





MEDICINE & ALLIED FINAL YEAR STUDY GUIDE

This Study guide of the module/course outlines the key components and areas for the facilitation of the students.

Department of Medical Education

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Vision and Mission of KGMC

Khyber Medical University: Vision



Khyber Medical University will be the global leader in health sciences academics and research for efficient and compassionate health care.

Khyber Girls Medical College: Vision



"Excellence in health care, research, teaching and training in the service of Humanity"

Khyber Girls Medical College: Mission



The mission of KGMC is to promote compassionate and professional health care leaders Who are knowledgeable, skillful, and community oriented lifelong learners serving humanity through evidence-based practices.

Curriculum Committee KGMC

Chair:

Professor Dr. Zahid Aman, Dean KGMC.

Co-Chair:

Professor Dr. Amir Mohammad, Associate Dean KGMC.

Clinical Sciences:

- Dr Mohammad Noor Wazir, Department of Medicine KGMC/HMC
- Dr. Said Amin Department of Medicine KGMC/HMC.
- Dr. Sofia Iqbal, Department of Ophthalmology KGMC/HMC.
- Dr. Ghareeb Nawaz Department of ENT KGMC/HMC.

- Dr. Bushra Rauf Department of Gynae KGMC/HMC.
- Dr. Jamshed Alam Department of Surgery KGMC/HMC.
- Dr. Ambreen Ahmad, Department of Pediatrics KGMC/HMC.
- Dr. Ain-ul-Hadi Department of Surgery KGMC/HMC.
- Dr. Fawad Rahim Department of Medicine KGMC/HMC.

Behavioral Sciences:

• Dr. Ameer Abbas Department of Psychiatry KGMC/HMC.

Medical Education

- Dr. Naheed Mahsood, Department of Medical Education, KGMC.
- Dr. Naveed Afzal Khan, Department of Medical Education, KGMC.
- Dr. Khurram Naushad, Department of Medical Education, KGMC

Basic Sciences:

- Dr. Khalid Javed Department of Pathology, KGMC.
- Dr. Zubia Shah Department of Physiology, KGMC.
- Dr. Amin-ul-Haq Department of Biochemistry, KGMC.
- Dr. Naheed Siddique Department of Forensic Medicine, KGMC.
- Dr. Shams Suleman Department of Pharmacology, KGMC.
- Dr. Raheela Amin Department of Community Medicine, KGMC.
- Dr. Shahab-ud-Din, Department of Anatomy, KGMC.

Outcomes of the Curriculum:

The Curricular Outcomes of the MBBS Program for a Graduating Doctor according to the PMDC are as follows:

1. Knowledgeable

Knowledgeable about the diseases and health conditions prevalent in the population of Pakistan and use Evidence-based medicine to provide best possible cost-effective care.

2. Skillful

Skillful in History taking and Physical examination to compassionately deal with a patient.

3. Community health promoter

Take appropriate decisions and actions for protecting and promoting the health of their community.

4. Critical Thinker

Evaluate critically the patient data to effectively deal with complexity of medical decisions for the best possible outcomes using evidence-based practices in service of humanity.

5. Professional

Display professional values (honesty, accountability, cultural and religious sensitivity), attitudes and behaviors (empathy, ethics, good

communication skills and lifelong learner) that embody good medical practice.

6. Researcher

Exhibit a spirit of inquisitiveness, inventiveness, and ethical conduct while carrying out research in accordance with the prescribed guidelines.

7. Leader and role Model

Demonstrate exemplary conduct and leadership in Advancing healthcare, enhancing medical education, and enhancing the trust of the public in the medical profession by being exceptional role models.

KNOWLEDGE

By the end of five-year MBBS program the KGMC student should be able to;

- 1. Acquire a high level of clinical proficiency in history taking, physical examination, differential diagnosis, and the effective use of medicine's evolving diagnostic and procedural capabilities including therapeutic and palliative modalities
- 2. Manage the common prevalent diseases in community
- 3. Identify the common medical emergencies
- 4. Develop plan for prevention of common community diseases
- 5. Formulate a referral plan
- 6. Compose a prescription plan

PSYCHOMOTOR

By the end of five-year MBBS program the KGMC student should be able to;

- 1. Demonstrate the ability to perform the disease specific relevant examination
- 2. Respond to common medical emergencies
- 3. Master the skill of first aid
- 4. Perform BLS
- 5. Apply the best evidenced practices for local health problems

AFFECTIVE

By the end of five year MBBS program the KGMC student should be able to

- 1. Relate to patient and careers vulnerability
- 2. Demonstrate ethical self-management
- 3. Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.
- 4. Display compassion with patient and colleagues
- 5. Demonstrate in clinical care an understanding of the impact of psychological, social, and economic factors on human health and disease

Themes

S. No	Module / System / Theme						
	Foundation Module						
1	The In-Patient						
	Blood module						
2	Pallor						
3	Fever						
//	Musculoskeletal Module						
4	Joint & bone pains						
5	Muscle weakness						
6	Skin rashes and burns						
	Cardiopulmonary system						
7	Chest Pain and Palpitations						
8	Shortness of Breath						
9	Fever and cough						
10	Painful leg and Blood pressure						
J 17	Renal System						
11	Facial swelling						
12	Scanty Urine						
13	Loin pain and dysuria						
1.500	Endocrine and Reproductive System						
14	Tall / short stature						
15	Neck swelling and muscle cramps						
16	Excessive thirst and urination						
17	Moon face and obesity						
18	Pregnancy and breast feeding						
	Nervous System-3						
19	Disturbed mood and behavior						
20	Right-sided Weakness and Inability to Speak						
21	Loss of consciousness and Fits						
22	Tremors and movement disorders						
23	Headache						

24	Lower limb weakness
	GIT and Hepatobiliary System
25	Difficulty in swallowing and Epigastric Pain
26	Yellow discoloration of the sclera
27	Pain Abdomen, diarrhea & Constipation
	Multisystem-2
28	Weight loss/gain
29	Poisoning
30	Cold and heat
31	The abnormal baby
32	Rash and joint pains

^{*}A minimum of 4 hours daily must be allocated for clinical teaching and training at the bedside in different units as specified by the Pakistan Medical Commission

Specific learning objectives

	Foundation Module						
Subject	Topic	S.	Domain of	Learning objective:			
		No	learning	At the end of this session, the students of year 5 will			
				be able to:			
			Theme-1: T	he in-patient			
Medicine	Clinical decision making (Evidence- based Medicine)	1	Cognitive	Define EBM			
_		2	Cognitive	Explain the steps of evidence based medicine/practice			
		3	Cognitive	Discuss the levels of evidence			
	Patient safety	4	Cognitive	Explain the concepts of patient safety			
		5	Cognitive	Discuss the types, etiology and prevention of medical errors			
	Clinical governance and clinical audit	6	Cognitive	Explain the components of clinical governance			
		7	Cognitive	Explain the steps of clinical audit			
	Patient and family counselling/breakin g bad news	8	Cognitive	Explain the steps of SPIKES model of breaking bad news and counselling			
Psychiatry	Family health education	9	Cognitive	Explain the care of a patient at home especially for chronic illnesses			
	N. J.	10	Cognitive	To enhance the compliance of both pharmacological and nonpharmacological management in acute and chronic illnesses			
		11	Cognitive	Explain strategies to reduce follow up tertiary care visits			
	Initial psychiatric assessment	12	Cognitive	Discuss the initial psychiatric assessment of a patient admitted			
Radiology	Diagnostic imaging	13		Describe the basic principles of radiation protection			
		14		Explain the types and principles of different imaging techniques and their indications			

Medicine	End-of-Life and	15	Cognitive	Discuss the steps and prerequisites of end of life and
	palliative care			palliative care
	Geriatric Care	16	Cognitive	Explain the concepts of geriatric care and problems associated with it
Medicine	Preoperative evaluation and	17	Cognitive	Evaluate a patient for fitness for surgery and anaesthesia
	fitness for anaesthesia and			
	surgery		-	
			Blood	Module
D. A. a. diana	Accessor	140		lor & bleeding
Medicine	Anemias	18	Cognitive	Evaluate a patient with anemia
		19	Cognitive	Explain the diagnostic workup of a patient with anemias
		20	Cognitive	Classify anemias based on history, physical examination and relevant investigations
		21	Cognitive	Manage a patient with iron deficiency anemia
	F() (0)	22	Cognitive	Manage a patient with hereditary anemias
	[2] /	23	Cognitive	Manage a patient with hemolytic anemias (hereditary and acquired)
	10/1	24	Cognitive	Manage a patient with anemia resulting from bone marrow failure
		25	Psychomot or skills	Take a history from a patient with anemias
	I.	26	Psychomot or skills	Perform physical examination of a patient with anemia
		27	Psychomot or skills	Perform hematological examination
		28	Affective domain	Counsel a patient with different type of anemias
		29	Cognitive	Explain the diagnostic approach to a patient with bleeding disorder
		30	Cognitive	Classify hypercoagulable states and their management and prevention of thrombosis

	Theme-3: Fever						
Medicine	Leukopenia	31	Cognitive	Evaluate a peripheral blood film			
		32	Cognitive	Explain the diagnostic approach to a patient with			
				Leukopenia			
		33	Psychomo	Take a history from a patient with leukopenia and			
			tor	aplastic anemia			
	Leukemias	34	Cognitive	Explain the diagnostic approach to a patient with			
				leukocytosis			
	Property and Prope						
		25	0 ""				
		35	Cognitive	Classify Leukemias			
		36	Cognitive	Explain the management of a patient with acute			
			-30	Leukemias			
		37	Cognitive	Explain the management of a patient with chronic			
		200		Leukemias			
		38	Psychomo	Take history and perform physical examination of a			
	1		tor	patient with leukocytosis			
	Splenomegaly	39	Cognitive	Classify the causes of splenomegaly			
	7-41	40	Cognitive	Explain the diagnostic approach to a patient with			
	1211	19,1		splenomegaly			
	Lymphadenopathy	41	Cognitive	Classify the causes of generalized lymphadenopathy			
	121	42	Cognitive	Explain the diagnostic approach to a patient with			
	1500		× -	generalized lymphadenopathy			
	100	43	Cognitive	Classify lymphomas			
		44	Cognitive	Explain the management of a patient with Lymphoma			
	16	7	TLS	(Hodgkin`s and Non-Hodgkin`s)			
		45	Cognitive	Explain tumor lysis syndrome and its management			
		46	Cognitive	Explain the common adverse effects of			
				chemotherapeutic agents used in hematological			
				malignancies and their management and prevention			
		47	Affective	Counsel a patient with newly diagnosed hematological			
				malignancy			

			Musculosk	eletal Module				
	Theme-4: Joint & bone pains							
Medicine	Introduction to arthritides: Classification Serological tests	48	Cognitive	Classify autoimmune diseases of joints based on the pattern of joint involvement A) Peripheral • Symmetrical • Oligoarticular • Monoarticular B) Axial				
		49		Explain the types, and indications of autoimmune markers in different Rheumatological disorders				
		50	S. W.	Describe different modalities of investigations and their indications used in different arthritic disorders				
		51		Explain the extra-articular manifestations of inflammatory arthritides				
	Management of adult arthritides	52		Explain the differential diagnosis, diagnostic and therapeutic approaches to an adult patient with monoarthritis				
	(E) /	53		Explain the differential diagnosis, diagnostic and therapeutic approaches to an adult patient with symmetrical polyarthritis				
	1000	54		Explain the differential diagnosis, diagnostic and therapeutic approaches to an adult patient with oligoarticular arthritis				
	Management of common arthritic disorders	55	RLSIV	Discuss the management of patient and complications with Rheumatoid arthritis				
		56		Discuss the management, complications, and prognosis of a patient with SLE				
		57		Explain the management and complications of a patient with Ankylosing spondylitis				
		58		Discuss the clinical features and diagnosis of Reiter's syndrome, Reactive arthritis and Psoriatic arthritis				

		59		Discuss the management of patient and complications
				with Osteoarthritis
		60		Discuss the management of patient and complications
				with acute Gout and Gouty Arthritis
		61	Psychomot	Take history and perform a physical examination of a
			or	patient with symmetrical arthritis
		62	Affective	Counsel a patient with new onset Rheumatoid arthritis
Medicine	osteoporosis	63	Cognitive	Explain the etiology, risk factors, complications,
				management, and prevention of Osteoporosis
			Theme-5: Mu	uscle weakness
Medicine	Proximal myopathy	64	Cognitive	Elaborate on the etiology and diagnostic workup of a
				patient with proximal muscle weakness
	Polymyositis and	65	Cognitive	Discuss the pathogenesis, clinical features,
	dermatomyositis		= 10	investigations, differential diagnosis and management
			170	of Polymyositis and Dermatomyositis
Psychiatry	Somatoform disorders	66	Cognitive	Classify somatoform disorders
		67	Cognitive	Explain the criteria for the diagnosis of pain somatoform
	~ \ -		1 may 1.16	disorders
	F(1) (U	68	Cognitive	Explain the clinical presentation, psychiatric
		0.1		assessment, pharmacological and psychological
	12/ /	4		management of a patient with fibromyalgia and other
	1-21	1	34 1	somatoform disorders
	10%	69	Psychomot	Take psychiatric history from a patient suffering from
	120	S _i	or	somatoform disorder
		70	Affective	Counsel a patient with somatoform disorder
		Т	heme-6: Skin	rashes and burns
Dermatology	Cutaneous	71	Cognitive	Explain the common cutaneous manifestations of
	manifestations of			metabolic, endocrine, autoimmune, and neoplastic
	systemic diseases			diseases
	Drugs rash	72	Cognitive	Classify the different types drug rashes
		73	Cognitive	Explain the clinical manifestations, differential diagnosis
				and management of erythema multiforme/Steven
				Johnson/Toxic Epidermal Necrolysis
	Viral Infections of the	74	Cognitive	Explain the clinical manifestations, differential diagnosis
	skin			and management of Chicken Pox and Herpes Zoster
	Drugs rash Viral Infections of the	73	Cognitive	Classify the different types drug rashes Explain the clinical manifestations, differential diagnoral management of erythema multiforme/Steven Johnson/Toxic Epidermal Necrolysis Explain the clinical manifestations, differential diagnoral

Chicken pox and			
Herpes Zoster			
Warts (Human			
Papilloma Virus)			
Molluscum			
Contagiosum			
Cutaneous			
manifestations of			
AIDS			
	75	Cognitive	Classify Warts
	76	Cognitive	Explain the mode of transmission, differential diagnosis
/ / /			and management of warts
	77	Cognitive	Explain the mode of transmission, clinical presentation,
		15/11	differential diagnosis, and management of Molluscum
		_= 10	Contagiosum in children and adults
Acute Bacterial	77	Cognitive	
infections of the skin	"	Cognitive	Describe the etiology, clinical features, and
			management of acute bacterial skin lesions described
Impetigo		parties 7	TX HARL
Folliculitis	1		
Furunculosis 	1		
carbuncles	0.1		
Chronic bacterial	78		Discuss the etiology, clinical features, and management
infections of the skin	10	1	of chronic bacterial skin lesions described
Cutaneous	1	8.	
Tuberculosis	4	1	0.5/ /207/
Leprosy			
Syphilis	CI	21 -	1001
	$\leq U$	TLSI	EDICAL
Fungal infections	79		Explain the etiology, clinical features, and management
Pityriasis versicolor			of fungal infections described
Dermatophytosis			
Candidiasis			
Sebaceous glands	80		Explain the different types of Acne
diseases			
Acne			

		81		Explain the pathogenetic mechanisms, clinical features,
				complications, differential diagnosis, and management
				of Acne
	Autoimmune	82		Describe the etiology, clinical features, and
	blistering disorders			management of diseases described
	Pemphigus Vulgaris			
	Bullous pemphigoid			
	Eczemas	83		Classify Eczema
	Last .	84		Explain the clinical presentation, differential diagnosis
				and management of different types of Eczemas
	Inflammatory	55		Describe the etiology, clinical features, and
	dermatosis			management of diseases mentioned
	Psoriasis		200	
	Lichen Planus		- N	
	Sebbhoriac	200		
	Dermatitis			
	Erythema Nodosum			
	Urticaria	1		
	Erythroderma	86		Discuss the etiology, clinical presentation, differential
		0.1		diagnosis and management of Erythroderma
	1211	87	Psychomot	Take history form a patient with generalized Rash
	1-21	1	or	2
	100	88	Affective	Counsel a patient suffering from Psoriasis
	77.50.3	C	Cardiorespi	ratory system
	Т	heme	7: Chest Pa	ain and Palpitations
Medicine/	Approach to a	89	Cognitive	Discuss the diagnostic workup and management
Cardiology	patient with chest			approach for a patient with chest pain
	pain			
		90	Psychomot	Take history and perform physical examination of
			or	patient with chest pain
	Ischemic heart	91	Cognitive	Classify IHD
	diseases			
		92	Cognitive	Explain the management approach to a patient with
		92	Cognitive	Explain the management approach to a patient with

		93	Cognitive	Explain the management approach to a patient with
				unstable angina pectoris
		94	Cognitive	Explain the management approach to a patient with
				acute MI
		95	Cognitive	Discuss the risk stratification strategies in post-MI
				patients
	Disorders of	96	Cognitive	Classify arrhythmias and heart block and discuss their
	Rhythm			ECG abnormalities
		97	Cognitive	Explain the diagnostic and management approach to a
				patient with irregularly irregular pulse
		98	Cognitive	Discuss the management approach to a patient with SVT
		99	Cognitive	Discuss the management approach to a patient with
			3/11	Ventricular tachycardia
		100	Cognitive	Explain the management of a patient with different
		_0		types of heart blocks
		101	Affective	Counsel a patient with recent onset acute MI
	A.		domain	
Cardiology	Cardiac	102	Cognitive	Explain the different types, methods, and indications of
	intervention			cardiac interventions in cardiology practices
	techniques	9, 1		5/ /4/
		The	me 8: Sho	rtness of breath
Medicine	Congestive cardiac	103	Cognitive	Explain the types, etiology, clinical features,
	failure	. 118	× -	investigations, prognosis and management of a patient
	V. 6	1		with CCF
	7	104	Cognitive	classify cardiomyopathies
		105	Cognitive	Explain the etiology, clinical features, and management
				of a patient with myocarditis
	Pericarditis and	106	Cognitive	Explain the etiology, clinical features, and management
	pericardial effusion			of a patient pericarditis and pericardial effusion
Medicine/	Bronchial asthma	107	Cognitive	Explain the diagnostic and management approach for a
Pulmonology	(Wheezy chest)			patient with chronic wheezy chest
		108	Cognitive	Differentiate between bronchial asthma and cardiac
				asthma

	COPD	109	Cognitive	Explain the diagnostic and management approach for a
				patient with COPD
		110	Cognitive	Interpret Pulmonary Function test results
		111	Cognitive	Interpret a report of Arterial blood gases
	Interstitial lung	112	Cognitive	Discuss the types, etiology, clinical and radiological
	disease (ILD)			presentation, investigations and management of a patient with ILD
	Pleural effusion	113	Cognitive	Explain the diagnostic and management strategies in a patient with pleural effusion
		114	Psychomot or	Assist in pleural fluid aspiration
	Pneumothorax	115	Cognitive	Explain the diagnostic and management strategies in a patient with Pneumothorax
	Pulmonary	116	Cognitive	Discuss the risk factors diagnostic criteria,
	embolism			complications, and treatment of a patient with
				suspected pulmonary embolism
Pulmonology	Respiratory Failure	117	Cognitive	Explain the types, etiology, and pathogenesis of Respiratory Failure
	-11	118	Cognitive	Discuss the diagnostic workup and management for
	1211	2	- 1	Respiratory Failure
	131	119	Cognitive	Discuss the types, indications and approaches to Oxygen therapy
Family	IHD/CCF	120	Cognitive	Explain the management strategies of a patient with IHD
Medicine		-		and heart failure in general practice including the
	L	GI	RLSN	psychosocial impact of disease on patient and their families
		121	Cognitive	Describe the strategies for prevention of IHD and CCF
		122	Cognitive	Identify the red-flags in a patient with IHD/CCF and
				appropriately refer to speciality care when required
		Tł	neme-9: Fe	ver and Cough
Medicine	Bacterial	123	Cognitive	Explain the risk factors, etiology, clinical features,
	endocarditis			diagnostic criteria, management and prevention of
				Bacterial endocarditis
	Pneumonias	124	Cognitive	Discuss the etiology and classification of pneumonias

		125	Cognitive	Explain the etiology, risk factors clinical features,
				diagnosis, and management of patients with different types pneumonias
		126	Psychomot or	Examine a patient with features of pneumonia
	Pulmonary Tuberculosis	127	Cognitive	Explain the diagnostic workup, management, and complications of a suspected case of pulmonary TB
	Bronchiectasis	128	Cognitive	Develop a management algorithm for a patient with bronchiectasis
	Lung abscess	129	Cognitive	Explain the etiology, clinical and radiological features, complications and management of a patient with lung abscess
	Lung tumors	130	Cognitive	Classify lung tumors
		131	Cognitive	Explain the diagnostic workup and management and complications of a patient with suspected Bronchogenic carcinoma
	EP/9	132	Cognitive	Explain the diagnostic workup and management and complications of a patient with suspected pleural mesothelioma
	Cardiovascular involvement in systemic diseases	133	Cognitive	Discuss the cardiovascular manifestations of systemic diseases, their clinical features, investigations, prognosis, and relevant management
	Pulmonary involvement in systemic diseases	134	Cognitive	Discuss the pulmonary manifestations of systemic diseases, their clinical features, investigations, prognosis, and relevant management
Family medicine	Acute respiratory presentations- primary care management and Red flags	135	Cognitive	Explain the approach to a patient with cough or shortness of breath in a primary health care setting.
		136	Cognitive	Discuss the differential diagnosis of a patient with cough or shortness of breath
		137	Cognitive	Discuss the investigations for a patient with cough or shortness of breath in a primary health care setting

		138	Cognitive	Identify common red-flags
		139	Cognitive	Identify patients that need urgent and proper referral
				for specialist care
	Ther	ne-10	D: Painful le	eg and Blood pressure
Medicine	Deep vein	140	Cognitive	Discuss the diagnostic algorithm for an elderly patient
	thrombosis (DVT)			with a sudden swollen and painful limb
		141	Cognitive	Discuss the diagnosis and management strategies for a patient with DVT
	Coarctation of	142	Cognitive	Explain the types, clinical features, investigations,
	Aorta			complications, and management of Coarctation of the Aorta
	Systemic	143	Cognitive	Discuss the management approach to a patient who is
	Hypertension		211	newly diagnosed hypertensive
		144	Psychomot or skills	Take history from a hypertensive patient
		145	Psychomot or skills	Perform a physical examination of a hypertensive patient
	10 C	146	Affective domain	Counsel a newly diagnosed hypertensive patient
Family	Hypertension in	147	Cognitive	Explain the management strategies of a hypertensive
medicine	general practice	(× (patient in general practice including the psychosocial impact of disease on patient and their families
	160	148	Cognitive	Describe the strategies for prevention of hypertension and its complications
	- 1	149	Cognitive	Identify the red-flags in a hypertensive patient and
	4	5	RLSIV	appropriately refer to specialty care when required
			Renal	Module
			Theme 11: I	Facial swelling
Medicine/	Investigations of	150	Cognitive	Discuss the biochemical, radiological, hematological
Nephrology	renal diseases			and other specialized investigations and their
				interpretations in renal diseases
	Approach to a facial	151	Cognitive	Discuss the diagnostic workup and management
	swelling			approach for a patient with facial swelling of renal origin

		152	Psychomotor	Take history and perform physical examination of patient with facial swelling
	Minimal change disease	153	Cognitive	Explain the diagnostic workup and management and complications of a patient with Minimal change disease
	Post streptococcal Glomerulonephritis	154	Cognitive	Explain the diagnostic workup and management and complications of a patient with Post-Streptococcal Glomerulonephritis
	IgA Nephropathy	155	Cognitive	Explain the diagnostic workup and management and complications of a patient with IgA Nephropathy
	Chronic glomerulonephritis	156	Cognitive	Explain the diagnostic workup and management and complications of a patient with Chronic glomerulonephritis
			Theme-12: Sca	anty Urine
Medicine/ Nephrology	Electrolyte disorders	157	Cognitive	Explain the etiology, clinical features, diagnosis and treatment of Hyper and Hyponatremia
	ELL	158	Cognitive	Explain the etiology, clinical features, diagnosis and treatment of hyper and hypokalemia
	10/1	159	Cognitive	Explain the etiology, clinical features, diagnosis and treatment of hyper and hypophosphatemia
	T.	160	Cognitive	Explain the etiology, clinical features, diagnosis and treatment of hyper and hypomagnesemia
	Blood Ph abnormalities	161	Cognitive	Explain the etiology, clinical features, diagnosis and treatment of Metabolic acidosis and alkalosis and its associated compensations
		162	Cognitive	Explain the etiology, clinical features, diagnosis and treatment of respiratory acidosis and alkalosis and its associated compensation
	Scanty Urine	163	Cognitive	Discuss the diagnostic workup and management approach for a patient with oliguria and anuria

	Uremia Chronic Kidney	164	Cognitive Cognitive	Discuss the pathophysiological mechanisms, clinical manifestations, investigations and management of a patient with Uremia Explain the diagnostic workup and management and
	Injury			complications of a patient with Chronic Kidney Injury
		TI	neme-13: Loin p	ain and dysuria
Medicine/	Approach to blood	166	Psychomotor	Take a history from a patient presenting with blood in
Nephrology	in urine. (haematuria)			the urine
		167	Psychomotor	Perform a physical examination of a patient with blood in the urine
		168	Cognitive	Discuss the diagnostic workup and management approach for a patient blood in urine.
	Loin pain and dysuria	169	Cognitive	Discuss the diagnostic workup and management approach for a patient with loin pain and dysuria
	Acute pyelonephritis	170		Discuss the diagnostic workup and management approach for a patient with acute pyelonephritis
	Acute and chronic prostatitis	171		Discuss the diagnostic workup and management approach for a patient with acute and chronic prostatitis
	Sexually transmitted infections	172	Cognitive	Classify STDs and enlist their treatment options
		173	Cognitive	Discuss the management approach of a patient with a new onset lesion on the genitalia
		End	locrine and Rep	roductive System
			Theme-14: Tall /	short stature
Medicine	Anterior pitutary gland	174	Cognitive	Discuss the diagnostic approach and management of a patient with tall stature
	Posterior pitutary gland	175	Cognitive	Discuss the approach consideration of a patient with polydipsia

			Cognitive	Explain the diagnostic approach and treatment of a patient with Diabetes insipidus
Pediatrics	Short stature		Cognitive	Discuss the diagnostic approach and management of a child with short stature.
	Т	heme-	15: Neck swelling	g and muscle cramps
Medicine	Thyroid gland disorders	176	Cognitive	Discuss the diagnostic approach, management and complications of a patient with suspected hyperthyroidism
		177	Cognitive	Discuss the diagnostic approach, management and complications of a patient with suspected hyporthyroidism
	Parathyroid gland	178	Cognitive	Discuss the diagnostic approach, management and complications of a patient with tetany
		179	Psychomotor	Take history and perform physical examination of a patient with goitre
	~ \	180	Affective	Counsel a patient with goitre
Surgery	Thyroid nodule	5	Cognitive	Explain the diagnostic approach, management, and complications of multinodular goitre. Explain the diagnostic approach, and management of a patient with solitary thyroid nodule. Perform thyroid examination
Pediatrics	Thyroid disorders	G/J	Cognitive	Explain the neonatal screening for hypothyroidism Explain the diagnostic approach and management of a child with suspected Cretinism C Discuss the complications of Cretinism Take history and perform physical examination of a child with hypothyroidism/cretinism.
		Them	e-16: Excessive t	hirst and urination
Medicine	Diabetes Mellitus	181	Cognitive	Explain the diagnostic approach, screening and management of a patient with suspected Diabetes Mellitus

		182	Cognitive	Elaborate the pharmacological and non- pharmacological management strategies in the management of type-1 and type-2 DM
		183	Cognitive	Elaborate the acute and chronic complications of DM and their management
		184	Cognitive	Discuss the diagnostic approach, management and complications of hyperglycemic syndromes in Diabetic patients
			Cognitive	Explain the diagnosis, management and complications of a diabetic patient presenting with hypoglycemia
		185	Psychomotor	Take history and perform physical examination of a patient with Type 2 DM
		186	Affective	Counsel a newly diagnosed patient with DM
Family medicine	Daibetes mellitus- general practice management	187	Cognitive	Explain the management strategies of a diabetic patient in general practice including the psychosocial impact of disease on patient and their families
	10/0	188		Describe the strategies for prevention of diabetes mellitus and its complications
	12/12	189		Identify the red-flags in a diabetic patient and appropriately refer to specialty care when required
Nephrology	Diabetic nephropathy	190	Cognitive	Explain the pathogenesis, clinical features, complications, short and long-term management of Diabetic Nephropathy
Surgery	Diabetic foot ulcers	GI	Cognitive	Discuss the classification, investigations, management, and complications of diabetic foot
			Psychomotor	ulcers Examine and stage a diabetic foot ulcer
Paediatrics	Type-1 DM		Cognitive	Explain the diagnostic approach, screening, and management of a Child with suspected Type-1 Diabetes Mellitus
			Psychomotor	Take history and perform physical examination of a patient with Type 2 DM
			Affective	

				Counsel a newly diagnosed patient and parents with
				type 1 DM
		Th	eme-17: Moon f	ace and obesity
Medicine	Cushing`s syndrome	191	Cognitive	Discuss the diagnosis, management and complications of a patient with suspected Cushing's syndrome
		193	Cognitive	Explain the Dexamethosone suppression test in terms of its indications and interpretation
		194	Cognitive	Explain the protocol of steroids withdral in a patient with steroids abuse
		195	Psychomotor	Take history and perform physical examination of a patient with Cushing's syndrome
	Addison`s disease	196	Cognitive	Discuss the diagnosis, management and complications of a patient with suspected Addison's disease (both primary and secondary)
		197	Cognitive	Explain the concept of steroids replacement in terms of its indications and precautions
	Obesity	198	Cognitive	Discuss the etiology, complications, medical and surgical approaches to the management of obesity
	13/1	199	Psychomotor	Take history and perform physical examination of a patient with morbid obesity
	1911	200	Affective	Counsel a mobidly obese patient regarding the complications and lifestyle management
		Them	e-18: Pregnancy	and breast feeding
Family medicine	Hypertensive disorders in pregnancy	201	Cognitive	Classify hypertension in pregnancy and disorders of hypertension in pregnancy
			Cognitive	Discuss the diagnostic approach, management, complications and prevention of Pre-eclampsia and Eclampsia
Family medicine	Diabetes mellitus and pregnancy	202	Cognitive	Explain the management of a pregnant lady with gestational DM and overt DM

Gynaecolo	Obstetrics history	Psychomotor	Take an obstetric history and perform abdominal,
gy and	and examination	,	pelvic, and obstetric examination of a pregnant lady.
Obstetrics			Measure and interpret blood pressure in a pregnant
			lady
			Examine the breast of a full-term pregnant female
			Perform urine examination via dipstick technique for
			pregnancy, glucose, urine, and bacteria
	Antenatal care	Cognitive	Define and explain the aims of antenatal care Discuss
			the components of antenatal care
	100		Explain different types of screening tests during
			antenatal care
	/-/-		Discuss the maternal and neonatal complications
		S 1111	associated with increased BMI in pregnancy
		= 160	Identify high risk women of developing pre-
			eclampsia, preterm birth, fetal growth restriction,
			and vitamin D deficiency
	11/	Psychomotor	Perform and record proper antenatal check-ups
	Assessment of fetal	Cognitive	Explain the methods of assessment of fetal wellbeing
	wellbeing		Cognitive Explain the types and diagnosis of fetal
			abnormalities Prenatal diagnosis 1 Cognitive Explain
	Prenatal diagnosis	- "	the reasons, classification, and methods of prenatal
	1:21		diagnosis
	Antenatal maternal	Cognitive	Discuss musculoskeletal, gastroenterological, and
	and obstetric	TO	hematological problems associated with pregnancy.
	complications	_	Discuss the risk factors and management of venous
	LG	RIGINI	thromboembolism in pregnancy.
		TO WILL	Explain the causes, complications, and management
			of polyhydramnios and oligohydramnios.
			Discuss the etiology, complications and management
			of fetal malpresentations.
			Explain the approach and management of a pregnant
			lady with antepartum bleeding.
			Discuss the etiology, prevalence, management, and
			prevention of Rh isoimmunization.
I	i l	i	

			Discuss the etiology, complications, and
	Preterm labor		management of preterm labor
Obstetrics	Perinatal infections	Cognitive	Classify prenatal infections.
			Explain the screening and preventive strategies of
			common perinatal infections.
	Labour	Cognitive	Explain the management of normal labour at
			different stages
			Explain the management of abnormal labour at
			different stages
			Discuss the indications and complications of
			analgesia and anesthesia in labour.
	Management of		Discuss the management of labour at special
	labor in special	SAM!	circumstances like uterine scar, fetal malposition's,
	circumstances		and multiple pregnancies,
			Explain the types, indications, and complications of
			operative deliveries.
	1		Discuss the indications and complications of
	0/10	Psychomotor	Caesarian section
	FLW CO		Observe normal labour and assisted deliveries
	Obstetric	Cognitive	Classify obstetric emergencies.
	emergencies		Discuss the management of sepsis in pregnancy
	1-41	(A) %	Explain the management and complications of
	1551	1	placental diseases in a pregnant woman.
	Postpartum	Psychomotor	Observe a normal delivery Postpartum bleeding
	bleeding	Cognitive	Discuss the etiology, diagnostic and management
	10	KLSMI	approach to a patient with postpartum haemorrhage.
			Classify puerperal disorders and their management
	Puerperium		
			Classify different psychiatric disorders in pregnancy
Psychiatry	Psychiatric disorders		and puerperium.
, ,	in pregnancy and		Discuss the management of puerperal psychosis and
	puerperium		depression

		Affective	Counsel a patient and her family with postpartum
			psychosis/depression
Pediatrics	The neonate	Cognitive	Discuss the types and management of common
			problems of preterm and term babies
			Discuss the principles of neonatal care
		Psychomotor	Observe the care of a neonate in nursery
			Take history and perform physical examination of a
			neonate
Surgery	Breast diseases	Cognitive	Discuss approach to a patient with breast lump
	17		emphasizing on diagnostic work-up of different
			breast pathologies (complexity of benign and
			malignant breast diseases) including imaging and
		2017	procedures
			Discuss the diagnostic approach and management of
		100	a patient with nipple discharge.
		Psychomotor	Perform a Clinical breast examination by all
	1		techniques including "radial wagon wheel" and
	~ \ \ ~	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	"spoke" method
	FL) (0)	Affective	Counsel a patient with breast cancer about the
			diagnosis, management, and screening of her family
	151 /	6 ×	members
		Nervous S	ystem-3
	1	Theme-19: Disturbed	mood and behavior
Medicine	Dementia	203 Cognitive	Discuss the etiology, clinical features and
	~		management of different types of Dementias
	4	2/RLS MI	
		Cognitive	Classify the reversible and irreversible causes of
			Dementia
		Cognitive	Explain the pathophysiology and clinical features of a
			patient with Huntington's disease
		Cognitive	Discuss the diagnostic work up and management for
			patients suspected of dementia
		204 Psychomotor	Perform mini-mental state examination
		Skills	

Psychiatry	PTSD	205	Cognitive	Explain the etiology and management of a patient with PTSD
	OCD		Cognitive	Explain the etiology and management of a patient with OCD
	Somatic symptoms disorder	206	Cognitive	Explain the etiology and management of a patient with Somatic symptoms disorder and Chronic pain syndromes
	Autism spectrum disorder		Cognitive	Explain the etiology and management of a child with Autism spectrum disorder
	Substance abuse		Cognitive	Explain the risk factors, types of substance abuse, clinical features, withdrawal symptoms, complications and management of a patient with substance abuse
		207	Affective Domain	Counsel and educate a family of a patient with Dementia
Family Medicine/ General Medicine	Anxiety and depression	208	Cognitive	Explain the approach to a patient with anxiety and depression in a primary health care setting.
	180		Cognitive	Explain the risk assessment for mental health
	1	\widetilde{GI}	Cognitive	Identify common red-flags.
			Cognitive	Discuss the guidelines for management of a patient with Anxiety and depression in a primary health care setting.
		209	Psychomotor Skills	Perform Screening for Anxiety, Depression and Schizophrenia.
		210	Psychomotor Skills	Perform a consultation with a patient with anxiety or depression under supervision.

		211	Affective	Observe the consultation of a family physician with a
			domain	patient with anxiety or depression
	Theme	20: Ri	ght-sided Weakı	ness and Inability to Speak
Medicine	Stroke syndromes	211	Cognitive	Discuss the diagnostic and management approach for
				a patient with Right-sided weakness and inability to
				speak due to an ischemic stroke
		212	Cognitive	Discuss the diagnostic workup and management for a
	17			patient suspected of Haemorrhagic stroke
	Subarachnoid	1	Cognitive	Discuss the diagnostic workup and management for
	haemorrhage SAH)			patients suspected of SAH
		213	Psychomotor	Demonstrate the complete assessment of the patient
			Skills	on the NIH stroke scale under supervision
		211	Development	Domination the accompany of a constant material
	1	214	Psychomotor	Demonstrate the assessment of a comatose patient
			Skills	on the Glasgow coma scale under supervision
	10	215	Psychomotor	Interpret the CT and MRI findings in stroke patients
	10	8	Skills	
	12/1	216	Affective	Counsel a stroke victim about future prevention and
	1321	1	domain	management of complications
	10/1	1	()	305/ /5/
	1250	S	N T€	15/ 2097
		Them	e-21: Loss of con	sciousness and Fits
Medicine	Coma	217	Cognitive	Discuss the management algorithm of a patient with
				coma
	Epilepsy		Cognitive	Discuss the diagnostic work up and management for
				a patient with fits
		218	Cognitive	Discuss the diagnostic work up and management for
				a patient with Tonic Clonic epilepsy
		-	Cognitive	Discuss the diagnostic work up and management for
				a patient with Status Epilepticus
]		

		Skills	
		SKIIIS	under supervision
			·
	220	Psychomotor	Write prescriptions for patients with Tonic-Clonic and
		Skills	Petit-mal epilepsy
	221	Affective	Counsel a patient with Epilepsy
TI	heme-2	22: Tremors and	movement disorders
Movement	222	Cognitive	Classify movement disorders
Disorders			
		Cognitive	Discuss the diagnostic workup and management for
			patients suspected Cerebellar disorders
		Cognitive	Discuss the diagnostic and management approach to a patient with Ataxia
-		Cognitive	Discuss the diagnostic and management approach to a patient with Chorea
Parkinson`s disease	223	Cognitive	Discuss the diagnostic criteria, pharmacological,
1 (2)			psycho-social, and rehabilitative approaches to the management of a patient with Parkinson's disease
E	224	Psychomotor	Examine a patient with Parkinson's disease by taking history and performing a physical examination
Dystonia	225	Cognitive	Discuss the diagnostic approach and management for
	_		patients suspected of Drug-Induced Dystonia
	GII	RI C BAL	DICAL
		Theme 23: H	leadache
Headache	226	Cognitive	Explain the diagnostic approach to patients with
			acute and chronic headaches
Migraine	-	Cognitive	Explain the types, risk factors, diagnostic approach,
			management, and prevention of Migraine
	-	Psychomotor	Demonstrate Complete history and examination of
		Skills	patient with migraine
	Parkinson's disease Oystonia	Theme-2 Movement Disorders Parkinson's disease 223 224 Dystonia 225	Theme-22: Tremors and Movement Disorders Cognitive Cognitive

			Affective	Discuss the lifestyle changes preventing migrainous
			domain	headaches
	Meningitis	227	Cognitive	Classify meningitides
			Cognitive	Differentiate between the clinical features,
				investigations, CSF findings, radiological findings,
				and complications in patients with viral, bacterial,
				and tuberculous meningitis
			Cognitive	Discuss the pharmacological and surgical
		/Inches		management approaches in patients with different
		/	17	types of meningitides
	-	228	Psychomotor	Take history and perform relevant physical
			Skill	examination and elicit signs of meningitis in a
			200	suspected patient
		229	Psychomotor	Interpret a CSF report in a patient with viral, acute
		-	Skill	pyogenic and tuberculous meningitis
		230	Psychomotor	Observe the Lumbar puncture
			Skill	
		231	Affective	Counsel a patient and his/her family with
		12	domain	Tuberculous meningitis regarding complications,
	121	1/2	- 7/	treatments' side effects and follow ups
	Encephalitis	232	Cognitive	Discuss the etiology, pathogenesis, clinical
	10%	1. 1	Q. A.	features, investigations, complications, and
	10	P	TO	treatment of Encephalitis
Family		233	Cognitive	Explain the approach to a patient with Headache in
Medicine/		101	KLS ME	a primary health care setting
General				
Medicine				
			Cognitive	Identify common red-flags in a patient with
				headache
			Cognitive	Discuss the investigations for a patient with
				Headache in a primary health care setting.
			Cognitive	Identify patients that need urgent and proper
				referral for specialist care.

		Т	heme-24: Lower lir	mb weakness
Medicine	Multiple Sclerosis	234	Cognitive	Discuss the diagnostic approach and management
				of a patient with suspected Multiple Sclerosis
		235	Psychomotor	Examine the lower limbs of a patient with
				paraplegia
		236	Affective	Discuss and counsel the pts regarding the changes
			Domain	in the lifestyle of patients with Multiple sclerosis
	Acquired	237	Cognitive	Classify acquired neuropathies and discuss their
	Neuropathies			clinical features, investigations, and management
	Approach to lower	238	Cognitive	Discuss the diagnostic algorithm of a patient with
	limbs weakness		\$ 1/4.	lower limbs weakness
			GIT and Hepat	obiliary
	Them	e- 25 : D	oifficulty in swallow	wing and Epigastric Pain
Surgery	Dysphagia		cognitive	Explain the diagnostic workup and management of a patient with dysphagia
Medicine	Upper GI bleeding	239	Cognitive	Explain the diagnostic workup and management and complications of a patient with Upper GI bleeding
	12/	240	Psychomotor	Take history and perform a physical examination of a patient with an upper GI bleed
	1557	241	Psychomotor	Observe upper GI endoscopy
	() F	242	Psychomotor	Observe NG tube insertion
Pediatric	Vomiting	G_{I_j}	Cognitive	Explain the diagnostic and therapeutic approach to a neonate and infant with persistent vomiting.
Gynaecolo	Hyperemesis		Cognitive	Discuss the management of a patient with vomiting
gy	gravidarum			of pregnancy.
			Affective	Counsel a patient with hyperemesis gravidarum
	Т	heme-	26: Yellow discolo	ration of the sclera
Medicine	Investigations of	243	Cognitive	Elaborate on the investigations used for the
	liver diseases			diagnosis of hepatobiliary disorders and their interpretations

		244	Psychomotor	Take history and perform physical examination of a patient with liver cirrhosis
		245	Psychomotor	Observe Ascitic fluid paracentesis
		246	Psychomotor	Interpret Ascitic fluid report
		247	Affective	Counsel a patient with Liver cirrhosis due to
		,	7 micsure	Hepatitis B/C
	Acute fulminant hepatitis and acute liver failure	248	Cognitive	Discuss the diagnostic approach and management of a patient with suspected acute fulminant hepatitis/acute liver failure
	Hepatic encephalopathy	249	Cognitive	Explain the grading system, etiology, diagnostic approach, management and prevention of hepatic encephalopathy
		250	Psychomotor	Elicit Asterixis/ hepatic flap
Surgery	Obstructive jaundice		Cognitive	Discuss the diagnostic approach and management of a patient with suspected obstructive jaundice.
			Affective	counsel a standardized patient with newly diagnosed Carcinoma head of the Pancreas
Pediatrics Hyperb	Hyperbilirubinemias	0, 1	Cognitive	Discuss the diagnostic approach and management of a neonate and infant with jaundice.
	(E)	(Psychomotor	Take history and perform physical examination of a child with jaundice.
	16.01	1	Affective	Counsel a child and his parents with Gilbert syndrome
Gynaecolo	Obstetrics	01	Cognitive	Discuss the management of cholestasis in
gy	cholestasis in pregnancy/fatty liver	5//	KLSME	pregnancy and fatty liver in pregnancy
	Then	ne-27:	Pain Abdomen. d	liarrhea & Constipation
Surgery	Acute appendicitis		Cognitive	Discuss the diagnostic approach and management of a patient with pain in the right iliac fossa due to suspected appendicitis
	Pain abdomen			Discuss the diagnostic approach and management of a patient with pain in the abdomen of acute onset and chronic onset

1			Psychomotor	Illicit signs of acute appendicitis in a child.
I			Affective	Counsel the parents of a child with acute appendicitis
	Intestinal		Cognitive	Discuss the etiology, diagnostic approach, and
1	obstruction			management of a patient with suspected intestinal obstruction.
ı	Intestinal			Discuss the etiology, diagnostic approach, and
1	perforation			management of a patient with suspected intestinal
1	17			perforation/peritonitis.
1	Hernias			Discuss the etiology, anatomical concepts,
ı				management and complications of a patient with
ı			Sept.	inguinal hernias.
1			Psychomotor	Perform transillumination test for inguinal hernias.
- I			Cognitive	Explain the diagnostic workup and management of
1				a patient with Malabsorption due to celiac disease.
ı				Counsel a child and his/her parents regarding
1	~ \ -		Affective	dietary advice regarding celiac disease
1	F(1) (9)	. 1		Explain the diagnostic workup and management of
1		6	Cognitive	a patient acute watery diarrhea
1	151 /	4		Assess the state of hydration in a child with acute
1	121	10	Psychomotor	diarrhea
1	1001	1	S. 11.	Explain the diagnostic workup and management of
ı	100	à	Cognitive	a patient with chronic diarrhea.
ı	7	GI	01 0 110	575 1
1	-	34	TYSME	Approach to a patient with Abdominal Pain in a
ı				primary health care
Family	Approach to a patient	251	Cognitive	Explain the approach, differential diagnosis,
, medicine/	with Abdominal Pain in			investigations, initial management and indications
medicine	a primary health care			for referral of a patient with Abdominal Pain in a
ı				primary health care setting
	 Theme	-4: Co	 nstipation and blee	
Subject	Topic		Domain of	Learning objectives
1			learning	

Medicine	Approach to a patient	252	Cognitive	Discuss the diagnostic workup and management
	bleeding Per rectum			approach for a patient with bleeding per rectum
Surgery	Constipation		Cognitive	Discuss the diagnostic workup and management
				approach for a patient with constipation Ulcerative
				colitis
				Discuss the approach to the management of a
	Ulcerative colitis			patient with ulcerative colitis, its short and long-
				term complications, and the role of surveillance
	17			colonoscopies in the prevention of colorectal
	///			malignancies
	Crohn's Diseases		Cognitive	Discuss the approach to the management of a
			Na Andri	patient with Crohn's disease, its short and long-
			= 1(4	term complications, and extra intestinal
				manifestations.
				Discuss the approach to the management of a
	Colorectal cancer			patient with suspected colorectal cancer and its
	~ \ ~			staging,
Pediatrics	Hirschsprung's		Cognitive	Explain the etiology, clinical features,
surgery	disease	0, 1		investigations, treatment of a child with
	13/ /	5	. 7	Hirschsprung's disease
	(-)	2.7	Multisys	tem-2
			Theme-28: Wei	
Medicine	Obesity	253	Cognitive	Classify the types of obesity
		254	Cognitive	Discuss the etiology of obesity
	4	255	Cognitive	Explain the methods of measuring obesity
		256	Cognitive	Discuss the musculoskeletal, endocrine,
				cardiovascular, and psychological complications of
				obesity
		1		Classify the drugs used in the management of
		257	Cognitive	Classify the drugs used in the management of
		257	Cognitive	obesity and their complications and adverse
		257	Cognitive	
Psychiatry	Anorexia nervosa	257	Cognitive	obesity and their complications and adverse

		259	Cognitive	Discuss the etiology, precipitating factors, clinical
				features and management of Bulimia nervosa
			Theme-29: Pois	soning
Medicine	Approach to a	260	Cognitive	Explain the management approach to a patient
	patient with			with poisoning in emergency setup
	poisoning			
	Management of a	261	Cognitive	Discuss the management approach to a patient
	comatose patient			who presents in a comatose state in emergency
	with poisoning			
	Diagnosis of a	262	Cognitive	Diagnose a patient with poisoning
	patient with			
	poisoning		- 7	
	Common antidotes	263	Cognitive	Discuss the antidotes for common poisons and
	and general		= 1645	their management
	management of			£
	poisoning			
	Selected poisoning	264	Cognitive	Discuss the management of a patient with
	Acetaminophen			paracetamol poisoning
	Amphetamines and			
	cocaine	8.1		
	Benzodiazepine	2	- 7	3/ /8/
	Insecticides and	1	L D	38/ /6/
	anticholinergics	1	\$ 45	305/ /\5/
	Carbon monoxide	Ser	TO	5/ 205/
	Ethanol and	-		
	Methanol	GI	21 C RAF	DIC AL
	Snake bites		TO ME	3101
		265	Cognitive	Discuss the management of a patient with
				Amphetamine, cocaine and Ice poisoning
		266	Cognitive	Discuss the management of a patient with
				benzodiazepine poisoning
		267	Cognitive	Discuss the management of a patient with
				insecticide and anticholinergic poisoning
		268	Cognitive	Discuss the management of a patient with ethanol
				and methanol poisoning

Heat-related disorders Hyperthermia	270 271 272 273	Cognitive Psychomotor Affective Theme-30: Colo Cognitive Cognitive	monoxide (Natural gas) poisoning Discuss the management of a patient with snake venom poisoning Perform gastric lavage Counsel a patient/family with poisoning d and heat Classify heat-related disorders
disorders	271 272 273	Psychomotor Affective Theme-30: Colo	venom poisoning Perform gastric lavage Counsel a patient/family with poisoning and heat
disorders	272	Affective Theme-30: Colo Cognitive	Perform gastric lavage Counsel a patient/family with poisoning
disorders	272	Affective Theme-30: Colo Cognitive	Counsel a patient/family with poisoning
disorders	273	Theme-30: Colo	d and heat
disorders		Cognitive	
disorders			Classify heat-related disorders
Hyperthermia	274	Cognitive	
			Explain the etiology, pathogenesis, clinical features and management of Hyperthermia and heat stroke
	275	Cognitive	Differentiate between hyperthermia and hyperpyrexia
Hypothermia	276	Cognitive	Explain the risk factors, complications and management of hypothermia
Drowning	277	Cognitive	Explain the management of a patient with drowning
Electrical injuries	278	Cognitive	Discuss the management of a patient with electrocution
High altitude sickness	279	Cognitive	Discuss the clinical features, management and prevention of high altitude sickness
Decompression sickness	280	Cognitive	Discuss the management of a patient with decompression sickness
	1	heme-31: The ab	normal baby
Chromosomal disorders	281	Cognitive	Classify chromosomal disorders and give examples
Single gene defects	282	Cognitive	Classify single gene disorders and give examples
Sex linked disorders	283	Cognitive	Classify sex linked disorders and give examples
Polygenic inheritance	284	Cognitive	Classify polygenic inheritance disorders and give examples
Marfan syndrome	285	Cognitive	Explain the clinical features and complications of Marfan syndrome
; (; ; ; i	Decompression sickness Chromosomal disorders Single gene defects Sex linked disorders Polygenic inheritance	Decompression 280 Sickness Chromosomal 281 disorders Single gene defects 282 Sex linked disorders 283 Polygenic 284 Inheritance	Theme-31: The ab Chromosomal disorders Single gene defects Sex linked disorders Polygenic Inheritance 280 Cognitive Cognitive 281 Cognitive 282 Cognitive 283 Cognitive 284 Cognitive

		Т	heme-32: Rash and	<u> </u>
Medicine	Evaluation of an adult	286	Cognitive	Discuss the diagnostic approach to a patient who
	with suspected			presents with suspected autoimmune disorder
	autoimmune disorder			
		287		Explain the different serological and
				immunological investigations used in the diagnosis
				of autoimmune disorders
		288		Classify and explain the mechanism of action of
				different pharmacotherapies in the management
				of autoimmune disorders
	SLE	289	Cognitive	Explain the clinical features, investigations,
				management, prognosis and complications of SLE
		290		Discuss the diagnostic criteria for the diagnosis of
		290	Nation!	
			= 1445	SLE
		291		Explain the differences between SLE and drug
	-			induced lupus
	Antiphospholipid	292		Explain the clinical features, investigations,
	syndrome			management, prognosis and complications of
	110			Antiphospholipid Syndrome
	Scleroderma	293		Explain the clinical features, investigations,
	151 1	19/ I		management, prognosis, and complications of
	125/	7	. 0	Scleroderma/Systemic sclerosis
	Polymyositis and	294	8 1	Explain the clinical features, investigations,
	dermatomyositis		\ -a	management, prognosis and complications of
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	10	polymyositis and dermatomyositis
	Sjogren Syndrome	295	~	Explain the clinical features, investigations,
	Sjogren Syndrome	293	YLS ME	116 125
				management, prognosis and complications of
				Sjogren Syndrome
	Giant cell arteritis	296		Explain the clinical features, investigations,
	and polymyalgia			management, prognosis and complications of
	Rehumatica			Giant cell arteritis and polymyalgia Rheumatica
	Polyarteritis nodosa	297		Explain the clinical features, investigations,
				management, prognosis and complications of
				Polyarteritis nodosa

	Wegener	298	Explain the clinical features, investigations,
	granulomatosis		management, prognosis and complications of
			Wegener granulomatosis
	Vascilitides	299	Classify vascilitides, their clinical features,
			diagnostic approach and management
		300	Explain the clinical features, investigations,
			management, prognosis and complications of
			Henoch-Schönlein purpura
		301	Explain the clinical features, investigations,
			management, prognosis and complications of
			Behçet syndrome
Nephrology	Renal involvement	302	Classify different pathological entities involving
	in different		the kidneys in SLE, Rheumatoid arthritis and other
	autoimmune		autoimmune disorders
	disorders		
		303	Explain the renal complications and their
			management in SLE and Rheumatoid arthritis

The timetables for the module will be shared via Edmodo and the notice boards in advance.

Assessment tools:

Theoretical knowledge is tested by a written examination system constituted by multiple choice questions (MCQs). The assessment of practical knowledge involves oral, spot, or objective structured practical examinations (OSPE).

Multiple Choice Questions (MCQs):

- Multiple choice questions (MCQs) are a form of assessment for which students are asked to select the best choice from a list of answers.
- MCQ consists of a stem and a set of options. The stem is usually the first part of the assessment that presents the question as a problem to be solved; the question can be an incomplete statement which requires to be completed and can include a graph, a picture or any other relevant information. The options are the possible answers that the student can choose from, with the correct answer called the key and the incorrect answers called distractors.
- Correct answer carries one mark, and incorrect 'zero mark'. There is NO negative marking.
- Students mark their responses on specified computer-based sheet designed for the college.
- The block exam will comprise of 1??? MCQs and will be compiled according to the shared blueprint.

Objective Structured Practical Examination (OSCE)

- The content may assess application of knowledge, or clinical skills.
- Student will complete task in define time at one given station.
- All the students are assessed on the same content by the same examiner in the same allocated time.
- A structured examination will have observed, unobserved, interactive and rest stations.
- Observed and interactive stations will be assessed by internal or external examiners.
- Unobserved will be static stations in which students will have to answer the questions related to the given pictures, models or specimens the provided response sheet.
- Rest station is a station where there is no task given, and in this time student can organize his/her thoughts.

Attendance Requirement:

More than 75% attendance is mandatory to sit for the examinations.



Assessment Plan - Final Year MBBS

The year-5 will be assessed in 4 blocks

- 1) Block-1 (Foundation-3, Blood and Immunology-3, and MSK-3) will be assessed in paper-N.
- 2) Block-2 (Cardiorespiratory-3) will be assessed in paper-0.
- 3) Block-3 (Renal-3 and Endocrine and Reproduction-3) will be assessed in paper-P.
- 4) Block-4 (Neurosciences-3, GIT and Hepatobiliary-3 and Multisystem-2) will be assessed in paper-Q.
- 5) Each written paper consists of 120 MCQs.
- 6) Internal assessment will be added to final marks in KMU as shown in table below.
- 7) In OSCE, each station will be allotted 6 marks, and a total of 120 (+10% marks of internal assessment (18 marks) marks are allocated for each OSCE examination.
- 8) Any content of the subjects (medicine and allied, Surgical and allied, Gynecology and pediatrics) already covered in the previous years will be included in the final year assessments (both written and practical).
- 9) Practical assessment will be in the form of OSCE (+embedded short cases and Objective Structured Long Examination Record.
- 10) The details of each section are given in the tables below.

Section-A Total Marks Distribution Scheme

Table 1: Distribution of marks in the final year professional examination

	Assessment Plan of Year 5 MBBS								
Theory paper	Modules	Theory marks	Internal assessment theory	OSCE	Structured Long-case)	Internal assessment OSPE/OSPE	TOTAL MARKS		
Paper N	Foundation-3 Blood-3	120	12	120	30	18	300		
Paper O	Cardiopulmonary-	120	12	120	30	18	300		
Paper P	Renal-3 Endocrine and Reproduction-3	120	12	120	30	18	300		
Paper Q	Neurosciences-3 GIT-3 Multisystem-2	120	12	120	30	18	300		
•	Total Marks	480	48	480	120	72	1200		

GIRLS MEDICAL

Section-B

Theory Examination Scheme

Table-2: Paper-N (Foundation-3, Blood-3 and MSK-3)

Block	Module	Subject hours	Subject	Total	Paper
			MCQs	MCQs	MCQs
N	Foundation-3	PRIME	5	25	120
		Medicine	3		
		Surgery	10		
		Psychiatry	3		
		Pediatrics	3		
		Radiology	1		
	Blood-3	Pediatrics 17		35	
		Medicine	dicine 16		
		Gynecology	2		
	MSK-3	Medicine	21	60	
		Orthopedics	12		
		Paediatrics	7		
		Dermatology	14		
		Surgery/plastic surgery	5		
		Psychiatry	1		

Table-3: Paper-O (CVS-3 and Respiratory-3)

Block	Module	Subjects hours	Subject	Total	Paper
			MCQs	MCQs	MCQs
0	Cardiopulmonary-	CVS-	120		
	2	Medicine/cardiology	45	70	
	3	Pediatrics			
		Respirat			
		Medicine/pulmonology	25	50	
		Pediatrics	20		
		Surgery	5		

Table-4: Paper-P (Renal-3 and Endocrine and Reproduction-3)

Block	Module	Subjects hours	Subject	Total	Paper
			MCQs	MCQs	MCQs
Р	Renal-3	Medicine/Nephrology	22	40	120
		Surgery/Urology	10		
		Pediatrics	6		
		Pediatric surgery	2		
	Endocrine and	Medicine/ Family medicine	12	80	
	Reprouction-3	iction-3			
	•	Obstetrics	56		
		Surgery	8		
		Paediatrics	4		

Table-5: Paper-Q (Neurosciences-3, GIT-3 and Multisystem-3)

Block	Module	Subjects hours	Subject	Total	Paper
			MCQs	MCQs	MCQs
Q	NS-3	Medicine/ Family medicine	24	45	120
		Psychiatry	5		
		Pediatrics	8		
		Neurosurgery/surgery	4		
		Pediatrics surgery/Surgery	2		
		Orthopedics	2		
	GIT-3	Medicine	9	35	
		Surgery/ Pediatric surgery	17		
		Pediatrics	8		
		Gynaecology	1		
	Multisystem-2	Medicine/Nephrology	22	40	
		Paediatrics	11		
		Surgery	5		
		Psychiatry	1		
		Gynaecology	1		

Section-C Practical Examination Scheme

Table 6: OSCE station distribution of different subjects

BI OCK-N	ation)						
Subjects	OSCE stations		<u> </u>		Viva stations	Logbook and history	Structured Long case
	Static/	Short		books	=30 marks)		
	interactive	cases		(1- station)			
Medicine+	2	2	1	General	General		
Rheumatology				Surgery	Surgery		
Surgery	2	0	1	Jul gel y	Jul gel y		
Paediatrics	2	2	1	and allied			
Orthopedics	1	1	1				
Dermatology	2	0	1				
Total	9	5	5	1	1		

Table 7: OSCE station distribution of different subjects

BLOCK-O (TOTAL STATIONS=20 and 6 marks/station)								
Subjects	OSCE stations Static/ Short		Viva stations	Logbook and	Structured Long			
			Stations	history	case			
				books	=30 marks)			
				(1-				
	interactive	cases		station)				
Medicine	2	1	1	General	General			
Cardiology	3	1	1	medicine	Medicine			
Paediatrics	2	2	1	and				
Pulmonology	3	1	1	allied				
Total	10	5	4	1	1			

Table 8: OSCE station distribution of different subjects

BLOCK	BLOCK-P (TOTAL STATIONS=20 and 6 marks/station)							
Subjects	OSCE stations	Viva stations	Short cases	Logbook and history books	Structured Long case			
				(1-station)	-30 marks)			
Gynaecology	7	1	2	Gynaecology And	Gynaecology			
Medicine+ Endocrinology	2	1	1	Obstetrics	And Obstetrics			
Paediatrics	1	1	0					
Surgery	1	1	1					
Total	11	4	4	1	1			

Table 9: OSCE station distribution of different subjects

BLOCK-Q (T	BLOCK-Q (TOTAL STATIONS=20 and 6 marks/station)						
Subjects	OSCE stations	Viva stations	Short cases	Logbook and history books	Structured Long case-		
				(1-station)	30 marks)		
Medicine/neurology/ Gastroenterology	4	1	2	Paediatrics	Paediatrics		
Paediatrics	1	1	1				
Surgery/neurosurgery/ Paediatric surgery	5	1	1				
Psychiatry	1	1	0				
Total	11	4	4	1	1		

	Final year Timetable	for the academic se	ssion 2023	
Day	For the Medical Unit Foundation Module- the			
	8:30-10:30 AM	10:30-12:30 AM-PM	12:30 To 1:0PM	1:00-3:00 PM
Mon	Clinical decision making (Evidencebased Medicine) Dr Fawad Medical A classroom	Patient and family counselling/breaking bad news. Dr Fawad Medical A classroom	B	End-of-Life and palliative care Dr Mufarah Medical A classroom
Tue	Patient safety Dr Khalid Shahab Medical B classroom	Preoperative Medical care Dr Ishfaq Med B classroom	RE	Clinical governance and clinical audit Dr Khalid Med B classroom
Wed	Initial psychiatric assessment of admitted pt Prof Wajid Ali Med A classroom	Geriatric Care Dr Ishfaq Med B classroom	D K	Preoperative evaluation and fitness for anesthesia and surgery Dr Nazir Shah Med B classroom
Thu	Family health education. Dr Mufarih Shah Med B classroom	Bedridden care Dr Nazir Shah Med B classroom		Diagnostic imaging Radiation protection Dr Imran Khan Med B classroom
Fri	Patient and family counselling/breaking bad news Dr Khalid Med B classroom	Instruments/ X-rays/ TOACs stations Dr Said Amin Med A classroom	Friday 12:30 To 1:30 PM	Fitness for anesthesia Dr Imran Med B classroom

	-	e for the academic ses	sion 2023	
Day	For the Medical United Blood Module- Theme			
	8:30-10:30 AM	10:30-12:30 AM-PM	12:30 To 1:0PM	1:00-3:00 PM
Mon	Anemia evaluation Dr Usman Medical B classroom	Anemia diagnostic work Dr Usman Medical B classroom		Classification of Anemia Dr Usman Medical B classroom
Tue	Iron Deficiency Anemia Medical B classroom Dr Usman Med B classroom	Hereditary and hemolytic anemias Dr Usman Med B classroom	BRE	Aplastic Anemia Dr Usman Med B classroom
Wed	Bleeding Disorders Dr Usman Med B classroom	History, clinical examination, and counselling of patient with Anemia Dr Usman Med B classroom	AK	Coagulation disorders DVT Dr Usman Med B classroom
Thu	Leukopenia Dr Usman Med B classroom	Lymphadenopathy Dr Usman Medical B classroom		Leukemias & chemotherapeutic drugs Dr Usman Med B classroom
Fri	Splenomegaly Dr Usman Med B classroom	Instruments/X rays/ TOACs stations Dr Said Amin. Med A classroom	Friday 12:30 To 1:30 PM	Counsel a patient with newly diagnosed hematological malignancy. Med B classroom

	DAY / DATE	SESSION 1* 0830 – 1030 HRS	SESSION 2* 1030 – 1230 HRS	BREAK	SESSION 3 1300 – 1500 HRS				
			THEME; FEVER						
	MONDAY 06.03.23	ACUTE LEUKEMIA AND ITS MANAGEMENT DR M USMAN MEDICAL C CLASSROOM	CHRONIC LEUKEMIA AND ITS MANAGEMENT DR M USMAN MEDICAL C CLASSROOM		LYMPHOMA (CLASSIFICATION, DIAGNOSIS, DR M USMAN MEDICAL C CLASSROOM				
	TUESDAY 07.03.23	MANAGEMENT OF LYMPHOMA HOGKIN AND NON HOGKIN DR M USMAN MEDICAL C CLASSROOM	SPLENOMEGALY, LYMPHADENOPATHY (CAUSES, DIGNOSITIC APPROACH) DR M USMAN MEDICAL C CLASSROOM		MANAGEMENT AND COMPLICATIONS OF A PATIENT WITH ANKYLOSING SPONDYLITIS FIBROMYALGIA DR ISHFAQ MEDICAL C CLASSROOM				
	MODULE; MUSKULOSKELETAL								
	THEME; JOINT AND BONE PAIN								
WEE	WEDNESDAY 08.03.23	APPROACH TO PATIENT WITH JOINT PAIN, CLASSIFICATION OF ARTHRITIS, SEROLOGIC TEST, D/D OF MONO, OLIGO AND POLYARTHRITS DR ANWAR MEDICAL A CLASSROOM	MANAGEMENT AND COUNCELLING OF RHEUMATOID ARTHRITIS PATIENT DR ANWAR MEDICAL A CLASSROOM		OSTEOARTHRITS, REACTIVE ARTHRITIS PSORIATIC ARTHRITIS DR ISHFAQ MEDICAL C CLASSROOM				
	THURSDAY 09.03.23	MANAGEMENT, COMPLICATIONS, AND PROGNOSIS OF A PATIENT WITH SLE DR ANWAR MEDICAL A CLASSROOM	ACUTE GOUT AND GOUTY ARTHRITIS OSTEOPOROSIS DR ANWAR MEDICAL A CLASSROOM	BREA K	VASCULITIS DR ANWAR MEDICAL A CLASSROOM				
		THEME; MUSCLE WEA	AKNESS	13					
	FRIDAY 10.03.23	PROXIMAL MUSCLE WEAKNESS (DIAGNOTIC WORKUP) POLYMYOSITIS AND DERMATOMYOSITS DR ANWAR MEDICAL A CLASSROOM	INSTRUMENTS/X-RAYS/ TOACS STATIONS DR SAID AMIN MEDICAL A CLASSROOM	(9)	SOMATIFORM DISORDERS (CLASSIFICATON AND DIAGNOSTIC CRITERIA OF PAIN DISORDERS COUNCELLING DR WAJID ALI				

	DAY / DATE	SESSION 1* 0830 – 1030 HRS	SESSION 2* 1030 – 1230 HRS	BREAK	SESSION 3 1300 – 1500 HRS
		THEMI	; SKIN RASHES AND BURNS		
	MONDAY 13.03.23	CUTANEOUS MENIFESTATION OF SYSTEMIC DISEASES DR A RAHIM/NAHEED	DRUG RASH (CLASSIFICATION, DD MANAGEMENT OF EM/SJ/TEN DR A RAHIM/NAHEED		CHICKENPOX AND HERPEZ ZOOSTER VIRAL WARTS DR A RAHIM/NAHEED
	TUESDAY 14.03.23	ACUTE BACTERIAL INFECTIONS OF THE SKIN (IMPETIGO, FOLLICULITIS, FURUNCULOSIS, CARBUNCLES) DR A RAHIM/NAHEED	FUNGAL INFECTIONS (PITYRIASIS VERSICOLOR, DERMATOPHYTOSIS, CANDIDIASIS) DR A RAHIM/NAHEED		CHRONIC BACTERIAL INFECTIONS OF THE SKIN (CUTANEOUS TUBERCULOSIS, LEPROSY, SYPHILIS) DR A RAHIM/NAHEED
WEEK 4	WEDNESDAY 15.03.23	SEBACEOUS GLANDS DISEASES ACNE/ AUTOIMMUNE BLISTERING DISORDERS PEMPHIGUS VULGARIS BULLOUS PEMPHIGOID DR A RAHIM/NAHEED	ECZEMAS/ ERYTHRODERMA DR A RAHIM/NAHEED		INFLAMMATORY DERMATOSIS PSORIASIS LICHEN PLANUS SEBBHORIAC DERMATITIS ERYTHEMA NODOSUM URTICARIA DR A RAHIM/NAHEED
		MODULE; CARDIORESPI	RATORY	74	
	THURSDAY 16.03.23	RHEUMATIC HEART DISEASE/AORTIC VALVE/MITRAL VALVE/INFECTIVE ENDOCARDITIS DR NOOR MEDICAL A CLASSROOM	RHEUMATIC HEART DISEASE/AORTIC VALVE/MITRAL VALVE/INFECTIVE ENDOCARDITIS DR NOOR MEDICAL A CLASSROOM	(37)	RHEUMATIC HEART DISEASE/AORTIC VALVE/MITRAL VALVE/INFECTIVE ENDOCARDITIS DR NOOR MEDICAL A CLASSROOM
	FRIDAY 17.03.23	SKILL LAB KGMC DR NOOR	SKILL LAB KGMC DR NOOR		SKILL LAB KGMC DR NOOR

	DAY / DATE	SESSION 1* 0830 – 1030 HRS	SESSION 2* 1030 – 1230 HRS	BREAK	SESSION 3 1300 – 1500 HRS
	MONDAY 20.03.23	ISCHEMIC HEART DISEASE/HYPERTENSION DR NOOR MEDICAL A CLASSROOM	ISCHEMIC HEART DISEASE/HYPERTENSION DR NOOR MEDICAL A CLASSROOM	BREAK	ISCHEMIC HEART DISEASE/HYPERTENSION DR NOOR MEDICAL A CLASSROOM
2	TUESDAY 21.03.23	CONGESTIVE CARDIAC FAILURE/ARTERIAL DISEASES DR NOOR MEDICAL A CLASSROOM	CONGESTIVE CARDIAC FAILURE/ARTERIAL DISEASES DR NOOR MEDICAL A CLASSROOM		CONGESTIVE CARDIAC FAILURE/ARTERIAL DISEASES DR NOOR MEDICAL A CLASSROOM
WEEK 5	WEDNESDAY 22.03.23	ARRYTHMIAS DR NOOR MEDICAL A CLASSROOM	ARRYTHMIAS DR NOOR MEDICAL A CLASSROOM		ARRYTHMIAS DR NOOR MEDICAL A CLASSROOM
	THURSDAY 23.03.23		TAN DAY	*	
	FRIDAY 24.03.23	VENOUS DISEASES/ACLS/BLS SKILL LAB KGMC DR NOOR	VENOUS DISEASES/ACLS/BLS SKILL LAB KGMC DR NOOR	1/9	VENOUS DISEASES/ACLS/BLS SKILL LAB KGMC DR NOOR

	DAY / DATE	SESSION 1* 0830 – 1030 HRS	SESSION 2* 1030 – 1230 HRS	BREAK	SESSION 3 1300 – 1500 HRS
		N	ODULE; PULMONOLOGY		
	MONDAY 27.03.23	DYSPNEA (APPROACH) BRONCHIAL ASTHMA DAGNOSIS, MANAGEMENT DR NAZIR SHAH MEDICAL B CLASSROOM	COPD DIAGNOSIS, MANAGEMENT DR NAZIR SHAH MEDICAL B CLASSROOM		RESPIRATORY SYSTEM HISTORY TAKING AND EXAMINATION DR NAZIR SHAH MEDICAL B CLASSROOM
	TUESDAY 28.03.23	PNEUMONIAS CAP/ATYPICAL DR NAZIR SHAH MEDICAL B CLASSROOM	PULMONARY TUBERCULOSIS DR ASIF MEDICAL B CLASSROOM		BRONCHIECTASIS/LUNG ABSCESS DR NAZIR SHAH MEDICAL B CLASSROOM
ш,	WEDNESDAY 29.03.23	INTERSTITIAL LUNG DISEASE PULMONARY INVOLVMENT IN SYSTEMIC ILLNESSES DR RAZA ULLAH MEDICAL B CLASSROOM	PLEURAL DISEASES PLEURAL EFFUSION/PNEUMOTHORAX DR NAZIR SHAH MEDICAL B CLASSROOM		PULMONARY EMBOLISM/DVT DR RAZA ULLAH MEDICAL B CLASSROOM
WEE	THURSDAY 30.03.23	LUNG TUMORS PRIMARY AND SECONDRY DR ASIF MEDICAL B CLASSROOM	RESPIRATORY FAILURE ACUTE AND CHRONIC DR NAZIR SHAH MEDICAL B CLASSROOM	BREA K	INTERPRETATION OF CHEST X RAY/INSTRUMENTS RELEVANT TO RESPIRATORY SYSTEM DR NAZIR SHAH MEDICAL B CLASSROOM
		MODULE ; RENA	L	-//	
	FRIDAY 31.03.23	INTRODUCTION TO KIDNEY DISEASES AND INVESTIGATIONS Prof. Munib/Said Amin/Mazhar UI Haq Medical 'A' Classroom	GENERALIZED BODY SWELLING (Approach to generalized body swelling, Nephrotic Syndrome, Minimal Change Disease, Membranous Nephropathy) Prof. Munib/Said Amin/Mazhar UI Haq Medical 'A' Classroom		CLINICAL WORK History and Examination of Patient with generalized body swelling Prof. Munib/Said Amin/Mazhar UI Haq Medical 'A' Ward/ IKD

	DAY / DATE	SESSION 1* 0830 – 1030 HRS	SESSION 2* 1030 – 1230 HRS	BREAK	SESSION 3 1300 – 1500 HRS
	MONDAY 03.04.23	HEMATURIA Approach to Hematuria Nephritic Syndrome (Post Streptococcal Glomerulonephritis Prof. Munib/Said Amin/Mazhar Ul Haq Medical 'A' Classroom	HEMATURIA Nephritic Syndrome (IgA Nephropathy) HSP, Glomerulonephritis in systemic diseases) Prof. Munib/Said Amin/Mazhar UI Haq Medical 'A' Classroom	F F	CLINICAL WORK History And Examination of Patient with Hematuria and Oliguria Prof. Munib/Said Amin/Mazhar UI Haq Medical 'A' Ward/IKD
	TUESDAY 04.04.23	OLIGURIA Acute Renal Failure Causes, Pathophysiology, Investigations Prof. Munib/Said Amin/Mazhar UI Haq Medical 'A' Classroom	OLIGURIA Acute Renal Failure ATN, Rhabdomyolysis, Pigment Nephropathy Prof. Munib/Said Amin/Mazhar UI Haq Medical 'A' Classroom		CLINICAL WORK Hemodialysis Prof. Munib/Said Amin/Mazhar UI Haq Medical 'A' Ward/IKD
WEEK 7	WEDNESDAY 05.04.23	CHRONIC RENAL FAILURE AND COMPLICATIONS Prof. Munib/Said Amin/Mazhar UI Haq Medical 'A' Classroom	CHRONIC RENAL FAILURE AND COMPLICATIONS Prof. Munib/Said Amin/Mazhar UI Haq Medical 'A' Classroom		CLINICAL WORK Peritoneal Dialysis Prof. Munib/Said Amin/Mazhar Ul Haq Institute of Kidney Diseases
	THURSDAY 06.04.23	RENAL COLIC Adult Polycystic/Renal stone Prof. Munib/Said Amin/Mazhar UI Haq Medical 'A' Classroom	GENITO-URINARY TRACT INFECTIONS Urinary Tract Infections/Pyelonephritis Prof. Munib/Said Amin/Mazhar UI Haq Medical 'A' Classroom		CLINICAL WORK Renal Transplant Prof. Munib/Said Amin/Mazhar UI Haq Institute of Kidney Diseases
		MODULE; GIT & HEPA	TOBILLIARY	3/	
	FRIDAY 07.04.23	UPPER GI BLEEDING DIAGNOSIS, MANAGEMENT, COMPLICATION, HISTORY TAKING OBSERVE ENDOSCOPY/NG TUBE INSERTION DR TARIQ MEHR MEDICAL C CLASSROOM	LIVER DISEASES INVESTIGATIONS LFT, ASCITIC FLUID TAP, HEP B/C COUNSELLING DR TARIQ MEHR MEDICAL C CLASSROOM	2/	GIT EXAMINATION, INSTRUMENT RELEVANT TO GIT DR TARIQ MEHR MEDICAL C CLASSROOM

	DAY / DATE	SESSION 1* 0830 – 1030 HRS	SESSION 2* 1030 – 1230 HRS	BREAK	SESSION 3 1300 – 1500 HRS
	MONDAY 10.04.23	ACUTE FULMINANT HEPATIC FAILURE/ACUTE HEPATITIS HEPATIC ENCEPAHLOPATHY DR TARIQ MEHR MEDICAL C CLASSROOM	CHRONIC HEPATITIS HEP B/C/D DR TARIQ MEHR MEDICAL C CLASSROOM		WILSON /HEMOCHROMATOSIS DR ADNAN MEDICAL C CLASSROOM
	TUESDAY 11.04.23	CHRONIC LIVER DISEASE CAUSES, COMPLICATIONS HSITORY TAKING, COUNSELLING DR TARIQ MEHR MEDICAL C CLASSROOM	PORTAL HYPERTENSION/ ASCITIS/ HEPATORENAL SYNDROME CAUSES AND MANAGEMENT DR TARIQ MEHR MEDICAL C CLASSROOM		PEPTIC ULCER DISEASE DR TARIQ MEHR MEDICAL C CLASSROOM
WEEK 8	WEDNESDAY 12.04.23	CHRONIC DIARRHEA MALABSORBTION/IBS CELIAC/SPRUE/ DR TARIQ MEHR MEDICAL C CLASSROOM	BLEEDING PER RECTUM IBD ULCERATIVE COLITIS/CROHNS DR SHER REHMAN MEDICAL C CLASSROOM		ACUTE INFECTIOUS DIARRHEA DR KHALID MEDICAL C CLASSROOM
	MODULE; INFECTIONS				
	THURSDAY 13.04.23	APPROACH TO PATIENT WITH FEVER HISTORY TAKING & EXAMINATION DR AMANULLAH MEDICAL C CLASSROOM	MALARIA/DENGUE FEVER DR AMANULLAH MEDICAL C CLASSROOM		ENTERIC FEVER/ BRUCELOSIS DR AMANULLAH MEDICAL C CLASSROOM
	FRIDAY 14.04.23	SARS/COVID 19 SEPSIS DR KHALID MEDICAL C CLASSROOM	LEPTOSPIROSIS TETENUS DR KHALID MEDICAL C CLASSROOM		SEPSIS DR KHALID MEDICAL C CLASSROOM
			SMEDICAL		

	DAY / DATE	SESSION 1* 0830 – 1030 HRS	SESSION 2* 1030 – 1230 HRS	BREAK	SESSION 3 1300 – 1500 HRS
	MONDAY 17.04.23	POISONING/ COMMON POISON DIAGNOSIS AND MANAGEMENT COUNSELLING DR MUFARAH MEDICAL B CLASSROOM	HYPERTHERMIA/HYPOTHERMIA DROWNING DR MUFARAH MEDICAL B CLASSROOM		ELECTRICAL INJURIES/HIGH ALTITUDE ILLNESSES DR MUFARAH MEDICAL B CLASSROOM
6)	TUESDAY 18.04.23	CHROMOSOMAL DISORDERS/ SINGLE GENE/SEX LINKED/MARFAN SYNDROME DR FAWAD MEDICAL A CLASSROOM	CHROMOSOMAL DISORDERS/ SINGLE GENE/SEX LINKED/MARFAN SYNDROME DR FAWAD MEDICAL A CLASSROOM		ANOREXIA NERVOSA/BULLEMIA NERVOSA DR WAJID MEDICAL A CLASSROOM
WEEK	WEDNESDAY 19.04.23	HIV/AIDS HISTORYTAKING/EXAMINATION/ DIAGNOSIS DR FAWAD MEDICAL A CLASSROOM	HIV/AIDS COMPLICATIONS/MANAGEMENT/ COUNSELING DR FAWAD MEDICAL A CLASSROOM		CNS EXAMINATION CT/MRI INTERPRETATION DR ISHFAQ MEDICAL A CLASSROOM
	THURSDAY 20.04.23 EID UL FITR				
	FRIDAY 21.04.23	STS EID L	JL FITR	Ca	5

	DAY / DATE	SESSION 1 0830 – 1030 HRS	SESSION 2 1030 – 1230 HRS	BREAK	SESSION 3 1300 – 1500 HRS				
	MONDAY 24.04.23	EID UL FITR							
		M	ODULE ; ENDOCRINE						
		THE	ME: TALL / SHORT STATURE						
	TUESDAY 25.04.23	DISORDERS OF GROWTH HORMONE, PROLACTIN & OTHER PITUITARY HORMONES DR AH AMIR/HUSSAIN/TAHIR MEDICAL A DEMO ROOM	DISORDERS OF GROWTH HORMONE, PROLACTIN & OTHER PITUITARY HORMONES DR AH AMIR/HUSSAIN/TAHIR MEDICAL A DEMO ROOM		HISTORY TAKING & PHYSICAL EXAMINATION OF A PATIENT WITH GOITER. COUNSEL A PATIENT WITH GOITER. DR AH AMIR/HUSSAIN/TAHIR VENUE: ENDOCRINOLOGY UNIT				
		THEME : N	ECK SWELLING / MUSCLE CR	AMPS					
WEEK 10	WEDNESDAY 26.04.23	WEDNESDAY 26.04.23 DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A DEMO ROOM DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A PARATH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A	DISORDERS OF PARATHORMONE DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A DEMO ROOM						
	THEME: EXCESSIVE THIRST AND URINATION								
	THURSDAY 27.04.23	APPROACH TO POLYDIPSIA DIABETES INSIPIDUS DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A DEMO ROOM	DIABETES MELLITUS DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A DEMO ROOM	7	HISTORY & PHYSICAL EXAMINATION OF A PATIENT WITH TYPE 2 DM DR AH AMIR/HUSSAIN/TAHIR VENUE: ENDOCRINOLOGY UNIT				
	FRIDAY 28.04.23	DIABETES MELLITUS DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A DEMO ROOM	ACUTE AND CHRONIC COMPLICATIONS OF DIABETES MELLITUS DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A DEMO ROOM		COUNSEL A NEWLY DIAGNOSED PATIENT OF DIABETES MELLITUS DR AH AMIR/HUSSAIN/TAHIR VENUE: ENDOCRINOLOGY UNIT				

	DAY / DATE	SESSION 1 0830 – 1030 HRS	SESSION 2 1030 – 1230 HRS	BREAK	SESSION 3 1300 – 1500 HRS	
	MONDAY 01.05.23	LABOUR DAY				
	TUESDAY 02.05.23	ACUTE AND CHRONIC COMPLICATIONS OF DIABETES MELLITUS/ HYPOGLYCEMIA DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A DEMO ROOM	COUNSELLING ON INSULIN USE / FOOT CARE DR AH AMIR/HUSSAIN/TAHIR VENUE: ENDOCRINOLOGY UNIT		PSYCHOSOCIAL IMPACT OF DM STRATEGIES FOR PREVENTION OF DIABETES MELLITUS AND ITS COMPLICATIONS (SMALL GROUP DISCUSSION) DR AH AMIR/HUSSAIN/TAHIR	
			NATION		VENUE: ENDOCRINOLOGY UNIT	
	WEDNESDAY 03.05.23	RED FLAGS IN DM / MULTIDISCIPLINARY CARE AND REFERRAL IN DM DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A DEMO ROOM	THEME: OBESITY / WEIGHT GAIN / WEIGHT LOSS			
WEEK			HISTORY & PHYSICAL EXAMINATION OF A PATIENT WITH CUSHING'S SYNDROME DR AH AMIR/HUSSAIN/TAHIR VENUE: ENDOCRINOLOGY UNIT	2/1	CUSHING SYNDROME DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A DEMO ROOM	
	THURSDAY 04.05.23	ADDISON'S DISEASE DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A DEMO ROOM	STEROIDS REPLACEMENT. PROTOCOL OF WITHDRAWAL OF STEROIDS IN PATIENTS WITH STEROIDS ABUSE. DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A DEMO ROOM		HISTORY AND PHYSICAL EXAMINATION OF A PATIENT WITH MORBID OBESITY COUNSELLING OF OBESE PATIENT DR AH AMIR/HUSSAIN/TAHIR VENUE: ENDOCRINOLOGY UNIT	
	FRIDAY 05.05.23	APPROACH TO OBESITY AND ITS MANAGEMENT DR AH AMIR/HUSSAIN/TAHIR VENUE: MEDICAL A DEMO ROOM	THEME: MEDICAL DISORDERS IN PREGNANCY			
			GESTATIONAL DM AND OVERT DM IN PREGNANCY DR AH AMIR/HUSSAIN/TAHIR		HYPERTENSION IN PREGNANCY DR. FAWAD RAHIM VENUE: MEDICAL A DEMO ROOM	
			VENUE: MEDICAL A DEMO ROOM			

	DAY / DATE	SESSION 1* 0830 – 1030 HRS	SESSION 2* 1030 – 1230 HRS	BREAK	SESSION 3 1300 – 1500 HRS			
WEEK 12	MODULE; NERVOUS SYSTEM							
	THEME; DISTURBED MOOD AND BEHAVIOUR							
	MONDAY 08.05.23	DEMENTIA CAUSES, HUNGTINGTON/ PERFORM MINI MENTAL STATE COUNSEL A DEMENTIA PATIENT DR SHIRAZ JAMAL MEDICAL B CLASSROOM	PTSD/OSD AUTISM/SUBSTANCE ABUSE DR WAJID ALI MEDICAL A CLASSROOM	ANXIETY AND DEPRESSION DR WAJID ALI MEDICAL A CLASSROOM				
	RIGHT-SIDED WEAKNESS AND INABILITY TO SPEAK				MOVEMENT DISORDER/TREMOR			
	TUESDAY 09.05.23	APPROACH TO PATIENT WITH HEMIPLEGIA AND APHASIA HISTORY TAKING AND EXAMINATION DR SHIRAZ JAMAL MEDICAL B CLASSROOM	STROKE AND OTHER FOCAL NEUROLOGIC DISORDER ISCHEMIC, HEMORRHAGIC, SAH DR SHIRAZ JAMAL MEDICAL B CLASSROOM		PARKINSON/CHOREA/DYSTONIAS DR SHIRAZ JAMAL/DR IMRAN MEDICAL B CLASSROOM			
		LOC AND FITS	LOWER LIMB WEAKNESS	al.	HEADCHE			
	WEDNESDAY 10.05.23	EPILEPSY HISTORY TAKING, DIAGNOSTIC WORKUP, COUNSELLING DR AYAZ UL HAQ MEDICAL A CLASSROOM	DEMYLINATING DISORDERS/MULTIPLE SCLEROSIS DR AYAZ UL HAQ MEDICAL B CLASSROOM		HEADACHE/MIGRAINES AND RELATED ILLNESSES DR IMRAN MEDICAL B CLASSROOM			
	THURSDAY 11.05.23	MENINGITIS (VIRAL, BACTERIAL, TUBERCULOS), CSF INTERPRETATION, COUNSELLING A TBM PATIENT DR SHIRAZ JAMAL/DR IMRAN MEDICAL B CLASSROOM	MOTOR NEURON DISEASE ENCEHALITIS DR SHIRAZ JAMAL/DR IMRAN MEDICAL B CLASSROOM	AL	NEUROPATHIES/GULLAIN BARRE SYNDROME/ MYESTHENIA GRAVIS/DYSTROPHIES DR SHIRAZ JAMAL/DR IMRAN MEDICAL B CLASSROOM			
	FRIDAY 12.05.23	ASSESSMENT						