memuna	Pharma Lab	SDL Patho	
		Even	Odd	C	Forensic Medicine P-11	Odontology	Dr. Urooj/Dr Roohina		Forensic Lab
		Dr Attiya	Dr Zunera	A	Pathology P-12	Diagnosis of chronic & granulomatous inflammation	Dr Syed Iqbal Haider		Pathology Lab
Wednesday 11-03-2026	Clinical Clerkship	Pharmacology *L-44	Batch	Discipline	Topic	Facilitator	Venue		
		Dose Response curve I	C	Pharmacology P-10	Biostatistics-II	Dr Memuna	Pharma Lab	SDL Forensic Medicine	
		Even	Odd	A	Forensic Medicine P-11	Odontology	Dr. Urooj/Dr Roohina		Forensic Lab

				Dr Haseeba	Dr Zunera	B	Pathology P-12	Diagnosis of chronic & granulomatous inflammation	Dr Syed Iqbal Haider	Pathology Lab	
Thursday 12-03-2026	Pharmacology *L		Pharmacology**L-3					Pharmacology *L-45			
	Dose Response Curve II		11:30-12:15PM Factors affecting drug Action I					12:15-01:00PM Factors affecting drug Action II		SDL Behavioral Sciences	
	Even	Odd	Even			Odd		Even	Odd		
	Dr Haseeba	Dr Zunera	Dr Attiya			Dr Haseeba		Dr Attiya	Dr Haseeba		
Friday 13-03-2026	08:00-08:5AM	08:45-09:30AM	09:30-10:15AM	10:15-11:00AM		11:00-12:00PM					
	Pharmacology *L-46	Forensic Medicine *L-47	Forensic Medicine	Pharmacology *L -48		Research *L-49					
	Tolerance and Tachyphyla		Personal identity –I	Personal identity II	ADR		Hypothesis testing				
	Even	Odd	Even	Odd	Even	Odd	Even	Odd			
	Dr Zoefishan	Dr Afirana	Dr Filza	Dr Shahida	Dr Filza	Shahida	Dr Attiya	Dr Zunera	Dr Imran	Dr Mehjabeen	

Foundation Module 3 Timetable (1ST Week)

Date/Day	8:00-11:00AM	11:00-12:00PM	12:00PM-02:00PM					
ON LMS	Pharmacology *L- 01		Batch	Discipline	Topic	Facilitator	Venue	Home assignm
	Introduction to ANS		A	Pharmacology P-1	Effect of miotic on rabbit's eye	Dr Zoefishan	Pharma Lab	SDL Pharma
	Even	Odd						
	Dr. Affira	Dr. Aisha	B	Forensic Medicine P-2	Examination of Blood Stain	Dr Gulzaib & Dr	Forensic Lab	
		C	Pathology P-3	Chronic Venous Congestion,	Dr. Rubab Fatima	Pathology Lab		
Tuesday 24-03-2026	Pharmacology*L-02		Batch	Discipline	Topic	Facilitator	Venue	
	Parasympathomimetics-I		B	Pharmacology P-1	Effect of miotic on rabbit's eye	Dr Zoefishan	Pharma Lab	SDL Patho
	Even	Odd	C	Forensic Medicine P-2	Examination of Blood Stain	Dr Gulzaib & Dr.	Forensic Lab	
	Dr. Attiya	Dr. Haseeba	A	Pathology P-3	Chronic Venous Congestion,	Dr. Rubab Fatima	Pathology Lab	
Wednesday 25-3-2026	Forensic Medicine *L-03		Batch	Discipline	Topic	Facilitator	Venue	
	Forensic serology Trace		C	Pharmacology P-1	Effect of miotic on rabbi's eye	Dr Zoefishan	Pharma Lab	SDL Forensic Medicine
	Even	Odd	A	Forensic Medicine P-2	Examination of Blood Stain	Dr Gulzaib & Dr.	Forensic Lab	
	Dr Filza	Dr Shahida	B	Pathology P-3	Chronic Venous Congestion,	Dr. Rubab Fatima	Pathology Lab	
Thursday 26-3-2026	Forensic Medicine*L-04		Pathology *L 05		Pharmacology *L-06	Pathology ***C 01		
	11.00-11:45		11:45-12:30PM		12:30-01:15PM	01:15-02:00PM		
	Introduction to general toxicology		Diagnosis of Drug Toxicity		Parasympathomimetics-II	Lead poisoning		
	Even	Odd	Even	Odd	Even	Odd	Dr. Mah	
	Dr Shahrukh	Dr Filza	Dr. Sarah	Dr. Shabih	Dr. Attiya	Dr. Haseeba		

															Dr. Qaiser (PG BBH) D	
Friday 27-3- 2026	08:00-08:5AM	08:45-09:30AM	09:30-10:15AM	10:15-11:00AM	11:00-12:00PM											
	Medicine *L- 07	Surgery *L- 08	Pharmacology *L-09	Forensic Medicine*L- 10	Pharmacology ***C-02											
	Symptomology- 1 (common symptoms)	Symptomatology in surgery and their diagnostic investigations	Parasympatholytic drugs-I	Personal Identity-III	Organophosphate poisoning											
	Even	Odd	Even	Odd	Even	Odd	Even	Odd								
	Dr. Faran	Dr. Shehzad	Dr. Sarmad (SU II BBH)	Dr. Abdulbasit (SUI HFH)	Dr Zari	Dr Attiya	Dr. Filza	Dr. Shahida								Dr Zoefishan A Dr Memuna C Dr Uzma B Dr Arsheen D
Saturday 28-3-2026	08:00-08:45AM	08:45-09:30AM	09:30-10:15AM	10:15-10:30AM	11:00-12:00PM	12:00-01:00PM	01:00-02:00PM									
	Surgery *L-11	Pathology*L-12	Pharmacology *L 13	BREA K	Research *L-14	Behavioral sciences*L-15	Forensic Medicine*L-16	Pharmacology ***C 03								
	Perioperative management of patients	Pathophysiology of Thromboembolism	Parasympatholytic drugs-II		Infer statistics- 4	Handling difficult patients	Personal Identity-IV	Mushroom and dhatura poisoning								
	Even	Odd	Even	Odd	Even	Odd			Even	Odd	Even	Odd	Even	Odd		
	Dr. Zahid (SU II HFH)	Dr. Ibiad (SU II BBH)	Dr. kiran	Dr. Fatima	Dr Zari	Dr Attiya	Dr. Afifa	Dr. Mehwish	Dr. Mehboob	Dr. Azeem	Dr Shahrukh	Dr Filza	Dr Zoefishan A Dr Memuna C	Dr Afira B Dr Aishad		

Timetable 3rd Year Mbbs -Foundation Module Iii-2026 (2nd Week)

Date/Day	8:00-11:00AM	11:00-12:00PM	12:00PM-02:00PM					
Monday 30-3-2026	Pharmacology*L-17		Batch	Discipline	Topic	Facilitator	Venue	Home assignment
	Sympathomimetic drugs- I		A	Pharmacology P-4	Effect of mydriatics on rabbit's eye	Dr Memuna	Pharma Lab	SDL Pharma
	Even	Odd	B	Forensic Medicine P-5	Examination of hair and fiber	Dr Naila/ Dr Roheena	Forensic Lab	
	Dr. Zunera	Dr Zari	C	Pathology P-6	Diagnosis of benign neoplasia	Dr. Syeda Ayesha	Pathology Lab	
Tuesday 31-3-2026	Pharmacology *L-18		Batch	Discipline	Topic	Facilitator	Venue	
	Sympathomimetic drugs- II		B	Pharmacology P-4	Effect of mydriatics on rabbit's eye	Dr Memuna	Pharma Lab	SDL Patho
	Even	Odd	C	Forensic Medicine P-5	Examination of hair and fiber	Dr Naila/ Dr Roheena	Forensic Lab	
	Dr. Zunera	Dr Zari	A	Pathology P-6	Diagnosis of benign neoplasia	Dr. Syeda Ayesha	Pathology Lab	
Wednesday 01-4-2026	Pathology *L 19		Batch	Discipline	Topic	Facilitator	Venue	
	Embolism and Edema		C	Pharmacology P-4	Effect of mydriatics on rabbit's eye	Dr Memuna	Pharma Lab	SDL Forensic Medicine
	Even	Odd	A	Forensic Medicine P-5	Examination of hair and fiber	Dr Naila/ Dr Roheena	Forensic Lab	
	Dr. Sarah Rafi	Dr. Shabih	B	Pathology P-6	Diagnosis of benign neoplasia	Dr. Syeda Ayesha	Pathology Lab	
Thursday 02-4-2026	L Pharmacology *L-20		Pharmacology ***C-04		Pathology ***S- 02	Surgery *L-21		
	11:00-11:45		11:45-12:30PM		12:30PM-1:15	01:15-02:00PM		SDL

					Sympathomimetic drugs- III		Anaphylactic shock		Morphological changes in infarction		Principles of fluid and electrolyte balance		Behavioral Sciences			
	Even		Odd		Dr. Zuna A	Dr. Zofishan B	Dr. Aisha C	Dr. Syeda Aisha A	Dr. Faiza Zafar B	Dr. Iqbal Haider C	Dr. Rubab Fatima D	Even		Odd		
	Dr. Zuna A		Dr. Zari									Dr. Nazan (SU II BBH)				
Friday 03-4-2026	08:00-08:45AM		08:45-09:30AM		09:30-10:15AM		10:15-11:00AM		11:00-12:00PM							
	Medicine *L-22		Surgery *L-23		Forensic Medicine *L-24		Pathology ***S03		Family medicine *L-25							
	Symptomology- II		Blood and its products		Thanatology -I		Types of hemorrhage		Communication Skills in patient care Fundamentals of history taking							
	Even	Odd	Even	Odd	Even	Odd	Dr. Faiza Zafar A Dr. Mah Jabeen B Dr. Syeda Aisha C Dr. Salma (PH HFH) D		Even	Odd						
Dr. Faran	Dr. Shehzad	Dr. Sara (SUI HFH)	Dr. Hina (SU II BBH)	Dr. Filza	Dr. Sharukh			Dr. Ali Raza	Dr. Seemab							

Saturday 04-4-2026	08:00-08:5AM		08:45-09:30AM		09:30-10:30AM	10:30-12:30PM	12:30-01:15PM	01:15-02:00PM	
	Behavioral sciences*L-26		Forensic medicine *L-27		Pathology ***C-05	TCRF	Pathology ***S04	Pharmacology ***C-06	
	Breaking bad news		Thanatology -11		Pathogenesis of shock	CASE SCENARIO: HYPOVOLEMIC SHOCK DUE TO ROAD TRAFFIC ACCIDENT	Nomenclature and Characteristics of tumors	Pheochromocytoma	
	Even Dr Zona	Odd Dr Zarnain	Even Dr Filza	Odd Dr. Shahida	Dr. Rubab Fatima A Dr. Syeda Aisha B Dr. Salma (PG HFH) C Dr. Aqsa (PG BBH) D		Dr. Faiza Zafar A Dr. Mah Jabeen B Dr. Danish C Dr. Saman (PG BBH) D	Dr. uzma A Dr. aisha B Dr. arsheen C Dr. zoefishan D	

Timetable 3rd year mbbs -foundation module III-2026 (3rd Week)

Date/Day	8:00-10:45AM	11:00-12:00PM	12:00PM-02:00M					
Monday 06-4-2026	Clinical Clerkship	Pathology *L- 30	Batch	Discipline	Topic	Facilitator	Venue	Home assignment
		Diagnostic approach of malignant tumors	A	Pharmacology P-7	Introduction to P-drug and prescription writing	Dr Affira	Pharma Lab	SDL Pharma
		Even Odd	B	Forensic Medicine P-8	Examination of Seminal Stain	Dr Gulzaib/Dr Urooj	Forensic Lab	
		Dr Fatima Dr Kiran	C	Pathology P-9	Diagnosis of malignant neoplasia	Dr Faiza Zafar	Pathology Lab	
Tuesday		Pharmacology *L-31	Batch	Discipline	Topic	Facilitator	Venue	

07-4-2026	Alpha blockers		B	Pharmacology P-7	Introduction to P-drug and prescription writing	Dr Affira	Pharma Lab	SDL Patho
	Even	Odd	C	Forensic Medicine P-8	Examination of Seminal Stain	Dr Gulzaib/Dr Urooj	Forensic Lab	
	Dr. Attiya	Dr Haseeba	A	Pathology P-9	Diagnosis of malignant neoplasia	Dr. Faiza Zafar	Pathology Lab	
Wednesday 08-4-2026	Pathology *L- 32		Batch	Discipline	Topic	Facilitator	Venue	SDL Forensic Medicine
	Tumor suppressor genes in cancer		C	Pharmacology P-7	Introduction to P-drug and prescription writing	Dr Affira	Pharma Lab	
	Even	Odd	A	Forensic Medicine P-8	Examination of Seminal Stain	Dr Gulzaib/Dr Urooj	Forensic Lab	

		Dr Kiran	Dr Fatima	B	Pathology P-9	Diagnosis of malignant neoplasia	Dr. Faiza Zafar	Pathology Lab	
Thursday 09-4-2026		11:00-11:45		11:45-12:30PM			12:30-01:15PM	01:15-02:00PM	
		Pathology *L- 33		Pathology *L-34			Pharmacology *L-35	Pharmacology *L-36	
		Single gene disorders with atypical inheritance/ diagnosis of gene disorders		Chromosomal Disorders			Beta blockers-I	Beta blockers-II	
		Even	Odd	Even		Odd	Even	Odd	
		Dr Shabih	Dr Sara	Dr Kiran		Dr Fatima	Dr. Zunera	Dr. Haseeba	Dr Zuner a
Friday 10-4-2026	08:00-08:45AM	08:45-09:30AM		09:30-10:15AM			10:15-11:00AM	11:00-12:00PM	
	Pathology *L- 37	Behavioral Sciences *L-38		Pathology *L-39			Forensic medicine *L-40	Pathology ***S-05	
	Types of gene disorders and Prenatal diagnosis	Crisis intervention conflict resolution empathy		Mendelian Disorders			Thanatology-3	Carcinogenic agents and Tumor immunity Mol. basis of cancer	
	Even	Odd	Even	Odd	Even		Odd	Dr. Mah Jabeen A Dr. Iqbal Haider B Dr. Salma C Dr. Saman D	
	Dr. Sarah	Dr. Shabih	Dr. Faisal	Dr. Zona	Dr Kiran		Dr Fatima		Dr Shahrukh
08:00-08:45AM	08:45-09:30AM	9:30-9:45AM	9:45-10:30AM	10:30-11:15AM		11:15-12:00PM	12:00-01:00PM	1:00-2:00PM	
Forensic medicine *L-	Pathology ***C- 07	BREA K	Pathology ***S- 06	Research *L- 42		Beta blockers ***C-08	Pathology *L-43	Surgery *L- 44	

Saturday 11-4-2026	41										
	Thematology-4		Klinefelter Syndrome	Disorders of Vitamin Metabolism	Infer statistics- 5		Beta blockers- III	Pathophysiology of occupational diseases		Initial management of trauma	
	Even	Odd	Dr. Mah Jabeen A Dr. Iqbal Haider B Dr. Saman (PG BBH) C Dr. Rubab Fatima D	Dr. Iqbal Haider A Dr. Faiza B Dr. Aqsa C Dr. Danish D	Even	Even	Dr. Zoefishan C Dr. Memun D Dr. Uzma A Dr. Arsheen B	Even	Odd	Even	Odd
Dr. Shahida	Dr. Filza			Dr. Imran	Dr. Mahjabeen		Dr. Shabih	Dr. Sarah	Dr. Talha (SU I BBH)	Dr. Iffat (SU II BBH)	


GIT Module 3

TimeTable

DATE / DAY	8:00 AM	11:00 AM	11:00am – 12:00pm	12:00 PM – 02:00 PM					
Monday	BLOCK I EXAM								
Tuesday	Clinical Clerkship Batch : A Medicine Batch : B Surgery Batch : C Sub-Specialty (Refer to annexure 2)	Surgery*L-21		Batch	Discipline		Topic of Practical/CBL		
		Acute abdomen			B	Pharmacology	P-4	Demonstration of dose response relationship using rabbit ileum	Dr Attiya Munir;Dr Ayesha Dr Memuna ;Dr Zaheer Dr Zoefishan Dr Uzma; Dr Arsheen
		Even	Odd	C					
		Dr Abdul Qudir	Dr Rahat		A	Pathology	P-6	Acute appendicitis Intestinal TB	Dr Mudassira Zahid

							Crohn' disease CA colon	Dr Syeda Aisha Dr Unaiza Dr Mahjabee n Dr Faiza	
Wedn esday	Pathology S 2		Bat ch	Discipli ne		Topic of Practical			
	Intestinal obstruction & Vascular diseases of small intestine		C	Pharmacol	P- 4	Demonstration of dose response relationship using rabbit ileum	Dr Attiya Munir;Dr Ayesha Dr Memuna ;Dr Zaheer Dr Zoefishan ,Dr Uzma; Dr Arsheen	Pharmacol ogy Lab	
	Dr Kiran Fatima A Dr Fatima tuz Zahra B	DrShabih C Dr Mehreen D							
			A	Forensic Medicine	P- 5	Medicolegal Autopsy (Practical)	Dr Fatima Dr Gulzaib	Toxicolog y lab Lecture hall 4	
		B	Pathology	P -6	Acute appendicitis Intestinal TB	Dr Mudassira Zahid	Pathology Lab, NTB		

								Crohn' disease CA colon	Dr Syeda Aisha Dr Unaiza Dr Mahjabee n Dr Faiza	
Thur sday	Pharmacology L-22		Pathology C 3			Pharmacology L 23				
	Laxatives		12:00-01:00PM			01:00 PM – 02:00 PM				
			Appendix diseases			Prokinetics				
	Even	Odd	Dr Faiza A Dr Unaiza B		Dr Mahjabeen C Dr Iqbal D		Even		O d d	
	Dr Uzma	Dr Zunera					Dr Memuna		Dr zunaira	
Frid ay	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am		10:15am - 11:00am	11:00am – 12:00pm				
	Path ology L- 24	Pharmacolog y L- 25	Research L- 26		Pharmacology*S-3	Forensic medicine L- 27				
	Inflammatory bowel disease	Drugs used in IBD	Questionnaire Development		Pharmacological and life style modification in IBS	Medicolegal Autopsy-I Introduction, Types, Protocol,				


								Objectives & procedure of autopsy		
Even	Odd	Even	Odd	Even	Odd	Dr.Zaheer A	Dr.Uzma C	Even	Odd	
Prof Mobina Ahsan Dody	Dr Mudassira Zahid	Dr Attiya AP	Dr Asma Assoc Prof	Dr Imran saeed APW MO	DrAbdulQudoos S. demo	Dr.Memun a B	Dr. Ayesha D	Dr.Filza	Dr.Romana	
08:00am - 08:45am		08:45am - 09:30am		09:30am - 10:30am		10:30am - 11:00am		11:00am - 12:00pm		
Saturday	Innovation and entrepreneurship L28	Pathology S4	Pathology L-29			BREAK 		Pharmacology *L- 30	Community Medicine L-31	Pathology L- 32
	Introduction to Innovation & Entrepreneurship	Introduction to parasitology	Intestinal and urogenital protozoa					Antiamoebic drugs I	Vitamins, Minerals	Blood and tissue protozoa leishmania and Trypanosoma

CPC Hall	Prof Mobina	Dr Sara C	Even	Odd		Even	Odd	Even	Odd	Even	Odd
Dr Asif Maqsood Manager ORIC	Ahsan Dodhy A Dr Kiran B	Dr Sara C Dr Shaib D	Dr Kiran Fatima	Dr Fatima tuz Zahra		Dr Arsheen	Dr Asma	Dr NArjid APW MO	Dr Asif S do mo	Dr Kiran Fatima	Dr Fatima tuz Zahra

DATE / DAY	8:00 AM - 11:00 AM	11:00am - 12:00pm	12:00 PM - 02:00 PM									
Monday	Clinical Clerkship Batch : A Medicine Batch : B Surgery Batch : C Sub-Specialty (Refer to annexure 2)	Pharmacology L-33 Anti-Amoebic Drugs II	Batch A	Discipline Pharmacology -7	Topic of Practical P drugs and prescription writing amoebic dysentery and worm infestation	Dr Asma Khan Dr Ayesha ; Dr Memuna Dr Zaheer; Dr Zoefishan Dr Uzma ; Dr Arsheen	Pharmacology Lab					
		Even	Odd									
		Dr Arsheen S.Demonstrator	Dr Asma Khan Assoc. Prof	Batch B	Discipline Forensic Medicine -8	Topic of Practical Autopsy Visit to mortuary (Practical)	Dr Urooj Dr Shahida	Toxicology lab Lecture hall 4				
				Batch C	Discipline Pathology P -9	Topic of Practical Stool examination/ Parasitology	Prof Mobina Ahsan Dodhy Dr Aisha Dr Mehreen Dr shabih Dr Nida	Pathology Lab, NTB				
		Pathology L34	Batch	Discipline	Topic of Practical							

Tuesday	Blood and tissue protozoa. Plasmodium	B	Pharmacology P-7	P drugs and prescription writing amoebic dysentery and worm infestation	Dr Asma Khan Dr Ayesha ; Dr Memuna Dr Zaheer; Dr Zoefishan Dr Uzma ; Dr Arsheen	Pharmacology Lab
	Even	Odd				
	Dr Kiran Fatima	Dr Fatima tuz Zahra	C	Forensic Medicine P-8	Autopsy Visit to mortuary (Practical)	Dr Urooj Dr Shahida
		A	Pathology P-9	Stool examination/ Parasitology	Prof Mobina Ahsan Dodhy Dr Aisha Dr Mehreen Dr Shabih Dr Nida	Pathology Lab, NTB
Wednesday	Medicine L-35	Batch	Discipline	Topic of Practical		
	Medical aspect of parasitology	C	Pharmacology P-7	P drugs and prescription writing amoebic dysentery and worm infestation	Dr Asma Khan Dr Ayesha ; Dr Memuna Dr Zaheer; Dr Zoefishan Dr Uzma ; Dr Arsheen	Pharmacology Lab
	Even	Odd				
	Dr Tanveer Assoc. Prof. Dr Javeria SR	Dr Sadiq Ahmed SR	A	Forensic Medicine P-8	Autopsy Visit to mortuary (Practical)	Dr Urooj Dr Shahida
		B	Pathology P-9	Stool examination/ Parasitology	Prof Mobina Ahsan Dodhy Dr Aisha Dr Mehreen Dr Shabih Dr Nida	Pathology Lab, NTB
Thursday	Diarrhea causing protozoa C 4	Pathology L 36 12:00-01:00PM		Pathology S 5 01:00 PM – 02:00 PM		
		Intestinal cestodes		Tissue cestodes		


				Dr Mehreen Dr Abid	Dr Nida Dr Aisha	Even		Odd		Dr Rabiya A Dr Sarah B	Dr Shabih C Dr Mehreen D
		08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am		10:15am - 11:00am		11:00am – 12:00pm			
Frid ay		Pathology S 6	Pharmacology L 37	Forensic Medicine L 38		Pathology S 7		Pharmacology L 39			
		Intestinal Nematodes	Antihelminthic drugs I	Medicolegal Autopsy-II Negative/Obscure autopsy, Exhumation and postmortem artifacts.		Tissue nematodes		Antihelminthic drugs II			
	Dr Mudassira Dr Fatima	Dr Rabiya Dr Mahreen	Even Dr Zah eer	Odd Dr Ati ya	Even Dr.Fil za	Odd Dr Roma na	Dr Kiran Fatima Dr Fatima tuz Zahra	Dr Shabih Dr Mehreen	Even Dr Zaheer S. Demonstr ator	Odd Dr Atiya S. Demonstr ator	
	08:00am - 08:45am	08:45 am – 09:30 am	09:30am – 10:30am		10:30am - 11:00am		11:00am – 12:00pm		12:00:pm – 01:00pm	01:00p m – 02:00p m	
	Behavior Sciences	Pathology	Pathology S 9		BREAK		Pharmacology S 10		Community	Pathology	

Saturday	L 40		S 8					Medicine L41	C 5		
	Breaking Bad News		Trematodes		Malabsorptive diarrhea			Role of prebiotics and post biotics in gut motility	Preventive aspect of Diarrheal diseases, Typhoid and Food poisoning	Food intolerance	
	Even	Odd	Prof	Dr	Dr	Dr		Even	Odd	Dr	
	Dr Quratulain	Dr Muhammad Azeem	Mobina Ahsan A	Dr Sarim Ahsan A	Dr Mudassira Fatima B	Dr Rabiya C Dr Mahreen D		Dr. Zoefisha n A Dr. Arsheen B	Dr. Uzma C Dr. Zaheer D	Dr Narjis APW MO Dr Asif S demo	Dr Mehreen A Dr Abid B Dr Nida C Dr Aisha D

DATE / DAY	8:00 AM	11:00 AM	11:00am – 12:00pm	12:00 PM – 02:00 PM			
Monday	Clinical Clerkship		Pharmacology L 42	Batch	Discipline	Topic of Practical	
			Antidiarrheal drugs	A	Pharmacology P-10	Demonstration of drug antagonism using rabbit ileum	
	Batch : C	Medicine Batch	Even	Odd		Dr Zunera Hakim Dr Ayesha ; Dr Memuna Dr Zaheer ; Dr Zoefishan Dr Uzma ; Dr Arsheen	Pharmacology Lab

	Dr Zunera	Dr Attiya	B	Forensic Medicine	CB L	Medicinal Poisons Paracetamol & Aspirin (CBL)	Dr Naila Dr Shahrukh	Toxicology lab Lecture hall 4
			C	Pathology	P-11	Fatty change, Cirrhosis, CA liver	Dr Mudassira Dr Abid Dr Iqbal Haider Dr Faiza Dr Unaiza	Pathology Lab, NTB
	Quran class 43		Batch	Discipline	Topic of Practical			
Tues day	Allah aur rasool ki Muhabbat	Mufti Abdul Wahid CPC Hall	B	Pharmacology	P-10	Demonstration of drug antagonism using rabbit ileum	Dr Zunera Hakim Dr Ayesha ; Dr Memuna Dr Zaheer ; Dr Zoefishan Dr Uzma ; Dr Arsheen	Pharmacology Lab
			C	Forensic Medicine	CB L	Medicinal Poisons Paracetamol & Aspirin (CBL)	Dr Naila Dr Shahrukh	Toxicology lab Lecture hall 4
			A	Pathology	P-11	Fatty change, Cirrhosis, CA liver	Dr Mudassira Dr Abid Dr Iqbal Haider Dr Faiza Dr Unaiza	Pathology Lab, NTB
	Pathology L 44		Batch	Discipline	Topic of Practical			

Wednes eday	Colorectal carcinoma		C	Pharmacology P-10	Demonstration of drug antagonism using rabbit ileum	Dr Zunera Hakim Dr Ayesha ; Dr Memuna Dr Zaheer ; Dr Zoefishan Dr Uzma ; Dr Arsheen	Pharmacology Lab
	Even	Odd					
	Prof Mobina Ahsan	Dr Mudassira Zahid	A	Forensic Medicine CB L	Medicinal Poisons Paracetamol & Aspirin (CBL)	Dr Naila Dr Shahrukh	Toxicology lab Lecture hall 4
			B	Pathology P-11	Fatty change, Cirrhosis, CA liver	Dr Mudassira Dr Abid Dr Iqbal Haider Dr Faiza Dr Unaiza	Pathology Lab, NTB
Thurs day	Surgery L 45		Pathology *S- II 12:00-01:00PM			Pathology L46 01:00 PM – 02:00 PM	
	Abdominal hernias		Colonic polyps			Cholestasis and biliary diseases	
	Even	Odd	Dr Kiran Fatima A		DrShabih C	Even	Odd
	Dr Asifa Dayan	Dr Abdul Qadir	Dr Fatima tuz Zahra B		Dr Mehreen D	Prof Mobina Ahsan	Dr Mudassira Zahid
Frid ay -	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00 am – 12:00 pm		
	Surgery L 47	Pathology L 48	Research L 49	Pathology L 50	Family medicine L51		
	Obstructive jaundice and hepatobiliary diseases	Gallbladder diseases	Hands on Session on SPSS	Types of hepatitis and metabolic liver diseases	Liver diseases		

	Even	Odd	Even	Odd	Even	Odd	Even	Odd	Dr Sadia					
	Dr Abdul Qadir AP	Dr Huma Sabir AP	Prof Mobina Ahsan	Dr Mudassir a Zahid	Dr san a Assoc prof	Dr Afi fa AP	Dr Kiran Fatima	Dr Fatima tuz Zahra						
	08:00am - 08:45am		08:45am - 09:30am		09:30am - 10:30am		10:30am - 11:00am		11:00am - 12:00pm		12:00pm - 01:00pm		01:00pm - 02:00pm	
	Pathology L52		Medicine L 53		Pharmacology L 54		BREAK		Pharmacology L 55		Surgery L 56		Community Medicine L78	
Saturday (Hepatitis Seminar)	Liver Cirrhosis		Approach to a patient with viral hepatitis and liver cirrhosis		Antiviral drugs focusing hepatitis C				Drugs used in hepatitis B		Approach to patient with GI malignancy		Preventive measures of viral hepatitis	
	Dr Mudassira	Dr Mehreen	Guest Lecture by Vice Chancellor Prof Dr Muhammad Umar		Dr Zunaira	Dr Asma		Dr Zunera	Dr Asma	Dr Abdul Qadir	Dr Atif	Dr Mahwish Ap	Dr Imran AP	
	Even	Odd	CPC Hall		Even	Odd		Even	Odd	Even	Odd	Even	odd	

DATE / DAY	8:00 AM	11:00 AM	11:00am – 12:00pm	12:00 PM – 02:00 PM				
Monday	Clinical Clerkship		Practical	Batch	Discipline	Topic of Practical		
	Batch : C	Medicine I		A	Pharmacology P-12	Reinforcement of counselling and practical skills	Dr Asma Dr Attiya; Dr Zunera Dr Ayesha : Dr Memuna Dr Zaheer; Dr Zoefishan Dr Uzma; Dr Arsheen	Pharmacology Lab
				B	Forensic Medicine CB L	Food Poisoning Botulism & Cholera (CBL)	Dr Fatima Dr Gulzai b	Toxicology lab Lecture hall 4
				C	Pathology P-13	Laboratory diagnosis of hepatobiliary diseases	Prof Mobina Ahsan Dodhy Dr Aisha Dr Mehreen Dr Shabih Dr Nida	Pathology Lab, NTB
		Family Medicine L58	Bat	Discipline	Topic of Practical			

Tues day	GI Abnormalities		ch					
	Dr Sadia		B	Pharmacology P-12	Reinforcement of counselling and practical skills	Dr Asma Dr Attiya; Dr Zunera Dr Ayesha : Dr Memuna Dr Zaheer; Dr Zoefishan Dr Uzma; Dr Arsheen	Pharmacology Lab	
			C	Forensic Medicine CB-L	Food Poisoning Botulism & Cholera (CBL)	Dr Fatima Dr Gulzai b	Toxicology lab Lecture hall 4	
				A	Pathology P-13	Laboratory diagnosis of hepatobiliary diseases	Prof Mobina Ahsan Dodhy Dr Aisha Dr Mehreen Dr Shabih Dr Nida	Pathology Lab, NTB
Pathology C 6		Batch	Discipline	Topic of Practical				
Wedne	Fatty liver disease		C	Pharmacology P-12	Reinforcement of counselling and practical skills	Dr Asma Dr Attiya; Dr	Pharmacology Lab	
	Dr Faiza Dr Un59za	Dr Mahjabeen						

sday		Dr Iqbal				Zunera Dr Ayesha ; Dr Memu na Dr Zaheer; Dr Zoefish an Dr Uzma; Dr Arshee n					
						A	Forensic Medicine	CB L	Food Poisoning Botulism & Cholera (CBL)	Dr Fatima Dr Gulzai b	Toxicolog y lab Lecture hall 4
						B	Pathology	P- 13	Laboratory diagnosis of hepatobiliary diseases	Prof Mobin a Ahsan Dodhy Dr Aisha Dr Mehree n Dr Shabih Dr Nida	Pathology Lab, NTB
						Medicine L- 60		Pathology L 60		Community medicine L 61	
Thurs day			Approach to a patient with Ascites	12:00-01:00PM		01:00 PM – 02:00 PM					
				Neoplastic liver diseases		POLIO					
				Even	Odd	Even	Odd	Ev en	O dd		

			Dr Tanveer Assoc. Prof	Dr Sadia Ahmed SR	Prof Mobina Ahsan	Dr Mudassira Zahid	Dr Mahwish AP	Dr Imran AP
Friday	08:00am - 08:45am	08:45am - 09:30am	09:30am - 10:15am		10:15am - 11:00am		11:00am - 12:00pm	
	Pathology C7	Bioethics L 62	Forensic Medicine L 63		Research L 64		Pathology L 65	
	Hydatid liver cyst	Ethics of communicable diseases & public health	Exhumation & postmortem artifacts		Manuscript writing		Diseases of Pancreas	
	Dr Mahjabeen Dr Iqbal	Dr Faiza Dr Unaiza	Even	Odd	Even	Odd	Even	Odd
		Prof Dr Akram Randhawa	Facilitator name	Facilitator name	Dr sana Assoc Prof	Dr Afifa AP	Prof Mobina Ahsan	Dr Mudassira Zahid
Saturday	Self-Directed Learning Revision of all topics taught till date of Pharmacology, Pathology & Forensic Medicine							


Microbes And Anti-Microbial Module

Timetable

Time Table 3rd year mbbs –Microbes And Anti Microbial Module 2025 (1st week)

Monday									
Tuesday									
Wednesday									
Thursday		Biochemistry I-1 11:00-12:00 pm	Pathology			Pharmacology I-3			
		Kreb cycle, pyruvic acid cycle, bacterial metabolism Revisit Lecture LGIS	SDL 12:00 PM – 12:30 PM	SGD 12:30-1:00		01:00 PM – 02:00 PM			
		EVEN	ODD	Structure of Bacterial cell			Introduction to chemotherapy		
		Dr. Aneela Lecture hall 1	Dr. Kashif Lecture hall 2	GRO UP	FACILITAT OR	VENUE	EVEN	ODD	
				A	Dr. Kiran Fatima	Lecture hall 1	Dr. Zunera Lecture hall 2	Dr. Arsheen Lecture hall 1	
	B			Dr. Mehreen Fatima	Lecture hall 2				
	C			Dr. Shabih Haider	Pharma Lab 6				

							D	Dr. Sarah Rafi	Toxicology Lab		
Friday	08:00am - 08:45am	08:45am – 09:30am	SDL 09:30am – 9:50am	SGD 9:50-10:15 am	10:15am - 11:00am	11:00am – 12:00pm					
	Pharmacology I-4	Pharmacology I-5	Pathology			Medicine I-7	Surgery I-8				
	Pencillins I (Classification and Pharmacokinetics) LGIS	Pencillins II	Bacterial Metabolism and growth curve			Introduction, basic symptoms analysis and investigations	Microbiology of Surgical infection				
	EVEN	ODD	EVEN	ODD	GROU P	FACILITAT OR	VENUE	EVEN	ODD	EVEN	ODD
	Dr. Zuna Lectur e hall 1	Dr. Uzma Lectur e hall 2	Dr. Zuna Lectur e hall 2	Dr. Uzma Lectur e hall 1	A	Dr. Mudassira Zahid	Lecture hall 1	Dr. Nida Lectur e hall 1	Prof. M. Khura m Lectur e hall 2	Dr. Rahat Lectur e hall 1	Dr. Ram la Lectur e hall 2
				B	Dr. Kiran Fatima	Lecture hall 2					
				C	Dr. Shabih Haider	Pharm a Lab 6					
				D	Dr. Sarah Rafi	Toxicol ogy Lab					
Saturday	08:00am - 08:45am	08:45am – 09:30am	SDL 09:30am – 10:00am	SGD 10:00-10:30am	10:30 AM – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm			
	PATHOLOG Y L-9	Quran Class L-10	PATHOLOGY			BREAK	Family medicine L-12	SURGERY L-13	MEDICINE L-14		


	Bacterial Genetics		EVEN	ODD	Pathogenesis and Lab diagnosis of infectious agents in microbiology				Ethical considerations of infectious diseases		Presentation of surgical infections		Fever of unknown origin	
	EVEN	ODD			GROUP	FACILITATOR	VENUE		BY: Dr. Sadia Lecture hall 1	EVEN	ODD	EVEN	ODD	
	Prof Naeem Akhtar Lecture hall 2	Dr. Kiran Fatima Lecture hall 1	Qari Abdul Hadeeb	A	Dr. Fatima tuz Zohra	Lecture hall 1	Dr. Raha t Lecture hall 1			Dr. Hum a Lecture hall 2	Dr. Nida Lecture hall 1	Prof. M. Khur am Lecture hall 2		
				B	Dr. Mehreen Ftai	Lecture hall 2								
C				Dr. Kiran Ftai	Pharma Lab 6									
D	Dr. Shabih Haider	Toxicology Lab												

Time Table 3rd year mbbs – Microbes And Anti Microbial Module 2025 (2nd Week)

DATE / DAY	8:00 AM	11:00 AM	11:00 am – 12:00pm	12:00 PM – 02:00 PM				
Monday	Clinical clerkship		Community medicine 1-15	Batch	Discipline	Topic of practical	Teacher name	Venue
	Viva	Disposal of waste and healthful housing		A	Pharmacology	P- drug prescription of community and nosocomial pneumonia	Supervised by: dr attiya Conducted by: dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba	Pharma lab
		Even	Odd	B	Forensic medicine	Inebriant (methyl alcohol poisoning)	Dr shahrukh Dr roheena Pg observation Dr pervaiz Dr aaqib	Toxicology lab/ lecture hall 4
		Dr nargis apwmo Lecture hall 1	,dr asif demonstrator Lecture hall 2	C	Pathology	Microscope, bacterial morphology	Prof .mobina dodhy Dr. Syeda aisha Dr.iqbal haider Dr. Unaiza aslam Dr. Nida fatima	Pathology lab ntb
	Tuesday	Pharmacology 1-16		Batch	Discipline	Topic of practical	Teacher name	Venue
Cephalosporins Lgis		B	Pharmacology	P- drug prescription of community and nosocomial	Supervised by: dr attiya Conducted by: dr zaheer	Pharma lab		

					pneumonia	Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba	
	Even	Odd	C	Forensic medicine	Inebriant (methyl alcohol poisoning)	Dr shahrukh Dr roheena Pg observation Dr pervaiz Dr aaqib	Toxicology lab/ lecture hall 4
	Dr. Uzma	Dr. Zunera	A	Pathology	Microscope, bacterial morphology	Prof .mobina dodhy Dr. Syeda aisha Dr.iqbal haider Dr. Unaiza aslam Dr. Nida fatima	Pathology lab ntb
Wednes esday	Pharmacology L-17		Batch	Discipline	Topic of practical	Teacher name	Venue
	Carbapenems and monobactams		C	Pharmacology	P- drug prescription of community and nosocomial pneumonia	Supervised by: dr attiya Conducted by: dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba	Pharma lab
	Even	Odd	A	Forensic medicine	Inebriant (methyl alcohol poisoning)	Dr shahrukh Dr roheena Pg observation Dr pervaiz	Toxicology lab/ lecture hall 4

									Dr aaqib		
				Dr.zaheer Lecture hall 1	Dr. Memuna Lecture hall 2	B	Pathology	Microscope, bacterial morphology	Prof .mobina dodhy Dr. Syeda aisha Dr.iqbal haider Dr. Unaiza aslam Dr. Nida fatima	Pathology lab ntb	
Thurs day				Pharmacology 1-18		Pathology 1-19			Forensic medicine 1-20		
				Vancomycin and cell wall synthesis inhibitors		12:00 pm – 01:00 pm			01:00 pm – 02:00 pm		
						Anti-microbial drugs resistance and vaccines			Inebriants (alcohol),		
	Even		Odd	Even		Odd		Even		Odd	
Dr. Zunera Lecture hall 2		Dr. Zoefisha n Lecture hall 1	Dr. Fatima tuz zahra Lecture hall 1		Dr. Mudassira zahid Lecture hall 2		Dr. Filza Toxicology lab		Dr. Romana Lecture hall 4		
Friday	08:00am - 08:25am	08:25am - 08:45am	08:45am – 09:30am		09:30am – 10:15am		10:15am - 11:00am		11:00am – 12:00pm		
	Patholog y sdl	Patholog y sgd	Medicine 1-22		Paeds 1-23		Surgery 1-24		Pharmacology 1- 25		
	Sterilization and disinfection		Brucellosis		Neonatal tetanus Lgis,		Critical surgical infections and their treatment Lgis		Fluoroquinolone s		
	A	Prof. Mobina ahsan dohdy	Lectu re hall 1	Even			Odd	Even	Odd	Even	Odd

	B	Dr. Mudassira zahid	Lecture hall 2	Prof. M.kh uram Lecture hall 1	Dr.nida Lecture hall 2			Dr. Rahat Lecture hall 1	Dr.ram lah gazanfar Lecture hall 2	Dr.uzma Lecture hall 2	Dr. Attiya Lecture hall 1				
	C	Dr. Shabih haider	Lecture hall 6			Even	Odd								
	D	Dr. Sarah rafi	Pharma lab			Dr. Bushra Lecture hall 2	Dr.huma Lecture hall 1								
Saturday	08:00am - 08:45am			08:45am – 09:30am		09:30am – 10:30am		10:30 am – 11:00 am		11:00am – 12:00pm		12:00:pm – 01:00pm		01:00pm – 02:00pm	
	Pathology Igis			Forensic medicine 1-27		Pharmacology cbl		Break 		Peads 1-28		Surgery 1-29		Pathology 1	
	Staphylococci			Agricultural poisons (opc)		Rheumatic fever				Diphtheria, pertussis, chicken pox		Prevention of surgical infection		Streptococci	
				Even	Odd	Lecture hall 1	Dr. Memuna					Even	Odd		
	Even	Odd	Prof. Mobina ahsan dohdy Lecture hall 1	Dr. Mudassira zahid Lecture hall 2	Dr. Filza Lecture hall 4	Dr. Romana Toxicology lab	Lecture hall 2	Dr. Aisha	Even	Odd	Dr. Rahat Lecture hall 2	Dr. Asifa diyan Lecture hall 1	Even	Odd	
	Lecture hall 6	Dr. Zaheer					PHARM A LAB	Dr. Zoefshan	Dr. Muneeba Lecture Hall 1	Dr. Jawad Lecture Hall 2			Dr. Fatimatus Zahra Lecture Hall 1	Dr. Mehreen Fatima Lecture Hall 2	


Time Table 3rd year mbbs – Microbes And Anti Microbial Module 2025 (3rd week)

Date / day	8:00 am – 11:00 am		11:00 am – 12:00 pm		12:00 pm – 02:00 pm				
	Clinical clerkship		Pharmacology Cbl		Batch	Discipline	Topic of practical	Teacher name	Venue
Monday			Meningitis		A	Pharmacology p-1	P drug & prescription writing of gonorrhoea and pseudomonas colitis	Teacher name	Pharmacology lab
								Supervised by:	
			dr zunera hakim conducted by: dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba						
Lecture hall 01 Lecture hall 02 Lecture hall 06 Pharmacy lab		Dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba	B	Forensic medicine p-2	Insecticide wheat pill poisoning	Dr gulzaib Dr fatima Pg observation Dr saif Dr yasir	Toxicology lab/lecture hall 4		
								C	Pathology p-3

							haider Dr. Unaiza aslam Dr. Nida fatima	
Tuesday		Pharmacology Cbl		Batch	Discipline	Topic of practical	Teacher name	Venue
		Vrsa endocarditis		B	Pharmacolog y	P drug & prescription writing of gonorrhoea and pseudomembran ous colitis	Teacher name Supervised by: dr zunera hakim conducted by: dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba	Pharmacology lab
		Lecture hall 01 Lecture hall 02 Lecture hall 06 Pharmac y lab	Dr zaheer Dr uzma Dr zoefisha n Dr arsheen Dr aisha Dr saba					
				C	Forensic medicine	Insecticide wheat pill poisoning	Dr gulzaib Dr fatima Pg observation Dr saif Dr yasir	Toxicology lab/ lecture hall 4
			A	Pathology	Culture media	Prof .mobina dodhy Dr. Abid	Pathology lab ntb	

							hassan Dr.iqbal haider Dr. Unaiza aslam Dr. Nida fatima	
Wednesda y		Pathology 1-31	Batch	Discipline	Topic of practical	Teacher name	Venue	
		Gram negative cocci	C	Pharmacolog y	P drug & prescription writing of gonorrhoea and pseudomembran ous colitis	Teacher name Supervised by: dr zunera hakim conducted by: dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba	Pharmacology lab	
		Even	Odd	A	Forensic medicine	Insecticide wheat pill poisoning	Dr gulzaib Dr fatima Pg observation Dr saif Dr yasir	Toxicology lab/ lecture hall 4
		Dr.	Dr.mehr	B	Pathology	Culture media	Prof .mobina	Pathology lab

			Fatima tuz zahra Lecture hall 1	een fatima Lecture hall 2				dodhy Dr. Abid hassan Dr.iqbal haider Dr. Unaiza aslam Dr. Nida fatima	ntb	
Thursday			Patholo gy sdl	Patholo gy sgd	Family medicine			Pharmacology 1-34		
			11:00- 11:30	11:30- 12:00	12:00 pm – 01:00 pm					
			Gram positive rods		Sexually transmitted infections			01:00 pm – 02:00 pm		
			A	Dr mudassir a	Lect ure hall 1	By: dr. Sadia Lecture hall 1			Sulfonamides and trimethoprim	
			B	Dr. Kiran ftima	Lect ure hall 2					
			C	Dr..shabi h haider	Lect ure hall 6					
		D	Dr. Mehreen fatima	Phar ma lab						
							Even	Odd		
							Dr. Arsheen Lecture hall 1	Dr. Aisha Lecture hall 2		
Friday	08:00am – 8:45 am Pathology 1-35	8:45-9:30am Peads 1-38	9:30am – 10:15am Pathology 1		10:15 - 11:00am Pharmacology 1-40	11:00-12:00 Forensic medicine 1-41				

	Introduction to enterobacteriaceae, e. Coli		Enteric fever/ acute diarrhoea		Salmonella		Tetracyclines		Inorganic irritants metallic poisons (arsenic)					
	Even	Odd	Even	Odd	Even	Odd	Even	Odd	Even	Odd				
	Dr. Mudassir a zahid Lecture hall 1	Prof. Mobina ahsan dohdy Lecture hall 2	Dr. mary am Lecture hall 2	Dr. Naila ahsan Lecture hall 1	Prof. Naeem akhta Lecture hall 1r	Dr. Fatima tuz zahra Lecture hall 2	Dr. Attiya Lecture hall 2	Dr. Zaheer Lecture hall 1	Dr. filza Toxicology lab	Dr. Romana Lecture hall 4				
Saturday	08:00am - 08:45am		08:45am - 08:05am	9:05am-9:30am	09:30am – 10:30am		10:30 am – 11:00 am		11:00am – 12:00pm		12:00:pm – 01:00pm		01:00pm – 02:pm	
	Gynaecology		Pathology sdl	Pathology sgd	Family medicine 1-44		Break 		Pharmacology 1-		Medicine		Surgery 1-47	
	Infections in pregnancy		Klebsiella, shigella, vibrio		An approach to patient with fever				Macrolides		Influenza		Antimicrobial treatment in surgical infections	
	By : dr.sobia Lecture hall 1		A	Dr mudassira	Lecture hall 1	By: dr. Sadia Lecture hall 1			Even	Odd	Even	Odd	Even	Odd
			B	Dr. Kiran ftima	Lecture hall 2			Dr. Attiya Lecture hall 1	Dr. Memun a Lecture hall 2	Dr. Unaiza Lecture hall 2	Dr. Nida Lecture hall 1	Dr. Rahat Lecture hall 1	Dr. Faiza (sr hfh) Lecture hall 2	
C			Dr..sha bih haider	Lecture hall										

				6								
		D	Dr. Sara rafi	Phar ma lab								

Time Table 3rd year mbbs – Microbes And Anti Microbial Module 2025
(4th week)

Date / day	8:00 am	11:00 am	11:00am – 12:00pm	12:00 pm – 02:00 pm					
Monday	Clinical clerkship		Pathology sdl 11:30-12:00	Pathology sgd 11:30-12:00	Batch	Discipline	Topic of practical	Teacher name	Venue
			H. Pylori and campylobacter		A	Pharmacology p-4	P drug & prescription writing of atypical pneumonia and enteric fever	Supervised by: Dr. Attiya munir Conducted by: Dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba	Pharmacology lab
		A	Dr. fatima tuz zahra	Lecture hall1	B	Forensic medicine p-5	Irritants / metallic poisons	Dr shahida Dr. Urooj Pg observation Dr innayat	Toxicology lab/ lecture hall 4
		B	Dr. Kiran fatima	Lecture hall2					

						Dr wasim		
	C	Dr. Shabih haider	Lecture hall6	C	Pathology p-6	Gram staining and zn staining	Pathology lab ntb	
	D	Dr. Sarah rafi	Pharma lab					
	Behavioraal sciences		Batch	Discipline	Topic of practical	Teacher name	Venue	
Tuesday		Crisis intervention, Conflict resolution, empathy		B	Pharmacology p-4	P drug & prescription writing of atypical pneumonia and enteric fever	Supervised by: Dr. Attiya munir Conducted by: dr zaheer Dr uzma Dr zoefishan Dr	Pharmacology lab

	By:dr.sadia Lecture hall 1				arsheen Dr aisha Dr saba	
		C	Forensic medicine p-5	Irritants / metallic poisons	Dr shahida Dr. Urooj Pg observati on Dr innayat Dr wasim	Toxicology lab/ lecture hall 4
		A	Patholog y p-6	Gram staining and zn staining	Prof .mobina dodhy Dr. Abid hassan Dr.syeda aisha Dr. Unaiza aslam Dr. Nida fatima	Pathology lab ntb
Wdnes day	Pathology 1-50	Batch	Disciplin e	Topic of practica l	Teacher name	Venue
	Gram negative rods related to respiratory tract	C	Pharmacol ogy p-4	P drug &	Supervis ed by:	Pharmacolo gy lab

				prescription writing of atypical pneumonia and enteric fever	Dr. Attiya munir Conducted by: dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba	
Even	Odd				Dr shahida Dr. Urooj Pg observation Dr innayat Dr wasim	Toxicology lab/ lecture hall 4
Prof. Mobina ahsan dohdy Lecture hall 1	Dr. Kiran fatima Lecture hall 2	A	Forensic medicine p-5	Irritants / metallic poisons		
		B	Pathology p-6	Gram staining and zn staining	Prof .mobina dodhy Dr. Abid hassan Dr.syeda aisha Dr.	Pathology lab ntb

									Unaiza aslam Dr. Nida fatima	
Thursd ay	Pathology cbl								1:00-2:00 pm	
					Gram negative rods Related to zoonotic diseases				Pharmacology 1-52	
	A	Dr..sha bih haider	Lectur e hall 1	Clindamycin and other protein synthesis inhibitors		Inorganic irritants metallic poisons (lead)				
	B	Dr. Faiza zafar	Lectur e hall 2	Even	Odd	Even	Odd			
	C	Dr..nid a fatima	Lectur e hall 6							
	D	Dr. Unaiza aslam	Pharm a lab	Dr aisha Lecture hall 1	Dr. Saba Lecture hall 2	Dr. Filza Lecture hall 4	Dr. Romana Toxicology lab			
Friday	8:00-8:45 am Pharmacology 1 54		8:45-9:30am Pathology I		9:30-10:15am Forensic medicine 1-481		10:15-11:00am Pathology cbl		11:00- 12:00 pm Medical ethics 1	
	Aminoglycosi de		Rickettsia, chlamydia		Non-metallic poisons (phosphorus and iodine)		Spirochetes		Medical errors	
	Even	Odd	Even	Odd	Even	Odd	A Dr.abid hassan	Lect ure hall 1	Prof.akra m Lecture hall 1	
						B Dr.	Lect			

							Mahjabeen	ure hall 2		
	Dr attiya Lecture hall 1	Dr. Zoefis han Lecture hall 2	Dr. Mehr een fatima Lecture hall 2	Dr mudas sira zahid Lecture hall 1	Dr.filza Lecture hall 4	Dr. Romana Toxicology lab	C	Dr.syeda iqbal haida	Lecture hall 6	
							D	Dr. Syeda aisha	Pharma lab	
Saturday	8:00-8:45 am Medical ethics cbl	8:45-9:30 am Quran class	9:30-10:15 am Pathology cbl			10:15-11:00 am		Behavioral sciences	12:00-1:00 pm Community medicine	1:00-2:00 pm Medicine I-
	Medical errors	Taleem wa taaalum	Poliomyelitis, rabies virus				Anxiety and stress related disorder	Public health importance of light, noise and meteorological environment	Polio, rabies virus	
	Prof.akram Lecture hall 1	Qari abdul hadeeb Lecture hall 1	A	Dr..s habih haider	Lecture hall 1	By:dr.sadia Lecture hall 1	Even	Odd	Even	Odd
			B	Dr. Faiza zafar	Lecture hall 2					
C			Dr..nida fatima	Lecture hall 6						
D			Dr.	Pharma lab						


			Unai za asla m				Dr mehwis h Lecture hall 2	Dr abdulqud doos Lecture hall 1	Dr. Unai za Lect ure hall 1	Dr. Nida Lect ure hall 2
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Time Table 3rd year Mbbs –Microbes And Anti Microbial Module 2025 (5th Week)

Date / day	8:00 am	11:00 am	11:00 am – 12:00pm	12:00 pm – 02:00 pm						
Monday	Clinical clerkship		-pharmacology	Batch	Discipline	Topic of practical	Teacher name		Venue	
			Anti-viral i	A	Pharmacology p-7	Pharmacy visit	Dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba		Hfh Dhq Bbh	
		Even	Odd	B	Forensic medicine p-8	Autopsy visits/postmortem&medicolegalwork/research	Dr gulzaib Dr fatima Pg observation Dr saif Dr yasir		Dhq hospital	
		Dr. Zunera Lecture hall 1	Dr. Attiya Lecture hall 2	C	Pathology p-9	Biochemical tests (catalase, coagulase, urease, oxidase, indole test, citrate) and molecular tests (elisa,pcr,ict)	Prof .mobina dodhy Dr. Abid hassan Dr.syeda		Pathology lab ntb	

							aisha Dr.iqbal haider Dr. Nida fatima	
Tuesday		Pharmacology 1	Batch	Discipline	Topic of practical	Teacher name	Venue	
		Antiviral ii	B	Pharmacology p-7	Pharmacy visit	Dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba	Hfh Dhq Bbh	
	Even	Odd	C	Forensic medicine p-8	Autopsy visits/postmortem&medicolegalwork/research	Dr gulzaib Dr fatima Pg observation Dr saif Dr yasir	Dhq hospital	
	Dr. Zunera Lecture hall 1	Dr. Attiya Lecture hall 2	A	Pathology p-9	Biochemical tests (catalase, coagulase, urease, oxidase, indole test, citrate) and molecular tests (elisa, pcr, ict)	Prof .mobina dodhy Dr. Abid hassan Dr.syeda aisha Dr.iqbal haider Dr. Nida fatima	Pathology lab ntb	

Wednesday	Holiday									
Thursday	Pathology I-			12:00-2:00pm						
	Measles, mumps, rubella			Batch	Discipline	Topic of practical	Teacher name	Venue		
				C	Pharmacology p-7	Pharmacy visit	Dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba	Hfh Dhqbbh		
	Even	Odd	A	Forensic medicine p-8	Autopsy visits/postmortem & medicolegal work/research	Dr gulzaib Dr fatima Pg observation Dr saif Dr yasir	Dhq hospital			
	Dr. Kiran fatima Lecture hall 2	Dr. Mehreen fatima Lecture hall 1	B	Pathology p-9	Biochemical tests (catalase, coagulase, urease, oxidase, indole test, citrate) and molecular tests (elisa, pcr, ict)	Prof. mobina dodhy Dr. Abid hassan Dr. syeda aisha Dr. iqbal haider Dr. Nida fatima	Pathology lab ntb			
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm					
	Pathology cb63.	Pharmacology I-	Forensic medicine	Forensic medicine	Pathology I-					

	Cbl-					cbl	cbl								
	Diarroheal viruses			Antiviral iii		Vegetable poisons(castor, croton, capsicum, ergot, abrus) Teacher names Dr naila Dr roheena Pg observation Dr pervaiz Dr aaqib Lecture hall 4/toxicology lab	Vegetable poisons(castor, croton, capsicum, ergot, abrus) Teacher names Dr naila Dr roheena Pg observation Dr pervaiz Dr aaqib Lecture hall 4/toxicology lab	Respiratory viruses							
	A	Dr.abid hassan	Lecture hall 1	Even	Odd			Even	Odd						
	B	Dr. Mahjabeen	Lecture hall 2	Dr. Zuner lecture hall 1	Dr. Attiya Lecture hall 2			Dr. Fatimatuz zahra Lecture hall 1	Dr. Kiran fatima Lecture hall 2						
	C	Dr.syeda iqbal haider	Lecture hall 6												
D	Dr. Syeda aisha-	Pharma lab													
Saturday	08:00am - 08:45am					08:45am – 09:30am				09:30am – 10:30am		10:30 am – 11:00 am		11:00am – 12:00pm	
	Pathology cbl-			Pharmacology cbl-		Pathology 1				Peads 1-		Pharmacology		Medicine 1-	
	Herpes viruses, hsv			Shingles		Hiv/aids diseases		Break 		Measles/mumps/rubella		Amg use in sepsis		Hiv and immunodefficiency	
													Even	Odd	


	A	Dr..sh abih haide r	Lect ure hall 1	Lecture hall 01 Lecture hall 02 Lecture hall 06 Pharma cy lab	Dr zaheer Dr uzma Dr zoefish an Dr arsheen Dr aisha Dr saba			Lectu re hall 01 Lectu re hall 02 Lectu re hall 06 Phar macy lab	Dr zahee r Dr uzma Dr zoefis han Dr arshe en Dr aisha Dr saba	Dr. Nid a Lec ture hall 1	Dr .unai za Lectu re hall 2		
	B	Dr. Faiza zafar	Lect ure hall 2			Even	Odd					Even	Odd
	C	Dr..ni da fatim a	Lect ure hall 6			Prof. Naeem akhtar Lecture hall 1	Dr. Kiran fatima Lecture hall 2					Dr. Sumbal Lecture hall 2	Dr. Syrah Lecture hall 1
	D	Dr. Unaiz a aslam	Phar ma lab										

Time table 3rd year mbbs –microbes and anti microbial module – 2025(6th week)

Date / day	8:00 am	11:00 am	11:00 am – 12:00pm	12:00 pm – 02:00 pm				
Monday	Clinical clerkship		Pathology 1	Batch	Discipline	Topic of practical	Teacher name	Venue
			Systemic mycosis and anti-fungals	A	Pharmacology p-10	P drug & prescription writing of oral candidiasis and hsv encephalitis	Supervised by: Dr zunera hakim Conducted by: dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba	Pharmacology lab
	Even	Odd		B	Forensic medicine p-11	Autopsy	Dr shahida Dr naila Pg observation Dr pervaiz Dr aaqib	Dhq hospital
	Prof. Mobina ahsan dohdy Lecturer hall 1	Dr. Kiran fatima Lecture hall 2		C	Pathology p-12	Lab diagnosis of fungal infections	Prof .mobina dohdy Dr. Abid hassan Dr.syeda aisha Dr.iqbal haider Dr. Unaiza aslam	Pathology lab ntb
Tuesday			Pathology cbl	Batch	Discipline	Topic of practical	Teacher names	Venue

		Cutaneous and subcutaneous mycosis		B	Pharmacology p-10	P drug & prescription writing of oral candidiasis and hsv encephalitis	Supervised by: Dr zunera hakim Conducted by: dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba	Pharmacology lab
	A	Dr.abid hassan	Lecture hall 1	C	Forensic medicine p-11	Autopsy	Dr shahida Dr naila Pg observation Dr pervaiz Dr aaqib	Dhq hospital
	B	Dr. Mahja been	Lecture hall 2					
	C	Dr.syeda iqbal haider	Lecture hall 6	A	Pathology p-12	Lab diagnosis of fungal infections	Prof .mobina dodhy Dr. Abid hassan Dr.syeda aisha Dr.iqbal haider Dr. Unaiza aslam	Pathology lab ntb
	D	Dr. Syeda aisha-	Pharma lab					
Wednesday		Pharmacology I		Batch	Discipline	Topic of practical	Teachers name	Venue
		Antifungal agents i		C	Pharmacology p-10	P drug & prescription writing of oral candidiasis and	Supervised by: Dr zunera hakim Conducted by:	Pharmacology lab

						hsv encephalitis	dr zaheer Dr uzma Dr zoefishan Dr arsheen Dr aisha Dr saba	
		Even	Odd	A	Forensic medicine p-11	Autopsy	Dr shahida Dr naila Pg observation Dr pervaiz Dr aaqib	Dhq hospital
		Dr.uz ma Lectur e hall 2	Dr. Zaheer Lecture hall 1	B	Patholog y p-12	Lab diagnosis of fungal infections	Prof .mobina dodhy Dr. Abid hassan Dr.syeda aisha Dr.iqbal haider Dr. Unaiza aslam	Pathology lab ntb
Thursday		Pharmacology 1		12:00-2:00 pm				
		Antifungal agents ii		Forensic medicine cbl				
		Even	Odd	Corrosives (sulfuric acid, nitric acid, hydrochloric acid)				
		Dr. Uzma Lectur e hall 2	Dr. Zaheer Lecture hall 1	Teacher names Dr shahrukh Dr. Urooj Pg observation Dr innayat Dr wasim				

Friday Seminar day	08:00am – 09:00am		09:00am – 10:00am		10:00am – 11:00am		11:00am - 12:00am							
	Pathology 1		Medicine 1		Did		Paeds							
	Dengue fever ,pathological aspects and lab diagnosis lgis		Dengue fever, sign symptoms and treatment		Preventive measures and spread of dengue fever		Pediatic presentation of dengue fever							
	Even	Odd	Even	Odd	By : prof. Mujeeb(head of did) Lecture hall 1		Even	Odd						
	Dr. Fatima tuz zahra Lecture hall 1	Dr. Kiran fatima Lecture hall 2	Dr.unaiza Lecture hall 2	Dr. Nida Lecture hall 1			Dr. Verda imtiya z Lectur e hall 2	Dr. Maria Lectur e hall 1						
Saturday	08:00am - 08:45am		08:45am – 09:30am		09:30am – 10:30am		10:30 am – 11:00 am		11:00am – 12:00pm		12:00:pm – 01:00pm		01:00pm – 02:pm	
	Pharmacology		Pharmacology		Pathology 1		Break 		Pathology cbl		Forensic medicine 1-		Pathology cbl	
	Anti-cancer drugs i		Anti0cancer drugs ii		Varicella zoster and cytomegalovirus				Candida		Spinal Poisons Strychnine (nux vomica)		Opportunistic mycosis	
	Even	Odd	Even	Odd	Even	Odd			Even	Odd				
	Dr. Zunera Lecture hall 1	Dr. Attiya Lecture hall 2	Dr. Zunera Lecture hall 1	Dr. Attiya Lecture hall 2	Prof. Mobin a ahsan dohdy Lecture hall 2	Dr. Mudass ira zahid Lecture hall 1			A	Dr..sh abih haider Lecture hall 1	Dr. Filza Lecture hall 4	Dr. Romana Toxicology lab	A	Dr.a bid hassan
						B			Dr. Faiza zafar Dr..ni Lecture hall 2					

Wednesday	End block ospe/viva exam
Thursday	End block ospe/viva exam
Friday	End block ospe/viva exam

Hematology and Immunology Module

Time Table 3rd Year MBBS Haematology, And Immunology Module(First week)

Thursday			Community medicine lgis 11:00-12:00	Quran class lgis 12:00-1:00pm		Peads lgis 1:00 - 2:00pm	
			Host defense dr.sana ,dr.khaula Lhllhll	Qari abdul wahid Lhl/cpc hall		Iron deficiency anemia Dr jawad,dr.javaria Lh1, lh2	
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm		
	Medicine lgis	Quran class	Community medicine lgis	Pharmacology (cbl)	Pathology/haem (lgis)		
	Approach and workup of anemia Dr. Saleha,dr.arshad rabbani Lhl,lhll	Qari abdul wahid Lhl/cpc hall	Immunizing agents Dr.afifa, dr.nargis Lh1,lh2	Haematinics Dr. Tahira, dr. Zoefeshan, dr. Rubina, dr. Uzma Lhl,lhll,lhh6,pharma lab	Classification of anemia and iron deficiency anemia Prof mobeena, dr. Fatima tuz zahra lh1,lh2		
Saturday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:30am	10:30 am – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm

	Bioethics(lgis)	Bioethics(lgis)	Forensic med. (lgis)	Break	Pharmacology lgis	Pathology (cbl)	Behavioral sciences (lgis)
	Prescription writing and common errors in prescription Dr. Randhawa, Lh1,lh2	Pharmacovigilance and roll of ctu in drug development Dr. Randhawa, Lh1,lh2	Corrosives Dr. Romana, dr filza Lh1,lh2		Haemopoitic growth factors Dr.zoofishan,dr.zaheer Lh1,lh2	Megaloblastic anemia Dr.abid, dr.mahjaben,dr.syed iqbal haider, dr.nida fatima Lh1,lh2,lh6,pharmalab	Depressive disorder Dr.mehboob ali shah, dr.sadia lh1,lh2

Time table 3rd year MBBS Hematology And Immunology Module (2nd week) 2025

Date / day	8:00 am – 9:30 am	9:30 am – 11:00 am	11:10am – 12:00pm	12:00 pm – 02:00 pm				
Monday	Clinical clerkship		Pathology (lgis)	Batch	Practical	Topic of practical	Teacher name	Venue
	medicine	batch : a	Megaloblastic anemia Prof mobeena, dr. Fatima tuz zahra lh1,lh2	A	Pharmacology p-1	Prescription and p drugs of iron deficiency anemia	Dr zaheer,dr.attiya	lecture hall: 06
				B	Forensic medicine p-2	mechanical injuries Self-inflicted & defense wound (cbl)	Dr gulzaib Dr roheena	lecture hall: 04
				C	Pathology p-3	Benign rbc morphology	Dr. Abid	pathology lab, ntb
surgery	batch : b							
Tuesday	sub-specialty (refer to annexure 2)	batch : c	Peads (lgis)*	Batch	Practical	Topic of practical	Teacher name	Venue
			Thalasemia Dr afrah, dr.nadia Lhl,lhll	B	Pharmacology P-1	Prescription and p drugs of iron deficiency anemia	Dr zaheer,dr.attiya	Lecture hall: 06
				C	Forensic medicine p-2	Mechanical injuries Self-inflicted & defense wound (cbl)	Dr gulzaib Dr roheena	lecture hall: 04
				A	Pathology p-3	Benign rbc morphology	Dr. Abid	pathology lab, ntb
		Pathology	Batch	Practical	Topic of	Teacher name	Venue	

Wednesday	(lgis)		h		practical		
	Introduction to immunology and cellular basis of immune response Dr kiran fatima, dr. mehr		C	Pharmacology P-1	Prescription and p drugs of iron deficiency anemia	Dr zaheer, dr. attiya	Lecture hall: 06
	Lh1, lh2,		A	Forensic medicine p-2	Mechanical injuries Self-inflicted & defense wound (cbl)	Dr gulzaib Dr roheena	lecture hall: 04
Thursday			B	Pathology p-3	Benign rbc morphology	Dr. Abid	Pathology lab, ntb
	Forensic medicine (lgis)		Pathology/immonology (lgis) 12:00-1:00			Medicine (lgis) 1:00-2:00pm	
	Mechanical injuries – i (abrasion & buise) Dr. Filza, dr. Romana Lh1, lh2		classification of hemolytic anemia & acquired hemolytic anemias Prof. Mobina, dr. Mudassarah zahid, lhi, lhii			Bleeding disorders Dr. Saleha ahmad, dr. arshad rabbani Lh1, lh2	
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm		
	Community medicine (lgis) *	Forensic med. (lgis)	Pathology/haem (lgis)	Behavioral sciences (lgis)	Pathology /immunology (sgd)		
	Immunization schedule Dr. Afifa kulsoom, dr. nar	Mechanical injuries – ii (laceration & incised)	Rbc membranopathies and enzymopathies	Use of digitalization for mental health Dr. mehboob ali	Antibody and compliment system Dr fatima tuz		

	gis Lh1,lhl1	wounds) Dr. Romana, dr filza Lh1,lh2	dr.mudasarah dr. Fatima tuz zahra lh1,lh2,	shah, dr.sadia lh1,lh2	zahra, , dr kiran fatima, dr.shabeeh,dr.sa rah rafi. , d Lh1, lh2, lh6,pharma		
saturday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:30am	10:30 am – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm
	Pharmacology (lgis)	Pathology/hae m (lgis)	Pharmacology (lgis)	Break	Forensic med. (lgis)	Pathology/haem (lgis)*	Pharmacology cbl)
	Lipid lowering drugs i Dr. Zunera, dr. Attiya Lh1,lh2	Antigen antibody reactions Dr kiran fatima,dr.mehr een Lh1, lh2,	Lipid lowering drugs ii Dr. Zunera, dr. Attiya Lh1,lh2		Mechanical injuries – iii (punctured and stab wound) dr. Filza, dr. Romana Lh-1, lh2	Hemoglobinopat hies (thalasemia, pnh) Prof mobeena, dr. Sarah Lh1,lh2	Lipid lowering drugs iii Dr.zunera, dr.saba,dr.maimoo na,d Lh1,lhl1,lhh6,pharm a lab

Time Table 3RD YEAR MBBS Haematology, Immunology And Research Module (3rd Week) 2025

Date / day	8:00 am – 9:30 am	9:30 am – 11:00 am	11:10am – 12:00pm	12:00 pm – 02:00 pm				
Monday	Clinical clerkship		Pathology/haem	Batch	Practical	Topic of practical	Teacher name	Venue
	Batch : a medicine		Wbc disorder and classification of leukemia Prof mobeena, dr. Sarah lh1,lh2	A	Pharmacology p-4	Prescription writing and p drug for dyslipidemia	Dr. Zoefeshan,dr.zunaira	Lecture hall: 06
				B	Forensic medicinep-5	Road traffic accidents Examination of rta victim Models of mechanical injuries w.r.t qisas & diyat	Dr. Shahida bashir,dr.urooj	Lecture hall: 04
				C	Pathology p-6	Lab diagnosis of beta thalassemia	Dr. Nida fatima	Pathology lab, ntb
	Batch : b surgery							
	Batch : c sub-specialty		Peads(lgis)	Batch	Practical	Topic of practical	Teacher name	Venue
Tuesday	(refer to annexure 2)		Aplastic anemia Dr.warda,dr.saima, Lhl,lhll	B	Pharmacology p-4	Prescription writing and p drug for dyslipidemia	Dr. Zoefeshan,dr.zunaira	Lecture hall: 06
				C	Forensic medicinep-5	Road traffic accidents Examination of rta victim	Dr. Shahida bashir,dr.urooj	Lecture hall: 04

				Models of mechanical injuries w.r.t qisas & diyat		
		A	Pathology p-6	Lab diagnosis of beta thallasemia	Dr. Nida fatima	Pathology lab, ntb
	Pathology/immunology (lgis)	Batch	Practical	Topic of practical	Teacher name	Venue
Wednesday	Mhc and transplantation Dr mudassarah zahid,,dr.kiran fatimalh1 lh2	C	Pharmacology p-4	Prescription writing and p drug for dyslipidemia	Dr. Zoefeshan,dr.zunaira	Lecture hall: 06
		A	Forensic medicine p-5	Road traffic accidents Examination of rta victim Models of mechanical injuries w.r.t qisas & diyat	Dr. Shahida bashir,dr.urooj	Lecture hall: 04
		B	Pathology p-6	Lab diagnosis of beta thalassemia	Dr. Nida fatima	Pathology lab, ntb
Thursday	Forensic med. (lgis)	Obs & gynae (lgis) 12:00-1:00 pm			Peads (lgis) 1:00-2:00pm	
	Road traffic accidents Primary,secondary & tertiary impact injuries dr. Filza, dr. Romana	Anemia in pregnancy Dr. Farah deeba,dr amna abbasi Lh1, lh2,			All/lymphoma Dr. Asim ,dr.hafeez Lh1,lhll	

			Lh-1, lh2				
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm		
	Quran class	Forensic med. (lgis)	Pathology/immunology (cbl)	Pathology/immunology (cbl)	Medicine (lgis)		
	Qari abdul wahid Lh1/cps hall	Injuries and law-i Qisas & diyat Dr.romana,dr.filza Lh1,lh1l	Hypersensitivity reaction i and ii , dr. Nida , dr. Unaiza, dr. Faiza,dr.abid Lh1,lh2,lh6,pharma lab	Hypersensitivity reaction type iii and iv Dr. Abid, dr. Iqbal haider, dr. Nida , dr. Mahjbeen lh1,lh2,lh6,pharma lab	Management of hypersensitivity reactions Dr. Saleha ahmad, dr.arshad rabbani Lh1,lh2		
Saturday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:30am	10:30 am – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm
	Quran class	Forensic med. (lgis)	Pharmacology (lgis)	Break	Pharmacology (lgis)	Medicine (lgis)	Pathology/immunology (lgis)
	Qari abdul wahid Lh1/cps hall	Injuries and law-ii Qisas & diyat dr. Filza, dr. Romana Lh-1, lh2	Immunosuppressant Drugs i Dr. Zunera, dr. Attiya Lh1, lh2,		Immunosuppressant drugs ii Dr. Zunera, dr. Attiya Lh1, lh2,	Myeloproliferative diseases Dr. Saleha ahmad, dr.arshad rabbani Lh1,lh2	Immunodeficiency Dr kiran fatima,dr.mehreen Lh1, lh2,

Time Table 3rd YEAR MBBS – Haematology, Immunology And Research Module 2025 (4th Week)

Date / day	8:00 am – 9:30 am	9:30 am – 11:00 am	11:10am – 12:00pm	12:00 pm – 02:00 pm			
Monday	Clinical clerkship	Pathology sgd)	Batch	Practical	Topic of practical	Teacher name	Venue
			A	Pharmacology p-6	Prescription writing and p drug for ihd	Dr. Arsheen, dr haseeba	Lecture hall: 06
			B	Forensic medicine p-7	Autopsy visit to mortuary Medicolegal examination certificate writing of an injured person	Dr. Shahrukh, dr.fatima	Lecture hall: 04
			C	Pathology p-8	Benign wbc morphology	Dr. Faiza zafar	Pathology lab, ntb
			Batch	Practical	Topic of practical	Teacher name	Venue
Tuesday	Pathology/haem (cbl)	Acute leukemia Dr. Abid , dr. Unaiza, dr. Aisha, dr. Faiza Lh1,lh2,lh6,pharm a lab	B	Pharmacology p-6	Prescription writing and p drug for ihd	Dr. Arsheen, dr haseeba	Lecture hall: 06
			C	Forensic medicine p-7	Autopsy visit to mortuary Medicolegal examination certificate writing of an injured person	Dr. Shahrukh, dr.fatima	Lecture hall: 04
			Batch	Practical	Topic of practical	Teacher name	Venue

				A	Pathology p-8	Benign wbc morphology	Dr. Faiza zafar	Pathology lab, ntb
Wednesday		Pathology/haem (lgis)		Batch	Practical	Topic of practical	Teacher name	Venue
		Chronic leukemia Prof mobeena, dr. Sarah lh1, lh2		C	Pharmacology p-6	Prescription writing and p drug for ihd	Dr. Arsheen, dr haseeba	Lecture hall: 06
				A	Forensic medicine p-7	Autopsy visit to mortuary Medicolegal examination certificate writing of an injured person	Dr. Shahrukh, dr.fatima	Lecture hall: 04
				B	Pathology p-8	Benign wbc morphology	Dr. Faiza zafar	Pathology lab, ntb
Thursday		Pathology/haem (sgd)	Pathology/haem (lgis 12:00-1:00 pm)				Medicine (lgis) 1:00-2:00 pm	
		Chronic leukemia Dr.kiran fatima, dr. fatima tuz zahra dr.sabeeh, dr.sarah rafi Lh1, lh2, lh6, pharm a lab	Myeloproliferative disease/myelodysplastic syndrome Dr mudassarah zahid,, dr.fatima tuz zahra lh1, lh2				Lymphoproliferative diseases Dr. Saleha ahmad, dr.arshad rabbani Lh1, lh2	
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm			

	Quran class	Community medicine ((lgis)	Pharmacology sgd Immunosup pressant drugs ill	Pathology/haem (cbl)	Pharmacology cbl)		
	Qari abdul wahid Lhl/cps hall	Adverse events following immunization Dr. Mehwish, dr. asif Lhl, lhll	Dr. Zaheer, dr. Arsheen, dr. Rubina, dr. Uzma Lhl, lhll	Multiple myeloma Dr. Abid, dr. iqbal haider, dr. Ayesha, dr. Mahjbeen Lh1, lh2, lh6, pharma lab	Immunosup pressant drugs iv, dr. Zaheer, dr. zoefeshan, dr. Rubina, dr. Uzma		
	08:00am - 08:45am	08:45am - 09:30am	09:30am - 10:30am	10:30 am - 11:00 am	11:00am - 12:00pm	12:00:pm - 01:00pm	01:00pm - 02:pm
	Pharmacology (lgis)	Forensic med. (lgis)	Pathology/haem (lgis)	Break	Pathology/haem (lgis)	Pharmacology cbl)	Peads (lgis)
Saturday	Antiplatelet, drugs i Dr. Zunera, dr. Attiya Lhl, lhll	Regional injuries (skull & spinal injuries) (thoraco-abdominal injuries) dr. Filza, dr. Romana Lh-1, lh2	Lymphoma Dr. mudassarah zahid, dr. Mehreen Lh1, lh2		Bleeding disorders of primary haemostasis Dr. Fatima-tuz-zahra, dr. kiran fatima Lh1, lh2	Antiplatelet, drugs ii Dr. Tahira, dr. Zoefeshan, dr. Uzma, dr. Zaheer	Hemophilia Dr. sadaf, dr. mune eba Lhl, lhll

Time Table 3rd Year Mbbs Haematology, Immunology And Research Module (5th Week)

Date / day	8:00 am – 9:30 am	9:30 am – 11:00 am	11:10am – 12:00pm	12:00 pm – 02:00 pm				
Monday	Clinical clerkship		/haem (pathology lgis)	Batch	Practical	Topic of practical	Teacher name	Venue
	a medicine	batch :	Bleeding disorders of secondary haemostasis Dr. Fatima – tuz-zahra, dr. Mudassarah zahid Lh1, lh2	a	Pharmacology p-9	Prescription writing and p drug for dvt	Dr. Saba, dr. attiya	lecture hall: 06
				B	Forensic medicine p-10	Firearm & blast injuries Examination of firearm victim, models of firearm and blast injuries	Dr. gulzaib, Dr roheena	Lecture hall: 04
				C	Pathology p-11	Acute and chronic leukemia	Dr. Syed shabeeh	pathology lab, ntb
Tuesday	b surgery		Forensic med(lgis)	Batch	Practical	Topic of practical		
	c sub-specialty (refer to annexure 2)	batch :	Firearm – i Introduction of ballistics and its types Dr. Romana , dr. Filza Lh-1, lh2	C	Pharmacology p-9	Prescription writing and p drug for dvt	Dr. Saba, dr. attiya	lecture hall: 06
				B	Forensic medicine p-10	Firearm & blast injuries Examination of firearm victim, models of firearm and blast injuries	Dr. gulzaib, Dr roheena	Lecture hall: 04
				A	Pathology p-11	Acute and chronic leukemia	Dr. Syed shabeeh	pathology lab, ntb
Wednesday			Forensic med. (lgis)	Batch	Practical	Topic of practical		
			firearm – ii Firearm	C	Pharmacology p-9	Prescription writing and p drug for dvt	Dr. Saba, dr. attiy	lecture hall: 06

			phenomena dr. Romana , dr. Filza Lh-1, lh2				a	
				A	Forensic medicine P-10	Firearm & blast injuries Examination of firearm victim, models of firearm and blast injuries	Dr.gulzaib, Dr roheena	Lecture hall: 04
				B	Pathology p- 11	Acute and chronic leukemia	Dr. Syed shabeeh	pathology lab, ntb
Thursday			Pharmacology (lgis) 12:00- 1:00 pm	Pharmacology (lgis)			Pathology/haem (cbl)	
			Anticoagulant s i Dr. Uzma, dr. Haseeba Lh1,lh2	Anticoagulants ii Dr. Uzma, dr. Haseeba Lh1,lh2			Haemophilia / itp Dr. Haider, dr. Unaiza, dr. Aisha, dr. Faiza lh1,lh2,lh6,pharma lab	
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm			
	Quran class	Forensic med. (lgis)	Pharmacology sgd	Pathology (sgd)	Pathology/immunology sgd)			
	Qari abdul wahid Lh1/cps hall	Firearm – iii Smooth bore firearm wounds Dr romana dr filza Lh1,lh2	Anticoagulant s iii Dr. Zaheer,dr. Arsheen Dr. Rubina,dr. Tahira Lh1,lh2	Disorders of spleen & lymph nodes Dr. Rabbiya, amna drmehreen, sarah, Lh1,lh2	Tumor immunity Dr.mudassarah, dr.rabiya khalid,dr.mehreen,dr.shabeeh, Lh1,lh2,lh6,pharma lab			

	08:00am - 08:45am	08:45am - 09:30am	09:30am - 10:30am	10:30 am - 11:00 am	11:00am - 12:00pm	12:00:pm - 01:00pm	01:00pm - 02:pm
Saturday	Pharmacology	Forensic med. (lgis)	Pharmacology (lgis) *	Break	Pathology/haem (sgd)	Community medicine Lgis	pharmacology sgd
	Fibrinolytic and antifibrinol Dr. Atiya , dr. Haseeba Lh1, lh2	firearm – iv (rifled firearm wounds)dr . Filza, dr. Romana Lh-1, lh2	Antimalarial drugs i Dr. Haseeba, dr .zunera Lh1, lh2		Leishmania & trypanasoma Dr. Fatima zahra, dr.kiran fatima, dr.shabeeh, dr.sara rafi Lh1, lh2, lh6, pharma lab	Inferential statistics & anova Dr. Imrana , dr.abdulqudu s Lh-1, lh2	Fibrinolytic and antifibrinolytic drugs Dr. Tahira, dr. Arsheen, dr. Rubina, dr. Zaheer Lh1, lh2, lh6, pharma lab

Time Table 3RD YEAR MBBS - Haematology, And Immunology Module (5th Week)

Date / day	8:00 am – 9:30 am	9:30 am – 11:00 am	11:00am – 12:00pm	12:00 pm – 02:00 pm				
monday	Clinical clerkship		Forensic med(lgis)	Batch	Practical	Topic of practical	Teacher name	Venue
	Batch : A medicine Batch : B surgery Batch : C sub-specialty (refer to annexure 2)		Non-mechanical injuries, death due to starvation, heat ,cold & electrocution Dr.romana,	A	Pharmacology p-12	Prescription writing and p drug for malaria	Dr. Aisha, dr.haseeba	lecture hall: 06
				B	Forensic medicine p-13	Animal poisons Snake, bees & wasp poisons (management of snake bite) (cbl)	Dr.urooj, dr.naila	Lecture hall: 04

		Dr.filza Lh-1, lh2	C	Pathology p-14	Basic hematology techniques,blood grouping,periphral smear,esr interpretation,blood collection in vacutainers tube	Dr. Mahjabeen	pathology lab, ntb
Tuesday		Forensic med. ((lgis)	Batch	Practical	Topic of practical	Teacher name	Venue
		Thermal injuries Injuries due to burns & electrocution Dr.romana, dr.filza Lh-1, lh2	B	Pharmacology p-12	Prescription writing and p drug for malaria	Dr. Aisha,dr.haseeba	lecture hall: 06
			C	Forensic medicinep-13	Animal poisons Snake, bees & wasp poisons (management of snake bite) (cbl)	Dr.urooj, dr.naila	Lecture hall: 04
				A	Pathology p-14	Basic hematology techniques,blood grouping,periphral smear,esr interpretation,blood collection in vacutainers tube	Dr. Mahjabeen
Wednesday		Forensic med. (lgis)	Batch	Practical	Topic of practical	Teacher name	Venue
		Blast injuries Dr. Filza, dr. Romana	C	Pharmacology p-12	Prescription writing and p drug for malaria	Dr. Aisha,dr.haseeba	lecture hall: 06

			Lh-1, lh2	A	Forensic medicinep-13	Animal poisons Snake, bees & wasp poisons (management of snake bite) (cbl)	Dr.urooj, dr.naila	Lecture hall: 04
				B	Pathology p-14	Basic hematology techniques,blood grouping,periphral smear,esr interpretation,blood collection in vacutainers tube	Dr. Mahjabeen	pathology lab, ntb
Thursday			Pharmacology (lgis)	Forensic medicine 12:00 -2:00pm		Pathology		
			Video based av ospe practice all demonstrators Lh-1, lh2	video based av ospe practice all demonstrators lhl,lhll		video based av ospe practice all demonstrators lhl,lhll		
Friday seminar	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm			
	Pathology (lgis)	Medicine(lgis)	Break	Family medicine (lgis	Pharmacology (lgis)			
	Life cycle of plasmodium Dr. Kiran fatima,dr.mehreen Lh1, lh2	Sign symptoms and management of malaria Dr. Saleha ahmad,		Management of malaria and its complications Dr. Sadia lhi	Antimalarial drugs ll, iii dr. Haseeba,dr .zunera Lh-1, lh2			

	dr.arshad rabbani Lh1,lh2			
Exam break				

Time Table 3RD YEAR MBBS - Haematology, Immunology And Research Module

Monday	End of module exam
Tuesday	End of module exam
Wednesday	End of module exam

Cardiovascular & Respiration Module

Tentative Time Table 3RD Year MBBS – CVS Module 2025 (Week 1)

Date / day	8:00 am – 9:30 am	9:30 am – 11:00 am	11:10am – 12:00pm	12:00 pm – 02:00 pm					
				Batch	Practical	Topic of practical	Teacher	Venue	
Monday		Clinical clerkship							Module assessment of haematology, immunology and research (written)
Tuesday			Forensic medicine* 1-1						Batch wise viva haematology module
			Custodial torture Dr. Romana asst prof Dr. Filza ali asst prof venue: 1 & 2						
Wednesday			Forensic medicine *1-2						Batch wise viva haematology module
			Asphyxia-i (classification & hanging) Dr. Romana						

			assot prof Dr . Filza ali asst prof venue: lectute hall 1& 2			
Thurs day			Community medicine * 1-3	Batch wise viva haematology module		
			Concept of environment & water Venue: lectute hall 1& 2			
Fri day	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm	
	Surgery * 1-4	Pathology * 1-5	Pharmacology * 1-6	Pathology * 1-7	Community medicine*1-8	
	Approach to a patient with chronic peripheral arterial Disease Dr. Aurangzeb ap, su ii, bbh dr. Iqbal ap, su ii, Bbh venue: lect hall 1& 2	Atheroscle rosis pathogene sis and morpholo gy Teacher name: prof mobina ahsan dodhy dr wafa venue: lecture hall 1& 2	Anti- hypertensive i (introduction and classification) dr. Zuneraassist prof Dr. Asma khan associate prof venue: lecture hall 1& 2	Consequences of atherosclerosis Prof mobina ahsan dodhy dr wafa Venue: lecture hall 1& 2	Water distributi on, conserva tion and purificati on Dr. Nargis sr demo Dr. Maimoona sr. Demo venue: lecture hall 1& 2	

	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:30am	10:30 am – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm
Saturday	Medicine *1-9	Obstetrics *1 10	Pharmacology *1-11	B r e a k	Community medicine*1-12	Pathology **s-1	Community medicine * 1-13
	Hypertension dr. Abrar akbar dr.maryam Venue lecture hall 1& 2	Hypertensive disorders in pregnancy pih, preeclampsia dr.ruqhiya sr dhq Dr asma khan sr bbh Venue: lecture hall 1 & 2	Antihypertensive ii (ace inhibitors and arbs) Dr attiya munira sst prof dr sobia assistant prof venue: lecture hall 1 & 2		Air and ventilation (control of air pollution) dr. Gulmehar ap Dr. Imran ap Venue: lecture hall 1& 2	Hypertensive heart disease Dr. Muddassira ,dr. Tayyaba Dr. Fatima , dr. Aasiya	Air and ventilation (global warming.) Dr. Gulme har ap dr. Imran ap Venue: lecture hall 1& 2

tentative time table 3rd year mbbs – cvs module 2025 (week 2)

Date / day	8:00 am – 9:30 am	9:30 am – 11:00 am	11:10am – 12:00pm	1 2				
Monday	C 1		Pharmacology* 1-14	Batch	Practical	Topic of	Teacher	Venue:
			Antihypertensive s iii (vasodilators) Dr attiya	A	Pharmacolog	P drug and prescription of htn	Dr arshoon	Pharma lab
				B	Forensic medicine n2	Cardiac poisons (cbl)	Dr. S. nida	Forensic lab
Tue sday			Pharmacology	Batch	Practical	Topic of practical		
			Antihypertensive s iv (ca channel blockers) Dr. Z. nida	B	Pharmacolog	P drug and	Dr	Pharma lab
				C	Forensic	Cardiac poisons	Dr.	Forensic lab
Wedne sday			Community medicine*1-16	Batch	Practical	Topic of practical		
			Prevention of radiation hazards Dr. Imrana sr demo	C	Pharmacolog y n1	P drug and prescription of htn	Dr arshoon	Pharma lab
				A	Forensic medicine p2	Cardiac poisons (cbl)	Dr. Gulzeib	Forensic lab
Thurs day			11:10am –	1			1:00 pm –	
			Pharmacology*	Forensic medicine* 1-18			Pathology ** s-2	
			Antianginal i Dr asma assot prof, dr sobiaaass ist prof venue: lecture hall 1& 2	Asphyxia –ii (strangulation) Dr. Romana assot prof dr. Filza ali Venue: lecture hall 1 & 2			Pathophysiology of angina Dr. Muddassira dr. Tayyaba Dr. Fatima tuz zahra	

Friday	08:00am - Medicine *1-19	08:45am – 09:30am Pharmacology *1-20	09:30am – Pharmacology	10:15am - Quran class * 1-21	11:00am – Pathology** s-3		
	Ischemic heart disease dr. Abrar akbar dr.maryam	Antianginal ii Dr asma assot prof, dr sobiaaassist prof venue: lecture hall 1&	Diuretics Dr rubinasrdemosnst rtor, dr arsheen,	Venue:cpc	Ischemic heart disease Dr. Muddas		
Saturday	08:00am - Pathology *** c-2	08:45am – 09:30am Peads* 1-22	09:30am – Surgery * 1-23	10:30 am – B	11:00am – Forensic	12:00:pm – Peads * 1-25	01:00pm – Pharmacology
	Vasculitis Dr syedaayes ha dr. Fariha sardar dr iqbal haider dr. Unaiza	Cyanotic congenital heart disease Dr hafeez sr hfh, dr maria sr hfh Venue: lecture hall 1 & 2	Approach to a patient with gangrene and amputations Dr. Nazan sr, su ii, bbh Dr. Yasmeen sr, su i, bbh venue: lecture hall 1 & 2		Asphyxia – iii (suffocation) Dr. Romana assot prof Dr. Filza ali venue: lecture hall 1 & 2	Acyanotic heart disease dr jawaria sr hfh, dr faiza fayyaz Sr bbh Venue: lecture hall 1 & 2	Ccf i (introductio n classificatio n Dr attiya assist prof, dr zunera assist prof

TENTATIVE TIME TABLE 3RD YEAR MBBS – CVS MODULE 2025 (Week3)

Date / day	8:00 am – 9:30 am	9:30 am – 11:00 am	11:10am – 12:00pm	12:00 pm – 02:00 pm				
Monday	Clinical clerkship		Pathology ** s-4	Batch	Practical	Topic of practical	Teacher	Venue
			Aneurysms & dissection Dr. Muddassira dr. Tayyaba Dr. Fatima tuz zahra dr. Aasiya	A	Pharmacology p4	P drug and prescription of angina	Dr. Uzma	Pharma lab
				B	Forensic medicine p5	asphyxiants (cbl)	Dr. Shahrukh	Forensic lab
				C	Pathology p6	Lipid profile and cardiac enzymes	Dr saeed	Patho lab
Tuesday			Medicine* 1-27	Batch	Practical	Topic of practical		
	Rheumatic fever Dr. Abrar akbar dr.maryam Venue: lecture hall 1 & 22			B	Pharmacology p4	P drug and prescription of angina	Dr. Uzma	Pharma lab
				C	Forensic medicine p5	asphyxiants (cbl)	Dr. Shahrukh	Forensic lab
				A	Pathology p6	Lipid profile and cardiac enzymes	Dr saeed	Patho lab
Wednesday			Forensic medicine * 1-28	Batch	Tumors of cvs	Topic of practical		
	Asphyxia – iv (drowning) Dr. Romana malik assoct prof dr . Filza ali asst prof Venue: lecture hall 1 & 2			C	Pharmacology p4	P drug and prescription of angina	Dr. Uzma	Pharma lab
				A	Forensic medicine p5	Asphyxiants (cbl)	Dr. Shahrukh	Forensic lab
				B	Pathology p6	Lipid profile and cardiac enzymes	Dr saeed	Patho lab
Thursday			11:10am – 12:00pm	12:00pm – 1:00pm		1:00 pm – 2:00pm		
			Pathology * 1-29	Pharmacology *1-30		Medicine *1-31		

			Pathogenesis of rheumatic fever morphological changes in rheumatic heart disease prof mobina ahsan dodhy Dr wafa venue: lect hall 1& 22	Ccf ii (digoxin and Related drugs): dr attiya, assistant prof dr zunera assistant prof Venue: lecture hall 1 & 2		Infective endocarditis Dr. Abrar akbar dr.maryam Venue: lecture hall 1 & 2	
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm		
	Medicine *1-32	Paediatric* 1-33	Pharmacology* 1-34	Quran class*1-35	Pathology * 1-36		
	Valvular heart disease Dr. Aimen sr hfh, dr. Ibrar ap hfh lecture hall 1&2	Rheumatic fever Dr sonia sr hfh Dr amal hasham sr hfh venue: lecture hall 1 & 2	Introduction to diuretics dr zunera asst prof dr, asma khan assot prof venue: lecture hall 1&	Venue:cpc	Infective endocarditis prof dr. Mobina dodhy, dr wafa Venue: lecture hall 1 & 2		
Saturday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:30am	10:30 am – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm
	Pathology***c-3	Surgery* 1-37	Paediatric * 1-38	Break	Pharmacology * 1-39	Pharmacology * 1-40	Obstetrics *1-41
	Myocarditis and pericarditis Dr fatima .dr nida, dr. Abid, dr. Saeed	Approach to a patient with dvt and varicose veins Dr. Amina sr, su ii, hfh Dr. Omer qaiser sr, surgery, dhq,	Childhood asthma dr.maryam sr hfh dr, irum sr hfh Venue: lecture hall 1 & 2		Antiarrhythmic drugs i (introduction to normal rhythm and classification) dr asma assot prof ,	Antiarrhythmic drugs ii (class i and class ii) dr dr asma assot Prof , Dr	Gestational diabetes mellitus dr ruqhia sr dhq Dr asma khan sr bbh venue: lecture hall 1 & 2

					Dr sobiaaassist prof	sobiaaassist prof venue: lecture hall 1& 2	
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TENTATIVE TIME TABLE 3RD YEAR MBBS – CVS MODULE 2025 (Week 4)

DATE / DAY	8:00 AM – 9:30 AM	9:30 AM – 11:00 AM	11:10am – 12:00pm	12:00 PM – 02:00 PM				
Monday	Clinical Clerkship		Pharmacology* L-42	Batch	Practical	Topic of Practical	Teacher	Venue
			Antiarrhythmic drugs III(class IV and class V) Dr Asma associate prof Dr Sobia assistant prof Venue: lecture hall 1 & 2	A	Pharmacology P7	P drug and prescription of CCF	Dr Haseeba	Pharma lab
			B	Forensic medicine P8	Autopsy Visit to mortuary	Dr. Naila	DHQ	
				C	Pathology P9	MI and Rheumatic heart disease	Dr Ali	Patho lab
Tuesday			Forensic Medicine * L-43	Batch	Practical	Topic of Practical		
			Sexual Offences (Rape & Sodomy) Dr. Romana Assot Prof Dr. Filza Ali Asst Prof Venue: lecture hall 1 & 2	B	Pharmacology P7	P drug and prescription of CCF	Dr Haseeba	Pharma lab
			C	Forensic Medicine P8	Autopsy Visit to mortuary	Dr. Naila	DHQ	
				A	Pathology P9	MI and Rheumatic heart disease	Dr Ali	Patho lab
Wednesday			Pathology ***C-4	Batch	Practical	Topic of Practical		
			Cardiomyopathies Dr. Sayed Ayesha Dr. Fariha Dr Iqbal haider Dr. Unaiza	C	Pharmacology P7	P drug and prescription of CCF	Dr Haseeba	Pharma lab
			A	Forensic Medicine P8	Autopsy Visit to mortuary	Dr. Naila	DHQ	
				B	Pathology P9	MI and Rhematic heart disease	Dr Ali	Patho lab
			11:10am – 12:00pm	12:00pm – 1:00pm		1:00 pm – 2:00pm		
			Pharmacology * L-44	Forensic Medicine * L-45		Pharmacology***C-5		

Thursday			Antiasthmatics-I (Drug groups) Dr Asma assoc prof , Dr Sobia assist prof	Medico-legal aspects of Pregnancy & Delivery Dr. Romana Prof Dr. Filza Ali Asst Prof Venue: lecture hall 1 & 2	Anti asthmatic drugs Dr Rubina, Sr Demo , Dr Arsheen Demo,. Dr Haseeba Sr Demo,,Dr. Omaima Demon Venue: See Annexure		
Friday	08:00am - 08:45am	08:45am – 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm		
	Pathology * L-46	Pharmacology * L-47	Surgery* L -48	Forensic Medicine)* L-49	Medicine* L-50		
	Chronic bronchitis and emphysema Prof Dr.Mobina Ahsan Dodhy , Dr Wafa Lecture 1&2	Antiasthmatics -II (Classification) Dr Asma Assot Prof , Dr Sobia Assist Prof Venue: lecture hall 1& 2	Approach to a patient with lymphedema Dr. Waqas Hassan SR,HFH Dr. Samra , Sr, DHQ Venue: lect hall 1&2	Medico-legal aspects of Abortion Dr. Romana Assot Prof Dr. Filza Ali Asst Prof Venue: lecture hall 1 & 2	Asthma, COPD Dr. Abrar Akbar Dr.Maryam Venue: lec hall 1& 2		
Saturday	08:00am - 08:45am	08:45am – 09:30am		10:30 AM – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm
	Surgery * L-51	Surgery * L-52	Pharmacology **S-1	BREAK	Forensic medicine * L-53	Pathology** S-5	Pathology*L-54
	Approach to a patient with cardiac diseases. (Cardiac surgery) Dr. Qasim SR, S U II, HFH Dr. Asifa Diyan SR, Su I, BBH Venue: lecture hall 1&2	Approach to a patient with Chest trauma and its management Dr. Huma Sabir Khan AP, SU II, BBH,Dr. Rahat AP, Surgery, BBH Venue: lecture hall 1,2	Anti tussive drugs Dr RubinaSr semonstrator DrArsheen,.Demonstrater Dr HaseebaSr demonstrator ,Dr Omaima demonstrator Venue: See Anexure			Medico-legal aspects of Infanticide Child abuse Battered child & wife Dr. Romana Prof Dr. Filza Ali Asst Prof Venue: lecture hall 1 & 2	Tumors of CVS Dr. Muddassira Dr. Tayyaba Dr. Fatima tuz Zahra Dr. Aasiya

TENTATIVE TIME TABLE 3RD YEAR MBBS – CVS MODULE 2025 (Week5)

DATE / DAY	8:00 AM – 9:30 AM	9:30 AM – 11:00 AM	11:10am – 12:00pm	12:00 PM – 02:00 PM				
Monday	Clinical Clerkship		Forensic medicine * L-55	Batch	Practical	Topic of Practical		
			Forensic Psychiatry Dr. Romana Prof Dr. Filza Ali Asst Prof Venue: lecture hall 1 &2	A	Pharmacology P10	P drug and prescription of asthma and TB	Dr Omياما	Pharma lab
				B	Forensic Medicine P11	Deleriants (CBL)	Dr Shahida	Forensic Lab
				C	Pathology P12	Morphology of lung leisons	Dr Abid	Patho lab
Tuesday			Forensic Medicine * L-56 Hydrocyanic acid (HCN) Dr. Romana Assoct Prof Dr.Filza Ali Asst Prof Venue: lecture hall 1, 2	Batch	Practical	Topic of Practical		
				B	Pharmacology P10	P drug and prescription of asthma and TB	Dr Omياما	Pharma lab
				C	Forensic Medicine P11	Deleriants (CBL)	Dr Shahida	Forensic Lab
				A	Pathology P12	Morphology of lung leisons	Dr Abid	Patho lab
Wednesday			Forensic Medicine *L-57 Somniferous poisons Opium & Morphine Dr. Romana Prof Dr. Filza Ali Asst Prof Venue: lecture hall 1 &2	Batch	Practical	Topic of Practical		
				C	Pharmacology P10	P drug and prescription of asthma and TB	Dr Omياما	Pharma lab
				A	Forensic Medicine P11	Deleriants (CBL)	Dr Shahida	Forensic Lab
				B	Pathology P12	Morphology of lung leisons	Dr Abid	Patho lab
			11:10am – 12:00pm	12:00pm – 1:00pm			1:00 pm – 2:00pm	

Thursday			Forensic Medicine* L-58	Pathology** S-6		Quran Class*L-59	
			Barbiturates & Hypnotics Dr. Romana Assoct Prof Dr.Filza Ali Asst Prof Venue: lecture hall 1, 2	Interstitial lung disease Dr. Muddassira Dr. Tayyaba Dr. Fatima tuz Zahra Dr. Aasiya		Venue:CPC	
Friday	08:00am - 08:45am	08:45am - 09:30am	09:30am – 10:15am	10:15am - 11:00am	11:00am – 12:00pm		
	Medicine* L-60	Pathology** S-7	Paediatrics *L-61	Forensic Medicine*L-62	Pathology** S-8		
	Pleural effusion Dr. Abrar Akbar/ Dr. Maryam Venue: lecture hall 1 & 2	Acute Pulmonary infections Dr. Muddassira Dr. Tayyaba Dr. Aasiya Dr. Fatima tuz Zahra	Pneumonia Dr Uzma SR BBH Dr.Afrah SR BBH Venue: lecture hall 1 & 2	Dangerous drug act Dr. Romana Assoct Prof Dr.Filza Ali Asst Prof Venue: lecture hall 1, 2	Chronic Pulmonary infections Dr. MuddassiraDr. Tayyaba Dr. Fatima , Dr. Aasiya		
Saturday	08:00am - 08:45am	08:45am - 09:30am	09:30am – 10:30am	10:30 AM – 11:00 am	11:00am – 12:00pm	12:00:pm – 01:00pm	01:00pm – 02:pm
	Pathology *L-63	Pathology ***C-6	Paediatrics *L-64	BREAK	Pharmacology *L-65	Surgery *L-66	Medicine *L-67
SEMINAR	TUBERCULOSIS Prof Dr. Naeem Venue: CPC Hall	Squamous cell Carcinoma Dr Fatima ,Dr Nida, Dr. Abid Dr. Saeed Venue: CPC Hall	Croup Dr Saima Dr Mamona Quadrat Venue: lecture hall 1& 2		Anti TB drugs I & II Dr AttiyaAssistant prof , Dr Zunera assistant prof Venue: lecture hall 1,2	Approach to benign Diseases of the Thorax Dr. ZafarAP, DHQ Dr. Atif P,HFH Venue: lecture hall 1,2	Seminar on TB Dr. Abrar Akbar/ Dr.Maryam Venue: lecture hall 1 &2

Tentative Time Table 3rd Year MBBS – Cvs Module 2025 (Week6)				
Date / day	8:00 am – 9:30 am	9:30 am – 11:00 am	11:10am – 12:00pm	12:00 pm – 02:00 pm
	Clinical clerkship			
Monday	Block- iii (haematology & cvs module) theory exam			
Tuesday	Block - iii ospe & viva			
Wednesday	Block - iii ospe & viva			
Thursday	Block - iii ospe & viva			

SECTION IX

Program Evaluation and Feedback

Program Evaluation and Feedback

Quality Assurance & Quality Enhancement

- Student Feedback Performa
- Student Report
- Faculty Report
- SWOT Analysis
- Quality Enhancement Cell (QEC) Report

Feedback & Evaluation

Rawalpindi Medical University is dedicated to advancing equality, diversity, and inclusion across all its activities, processes, and cultural practices, in line with its Public Sector Equality Duties. This commitment encompasses promoting equality and diversity for everyone, regardless of any protected characteristic, working pattern, family circumstance, socio-economic background, political belief, or any other irrelevant distinction. Where pertinent to the policy, decision-making panels will ensure a reasonable gender balance (with at least one man and one woman) and will actively consider the representation of other protected groups.

Principles Feedback from students is essential to inform the development of the University's programmes and to help shape all aspects of their current and future learning and broader experience. The University actively seeks and encourages students to share their views. Our approach aims to create openness, responsiveness and a sense of partnership.

How feedback is received

Informal Feedback

Informal feedback is received by day-to-day dialogue between students and staff,

➤ Formal Feedback

Feedback is received from students in more formal settings. These include:

Central survey campaign

The University regularly invites students to participate in anonymous surveys (Appendix 1).

The central surveys take place after every module, after every Block and at the end of the academic year. This schedule enables the University to work in conjunction with the students and help to improve the teaching, learning and assessment methodologies.



Figure 31 – RMU Quality Assurance Cycle

- **Focus Group Discussion**
 - **One To One Feedback from Students**

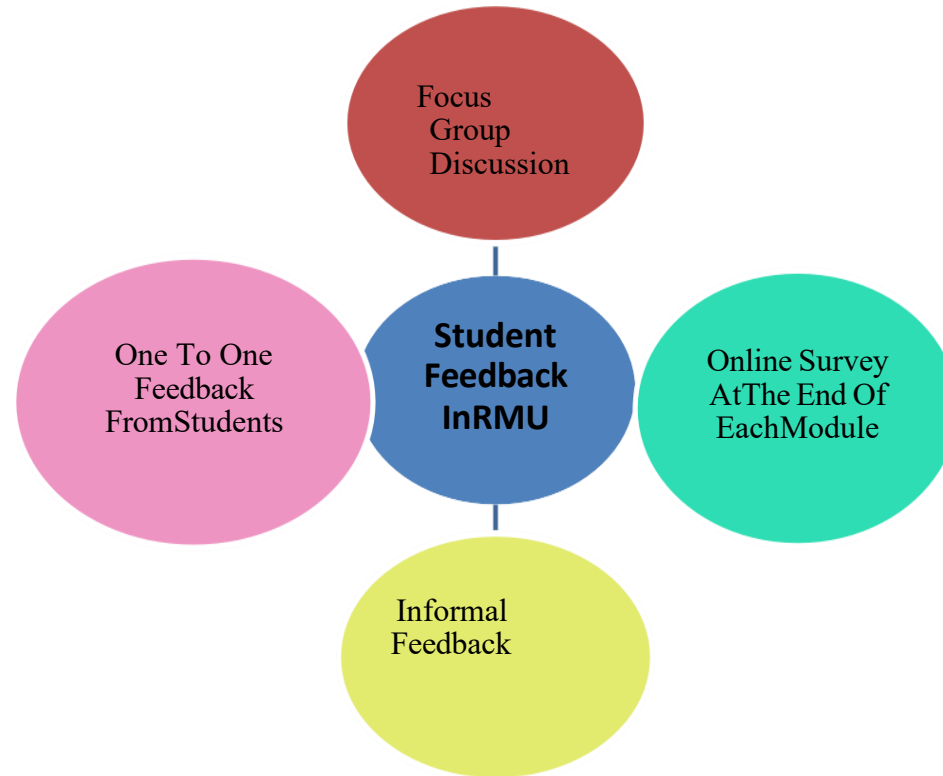


Figure 32 – RMU Feedback framework

Appendix -I Student Feedback Proforma for 2024

(to be conducted after every module completion)

Module Content & Organization

Questionnaire	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
The module objectives were informed.					
At the beginning of module study guide was available.					
The module workload was manageable.					
The pace of the module was manageable.					
The module was well organized.					
Module started and ended on time.					
End of block feedback was taken					

Learning Environment and Teaching Methods

Questionnaire	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Lectures were delivered appropriately.					
Labs were conducted appropriately.					
Small group discussions were conducted appropriately					
Teaching sessions were as per schedule.					
CBLs were conducted appropriately					
Faculty was cooperative.					
Learning resources were communicated clearly					
SGDs were standardized between different batches					

Quality of Delivery

Questionnaire	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
The module stimulated my interest.					
Ideas were presented clearly.					

Learning Resources

Questionnaire	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Learning Material was provided /recommended.					
Learning Resources were available in the library.					
Digital / Web Based resources were available.					
Power points of lectures were available					

Student Contribution

Questionnaire	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
I participated actively in the module.					
I believe I have made progress in this module.					

Assessments

Questionnaire	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Class tests were conducted regularly.					
Class tests were helpful					
Test difficulty was appropriate.					
Written Assessment was as per Table of Specifications.					
OSPE Exam was as per Table of Specification					
Table of Specification was shared					

LMS and its working

Questionnaire	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Easy Access to LMS					
Module Content was Available					

SWOT Analysis of Curriculum

SOWT Analysis of Implementation of IMC

- **Strength**

- We are leading all public sector medical colleges in implementation of integrated modular curriculum
- We are fulfilling the requirement of World Federation for Medical Education
- Our future doctor will be able to correlate and integrate basic and clinical knowledge in a better way with the competencies of 7 Star Doctor-acting as leader, manager, decision maker, and communicator and care provider, decision maker, researcher and lifelong learner.

- **Opportunities**

- We have completed the phase –I of implementation for 1st ,2nd and 3rd year and we are now able to implement it in 4th and final year
- We can further refine our integrated curriculum of 1st and 2nd year MBBS in coming years and can better tackle its flaws.
- Proper committees for feedback and evaluation are developed with collaboration from QEC& DME.

- **Weaknesses**

- A change in system is always difficult to be accepted by stakeholders
- Inflexible as compared to Conventional System.
- The content of different subjects is sometimes jumbled up in various modules according to the requirement of that specific module which is difficult to be absorbed by the students.

- **Threats**

- The Modular System can totally collapse back to Conventional System if not vigilantly and expertly handled.



figure 33 : Centres for Disease Control and Prevention.

framework for program evaluation in public health. MMWR 1999;48 (No. RR-11)

Quality Enhancement Cell (QEC) Report

Quality Enhancement Cell- RMU since its inception has been active in promoting its core function of bringing standardization to university's academic programs in line with the guidelines enunciated by the Higher Education Commission. In this regard, first thing on which QEC team focused was QEC guidelines. Team achieved that milestone in record time. Approved QEC guidelines of RMU were implemented in 2018. Quality Enhancement Cells serve as focal points for quality assurance in the institutions in order to improve and uphold the quality of higher education. Capacity building of academia in quality assurance is one of the key functions of Quality Assurance Agency (QAA), HEC and subsequently of QEC. Thus, QAA and QECs of the Universities work hand in hand to move in this direction of capacity building arrangements that include awareness campaigns, development of quality assurance policy instruments, training to learn the processes and procedures of quality assurance in higher education institutions and development of Manual to equip the practitioners of quality assurance. In recent years it has become an obligation that institutions of higher education demonstrate the effectiveness of their academic programs in providing high quality education that positively impacts students. Furthermore, most accrediting bodies and others concerned with quality assurance are requesting that institutions assess students learning outcomes as a means of improving academic programs. This has led the accrediting bodies to develop methods for assessing the quality of academic programs. So, whole conventional system was needed to be revamped. Rawalpindi Medical University has the honor of being the first public sector Medical University of Punjab which has introduced the modern modular system of medical education for the MBBS course. It was a big challenge for Department of Medical Education (DME) and Quality Enhancement Cell to maintain the quality and standards of all the teaching and training practices. Quality enhancement cell, RMU appreciate the untiring efforts of DME in this regard. DME team has worked day and night for the implementation of the integrated modular curriculum.

Following are the compliments and recommendations by the Quality Enhancement Cell, RMU:

Commendations:

1. Proper, well managed integrated modular curriculum is in place under the vibrant and energetic leadership of Vice Chancellor, Prof. Muhammad Umar and Department of Medical Education. This thing has also been acknowledged by different visits by accreditation bodies like Higher Education Commission (HEC) and Pakistan Medical & Dental Commission.
2. Proper curriculum committee is in place with appropriate representation of the students as members.
3. All stakeholders are on board and are on one page regarding implementation of the integrated modular curriculum.
4. Regular meetings have been done by the curriculum committee.
5. Feedback has been taken regularly with appropriate gap interval in between.
6. Proper record keeping has been done by the Department of Medical Education both in soft and hard form.
7. As far as the assessment is concerned, newly established Examination Department is doing commendable and admirable job.
8. Final results are indicating that both students and faculty has adapted well to integrated modular system and they are satisfied with the system.
9. Campus management system is working efficiently.
10. Standardized format of all teaching strategies has improved the quality of the deliverance of the subject matter.

Recommendations:

1. Communication and coordination among the departments can be made better. This will help in normalizing the pressure on the Department of Medical Education.
2. Department of Medical Education should be equipped with more human resource.
3. Faculty members should be provided with more opportunities for updating themselves with modern teaching methodologies. They should be encouraged to have certification or masters in medical education.
4. Departments and DME should ensure equal distribution of responsibilities among faculty members.
5. Steps should be taken in account for improving the ladder of the curriculum according to the Harden's ladder of curriculum.
6. Faculty should be encouraged to participate actively in the Faculty Development Program of the university which is already working on a very good pace.
7. Subjects specialists are advised to have more frequent meetings with the aim of improving the quality of the content delivered to the students.

8. Student centered teaching should be encouraged more.
9. Any motivational lecture should be included in the time table for every class as it is very important for the students for personal growth and development.

The weightage of all clinical lectures should be increased in first and second year MBBS, as the attendance is on the lower side in clinical lectures of the above said years.

STUDY RESOURCES

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 Edition 2018**
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

SECTION X

ANNEXURES

SAMPLE PAPER THIRD YEAR MBBS 2025



RAWALPINDI MEDICAL UNIVERSITY

Department of Medicine

MBBS 3rd Year Batch 49 (2022-2026)

Clinical Pre-Annual Examination (Sendup) Dec 2024

Table of Specifications (TOS)

Roll No: _____

Total Marks: 60
Time Allowed: 60 minutes.

INTEGRATED AND CLINICALLY ORIENTED ASSESSMENT OF THE SUBJECT OF MEDICINE	
DOMAIN	PERCENTAGES
CORE KNOWLEDGE (CK)	70%
HORIZONTAL INTEGRATION(HI)	10%
VERTICAL INTEGRATION(VI)	10%
SPIRAL INTEGRATION (SI)	10%



	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

Attempt all Questions.

Sr No	Question	Cognition level	Difficulty level	Weightage	Domain
1.	<p>A patient presents with sudden onset of pleuritic chest pain and shortness of breath. A CT pulmonary angiogram confirms the presence of a <u>pulmonary embolism</u>. What is the most appropriate initial treatment to prevent clot propagation?</p> <p>A) Oral anticoagulants B) Thrombolytic therapy C) Intravenous <u>heparin</u> D) Low molecular weight heparin E) Vena cava filter</p> <p><i>Reference: USMLE Question - Pretest Medicine 14th Edition</i></p>	C2	Moderate	1.1%	CK
2.	<p>Which of the following is a characteristic finding in the pleural fluid analysis of a patient with a transudative pleural effusion, typically caused by conditions like congestive heart failure or cirrhosis?</p> <p>A) High protein content B) Low glucose level C) High lactate dehydrogenase (LDH) level D) Low protein content E) Presence of malignant cells</p> <p><i>Reference: USMLE Question - Pretest Medicine 14th Edition</i></p>	C2	Moderate	1.1%	CK

AUDIO VISUAL OSPE

Station 1

1. A 15-year-old boy has presented with severe headache, fever and vomiting for the past four days. On examination, he was drowsy. The doctor performs the following clinical test on the patient.



- a) What is the name of the test shown in the picture (2 marks)
- b) What is the likely diagnosis (1 marks)
- c) Name two other clinical tests you will perform to reach the diagnosis. (2 marks)

5. A 30-year-old female presents to medical opd with complain of finger discoloration on cold exposure. Look at the picture and answer the following questions.



- a) Name the clinical condition (1 mark)
- b) Name two causes of this condition (2 marks)
- c) How will you treat her (2 marks)

Station No.2**CVS Examination****(Domain: Psychomotor skills)****Total Marks: 10****Time: 06 Mins**

Theme; clinical examination of CVS

Sub-theme; Apex beat and JVP Examination

Requirements: Patient, Couch, Ruler, Stethoscope, Hand sanitizer**For Candidate:****TASK:****PART A:**

1. Locate and auscultate the apex beat. (5marks)
2. Demonstrate measurement of JVP (2.5marks)

PART B:

1. Present your examination findings of the patient. (2.5marks)

Station No. 2**CVS Examination:**(Domain: Psychomotor skills)For Examiner**Key For Station No 2 CVS Exam****PART A:****(1,2)**

- Introduction to the patient, consent before the examination.
- Use of hand sanitizer before the examination.
- Proper exposure, explanation of the procedure, accuracy of the procedure and correct interpretation of findings.
- Has developed rapport with the patient, showed empathy, is grateful at the end of examination and has properly covered the patient.

Marks
0.5 mark
0.5 mark
06 marks
0.5 mark

PART B:

3. Correctly identifies and explains examination findings in a systematic way.

2.5 mark

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, psychiatry 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

Curriculum Revision / Amendments 2026

1. RMU 12 Trans Contextual Integration Framework (TCIF), RMU 12 - Beyond boundaries
2. Transdisciplinary clinical forum started
3. Teaching hours increased to 434hours
4. Clinical clerkship duration increased to 20weeks
5. Infectious diseases rotation week 1 increased to 2 weeks
6. SDL in clinical clerkship added
7. CIA revised, LMS added in CIA
8. Assessment of medicine included in module and annual assessment
9. Annual and Pre Annual assessment TOS and clinical stations revised
10. Programme evaluation and Feedback added
11. Logbook and workbook revised